



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

November 20, 2000

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

Gentlemen:

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

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

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

<u>EPIP</u>	<u>Revision</u>	<u>Title</u>
EPIP-2	17	Notification of Unusual Event
EPIP-3	20	Alert
EPIP-4	20	Site Area Emergency
EPIP-5	26	General Emergency

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

Sincerely,

Pedro Salas
Licensing and Industry Affairs Manager

Enclosure
cc: See page 2

A045

U.S. Nuclear Regulatory Commission
Page 2
November 20, 2000

cc: Mr. R. W. Hernan, Project Manager (Enclosure)
U.S. Nuclear Regulatory Commission
One White Flint, North
11555 Rockville Pike
Rockville, Maryland 20852-2739

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

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

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-2

NOTIFICATION OF UNUSUAL EVENT

Revision 17

QUALITY RELATED

PREPARED/PROOFREAD BY: Bill Peggram

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John Casey

EFFECTIVE DATE: 11/09/00

Level Of Use: Reference

REVISION

DESCRIPTION: Non-Intent Change, changed telephone numbers for NRC Notification due to new ENS NRC phones in the TSC and Main Control Room.

SQN	NOTIFICATION OF UNUSUAL EVENT	EPIP-2 Rev. 17 Page 2 of 7
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Date _____

1.0 PURPOSE

- 1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM) has determined by EPIP-1 that events have occurred that are classified as a **NOTIFICATION OF UNUSUAL EVENT**.
- 1.2 To provide the Site Emergency Director (SED) a method for periodic reanalysis of current conditions to determine whether the **NOTIFICATION OF UNUSUAL EVENT** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES

2.1 Interface Documents

- A. SPP-3.5, "Regulatory Reporting Requirements"
- B. EPIP-3, "Alert"
- C. EPIP-4, "Site Area Emergency"
- D. EPIP-5, "General Emergency"
- E. EPIP-10, "Medical Emergency Response"
- F. EPIP-14, "Radiological Control Response"
- G. CECC EPIP-9, "Emergency Radiological Monitoring Procedures"
- H. PHYSI-32, "Security Instructions For Members Of The Security Force".

3.0 INSTRUCTION

3.1 ACTIVATION OF THE REP

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

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

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



SQN	NOTIFICATION OF UNUSUAL EVENT	EPIP-2 Rev. 17 Page 3 of 7
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Date _____

3.1 ACTIVATION OF THE REP (Continued)

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

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

[3] **NOTIFY** ODS.

[a] **CALL** ODS.

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

Initial Time

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

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

5-751-8620 FAX

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

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

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

Initial Time

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

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

9-1-615-242-9635 FAX

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

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

REPEAT Announcement.

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

IMPLEMENT EPIP-10, "Medical Emergency Response."

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

SQN	NOTIFICATION OF UNUSUAL EVENT	EPIP-2 Rev. 17 Page 4 of 7
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Date _____

3.1 ACTIVATION OF THE REP (Continued)

[7] **MONITOR** radiation monitors.

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

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

[b] **PERFORM** Dose Assessment.

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

7285 Lab or
 6348 Lab or
 Pager 350-40732

[c] **REFER** to EPIP-1, Radiological Effluents Section, **AND** **EVALUATE** need for additional classifications.

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

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

6144 or
 6568

[9] **NOTIFY** Plant Management in accordance with SPP-3.5 **AND** **PROVIDE** NOUE Notification information.

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

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

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

Initial Time

SQN	NOTIFICATION OF UNUSUAL EVENT	EPIP-2 Rev. 17 Page 5 of 7
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Date _____

3.1 ACTIVATION OF THE REP (Continued)

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

John Casey Work 843-7658 Pager 350-20372 Car 9-280-6616

Bill Peggram Work 843-8360 Pager 350-30388 Home 9-842-3020

[12] MONITOR plant conditions **AND**
EVALUATE using EPIP-1, **AND**

[a] IF plant conditions warrant, **THEN**
UPGRADE to a higher classification **AND**
INITIATE EPIP-3 or EPIP-4 or EPIP-5.

[b] IF additional conditions satisfy criteria of other **NOUE's** **OR**
Conditions warrant a need for follow-up information, **THEN**
COMPLETE NOUE Follow-up Form (page 7), **AND**
REPORT to ODS for State notification at:

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

AND

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

OR -

[c] TERMINATE emergency, when situation no longer exists,
by informing ODS and Duty Plant Manager **AND**
COMPLETE NOUE Follow-up Form (Page 7) with
Time and Date Event Terminated and **FAX** to ODS.

END OF SECTION

NOTIFICATION OF UNUSUAL EVENT NOTIFICATION FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

4. EAL Designator: _____

5. Brief Description of Event _____

6. Plant conditions are: Stable Deteriorating

7. Radiological Conditions are:

- No Abnormal Release Off-site
- Airborne Release Off-site
- Liquid Release Off-site
- Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. Protective Action Recommendation: None at This Time.

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

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

NOTIFICATION OF UNUSUAL EVENT FOLLOW-UP FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

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

Unit 2 Shutdown At Power

5. Plant conditions are: Stable Deteriorating

6. Additional EAL Designator (s): _____

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

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

9. Protective Action Recommendation: None at This Time

10. Event Terminated: Time: _____ Date: _____

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

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

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

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-3

ALERT

Revision 20

QUALITY RELATED

PREPARED/PROOFREAD BY: Bill C. Peggram

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 11/09/2000

Level of Use: Reference

REVISION

DESCRIPTION:

Non-Intent Change, changed telephone number for NRC Notification due to new ENS NRC phones in the TSC and Main Control Room.

Date _____

1.0 PURPOSE

- 1.1** To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **ALERT**.
- 1.2** To provide the Site Emergency Director (SED) a method for periodic reanalysis of current conditions to determine whether the **ALERT** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES**2.1 Interface Documents**

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

3.0 INSTRUCTION**[1] IF TSC is NOT STAFFED, THEN****GO TO Section 3.1. (Page 3)****[2] IF TSC is OPERATIONAL, (SED transferred to TSC), THEN****GO TO Section 3.2. (Page 7).**

Date _____

3.1 ACTIVATION OF THE REP BY SM

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

[1] **ANNOUNCE** to Operating Crew:
 "An **ALERT** has been declared based on *(Describe the Conditions)*.
 I will be the Site Emergency Director."

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

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

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

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

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

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

AND

DIRECT ODS to activate EPS.

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

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

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

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

REPEAT Announcement.

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

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

[5] MONITOR plant conditions,

WHEN plant conditions warrant, **THEN**

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

6144

 or

 6568
□

[b] ACTIVATE emergency sirens for personnel assembly.

Initial Time

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

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

[7] NOTIFY ODS.

[a] CALL ODS.

Ringdown Line

 or

 5 -751-1700

 or

 5 -751-2495

 or

 9-785-1700

Initial Time

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

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

5-751-8620 FAX

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

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

9-1-800-262-3300

 or

 9-1-615-741-0001

 or

 888-616-8091 (satellite)

Initial Time

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

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

9-1-615-242-9635 FAX

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)**[9] NOTIFY RADCON Shift Supervisor,**

- [a] STATE "AN ALERT HAS BEEN DECLARED, BASED UPON *(Describe the conditions)*, AFFECTING UNIT(s) _____."**
- [b] DIRECT** to implement EPIP-14, "Radiological Control Response."
- [c] IF** radiation monitors indicate unplanned radiological release, **THEN**
DIRECT to **EVALUATE** implementation of CECC EPIP-9, "Emergency Radiological Monitoring Procedures."

[10] NOTIFY Chemistry Shift Supervisor,

- [a] STATE: "AN ALERT HAS BEEN DECLARED, BASED UPON *(Describe the conditions)*, AFFECTING UNIT(s) _____."**
- or or
- [b] DIRECT** to implement EPIP-14.

[11] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**
PERFORM Dose Assessment.

- [a] NOTIFY** Chemistry Shift Supervisor to perform a dose assessment using EPIP-14.
- or or
- [b] REFER** to EPIP-1, Radiological Effluents Section, **AND**
EVALUATE need for additional classifications.

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

IMPLEMENT EPIP-10, "Medical Emergency Response."

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

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

or

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[14] NOTIFY Plant Management in accordance with SPP-3.5 **AND**
PROVIDE ALERT Notification Information.

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

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

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

[16] MONITOR plant conditions **AND**
EVALUATE using EPIP-1 until TSC is staffed, **AND**

[a] IF plant conditions warrant, **THEN**
UPGRADE to a higher classification **AND**
INITIATE EPIP-4 or EPIP-5.

[b] IF additional conditions satisfy criteria of other **ALERT's** **OR**
Conditions warrant a need for follow-up information, **THEN**
COMPLETE ALERT Follow-up Form (Page 11), **AND**
REPORT to ODS for State notification at:

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

AND

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

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

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

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

[1] **MONITOR** plant conditions,

IF plant conditions warrant, **THEN**

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

or

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

Initial Time

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

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

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

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

[4] **NOTIFY** ODS.

[a] **CALL** ODS.

or

or

Initial Time

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

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

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)**[5] IF ODS CANNOT** be contacted within **10 minutes** of the declaration, **THEN****[a] NOTIFY** Tennessee Emergency Management Agency (TEMA).

9-1-800-262-3300	or	9-1-615-741-0001	or	888-616-8091 (satellite)
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[b] READ completed Form (Page 10) to TEMA.

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

9-1-615-242-9635 FAX

NOTE The Dose Assessment function is transferred to the CECC once they are staffed.**[6] MONITOR** radiation monitors.**WHEN** indication of an unplanned radiological release, **THEN****PERFORM** Dose Assessment.**[a] DIRECT** TSC Chemistry Manager or Chemistry Shift Supervisor to perform a dose assessment using EPIP-14, "Radiological Control Response".

7285 Lab	or	6348 Lab	or	Pager 350-40732
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[b] DIRECT TSC RADCON Manager to evaluate need to implement CECC EPIP-9 "Emergency Radiological Monitoring Procedures." **[c] REFER** to EPIP-1, Radiological Effluents Section, **AND****EVALUATE** need for additional classifications. **[7] IF** there are personnel injuries, **THEN****IMPLEMENT** EPIP-10, "Medical Emergency Response." **[8] IF** there is a security threat, **THEN****DIRECT** TSC Security Manager or Security Shift Supervisor to implement PHYSI-32, "Security Instructions For Members Of The Security Force."

6144

or

6568

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

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

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

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

[10] MONITOR plant conditions **AND**

EVALUATE using EPIP-1, **AND**

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

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

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

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

REPORT to CECC Director for State notification at:

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

AND

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

OR

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

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

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

END OF SECTION

ALERT NOTIFICATION FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

4. EAL Designator: _____

5. Brief Description of Event _____

6. Plant conditions are: Stable Deteriorating

7. Radiological Conditions are:

No Abnormal Release Off-site

Airborne Release Off-site

Liquid Release Off-site

Release Information Not Known

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

10. Protective Action Recommendation: None at This Time.

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

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

ALERT FOLLOW-UP FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

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

Unit 2 Shutdown At Power

5. Plant conditions are: Stable Deteriorating

6. Additional EAL Designator (s): _____

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

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

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

10. Protective Action Recommendation: None at This Time

11. Event Terminated: Time: _____ Date: _____

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

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

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

TENNESSEE VALLEY AUTHORITY
SEQUOYAH NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-4

SITE AREA EMERGENCY

Revision 20

QUALITY RELATED

PREPARED/PROOFREAD BY: Bill Peggram

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 11/09/00

Level of Use: Reference

REVISION
DESCRIPTION: Non-Intent Change, changed phone number for NRC
Notification due to new ENS NRC phones in the TSC
and Main Control Room.

Date _____

1.0 PURPOSE

- 1.1** To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 and the REP Appendix B that events have occurred that are classified as a **SITE AREA EMERGENCY**.
- 1.2** To provide the SED a method for periodic reanalysis of current conditions to determine whether the **SITE AREA EMERGENCY** should be terminated, continued, or upgraded to a more serious classification.

2.0 REFERENCES

2.1 Interface Documents

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

3.0 INSTRUCTION

- [1] IF TSC IS NOT STAFFED, THEN**
GO TO Step 3.1 [1]. (Page 3)
- [2] IF TSC IS OPERATIONAL, (SED transferred to TSC), THEN**
GO TO Step 3.2 [1]. (Page 7)

Date _____

3.1 ACTIVATION OF THE REP BY SM

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

[1] ANNOUNCE to Operating Crew:

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

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

ACTIVATE EPS AND

(SM may delegate these tasks to Operations Clerk if available. MSS also may be used if necessary.)

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

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

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

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

Ringdown Line

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

AND DIRECT ODS to activate EPS.

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

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

[4] ANNOUNCE to plant personnel:

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

REPEAT Announcement.

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

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

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

6144

or

6568

[b] ACTIVATE emergency sirens for personnel assembly.

Initial Time

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

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

[7] NOTIFY ODS.

[a] CALL ODS.

Ringdown Line

or

5-751-1700

or

5-751-2495

or

9-785-1700

Initial Time

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

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

5-751-8620 FAX

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

[a] NOTIFY Tennessee Emergency Management Agency (TEMA)

9-1-800-262-3300

or

9-1-615-741-0001

or

888-616-8091 (satellite)

Initial Time

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

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

9-1-615-242-9635 FAX

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[9] NOTIFY RADCON Shift Supervisor,

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

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

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

[10] NOTIFY Chemistry Shift Supervisor,

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

or
 or

[b] DIRECT to implement EPIP-14.

[11] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**
PERFORM Dose Assessment.

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

or
 or

[b] REFER TO EPIP-1, Radiological Effluents Section, **AND**
EVALUATE need for additional classifications.

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

IMPLEMENT EPIP-10, "Medical Emergency Response."

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

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

or

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[14] NOTIFY Plant Management in accordance with SPP-3.5 **AND**
PROVIDE SAE Notification Information.

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

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

9-1-(301) 816-5100 (Main)

9-1-(301) 951-0550 (Backup)

9-1-(301) 816-5151 (Fax)

Initial Time

[16] MONITOR plant conditions **AND**

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

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

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

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

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

REPORT to ODS for State notification at:

Ringdown Line

or

5-751-1700

or

5-751-2495

or

9-785-1700

AND

FAX ODS SAE Follow-up Form (Page 11)

5-751-8620 FAX

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

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

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

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

6144

 or

 6568

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

 Initial Time

[2] IF Site Area Emergency classification has been declared by SM, THEN GO TO Step [6] OR appropriate Step based on SM turnover.

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

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

[4] NOTIFY CECC Director.

[a] CALL CECC Director.

Ringdown Line

 or

 5-751-1614

 or

 5-751-1680

 Initial Time

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

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

5-751-1682 FAX

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

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

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

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

[b] **READ** completed Form (Page 10) to TEMA. Initial _____ Time _____

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

9-1-615-242-9635 FAX

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

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

[7] **MONITOR** radiation monitors.

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

PERFORM Dose Assessment

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

7285 Lab or 6348 Lab or Pager 350-40732

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

EVALUATE need for additional classifications. □

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

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

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

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

6144 or 6568

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

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

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

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

[11] MONITOR plant conditions **AND**
EVALUATE using EPIP-1, **AND**

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

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

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

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

REPORT to CECC Director for State notification at:

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

AND

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

OR

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

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

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

END OF SECTION

SITE AREA EMERGENCY NOTIFICATION FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

4. EAL Designator: _____

5. Brief Description of Event _____

6. Plant conditions are: Stable Deteriorating

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

8. Event Declared: Time: _____ Date: _____

9. Event Terminated: Time: _____ Date: _____

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

Wind Speed _____ mph Wind Direction From _____

11. Protective Action Recommendation: None at This Time.

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

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

SITE AREA EMERGENCY FOLLOW-UP FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

4. Reactor **Unit 1** Shutdown At Power
 Unit 2 Shutdown At Power

5. Plant conditions are: Stable Deteriorating

6. Additional EAL Designator (s): _____

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

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

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

10. The Meteorological Conditions Are: (Use MET Tower elevation 46, alternate elevation 90.)
 Wind Speed _____ mph Wind Direction From _____

11. Protective Action Recommendation: None at This Time

12. Event Terminated: Time: _____ Date: _____

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

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

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

TENNESSEE VALLEY AUTHORITY

SEQUOYAH NUCLEAR PLANT

EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-5

GENERAL EMERGENCY

Revision 26

QUALITY RELATED

PREPARED/PROOFREAD BY: Bill Peggram

RESPONSIBLE ORGANIZATION: Emergency Preparedness

APPROVED BY: John H. Casey

EFFECTIVE DATE: 11/09/2000

Level of Use: Reference

REVISION
DESCRIPTION: Non-Intent Change, changed telephone numbers for NRC Notification due to new ENS NRC phones in the TSC and Main Control Room.

Date _____

1.0 PURPOSE

- 1.1 To provide a method for timely notifications of appropriate individuals when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a GENERAL EMERGENCY
- 1.2 To provide the SED/SM a method for periodic reanalysis of current conditions to determine whether the GENERAL EMERGENCY should be terminated or continued.

2.0 REFERENCES

2.1 Interface Documents

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

3.0 INSTRUCTION

- [1] IF TSC is NOT STAFFED, THEN
GO TO Section 3.1. (Page 3)
- [2] IF TSC is OPERATIONAL, (SED transferred to TSC), THEN
GO TO Section 3.2. (Page 8)

Date _____

3.1 ACTIVATION OF THE REP BY SM

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

[1] ANNOUNCE to Operating Crew:

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

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

ACTIVATE EPS AND

(SM may delegate these tasks to Operations Clerk if available.
MSS also may be used if necessary.)

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

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

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

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

or or or

AND DIRECT ODS to activate EPS.

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

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

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[4] ANNOUNCE to plant personnel:

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

REPEAT Announcement.

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

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

or

[b] ACTIVATE emergency sirens for personnel assembly.

Initial Time

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

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

[7] NOTIFY ODS.

[a] CALL ODS.

or or or

Initial Time

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

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

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

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

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

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

Initial Time

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

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

9-1-615-242-9635 FAX

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

9-209-6900 or **9-622-7777** or **9-622-0022**

Initial Time

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

[c] NOTIFY Bradley County EMA.

9-476-0606 or **9-476-7511**

Initial Time

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

[9] NOTIFY RADCON Shift Supervisor,

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

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

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

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

[10] NOTIFY Chemistry Shift Supervisor,

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

or
 or

[b] DIRECT to implement EPIP-14.

[11] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**
PERFORM Dose Assessment.

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

or
 or

[b] REFER to Protective Action Recommendation Logic Diagram (Page 12) **AND**
IF change in PAR required, **THEN**

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

REPORT to ODS for State notification at:

or
 or
 or

AND

FAX ODS GE Follow-up Form (Page 14)

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

IMPLEMENT EPIP-10, "Medical Emergency Response."

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

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

or

Date _____

3.1 ACTIVATION OF THE REP BY SM (Continued)

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

PROVIDE GE Notification Information.

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

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

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

Initial Time

[16] MONITOR plant conditions AND

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

[a] IF additional conditions satisfy criteria of other

GENERAL EMERGENCYs OR

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

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

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

REPORT to ODS for State notification at:

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

AND

FAX ODS GE Follow-up Form (Page 14)

5-751-8620 FAX

END OF SECTION

Date _____

3.2 ACTIVATION OF THE REP BY TSC

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

- [1] IF personnel accountability has not been previously initiated, THEN
 - [a] DIRECT TSC Security Manager or Security Shift Supervisor to implement EPIP-8, "Personnel Accountability and Evacuation."
 - 6144

 or

6568
 - [b] DIRECT SM to ACTIVATE emergency sirens for personnel assembly.

Initial Time

- [2] IF GENERAL EMERGENCY Classification has been declared by SM, THEN GO TO Step [6] OR appropriate Step based on SM turnover.

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

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

- [4] NOTIFY CECC Director.

- [a] CALL CECC Director.

Ringdown Line

 or

5-751-1614

 or

5-751-1618

Initial Time

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

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

5-751-1682 FAX

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

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

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

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

Initial Time

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

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

9-1-615-242-9635 FAX

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

9-209-6900 or 9-622-7777 or 9-622-0022

Initial Time

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

[c] NOTIFY Bradley County EMA AND

9-476-0606 or 9-476-7511

Initial Time

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

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

DIRECT TSC RADCON Manager to implement CECC EPIP-9

Date _____

3.2 ACTIVATION OF THE REP BY TSC (Continued)

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

[7] MONITOR radiation monitors.

WHEN indication of an unplanned radiological release, **THEN**
PERFORM Dose Assessment.

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

or or

[b] REFER to Protective Action Recommendation Logic Diagram (Page 12) **AND**
IF change in PAR required, **THEN**

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

REPORT to CECC Director for State notification at:

or or

AND

FAX CECC GE Follow-up Form (Page 14)

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

IMPLEMENT EPIP-10, "Medical Emergency Response."

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

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

or

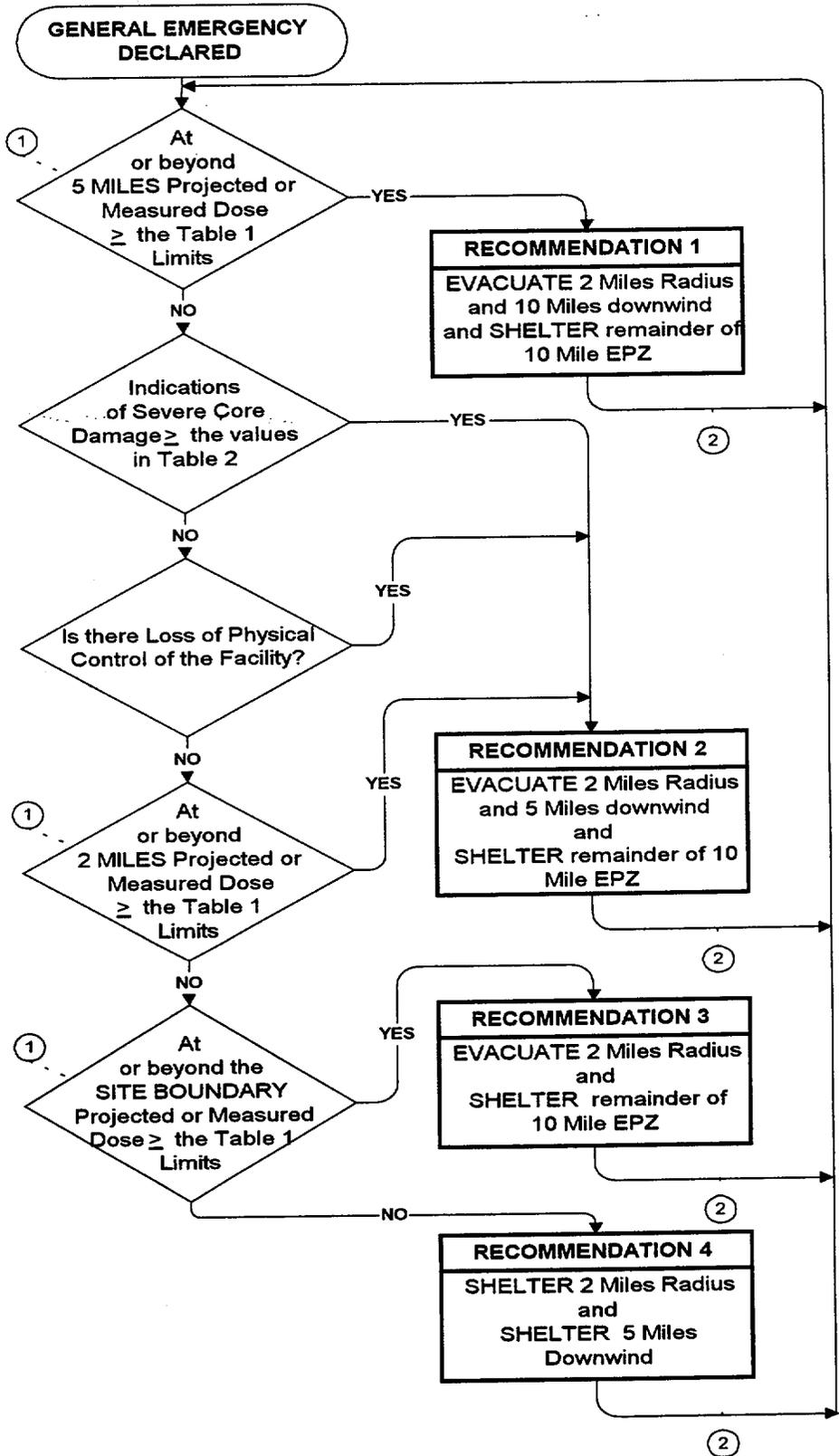
PROTECTIVE ACTION RECOMMENDATION LOGIC DIAGRAM

SEQUOYAH NUCLEAR PLANT

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

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

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



GENERAL EMERGENCY FOLLOW-UP FORM

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

OR

THIS IS A DRILL. THIS IS A DRILL.

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

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

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

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

Unit 2 Shutdown At Power

5. Plant conditions are: Stable Deteriorating

6. Additional EAL Designator (s): _____

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

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

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

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

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

Wind Speed _____ mph Wind Direction From _____

12. Event Terminated: Time: _____ Date: _____

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

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

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