



ROCHESTER GAS AND ELECTRIC CORPORATION • 89 EAST AVENUE, ROCHESTER, N.Y. 14649-0001



TELEPHONE
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September 11, 2000

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555
Attn: Mr. Guy S. Vissing (Mail Stop 14D11)
Project Directorate I-1

Subject: Revision to Emergency Plan Implementing Procedures
R.E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

In accordance with 10 CFR 50.4(b)(5), enclosed is a revision to a Ginna Station Emergency Plan Implementing Procedure (EPIP).

We have determined, per the requirements of 10 CFR 50.54(q), that these procedure changes do not decrease the effectiveness of our Nuclear Emergency Response Plan.

Very truly yours,

Peter S. Polflet
Corporate Nuclear Emergency Planner

Enclosures

xc: USNRC Region 1 (2 copies of letter and 2 copies of each procedure)
Resident Inspector, Ginna Station (1 copy of letter and 1 copy of each procedure)
RG&E Nuclear Safety and Licensing (1 copy of letter)
Dr. Robert C. Mecredy (2 copies of letter only)

PSP/jtw

A045

PROCEDURE

EPIP 1-5

REVISION NUMBER

42

REPORT NO. 01
REPORT: NPSP0200
DOC TYPE: PREPIP

GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURES

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PARAMETERS: DOC TYPES PREPIP

STATUS: EF 5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-1 0	GINNA STATION EVENT EVALUATION AND CLASSIFICATION	025	11/19/97	11/19/97	11/19/01	EF
EPIP-1-1	UNUSUAL EVENT	002	12/09/96	12/09/96	12/09/01	EF
EPIP-1-2	ALERT	003	12/09/96	12/09/96	12/09/01	EF
EPIP-1-3	SITE AREA EMERGENCY	005	12/09/96	01/23/98	01/20/02	EF
EPIP-1-4	GENERAL EMERGENCY	004	12/09/96	12/09/96	12/09/01	EF
EPIP-1-5	NOTIFICATIONS	042	09/08/00	09/08/00	09/08/05	EF
EPIP-1-6	SITE EVACUATION	011	07/25/00	07/25/00	07/25/05	EF
EPIP-1-7	ACCOUNTABILITY OF PERSONNEL	008	07/27/99	07/27/99	07/27/04	EF
EPIP-1-8	SEARCH AND RESCUE OPERATION	004	05/16/00	05/16/00	05/16/05	EF
EPIP-1-9	TECHNICAL SUPPORT CENTER ACTIVATION	018	06/21/00	06/21/00	06/21/05	EF
EPIP-1-10	OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION	010	07/25/00	07/25/00	07/25/05	EF
EPIP-1-11	SURVEY CENTER ACTIVATION	021	05/16/00	05/16/00	05/16/05	EF
EPIP-1-12	REPAIR AND CORRECTIVE ACTION GUIDELINES DURING EMERGENCY SITUATIONS	007	06/21/00	06/21/00	06/21/05	EF
EPIP-1-13	LOCAL RADIATION EMERGENCY	003	08/04/95	01/23/98	01/23/02	EF
EPIP-1-15	USE OF THE HEALTH PHYSICS NETWORK HPN	005	04/24/96	03/03/99	03/03/04	EF
EPIP-1-16	RADIOACTIVE LIQUID RELEASE TO LAKE ONTARIO OR DEER CREEK	004	02/13/98	02/13/98	02/13/02	EF
EPIP-1-17	PLANNING FOR ADVERSE WEATHER	002	06/21/00	06/21/00	06/21/05	EF
EPIP-2-1	PROTECTIVE ACTION RECOMMENDATIONS	017	08/20/99	08/20/99	08/20/04	EF
EPIP-2-2	OBTAINING METEOROLOGICAL DATA AND FORECASTS AND THEIR USE IN EMERGENCY DOSE ASSESSMENT	009	02/13/98	02/13/98	02/13/02	EF
EPIP-2-3	EMERGENCY RELEASE RATE DETERMINATION	012	02/04/00	02/04/00	02/04/05	EF
EPIP-2-4	EMERGENCY DOSE PROJECTIONS - MANUAL METHOD	012	06/21/00	06/21/00	06/21/05	EF
EPIP-2-5	EMERGENCY DOSE PROJECTIONS PERSONAL COMPUTER METHOD	010	11/16/99	11/16/99	11/16/04	EF
EPIP-2-6	EMERGENCY DOSE PROJECTIONS - MIDAS PROGRAM	011	06/21/00	06/21/00	06/21/05	EF
EPIP-2-7	MANAGEMENT OF EMERGENCY SURVEY TEAMS	009	10/01/99	10/01/99	10/01/04	EF

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PARAMETERS: DOC TYPES: PREPIP

STATUS: EF

5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-2-8	VOLUNTARY ACCEPTANCE OF EMERGENCY RADIATION EXPOSURE	005	05/16/00	05/16/00	05/16/05	EF
EPIP-2-9	ADMINISTRATION OF POTASSIUM IODIDE (KI)	003	12/05/97	12/05/97	12/05/01	EF
EPIP-2-10	INPLANT RADIATION SURVEYS	003	01/16/97	01/16/97	01/16/02	EF
EPIP-2-11	ONSITE SURVEYS	013	07/27/99	07/27/99	07/27/04	EF
EPIP-2-12	OFFSITE SURVEYS	016	07/27/99	07/27/99	07/27/04	EF
EPIP-2-13	IODINE AND PARTICULATE ACTIVITY DETERMINATION FROM AIR SAMPLES	008	07/27/99	07/27/99	07/27/04	EF
EPIP-2-14	POST PLUME ENVIRONMENTAL SAMPLING	013	08/20/99	08/20/99	08/20/04	EF
EPIP-2-15	POST PLUME EVALUATION OF OFFSITE DOSES DUE TO DEPOSITION	004	03/06/98	03/06/98	03/06/03	EF
EPIP-2-16	CORE DAMAGE ESTIMATION	010	02/25/00	02/25/00	02/25/05	EF
EPIP-2-17	HYPOTHETICAL (PRE-RELEASE) DOSE ESTIMATES	005	11/16/99	11/16/99	11/16/04	EF
EPIP-2-18	CONTROL ROOM DOSE ASSESSMENT	011	05/16/00	05/16/00	05/16/05	EF
EPIP-3-1	EMERGENCY OPERATIONS FACILITY (EOF) ACTIVATION AND OPERATIONS	014	02/11/00	02/11/00	02/11/05	EF
EPIP-3-2	ENGINEERING SUPPORT CENTER (ESC)	008	02/25/00	02/25/00	02/25/05	EF
EPIP-3-3	IMMEDIATE ENTRY	007	06/21/00	06/21/00	06/21/05	EF
EPIP-3-4	EMERGENCY TERMINATION AND RECOVERY	007	05/28/99	05/28/99	05/28/04	EF
EPIP-3-7	SECURITY DURING EMERGENCIES	009	11/16/99	11/16/99	11/16/04	EF
EPIP-4-1	PUBLIC INFORMATION RESPONSE TO AN UNUSUAL EVENT	006	02/13/98	02/13/98	02/13/02	EF
EPIP-4-3	ACCIDENTAL ACTIVATION OF GINNA EMERGENCY NOTIFICATION SYSTEM SIRENS	008	02/13/98	02/13/98	02/13/02	EF
EPIP-4-6	JOINT EMERGENCY NEWS CENTER ACTIVATION	008	02/11/00	02/11/00	02/11/05	EF
EPIP-4-7	PUBLIC INFORMATION ORGANIZATION STAFFING	014	07/25/00	07/25/00	07/25/05	EF
EPIP-5-1	OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	017	06/21/00	06/21/00	06/21/05	EF
EPIP-5-2	ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	022	05/24/00	05/24/00	05/24/05	EF
EPIP-5-5	CONDUCT OF DRILLS AND EXERCISES	011	02/25/00	02/25/00	02/25/05	EF

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PARAMETERS: DOC TYPES - PREPIP

STATUS: EF 5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-5-6	ANNUAL REVIEW OF NUCLEAR EMERGENCY RESPONSE PLAN (NERP)	004	05/28/99	05/28/99	05/28/04	EF
EPIP-5-7	EMERGENCY ORGANIZATION	028	07/25/00	07/25/00	07/25/05	EF
EPIP-5-9	TESTING THE OFF HOURS CALL-IN PROCEDURE AND QUARTERLY TELEPHONE NUMBER CHECK	006	05/28/99	05/28/99	05/28/04	EF
EPIP-5-10	EMERGENCY RESPONSE DATA SYSTEM (ERDS)	005	09/05/97	09/05/97	09/05/02	EF
NERP	ANNUAL UPDATE OF NUCLEAR EMERGENCY RESPONSE PLAN	019	12/09/99	12/09/99	12/09/04	EF
TOTAL FOR PREPIP	52					

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-5 Revision Number 42

NOTIFICATIONS



Responsible Manager

09/08/2000

Effective Date

Category 1.0

This procedure contains 25 pages

EPIP 1-5**NOTIFICATIONS****1.0 PURPOSE**

The purpose of this procedure is to specify the means by which notifications are made to station personnel for all emergency action levels, to expedite the notification of selected RG&E personnel to augment the emergency response organization and notify offsite agencies.

2.0 RESPONSIBILITY

- 2.1 The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager is responsible for making the decision to notify offsite agencies.
- 2.2 Ginna Station Control Room personnel are responsible for implementing this procedure.
- 2.3 Community Alert Network (CAN) is responsible for activating the onsite/offsite responders.
- 2.4 The Corporate Nuclear Emergency Planner is responsible for maintaining the station call lists up to date on a quarterly basis.

3.0 REFERENCES

- 3.1 Developmental References
 - 3.1.1 Nuclear Emergency Response Plan
- 3.2 Implementing References
 - 3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification
 - 3.2.2 EPIP 2-1, Protective Action Recommendations (PARs)
 - 3.2.3 O-9.3, NRC Immediate Notification
 - 3.2.4 10 CFR 26, Fitness for Duty Programs
 - 3.2.5 P-9, Radiation Monitoring System
 - 3.2.6 EPIP 2-2, Obtaining Meteorological Data and Forecasts and their use in Emergency Dose Assessment

3.2.7 EPIP 4-7, Public Information Organization Staffing

3.2.8 EPIP 5-7, Emergency Organization

4.0 **PRECAUTIONS**

4.1 New York State, Wayne and Monroe Counties must be notified of all Emergency Classifications within 15 minutes of a declaration.

4.2 The Licensee should notify the USNRC immediately after notification of the appropriate State and local agencies and not later than one hour after the time the licensee declares one of the Emergency Classes.

4.3 Attachment 4 is a specialized notification list of people and organizations who may not require immediate notification but may need to be contacted during an emergency.

5.0 **PREREQUISITES**

An Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification or offsite assistance has been requested by RG&E personnel.

6.0 **ACTIONS**

6.1 **Shift Supervisor, Emergency Coordinator, EOF/Recovery Manager**

6.1.1 Ensure that notifications of all emergency declarations to New York State, Wayne and Monroe Counties are made within 15 minutes of declaring an emergency, in accordance with Attachment 3.

6.1.2 The licensee should notify the USNRC immediately after notification of the appropriate State or local agencies and not later than one hour after the time the licensee declares one of the Emergency Classes using procedure O-9.3 "NRC Immediate Notification".

6.1.3 Upon notification of an Unusual Event at Ginna Station, direct the control room personnel to implement section 6.2.1 of this procedure. If the event is an Alert or higher, implement section 6.2.2.

6.1.4 If additional assistance is required, refer to the NOG E-Plan phone list (in the RG&E telephone directory) in the Control Room and all Emergency Response Facilities, for phone numbers of station personnel.

6.2 **Control Room Personnel**

6.2.1 Unusual Event - Go to Attachment 1

6.2.2 Alert Classification or Higher - Go to Attachment 2

6.2.3 When offsite assistance has been requested - Go to Attachment 5

7.0 **ATTACHMENTS**

1. Unusual Event Notifications
2. Alert or Higher Notifications
3. Instructions for New York State Radiological Emergency Data Forms
 - 3a. New York State Radiological Emergency Data Form (Part 1)
 - 3b. New York State Radiological Emergency Data Form (Part 2)
 - 3c. Instructions for Event 1 and Event 2 Printouts and Plant Status Report
 - 3d. Event 1 Supplemental Information Form
 - 3e. Plant Status Report (PPCS not available)
4. Specialized Notification Call List
5. Notifications When Offsite Assistance has been requested
6. Emergency Planning Contingency Notification
7. Management Notification Roster
(This attachment is controlled by Nuclear Emergency Preparedness. It is not included as part of the distributed procedure)

UNUSUAL EVENT NOTIFICATIONS

1. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Forms (Part 1) Attachment 3a**. Fax the **New York State Radiological Emergency Data Form (Part 1) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.
2. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification
3. Activate the following positions by stating the following:

"We have an UNUSUAL EVENT at Ginna Station based on

(Initiating Condition)

Please report to the Technical Support Center. The event was declared at _____ hrs. We need to remind you of the Fitness for Duty Requirements. Are you available to report for Duty at this time? If not, we are requesting that you standby so you can be notified for the next call in shift".

A Plant Manager: Report to the TSC to support the Control Room with offsite communications.

Joe Widay	Business	3250	Will Report (YES/NO)
	Home	716-586-2679	
	Pager	716-528-3977	
	Cellular	716-315-0343	

OR

Dick Marchionda	Business	3699	Will Report (YES/NO)
	Home	315-926-0324	
	Pager	716-464-4403	
	Cellular	716-315-1246	

OR

Jack St. Martin	Business	3641	Will Report (YES/NO)
	Home	716-586-5676	
	Pager	716-464-5287	

UNUSUAL EVENT NOTIFICATIONS

- B. Technical Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Ron Ploof	Business	3673	Will Report (YES/NO)
	Home	716-381-9379	
	Pager	716-921-1722	
	Cellular	716-315-0551	

OR

Brian Flynn	Business	3734	Will Report (YES/NO)
	Home	716-293-1565	
	Pager	716-464-5134	
	Cellular	716-315-0550	

OR

Peter Bamford	Business	3832	Will Report (YES/NO)
	Home	716-924-0490	
	Pager	716-528-3166	

- C. Operations Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Terry White	Business	3667	Will Report (YES/NO)
	Home	716-226-9381	
	Pager	716-464-7382	
	Cellular	716-315-0345	

OR

Pete Sidelinger	Business	3509	Will Report (YES/NO)
	Home	716-671-3198	
	Pager	716-463-9830	

OR

Russ Lingl	Business	3415	Will Report (YES/NO)
	Home	716-392-5020	
	Pager	716-527-7841	
	Cellular	716-315-0359	

- D. NRC Resident Inspector: Informational call only

Ho Nieh	Business	3265	
	Home	315-986-7927	
	Pager	1-800-944-2337 (then dial personal ID# 53133)	

OR

Chris Welch	Business	3265	
	Home	(716) 425-2613	
	Pager	1-800-944-2337 (then dial personal ID# 51578)	

UNUSUAL EVENT NOTIFICATIONS

- E. Corporate Nuclear Emergency Planner: Inform government officials, public relations, PSC and financial department of the event.

Peter Polfleit Business 6772
 Home 716-654-5325
 Pager 716-527-2207
 Cellular 716-315-1201

OR

Frank Cordaro Business 3108
 Home 315-524-2924
 Pager 716-527-3650
 Cellular 716-315-1277

OR

Richard Watts Business 8706
 Home 716-425-2644
 Pager 716-527-3749
 Cellular 716-315-1204

OR

Jill Willoughby Business 4033
 Home 716-787-3156
 Pager 716-528-3295
 Cellular 716-315-1205

4. If the Unusual Event lasts greater than one (1) hour, report information using the **New York State Radiological Emergency Data Forms (Part 1) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center each hour from the time the previous notification was made. Fax the New York State Radiological Emergency Data Form (Part 1) Attachment 3a to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

ALERT OR HIGHER NOTIFICATIONS

1. Contact Community Alert Network (CAN) at 9-1-800-552-4226 (or at their back-up number of 9-1-518-862-0411). Inform the CAN operator the following information to activate the system:
 - a. This is _____. I am the Ginna Control Room Communicator with RG&E.
(your name)
 - b. My password is: Brookwood
 - c. My callback number is: _____
 - d. This is (circle one): an Actual Event a Drill
 - e. This Emergency Classification declared at: _____
(Time from RECS form)
 - f. Message to deliver (circle one):

 Drill Alert Site Area Emergency General Emergency
 - g. My current time is: _____ . Please start notifications now.

2. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Forms (Part 1) Attachment 3a**. Fax the **New York State Radiological Emergency Data Forms (Part 1) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.

3. Notify Nuclear Emergency Preparedness of the event. Emergency Preparedness will verify actuation of the emergency response organization notification. If notifications have not begun, Emergency Preparedness will refer to Attachment 6 for contingency notification of one hour responders.

Peter Polfleit	Business	6772
	Home	716-654-5325
	Pager	716-527-2207
	Cellular	716-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	716-527-3650
	Cellular	716-315-1277

ALERT OR HIGHER NOTIFICATIONS (Continued)

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-3156
	Pager	716-528-3295
	Cellular	716-315-1205

4. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification
5. NRC Resident Inspector: Informational call only

Ho Nieh	Business	3265
	Home	315-986-7927
	Pager	1-800-944-2337 (then dial personal ID# 53133)

OR

Chris Welch	Business	3265
	Home	716-425-2613
	Pager	1-800-944-2337 (then dial personal ID# 51578)

6. If the Alert of higher lasts greater than 30 minutes report information using the **New York State Radiological Emergency Data Forms (Part 1) Attachment 3a** to New York State, Wayne County, Monroe County every 30 minutes from the time the previous notification was made. Fax the New York State Radiological Emergency Data Form (Part 1) Attachment 3a to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.
7. Notify Energy Operations (8944) that Ginna has an emergency and to implement procedures to increase reliability of power to Ginna.
8. If requested by the TSC or EOF, the Control Room will fax the Event 1 Supplemental Information Form, Attachment 3d to the TSC and EOF.

NOTE: EVENT 1 AND EVENT 2 PRINTOUTS SHOULD NOT BE TRANSMITTED BY THE CONTROL ROOM, BUT SHOULD BE FAXED BY THE TSC ADMINISTRATIVE/COMMUNICATIONS STAFF WHEN IT IS SUFFICIENTLY MANNED TO DO SO.

9. Refer to Attachment 3c for Event 1 and Event 2 instructions.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS

1. The New York State Radiological Emergency Data Form, (Part 1) Attachment 3a should be filled out with the assistance of the Emergency Coordinator or EOF/Recovery Manager and Radiation Protection personnel.
2. At the upper right hand corner of the form, number each notification form sequentially.
3. When information has changed from the previous notification, check the box for that item.
4. For training and drills/exercise, circle "B" - An Exercise. For actual events, circle "A" - NOT An Exercise.
5. For item 6, use the following to determine which item to select.
 - No release - normal plant operation
 - Release BELOW federally approved operating limits - select this if any of the following effluent radiation monitors are on **ALARM**:
 - R-10a "Containment Vent Iodine" (during CV purge only)
 - R-10B "Plant Vent Iodine"
 - R-11 "Containment Vent Iodine" (during CV purge only)
 - R-12 "Containment Vent Gas" (during CV purge only)
 - R-13 "Plant Vent Particulate"
 - R-14 "Plant Vent Gas"
 - R-15 "Air Ejector Gas"
 - R-18 "Waste Liquid" (and Not Isolated)
 - R-20A "SFP Hx Service Water"
 - R-20B "SFP Hx Service Water"
 - R-21 "Retention Tank Monitor" (and Not Isolated)
 - R-22 "High Conductivity Waste Tank" (and Not Isolated)
 - R-31 "A Main Steam Line" (only when the associated ARV or Safety is open)
 - R-32 "B Main Steam Line" (only when the associated ARV or Safety is open)
 - Release ABOVE federally approved operating limits - select this if any of the release rate limits in procedure P-9, "Radiation Monitoring System", are exceeded.
 - Unmonitored release requiring evaluation - select this if there is an unmonitored release and it has not been quantified in Ci/sec.
6. The determination for item 6 is made by checking effluent monitor readings against the release rate limits given in procedure P-9.
7. For item 7 of the form, the Emergency Coordinator or EOF/Recovery Manager shall use EPIP 2-1, Protective Action Recommendations (PARs). PARs will only reflect RG&E recommendations, not actions implemented by offsite officials.
8. For item 8 of the form, enter the Emergency Action Level (EAL) number from EPIP 1-0, Ginna Station Event Evaluation and Classification.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS (Cont'd.)

NOTE: THE WIND SPEED INDICATOR AT THE 33 FOOT LEVEL IS DESIGNED TO MEASURE ONLY TO 50 MILES PER HOUR.

9. Obtain weather information, items 11-13 of the form, using the plant process computer (PPCS)

OR

If the PPCS is not available, use the Control Room weather indication on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.
10. The communicator will initial the "prepared by" line at the bottom of the form. The SS/EC (or designee) will approve the form at the bottom prior to transmission. The communicator will ensure all forms are sent to the Corporate Nuclear Emergency Planner (CNEP) at the conclusion of the event.
11. Report the information on the completed New York State Radiological Emergency Data Form (Part 1) Attachment 3a to New York State, Wayne and Monroe Counties within 15 minutes of declaring the emergency using the RECS Line.
 - a. Pick up the receiver and depress "A" then "*" for all call. Wait 5 seconds then depress the "Push to Talk" bar on the handset and state:

"This is Ginna Station, please standby for roll call"
"New York State" (wait for response)
"Monroe County" (wait for response)
"Wayne County" (wait for response)
 - b. Report the information by reading the statement number and the statement including the designation letter.
(e.g. "Item four, Classification, "A" Unusual Event)
 - c. Upon completion of transmitting information, reset system by depressing "A" then "#".
 - d. Hang up receiver.
12. IF RECS LINE IS OUT OF ORDER, perform the following:

Call Wayne County 9-1-315-946-9711 (Wayne County Warning Point)
Inform Wayne County, "This is a Ginna Emergency, please hold while we connect Monroe County and New York State". Press the conference button on the telephone.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS (Cont'd.)

Call Monroe County 9-528-2222 (Monroe County Warning Point)
Inform Monroe County, "This is a Ginna Emergency". Press the conference button on the telephone. Wayne and Monroe should now be connected.

Roll call Wayne County _____ Monroe County _____

"Please hold while we connect New York State". Press the conference button on the telephone.

Call New York State 9-1-518-457-2200 (New York State Warning Point)
Inform New York State, "This is a Ginna Emergency". Press conference button on the telephone. Wayne County, Monroe County and New York State should all be connected.

13. Data in items 15 through 20 of the New York State Radiological Emergency Data Form (Part 2) Attachment 3b should be filled out by the TSC/EOF Dose Assessment and transmitted by fax as information becomes available from the TSC/EOF.
14. Fax all New York State Radiological Emergency Data Forms to the following using the instructions on the fax machine:

Wayne County	9-1-315-946-9721
Monroe County	9-256-6355
New York State	9-1-518-457-9942
TSC	3927
EOF	9-262-5788
Survey Center	3612
OSC Satellite	3524
Engineering Support Center	3774
Joint Emergency News Center	6771

15. Blank copies of the New York State Radiological Emergency Data Form (Part 1 and Part 2) are available in the Control Room.
16. When a County or the State request to be notified only if conditions change or when the event is terminated, check with the State/County warning points to see if they agree. If they all agree, note this in section 8 of the next Part 1 Form notification. The facility with command and control will inform the other RG&E response facilities of the status of notifications. Perform a notification when conditions change or the event is terminated.
17. The New York State Radiological Emergency Data Form (Part2), Attachment 3b, is filled out by the Dose Assessment Group. The form is transmitted via fax only. The form is transmitted after there has been a release above technical specifications (Part 1 form, Item 6). A release above Technical Specifications is defined as exceeding the "ODCM release rate" limits in P-9. NOTE: See Attachment 3 for instructions.

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART I)

RECS message number _____

"This is Ginna Station. Please stand by for roll call." "New York State" "Monroe County" "Wayne County"

1. Message transmitted at: Date _____ Time _____ Via: A. RECS B. Other _____		2. This is: A. NOT an exercise B. An exercise																																					
3. Facility providing information: C. Ginna																																							
4. Classification: <input type="checkbox"/> check box if information has changed A. UNUSUAL EVENT C. SITE AREA EMERGENCY E. EMERGENCY TERMINATED B. ALERT D. GENERAL EMERGENCY F. RECOVERY																																							
5. Classification Time: <input type="checkbox"/> check box if information has changed This Emergency Classification declared at: Date _____ Time _____																																							
6. Release of Radioactive Materials due to the Classified Event: <input type="checkbox"/> check box if information has changed A. No Release B. Release BELOW federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water C. Release ABOVE federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water D. Unmonitored release requiring evaluation																																							
7. Protective Action RECOMMENDATIONS: (Refer to EPIP 2-1) <input type="checkbox"/> check box if information has changed A. No need for Protective Actions outside the site boundary B. Evacuate the following ERPAs W1 W2 W3 W4 W5 W6 W7 M1 M2 M3 M4 M5 M6 M7 M8 M9 C. Shelter all remaining ERPAs																																							
8. Brief Event Description: <input type="checkbox"/> check box if information has changed EAL # _____																																							
9. Plant Status: <input type="checkbox"/> check box if information has changed A. Stable C. Degrading E. Cold Shutdown B. Improving D. Hot Shutdown		10. Reactor Shutdown: (subcritical) <input type="checkbox"/> check box if information has changed A. Not Applicable B. Date _____ Time _____																																					
11. Wind Speed: <input type="checkbox"/> check box if information has changed A. _____ Miles/hour at elevation _____ feet		12. Wind Direction: <input type="checkbox"/> check box if information has changed From: _____ degrees at elevation _____ feet																																					
13. Stability Class: <input type="checkbox"/> check box if information has changed Unstable, Neutral, Stable		14. Reported By: Name _____ Area Code _____ Number _____																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">DO NOT REPORT</td> </tr> <tr> <td colspan="4" style="text-align: center;">Stability Class Work Sheet</td> </tr> <tr> <td style="width: 25%;">Temperature at 250 feet</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: right;">°F</td> </tr> <tr> <td>Temperature at 33 feet</td> <td></td> <td></td> <td style="text-align: right;">°F</td> </tr> <tr> <td>Temperature Difference</td> <td></td> <td></td> <td style="text-align: right;">°F</td> </tr> <tr> <td></td> <td style="text-align: center;">-1.74</td> <td style="text-align: center;">-0.65</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Unstable Neutral Stable</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">-3 -2 -1 0 1</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">Temperature Difference</td> </tr> </table>				DO NOT REPORT				Stability Class Work Sheet				Temperature at 250 feet			°F	Temperature at 33 feet			°F	Temperature Difference			°F		-1.74	-0.65			Unstable Neutral Stable				-3 -2 -1 0 1				Temperature Difference		
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"New York State copy?" "Monroe County copy?" "Wayne County copy?"

FOR RG&E USE ONLY:

Time Prepared: _____
Prepared By: _____

Time Approved: _____
Approved By: _____

Completed form sent
to EP - Ginna Training _____

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART II)

Telefax this data form to: New York State Monroe County Wayne County

15. Message transmitted at: Date _____ Time _____ Location/Facility Transmitted From: _____			
16. General Release Information A. Release > Tech Specs started: Date _____ Time _____ B. Release > Tech Specs expected to end: Date _____ Time _____ OR <input type="checkbox"/> Unknown C. Release > Tech Specs ended: Date _____ Time _____ D. Reactor Shutdown: N/A OR Date _____ Time _____ E. Wind Speed: _____ miles/hour at elevation _____ feet F. Wind Direction from: _____ degrees at elevation _____ feet G. Stability Class: PASQUILL A B C D E F G OR Other _____			
17. Atmospheric Release Information A. Release from: <input type="checkbox"/> Ground <input type="checkbox"/> Elevated B. Iodine/Noble Gas Ratio _____ C. Total Release Rate _____ Ci/sec D. Noble Gas Release Rate _____ Ci/sec E. Iodine Release Rate _____ Ci/sec F. Particulate Release Rate _____ Ci/sec			
18. Waterborne Release Information A. Volume of Release _____ gal or liters B. Total Concentration _____ µCi/ml C. Radionuclides in Release _____ D. Total Activity Released _____			
19. Dose Calculations (based on a release duration of _____ hours) Calculation is based on (circle one) A. Inplant Measurements B. Field Measurements C. Assumed Source Term			
Table below applies to (circle one) A. Atmosphere Release B. Waterborne Release			
		Dose	
Distance	Xu/Q	TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
_____ Miles			
20. Field Measurements of Dose Rates or Surface Contamination/Disposition			
Miles/Sector OR Miles/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate OR Contamination (Include Units)

FOR RG&E USE ONLY: Time Prepared: _____
By: _____

Time Approved: _____
By: _____

Completed form sent to EP - Ginna Training _____

INSTRUCTIONS FOR EVENT 1 AND EVENT 2 PRINTOUTS AND PLANT STATUS REPORT

1. Assure the Plant Process Computer System (PPCS) is operational. If PPCS is not operational, go to step 5.

NOTE: OBTAIN EVENT 1 AND EVENT 2 PRINTOUTS FROM THE COMPUTER ANALYST IF THAT POSITION IS STAFFED, OTHERWISE PERFORM THE FOLLOWING STEP.

2. Obtain Event 1 and Event 2 printouts by entering:
GASR <return>
Computer response - Enter Group Name
EVENT1 <return>
Computer response - Select Printer Location
Press F1 for Control Room, F2 for EOF, F3 for TSC
GASR <return>
Computer response - Enter Group Name
EVENT2 <return>
Computer Response - Select Printer Location
Press F1 for Control Room, F2 for EOF, F3 for TSC
Place printout in the Event 1 & 2 group trend log book

NOTE: EVENT 1 AND EVENT 2 GROUP TREND (GTLOG) SHOULD BE PRINTED EVERY 15 MINUTES.

3. Initiate Event 1 & 2 group trend log (GT LOG) by entering:
GTLOG <return>
Computer response - Enter Name of Group to Log
EVENT1 <return>
Computer response - Enter Update Rate (30-1800 seconds)
60 <return>
Computer response - Enter Print Interval (1-30 minutes)
15 <return>
Computer Response - Select Printer Location (F1-F4)
Press F1 for F3 for TSC
Initiate Event 1 and Event 2 Group Trend Log in EOF by repeating step 3 and enter F2 when selecting printer location.
Place printouts in Emergency Coordinator or EOF/Recovery Manager notebook
4. Verify with the TSC computer analyst that the PPCX (plant computer data) is being transmitted to New York State, Wayne County and Monroe County via computer modem. If the PPCX (plant computer data) to offsite agencies is unavailable, perform step 2 and fax the printout to New York State, Wayne County and Monroe County.
5. If the PPCS is unavailable, the Plant Status Report (Attachment 3e) must be completed by the Control Room and faxed to the TSC for distribution to New York State, Wayne County, Monroe County and EOF.
6. When completing Attachment 3e, if the parameter is measurable (e.g. pressurizer level) use the numerical value. When the parameter is not measurable, the condition of any deviation from normal should be noted (e.g. core circulation - forced or natural).

EVENT 1 SUPPLEMENTAL INFORMATION FORM

61	Aux Feedwater System	_____ Inservice	_____ Standby	_____ OOS
62	Safety Injection System	_____ Inservice	_____ Standby	_____ OOS
63	Diesel Generators	_____ Inservice	_____ Standby	_____ OOS
64	Containment Fan Cooler System	_____ Inservice	_____ Standby	_____ OOS
65	Service Water System	_____ Inservice	_____ Standby	_____ OOS
66	Post Accident Charcoal Filters	_____ Inservice	_____ Standby	_____ OOS
67	Containment Spray Pumps	_____ Inservice	_____ Standby	_____ OOS
68	Component Cooling System	_____ Inservice	_____ Standby	_____ OOS
69	DC System	A _____ v	B _____ v	
70	NaOH Tank Level	_____ %		

Time Completed: _____

Completed By: _____

PLANT STATUS REPORT (PPCS NOT AVAILABLE)

Plant Parameters		Plant Parameters		Radiation Monitoring	
Reactor Shutdown	YES/NO TIME	Auxiliary Feedwater System	_____ Inservice _____ Standby _____ OOS	R-1 Control Room	mRem/hr
RCS Pressure	PSIG	Safety Injection	_____ Inservice _____ Standby _____ OOS	R-2 Containment	mRem/hr
PRZR Level	%	Diesel Generators	_____ Inservice _____ Standby _____ OOS	R-9 Letdown	mRem/hr
Core Circulation	Forced/Natural	Service Water System	_____ Inservice _____ Standby _____ OOS	R-10 "A" Containment Iodine	CPM
Subcooled	°F	Cnmt Fan Coolers System	_____ Inservice _____ Standby _____ OOS	R-11 Containment Particulate	CPM
"A" S/G Level	%	Post Acc. Charcoal Filter	Damper Open / Damper Closed	R-12 Containment Gas	CPM
"B" S/G Level	%	Cnmt. Spray Cnmt. Spray Pumps	_____ Inservice _____ Standby _____ Inservice _____ Standby _____ OOS	R-10 "B" Plant Vent Iodine	CPM
"A" S/G Pressure	PSIG	Comp. Cooling System	_____ Inservice _____ Standby _____ OOS	R-13 Plant Vent Particulate	CPM
"B" S/G Pressure	PSIG	D.C. System	/ Volts	R-14 Plant Vent Gas	CPM
Safeguard	Train B (16/17) EDG/Turbine/Offsite	NaOH Tank Level	%	R-29 Containment High Range	R/hr
Offsite Power	Available/Unavailable	RWST Level	%	R-30 Containment High Range	R/hr
Cnmt Pressure	PSIG	B.A. Tank Level	%	R-15 Air Ejector Gas	CPM
Sump "A" Level	FT	Wind Speed	MPH	*R-12A SPING Containment Gas	µCi/cc
Sump "B" Level	IN	Wind Direction (From)	Degrees	*R14A SPING Plant Vent Gas	µCi/cc
RCS Temp	°F	Temperature 33 FT	°F	*R-15A SPING Air Ejector Gas	µCi/cc
RVLIS	%	Temperature 250 FT	°F	R-31 Steam Line "A"	mRem/hr
CET	°F			R-32 Steam Line "B"	mRem/hr

R/hr = Roentgen/Hour
µCi/cc = Microcuries/Cubic Centimeter
mRem/hr = millirem/Hour

*SPING Unit readings may be deleted if radiation monitors R-12 and R-14 onTime scale.

Date _____
Completed _____
Completed By _____

SPECIALIZED NOTIFICATION LISTMedical

- | | | |
|----|--|---|
| 1. | Ontario Volunteer Emergency Squad | 769-911 (Ginna Control Room Only)
(To request ambulance)
9-1-315-524-5751
(Business number) |
| 2. | Wayne County Emergency Dispatcher | 9-1-315-946-5304 |
| 3. | Rochester General Hospital,
Emergency Department Triage Nurse | 9-338-2300 |
| 4. | Rochester General Hospital Main Switchboard | 9-338-4000 |
| 5. | RG&E Medical Services | Office 8600
Alternate Office 4616
Answering Service 9-226-3800 |
| | Dr. Robert W. George
Dr. T. K. Oates
Dr. Alexander Kurchin | |
| 6. | Newark-Wayne Community Hospital | 9-1-315-332-2267 |

Police

- | | | |
|----|-------------------------------------|--------------------------------------|
| 1. | New York State Police Warning Point | 9-1-518-457-2200
9-1-315-457-6811 |
| 2. | Canandaigua State Police | 9-398-3200 |
| 3. | Williamson State Police | 9-1-800-962-0810 |
| 4. | Wayne County Sheriff | 9-1-315-946-9711 |
| 5. | Monroe County Sheriff | 9-428-5511 |

Fire

- | | | |
|----|-----------------------------------|---|
| 1. | Ontario Volunteer Fire Department | 769-911 (Ginna Control Room Only)
(To report fire)
9-1-315-524-2661
(Business number) |
|----|-----------------------------------|---|

SPECIALIZED NOTIFICATION LISTWestinghouse Emergency Response Organization

Notify one Westinghouse contact using list in order shown. Provide available facts to individual and provide updates.

1.	Hank Sepp Director ESBU Emergency Response	Home Hotline	9-1-412-374-5282 9-1-412-856-4036 9-1-412-856-6121
2.	Dan Lipman ESBU Service Response Manager	Home	9-1-412-374-6920 9-1-412-744-3244
3.	Rose Cotton ESBU Emergency News Communications ENC Manager	Home	9-1-412-374-6805 9-1-412-963-6129
4.	Mike Young ESBU Emergency Response Technical Support Manager	Home	9-1-412-374-5081 9-1-412-243-7996
5.	Tom Hart ESBU Emergency Response Logistic Manager	Home Hotline Pager	9-1-412-374-6980 9-1-412-837-9486 9-1-412-837-1737 9-1-412-765-8886

Other

1.	Ontario Town Supervisor, Roy Hermann	Office Home	9-1-315-524-7105 9-1-315-524-8087
2.	Ontario Water Department		9-1-315-524-2941
3.	Plant Protection Department Kodak Park		9-722-2122
4.	Wayne County Emergency Operations Center		9-1-315-946-5663
5.	Director Wayne County Office of Disaster Preparedness - Thelma Wideman	Home	9-1-315-597-6291
6.	Monroe County Office of Emergency Preparedness (Nights, Weekends, Holidays)	Daytime Offhours	9-473-0710 9-528-2222

SPECIALIZED NOTIFICATION LIST (Cont'd.)

7.	Administrator, Monroe County Office of Emergency Preparedness - Mary Louise Meisenzahl	Home Pager	9-624-3194 9-428-5141
8.	University of Rochester Advance RAP Team - David Maillie	Home	9-275-3788 9-334-2428
9.	National Weather Service (Buffalo)		9-1-800-462-7751
10.	Radiation Management Consultants	Office Emergency Fax	9-1-215-824-1300 9-1-215-243-2990 9-1-215-824-1371
11.	Helgeson Nuclear Services Inc		9-1-415-846-3453
12.	James C. Hutton (NSARB)		9-1-716-381-8473
13.	Institute of Nuclear Power Operations		9-1-800-321-0614
14.	American Nuclear Insurers		9-1-203-677-7305
15.	Emergency Preparedness Canada	Phone Fax	9-1-613-991-7000 9-1-613-996-0995
16.	NYPA Environmental Laboratory Fulton, New York	Daytime	9-1-315-593-5740 9-1-315-593-5735
		Lab Manager pager	9-1-800-436-2732 enter pager # 713-6710 then your number
		Mgr Home #	9-1-315-342-0015
		RES on call pager	9-1-800-436-2732 enter pager # 713-6726 then your number

SPECIALIZED NOTIFICATION LIST (Cont'd.)Company Personnel

1.	Frederic Mis Manager, Radiation Protection and Chemistry	Business Home Pager	3323 716-671-9111 716-528-7266
2.	Richards, Thomas Chief Executive Officer	Business Home	8299 (716) 288-9186
3.	Mandelaro, Doug Manager of Corporate Communications	Business Home Pager:	8258 716-377-7733 716-464-2998
4.	Mecredy, Robert Vice President Nuclear Operations	Business Home Pager	3494 716-381-6430 716-783-4900
5.	Wilkins, Paul Sr. Vice President Generation	Business Home Pager: Cellular	8076 716-248-2385 716-529-6426 716-315-0075
6.	Watts, Richard Manager, Nuclear Training	Business Home Pager Cellular	8706 716-425-2644 716-527-3749 716-315-1204

Nuclear Regulatory Commission

1.	Nuclear Regulatory Commission Region 1 - King of Prussia, PA		610-337-5000
2.	Radiation Assistance Program Dept of Energy Brookhaven National Lab		516-282-2200
3.	Commercial telephone system to NRC Operations Center (via Bethesda Central Office)		301-951-0550
4.	Commercial telephone system to NRC Communications Center (via Silver Spring Central Office)		301-427-4056
5.	Commercial telephone system to NRC Operator (via Bethesda Central Office)		301-492-8893

SPECIALIZED NOTIFICATION LIST (Cont'd.)**New York State**

- | | | |
|----|--|------------------------------|
| 1. | James Baranski,
State Emergency Management Office
(SEMO) | 518-457-8909 |
| 2. | SEMO Lake District | 315-331-4880 |
| 3. | NYS Department of Health
Rochester Office | 716-262-2010 |
| 4. | New York State Emergency
Operations Center (EOC) Albany | 518-454-3337 |
| 5. | EOC Albany - Dose Assessment | 518-454-3321
518-454-2176 |

Federal Emergency Management Agency (FEMA)

- | | | |
|----|--|------------------------------|
| 1. | Emergency Information Coordination
Center | 202-634-7800
202-646-2400 |
|----|--|------------------------------|

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

1. When offsite assistance has been requested activate:

- Security
- Nuclear Management
- Emergency Planning

Examples of initiating events that could require offsite assistance are:

- Fire
- Medical Emergency
- Security Event
- HAZMAT Incident
- Natural Events (such as flooding, earthquakes or severe weather)

2. Security

Contact Security at 3210, so that they can make preparations for the arrival of the emergency vehicles and personnel.

3. Nuclear Management

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from _____.
Can you be the Nuclear Management contact for this event? Your duties are (a) act as the RG&E lead for this event and (b) act as the liaison between the Control Room and the corporation."

Nuclear Management (One person required to respond)

	Joe Widay	Business	3250	Available (YES/NO)
		Home	716-586-2679	
		Pager	716-528-3977	
		Cellular	716-315-0343	
OR				
	Robert Popp	Business	3645	Available (YES/NO)
		Home	716-671-6818	
		Pager	716-527-7881	
		Cellular	716-315-0351	
OR				
	John Smith	Business	3525	Available (YES/NO)
		Home:	315-524-5340	
		Pager	716-463-9716	
		Cellular	716-315-0353	

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED (Cont'd.)

OR

Bob Mecredy	Business	8069	Available (YES/NO)
	Home	716-381-6430	
	Pager	716-783-4900	

The nuclear management representative may call other nuclear managers or members of the Ginna leadership team.

4. Emergency Planning

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from _____. Can you be the Emergency Planning contact for this event? Your duties are (a) activate Public Relations and (b) act as the liaison between the Control Room and government agencies.

_____ is acting as the Nuclear Management lead for this event. He can be reached at _____."

Nuclear Emergency Preparedness (One person required to respond)

Peter Polfleit	Business	6772
	Home	716-654-5325
	Pager	716-527-2207
	Cellular	716-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	716-527-3650
	Cellular	716-315-1277

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-3156
	Pager	716-528-3295
	Cellular	716-315-1205

The Emergency Planning representative will call the duty public information officer (PIO) via the ECC at 771-2233, and inform them of the event. The duty PIO will determine if a media announcement is warranted. The Emergency Planning representative will also contact Wayne County, Monroe County and New York State officials to brief them on offsite resources being used

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

5. Contact the NRC resident inspector

Ho Nieh Business 3265
 Home 315-986-7927
 Pager 1-800-944-2337 (then dial personal ID# 53133)

OR

Chris Welch Business 3265
 Home 716-425-2613
 Pager 1-800-944-2337 (then dial personal ID# 51578)

EMERGENCY PLANNING CONTINGENCY NOTIFICATION

1. Upon verification that the Community Alert Network System or Group Page for one hour response positions does not activate or function properly, begin manual notification process.
2. Notify other Nuclear Emergency Preparedness staff members to assist with contingency notifications.
3. The following one hour response positions should be filled by contacting a minimum of one responder for each position by individual page or by home, office or cellular phone number. Refer to EPIP 4-7, Public Information Organization Staffing, and EPIP 5-7, Emergency Organization.
 - TSC Emergency Coordinator
 - Operations Assessment Manager
 - Technical Assessment Manager
 - Communicator
 - TSC Dose Assessment Manager
 - RP/Chemistry Manager
 - Maintenance Assessment Manager
 - Survey Center Manager

 - EOF Recovery Manager
 - Nuclear Operations Manager
 - Engineering Manager
 - EOF Dose Assessment Manager

 - News Center Manager
4. Inform the responder of the current emergency classification and instruct them to report to their emergency duty location immediately. Inform them of the fitness for duty requirements.