

VIRGINIA ELECTRIC AND POWER COMPANY
RICHMOND, VIRGINIA 23261

October 20, 2000

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

Serial No. 00-543
NAPS/JHL
Docket Nos. 50-338
50-339
License Nos. NPF-4
NPF-7

Gentlemen:

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

Pursuant to 10 CFR 50.54(q), enclosed are recent revisions to North Anna Power Station Emergency Plan Implementing Procedures. The revisions do not implement actions that decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b).

Please update your manual by performing the actions described in Attachment 1, Tabulation of Changes.

Very truly yours,

D. Heacock

D. A. Heacock
Site Vice President

Commitments Stated or Implied: None.

Enclosures

cc: U.S. Nuclear Regulatory Commission (2 copies)
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Mr. M. J. Morgan
NRC Senior Resident Inspector
North Anna Power Station

A045

**ATTACHMENT 1
TABULATION OF CHANGES**

**VIRGINIA ELECTRIC AND POWER COMPANY
REVISION TO NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES**

Enclosed are recent revisions to North Anna Power Station Emergency Plan Implementing Procedures (EIPs). Please take the following actions in order to keep your manual updated.

REMOVE AND DESTROY	DATED	INSERT	EFFECTIVE DATE
EPIP-1.01, Rev. 32	10/1/99	EPIP-1.01, Rev. 33	10/6/00
EPIP-1.06, Rev. 2	2/8/95	EPIP-1.06, Rev. 3	10/6/00
EPIP-2.01, Rev. 20	5/17/99	EPIP-2.01, Rev.21	10/6/00
EPIP-4.07, Rev. 13	2/8/95	EPIP-4.07, Rev.14	10/6/00
EPIP-4.13, Rev. 8	1/1/94	EPIP-4.13, Rev. 9	10/6/00

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

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
EPIP-1.01	033	09/29/00	10/06/00	EMERGENCY MANAGER CONTROLLING PROCEDURE
EPIP-1.02	011	09/07/99	10/01/99	RESPONSE TO NOTIFICATION OF UNUSUAL EVENT
EPIP-1.03	014	09/07/99	10/01/99	RESPONSE TO ALERT
EPIP-1.04	014	09/07/99	10/01/99	RESPONSE TO SITE AREA EMERGENCY
EPIP-1.05	016	09/07/99	10/01/99	RESPONSE TO GENERAL EMERGENCY
EPIP-1.06	003	09/29/00	10/06/00	PROTECTIVE ACTION RECOMMENDATIONS
EPIP-2.01	021	07/25/00	10/06/00	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS
EPIP-2.02	014	01/04/99	01/29/99	NOTIFICATION OF NRC
EPIP-2.04	003	08/07/92	08/07/92	TRANSMITTAL OF PLANT, RADIOLOGICAL AND EMERGENCY STATUS
EPIP-3.02	018	12/17/97	01/07/98	ACTIVATION OF TECHNICAL SUPPORT CENTER
EPIP-3.03	012	12/20/93	01/01/94	ACTIVATION OF OPERATIONAL SUPPORT CENTER
EPIP-3.04	015	07/14/98	07/20/98	ACTIVATION OF LOCAL EMERGENCY OPERATIONS FACILITY
EPIP-3.05	001	09/07/99	10/01/99	AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION
EPIP-4.01	016	05/12/99	05/17/99	RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
EPIP-4.02	012	07/25/00	08/02/00	RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE
EPIP-4.03	011	12/20/93	01/01/94	DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE
EPIP-4.04	009	11/21/94	11/28/94	EMERGENCY PERSONNEL RADIATION EXPOSURE
EPIP-4.05	009	01/28/00	02/04/00	RESPIRATORY PROTECTION AND KI ASSESSMENT
EPIP-4.06	009	12/21/95	12/28/95	PERSONNEL MONITORING AND DECONTAMINATION
EPIP-4.07	014	09/29/00	10/06/00	PROTECTIVE MEASURES
EPIP-4.08	012	07/19/95	07/21/95	INITIAL OFFSITE RELEASE ASSESSMENT
EPIP-4.09	011	07/19/95	07/21/95	SOURCE TERM ASSESSMENT
EPIP-4.10	010	04/23/98	04/28/98	DETERMINATION OF X/Q

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
EPIP-4.13	009	09/29/00	10/06/00	OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA
EPIP-4.14	007	12/20/93	01/01/94	INPLANT MONITORING
EPIP-4.15	011	02/18/00	02/28/00	ONSITE MONITORING
EPIP-4.16	014	02/18/00	02/28/00	OFFSITE MONITORING
EPIP-4.17	014	08/12/98	08/14/98	MONITORING OF EMERGENCY RESPONSE FACILITIES
EPIP-4.18	011	08/12/98	08/14/98	MONITORING OF LEOF
EPIP-4.21	008	12/20/93	01/01/94	EVACUATION AND REMOTE ASSEMBLY AREA MONITORING
EPIP-4.22	013	04/02/93	04/02/93	POST ACCIDENT SAMPLING OF CONTAINMENT AIR
EPIP-4.23	013	03/13/96	03/18/96	POST ACCIDENT SAMPLING OF REACTOR COOLANT
EPIP-4.24	010	07/20/99	07/22/99	GASEOUS EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.25	008	07/23/93	07/23/93	LIQUID EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.26	010	11/05/96	11/13/96	HIGH LEVEL ACTIVITY SAMPLE ANALYSIS
EPIP-4.28	007	01/09/97	01/14/97	TSC/LEOF RADIATION MONITORING SYSTEM
EPIP-4.30	004	01/04/99	01/08/99	USE OF MIDAS CLASS A MODEL
EPIP-4.31	003	06/20/94	06/20/94	USE OF MIDAS CLASS B MODEL
EPIP-4.33	002	04/23/98	04/28/98	HEALTH PHYSICS NETWORK COMMUNICATIONS
EPIP-4.34	002	02/18/00	02/28/00	FIELD TEAM RADIO OPERATOR INSTRUCTIONS
EPIP-5.01	011	12/11/96	12/17/96	TRANSPORTATION OF CONTAMINATED INJURED PERSONNEL
EPIP-5.03	016	02/18/00	02/28/00	PERSONNEL ACCOUNTABILITY
EPIP-5.04	008	07/20/99	07/22/99	ACCESS CONTROL
EPIP-5.05	013	06/25/96	07/02/96	SITE EVACUATION
EPIP-5.07	011	07/25/00	08/02/00	ADMINISTRATION OF RADIOPROTECTIVE DRUGS
EPIP-5.08	006	11/05/98	11/10/98	DAMAGE CONTROL GUIDELINE

NORTH ANNA POWER STATION
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
EPIP-5.09	003	03/26/99	03/31/99	SECURITY TEAM LEADER CONTROLLING PROCEDURE
EPIP-6.01	007	05/12/99	05/17/99	RE-ENTRY/RECOVERY GUIDELINE

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE (With 4 Attachments)	REVISION 33
		PAGE 1 of 7

PURPOSE

To assess potential emergency conditions and initiate corrective actions.

**LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work**

ENTRY CONDITIONS

Any of the following:

1. Another station procedure directs initiation of this procedure.
2. A potential emergency condition is reported to the Shift Supervisor.

Approvals on File

Effective Date 10/6/2000

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33 <hr/> PAGE 2 of 7
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

CAUTION: Declaration of the highest emergency class for which an Emergency Action Level is exceeded shall be made.

NOTE: The ERFCS is potentially unreliable in the event of an earthquake. Therefore, ERFCS parameters should be evaluated for accuracy should this situation occur.

____ 1 EVALUATE EMERGENCY ACTION LEVELS:

- a) Determine event category using Attachment 1, EMERGENCY ACTION LEVEL TABLE INDEX
 - b) Review EAL Tab associated with event category
 - c) Use Control Room monitors, ERFCS, and outside reports to get indications of emergency conditions listed in the EAL Table
 - d) Verify EAL - CURRENTLY EXCEEDED
- d) IF basis for EAL no longer exists when discovered AND no other reasons exist for an emergency declaration, THEN do the following:
- RETURN TO procedure in effect.
 - GO TO VPAP-2802, NOTIFICATIONS AND REPORTS, to make one-hour, non-emergency reports for classification without declaration.

IF EAL was NOT exceeded, THEN RETURN TO procedure in effect.

(STEP 1 CONTINUED ON NEXT PAGE)

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33 <hr/> PAGE 3 of 7
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

1 EVALUATE EMERGENCY ACTION LEVELS: (Continued)

e) Record procedure initiation:

- By: _____
Date: _____
Time: _____

f) Initiate a chronological log of events

g) Declare position of Station
Emergency Manager

NOTE: Assembly, accountability and/or initiation of facility staffing may not be desired during certain situations (e.g., security event, severe weather, anticipated grid disturbance) or may have already been completed. These activities should be implemented as quickly as achievable given the specific situation.

_____ 2 CHECK - CONDITIONS ALLOW FOR
NORMAL IMPLEMENTATION OF EMERGENCY
RESPONSE ACTIONS

IF deviation from normal emergency response actions warranted, THEN do the following:

- a) Refer to Attachment 4, Considerations for Operations Response Under Abnormal Conditions.
- b) Consider applicability of 50.54(x).
- c) IF classification/assembly announcement deferred, THEN GO TO Step 4.

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33
		PAGE 4 of 7

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
3	<p>NOTIFY PLANT STAFF OF ALERT OR HIGHER CLASSIFICATION:</p> <p>a) Check classification - ALERT OR HIGHER</p> <p>b) Check if emergency assembly and accountability - PREVIOUSLY CONDUCTED</p> <p>c) Have Control Room sound EMERGENCY alarm and make announcement on station Gai-Tronics system as follows: “(Emergency classification) has been declared as the result of _____” (event)</p> <p>d) Repeat Step 3.c</p>	<p>a) GO TO Step 4.</p> <p>b) Do the following:</p> <p>1) Have Control Room sound EMERGENCY alarm and make announcement on station Gai-Tronics system as follows: “(Emergency classification) has been declared as the result of _____” (event) “All Emergency Response personnel report to your assigned stations” “All contractor personnel not responding to the emergency and all visitors report to the Security Building” “All other personnel report to your Emergency Assembly Areas”</p> <p>2) Repeat RNO Step 3.b.1.</p> <p>3) GO TO Step 4.</p>

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33
		PAGE 5 of 7

STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

CAUTION: Continue through this and all further instructions unless otherwise directed to hold.

4 INITIATE SUPPORTING PROCEDURES:

- a) Direct Emergency Communicators to initiate the following procedures:
 - 1) EPIP-2.01, NOTIFICATION OF STATE AND LOCAL GOVERNMENTS
 - 2) EPIP-2.02, NOTIFICATION OF NRC
- b) Direct HP to initiate EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
- c) Establish communications with Security Team Leader:
 - 1) Provide Security with current emergency classification
 - 2) Notify Security which Operations Shift is designated for coverage
 - 3) Direct Security to initiate EPIP-5.09, SECURITY TEAM LEADER CONTROLLING PROCEDURE

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 5	CHECK TSC - ACTIVATED	<p><u>IF</u> TSC <u>NOT</u> activated, <u>THEN</u> do the following:</p> <p>a) Have STA report to the Control Room.</p> <p>b) Notify Superintendent Operations or Operations Manager On Call.</p> <p>c) Consider having Radiological Assessment Director report to the Control Room.</p> <p>d) <u>WHEN</u> relief SEM arrives, <u>THEN</u> perform turnover using EPIP-1.01, Attachment 3, Turnover Checklist.</p>
_____ 6	<p>IMPLEMENT EPIP FOR EMERGENCY CLASSIFICATION IN EFFECT:</p> <ul style="list-style-type: none"> • Notification of Unusual Event - GO TO EPIP-1.02, RESPONSE TO NOTIFICATION OF UNUSUAL EVENT • Alert - GO TO EPIP-1.03, RESPONSE TO ALERT • Site Area Emergency - GO TO EPIP-1.04, RESPONSE TO SITE AREA EMERGENCY • General Emergency - GO TO EPIP-1.05, RESPONSE TO GENERAL EMERGENCY 	

NUMBER EPIP-1.01	PROCEDURE TITLE EMERGENCY MANAGER CONTROLLING PROCEDURE	REVISION 33
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 7	NOTIFY OFFSITE AUTHORITIES OF EMERGENCY TERMINATION: a) State and local governments (made by LEOF or CEOF when activated) b) NRC	
_____ 8	NOTIFY STATION PERSONNEL ABOUT THE FOLLOWING: • Emergency termination • Facility de-activation • Selective release of personnel • Completion and collection of procedures • Recovery	
_____ 9	TERMINATE EPIP-1.01: • Give completed EIPs, forms and other applicable records to Nuclear Emergency Preparedness (TSC Emergency Procedures Coordinator if TSC activated) • Completed By: _____ Date: _____ Time: _____	

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	INDEX	PAGE 1 of 42

- CAUTION:
- Declaration of the highest emergency class for which an EAL is exceeded shall be made.
 - Emergency Action Levels shall be conservatively classified based on actual or anticipated plant conditions.

<u>EVENT CATEGORY:</u>	<u>TAB</u>
1. Safety, Shutdown, or Assessment System Event.....	A
2. Reactor Coolant System Event.....	B
3. Fuel Failure or Fuel Handling Accident.....	C
4. Containment Event.....	D
5. Radioactivity Event.....	E
6. DELETED	
7. Loss of Secondary Coolant.....	G
8. Electrical Failure.....	H
9. Fire.....	I
10. Security Event.....	J
11. Hazard to Station Operation.....	K
12. Natural Events.....	L
13. Miscellaneous Abnormal Events.....	M

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB A)	33
ATTACHMENT 1	SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	PAGE 2 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>			
<p>CAUTION: EAL C.2 is duplicated below for cross-reference/comparison to EAL A.1:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>C.2. Probable large radioactivity release initiated by loss of heat sink leading to core degradation</p> <p>MODES 1, 2, 3 & 4</p> </td> <td style="width: 33%; vertical-align: top;"> <p>Loss of Main Feedwater System, Condensate System and Auxiliary Feedwater System</p> </td> <td style="width: 33%; vertical-align: top;"> <p>GENERAL EMERGENCY</p> </td> </tr> </table>			<p>C.2. Probable large radioactivity release initiated by loss of heat sink leading to core degradation</p> <p>MODES 1, 2, 3 & 4</p>	<p>Loss of Main Feedwater System, Condensate System and Auxiliary Feedwater System</p>	<p>GENERAL EMERGENCY</p>
<p>C.2. Probable large radioactivity release initiated by loss of heat sink leading to core degradation</p> <p>MODES 1, 2, 3 & 4</p>	<p>Loss of Main Feedwater System, Condensate System and Auxiliary Feedwater System</p>	<p>GENERAL EMERGENCY</p>			
<p>1. Loss of function needed for unit HSD condition</p> <p>MODES 1, 2, 3 & 4</p>	<ul style="list-style-type: none"> • Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Total loss of the Main Feedwater and Auxiliary Feedwater systems 	<p>SITE AREA EMERGENCY</p>			
<p>2. Failure of the Reactor Protection System to initiate and complete a required trip while at power</p> <p>MODES 1 & 2</p>	<ul style="list-style-type: none"> • Reactor trip setpoint and coincidences - EXCEEDED <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Automatic trip from RPS - FAILED <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Manual trip from Control Room - FAILED 	<p>SITE AREA EMERGENCY</p>			

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB A)	33
ATTACHMENT	SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	PAGE
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<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>3. Inability to monitor a significant transient in progress</p> <p>MODES 1, 2, 3 & 4</p>	<ul style="list-style-type: none"> • Most (>75%) or all annunciator alarms on panels "A" to "K" - NOT AVAILABLE <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • All computer monitoring capability (e.g., plant computer, ERFCs) - NOT AVAILABLE <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Significant transient - IN PROGRESS (e.g., reactor trip, SI actuation, turbine runback >25% thermal reactor power, thermal power oscillations >10%) <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Inability to directly monitor any one of the following using Control Room indications: <ul style="list-style-type: none"> • Subcriticality • Core Cooling • Heat Sink • Vessel Integrity • Containment Integrity 	<p>SITE AREA EMERGENCY</p>
<hr/> <p>4. Evacuation of Main Control Room with control not established within 15 minutes</p> <p>ALL MODES</p>	<p>Evacuation of the Control Room with local shutdown control not established within 15 minutes</p>	<p>SITE AREA EMERGENCY</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB A) SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	33
ATTACHMENT 1		PAGE 4 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
5. Total loss of function needed for unit CSD condition MODES 5 & 6	<ul style="list-style-type: none"> • Secondary system cooling capability - UNAVAILABLE <li style="text-align: center;"><u>AND</u> • Loss of any of the following systems: <ul style="list-style-type: none"> • Service Water • Component Cooling • RHR <li style="text-align: center;"><u>AND</u> • RCS temperature GREATER THAN 140 °F 	ALERT
<hr/> 6. Failure of the Reactor Protection System to complete a trip which takes the Reactor Subcritical MODES 1 & 2	<ul style="list-style-type: none"> • Reactor trip setpoint and coincidences - EXCEEDED <li style="text-align: center;"><u>AND</u> • Automatic trip from RPS - FAILED <li style="text-align: center;"><u>AND</u> • Manual trip - REQUIRED <li style="text-align: center;"><u>AND</u> • Manual trip from Control Room - SUCCESSFUL 	ALERT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB A) SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	REVISION 33
ATTACHMENT 1		PAGE 5 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
7. Unplanned loss of safety system annunciators with compensatory indicators unavailable or a transient in progress MODES 1, 2, 3 & 4	<ul style="list-style-type: none"> • Unplanned loss of most (>75%) or all annunciator alarms on panels "A" to "K" for GREATER THAN 15 minutes <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • All computer monitoring capability (e.g., plant computer, ERFCs) - NOT AVAILABLE <p style="text-align: center;"><u>OR</u></p> <p>Significant transient - INITIATED OR IN PROGRESS (e.g., reactor trip, SI, turbine runback > 25% thermal reactor power, thermal power oscillations > 10%)</p>	ALERT
8. Evacuation of Main Control Room required ALL MODES	Evacuation of the Control Room with shutdown control established within 15 minutes	ALERT
9. Inability to reach required mode within technical specification limits MODES 1, 2, 3 & 4	<ul style="list-style-type: none"> • Intentional reduction in power, load or temperature IAW T.S. Action Statement - HAS COMMENCED <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • T.S. Action Statement time limit for mode change - CANNOT BE MET 	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB A)	33
ATTACHMENT	SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	PAGE
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<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>10. Failure of a safety or relief valve to close after pressure reduction, which may affect the health and safety of the public</p> <p>MODES 1, 2, 3, 4 & 5</p>	<ul style="list-style-type: none"> • <u>RCS</u> • RCS pressure - LESS THAN 2000 psig <li style="text-align: center;">OR • NDT Protection System - IN SERVICE <li style="text-align: center;">AND • Any indication after lift or actuation that Pressurizer Safety or PORV - REMAINS OPEN <li style="text-align: center;">AND • Flow - UNISOLABLE • <u>Main Steam</u> • Excessive Steam Generator Safety, PORV or Decay Heat Release flow as indicated by rapid RCS cooldown rate <li style="text-align: center;">AND • Main Steam pressure greater than 100 psi below setpoint of affected valve 	<p>NOTIFICATION OF UNUSUAL EVENT</p>
<p>11. Unplanned loss of most or all safety system annunciators for greater than 15 minutes</p> <p>MODES 1, 2, 3 & 4</p>	<ul style="list-style-type: none"> • Unplanned loss of most (>75%) or all annunciators on panels "A" to "K" for GREATER THAN 15 minutes 	<p>NOTIFICATION OF UNUSUAL EVENT</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB A) SAFETY, SHUTDOWN, OR ASSESSMENT SYSTEM EVENT	33
ATTACHMENT 1		PAGE 7 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
12. Loss of communications capability ALL MODES	<ul style="list-style-type: none"> • Station PBX phone system - FAILED <li style="text-align: center;"><u>AND</u> • Station Gai-tronics system - FAILED <li style="text-align: center;"><u>AND</u> • Station UHF radio system - FAILED 	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB B)	33
ATTACHMENT	REACTOR COOLANT SYSTEM EVENT	PAGE
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<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>1. Loss of 2 of 3 fission product barriers with potential loss of 3rd barrier</p> <p>ALL MODES</p>	<p>Any two of a), b) or c) exist and the third is imminent:</p> <p>a) Fuel clad integrity failure as indicated by any of the following:</p> <ul style="list-style-type: none"> • RCS specific activity greater than or equal to 300.0 $\mu\text{Ci}/\text{gram}$ dose equivalent I-131 <p style="text-align: center;"><u>OR</u></p> <p>5 or more core exit thermocouples greater than 1200 °F</p> <p style="text-align: center;"><u>OR</u></p> <p>Containment High Range Radiation Monitor</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RM-RMS-165, -166 or RM-RMS-265, -266 GREATER THAN 1.88x10² R/hr</p> </div> <p>b) Loss of RCS integrity as indicated by any of the following:</p> <ul style="list-style-type: none"> • RCS pressure greater than 2735 psig <p style="text-align: center;"><u>OR</u></p> <p>Loss of Reactor Coolant in progress</p> <p>c) Loss of containment integrity as indicated by any of the following:</p> <ul style="list-style-type: none"> • Containment pressure greater than 60 psia and not decreasing <p style="text-align: center;"><u>OR</u></p> <p>Release path to environment -EXISTS</p>	<p>GENERAL EMERGENCY</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB B)	33
ATTACHMENT 1	REACTOR COOLANT SYSTEM EVENT	PAGE 9 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
2. Fuel failure with steam generator tube rupture ALL MODES	Any two of a), b) or c) exist and the third is imminent: a) Fuel clad integrity failure as indicated by any of the following: • RCS specific activity greater than 300 $\mu\text{Ci}/\text{gram}$ dose equivalent I-131 <u>OR</u> 5 or more core exit thermocouples GREATER THAN 1200 °F <u>OR</u> High Range Letdown radiation monitor <div style="border: 1px solid black; padding: 2px; display: inline-block;">1-CH-RI-128 or 2-CH-RI-228 GREATER THAN 5.9×10^4 mR/hr</div> b) Steam Generator tube rupture as indicated by both of the following: • SI coincidence - SATISFIED <u>AND</u> • Steam Generator tube rupture -IN PROGRESS c) Loss of secondary integrity associated with ruptured steam generator pathway as indicated by any of the following: • Steam Generator PORV - OPEN <u>OR</u> Main Steam Code Safety Valve - OPEN <u>OR</u> Loss of secondary coolant outside containment - IN PROGRESS	GENERAL EMERGENCY

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB B) REACTOR COOLANT SYSTEM EVENT	REVISION 33
ATTACHMENT 1		PAGE 10 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
3. RCS leak rate limit - EXCEEDED MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Loss of Reactor Coolant in progress and inventory balance indicates leakage GREATER THAN 300 gpm <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Pressurizer level cannot be maintained with two (2) or more Charging/SI pumps in operation 	SITE AREA EMERGENCY
4. Gross primary to secondary leakage with loss of offsite power MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Steam Generator Tube Rupture - IN PROGRESS <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Safety Injection - REQUIRED <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Vent Vent A Kaman Monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-VG-179 GREATER THAN $1.3 \times 10^8 \mu\text{Ci/sec}$ </div> <p style="text-align: center;"><u>OR</u></p> Steam Generator Blowdown monitor on affected pathway <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-SS-122, -222 RM-SS-123, -223 RM-SS-124, -224 GREATER THAN 1×10^6 cpm </div> <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • A subsequent loss of offsite power indicated by zero volts on voltmeters for 4160V buses D, E, & F 	SITE AREA EMERGENCY

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	(TAB B) REACTOR COOLANT SYSTEM EVENT	PAGE 11 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
5. RCS leak rate limit - EXCEEDED MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Pressurizer level cannot be maintained greater than 20% with one (1) Charging/SI pump in operation <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • RCS inventory balance indicates leakage - greater than 50 gpm 	ALERT
6. Gross primary to secondary leakage MODES 1, 2, 3, & 4	<p>Steam Generator Tube Rupture - IN PROGRESS</p> <p style="text-align: center;"><u>AND</u></p> <p>Safety Injection - REQUIRED</p>	ALERT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB B)	REVISION 33
ATTACHMENT 1	REACTOR COOLANT SYSTEM EVENT	PAGE 12 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
7. Excessive primary to secondary leakage with loss of offsite power MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Intentional reduction in power, load or temperature because the unit has entered an Action Statement or will exceed an LCO <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Vent Vent A Kaman Monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-VG-179 GREATER THAN $1.83 \times 10^6 \mu\text{Ci/sec}$ </div> <p style="text-align: center;"><u>OR</u></p> <p style="text-align: center;">Steam Generator Blowdown monitor on affected pathway</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-SS-122, -222 RM-SS-123, -223 RM-SS-124, -224 GREATER THAN 1×10^5 cpm </div> <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • A subsequent loss of offsite power indicated by zero volts on voltmeters for 4160V buses D, E, & F 	ALERT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB B) REACTOR COOLANT SYSTEM EVENT	REVISION 33
ATTACHMENT 1		PAGE 13 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>8. RCS leak rate requiring plant shutdown IAW T.S. 3.4.6.2 or 3.4.6.3</p> <p>MODES 1, 2, 3, & 4</p>	<ul style="list-style-type: none"> • Intentional reduction in power, load or temperature because the unit has entered an action statement or will exceed an LCO <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Unidentified RCS leakage - greater than 1 gpm <p style="text-align: center;"><u>OR</u></p> <p>Identified leakage - greater than 10 gpm</p> <p style="text-align: center;"><u>OR</u></p> <p>Controlled leakage to RCP Seals - greater than 30 gpm total</p> <p style="text-align: center;"><u>OR</u></p> <p>Any pressure boundary leakage - EXISTS</p>	<p>NOTIFICATION OF UNUSUAL EVENT</p>
<p>9. Primary to Secondary leakage - greater than 1 gpm</p> <p>MODES 1, 2, 3, & 4</p>	<ul style="list-style-type: none"> • Intentional reduction in power, load or temperature because the unit has entered an action statement or will exceed an LCO <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Primary to Secondary leakage greater than 1 gpm <p style="text-align: center;"><u>OR</u></p> <p>N-16 monitor indicates primary to secondary leakage greater than T. S. allowable limits</p>	<p>NOTIFICATION OF UNUSUAL EVENT</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB C)	33
ATTACHMENT 1	FUEL FAILURE OR FUEL HANDLING ACCIDENT	PAGE 14 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>			
1. Probable large radioactivity release initiated by LOCA with ECCS failure leading to core degradation ALL MODES	<ul style="list-style-type: none"> Loss of reactor coolant in progress <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> RCS specific activity - greater than 300 $\mu\text{Ci}/\text{gram}$ dose equivalent I-131 <p style="text-align: center;"><u>OR</u></p> Containment High Range Radiation Monitor <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> RM-RMS-165, -166 or RM-RMS-265, -266 GREATER THAN 1.88×10^2 R/hr </div> <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> High or low head ECCS flow not being delivered to the core (if expected by plant conditions) 	GENERAL EMERGENCY			
<p>CAUTION: EAL A.1 is duplicated below for cross-reference/comparison to EAL C.2:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; vertical-align: top;"> A.1. Loss of function needed for unit HSD condition MODES 1, 2, 3 & 4 </td> <td style="width: 45%; vertical-align: top;"> <ul style="list-style-type: none"> Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> Total loss of the Main Feedwater and Auxiliary Feedwater systems </td> <td style="width: 20%; vertical-align: top; text-align: center;"> SITE AREA EMERGENCY </td> </tr> </table>			A.1. Loss of function needed for unit HSD condition MODES 1, 2, 3 & 4	<ul style="list-style-type: none"> Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> Total loss of the Main Feedwater and Auxiliary Feedwater systems	SITE AREA EMERGENCY
A.1. Loss of function needed for unit HSD condition MODES 1, 2, 3 & 4	<ul style="list-style-type: none"> Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> Total loss of the Main Feedwater and Auxiliary Feedwater systems	SITE AREA EMERGENCY			
2. Probable large radioactivity release initiated by loss of heat sink leading to core degradation MODES 1, 2, 3 & 4	Loss of Main Feedwater System, Condensate System and Auxiliary Feedwater System	GENERAL EMERGENCY			

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB C)	33
ATTACHMENT 1		FUEL FAILURE OR FUEL HANDLING ACCIDENT

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>3. Probable large radioactivity release initiated by failure of protection system to bring Rx subcritical and causing core degradation</p> <p>ALL MODES</p>	<ul style="list-style-type: none"> • Rx nuclear power after a trip - greater than 5% <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • RCS pressure greater than or equal to 2485 psig <p style="text-align: center;"><u>OR</u></p> <p>Containment pressure and temperature rapidly increasing</p>	<p>GENERAL EMERGENCY</p>
<p>4. Probable large radioactivity release initiated by loss of AC power and all feedwater</p> <p>ALL MODES</p>	<ul style="list-style-type: none"> • Loss of all onsite and offsite AC power <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Turbine Driven Auxiliary Feedwater Pump not operable <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Restoration of either of the above not likely within 2 hours 	<p>GENERAL EMERGENCY</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB C)	33
ATTACHMENT 1	FUEL FAILURE OR FUEL HANDLING ACCIDENT	PAGE 16 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
5. Probable large radioactivity release initiated by LOCA with loss of ECCS and containment cooling ALL MODES	<ul style="list-style-type: none"> • Loss of reactor coolant in progress <li style="text-align: center;"><u>AND</u> • High or low head ECCS flow not being delivered to the core (if expected by plant conditions) <li style="text-align: center;"><u>AND</u> • Containment RS sump temperature greater than 190°F and NOT decreasing <li style="text-align: center;"><u>OR</u> All Quench Spray and Recirculation Spray systems - NOT OPERABLE 	GENERAL EMERGENCY

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB C) FUEL FAILURE OR FUEL HANDLING ACCIDENT	REVISION 33
ATTACHMENT 1		PAGE 17 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>6. Core damage with possible loss of coolable geometry</p> <p>MODES 1, 2, 3, & 4</p>	<p>a) Fuel clad failure as indicated by any of the following:</p> <ul style="list-style-type: none"> • RCS Specific activity greater than 60 $\mu\text{Ci}/\text{gram}$ dose equivalent I-131 <p style="text-align: center;"><u>OR</u></p> <p>High Range Letdown radiation monitor</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>1-CH-RI-128 or 2-CH-RI-228 GREATER THAN 1.2×10^4 mR/hr</p> </div> <p style="text-align: center;"><u>AND</u></p> <p>b) Loss of cooling as indicated by any of the following:</p> <ul style="list-style-type: none"> • 5 confirmed core exit thermocouples greater than 1200 °F <p style="text-align: center;"><u>OR</u></p> <p>Core delta T - zero</p> <p style="text-align: center;"><u>OR</u></p> <p>Core delta T - rapidly diverging</p>	<p>SITE AREA EMERGENCY</p>

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB C)	REVISION 33
ATTACHMENT 1	FUEL FAILURE OR FUEL HANDLING ACCIDENT	PAGE 18 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
7. Major fuel damage accident with radioactivity release to containment or fuel buildings ALL MODES	<ul style="list-style-type: none"> Water level in Rx vessel during refueling below the top of core <u>OR</u> Water level in spent fuel pool below top of spent fuel <u>AND</u> Verified damage to irradiated fuel resulting in readings on Vent Vent "B" Kaman monitor <div data-bbox="748 863 1086 968" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RM-VG-180 GREATER THAN $2.74 \times 10^8 \mu\text{Ci/sec}$ </div> 	SITE AREA EMERGENCY
8. Severe Fuel Clad Damage MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> High Range Letdown radiation monitor <div data-bbox="716 1129 1135 1339" style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> 1-CH-RI-128 or 2-CH-RI-228 Increases to GREATER THAN Hi Hi Alarm setpoint within 30 minutes and remains for at least 15 minutes </div> 	ALERT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB C)	33
ATTACHMENT 1	FUEL FAILURE OR FUEL HANDLING ACCIDENT	PAGE 19 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
9. Fuel damage accident with release of radioactivity to containment or fuel buildings ALL MODES	<ul style="list-style-type: none"> • Verified accident involving damage to irradiated fuel <u>AND</u> • Health Physics confirms fission product release from fuel <u>OR</u> Vent Vent "B" Kaman monitor <div data-bbox="743 709 1084 808" style="border: 1px solid black; padding: 2px;"> RM-VG-180 GREATER THAN $1.83 \times 10^6 \mu\text{Ci/sec}$ </div> 	ALERT
10. Potential for fuel damage to occur during refueling MODE 6	Continuing uncontrolled decrease of water level in Reactor Refueling Cavity or Spent Fuel Pool	ALERT
11. Fuel clad damage indication MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Intentional reduction in power, load or temperature IAW reactor coolant activity T.S. Action Statement - HAS COMMENCED <u>OR</u> High Range Letdown radiation monitor <div data-bbox="743 1281 1149 1474" style="border: 1px solid black; padding: 2px;"> 1-CH-RI-128 or 2-CH-RI-228 Increases to GREATER THAN Hi Alarm setpoint within 30 minutes and remains for at least 15 minutes </div> 	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	(TAB C) FUEL FAILURE OR FUEL HANDLING ACCIDENT	PAGE 20 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
12. Independent Spent Fuel Storage Installation (ISFSI) event ALL MODES	<ul style="list-style-type: none"> • Verified Sealed Surface Storage Cask (SSSC) seal leakage <p style="text-align: center;"><u>OR</u></p> Sealed Surface Storage Cask (SSSC) dropped or mishandled	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB D) CONTAINMENT EVENT	33
ATTACHMENT 1		PAGE 21 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>1. Extremely high containment radiation, pressure and temperature</p> <p>MODES 1, 2, 3, & 4</p>	<ul style="list-style-type: none"> • Containment High Range radiation monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-RMS-165, -166 or RM-RMS-265, -266 GREATER THAN 3.76×10^2 R/hr </div> <p style="text-align: center;"><u>AND</u></p> • Containment pressure greater than 45 psia and not decreasing <p style="text-align: center;"><u>OR</u></p> Containment temperature greater than 280°F 	GENERAL EMERGENCY
<p>2. High-high containment radiation, pressure, and temperature</p> <p>MODES 1, 2, 3, & 4</p>	<ul style="list-style-type: none"> • Containment High Range radiation monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-RMS-165, -166 or RM-RMS-265, -266 GREATER THAN 1.88×10^2 R/hr </div> <p style="text-align: center;"><u>AND</u></p> • Containment pressure - greater than 27.75 psia and not decreasing <p style="text-align: center;"><u>OR</u></p> Containment temperature - greater than 200 °F 	SITE AREA EMERGENCY

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB D)	33
ATTACHMENT	CONTAINMENT EVENT	PAGE
1		22 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
3. High Containment radiation, pressure and temperature MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Containment High Range radiation monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-RMS-165, -166 or RM-RMS-265, -266 GREATER THAN 81.5 R/hr </div> <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Containment pressure - greater than 17 psia <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Containment temperature - greater than 150°F 	ALERT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB E)	REVISION 33
ATTACHMENT 1	RADIOACTIVITY EVENT	PAGE 23 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Release imminent or in progress and site boundary doses projected to exceed 1.0 Rem TEDE or 5.0 Rem Thyroid CDE ALL MODES	<ul style="list-style-type: none"> HP assessment indicates actual or projected doses at or beyond site boundary greater than 1.0 Rem TEDE or 5.0 Rem Thyroid CDE 	GENERAL EMERGENCY
2. Release imminent or in progress and site boundary doses projected to exceed 0.1 Rem TEDE or 0.5 Rem Thyroid CDE ALL MODES	<ul style="list-style-type: none"> HP assessment indicates actual or projected dose at or beyond Site Boundary exceeds 0.1 Rem TEDE or 0.5 Rem Thyroid CDE 	SITE AREA EMERGENCY

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB E)	REVISION 33
ATTACHMENT 1	RADIOACTIVITY EVENT	PAGE 24 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>3. Effluent release greater than 10 times ODCM allowable limit</p> <p>ALL MODES</p>	<p>a) Any of the following monitors indicate valid readings above the specified values for greater than 15 minutes</p> <ul style="list-style-type: none"> • Clarifier Effluent <div data-bbox="721 625 1138 705" style="border: 1px solid black; padding: 2px;"> RM-LW-111 GREATER THAN 4.8×10^5 cpm </div> • Discharge Canal <div data-bbox="721 785 1154 865" style="border: 1px solid black; padding: 2px;"> RM-SW-130 or -230 GREATER THAN 5×10^4 cpm </div> • Vent Vent A Kaman <div data-bbox="721 945 1138 1052" style="border: 1px solid black; padding: 2px;"> RM-VG-179 GREATER THAN 1.83×10^6 μCi/sec </div> • Vent Vent B Kaman <div data-bbox="721 1131 1138 1239" style="border: 1px solid black; padding: 2px;"> RM-VG-180 GREATER THAN 1.83×10^6 μCi/sec </div> • Process Vent Kaman <div data-bbox="721 1318 1138 1425" style="border: 1px solid black; padding: 2px;"> RM-GW-178 GREATER THAN 2.0×10^7 μCi/sec </div> <p style="text-align: center;"><u>OR</u></p> <p>b) HP assessment (sample results or dose projections) indicate greater than 10 times ODCM allowable limit</p>	<p>ALERT</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	(TAB E) RADIOACTIVITY EVENT	PAGE 25 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>4. High radiation or airborne contamination levels indicate a severe degradation in control of radioactive material</p> <p>ALL MODES</p>	<p>Valid readings on any of the following monitors have increased by a factor of 1000 and remain for at least 15 minutes:</p> <ul style="list-style-type: none"> • Ventilation Vent Multi-sample gaseous or particulate monitor <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RM-VG-106 or -105</div> • Control Room Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-157</div> • Aux. Bldg. Control Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-154</div> • Decon. Bldg. Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-151</div> • Fuel Pool Bridge Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-153</div> • New fuel storage Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-152</div> • Laboratory Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-158</div> • Sample Room Area <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">RMS-156</div> 	ALERT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB E)	PAGE
1	RADIOACTIVITY EVENT	26 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
5. Effluent release greater than ODCM allowable limit ALL MODES	a) Any of the following monitors indicate valid readings above the specified value for more than 1 hour: <ul style="list-style-type: none"> • Clarifier Effluent <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RM-LW-111 GREATER THAN 4.8×10^4 cpm </div> • Discharge Canal <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RM-SW-130 or -230 GREATER THAN 5×10^3 cpm </div> • Vent Vent A Kaman <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RM-VG-179 GREATER THAN 1.83×10^5 μCi/sec </div> • Vent Vent B Kaman <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RM-VG-180 GREATER THAN 1.83×10^5 μCi/sec </div> • Process Vent Kaman <div style="border: 1px solid black; padding: 2px; margin: 5px 0;"> RM-GW-178 GREATER THAN 2.0×10^6 μCi/sec </div> <p style="text-align: center;"><u>OR</u></p> b) HP assessment (sample results or dose projections) indicates greater than ODCM allowable limit	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	(TAB G) LOSS OF SECONDARY COOLANT	PAGE 27 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Major secondary line break with significant primary to secondary leakage and fuel damage indicated MODES 1, 2, 3, & 4	Conditions a) and b) exist with c): a) Uncontrolled loss of secondary coolant - IN PROGRESS <u>AND</u> b) RCS specific activity exceeds limits of T.S. Figure 3.4-1 (See Attachment 2) <u>OR</u> High Range Letdown radiation monitor <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> 1-CH-RI-128 or 2-CH-RI-228 GREATER THAN Hi Alarm setpoint </div> <u>AND</u> c) Vent Vent A Kaman Monitor <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> RM-VG-179 GREATER THAN $6.45 \times 10^7 \mu\text{Ci/sec}$ </div> <u>OR</u> Steam Generator Blowdown monitor on affected pathway <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> RM-SS-122, -123, -124 RM-SS-222, -223, -224 GREATER THAN 1×10^6 cpm </div> <u>OR</u> Main Steam Line High Range monitor on affected pathway <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;"> RM-MS-170, -171, -172 RM-MS-270, -271, -272 GREATER THAN 12.2 mR/hr </div>	SITE AREA EMERGENCY

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB G) LOSS OF SECONDARY COOLANT	33
ATTACHMENT 1		PAGE 28 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>2. Major secondary line break with significant primary to secondary leakage</p> <p>MODES 1, 2, 3, & 4</p>	<ul style="list-style-type: none"> • Uncontrolled loss of secondary coolant - IN PROGRESS <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Vent Vent A Kaman Monitor <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-VG-179 GREATER THAN $1.83 \times 10^6 \mu\text{Ci/sec}$ </div> <p style="text-align: center;"><u>OR</u></p> <p>Steam Generator Blowdown monitor on affected pathway</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-SS-122, -222 RM-SS-123, -223 RM-SS-124, -224 GREATER THAN 1×10^5 cpm </div> <p style="text-align: center;"><u>OR</u></p> <p>Main Steam Line High Range monitor on affected pathway</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RM-MS-170, -270 RM-MS-171, -271 RM-MS-172, -272 GREATER THAN 0.14 mR/hr </div>	ALERT
<p>3. Major secondary line break</p> <p>MODES 1, 2, 3, & 4</p>	<p>Uncontrolled loss of secondary coolant - IN PROGRESS</p>	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB H)	PAGE
1	ELECTRICAL FAILURE	29 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>1. Loss of offsite and onsite AC power for more than 15 minutes</p> <p>ALL MODES</p>	<p>The following conditions exist for greater than 15 minutes:</p> <ul style="list-style-type: none"> • Ammeters for 4160V Reserve Station Service Buses D, E, & F all indicate - zero (0) amps <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Ammeters for 4160V Station Service Buses A, B, & C all indicate - zero (0) amps <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Ammeters for 4160V Emergency Buses H & J both indicate - zero (0) amps 	<p>SITE AREA EMERGENCY</p>
<p>2. Loss of all onsite DC power for greater than 15 minutes</p> <p>ALL MODES</p>	<p>The following conditions exist for greater than 15 minutes:</p> <ul style="list-style-type: none"> • All station battery voltmeters indicate zero (0) volts <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • No light indication available to Reserve Station Service breakers 15D1, 15E1 and 15F1 	<p>SITE AREA EMERGENCY</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB H) ELECTRICAL FAILURE	33
ATTACHMENT 1		PAGE 30 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>			
<p>CAUTION: EAL A.1 is duplicated below for cross-reference/comparison to EAL H.3:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>A.1. Loss of function needed for unit HSD condition</p> <p>MODES 1, 2, 3 & 4</p> </td> <td style="width: 33%; vertical-align: top;"> <ul style="list-style-type: none"> • Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Total loss of the Main Feedwater and Auxiliary Feedwater Systems </td> <td style="width: 33%; vertical-align: top;"> <p>SITE AREA EMERGENCY</p> </td> </tr> </table>			<p>A.1. Loss of function needed for unit HSD condition</p> <p>MODES 1, 2, 3 & 4</p>	<ul style="list-style-type: none"> • Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Total loss of the Main Feedwater and Auxiliary Feedwater Systems 	<p>SITE AREA EMERGENCY</p>
<p>A.1. Loss of function needed for unit HSD condition</p> <p>MODES 1, 2, 3 & 4</p>	<ul style="list-style-type: none"> • Total loss of the Charging/SI System <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Total loss of the Main Feedwater and Auxiliary Feedwater Systems 	<p>SITE AREA EMERGENCY</p>			
<p>3. Loss of all offsite and onsite AC power</p> <p>ALL MODES</p>	<ul style="list-style-type: none"> • Ammeters for 4160V Reserve Station Service Buses D, E, & F all indicate - zero (0) amps <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Ammeters for 4160V Station Service Buses A, B, & C all indicate - zero (0) amps <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Ammeters for 4160V Emergency Buses H and J both indicate - zero (0) amps 	<p>ALERT</p>			
<p>4. Loss of all onsite DC power</p> <p>ALL MODES</p>	<ul style="list-style-type: none"> • All station battery voltmeters indicate - zero (0) volts <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • No light indication available to Reserve Station Service Breakers 15D1, 15E1 and 15F1 	<p>ALERT</p>			

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB H) ELECTRICAL FAILURE	PAGE
1		31 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
5. Loss of offsite power or onsite AC power capability	<ul style="list-style-type: none"> Unit main generator and both emergency diesel generators out of service 	NOTIFICATION OF UNUSUAL EVENT
ALL MODES	<p style="text-align: center;"><u>OR</u></p> Loss of all 34.5 KV reserve station service buses	

NUMBER	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB I) FIRE	REVISION
EPIP-1.01		33
ATTACHMENT		PAGE
1		32 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Fire resulting in degradation of safety systems MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Fire which causes major degradation of a safety system function required for protection of the public <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Affected systems are caused to be <u>NOT</u> operable as defined by Tech. Specs. 	SITE AREA EMERGENCY
2. Fire potentially affecting station safety systems MODES 1, 2, 3, & 4	Fire which has potential for causing a safety system not to be operable as defined by Tech. Specs.	ALERT
3. Fire lasting greater than 10 minutes in Protected Area or Service Water Pump/Valve House ALL MODES	Fire within the Protected Area or Service Water Pump/Valve House which is not under control within 10 minutes after Fire Brigade - DISPATCHED	NOTIFICATION OF UNUSUAL EVENT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB J)	REVISION 33
ATTACHMENT 1	SECURITY EVENT	PAGE 33 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Loss of physical Station control ALL MODES	<ul style="list-style-type: none"> • Shift Supervisor has been informed that the security force has been neutralized by attack, resulting in loss of physical control of station <p style="text-align: center;"><u>OR</u></p> Shift Supervisor has been informed of intrusion into one or more Vital Areas which are occupied or controlled by an aggressor	GENERAL EMERGENCY
2. Imminent loss of physical Station control ALL MODES	Security Shift Supervisor has notified the Operations Shift Supervisor of imminent intrusion into a Vital Area	SITE AREA EMERGENCY
3. Ongoing Security compromise ALL MODES	Security Shift Supervisor has notified the Operations Shift Supervisor of a confirmed unneutralized intrusion into the Protected Area	ALERT
4. Security threat, unauthorized attempted entry, or attempted sabotage ALL MODES	Security Shift Supervisor has recommended that the Operations Shift Supervisor declare a Notification of Unusual Event IAW applicable Security Contingency Plan Implementing Procedures	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB K) HAZARD TO STATION OPERATION	33
ATTACHMENT		PAGE
1		34 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Aircraft damage to vital plant systems MODES 1, 2, 3, & 4	Aircraft crash which affects vital structures by impact or fire	SITE AREA EMERGENCY
2. Severe explosive damage MODES 1, 2, 3, & 4	Explosion which results in severe degradation of any of the following systems required for safe shutdown: <ul style="list-style-type: none"> • CVCS System <li style="text-align: center;"><u>OR</u> ECCS System <li style="text-align: center;"><u>OR</u> Main/Auxiliary Feedwater System 	SITE AREA EMERGENCY
3. Entry of toxic or flammable gases into plant vital areas other than the Control Room MODES 1, 2, 3, & 4	<ul style="list-style-type: none"> • Uncontrolled release of toxic or flammable agents greater than life threatening or explosive limits in Vital Areas <li style="text-align: center;"><u>AND</u> • Evacuation of Vital Area other than Control Room - REQUIRED <li style="text-align: center;"><u>OR</u> Significant degradation of plant safety systems resulting in loss of a safety system function required for protection of the public 	SITE AREA EMERGENCY

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB K) HAZARD TO STATION OPERATION	33
ATTACHMENT 1		PAGE 35 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
4. Severe missile damage to safety systems MODES 1, 2, 3, & 4	Missile impact causing severe degradation of safety systems required for unit shutdown	SITE AREA EMERGENCY
5. Aircraft crash on the facility ALL MODES	Aircraft crash within the Protected Area or Switchyard	ALERT
6. Explosion damage to facility ALL MODES	Unplanned explosion resulting in damage to plant structure or equipment that affects plant operations	ALERT
7. Entry of toxic or flammable gases or liquids into plant facility ALL MODES	Notification of uncontrolled release of toxic or flammable agent which causes: <ul style="list-style-type: none"> • Evacuation of personnel from plant areas <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Safety related equipment is rendered inoperable 	ALERT
8. Turbine failure or missile impact MODES 1 & 2	Failure of turbine/generator rotating equipment resulting in casing penetration	ALERT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT 1	(TAB K) HAZARD TO STATION OPERATION	PAGE 36 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
9. Missile damage to safety related equipment or structures MODES 1, 2, 3, & 4	Notification of missile impact causing damage to safety related equipment or structures	ALERT
10. Aircraft crash or unusual aircraft activity ALL MODES	<ul style="list-style-type: none"> • Confirmed notification of aircraft crash within the site boundary <p style="text-align: center;"><u>OR</u></p> Unusual aircraft activity in the vicinity of the site as determined by the Operations Shift Supervisor or the Security Shift Supervisor	NOTIFICATION OF UNUSUAL EVENT
11. Train derailment within Protected Area ALL MODES	Confirmed report of train derailment within Protected Area	NOTIFICATION OF UNUSUAL EVENT
12. Explosion within Protected Area ALL MODES	Confirmed report of unplanned explosion within Protected Area	NOTIFICATION OF UNUSUAL EVENT
13. Onsite or nearsite release of toxic or flammable liquids or gases ALL MODES	Notification of unplanned release of toxic or flammable agents which may affect safety of station personnel or equipment	NOTIFICATION OF UNUSUAL EVENT

NUMBER EPIP-1.01	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB K)	REVISION 33
ATTACHMENT 1	HAZARD TO STATION OPERATION	PAGE 37 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
14. Turbine rotating component failure with no casing penetration MODES 1 & 2	Failure of turbine/generator rotating equipment resulting in immediate unit shutdown	NOTIFICATION OF UNUSUAL EVENT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB L) NATURAL EVENTS	PAGE
1		38 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Earthquake greater than or equal to DBE levels ALL MODES	<ul style="list-style-type: none"> • Confirmed earthquake which activates the Event Alarm on the Strong Motion Accelerograph <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> • Alarms on the Peak Shock Annunciator indicate a horizontal motion of greater than or equal to 0.12 g or a vertical motion of greater than or equal to 0.08g 	SITE AREA EMERGENCY
2. Sustained winds in excess of design levels experienced or projected MODES 1, 2, 3, & 4	Sustained winds 150 mph OR GREATER experienced or projected	SITE AREA EMERGENCY
3. Flood or low water level above design levels All MODES	<ul style="list-style-type: none"> • Flood in the Lake Anna Reservoir with indicated level - greater than 264 feet MSL <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> • Low water level in the Lake Anna Reservoir with indicated level - less than 244 feet MSL 	SITE AREA EMERGENCY

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB L) NATURAL EVENTS	PAGE
1		39 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
4. Earthquake greater than or equal to OBE levels ALL MODES	<ul style="list-style-type: none"> Confirmed earthquake which activates Event Alarm on the Strong Motion Accelerograph <p style="text-align: center;"><u>AND</u></p> <ul style="list-style-type: none"> Alarms on the Peak Shock Annunciator indicate a horizontal motion of greater than or equal to 0.06 g or a vertical motion of greater than or equal to 0.04g 	ALERT
5. Tornado striking facility ALL MODES	Tornado visually detected striking structures within the Protected Area or Switchyard	ALERT
6. Hurricane winds near design basis level experienced or projected ALL MODES	Hurricane winds 120 mph OR GREATER experienced or projected	ALERT
7. Flood or low water level near design levels ALL MODES	<ul style="list-style-type: none"> Flood in the Lake Anna Reservoir with indicated level - greater than 263 feet MSL <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> Low water level in the Lake Anna Reservoir with indicated level - less than 245 feet MSL 	ALERT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE (TAB L) NATURAL EVENTS	33
ATTACHMENT 1		PAGE 40 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
8. Earthquake detected ALL MODES	Confirmed earthquake which activates the Event Alarm on the Strong Motion Accelerograph	NOTIFICATION OF UNUSUAL EVENT
9. Tornado within Protected Area or Switchyard ALL MODES	Tornado visually detected within Protected Area or Switchyard	NOTIFICATION OF UNUSUAL EVENT
10. Hurricane force winds projected onsite within 12 hours ALL MODES	<ul style="list-style-type: none"> Confirmation by Virginia Power Weather Center that hurricane force winds (greater than 73 mph) projected onsite within 12 hours 	NOTIFICATION OF UNUSUAL EVENT
11. 50 year flood or low water level ALL MODES	<ul style="list-style-type: none"> Flood in the Lake Anna Reservoir with indicated level - greater than 254 feet MSL <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> Low water level in the Lake Anna Reservoir with indicated level less than 247 feet MSL 	NOTIFICATION OF UNUSUAL EVENT

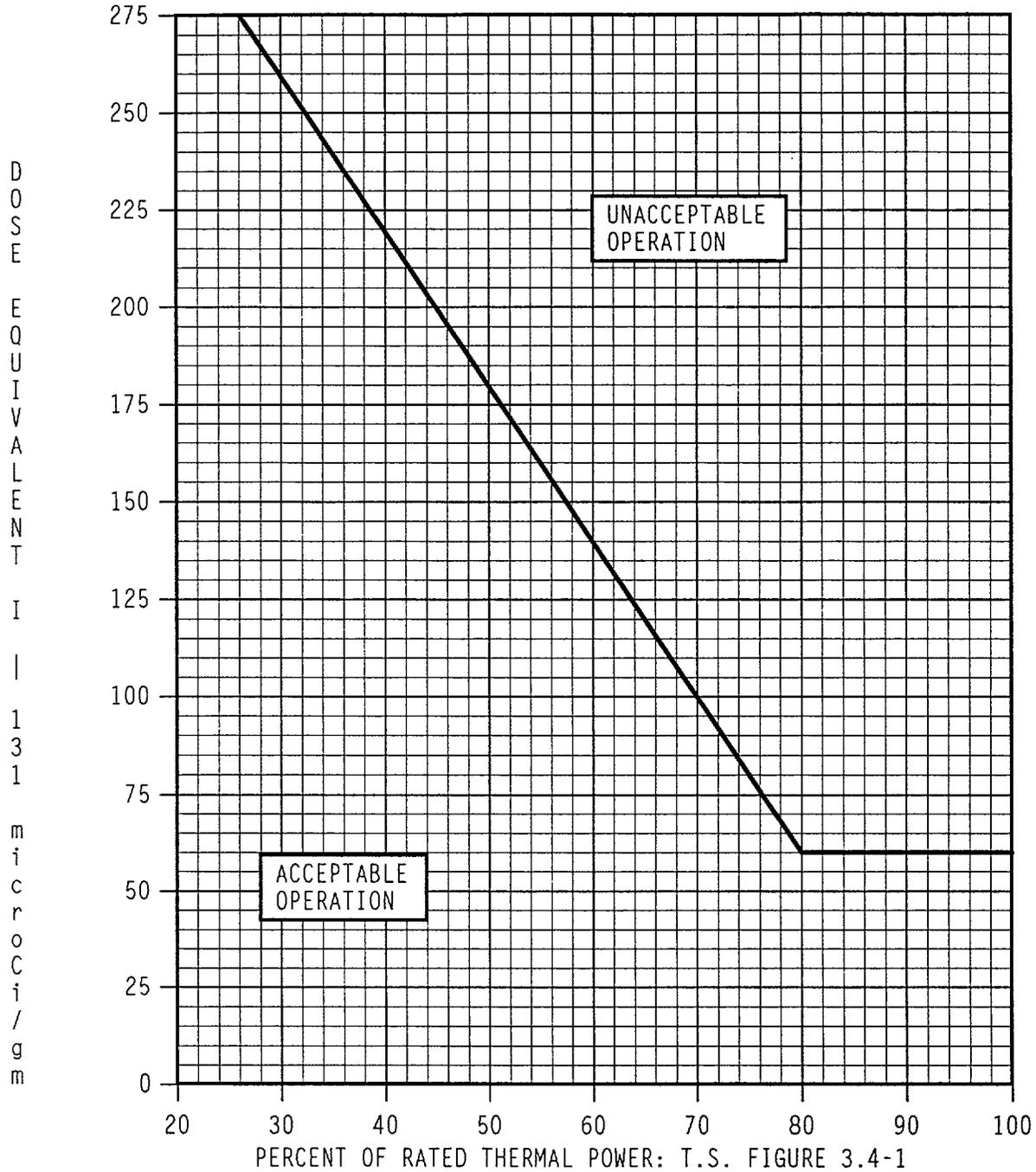
NUMBER	ATTACHMENT TITLE EMERGENCY ACTION LEVEL TABLE (TAB M) MISCELLANEOUS ABNORMAL EVENTS	REVISION
EPIP-1.01		33
ATTACHMENT		PAGE
1		41 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
1. Any major internal or external events which singly or in combination cause massive damage to station facilities or may warrant evacuation of the public ALL MODES	Shift Supervisor/Station Emergency Manager judgement	GENERAL EMERGENCY
2. Station conditions which may warrant notification of the public near the site ALL MODES	Shift Supervisor/Station Emergency Manager judgement	SITE AREA EMERGENCY
3. Station conditions which have the potential to degrade or are actually degrading the level of safety of the station ALL MODES	Shift Supervisor/Station Emergency Manager judgement	ALERT

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	EMERGENCY ACTION LEVEL TABLE	33
ATTACHMENT	(TAB M)	PAGE
1	MISCELLANEOUS ABNORMAL EVENTS	42 of 42

<u>CONDITION/APPLICABILITY</u>	<u>INDICATION</u>	<u>CLASSIFICATION</u>
<p>4. Station conditions which warrant increased awareness of state and/or local authorities</p> <p>ALL MODES</p>	<p>Shift Supervisor judgement that any of the following exist:</p> <ul style="list-style-type: none"> • Unit shutdown is other than a controlled shutdown <p style="text-align: center;"><u>OR</u></p> <p>Unit is in an uncontrolled condition during operation</p> <p style="text-align: center;"><u>OR</u></p> <p>A condition exists which has the potential for escalation and therefore warrants notification</p>	<p>NOTIFICATION OF UNUSUAL EVENT</p>

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	TECH SPEC FIGURE 3.4-1	33
ATTACHMENT 2		PAGE 1 of 1



DOSE EQUIVALENT I-131 PRIMARY COOLANT SPECIFIC ACTIVITY LIMIT Versus Percent of RATED THERMAL POWER with the Primary Coolant Specific Activity > 1.0 μ Ci/gm Dose Equivalent I-131

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	TURNOVER CHECKLIST	33
ATTACHMENT 3		PAGE 1 of 1

Conduct a turnover between the onshift and relief SEM in accordance with the following checklist. Use placekeeping aid at left of item, "___", to track completion.

- ___ 1. Determine the status of primary responder notification.
- ___ 2. Determine the status of initial and follow-up "Report of Emergency to State and Local Governments," EPIP-2.01, Attachments 1 and 2. Get completed copies if available.
- ___ 3. Determine status of the "Report of Radiological Conditions to the State," EPIP-2.01, Attachment 3. Get completed copy if available.
- ___ 4. Determine status of Emergency Notification System (ENS) communications and completion status of NRC Event Notification Worksheet (EPIP-2.02 Attachment 1).
- ___ 5. Review classification and initial PAR status.
- ___ 6. Review present plant conditions and status. Get copy of Critical Safety Functions form.
- ___ 7. Review status of station firewatches and re-establish if conditions allow.
- ___ 8. Determine readiness of TSC for activation.
- ___ 9. After all information is obtained, transfer location to TSC. (Consider direct transfer of State & local notifications to LEOF/CEOF.)
- ___ 10. Call the Control Room and assess any changes that may have occurred during transition to the TSC.
- ___ 11. When sufficient personnel are available, the relief SEM is to assume the following responsibilities from the onshift Station Emergency Manager:
 - a. Reclassification.
 - b. Protective Action Recommendations until LEOF activated.
 - c. Notifications (i.e., state, local, & NRC). Upon LEOF activation, transfer notification responsibilities except for the NRC ENS.
 - d. Site evacuation authorization.
 - e. Emergency exposure authorization.
 - f. Command/control of onsite response.
- ___ 12. Formally relieve the Interim SEM and assume control in the TSC. Announce name and facility activation status to facility.

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.01	CONSIDERATIONS FOR OPERATIONS RESPONSE UNDER ABNORMAL CONDITIONS	33
ATTACHMENT 4		PAGE 1 of 1

This attachment provides procedural guidance for controlling selected emergency response actions when their implementation would have adverse results.

Station Emergency Manager (SEM) approval is required before any required action is postponed, suspended or modified. The guidance below is not all-inclusive.

SECURITY EVENT RESPONSE:

IF implementation of emergency response facility activation or assembly of personnel for accountability could compromise Security Plan response strategies or create a personnel safety hazard due to movement of personnel, THEN consider postponing or suspending emergency response actions until threat has been resolved.

UNANTICIPATED HAZARDOUS CONDITIONS EXIST (e.g., tornado or toxic release):

IF assembling personnel for accountability or activating emergency response facilities could endanger plant personnel, THEN consider postponing emergency assembly. (Consider implementing alternative notification methods on an ad hoc basis, e.g., selectively notify personnel in unaffected areas or defer notifications until hazardous conditions are resolved.)

IF notifying augmentation could create a safety hazard for personnel coming to the station, THEN consider postponing augmentation notification. (Consider implementing alternative notification methods on an ad hoc basis, e.g., selectively notify personnel reporting to unaffected areas or defer notifications until the hazardous condition is resolved.)

ANTICIPATED SITUATION (e.g., forecasted severe weather or grid disturbance):

IF all or part of the ERO has been staged in anticipation of a predicted event, THEN notify Security to omit performance of augmentation notification (as described in EPIP-3.05, AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION).

IF adequate controls have been established to continually account for personnel staged in anticipation of a predicted event, THEN notify Security to omit performance of initial accountability (as described in EPIP-5.03, PERSONNEL ACCOUNTABILITY).

IF a decision has been made to staff the Central EOF in lieu of the LEOF, THEN notify Security that performance of EPIP-3.04, ACTIVATION OF LOCAL EMERGENCY OPERATIONS FACILITY, is not required.

IF environmental conditions are hazardous, THEN consult with Security Team Leader about suspending procedural requirements for staging road blocks (IAW EPIP-5.04, ACCESS CONTROL).

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS (With 3 Attachments)	REVISION 21
		PAGE 1 of 16

PURPOSE

To initially notify State and local governments of the declaration of an emergency and to provide status updates related to the event.

**LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work**

ENTRY CONDITIONS

Any of the following:

1. An emergency has been declared.
2. Entry directed by Station Emergency Manager.

Approvals on File

Effective Date 10/6/2000

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
		PAGE 2 of 16

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 1	INITIATE PROCEDURE: • By: _____ Date: _____ Time: _____ Location: _____	
_____ 2	CHECK FIRST REPORT OF EMERGENCY FOR EVENT - REQUIRED	IF procedure previously initiated, <u>THEN</u> continue from step in effect identified during relief/turnover.
	NOTE: <ul style="list-style-type: none"> • The initial notification of any emergency classification must be completed within 15 minutes of declaring the emergency class. • Items 2 through 5, and 7 on Attachment 2 may be checked [] Not Required for the initial report of any emergency classification. • Attachment 1, Instructions for Completing Report of Emergency to State and Local Governments, can be referenced as needed. 	
_____ 3	RECORD INFORMATION ON ATTACHMENT 2 (REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS)	
_____ 4	CHECK EMERGENCY - REMAINS IN EFFECT	IF emergency terminated before message sent, <u>THEN</u> do the following: a) Record that event has been terminated in Item 8. b) Record "N/A" in Items 10, 11, 12 and 13.
_____ 5	HAVE SEM/RM APPROVE REPORT (initial at top of Attachment 2)	

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

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WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

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NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
		PAGE 3 of 16

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
6	RECORD TIME NOTIFICATION STARTED	
	<p>NOTE: Outbound calls through the PBX system are made by dialing 8-1-(area code)-###-####. Direct outbound calls may be made using unrestricted telephones by dialing 9-1-(area code)-###-#### (area code not required for direct outbound calls within local calling area). No prefix is required when using a commercial telephone.</p>	
7	SEND REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS:	
	<p>a) Check Instaphone - CLEAR OF CONFLICTING MESSAGE TRAFFIC</p>	<p>a) <u>IF</u> Instaphone <u>NOT</u> available, <u>THEN</u> do the following:</p> <ol style="list-style-type: none"> 1) Call State EOC on DEM ARD (Alternate: (804) 674-2400). 2) Notify State EOC Duty Officer of need to transmit message. 3) <u>WHEN</u> Instaphone available for message transmittal, <u>THEN</u> GO TO Step 7.b. <p>b) <u>IF</u> Instaphone <u>NOT</u> operable, <u>THEN</u> GO TO Step 11.</p>
	<p>b) Use Instaphone to contact State and local Emergency Operations Centers (EOCs)</p>	
	<p>c) Perform initial roll-call (check boxes as EOC(s) answer or circle if no response)</p>	
	<p>d) Read Items 1 through 9</p>	
	<p>e) Perform acknowledgement roll-call (check boxes as EOC(s) answer or circle if no response)</p>	
	<p>f) Repeat any items upon request</p>	
	<p>(STEP 7 CONTINUED ON NEXT PAGE)</p>	

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
7	SEND REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS: (Continued)	
	g) Record date and time transmittal of Items 1 through 9 completed	
	h) Check message reports emergency - REMAINS IN EFFECT	h) GO TO Step 12.
	i) Use DEM ARD phone to contact State EOC (Alternate: (804) 674-2400 (ask for Duty Officer))	i) <u>IF</u> all means of communications with State EOC are inoperable, <u>THEN</u> do the following:
		1) Use Instaphone to transmit Items 10 and 11 to local EOCs.
		2) Record the following on second page of Attachment 2:
		• "Transmitted Items 10 and 11 to local EOCs."
		• Date and time transmitted to each local EOC.
		3) GO TO Step 9.
	j) Read Items 10, 11 and 12	
	k) Consult with State EOC Duty Officer to determine desired update message schedule	
	l) Record the following at Item 13:	
	• Update message schedule	
	• State EOC Duty Officer's name	
_____ 8	RECORD DATE AND TIME TRANSMITTAL OF ITEMS TO STATE EOC COMPLETE	

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED										
_____ 9	VERIFY ALL LOCAL EOCs ANSWERED ACKNOWLEDGEMENT ROLL CALL	<p><u>IF</u> any EOC(s) did <u>NOT</u> answer acknowledgement roll-call, <u>THEN</u> do the following:</p> <p>a) Use telephone to call EOC(s) that did not answer.</p> <p>b) Refer to the table below for order of priority and list of local EOC phone numbers:</p> <table border="1" data-bbox="938 840 1539 1155"> <tr> <td>Louisa:</td> <td>(540) 967-1234 (local)</td> </tr> <tr> <td>Spotsylvania:</td> <td>(540) 582-6384</td> </tr> <tr> <td>Caroline:</td> <td>(804) 633-5400</td> </tr> <tr> <td>Orange:</td> <td>(540) 672-1234</td> </tr> <tr> <td>Hanover:</td> <td>(804) 537-6140</td> </tr> </table> <p>c) <u>IF</u> State EOC notified, <u>THEN</u> read Items 1 through 9.</p> <p><u>IF NO</u> communications with State EOC, <u>THEN</u> read Items 1 through 11.</p> <p>d) Record the following on Attachment 2:</p> <ul style="list-style-type: none"> • Method of contact. • Reason Instaphone failed (if known). • Date and time of contact. 	Louisa:	(540) 967-1234 (local)	Spotsylvania:	(540) 582-6384	Caroline:	(804) 633-5400	Orange:	(540) 672-1234	Hanover:	(804) 537-6140
Louisa:	(540) 967-1234 (local)											
Spotsylvania:	(540) 582-6384											
Caroline:	(804) 633-5400											
Orange:	(540) 672-1234											
Hanover:	(804) 537-6140											
_____ 10	GO TO STEP 12											

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED										
	<p>NOTE: Other personnel may assist by making notifications simultaneously using other telephones.</p>											
11	<p>SEND ATTACHMENT 2 USING ALTERNATIVE MEANS:</p> <p>a) Call State EOC:</p> <ol style="list-style-type: none"> 1) Use DEM ARD (Alternate: (804) 674-2400, ask for EOC Duty Officer) 2) Read entire Attachment 2 3) Record date/time transmittal to State EOC complete <p>b) Call each local EOC and read Items 1 through 9:</p> <table border="1" data-bbox="308 1155 917 1470"> <tr> <td>Louisa:</td> <td>(540) 967-1234 (local)</td> </tr> <tr> <td>Spotsylvania:</td> <td>(540) 582-6384</td> </tr> <tr> <td>Caroline:</td> <td>(804) 633-5400</td> </tr> <tr> <td>Orange:</td> <td>(540) 672-1234</td> </tr> <tr> <td>Hanover:</td> <td>(804) 537-6140</td> </tr> </table> <p>c) Record date/time transmittal of Items 1 through 9 complete</p>		Louisa:	(540) 967-1234 (local)	Spotsylvania:	(540) 582-6384	Caroline:	(804) 633-5400	Orange:	(540) 672-1234	Hanover:	(804) 537-6140
Louisa:	(540) 967-1234 (local)											
Spotsylvania:	(540) 582-6384											
Caroline:	(804) 633-5400											
Orange:	(540) 672-1234											
Hanover:	(804) 537-6140											
12	NOTIFY SEM/RM TRANSMITTAL WAS SENT											
13	KEEP ATTACHMENT 2 WITH THIS PROCEDURE											

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
14	CHECK IF ITEM 12 ON REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS INDICATES REPORT OF RADIOLOGICAL CONDITIONS - REQUIRED	GO TO Step 17.
	<p>NOTE:</p> <ul style="list-style-type: none"> • The initial Report of Radiological Conditions must be transmitted to the State EOC (or State representatives in the LEOF/CEOF) as soon as possible following the release of radioactive material. • Follow-up reports should be issued approximately every 60 minutes or when there are changes in radiological conditions. Time should be measured from when transmittal of a message begins, or if delivered, from the time of delivery. 	
15	GET REPORT OF RADIOLOGICAL CONDITIONS FOR THE STATE: <ul style="list-style-type: none"> a) Check if either of the following Radiological Status reports available: <ul style="list-style-type: none"> • MIDAS Radiological Status report <p style="text-align: center;"><u>OR</u></p> • EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE, Attachment 1, Radiological Status 	a) Do the following: <ol style="list-style-type: none"> 1) Determine from radiological assessment organization when report will be available. 2) Notify SEM/RM about delay. 3) <u>WHEN</u> Radiological Status report becomes available, <u>THEN</u> continue in this procedure.
	b) Get Radiological Status report from radiological assessment organization	
	c) Check report - COMPLETE	c) <u>IF</u> blank items remain on Radiological Status report, <u>THEN</u> return report to radiological assessment organization for completion.

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
16	<p>SEND REPORT OF RADIOLOGICAL CONDITIONS TO THE STATE TO EOC:</p> <ul style="list-style-type: none"> a) Attach Radiological Status report to Attachment 3 b) Follow Attachment 3 Part I, Instructions for Virginia Power/North Anna Emergency Communicator c) Check Report of Radiological Conditions to the State - SENT VIA FACSIMILE MACHINE d) Allow 5 minutes for State EOC Duty Officer to verify receipt of message e) Check receipt of message - VERIFIED BY STATE EOC DUTY OFFICER f) Record Date/Time verified on Attachment 3 Part III Item 1 g) Notify SEM/RM transmittal - SENT h) Keep Attachment 3 with this procedure 	<ul style="list-style-type: none"> c) <u>IF</u> Radiological Status report communicated verbally or delivered, <u>THEN</u> GO TO Step 16.g. e) <u>IF</u> receipt of message <u>NOT</u> verified, <u>THEN</u> do the following: <ul style="list-style-type: none"> 1) Call State EOC on DEM ARD (Alternate: (804) 674-2400). 2) Ask State EOC Duty Officer if message received. 3) <u>IF</u> receipt of message verified, <u>THEN</u> GO TO Step 16.f. <p><u>IF</u> message <u>NOT</u> received, <u>THEN</u> do the following:</p> <ul style="list-style-type: none"> a) Follow Attachment 3 Part I Item 6 instructions. b) GO TO Step 16.g.

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

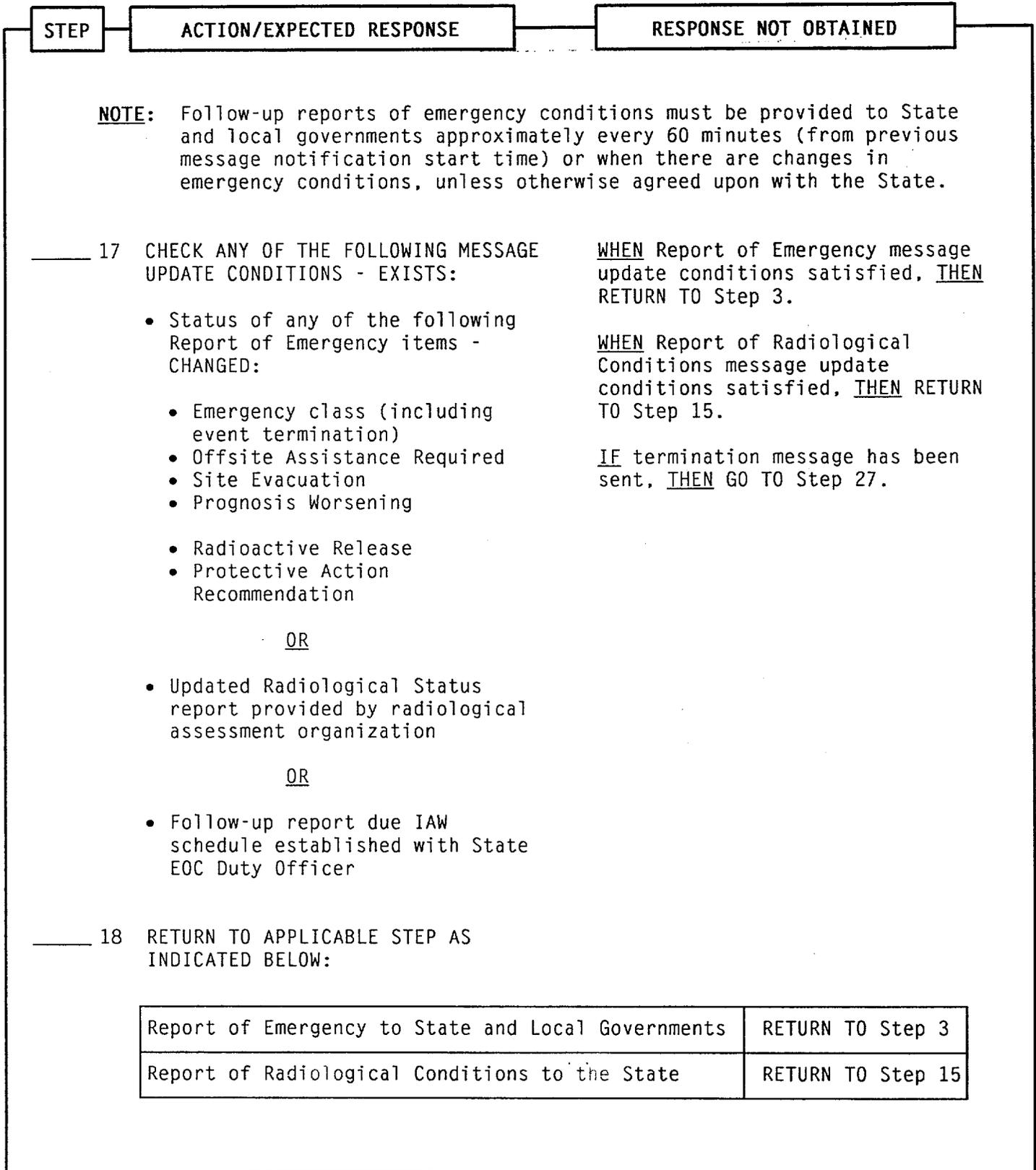
3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

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IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

- NOTE:**
- Data may be obtained from meteorological panel charts (via TSC staff communicating with Control Room when ERFCS not available) or ERFCS (group reviews or EMCOMM, activated by typing EMCOMM and pressing the gray button labeled LAST).
 - Both the ERFCS EMCOMM feature and ERFCS Group Review #39, COMERDS-1, Common ERDS Points, contain meteorological information averaged over the previous 15 minutes.

19 CHECK ON-SITE METEOROLOGICAL INFORMATION - AVAILABLE

IF on-site data NOT available, THEN do the following:

- a) Get regional information from one of the following:
 - Company Weather Center: (804) 273-3025.
 - National Weather Service (NWS): (800) 737-8624.
 - Have HP initiate EPIP-4.10, DETERMINATION OF X/Q.
- b) Give meteorological information to requestor.
- c) RETURN TO procedure step in effect.

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED										
20	<p>GET ON-SITE METEOROLOGICAL INFORMATION AS REQUESTED:</p> <p>a) Refer to specified step(s) to acquire requested information:</p> <table border="1" data-bbox="261 674 971 993"> <tr> <td>Temperature</td> <td>Step 21</td> </tr> <tr> <td>Wind Speed</td> <td>Step 22</td> </tr> <tr> <td>Wind Direction</td> <td>Step 23</td> </tr> <tr> <td>Affected Sectors</td> <td>Steps 23 and 24</td> </tr> <tr> <td>Stability Class</td> <td>Step 25</td> </tr> </table> <p>b) Give meteorological information to requestor</p> <p>c) RETURN TO procedure step in effect</p>	Temperature	Step 21	Wind Speed	Step 22	Wind Direction	Step 23	Affected Sectors	Steps 23 and 24	Stability Class	Step 25	
Temperature	Step 21											
Wind Speed	Step 22											
Wind Direction	Step 23											
Affected Sectors	Steps 23 and 24											
Stability Class	Step 25											
21	<p>GET TEMPERATURE FROM MAIN TOWER TEMPERATURE INDICATOR</p> <p>NOTE: Primary source of wind speed is the Main Tower Lower Level indicator. Alternates sources are (1) Backup Tower, and (2) Main Tower Upper Level.</p>											
22	<p>GET WIND SPEED</p>											

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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- NOTE:**
- An approximate average wind direction for previous 15 minutes should be determined.
 - Primary source of wind direction is the Main Tower Lower indicator. Alternates sources are (1) Backup Tower, and (2) Main Tower Upper Level.
 - Wind direction is always given as the compass point the wind blows from. Example: Wind direction is from East North East (ENE).

23 GET WIND DIRECTION IN TERMS OF COMPASS POINT WIND BLOWING FROM:

DEGREES	COMPASS POINT	DEGREES	COMPASS POINT	DEGREES	COMPASS POINT
0-11	N	192-214	SSW	350-371	N
12-34	NNE	215-236	SW	372-394	NNE
35-56	NE	237-259	WSW	395-416	NE
57-79	ENE	260-281	W	417-439	ENE
80-101	E	282-304	WNW	440-461	E
102-124	ESE	305-326	NW	461-484	ESE
125-146	SE	327-349	NNW	485-506	SE
147-169	SSE			507-529	SSE
170-191	S			530-540	S

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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NOTE: Downwind sectors are recorded using alphabetic designations.

24 DETERMINE DOWNWIND SECTORS:

COMPASS POINT	DOWNWIND SECTORS	COMPASS POINT	DOWNWIND SECTORS
N	H - J - K	S	R - A - B
NNE	J - K - L	SSW	A - B - C
NE	K - L - M	SW	B - C - D
ENE	L - M - N	WSW	C - D - E
E	M - N - P	W	D - E - F
ESE	N - P - Q	WNW	E - F - G
SE	P - Q - R	NW	F - G - H
SSE	Q - R - A	NNW	G - H - J

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

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WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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- NOTE:**
- Main Tower Delta T is the preferred source of stability class. Sigma Theta (Backup Tower) is the secondary source.
 - The value closer to "G" should be used if unable to distinguish Delta T or Sigma Theta value.
 - Numerical ranges presented below for Delta T and Sigma Theta are less than the range of the chart recorder and indicator in the Control Room. Indications are not expected to read outside the ranges found on these tables.

____ 25 DETERMINE STABILITY CLASS:

MAIN TOWER DELTA T		BACKUP TOWER SIGMA THETA	
DELTA T (°F)	STABILITY CLASS	SIGMA THETA (°)	STABILITY CLASS
≤ -1.31	= A	≥ 22.5	= A
-1.30 to -1.18	= B	22.4 to 17.5	= B
-1.17 to -1.04	= C	17.4 to 12.5	= C
-1.03 to -0.35	= D	12.4 to 7.5	= D
-0.34 to +1.04	= E	7.4 to 3.8	= E
+1.05 to +2.77	= F	3.7 to 2.1	= F
> +2.77	= G	< 2.1	= G

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>NOTE: Responsibilities may be transferred to relief within a facility or to another facility, e.g., Control Room to TSC, Control Room to LEOF or CEOF, or TSC to LEOF or CEOF.</p>		
26	<p>TRANSFER RESPONSIBILITY FOR STATE/LOCAL NOTIFICATIONS:</p> <ul style="list-style-type: none"> a) Notify SEM (or RM if in LEOF/CEOFF) b) Tell relief Emergency Communicator about current event status c) Review most recently completed Attachments 2 and 3 with relief d) Tell relief Emergency Communicator when next notification is due e) Provide this procedure and all attachments or send copies of attachments to relief f) Have relief/turnover recorded in event log g) Check - INTERFACILITY TURNOVER HAS BEEN COMPLETED 	g) RETURN TO step in effect prior to relief.

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

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- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 21 <hr/> PAGE 16 of 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 27	TERMINATE PROCEDURE: <ul style="list-style-type: none"> • Give EPIP-2.01, forms and other applicable records to the Control Room STA (TSC Emergency Procedures Coordinator or EOF Services Coordinator) • Completed by: _____ Date: _____ Time: _____ 	
-END-		

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 1		PAGE 1 of 7

Form Field

Instructions for Preparing Form:

**Approval
(SEM or RM)**

Leave blank. (The Station Emergency Manager (SEM) or Recovery Manager (RM) signs/initials this space after message is drafted.)

Message #

Record sequential message number on pages 1 and 2.

A single numbering sequence is used for Reports of Emergency to State and Local Governments (Attachment 2) from the initial classification until the Emergency Plan is exited. The numbering sequence for Reports of Radiological Conditions to the State (Attachment 3) is separate.

**Notification
Start Time**

Leave blank. (Enter notification start time when beginning transmittal of the approved message.)

Location

Check off facility from which notification will be made.

Roll Call

Leave blank. (Check off recipients of the emergency message when they answer the roll call.)

- NOTE:**
- Information to complete Items 1-6 obtained from SEM/RM.
 - Items 2, 3, 4, 5 and/or 7 may be checked 'Not Required' for a message reporting initial entry into the Emergency Plan or an emergency class change.

Item 1

Emergency Class.

IF the message is an initial or follow-up report, THEN do the following:

- a. Check block for applicable emergency class (classification).
- b. Enter time (0001-2400) and date of declaration.

IF message is reporting emergency termination, THEN do the following:

- a. Check Emergency Terminated block.
- b. Leave Items 2 through 7 blank.

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 1		PAGE 2 of 7

Form Field Instructions for Preparing Form:

Item 2 **Assistance requested.**

Not required may be checked for the initial report of an emergency class only.

This item documents requests that have been made for on-site assistance from off-site organizations such as from fire departments, rescue squads or law enforcement agencies, including local law enforcement, Virginia State Police, Federal Bureau of Investigation, etc.). This item is NOT for requesting assistance. A check block for other off-site organizations and space to record a description of the off-site organization is provided, e.g., U.S. Department of Energy.

Continue to record requests for assistance until the request has been canceled or off-site assistance has been released. For an ambulance, continue to record request for assistance until the ambulance has been released from the hospital.

Item 3 **Emergency Response Actions Underway.**

Not required may be checked for the initial report of an emergency class only.

Check blocks are provided for the following:

Station monitoring teams dispatched offsite (teams may be dispatched for any emergency classification, but dispatch is generally required at the Site Area Emergency and General Emergency classifications)

Station emergency personnel called in (unless special circumstances are involved, station emergency personnel are called-in at an Alert or higher emergency class, but may be called-in for a Notification of Unusual Event)

Other (examples of other emergency response actions include dispatch of damage control teams, relocation of personnel from selected areas, etc.)

NUMBER	ATTACHMENT TITLE INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	REVISION
EPIP-2.01		21
ATTACHMENT		PAGE
1		3 of 7

Form Field Instructions for Preparing Form:

Item 4 **Evacuation of onsite personnel.**

Not required may be checked for the initial report of an emergency class only.

The Remote Assembly Area is selected in accordance with EPIP-5.05, SITE EVACUATION.

An "Other" check block is provided in case personnel are evacuated to different location, e.g., local evacuation assembly center.

Early release of personnel, i.e., non-essential personnel are sent home early, is reported in Item 8, Remarks / Description of event.

Continue to record evacuation of onsite personnel until evacuated personnel released from the applicable Remote Assembly Area.

NOTE: Changes in the prognosis of situation should be explained in Item 8, Remarks / Description of event.

Item 5 **Prognosis of situation.**

Not required may be checked for the initial report of an emergency class only.

The "Other" check block can be used to provide an indication of anticipated event termination, e.g., emergency will be terminated when unit reaches cold shutdown at or about 1700 hours.

NOTE: The magnitude of radioactive material released should be explained in Item 8, Remarks / Description of event, e.g., release is estimated to be confined to the site, release estimated to be within normal plant limits, site boundary dose rates are below offsite protective action levels.

Item 6 **Release of radioactive material.**

Any effluent monitor increase of 10 times above pre-transient values or detection of airborne radioactivity GREATER THAN 30% DAC outside of plant buildings constitutes release of radioactive materials for the purposes of this report.

A release is considered terminated when the above definition is no longer met.

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 1		PAGE 4 of 7

Form Field

Instructions for Preparing Form:

Item 7

Meteorological data.

[] Not required may be checked for the initial report of an emergency class only.

[] Not available may be checked when waiting for meteorological information will delay transmission of a message. Efforts to obtain meteorological data from alternative sources should not delay sending emergency messages.

Check [] Based on onsite measurements when meteorological information is acquired from onsite instruments.

Onsite measurements may be acquired from any of the following:

- ERFCS EMCOMM feature (15-minute average) (activated by typing EMCOMM and pressing the gray button labeled LAST)
- ERFCS Group Review #39, COMERDS-1, Common ERDS Points (15-minute average)
- Control Room meteorological panel charts (approximate average for previous 15 minutes) (communicate with Control Room staff when ERFCS not available in other facilities)

Multiple indications of wind direction and wind speed are available. The priority for using these indications is:

- 1 Main Tower Lower Level
- 2 Backup Tower
- 3 Main Tower Upper Level

Check [] Based on offsite regional data when onsite measurements are NOT available. Regional wind speed and wind direction data may be obtained from the following in the order indicated:

- 1 Company Weather Center, (804) 273-3025
- 2 National Weather Service (NWS), (800) 737-8624

[Instructions for Item 7, Meteorological data, continued on following page.]

NUMBER	ATTACHMENT TITLE INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	REVISION
EPIP-2.01		21
ATTACHMENT		PAGE
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Form Field Instructions for Preparing Form:

Item 7 Meteorological data.
[continued]

Use the following table to convert indicated degree reading to compass point wind blowing from.

DEGREES	COMPASS POINT
0-11 or 350-371	N (NORTH)
12-34 or 372-394	NNE (NORTH NORTHEAST)
35-56 or 395-416	NE (NORTHEAST)
57-79 or 417-439	ENE (EAST NORTHEAST)
80-101 or 440-461	E (EAST)
102-124 or 462-484	ESE (EAST SOUTHEAST)
125-146 or 485-506	SE (SOUTHEAST)
147-169 or 507-529	SSE (SOUTH SOUTHEAST)
170-191 or 530-540	S (SOUTH)
192-214	SSW (SOUTH SOUTHWEST)
215-236	SW (SOUTHWEST)
237-259	WSW (WEST SOUTHWEST)
260-281	W (WEST)
282-304	WNW (WEST NORTHWEST)
305-326	NW (NORTHWEST)
327-349	NNW (NORTH NORTHWEST)

Record wind direction in compass point wind is blowing from.

Record wind speed.

Item 8 Remarks / Description of event.

Write Remarks / Description of event in plain language. Avoid technical jargon, abbreviations and acronyms.

Explain any change in the prognosis of situation (Item 5) reported in the previous message.

IF Item 6 indicated a radiological release is occurring or has occurred, THEN remarks should be entered placing the release in context, e.g., release is estimated to be confined to the site, release estimated to be within normal plant limits, site boundary dose rates are below offsite protective action levels.

Avoid repeating Remarks / Description of event from the previous message.

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 1		PAGE 6 of 7

Form Field

Instructions for Preparing Form:

Item 9

Emergency Communicator identification.

Enter name of Emergency Communicator.

Roll Call

Leave blank. (Check off recipients of the emergency message when they answer the roll call.)

Message
Close-Out

Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 1-9.)

Item 10

Downwind sectors.

IF Item 1 indicates the emergency class is a Notification of Unusual Event, Alert or Site Area Emergency, THEN check
[] None.

IF Item 1 indicates the emergency class is a General Emergency, THEN copy downwind sectors from EPIP-1.06, PROTECTIVE ACTION RECOMMENDATION, Attachment 3, in Item 10.

Item 11

Recommended offsite protective actions.

IF Item 1 indicates the emergency class is a Notification of Unusual Event, Alert or Site Area Emergency, THEN check
[] None.

IF Item 1 indicates the emergency class is a General Emergency, THEN copy recommended offsite protective action from EPIP-1.06, PROTECTIVE ACTION RECOMMENDATION, Attachment 3, in Item 11.

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	INSTRUCTIONS FOR COMPLETING REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 1		PAGE 7 of 7

Form Field

Instructions for Preparing Form:

Item 12

Report of Radiological Conditions.

IF Item 6 indicates a release of radioactive material has NOT occurred and is NOT projected, THEN check [] We will not issue a Report of Radiological Conditions.

IF a Report of Radiological Conditions is required AND all the following conditions are met:

- LEOF (or CEOF) - RESPONSIBLE FOR STATE NOTIFICATIONS
- Department of Emergency Management - PRESENT
- Department of Health (Radiological Health Programs) representative - PRESENT

THEN check [] We will provide the Report of Radiological Conditions to the State representatives in the LEOF (CEOF).

IF a Report of Radiological Conditions is required AND has to be transmitted to the State EOC, THEN check [] We will transmit a Report of Radiological Conditions to the State EOC.

Item 13

Update schedule and name of State EOC Duty Officer.

Leave blank. (Update schedule and identification of State EOC Duty Officer is determined in consultation with the State EOC Duty Officer after message is transmitted.)

Message
Close-Out

Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 10-13.)

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS	21
ATTACHMENT 2		PAGE 1 of 2

APPROVAL: (SEM or RM): _____; MESSAGE # _____; TIME NOTIFICATION STARTED: _____

This is North Anna Power Station Control Room TSC LEOF CEOF. Standby for a roll-call followed by an emergency message. Use a Report of Emergency form to copy this message. (Conduct a roll-call and check boxes as each party answers)

Louisa County State EOC Orange County
 Spotsylvania County Hanover County Caroline County

The emergency message is as follows: (READ SLOWLY)

Item 1: Emergency Class:

<input type="checkbox"/> Notification of Unusual Event	<input type="checkbox"/> Site Area Emergency	Declared at _____ on _____ (24-hr time) (date)
<input type="checkbox"/> Alert	<input type="checkbox"/> General Emergency	

Emergency Terminated

Item 2: Assistance requested:

None
____ (#) Fire Units from _____ ____ (#) Police Units from _____
____ (#) Rescue Units from _____ Other _____
 Not Required

Item 3: Emergency response actions underway:

None Station emergency personnel called in
 Station monitoring teams dispatched offsite Other _____
 Not Required

Item 4: Evacuation of onsite personnel: No; Yes, evacuated to: Primary Remote Assembly Area
 Not Required Secondary Remote Assembly Area
 Other

Item 5: Prognosis of situation: Improving Stable
 Not Required Worsening Other _____

Item 6: Release of radioactive material:

Has NOT occurred and is NOT projected Is presently occurring
 Has occurred and is now terminated Is projected to occur

Item 7: Meteorological data is:

Based on onsite measurements; Based on offsite regional data;
 Wind direction is from the _____; Wind speed is _____ mph
 Not available
 Not Required

(ATTACHMENT 2 CONTINUED ON NEXT PAGE)

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-2.01	REPORT OF RADIOLOGICAL CONDITIONS TO THE STATE	21
ATTACHMENT		PAGE
3		1 of 1

PART I. Instructions for North Anna Emergency Communicator:

1. Check name of facility: [] Control Room [] TSC [] Local EOF [] Central EOF

2. Record Message #: ___ Communicator's name: _____ Call-back #: (____) - _____

3. Check which report is attached and record the report number and run time (as appropriate):

___ MIDAS Radiological Status computer printout (2 pages) Report # ___ Run Time _____
 ___ Radiological Status attachment from EPIP-4.03 (1 page) Report # _____

4. Have Station Emergency Manager (SEM) / Recovery Manager (RM) approve transmittal:

APPROVED FOR TRANSMITTAL: _____ (SEM / RM initials) DATE: ___ / ___ / ___ TIME: ___ : ___

5. IF report can be delivered to both VDEM AND VDH staff in EOF, THEN GO TO PART I, ITEM 6.
IF report will be sent by facsimile, THEN notify State EOC Report of Radiological Conditions will be sent by facsimile (Use DEM ARD or (804) 674-2400) and request receipt confirmation.

6. Deliver report to both VDEM AND VDH staff in EOF:

- Date/Time Message Delivered to VDEM Representative in Local/Central EOF: ___ / ___ / ___ : ___
- Date/Time Message Delivered to VDH Representative in Local/Central EOF: ___ / ___ / ___ : ___
- Record N/A by Part II and Part III below.

IF report will be sent by facsimile, THEN ask facsimile machine operator to transmit this message.

IF transmittal of report by facsimile NOT achievable, THEN do the following:

- Notify State EOC using DEM ARD or call (804) 674-2400
- Identify yourself and your location
- Ask EOC Duty Officer to use a Report of Radiological Conditions form to copy message
- Read the attached report
- Record when message transmittal completed: Date/Time Message Completed: ___ / ___ / ___ : ___
- Record N/A by Part II and Part III below.

PART II. Instructions for Facsimile Machine Operator:

1. Record Facsimile Operator's name: _____ Date/Time Sent: ___ / ___ / ___ : ___

2. Transmit this message to State EOC facsimile machine (804) 674-2419.

IF facsimile transmission NOT successful, THEN RETURN message to Emergency Communicator.

3. Return original report to State and Local Emergency Communicator.

PART III. Instructions for State EOC Duty Officer:

1. Notify North Anna Emergency Communicator report received. Date/Time Verified: ___ / ___ / ___ : ___
 (Use DEM ARD or see PART I, Item 2 above for call-back number). Receipt Verification

2. Forward message to EOC Operations Officer for distribution to State Radiological Health Programs and Information & Planning representatives.

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-1.06	PROCEDURE TITLE PROTECTIVE ACTION RECOMMENDATIONS (With 3 Attachments)	REVISION 3
		PAGE 1 of 3

PURPOSE

Give guidance to the Station Emergency Manager or Recovery Manager regarding determination of Protective Action Recommendations.

**LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work**

ENTRY CONDITIONS

Any of the following:

1. Activation by EPIP-1.05, RESPONSE TO GENERAL EMERGENCY.
2. Activation by CPIP-1.0, CORPORATE RESPONSE MANAGER ACTIVATION.
3. Activation by CPIP-6.0, LEOF RECOVERY MANAGER GUIDANCE.
4. As directed by the Station Emergency Manager or Recovery Manager.

Approvals on File

Effective Date 10/6/2000

NUMBER EPIP-1.06	PROCEDURE TITLE PROTECTIVE ACTION RECOMMENDATIONS	REVISION 3
		PAGE 2 of 3

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
------	--------------------------	-----------------------

____ 1 INITIATE PROCEDURE:

• By: _____

Date: _____

Time: _____

NOTE: The initial notification of General Emergency and an applicable Protective Action Recommendation (PAR) must be made to the State within 15 minutes following declaration of the General Emergency.

____ 2 USE ATTACHMENT 2, PROTECTIVE ACTION RECOMMENDATION MATRIX, TO DETERMINE INITIAL PAR

____ 3 COMPLETE ATTACHMENT 3, PROTECTIVE ACTION RECOMMENDATION FORM:

a) Fill in Item 1 (Meteorological Data)

b) Mark appropriate PAR box of Item 2

c) Sign and date form

____ 4 DIRECT EMERGENCY COMMUNICATORS TO NOTIFY OFFSITE AUTHORITIES OF PAR:

• State Emergency Operations Center notified IAW EPIP-2.01, NOTIFICATION OF STATE AND LOCAL GOVERNMENTS

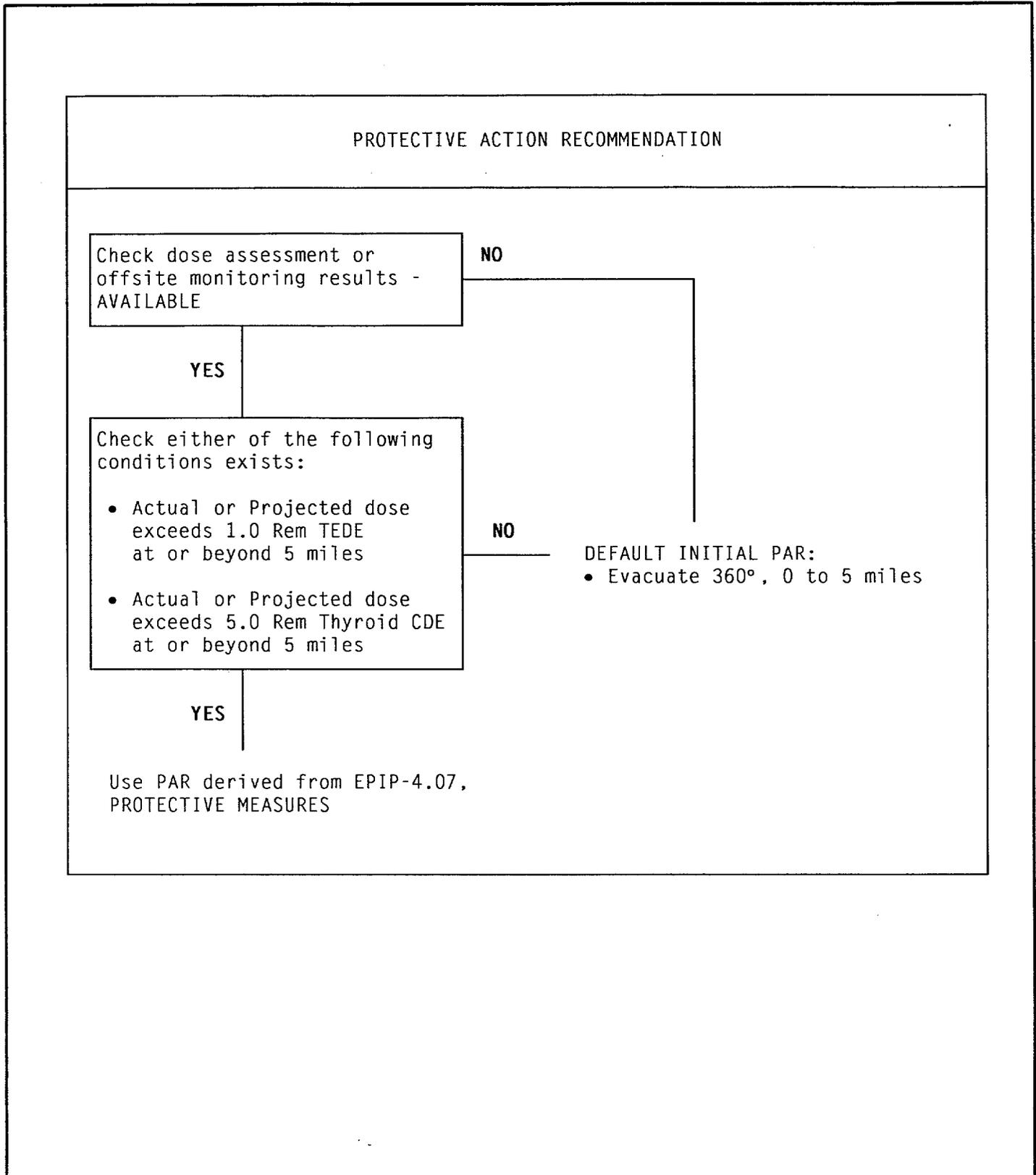
• NRC notified IAW EPIP-2.02, NOTIFICATION OF NRC (notifications made from Control Room or TSC, when activated)

NUMBER EPIP-1.06	PROCEDURE TITLE PROTECTIVE ACTION RECOMMENDATIONS	REVISION 3
		PAGE 3 of 3

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 5	HAVE RADIOLOGICAL ASSESSMENT DIRECTOR (RAD) IMPLEMENT EPIP-4.07, PROTECTIVE MEASURES [RADIOLOGICAL ASSESSMENT COORDINATOR (RAC) IF IN LEOF]	
_____ 6	CHECK IF RADIOLOGICAL-BASED PAR RECOMMENDS PROTECTIVE ACTIONS IN ANY NEW AREA(s)	<u>IF</u> PAR in effect - UNCHANGED, <u>THEN</u> GO TO Step 8.
_____ 7	RETURN TO STEP 3	
_____ 8	CHECK EMERGENCY - TERMINATED	<u>IF</u> RAD/RAC recommends a PAR change, <u>THEN</u> RETURN TO Step 6.
_____ 9	TERMINATE EPIP-1.06: <ul style="list-style-type: none"> • Give completed EPIP-1.06, forms, and other applicable records to TSC Emergency Procedures Coordinator or LEOF Services Coordinator • Completed by: _____ Date: _____ Time: _____ 	

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.06	PROTECTIVE ACTION RECOMMENDATION MATRIX	3
ATTACHMENT	(NAPS)	PAGE
2		1 of 1



NUMBER	ATTACHMENT TITLE	REVISION
EPIP-1.06	PROTECTIVE ACTION RECOMMENDATION FORM	3
ATTACHMENT		PAGE
3		1 of 1

- NOTE:**
- Downwind sectors (primary plus 2 buffer sectors) may be determined from the State/Local Emergency Communicator, facility maps, or Attachment 1, Sector Map.
 - Wind direction is always given as the compass point the wind blows from, which is opposite from the primary downwind sector. Example: Wind direction from East North East (ENE) means Sector M is primary.
 - Recommendations for sheltering may be made at the discretion of the Station Emergency Manager / Recovery Manager.

1. METEOROLOGICAL DATA:

WIND SPEED: _____ mph

DOWNWIND SECTORS: _____

2. PROTECTIVE ACTION RECOMMENDATION:

DEFAULT INITIAL PAR:

Evacuate 360° from 0 to 5 miles.

EXPANDED PAR:

Evacuate 360° from 0 to ___ miles.

Evacuate downwind sectors from ___ to ___ miles.

Shelter 360° from ___ to ___ miles.

Shelter downwind sectors from ___ to ___ miles.

Shelter unaffected sectors from ___ to ___ miles.

APPROVED BY:

Station Emergency Manager or
Recovery Manager

_____/_____
Date / Time

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-4.07	PROCEDURE TITLE PROTECTIVE MEASURES (With 3 Attachments)	REVISION 14
		PAGE 1 of 4

PURPOSE

Give guidance to Radiological Assessment Director/Coordinator for assessing projected doses to population at risk and for determining protective action recommendations.

**LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work**

ENTRY CONDITIONS

Any of the following:

1. Activation by EPIP-4.01, RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE.
2. Activation by CPIP-6.2, RADIOLOGICAL ASSESSMENT COORDINATOR.
3. Activation by EPIP-1.06, PROTECTIVE ACTION RECOMMENDATIONS.
4. As directed by the Station Emergency Manager or Recovery Manager.

Approvals on File

Effective Date 10/6/2000

NUMBER EPIP-4.07	PROCEDURE TITLE PROTECTIVE MEASURES	REVISION 14
		PAGE 2 of 4

STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

NOTE: EPIP-1.06, PROTECTIVE ACTION RECOMMENDATIONS, provides for issuing an initial default PAR to evacuate 360° between 0 and 5 miles upon classification of any General Emergency unless actual or projected doses beyond 5 miles exceed 1.0 Rem TEDE of 5.0 Rem Thyroid CDE.

_____ 1 INITIATE PROCEDURE:

- By: _____
- Date: _____
- Time: _____

_____ 2 CHECK IF MIDAS RESULTS AVAILABLE

IF MIDAS results NOT available, THEN do the following:

- a) Get results of EPIP-4.08, INITIAL OFFSITE RELEASE ASSESSMENT.
- b) Determine downwind sectors.
- c) Determine distance out to which the following are exceeded:
 - 1.0 Rem TEDE
 - 5.0 Rem Thyroid CDE

_____ 3 CHECK PROJECTED DOSE BEYOND 5 MILES ≥ EITHER OF THE FOLLOWING:

- 1.0 Rem TEDE
- 5.0 Rem Thyroid CDE

IF dose < 1.0 Rem TEDE AND < 5.0 Rem Thyroid CDE beyond 5 miles, THEN do the following:

- a) Notify SEM/RM that initial default PAR is bounding.
- b) GO TO Step 8.

_____ 4 CHECK OFFSITE FIELD SURVEY DATA - AVAILABLE

IF offsite survey data NOT available, THEN GO TO Step 6.

NUMBER EPIP-4.07	PROCEDURE TITLE PROTECTIVE MEASURES	REVISION 14
		PAGE 3 of 4

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
5	CHECK FIELD SURVEY DATA RESULTS CORRELATE WITH PROJECTED DOSES	<u>IF</u> field survey data results differ from projected doses, <u>THEN</u> consult with SEM/RM to determine which will be used to develop PAR.
<p>NOTE: Entry of remarks (Item 3) on Attachment 2 is optional. The remarks section can be used to describe the basis for radiological PARs, i.e., dose projection or sampling results, rationale for sheltering unaffected areas, whether areas beyond 10 miles affected, etc.</p>		
6	USE ATTACHMENT 2 TO PREPARE RADIOLOGICAL PROTECTIVE ACTION RECOMMENDATION	
7	VERIFY DISTANCE(S) AT WHICH DOSE THRESHOLDS MET OR EXCEEDED - < 10 MILES	<u>IF</u> dose thresholds met or exceeded beyond 10 miles, <u>THEN</u> initiate Attachment 3, Consideration of Protective Action Recommendations Beyond 10 Miles.
8	CHECK EMERGENCY - TERMINATED	<p><u>IF</u> new dose projections or field survey results in area(s) where evacuation <u>NOT</u> previously recommended meet or exceed either of the following:</p> <ul style="list-style-type: none"> • 1.0 Rem TEDE • 5.0 Rem Thyroid CDE <p><u>THEN</u> RETURN TO Step 4.</p>

NUMBER EPIP-4.07	PROCEDURE TITLE PROTECTIVE MEASURES	REVISION 14 PAGE 4 of 4
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
9	<p>TERMINATE EPIP-4.07:</p> <ul style="list-style-type: none">• Give completed EPIP-4.07, forms, and other applicable records to Radiological Assessment Director/Radiological Assessment Coordinator• Completed By: _____ Date: _____ Time: _____	

-END-

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.07	RADIOLOGICAL PROTECTIVE ACTION RECOMMENDATION	14
ATTACHMENT		PAGE
2		1 of 1

NOTE: • Sectors are depicted on Attachment 1, Sector Map.

- Evacuation dose thresholds: 1.0 Rem TEDE and 5.0 Rem Thyroid CDE.

1. IF an evacuation dose threshold is met or exceeded between 5 and 10 miles in one sector, THEN record affected and adjacent sectors in a clockwise direction, e.g., if dose is ≥ 1.0 Rem TEDE at 6 miles in Sector R, then record downwind sectors as Q R A.

IF an evacuation dose threshold is met or exceeded between 5 and 10 miles in between two and thirteen sectors, THEN record affected and adjacent sectors in a clockwise direction as a range, e.g., if dose is ≥ 1.0 Rem TEDE at 6 miles in Sectors Q and R, then record downwind sectors (P-Q-R-A) as P - A.

IF an evacuation dose threshold is met or exceeded between 5 and 10 miles in 14 or more sectors, THEN record A - R.

DOWNWIND SECTORS: _____

2. IF an evacuation dose threshold is met or exceeded between 5 and 10 miles in between one and thirteen sectors, THEN record the following:

Example: Evacuate 360° from 0 to 5 miles.
 Evacuate downwind sectors from 5 to 10 miles.

IF an evacuation dose threshold is met or exceeded between 5 and 10 miles in fourteen or more sectors, THEN record the following:

Example: Evacuate 360° from 0 to 10 miles.
 Evacuate downwind sectors from ___ to ___ miles.

RADIOLOGICAL PROTECTIVE ACTION RECOMMENDATION:

Evacuate 360° from 0 to ___ miles.

Evacuate downwind sectors from ___ to ___ miles.

3. REMARKS: _____

RECOMMENDED BY: _____ Date / Time
 Radiological Assessment Director or
 Radiological Assessment Coordinator

FORWARD COMPLETED ATTACHMENT 2 TO STATION EMERGENCY MANAGER / RECOVERY MANAGER

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.07	CONSIDERATION OF PROTECTIVE ACTION RECOMMENDATIONS BEYOND 10 MILES	14
ATTACHMENT 3		PAGE 1 of 2

___ 1. VERIFY PROJECTED DOSES MEET OR EXCEED 1 REM TEDE OR 5 REM THYROID CDE AT OR BEYOND 10 MILES:

- a. Review dose projection results
- b. Evaluate assumptions incorporated into dose projections:
 - Accident default values and technical basis for MIDAS and EPIP calculations (refer to EPIP-4.30, USE OF MIDAS CLASS A MODEL)
 - Projections using actual sample results versus default isotopic inventory
 - Event and release duration
 - Plume arrival time at 10 mile distance
- c. Evaluate field team measurements (if available)

- NOTE:
- Protective actions for areas within the 10-mile EPZ should be implemented prior to recommending protective actions for areas beyond 10 miles.
 - Field measurements and evacuation status for areas within the 10-mile EPZ should be considered before recommending protective actions beyond 10 miles.

___ 2. CONFER WITH SEM/RM:

- a. Review dose projections, associated assumptions, and field measurement results (if available)
- b. Evaluate options:
 - Using field team real-time measurements to calculate dose
 - Impact of extended PAR beyond 10 miles:
 - Affect on evacuees departing the 10-mile EPZ
 - Location of public Evacuation Assembly Centers
 - No designated evacuation routes beyond 10 miles
 - Some protective action zones extend beyond the 10 mile EPZ boundary due to geopolitical boundaries

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.07	CONSIDERATION OF PROTECTIVE ACTION RECOMMENDATIONS BEYOND 10 MILES	14
ATTACHMENT 3		PAGE 2 of 2

- 3. REVIEW DOSE PROJECTION RESULTS AND FIELD MEASUREMENTS WITH STATE REPRESENTATIVE (if in LEOF/CEOF):

 - Consult with DEM On-Scene Coordinator/designee
 - Compare North Anna Power Station and State monitoring team results

- 4. ASSIST SEM/RM IN DERIVATION OF EXTENDED PAR (IF DEEMED PRUDENT BASED ON THE ABOVE CONSIDERATIONS):

 - Determine the distance out to which evacuation dose is exceeded (e.g., 1 Rem TEDE or 5 Rem Thyroid CDE)
 - Evaluate plume width as determined by field measurements or ingestion pathway dose projections (lateral distance from centerline should be used because Protective Action Zones are not defined beyond 10 miles)

- 5. VERIFY PAR (IF ISSUED) IS OFFICIALLY TRANSMITTED TO OFFSITE AGENCIES:

 - a. State EOC (via State and Local Communicator using EPIP-2.01, NOTIFICATION OF STATE AND LOCAL GOVERNMENTS)
 - b. State representative, e.g., State On-Scene Coordinator (if in LEOF/CEOF)
 - c. NRC (via HPN Communicator if HPN activated, or by ENS Communicator)

VIRGINIA POWER
NORTH ANNA POWER STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

NUMBER EPIP-4.13	PROCEDURE TITLE OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA (With 2 Attachments)	REVISION 9
		PAGE 1 of 6

PURPOSE

Confirm onsite dose projections using environmental monitoring data.

**LEVEL 2 DISTRIBUTION
This Document Should Be Verified
And Annotated To A Controlled Source
As Required to Perform Work**

ENTRY CONDITIONS

Any of the following:

1. Activation by EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE.

Approvals on File

Effective Date 10/6/2000

NUMBER EPIP-4.13	PROCEDURE TITLE OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA	REVISION 9 <hr/> PAGE 2 of 6
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
_____ 1	INITIATE PROCEDURE: • By: _____ Date: _____ Time: _____	
_____ 2	DETERMINE TYPE OF ASSESSMENT REQUIRED: • DDE or TEDE dose rate from direct radiation readings: GO TO Step 3 • Thyroid CDE dose rate to be determined from sample analysis: GO TO Step 4 • Emergency terminated: GO TO Step 8	

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

NOTE: Direct radiation readings are equivalent to DDE.

3 DETERMINE DEEP DOSE EQUIVALENT (DDE) OR TEDE OFFSITE DOSE RATE FROM DIRECT RADIATION READINGS:

a) Verify direct radiation readings from monitoring team(s) at centerline location

a) IF dose rates are NOT from plume centerline, THEN, GO TO Step 5.

b) Use centerline dose rate for DDE value

c) Determine estimated TEDE dose rate using Attachment 2

d) Record the following on Attachment 1:

- Monitoring location
- Date and time
- DDE and TEDE dose rates

NUMBER EPIP-4.13	PROCEDURE TITLE OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA	REVISION 9
		PAGE 4 of 6

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
4	<p>DETERMINE THYROID CDE DOSE RATE USING OFFSITE SAMPLE ANALYSIS:</p> <p>a) Check sample data given in counts per minute:</p> <p>1) Get background count rate (cpm) and volume (ft³) from monitoring team(s)</p> <p>2) Calculate NET counts per minute:</p> $\text{SAMPLE cpm} - \text{BACKGROUND cpm} = \text{NET cpm}$ <p>3) Calculate Conversion Factor (CF) for sample volume collected</p> $\frac{3.33 \text{ E-10}}{\# \text{ ft}^3} = \text{CF}$ <p>b) Calculate activity:</p> $\text{NET cpm} \times \text{CONVERSION FACTOR} = \text{ACTIVITY } (\mu\text{Ci/ml})$ <p>c) Calculate Thyroid CDE dose rate:</p> $\text{ACTIVITY } (\mu\text{Ci/ml}) \times 1.57 \text{ E+9} = \text{mrem/hr}$ <p>e) Record the following on Attachment 1:</p> <ul style="list-style-type: none"> • Sample location • Date and time • Thyroid CDE Dose rate <p>f) GO TO Step 6</p>	<p>a) <u>IF</u> sample data is given in $\mu\text{Ci/ml}$, <u>THEN</u> GO TO Step 4.c.</p> <p>d) <u>IF</u> sample taken off-centerline, <u>THEN</u> GO TO Step 5.</p>

NUMBER EPIP-4.13	PROCEDURE TITLE OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA	REVISION 9
		PAGE 5 of 6

STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

5 DETERMINE OFF-CENTERLINE DOSE RATES:

a) Determine X/Q:

- 1) Refer to EPIP-4.10, DETERMINATION OF X/Q
- 2) Determine centerline X/Q at perpendicular distance from sample location
- 3) Determine X/Q at sample location

b) Calculate estimated centerline dose rate:

$$\frac{X/Q \text{ (Centerline)} \times \text{Dose Rate (mrem/hr Sample Location)}}{X/Q \text{ (Sample Location)}} = \text{DOSE RATE AT CENTERLINE (mrem/hr)}$$

- c) Use estimated centerline dose rate for DDE value
- d) Determine estimated TEDE dose rate using Attachment 2
- e) Record the following on Attachment 1:
 - Sample location
 - Date and time
 - DDE and TEDE dose rate(s)
 - Note that sample was taken off-centerline in Remarks section

6 GIVE COMPLETED ATTACHMENT 1 TO DOSE ASSESSMENT TEAM LEADER

7 RETURN TO STEP 2

NUMBER EPIP-4.13	PROCEDURE TITLE OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA	REVISION 9 <hr/> PAGE 6 of 6
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
8	<p>TERMINATE EPIP-4.13:</p> <ul style="list-style-type: none"> Give completed EPIP-4.13, forms, and other applicable records to the Radiological Assessment Director/Radiological Assessment Coordinator Completed By: _____ Date: _____ Time: _____ 	
-END-		

NUMBER EPIP-4.13	ATTACHMENT TITLE OFFSITE ENVIRONMENTAL DATA SHEET	REVISION 9
ATTACHMENT 1		PAGE 1 of 1

LOCATION: _____

DATE: _____

TIME: _____

DDE DOSE RATE: _____ mrem/hr

TEDE DOSE RATE: _____ mrem/hr

THYROID CDE DOSE RATE: _____ mrem/hr

REMARKS:

Completed By: _____

NUMBER	ATTACHMENT TITLE	REVISION
EPIP-4.13	DETERMINATION OF TEDE/DDE RATIO	9
ATTACHMENT		PAGE
2		1 of 1

NOTE: TEDE = DDE + CEDE + 4 day Ground Shine, when applied to dose projections for protective action decision-making.

___ 1. Get Ratio TEDE/DDE from actual sample results AND GO TO Step 5 of this attachment

OR

IF sample results NOT available, THEN continue this instruction

___ 2. Get Ratio TEDE/DDE from MIDAS report AND GO TO Step 5 of this attachment

OR

IF MIDAS results NOT available, THEN continue this instruction

___ 3. Use results from EPIP-4.08 AND GO TO Step 5 of this attachment

OR

IF EPIP-4.08 results NOT available, THEN continue this instruction

___ 4. Use default TEDE/DDE ratio:

ACCIDENT TYPE	RATIO	ACCIDENT TYPE	RATIO
MSLB	50	VCT Rupture	1
SGTR	3	LOCA DBA	4
Fuel Handling	1.5	LOCA GAP or PC	2
WGDT Rupture	1	Locked Rotor	13

NOTE: Field direct radiation readings are equivalent to DDE for estimation purposes.

___ 5. Calculate estimated TEDE dose rate:

$$\boxed{\begin{array}{l} \text{DDE dose rate} \\ \text{from field team} \end{array}} \times \text{Ratio } \frac{\text{TEDE}}{\text{DDE}} = \text{TEDE dose rate}$$

___ 6. Record resulting estimated TEDE dose rate on Attachment 1.