



Tennessee Valley Authority, Post Office Box 2000, Decatur, Alabama 35609-2000
November 16, 2000

10 CFR Part 50, App E

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

Gentleman:

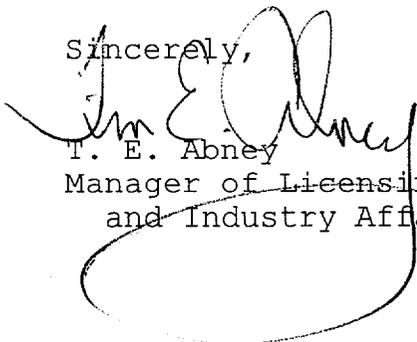
In the Matter of)	Docket Nos. 50-259
Tennessee Valley Authority)	50-260
		50-296

**BROWNS FERRY NUCLEAR PLANT (BFN) - UNITS 1, 2, and 3
EMERGENCY PLAN IMPLEMENTING PROCEDURE (EPIP) REVISIONS**

TVA is submitting this notification in accordance with the requirements of 10 CFR Part 50, Appendix E, Section V, to provide NRC with the following EPIP revisions: (1) EPIP Index, EPIP-2, Revision 21B, EPIP-3, Revision 24B, EPIP-4, Revision 23B, EPIP-5, Revision 28B, and EPIP-17, Revision 24A. The EPIP revision date for these changes is October 31, 2000.

The enclosed information is being sent by certified mail. The signed receipt signifies that you have received this information. If you have any questions, please telephone me at (256) 729-2636.

Sincerely,



T. E. Abney
Manager of Licensing
and Industry Affairs

A045

U.S. Nuclear Regulatory Commission
Page 2

November 16, 2000

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ENCLOSURE
TENNESSEE VALLEY AUTHORITY
BROWNS FERRY NUCLEAR PLANT
UNITS 1, 2, AND 3

EMERGENCY PLAN IMPLEMENTING PROCEDURES (EPIP)
EPIP-2,-3,-4,-5, and-17

SEE ATTACHED

GENERAL REVISIONS

GENERIC FILING INSTRUCTIONS

FILE DOCUMENTS AS FOLLOWS:

PAGES TO BE REMOVED

EPIP INDEX (ALL)

EPIP-2 REVISION 21A (ALL)

EPIP-3 REVISION 24A (ALL)

EPIP-4 REVISION 23A (ALL)

EPIP-5 REVISION 28A (ALL)

EPIP-17 REVISION 24 (ALL)

PAGES TO BE INSERTED

EPIP INDEX (ALL)

EPIP-2 REVISION 21B (ALL)

EPIP-3 REVISION 24B (ALL)

EPIP-4 REVISION 23B (ALL)

EPIP-5 REVISION 28B (ALL)

EPIP-17 REVISION 24A (ALL)

Unit	Proc Type	Proc Number	Doc Type	Title	Fold Stat Doc Stat	Group Section	Reason Admin Hold	Remarks	Rev
0	EPIP	EPIP-1/Section I	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section II-1.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER		PAGE 18 WILL NOT PRINT ALL CHARACTERS (WILL NEED TO PRINT SEPARATELY)	029A
0	EPIP	EPIP-1/Section II-2.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028
0	EPIP	EPIP-1/Section II-3.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section II-4.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028B
0	EPIP	EPIP-1/Section II-5.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section II-6.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section II-7.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028
0	EPIP	EPIP-1/Section II-8.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section III-1.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section III-2.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028
0	EPIP	EPIP-1/Section III-3.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section III-4.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028B
0	EPIP	EPIP-1/Section III-5.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section III-6.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/Section III-7.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			028

Unit	Proc Type	Proc Number	Doc Type	Title	Fold Stat	Group	Reason	Remarks	Rev
					Doc Stat	Section	Admin Hold		
0	EPIP	EPIP-1/Section III-8.0	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029
0	EPIP	EPIP-1/TOC	PROCEDURE	EMERGENCY PLAN CLASSIFICATION LOGIC	ACTIVE	OTHER			029A
0	EPIP	EPIP-10	PROCEDURE	MEDICAL EMERGENCY PROCEDURE	ACTIVE	OTHER			020
0	EPIP	EPIP-11	PROCEDURE	SECURITY AND ACCESS CONTROL	ACTIVE	OTHER			008A
0	EPIP	EPIP-13	PROCEDURE	RADIOCHEMICAL LABORATORY PROCEDURE	ACTIVE	OTHER			007
0	EPIP	EPIP-14	PROCEDURE	RADIOLOGICAL CONTROL PROCEDURES	ACTIVE	OTHER			015
0	EPIP	EPIP-15	PROCEDURE	EMERGENCY EXPOSURE	ACTIVE	OTHER			006A
0	EPIP	EPIP-16	PROCEDURE	TERMINATION AND RECOVERY PROCEDURE	ACTIVE	OTHER			004
0	EPIP	EPIP-17	PROCEDURE	EMERGENCY EQUIPMENT AND SUPPLIES (INVENTORY AND OPERABILITY PROCEDURE)	ACTIVE	OTHER			024A
0	EPIP	EPIP-2	PROCEDURE	NOTIFICATION OF UNUSUAL EVENT	ACTIVE	OTHER		TONY FELTMAN EXT. 3666	021B
0	EPIP	EPIP-20	PROCEDURE	PLANT DATA	ACTIVE	OTHER			009
0	EPIP	EPIP-21	PROCEDURE	FIRE EMERGENCY PROCEDURE	ACTIVE	OTHER			003
0	EPIP	EPIP-3	PROCEDURE	ALERT	ACTIVE	OTHER		TONY FELTMAN, 3666	024B
0	EPIP	EPIP-4	PROCEDURE	SITE AREA EMERGENCY	ACTIVE	OTHER		TONY FELTMAN, X3666,	023B
0	EPIP	EPIP-5	PROCEDURE	GENERAL EMERGENCY	ACTIVE	OTHER		TONY FELTMAN, X3666	028B
0	EPIP	EPIP-6	PROCEDURE	ACTIVATION AND OPERATION OF THE TECHNICAL SUPPORT CENTER (TSC)	ACTIVE	OTHER		TONY FELTMAN, X3666	020A

Unit	Proc Type	Proc Number	Doc Type	Title	Fold Stat	Group	Reason	Remarks	Rev
					Doc Stat	Section	Admin Hold		
0	EPIP	EPIP-7	PROCEDURE	ACTIVATION AND OPERATION OF THE OPERATIONS SUPPORT CENTER (OSC)	ACTIVE ACTIVE	OTHER REP		TONY FELTMAN @ EXT. 3666	018A
0	EPIP	EPIP-8	PROCEDURE	PERSONNEL ACCOUNTABILITY AND EVACUATION	ACTIVE ACTIVE	OTHER REP			012

TENNESSEE VALLEY AUTHORITY

BROWNS FERRY NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP- 2

NOTIFICATION OF UNUSUAL EVENT

REVISION 21B

PREPARED BY: TIM CORNELIUS

PHONE: 2038

RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: TIM CORNELIUS

DATE: 10/27/2000

EFFECTIVE DATE: 10/31/2000

LEVEL OF USE: REFERENCE USE

VALIDATION DATE: NOT REQUIRED

QUALITY-RELATED

REVISION LOG

Procedure Number: EPIP-2

Revision Number: 21B

Pages Affected:4

Description of Change:

- EC-26 This change is being conducted to incorporate a request by the NRC to change the NRC Emergency Notification System (ENS) telephones from the FTS service format to the normal TVA Telephone service format. The change to this procedure only effects dialing for the numbers using the TVA Telephone service format.
Page 4, was revised to instruct the user regarding the dialing process change to the TVA service format for notifications using the ENS System.

1.0 PURPOSE

1.1 Provide for timely notification of appropriate individuals or organizations when the Shift Manager has determined by EPIP-1 that an incident has occurred which is classified as a NOTIFICATION OF UNUSUAL EVENT.

1.2 Provide for periodic analysis of the current situation by the Shift Manger/Site Emergency Director (SED) to determine whether the NOTIFICATION OF UNUSUAL EVENT should be terminated, continued, or upgraded to a more serious classification.

2.0 SCOPE

This procedure applies to emergency events that are classified as a Notification of Unusual Event by EPIP-1, Emergency Classification Procedure.

3.0 INSTRUCTIONS

3.1 Notification of the Operations Duty Specialist (ODS)

Note: The ODS should be notified within 5 minutes after the emergency event is declared.

Date: ___/___/___

3.1.1 Complete Attachment A (Notification Information).

INITIALS TIME

3.1.2 Notify the ODS and Provide the information from Attachment A.

INITIALS TIME

Note: Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS Telephone Numbers

5-751-1700

5-751-2495

If the ODS cannot be reached within 10 minutes, Then contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m.

9-1-334-206-5391

Holidays-Weekends-Offshifts

9-1-334-242-4378

3.1.3 Fax a copy of Attachment A to the ODS for confirmation of information or state if contacted directly).

INITIALS TIME

ODS Fax

5-751-8620

AL Rad Health

9-1-334-206-5387

3.1.4 Receive confirmation call from the ODS (to verify notification of the State of Alabama) (NA this step if the State was contacted directly).

INITIALS TIME

3.0 INSTRUCTIONS (CONTINUED)

3.2 NOTIFICATION OF SITE PERSONNEL

3.2.1 **Provide** the Unit 1, Unit Operator with a completed copy of Attachment A.

INITIALS

TIME

3.2.2 **Direct** the Unit 1, Unit Operator to make notifications from Attachment B (Unit 1, Unit Operator Notification), utilizing information from Attachment A.

INITIALS

TIME

3.2.3 **Make** the following plant P.A. announcement:

INITIALS

TIME

THIS IS (*NAME*), SHIFT MANAGER. A NOTIFICATION OF UNUSUAL EVENT HAS BEEN DECLARED ON UNIT ____ . I HAVE ASSUMED THE DUTIES OF SITE EMERGENCY DIRECTOR.

3.2.4 **Notify** the Plant Manager or alternate.

INITIALS

TIME

3.3 OFFSITE DOSE ASSESSMENT

3.3.1 Evaluate the need for offsite dose assessment.
(N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.3.1.1 When offsite dose assessment is required obtain the information from the CECC when operational.

3.3.1.2 If the CECC is not operational, contact the TSC, when staffed or the RADCON Shift Supervisor and request the implementation of EPIP 14, for dose assessment.

3.0 INSTRUCTIONS (CONTINUED)

3.4 NOTIFICATION OF THE NRC

3.4.1 **Notify** the NRC immediately or within 1 hour and if requested by the NRC maintain an open and continuous communications channel.

INITIALS

TIME

Note: **Utilize** the Emergency Notification System (ENS) when making this notification. Dial the first number listed on the sticker affixed to the ENS telephone, by dialing 9-1-"The Ten Digit Number Listed on the ENS Telephones". **If** the number is busy, **Then** select in order, the alternate numbers until a connection is achieved. No access codes are required.

3.0 INSTRUCTIONS (CONTINUED)

3.5 PERIODIC EVALUATION OF THE EVENT

- 3.5.1** Continue to **Evaluate** the event by using EPIP-1 as conditions warrant.
- 3.5.2** **If** other EAL conditions exist indicating the current emergency classification or significant changes in plant conditions have occurred since the last update to the ODS, and the CECC is not staffed, **Then, Complete** the "Follow-Up" Notification Form (Attachment C), notify the ODS and provide the new information. Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS - 5-751-2495, 1700

Note **If** the ODS cannot be reached, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m.
9-1-334-206-5391

Holidays-Weekends-Offshifts
9-1-334-242-4378

- 3.5.3** **If** the conditions warrants upgrading to a higher classifications, **Then** initiate the appropriate EPIP.
- 3.5.4** **If** the conditions warrant termination of the classification, **Then** enter the Termination section of this procedure at step 3.6.
- 3.5.5** **Re-enter** this procedural section as conditions warrant at step 3.5.1 or until directed to exit this procedure by steps 3.5.3 or 3.5.4.

3.0 INSTRUCTIONS (CONTINUED)

3.6 TERMINATION OF THE EVENT

If the situation no longer exists terminate the event and notify the following:

Date: ___/___/___

3.6.1 Notify the ODS of the termination of the emergency or the state directly if the ODS cannot be contacted.

INITIALS TIME

3.6.2 Notify the NRC of the termination of the emergency.

INITIALS TIME

3.6.3 Notify the Plant Manager or Alternate of the termination of the emergency.

INITIALS TIME

3.6.4 Complete Attachment A by providing the time and date of termination.

INITIALS TIME

3.6.4 Notify the Unit 1, Unit Operator. Provide the Unit 1, Unit Operator with the termination time and date and direct the Unit 1, Unit Operator to notify the individuals contacted on Attachment B of the termination of the emergency.

INITIALS TIME

3.0 INSTRUCTIONS (CONTINUED)

3.7 CLOSURE OF THE NOTIFICATION OF UNUSUAL EVENT

3.7.1 Upon termination of the Notification of Unusual Event, the Shift Manager shall send the completed EPIP-2 and all attachments to Emergency Preparedness (EP).

INITIALS

TIME

3.7.2 EP shall forward to the PORC Secretary the completed EPIP and all attachments for review by PORC.

INITIALS

TIME

3.7.3 PORC Review Completed.

PORC Chairman
[NRC/C85/28].

DATE

3.7.4 After PORC review is completed the PORC secretary shall forward the signed EPIP-2 with all attachments to EP for documentation storage.

INITIALS

TIME

4.0 ATTACHMENTS

Attachment A - Notification Information

Attachment B - Unit 1, Unit Operator Notification

Attachment C - Follow Up Information Form

ATTACHMENT A (Page 1 of 1) NOTIFICATION INFORMATION

THIS IS A REAL EVENT

THIS IS A DRILL

This is _____ at Browns Ferry.
Name

There has been a NOTIFICATION OF UNUSUAL EVENT declared at Browns Ferry affecting:

Unit 1

Unit 2

Unit 3

Common

EAL Designator: _____

Brief Description of the Event:

Plant Conditions:

Stable

Deteriorating

Radiological Conditions:

No Abnormal Releases Offsite

Airborne Release Offsite

Liquid Release Offsite

Release Information Not Known

Event Declared: Time: _____ Date: _____

Event Terminated: Time: _____ Date: _____

There is no Protective Action Recommendation at this time.

Please repeat the information you have received to ensure accuracy.

ATTACHMENT B (Page 1 of 1)
UNIT 1, UNIT OPERATOR NOTIFICATIONS

Date: ___/___/___

Note: All notifications should be made utilizing the information located on EPIP 2, Attachment A

Received a completed copy of EPIP 2, Attachment A from the
Site Emergency Director.

INITIALS TIME

Personnel Notifications	Initial Notifications		Termination Notifications	
Notify the Operations Manager (from the weekly duty list)	_____ Initials	_____ Time	_____ Initials	_____ Time
Notify the Vice President (from the weekly duty list)	_____ Initials	_____ Time	_____ Initials	_____ Time
Notify the REP manager (from the weekly duty list)	_____ Initials	_____ Time	_____ Initials	_____ Time
[NRC/C] Notify the Emergency Public Information Officer (from the weekly duty list)	_____ Initials	_____ Time	_____ Initials	_____ Time
Notify the Nuclear Security Shift Supervisor. Ext. 3150 or 2219	_____ Initials	_____ Time	_____ Initials	_____ Time
Notify the NRC Resident Ext. 2573, or 2572 or from the weekly duty list.	_____ Initials	_____ Time	_____ Initials	_____ Time

This is a Quality Assurance record with a retention of five years.

ATTACHMENT C (Page 1 of 1) FOLLOW-UP INFORMATION FORM Notification of Unusual Event

THIS IS A REAL EVENT THIS IS A DRILL

This is _____ at Browns Ferry. Name

There has been a NOTIFICATION OF UNUSUAL EVENT declared at Browns Ferry affecting: Unit 1 Unit 2 Unit 3 Common

The Reactor is Shutdown At Power

Plant Conditions are Stable Deteriorating

Follow-Up Information e.g., Key Events, Status Changes

Four horizontal lines for providing follow-up information.

Current Radiological Conditions are:

- No Abnormal Releases Offsite Airborne Release Offsite Liquid Release Offsite Release Information Not Known

Additional Rad information: e.g., release duration

Two horizontal lines for providing additional rad information.

There is no Protective Action Recommendation at this time.

Please repeat the information you have received to ensure accuracy.

The time for this follow up is: Time: _____ Date: _____

SIGNATURE: _____

TENNESSEE VALLEY AUTHORITY

BROWNS FERRY NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-3

ALERT

REVISION 24B

PREPARED BY: TIM CORNELIUS

PHONE: 2038

RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: TIM CORNELIUS

DATE: 10/27/2000

EFFECTIVE DATE: 10/31/2000

LEVEL OF USE: REFERENCE USE

VALIDATION DATE: NOT REQUIRED

QUALITY-RELATED

REVISION LOG

Procedure Number: EPIP-3

Revision Number: 24B

Pages Affected: 4

Description of Change:

- EC-29 This change is being conducted to incorporate a request by the NRC to change the NRC Emergency Notification System (ENS) telephones from the FTS service format to the normal TVA Telephone service format. The change to this procedure only effects dialing for the numbers using the TVA Telephone service format.
Page 4, was revised to instruct the user regarding the dialing process change to the TVA service format for notifications using the ENS System.

1.0 PURPOSE

- 1.1 Provide for timely notification of appropriate individuals or organizations when the Shift Manager/Site Emergency Director (SED) has determined by EPIP-1 that an incident has occurred which is classified as an ALERT.
- 1.2 Provide for periodic evaluation of the current situation by the Shift Manager/SED to determine whether the ALERT should be terminated, continued, or upgraded to a more serious classification.

2.0 SCOPE

This procedure applies to emergency events that are classified as Alert by EPIP-1, Emergency Classification Procedure.

EPIP-3

3.0 INSTRUCTIONS

Date: ___/___/___

3.1 If all Emergency Centers **ARE STAFFED**, Then notify the following that an **ALERT** Emergency Classification has been issued and EPIP 3 is being implemented, and continue in this procedure at Step 3.4. If all Emergency Centers **ARE NOT STAFFED**, Then N/A this step and continue in this procedure.

CECC
TSC
OSC

Control Rooms
Plant PA Announcement

INITIALS TIME

This is NAME, Site Emergency Director, an Alert has been declared at BFN, we are currently implementing EPIP-3. Standby for further updates.

3.2 Notification of the Operations Duty Specialist (ODS) & Emergency Responders

Note: The ODS **should** be notified within 5 minutes after the emergency event is declared.

3.2.1 **Complete** Attachment A (Notification Information).

INITIALS TIME

3.2.2 **Direct** the Unit 1, Unit Operator to make notifications from Attachment B (Unit 1, Unit Operator Notification)

INITIALS TIME

3.2.3 **Notify** the ODS and **Provide** the information from Attachment A.

INITIALS TIME

Note: Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS Telephone Numbers - 5-751-1700, or 2495

If the ODS cannot be reached within 10 minutes, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m. - Holidays-Weekends-Offshifts
9-1-334-206-5391 9-1-334-242-4378

3.2.4 **Fax** a copy of Attachment A to the ODS for confirmation of information or state if the state was contacted directly.

INITIALS TIME

ODS Fax AL Rad Health Fax
5-751-8620 9-1-334-206-5387

3.2.5 **Receive** confirmation call from the ODS (to verify notification of the State of Alabama)(NA this step, if the state was contacted directly).

INITIALS TIME

3.0 INSTRUCTIONS (CONTINUED)**3.3 NOTIFICATION OF SITE PERSONNEL**

3.3.1 Make the following plant P.A. announcement:

INITIALS

TIME

THIS IS (*NAME*), SHIFT MANAGER. An ALERT HAS BEEN DECLARED ON UNIT ____ . I HAVE ASSUMED THE DUTIES OF SITE EMERGENCY DIRECTOR. REPORT TO YOUR ASSIGNED EMERGENCY RESPONSE FACILITY AT THIS TIME!

3.4 ACCOUNTABILITY

CAUTION: Do not initiate an Accountability if the Alert is due to a Tornado or other severe weather condition.

3.4.1 If the emergency situation warrants an Accountability, **activate** the Accountability Alarm. (Reference EPIP-8) (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

Note: If the emergency situation does not warrant an Accountability at this time, continue to assess the situation and activate the Accountability Alarm when necessary.

3.5 OFFSITE DOSE ASSESSMENT

3.5.1 Evaluate the need for offsite dose assessment. (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.5.1.1 When offsite dose assessment is required obtain the information from the CECC when operational.

3.5.1.2 If the CECC is not operational, contact the TSC, when staffed or the RADCON Shift Supervisor and request the implementation of EPIP 14, for dose assessment.

3.0 INSTRUCTIONS (CONTINUED)

3.6 NOTIFICATION OF THE NRC

3.6.1 **Notify** the NRC immediately or within 1 hour and if requested by the NRC maintain an open and continuous communications channel.

INITIALS

TIME

Note: **Utilize** the Emergency Notification System (ENS) when making this notification. Dial the first number listed on the sticker affixed to the ENS telephone, by dialing 9-1-"The Ten Digit Number Listed on the ENS Telephones". **If** the number is busy, **Then** select in order, the alternate numbers until a connection is achieved. No access codes are required.

3.0 INSTRUCTIONS (CONTINUED)**3.7 PERIODIC EVALUATION OF THE EVENT**

3.7.1 Continue to **Evaluate** the event using EPIP-1 as conditions warrant.

3.7.2 **If** plant conditions warrant the need for follow up information, **Complete** the Follow Up Notification Form, Attachment C.

Note: Conditions that warrant this evaluation are as a minimum when other EAL conditions exist indicating the current emergency classification or significant changes in plant conditions have occurred.

3.7.3 **If** the CECC is not staffed, **Then** notify the ODS and provide follow up information from the completed Attachment C form. Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS - 5-751-2495, 1700

Note: **If** the ODS cannot be reached, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m.
9-1-334-206-5391

Holidays-Weekends-Offshifts
9-1-334-242-4378

3.7.4 **If** the conditions warrant upgrading to a higher classification, **Then** initiate the appropriate EPIP.

3.7.5 **If** the conditions warrants termination of the classifications, **Then** enter EPIP-16, Termination and Recovery Procedure.

3.7.6 **After** the evaluation has been completed, **if staffed**, **Notify** the following of the status:

- CECC
- NRC (ENS)
- TSC
- OSC
- CONTROL ROOMS
- PLANT PA ANNOUNCEMENT

3.7.7 **Re-enter** this procedural section as conditions warrant at step 3.7.1 or until directed to exit this procedure by steps 3.7.4 or 3.7.5.

3.0 INSTRUCTIONS (CONTINUED)

3.8 CLOSURE OF THE ALERT

3.8.1 Upon termination of the Alert, send the completed EPIP-3 and all attachments to Emergency Preparedness (EP). _____
INITIALS TIME

3.8.2 EP shall forward to the PORC Secretary the completed EPIP and all attachments for review by PORC. _____
INITIALS TIME

3.8.3 PORC Review Completed.

_____/_____
PORC Chairman DATE
[NRC/C85/28].

3.8.4 After PORC review is completed the PORC secretary shall forward the signed EPIP-3 with all attachments to EP for documentation storage. _____
INITIALS TIME

4.0 ATTACHMENTS

Attachment A - Notification Information

Attachment B - Unit 1, Unit Operator Notification

Attachment C - Follow Up Information Form

ATTACHMENT A (Page 1 of 1)
NOTIFICATION INFORMATION

THIS IS A REAL EVENT

THIS IS A DRILL

This is _____ at Browns Ferry.

Name

There has been a ALERT declared at Browns Ferry affecting:

Unit 1

Unit 2

Unit 3

Common

EAL Designator: _____

Brief Description of the Event:

Plant Conditions:

Stable

Deteriorating

Radiological Conditions:

No Abnormal Releases Offsite

Airborne Release Offsite

Liquid Release Offsite

Release Information Not Known

Event Declared:

Time: _____

Date: _____

Event Terminated:

Time: _____

Date: _____

There is no Protective Action Recommendation at this time.

Please repeat the information you have received to ensure accuracy.

EPIP-3

ATTACHMENT B (Page 1 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ___/___/___

1. **Activate** the Automatic Paging System (APS).

INITIALS TIME

Note: See Instructions in EPIP-6 Callout List (List will be maintained by the EP Manager)

Important: If the APS does NOT activate, Call the ODS (5-751-1700 or 5-751-2495) to activate and notify the SED immediately.

2. **Notify** the Unit Supervisors on shift.

INITIALS TIME

3. **Notify** Nuclear Security Shift Supervisor and state "AN ALERT HAS BEEN DECLARED" and direct to activate EPIP-11, Security and Access Control.

INITIALS TIME

- Plant Extension 3150 or 2219

4. **Notify** the Chemistry Lab Supervisor and state "AN ALERT HAS BEEN DECLARED" and direct to activate EPIP-13, Radiochemical Laboratory Procedure.

INITIALS TIME

- Plant Extension 2367 or 2368

5. **Notify** the RADCON Shift Supervisor and state "AN ALERT HAS BEEN DECLARED" and direct to activate EPIP-14, Radiological Control Procedure.

INITIALS TIME

- Plant Extension 2300 or 3104

EPIP-3

ATTACHMENT B (Page 2 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ___/___/___

6. **Notify** the "On-Call" NRC Resident and state "AN ALERT HAS BEEN DECLARED," per BFN-EPIP-03.

INITIALS

TIME

- Plant Extension 2572 [Secretary] or from weekly duty list

7. **IF** the APS did not operate properly, **Make** notifications from the current duty list. **If** the individuals on the duty list cannot be contacted, **Make** notifications from the EPIP-6 Call Out List. **Notify** the SED of the condition.

INITIALS

TIME

ATTACHMENT C (Page 1 of 1)
FOLLOW-UP INFORMATION FORM
ALERT

THIS IS A REAL EVENT THIS IS A DRILL

This is _____ at Browns Ferry.

Name

There has been a Alert declared at Browns Ferry affecting:

Unit 1 Unit 2 Unit 3 Common

The Reactor is Shutdown At Power

Plant Conditions are Stable Deteriorating

“Follow-Up” Information (e.g., Key Events, Status Changes)

Current Radiological Conditions are:

- No Abnormal Releases Offsite
- Airborne Release Offsite
- Liquid Release Offsite
- Release Information Not Known

Additional Rad information: (e.g., release duration)

There is no Protective Action Recommendation at this time.

Please repeat the information you have received to ensure accuracy.

The time for this follow up is: Time: _____ Date: _____

SIGNATURE: _____

TENNESSEE VALLEY AUTHORITY

BROWNS FERRY NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-4

SITE AREA EMERGENCY

REVISION 23B

PREPARED BY: TIM CORNELIUS

PHONE: 2038

RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: TIM CORNELIUS

DATE: 10/27/2000

EFFECTIVE DATE: 10/31/2000

LEVEL OF USE: REFERENCE USE

VALIDATION DATE: NOT REQUIRED

QUALITY-RELATED

REVISION LOG

Procedure Number: EPIP-4

Revision Number: 23B

Pages Affected: 4

Description of Change:

- EC-30 This change is being conducted to incorporate a request by the NRC to change the NRC Emergency Notification System (ENS) telephones from the FTS service format to the normal TVA Telephone service format. The change to this procedure only effects dialing for the numbers using the TVA Telephone service format.
Page 4, was revised to instruct the user regarding the dialing process change to the TVA service format for notifications using the ENS System.

1.0 PURPOSE

- 1.1** Provide for timely notification of appropriate individuals or organizations when the Shift Manager/Site Emergency Director (SED) has determined by EPIP-1 that an incident has occurred which is classified as a SITE AREA EMERGENCY (SAE).

- 1.2** Provide for periodic evaluation of the current situation by the Shift Manager/SED to determine whether the SAE should be terminated, continued, or upgraded to a more serious classification.

2.0 SCOPE

This procedure applies to emergency events that are classified as Site Area Emergency by EPIP-1, Emergency Classification Procedure.

3.0 INSTRUCTIONS

Date: ___/___/___

3.1 If all Emergency Centers **ARE STAFFED**, Then notify the following that a **SITE AREA EMERGENCY** Emergency Classification has been issued and EPIP 4 is being implemented, and continue in this procedure at Step 3.4. If all Emergency Centers **ARE NOT STAFFED**, Then N/A this step and continue in this procedure.

CECC
TSC
OSC

Control Rooms
Plant PA Announcement

INITIALS

TIME

This is NAME, Site Emergency Director, an SAE has been declared at BFN, we are currently implementing EPIP-4. Standby for further updates.

3.2 Notification of the Operations Duty Specialist (ODS) & Emergency Responders

Note: The ODS **should** be notified within 5 minutes after the emergency event is declared.

3.2.1 **Complete** Attachment A (Notification Information).

INITIALS

TIME

3.2.2 **Direct** the Unit 1, Unit Operator to make notifications from Attachment B (Unit 1, Unit Operator Notification)

INITIALS

TIME

3.2.3 **Notify** the ODS and **Provide** the information from Attachment A.

INITIALS

TIME

Note: Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS Telephone Numbers
5-751-1700, 2495

If the ODS cannot be reached within 10 minutes, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m. - Holidays-Weekends-Offshifts
9-1-334-206-5391 9-1-334-242-4378

3.2.4 **Fax** a copy of Attachment A to the ODS for confirmation of information or if the state is contacted directly.

INITIALS

TIME

ODS Fax AL Rad Health Fax
5-751-8620 9-1-334-206-5387

3.2.5 **Receive** confirmation call from the ODS (to verify notification of the State of Alabama)(NA this step, if the state was contacted directly).

INITIALS

TIME

3.0 INSTRUCTIONS (CONTINUED)

3.3 NOTIFICATION OF SITE PERSONNEL

3.3.1 **Make** the following plant P.A. announcement:

INITIALS

TIME

THIS IS (*NAME*), SHIFT MANAGER. A SITE AREA EMERGENCY HAS BEEN DECLARED ON UNIT _____. I HAVE ASSUMED THE DUTIES OF SITE EMERGENCY DIRECTOR. REPORT TO YOUR ASSIGNED EMERGENCY RESPONSE FACILITY AT THIS TIME!

3.4 ACCOUNTABILITY AND EVACUATION OF NON-EMERGENCY RESPONDERS

3.4.1 **Prior** to sounding the Evacuation Alarm, **Notify** Nuclear Security. **If** the TSC is staffed notify the TSC Security Manager. **If** the TSC is not staffed or the TSC Security Manager position has not been filled then call 3150 or 2219.

INITIALS

TIME

3.4.2 **Activate** the Accountability Alarm, if not previously sounded. (Reference EPIP-8) (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.4.3 **When** accountability is complete, **Conduct** evacuation of non-emergency responders by activating the Evacuation Alarm.

INITIALS

TIME

3.0 INSTRUCTIONS (CONTINUED)

3.5 DOSE ASSESSMENT

3.5.1 Evaluate the need for offsite dose assessment.
(N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.5.1.1 **When** offsite dose assessment is required obtain the information from the CECC when operational.

3.5.1.2 **If** the CECC is not operational, contact the TSC, when staffed or the RADCON Shift Supervisor and request the implementation of EPIP 14, for dose assessment.

3.6 NOTIFICATION OF THE NRC

3.6.1 **Notify** the NRC immediately or within 1 hour and if requested by the NRC maintain an open and continuous communications channel.

INITIALS

TIME

Note: **Utilize** the Emergency Notification System (ENS) when making this notification. Dial the first number listed on the sticker affixed to the ENS telephone, by dialing 9-1-
“The Ten Digit Number Listed on the ENS Telephones”.
If the number is busy, **Then** select in order, the alternate numbers until a connection is achieved. No access codes are required.

3.0 INSTRUCTIONS (CONTINUED)

3.7 PERIODIC EVALUATION OF THE EVENT

3.7.1 Continue to **Evaluate** the event using EPIP-1 as conditions warrant.

3.7.2 **If** plant conditions warrant the need for follow up information, **Complete** the Follow Up Notification Form, Attachment C.

Note: Conditions that warrant this evaluation are as a minimum when other EAL conditions exist indicating the current emergency classification or significant changes in plant conditions have occurred.

3.7.3 **If** the CECC is not staffed, **Then** notify the ODS and provide follow up information from the completed Attachment C form. Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS - 5-751-2495, 1700

Note: **If** the ODS cannot be reached, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m.
9-1-334-206-5391

Holidays-Weekends-Offshifts
9-1-334-242-4378

3.7.4 **If** the conditions warrants upgrading to a higher classifications, **Then** initiate EPIP-5, General Emergency.

3.7.5 **If** the conditions warrant termination of the classification, **Then** enter EPIP-16, Termination and Recovery Procedure.

3.0 INSTRUCTIONS (CONTINUED)

3.7 PERIODIC EVALUATION OF THE EVENT (CONTINUED)

3.7.6 After the evaluation has been completed, if staffed, Notify the following of the status:

- CECC
- NRC (ENS)
- TSC
- OSC
- CONTROL ROOMS
- PLANT PA ANNOUNCEMENT

3.7.7 Re-enter this procedural section as conditions warrant at step 3.7.1 or until directed to exit this procedure by steps 3.7.4 or 3.7.5.

3.8 CLOSURE OF THE SITE AREA EMERGENCY

3.8.1 Upon termination of the Site Area Emergency, Send the completed EPIP-4 and all attachments to Emergency Preparedness (EP).

INITIALS TIME

3.8.2 EP shall Forward to the PORC Secretary the completed EPIP and all attachments for review by PORC.

INITIALS TIME

3.8.3 PORC Review Completed.

PORC Chairman / DATE
[NRC/C85/28].

3.8.4 After PORC review is completed the PORC secretary shall forward the signed EPIP-4 with all attachments to EP for documentation storage.

INITIALS TIME

4.0 ATTACHMENTS

Attachment A - Notification Information

Attachment B - Unit 1, Unit Operator Notification

Attachment C - Follow Up Information Form

ATTACHMENT A (Page 1 of 1)
NOTIFICATION INFORMATION

THIS IS A REAL EVENT

THIS IS A DRILL

This is _____ at Browns Ferry.

Name

There has been a SITE AREA EMERGENCY declared at Browns Ferry affecting:

Unit 1

Unit 2

Unit 3

Common

EAL Designator: _____

Brief Description of the Event:

Plant Conditions:

Stable

Deteriorating

Radiological Conditions:

No Abnormal Releases Offsite

Airborne Release Offsite

Liquid Release Offsite

Release Information Not Known

Event Declared:

Time: _____

Date: _____

Event Terminated:

Time: _____

Date: _____

There is no Protective Action Recommendation at this time.

The Meteorological conditions are:

Wind Speed: _____ Wind Direction From: _____

Please repeat the information you have received to ensure accuracy.

ATTACHMENT B (Page 1 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ____/____/____

1. **Activate** the Automatic Paging System (APS).

INITIALS

TIME

Note: See Instructions in EPIP-6 Callout List (List will be maintained by the EP Manager)

Important: If the APS does NOT activate, Call the ODS (5-751-1700 or 5-751-2495) to activate and notify the SED immediately.

2. **Notify** the Unit Supervisors on shift.

INITIALS

TIME

3. **Notify** Nuclear Security Shift Supervisor and state "A SITE AREA EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-11, Security and Access Control.

INITIALS

TIME

- Plant Extension 3150 or 2219

4. **Notify** the Chemistry Lab Supervisor and state "A SITE AREA EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-13, Radiochemical Laboratory Procedure.

INITIALS

TIME

- Plant Extension 2367 or 2368

5. **Notify** the RADCON Shift Supervisor and state "A SITE AREA EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-14, Radiological Control Procedure.

INITIALS

TIME

- Plant Extension 2300 or 3104

ATTACHMENT B (Page 2 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ____/____/____

6. **Notify** the "On-Call" NRC Resident and state "A SITE AREA EMERGENCY HAS BEEN DECLARED," per BFN-EPIP-04.

INITIALS

TIME

- Plant Extension 2572 [Secretary] or from weekly duty list

7. **IF** the APS did not operate properly, **Make** notifications from the current duty list. **IF** the individuals on the duty list cannot be contacted, **Make** notifications from the EPIP-6 Call Out List. **Notify** the SED of the condition.

INITIALS

TIME

ATTACHMENT C (Page 1 of 1)
FOLLOW-UP INFORMATION FORM
Site Area Emergency

THIS IS A REAL EVENT THIS IS A DRILL

This is _____ at Browns Ferry.

Name

There has been a Site Area Emergency declared at Browns Ferry affecting:

Unit 1 Unit 2 Unit 3 Common

The Reactor is Shutdown At Power

Plant Conditions are Stable Deteriorating

“Follow-Up” Information (e.g., Key Events, Status Changes)

Current Radiological Conditions are:

- No Abnormal Releases Offsite
- Airborne Release Offsite
- Liquid Release Offsite
- Release Information Not Known

Additional Rad information: (e.g., release duration)

There is no Protective Action Recommendation at this time.

Please repeat the information you have received to ensure accuracy.

The time for this follow up is: Time: _____ Date: _____

SIGNATURE: _____

LAST PAGE

TENNESSEE VALLEY AUTHORITY

BROWNS FERRY NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-5

GENERAL EMERGENCY

REVISION 28B

PREPARED BY: TIM CORNELIUS

PHONE: 2038

RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: TIM CORNELIUS

DATE: 10/27/2000

EFFECTIVE DATE: 10/31/2000

LEVEL OF USE: REFERENCE USE

VALIDATION DATE: NOT REQUIRED

QUALITY-RELATED

REVISION LOG

Procedure Number: EPIP-5

Revision Number: 28B

Pages Affected: 4

Description of Change:

- EC-36 This change is being conducted to incorporate a request by the NRC to change the NRC Emergency Notification System (ENS) telephones from the FTS service format to the normal TVA Telephone service format. The change to this procedure only effects dialing for the numbers using the TVA Telephone service format.
Page 4, was revised to instruct the user regarding the dialing process change to the TVA service format for notifications using the ENS System.

1.0 PURPOSE

- 1.1** Provide for timely notification of appropriate individuals or organizations when the Shift Manager/Site Emergency Director (SED) has determined by EPIP-1 that an incident has occurred which is classified as a GENERAL EMERGENCY (GE).
- 1.2** Provide for periodic evaluation of the current situation by the Shift Manager/SED to determine whether the GE should be terminated, or continued.

2.0 SCOPE

This procedure applies to emergency events that are classified as General Emergency by EPIP-1, Emergency Classification Procedure.

3.0 INSTRUCTIONS

Date: ___/___/___

3.1 If all Emergency Centers **ARE STAFFED**, Then notify the following that a **GENERAL EMERGENCY** Emergency Classification has been issued and EPIP 5 is being implemented, and continue in this procedure at Step 3.4. If all Emergency Centers **ARE NOT STAFFED**, Then N/A this step and continue in this procedure.

CECC
TSC
OSC

Control Rooms
Plant PA Announcement

INITIALS

TIME

This is NAME, Site Emergency Director, an GE has been declared at BFN, we are currently implementing EPIP-5. Standby for further updates.

3.2 Notification of the Operations Duty Specialist (ODS) & Emergency Responders

Note: The ODS **should** be notified within 5 minutes after the emergency event is declared.

3.2.1 **Complete** Attachment A (Notification Information).

INITIALS

TIME

3.2.2 **Direct** the Unit 1, Unit Operator to make notifications from Attachment B (Unit 1, Unit Operator Notification)

INITIALS

TIME

3.2.3 **Notify** the ODS and **Provide** the information from Attachment A.

INITIALS

TIME

Note: Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS Telephone Numbers

5-751-1700, 2495

If the ODS cannot be reached within 10 minutes, **Then** contact the following and Provide the information from Attachment A:

1. **Limestone County:** 9-232-0111

INITIALS

TIME

2. **Morgan County:** 9-1-256-353-2515

INITIALS

TIME

3. **Lawrence County:** 9-1-256-974-7641

INITIALS

TIME

4. **Lauderdale County:** 9-1-256-760-9117

INITIALS

TIME

5. **State of Alabama Rad Health Duty Officer:**

Day Shift 8 a.m. - 5 p.m.

9-1-334-206-5391

Holidays-Weekends-Offshifts

9-1-334-242-4378

INITIALS

TIME

3.0 INSTRUCTIONS (CONTINUED)

3.2.4 **Fax** a copy of Attachment A to the ODS for confirmation of information or the state if contacted directly.

INITIALS

TIME

ODS Fax
5-751-8620

AL Rad Health
9-1-334-206-5387

3.2.5 **Receive** confirmation call from the ODS (to verify notification of the State of Alabama), (N/A this step if the State was contacted directly).

INITIALS

TIME

3.3 NOTIFICATION OF SITE PERSONNEL

3.3.1 **Make** the following plant P.A. announcement:

INITIALS

TIME

THIS IS (NAME), SHIFT MANAGER. A GENERAL EMERGENCY HAS BEEN DECLARED ON UNIT _____. I HAVE ASSUMED THE DUTIES OF SITE EMERGENCY DIRECTOR. REPORT TO YOUR ASSIGNED EMERGENCY RESPONSE FACILITY AT THIS TIME!

3.4 ACCOUNTABILITY AND EVACUATION OF NON-EMERGENCY RESPONDERS

3.4.1 **Prior** to sounding the Evacuation Alarm, **Notify** Nuclear Security. If the TSC is staffed notify the TSC Security Manager. If the TSC is not staffed or the TSC Security Manager position has not been filled then call 3150 or 2219.

INITIALS

TIME

3.4.1 **Activate** the Accountability Alarm, if not previously sounded. (Reference EPIP-8) (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.4.2 **When** accountability is complete, **Conduct** evacuation of non-emergency responders by activating the Evacuation Alarm, if not previously sounded. (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.0 INSTRUCTIONS (CONTINUED)

3.5 DOSE ASSESSMENT

3.5.1 Evaluate the need for offsite dose assessment.
(N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.5.1.1 **When** offsite dose assessment is required **Obtain** the information from the CECC when operational.

3.5.1.2 If the CECC is not operational, **Contact** the TSC, when staffed or the RADCON Shift Supervisor and **Request** the implementation of EPIP 14, for dose assessment.

3.6 NOTIFICATION OF THE NRC

3.6.1 **Notify** the NRC immediately or within 1 hour and if requested by the NRC maintain an open and continuous communications channel.

INITIALS

TIME

Note: **Utilize** the Emergency Notification System (ENS) when making this notification. Dial the first number listed on the sticker affixed to the ENS telephone, by dialing 9-1-“The Ten Digit Number Listed on the ENS Telephones”. **If** the number is busy, **Then** select in order, the alternate numbers until a connection is achieved. No access codes are required.

3.0 INSTRUCTIONS (CONTINUED)

3.7 PROTECTIVE ACTION RECOMMENDATION

3.7.1 **If** the CECC is **not staffed**, **Then** make a Protective Action Recommendation (PAR) using Attachment C. (This PAR shall be made only by the SED.) (N/A STEP IF NOT APPLICABLE)

INITIALS

TIME

3.8 PERIODIC EVALUATION OF THE EVENT

3.8.1 Continue to **Evaluate** the event using EPIP-1 as conditions warrant.

3.8.2 **If** plant conditions warrant the need for follow up information, **Complete** the Follow Up Notification Form, Attachment D.

Note: Conditions that warrant this evaluation are as a minimum when other EAL conditions exist indicating the current emergency classification or significant changes in plant conditions have occurred.

3.8.3 **If** the CECC is not staffed, **Then** notify the ODS and provide follow up information from the completed Attachment D form. Utilize the direct ring-down ODS phone when making this notification or as applicable dial direct.

ODS - 5-751-2495, 1700

Note: **If** the ODS cannot be reached, **Then** contact the State of Alabama directly by requesting the Rad Health Duty Officer at:

Day Shift 8 a.m. - 5 p.m.
9-1-334-206-5391

Holidays-Weekends-Offshifts
9-1-334-242-4378

3.0 INSTRUCTIONS (CONTINUED)

3.8 PERIODIC EVALUATION OF THE EVENT (CONTINUED)

3.8.4 **If** the conditions warrant termination of the classification, **Then** enter EPIP-16, Termination and Recovery Procedure.

3.8.5 **After** the evaluation has been completed, if staffed, **Notify** the following of the status:

- CECC
- NRC (ENS)
- TSC
- OSC
- CONTROL ROOMS
- PLANT PA ANNOUNCEMENT

3.8.6 **Re-enter** this procedural section as conditions warrant at step 3.8.1 or until directed to exit this procedure by steps 3.8.4.

3.9 CLOSURE OF THE GENERAL EMERGENCY

3.9.1 **Upon** termination of the General Emergency **Send** the completed EPIP-5 and all attachments to Emergency Preparedness (EP).

INITIALS

TIME

3.9.2 EP shall **Forward** to the PORC Secretary the completed EPIP and all attachments for review by PORC.

INITIALS

TIME

3.9.3 PORC Review Completed.

 PORC Chairman / _____
 [NRC/C85/28]. DATE

3.9.4 After PORC review is completed the PORC secretary shall **Forward** the signed EPIP-5 with all attachments to EP for documentation storage.

INITIALS

TIME

4.0 ATTACHMENTS

Attachment A - Notification Information

Attachment B - Unit 1, Unit Operator Notification

Attachment C - Protective Action Recommendations

Attachment D - Follow Up Information Form

ATTACHMENT B (Page 1 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ____/____/____

1. **Activate** the Automatic Paging System (APS).

INITIALS

TIME

Note: See Instructions in EPIP-6 Callout List (List will be maintained by the EP Manager)

Important: If the APS does NOT activate, Call the ODS (5-751-1700 or 5-751-2495) to activate and notify the SED immediately.

2. **Notify** the Unit Supervisor's on shift.

INITIALS

TIME

3. **Notify** Nuclear Security Shift Supervisor and state "A GENERAL EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-11, Security and Access Control.

INITIALS

TIME

- Plant Extension 3150 or 2219

4. **Notify** the Chemistry Lab Supervisor and state "A GENERAL EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-13, Radiochemical Laboratory Procedure.

INITIALS

TIME

- Plant Extension 2367 or 2368

5. **Notify** the RADCON Shift Supervisor and state "A GENERAL EMERGENCY HAS BEEN DECLARED," and direct to activate EPIP-14, Radiological Control Procedure.

INITIALS

TIME

- Plant Extension 2300 or 3104

ATTACHMENT B (Page 2 of 2)
Unit 1, Unit Operator NOTIFICATION

Date: ___ / ___ / ___

6. **Notify** the “On-Call” NRC Resident and state “A GENERAL EMERGENCY HAS BEEN DECLARED,” per BFN-EPIP-05.

INITIALS

TIME

- Plant Extension 2572 [Secretary] or from weekly duty list

7. **IF** the APS did not operate properly, **Make** notifications from the current duty list. **IF** the individuals on the duty list cannot be contacted, **Make** notifications from the EPIP-6 Call Out List. **Notify** the SED of the condition.

INITIALS

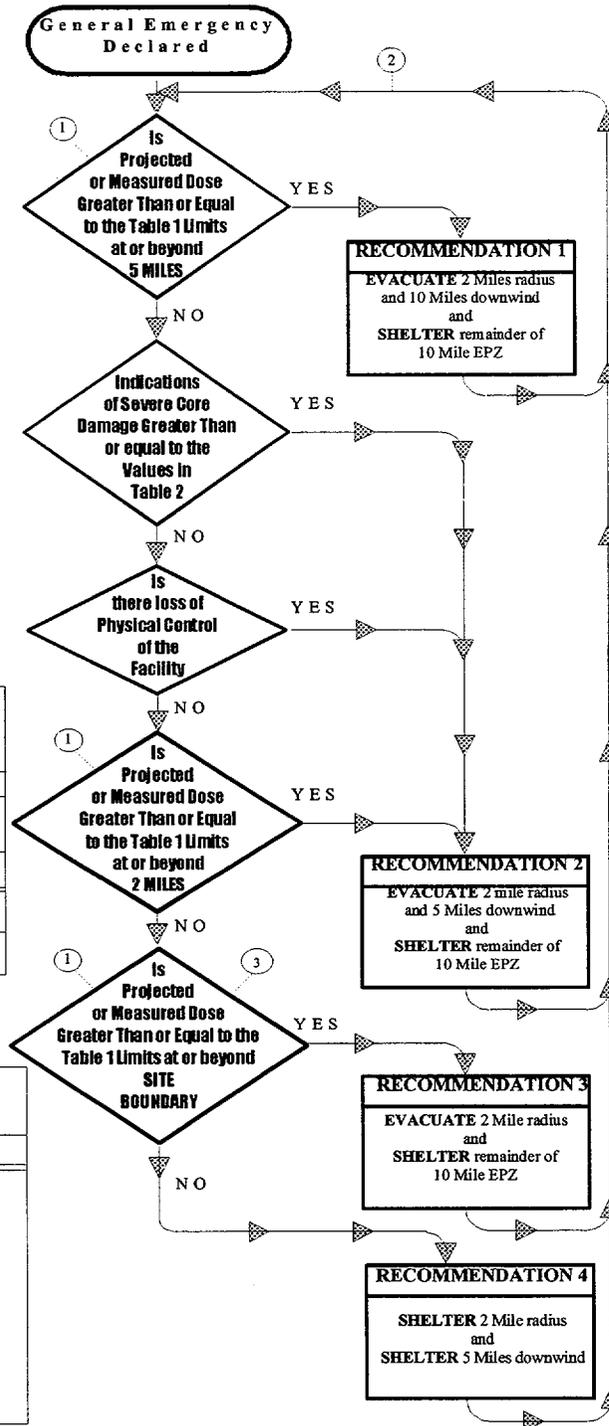
TIME

ATTACHMENT C (Page 1 of 1)
PROTECTIVE ACTION RECOMMENDATIONS

NOTES	
①	IF Conditions Are not known, Then Answer No.
②	CONTINUE ASSESSMENT. Modify protective actions based on available plant and field monitoring information. Locate and evacuate additional localized hot spots.
③	When Dose Assessment Projections OR Actual Measured Exposures are not known, a stack release rate of > 1.3 E11 uCi/sec noble gas can be utilized to meet the condition of 1 Rem/hr External Dose at the site boundary.

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

TABLE 2 Severe Core Damage	
INDICATIONS	
1.	Entry conditions for Severe Accident Management Guidelines have been met.
2.	Unit 2 -Drywell Radiation Exceeds 2-RM-90-272A-345 R/HR 2-RM-90-273A-164 R/HR.
	Unit 3 Drywell Radiation Exceeds 3-RM-90-272A-106 R/HR 3-RM-90-273A-164 R/HR.
3.	Equilibrium Reactor Coolant Activity of > 300 uCi/gm Dose Equivalent Iodine.



ATTACHMENT D (Page 1 of 1)
FOLLOW-UP INFORMATION FORM

General Emergency

THIS IS A REAL EVENT THIS IS A DRILL

This is _____ at Browns Ferry.

Name

There has been a General Emergency declared at Browns Ferry affecting:

Unit 1 Unit 2 Unit 3 Common

The Reactor is Shutdown At Power

Plant Conditions are Stable Deteriorating

“Follow-Up” Information (e.g., Key Events, Status Changes, Status of any Plant Evacuations)

Current Radiological Conditions are:

No Abnormal Releases Offsite Airborne Release Offsite
 Liquid Release Offsite Release Information Not Known

Additional Rad information: (e.g., release duration)

The current meteorological conditions from the site are:

Wind Speed _____, Wind Direction from _____

The following Protective Action Recommendation is provided:

Recommendation 1 Recommendation 3
 Recommendation 2 Recommendation 4

Please repeat the information you have received to ensure accuracy.

The time for this follow up is: Time: _____ Date: _____

SIGNATURE: _____

TENNESSEE VALLEY AUTHORITY
BROWNS FERRY NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-17

**Emergency Equipment and Supplies
(Inventory and Operability Procedure)**

REVISION 24A

PREPARED BY: T. W. CORNELIUS

PHONE: 2038

RESPONSIBLE ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: T. W. CORNELIUS

DATE: 10/27/2000

EFFECTIVE DATE: 10/31/2000

LEVEL OF USE: REFERENCE USE

VALIDATION DATE: NOT REQUIRED

QUALITY-RELATED

REVISION LOG

PROCEDURE NUMBER: EPIP-17

REVISION NUMBER: 24A

PAGES AFFECTED: 3,4,29

DESCRIPTION OF CHANGES:

EC-28 This change is being conducted to incorporate a request by the NRC to change the NRC Emergency Notification System (ENS) telephones from the FTS service format to the normal TVA Telephone service format. The change to this procedure only effects dialing for the numbers using the TVA Telephone service format.
Page 3, was revised to editorially correct the title of the Emergency Telecommunications System (ETS)
Page 4, was revised to instruct the user regarding the dialing process change to the TVA service format for notifications using the ENS System.
Page 29, was revised change telephone numbers and title change for SOS to Shift Manager.

1.0 PURPOSE

The purpose of this procedure is to provide a listing of equipment and supplies, along with storage locations, available for emergency response during the activation of the Radiological Emergency Plan and Emergency Plan Implementing Procedures. This procedure will ensure the availability and readiness of emergency equipment at BFN through the performance of periodic inventories and operability checks.

2.0 SCOPE

This procedure provides information pertaining to equipment and supplies available for use during emergencies at the Browns Ferry Nuclear Plant. This procedure additionally provides instructions to personnel performing checks of equipment and supplies in regards to frequencies, responsibilities, acceptance and record management.

3.0 INSTRUCTIONS

3.1 Responsibilities and Frequency

3.1.1 Inventories and operability checks shall be conducted in accordance with frequencies provided in *Attachment 1*. In addition with this frequency schedule, special inventories shall be required when items or equipment maintained by this procedure have been affected by a drill, exercise or training. This special inventory shall be performed at a reasonable time following the activity. This special inventory may also be used as the routine inventory.

3.1.2 Conduct of inventories and operability checks shall be the responsibility of the organization provided in *Attachment 1*.

3.1.3 The Manager, Emergency Preparedness (EP), is responsible for ensuring the overall state of readiness of supplies and equipment identified in the procedure.

3.1 Responsibilities and Frequency (Continued)

- 3.1.4** Individuals performing work within this procedure shall be familiar with all procedural guidance and testing requirements applicable to their assigned task. By initialing the item listing on the task form, the individual performing tasks within this procedure is responsible for ensuring the item is present, in the specified quantity and functional for its intended purpose.
- 3.1.5** Equipment inventories and operability of the site environmental monitoring vans shall be conducted in accordance with *CECC-EPIP-9*. Routine and special inventory/operability checks involving the site environmental monitoring vans are the responsibility of RADCON. Training personnel will be responsible for inventory and operability checks following training activities.
- 3.1.6** Personnel performing inventories and operability checks shall ensure that upon completion of task, seals or locking devices are in place to ensure the integrity of the equipment or supplies. Areas requiring these measures are listed on *Attachment 2*.
- 3.1.7** Personnel conducting inventories and operability checks in accordance with this instruction will ensure that the latest revision of this procedure is utilized.
- 3.1.8** Definition for annual and quarterly shall be as noted in the Radiological Emergency Plan. Terms such as once every calendar quarter or month invokes that the task should be conducted within the timeframe of a physical quarter or month.

3.2 Records Management

- 3.2.1** Personnel conducting tasks within this procedure will provide legible documentation of results on applicable forms.
- 3.2.2** Upon completion of applicable task(s), originals with signatures, shall be forwarded to the Manager, EP for review and concurrence. Originals should be forwarded as soon as possible, but no later than the end of the current quarter.

3.1 Records Management(Continued)

3.2.3 The Manager, EP shall review all task forms and concur with results by signature.

3.2.4 EP shall maintain all procedure records for a minimum retention period of 1 year. These records are considered NON-QA.

3.3 Task Deficiencies

Deficient items as discussed within this procedure do not relate to those described in SPP 3.1, "Corrective Action Program". Any deficient item identified within this procedure which does meet the requirements of SPP 3.1 shall be documented in accordance with SPP 3.1.

3.3.1 All task deficiencies shall be noted on the applicable task form.

3.3.2 All task deficiencies shall be corrected as soon as possible. If circumstances do not allow prompt correction the Manager, EP, shall be notified. When deficiencies have been corrected, the applicable task form shall be signed.

3.3.3 For failures of the, Emergency Telecommunications System (ETS) deficiencies will be reported immediately in accordance with the instructions provided on the applicable task form.

3.4 Specific Instructions for Inventories, Operability Checks, Administrative Checks and Reviews

3.4.1 SCBA's

Self Contained Breathing Apparatus (SCBA) units are inventoried per this procedure for inventory purposes only. Inspections/equipment maintenance and operability checks are conducted in accordance with applicable Fire Protection Instructions.

3.4.2 Radiological Control Instrumentation

3.4.2.1 On-Site - Survey instrumentation, counting equipment, air samplers, dosimeters and other radiological control equipment listed on applicable forms are for inventory purposes only. Instrument readiness is a process of the on-site radiological control organization. As a function of this inventory calibration due dates and instrumentation physical appearance will be observed to help ensure operability.

3.4.2.2 Off-Site - Survey instrumentation and dosimeters referenced as offsite by this procedure are considered those maintained by EP at the BFN - Agreement Hospitals. Survey instrumentation operability shall be maintained by the Western Area Radiological Laboratory, Instrumentation Section. Electronic dosimeters shall be exchanged according to response dates not to exceed calibration due dates. Electronic dosimetry should be observed for physical damage to help ensure operability.

3.4.3 Telecommunications

3.4.3.1 Nuclear Regulatory Commission - Emergency Notification System telephones. Lift the receiver and listen for a dial tone; after receiving a dial tone, dial 9-1 then first number listed on the sticker located on the telephone instrument, using all 10 digits. If the first number is busy, proceed on with the second, etc. Confirm acceptable voice quality between parties conducting the test with all extensions off hook. Request a call-back be made to single phone and confirm acceptable voice quality.

3.4 Specific Instructions for Inventories, Operability Checks, Administrative Checks and Reviews (Continued)

3.4.3 Telecommunications (Continued)

3.4.3.2 All other telecommunications tested by this procedure. Conduct the test by lifting receiver and listen for a dial tone; after receiving a dial tone, place a local call and request a call-back be made. Confirm acceptable voice quality between telephones being tested.

3.4.4 TSC & OSC Intercom System

Activate the intercom system in the TSC or OSC. Assign someone to monitor the test in the applicable locations. The TSC PA services the TSC, OSC and the Technical Assessment Team Area while the OSC PA services the OSC and OSC Staging Area.

3.4.5 EP Clocks

Verify the correct operation of the TSC and the OSC clock by logging onto the clock program and making classification changes using the program. Return the system to the "No Classification" display.

3.4.6 Telecopiers (TSC & OSC)

Verify operability by faxing a test message to another telecopier. Fax a test message back to the telecopier being tested. Check telecopier paper and physical condition. Ensure legibility of test messages.

3.4.7 Telephone Headsets

Configure headset as applicable. Make call and confirm acceptable voice quality using the microphone and ear piece.

3.4.8 Ring down Phones (CECC/TSC, TAT/Plt Assessment, ODS/Control Rooms 1/2 & 3)

Contact Corporate EP, have someone man the telephone in the CECC/ODS areas. Place a call to the CECC/ODS by lifting the receiver and receive a call from the CECC/ODS.

3.4 Specific Instructions for Inventories, Operability Checks, Administrative Checks and Reviews (Continued)

3.4.9 Meteorological (MET) Data Terminal and Printer

Log onto the MET terminal. Request information in printed format.
Verify that the printer has a supply of paper and that the print is legible.
Log off system.

3.4.10 OSC Computer & Printer (OSC)

Ensure the operability of the OSC computer by performing a task such as the activation of the word processing program. Check the response of the printer by requesting a print task via the computer, observe the action of the printer and print quality.

3.4.11 Copiers (TSC/OSC)

Verify operability by copying a test message through the copier. Make copies using the sorter and verify legibility of copies, check copy paper supply and physical condition of copier.

3.4.12 Batteries

All batteries shall be observed for physical damage such as indentations, leaking or rust. Batteries shall be tested to determine effectiveness by battery tester. Batteries sealed by the manufacture with an affixed label indicating a "shelf life" can be exempted from the individual battery test and accepted as is, as long as the current date does not exceed the "shelf life" date. Sealed batteries which have a "shelf life" date that is exceeded by the current date can be utilized, but must pass a battery test utilizing the battery tester.

3.4.13 Zetron Radio Control Units (RCU)

Observe the unit to ensure that the time is displayed on the face plate. Verify that a green indicator light appears by one of the radio frequency selector buttons. The RCU should be tested by contacting a normally manned station.

3.4 Specific Instructions for Inventories, Operability Checks, Administrative Checks and Reviews (Continued)

3.4.14 Hand Held 2-Way Radios

Observe the unit for physical damage, then assemble one of the battery packs to the radio. Make radio contact with another hand held unit and verify acceptable voice quality.

3.4.15 Control Room Conference Bridge (101/102)

Activate the "2-Way" bridge by dialing 101 on two plant telephones. Verify acceptable voice quality. Then test the "Listen Only" bridge by having someone activate the "2-Way" bridge by dialing 101 and someone activate the "Listen Only" bridge by dialing 102. Verify that the 102 is a "listen Only" system.

3.4.16 ERO Logbooks

Utilize EPIP-6 or 7, position attachments to identify what ERO logbooks are intended for use in the applicable centers. Review the logbooks to ensure that each contains:

- (1) The latest revision of the applicable EPIP Attachment
- (2) An adequate supply of log sheets

3.4.17 Calculators, Flashlights, etc.

Verify functional by observing anticipated response.

3.4.18 Emergency Procedure Telephone Number Review and Update

Certain EPIP's and site procedures contain telephone numbers utilized by response personnel. Once per calendar quarter these numbers will be reviewed to ensure accuracy and updates are made as applicable. Changes will be conducted in accordance with site instructions.

3.4 Specific Instructions for Inventories, Operability Checks, Administrative Checks and Reviews (Continued)

3.4.19 Review of Emergency Procedures

In accordance with the Radiological Emergency Plan (REP) the REP, REP Appendices and the EIPs shall be reviewed annually. Changes concerning the REP will be forwarded to the corporate EP staff for consideration and implementation as applicable. Changes noted concerning the EIPs shall be considered and if applicable revisions conducted in accordance with site instructions.

3.4.20 Emergency Response List

The Emergency Response List contains individuals which are allowed access to the protected area during an emergency at BFNP for the purposes of serving within the emergency response organization. This listing is updated quarterly and copies distributed to Nuclear Security. The list will be issued on white paper and will not require PORC review.

3.4.21 Call-Out List

This list contains active Emergency Responders by emergency positions. This list is utilized as a tool for the call-out of emergency responders. The list is updated quarterly and will be issued on white paper. The call-out list will not be PORC reviewed.

3.4.22 Procedures and/or Drawings

Controlled Procedures and/or drawings listed on applicable forms are for inventory purpose only. Procedure and Drawing inspection/maintenance process is conducted through applicable site instructions.

4.0 ATTACHMENTS

- | | |
|--------------------|---|
| 4.1 Attachment 1 | Inventory Matrix Table |
| 4.2 Attachment 2 | Locked/Sealed Cabinet Listing |
| 4.3 Attachment 3 | Radcon Emergency Equipment - Service Building 565' |
| 4.4 Attachment 4 | Radcon Emergency Equipment - Control Building 617" |
| 4.5 Attachment 5 | Staging Area C-Zone Dress-Out Clothing - Service Building 565' |
| 4.6 Attachment 6 | Emergency Use SCBA Inventory |
| 4.7 Attachment 7 | Maintenance Emergency Tool Box Inventory, Clean Tool Room - Service Building 565' |
| 4.8 Attachment 8 | Technical Support Center Inventory/Operability Check |
| 4.9 Attachment 9 | Operations Support Center Inventory/Operability Check |
| 4.10 Attachment 10 | OSC Staging Area Inventory/Operability Check |
| 4.11 Attachment 11 | Huntsville/Decatur General Hospital Inventory/Operability Checks |
| 4.12 Attachment 12 | ETS Communications Operability Checks |
| 4.13 Attachment 13 | Local Recovery Center Inventory/Operability Checks |
| 4.14 Attachment 14 | EP Quarterly Administrative Checks and Reviews |
| 4.15 Attachment 15 | EP Once per Calendar Quarter Administrative Checks and Reviews |
| 4.16 Attachment 16 | EP Annual Administrative Checks and Reviews |
| 4.17 Attachment 17 | Alternate Decontamination Facility |
| 4.18 Attachment 18 | Inventory-Operability Deficiency/Resolution Form |

**Attachment 1
Inventory Matrix Table**

<u>EPIP Attachment Number</u>	<u>Description</u>	<u>Responsible Section</u>	<u>Frequency</u>	<u>Specific Instructions Provided</u>
3	<i>Radcon Emergency Equipment - Service Building 565'</i>	Radcon	Once every calendar quarter	Yes
4	<i>Radcon Emergency Equipment - Control Building 617'</i>	Radcon	Once every calendar quarter	Yes
5	<i>Staging Area C-Zone Dress-Out Clothing Service Building 565'</i>	Radcon	Once every calendar quarter	Yes
6	<i>Emergency Use SCBA Inventory</i>	Operations	Once every calendar quarter	Yes
7	<i>Maintenance Emergency Tool Box Inventory, Clean Tool Room - Service Building</i>	Maintenance	Once every calendar quarter	
8	<i>Technical Support Center Inventory/Operability Check</i>	EP	Once every calendar quarter	Yes
9	<i>Operations Support Center Inventory/Operability Check</i>	EP	Once every calendar quarter	Yes
10	<i>OSC Staging Area Inventory/Operability Check</i>	EP	Once every calendar quarter	Yes
11	<i>Huntsville Decatur General Hospital Inventory/Operability Checks</i>	EP	Once every calendar quarter	Yes
12	<i>ENS Monthly Communications Operability Check</i>	EP	Once monthly	Yes
13	<i>Local Recovery Center Inventory/Operability Check</i>	EP	Once every calendar quarter	Yes
14	<i>EP Quarterly Administrative Checks and Reviews</i>	EP	Once quarterly	Yes
15	<i>EP Once per Calendar Quarter Administrative Checks and Reviews</i>	EP	Once every calendar quarter	Yes
16	<i>EP Annual Administrative Checks and Reviews</i>	EP	Once annually	Yes
17	<i>Alternate Decontamination Facility</i>	EP	Once every calendar quarter	

**Attachment 2
Locked/Sealed Cabinet Listing**

<u>Cabinet</u>	<u>Location</u>
Equipment and Supplies Cabinet	Technical Support Center
Equipment and Supplies Cabinet	Operations Support Center
Equipment and Supplies Cabinet	OSC Staging Area
Equipment and Supplies Cabinet	Local Recovery Center
Equipment and Supplies Cabinet (Radcon)	Service Building 565'
Equipment and Supplies Cabinet (Radcon)	Control Building 617'
Equipment and Supplies Cabinet (Hospital)	Decatur General "Emergency Room"
Equipment and Supplies Cabinet (Hospital)	Huntsville Hospital "Emergency Room"
Equipment and Supplies Cabinet (Alternate Decontamination Facility)	Power Service Shop # 4 TVA Muscle Shoals Reservation

Attachment 3

Radcon Emergency Equipment - Service Building 565'

Location: Service Building 565' Behind Radiological Control Lab

Equipment	QTY	INV	OPER	INIT
<u>Radiological Survey Instrumentation</u>				
High Range Survey Meters	2	_____		_____
Ion Chambers	4	_____		_____
GM Survey Meters (<i>Friskers</i>)	2	_____		_____
Neutron Survey Meter	1	_____		_____
Silver Zeolite Cartridges	10	_____		_____
Alpha Survey Meter	1	_____		_____
Mini-Scaler	1	_____		_____
Hi-Volume Air Sampler	2	_____		_____
Low-Volume Air Sampler	1	_____		_____
Shielded Detector "Pig" (<i>Located in Radcon Area, Service Building, 565'</i>)	1	_____		_____
<u>Dosimetry</u>				
Dosimetry Chargers	2	_____		_____
Whole Body TLD's	10	_____		_____
Multi-Badge Sets	10	_____		_____
Extremity TLD Badge Sets	30	_____		_____
0-200 mr Pocket Chambers	10	_____		_____
0-500 mr Pocket Chambers	10	_____		_____
0-1500 mr Pocket Chambers	10	_____		_____
0-5 R Pocket Chambers	10	_____		_____
0-20 R Pocket Chambers	10	_____		_____
0-100 R Pocket Chambers	10	_____		_____
<u>Miscellaneous</u>				
Calculator (Hand Held)	1	_____	Y N	_____
Batteries (D-Cell)	16	_____	Y N	_____
Log Book	1	_____		_____
Flashlights	8	_____	Y N	_____
Box of Pens	1	_____		_____
Particulate Air Filters (Box)	2	_____		_____
Disc Smears (Box)	1	_____		_____
KI Tablets Expiration Date _____ (<i>Radcon Supply Cage</i>)(<i>Tablets</i>)	2000	_____		_____

Signatures:

Supervisor, Radcon: _____ **Date:** _____

Manager, EP: _____ **Date:** _____

Retention Period is 12 months - - Non-QA Record

Attachment 4

Radcon Emergency Equipment - Control Building 617'

Location: Control Building 617' Mechanical Equipment Room

Equipment	QTY	INV	OPER	INIT
<u>Radiological Survey Instrumentation</u>				
High Range Survey Meters	2	_____		_____
Ion Chambers	4	_____		_____
GM Survey Meters (<i>Friskers</i>)	2	_____		_____
Neutron Survey Meter	1	_____		_____
Silver Zeolite Cartridges	10	_____		_____
Alpha Survey Meter	1	_____		_____
Mini-Scaler	1	_____		_____
Hi-Volume Air Sampler	2	_____		_____
Low-Volume Air Sampler	1	_____		_____
Shielded Detector "Pig"	1	_____		_____
<u>Dosimetry</u>				
Dosimetry Chargers	2	_____		_____
Whole Body TLD's	10	_____		_____
Multi-Badge Sets	10	_____		_____
Extremity TLD Badge Sets	30	_____		_____
0-200 mr Pocket Chambers	10	_____		_____
0-500 mr Pocket Chambers	10	_____		_____
0-1500 mr Pocket Chambers	10	_____		_____
0-5 R Pocket Chambers	10	_____		_____
0-20 R Pocket Chambers	10	_____		_____
0-100 R Pocket Chambers	10	_____		_____
<u>Miscellaneous</u>				
Calculator (Hand Held)	1	_____	Y N	_____
Batteries (D-Cell)	16	_____	Y N	_____
Log Book	1	_____		_____
Flashlights	8	_____	Y N	_____
Box of Pens	1	_____		_____
Particulate Air Filters (Box)	2	_____		_____
Disc Smears (Box)	1	_____		_____

Signatures:

Supervisor, Radcon: _____ **Date:** _____

Manager, EP: _____ **Date:** _____

Retention Period is 12 months - - Non-QA Record

Attachment 5

Staging Area C-Zone Dress-Out Clothing - Service Building 565'

*Location: Service Building Column 6, G-line Hallway
behind Mechanical Maintenance Offices*

Equipment	QTY	INV	INIT
<u>Coveralls (Pairs)</u>	40	_____	_____
Based upon size availability an alternate distribution may be acceptable at the discretion of the Radcon Supervisor and the EP Manager, noted by signature of completed form.			
Size 46			
Size 48	10	_____	
Size 50	10	_____	
Size 52	5	_____	
Size 54	5	_____	
Size 58	5	_____	
<u>Hood covers</u>	25	_____	_____
<u>Shoe Covers (Pairs)</u>	25	_____	_____
<u>Surgeon Caps</u>	25	_____	_____
<u>Rubber Gloves (Pairs)</u>	25	_____	_____
<u>Booties (Pairs)</u>	25	_____	_____
<u>Cotton Glove Inserts (Pairs)</u>	25	_____	_____
<u>Masking Tape (Rolls)</u>	8	_____	_____

Signatures:
Supervisor, Radcon: _____ **Date:** _____
Manager, EP: _____ **Date:** _____
 Retention Period is 12 months - - Non-QA Record

**Attachment 6
Emergency Use SCBA Inventory**

Description	Location	QTY	INV	INIT
Self Contained Breathing Apparatus	Unit 1 Control Room	5	_____	_____
Self Contained Breathing Apparatus	Unit 2 Control Room	5	_____	_____
Self Contained Breathing Apparatus	Unit 3 Control Room	5	_____	_____
45 cu. ft. Air Cylinder	Service Building Elevation 565, Service Shop Hallway	15	_____	_____
Self Contained Breathing Apparatus and 10 additional cylinders	Fire Equipment Cabinet Turbine Building - 557'	10	_____	_____
Self Contained Breathing Apparatus	4kV Shutdown Bd Rm "C"	*5	_____	_____
Self Contained Breathing Apparatus	3A Electrical Board Room	5	_____	_____
Self Contained Breathing Apparatus	Fire Equipment Cabinet Stairwell - RB 1&2 El. 565'	4	_____	_____
Self Contained Breathing Apparatus	Fire Equipment Cabinet Stairwell - RB 2&3 El. 565'	4	_____	_____
Self Contained Breathing Apparatus	Radcon Emergency Cart	2	_____	_____
Self Contained Breathing Apparatus	Fire Truck	4	_____	_____

(*) Required for by 10 CFR 50 Appendix R Support

Signatures:

Supervisor, FIREPROTECTION: _____ **Date:** _____

Manager, EP: _____ **Date:** _____

Retention Period is 12 months - - Non-QA Record

**Attachment 7 (Page 1 of 4)
Maintenance Emergency Tool Box Inventory**

Electrical Tool Box

Number of Boxes 2 -- Number of Boxes Inventoried _____

Tool Description	QTY	INV	INIT
Pliers, Needle Nose, 6"	2	_____	_____
Pliers Diagonal, 6"	2	_____	_____
Tester, Circuit, 24.0"	2	_____	_____
Rule, Folding, Carpenters, Outside Reading, 6'	2	_____	_____
Pliers, Tongue & Groove, 10", #430 Channel Locks	2	_____	_____
Screwdriver, STD Tip, .25" Tip, X 8.0" Long	2	_____	_____
Screwdriver, STD Tip, .313" Tip, X 4.0" Long	2	_____	_____
Screwdriver, STD Tip, .125" Tip, X 6.0" Long	2	_____	_____
Pliers, Lineman's, 9.0"	2	_____	_____
Screwdriver, STD Tip, .25" Tip, X 6.0" Long	2	_____	_____
Screwdriver, Phillips Tip, #2 Tip, 4" Blade	2	_____	_____
Screwdriver, Holding, .25" X 6" (Klein)	2	_____	_____
Wrench, Adjustable, 10.0"	2	_____	_____

Attachment 7 (Page 2 of 4)
Maintenance Emergency Tool Box Inventory

I&C Tool Box

Number of Boxes 2 -- Number of Boxes Inventoried _____

Tool Description	QTY	INV	INIT
Pliers, Tongue & Groove, 9, #42 Channel Locks	1	_____	_____
Screwdriver, STD Tip, .25" Tip, X 6.0" Long	1	_____	_____
Screwdriver, Jewelers, Set of Six, .25"-100" Mfg. Starrett	1	_____	_____
Screwdriver, Holding, .25" X 6" (Klein)	1	_____	_____
Cord, Extension, 110 V 100'	1	_____	_____
Wrench Set, Hex Key (Allen), Folding, 0.050"-0.187"	1	_____	_____
Wrench, Ignition, Set	1	_____	_____
Wrench, Valve Wheel, Number 0, 8.0"X.50"X.656"	1	_____	_____
Socket, Set, 1/4" DR., SL/DW, 3/16" to 9/16"	1	_____	_____
Driver, Nut, Set, Fractional 1/4" to 1/2"	1	_____	_____
Wrench, Set, Hexkey, .028" to 5/8"	1	_____	_____
Cutter, Tube, .125" to .625"	1	_____	_____
Cutter, Tube, .125" to 1.125"	1	_____	_____
Pliers, Diagonals, 6"	1	_____	_____
Pliers, Lineman, 7"	1	_____	_____
Pliers, Needle Nose, 7"	1	_____	_____
Pliers, Tounge & Groove, #430 CL.	1	_____	_____
File, Half Round, 4" Smooth	1	_____	_____
File, Round, 6" Smooth	1	_____	_____
Puller, Fuse, Midget	1	_____	_____
Puller, Fuse, 100A-250V	1	_____	_____
Screwdriver, Philips, #1x3"	1	_____	_____
Screwdriver, Phillips, #2x4"	1	_____	_____
Screwdriver, Flat, 1/8x2.25"	1	_____	_____
Screwdriver, Flat, 1/4x6"	1	_____	_____
Screwdriver, Flat, 1/4x4"	1	_____	_____
Screwdriver, Flat, 5/16x6"	1	_____	_____
Screwdriver, holding, SM/pocket Clip	1	_____	_____
Screwdriver, Holding, 3/16x6"	1	_____	_____
Screwdriver, holding, 1/4x8"	1	_____	_____
Wrench, Adjustable, 4"	1	_____	_____
Wrench, Adjustable, 6"	1	_____	_____
Wrench, Adjustable, 8"	1	_____	_____

Attachment 7 (Page 3 of 4)
Maintenance Emergency Tool Box Inventory

I&C Tool Box (CONTINUED)

Tool Description	QTY	INV	INIT
Wrench, Combo, 3/8"	1	_____	_____
Wrench, Combo, 7/16"	1	_____	_____
Wrench, Combo 1/2"	1	_____	_____
Wrench, Combo, 9/16"	1	_____	_____
Wrench, Combo, 5/8"	1	_____	_____
Wrench, Combo, 11/16"	1	_____	_____
Wrench, Combo, 3/4"	1	_____	_____
Wrench, Flare Nut, 1/2"-9/16"	1	_____	_____
Wrench, Flare Nut, 5/8"-11/16"	1	_____	_____
Wrench, Flare Nut, 3/4"-1"	1	_____	_____
Wrench, Flare Nut, 7/8"-1 1/8"	1	_____	_____
Snoop, Bottle, 8 oz	1	_____	_____
Note: The following items are supplied by the I&C Shop			
Tube Fitting, 1/4"M NPT to 3/8" tube comp	2	_____	_____
Tube Fitting, 1/4"F NPT to 1/4" tube comp	2	_____	_____
Tube Fitting, 3/8" comp to 3/8" comp	2	_____	_____
Tube Fitting, 1/4" comp to 1/4" comp	2	_____	_____
Tube Fitting, Tee, 1/4" comp	2	_____	_____
Tape, Electrical, Scotch 33 Black	1	_____	_____
Leads, Test, 4'	1	_____	_____
Jumpers, Banana, 2' orange w/clips	2	_____	_____
Tywraps, 3/16"x8"	1PK	_____	_____
Tywraps, 1/8"x4"	1PK	_____	_____
Valve Wrench, Custom Made, I&C Specs.	1	_____	_____

**Attachment 7 (Page 4 of 4)
Maintenance Emergency Tool Box Inventory**

Mechanical Tool Box

Number of Boxes 2 -- Number of Boxes Inventoried ____

Tool Description	QTY	INV	INIT
Flux, Soldering	1	_____	_____
Chisel, Cold, .4375" Cut	1	_____	_____
Wrench Set, Combo, 0.250"-1.250"	1	_____	_____
Wrench Set, Hex Key (Allen), 0.187"-0.375"	1	_____	_____
Wrench Set, Hex Key (Allen), Folding, 0.050"-0.187"	1	_____	_____
Socket Set, .375"	1	_____	_____
Hammer, Ball Pein, 12 oz	1	_____	_____
Punch, Pin, .188"	1	_____	_____
Punch, Pin, .125"	1	_____	_____
Pliers, Tongue & Groove, 9" #420 Channel Locks	1	_____	_____
Screwdriver, Phillips Tip, Round Shank, #2 Tip X 4.0" Blade	1	_____	_____
Screwdriver, Phillips Tip, Round Shank, #2 Tip X 1.50" Blade	1	_____	_____
Screwdriver, STD Tip, .25" Tip X 6.0" Long	1	_____	_____
Screwdriver, STD Tip, .25" Tip X 12.0" Long	1	_____	_____
Wrench, Pipe, 12"	1	_____	_____
Wrench, Adjustable, 12.0"	1	_____	_____
Pliers, Slip Joint, 10"	1	_____	_____
Pliers, Needle Nose, W/Side Cutter, 8"	1	_____	_____

Signatures:

Supervisor, Tool Room: _____ **Date:** _____

Manager, EP: _____ **Date:** _____

Retention Period is 12 months - - Non-QA Record

Attachment 8 (Page 1 of 4)
Technical Support Center Inventory/Operability Check

Equipment <u>In the Technical Support Center</u>	QTY	INV	OPER	INIT
Telecopier	2	_____	Y N	_____
Telecopier (TAT Area)	1	_____	Y N	_____
TSC Intercom System	1	_____	Y N	_____
TSC Zetron Radio System	1	_____	Y N	_____
Copier	1	_____	Y N	_____
EP Clock	1	_____	Y N	_____
Control Room Conference Bridge Headset	2	_____	Y N	_____
Met Data Terminal & Printer	1	_____	Y N	_____
ERO Logbooks	*	_____		_____
Accountability Roster	1	_____		_____
ICS Terminal (TSC Area)	4	_____	Y N	_____
ICS Terminal (TAT Area)	1	_____	Y N	_____
<u>In TSC Equipment & Supply Cabinet</u>				
Calculators, (<i>Scientific</i>)	6	_____	Y N	_____
Flashlights	12	_____	Y N	_____
Batteries (<i>D-Cells</i>)	24	_____	Y N	_____
Batteries (<i>AA</i>)	24	_____	Y N	_____
Telephone Headsets (<i>Spares</i>)	3	_____	Y N	_____
Staplers	1	_____		_____
Pens (<i>Black Ink</i>)	24	_____		_____
Pencils	12	_____		_____
Tape Dispensers w/tape	1	_____		_____
"Post-it-notes" Pads	12	_____		_____
Message Pads	12	_____		_____
Note Pads (<i>8.5"x 11"</i>)	12	_____		_____
Board Cleaner (<i>Bottles</i>)	1	_____		_____
Paper Towels (<i>Rolls</i>)	1	_____		_____
Grease Pencils	12	_____		_____
Dry Erase Markers	12	_____		_____
Copier Paper (<i>Packs</i>)	4	_____		_____
Spare Phones for NRC ETS	6	_____		_____

* Utilize EPIP-6, position attachments to identify what ERO logbooks are intended for use in the TSC.

Attachment 8 (Page 2 of 4)
Technical Support Center Inventory/Operability Check

Procedures/Drawings <u>In the Technical Support Center</u>	QTY	INV	OPER	INIT
*REP	4	_____	_____	_____
*BFN EPIP's	11	_____	_____	_____
*CECC EPIP's	2	_____	_____	_____
*Severe Accident Management Guidelines Flowcharts	1 Set	_____	_____	_____
*Technical Support Guidelines	1 Set	_____	_____	_____
*Emergency Operating Instruction (EOI) Flowcharts	1 Set	_____	_____	_____
*EOI Program Manual	1 Set	_____	_____	_____
*Radiological Control Instructions	1 Set	_____	_____	_____
*Abnormal Operating Instructions	1 Set	_____	_____	_____
*REND	2	_____	_____	_____
*AI Radiological Emergency Response Plan	1	_____	_____	_____
*Multi-Jurisdictional Radiological Emergency Response Plan TEMA	1	_____	_____	_____
*Alarm Response Procedures	1 Set	_____	_____	_____
*Operating Instructions	1 Set	_____	_____	_____
*Technical Specifications	1 Set	_____	_____	_____
*Technical Requirements	1 Set	_____	_____	_____
*Safe Shutdown Instructions	1 Set	_____	_____	_____
*Fire Protection Report	1 Set	_____	_____	_____
*Final Safety Analysis Report	1 Set	_____	_____	_____
*User Manual Meteorological Data Display Program CECC	1	_____	_____	_____
*User Manual Nuclear Power (NP) Sites - Emergency Paging System (EPC) CECC	1	_____	_____	_____
*FRED Forecast Radiological Emergency Dose	1	_____	_____	_____
*User Manual Meteorological Data Print Program	1	_____	_____	_____
*Plant Drawings	1 Set	_____	_____	_____
Radcon Survey Maps	1 Set	_____	_____	_____
EP 10-Mile Sample Point Map	2	_____	_____	_____
EP 2-Mile Sample Point Map	1	_____	_____	_____
EP 50 Mile Sample Point Map	1	_____	_____	_____
EP 10 Mile Evacuation Sector Map	1	_____	_____	_____
Operators Manual Zetron Radio Console	1	_____	_____	_____

* Controlled Documents or Drawings

Attachment 8 (Page 3 of 4)
Technical Support Center Inventory/Operability Check

Procedures/Drawings <u>In the Technical Assessment Team Area</u>	QTY	INV	OPER	INIT
*REP	1	_____	_____	_____
*BFN EPIP's	2	_____	_____	_____
*REND	1	_____	_____	_____
*Operating Instructions	1 Set	_____	_____	_____
*Technical Specifications	1 Set	_____	_____	_____
*Technical Requirements	1 Set	_____	_____	_____
*UMMI	1 Set	_____	_____	_____
*UEMI	1 Set	_____	_____	_____
*EMI	1 Set	_____	_____	_____
*Unit 2 EOI Appendices	1	_____	_____	_____
*Unit 3 EOI Appendices	1	_____	_____	_____
*SAMG EOI Appendices	1	_____	_____	_____
*SPCC Plan	1	_____	_____	_____
*Plant Drawings	1 Set	_____	_____	_____

Attachment 8 (Page 4 of 4)

Technical Support Center Inventory/Operability Check
Technical Support Center Telephones

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
3777	Y N	_____	2305	Y N	_____
3730	Y N	_____	3734	Y N	_____
3771	Y N	_____	3733	Y N	_____
3770	Y N	_____	3736	Y N	_____
3732	Y N	_____	3735	Y N	_____
3764	Y N	_____	3744	Y N	_____
3761	Y N	_____	3756	Y N	_____
3765	Y N	_____	3745	Y N	_____
3767	Y N	_____	3738	Y N	_____
3766	Y N	_____	3740	Y N	_____
3768	Y N	_____	3762 w/Headset	Y N	_____
3763	Y N	_____	3769 w/Headset	Y N	_____
3779	Y N	_____	3737 w/Headset	Y N	_____
3782 (Node 2 Jack Only)	Y N	_____	CECC Ringdown	Y N	_____
3784 (Node 2 Jack Only)	Y N	_____	101/102 Bridge	Y N	_____
			103 Radcon Bridge	Y N	_____

Technical Assessment Team Area

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
3741	Y N	_____	3025	Y N	_____
2165	Y N	_____	2202	Y N	_____
2274	Y N	_____	Plt Assessment Ringdown	Y N	_____

Control Rooms

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
ODS Unit 1/2 Ringdown	Y N	_____	ODS Unit 3 Ringdown	Y N	_____
Unit 1/2 Bridge Headset	Y N	_____	Unit 3 Bridge Headset	Y N	_____
Unit 1/2 Fixed Satellite Telephone	Y N	_____	Unit 3 Fixed Satellite Telephone	Y N	_____

Manager, EP: _____ Date: _____

Retention Period is 12 months - - Non-QA Record

Attachment 9 (Page 1 of 2)
Operations Support Center Inventory/Operability Check

<u>Equipment</u> <u>In the Operational Support Center</u>	QTY	INV	OPER	INIT
Telecopier	1	_____	Y N	_____
OSC Intercom System	1	_____	Y N	_____
Copier	1	_____	Y N	_____
EP Clock	1	_____	Y N	_____
Computer Terminal	1	_____	Y N	_____
Printer for Computer	1	_____	Y N	_____
Accountability Roster	1	_____		_____
OSC Zetron Radio System	1	_____	Y N	_____
RADCON Zetron Radio System	1	_____	Y N	_____
ICS Terminals	2	_____	Y N	_____
<u>In OSC Equipment & Supply Cabinet</u>				
Calculators, (<i>Scientific</i>)	6	_____	Y N	_____
Flashlights	12	_____	Y N	_____
Batteries (<i>D-Cells</i>)	24	_____	Y N	_____
Batteries (<i>AA</i>)	24	_____	Y N	_____
Telephone Headsets (<i>Spares</i>)	2	_____	Y N	_____
Staplers	3	_____		_____
Pens (<i>Black Ink</i>)	24	_____		_____
Pencils	12	_____		_____
Tape Dispensers w/tape	1	_____		_____
"Post-it-notes" Pads	12	_____		_____
Message Pads	12	_____		_____
Note Pads (<i>8.5"x 11"</i>)	12	_____		_____
Board Cleaner (<i>Bottles</i>)	1	_____		_____
Paper Towels (<i>Rolls</i>)	1	_____		_____
Grease Pencils	12	_____		_____
Dry Erase Markers	12	_____		_____
Copier Paper (<i>Packs</i>)	4	_____		_____
Hand Held 2-Way Radios	10	_____		_____
ERO Logbooks	*	_____		_____

* Utilize EPIP-7, position attachments to identify what ERO logbooks are intended for use in the OSC.

Attachment 9 (Page 2 of 2)
Operations Support Center Inventory/Operability Check

Operations Support Center Telephones

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
3276	Y N	_____	3639	Y N	_____
3233	Y N	_____	3274	Y N	_____
2964	Y N	_____	2942	Y N	_____
2599	Y N	_____	3225	Y N	_____
2558	Y N	_____	2598	Y N	_____
2026	Y N	_____	3660	Y N	_____
3184	Y N	_____	2904	Y N	_____
3780	Y N	_____	3093	Y N	_____
3172	Y N	_____	3001 w/Headset	Y N	_____
3750 (Node 1 Jack Only)	Y N	_____	2089 w/Headset	Y N	_____
3752 (Node 1 Jack Only)	Y N	_____			

Manager, EP: _____ **Date:** _____
Retention Period is 12 months - - Non-QA Record

**Attachment 10
OSC Staging Area Inventory/Operability Check**

Equipment	QTY	INV	OPER	INIT
<u>In the OSC Staging Area Equipment & Supply Cabinet</u>				
Calculators, (<i>Scientific</i>)	1	_____	Y N	_____
Flashlights	12	_____	Y N	_____
Batteries (<i>D-Cells</i>)	24	_____	Y N	_____
Staplers	1	_____		_____
Pens (<i>Black Ink</i>)	24	_____		_____
Pencils	12	_____		_____
Tape Dispensers	1	_____		_____
"Post-it-notes" Pads	12	_____		_____
Message Pads	12	_____		_____
Note Pads (<i>8.5"x 11"</i>)	12	_____		_____
Accountability Roster	1	_____		_____
ERO Logbooks	*	_____		_____
<u>In the OSC Staging Area</u>				
Ice Vests	12	_____		_____
Ice Packs for vests	72	_____		_____

Operations Support Center Staging Area Telephones

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
2244	Y N	_____	2115	Y N	_____
2309	Y N	_____	2215	Y N	_____
			2303	Y N	_____

* Utilize EPIP-7, position attachments to identify what ERO logbooks are intended for use in the OSC Staging Area.

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

Attachment 11 (Page 1 of 2)
Huntsville/Decatur General Hospital Inventory/Operability Check
(Circle One)

Hospital Equipment & Supply Cabinet	QTY	INV	OPER	INIT
<u>Personnel Dress-Out Clothing</u>				
"Booties" (<i>Pairs</i>)	10	_____		_____
Dress Out Packages	10	_____		_____
Surgical Gloves (<i>Pairs</i>)	50	_____		_____
Surgical Gowns	3	_____		_____
Surgical tape for dressout (<i>Rolls</i>)	4	_____		_____
<u>Rad Monitoring Instruments & Dosimetry</u>				
Bicron Surveyor 50 (GM) or equivalent	2	_____	Y N	_____
Bicron RSO 5 (Ion Chamber) or equivalent	1	_____	Y N	_____
TLD's	10	_____		_____
Electronic Dosimeters	10	_____		_____
Wound Probe w/Cable	1	_____		_____
<u>Zone, Survey & Contamination Control</u>				
<u>Supplies</u>				
Floor Covering (<i>Set</i>)	1	_____		_____
Duct Tape (<i>Rolls</i>)	2	_____		_____
Rad Posting Signs	8	_____		_____
Contamination Smears	100	_____		_____
Step-Off-Pads	2	_____		_____
Rad Ribbon or rope (<i>Rolls</i>)	1	_____		_____
Massilin Mop	1	_____		_____
Massilin Cloths	20	_____		_____
Rad Emblem Tape (<i>Rolls</i>)	1	_____		_____
Flexible Funnel w/ drain hose	1	_____		_____
Fluid Collection Bottle (<i>2 Gallon min.</i>)	1	_____		_____
3 ft. Wide Paper (Feet)	20	_____		_____
Cotton Swabs	12	_____		_____
Radioactive Material Tags	12	_____		_____
Traffic Cones (set)	1	_____		_____

Attachment 11 (Page 2 of 2)
Huntsville/Decatur General Hospital Inventory/Operability Check

<u>Zone, Survey & Contamination Control</u> <u>Supplies (Continued)</u>	QTY	INV	OPER	INIT
Scissors	1	_____		_____
Plastic Bags (<i>Large</i>)	10	_____		_____
Plastic Bags (<i>Medium</i>)	10	_____		_____
"Zip Lock" Plastic Bags	24	_____		_____
Skin Decon Media (<i>Container</i>)	1	_____		_____
Sample Bag Labels	12	_____		_____
Hospital Response Booklet (<i>Hospital Specific</i>)	1	_____		_____
Wall Poster (" <i>Care of Contamination Patients</i> ")	1	_____		_____
NCRP Report # 65 (<i>Issued Date - April 15, 1980</i>)	1	_____		_____
Decontamination Table, bottle and Backboard	1	_____		_____

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

**Attachment 12
ETS Communications Operability Check**

<u>Description</u>	<u>Location</u>	<u>Telephone Number</u>	<u>OPER</u>	<u>INIT</u>
Reactor Safety Counterpart Link (RSCL)	TSC (NRC Area)	(256) 729-3757	Y N	___
Protective Measures Counterpart Link (PMCL)	TSC (NRC Area)	(256) 729-3758	Y N	___
Management Counterpart Link (MCL)	TSC (NRC Area)	(256) 729-3759	Y N	___
Local Area Network (LAN) Access (Check this line by use of a telephone instrument)	TSC (NRC Area)	(256) 729-3760	Y N	___
Health Physics Network (HPN)	TSC (NRC Area)	(256) 729-2212	Y N	___
Health Physics Network (HPN)	TSC (TVA Area)	(256) 729-2212	Y N	___
*Emergency Notification System (ENS)	TSC (NRC Area)	(256) 729-2273	Y N	___
*Emergency Notification System (ENS)	TSC (TVA Area)	(256) 729-2273	Y N	___
*Emergency Notification System (ENS)	Unit 1/2 Control Room	(256) 729-2273	Y N	___
*Emergency Notification System (ENS)	Unit 3 Control Room	(256) 729-2273	Y N	___

* Notify the Shift Manager prior to beginning the ENS telephone checks

Note: IMMEDIATELY, Report Failures to (1) the Shift Manager , and (2) the NRCOC at 9-1-301-951-0550 from a TVA telephone. (The NRC may request that Browns Ferry conduct repairs.)

Note: Upon Completion of repairs, perform a test of the affected telephones. If test is satisfactory, inform the Shift Manager and the NRCOC.

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

Attachment 13 (Page 1 of 2)
Local Recovery Center Inventory/Operability Check

Equipment	QTY	INV	OPER	INIT
<u>In the LRC Area</u>				
Met Data Terminal	1	_____	Y N	_____
Printer for Met Data Terminal	1	_____	Y N	_____
ICS Terminal	1	_____	Y N	_____
<u>In LRC Equipment & Supply Cabinet</u>				
Calculators, (<i>Scientific</i>)	4	_____	Y N	_____
Flashlights	12	_____	Y N	_____
Batteries (<i>D-Cells</i>)	24	_____	Y N	_____
Staplers	1	_____		_____
Pens (<i>Black Ink</i>)	24	_____		_____
Pencils	12	_____		_____
Tape Dispensers	1	_____		_____
"Post-it-notes" Pads	12	_____		_____
Message Pads	12	_____		_____
Note Pads (<i>8.5"x 11"</i>)	12	_____		_____
Board Cleaner (<i>Bottles</i>)	2	_____		_____
Paper Towels (<i>Rolls</i>)	1	_____		_____
Dry Erase Markers	12	_____		_____

Attachment 13 (Page 2 of 2)
Local Recovery Center Inventory/Operability Check

Telephone Number	Operable	Initials	Telephone Number	Operable	Initials
2038	Y N	_____	2692	Y N	_____
3666	Y N	_____	2460	Y N	_____
3636	Y N	_____	2064	Y N	_____
3656	Y N	_____	3647	Y N	_____
3645	Y N	_____			
Portable Satellite Telephone	Y N	_____			

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

Attachment 14
EP Quarterly Administrative Checks and Reviews

	QTY	INV	DATE	INIT
Emergency Response List Update <ul style="list-style-type: none"> • Nuclear Security Shift Supervisor's Office (5-Copies) 	5	_____	_____	_____
Call-Out List <ul style="list-style-type: none"> • Shift Manager 	1	_____	_____	_____

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

Attachment 15
EP Once per Calendar Quarter Administrative Checks and Reviews

	QTY	INV	DATE	INIT
Emergency Procedure Telephone Number Review and Update <ul style="list-style-type: none">• BFNP Emergency Preparedness Implementing Procedures	ALL	_____	_____	_____

Manager, EP: _____ Date: _____ Retention Period is 12 months - - Non-QA Record

Attachment 16
EP Annual Administrative Checks and Reviews

	QTY	INV	DATE	INIT
Review Emergency Procedures				
• Radiological Emergency Plan	NA	_____	_____	_____
• Browns Ferry, Emergency Plan Implementing Procedures	NA	_____	_____	_____

Manager, EP: _____ **Date:** _____
Retention Period is 12 months - - Non-QA Record

**Attachment 17
Alternate Decontamination Facility
Power Service Shop # 4 - TVA, Muscle Shoals Reservation**

Equipment	QTY	INV	INIT
<u>Supply Cabinet</u>			
Cotton Tipped Swabs	2 PKG	_____	_____
Square Gauze	1 Box	_____	_____
Detergent	1 Box	_____	_____
Surgical Brush	12	_____	_____
Waterless Hand Cleaner	2 Cans	_____	_____
Shampoo	2 BTL	_____	_____
Paper Bath Towels	100	_____	_____
Small Coveralls	12	_____	_____
Medium Coveralls	12	_____	_____
Large Coveralls	12	_____	_____
Small Tennis Shoes	12	_____	_____
Large Tennis Shoes	12	_____	_____

Signatures:

Inventoried/Inspected by _____ **Date:** _____

Manager, EP: _____ **Date:** _____

Retention Period is 12 months - - Non-QA Record

LAST PAGE