Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37379

September 15, 2000

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

Gentlemen:

In the Matter of) Docket Nos. 50-327
Tennessee Valley Authority) 50-328

SEQUOYAH NUCLEAR PLANT (SQN) - UNITS 1 AND 2 - EMERGENCY PLAN IMPLEMENTING PROCEDURE (EPIP) REVISIONS

In accordance with the requirements of 10 CFR 50, Appendix E, Section V, the enclosure provides the following EPIP:

EPIP	Revision	Title
EPIP-2	16	Notification of Unusual Event
EPIP-3	19	Alert
EPIP-4	19	Site Area Emergency
EPIP-5	25	General Emergency
EPIP-7	18	Activation and Operation of the Operations Support Center (OSC)
EPIP-14	15	Radiological Control Response
EPIP-17	20	Emergency Equipment and Supplies

If you have any questions concerning this matter, please telephone me at (423) 843-7170 or J. D. Smith at (423) 843-6672.

Sincerely,

Pedro Salas
Licensing and Industry Affairs Manager

Enclosure
cc: See page 2

A045

cc: Mr. R. W. Hernan, Project Manager (Enclosure)
U.S. Nuclear Regulatory Commission
One White Flint, North
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Rockville, Maryland 20852-2739

NRC Resident Inspector (Enclosure will be provided by
Sequoyah Nuclear Plant SQN Document Control Unit)
2600 Igou Ferry Road
Soddy-Daisy, Tennessee 37384-3624

Regional Administrator (Enclosure)
U.S. Nuclear Regulatory Commission
Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, Georgia 30303-3415

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-2

NOTIFICATION OF UNUSUAL EVENT

Revision 16

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John Casey

EFFECTIVE DATE: 08/31/2000

Level Of Use: Reference

REVISION DESCRIPTION: Intent Change, Editorial changes, Added steps for standardization with WBN, BFN, and Corp., Format change for ease of use. Revisions are not shown due to extent of format changes.

Date _____

1.0 PURPOSE

1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM) has determined by EPIP-1 that events have occurred that are classified as a **NOTIFICATION OF UNUSUAL EVENT**.

1.2 To provide the Site Emergency Director (SED) a method for periodic reanalysis of current conditions to determine whether the **NOTIFICATION OF UNUSUAL EVENT** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES

2.1 Interface Documents

A. SPP-3.5, "Regulatory Reporting Requirements"

B. EPIP-3, "Alert"

C. EPIP-4, "Site Area Emergency"

D. EPIP-5, "General Emergency"

E. EPIP-10, "Medical Emergency Response"

F. EPIP-14, "Radiological Control Response"

G. CECC EPIP-9, "Emergency Radiological Monitoring Procedures"

H. PHYSI-32, "Security Instructions For Members Of The Security Force".

3.0 INSTRUCTION

3.1 ACTIVATION OF THE REP

Upon classifying events as a **NOTIFICATION OF UNUSUAL EVENT** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SM shall:

[1] ANNOUNCE to Operating Crew:

"A Notification of Unusual Event has been declared based on *(Describe the Conditions)*. I will be the Site Emergency Director." ☐

Date _____

3.1 ACTIVATION OF THE REP (Continued)

NOTE ODS should be notified within **5 minutes** after declaration of the event

[2] COMPLETE Notification of Unusual Event (NOUE) Notification Form (Page 6). ☐

[3] NOTIFY ODS.

[a] CALL ODS.

Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700

Initial _____ Time _____

[b] READ completed Form (Page 6) to ODS. ☐

[c] FAX ODS NOUE Notification Form (Page 6). ☐

5-751-8620 FAX

[4] IF ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] NOTIFY Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

Initial _____ Time _____

[b] READ completed Form (page 6) to TEMA. ☐

[c] FAX TEMA NOUE Notification Form (Page 6). ☐

9-1-615-242-9635 FAX

[5] ANNOUNCE to plant personnel:

"ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **NOTIFICATION OF UNUSUAL EVENT** HAS BEEN DECLARED BASED ON *(Describe the Conditions)*, AFFECTING UNIT(s) _____." ☐

REPEAT Announcement. ☐

[6] IF there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

Date _____

3.1 **ACTIVATION OF THE REP** (Continued)

[7] **MONITOR** radiation monitors.

IF radiation monitors indicate unplanned radiological release, **THEN**

[a] **NOTIFY** RADCON Shift Supervisor to **EVALUATE** implementation of CECC EPIP-9, "Emergency Radiological Monitoring Procedures" and EPIP-14, "Radiological Control Response." ☐

[b] **PERFORM** Dose Assessment.

NOTIFY Chemistry Shift Supervisor to perform a dose assessment using EPIP-14. ☐

7285 Lab or 6348 Lab or Pager 350-40732

[c] **REFER** to EPIP-1, Radiological Effluents Section, **AND**

EVALUATE need for additional classifications. ☐

[8] **IF** there is a security threat, **THEN**

NOTIFY Security Shift Supervisor to implement PHYSI-32,"Security Instructions For Members Of The Security Force." ☐

6144 or 6568

[9] **NOTIFY** Plant Management in accordance with SPP-3.5 **AND**

PROVIDE NOUE Notification information. ☐

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "NOTIFICATION OF UNUSUAL EVENT" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[10] **NOTIFY** NRC of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main) | (301) 951-0550 (Backup) | 9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

Date _____

3.1 ACTIVATION OF THE REP (Continued)

[11] NOTIFY Site Emergency Preparedness as soon as practicable when notification does not interfere with emergency actions or notifications in progress. ☐

John Casey	Work 843-7658	Pager 350-20372	Car 9-280-6616
Bill Peggram	Work 843-8360	Pager 350-30388	Home 9-842-3020

[12] MONITOR plant conditions **AND**

EVALUATE using EPIP-1, **AND**

[a] IF plant conditions warrant, **THEN**

UPGRADE to a higher classification **AND**
INITIATE EPIP-3 or EPIP-4 or EPIP-5. ☐

[b] IF additional conditions satisfy criteria of other **NOUE's** **OR**
Conditions warrant a need for follow-up information, **THEN**

COMPLETE NOUE Follow-up Form (page 7), **AND**

REPORT to ODS for State notification at:

Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700

AND

FAX ODS NOUE Follow-up Form (Page 7). 5-751-8620 FAX

OR -

[c] TERMINATE emergency, when situation no longer exists, by informing ODS and Duty Plant Manager **AND**

COMPLETE NOUE Follow-up Form (Page 7) with Time and Date Event Terminated and FAX to ODS. ☐

END OF SECTION

NOTIFICATION OF UNUSUAL EVENT NOTIFICATION FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

OR

☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
(Your Name)

3. There has been a **NOTIFICATION OF UNUSUAL EVENT** declared at Sequoyah Nuclear Plant.

Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. EAL Designator: _____

5. Brief Description of Event _____
_____
_____
_____
_____
_____

6. Plant conditions are: ☐ Stable ☐ Deteriorating

7. Radiological Conditions are:

☐ No Abnormal Release Off-site

☐ Airborne Release Off-site

☐ Liquid Release Off-site

☐ Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. Protective Action Recommendation: ☐ None at This Time.

11. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

FAX TO THE ODS AT 751-8620 AFTER COMPLETING THE NOTIFICATION

NOTIFICATION OF UNUSAL EVENT FOLLOW-UP FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. This is Follow-up Information Regarding the **NOTIFICATION OF UNUSUAL EVENT** declared at Sequoyah Nuclear Plant.

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. Reactor **Unit 1** ☐ Shutdown ☐ At Power

   Unit 2 ☐ Shutdown ☐ At Power

5. Plant conditions are: ☐ Stable ☐ Deteriorating

6. Additional EAL Designator (s): _____

7. The Following Significant Changes in Plant Conditions Have Occurred:
   _____
   _____
   _____
   _____
   _____

8. The Following Significant Changes in Radiological Conditions Have Occurred:
   _____
   _____
   _____
   _____
   _____

9. Protective Action Recommendation: ☐ None at This Time

10. Event Terminated: Time: _____ Date: _____

11. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

12. Name _____ Date _____ Time _____
    (Preparer's Name)

13. FAX TO THE ODS AT 751-8620 AFTER COMPLETING THE NOTIFICATION ☐

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-3

ALERT

Revision 19

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 8/31/2000

Level of Use: Reference

REVISION DESCRIPTION: Intent Change, Editorial changes, Added steps for standardization with WBN, BFN, and Corp., Format change for ease of use. Revisions not shown due to extent of format changes.

Date _____

1.0 PURPOSE

1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **ALERT**.

1.2 To provide the Site Emergency Director (SED) a method for periodic reanalysis of current conditions to determine whether the **ALERT** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES

2.1 Interface Documents

A.	SPP-3.5,	"Regulatory Reporting Requirements"
B.	EPIP-4,	"Site Area Emergency"
C.	EPIP-5,	"General Emergency"
D.	EPIP-6,	"Activation and Operation Of The Technical Support Center"
E.	EPIP-7	"Activation and Operation of the Operations Support Center (OSC)"
F.	EPIP-8,	"Personnel Accountability And Evacuation"
G.	EPIP-10,	"Medical Emergency Response"
H.	EPIP-14,	"Radiological Control Response"
I.	EPIP-16,	"Termination And Recovery"
J.	CECC EPIP-9,	"Emergency Environmental Radiological Monitoring Procedures"
K.	PHYSI-32,	"Security Instructions For Members Of The Security Force".

3.0 INSTRUCTION

[1] **IF** TSC is NOT STAFFED, **THEN**

GO TO Section **3.1.** (Page 3) ☐

[2] **IF** TSC is OPERATIONAL, (SED transferred to TSC), **THEN**

GO TO Section **3.2.** (Page 7). ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM

Upon classifying events as an **ALERT** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SM shall:

[1] **ANNOUNCE** to Operating Crew:

"An **ALERT** has been declared based on *(Describe the Conditions)*. I will be the Site Emergency Director." ☐

[2] **ACTIVATE** Emergency Paging System (EPS), **THEN** ☐
(SM may delegate these tasks to Operations Clerk if available. MSS also may be used if necessary.)

[a] **CONFIRM** response by reviewing 20 minute printed report available in the TSC. ☐

[b] **CALL** personnel to staff unanswered positions (Use REP Duty Roster and Call List). ☐

[3] **IF** EPS fails, **THEN**

[a] **CALL** Operation Duty Specialist (ODS) **AT**:

Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700

AND

DIRECT ODS to activate EPS. ☐

[b] **IF** EPS still will not activate, **THEN**
(SM may delegate these tasks to Operations Clerk if available. MSS also may be used if necessary.)

CALL personnel to staff TSC/OSC positions (Use REP Duty Roster and Call List). ☐

[4] **ANNOUNCE** to plant personnel:

"ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. AN **ALERT** HAS BEEN DECLARED BASED ON *(Describe the condition)*, AFFECTING UNIT(s) _____. ALL TSC AND OSC PERSONNEL REPORT TO THE EMERGENCY FACILITIES IMMEDIATELY." ☐

REPEAT Announcement. ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

NOTE If plant conditions do not warrant personnel accountability at this time, continue to assess the situation and re-evaluate the need for accountability.

[5] **MONITOR** plant conditions,

WHEN plant conditions warrant, **THEN**

[a] **NOTIFY** Security Shift Supervisor to implement EPIP-8, "Personnel Accountability and Evacuation."

6144 or 6568 ☐

[b] **ACTIVATE** emergency sirens for personnel assembly.

Initial _____ Time _____

NOTE ODS should be notified within **5 minutes** after declaration of the event.

[6] **COMPLETE** ALERT Notification Form (Page 10). ☐

[7] **NOTIFY** ODS.

[a] **CALL** ODS.

Ringdown Line or 5 -751-1700 or 5 -751-2495 or 9-785-1700

Initial _____ Time _____

[b] **READ** completed Form (Page 10) to ODS. ☐

[c] **FAX** ODS ALERT Notification Form (Page 10). ☐

5-751-8620 FAX

[8] **IF** ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] **NOTIFY** Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

Initial _____ Time _____

[b] **READ** completed Form (Page 10) to TEMA. ☐

[c] **FAX** TEMA ALERT Notification Form (Page 10). ☐

9-1-615-242-9635 FAX

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[9] NOTIFY RADCON Shift Supervisor,

[a] STATE "AN **ALERT** HAS BEEN DECLARED, BASED UPON *(Describe the conditions),* AFFECTING UNIT(s) _____." ☐

[b] DIRECT to implement EPIP-14, "Radiological Control Response." ☐

[c] IF radiation monitors indicate unplanned radiological release, **THEN**

DIRECT to **EVALUATE** implementation of CECC EPIP-9, "Emergency Radiological Monitoring Procedures." ☐

[10] NOTIFY Chemistry Shift Supervisor,

[a] STATE: "AN **ALERT** HAS BEEN DECLARED, BASED UPON *(Describe the conditions)*, AFFECTING UNIT(s) _____."☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] DIRECT to implement EPIP-14. ☐

[11] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment.

[a] NOTIFY Chemistry Shift Supervisor to perform a dose assessment using EPIP-14. ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] REFER to EPIP-1, Radiological Effluents Section, **AND**

EVALUATE need for additional classifications. ☐

[12] IF there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[13] IF there is a security threat, **THEN**

NOTIFY Security Shift Supervisor to implement PHYSI-32, "Security Instructions For Members Of The Security Force"

6144 or 6568 ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[14] **NOTIFY** Plant Management in accordance with SPP-3.5 **AND**

PROVIDE ALERT Notification Information. ☐

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**ALERT**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[15] **NOTIFY** NRC of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

[16] **MONITOR** plant conditions **AND**

EVALUATE using EPIP-1 until TSC is staffed, **AND**

[a] **IF** plant conditions warrant, **THEN**

UPGRADE to a higher classification **AND**
INITIATE EPIP-4 or EPIP-5. ☐

[b] **IF** additional conditions satisfy criteria of other **ALERT's** **OR** Conditions warrant a need for follow-up information, **THEN**

COMPLETE ALERT Follow-up Form (Page 11), **AND**

REPORT to ODS for State notification at:

Ringdown Line	or	5 -751-1700	or	5-751-2495	or	9-785-1700

AND

FAX ODS ALERT Follow-up Form (Page 11). 5-751-8620 FAX

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

Upon classifying events as a **ALERT** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SED shall:

NOTE If plant conditions do not warrant personnel accountability at this time, continue to assess the situation and re-evaluate the need for accountability.

[1] **MONITOR** plant conditions,

IF plant conditions warrant, **THEN**

[a] **DIRECT** TSC Security Manager or Security Shift Supervisor to implement EPIP-8, "Personnel Accountability and Evacuation." ☐

6144 or 6568

[b] **DIRECT** SM to ACTIVATE emergency sirens for personnel assembly.

Initial Time

[2] **IF** ALERT Classification has been declared by SM, **THEN**

GO TO Step **[6]** **OR** appropriate Step based on SM turnover. ☐

NOTE ODS should be notified within **5 minutes** after declaration of the event.

[3] **COMPLETE** ALERT Notification Form (Page 10). ☐

[4] **NOTIFY** ODS.

[a] **CALL** ODS.

5 -751-1700 or 5 -751-2495 or 9-785-1700

Initial Time

[b] **READ** completed Form (Page 10) to ODS. ☐

[c] **FAX** ODS ALERT Notification Form (Page 10). ☐

5-751-8620 FAX

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

[5] IF ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] NOTIFY Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

Initial _____ Time _____

[b] READ completed Form (Page 10) to TEMA. ☐

[c] FAX TEMA ALERT Notification Form (Page 10). ☐

9-1-615-242-9635 FAX

NOTE The Dose Assessment function is transferred to the CECC once they are staffed.

[6] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment.

[a] DIRECT TSC Chemistry Manager or Chemistry Shift Supervisor to perform a dose assessment using EPIP-14, "Radiological Control Response". ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] DIRECT TSC RADCON Manager to evaluate need to implement CECC EPIP-9 "Emergency Radiological Monitoring Procedures." ☐

[c] REFER to EPIP-1, Radiological Effluents Section, **AND**

EVALUATE need for additional classifications. ☐

[7] IF there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[8] IF there is a security threat, **THEN**

DIRECT TSC Security Manager or Security Shift Supervisor to implement PHYSI-32,"Security Instructions For Members Of The Security Force." ☐

6144 or 6568

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**ALERT**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[9] **ENSURE** NRC has been notified of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

[10] **MONITOR** plant conditions **AND**

EVALUATE using EPIP-1, **AND**

[a] **IF** plant conditions warrant, **THEN**

UPGRADE to a higher classification, **AND**
INITIATE EPIP-4 or EPIP-5. ☐

[b] **IF** additional conditions satisfy criteria of other **ALERT's** **OR** Conditions warrant a need for follow-up information, **THEN**

COMPLETE ALERT Follow-up Form (Page 11), **AND**

REPORT to CECC Director for State notification at:

Ringdown Line or 5-751-1614 or 5-751-1680

AND

FAX CECC ALERT Follow-up Form (Page 11) 5-751-1682 FAX

OR

[c] **IF** situation no longer exists, **THEN**

TERMINATE emergency per EPIP-16, "Termination and Recovery," **AND** ☐

COMPLETE ALERT Follow-up Form (Page 11) including Time and Date Event Terminated and FAX to CECC. ☐

END OF SECTION

ALERT NOTIFICATION FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. There has been a **ALERT** declared at Sequoyah Nuclear Plant.

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. EAL Designator: _____

5. Brief Description of Event _____

6. Plant conditions are: ☐ Stable ☐ Deteriorating

7. Radiological Conditions are:

   ☐ No Abnormal Release Off-site

   ☐ Airborne Release Off-site

   ☐ Liquid Release Off-site

   ☐ Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. Protective Action Recommendation: ☐ None at This Time.

11. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

FAX TO THE ODS AT 751-8620 AFTER COMPLETING THE NOTIFICATION

ALERT FOLLOW-UP FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. This is Follow-Up Information Regarding the **ALERT** declared at Sequoyah Nuclear Plant

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. Reactor **Unit 1** ☐ Shutdown ☐ At Power

   Unit 2 ☐ Shutdown ☐ At Power

5. Plant conditions are: ☐ Stable ☐ Deteriorating

6. Additional EAL Designator (s): _____

7. Site Assembly and Accountability is on going. ☐ YES ☐ NO **OR** ☐ COMPLETED

8. The Following Significant Changes in Plant Conditions Have Occurred:

   _____
   _____
   _____
   _____

9. The Following Significant Changes in Radiological Conditions Have Occurred:

   _____
   _____
   _____
   _____
   _____

10. Protective Action Recommendation: ☐ None at This Time

11. Event Terminated: Time: _____ Date: _____

12. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

13. Name _____ Date _____ Time _____
    (Preparer's Name)

14. FAX TO THE ODS AT 751-8620 OR CECC at 751-1682 AFTER COMPLETING THE NOTIFICATION ☐

FORWARD COMPLETED PROCEDURE TO EMERGENCY PREPAREDNESS, OPS 4I-SQN

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-4

SITE AREA EMERGENCY

Revision 19

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 08/31/2000

Level of Use: Reference

REVISION DESCRIPTION: Intent Change, Editorial changes, Added steps for standardization with WBN, BFN, and Corp., Format change for ease of use. Revisions not shown due to extent of format changes.

Date _____

1.0 PURPOSE

1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 and the REP Appendix B that events have occurred that are classified as a **SITE AREA EMERGENCY**.

1.2 To provide the SED a method for periodic reanalysis of current conditions to determine whether the **SITE AREA EMERGENCY** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES

2.1 Interface Documents

A.	SPP-3.5	"Regulatory Reporting Requirements"
B.	EPIP-5,	"General Emergency"
C.	EPIP-6,	"Activation And Operation Of The Technical Support Center
D.	EPIP-7,	"Activation And Operation Of The Operations Support Center"
E.	EPIP-8,	"Personnel Accountability And evacuation"
F.	EPIP-10,	"Medical Emergency Response"
G.	EPIP-14,	"Radiological Control Response"
H.	EPIP-16,	"Termination And Recovery"
I.	CECC EPIP-9	"Emergency Environmental Radiological Monitoring Procedures"
J.	PHYSI-32,	"Security Instructions For Members Of The Security Force "

3.0 INSTRUCTION

[1] **IF** TSC IS NOT STAFFED, **THEN**

GO TO Step **3.1 [1].** (Page 3) ☐

[2] **IF** TSC IS OPERATIONAL, (SED transferred to TSC), **THEN**

GO TO Step **3.2 [1].** (Page 7) ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM

Upon classifying events as a **SITE AREA EMERGENCY** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SM shall:

[1] **ANNOUNCE** to Operating Crew:

"A **SITE AREA EMERGENCY** has been declared based on *(Describe the Conditions).*
I will be the Site Emergency Director." ☐

[2] **IF** Emergency Paging System (EPS) has not been previously initiated, **THEN**

ACTIVATE EPS **AND** ☐
(SM may delegate these tasks to Operations Clerk if available. MSS also may be used if necessary.)

[a] **CONFIRM** response by reviewing 20 minute printed report available in the TSC. ☐

[b] **CALL** personnel to staff unanswered positions. (Use REP Duty Roster and Call List) ☐

[3] **IF** EPS fails, **THEN**

[a] **CALL** Operation Duty Specialist (ODS) **AT**

Ringdown Line	or	5-751-1700	or	5-751-2495	or	9-785-1700

AND DIRECT ODS to activate EPS. ☐

[b] **IF** EPS still will not activate, **THEN**
(SM may delegate these tasks to Operations Clerk if available. MSS also may be used if necessary.)

CALL personnel to staff TSC/OSC positions. (Use REP Duty Roster and Call List) ☐

[4] **ANNOUNCE** to plant personnel:

"ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **SITE AREA EMERGENCY** HAS BEEN DECLARED BASED ON *(Describe the Conditions)*, AFFECTING UNIT(s) _____. ALL TSC AND OSC PERSONNEL REPORT TO THE EMERGENCY FACILITIES IIMMEDIATELY." ☐

REPEAT Announcement. ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[5] **IF** personnel accountability has not been previously initiated, **THEN**

[a] **NOTIFY** Security Shift Supervisor to implement EPIP-8 "Personnel Accountability and Evacuation."

6144 or 6568 ☐

[b] **ACTIVATE** emergency sirens for personnel assembly.

_____ _____
Initial Time

NOTE ODS should be notified within **5 minutes** after declaration of the event.

[6] **COMPLETE** SAE Notification Form (Page 10). ☐

[7] **NOTIFY** ODS.

[a] **CALL** ODS.

Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700

_____ _____
Initial Time

[b] **READ** completed Form (Page 10) to ODS. ☐

[c] **FAX** ODS SAE Notification Form (Page 10). ☐

5-751-8620 FAX

[8] **IF** ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] **NOTIFY** Tennessee Emergency Management Agency (TEMA)

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

_____ _____
Initial Time

[b] **READ** completed Form (page 10) to TEMA ☐

[c] **FAX** TEMA SAE Notification Form (Page 10) ☐

9-1-615-242-9635 FAX

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[9] **NOTIFY** RADCON Shift Supervisor,

[a] **STATE** "A **SITE AREA EMERGENCY** HAS BEEN DECLARED, BASED UPON *(Describe the conditions),* AFFECTING UNIT(s) _____." ☐

[b] **DIRECT** to implement EPIP-14, "Radiological Control Response." ☐

[c] **DIRECT** to implement CECC EPIP-9, "Emergency Radiological Monitoring Procedures." ☐

[10] **NOTIFY** Chemistry Shift Supervisor,

[a] **STATE:** "A **SITE AREA EMERGENCY** HAS BEEN DECLARED, BASED UPON *(Describe the Conditions),* AFFECTING UNIT(s) _____." ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] **DIRECT** to implement EPIP-14. ☐

[11] **MONITOR** radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment.

[a] **NOTIFY** Chemistry Shift Supervisor to perform a dose assessment using EPIP-14. ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] **REFER TO** EPIP-1, Radiological Effluents Section, **AND**

EVALUATE need for additional classifications. ☐

[12] **IF** there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[13] **IF** there is a security threat, **THEN**

NOTIFY Security Shift Supervisor to implement PHYSI-32, "Security Instructions For Members Of The Security Force."

6144 or 6568 ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[14] NOTIFY Plant Management in accordance with SPP-3.5 **AND**

PROVIDE SAE Notification Information. ☐

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**SITE AREA EMERGENCY**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[15] NOTIFY NRC of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

[16] MONITOR plant conditions **AND**

EVALUATE using EPIP-1 until TSC is staffed, **AND**

[a] IF plant conditions warrant, **THEN**

UPGRADE to a higher classification **AND**
INITIATE EPIP-5. ☐

[b] IF additional conditions satisfy criteria of other **SITE AREA EMERGENCIES** **OR**
Conditions warrant a need for follow-up information, **THEN**

COMPLETE SAE Follow-up Form (Page 11), **AND**

REPORT to ODS for State notification at:

Ringdown Line	or	5-751-1700	or	5-751-2495	or	9-785-1700

AND

FAX ODS SAE Follow-up Form (Page 11) 5-751-8620 FAX

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

Upon classifying events as a **SITE AREA EMERGENCY** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SED shall:

[1] **IF** personnel accountability has not been previously initiated, **THEN**

[a] **DIRECT** TSC Security Manager or Security Shift Supervisor to implement EPIP-8 "Personnel Accountability and Evacuation." ☐

6144 or 6568

[b] **DIRECT** SM to ACTIVATE emergency sirens for personnel assembly.

Initial _____ Time _____

[2] **IF** Site Area Emergency classification has been declared by SM, **THEN**

GO TO Step **[6]** **OR** appropriate Step based on SM turnover. ☐

NOTE CECC Director should be notified within **5 minutes** after declaration of the event.

[3] **COMPLETE** SAE Notification Form (Page 10). ☐

[4] **NOTIFY** CECC Director.

[a] **CALL** CECC Director.

Ringdown Line or 5-751-1614 or 5-751-1680

Initial _____ Time _____

[b] **READ** completed Form (Page 10) to CECC Director. ☐

[c] **FAX** CECC SAE Notification Form (Page 10). ☐

5-751-1682 FAX

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

[5] **IF** CECC Director **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] **NOTIFY** Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

Initial _____ Time _____

[b] **READ** completed Form (Page 10) to TEMA. ☐

[c] **FAX** TEMA SAE Notification Form (Page 10). ☐

9-1-615-242-9635 FAX

[6] **DIRECT** TSC RADCON Manager to implement CECC EPIP-9 "Emergency Radiological Monitoring Procedures." ☐

NOTE The Dose Assessment function is transferred to the CECC once they are staffed.

[7] **MONITOR** radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment

[a] **DIRECT** TSC Chemistry Manager or Chemistry Shift Supervisor to perform a dose assessment using EPIP-14, "Radiological Control Response." ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] **REFER TO** EPIP-1, Radiological Effluents Section, **AND**

EVALUATE need for additional classifications. ☐

[8] **IF** there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[9] **IF** there is a security threat, **THEN**

DIRECT TSC Security Manager or Security Shift Supervisor to implement PHYSI-32, "Security Instructions For Members Of The Security Force." ☐

6144 or 6568

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**SITE AREA EMERGENCY**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[10] **ENSURE** NRC has been notified of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

[11] **MONITOR** plant conditions **AND**

EVALUATE using EPIP-1, **AND**

[a] **IF** plant conditions warrant, **THEN**

UPGRADE to a higher classification, **AND**
INITIATE EPIP-5 ☐

[b] **IF** additional conditions satisfy criteria of other **SITE AREA EMERGENCY's** **OR**
Conditions warrant a need for follow-up information, **THEN**

COMPLETE SAE Follow-up Form (Page 11), **AND**

REPORT to CECC Director for State notification at:

Ringdown Line or 5-751-1614 or 5-751-1680

AND

FAX CECC SAE Follow-up Form (Page 11) 5-751-1682 FAX

OR

[c] **IF** situation no longer exists, **THEN**

TERMINATE emergency per EPIP-16, "Termination and Recovery," **AND** ☐

COMPLETE SAE Follow-up Form (Page 11) including Time and Date Event Terminated and FAX to CECC. ☐

END OF SECTION

SITE AREA EMERGENCY NOTIFICATION FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. There has been a **SITE AREA EMERGENCY** declared at Sequoyah Nuclear Plant.

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. EAL Designator: _____

5. Brief Description of Event _____
   _____
   _____
   _____
   _____
   _____
   _____

6. Plant conditions are: ☐ Stable ☐ Deteriorating

7. Radiological Conditions are:

   ☐ No Abnormal Release Off-site

   ☐ Airborne Release Off-site

   ☐ Liquid Release Off-site

   ☐ Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. The Meteorological Conditions Are: (Use MET Tower elevation 46, alternate elevation 90.)

    Wind Speed _____mph Wind Direction From _____

11. Protective Action Recommendation: ☐ None at This Time.

12. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

FAX TO THE ODS AT 751-8620 AFTER COMPLETING THE NOTIFICATION.

SITE AREA EMERGENCY FOLLOW-UP FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. This is Follow-Up Information Regarding the **SITE AREA EMERGENCY** declared at Sequoyah Nuclear Plant

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. Reactor **Unit 1** ☐ Shutdown ☐ At Power

   Unit 2 ☐ Shutdown ☐ At Power

5. Plant conditions are: ☐ Stable ☐ Deteriorating

6. Additional EAL Designator (s): _____

7. Site Assembly and Accountability is on going. ☐ YES ☐ NO **OR** ☐ COMPLETED

8. The Following Significant Changes in Plant Conditions Have Occurred:
   _____
   _____
   _____
   _____

9. The Following Significant Changes in Radiological Conditions Have Occurred:
   _____
   _____
   _____

10. The Meteorological Conditions Are: (Use MET Tower elevation 46, alternate elevation 90.)

    Wind Speed _____mph Wind Direction From _____

11. Protective Action Recommendation: ☐ None at This Time

12. Event Terminated: Time: _____ Date: _____

13. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

14. Name _____ Date _____ Time _____
    (Preparer's Name)

15. FAX TO THE ODS AT 751-8620 OR CECC AT 751-1682 AFTER COMPLETING THE NOTIFICATION ☐

FORWARD COMPLETED PROCEDURE TO EMERGENCY PREPAREDNESS, OPS 4I-SQN

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-5

GENERAL EMERGENCY

Revision 25

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 8-31-2000

Level of Use: Reference

REVISION DESCRIPTION: Intent Change, Editorial changes, Added steps for standardization with WBN, BFN, and Corp., Format change for ease of use. Revisions not shown due to extent of format changes.

Date _____

1.0 PURPOSE

1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **GENERAL EMERGENCY**

1.2 To provide the SED/SM a method for periodic reanalysis of current conditions to determine whether the **GENERAL EMERGENCY** should be terminated or continued.

2.0 REFERENCES

2.1 Interface Documents

A.	SPP-3.5	"Regulatory Reporting Requirements"
B.	EPIP-6,	"Activation and Operation of the Technical Support Center"
C.	EPIP-7,	"Activation and Operation of the Operations Support Center"
D.	EPIP-8,	"Personnel Accountability and Evacuation"
E.	EPIP-10,	"Medical Emergency Response"
F.	EPIP-14,	"Radiological Control Response"
G.	EPIP-16,	"Termination and Recovery"
H.	CECC EPIP-9,	"Emergency Environmental Radiological Monitoring Procedures"
I.	PHYSI-32,	"Security Instructions For Members Of The Security Force"

3.0 INSTRUCTION

[1] **IF** TSC is NOT STAFFED, **THEN**

GO TO Section **3.1.** (Page 3) ☐

[2] **IF** TSC is OPERATIONAL, (SED transferred to TSC), **THEN**

GO TO Section **3.2.** (Page 8) ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM

Upon classifying events as a GENERAL EMERGENCY in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SM shall:

[1] **ANNOUNCE** to Operating Crew:

"A **GENERAL EMERGENCY** has been declared based on *(Describe the Conditions)*.
I will be the Site Emergency Director." ☐

[2] **IF** Emergency Paging System (EPS) has not been previously initiated, **THEN**

ACTIVATE EPS **AND** ☐
(SM may delegate these tasks to Operations Clerk if available.
MSS also may be used if necessary.)

[a] **CONFIRM** response by reviewing 20 minute printed report available in the TSC. ☐

[b] **CALL** personnel to staff unanswered positions (Use REP Duty Roster and Call List). ☐

[3] **IF** EPS fails, **THEN**

[a] **CALL** Operation Duty Specialist (ODS), **AT**

Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700

AND DIRECT ODS to activate EPS. ☐

[b] **IF** EPS still will not activate, **THEN**
(SM may delegate these tasks to Operations Clerk if available.
MSS also may be used if necessary.)

CALL personnel to staff TSC/OSC positions (Use REP Duty Roster and Call List). ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[4] **ANNOUNCE** to plant personnel:

"ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **GENERAL EMERGENCY** HAS BEEN DECLARED BASED ON *(Describe the condition)*, AFFECTING UNIT(s) _____. ALL TSC AND OSC PERSONNEL REPORT TO THE EMERGENCY FACILITIES IMMEDIATELY." ☐

REPEAT Announcement. ☐

[5] **IF** personnel accountability has not been previously initiated, **THEN**

[a] **NOTIFY** Security Shift Supervisor to implement EPIP-8, "Personnel Accountability and Evacuation."

6144 or 6568 ☐

[b] **ACTIVATE** emergency sirens for personnel assembly.

_____ _____
Initial Time

NOTE ODS should be notified within **5 minutes** after declaration of the event.

[6] **COMPLETE** GE Notification Form (Page 13). ☐

[7] **NOTIFY** ODS.

[a] **CALL** ODS.

Ringdown Line or 5 -751-1700 or 5 -751-2495 or 9-785-1700

_____ _____
Initial Time

[b] **READ** completed Form (Page 13) to ODS. ☐

[c] **FAX** ODS GE Notification Form (Page 13). ☐

5-751-8620 FAX

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[8] IF ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] NOTIFY Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

_____ _____
Initial Time

[1] READ completed Form (Page 13) to TEMA. ☐

[2] FAX TEMA GE Notification Form (Page 13). ☐

9-1-615-242-9635 FAX

[b] NOTIFY Hamilton County Emergency Management Agency (EMA) **AND**

9-209-6900 or 9-622-7777 or 9-622-0022 _____ _____
Initial Time

READ completed Form (Page 13) to Hamilton County EMA **AND** ☐

[c] NOTIFY Bradley County EMA.

9-476-0606 or 9-476-7511 _____ _____
Initial Time

READ completed Form (Page 13) to Bradley County EMA. ☐

[9] NOTIFY RADCON Shift Supervisor,

[a] STATE "A **GENERAL EMERGENCY** HAS BEEN DECLARED, BASED UPON *(Describe the conditions)*, AFFECTING UNIT(s) _____." ☐

[b] DIRECT to implement EPIP-14, "Radiological Control Response." ☐

[c] DIRECT to implement CECC EPIP-9, "Emergency Radiological Monitoring Procedures". ☐

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[10] NOTIFY Chemistry Shift Supervisor,

[a] STATE: "A **GENERAL EMERGENCY** HAS BEEN DECLARED, BASED UPON *(Describe the conditions),* AFFECTING UNIT(s) _____." ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] DIRECT to implement EPIP-14. ☐

[11] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment.

[a] NOTIFY Chemistry Shift Supervisor to perform a dose assessment using EPIP-14 ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] REFER to Protective Action Recommendation Logic Diagram (Page 12) **AND**

IF change in PAR required, **THEN** ☐

COMPLETE GE Follow-up Form (Page 14) **AND**

REPORT to ODS for State notification at:

Ringdown Line or 5 -751-1700 or 5-751-2495 or 9-785-1700

AND

FAX ODS GE Follow-up Form (Page 14)

5-751-8620 FAX

[12] IF there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[13] IF there is a security threat, **THEN**

NOTIFY Security Shift Supervisor to implement PHYSI-32, "Security Instructions For Members Of The Security Force" ☐

6144 or 6568

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[14] NOTIFY Plant Management in accordance with SPP-3.5 **AND**

PROVIDE GE Notification Information. ☐

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**GENERAL EMERGENCY**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[15] NOTIFY NRC of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial _____ Time _____

[16] MONITOR plant conditions **AND**

EVALUATE using EPIP-1 until TSC is staffed, **AND**

[a] **IF** additional conditions satisfy criteria of other

GENERAL EMERGENCYs **OR**

[b] **IF** changes to Protective Action Recommendations **OR**

[c] **IF** conditions warrant a need for follow-up information, **THEN**

COMPLETE GE Follow-up Form (Page 14), **AND**

REPORT to ODS for State notification at:

Ringdown Line	or	5 -751-1700	or	5-751-2495	or	9-785-1700

AND

FAX ODS GE Follow-up Form (Page 14) 5-751-8620 FAX

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

Upon classifying events as a **GENERAL EMERGENCY** in accordance with EPIP-1, "Emergency Plan Classification Matrix," the SED shall:

[1] **IF** personnel accountability has not been previously initiated, **THEN**

[a] **DIRECT** TSC Security Manager or Security Shift Supervisor to implement EPIP-8, "Personnel Accountability and Evacuation." ☐

6144 or 6568

[b] **DIRECT** SM to ACTIVATE emergency sirens for personnel assembly.

Initial _____ Time _____

[2] **IF** GENERAL EMERGENCY Classification has been declared by SM, **THEN**

GO TO Step **[6]** **OR** appropriate Step based on SM turnover. ☐

NOTE CECC Director should be notified within **5 minutes** after declaration of the event

[3] **COMPLETE** GE Notification Form (Page 13). ☐

[4] **NOTIFY** CECC Director.

[a] **CALL** CECC Director.

Ringdown Line or 5 -751-1614 or 5 -751-1618

Initial _____ Time _____

[b] **READ** completed Form (Page 13) to CECC Director. ☐

[c] **FAX** CECC GE Notification Form (Page 13). ☐

5-751-1682 FAX

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

[5] **IF** CECC Director **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] **NOTIFY** Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300 or 9-1-615-741-0001 or 888-616-8091 (satellite)

_____ _____
Initial Time

[1] **READ** completed Form (Page 13) to TEMA. ☐

[2] **FAX** TEMA GE Notification Form (Page 13). ☐

9-1-615-242-9635 FAX

[b] **NOTIFY** Hamilton County Emergency Management Agency (EMA) **AND**

9-209-6900 or 9-622-7777 or 9-622-0022 _____ _____
Initial Time

READ completed Form (Page 13) to Hamilton County EMA. ☐

[c] **NOTIFY** Bradley County EMA **AND**

9-476-0606 or 9-476-7511 _____ _____
Initial Time

READ completed Form (Page 13) to Bradley County EMA. ☐

[6] **IF** CECC EPIP-9 "Emergency Radiological Monitoring Procedures." has not been previously initiated, **THEN**

DIRECT TSC RADCON Manager to implement CECC EPIP-9 ☐

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

NOTE The Dose Assessment function is transferred to the CECC once they are staffed.

[7] **MONITOR** radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**

PERFORM Dose Assessment.

[a] **DIRECT** TSC Chemistry Manager or Chemistry Shift Supervisor to perform a dose assessment using EPIP-14, "Radiological Control Response." ☐

7285 Lab or 6348 Lab or Pager 350-40732

[b] **REFER** to Protective Action Recommendation Logic Diagram (Page 12) **AND**

IF change in PAR required, **THEN** ☐

COMPLETE GE Follow-up Form (Page 14) **AND**

REPORT to CECC Director for State notification at:

Ringdown Line or 5-751-1614 or 5-751-1680

AND

FAX CECC GE Follow-up Form (Page 14) 5-751-1682 FAX

[8] **IF** there are personnel injuries, **THEN**

IMPLEMENT EPIP-10, "Medical Emergency Response." ☐

[9] **IF** there is a security threat, **THEN**

DIRECT TSC Security Manager or Security Shift Supervisor to implement PHYSI-32,"Security Instructions For Members Of The Security Force". ☐

6144 or 6568

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

NOTE 1 NRC notification should be made as soon as practicable, but within 1 hour of "**GENERAL EMERGENCY**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

NOTE 2 Do not dial "1" prior to the number when using ENS phones.

[10] ENSURE NRC has been notified of plan activation via ENS in accordance with SPP-3.5.

(301) 816-5100 (Main)	(301) 951-0550 (Backup)	9-1-(301) 816-5151 (Fax)

Initial Time

NOTE Protective Action Recommendation are the responsibility of the CECC Director after assuming that responsibility from the SED.

[11] MONITOR plant conditions **AND**

EVALUATE using EPIP-1, **AND**

[a] IF additional conditions satisfy criteria of other

GENERAL EMERGENCYs **OR**

[b] IF change to Protective Action Recommendations **OR**

[c] IF conditions warrant a need for follow-up information, **THEN**

COMPLETE GE Follow-up Form (page 14), **AND**

REPORT to CECC Director for State notification at:

Ringdown Line or 5-751-1614 or 5-751-1680

AND

FAX CECC GE Follow-up Form (Page 14) 5-751-1682 FAX

OR

[d] IF situation no longer exists, **THEN**

TERMINATE emergency per EPIP-16, "Termination and Recovery," **AND** ☐

COMPLETE GE Follow-up Form (Page 14) including Time and Date Event Terminated and FAX to CECC. 5-751-1682 FAX ☐

END OF SECTION

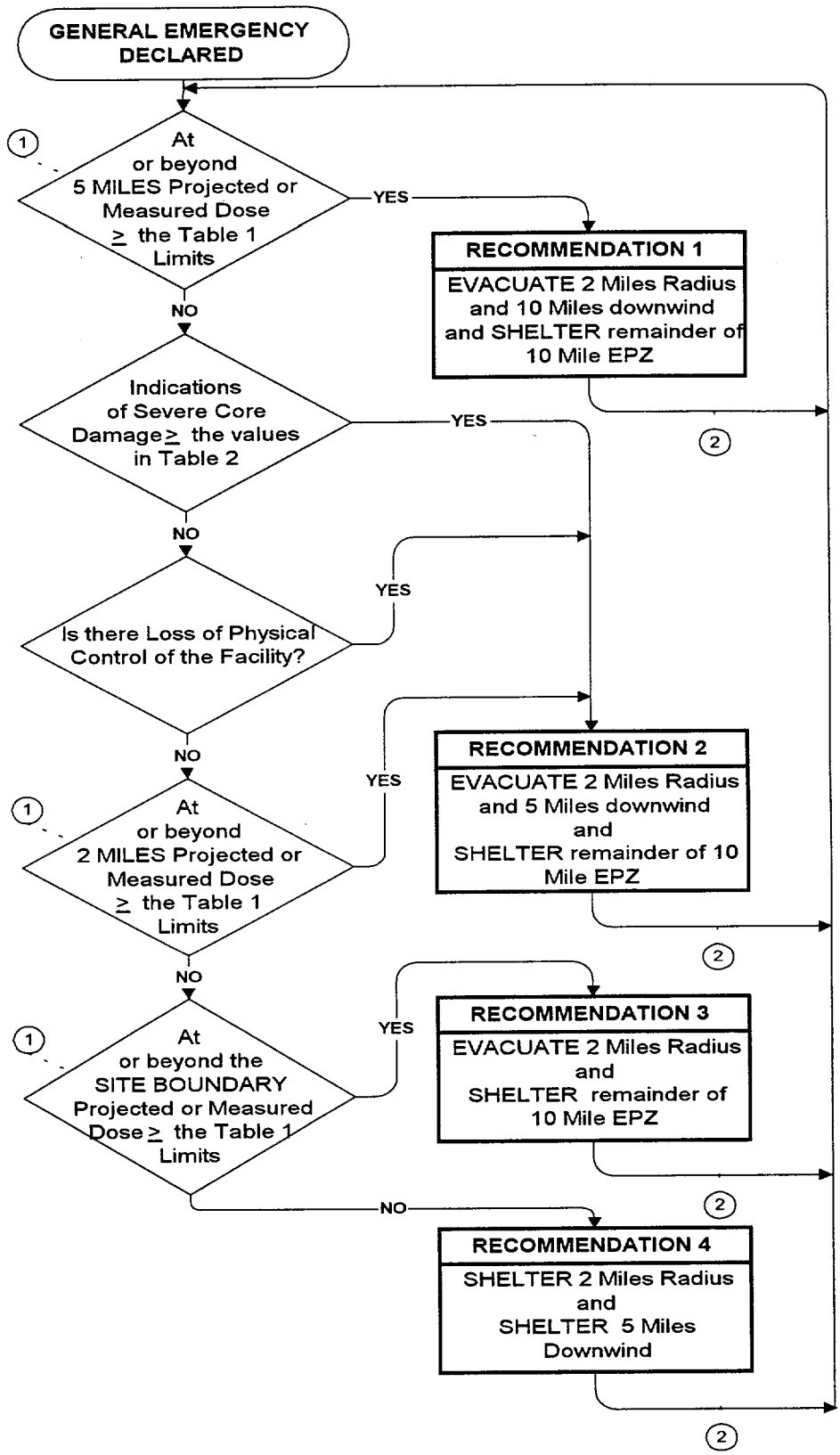
PROTECTIVE ACTION RECOMMENDATION LOGIC DIAGRAM

SEQUOYAH NUCLEAR PLANT

NOTES
(1) If conditions are not known Then Answer NO. (2) CONTINUE ASSESSMENT. Modify protective actions based on available plant and field monitoring information. Locate and evacuate additional localized hotspots.

TABLE 1 RADIOACTIVITY RELEASE DOSE	
TYPE	LIMIT
Measured	3.9E-6 microCi/cc of Iodine 131
	1 REM/hr External Dose
Projected	1 REM TEDE
	5 REM Thyroid CDE

TABLE 2 SEVERE CORE DAMAGE
INDICATIONS
1. Containment Radiation Monitor Reading on RM-90-271 or 272 is ≥ 28 REM/hr. or 2. Containment Radiation Monitor Reading on RM-90-273or 274 is ≥ 29 REM/hr. or 3. Reactor coolant Activity of ≥ 300 microCi/gm Dose Equivalent I-131. or 4. Inadequate core cooling as indicated by "red" or "orange" path from core cooling status tree.



GENERAL EMERGENCY NOTIFICATION FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. There has been a **GENERAL EMERGENCY** declared at Sequoyah Nuclear Plant.

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. EAL Designator: _____

5. Brief Description of Event _____
   _____
   _____
   _____
   _____

6. Plant conditions are: ☐ Stable ☐ Deteriorating

7. Radiological Conditions are:
   - ☐ No Abnormal Release Off-site
   - ☐ Airborne Release Off-site
   - ☐ Liquid Release Off-site
   - ☐ Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. The Meteorological Conditions Are: (Use MET Tower elevation 46, alternate elevation 90.)

    Wind Speed _____mph Wind Direction From _____

11. Protective Action Recommendation: (For Determination See PAR Logic Diagram Page 12)

☐ **RECOMMENDATION 1**	**[a] EVACUATE** 2 mile radius and 10 miles downwind **AND** **[b] SHELTER** remainder 10 mile EPZ
☐ **RECOMMENDATION 2**	**[a] EVACUATE** 2 mile radius and 5 miles downwind **AND** **[b] SHELTER** remainder 10 mile EPZ
☐ **RECOMMENDATION 3**	**[a] EVACUATE** to 2 mile radius **AND** **[b] SHELTER** remainder 10 mile EPZ
☐ **RECOMMENDATION 4**	**[a] SHELTER** to 2 mile radius **AND** **[b] SHELTER** 5 miles downwind

12. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

FAX TO THE ODS AT 751-8620 AFTER COMPLETING THE NOTIFICATION

GENERAL EMERGENCY FOLLOW-UP FORM

1. ☐ THIS IS A REAL EMERGENCY EVENT. THIS IS A REAL EMERGENCY EVENT.

   OR

   ☐ THIS IS A DRILL. THIS IS A DRILL.

2. This is _____ at Sequoyah Nuclear Plant.
   (Your Name)

3. This is Follow-up Information Regarding the **GENERAL EMERGENCY** declared at Sequoyah Nuclear Plant

   Affecting ☐ Unit 1 **OR** ☐ Unit 2 **OR** ☐ Both Units 1 & 2

4. Reactor **Unit 1** ☐ Shutdown ☐ At Power

   Unit 2 ☐ Shutdown ☐ At Power

5. Plant conditions are: ☐ Stable ☐ Deteriorating

6. Additional EAL Designator (s): _____

7. The Following Significant Changes in Plant Conditions Have Occurred:
   _____
   _____
   _____

8. Evacuation of nonessential site personnel is on going:
   ☐ **YES** ☐ **NO** **OR** ☐ **COMPLETED**

9. The Following Significant Changes in Radiological Conditions Have Occurred:
   _____
   _____
   _____

10. The Following Changes To Protective Action Recommendations Have Occurred:
    _____
    _____
    _____

11. The Meteorological Conditions Are: (Use MET Tower elevation 46, alternate elevation 90.)

    Wind Speed _____mph Wind Direction From _____

12. Event Terminated: Time: _____ Date: _____

13. "Please Repeat the Information You Have Received to Ensure Accuracy." ☐

14. Name _____ Date _____ Time _____
    (Preparer's Name)

15. FAX TO THE ODS AT 751-8620 OR CECC AT 751-1682 AFTER COMPLETING THE NOTIFICATION. ☐

FORWARD COMPLETED PROCEDURE TO EMERGENCY PREPAREDNESS, OPS 4I-SQN

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-7

ACTIVATION AND OPERATION OF THE OPERATIONS SUPPORT CENTER (OSC)

Revision 18

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John Casey

EFFECTIVE DATE: 9-1-2000

LEVEL OF USE: REFERENCE

REVISION DESCRIPTION: Intent Change: Revision changed the reporting requirement for the OSC; modified responsibilities of the MSS; added support from DCRM and Material Coordinator; updated terminology from REX to HIS-20; changed Operations Advisor reporting from TSC Ops Manager to TSC Operations Communicator; revised position titles; and revised checklist items to several checklists.

TABLE OF CONTENTS

1.0 PURPOSE

The purpose of this procedure is to describe the activation of the Operations Support Center (OSC), describe the OSC organization, and provide for OSC operation once it has been staffed. The OSC is activated during an "Alert," "Site Area Emergency," or "General Emergency."

2.0 REFERENCES

Developmental Documents

A. EPIP-6, "Activation and Operation of the Technical Support Center"

B. EPIP-8, "Personnel Accountability and Evacuation"

C. EPIP-14, "Radiological Control Response"

D. EPIP-16, "Termination and Recovery"

3.0 INSTRUCTIONS

3.1 An Alert or higher Emergency Classification

At an Alert or higher Emergency Classification, the OSC Manager will report directly to the OSC and shall be responsible for implementing this procedure and coordinating OSC personnel and activities.

3.2 Activation of OSC

3.2.1 Shift Manager (SM) Actions

The SM will activate the OSC by announcing the emergency condition by one or more of the following methods:

A. Plant Public Address (PA) announcement.

B. The Shift Manager or operations clerk will normally activate the Emergency Paging System (EPS) or contact the persons designated on the REP Duty Roster and/or Call List. If the EPS cannot be activated from the site, the SM will contact the Operations Duty Specialist (ODS) and have the EPS activated from the CECC.

C. The SM may activate the onsite emergency sirens at an "Alert" and shall activate the sirens at a "Site Area Emergency" or "General Emergency".

3.2.2 Call List

The Emergency Preparedness Manager (EPM) shall maintain a REP Duty Roster and Call List book listing key OSC personnel by name, plant and home telephone numbers. The REP Call List and Duty Roster book will be updated at least quarterly by the EPM or designee with input by the appropriate section/group supervisors. This book will be provided to the SM and will also be maintained in the TSC and OSC.

3.2.3 Response

The following personnel should report to the OSC or the assigned OSC support location upon announcement of an "ALERT" or higher emergency classification, or at the direction of the SED:

A. OSC Manager

B. Assistant OSC Manager

C. Maintenance Shift Supervisor

D. OSC RADCON Supervisor

E. Fire Operations Advisor

F. OSC Operations Advisor

G. Two Instrument Maintenance Briefers

H. Two Mechanical Maintenance Briefers

I. Two Electrical Maintenance Briefers

J. RADCON Briefer

K. Chemistry Shift Supervisor

L. OSC Personnel Pool Manager

M. Two Duty Damage Control Teams(1)

N. RADCON Lab Supervisor

O. Other plant staff the OSC Manager determines to be necessary to support OSC functions will be called:

1. OSC Clerks
2. OSC Log Keeper
3. HIS-20 Operator
4. Maintenance Personnel needed for support
5. Operations Personnel needed for support
6. Transmission and Customer Service
7. Technical Support Personnel needed for support
8. DCRM support
9. Materials support
10. Industrial Safety support
11. Security Advisor

(1) A team will dress-out and standby for assignment.

3.2.4 Maintenance Shift Supervisor (MSS)

The Maintenance Shift Supervisor (MSS) shall ensure that the OSC and Tool Room are unlocked and open for access when required. The MSS maintains responsibility as single point maintenance contact for the Shift Manager until the OSC Manager is in place. The MSS initiates OSC setup and may sign designated actions on the Assistant OSC Manager's Checklist. The MSS may assist in the activation of the Emergency Response Organization to ensure adequate personnel are available. The MSS will provide a briefing to the OSC Manager when he arrives and then becomes the second Assistant OSC Manager.

3.2.5 OSC Operation

The OSC shall operate to ensure the following actions are taken:

A. All personnel or teams previously tasked by the Control Room or Site Emergency Director prior to OSC staffing and activation shall be located and assigned a Team Tracking Letter designation for tracking and debriefing purposes.

B. All teams shall be briefed and/or coordinated with the OSC prior to dispatch and debriefed by the OSC upon task completion. The exceptions are:
- AUO teams responding to procedure driven missions or are otherwise under the direction of the SM. These teams shall be tracked on the OSC Ops tracking board via communication between the Control Room Communicator and the OSC Operations Advisor.
- The Fire Brigade or Medical Emergency Response Team may be briefed in route by radio when response time is critical. These teams will be tracked by the OSC.
- If an Emergency Response Team is responding or near the task area prior to OSC staffing the team may be briefed by radio or telephone and shall be tracked by the OSC.
- RADCON Survey Teams and Chemistry Teams may be dispatched directly from their respective labs provided they are coordinated through the OSC RADCON Supervisor and tracked on the RADCON/CHEM board

C. Each potential damage control and repair team member shall have qualifications verified and dosimetry issued prior to assignment to a response team.

D. RADCON and Operations should be members of each response team.

E. Each team should have a radio for communications with the OSC. The Operations or RADCON member of each team should be the radio talker. Muted radios are available for use in radio-sensitive areas of the plant.

F. RADCON shall maintain sufficient respiratory protection equipment available for issue in a manner that will not delay teams response.

3.2.5 OSC Operation (Continued)

G. Teams should respond with damage control tool kits to the assigned task.

H. If a person/team is unable to complete a mission or is reassigned a task after briefing, the OSC shall be immediately notified by the team leader.

I. At least one Emergency Response Team is on standby at all times.

3.2.6 OSC Manager

The OSC Manager is responsible for directing repairs and corrective actions; performing damage assessment; coordinating repair activities with the TSC; coordinating maintenance teams and ensuring proper briefings and accompaniment by RADCON; activating the Fire Brigade, Search and Rescue, and Medical Emergency Response Teams as necessary; relocation of the OSC in accordance with 3.2.6.A; deactivating the OSC. Appendix A, OSC Manager Checklist, shall be used to ensure required actions are completed.

A. Relocate OSC personnel and equipment to an alternate OSC location when conditions require:

1. Direct OSC RADCON Supervisor to make habitability survey for the OSC if a release has occurred. Surveys are to include direct radiation readings, area swipes, and air activity monitoring.

2. Inform the SED if conditions exceed habitability criteria.

3. Relocate the OSC (upon direction from the SED) to the backup OSC in the O&PS building if it meets habitability requirements.

4. If the backup OSC does not meet habitability criteria, than an alternate location must be selected based on the following criteria:

a. Location has adequate access to the plant (preferably is within the Protected Area), has a current radiological survey, is upwind from plant, and has adequate ventilation control.

b. Location has adequate communications capabilities (including three telephone circuits).

c. Physical size: space for at least 25 persons.

d. Provides access to appropriate reference materials, tools, safety equipment, etc.

3.2.7 Assistant OSC Manager

The Assistant OSC Manager maintains continuous communication with the Maintenance Manager in the TSC, ensuring that OSC tasks are entered on the team tracking board/system; initiates an OSC Team Briefing/Debriefing Form, (Appendix D) for each task; assigns tasks to briefing teams; coordinates and directs damage control and repair activities as directed by the OSC Manager; ensures RADCON support for each team; ensures all teams (except as indicated in 3.2.5.B) are briefed before dispatch in accordance with Appendix D; ensures all teams are debriefed upon return to the OSC in accordance with Appendix D. When available, a qualified individual may assume communications and/or boardwriting responsibilities as delegated by the Assistant OSC Manager. Appendix C, Assistant OSC Manager Checklist, shall be used to ensure required actions are completed.

3.2.8 OSC RADCON Supervisor

The OSC RADCON Supervisor provides and coordinates RADCON resources; assigns a HIS-20 Operator and calls in additional support as needed; directs the RADCON Lab through the Lab Supervisor; informs the TSC RADCON Manager, OSC Manager and OSC RADCON briefer of current radiological conditions; enters data on the Radcon/Chem tracking board; provides RADCON support for emergency response teams as warranted. Appendix E, OSC RADCON Supervisor Checklist, shall be used to ensure required actions are completed.

3.2.9 OSC RADCON Briefer

The OSC RADCON briefer remains informed of the site radiological conditions; provides technical assistance for radiological concerns; assist in technical briefings of OSC teams; ensures each team has a RADCON member present during briefing or may be dispatched with the team; completes applicable portions of Appendix D. Appendix F, OSC RADCON Briefer Checklist, shall be used to ensure required actions are completed.

3.2.10 OSC Operations Advisor

The OSC Operations Advisor provides operational advice, plant status, and important system parameters to support the operation; provides Operations personnel as part of OSC response teams as warranted; maintains the Operations tracking board in the OSC. Provide Operations personnel, advice, and plant status to support the entire OSC including briefing emergency response teams as needed. Keeps the TSC Operations Communicator and Control Room Communicator informed of OSC team activities. May provide briefing/debriefing to AUOs as requested by the Control Room Crew and/or SED. Appendix G, OSC Operations Advisor Checklist, shall be used to ensure required actions are completed.

3.2.11 Personnel Pool Manager

The OSC Personnel Pool Manager provides and coordinates a pool of qualified maintenance personnel to staff damage control and repair teams. He also tracks individual team members and assesses their future availability for other assignments. Appendix N, Personnel Pool Manager Checklist, shall be used to ensure required actions are complete. The Personnel Pool Manager Log (Appendix R) should be used to manage information regarding individual qualifications and OSC assignments.

3.2.12 Fire Operations Advisor

The Fire Operations Advisor initiates fire response, medical emergency response, hazardous material containment; provides personnel to support Nuclear Security in searches of hazardous areas. Provides evaluations of the plant environment and recommendations to OSC management on safety aspects of the response team tasks. Contacts the site and/or corporate Safety Specialist as necessary. Maintain status of Fire Ops personnel. Appendix H, Fire Operations Advisor Checklist, shall be used to ensure required actions are completed.

3.2.13 Chemistry Shift Supervisor

The Chemistry Shift Supervisor in the CHEM lab provides first-line direction of Chemistry support personnel; calls in additional support as required; briefs Chemistry personnel on emergency events and status; initiates onsite/off-site dose assessment, per EPIP-14, as directed by the TSC or the Ops. SM; provides Chemistry support to the OSC as needed.

3.2.14 OSC Log Keeper

The OSC Log Keeper ensures status boards are continuously updated to reflect current plant conditions and collects/maintain all original copies of generated documents. Appendix I, OSC Log Keeper, shall be used to ensure required actions are completed.

3.2.15 OSC Clerk

The OSC Clerk provides logistics support to the OSC. Appendix J, OSC Clerical Staff, shall be used to ensure required actions are completed.

3.2.16 OSC Site Security Advisor

The OSC Site Security Advisor coordinates Nuclear Security activities from the OSC when requested by the TSC Security Mgr or OSC Mgr; supports response to fire, medical emergencies, or other security responses; conducts search and rescue operations. Appendix K, OSC Nuclear Security Advisor, shall be used to ensure required actions are completed.

3.2.17 OSC Briefer

The OSC Briefer provide and coordinate resources to support the OSC Manager; provide damage and repair assessments; remain informed of the site conditions; assist in technical briefings of OSC emergency response teams; and complete applicable portions of Appendix D. Appendix L, OSC Briefer Checklist, shall be used to ensure required actions are completed.

3.2.18 OSC Industrial Safety Advisor

Industrial Safety issues are normally handled by the team briefer and/or assistance from Fire Ops when needed. If necessary, Fire Ops will contact site/corp Safety Specialist. When requested, Appendix M, Industrial Safety Advisor Checklist shall be used to ensure required actions are completed.

3.2.19 DCRM Coordinator

The DCRM Coordinator provides support to OSC personnel by providing drawings, documents, vendor manuals and provides other support as requested. When requested, Appendix O, DCRM Coordinator Checklist, shall be used to ensure required actions are completed.

3.2.20 OSC Materials Coordinator

The Materials Coordinator provides support to the OSC by determining materials availability, coordinating between Power Stores and the OSC and by expediting materials needed. When requested, Appendix P, OSC Materials Coordinator Checklist shall be used to ensure required actions are completed

3.3 Deactivation

The OSC will be deactivated when directed by the SED. Appendix A, OSC Manager Checklist, may be used to ensure required actions are completed.

4.0 RECORDS

4.1 QA Records

The following records generated during real emergency events are considered QA Records. These shall be forwarded to the EP Manager who shall submit QA Records and any other records deemed necessary to corporate Emergency Preparedness for maintenance.

A. Appendix B, Emergency Conditions Data Sheets

B. Appendix D, OSC Team Briefing/Debriefing Forms

C. Appendices for OSC Position Checklists

D. OSC Log Sheets

4.2 Non-QA Records

The appendices and checklists to this procedure necessary to demonstrate key actions during NRC evaluated exercises, drills, or used to establish/support NRC Performance Indicators will be retained by the SQN EP Manager for at least 2 years.

Date:_____

APPENDIX A
Page 1 of 2

OSC MANAGER CHECKLIST

INITIAL ACTIVATION OF THE OPERATIONS SUPPORT CENTER

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Ensure OSC set-up using materials in OSC Storage closet.

_____ 3. Establish a log of activities and communications.

_____ 4. Ensure OSC Briefing Area set-up using materials in OSC storage closet.

_____ 5. Obtain briefing from the MSS.

_____ 6. Establish communications with the TSC and obtain an update of the emergency conditions. Appendix B should be used as a guideline.

_____ 7. Determine location and function of persons/teams currently and previously tasked by the TSC or Control Room and ensure assignment of Team Tracking Letter designation.

_____ 8. Ensure Activation of OSC.

a. Ensure minimum staffing in OSC. (See note below)

b. Ensure OSC set-up complete.

c. Ensure OSC habitability OR relocate OSC in accordance with 3.2.6.A.

d. Ensure OSC support personnel are notified of activation, if needed.

_____ 9. Brief OSC Personnel on Plant Conditions, unless SED has provided briefing.

_____ 10. Announce to the OSC and notify the SED the time that OSC is operational and activated.

_____ 11. Establish necessary emergency teams.

NOTE: Minimum staffing requirements are one representative from Mechanical Maintenance, Electrical Maintenance and Instrument Maintenance.

Continued Next Page

Date:_____

APPENDIX A
Page 2 of 2

OSC MANAGER CHECKLIST

OPERATIONAL RESPONSIBILITIES

- Demonstrate command and control of the OSC throughout the emergency.
- Direct Asst. OSC Manager to form teams for accident assessment and repair and Announce the intent to form OSC teams.
- Approve and Announce the dispatching of teams from the OSC.
- Provide supplemental staffing for the OSC if needed.
- Periodically direct key OSC positions to provide status summary to OSC staff or perform briefing yourself.
- Update the SED and TSC Maintenance Manager as needed.
- Ensure that team activities are prioritized and synchronized with the TSC.
- Announce results of OSC teams following debriefing.
- If event duration expected to exceed 12 hours, then establish relief rotations using Appendix S.
- Request habitability survey by RADCON if a release has occurred.
- Relocate the OSC as habitability conditions dictate.
- Maintain a log of communications and activities.
- Informs TSC of as-found plant conditions and status of emergency conditions.
- Ensure the Emergency Response Teams Tracking Boards/System, Radiological Status Boards and other visual displays are kept current.

DEACTIVATION RESPONSIBILITIES

- Ensure all assigned tasks and assignments are completed.
- Ensure all emergency response teams have been debriefed.
- Ensure all emergency equipment and supplies have been returned to their specified storage locations.
- Review all records for completeness and forward all records to the Emergency Preparedness Manager.

Date:_____

APPENDIX B
Page 1 of 2

OSC MANAGER BRIEFING OUTLINE

Emergency Classification: (check one)

☐ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

Affected Unit: ☐ UNIT 1 ☐ UNIT 2 ☐ BOTH UNITS 1 & 2

Event Description: _____

_____

_____

UNIT STATUS: ☐ UNIT 1 _____

☐ UNIT 2 _____

Time Emergency Classified: _____

Primary Plant Condition: UNIT 1 Mode: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, or ☐ 6

UNIT 2 Mode: ☐ 1, ☐ 2, ☐ 3, ☐ 4, ☐ 5, or ☐ 6

Electrical Lineup: _____

_____

_____

DESCRIPTION OF ANY ABNORMAL LINEUP

Diesel Generators: DG 1 Operating ☐ Yes / ☐ No

DG 2 Operating ☐ Yes / ☐ No

Offsite Power Available: ☐ Yes / ☐ No

Major Mechanical Problems: _____

_____

_____

Major Electrical Problems: _____

_____

_____

Continued Next Page

Date:_____

APPENDIX B
Page 2 of 2

OSC MANAGER BRIEFING OUTLINE

Major Instrument and Control Problems: _____

_____

_____

Environmental Problems

High Rad Levels: _____

_____

_____

_____

Toxic Gas: _____

_____

_____

_____

High Press. Steam Releases: _____

_____

_____

_____

Other: _____

_____

_____

_____

Recorded by: _____

Time: _____

Date: _____

Date:_____

APPENDIX C
Page 1 of 2

ASSISTANT OSC MANAGER CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/ Initials

_____ 1. Swipe Accountability Reader - Assistant OSC Manager.

_____ Swipe Accountability Reader - Maintenance Shift Supervisor.

_____ 2. Obtain keys at Work Coordination Center and open cafeteria (if locked), the OSC, and OSC storage room. (May be signed off by MSS)

_____ 3. Ensure the minimum maintenance personnel are staffed or have been called in as necessary, (May be signed off by MSS)

	Mechanical Craft	Electrical Craft	Instrumentation Craft
ONSITE	☐ 1 on shift	☐ 1 on shift	
CALL-IN	☐ 1 onsite within 1 hour	☐ 1 onsite within 30 minutes	☐ 1 onsite within 30 minutes
CALL-IN		☐ 1 onsite within 1 hour	☐ 1 onsite within 1 hour
TOTAL	**TOTAL:** 2 onsite within 1 hour	2 Available onsite within 30 minutes and **TOTAL** 3 onsite within 1 hour	**TOTAL** 2 onsite within 1 hour

_____ 4. Open the Tool Room if it is not staffed. (May be signed off by MSS)

_____ 5. Establish a log of activities and communications.

_____ 6. Establish contact with Maintenance Manager in the TSC (Bridge x104 or 6478).

_____ 7. Obtain initial briefing and status of Operations and Maintenance tasks related to the emergencies that are underway from MSS, OSC Manager, or SM.

_____ 8. Ensure <u>all</u> emergency response teams previously tasked are assigned team tracking letter designation and entered on the Emergency Response Team Tracking Board/System.

_____ 9. Assign a team briefer to any teams previously dispatched.

_____ 10. Ensure that two emergency response teams are pre-staged in the OSC staging area of the cafeteria.

_____ 11. Notify Power Stores (X 7155) and the Tool Room (X 7755) (if staffed), advise them to remain staffed during the emergency unless released by the Site Emergency Director.

Continued Next Page

Date:_____

APPENDIX C
Page 2 of 2

ASSISTANT OSC MANAGER

INITIAL ACTIVATION OF THE OSC Continued

_____ 12. Verify the priorities of teams dispatched from the OSC, or being formed, with the TSC.

_____ 13. Review the OSC Team Tracking Board/System and reconcile any discrepancies with information obtained from briefing sources.

OPERATIONAL RESPONSIBILITIES

- Assist the OSC Manager in providing direction and control to the OSC areas.
- Open OSC, and OSC storage room.
- Receive direction from SM/SED until OSC Manager arrives.
- Oversee the operations of the OSC Teams and coordinate the supporting activities using Appendix D, "OSC Team Briefing/Debriefing Form".
- Maintains continuous communication with Maintenance Manager in the TSC.
- Receives TSC-assigned tasks, enters them on the Team Tracking Board/System, informs the OSC Manager, and assigns the task to a specific OSC Team Briefer.
- Keeps the OSC Manager informed of important communications from the TSC.
- Coordinate with OSC RADCON Supervisor and Operations Advisor as needed regarding OSC Team activities (determines if teams need RADCON and/or Operations support).
- Maintain log of communications and activities.

DEACTIVATION RESPONSIBILITIES

- Ensure all assigned tasks and assignments are completed.
- Ensure all emergency response teams have been accounted for and debriefed.
- Ensure all emergency equipment and supplies have been returned to their specified storage locations.
- Ensure all log and team briefing forms are completed and signed.

PPENDIX D
Page 1 of 2

OSC TEAM BRIEFING/DEBRIEFING FORM TEAM _____

ASST. MGR. _____/_____ Init/Time _____ Date	**TEAM TASK:** ☐ Inspection ☐ Trouble Shooting ☐ Repair _____ _____ **TASK LOCATION:** (Bldg, EL., Rm. Name, etc)_____ _____ ☐ **ASSIGN** Team next Letter designator (A, B, C etc.): _____ ☐ **ENTER** on Team Tracking Board. ☐ **INFORM** OSC Mgr. of task and make PA Announcement in OSC. ☐ **ASSIGN** task to Lead Briefer Name: _____ **Heads-up** to Briefer: ☐ Ops ☐ R/C ☐ Safety ☐ Other _____
RAD SUPV. _____/_____ Init/Time	**RADCON REQUIREMENTS: RWP:** ☐ Yes RWP # _____ ☐ No ☐ SCBA ☐ Respirator ☐ Dressout ☐ Other _____ **Emergency Exposure** Approved by SED: ☐ Yes (**REM** _____) (Ref: EPIP-15) ☐ No **KI ISSUE** Approved by TSC Radcon Mgr.: ☐ Yes ☐ No (Ref: EPIP-14)
BRIEFER _____/_____ Init/Time *(Use Page 2 to conduct briefing)* _____	**Team Members Names** **Discipline (MM, EM, IM, etc.)** **Team Leader Name:**_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ **AUO** _____ _____ **RADCON Tech** _____ _____ Briefing conducted by: _____/_____ **Communication Method:** ☐ Phone#_____ ☐ Pager#_____ ☐ Messenger _____ ☐ OSC Hotline (x6406) _____ ☐ Radio Ch#____ Radio Sensitive Area (0-TI-OPS-000-063.0) ☐ Yes ☐ No ☐ Contact OSC Briefer Every _____ Minutes
OSC MGR. _____/_____ Init/Time	**FINAL APPROVAL TO RELEASE TEAM** Team Necessary? ☐ Yes ☐ No Radiological Condition Change Since Briefing? ☐ Yes ☐ No ☐ **ANNOUNCE**, on the OSC P/A, Intention to Dispatch the Team.
TEAM LEADER **or** **BRIEFER** _____/_____ Init/Time	**DEBRIEFING** *(Use Page 2 to conduct debriefing)* Debriefing conducted by: _____ ☐ **PROVIDE** Summary to the OSC Manager. ☐ **UPDATE** the OSC Team Tracking Board.
OSC MGR. _____/_____ Init/Time	☐ **ANNOUNCE** Team results over the OSC P/A system. ☐ **ENSURE** TSC is informed of Team results.

Continued Next Page

Date:_____

APPENDIX D
Page 2 of 2

EMERGENCY RESPONSE TEAM BRIEFING/DEBRIEFING CHECKLIST

BRIEFING

- ☐ Description of problems -Team Priority
- ☐ Plant system status
- ☐ Plant radiological status
- ☐ Route to/from work area
- ☐ Hazards between OSC and work location
- ☐ Radiation Work Permit (RWP)
- ☐ RADCON support
- ☐ OPS support
- ☐ Procedures to be used
- ☐ Tools needed (See tool pouch description in 0-PI-REM-000-001.Q, "Quarterly Tool Kit Inventory".)
- ☐ Equipment needed
- ☐ Clearance required/Hold Order # _____
- ☐ Safety evaluation of job
- ☐ Communication with OSC
- ☐ Copy of Briefing Form (Appendix D) given to team with phone number(s).
- ☐ Key(s) needed for task.

DEBRIEFING

- ☐ Was assignment completed?
- ☐ Equipment
- ☐ Radiological conditions
- ☐ Other information
- ☐ Observations from the Field
- ☐ Hazards
- ☐ Unusual sounds, etc.
- ☐ Team directed to Personnel Pool Manager

NOTES: (Observations/Damage Assessment/Recommendations, etc.)

_____
_____
_____
_____
_____

Date:_____

APPENDIX E
Page 1 of 2

OSC RADCON SUPERVISOR CHECKLIST
INITIAL ACTIVATION OF THE OSC

Time/ Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Establish a log of activities and communications.

_____ 4. Ensure
a) HIS-20 printout is brought from the RADCON Lab to the OSC;
b) a HIS-20 Computer Operator is assigned to provide computer access or use the printout for RADCON qualification checks of Emergency Response Team members;
c) any Emergency Response Team members already assigned tasks in the field have acceptable RAD and qualifications (Contact MSS to for names and assigned task of individuals);
d) the Personnel Pool Manager is notified when the HIS-20 operator is assigned and given the name of the HIS-20 operator.

_____ 5. Establish communications with the TSC RADCON Manager and the RADCON Lab Supervisor. (Bridge 103, mute telephone when not speaking. or X 6472/6463 TSC and X 6417 Lab).

_____ 6. Ensure adequate RADCON staffing available for OSC support. (Dosimetry support, boardwriters, RWP support, HIS-20 operators)

_____ 7. Locate all RADCON/CHEM personnel/teams currently and previously tasked and ensure that teams are identified on RADCON/CHEM Team Tracking Board for tracking and debriefing.

_____ 8. Control eating and drinking in the OSC until habitability has been established.

_____ 9. Ensure habitability surveys have been initiated for the of OSC, TSC, and Control Room.

_____ 10. Verify the minimum number of ANSI qualified RADCON personnel currently onsite and ensure that at least a total of eight (8) are available onsite within approximately 30 and at least 14 are available onsite within one hour of the SITE AREA EMERGENCY declaration [six (6) additional ANSI qualified RADCON personnel within the second 30 minutes]. The RADCON Lab Supervisor is counted as a 60 minute responder.

OPERATIONAL RESPONSIBILITIES

- Brief Emergency response Teams.
- Provide and coordinate RADCON resources as necessary.

Continued Next Page

Date:_____

APPENDIX E
Page 2 of 2

OSC RADCON SUPERVISOR CHECKLIST

OPERATIONAL RESPONSIBILITIES Continued

- Direct RADCON personnel in the RADCON Lab.
- Ensure all RADCON Teams are coordinated and tracked through the OSC.
- Ensure all Chemistry Teams are tracked through the OSC.
- Ensure Emergency Response Teams have adequate RADCON/dosimetry coverage present during briefings and field support.
- Brief the OSC Manager regularly on radiological conditions status (especially when radiological conditions are changing rapidly).
- Brief the TSC RADCON Manager on radiological conditions status.
- Provide assistance to the OSC Manager as needed.
- Periodically verify habitability of TSC, OSC, and Control Room (especially during changing radiological conditions and at each emergency classification upgrade).
- Recheck tracking board after accountability, after major changes in plant conditions and at emergency classification upgrades.
- Log on to the Intergated Computer System (ICS).
- Periodically brief the RADCON and CHEM Lab personnel on plant status.
- Administer KI to emergency response teams according to EPIP-14 and inform the OSC manager. (Forward EPIP-14 KI Issue Report to the TSC RADCON Manager.)
- Ensure outlying teams/groups (i. e., line crews, warehouse) have dosimetry and are being protected throughout the emergency.
- Ensure emergency responders' exposures are maintained As Low As Reasonably Achievable (ALARA).

DEACTIVATION RESPONSIBILITY

- Ensure all teams are accounted for and properly debriefed.
- Ensure all logs and team briefing forms are completed and signed.

Date:_____

APPENDIX F
Page 1 of 1

OSC RADCON BRIEFER CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/ Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Notify the OSC RADCON Supervisor of arrival.

_____ 4. Establish a log of activities and communications.

_____ 5. Locate all RADCON persons/teams currently and previously tasked and ensure assignment of Team Tracking Letter designator (AA, BB, etc.) for tracking and debriefing.

_____ 6. Establish communications on the RADCON Bridge (x103). Mute telephone when not speaking.

OPERATIONAL RESPONSIBILITIES

- Provide radiological technical assistance to the Briefing Teams.
- Provide radiological conditions for inclusion in the analysis of the job performed by the OSC Briefing Team.
- Assist with portions of the OSC Team briefings and debriefings including a debriefing from the team RADCON member.
- Ensure each OSC team has a RADCON member present during briefings and field support as needed. (Dispatch with team if necessary)
- Complete applicable portions of Appendix D.
- Inform the OSC RADCON Supervisor of any unexpected radiological conditions encountered.
- Write on the RADCON status boards, RADCON Team Tracking Board and ensure wind direction arrow is kept current.
- Post radiological status information in the OSC Teams Staging Area.
- Ensure emergency responders exposures are maintained ALARA.

Date:_____

APPENDIX G
Page 1 of 1

OSC OPERATIONS ADVISOR CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Establish a log of activities and communications.

_____ 4. Establish communications with the TSC Operations Communicator and the Control Room Communicator for updates and to obtain Operations support (Dial 101 on telephone).

_____ 5. Locate all Operations personnel/teams currently and previously tasked and ensure each is tracked on the Operations tracking board.

_____ 6. Activate the ICS terminal to the affected unit.

_____ 7. Announce on the portable radio OPS channel "OSC AUOs Report to the OSC" (Repeat).

_____ 8. Ensure AUOs Swipe Accountability Reader at cafeteria entrance.

OPERATIONAL RESPONSIBILITIES

- Provide Operations personnel, advice, and plant status to support the entire OSC including briefing emergency response teams as needed (additional Operations personnel including AUOs can be used to assist).
- Operate the ICS and provide plant operations advice to support the OSC.
- Provide personnel for any operations actions that may be required while in the field.
- Provide Operations personnel for damage control and repair teams.
- Call-in additional AUOs/Operations personnel from offshift to support OSC activities, if requested.
- Keep the TSC Operations Communicator and the Control Room Communicator appraised of the OSC Team priorities, assignments and activities while in the field.
- Provide assistance to the OSC Manager as needed.
- Maintain the OSC Operations Tracking Board.
- Direct AUOs to maintain a log, and listen to the Operations Bridge (X102) to maintain a current awareness on plant status as needed.
- Ensure OSC AUOs maintain accountability by swiping reader at cafeteria entrance.

Date:_____

APPENDIX H
Page 1 of 1

OSC FIRE OPERATIONS ADVISOR CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Establish a log of activities and communications.

_____ 4. Establish communications with the Fire Operations Unit or the Fire Station.

_____ 5. Verify that Fire Operations, if not responding to a fire or medical emergency, has reported to the designated assembly area. (see Note below)

_____ 6. Ensure that Fire Operations if responding to a fire or medical emergency is assigned a Team Tracking Letter designator for tracking and debriefing and team has been entered on tracking board.

_____ 7. Ensure sufficient SCBA equipment and air bottles for response teams are available at established entry points.

Note: If Fire Operations is not involved in the emergency response, dispatch a Fire Operator to the MCR to operate panel 0-M-29. This operator will be tracked on a tracking board and will be recalled at the discretion of the Fire Brigade Leader.

OPERATIONAL RESPONSIBILITIES

- Monitor plant status and initiate fire response.
- Initiate medical emergency response as needed.
- Initiate and provide first response for Hazardous Material Containment.
- Support Nuclear Security in searches of hazardous areas.
- Provide assistance to the OSC Manager as needed.
- Periodically brief Fire Operations Unit personnel of plant status.
- Brief the team in the field by telephone/radio (if necessary) in order to decrease response time.
- Request the SM to sound the fire alarm when needed to form the fire brigade or MERT.
- Provide evaluations of the plant environment, recommendations to OSC Management on safety aspects of response team task.
- Contact or call in the site/corporate Safety Specialist as necessary (see REND Section G).

Date:_____

APPENDIX I
Page 1 of 1

OSC LOG KEEPER CHECKLIST

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish a log of OSC activities and communications.

_____ 5. Notify Boardwriter to report to the OSC if requested.

_____ 6. Notify OSC Clerks to report to the OSC if requested.

_____ 7. Notify other staff as determined by the OSC Manager if requested.

OPERATIONAL RESPONSIBILITIES

- Ensure the OSC Status Boards are continuously updated to reflect current plant conditions.
- Ensure a log is maintained of all important OSC activities.
- Collect and maintain all original copies of generated documents.
- Following OSC deactivation forward all records to the Emergency Preparedness Manager.
- Retain completed original of OSC team briefing/debriefing form, Appendix D.

Date:_____

APPENDIX J
Page 1 of 1

OSC CLERICAL STAFF CHECKLIST

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish a log of activities and communications.

_____ 5. Ensure FAX is operable.

OPERATIONAL RESPONSIBILITIES

- Uses call list to obtain staff for unfilled positions or replacement staff for shift turnovers as directed by the OSC Manager.
- Assist in set-up and activation of the OSC.
- Answer telephones.
- Distribute forms.
- Ensure OSC responders have signed the OSC Roster, Appendix S when requested.
- Establish OSC Shift change (Use Appendix S page 2 of 2 and ask appropriate Fitness For Duty Questions).
- Operates FAX machine.
- FAX Emergency Response Teams summary to Main Control Room (FAX# 6208) and TSC (FAX# 6461) as necessary.

DEACTIVATION OF THE OSC

- Transfers all log notes and other materials to the OSC Log Keeper.
- Deactivate the OSC by returning all equipment, materials, and supplies to designated storage areas.

Date:_____

APPENDIX K
Page 1 of 1

OSC SITE SECURITY ADVISOR CHECKLIST

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish communications with Site Security Manager in the TSC (X 6469).

_____ 5. Establish a log of activities and communications.

_____ 6. Establish contact with the CAS.

_____ 7. Check status of emergency actions already in effect such as Accountability or Site Evacuation.

OPERATIONAL RESPONSIBILITIES

- Coordinate activities of Site Security personnel in support of OSC activities.
- Provide personnel to support Fire Operations in response to fire, medical emergency, or hazardous material containment.
- Forms, briefs and dispatches search and rescue teams with Fire Operations support.
- Provide assistance to the OSC (including briefing teams) as needed.
- Ensure the OSC Manager/OSC Staff are aware of security hazards that could affect emergency response activities.
- Ensure onsite Security personnel are apprised of radiological and plant conditions and associated hazards.
- Ensure OSC Manager is aware of Security personnel locations and activities.

Date:_____

APPENDIX L
Page 1 of 2

OSC BRIEFER CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing Chart and obtain OSC badge.

_____ 3. Establish the "OSC Team Hotline" on position speaker phone by dialing X6406.

_____ 4. Establish a log of OSC activities and communications.

_____ 5. Establish contact with emergency team leaders.

_____ 6. Establish contact with Personnel Pool Manager.

_____ 7. If assigned a team that is already working in the field, establish contact with the team leader and ensure that they are fully briefed on their task and obtain status (report results to the OSC Manager).

_____ 8. Verify and/or ensure the minimum (for the briefer's discipline) maintenance personnel have been called in as necessary,

	Mechanical Craft	Electrical Craft	Instrumentation Craft
ONSITE	☐ 1 on shift	☐ 1 on shift	
CALL-IN	☐ 1 onsite within 1 hour	☐ 1 onsite within 30 minutes	☐ 1 onsite within 30 minutes
CALL-IN		☐ 1 onsite within 1 hour	☐ 1 onsite within 1 hour
TOTAL	**TOTAL:** 2 onsite within 1 hour	2 Available onsite within 30 minutes and **TOTAL** 3 onsite within 1 hour	**TOTAL** 2 onsite within 1 hour

_____ 9. Verify that Maintenance Call List is available. As necessary call in additional maintenance personnel for your discipline.

OPERATIONAL RESPONSIBILITIES

- Provide Mechanical, Electrical, and Instrument technical expertise.
- Evaluate job conditions (including RADCON, Fire Operations, and Operational aspects of the task) and analyze the necessary precautions and methods best suited to safe performance of the task.
- When possible combine Damage Assessment and Repair Teams.

Continued Next Page

Date:_____

APPENDIX L
Page 2 of 2

OSC BRIEFER CHECKLIST

OPERATIONAL RESPONSIBILITIES Continued

- Brief the OSC Teams based on the analysis of the job.
- Track the OSC Teams while in the field.
- Debrief the OSC Teams after completion of the Task.
- Complete applicable portions of the OSC Team Briefing/Tracking and Debriefing Forms (Appendix D) and forward to OSC Manager.

Date:_____

APPENDIX M
Page 1 of 1

OSC INDUSTRIAL SAFETY ADVISOR CHECKLIST

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish a log of activities and communications.

_____ 5. Notify the Assistant OSC Manager of arrival.

_____ 6. Notify Fire Ops Advisor of arrival.

OPERATIONAL RESPONSIBILITIES

- Provide and coordinate Industrial Safety personnel needed to support the OSC.
- Evaluate plant environment.
- Provide recommendations to OSC management concerning the safety aspects of Emergency Response team tasks.

Date:_____

APPENDIX N
Page 1 of 1

PERSONNEL POOL MANAGER CHECKLIST

INITIAL ACTIVATION OF THE OSC

Time/
Initials

_____1. Swipe Accountability Reader.

_____2. Fill out the organization/Staffing Chart and obtain OSC badge.

_____3. Establish a log of communications and activities.

_____4. Establish communications with the Assistant OSC Manager and/or Briefer.

_____5. Locate all teams previously tasked and ensure assignment of Team Tracking Letter designation for tracking and debriefing.

_____6. Ensure at least two teams are fully staged outside OSC in the cafeteria.

OPERATIONAL RESPONSIBILITIES

- Form teams as requested by the OSC.
- Manage personnel in the OSC Staging Area by:
  1. Directing personnel to enter keycards into the Accountability Card Reader (at cafeteria entrance).
  2. Directing responders (potential OSC teams) to check-in with the HIS-20 Operator.
  3. Requiring potential/actual OSC Team members to dress out.
  4. Maintain command and control (quiet/orderly) in OSC Staging Area.
- Recover personnel for future members.
- Ensure at least one team on standby at all times.
- Validate qualifications of team members by completing the information on Appendix R, including remaining allowable dose (RAD)

Date:_____

APPENDIX O
Page 1 of 1

DCRM Coordinator

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish a log of activities.

_____ 5. Log in on computer.

_____ 6. Notify the Assistant OSC Manager and/or Briefing Teams DCRM information is available on request.

OPERATIONAL RESPONSIBILITIES

- Provide DCRM expertise as needed.
- Provide drawings, documents, vendor manuals as requested.
- Assist in OSC logistics as requested.

Date:_____

APPENDIX R
Page 1 of 1
PERSONNEL POOL MGR. LOG

CRAFTSMAN SECTION

NAME _____ **SSN** _____ **CRAFT** _____

HIS-20 OPERATOR SECTION

HIS-20 OPERATOR: _____

TLD#	RAD mRem	SCBA QUAL	RESP QUAL	REP TRAINED
		☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

PERSONNEL POOL MGR SECTION

CRAFT: _____

RAD mRem*	ASSIGNED TO TEAM #	BRIEFER	COMMENTS
(Same as above)			

* RAD mRem can change depending on assigned Team task. RAD will need to be verified after completion of Assigned Team task before assignment to another team.

Date:_____

APPENDIX P
Page 1 of 1

OSC Materials Coordinator

Time/
Initials

_____ 1. Swipe Accountability Reader.

_____ 2. Fill out the Organizational/Staffing chart and obtain OSC badge.

_____ 3. Notify the OSC Manager of arrival.

_____ 4. Establish a log of activities.

_____ 5. Log in on computer.

_____ 6. Establish contact Power Stores Personnel at X-7155.

_____ 7. Notify the Assistant OSC Manager or Briefing Teams material expediting information is available on request.

OPERATIONAL RESPONSIBILITIES

- Provide coordination between Power Stores and OSC.
- Provide materials as expeditiously as possible for emergency response.
- Operate computer to determine materials availability.
- Coordinate safety of warehouse personnel with the OSC Manager and RADCON Supervisor.

Date:_____

APPENDIX Q
Page 1 of 1

Telephone Lists can be found in the REND

TELEPHONE LIST	REND LOCATION
FAX Machine Numbers	Section A Item # 8
CECC Numbers	Section B Item # 1
TSC Numbers	Section B Item # 9
OSC Numbers	Section B Item # 10
Tennessee State Numbers	Section E Item # 2
Communications Support	Section I
Medical Support Numbers	Section K
Meteorological Support Numbers	Section L

Date:_____

Appendix S
Page 1 of 2

ERO ROSTER

NAME (Print)	SIGNATURE	SSN	ERO POSITION	REPLACEMENT'S NAME	NOTIFIED AND FFD YES	NO

Date of OSC Activation: _____

EP Records Coordinator: _____

Appendix S
Page 2 of 2

EMERGENCY RESPONDER NOTIFICATION FORM

Fitness for Duty

Person Calling ____________________ **Date** ______________

Name	Time Called	Time Needed to Report	Have you Consumed Alcohol 5 Hrs. Prior to Report Time?		Are you Fit for Duty?		Comments
			YES	NO	YES	NO	

SOURCE NOTES

REQUIREMENTS STATEMENT	SOURCE DOCUMENT	IMPLEMENTING STATEMENT
	NP Radiological Emergency Plan (NP-REP)	

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-14

RADIOLOGICAL CONTROL RESPONSE

Revision 15

QUALITY RELATED

PREPARED: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John Casey

EFFECTIVE DATE: 9-1-2000

LEVEL OF USE: REFERENCE

REVISION DESCRIPTION: Intent Change: Revision added Chemistry responsibility to ensure minimum staffing level and need for additional call-in staff. Revised to reflect KI package change. Remove the RCSS role as TSC RADCON Manager. Added further directions for Chemistry on determining release and dose rates.

TABLE OF CONTENTS

1.0 PURPOSE

To describe the actions and responsibilities of Sequoyah's Radiological Control (RADCON) and Chemistry Sections in the event of a radiological emergency.

2.0 REFERENCES

2.1 Interface Documents

A. EPIP-7, "Activation and Operation of the Operations Support Center (OSC)"

B. EPIP-8, "Personnel Accountability and Evacuation"

C. CECC-EPIP-9, "Emergency Environmental Radiological Monitoring Procedures"

D. RCI-20, "Radioiodine Monitoring During Accident Conditions"

E. 0-TI-CEM-030-030.0, "Manual Calculation of Plant Gas, Iodine, and Particulate Release Rates for Offsite Dose Calculation Manual (ODCM) Compliance"

2.2 Developmental Documents

A. EPIP-6, "Activation and Operation of the Technical Support Center "

B. EPIP-10, "Medical Emergency Response"

3.0 INSTRUCTIONS

3.1 Initiation of an Alert

Upon initiation of an Alert, Site Area Emergency, or General Emergency, the RADCON and Chemistry Sections will assemble a specific number of personnel as described below.

A. During normal and off-shifts a Radiological Emergency Plan (REP) activation will be announced over the public address system or the emergency sirens may be activated and the Emergency Paging System (EPS) will be activated. The RADCON Lab will be contacted by the Shift Manager or designee. The RADCON Shift Supervisor (RCSS) will determine the number of ANSI qualified RADCON personnel currently onsite and shall ensure that at least a total of eight (8) (not counting him/herself) are available onsite within approximately 30 minutes and at least fourteen (14) (counting him/herself if qualified) are available onsite within one hour [six (6) additional ANSI qualified RADCON personnel within the second 30 minutes]. Call ins shall be in accordance with Appendix E ensuring that Fitness For Duty questions are asked and response documented. Additional RADCON support personnel may need to be called in using Appendix E.

3.1 Initiation of an Alert (Continued)

B. The Chemistry Lab will be contacted by the Shift manager or designee. The Chemistry Shift Supervisor (CSS) will determine the number of chemistry technicians currently onsite and shall ensure that at least a total of two (2) chemistry technicians (counting the CSS if qualified) are available onsite within approximately 30 minutes and at least a total of three (3) are available onsite within one hour if the Offsite Dose Assessment function has not been assumed by other staff. Call ins shall be in accordance with Appendix E ensuring that Fitness For Duty questions are asked and response documented. Additional (above the minimum required staffing) Chemistry support personnel may need to be called in, use Appendix E to document.

C. Chemistry Shift Supervisor (CSS) shall perform Dose Assessment in accordance with Appendix D when notified by the Shift Manager or Site Emergency Director.

D. When the OSC is staffed by the OSC Radcon Supervisor (OSC RCS), the RCSS shall assemble two survey teams and dispatch them to the OSC for briefings and dressout.

E. The TSC and OSC are activated during an Alert, Site Area Emergency or General Emergency.

F. All response teams, except as listed in EPIP-7, will be dispatched from the OSC and should have a RADCON representative as a member. If the Fire Brigade, Medical Emergency Response Team or Damage Control Team is already responding they are not required to return to the OSC to be dispatched, but shall be tracked and briefed by the OSC in accordance with EPIP-7, Section 3.2.5. RADCON survey teams may be dispatched from the lab but shall be tracked by the OSC.

G. All response teams shall be debriefed by the OSC after completing their team assignment.

3.2 TSC RADCON Manager (RCM) Responsibilities

The responsibilities and duties of the TSC RADCON representative are detailed in EPIP-6. A summary of the details associated with these responsibilities are provided below.

A. The primary responsibilities of the RCM are to direct onsite radiological surveillance activities, assess inplant and onsite radiological conditions and to make this information available to the Site Emergency Director (SED), the Central Emergency Control Center (CECC) and other TSC personnel as necessary, to support and coordinate protective actions.

3.2 TSC RCM Responsibilities (Continued)

B. To facilitate the evaluation of in-plant radiological conditions and to establish trends. Appendix A lists the radiation monitors [i.e., Area Radiation Monitors (ARMs) and Continuous Air Monitors (CAMs)] that may be used.

C. The RCM, together with other TSC personnel, evaluates plant conditions to anticipate future developments and formulates corrective action plans to address actual or postulated conditions. The RCM renders recommendations and advises the SED on radiological issues.

D. The TSC RCM communicates with the CECC Plant Radiological Communicator, providing pertinent in-plant radiological data so that appropriate offsite protective actions can be implemented in a timely manner.

E. The TSC RCM maintains communications with the OSC RADCON Supervisor (RCS), constantly evaluating inplant radiological conditions, recommending and identifying the need for radiological surveys.

F. When directed by the Site Emergency Director, establishes a contamination checkpoint for personnel and vehicles leaving the site.

G. Issues Potassium Iodide in accordance with 3.7 of this procedure.

3.3 Activation of the Operations Support Center

3.3.1 OSC RADCON Supervisor (RCS)

The OSC RCS is a trained and qualified individual designated by the RADCON Manager. The approved alternates are listed in the Call List.

The responsibilities and duties of the OSC RCS are detailed in EPIP-7. A summary of the details associated with these responsibilities are provided below:

A. The primary responsibilities of the OSC RCS are to ensure that, when required, a RADCON tech accompanies each team; detailed radiological briefings are provided to OSC team members; and the OSC Director and OSC Staff are knowledgeable of in-plant radiological conditions. He also serves as the interface between the TSC and the RADCON Lab.

B. Maintains awareness of in-plant radiological conditions and related parameters and reports those conditions to the TSC RCM.

C. Communicates directly with the TSC to coordinate inplant response activities. Assists in the development of briefing notes, and radiological condition updates.

D. In conjunction with the TSC, identifies the need, location, and extent of radiological surveillance activities required to assess or mitigate the consequences of the accident.

3.3 Activation of the Operations Support Center (Continued)

E. All teams are dispatched from the OSC except as described in paragraph 3.1.F. The OSC RCS is responsible for ensuring that personnel making entries into the plant, including survey teams, are aware of any special precautions, plant conditions, or requirements and are assigned team tracking numbers.

F. Ensure that OSC Team members are instructed to note their Remaining Allowable Dose (RAD) upon exiting the RCA and to provide their current RAD to the Personnel Pool Manager when they return to the OSC. The Personnel Pool Manager will update their RAD in his log. Repetitive exposures of workers should be restricted by substituting other qualified personnel for team members, on reentry, to distribute exposures. As a minimum, OSC Team members' RAD shall be verified prior to entry into plant areas under a Site Area Emergency or General Emergency.

G. Report all survey results as soon as possible to the TSC so they can make recommendations to the proper agencies to initiate any required protective actions.

3.4 RADCON Lab Responsibilities

3.4.1 Designated RCSS

The designated RCSS is responsible for managing the activities of the RADCON lab.

A. In the event of an Alert, Site Area Emergency, or General Emergency the OSC may become the staging area for entries into affected plant areas.

B. A RADCON Representative should accompany all emergency response teams when initial entries are made into affected plant areas.

C. The RCSS is responsible for ensuring that adequate numbers of RADCON representatives are available, in accordance with paragraph 3.1.A, to support emergency activities and that two (2) survey teams are dressed out and ready for briefing.

D. The RCSS is responsible for preparing and designating an onsite RADCON environmental monitoring team. Team members will prepare and operate the monitoring van in accordance with CECC-EPIP-9. Record all survey results. If results indicate offsite contamination, the survey areas may need to be expanded. Obtain further instructions and perform required surveillance.

E. The RCSS will dispatch survey teams to assembly areas, the OSC and TSC to evaluate radiological conditions, monitor radiation levels as conditions dictate and ensure updated habitability surveys are performed. These survey teams will continuously monitor contamination levels as needed both on personnel and floor/equipment areas and implement corrective actions (e.g., decontamination or zoning) as necessary.

3.4 RADCON Lab Responsibilities (Continued)

F. The RCSS will monitor the lab for habitability and will coordinate evacuation activities to the alternate lab location if warranted.

G. The RCSS will ensure all survey teams are tracked by the OSC.

H. The RCSS will ensure DAC-hour exposure when available and RAD calculations are completed and reported to the OSC RCS.

I. The RCSS will ensure respiratory protection is issued as needed.

J. Ensure that HIS-20 entries are properly made and that all dosimetery is properly issued, collected and identified for each worker. Make arrangements to have TLD badges read, as soon as possible.

3.5 Chemistry Response

3.5.1 Designated Chemistry Personnel

The designated Chemistry personnel are responsible for managing the activities of the Chem Lab.

A. The CSS is responsible for ensuring that adequate numbers of chemistry personnel are available in accordance with paragraph 3.1.B.

B. In the event of an alert, site area emergency or a general emergency, due to a radiological release, a plant total gas release rate (source term) may need to be determined in accordance with Appendix D of this procedure.

C. Upon request of the Shift Manager (SM), Chemistry personnel will determine the plant source term that shall be reported to the SM for classification purposes and protective action recommendations to the state.

D. The source term shall be reported to the CECC dose assessment staff, when the CECC is manned, for input into a preliminary dose assessment.

E. Projected dose at the site boundary, 2 miles and 5 miles may be determined in accordance with Appendix D.

3.6 General Response

3.6.1 All RADCON Personnel

All RADCON personnel should comply with the following:

A. The following precautions should be considered during emergency incidents.

Anticipated Conditions	Protective Considerations
1. Noble gas concentrations > 1 x 10^{-3} µci/cc	If fuel damage has occurred or is suspected, respirators should be worn (ensuring TEDE is ALARA).
2. Iodine concentrations > 10 DAC	SCBA
3. Particulate concentrations > 10 DAC	Particulate mask or SCBA (SCBA recommended if ≥ 50 DAC).
4. Standing water > 1"	Rain suits, rubber boots, Extremity dosimetry.

B. If it is necessary to evacuate the RADCON lab, then the personnel stationed in the lab will secure the equipment listed in EPIP-17, Appendix C. This equipment will be brought to the alternate lab by RADCON. This list is a minimum and if time permits and manpower allows, then efforts should be made to transport additional equipment and supplies to the alternate lab. The SED shall be informed when it becomes necessary to evacuate the 690' RADCON lab. If this situation develops, a RADCON Lab will be established adjacent to the TSC. This alternate lab should be set-up in the switchgear room, El 732' or other suitable area, as emergency conditions allow (the TSC RCM is responsible for making this determination). This lab will be equipped with necessary supplies and instrumentation needed to perform minimum radiological surveys and analysis required during an emergency.

C. If severe radiological conditions are suspected, the "Buddy System" shall be utilized.

D. If time is available, an RWP should be issued to cover entry teams; if not, suitable protective measures should be taken in accordance with established procedures.

E. When accountability is initiated RADCON personnel shall secure work in a safe manner and proceed to the 690' RADCON Lab and/or other designated assembly areas. An accountability will be made in accordance with EPIP-8. RADCON representatives may be sent to the assembly areas to determine if any workers were in the affected plant areas at the time of the event. These people shall be separated from other plant workers and personnel contamination surveys should be initiated for all personnel.

F. Radiation monitor readings may be obtained from Control Room personnel or an individual may be sent to the Control Room to record the necessary values. Readings are obtained from panels 0-M-12 and 1/2-M-30 and recorded on Appendix A. As radiation monitor readings are updated, the OSC RCS ensures labs will be contacted to ensure that their status boards are made current.

3.6 General Response (Continued)

G. As reports become available regarding the details of the emergency, RADCON personnel shall prepare all necessary equipment needed during recovery and report to the OSC as needed to ready survey or damage control team(s) for entry into the affected area(s).

Upon notification from the RCS in the OSC, the survey team(s) may proceed to the specified area. It should be noted that depending on the type of accident, this initial survey may not be performed until hours or perhaps even days after the event. In this case, procedures may be developed describing the reentry steps to be followed. Other essential personnel may be required to assist in reentry activities.

3.7 Issuance of Potassium Iodide (KI)

A. If a person's projected cumulative dose to the thyroid from inhalation of radioactive iodine might exceed 10 rem, the exposed person should be started immediately on a dose regimen of KI. Authorization to issue KI is the responsibility of the TSC RCM. He shall inform the SED prior to issuance. Anyone authorized to administer KI shall be familiar with the Food and Drug Administrations approved package insert and ensure that each proposed recipient is similarly informed. The initial dose of KI should <u>not</u> be delayed and those who begin therapy should continue the 10-day course of KI unless their thyroid dose is determined not to have exceeded 10 rem. An adequate supply of KI is stored onsite. It is supplied in blister packs which contain a full 10-day dose regime. Follow dosage schedules as outlined on the package.

B. Projected cumulative doses to the thyroid from inhalation of radioactive iodine can be estimated using Appendix C "Occupational Thyroid Dose from Inhalation of I-131."

C. Potassium iodide is stored in the OSC. KI has an approved shelf-life with the expiration date listed. To ensure that the KI supply is valid, these dates will be inspected and the KI replaced as necessary.

D. A copy of the Food and Drug Administration approved instructions shall accompany issue of KI. Dosage schedules and other pertinent information are outlined on the package insert and should be followed closely.

E. The issuing agent shall complete the Potassium Iodide Issue Report (Appendix B) for KI issued. A copy of this report will be routed to the TSC RCM in a timely manner.

3.8 Use of Silver Zeolite Cartridges

A. During accident conditions noble gas concentrations may be present in significant quantities both inplant and offsite. The collection of these noble gases on charcoal cartridges during iodine sampling will interfere with subsequent iodine analysis.

B. Silver zeolite cartridges are provided for use during periods of high noble gas concentrations. RCI-20 describes the utilization of and lists hazards associated with Silver Zeolite cartridge use.

3.9 Personnel Decontamination and Facilities

A. RADCON will use established procedures for personnel decontamination. Decontamination facilities are available for use by Sequoyah personnel.

B. Contaminated personnel are normally decontaminated at the 690' elevation decon facility. This facility is equipped with a wash sink, shower, and all necessary supplies. These supplies include various decontamination agents and soaps, towels, clean clothing, and other miscellaneous supplies.

Contaminated personnel requiring offsite medical attention are treated at the agreement hospital(s). The hospital has a complete staff that has been trained in the handling and care of contaminated patients. Emergency Preparedness maintains a supply cabinet at the hospital's Emergency Room which contains posting materials and various other supplies. EPIP-10 contains guidelines for RADCON assistance during a medical emergency or hospital treatment.

APPENDIX A
Page 1 of 1

IN PLANT RADIATION MONITORS

Affected Unit _____

DESCRIPTION	IDENTIFIER	INITIAL READING	UPDATED READINGS DATE	TIME	READING
PANEL 0-M-12					
SPENT FUEL PIT AREA RADMON	1/2-RM-90-1				mR/hr
SFP AREA RADMON	0-RM-90-5				mR/hr
CCS HXS AREA RADMON	1/2-RM-90-6				mR/hr
HOT SAMPLE ROOM AREA RADMON	1/2-RM-90-7				mR/hr
AFW PUMPS AREA RADMON	1/2-RM-90-8				mR/hr
CNDS WASTE TKS AREA RADMON	0-RM-90-9				mR/hr
CVCS BD AREA RADMON	1/2-RM-90-10				mR/hr
CNTMT SPRAY AND RHR PUMPS RADMON	0-RM-90-11				mR/hr
CNTMT UPPER COMPT RADMON-TOTAL GAS	1/2-RM-90-112B				CPM
CNTMT LOWER COMPT RADMON-TOTAL GAS	1/2-RM-90-106B				CPM
PANEL 1/2-M-30 SHIELD BLDG VENT MON RAD INDICATOR	1/2-RI-90-400 Low Range Mid Range High Range Effluent				µCI/cc µCI/cc µCI/cc µCI/sec
SAMPLE ROOM POST ACCIDENT AREA MONITOR	1/2-RM-90-280				mR/hr
RHR POST ACCIDENT AREA MONITOR -LO RNGE -HI RNGE -LO RNGE -HI RNGE	 1/2-RM-90-290 1/2-RM-90-291 1/2-RM-90-292 1/2-RM-90-293				 mR/hr mR/hr mR/hr mR/hr

Route to EP Manager

Data Taker Signature _____
Time _____
Date _____

APPENDIX B

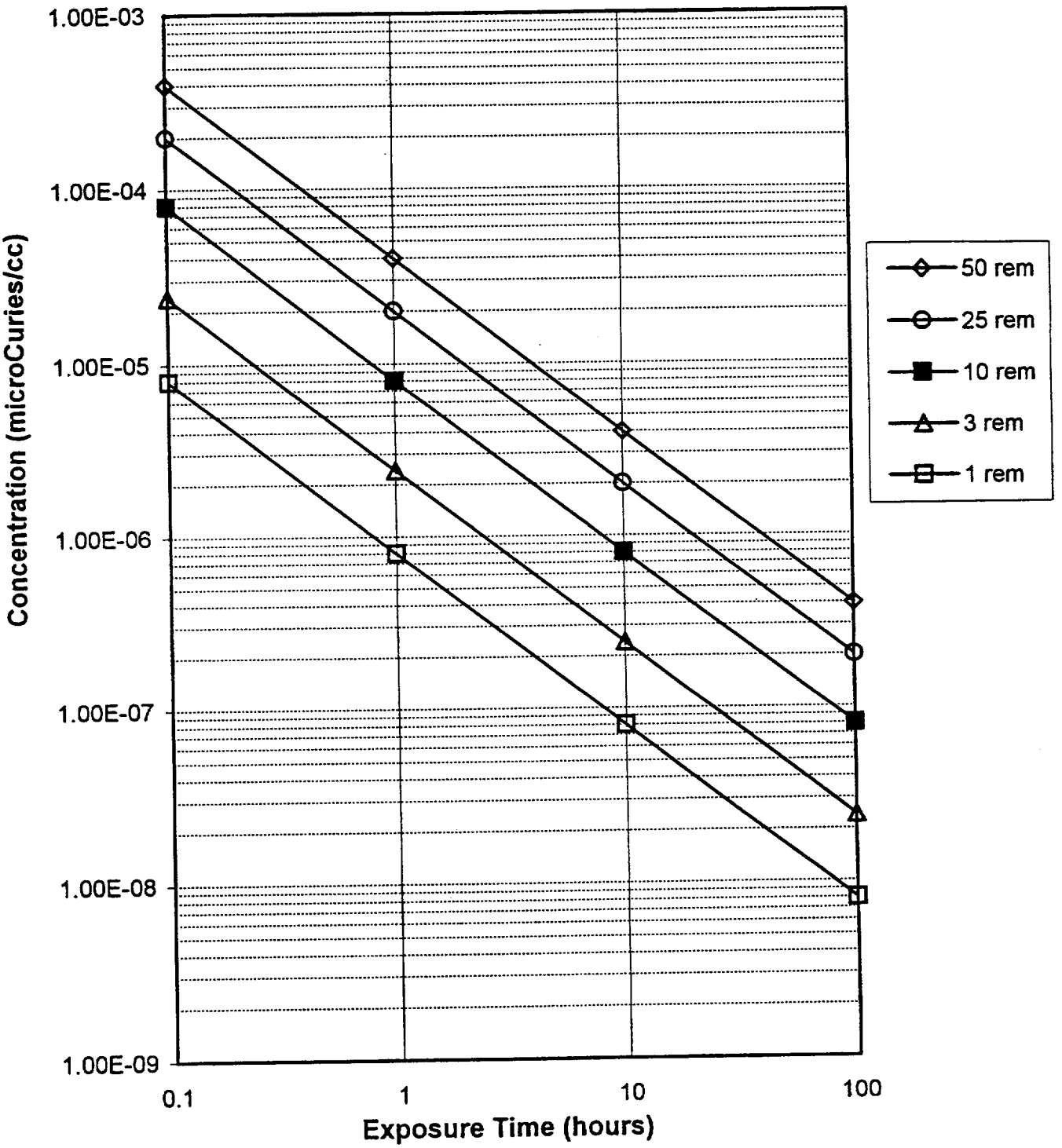
POTASSIUM IODIDE ISSUE REPORT

NAME	SS NUMBER	EXPOSURE PERIOD	TIME OF INITIAL KI DOSE	NUMBER OF DOSES ISSUED	INFORMATION INSTRUCTIONS ISSUED	ISSUED BY	DATE ISSUED

Route to Emergency Preparedness Manager

APPENDIX C
Page 1 of 1

Occupational Thyroid Dose from Inhalation of I-131



APPENDIX D
Page 1 of 10
METHODOLOGY FOR PROJECTING TEDE

A. TO DETERMINE THE PROJECTED OFF-SITE TEDE AND THYROID CDE.

1. If there is a release to the environment from a ruptured Steam Generator (via atmospheric relief, safety valve, or un-isolated line break outside of containment) then go to Step 4 below.

2. From the effected unit ICS Main Menu click on "GROUP DISP MENU" then click on "DOSE ASSESSMENT" (Fig. 2) and read the TEDE and THYROID CDE dose rate in REM at the SITE BOUNDARY (EAB), 2 MILES, and 5 MILES (Fig. 3).

   PROVIDE THESE VALUES TO THE SM/SED TO DETERMINE EVENT CLASSIFICATION AND PROTECTIVE ACTION RECOMMENDATIONS.

NOTE: If the "DOSE ASSESSMENT" feature is not working then projected TEDE and THYROID CDE must be manually calculated. The following parameters will be required to determine TEDE and THYROID CDE at the desired distance: Plant Total Gaseous Rad Release Rate (Source Term), Wind Speed and, Atmospheric Stability Class. Revisions to the factors or any referenced software in this appendix requires revalidation of the calculations by Chemistry.

3. The "PLANT TOTAL GASEOUS RAD RELEASE" may be determined as follows: From the effected unit ICS Main Menu type "SHOW RAD025. Enter the value in the blank in (page 16) C.1.c.

   PROVIDE THIS VALUE TO THE SM/SED TO DETERMINE EVENT CLASSIFICATION AND PROCEED WITH SECTION B.

OR

4. Notify the Chemistry Shift Supervisor to complete Appendix A (if RAD025 is not available) or Appendix G (if RAD025 is available) of 0-TI-CEM-030-030.0. Enter the release rate μCi/sec value in the blank in (page 16) C.1.c.

   PROVIDE THIS VALUE TO THE SM/SED TO DETERMINE EVENT CLASSIFICATION AND PROCEED WITH SECTION B.

APPENDIX D
Page 2 of 10

B. DETERMINE THE WIND SPEED AND ATMOSPHERIC STABILITY CLASS.

1. On the affected Unit ICS Main Menu click on "SECONDARY MIMICS" button.

   a. On the Secondary Mimics page click on "MET DATA" button. (Figure 4)

   b. From the "MET-TOWER LINK" page (Figure 5) or the "FRED MET DATA" page (Figure 6) record the 46 Meter Ave. Wind Speed (15 Min) = _____ mph, Enter in blank in C.1.a.

NOTE: If not available, call the **National Weather Service** in Morristown, TN, (423) 586-8400 for wind speed. Enter in blank in C.1.a.

   c. From the "FRED MET DATA" page record the Stability Class 46-10 Mtr 15 Min Avg. = _____ (e.g., A, B, C, etc.). This is the atmospheric stability class. Enter in blank in C.1.b.

2. If the Atmospheric Stability Class is not displayed then determine it as follows:

   a. Return to the "MET-TOWER LINK" page (Figure 5) and click on the "STABILITY DELTA-T's" button.

   b. From the "STABILITY DELTA-T's" page (Figure 7) record the "VERTICAL AIR TEMP DELTA-T 46-10 METERS (INSTANTANEOUS)"= _____ DEG F and refer to the table below.

   OR

   ["46 METER AIR TEMP (INSTANTANEOUS)"= _____DEG F] minus ["10 METER AIR TEMP (INSTANTANEOUS)" = _____DEG F]= _____DEG F and refer to the table below.

   c. Using the Atmospheric Stability Class Table below with the DEG F value from 2.b. above, determine the stability class. Atmospheric Stability Class = _____. Enter in blank in C.1.b.

ATMOSPHERIC STABILITY CLASS TABLE

DEG F	CLASS
$\leq$ minus 1.3 ^{0}F	A
> minus 1.3 $\leq$ minus 1.2^{0}F	B
> minus 1.2 $\leq$ minus 1.0^{0}F	C
> minus 1.0 $\leq$ minus 0.4^{0}F	D
> minus 0.4 $\leq$ 0.9^{0}F	E
> 0.9 $\leq$ 2.6^{0}F	F
> 2.6 ^{0}F	G

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C. DETERMINE THE PROJECTED TOTAL DOSE EQUIVALENT (TEDE) AT THE SITE BOUNDARY, 2, OR 5 MILES.

1. Obtain the appropriate meteorological and release rate data and enter below:

   a. Wind Speed =_____ mi/hr from B.1.b.

   b. Stability Class =_____ from B.1.c or B.2.c.

   c. Plant Total Noble Gas Release Rate =_____μCi/SEC from A.2 or A.3.

2. From the TEDE FACTOR TABLES, (Figure 1), find the appropriate table for the stability class. Then, find the desired distance range in miles on the vertical scale and the wind speed on the horizontal scale. Record the corresponding TEDE FACTOR in 3 below. For wind speeds that fall between the values in the table, default to the lower wind speed. This is the more conservative value.

3. 0.62-1.99 miles TEDE FACTOR =_____rem/hour per μCi/sec.
   2.00-4.99 miles TEDE FACTOR =_____rem/hour per μCi/sec.
   5.00-10.0 miles TEDE FACTOR =_____rem/hour per μCi/sec.

4. Obtain an estimate of the release duration (t)= _____hour(s).

5. TEDE = [TEDE FACTOR(@ desired distance)]x(Plant Total Noble Gas Release Rate)x(t)=
   _____REM @ 0.62-1.99 miles. (Site Boundary)
   _____REM @ 2.00-4.99 miles. (2 Miles)
   _____REM @ 5.00-10.0 miles. (5 Miles)

6. If Type II release due to fuel overheat or melt, Then multiply the calculated dose in step 5 by 3.2.
   Step 5 x 3.2 = _____REM @ 0.62-1.99 miles. (Site Boundary)
   Step 5 x 3.2 = _____REM @ 2.00-4.99 miles. (2 Miles)
   Step 5 x 3.2 = _____REM @ 5.00-10.0 miles. (5 Miles)

7. Compute the Thyroid CDE at each distance by multiplying the TEDE values by a factor of ten. (CDE = TEDE x 10)
   _____REM @ 0.62-1.99 miles. (Site Boundary)
   _____REM @ 2.00-4.99 miles. (2 Miles)
   _____REM @ 5.00-10.0 miles. (5 Miles)

8. **PROVIDE STEP 5 OR 6 AND STEP 7 VALUES TO THE SM/SED TO DETERMINE EVENT CLASSIFICATION AND PROTECTIVE ACTION RECOMMENDATIONS.**

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FIGURE 1
TEDE FACTOR TABLES

TEDE FACTOR (rem/hr per μCi/s) FROM A GROUND-LEVEL RELEASE

Stability Class A — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	5.1E-10	2.5E-10	2.0E-10	1.5E-10	1.0E-10	9.1E-11	8.1E-11	7.1E-11	6.1E-11	5.1E-11
2.00-4.99	1.7E-10	8.7E-11	7.0E-11	5.2E-11	3.5E-11	3.1E-11	2.8E-11	2.4E-11	2.1E-11	1.7E-11
5.0-10.0	6.3E-11	3.4E-11	2.8E-11	2.2E-11	1.6E-11	1.4E-11	1.3E-11	1.1E-11	9.5E-12	7.9E-12

Stability Class B — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	2.3E-09	1.2E-09	9.4E-10	7.1E-10	4.7E-10	4.3E-10	3.8E-10	3.3E-10	2.8E-10	2.3E-10
2.00-4.99	2.3E-10	1.2E-10	9.2E-11	6.8E-11	4.5E-11	4.1E-11	3.6E-11	3.2E-11	2.7E-11	2.3E-11
5.0-10.0	8.2E-11	4.6E-11	3.7E-11	2.9E-11	2.1E-11	1.9E-11	1.7E-11	1.5E-11	1.2E-11	1.0E-11

Stability Class C — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	6.8E-09	3.5E-09	2.8E-09	2.1E-09	1.4E-09	1.2E-09	1.1E-09	9.6E-10	8.2E-10	6.8E-10
2.00-4.99	9.3E-10	4.5E-10	3.7E-10	2.8E-10	1.9E-10	1.7E-10	1.5E-10	1.3E-10	1.1E-10	9.3E-11
5.0-10.0	1.6E-10	9.1E-11	7.5E-11	5.8E-11	4.2E-11	3.7E-11	3.3E-11	2.9E-11	2.5E-11	2.1E-11

Stability Class D — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	2.0E-08	1.0E-08	8.0E-09	6.0E-09	4.1E-09	3.6E-09	3.2E-09	2.8E-09	2.4E-09	2.0E-09
2.00-4.99	3.3E-09	1.7E-09	1.4E-09	1.0E-09	6.8E-10	6.2E-10	5.5E-10	4.8E-10	4.1E-10	3.5E-10
5.0-10.0	6.9E-10	3.9E-10	3.2E-10	2.5E-10	1.8E-10	1.6E-10	1.4E-10	1.2E-10	1.0E-10	8.7E-11

Stability Class E — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	3.5E-08	1.7E-08	1.4E-08	1.0E-08	7.0E-09	6.3E-09	5.6E-09	4.9E-09	4.2E-09	3.5E-09
2.00-4.99	6.6E-09	3.3E-09	2.7E-09	2.0E-09	1.3E-09	1.2E-09	1.1E-09	9.3E-10	7.9E-10	6.6E-10
5.0-10.0	1.5E-09	8.2E-10	6.7E-10	5.3E-10	3.8E-10	3.4E-10	3.1E-10	2.7E-10	2.3E-10	1.9E-10

Stability Class F — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	6.6E-08	3.3E-08	2.7E-08	2.0E-08	1.3E-08	1.2E-08	1.1E-08	9.3E-09	8.0E-09	6.6E-09
2.00-4.99	1.5E-08	7.6E-09	6.1E-09	4.6E-09	3.1E-09	2.8E-09	2.5E-09	2.2E-09	1.8E-09	1.5E-09
5.0-10.0	3.8E-09	2.1E-09	1.7E-09	1.3E-09	9.6E-10	8.6E-10	7.7E-10	6.7E-10	5.7E-10	4.7E-10

Stability Class G — Wind Speed (mi/h)

miles	2.2 mi/h	4.5 mi/h	6.7 mi/h	8.9 mi/h	11.2 mi/h	13.4 mi/h	15.7 mi/h	17.9 mi/h	20.1 mi/h	22.4 mi/h
0.62-1.99	1.5E-07	7.2E-08	5.7E-08	4.3E-08	2.8E-08	2.5E-08	2.3E-08	2.0E-08	1.7E-08	1.4E-08
2.00-4.99	3.7E-08	1.6E-08	1.3E-08	9.5E-09	6.3E-09	5.6E-09	5.0E-09	4.4E-09	3.8E-09	3.2E-09
5.0-10.0	9.4E-09	5.0E-09	4.1E-09	3.2E-09	2.3E-09	2.0E-09	1.8E-09	1.5E-09	1.3E-09	1.1E-09

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FIGURE 2
GROUP DISPLAY MENU

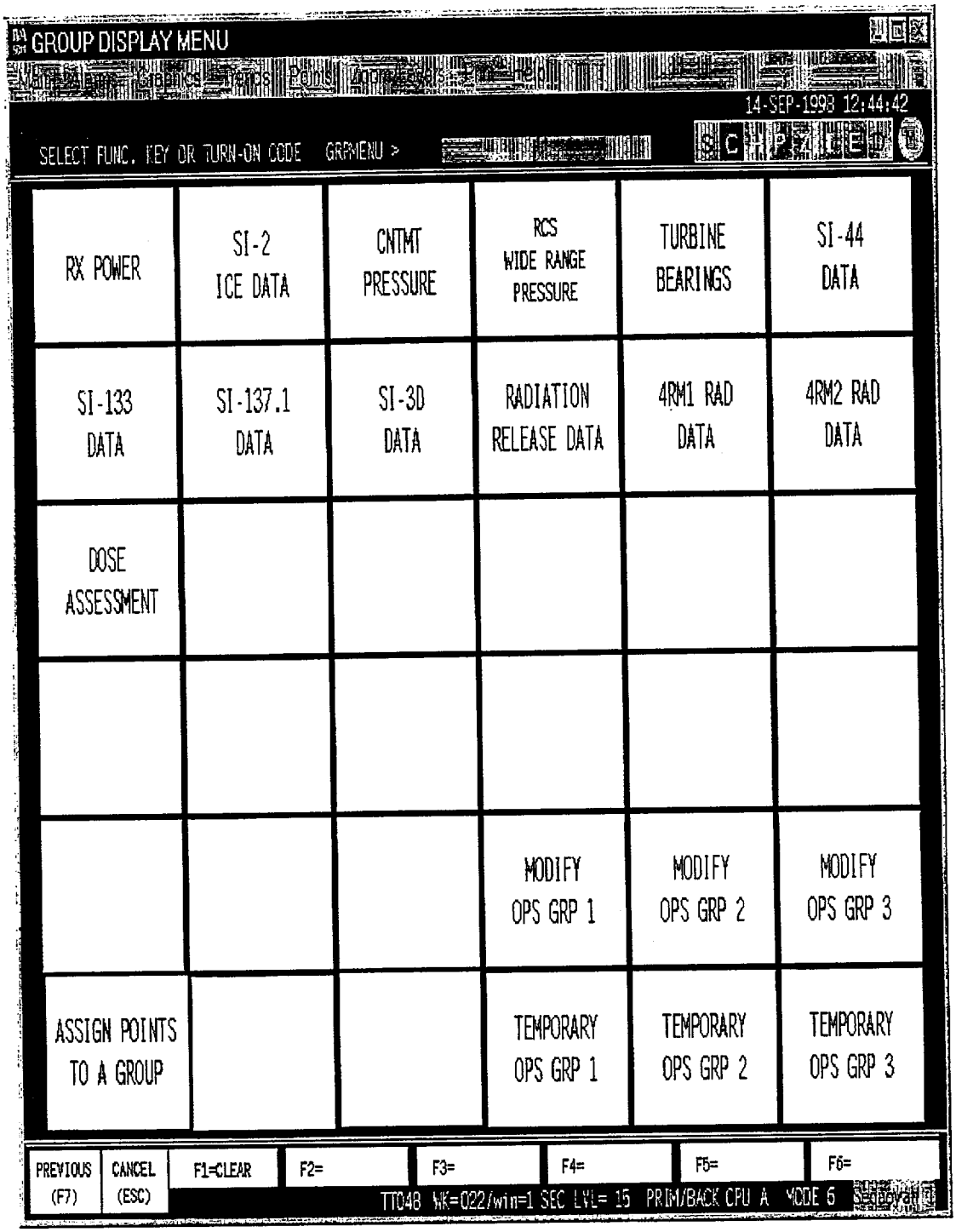

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FIGURE 3
DOSE ASSESSMENT

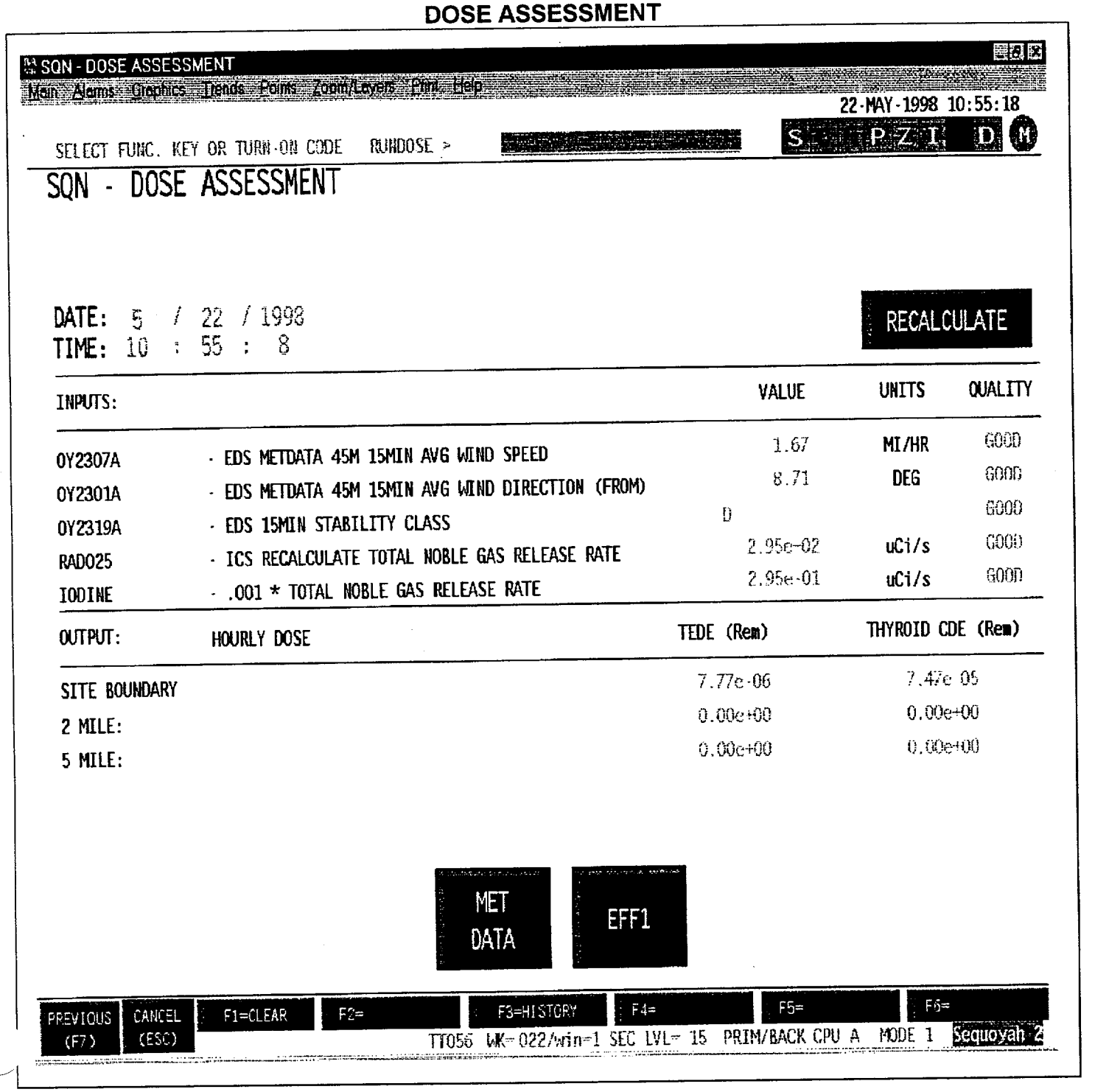

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FIGURE 4
SECONDARY MIMICS PAGE

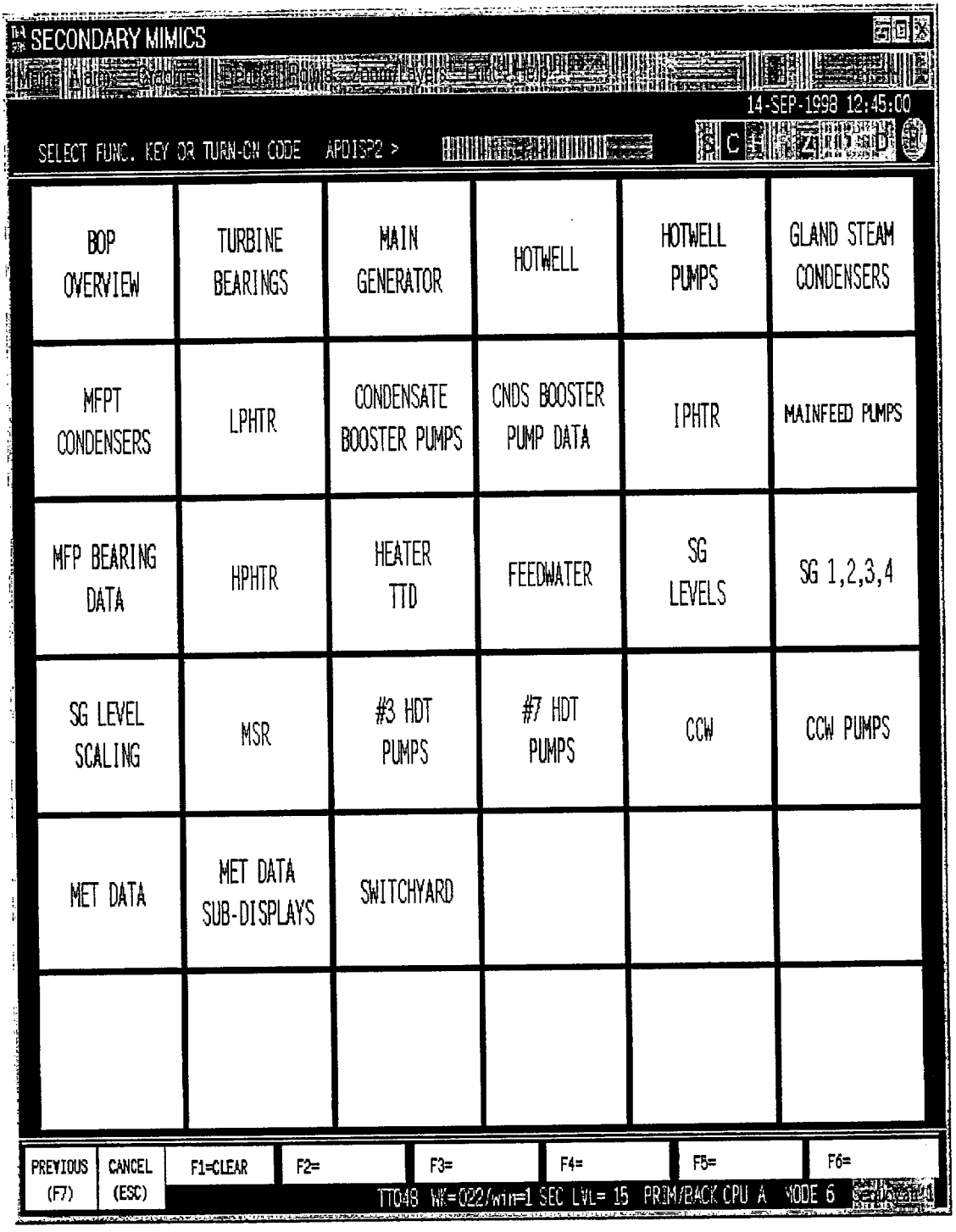

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FIGURE 5
MET-TOWER LINK PAGE

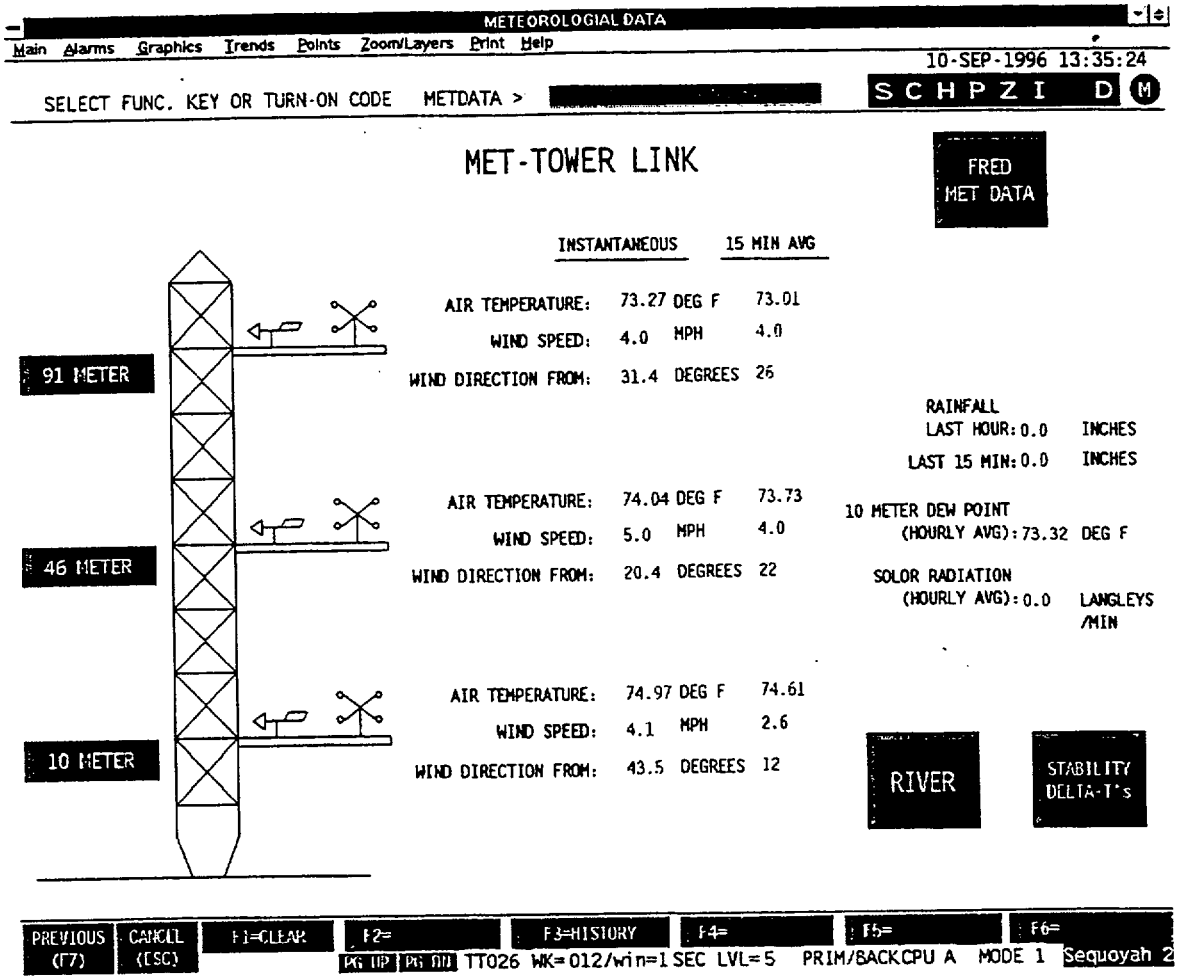

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FIGURE 6
MET DATA FOR FRED CALC PAGE

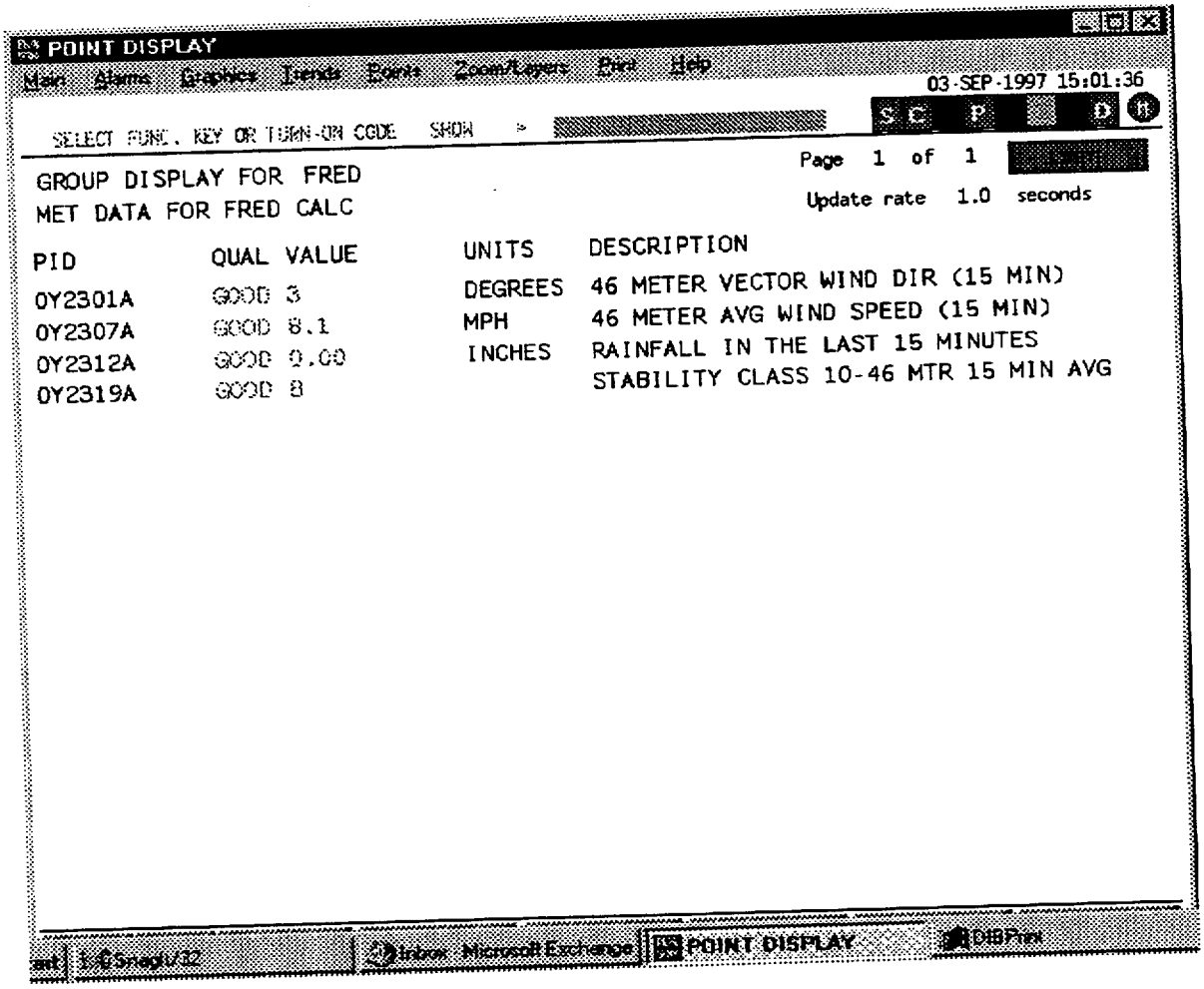

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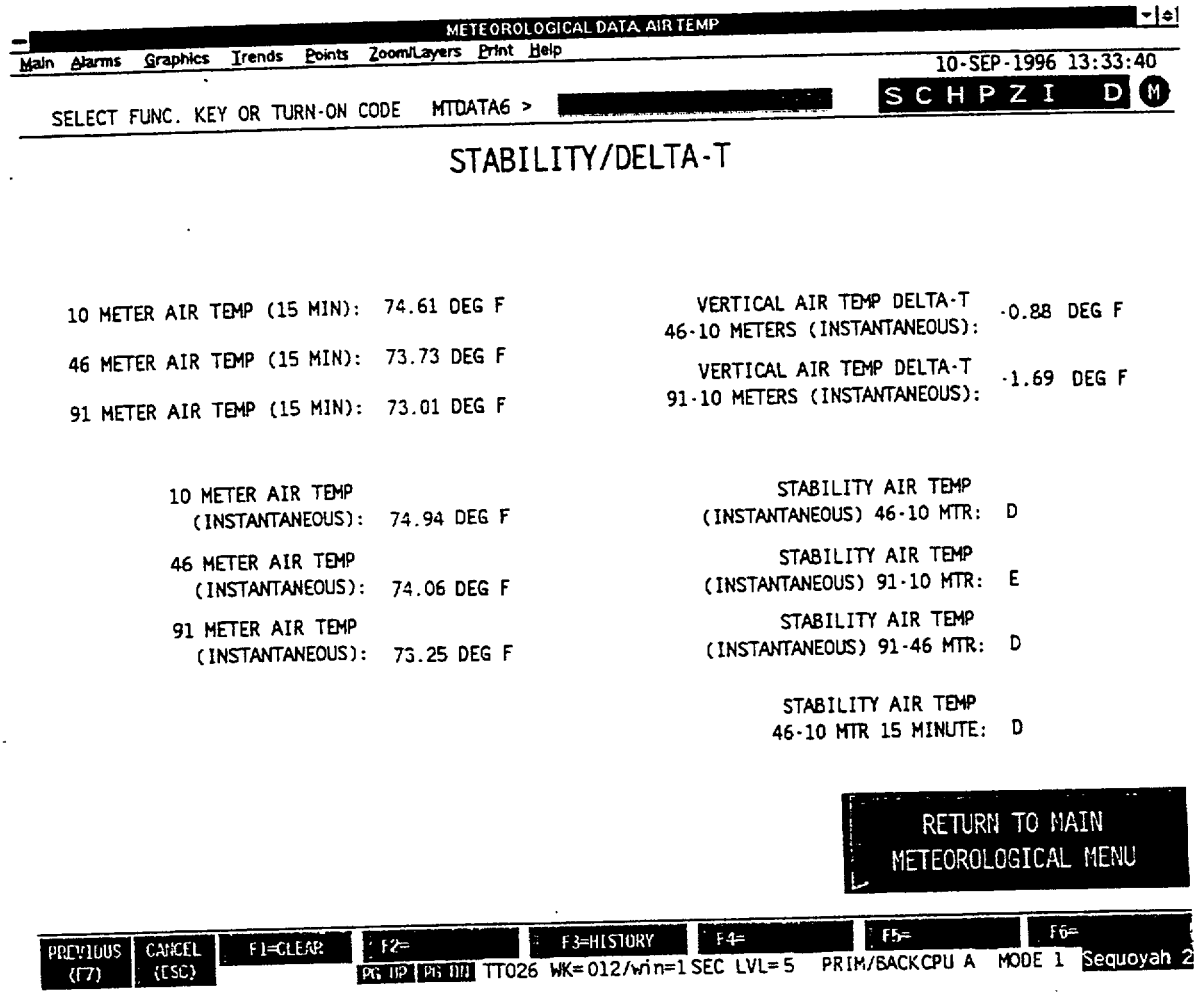
FIGURE 7
STABILITY/DELTA-T PAGE



APPENDIX E
Page 1 of 1

FITNESS FOR DUTY
PROGRAM ADMINISTRATION
CALL-IN SHEET

Person Calling_____
Date_____

Give this message: "This is (caller's name) at Sequoyah Nuclear Plant. An emergency has been declared, or a REP drill is being conducted (as appropriate). Have you consumed any alcohol within the last five hours? Are you fit for duty? If you are fit for duty, please report to the RadCon Lab or Chemistry Lab and the duty RADCON or Chemistry Shift Supervisor immediately."

NAME	TIME CALLED	TIME NEEDED TO REPORT	ALCOHOL 5 HRS. PRIOR TO REPORT? (Y/N)	ARE YOU FIT FOR DUTY?	DUTY OFFICIAL COMMENTS

SOURCE NOTES

REQUIREMENTS STATEMENT	SOURCE DOCUMENT	IMPLEMENTING STATEMENT
NP Radiological Emergency Plan (NP-REP)		
Paragraph 3.1.A	SQ963213PER	Revise EPIP-14 to indicate fitness for duty questions are required for call-ins.
Appendix D note	SQ972164PER SQ972260PER factor change.	Require validation after software or multiplication
Appendix D C.8	99-002929-000	Added manual calculation for Thyroid CDE to match ICS.

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-17

Emergency Equipment and Supplies

Revision 20

QUALITY RELATED

PREPARED/PROOFREAD BY: W. P. Brooks

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY John Casey

EFFECTIVE DATE: 09-07-2000

Level Of Use: Reference

REVISION
DESCRIPTION: Intent Change. Added additional supplies to Appendix E to address issues from PER 00-005294-000; Clarify instructions to ensure TSC/OSC position books are scanned quarterly for uncontrolled or outdated material (not just out dated forms) Appendix H and I to address issue from PER 00-006599-000; improvements in hardware; and self-assessment recommendations.

TABLE OF CONTENTS

1.0 PURPOSE

This instruction is used to comply with the requirements of the Radiological Emergency Plan for periodic inspection and maintenance of equipment and supplies.

2.0 REFERENCES

A. CECC EPIP-9, Attachment J.

3.0 INSTRUCTIONS

3.1 General Instructions

3.1.1 The responsibility and frequency of inventories are specified in Appendix M. For the purposes of these inventories, monthly is defined as once per calendar month, quarterly is defined as once per calendar quarter, and annual is defined as once per calendar year.

3.1.2 The individuals performing the inspection shall complete the appendices and the Emergency Preparedness Manager shall review the results as indicated and make arrangements to correct deficiencies.

3.1.3 List any deviations and the disposition on the appropriate Appendix Data Sheet. Deficient, outdated or missing items shall be replaced.

3.1.4 Special checks of certain material in the cabinets shall be performed. The following checks shall be made where applicable:

A. The protective clothing shall be checked for deterioration.
B. The smoke tubes and aspirator bulbs shall be checked for deterioration and that the tubes have not been broken or used.
C. Replace all flashlight batteries at the end of shelf-life with fresh batteries. (Do not discard batteries. Return them to the tool room.)
D. Check to determine that flashlights are operable.
E. Rezero all emergency dosimeters to assure proper operation.

3.2 Detailed Instructions

3.2.1 The emergency equipment, listed in Appendices A and B, are stored in cabinets provided with a lock or plastic seal. This provides a means of controlling access or determining that the cabinet has not been opened. An inventory list of the equipment may be posted on the outside of the cabinet. The two cabinets are located in the Main Control Room corridor, and Communications Room.

3.2.2 Each cabinet and storage location, including the medical treatment area, shall be inventoried and required equipment inspected and checked for operation and/or condition. Equipment in certain cabinets is separated into Table A and Table B. Table A is a list of all non-perishable items stored in a small metal box equipped with a security seal within the cabinet itself. These items will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated. Those items listed in Table B of these attachments are inventoried on a quarterly basis.

3.2.3 The radiation monitoring instruments, which are in normal plant use, are located in the RADCON laboratory as listed in Appendix C.

3.2.4 The Site Medical Emergency Supplies listed in Appendix D are located in the site ambulance or the site medical station.

3.2.5 All self-contained breathing units in service on Appendix E shall be inventoried and inspected monthly by Fire Protection.

3.2.6 The emergency equipment, referenced in Appendix F is located in the environmental monitoring emergency vans. In the event of a radiological emergency that requires the emergency vans to be used, a RADCON technician will obtain the additional equipment listed in CECC-EPIP-9, Attachment J. This equipment will be transported to the vans.

3.2.7 The emergency room supplies furnished by TVA for use of the agreement hospital(s) in case of injury to personnel involving radioactive materials are listed in Appendix G.

3.2.8 References and supplies listed in Appendix H are stored in the Technical Support Center for use during an emergency and Appendix I for the Operations Support Center. TSC/OSC position notebooks shall be scanned during the quarterly inventory for uncontrolled or outdated materials; not just outdated forms. Additionally, position seating/working areas should be scanned for uncontrolled or outdated materials.

3.2.9 Protective clothing for use by the OSC response teams is located in the Operations Support Center storage room and is listed in Appendix J.

3.2.10 Protective clothing for use in contamination controls from affected plant areas in the Control Building are listed in Appendix K and is located in the 480 V Reactor MOV Board Room, Elevation 734.

3.2.11 Supplies for decontamination of personnel are stored in the El.690' Decon. Room near the RadCon lab and are listed in Appendix L.

3.3 Completion of Appendices

3.3.1 If the particular items are present and in sufficient quantities and, when applicable, in good working condition, then check the "Yes" column.

3.3.2 If a deficiency is noted, then check the "No" column and replace deficient items. All deficiencies must be corrected as soon as possible. If circumstances do not allow deficiencies to be corrected, then the appropriate supervisor shall be notified.

3.3.3 Under the "Remarks" column, explain the corrective actions taken.

3.3.4 All comments in the "Remarks" column should be detailed enough to leave no doubt as to the actions taken. Comments to the effect - "batteries missing" will not suffice. A simple check in the "No" column will represent that a deficiency exists. Such comments do not allow a person to determine what, if any, action has been taken. Comments should read for example: "Batteries missing, replaced on March 5, 2000".

4.0 RECORDS

4.1 QA Records

None

4.2 Non-QA Records

The Appendices/Checklists in this Instruction are NON-QA documents and will be retained by the SQN Emergency Planning (EP) Manager for at least two years.

APPENDIX A

MAIN CONTROL ROOM CORRIDOR CABINET - CONTROL BUILDING

TABLE A

Quantity	Description	Yes	No	Remarks
	Security seal intact:	___	___	_____
12 pr.	Rubber overshoes - Various sizes	___	___	_____
6 pr.	Canvas gloves	___	___	_____
12 pr.	Rubber gloves- Various sizes	___	___	_____
6	Hoods	___	___	_____
2	Pencils	___	___	_____
2	Clipboards with paper	___	___	_____
2	Boxes smoke tubes	___	___	_____
2	Aspirator bulbs	___	___	_____
1	Log Book	___	___	_____
4 rolls	Duct tape and/or masking tape	___	___	_____
Security seal replaced		___	___	_____

NOTE: Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.

TABLE B

Quantity	Description	Yes	No	Remarks
12	Pairs of paper overalls - Various sizes	___	___	_____
2	Hardhats	___	___	_____
2	Flashlights	___	___	_____
12	Spare flashlight batteries Expires:_____	___	___	_____
2	Spare flashlight bulbs	___	___	_____
1	First-aid kit	___	___	_____
12	Face Goggles	___	___	_____
1	Radiation Survey Meter	___	___	_____
Cabinet Relocked or Resealed		___	___	_____

Inspection performed by:
RADCON Representative _____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX B

COMMUNICATIONS ROOM - CONTROL BUILDING

TABLE A

Quantity	Description	Yes	No	Remarks
Security seal intact:		___	___	_____

NOTE: Table A will be inventoried annually (preferably in January) and whenever a security seal has been found to be violated.

6	Pairs of rubber overshoes	___	___	_____
6	Pairs canvas gloves	___	___	_____
6	Pairs rubber gloves	___	___	_____
6	Hoods	___	___	_____
2	Pencils	___	___	_____
2	Clipboards with paper	___	___	_____
2	Boxes smoke tubes	___	___	_____
2	Aspirator bulbs	___	___	_____
1	Log Book	___	___	_____
Security seal replaced		___	___	_____

TABLE B

Quantity	Description	Yes	No	Remarks
6	Pairs of coveralls - various sizes	___	___	_____
2	Hardhats	___	___	_____
2	Flashlights	___	___	_____
12	Spare flashlight batteries Expires:_____	___	___	_____
2	Spare flashlight bulbs	___	___	_____
1	First-aid kit	___	___	_____
Cabinet Relocked or Resealed		___	___	_____

Inspection performed by:
RADCON Representative _____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX C

RADIOLOGICAL CONTROL LABORATORY - SERVICE BUILDING

Quantity	Description	Yes	No	Remarks
1	Alpha Survey Meter (500,000 cpm)	___	___	_____
1	Neutron dose rate survey meter (.025 eV - 10 MeV/5,000 mR/hr)	___	___	_____
2	High Range Survey Instrument (1,000 R/hr with extendible probe)	___	___	_____
6	ION Chamber Survey Meter (50 R/h)	___	___	_____
1	ION Chamber Survey Meter (20,000 R/h)	___	___	_____
5	High volume Air Samplers (and support equipment)	___	___	_____
10	Frisker Type Survey Meters (0-50,000 cpm)	___	___	_____
5	Low-volume air samplers (and support equipment)	___	___	_____
1	Portable Mini-Scaler	___	___	_____
5	Calculators	___	___	_____
2	Cal/Response Ck Sources	___	___	_____
5	Noble Gas Sampling Syringes	___	___	_____
10	Silver Zeolite Cartridges	___	___	_____
5	Marinelli Beakers	___	___	_____
1	Shielded Detector Pig	___	___	_____

Inspection performed by:
RADCON Representative _____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX D
Page 1 of 1

SITE MEDICAL EMERGENCY SUPPLIES

Check applicable column either Ambulance or Medical Station (only one needs to be checked, not both.)

EQUIPMENT	AMBULANCE	MEDICAL STATION	YES	NO	REMARKS
Blood Pressure Apparatuses	☐	☐	☐	☐	
Marion Ventilators with Oxygen	☐	☐	☐	☐	
Oxygen - Large Tanks	☐	☐	☐	☐	
I.V. Setup					
- fluids	☐	☐	☐	☐	
- tubing	☐	☐	☐	☐	
- needles	☐	☐	☐	☐	
Suctions - Portable	☐	☐	☐	☐	
Anaphylaxis Kits	☐	☐	☐	☐	
Immobilizing Equipment	**AMBULANCE**	**MEDICAL STATION**	**YES**	**NO**	
- Stokes Baskets	☐	☐	☐	☐	
- Scoop Stretchers	☐	☐	☐	☐	
Back Boards	☐	☐	☐	☐	
- Hare Splints	☐	☐	☐	☐	
- Air Splints	☐	☐	☐	☐	
- Splints - arm, finger, and leg	☐	☐	☐	☐	
- Extrication Collars	☐	☐	☐	☐	
Trauma Kits Containing *Burn Sheets, Triangular Bandages, Air Splints, Bite Sticks, Dressings, Pocket Masks, Gloves, Scissors, Adhesive Tape, Irrigating Solution, Cold Packs, Flashlight*	Note: Trauma kits are located in Auxiliary Building on elevation 690 & 734 near elevator		☐	☐	
Sand Bags	☐	☐	☐	☐	
Disposable Gowns	☐	☐	☐	☐	
Blankets	☐	☐	☐	☐	
Stretcher Straps	☐	☐	☐	☐	
Mast Trousers	☐	☐	☐	☐	
Cleaning Solution	**AMBULANCE**	**MEDICAL STATION**	**YES**	**NO**	
- Betadine Solution	☐	☐	☐	☐	
- Hydrogen Peroxide	☐	☐	☐	☐	
- Brushes	☐	☐	☐	☐	

Inspection Performed By:_____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX E
Page 1 of 1

SELF-CONTAINED BREATHING APPARATUS

Quantity	Description	Yes	No	Remarks
RELAY ROOM OUTSIDE TECHNICAL SUPPORT CENTER (EL 732)				
12	Self-contained breathing apparatus	___	___	_____
12	Additional air cylinders	___	___	_____
2	Small MSA face pieces	___	___	_____
2	Large MSA face pieces	___	___	_____
SERVICE BUILDING EL 690 (PASF Units)				
8	Dual Purpose self-contained breathing apparatus	___	___	_____
4	Dual Purpose Airline Hoses	___	___	_____
3	Small MSA face pieces	___	___	_____
3	Large MSA face pieces	___	___	_____
SERVICE BUILDING EL 690 (RADCON AND RADCHEM LABS)				
16	Self-contained breathing apparatus	___	___	_____
SERVICE BUILDING (EL. 706) FIRE EQUIPMENT CAGE				
6	Self-contained breathing apparatus	___	___	_____
12	Additional cylinders	___	___	_____

Inspection performed by:
Fire Protection Representative _____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX F

EMERGENCY EQUIPMENT

ENVIROMENTAL MONITORING EMERGENCY VANS
(SEE CECC-EPIP-9, ATTACHMENT J).

APPENDIX G
HOSPITAL CABINET INVENTORY
☐North Park ☐Erlanger

SAT	Quantity	Description	Remarks
Protective Clothing			
	10 pair	Shoe covers	
	10 pkg	Dress out packages (coveralls, booties, gloves)	
	3	Surgical gowns	
	2 boxes	Surgical gloves	
	4 rolls	Surgical tape fordressout - 2 inch	
Facility Preparation			
	1 set	Floor coverings (hospital specific)	
	1 roll	Heavy duty paper (3 foot wide)	
	2 rolls	2 inch duct tape	
	1 roll	Radiation Warning symbol tape (2 inch)	
	2	Step off pads	
	8	Radiological barrier posting signs	
	1 Spool	Radiological barrier rope or ribbon	
	5	Traffic cones	
	10	Large rad waste plastic bags (trash can size)	
	10	Medium rad waste plastic bags (x-ray cassette size)	
	2 copies	Hospital specific booklet (1 at desk, 1 in cabinet)	Last Update:
	1	Radioactive material label tape	
Decontamination Supplies			
	1	Decontamination table, backboard and bottles (min. total capacity of 10 gallons)	
	1	Flexible funnel with drain hose - optional	
	1	Decontamination media /soap product	
	1	NCRP # 65 Reference Handbook	
	12	Cotton swabs	
	20	Zip lock bags for sample collection	
	10	Labels for sample bags	
	2	Scissors	
	1	Wall poster with decontamination steps	
Health Physics Supplies			(Serial # and cal due)
	1	Bicron ISM (RSO-5 or 50)	
	2	Bicron Surveyor 50	
	1	Wound probe with cable	
	10	TLDs	
	10	Electronic dosimeters and tray	
	200	Smears	
	12	Radioactive Material tags	
	1	Masslin mop and 20 cloths	

Inspection Performed By:_____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX H
TECHNICAL SUPPORT CENTER

Qty	Description	Yes	No	Remarks
Assorted	Dryboard Supplies (Erasers, markers, etc.)	___	___	_____
Assorted	Desktop Supplies (Stapler, Tape, Logbooks)	___	___	_____
Assorted	Office Supplies (Pen, Pencils, Staples, Etc.)	___	___	_____
1 each	TSC Position Notebooks	___	___	_____
	(Scan/Check for uncontrolled/out-of-date materials in Position notebooks & seating areas.)			
1	Spare Roll of thermal Paper for Tracking Board	___	___	_____
2	ASME Steam Tables	___	___	_____
4	Communications Head Sets	___	___	_____
4	Sequoyah Phone Directories (latest edition)	___	___	_____
3	Chattanooga Phone Directories (latest edition)	___	___	_____
2	TVA Phone Directories (latest edition)	___	___	_____
5	Electronic Display Projectors	___	___	_____
	Verify wall maps are latest revision (see CECC EPIP-9)			
	2 Mile Map ..... Latest Rev. _____	___	___	_____
	10 Mile Evac Map ..... Latest Rev. _____	___	___	_____
	50 Mile Sample Map .... Latest Rev. _____ (2 copies)	___	___	_____
	50 Mile Map ..... Latest Rev. _____ (1 copy)	___	___	_____
	Verify presence only (DCU controls contents)			
	REP (Radiological Emergency Plan) (4 copies)	___	___	_____
	REND (Radiological Emergency Notification Directory) (2 copies)	___	___	_____
	Central Emergency Control Center EPIP (CECC EPIP) (2 Copies)	___	___	_____
	SQN EPIP (4 copies)	___	___	_____
	Severe Accident Management Guidance (SAMG) (4 copies)	___	___	_____
	Updated SQN FSAR	___	___	_____
	Unit 1 Technical Specifications (2 sets)	___	___	_____
	Unit 2 Technical Specifications (2 sets)	___	___	_____
	Site Health and Safety Manual	___	___	_____
	State of Tennessee Multijurisdictional REP Response Plan	___	___	_____
	INPO Emergency Resources Manual	___	___	_____
	System Operating Manual/System Operating Instructions (SO/SOI)	___	___	_____
	Annunciator Response Manuals (AR)	___	___	_____
	Periodic Instructions (PI)	___	___	_____
	Abnormal Operating Procedures (AOP) (2 Sets)	___	___	_____
	Technical Instructions (TI)	___	___	_____
	General Operating Instructions (GO)	___	___	_____
	SQN Offsite Dose Calculation Manual (ODCM)	___	___	_____
	SQN Process Control Program (PCP)	___	___	_____
	Radiological Control Instructions (RCI)	___	___	_____
	Radwaste Handling/Shipping Index (RHSI)	___	___	_____
	Functional Restoration Guidelines (2 sets)	___	___	_____
	Emergency Instructions (2 sets)	___	___	_____
	Emergency Abnormal Procedures (EAPs) (2 sets)	___	___	_____
	Emergency Contingency Actions (2 sets)	___	___	_____
	Users Manual - Meteorological Data Print Program (2 copies)	___	___	_____
	Users Manual - FRED (2 copies)	___	___	_____
	Users Manual - Meteorological Data Display	___	___	_____
	Users Manual - CECC Information System	___	___	_____
	Users Manual - ICS	___	___	_____

Inspection Performed By:_____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX I

OPERATIONS SUPPORT CENTER (OSC)

Quantity	Description	Yes	No	Remarks
Assorted	Desktop Supplies (stapler, tape, logbook)	__	__	_____
Assorted	Office Supplies (pens, pencils)	__	__	_____
Assorted	Dryboard Supplies (eraser, markers, etc.)	__	__	_____
2	Spare Roll of thermal Paper for Tracking Board	__	__	_____
1	SQN EPIPs	__	__	_____
1 each	OSC Position Notebooks	__	__	_____
	(Scan/Check for uncontrolled/out-of-date materials in Position Notebooks & seating areas.)			
2	SQN Telephone Book (latest edition)	__	__	_____
2	TVA Telephone Book (latest edition)	__	__	_____
1	User Manual - ICS	__	__	_____
4	Communication Headsets	__	__	_____
1	Polaroid Camera W/Film Expires_____	__	__	_____
2	Team Tracking Status Boards	__	__	_____
1	Ops Tracking Status Boards	__	__	_____
1	RadCon/Chem Tracking Status Boards	__	__	_____
12	Spare flashlight batteries Expires_____	__	__	_____
6	Spare Pager Batteries Expires_____	__	__	_____
2	Electronic Display Projectors	__	__	_____
	Plant Drawings (verify existence only DCU controls listing)	__	__	_____
	Verify wall maps are latest revision (see CECC EPIP-9 for latest map revision levels)			
	2 Mile Map Latest Rev. _____	__	__	_____
	10 Mile Evac Sector Map Latest Rev. _____	__	__	_____
	10 Mile Sampling Point Map Latest Rev. _____	__	__	_____
	Tool Room Tool Kits:	__	__	_____

Note: Tool Room tool kits are inventoried in accordance with 0-PI-REM-000.001Q

- Mechanical tool kit #1
- Mechanical tool kit #2
- Electrical tool kit #3
- Mechanical tool kit #4
- Mechanical tool kit #5
- Mechanical tool kit #6
- Electrical tool kit #7

Note: Additional Communications Equipment is checked under 0-PI-REM-244-001.0

Inspection Performed By:_____ Date _____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX J

OSC RESPONSE TEAM EQUIPMENT
CAFETERIA OSC EQUIPMENT STORAGE ROOM

Quantity	Description	Yes	No	Remarks
40 pr.	Cotton liners	___	___	_____
40 pr.	Rubber gloves - Various sizes	___	___	_____
40 pr.	Plastic booties	___	___	_____
40 pr.	Rubber overshoes - Various sizes	___	___	_____
30 pr.	Coveralls - Various sizes	___	___	_____
30	Surgeon caps	___	___	_____
30	Hoods	___	___	_____
4 rolls	Duct Tape and/or Masking Tape	___	___	_____
2	Hardhats	___	___	_____
6 pr.	Canvas gloves	___	___	_____
2	Spare flashlight bulbs	___	___	_____
2000 doses	KI (Expires _____) (#Pkgs * #Tablets/pkg = #doses)	___	___	_____
	Door Relocked	___	___	_____

Inspection performed by:
RADCON Representative_____ Date_____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX K

480V REACTOR BOARD ROOM
AUXILIARY BUILDING (EL. 734)

Quantity	Description	Yes	No	Remarks
40 pr.	Cotton liners	___	___	_____
40 pr.	Rubber gloves - Various sizes	___	___	_____
40 pr.	Plastic booties	___	___	_____
40 pr.	Rubber overshoes - Various sizes	___	___	_____
30 pr.	Paper coveralls	___	___	_____
30	Surgeon caps	___	___	_____
1	Box of vinyl gloves	___	___	_____
4 rolls	Duct Tape and/or Masking Tape	___	___	_____
6 pr.	Canvas gloves	___	___	_____
2	Flashlights	___	___	_____
2	Spare flashlight bulbs	___	___	_____
12	Spare flashlight batteries Expires_____	___	___	_____
	Cabinet Relocked or Resealed	___	___	_____

Inspection performed by:
RADCON Representative_____ Date_____

Review and Approval:
Emergency Preparedness Manager _____ Date _____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX L
EL. 690' DECONTAMINATION ROOM

ITEM	MIN QUANITY	SUGGESTED QUANITY	QUANITY ON HAND	REMARKS
Disposable Gloves	1 box	2 boxes		
Gauze Pads	1 box	2 boxes		
Cotton Swabs	1 pkg	1 pkg		
Saline Solution	1 bottle	2 bottles		
Surgical Brushes	1 each	12 each		
Shampoo	1 bottle	2 bottles		
Soap	2 bars	5 bars		
Laundry detergent	none	1 box		
Soap (liquid abrasive)	none	1 bottle		
Mechanic's Hand Cleaner	none	2 can		
Shaving Cream	1 can	1can		
Razors	2 each	5 each		
Paper Bath Towels	none	1 box		
Towels	5 each	25 each		
Scissors	1 pair	1 pair		
Petri Dishes	3 each	5 each		
Duct Tape	none	2 rolls		
Paper Coveralls	5 pair	10 pair		
Tennis Shoes (Sizes 7-12)	none	one pair each		half sizes are OK

Inspection Performed By:
RADCON Representative:_____ Date:_____

Reviewed By:
RADCON Shift Supervisor:_____ Date:_____

EP Manager:_____ Date:_____

EP Manager shall retain the completed form as a Non-QA Record for at least 2 years.

APPENDIX M

INVENTORY AND MAINTENANCE RESPONSIBILITIES

Appendix	Frequency	Responsible
A. Main Control Room - Corridor Cabinet		RADCON
Table A	Annually	
Table B	Quarterly	
B. Communications Room Control Building		RADCON
Table A	Annually	
Table B	Quarterly	
C. Radiological Control Lab	Monthly	RADCON
D. Medical Emergency Supplies	Quarterly	Fire Protection/Medical
E. Self-contained Respiratory Equipment	Monthly	Fire Protection
F. Emergency Vans	Quarterly	RADCON
G. Hospital Emergency Room Cabinet	Quarterly	Corporate EP
H. Technical Support Center Cabinets, References & Supplies	Quarterly	EP Manager
I. Operations Support Center Storage, References & Supplies	Quarterly	EP Manager
J. OSC Response Team Storage, Service Bldg. EL. 706'	Quarterly	RADCON
K. 480V RX MOV Board Room EL. 734'	Quarterly	RADCON
L. Decon. Facility, Service Building EL. 690'	Monthly	RADCON

SOURCE NOTES

REQUIREMENTS STATEMENT	SOURCE DOCUMENT	IMPLEMENTING STATEMENT
H-10	NUREG 0654	"Emergency Equipment Inspections"
Appendix E, Section E	10 CFR 50	
Section 8.0	NP REP	"Emergency Response Facilities, Equipment, and Supplies"
	NUREG 0696	"Functional Criteria For Emergency Response Facilities"