



**Carolina Power & Light Company**  
Robinson Nuclear Plant  
3581 West Entrance Road  
Hartsville SC 29550

Serial: RNP-RA/00-0204

**DEC 20 2000**

United States Nuclear Regulatory Commission  
Attn: Document Control Desk  
Washington, DC 20555

H. B. ROBINSON STEAM ELECTRIC PLANT, UNIT NO. 2  
DOCKET NO. 50-261/LICENSE NO. DPR-23

TRANSMITTAL OF EMERGENCY PROCEDURE REVISIONS

Ladies and Gentlemen:

In accordance with 10 CFR 50.4(b)(5) and 10 CFR 50, Appendix E, Carolina Power & Light (CP&L) Company is transmitting the attached revisions to Emergency Procedures. A listing of procedure revisions and their effective dates is provided in the enclosure to this letter.

A description of the procedure changes is provided on the "Summary of Changes" page for each Emergency Procedure. Please replace the superseded procedures with the attached revisions.

If you have any questions concerning this matter, please contact Mr. H. K. Chernoff.

Sincerely,

A handwritten signature in black ink, appearing to read "B. L. Fletcher III".

B. L. Fletcher III  
Manager - Regulatory Affairs

CAC/cac

Enclosures:

List of Procedure Revisions and Effective Dates  
Revised Emergency Procedures

- c: L. A. Reyes, NRC, Region II (w/Enclosure and 2 copies of Procedures)  
R. Subbaratnam, NRC, NRR (w/o Attachments)  
NRC Resident Inspector, HBRSEP (w/Enclosure and Procedures)

A045

List of Procedure Revisions and Effective Dates

| <b>Procedure</b>                                 | <b>Revision No.</b> | <b>Effective Date</b> |
|--|---------------------|-----------------------|
| EPEOF-03, "Administrative and Logistics Manager" | 6                   | 11/29/2000            |
| EPNOT-01, "CR/EOF Emergency Communicator"        | 8                   | 11/28/2000            |
| EPNOT-04, "TSC NRC Emergency Communicator"       | 2                   | 11/28/2000            |
| EPOSC-02, "Damage Control Team Leader"           | 4                   | 11/29/2000            |
| EPPRO-02, "Maintenance and Testing"              | 12                  | 11/28/2000            |

CAROLINA POWER & LIGHT COMPANY  
H. B. ROBINSON STEAM ELECTRIC PLANT, UNIT NO. 2

PLANT OPERATING MANUAL

VOLUME 2  
PART 5

EMERGENCY PROCEDURE

**EPEOF-03**

***ADMINISTRATIVE AND LOGISTICS MANAGER***

REVISION 6

## SUMMARY OF CHANGES

| <b>STEP</b>       | <b>REVISION COMMENTS</b>   |
|-------------------|--|
| Quick Start Guide | Added item for assignment of an Evacuation Assembly Area Leader. (CR 21390)                            |
| 8.3.2             | Revised A&LM responsibilities for clarity. (CR 21390)  |
| Attach 8.3.5.2    | Revised schedule format for ease of use.   |
| Attach 8.3.5.3    | Revised drawing to reflect conversion from FTS 2000 terminology to Emergency Telecommunication System. |
| Attach 8.3.5.6    | Revised schedule format for ease of use.   |
| Attach 8.3.5.7    | Revised drawing to reflect conversion from FTS 2000 terminology to Emergency Telecommunication System. |
| Attach 8.3.5.8    | Revised drawing to reflect conversion from FTS 2000 terminology to Emergency Telecommunication System. |
| Attach 8.3.5.10   | Revised drawing to reflect conversion from FTS 2000 terminology to Emergency Telecommunication System. |

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## ADMINISTRATIVE AND LOGISTICS MANAGER QUICK START GUIDE

**NOTE:** Blanks are provided for place keeping ✓'s only, logs are the official record.  
This is a summary level guide and does not replace the procedure steps.

1. Sign-in on the facility sign-in board. Ensure copiers, fax machines, computers, phones are operable. \_\_\_\_\_
2. If Dialogic was used for callout, upon arrival at the Facility, notify Dialogic at X 1777. \_\_\_\_\_
3. Track EOF/TSC augmentation using Attachment 8.3.5.1, EOF Sign-in Roster and Attachment 8.3.5.5, TSC Sign-in Roster. \_\_\_\_\_
4. Assign an A&LM staff member to report to the TSC to verify set-up of the Accident Assessment Room, Support Services Room and the Environmental & Radiation Control (E&RC) Room Recommended Layout per Attachment 8.3.5.7, Attachment 8.3.5.8 and Attachment 8.3.5.9. \_\_\_\_\_
5. Contact the Operations Support Center (OSC) Leader to track OSC augmentation. \_\_\_\_\_
6. If necessary, assign a person to be the Evacuation Assembly Area Leader \_\_\_\_\_
7. At time of EOF activation synchronize clocks with the Emergency Response Facility Information System (ERFIS). \_\_\_\_\_
8. Establish an EOF overflow facility, if required. \_\_\_\_\_
9. Ensure that appropriate access controls (e.g., doors locked, guard stationed) for the EOF/TSC have been instituted. \_\_\_\_\_
10. Receive plant status briefing. Conduct briefing as appropriate with staff located in the EOF and TSC. \_\_\_\_\_
11. Notify the Emergency Response Manager as to readiness to activate. \_\_\_\_\_
12. Refer to procedure steps. \_\_\_\_\_

### **8.3 ADMINISTRATIVE & LOGISTICS MANAGER (A&LM)**

#### **8.3.1 PURPOSE**

1. This procedure describes the functional responsibilities and procedure steps for the Administrative & Logistics Manager (ALM).

#### **8.3.2 RESPONSIBILITIES**

1. Plan, schedule and expedite emergency logistical support (including operability, locating, ordering, receiving of equipment, screening, orientation, badging, transportation and lodging of support personnel) as well as accountability of Emergency Response personnel in the Technical Support Center (TSC), Emergency Operations Facility (EOF), and the Operations Support Center (OSC).
2. Establish cost control/accounting system as needed. Determine the need for additional contracts, facilities and services.
3. Provide technical and administrative direction to the Emergency Security Team Leader (ESTL) and Support Services. If necessary, assign a person to be the Evacuation Assembly Area Leader (EAAL).
4. Serve as a liaison between the Emergency Response Manager (ERM) and the Legal Department.
5. Ensure claims processing by CP&L and contractor insurance personnel.

#### **8.3.3 INSTRUCTIONS**

1. Determine staffing requirements and shift change assignments. Utilize Attachments 8.3.5.2, Emergency Operations Facility (EOF) Four Day Work Schedule, and 8.3.5.6, Technical Support Center (TSC) Four Day Work Schedule.

### 8.3.3 (Continued)

2. For evacuations:
  - a. In conjunction with the ERM and County Emergency Management officials determine appropriate shelter location for non-essential personnel.
  - b. Appropriate evacuation routes.
  - c. Coordinate Health Physics support.
  - d. Provide evacuation vehicles (if necessary).
3. Assign an individual from the TSC or EOF to provide assembled evacuees with plant status, shelter location and travel information, relief shift times and a reminder to refer questions concerning activities to the Company Spokesperson.
  - a. Release non-essential personnel as soon as possible.
4. Update the Emergency Security Team Leader (ESTL) on plant status as the Emergency progresses.
5. Notify the State and Counties regarding evacuation of personnel to their homes or shelter areas (if county shelters are open).
  - a. Notifications to State or County agencies may be made by (in order of preference):
    - State/County Emergency Communicator (dedicated line)
    - Assistant ERM (Bell line)
    - ESTL (via radio)
6. Notify the ESTL of the names and affiliations of individuals requested to report to the plant and where they will report.

### 8.3.3 (Continued)

7. Provide a list of incoming personnel to State and County agencies to facilitate access to the plant after traffic control is established.
8. Initiate the Florence Staging Area if required. Refer to the ERO Telephone Directory for the telephone number.
9. Provide safe routes for personnel reporting to the plant.
10. Contact Duke Power, Oconee Plant, to initiate shipment of the Hydrogen Recombiner to RNP, if required.
  - a. See INPO Resources Manual for number.
11. Coordinate request for use of government facilities through the State of South Carolina.
12. Direct requests for materials or parts to the Unit 1 issue counter, Bulk Warehouse or Unit 2 stockroom.
13. Direct clerical support requests to the Manager, Site Support Services or designee.
14. Direct requests for installation, maintenance and operation of communications facilities to the Information Technology personnel or the Help Desk. Refer to the ERO Telephone Directory for telephone numbers.
15. Ensure planned exposure control for personnel under your supervision in accordance with EPOSC-04, Emergency Work Control.
16. Determine the need for and utilize the Institute of Nuclear Power Operations (INPO) Resource Book to request additional resources from neighboring utilities.

### 8.3.3 (Continued)

17. Arrange for food, drinks, snacks for Emergency Response Organization (ERO) augmentees.
  - a. Determine number of personnel in each onsite facility (TSC, EOF, OSC, Control Room).
    - For training exercises include Controller/Evaluator and Simulator staff.
  - b. Orders should be placed at least 2 hours before meals to allow for vendor preparation and delivery.
18. Arrange for hotels, motels for personnel as required.
19. Upon notification that teams are deployed, set-up state/NRC support rooms per Attachment 8.3.5.3, EOF NRC Support Room Recommended Layout and Attachment 8.3.5.10, TSC NRC Support Room Recommended Layout.
20. Perform personnel accountability of people reporting to the EOF and for other facilities as requested.
  - a. ERO personnel are accounted for by Emergency Facility.

### 8.3.4 RECORDS

N/A

### 8.3.5 ATTACHMENTS

- 8.3.5.1 Emergency Operations Facility (EOF) Sign In Roster
- 8.3.5.2 Emergency Operations Facility (EOF) Four Day Work Schedule
- 8.3.5.3 EOF NRC Support Room Recommended Layout
- 8.3.5.4 Emergency Operations Facility (EOF) Emergency Supply List
- 8.3.5.5 Technical Support Center (TSC) Sign-In Roster
- 8.3.5.6 Technical Support Center (TSC) Four Day Work Schedule
- 8.3.5.7 Accident Assessment Room Recommended Layout
- 8.3.5.8 Support Services Room Recommended Layout
- 8.3.5.9 Environmental & Radiological Control (E&RC) Support Room Recommended Layout
- 8.3.5.10 TSC NRC Support Room Recommended Layout

**EMERGENCY OPERATIONS FACILITY (EOF) SIGN IN ROSTER**

**NOTE:** The positions listed below are recommended for activation purposes, however, partial activation should be considered in order to relieve the Control Room or TSC as soon as practical.

|                                    | NAME (PLEASE PRINT) / TIME |
|------------------------------------|----------------------------|
| ___ EMERG. RESPONSE MGR. (B1-75)   | _____ /                    |
| ___ ASST. EMERG. RESP. MGR.        | _____ /                    |
| ___ EMERGENCY COMMUNICATOR*        | _____ /                    |
| ___ PLANT OPERATIONS ADVISOR       | _____ /                    |
| ___ DOSE PROJECTION LEADER (B1-45) | _____ /                    |
| ___ ENVIRON. MON. LEADER (B1-75)   | _____ /                    |

\*\*\*\*\*  
EOF POSITIONS LISTED BELOW ARE NOT REQUIRED FOR INITIAL EOF ACTIVATION.  
\*\*\*\*\*

|  |         |
|--|---------|
| ___ TECHNICAL ANALYSIS MGR.                | _____ / |
| ___ ADMIN. & LOGISTICS MGR.                | _____ / |
| ___ RADIOLOGICAL CONTROL MGR.              | _____ / |
| ___ SPDS PLOTTER                           | _____ / |
| ___ ERM ADMIN. ASSISTANT                   | _____ / |
| ___ EMERG. COMM. ADMIN. ASSISTANT          | _____ / |
| ___ FEOC REPRESENTATIVE                    | _____ / |
| ___ DARLINGTON EOC REPRESENTATIVE          | _____ / |
| ___ CHESTERFIELD EOC REPRESENTATIVE        | _____ / |
| ___ LEE EOC REPRESENTATIVE                 | _____ / |
| ___ STATE/COUNTY COMMUNICATOR*             | _____ / |
| ___ PUBLIC INFORMATION COMMUNICATOR*       | _____ / |
| ___ FACILITY ADMINISTRATIVE ASSISTANTS (2) | _____ / |

| ERO POSITION | OVERFLOW |
|--------------|----------|
| _____        | _____ /  |
| _____        | _____ /  |
| _____        | _____ /  |
| _____        | _____ /  |
| _____        | _____ /  |

\* Of the 3 Communicator positions (TSC and EOF), 1 additional person is required in 45 minutes and 2 additional personnel are required in 75 minutes.

**EMERGENCY OPERATIONS FACILITY (EOF) FOUR DAY WORK SCHEDULE**

| Position                             | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|--------------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| Emergency Response Manager           |       |       | Name        | Name        | Name        | Name        |
|                                      | 1     |       |             |             |             |             |
|                                      | 2     |       |             |             |             |             |
|                                      | 3     |       |             |             |             |             |
| Assistant Emergency Response Manager |       |       | Name        | Name        | Name        | Name        |
|                                      | 1     |       |             |             |             |             |
|                                      | 2     |       |             |             |             |             |
|                                      | 3     |       |             |             |             |             |
| Emergency Communicator               |       |       | Name        | Name        | Name        | Name        |
|                                      | 1     |       |             |             |             |             |
|                                      | 2     |       |             |             |             |             |
|                                      | 3     |       |             |             |             |             |
| Plant Operations Advisor             |       |       | Name        | Name        | Name        | Name        |
|                                      | 1     |       |             |             |             |             |
|                                      | 2     |       |             |             |             |             |
|                                      | 3     |       |             |             |             |             |
| Dose Projection Leader               |       |       | Name        | Name        | Name        | Name        |
|                                      | 1     |       |             |             |             |             |
|                                      | 2     |       |             |             |             |             |
|                                      | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

**EMERGENCY OPERATIONS FACILITY (EOF) FOUR DAY WORK SCHEDULE**

| Position                           | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|------------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| Facility Administrative Assistant  |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |
| Facility Administrative Assistant  |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |
| Environmental Monitoring Leader    |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |
| Technical Analysis Manager         |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |
| Administrative & Logistics Manager |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |
| Radiological Control Manager       |       |       | Name        | Name        | Name        | Name        |
|                                    | 1     |       |             |             |             |             |
|                                    | 2     |       |             |             |             |             |
|                                    | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

**EMERGENCY OPERATIONS FACILITY (EOF) FOUR DAY WORK SCHEDULE**

| Position                         | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|----------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| ERM Administrative<br>Assistant  |       |       | Name        | Name        | Name        | Name        |
|                                  | 1     |       |             |             |             |             |
|                                  | 2     |       |             |             |             |             |
|                                  | 3     |       |             |             |             |             |
| FEOC Representative              |       |       | Name        | Name        | Name        | Name        |
|                                  | 1     |       |             |             |             |             |
|                                  | 2     |       |             |             |             |             |
|                                  | 3     |       |             |             |             |             |
| Darlington EOC<br>Representative |       |       | Name        | Name        | Name        | Name        |
|                                  | 1     |       |             |             |             |             |
|                                  | 2     |       |             |             |             |             |
|                                  | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

ATTACHMENT 8.3.5.2

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**EMERGENCY OPERATIONS FACILITY (EOF) FOUR DAY WORK SCHEDULE**

| Position                        | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|---------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| Chesterfield EOC Representative |       |       | Name        | Name        | Name        | Name        |
|                                 | 1     |       |             |             |             |             |
|                                 | 2     |       |             |             |             |             |
|                                 | 3     |       |             |             |             |             |
| Lee EOC Representative          |       |       | Name        | Name        | Name        | Name        |
|                                 | 1     |       |             |             |             |             |
|                                 | 2     |       |             |             |             |             |
|                                 | 3     |       |             |             |             |             |
| State/County Communicator       |       |       | Name        | Name        | Name        | Name        |
|                                 | 1     |       |             |             |             |             |
|                                 | 2     |       |             |             |             |             |
|                                 | 3     |       |             |             |             |             |
| Public Information Communicator |       |       | Name        | Name        | Name        | Name        |
|                                 | 1     |       |             |             |             |             |
|                                 | 2     |       |             |             |             |             |
|                                 | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

**EMERGENCY OPERATIONS FACILITY (EOF) FOUR DAY WORK SCHEDULE**

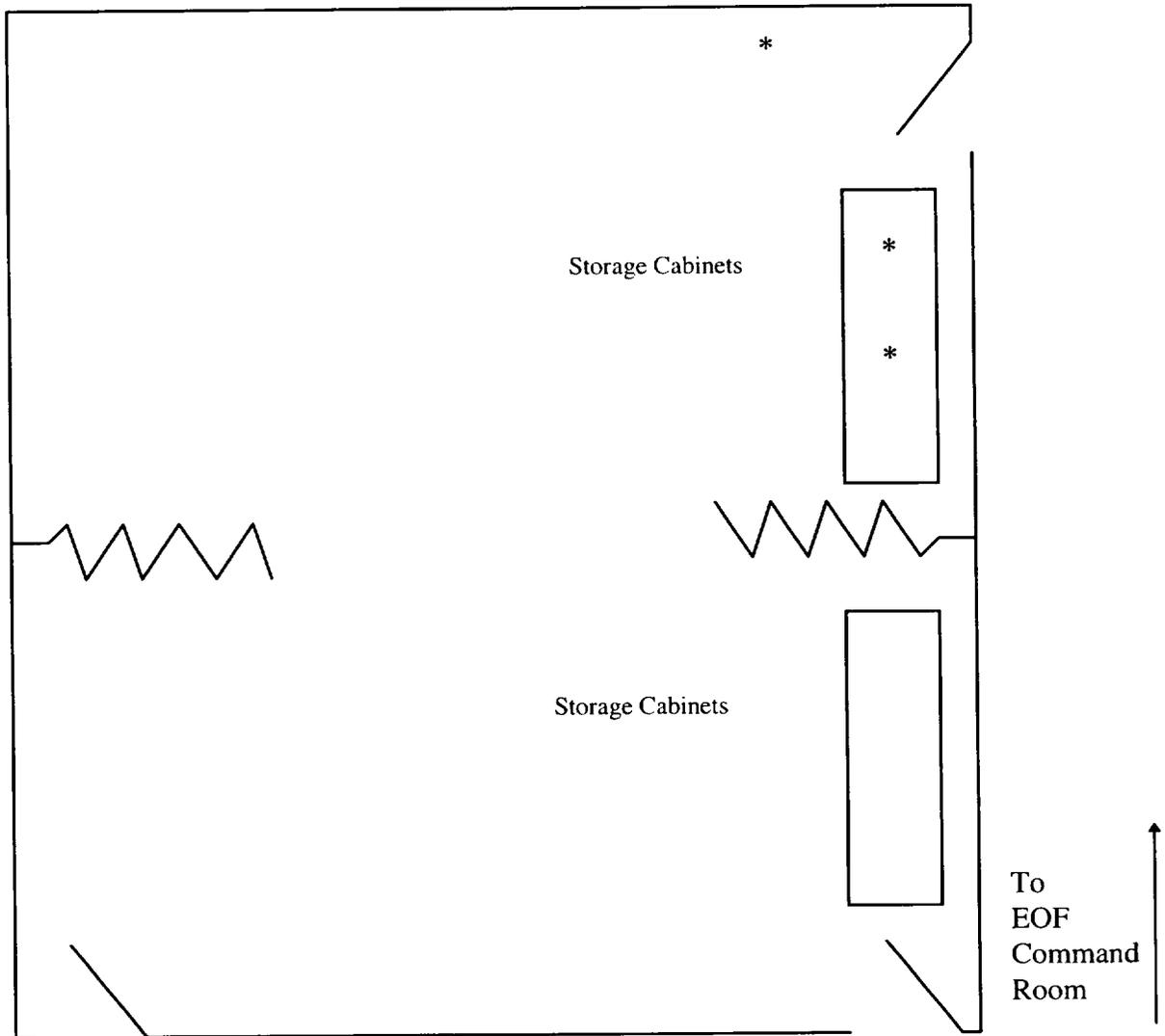
| Position | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|----------|-------|-------|-------------|-------------|-------------|-------------|
| Others:  |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts

If (2) 12-hour shifts - use shift 1-shift 2 boxes

If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

ATTACHMENT 8.3.5.3  
Page 1 of 1  
EOF NRC SUPPORT ROOM RECOMMENDED LAYOUT



\* NRC ETS Phones

To TSC Command Room  
←

**EMERGENCY OPERATIONS FACILITY (EOF) EMERGENCY SUPPLY LIST**

| <u>SUPPLIES</u>                        | <u>EOF LOCATION</u>  |
|--|----------------------|
| 1. Telecopier                          | Training Library     |
| 2. Xerox Machine                       | Copy Room 411        |
| 3. Emergency Kit                       | EOF/TSC Mech. Room   |
| 4. Clock                               | On Wall              |
| 5. Emergency Resources Manual (INPO)   | A&L/M                |
| 6. Maps                                |                      |
| a. 10 mile EPZ                         | Room 434             |
| b. 50 mile EPZ                         | Room 434             |
| c. Topo Map of Plant Environments      | Room 434             |
| 7. Mechanical Systems Drawings         | Training Library     |
| 8. Electrical Systems Drawings         | Training Library     |
| 9. FSAR                                | Training Library     |
| 10. System Descriptions                | Training Library     |
| 11. Technical Specifications           | Training Library     |
| 12. Emergency Plans                    |                      |
| a. Corporate Plan and Procedures       | Room 434             |
| b. Plant Plan and Procedures           | Training Library     |
| c. State and Local Plans               | Room 434             |
| 13. Emergency Notification Phone Lists | Emergency Phone Book |
| 14. CP&L Emergency Organization Chart  | Room 434             |

**TECHNICAL SUPPORT CENTER (TSC) SIGN IN ROSTER**

**NOTE:** The positions listed below are recommended for activation purposes, however, partial activation should be considered in order to relieve the Control Room as soon as possible.

|  | NAME (PLEASE PRINT) / TIME |
|--|----------------------------|
| ___ SITE EMERGENCY COORDINATOR (B1-75) | _____ /                    |
| ___ RADIOLOGICAL CONTROL DIRECTOR      | _____ /                    |
| ___ PLANT OPERATIONS DIRECTOR          | _____ /                    |
| ___ REACTOR ENGINEER (B1-45)           | _____ /                    |
| ___ ELECTRICAL ENGINEER (B1-75)        | _____ /                    |
| ___ MECHANICAL ENGINEER (B1-75)        | _____ /                    |
| ___ EMERGENCY REPAIR DIRECTOR          | _____ /                    |
| ___ ERFIS MAINTENANCE                  | _____ /                    |
| ___ EMERGENCY SECURITY LEADER          | _____ /                    |
| ___ TECHNICAL ANALYSIS DIRECTOR        | _____ /                    |
| ___ NRC COMMUNICATOR*                  | _____ /                    |

\*\*\*\*\*  
 TSC POSITIONS LISTED BELOW ARE NOT REQUIRED FOR INITIAL TSC ACTIVATION.  
 \*\*\*\*\*

|  |             |
|--|-------------|
| ___ SEC ADMINISTRATIVE ASSISTANT         | _____ /     |
| ___ SUPPORT SVS. COORDINATOR             | _____ /     |
| ___ FACILITY ADMINISTRATIVE ASSISTANT(S) | (1) _____ / |
|  | (2) _____ / |
| SPDS COMMUNICATOR                        | _____ /     |

\*Of the 3 Communicator positions (TSC and EOF), 1 additional person is required in 45 minutes and 2 additional personnel are required in 75 minutes.



**TECHNICAL SUPPORT CENTER (TSC) FOUR DAY WORK SCHEDULE**

| Position                      | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|-------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| Site Emergency Coordinator    |       |       | Name        | Name        | Name        | Name        |
|                               | 1     |       |             |             |             |             |
|                               | 2     |       |             |             |             |             |
|                               | 3     |       |             |             |             |             |
| SPDS Communicator             |       |       | Name        | Name        | Name        | Name        |
|                               | 1     |       |             |             |             |             |
|                               | 2     |       |             |             |             |             |
|                               | 3     |       |             |             |             |             |
| Radiological Control Director |       |       | Name        | Name        | Name        | Name        |
|                               | 1     |       |             |             |             |             |
|                               | 2     |       |             |             |             |             |
|                               | 3     |       |             |             |             |             |
| Plant Operations Director     |       |       | Name        | Name        | Name        | Name        |
|                               | 1     |       |             |             |             |             |
|                               | 2     |       |             |             |             |             |
|                               | 3     |       |             |             |             |             |
| Reactor Engineer              |       |       | Name        | Name        | Name        | Name        |
|                               | 1     |       |             |             |             |             |
|                               | 2     |       |             |             |             |             |
|                               | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts

If (2) 12-hour shifts - use shift 1-shift 2 boxes

If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

**TECHNICAL SUPPORT CENTER (TSC) FOUR DAY WORK SCHEDULE**

| Position                               | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|--|-------|-------|-------------|-------------|-------------|-------------|
| Facility Administrative Assistants (2) |       |       | Name        | Name        | Name        | Name        |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |
| Electrical Engineer                    |       |       | Name        | Name        | Name        | Name        |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |
| Mechanical Engineer                    |       |       | Name        | Name        | Name        | Name        |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |
| Emergency Repair Director              |       |       | Name        | Name        | Name        | Name        |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |
| ERFIS Maintenance                      |       |       | Name        | Name        | Name        | Name        |
|  | 1     |       |             |             |             |             |
|  | 2     |       |             |             |             |             |
|  | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

ATTACHMENT 8.3.5.6

Page 3 of 4

**TECHNICAL SUPPORT CENTER (TSC) FOUR DAY WORK SCHEDULE**

| Position                          | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|-----------------------------------|-------|-------|-------------|-------------|-------------|-------------|
| Emergency Security Team<br>Leader |       |       | Name        | Name        | Name        | Name        |
|                                   | 1     |       |             |             |             |             |
|                                   | 2     |       |             |             |             |             |
|                                   | 3     |       |             |             |             |             |
| Technical Analysis Director       |       |       | Name        | Name        | Name        | Name        |
|                                   | 1     |       |             |             |             |             |
|                                   | 2     |       |             |             |             |             |
|                                   | 3     |       |             |             |             |             |
| NRC Communicator                  |       |       | Name        | Name        | Name        | Name        |
|                                   | 1     |       |             |             |             |             |
|                                   | 2     |       |             |             |             |             |
|                                   | 3     |       |             |             |             |             |
| SEC Administrative Assistant      |       |       | Name        | Name        | Name        | Name        |
|                                   | 1     |       |             |             |             |             |
|                                   | 2     |       |             |             |             |             |
|                                   | 3     |       |             |             |             |             |
| Support Svs. Coordinator          |       |       | Name        | Name        | Name        | Name        |
|                                   | 1     |       |             |             |             |             |
|                                   | 2     |       |             |             |             |             |
|                                   | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts

If (2) 12-hour shifts - use shift 1-shift 2 boxes

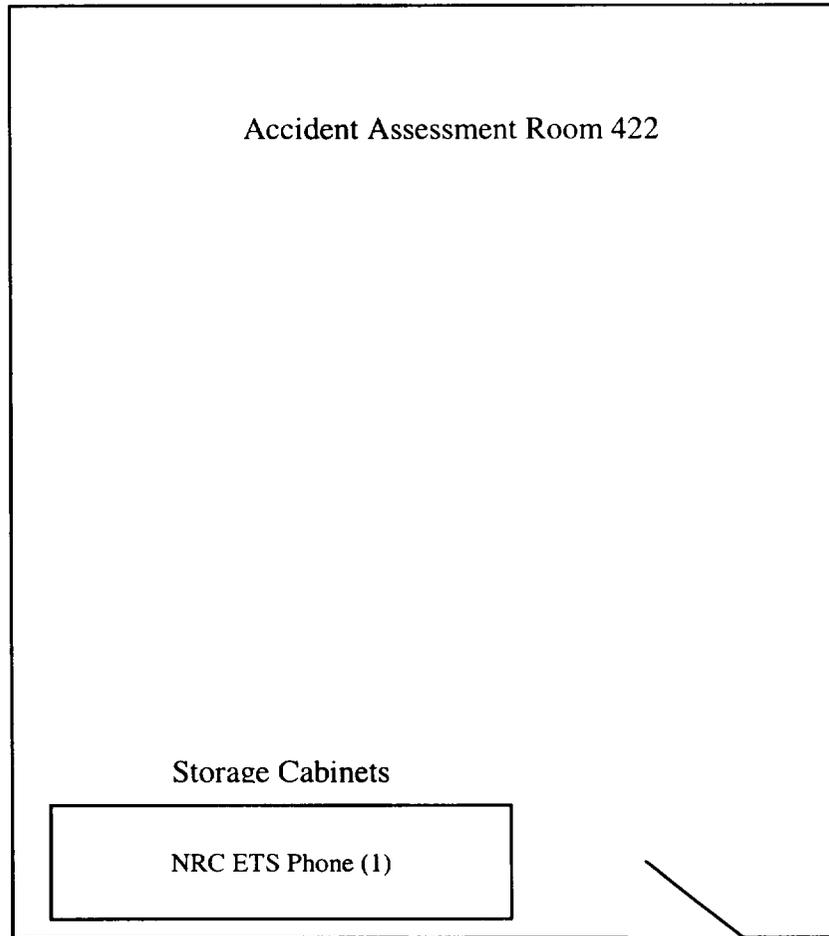
If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

**TECHNICAL SUPPORT CENTER (TSC) FOUR DAY WORK SCHEDULE**

| Position | Shift | Time* | Date<br>/ / | Date<br>/ / | Date<br>/ / | Date<br>/ / |
|----------|-------|-------|-------------|-------------|-------------|-------------|
| Others:  |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |
|          |       |       | Name        | Name        | Name        | Name        |
|          | 1     |       |             |             |             |             |
|          | 2     |       |             |             |             |             |
|          | 3     |       |             |             |             |             |

\* Shift times may vary - i.e., (2) 12-hour shifts, (3) 8-hour shifts  
 If (2) 12-hour shifts - use shift 1-shift 2 boxes  
 If (3) 8-hour shifts - use shift 1-shift 2 and shift 3 boxes

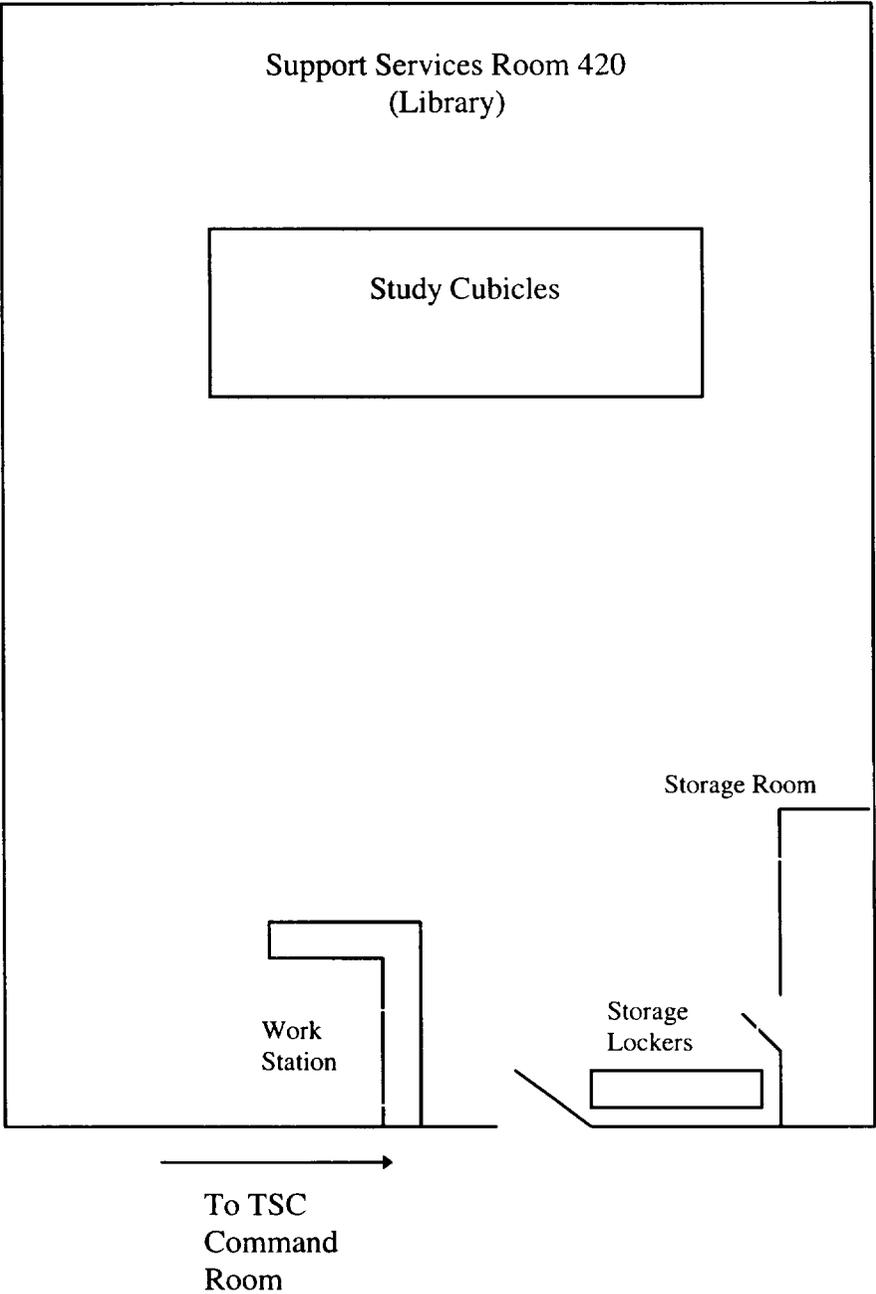
ATTACHMENT 8.3.5.7  
Page 1 of 1  
**ACCIDENT ASSESSMENT ROOM RECOMMENDED LAYOUT**



To TSC Command Room

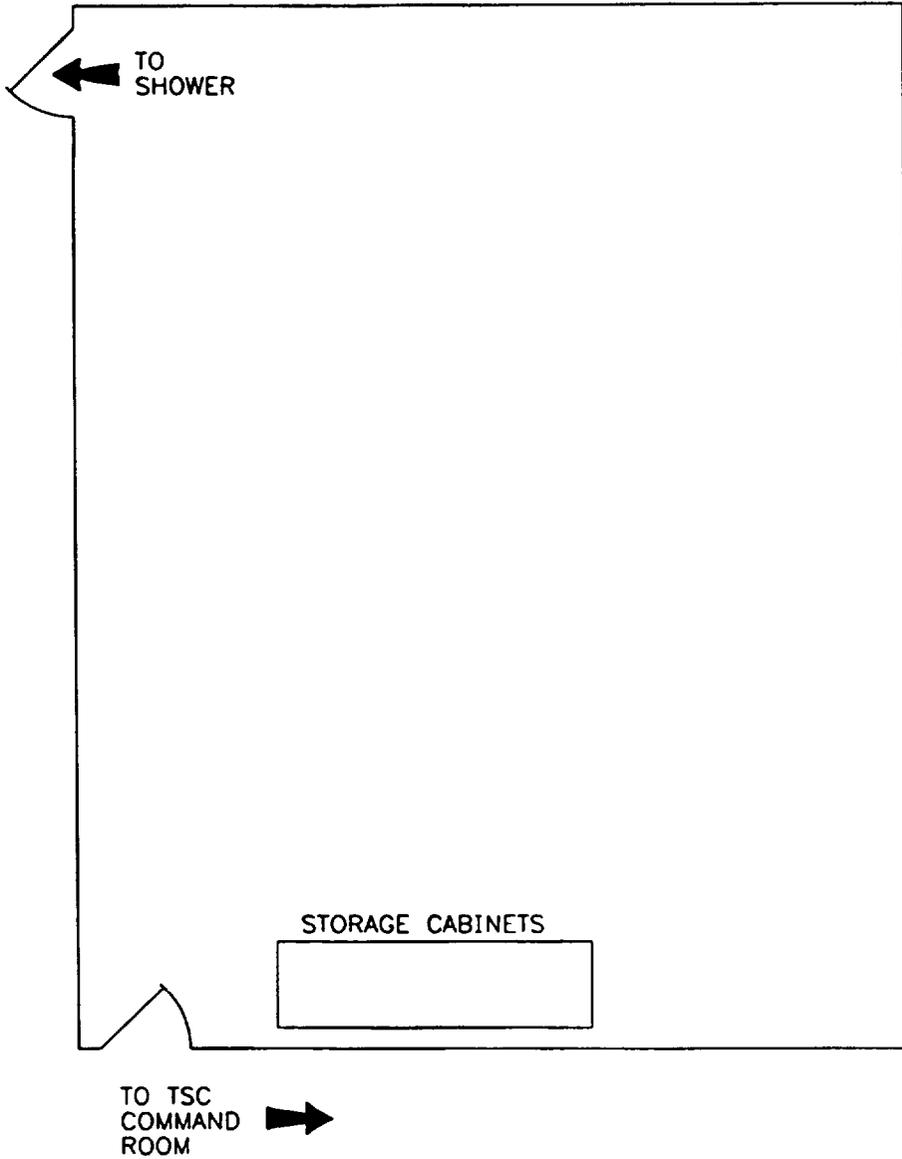


ATTACHMENT 8.3.5.8  
Page 1 of 1  
**SUPPORT SERVICES ROOM RECOMMENDED LAYOUT**

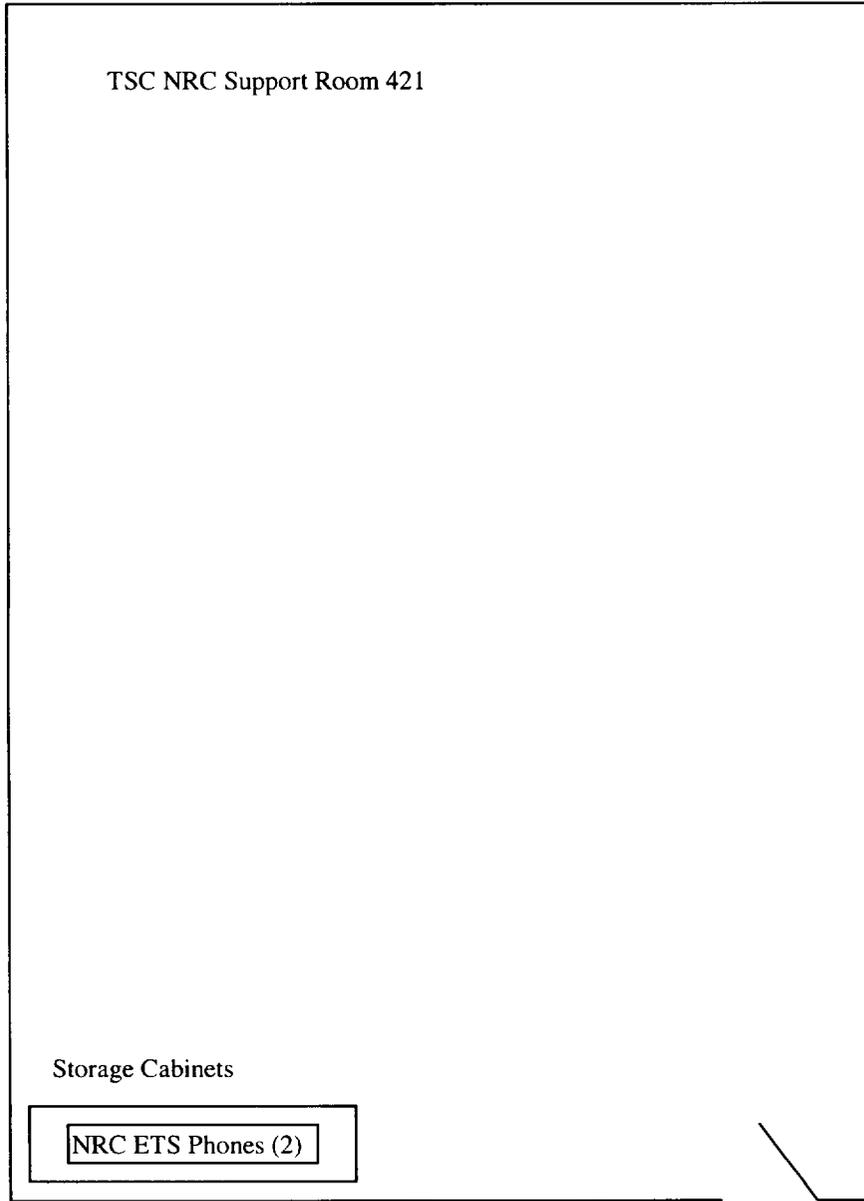


ATTACHMENT 8.3.5.9  
Page 1 of 1  
**ENVIRONMENTAL & RADIOLOGICAL CONTROL SUPPORT ROOM  
RECOMMENDED LAYOUT**

ENVIRONMENTAL AND RADIOLOGICAL CONTROLS  
SUPPORT ROOM  
ROOM 423



ATTACHMENT 8.3.5.10  
Page 1 of 1  
**TSC NRC SUPPORT ROOM  
RECOMMENDED LAYOUT**



To TSC Command Room  
→

CAROLINA POWER & LIGHT COMPANY  
H. B. ROBINSON STEAM ELECTRIC PLANT, UNIT NO. 2

PLANT OPERATING MANUAL

VOLUME 2  
PART 5

EMERGENCY PROCEDURE

**EPNOT-01**

***CR/EOF EMERGENCY COMMUNICATOR***

REVISION 8

## SUMMARY OF CHANGES

| STEP #   | REVISION COMMENTS  |
|--|--|
| Quick start Guide, step 1                      | Changed guidance for EDS terminal login from CRSS desk to allow use of any operational terminal.   |
| 8.1.3.3a                                       | Corrected direction for EDS login from SSO to CRSS.  |
| 8.1.3.11b                                      | Replaced FTS 2000 NRC communication reference with ETS (Emergency Telecommunication System).   |
| Attachments<br>8.1.5.1,<br>8.1.5.2,<br>8.1.5.6 | Replaced FTS 2000 NRC communication references with ETS (Emergency Telecommunication System) and revised descriptions. Corrected verification number on Attach 8.1.5.1 item 3. |
| Attach 8.1.5.1                                 | Added clarification for the first contact time. The first contact time should not be logged until an approved Emergency Notification Form is available. (CR 20821)             |
| Attach 8.1.5.7                                 | Corrected location for the Lee County WP.  |

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## EOF EMERGENCY COMMUNICATOR QUICK START GUIDE

**NOTE:** Blanks are provided for place keeping ✓'s only, logs are the official record.  
This is a summary level guide and does not replace the procedure steps.

1. Check equipment operable. \_\_\_\_\_
2. Log on to EDS. \_\_\_\_\_
3. Declare an event. (First Notification Only) \_\_\_\_\_
4. Receive turnover from Control Room staff. \_\_\_\_\_
- 5.\* Complete the Emergency Notification Form. \_\_\_\_\_
6. Obtain SEC approval. \_\_\_\_\_
7. Transmit to State and Counties. \_\_\_\_\_
8. Refer to procedure. \_\_\_\_\_

\* These items may be performed in parallel or by multiple personnel to expedite notifications.

### 8.1.1 PURPOSE

1. Direct the activities of the Control Room and EOF Emergency Communicator.

### 8.1.2 RESPONSIBILITIES

1. The CR Emergency Communicator's responsibilities are:
  - a. Overall coordination of communications to ensure that required notifications are made per requirements of this procedure until relieved by another qualified individual.
  - b. Ensure that appropriate ERO staff is augmented via Dialogic or other means.
    - Dialogic may be initiated by any individual trained on the operation of the system.
2. The EOF Emergency Communicator's responsibilities are:
  - a. Overall coordination of communications to ensure that required notifications are made per requirements of this procedure until relieved by another qualified individual.
  - b. Keep the ERM and EOF staff informed of communications activities and needs of the communications staff.

### 8.1.3 INSTRUCTIONS

1. Staff the Emergency Communicator function as follows:
  - a. Control Room
    - 1 Emergency Communicator;
    - 1 SPDS Communicator if ERFIS OOS or as desired.

8.1.3.1 (Continued)

b. EOF

- 1 Emergency Communicator;
- 1 State/County Emergency Communicator;
- 1 Public Information Emergency Communicator;

c. TSC

- 1 NRC Emergency Communicator;
- 1 SPDS Communicator if ERFIS OOS or as desired.

d. Practice

- As desired, use appropriate Attachment, 8.1.5.9, Control Room Practice Scenario Use or 8.1.5.10, Simulator Dialogic Scenario Use for Control Room or Simulator.

2. If the Electronic Display System (EDS) is not operable:

a. Complete emergency notification forms manually and fax forms using a stand alone fax machine.

- Manual log and notification forms are included as Attachments 8.1.5.1, Emergency Notification Form and Instructions and 8.1.5.3, Communications Log.

### 8.1.3 (Continued)

3. If EDS is operable, log on to the system.
  - a. Control Room staff should use the Control Room Shift Supervisor (CRSS) position login for appropriate access to forms and approval authority.
4. For first notification only, declare an event on EDS.

|  |
|--|
| <p><b>NOTE:</b> If there are any means practical, notification of offsite agencies and the ERO should be performed simultaneously.</p> |
|--|

5. Complete the Emergency Notification Form.
  - a. Instructions for completing the manual form are included as an Attachment 8.1.5.1 to this procedure.
  - b. For electronic forms, avoid placing the cursor in the approval section of the form prior to actual approval of the form. Premature approval will not allow any SEC/ERM comments to be incorporated without clearing the entire form.
  - c. An optional checklist for required notification is available as Attachment 8.1.5.2, Communications Checklist.
6. If time allows, during SEC/ERM notification form approval, begin working on completing information required to initiate Dialogic.
  - a. Dialogic initiation forms are included as Attachment 8.1.5.4, Automated ERO Notification Form (Dialogic).
  - b. During EP supervised drills, Dialogic use will be specified. The ERO may be activated either by scenario, number 3333, or manual beeper initiation. (Attachment 8.1.5.11)

### 8.1.3.6 (Continued)

- c. Use ONLY the Simulator Dialogic Scenario (3335) for simulator training.
  - This scenario will initiate only the Simulator beeper.
  - Use of the Manual Beeper Initiation Attachment, Attachment 8.1.5.11, will initiate ALL ERO beepers.
- 7. Obtain SEC/ERM approval for information on the emergency notification form and fax to offsite agencies.
- 8. Transmit notification form to offsite agencies:
  - a. Use Selective Signaling System, or
    - Dial A1 on Selective Signaling phone to simultaneously conference all parties.
    - The press-to-talk bar must be depressed for other personnel to hear your voice.
    - The external speaker is active for the first 10 seconds after a call is placed. Any sounds or conversation will be transmitted over the external speaker to offsite phones.
  - b. Northern Telecommunications (Meridian) or ESSX phone system.
    - Instructions for use of the Northern Telecommunications phone are included as Attachment 8.1.5.7, Back-up method for Tel-Conferencing State and County Warning Points using Northern Telecom Telephone System.
    - Emergency communications protocols and instructions as well as ESSX instructions are provided as Attachments 8.1.5.6, Emergency Communications Equipment Instructions/Protocol and 8.1.5.8, ESSX Telephone Service Off-Site Communications System.

8.1.3.8 (Continued)

- c. Notifications are required within:
    - 15 minutes of an initial classification, or
    - 30-60 minutes for a follow up notification.
  - d. Conduct a roll call by agency to determine locations on line.
    - Roll call is to determine that at least one representative from each agency is on line.
  - e. Document time of first voice contact and place a check next to locations contacted (i.e., items 1-4) on page 2 of the Notification Form (Attachment 8.1.5.1).
  - f. After the message has been reviewed with offsite agencies and any questions answered:
    - Enter names, titles, times, and date of personnel on line. This time will be the "start" time for the follow up notification.
9. The Control Room Staff will augment the Emergency Response Organization, as appropriate, by:
- a. The assigned person will obtain a copy of Attachment 8.1.5.4, Automated ERO Notification Form (Dialogic) to initiate the system.
  - b. Enter the current date and time on the form.

### 8.1.3.9 (Continued)

- c. Check the box next to the appropriate scenario using information obtained from the SEC/ERM or designee.
  - For training not associated with ERO training exercises, use ONLY scenario 3334 or 3335 as these will only activate the Control Room or Simulator beeper respectively.
  - For ERO training exercises use the method specified by Controller/Evaluator staff
    - \* Scenario 3333 may be used to call out ERO personnel for training exercises (drills).
  - Use of the Manual Initiation of the ERO Beepers attachment will initiate ALL ERO beepers.
- d. Choose the appropriate event code (numbers displayed in the group call beepers) using information obtained from the SSO/SEC or designee.
- e. Enter the event code in the spaces provided below the description of the choices.
- f. If the beepers were not activated due to Dialogic System failure;
  - Indications of Dialogic System failure and information to be provided to NREC "A" is provided in the "NREC" section of the ERO Phonebook. See Control Room instructions for contacting NREC "A."
  - Manually initiate the beepers, per Attachment 8.1.5.11, Manual Initiation of the ERO Beepers, and
  - Contact NREC "A" to augment non-beeper personnel.

### 8.1.3 (Continued)

10. The Dialogic System should not be initiated a second time if ERO call out has already been initiated, except as noted below.
  - a. The exception to this is initiation of the manual JIC call out scenario.
    - JIC manual call out is required if the emergency escalates from a lower classification, to a Site Area Emergency or discretionary activation below Site Area Emergency is desired.
    - The JIC manual call out will only augment the non-beeper personnel. JIC beeper personnel receive the group page.
  - b. Escalation of the emergency classification after initial callout should be announced via manual beeper initiation. See manual activation Attachment 8.1.5.11, Manual Initiation of the ERO Beepers.
11. Immediately upon completion of State and County notifications and within 60 minutes of declaration of the emergency, notify the NRC.
  - a. Forms are included as Attachment 8.1.5.12, Event Notification Worksheet.
  - b. Use ETS (primary) or Meridian phone for notification.
  - c. Additional information is available in EPNOT-04, TSC NRC Emergency Communicator.
12. ERO augmentation or spurious activations may be terminated by manually initiating the beepers with a 0\*0\*0 code.

### 8.1.3 (Continued)

13. Make follow up notifications to the State and County agencies:
  - a. Follow up notifications are required:
    - Every 30 - 60 minutes, or
    - for any event which could increase or decrease public safety or affect protective action recommendations. Examples include fires, bomb threats, changes in release rate greater than 15% of previously reported value, site evacuations, entry into recovery operations, etc.
14. If the classification is Alert or higher, make notifications to American Nuclear Insurers (ANI) and the Institute of Nuclear Power Operations (INPO).
  - a. Notifications are required within 2 hours.
  - b. Off site phone numbers are available in the ERO phone book.
15. Obtain responses for questions from offsite agencies.
  - a. Information not contained on status boards or concerning future status of the plant must be approved by the SEC/ERM or ERM depending on facility activation status.
16. If the TSC and EOF are activating, perform a turnover with NRC and EOF Emergency Communicators.
  - a. Ensure completion times of the last notification (i.e., the Emergency Notification Form) are available, via fax or electronic means, for the EOF Communications Staff.
17. Upon event termination, ensure notification of off site agencies which have activated.
18. Inform the Information Technology group of system use (on next business day if weekend, holiday or nightshift) so the databases may be cleared. This maintains the system ready for the next use. This notification may be accomplished via e-mail or telephone.

#### 8.1.4 RECORDS

N/A

#### 8.1.5 ATTACHMENTS

1. Emergency Notification Form
2. Communications Checklist
3. Communications Log
4. Automated ERO Notification Form (Dialogic)
5. Safety Parameter Display System/Plant Status Data Sheet
6. Emergency Communications Equipment Instructions/Operating Protocol
7. Back-up Method for Tele-Conferencing State and County Warning Points (WP) Using Northern Telecom Telephone System
8. ESSX Telephone Service Off-Site Communications System
9. Control Room Practical Scenario Use
10. Simulator Dialogic Scenario Use
11. Manual Initiation of the ERO Pagers
12. Event Notification Worksheet

ATTACHMENT 8.1.5.1  
Page 1 of 7  
**EMERGENCY NOTIFICATION FORM**

MESSAGE NUMBER \_\_\_\_\_

1.  A THIS IS A DRILL     B ACTUAL EMERGENCY     INITIAL     FOLLOW-UP\*
2. SITE: H.B. ROBINSON    UNIT: 2    REPORTED BY: \_\_\_\_\_
3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    CONFIRMATION PHONE NO.: \_\_\_\_\_  
(Eastern)    mm dd yy
4. AUTHENTICATION (If Required): \_\_\_\_\_ (No.)    \_\_\_\_\_ (Code)

5. EMERGENCY CLASSIFICATION:

|  |                                  |  |  |
|--|----------------------------------|--|--|
| <input type="checkbox"/> A NOTIFICATION OF UNUSUAL EVENT | <input type="checkbox"/> B ALERT | <input type="checkbox"/> C SITE AREA EMERGENCY | <input type="checkbox"/> D GENERAL EMERGENCY |
|--|----------------------------------|--|--|

6.  A EMERGENCY DECLARATION AT    (If B, go to number 16)  B TERMINATION AT TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Eastern)    mm dd yy
7. EMERGENCY DESCRIPTION /REMARKS: \_\_\_\_\_

8. PLANT CONDITION:  A IMPROVING     B STABLE     C DEGRADING
9. REACTOR STATUS:  A SHUTDOWN TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     B \_\_\_\_\_ % POWER  
(Eastern)    mm dd yy
10. EMERGENCY RELEASE(S):  A NONE (Go to Item 14)     B POTENTIAL (Go to Item 14)  
 C IS OCCURRING     D HAS OCCURRED

- \*\*11. TYPE OF RELEASE:  A ELEVATED     B GROUND LEVEL
- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> A AIRBORNE: | STARTED _____ / _____ / _____<br>(Eastern Time)    mm dd yy | STOPPED _____ / _____ / _____<br>(Eastern Time)    mm dd yy |
| <input type="checkbox"/> B LIQUID:   | STARTED _____ / _____ / _____<br>(Eastern Time)    mm dd yy | STOPPED _____ / _____ / _____<br>(Eastern Time)    mm dd yy |

- \*\*12. RELEASE MAGNITUDE:  A CURIES/SEC.     B CURIES    NORMAL OPER. LIMITS:  C BELOW     D ABOVE
- |   |  |
|---|--|
| <input type="checkbox"/> A NOBLE GASES _____  | <input type="checkbox"/> B IODINES _____ |
| <input type="checkbox"/> C PARTICULATES _____ | <input type="checkbox"/> D OTHER _____   |

- \*\*13. ESTIMATE OF PROJECTED OFF-SITE DOSE:  NEW     UNCHANGED
- |               |              |                     |                                     |
|---------------|--------------|---------------------|-------------------------------------|
|               | TEDE<br>mrem | Thyroid CDE<br>mrem | PROJECTION TIME: _____<br>(Eastern) |
| SITE BOUNDARY | _____        | _____               |                                     |
| 2 MILES       | _____        | _____               | ESTIMATED DURATION: _____ HRS.      |
| 5 MILES       | _____        | _____               |                                     |
| 10 MILES      | _____        | _____               |                                     |

- \*\*14. METEOROLOGICAL DATA:  A WIND DIRECTION (from) \_\_\_\_\_     B SPEED (mph) \_\_\_\_\_  
 C STABILITY CLASS \_\_\_\_\_     D PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:

|  |   |
|--|---|
| <input type="checkbox"/> A NO RECOMMENDED PROTECTIVE ACTIONS | <input type="checkbox"/> B EVACUATE _____ |
| <input type="checkbox"/> C SHELTER IN-PLACE _____            | <input type="checkbox"/> D OTHER _____    |

16. APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Name)    (Title)    (Eastern)    mm dd yy

\* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.  
\*\* Information may not be available on initial notifications.

**EMERGENCY NOTIFICATION FORM**

**PERSONS AND AGENCIES ALERTED**

**TIME FIRST VOICE CONTACT IS MADE AFTER ENF APPROVAL: \_\_\_\_\_**

Message Senders: Record the name, title, date, time and check Warning Point, EOC notified.

1. State of South Carolina Warning Point \_\_\_\_: Backup Warning Point \_\_\_\_: Other \_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time\*

2. Darlington County Warning Point \_\_\_\_: EOC \_\_\_\_: Other \_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time\*

3. Lee County Warning Point \_\_\_\_: EOC \_\_\_\_: Other \_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time\*

4. Chesterfield County Warning Point \_\_\_\_: EOC \_\_\_\_: Other \_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time\*

5. Nuclear Regulatory Commission (via ETS or Bell Phone)

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time

6. NRC Resident Inspector

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time

7. Agency/Location \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time

8. Agency/Location \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

Name Title Date Time

\* This time will indicate final voice contact, the last time listed will become "start time" for subsequent follow up notifications.

ATTACHMENT 8.1.5.1  
Page 3 of 7  
**EMERGENCY NOTIFICATION FORM**  
INSTRUCTIONS FOR COMPLETION

Initial notifications are to be made in 15 minutes. Follow-up notifications are required within 30 - 60 minutes.

All efforts should be expended to obtain information required for the Emergency Notification Form. However in instances where information is not available or known incorrect at the time a message is due, "to be provided" should be placed in the appropriate blank(s). This missing information is to be promptly retrieved or corrected and transmitted to the State and County agencies as soon as it is available.

Messages should include an up-to-date description of what is happening at the plant within the constraints of timely notifications. To ensure messages contain adequate and accurate information about current plant conditions, messages should be developed as promptly as possible and, if time permits, reviewed by the State/County Communicator prior to approval. This review will also allow the State/County Communicator a better understanding of the message and therefore should result in a more successful transmission. It may be necessary to determine a "cut off time" for new message information so that these reviews can be made.

| <u>Item</u> | <u>Instructions</u>  |
|-------------|--|
| Message #   | The message number is consecutive from the initial notification to the termination message. It does not begin again at 1 for any reason during the course of an emergency event.   |
| 1.          | To protect the health and safety of the public:<br><br><b><u>IF</u></b> this event is <b><u>NOT</u></b> an actual event, <b><u>THEN</u></b> indicate <b><u>"THIS IS A DRILL"</u></b> on the Emergency Notification Form.<br><br><b><u>IF</u></b> this event <b><u>IS</u></b> an actual event, <b><u>THEN</u></b> indicate <b><u>"ACTUAL EMERGENCY"</u></b> on the Emergency Notification Form.<br><br>All messages other than changes in classification are follow-up. |
| 2.          | Verify "H. B. Robinson" and Unit 2 are on the form and the person who will be reading the message to the State and County personnel is the name to be written in the "reported by:" space. Normally this individual will be the State/County Communicator when messages are transmitted from the EOF.  |

ATTACHMENT 8.1.5.1  
Page 4 of 7  
**EMERGENCY NOTIFICATION FORM**

Item

Instructions

3. "Transmittal time/date:" Is automatically placed on electronic form. Time of first voice contact with any offsite agency is verified on the phone by roll call and is recorded on the notification form\*.

Confirmation number is a number that any offsite agency can call to verify the message is authentic. **Ensure the number given is a location where the phone will be answered. DHEC is required to verify the message by their procedure in 15 minutes.** Suggested confirmation numbers depend on the origin of the notification call:

Control Room - 383-3685 (Shift Tech. Aide's Desk ESSX phone)

EOF - 383-3681 (EOF EC desk)

Simulator - Use the confirmation number established for this purpose.  
(843-857-5039)

4. Authentication is not required but the State/County representatives should be asked, "Would anyone like to authenticate this message?" If yes, they will pick a number and you respond with the corresponding word (see the authentication code list in each Communicator binder). Both the number and word are logged on the form or "N/A" if no authentication is required. This information will be entered after the form is initially developed and transmitted to off site agencies.

- \* The times on the Emergency Notification Form should be in the proper chronological order. Item 6 (declaration time) should be the first time recorded followed by Item 16 (approval time) and the last should be Item 3 (transmittal time). For example Item 6 at 12:00 and Item 16 at 12:10 and Item 3 at 12:14. The first voice contact time should not be documented until an approved form is available.

5. Mark the classification that is being declared if it is an initial message for that classification, or the same classification as the last notification if it is a follow-up or a termination message. Any plant conditions/events which trigger emergency classifications shall be listed in the Description section (Item 7) but only the highest classification shall be marked.

ATTACHMENT 8.1.5.1  
Page 5 of 7  
**EMERGENCY NOTIFICATION FORM**

- | <u>Item</u> | <u>Instructions</u>   |
|-------------|---|
| 6.          | Emergency declaration or termination is to be marked with the time* the event in Item 5 was declared. This time should not change unless the classification has changed or the event has been terminated. If termination is chosen only Steps 1 through 6 and 16 should be completed.   |
| 7.          | Emergency description/remarks should contain a short narrative of the event in progress. This narrative should be in "layman's terms" and not include any slang or acronyms (i.e., ATWS, RCP, WGDT, etc.) commonly used at the plant. This description must be easily understood by individuals without nuclear industry experience.  |
| 8.          | The appropriate plant condition is to be marked. The Plant Operations Advisor, or the Technical Analysis Manager should be consulted if assistance is needed in making this determination. If there is any doubt about the condition of the plant, mark the status <u>degrading</u> .   |
| 9.          | If Reactor is shutdown, mark this choice and fill in the time and date of shutdown. If the Reactor is at power, "N/A" the time and date and indicate the current Reactor power.   |
| 10.         | Mark appropriate block for emergency release. Potential should be marked if, based on plant data, a trend can be observed that will predict when the final barrier to release will be breached and there are no systems capable of mitigating the trend.  |
| 11.         | Mark appropriate block for type of release. The release location will be determined by the RCM. For multiple release locations, the majority contributor is used for the determination of location. If the release location is unknown, assume a ground level release. If the release is from the stack, mark elevated regardless of wind speed. A release from any location other than the stack is considered a ground level release. Mark if the release is airborne or liquid. Record the start and stop time and date of ACTUAL RELEASE in the spaces provided. If the release is underway, put N/A in the block for time release stopped. |

ATTACHMENT 8.1.5.1  
Page 6 of 7  
**EMERGENCY NOTIFICATION FORM**

Item

Instructions

12. Check the release units as "CURIES." Check the block for "BELOW" or "ABOVE" beside "NORMAL OPER. LIMITS" if the release is below or above the Technical Specifications operating release limits. Enter the release magnitude as Xe<sup>133</sup> TEDE Equivalent in the "NOBLE GASES" blank and I<sup>131</sup> CDE Equivalent in the "IODINES" blank. Enter "N/A" in the blanks for "PARTICULATES" and "OTHER." The values for Xe<sup>133</sup> TEDE Equivalent and I<sup>131</sup> CDE Equivalent are provided by the Dose Projection Program and may be obtained from the Radiological Control Manager or the person performing the dose projection.
- \* The times on the Emergency Notification Form should be in the proper chronological order. Item 6 (declaration time) should be the first time recorded followed by Item 16 (approval time) and the last should be Item 3 (transmittal time). For example Item 6 at 12:00 and Item 16 at 12:10 and Item 3 at 12:14. The first voice contact time should not be documented until an approved form is available.
13. Mark the appropriate box for estimate of projected offsite dose. Mark the new box if this is the first dose projection or if the release/release rate has changed significantly (approximately 15%). Check with the SEC, Plant Operations Director, or the Technical Analysis Manager for an estimate of the release duration. The estimated duration must start from the beginning of the release until the estimated (or actual) end of the release. Use 1 hour if the expected duration of release is not yet available. Complete the dose columns in (mrem) for each distance away from the site. Ensure that units are in mrem, and do not change the units on the form. Enter the time that the dose projection data was collected (check computer output) in the blank for "PROJECTION TIME."
14. Obtain the required meteorological data from ERFIS, or the National Weather Service Office (see ERO Telephone Book), as available. Ensure the wind direction is "from" if it is obtained from a source other than ERFIS. Stability class is available in the procedure for dose projection (EPRAD-03) if ERFIS is not available.

ATTACHMENT 8.1.5.1  
Page 7 of 7  
**EMERGENCY NOTIFICATION FORM**

- | <u>Item</u> | <u>Instructions</u>   |
|-------------|---|
| 15.         | Mark the appropriate box for the recommended protective action. If evacuate or shelter in place are chosen, list the sectors for which the recommendation is applicable (i.e., A-0, A-1, B-1, etc.). <u>If the General Emergency is declared you can not check "No Recommended Protective Action"</u> .   |
| 16.         | The message is to be signed (approved) by the Site Emergency Coordinator if transmitted from the Control Room or TSC, or by the Emergency Response Manager if transmitted from the EOF. This approval* must be obtained prior to transmitting the notification to the State and County agencies. Any changes made between this signature and the release of the message must be initialed/approved by the SEC or ERM. |

|                              |   |
|------------------------------|---|
| <b>NOTES:</b><br>(at bottom) | If Items 8 through 14 (Plant Condition and Dose Projection Information) have not changed, then only Items 1 through 7 along with 15 and 16 are required to be completed on subsequent notifications. For initial notifications if the information in Items 11 through 14 is not available, it may be so noted on the form by writing "not available". |
|------------------------------|---|

\* The times on the Emergency Notification Form should be in the proper chronological order. Item 6 (Declaration Time) should be the first time recorded followed by Item 16 (Approval Time) and the last should be Item 3 (Transmittal Time). For example Item 6 at 12:00 and Item 16 at 12:10 and Item 3 at 12:14. The first voice contact time should not be documented until an approved form is available.

ATTACHMENT 8.1.5.2  
Page 1 of 1  
**COMMUNICATIONS CHECKLIST**

Event Classification:

Unusual Event    Alert    Site Area Emergency    General Emergency

**Required Emergency Notifications**

| Time Declared | Maximum Contact Time (Min.)                        | Notif. Due By | Notif. Complete  | Follow-up Due w/in | Agency   | Phone/ Backup   |
|---------------|--|---------------|--|--------------------|--|---|
| _____         | + 15 =<br><br>ASAP<br>and no<br>greater than<br>15 | _____         | _____<br>State<br>_____<br>Darling<br>_____<br>Lee<br>_____<br>Chester | 30-60<br>minutes   | Counties WP &<br>EOC<br>State Warning<br>Point & Backup<br>Warning Point | Sel. Sig.<br>A1<br>(See ERO Phone<br>Book for back-up<br>numbers) |
| _____         | + 60 =<br><br>ASAP<br>and no<br>greater than<br>60 | _____         | _____  | As needed          | NRC  | ETS<br>See sticker or<br>Emergency<br>Response Phone<br>Book      |

**Recommended Emergency Notifications**

| Time Declared   | Contact Time (Min.) | Notif. Due By | Notif. Complete | Follow-up Due w/in | Agency                | Phone/ Backup                              |
|---|---------------------|---------------|-----------------|--------------------|-----------------------|--|
| _____   | + 60 =              | _____         | _____           | As Needed          | NRC Site<br>Inspector | See<br>Emergency<br>Response<br>Phone Book |
| Following applicable to ALERT or higher classification only |                     |               |                 |                    |                       |  |
| _____   | + 120 =             | _____         | _____           | As Needed          | ANI                   | See<br>Emergency<br>Response<br>Phone Book |
| _____   | + 120 =             | _____         | _____           | As Needed          | INPO                  | See<br>Emergency<br>Response<br>Phone Book |

Instructions: This form may be used for each change in event classification.



ATTACHMENT 8.1.5.4  
Page 1 of 1  
**AUTOMATED ERO NOTIFICATION FORM (DIALOGIC)**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

| <u>Check Choice</u>      | <u>Scenario Number</u> | <u>Description</u>         | <u>Run Time</u> |
|--------------------------|------------------------|----------------------------|-----------------|
| <input type="checkbox"/> | 30                     | Beeper Failure             | 45              |
| <input type="checkbox"/> | 31                     | GE approach - west         | 45              |
| <input type="checkbox"/> | 32                     | GE approach - east         | 45              |
| <input type="checkbox"/> | 33                     | GE approach - south        | 45              |
| <input type="checkbox"/> | 34                     | GE approach - north        | 45              |
| <input type="checkbox"/> | 35                     | GE no approach inst.       | 45              |
| <input type="checkbox"/> | 36                     | Site Area Emergency        | 45              |
| <input type="checkbox"/> | 37                     | Alert                      | 45              |
| <input type="checkbox"/> | 38                     | UE with facility act.      | 45              |
| <input type="checkbox"/> | 39                     | UE no facility act.        | 15              |
| <input type="checkbox"/> | 41                     | JIC non-beeper personnel   | 60              |
| <input type="checkbox"/> | 3333                   | Training Exercise Scenario | 75              |
| <input type="checkbox"/> | 3334                   | Ops Practice Scenario      | 10              |
| <input type="checkbox"/> | 3335                   | Sim. Dialogic Scenario     | 05              |

**EVENT CODES (DISPLAYED ON GROUP CALL PAGER)**

| <u>CLASSIFICATION</u> | <u>FACILITY</u> | <u>INFORMATION</u> |
|-----------------------|-----------------|--------------------|
| 0 = none              | 0 = none        | 0 = test           |
| 1 = U.E.              | 1 = all         | 1 = call 857-1777  |
| 2 = Alert             | 2 = alternate   | 2 = call 857-1778  |
| 3 = S.A.E.            |                 | 3 = Real           |
| 4 = G.E.              |                 | 4 = Drill/Exercise |

Code chosen: \_\_\_\_\_ \* \_\_\_\_\_ \* \_\_\_\_\_  
(Enter No.) (star) (Enter No.) (star) (Enter No.)

Approved by: \_\_\_\_\_  
SEC/ERM

Time Dialogic was activated \_\_\_\_\_ by \_\_\_\_\_ (initials).  
(Time)

**SAFETY PARAMETER DISPLAY SYSTEM/PLANT STATUS DATA SHEET**

EMERGENCY CLASSIFICATION (CIRCLE)  
 UNUSUAL EVENT      SITE AREA EMERGENCY

Date/Time: \_\_\_\_\_ / \_\_\_\_\_

Completed By: \_\_\_\_\_

**ALERT**

**GENERAL EMERGENCY**

ENVIRONMENTAL SYSTEMS

GROUND WIND SPEED (MPH) \_\_\_\_\_  
 ELEVATED WIND SPEED (MPH) \_\_\_\_\_  
 GROUND WIND DIR. (° FROM) \_\_\_\_\_  
 ELEVATED WIND DIR. (° FROM) \_\_\_\_\_  
 AIR TEMPERATURE (°F) \_\_\_\_\_  
 STABILITY CLASS \_\_\_\_\_

AREA RADIATION MONITORS

R-1 CONTROL ROOM (mrem/HR) \_\_\_\_\_  
 R-2 CONT. AREA (mrem/HR) \_\_\_\_\_  
 R-3 PASS PANEL AREA (mrem/HR) \_\_\_\_\_  
 R-4 CHG. PUMP RM (mrem/HR) \_\_\_\_\_  
 R-5 SPENT FUEL PIT (mrem/HR) \_\_\_\_\_  
 R-6 SAMPLING ROOM (mrem/HR) \_\_\_\_\_  
 R-7 IN-CORE INST (mrem/HR) \_\_\_\_\_  
 R-8 DRUM. RM. (mrem/HR) \_\_\_\_\_  
 R-9 FAILED FUEL (mrem/HR) \_\_\_\_\_  
 R-33 MON BLDG (mrem/HR) \_\_\_\_\_

PROCESS RADIATION MONITORS

R-11 CV VENT PART. (CPM) \_\_\_\_\_  
 R-12 CV VENT GAS (CPM) \_\_\_\_\_  
 R-14A "P" PLT VNT (CPM) \_\_\_\_\_  
 R-14B "I" PLT VNT (CPM) \_\_\_\_\_  
 R-14C "NG" PLT VNT (CPM) \_\_\_\_\_  
 R-15 COND. AIR EJEC. (CPM) \_\_\_\_\_  
 R-16 CV FAN CW (CPM) \_\_\_\_\_  
 R-17 COMP. CW (CPM) \_\_\_\_\_  
 R-18 WASTE DISPOSAL (CPM) \_\_\_\_\_  
 R-19A S/G A BLOWDOWN (CPM) \_\_\_\_\_  
 R-19B S/G B BLOWDOWN (CPM) \_\_\_\_\_  
 R-19C S/G C BLOWDOWN (CPM) \_\_\_\_\_  
 R-20 FUEL HDLG BASE (CPM) \_\_\_\_\_  
 R-21 FUEL HDLG UPPER (CPM) \_\_\_\_\_

ACCIDENT RADIATION MONITORS

R-30 F.H. BASE HI RG (mrem/HR) \_\_\_\_\_  
 R-31A "A" MN STM (mrem/HR) \_\_\_\_\_  
 R-31B "B" MN STM (mrem/HR) \_\_\_\_\_  
 R-31C "C" MN STM (mrem/HR) \_\_\_\_\_  
 R-32A CV HI RG (REM/HR) \_\_\_\_\_  
 R-32B CV HI RG (REM/HR) \_\_\_\_\_  
 R-14D PLT VNT GAS (MID) (CPM) \_\_\_\_\_  
 R-14E PLT VNT GAS (HI) (CPM) \_\_\_\_\_  
 R-37 CONDENSATE POLISHER (CPM) \_\_\_\_\_

CONTAINMENT STATUS

PRESSURE (PSIG) \_\_\_\_\_  
 TEMPERATURE (°F) \_\_\_\_\_  
 HYDROGEN CONC. (%) \_\_\_\_\_  
 SUMP LEVEL (INCHES) \_\_\_\_\_  
 RWST LEVEL (%) \_\_\_\_\_

PRIMARY SYSTEM

RCS PRESSURE (PSIG) \_\_\_\_\_  
 PZR LEVEL (%) \_\_\_\_\_  
 TAVE (°F) \_\_\_\_\_  
 LOOP A TH (°F) \_\_\_\_\_  
 TC (°F) \_\_\_\_\_  
 ΔT (°F) \_\_\_\_\_  
 LOOP B TH (°F) \_\_\_\_\_  
 TC (°F) \_\_\_\_\_  
 ΔT (°F) \_\_\_\_\_  
 LOOP C TH (°F) \_\_\_\_\_  
 TC (°F) \_\_\_\_\_  
 ΔT (°F) \_\_\_\_\_  
 SUBCOOLING (°F) \_\_\_\_\_

CHARGING FLOW (GPM) \_\_\_\_\_  
 LETDOWN FLOW (GPM) \_\_\_\_\_  
 REACTOR POWER (%) \_\_\_\_\_

ACTIVITY:

GROSS (Uci/mi) \_\_\_\_\_  
<sup>131</sup>I (Uci/mi) \_\_\_\_\_  
 AVG 5 HOTTEST T/Cs (°F) \_\_\_\_\_  
 BORON CONC. (PPM) \_\_\_\_\_

SECONDARY SYSTEM

S/G A  
 LEV.-WR(%) \_\_\_\_\_ NR(%) \_\_\_\_\_  
 PRESS (PSIG) \_\_\_\_\_  
 FEED (MPPH) \_\_\_\_\_  
 STEAM (MPPH) \_\_\_\_\_  
 ACT. (Uci/ml) \_\_\_\_\_

S/G B  
 LEV.-WR(%) \_\_\_\_\_ NR(%) \_\_\_\_\_  
 PRESS (PSIG) \_\_\_\_\_  
 FEED (MPPH) \_\_\_\_\_  
 STEAM (MPPH) \_\_\_\_\_  
 ACT. (Uci/ml) \_\_\_\_\_

S/G C  
 LEV.-WR(%) \_\_\_\_\_ NR(%) \_\_\_\_\_  
 PRESS (PSIG) \_\_\_\_\_  
 FEED (MPPH) \_\_\_\_\_  
 STEAM (MPPH) \_\_\_\_\_  
 ACT. (Uci/ml) \_\_\_\_\_

PRI/SEC. LK. RT (GPM) \_\_\_\_\_

ENGINEERED SAFETY FEATURES

SI ACTUATED: TIME \_\_\_\_\_  
 RESET: TIME \_\_\_\_\_  
 CS ACTUATED: TIME \_\_\_\_\_  
 RESET: TIME \_\_\_\_\_  
 CONT. ISO. A ACTUATED: TIME \_\_\_\_\_  
 RESET: TIME \_\_\_\_\_  
 CONT. ISO. B ACTUATED: TIME \_\_\_\_\_  
 RESET: TIME \_\_\_\_\_  
 SPRAY ADD TANK LEVEL (%) \_\_\_\_\_  
 SI COLD-LEG FLOW (GPM) \_\_\_\_\_  
 SI HOT-LEG INJECT START \_\_\_\_\_

EQUIPMENT STATUS

N = NOT AVAILABLE  
 A = AVAILABLE (NOT OPERATING)  
 O = OPERATING  
 E = ENERGIZED

PRIMARY

|          |   |       |   |       |   |       |
|----------|---|-------|---|-------|---|-------|
| RCP      | A | _____ | B | _____ | C | _____ |
| CHG PUMP | A | _____ | B | _____ | C | _____ |
| SI PUMP  | A | _____ | B | _____ | C | _____ |
| CS PUMP  | A | _____ | B | _____ |   |       |
| RHR PUMP | A | _____ | B | _____ |   |       |
| HVH      | 1 | _____ | 2 | _____ | 3 | _____ |
|          |   |       |   |       | 4 | _____ |

SECONDARY

CST LEVEL (%) \_\_\_\_\_  
 FEED PUMP A \_\_\_\_\_ B \_\_\_\_\_  
 COND PUMP A \_\_\_\_\_ B \_\_\_\_\_  
 AFW MOTOR A \_\_\_\_\_ B \_\_\_\_\_  
 AFW STEAM \_\_\_\_\_  
 MSIV A \_\_\_\_\_ B \_\_\_\_\_ C \_\_\_\_\_

ELECTRICAL

EDG A \_\_\_\_\_ B \_\_\_\_\_  
 DS/DG \_\_\_\_\_  
 OFFSITE \_\_\_\_\_  
 EMER. BUS E1 \_\_\_\_\_ E2 \_\_\_\_\_  
 FROM: OFFSITE \_\_\_\_\_ D.G. \_\_\_\_\_

FANS

|        |       |     |       |
|--------|-------|-----|-------|
| HVE 1A | _____ | 1B  | _____ |
| HVE 2A | _____ | 2B  | _____ |
| HVE 5A | _____ | 5B  | _____ |
| HVE 15 | _____ | 15A | _____ |

LEGEND:

OSH = OFF SCALE HIGH  
 OSL = OFF SCALE LOW  
 OOS = OUT OF SERVICE  
 ISOL = ISOLATED

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

1.0 RNP SELECTIVE SIGNALING SYSTEM

1.0.1 The RNP Selective Signaling System consists of equipment and circuits linking RNP with the offsite agencies involved in initial emergency notifications.

1.0.2 The Control Room, TSC, EOF and the Work Control Center have these phones.

1.0.3 This system can quickly conference the offsite agencies for notifications using the following:

1.0.3.1 Lift the handset, NO dial tone will be heard;

**NOTE:** Tones will be heard on the handset when the keys are depressed on the key pad. No ringing will be heard.

1.0.3.2 Dial the appropriate number from the listing below for the agencies to be contacted;

| <u>TO DIAL</u>    | <u>DIALING CODE</u> |
|-------------------|---------------------|
| All WPs and EOCs  | A1                  |
| All WPs           | A2                  |
| All EOCs          | A3                  |
| All CPL locations | A4                  |
| Decision Line     | A5                  |

For individual Dialing Codes, see EPPRO-02 "Maintenance and Testing", Attachment 8.2.30.2 "Selective Signaling System Dialing Codes".

**NOTE:** After dialing the phones being called will ring, flash a red light, and turn on the phone speaker for 10 seconds, or until answered. Do Not talk for the first 10 seconds except to address the people on the line.

1.0.3.3 When people answer, press the "Press to Talk" bar and ask them to hold for a message/drill/test;

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- 1.0.3.4 When people are no longer coming on line, hold a roll call and proceed with the message/drill/test;
- 1.0.3.5 If a location did not answer or you need to add another party, dial the appropriate dialing code from above that is associated with those agencies.
- 1.0.3.6 If problems with this system occur during drills, exercises or emergencies, notify the Administrative and Logistics Manager.
- 1.0.3.7 If problems occur at any other time, notify Telecommunications.
- 1.0.3.8 If Selective Signaling System is inoperable, use the Northern Telephone System or the Corporate Telephone System as shown on ATTACHMENT 8.1.5.7, Back-up Method for Tele-Conferencing State Warning Points Using Northern Telecom Telephone System.
- 1.1 **RNP EMERGENCY TELEPHONE SYSTEM (NORTHERN TELECOM)**
  - 1.1.1 The RNP emergency telephone consists of dedicated lines between facilities at RNP and other CP&L locations. These lines are accessed via a Northern Telecom Meridian private branch exchange (PBX). This system supports the general plant environment as well.
  - 1.1.2 The following are phone features used on the Meridian phones:
    - 1.1.2.1 Volume Control - The adjustment for ringing, headset and speaker volume is accomplished through the rocking switch below the keypad.
    - 1.1.2.2 Line/Feature Buttons - Located to right of keypad and have liquid crystal display (LCD) status indications.
    - 1.1.2.3 KEYPAD - Centrally located to right of handset and used for call placement or feature usage.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- 1.1.3 The following are feature buttons used on the Meridian phones:
- 1.1.3.1 **HANDSFREE/MUTE** - The Handsfree/Mute key is located as the top left button of the Line/Feature button strip. It is used to alternate between full "speaker phone" capability. Receiving calls, press **HANDSFREE/MUTE** and speak. To place a call, press **HANDSFREE/MUTE** and dial number. To suppress microphone during handsfree call, press **HANDSFREE/MUTE**. To reconnect microphone, press **HANDSFREE/MUTE**.
- 1.1.3.2 **TRANSFER** - Allows calls to be transferred to another number. Press **TRANSFER**, dial number to transfer to, announce caller if desired, press **TRANSFER**, and hang up. Unannounced transfer is allowed.
- 1.1.3.3 **CONFERENCE CALLS** - Up to six parties can be included on one conference. Parties can be a combination of extensions and outside lines. Up to five outside lines. To establish a conference call: Dial first party and establish contact. Press **CONFERENCE**, dial next party, and press **CONFERENCE** to connect all parties. Repeat previous step for each successive party to be added.
- 1.1.3.4 **CALL FORWARD** - Call Forward allows incoming calls to be redirected to another phone. To forward your calls, press **FORWARD**, dial forward to number, press **FORWARD**. To cancel forwarding, press **FORWARD**.
- 1.1.3.5 **RING AGAIN** - Ring Again allows you to have the system monitor a busy extension or trunk and notify you when it is available to take your call. To activate Ring Again on busy signal, press **RING AGAIN**, press **RLS** or hang up. When target is free you will receive Ring Again tone. To establish call, press **RING AGAIN**. To cancel Ring Again, press **RING AGAIN** before receiving notification (Ring Again) tone.
- 1.1.3.6 **AUTODIAL** - This feature allows you to store and retrieve a frequently called number. To store a number, select and press an **AUTODIAL** key, dial number (up to 23 digits), press **AUTODIAL** key again. To place call, select and press **LINE** key, select and press **AUTODIAL** key

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- 1.1.3.7 **LAST NUMBER REDIAL** - Allows most recently dialed number to be called again. To operate, select line where number was previously dialed and press **LINE** key twice.
- 1.1.3.8 **HOLD** - This button allows you to place a call on hold while you attend to another matter. To operate, press **HOLD**, press RLS or hang up. To retrieve call, press **LINE** key with slow flashing indicator.
- 1.1.3.9 **PROGRAM** - The **PROGRAM** key allows you to set seven attributes of the Meridian phone. To set attributes:
- A. **VOLUME** - Press **PROGRAM**, Dial 00, use volume rocker switch to adjust down («) or up (»), press **PROGRAM** to save.
  - B. **CONTRAST ADJUSTMENT** - Press **PROGRAM**, Dial 02, use volume rocker switch to adjust lighter («) or darker (»), press **PROGRAM** to save.
  - C. **CALL TIMER** - Enables time display of call duration. Press **PROGRAM**, Dial 03, use either side of volume rocker switch to turn on or off, press **PROGRAM**.
  - D. **IDLE SCREEN FORMAT** - Eight possible selections. Press **PROGRAM**, Dial 04, use volume rocker switch up («) or down (») to make selection, press **PROGRAM**.
  - E. **KEY CLICK** - Enables/Disables audible key click. Press **PROGRAM**, Dial 09, use either side of volume rocker switch to turn on or off, press **PROGRAM**.

**NOTE:** Two other attributes (**LANGUAGE SELECTION** and **PREDIAL RECALL**) are seldom used. To alter these attributes, consult Meridian Quick Reference Card - Display Module.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL****2.0 CP&L CORPORATE TELEPHONE SYSTEM**

2.1 Corporate Telephone System (CARONET) - Interconnected through the plant PBX, the Corporate Telephone System provides a means to communicate with any other CP&L locations as well as off system locations. The system can use the public switched network or company owned circuits to complete calls.

2.2 Dedicated Telephone System to Load Dispatcher - This system provides links between the Control Room and the load dispatcher. Transmission facilities are microwave radio. These lines appear on several phones in the control room and are selected by pushing the appropriate button on a multi-button phone. The lines are automatically rung at the load dispatcher identifying Robinson as the caller.

**3.0 NRC TELEPHONE SYSTEMS**

3.1 NRC Emergency Telecommunication System (ETS)- Phones connected to a dedicated independent telephone system route. A 10 digit telephone number must be dialed to access the NRC Operations Center. NRC ETS phones are located in the Control Room, Technical Support Center, Emergency Operations Facility and the NRC Residents Office.

**3.2 NRC Health Physics Network (ETS)**

The NRC also will also use the dedicated telephone system for communications to NRC regional and national offices. Telephones connected to this system are located for access by Health Physics, and NRC personnel.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- 4.0 RNP EMERGENCY RADIO SYSTEM - consists of commercial two-way radio transceivers that are used for onsite, in plant, offsite environmental monitoring and State of S.C. point to point radio communications. Those radio systems available are:
- 4.1 Motorola - is the FM two-way radio base station and remote consoles that provides a "Private Line" tone coded squelch. The console includes provisions for tone remote control operation of the private line. Equipment is identified as follows:
- 4.1.1 Motorola Base Station - located in the EOF Communications Equipment Room 417. Provides the capability of manually isolating communications for use as private lines, by selecting the switch inside the cabinet.
- 4.1.2 Motorola T1605 - are compact remote control console located in the EOF. These consoles provide point to point communications for:
- 4.1.2.1 EOF - Environmental Monitoring/dose projection
- 4.1.2.2 EOF - Communications Work Area with Paging Encoder
- 4.1.3 Operating instructions:
- 4.1.3.1 Ensure 100 unit is plugged into AC wall circuit.
- 4.1.3.2 Motorola Flexar unit has to be on Channel 6 to talk. Channel 6 is selected by depressing the F2 button and pushing in the button adjacent to the phone receiver. Pushing in the button adjacent to the phone receiver locks in the unit to Channel 6.
- 4.1.3.3 When this occurs, pick up the transmitter handset (transmitter looks like a phone) and depress the button adjacent to the receiver and give your message. The person with the beeper will hear your message.
- 4.1.3.4 Cut system off when not in use

## EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING PROTOCOL

### 5.0 ESSX TELEPHONE SYSTEM

5.1 ESSX Telephone System (Back-up) - Dark brown phones connected by Southern Bell using separate lines from all plant communication systems. This system allows communication with all outside agencies. The purpose of the ESSX Telephone System is to ensure that priority back-up communications are available for communications to emergency response personnel at the Federal, State, and local governments and other Carolina Power & Light facilities, as well as Ebasco and Westinghouse.

5.2 Motorola Series 90 Desk Top Controllers - are local control desk sets provided to state personnel in the TSC and the EOF to allow message transmittal to dedicated points.

5.2.1 All of base-station received messages can be monitored at the desk set.

5.2.2 The remote control desk set operator can transmit via the base-station switch.

5.2.3 May have a supervisory override switch.

5.2.4 The EOF desk set is located in the Command Room.

### 6.0 EMERGENCY RADIO SYSTEM OPERATING PROTOCOL

6.1 Using a 2-way Radio

6.1.1 A radio transceiver requires good operating techniques and consideration for other users. Quick and precise transmissions will enable the system to be used efficiently and effectively by all. This is vital during emergencies. Carolina Power & Light is licensed by the Federal Communications Commission (F.C.C) to transmit only those messages that are essential to the efficient conduct of the Company's business.

6.1.2 Definitions

6.1.2.1 Base Station - A transmitter-receiver station intended for operation at a permanent location.

6.1.2.2 Mobile Unit - A radio transceiver unit intended to be used while in motion or during halts at specified points. This includes pack and hand carried units as well as those installed in vehicles.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

6.1.2.3 Radio Operator - Any person authorized by the Company to operate a radio transceiver.

6.1.3 Microphone Procedure -

A transmission is generated by pressing the transmit button on the side of the portable unit or on the side of the microphone.

Every operator should be aware that the microphone button may be accidentally depressed, thereby keying the transmitter. In this condition every spoken word intentional or otherwise will be transmitted over the air. Be suspicious if everything gets too quiet. Check the red transmit light on mobile units frequently. There is no way for the base station to detect which transmitter is keyed in a large mobile net. Accidental keying of the mobile portable unit can severely disrupt the overall net operations and make communications very difficult.

6.1.4 Authorization to use Radio -

No person shall operate a Base Station or Mobile Unit Transmitter unless he/she is so authorized by the Company.

6.1.5 Authorized Messages -

- a) Messages dealing with safety of personnel or the protection of property.
- b) Messages for the performance of work-related matters.

6.1.6 Forbidden messages

The following types of messages are not permitted:

- a) Between Base Stations - Except for: Authorized radio tests or any other permitted messages when telephone facilities are inoperative.
- b) Personal Messages - Except for: Messages concerning a family emergency may, at the discretion of a Base Station Radio Operator, be relayed to an employee.
- c) Foul Language - No exceptions.

6.1.7 Secrecy of Message -

Federal law requires you to keep secret all messages not directed to you which you overhear on any private radio system.

6.1.8 Intentional Interruptions

Such as miscellaneous and unnecessary transmitter keying. These types of "horseplay" can be as dangerous as the physical kind. Emergency or urgent messages could be interrupted or masked out.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**6.1.9 Operating Procedures -a) Operational Techniques1. All Radio Operators:

Talk in a normal tone of voice. Do not shout. Best results are obtained by using a normal speaking level with the microphone about one inch from the mouth. Good microphone technique requires a clear articulation and correct talking speed.

|  |
|--|
| <p><b>NOTE:</b> During an exercise announce, "This is an exercise message," about every three (3) to five (5) minutes.</p> |
|--|

2. Base Station Operators:

Good microphone techniques pays off in better understanding and faster communication.

3. Brevity:

All communications regardless of their nature should be restricted to the minimum practical transmission time. Before transmitting - think. Keep it brief and to the point.

4. Identification and Channel Clearance:

Most of the base stations are shared by several control points. Because of the sharing, it is important for all base and mobile operators to indicate when they are finished with a contact. This is done by identifying the station with the station "call signs" or mobile call signs or either the word "clear" or "off".

For example: The base station operator may say "KGA825 clear" or the mobile may say "KA3664 off" (the mobile unit identification number).

**REMEMBER -** At the beginning of each transmission identify your unit - clearly and precisely.

Always give your complete call sign at the end of each total message.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- b) The equipment is turned on by an "ON-OFF" or power switch. Allow about 30 seconds for new equipment and about two minutes for some of the older sets to warm-up before transmitting.
- c) The control marked VOLUME adjusts the loudness of the incoming signal. It has no effect on the outgoing signal.
- d) The control marked SQUELCH affects the sensitivity of the set. It cuts off the loudspeaker except when a signal is received, keeping the static from being heard in the absence of a signal. To set the squelch-control, rotate it to one side until a rushing noise is heard, then reverse it just far enough to cut off the noise. Sometimes, at extreme range, the signal is so weak that the squelch opens and closes rapidly, chopping up the incoming signal. To correct this, open the squelch manually. When through talking to a weak station, turn the squelch back until the noise ceases. Reduction of volume at this point may improve your reception.
- e) On all units having the dual channel feature, the operating frequency is controlled by either a two or four frequency selector control. When you transmit, your switch must be turned to the correct channel.

**7.0 MITSUBISHI SATELLITE PHONE**

- 7.1 The Mitsubishi Satellite Phone and power supply is normally stored in the Training Facility Library closet. It should only be used if all other normal and back up communication systems have failed. All controls are located on the handset. The top of the lid with the Mitsubishi symbol is the antenna.
- 7.1.1 Plug the power supply into the phone and/or install the battery. The plug is located under the handset. Place the phone in a window facing Old Camden Road on a flat surface.
- 7.1.2 Open the lid approximately halfway (45°) and aim the Mitsubishi symbol toward the satellite in the southern sky. A compass is available in the phone case.
- 7.1.3 Press and hold the PWR key for approximately one second.
- 7.1.4 The Beam number and the Signal Strength Level will be displayed as B\*\*S\*\* (numbers will be displayed in place of the \*\*). NO SVC will be displayed until a signal is established per this procedure.

**EMERGENCY COMMUNICATIONS EQUIPMENT INSTRUCTIONS/OPERATING  
PROTOCOL**

- 7.1.5 Slowly rotate the phone and adjust the antenna lid until the Received Signal Strength is at maximum. (00 = least, 80 = best). A minimum of 09 is required.
- 7.1.6 Momentarily press the \* key to initiate satellite signal acquisition. This may take approximately 1 - 2 minutes. The NO SVC will disappear and ON will be displayed.
- 7.1.7 When NO SVC indication clears from the display and "ON" is displayed, the unit is ready for making or receiving calls.
1. To send call , always enter the area code and number, Then press the SEND key.
  2. To receive a call, press any key except the PWR key.
  3. To end a call, press END.

**BACK-UP METHOD FOR TELE-CONFERENCEING STATE AND COUNTY WARNING POINTS (WPs) USING NORTHERN TELECOM TELEPHONE SYSTEM**

Using the specified Meridian phone in the Control Room (ext. 1530 or 1279) or EOF (ext. 5001):

1. Contact the Darlington County Warning Point (Darlington County Sheriff's Department).
  - A. Get dial tone, press SYSTEM SPEED and dial 06. (See Emergency Response Phone Book for other phone numbers.)
  - B. When party answers, identify yourself, and state purpose of your call (drill message or real emergency message).
  - C. Request party to standby while conference call is established.
2. Contact Chesterfield County WP (Chesterfield County Detention Center).
  - A. Press CONFERENCE, then press SYSTEM SPEED and dial 05. (See Emergency Response Phone Book for other phone numbers.)
  - B. When party answers, identify yourself, and state purpose of your call (drill message or real emergency message).
  - C. Request party to standby while conference call is established.
  - D. Press CONFERENCE to connect all parties.
3. Contact Lee County WP (Bishopville 911 Center).
  - A. Press CONFERENCE, then press SYSTEM SPEED and dial 04. (See Emergency Response Phone Book for other phone numbers.)
  - B. Repeat Steps 2B, C, and D.
4. Contact State WP.
  - A. Press CONFERENCE, then press SYSTEM SPEED and dial 09. (See Emergency Response Phone Book for other phone numbers.)
  - B. Repeat Steps 2B, C, and D.
5. When parties are in conference, begin transmitting Warning Message.

**NOTE:** If you make a mistake while dialing or receive a busy signal, press RLS to disconnect. To return to the call, press the key beside the fast flashing indicator.

**ESSX TELEPHONE SERVICE OFF-SITE COMMUNICATIONS SYSTEM**

ESSX service is provided by the local telephone carrier (Southern Bell). ESSX essentially provides PBX type service based out of a Southern Bell Central Office (CO). This service satisfies the off-site communications requirements. There are eight lines provided; two each in the Unit 2 Control Room, the TSC Command Room, the EOF Command Room, and the OSC. The numbers are: 383-3680, 383-3681, 383-3682, 383-3683, 383-3684, 383-3685, 383-3686, and 383-3687. The numbers are paired sequentially into pickup groups (i.e. 383-3680 and 383-3681).

**1. OPERATION**

- A. To place call between ESSX stations, dial the last four digits of the line (i.e., 3680 for 383-3680).
- B. To call an outside line, dial 9, then dial outside number (include "1" or 1 + Area Code for long distance calls).
- C. Calls to Plant Caronet locations may be made via Direct Inward Dial (DID) service (i.e., 9 + Appropriate prefix and extension). Calls to other Caronet locations may be made via Direct Inward System Access (DISA). Dial 9+667-9132, wait for dial tone, dial 2868 (security code), wait for dial tone, dial number (i.e., 770-XXXX).

**2. FEATURES**

- A. **CALL TRANSFER** - To transfer a call, press hookswitch momentarily, wait for dial tone, dial number to transfer call, hangup or wait until answered to announce call (then hangup).
- B. **THREE WAY CALL (3-WAY CONFERENCE)** - To add third party to call, press hookswitch momentarily, wait for dial tone, dial number of third party, wait for answer and announce conference call, press hookswitch momentarily to reconnect first party.
- C. **CALL PICKUP** - To answer another ESSX call, dial #95.
- D. **CALL FORWARD** - Incoming calls can be forwarded to other ESSX lines or outside lines.
  - 1. To activate, dial #72, wait for dial tone, dial number to forward calls to, wait for confirmation tone (this may take 10 to 15 seconds), hang up.
  - 2. If calls are forwarded outside ESSX service, forwarded phone will ring once as a reminder.
  - 3. To cancel forwarding, dial #73, wait for stutter dial tone, hang up.

**CONTROL ROOM PRACTICE SCENARIO USE**

1. Obtain Shift Supervisors permission to utilize the Dialogic System for practice.
2. Using a phone in the Control Room dial 1003.
  - Be prepared to **immediately** enter the password when the system begins the greeting. Passwords are provided in pre-designated locations.
3. Immediately upon hearing the greeting (i. e., Hello, you have reached...) enter the password.
  - If the first digit of the password is not entered in time or an incorrect password is entered, the activation number must be called again.
4. Do not use any scenario number other than the one below as these will cause the system to begin actual call out of ERO personnel. When prompted for Scenario number, enter **3334**.
5. Input desired responses at the prompt from the system.
6. Dialogic should initiate the Control Room Verification Beeper with the previously entered "Event Code."
7. Dialogic should fax a System Execution Report to the Control Room fax machine.
8. Dialogic should call extension 1530 and request an identification number.
9. Enter 333-33-3333 as your identification number.
10. Provide responses to the system questions as desired.
  - The practice scenario will remain active for 10 minutes from initiation. If you disqualify (e.g., answer no to fitness for duty or 60 minute response) in your responses, it will not attempt to call you again.
11. If the Verification Beeper did not activate, verify proper operation by calling the individual beeper number.
12. If expected response is not received after verification of proper beeper operation, report the deficiency to Emergency Preparedness for investigation.
13. Inform Emergency Preparedness of system use (on next business day if weekend, holiday or nightshift) so that practice records may be purged from the system.

ATTACHMENT 8.1.5.10  
Page 1 of 1  
**SIMULATOR DIALOGIC SCENARIO USE**

1. Using the designated phone line in the Simulator Control Room, dial 1003.
  - Be prepared to **immediately** enter the password when the system begins the greeting. Passwords are provided in pre-designated locations.
2. Immediately upon hearing the greeting (i. e., Hello, you have reached...) enter the password.
3. If the first digit of the password is not entered in time or an incorrect password is entered, the activation number must be called again.

|   |
|---|
| <p><b>NOTE:</b> Use of the Manual Initiation of the ERO Beepers attachment bypasses the Dialogic System and will initiate <u>ALL</u> ERO beepers.</p> |
|---|

4. Do not use any scenario number other than the one below as these will cause the system to begin actual call out of ERO personnel. When prompted for Scenario number, enter **3335**.
5. Input desired responses at the prompt from the system.
6. Dialogic should initiate the Simulator Control Room Verification Beeper with the previously entered "Event Code."
  - For drill purposes Controller/Evaluator staff may direct the use of the beeper system manual initiation.
  - The Simulator Dialogic scenario will remain active for 5 minutes from initiation.
7. If the verification Beeper did not activate, verify proper operation by calling the individual beeper number.
8. If expected response is not received after verification of proper beeper operation, report the deficiency to Emergency Preparedness for investigation.
9. Inform Emergency Preparedness of system use (on next business day if weekend, holiday or nightshift) so that practice records may be purged from the system.

**MANUAL INITIATION OF THE ERO BEEPERS**

**NOTE:** This section is not for use with the Control Room Practice or Simulator Dialogic Scenario, except for drills evaluated by Emergency Preparedness.

1. Dial the Manual Beeper Initiation number as listed on password card.
2. At the Beeper System prompt, enter the appropriate code from the Event Codes on ATTACHMENT 8.1.5.4. Do not enter the phone number from which the call is placed.
3. **VERIFY THE BEEPERS WERE INITIATED WITH THE APPROPRIATE CODE VIA THE CONTROL ROOM VERIFICATION BEEPER OR SECURITY BEEPER.**
4. Notify Non-Responding Emergency Communicator (NREC) of any required call out of beeper and/or non-beeper personnel.

ATTACHMENT 8.1.5.12  
Page 1 of 2  
**EVENT NOTIFICATION WORKSHEET**

| EVENT NOTIFICATION WORKSHEET |  |                                       |                      |                                       |                           |
|------------------------------|--|---------------------------------------|----------------------|---------------------------------------|---------------------------|
| NOTIFICATION TIME            | FACILITY OR ORGANIZATION<br>H. B. ROBINSON | UNIT<br>2                             | CALLER'S NAME        | CALL BACK=ENS or:                     |                           |
| EVENT TIME/ZONE              | EVENT DATE                                 | 1-HR NON-EMERGENCY 10 CFR 50.72(b)(1) | (v)                  | LOST OFFSITE COMMUNICATION            |                           |
|                              |  |                                       | (vi)                 | FIRE                                  |                           |
| POWER BEFORE                 | POWER AFTER                                | (i)(A)                                | TS REQUIRED S/D      | (vi)                                  | TOXIC GAS                 |
|                              |  | (i)(B)                                | TS DEVIATION         | (vi)                                  | RADIOLOGICAL RELEASE      |
| EVENT CLASSIFICATIONS        |  | (ii)                                  | DEGRADED CONDITION   | (vi)                                  | OTHER HAMPERING SAFE OPS. |
|                              |  | (ii)(A)                               | UNANALYZED CONDITION | 4-HR NON-EMERGENCY 10 CFR 50.72(b)(2) |                           |
| GENERAL EMERGENCY            | (ii)(B)                                    | OUTSIDE DESIGN BASIS                  |                      |                                       |                           |
| SITE AREA EMERGENCY          | (ii)(C)                                    | NOT COVERED BY OPs/EPs                | (i)                  | DEGRADE WHILE SHUTDOWN                |                           |
| ALERT                        | (iii)                                      | EARTHQUAKE                            | (ii)                 | RPS ACTUATION (SCRAM)                 |                           |
| UNUSUAL EVENT                | (iii)                                      | FLOOD                                 | (ii)                 | ESF ACTUATION                         |                           |
| 50.72 NON-EMERGENCY          | (iii)                                      | HURRICANE                             | (iii)(A)             | SAFE S/D CAPABILITY                   |                           |
| PHYSICAL SECURITY (73.71)    | (iii)                                      | ICE/HAIL                              | (iii)(B)             | RHR CAPABILITY                        |                           |
| TRANSPORTATION               | (iii)                                      | LIGHTNING                             | (iii)(C)             | CONTROL OF RAD RELEASE                |                           |
| 20.2202 MATERIAL/EXPOSURE    | (iii)                                      | TORNADO                               | (iii)(D)             | ACCIDENT MITIGATION                   |                           |
| OTHER                        | (iii)                                      | OTH NATURAL PHENOM.                   | (iv)(A)              | AIR RELEASE > 20 x App. B             |                           |
|                              | (iv)                                       | ECCS DISCHARGE TO RCS                 | (iv)(B)              | LIQ RELEASE > 20 x APP. B             |                           |
|                              | (v)  | LOST ENS                              | (v)                  | OFFSITE MEDICAL                       |                           |
|                              | (v)  | LOST EMERG. ASSESSMENT                | (VI)                 | OFFSITE NOTIFICATION                  |                           |

| DESCRIPTION   |     |    |         |  |               |  |
|---|-----|----|---------|--|---------------|--|
| <p>INCLUDE: SYSTEMS AFFECTED, ACTUATIONS &amp; THEIR INITIATING SIGNALS, CAUSES, EFFECT OF EVENT ON PLANT, ACTIONS TAKEN OR PLANNED, ETC.</p> |     |    |         |  |               |  |
| NOTIFICATIONS   | YES | NO | WILL BE | ANYTHING UNUSUAL OR NOT UNDERSTOOD?                                      |               |  |
| NRC RESIDENT  |     |    |         | <input type="checkbox"/> YES (EXPLAIN ABOVE) <input type="checkbox"/> NO |               |  |
| STATE(S)  |     |    |         | DID ALL SYSTEMS FUNCTION AS REQUIRED?                                    |               |  |
| LOCAL   |     |    |         | <input type="checkbox"/> YES <input type="checkbox"/> NO                 |               |  |
| OTHER GOV AGENCIES  |     |    |         | MODE OF OPERATION  | ESTIMATE FOR  | <input type="checkbox"/> ADDITIONAL<br>INFO ON BACK? |
| MEDIA/PRESS RELEASE   |     |    |         | UNTIL CORRECTED:   | RESTART DATE: |  |
|   |     |    |         |  | / /           |  |



CAROLINA POWER & LIGHT COMPANY  
H. B. ROBINSON STEAM ELECTRIC PLANT, UNIT NO. 2

PLANT OPERATING MANUAL

VOLUME 2  
PART 5

EMERGENCY PROCEDURE

**EPNOT-04**

***TSC NRC EMERGENCY COMMUNICATOR***

REVISION 2

## SUMMARY OF CHANGES

| <b>Step #</b> | <b>Revision Comments</b>   |
|---------------|--|
| 8.4.3.4       | Revised name of the NRC communication phone from FTS-2000 to ETS, Emergency Telecommunication System |

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## NRC EMERGENCY COMMUNICATOR QUICK START GUIDE

**NOTE:** Blanks are provided for place keeping ✓'s only, logs are the official record. This is a summary level guide and does not replace the procedure steps.

1. Sign in. \_\_\_\_\_
2. Check equipment status. \_\_\_\_\_
3. Log on to Electronic Display System (EDS). \_\_\_\_\_
4. Review previous emergency notifications and NRC notifications. \_\_\_\_\_
5. Notify Site Emergency Coordinator (SEC) and EOF Emergency Communicator when ready to assume duties. \_\_\_\_\_
6. Refer to procedure. \_\_\_\_\_

#### 8.4.1 PURPOSE

1. To provide instructions for notifications by the NRC Emergency Communicator to the Nuclear Regulatory Commission (NRC).

#### 8.4.2 RESPONSIBILITIES

1. Accurately transmit information to the NRC.

#### 8.4.3 INSTRUCTIONS

1. Determine the status of NRC notifications with the Control Room.
  - a. If initial contact is required, use Attachment 8.4.5.1, Event Notification Worksheet.
  - b. Information subsequent to initial notifications is typically responding to questions and providing verbal feedback, as such, no specific form is required.
    - Records shall be maintained of responses which require approval by the SEC.
2. Notify the EOF Emergency Communicator and the SEC when you are ready to assume position duties.
3. Obtain SEC approval for information provided on the Event Notification Worksheet and responses to questions which do not contain information already approved for release.
  - a. Information posted on status boards and valid plant data from the Emergency Response Facility Information System (ERFIS) or Electronic Display System (EDS) are approved for release.
  - b. Any question which involves speculation about the future condition of the plant should be directed to appropriate personnel for an "official" response. This shall be approved by the SEC.

### 8.4.3 (Continued)

4. Establish contact with the NRC.
  - a. Use an Emergency Telecommunication System (ETS) phone and dial the number listed on the sticker on the phone, or
  - b. Meridian phone and number listed in the ERO phone book.
5. Respond to NRC questions and requests with latest available information.
  - a. Keep the EOF Emergency Communicator informed of issues which emerge.
6. Man the phone continuously when requested by the NRC.
7. Verify transmission of Emergency Response Data System (ERDS) data after activation of the system.
  - a. ERDS must be activated within 1 hour of the declaration of an Alert or higher.
8. Notify NRC personnel of drill or event termination as appropriate.

### 8.4.4 RECORDS

N/A

### 8.4.5 ATTACHMENTS

- 8.4.5.1 Event Notification Worksheet

ATTACHMENT 8.4.5.1  
Page 1 of 3  
**EVENT NOTIFICATION WORKSHEET**

| EVENT NOTIFICATION WORKSHEET |  |           |               |                      |
|------------------------------|--|-----------|---------------|----------------------|
| NOTIFICATION TIME            | FACILITY OR ORGANIZATION<br>H. B. ROBINSON | UNIT<br>2 | CALLER'S NAME | CALL BACK=ENS<br>or: |

| EVENT TIME/ZONE           | EVENT DATE                   | 1-HR NON-EMERGENCY<br>10 CFR 50.72(b)(1) | (v) LOST OFFSITE COMMUNICATION                   |
|---------------------------|------------------------------|--|--|
|                           |                              |  | (vi) FIRE  |
| POWER BEFORE              | POWER AFTER                  | (i)(A) TS REQUIRED S/D                   | (vi) TOXIC GAS                                   |
|                           |                              | (i)(B) TS DEVIATION                      | (vi) RADIOLOGICAL RELEASE                        |
| EVENT CLASSIFICATIONS     |                              | (ii) DEGRADED CONDITION                  | (vi) OTHER HAMPERING SAFE OPS.                   |
|                           |                              | (ii)(A) UNANALYZED CONDITION             | <b>4-HR NON-EMERGENCY<br/>10 CFR 50.72(b)(2)</b> |
| GENERAL EMERGENCY         | (ii)(B) OUTSIDE DESIGN BASIS |  |  |
| SITE AREA EMERGENCY       |                              | (ii)(C) NOT COVERED BY OPs/EPs           | (i) DEGRADE WHILE SHUTDOWN                       |
| ALERT                     |                              | (iii) EARTHQUAKE                         | (ii) RPS ACTUATION (SCRAM)                       |
| UNUSUAL EVENT             |                              | (iii) FLOOD                              | (ii) ESF ACTUATION                               |
| 50.72 NON-EMERGENCY       |                              | (iii) HURRICANE                          | (iii)(A) SAFE S/D CAPABILITY                     |
| PHYSICAL SECURITY (73.71) |                              | (iii) ICE/HAIL                           | (iii)(B) RHR CAPABILITY                          |
| TRANSPORTATION            |                              | (iii) LIGHTNING                          | (iii)(C) CONTROL OF RAD RELEASE                  |
| 20.2202 MATERIAL/EXPOSURE |                              | (iii) TORNADO                            | (iii)(D) ACCIDENT MITIGATION                     |
| OTHER                     |                              | (iii) OTH NATURAL PHENOM.                | (iv)(A) AIR RELEASE > 20 x App. B                |
|                           |                              | (iv) ECCS DISCHARGE TO RCS               | (iv)(B) LIQ RELEASE > 20 x APP. B                |
|                           |                              | (v) LOST ENS                             | (v) OFFSITE MEDICAL                              |
|                           |                              | (v) LOST EMERG. ASSESSMENT               | (vi) OFFSITE NOTIFICATION                        |

ATTACHMENT 8.4.5.1  
Page 2 of 3  
**EVENT NOTIFICATION WORKSHEET**

| DESCRIPTION   |     |    |         |   |                                     |   |
|---|-----|----|---------|---|-------------------------------------|---|
| <p>INCLUDE: SYSTEMS AFFECTED, ACTUATIONS &amp; THEIR INITIATING SIGNALS, CAUSES, EFFECT OF EVENT ON PLANT, ACTIONS TAKEN OR PLANNED, ETC.</p> |     |    |         |   |                                     |   |
| NOTIFICATIONS   | YES | NO | WILL BE | ANYTHING UNUSUAL OR NOT UNDERSTOOD?<br><input type="checkbox"/> YES (EXPLAIN ABOVE) <input type="checkbox"/> NO |                                     |   |
| NRC RESIDENT  |     |    |         | DID ALL SYSTEMS FUNCTION AS REQUIRED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO               |                                     |   |
| STATE(S)  |     |    |         |   |                                     |   |
| LOCAL   |     |    |         |   |                                     |   |
| OTHER GOV AGENCIES  |     |    |         | MODE OF OPERATION UNTIL CORRECTED:  | ESTIMATE FOR RESTART DATE:      / / | <input type="checkbox"/> ADDITIONAL INFO ON BACK? |
| MEDIA/PRESS RELEASE   |     |    |         |   |                                     |   |

ATTACHMENT 8.4.5.1  
Page 3 of 3  
**EVENT NOTIFICATION WORKSHEET**

|   |  |   |  |
|---|--|---|--|
| <b>RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS</b><br>(specific details/explanations should be covered in event description) |  |   |  |
| <input type="checkbox"/> LIQUID RELEASE   | <input type="checkbox"/> GASEOUS RELEASE | <input type="checkbox"/> UNPLANNED RELEASE                      | <input type="checkbox"/> PLANNED RELEASE |
| <input type="checkbox"/> ONGOING*   | <input type="checkbox"/> TERMINATED      | <input type="checkbox"/> MONITORED                              | <input type="checkbox"/> UNMONITORED     |
| <input type="checkbox"/> OFFSITE RELEASE  | <input type="checkbox"/> T.S. EXCEEDED   | <input type="checkbox"/> RM ALARMS                              | <input type="checkbox"/> AREAS EVACUATED |
| <input type="checkbox"/> PERSONNEL EXPOSED OR CONTAMINATED  |  | <input type="checkbox"/> OFFSITE PROTECTIVE ACTIONS RECOMMENDED |  |
| *STATE RELEASE PATH IN DESCRIPTION  |  |   |  |

|   |                           |                           |                                  |
|---|---------------------------|---------------------------|----------------------------------|
| <b>RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS</b> (specific details/explanations should be covered in event description) |                           |                           |                                  |
| LOCATION OF THE LEAK: (e.g., SG #, valve, pipe, etc.)   |                           |                           |                                  |
| LEAK RATE:  | UNITS: gpm/gpd            | T.S. LIMITS:              | SUDDEN OR LONG-TERM DEVELOPMENT: |
| LEAK START DATE:<br>/ /   | TIME:<br>AM EST<br>PM EDT | COOLANT ACTIVITY & UNITS: | PRIMARY -<br>SECONDARY-          |
| LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:   |                           |                           |                                  |

|   |
|---|
| <b>EVENT DESCRIPTION</b> (continued from front) |
|---|

|                         |      |      |       |
|-------------------------|------|------|-------|
| NRC HEADQUARTERS        |      |      |       |
| DUTY OFFICER CONTACTED: | / /  | :    | AM/PM |
| NAME                    | DATE | TIME |       |

CAROLINA POWER & LIGHT COMPANY  
H. B. ROBINSON STEAM ELECTRIC PLANT, UNIT NO. 2

PLANT OPERATING MANUAL

VOLUME 2  
PART 5

EMERGENCY PROCEDURE

**EPOSC-02**

***DAMAGE CONTROL TEAM LEADER***

REVISION 4

## SUMMARY OF CHANGES

| STEP           | REVISION COMMENTS                                |
|----------------|--|
| Attach 8.2.5.1 | Increased guidance for pre job brief. (CR 22851) |

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## DAMAGE CONTROL TEAM LEADER QUICK START GUIDE

**NOTE:** Blanks are provided for place keeping √s only, logs are the official record. This is a summary level guide and does not replace the procedure steps.

1. If Dialogic was utilized for callout, notify Dialogic (X 1777) of your arrival. \_\_\_\_\_
2. Announce your presence and position in the Operations Support Center (OSC). \_\_\_\_\_
3. Notify the OSC Leader of readiness to activate the OSC. \_\_\_\_\_
4. Complete Attachment 8.2.5.1, Emergency Damage Control Summary Sheet, for outstanding missions. \_\_\_\_\_
5. Obtain authorization to proceed with mission. \_\_\_\_\_
6. Acquire necessary procedures, tools, and permits. \_\_\_\_\_
7. Ensure Damage Control Team is briefed and that they understand the mission. \_\_\_\_\_
8. Maintain awareness of mission status and report to the OSC Leader. \_\_\_\_\_
9. Upon completion of mission debrief the Team and complete necessary paper work. \_\_\_\_\_
10. Refer to procedure steps. \_\_\_\_\_

## 8.2 DAMAGE CONTROL TEAM LEADER

### 8.2.1 PURPOSE

1. The purpose of this procedure is to outline the duties and responsibilities of the Damage Control Team Leader (DCTL).

### 8.2.2 RESPONSIBILITIES

1. The DCTL, as requested/directed by the OSC Leader, shall be responsible for expediting and monitoring the planning, direction and execution of the efforts of the Damage Control Team to:
  - a. Assess the nature and extent of damage incurred;
  - b. Perform emergency repairs, if possible;
  - c. Perform other actions to reduce the effect of the emergency or to slow down a release when repair is not possible; and,
  - d. Install necessary emergency structures, systems, or components.
2. On an interim basis, assume the duties of the Operational Support Center Leader. (CR-11968)

### 8.2.3 INSTRUCTIONS

1. Prior to performing any mission, obtain the information specified on Attachment 8.2.5.1, Emergency Damage Control Summary Sheet.
  - a. Ensure that the work functions involved in the mission (i.e., Security, Mechanical/Electrical Planners, Operations, Health Physics and Supervisor) are involved in the planning stage of the mission.
    - When selecting personnel for a mission, consider training, qualifications, skills, and number needed.

### 8.2.3 (Continued)

2. Review the mission information with the OSC Leader for authorization to proceed.
  - a. Document on Attachment 8.2.5.1, Emergency Damage Control Summary Sheet.
3. Prior to the mission, perform the following actions:
  - a. Determine need for additional equipment, supplies and manpower, and request same from the OSC Leader.
  - b. Acquire procedures, drawings, schematics, tools, radiation work permits, and other documentation necessary for the team's specific mission.
  - c. Assure that all Damage Control Team members are properly outfitted with equipment necessary for their missions (e.g., dosimeters, hard hats, tools, respirators, etc.).
4. When approval to dispatch the team is received from the OSC Leader, execute the mission in accordance with Attachment 8.2.5.2, Emergency Damage Control Procedure Checklist.
5. Request status updates from the appropriate Maintenance Supervisor on missions and inform the OSC Leader.
6. Follow the requirements outlined in Attachment 8.2.5.1, Emergency Damage Control Summary Sheet, (including ingress and egress routes) unless deviations are authorized. Authorizations for repair, maintenance, installation, and clean-up deviations shall be received from the OSC Leader with the following exceptions:
  - a. Life-saving actions (which are highest priority);
  - b. Immediate personnel health and safety precautions (e.g., fire, steam leak, etc.).

### 8.2.3 (Continued)

7. During or upon completion of the mission, as appropriate, complete Attachment 8.2.5.3, Equipment Damage and Repair Log.
8. Upon completion of the mission, debrief the Damage Control Team and transmit the required information to the OSC Leader.

### 8.2.4 **RECORDS**

N/A

### 8.2.5 **ATTACHMENTS**

- 8.2.5.1 Emergency Damage Control Summary Sheet
- 8.2.5.2 Emergency Damage Control Procedure Checklist
- 8.2.5.3 Equipment Damage and Repair Log

**EMERGENCY DAMAGE CONTROL SUMMARY SHEET**

(1) Mission (Condition/Problem): \_\_\_\_\_  
\_\_\_\_\_

(2) Is this a Public Health & Safety Mission?  Yes  No  
**Public Health & Safety Missions, Must receive top priority to get mission in field within the target goal of 30 minutes.**

(3) Mission Priority

(4) Location: \_\_\_\_\_  
\_\_\_\_\_

(5) Repairs: Highlight critical tasks and risks involved. \_\_\_\_\_  
\_\_\_\_\_

(6) Tools and Equipment Required (include communication methods and work coordination) \_\_\_\_\_  
\_\_\_\_\_

(7) Procedures: \_\_\_\_\_  
\_\_\_\_\_

(8) Field Team Leader: \_\_\_\_\_

(9) Other Team Members: \_\_\_\_\_  
(Assign roles/responsibilities) \_\_\_\_\_  
\_\_\_\_\_

(10) Radiological Controls Team Member: \_\_\_\_\_

(11) Attachments Ingress/Egress Route & Alternate(s)  
Maps: \_\_\_\_\_

(12) Protective Gear/Dosimetry Required: \_\_\_\_\_  
\_\_\_\_\_

(13) General: Emphasize safety, work quality, STAR and the importance of a questioning attitude.

Approved:  
E&RC Supervisor or  
Assigned Lead Person  
\_\_\_\_\_  
Initial Time

Damage Control  
Team Leader  
\_\_\_\_\_  
Initial Time

OSC Leader  
\_\_\_\_\_  
Initial Time

**EMERGENCY DAMAGE CONTROL PROCEDURE CHECKLIST**

1. Verify all personnel have appropriate qualifications (respirator, security clearance, etc.)
2. Conduct mission - specific briefing.
3. Ensure that the following are completed by the appropriate supervisor:
  - a. Check out equipment and establish communications.
  - b. Don appropriate gear.
  - c. Proceed to location in accordance with approved routes.
  - d. Perform task. Keep the OSC Leader advised of the status of the mission, as necessary, and if any difficulties encountered during the course of the mission.
  - e. Return.
4. Debrief team and report results to the OSC Leader.
5. Document activities.



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PLANT OPERATING MANUAL

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PART 5

EMERGENCY PROCEDURE

**EPPRO-02**  
***MAINTENANCE AND TESTING***

REVISION 12

## SUMMARY OF CHANGES

| <b>Step#</b>    | <b>Description of change</b>   |
|-----------------|--|
| TOC             | Revised NRC phone system from FTS to ETS and replaced phone designations.                                      |
| Attach 8.2.30.3 | Revised NRC phone system from FTS to ETS and replaced phone designations.                                      |
| Attach 8.2.30.8 | Deleted FEOC SSS phones. Per letter from the SCEPD, the FEOC will only be used as a DHEC forward staging area. |
| Attach 8.2.30.6 | Added SAMG procedures to the inventory (CR 24688)  |

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## 8.2 MAINTENANCE AND TESTING

### 8.2.1 PURPOSE

1. To ensure periodic testing commitments of the Emergency Plan and 10 CFR 50 Appendix E are being met and properly documented.

### 8.2.2 RESPONSIBILITIES

1. The EP Staff is responsible for performance of the following periodic tests in this procedure as follows:
  - a. Monthly Selective Signaling System Communications Drill - Once per 28 days + 10 days
  - b. Monthly Local Government Radio Test - Once per 28 days + 10 days
  - c. Monthly NRC ETS/ESSX/SSS Phone Tests - Once per 28 days + 10 days
  - d. Monthly Siren Testing - Once per 31 days + 7 days and Quarterly Growl Testing - Once per 92 days + 23 days
  - e. Quarterly IPZ State Communications Drill - Once per 92 days + 23 days
  - f. Quarterly ERO Phone Book Review - Once per 92 days + 23 days
  - g. Quarterly Beeper test - Once per 92 days + 23 days
  - h. Quarterly TSC/EOF Inventories - Once per 92 days + 23 days and after each drill
  - i. Semi-Annual Health Physics - Once per 184 days + 46 days and Annual PASS Drills - Once per 364 days + 91 days

8.2.2.1 (Continued)

- j. Contributions to Emergency Support Organizations -Once per 364 days + 91 days, and each Quarter as required
- k. Annual Siren Full Volume Test - Once per 364 days + 91 days
- l. Annual Siren Adequacy Review - Once per 364 days + 91 days
- m. Annual EAL Review - Once per 364 days + 91 days
- n. Annual PNSC review of Emergency Plan - Once per 364 days + 91 days
- o. Annual Medical Emergency Drill - Once per 364 days + 91 days
- p. Annual Environmental Team Communications - Once per 364 days + 91 days
- q. Annual Lake Sign Verification - Once per 364 days + 91 days
- r. Annual Audit Required by 10CFR50.54T - Once per 364 days + 91 days
- s. Annual Letters of Agreement - Once per 364 days + 91 days
- t. Hospital and Rescue Squad Training - Once per 364 days + 91 days
- u. NRC Evaluated Exercise - Per 10 CFR, Part 50, Appendix E
- v. Augmentation Drill - Once per 24 months + 182 days
- w. Public Safety Information - Once per 364 days + 91 days and Once per 92 days + 23 days

### 8.2.3 GENERAL

1. Periodic test scheduling will be as follows:
  - a. When a periodic test is completed prior to the scheduled date the next scheduled date will be the early completion date plus the frequency.
  - b. When a periodic test is completed on or after the scheduled date but before the overdue date the next scheduled date will be the last scheduled date plus the frequency.
2. Emergency Preparedness (EP) personnel or Emergency Communicators may be used for communications drills.
3. A drill or exercise that uses the Selective Signaling System (SSS) to contact the State and Counties may be used to fulfill the requirements of the monthly communications test.
  - a. The Superintendent - Shift Operations (SSO) is responsible for providing an emergency communicator for the off hours monthly communications drill.
4. If while performing a test or drill an offsite agency is involved in an actual emergency perform the following:
  - a. If the agency is a State or County Warning Point or EOC, excuse the agency from the remainder of the test or drill, and annotate the situation in the test or drill documentation.
  - b. If the agency is the NRC, perform that part of the test at a later time.
5. A drill or exercise that begins between 6 p.m. and 4 a.m. or a weekend, that includes in the objectives, the conduct of an off hours augmentation of the ERO, may be used to satisfy the requirements of the Augmentation Drill.

### 8.2.3 (Continued)

6. Attachment 8.2.30.1, Certification Test and Review Form, may be used to document completion of any test or other periodic Emergency Preparedness (EP) requirement unless other documentation is specified in the procedure.
7. When contacting the Control Room in the following procedure steps, it is desirable to contact the SSO, but not required.
8. Integrated site wide drills will be scheduled in accordance with PLP-007, "Robinson Emergency Plan."
9. The Early Warning Notification System is a computer system used and maintained by the EP Staff for monitoring and control of the Emergency Notification Sirens. The software owner will be the Supervisor - Emergency Preparedness. Changes to the software will be controlled per CSP-NGGC-2505 with a software quality level of "C". A users guide is available for instruction on the use of this system. Revision to the manual are controlled through the Document Management System. (CR 11959)
10. The Dialogic computer system is used and maintained by the EP staff for the notification of ERO members of off normal conditions. The software owner will be the Supervisor - Emergency Preparedness. Changes to the software will be controlled per CSP-NGGC-2505 with a software quality level of "D". A users guide is available for instruction on the use of this system. Revision to the manual are controlled through the Document Management System. (CR 11959)

### 8.2.4 EMERGENCY FACILITY/EQUIPMENT CHECKS (CR 11968)

1. On a daily (normal working week) basis, a walk down of the TSC and EOF facilities should be performed to verify the equipment and facilities are in a condition to support activation of the Emergency Response organization. Attachment 8.2.30.7 provides guidance on the minimum areas of review. The JIC operation area is normally locked after use and inventory. Periodic checks of the JIC are accomplished during routine procedure updates and drill critiques.

### 8.2.5 MONTHLY SELECTIVE SIGNALING SYSTEM COMMUNICATIONS DRILL

1. The monthly communications will normally be performed by Operations personnel. Every third monthly drill should be performed off hours.
  - During off hour drills it is acceptable to hold the test open until the following work day to complete the phone test portion of this drill. This will allow the County EOCs to be manned.
2. If not performed by Operations personnel, contact the Control Room and inform them that a Selective Signaling System (SSS) Communications Drill will be performed.
3. Provide a scenario to the Emergency Communicator of sufficient detail to allow two Emergency Notification Forms to be completed.
  - a. One form will be the initial notification and one form will be the termination notification.
4. The Emergency Communicator uses the scenario information provided to fill out a notification form (EPNOT-01, CR/EOF Communicator).
5. Review the completed notification form to ensure that "THIS IS A DRILL" is checked, and that all required elements of the form are completed per EPNOT-00 Notification and Emergency Communications.

### 8.2.5 (Continued)

6. The CRSS or SSO shall approve the notification form and instruct the Emergency Communicator to begin the notification.
7. The Emergency Communicator implements EPNOT-01 to notify Warning Points and EOCs. Instructions for using the RNP Selective Signaling System is contained in attachment 8.1.5.6 (EPNOT-01).
8. If all parties responded to the communications drill skip to Step 8.2.5.13.
9. If any Warning Points **or** Emergency Operations Centers fail to respond verify that the nonresponding agencies can be contacted by commercial telephone using the phone number from the ERO Phone Book. During this call, attempt to determine why they did not answer the Selective Signaling System telephone.
10. Contact the nonresponding agency again using a Selective Signaling Telephone by dialing the specific dialing code for that agency. See Attachment 8.2.30.2, Selective Signaling System Dialing Codes.
11. If the agency called picks up, and communications can be established, consider the test successful.
12. If no agency can be contacted using the Selective Signaling System from any site location, via any method (including ESSX, Bell, etc.), **Immediately** inform the SSO **and** consult AP-030, NRC Reporting Requirements. Assist the SSO in making any necessary notification.
13. Notify the Control Room that the Selective Signaling System Communications Drill is concluded. State that the Selective Signaling System is returned to operational status.
14. Arrange for repair of any Selective Signaling System problems by calling the Telecommunications Help Desk. Notify Site Telecommunications of the problem for information purposes.
15. Contact IT and inform them of using ERFIS to generate the Emergency Notification Form. This allows them to reset ERFIS for future notification form use. (CR 16476)

8.2.5 (Continued)

**NOTE:** Chesterfield, Darlington, and Lee Counties have locations named, "Warning Point" and "Emergency Operating Center". The State does not station personnel in their EOC. Therefore, they have a Warning Point, and a Backup Warning Point. A repeat extension from the EOC is located in the State Warning Point.

16. Acceptance Criteria:

The monthly Selective Signaling System Communications drill is acceptable when:

- a. Contact has been made with the Warning Point **and** EOC for each of the Counties and the State Warning Points.
  - By decision of the State of South Carolina the Backup Warning Point phone is left with the ringer off since the Warning Point is manned 24 hours per day. The Backup Warning Point phone would be tested prior to use.
- b. An initial and termination message has been read to at least one of the locations for each of the agencies.

17. Documentation of the drill will consist of the initial and termination notification forms used with the agencies notified forms, and a completed Attachment 8.2.30.1 (EPPRO-02), Certification and Test Review Form.
18. Transmit the completed forms, to Records Storage in accordance with RDC-NGGC-0001. A copy of the record may be maintained in the EP files for the convenience of auditors.

## 8.2.6 MONTHLY LOCAL GOVERNMENT RADIO TEST

1. The State of South Carolina tests radio communications with various agencies and nuclear plants every Thursday starting at about 0900. Therefore, at approximately 0900 on the scheduled Thursday, or other prearranged day during the grace period, listen to the Local Government Radio (LGR) set in the EP office.
2. The LGR Instruction Manual lists "10" codes on Page 33. The only "10" codes necessary for the radio test are "10-1" (signal weak), "10-2" (signal good), and "10-97" (radio test).
3. Listen for the call from the State of South Carolina stating, "H.B. ROBINSON THIS IS SOUTH CAROLINA STATE WARNING POINT."
4. Pick up the handset, press the button on the handset, and acknowledge the transmission by saying:  
  
"THIS IS H.B. ROBINSON, I READ YOU 10-2", if the transmission is clear, *OR* "I READ YOU 10-1" if the transmission is weak, and inform the operator that two more radio sets need to be tested.
5. After your transmission is acknowledged, state:  
  
" THIS IS H.B. ROBINSON, SIGNING OFF."
6. After radio traffic on the channel has stopped, test the radio set in Rooms 425 TSC and 434 EOF as follows:  
" SOUTH CAROLINA STATE WARNING POINT. THIS IS H.B. ROBINSON FOR A 10-97 ON THE BACKUP RADIO", after the State operator responds answer with "THIS IS H.B. ROBINSON, I READ YOU 10-1 or 10-2" as appropriate.
7. After your transmission is acknowledged, state:  
  
" THIS IS H.B. ROBINSON SIGNING OFF."
8. Complete the third radio set per steps 8.2.5.6 and 8.2.5.7 above and inform the State operator that testing is complete.

### 8.2.6 (Continued)

9. If the radio communication is weak or not working, notify the Telecommunications Help Desk, Site Telecommunications, and the South Carolina Emergency Preparedness Division. Following repairs retest the radio sets.
10. Acceptance Criteria:  
  
The monthly LGR test is acceptable when satisfactory communication has been completed with the State of South Carolina using the handsets at the TSC, EOF, and EP office.
11. Document the monthly test on Attachment 8.2.30.1, Certification and Test Review Form.
12. Transmit the completed form to Records Storage in accordance with RDC-NGGC-0001. A copy of the record may be maintained in the EP files for the convenience of auditors.

### 8.2.7 **MONTHLY NRC ETS/ESSX/SELECTIVE SIGNALING SYSTEM PHONE TESTS**

1. Contact the Control Room and inform them that a test of the NRC ETS/ESSX/Selecting Signaling System will be performed. Request that the Control Room not answer the ETS telephone until notified again at the conclusion of this test.
2. From an available ETS telephone in the TSC, EOF or NRC Office, dial one of the 10 digit telephone numbers listed in the ERO telephone book to contact the NRC Operations Center.
3. When the NRC Duty officer answers, inform him of your name, state that you are calling from Robinson Plant, and that this is the monthly test of the Emergency Notification System (ENS). Request that the Duty Officer call back at (700) 256-0213 (or extension in use).

### 8.2.7 (Continued)

4. When the ENS telephone rings, answer the telephone by identifying "ROBINSON NUCLEAR PLANT."
  - a. Record the name of the Duty Officer contacted.
    - No other calls to the NRC Operations Center are required.
5. Use each of the ENS telephones listed on Attachment 8.2.30.3, NRC ETS/ESSX/SSS Monthly Telephone Test, to receive and originate a call.
  - a. This will verify that a dial tone is present and that each ringer, handset, and dial keypad is operational.
  - b. The Control Room ETS phone is tested daily and will not be included in this test.
6. To test the ERDS Link to the NRC take a telephone to Room 426 and open the first louvered door on the back of the ERFIS panel.
  - a. Locate and disconnect the ERDS jack and connect the telephone in its place.
  - b. Ensure the telephone has a dial tone.
  - c. Disconnect the telephone and reconnect the ERDS jack previously disconnected.

### 8.2.7 (Continued)

7. If any problems are noted during the test:
  - a. Contact the NRC Operations Center by ETS, if available, or bell telephone at one of the numbers listed in the ERO telephone book.
  - b. If no means of contacting the NRC Operations Center is available, contact the SSO and inform him that a 1 hour reportable event to the NRC has occurred.
    - Consult AP-030.
    - Assist the SSO in making the notification.
8. Use each of the ESSX telephones listed on Attachment 8.2.30.3, NRC ETS/ESSX/SSS Monthly Telephone Test, to receive and originate a call.
  - a. This will verify that a dial tone is present and that each ringer, handset, and dial keypad is operational.
9. If any problems are identified with the ESSX telephones notify the Telecommunications Help Desk and onsite personnel to have the telephones repaired.
10. Notify the Control Room of the "Out of Service" condition. When the telephones are repaired and tested notify the Control Room that the telephones are returned to service.
  - a. This condition above is not reportable to the NRC.

### 8.2.7 (Continued)

11. Use each of the SSS telephones listed on Attachment 8.2.30.3, NRC ETS/ESSX/SSS Monthly Telephone Test, to receive and originate a call.
  - a. This will verify that each ringer, handset, and dial keypad is operational.
    - There is no dial tone on the SSS telephones.
12. If any problems are identified with the SSS telephones notify the Telecommunications Help Desk and onsite personnel to have the telephones repaired.
13. Notify the Control Room of the "Out of Service" condition.
  - a. When the telephones are repaired the tested, notify the Control Room that the telephones are returned to service.
    - This condition is not reportable to the NRC provided a backup communications system (Site PBX, ESSX, etc.) is available.
14. Notify the Control Room that the phone test is complete.
15. Acceptance Criteria:

The ETS, ESSX, and SSS phone tests are satisfactory when:

  - a. It has been verified that the dial tone (except SSS), ringer, handset, and keypad function for each ETS, ESSX, and SSS telephones.
  - b. A dial tone was obtained on the ERDS jack.

### 8.2.7 (Continued)

16. Documentation of the phone test will consist of Completed Attachment 8.2.30.3, NRC ETS/ESSX/SSS Monthly Telephone Test, and Attachment 8.2.30.1, Certification Test and Review Form.
17. Transmit the completed forms to Records Storage in accordance with RDC-NGGC-0001. A copy of the record may be maintained in the EP files for the convenience of auditors.

### 8.2.8 MONTHLY SIREN TESTING AND QUARTERLY GROWL TEST

**NOTE:** Sirens are rotated each week, typically this automatically initiated early Monday morning. Once each quarter each siren is growl tested.

1. Obtain system records documenting the weekly rotation tests.
  - a. On a weekly basis, if the automatic report has not been generated, perform a manual rotation. Guidance is available in the system technical manual.

**NOTE:** The siren feedback system provides real time information on siren status. This data is routinely reviewed each work day by a member of the EP staff.

2. If failures are noted which have not previously been reported:
  - a. Enter the required information on Attachment 8.2.30.4, Siren Out of Service Notification.
    - Siren power supplies are listed as page 2 of the attachment to aid in determining the impact of power outages.

**NOTE:** The references to the Help Desk provides the point of contact for service requests. The phone number is provided in the ERO phone book and is also available through E-Mail -TelCom HelpDesk.

8.2.8.2 (Continued)

- b. Notify the Control Room that the siren is out of service.
  - c. Inform the County Emergency Management Director about the siren(s) out of service using the telephone number in the ERO Phone Book.
  - d. Notify the Telecommunications help desk to make repairs.
3. Consult AP-030 NRC Reporting requirements, assist the SSO in making any notifications if desired.
4. When notified by Transmission Maintenance or Telecommunications Help Desk that the siren has returned to service, perform the following:
  - a. Log the notification on Attachment 8.2.30.4, Siren Out of Service Notification.
  - b. Notify the Control Room that the siren is back in service.
  - c. Inform the County Emergency Management Director about the siren(s) back in service.
5. Review siren test records to compare rotation and alarm data against the notifications logged on Attachment 8.2.30.4, Siren Out of Service Notification.
  - a. If the records do not compare with the notification log, contact Telecommunications or Transmission Maintenance to resolve the differences.

## 8.2.8 (Continued)

6. On a monthly test basis, verify that there has been 1 rotation test each week since the last monthly verification.
  - a. Telecommunications Service request or equivalent has been received for each failed test or that a siren is listed as out of service for each failed test. This may be done via the Siren Out Of Service log or the Help Desk.
7. On a quarterly basis, Growl Test the sirens, note any failures on the notification logs and document any Service requests, Telecommunications or Transmission Department.
  - a. Emergency Preparedness will establish a schedule for growl and full volume siren testing.
  - b. The testing schedule will be entered into the site surveillance tracking system, or similar system, to provide prompts to interested parties such as Site Communications.
8. Include the computer generated summary sheet or equivalent as attachments to the test documentation.
9. Acceptance Criteria

This test is satisfactory when:

- a. Each of the sirens has been rotated weekly or any sirens that failed to rotate have been repaired and successfully retested or listed as out of service. In all cases, sirens out of service must be less than criteria for an NRC report.
- b. On a quarterly basis, each siren Growl tested satisfactorily or any sirens that failed to growl have been repaired and successfully retested or listed as out of service. In all cases sirens out of service must be less than criteria for an NRC report.
- c. Decisions on pass / fail have been documented on the computer generated summary sheet or equivalent. This should include problem resolutions and post maintenance testing results. (CR 99-01366)

### 8.2.8 (Continued)

10. Complete Attachment 8.2.30.1, Certification Test and Review Form, and attach completed forms or Service Reports.
11. Transmit the completed forms to Records Storage in accordance with RDC-NGGC-0001.
  - a. A copy of the record may be maintained in the EP files for the convenience of auditors.

### 8.2.9 QUARTERLY IPZ STATE COMMUNICATIONS DRILL

1. Prepare two Emergency Notification Forms using EPNOT-00, Notification and Emergency Communications.
  - a. One form will be the initial notification and one form will be the termination notification.
2. Review the completed notification form to ensure that "THIS IS A DRILL" is checked, and that all required elements of the form are completed per EPNOT-00, Notification and Emergency Communications.
3. Implement EPNOT-00, Notification and Emergency Communications to notify the NC Warning Point via commercial telephone at the number listed in the ERO Phone Book.
4. Verify the authentication code words if requested.
5. If the NC warning point fails to respond, perform the following:
  - a. Contact N. C. Emergency Management at the number listed in the ERO telephone book and attempt to determine why the warning point did not answer the telephone.
  - b. Attempt to contact the N. C. Warning Point again via commercial telephone.

### 8.2.9 (Continued)

6. If contact can be made with the N. C. Warning Point and communications are established, consider the test successful.
7. If the N. C. Agencies identified above cannot be contacted the test is unsuccessful.
  - a. Notify the Telecommunications Help Desk and Site Telecommunications.
8. Acceptance Criteria:

The IPZ Communications Drill is satisfactory when contact has been made with the N. C. Warning Point for an initial Drill Notification and a termination Notification.
9. The Emergency Notification Forms used and an Attachment 8.2.30.1, Certification Test and Review Form, will provide documentation of the drill.
10. Transmit the completed forms to Records Storage in accordance with RDC-NGGC-0001. A copy of the record may be maintained in the EP files for the convenience of auditors.

### 8.2.10 QUARTERLY ERO PHONE BOOK REVIEW

**NOTE:** The EP Staff maintains a copy of the ERO Phone Book in the EP Office as a markup copy. When changes to the ERO are processed in accordance with EPPRO-00, Program and Responsibilities, the markup copy is annotated with the change.

1. Arrange to have each person on the ERO called to confirm both their work number and their home telephone number.

Copies of the phone book (on site directory portion) are routed to each work group onsite to verify their information. Corrections are then routed back to EP for revision.
2. Arrange to have each office telephone number in the "Other Contacts (Offsite)" section of the ERO Phone Book called and confirm home and car telephone numbers. This is typically accomplished by the EP staff calling the persons involved.

### 8.2.10 (Continued)

3. Review the ERO Phone Book and update any changes.
4. Update and publish the new ERO Phone Book revision.
5. Change out the new ERO Phone Book revision in each copy on distribution contained in the ERO Phone Book. Copies for the NRECS, the Unit 2 Control Room, and the Outside Auxiliary Operators desk (Work Control Center) are typically routed.
6. Acceptance Criteria:  
  
The ERO phone book review is satisfactory when the book has been reviewed, revised and distributed, if required.
7. Document completion of the quarterly review of the ERO Phone Book by completion of Attachment 8.2.30.1, Certification and Test Review.
8. Transmit the completed records to Records Storage in accordance with RDC-NGGC-0001. A copy of the form may be maintained in the EP office for the convenience of auditors.

### 8.2.11 QUARTERLY BEEPER DRILL

**NOTE:** The purpose of the beeper drill is to verify the adequacy of the activation hardware and beepers. It is intended to test the coverage and operability of the beeper system only.

1. The Beeper Drill may be conducted by using the Beeper Drill scenario contained in the Dialogic database, with code 0\*0\*1, or manual beeper activation, defined in EPNOT-00, Notification and Emergency Communication, using code 0\*0\*4. The drill will be initiated by Emergency Preparedness (EP) personnel.
2. Notify the Control Room when a Beeper Drill is to be conducted.

8.2.11 (Continued)

3. When the Dialogic scenario is used, Beeper holders will be required to call Dialogic and respond to the qualification questions.
  - a. Dialogic will provide printouts that will identify the ERO positions filled and provide names of those people who called the system during the drill but did not qualify.
4. If the Dialogic Beeper Drill scenario was not used, Beeper holders will be required to complete Attachment 8.2.30.5, ERO Beeper Test Results, and ensure it is signed and returned to the EP Staff.
5. The Dialogic printouts, or the completed Attachment 8.2.30.5 will be used to determine the beeper holders that responded.
6. Acceptance Criteria:

Greater than 80% of personnel issued a pager and expected to respond received the appropriate code. Failures to respond have been investigated.

  - a. Total number of eligible pagers will be determined from IT records and will not include pagers which are not expected to respond. (e.g., Control Room, Security)
7. Additional Criteria: (not necessary to be satisfactory)

Determine if personnel in the positions identified on the on-call roster have confirmed that their beeper functioned and they could have reported to the appropriate on-site facility in 60 minutes or less. JIC responders have 120 minutes.

  - a. 60 minutes is based on the standard Dialogic qualification question.
  - b. Appropriate management will be notified of failures to respond which are not due to extraordinary circumstances.

8.2.11 (Continued)

8. Document the completion of the Beeper Test on Attachment 8.2.30.1, Certification and Test Review, and attach other supporting documentation.
9. Transmit the completed records to Records Storage in accordance with RDC-NGGC-0001. A copy of the form may be maintained in the EP files for the convenience of auditors.

**8.2.12 QUARTERLY EOF/TSC/OSC/JIC INVENTORIES**

1. Perform an inventory using Attachment 8.2.30.6, EOF/TSC/OSC/JIC Inventory, once per quarter and after each facility activation. Facility inventories will be completed as soon as possible not to exceed 3 working days following an activation. Quarterly inventories will be completed within the established grace period. After each activation, ERO personnel should ensure that their facility is in neat order and contains sufficient supplies for future activations, report deficiencies to Emergency Preparedness (EP).
2. Acceptance Criteria:  
  
The EOF/TSC/OSC/JIC inventory is acceptable when the requirements of Attachment 8.2.30.6, EOF/TSC/OSC/JIC Inventory, have been met.
3. Documentation will consist of completed Attachment 8.2.30.6, EOF/TSC/OSC/JIC Inventory and Attachment 8.2.30.1, Certification Test and Review Form.
4. Transmit the completed records to Records Storage in accordance with RDC-NGGC-0001. A copy of the form may be maintained in the EP Files for the convenience of auditors.

**8.2.13 QUARTERLY ERO STATUS REPORT (CR 99-01860)**

1. This report lists the personnel on the ERO by position and team designation. The report includes:
  - Requalification data for position and respirator.
  - ERO on call schedule.
  - Performance charts.

**8.2.14 QUARTERLY OFFSITE SELECTIVE SIGNALING PHONE CHECK (CR 19521)**

1. On a quarterly basis all offsite Selective Signaling phones will be checked for proper operation. Arrange with State and County personnel to perform this test.
2. Acceptance Criteria:

All phone circuits listed on attachment 8.2.30.8 have received and generated a phone call.
3. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

### 8.2.15 SEMI-ANNUAL HEALTH PHYSICS AND ANNUAL PASS DRILLS

1. Health Physics drills shall be conducted semi-annually. These drills will involve response to, and analysis of, simulated elevated airborne and liquid samples and direct radiation measurements in the environment.
2. On an annual basis the drill will include analysis of in plant samples with actual or simulated elevated radiation levels and use of the PASS System.
3. Acceptance Criteria:  
  
The acceptance criteria shall be as established in Emergency Preparedness Objectives.
4. The completion of the Health Physics and PASS drills will be documented by memorandum and an Attachment 8.2.30.1, Certification Test and Review Form.
5. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

## 8.2.16 CONTRIBUTIONS TO EMERGENCY SUPPORT ORGANIZATIONS

1. Annual Contributions
  - a. During January of each year a check request will be submitted for each of the listed organizations and in the amounts shown below.
    - Hartsville Rescue Squad \$1,000
    - Lake Robinson Rescue Squad \$1,000
    - Hartsville Fire Department \$2,000
  - b. Deliver the contribution checks to each receiving organization. Complete an Attachment 8.2.30.1, Certification and Test Review, to document the contribution.
2. Quarterly Contributions
  - a. Following the end of each quarter, contact the Lake Robinson Rescue Squad, and Hartsville Rescue Squad to determine the number of call-outs that were responded to by each organization. The amount of reimbursement will be based on the number of call-outs as follows:
    - Rescue Squads \$100 per call-out
  - b. Develop check requests in the appropriate amounts. Deliver the contributions checks to each receiving organization.
  - c. Complete an Attachment 8.2.30.1, Certification and Test Review, to document the reimbursement.

### 8.2.16 (Continued)

3. Acceptance Criteria:

This task will be considered satisfactory when contributions and reimbursement checks (if required) have been delivered in a reasonable time.

4. Transmit copies of completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program. An additional copy of the form may be maintained in the EP Files for the convenience of auditors

### 8.2.17 ANNUAL FULL VOLUME SIREN TEST

1. In January of each year, schedule a Full Volume Siren Test with the State, Counties, Transmission Maintenance, Telecommunications Maintenance, Site Communications and Corporate Communications.
2. As a minimum the Public Information Postcard should contain the time, date, number of siren activations expected, and sufficient time span to allow for maintenance testing and test print outs. (example: 1300 to 1600)
3. A pretest briefing should be held to discuss the sequence of events and lessons learned from previous tests. This should include as a minimum the following items:
  - If local siren de-activation is necessary prior to the three minute time out, ensure sufficient time is allowed for the siren feed back sensors to register a good activation. (30-45 seconds)
  - Once the sirens are activated, allow the full three minutes to pass prior to any manipulation of command screens. This can lead to a premature siren shut down.
  - Allow 15 minutes between siren activation to allow printing of data in a consistent manner.

8.2.17 (Continued)

4. Approximately six weeks before the scheduled Full Volume Test, perform the following:

|  |
|--|
| <p><b>NOTE:</b> Site Communications will be notified of the Full Volume Test via a site surveillance system to prompt a public information plan to publicize the test.</p> |
|--|

- a. Arrange to have a volunteer siren watcher stationed at every siren for the test or monitor testing via feedback system.
  - b. If volunteers are used, send each a map, test form, and a set of watcher instructions.
  - c. If volunteers are used, schedule personnel as telephone operators to take telephone calls from the watchers after the test is concluded.
  - d. Coordinate with South Carolina Emergency Preparedness Division to determine if the EAS system will be activated.
  - e. If the EAS system will be activated during the annual siren test, inform Site Communications to ensure that this information is included in the public information plan.
5. If siren watchers are used schedule a briefing on the day of the test, to ensure coverage and a full understanding of what is required of the watchers.
  6. The full volume test will be conducted from the County Activation points and/or site activation as appropriate.
  7. If siren watchers are used they will call into the plant to inform the telephone operators of the results of the siren activations.
  8. If the siren feedback system is used collect system activation reports for documentation.
  9. If any siren fails to activate or rotate, perform notification steps in the monthly siren test section of this procedure.
  10. Consult AP-030, NRC Reporting Requirements, assist the SSO in making any notifications if desired.

### 8.2.17 (Continued)

11. Acceptance Criteria:

For the purpose of this procedure the Full Volume siren test will be considered acceptable when sirens have been activated from the site or county activation points, failed sirens identified for repair, NRC notified if required, and any observation and/or feedback system test records collected. Corrective actions required will include schedule and completion dates as appropriate. Decisions on pass/fail have been documented on the computer generated summary sheet or equivalent. This should include problem resolutions and post maintenance testing results. (CR 99-01366)

12. Compile all test records and attach to a completed Attachment 8.2.30.1, Certification and Test Review.

13. Transmit the completed records to Records Storage in accordance with RDC-NGGC-0001. A copy of the record may be maintained in the EP files for the convenience of auditors.

### 8.2.18 ANNUAL SIREN ADEQUACY REVIEW

1. Perform a survey of areas within the 10 mile EPZ that have the lowest siren coverage to determine if a significant change in demographics has occurred.
2. If an area appears to need additional siren coverage, schedule a noise level measurement for the area of interest during the next Annual Full Volume Test.
3. Compile all test records for a yearly interval to determine the simple arithmetic average of total test successes divided by total tests performed.
  - a. The arithmetic average should equal 90% or greater.
  - b. All regularly scheduled silent, growl and the full volume test for each siren is considered a test.

#### 8.2.18 (Continued)

4. Submit letters to the Federal Emergency Management Agency (FEMA) and the State of South Carolina informing them of the Test Results.
  - a. Route the letters to the vault.
5. Acceptance Criteria:

For the purpose of this procedure the Annual Siren Adequacy Review will be considered acceptable when:

  - a. The survey required above is complete.
  - b. The report has been developed and issued. If the arithmetic average is less than 90%, resulting corrective actions will include schedules and completion dates.

#### 8.2.19 ANNUAL EAL REVIEW

1. On an annual basis, arrangements shall be made to review the EALs with the State and County Emergency Preparedness representatives.
2. A memorandum will be generated by the EP staff documenting the review.
3. Acceptance Criteria:

The EAL review will be considered satisfactory when the review is complete and the memorandum above is signed.
4. Complete Attachment 8.2.30.1, Certification Test and Review Form, and attach to the memorandum from above to document the review.
5. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

### 8.2.20 ANNUAL PNSC REVIEW OF EMERGENCY PLAN

1. The Emergency Preparedness staff will review the Robinson Emergency Plan annually.
  - a. The purpose of this review is to determine if any revisions are required due to regulatory revisions, experiences of drills and exercises, or other requirements.
2. Following review, the Robinson Emergency Plan will be presented to the PNSC for review.
3. Revision to the Robinson Emergency Plan will be completed following PNSC review.
4. Acceptance Criteria:

The Emergency Plan review will be considered acceptable following review and acceptance by the PNSC.
5. The PNSC Minutes shall provide documentation of satisfactory completion of this activity.

### **8.2.21 ANNUAL MEDICAL EMERGENCY DRILL**

1. A Medical Emergency Drill, involving a simulated contaminated and injured individual and participation of the local offsite medical services agencies, shall be conducted annually.
2. Acceptance Criteria:  
  
The acceptance criteria shall be as established in Emergency Preparedness Objectives.
3. Records of the drill shall consist of the Scenario, Critique, and an Attachment 8.2.30.1, Certification Test and Review Form.
4. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program. A copy of the record may be maintained in the EP Files for the convenience of auditors.

### **8.2.22 ANNUAL ENVIRONMENTAL TEAM COMMUNICATIONS**

1. On an annual basis, and normally during a regularly scheduled drill, the Environmental Team communications shall be monitored to ensure that communications equipment is adequate and that the ability to communicate effectively is demonstrated.
2. Acceptance Criteria:  
  
The acceptance criteria shall be as established in Emergency Preparedness Objectives.
3. The completion of the Environmental Team Communications shall be documented in the Drill critique.
4. Complete an Attachment 8.2.30.1, Certification and Test Review Form, and attach to a copy of the critique from above.
5. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program. A copy of the record may be maintained in the EP Files for the convenience of auditors.

### 8.2.23 ANNUAL LAKE SIGN VERIFICATION

1. Perform an inspection of the Evacuation Warning signs posted at each public access to Lake Robinson and Lake Prestwood on a Annual basis.
2. The signs are typically lettered with the following information:  
  
IN THE EVENT OF AN IDENTIFIED EMERGENCY REQUIRING EVACUATION OF THE LAKE AREA YOU WILL BE NOTIFIED BY SIRENS. IF THIS SIGNAL IS OBSERVED PLEASE:
  - a. LEAVE THE LAKE AREA IMMEDIATELY.
  - b. TURN ON THE RADIO OR TELEVISION FOR INFORMATION AND INSTRUCTIONS.
3. Lake signs are located at the following locations:
  - a. Lake Robinson      Easterling Landing  
                                 Johnson Landing  
                                 Chesterfield County (Morrisons Bridge)  
                                 Landing
  - b. Lake Prestwood      Sonovista Park Landing
4. Acceptance Criteria:  
  
The Evacuation Warning Sign inspection is considered satisfactory when they are found to be appropriately posted and readily readable.
5. Complete Attachment 8.2.30.1, Certification Test and Review Form, to document the inspection and any corrective actions taken.
6. Transmit completed record to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

#### **8.2.24 ANNUAL AUDIT REQUIRED BY 10 CFR 50.54(t)**

1. A review of the Emergency Preparedness Program shall be conducted at the frequency specified in the Code of Federal Regulations. This review shall be accomplished by individuals who do not have any responsibility for implementation of the program.
2. This review shall include an evaluation of the adequacy of interfaces with State and County Emergency Preparedness organizations as well as Drills, Exercises, program capabilities, and procedure effectiveness.
3. The results of the review and evaluation, including recommendations for improvement, shall be documented in an appropriate report.
4. The report shall be distributed to Plant and Corporate Management. Those portions of the report that concern the State and County Emergency Preparedness organizations shall be made available to them.
5. Acceptance Criteria:  
  
For the purpose of this procedure the Audit shall be considered acceptable when it is complete. Any resulting corrective actions shall include schedules and completion dates.
6. Copies of the report shall be distributed and filed as required by the reviewing organization.

#### **8.2.25 ANNUAL LETTERS OF AGREEMENT UPDATE**

1. On a annual basis, a memorandum will be sent to each agreement organization requesting that they sign and return the document. This will indicate concurrence with the content of the respective Agreement Letter.
2. If necessary new Agreement Letters will be negotiated. Changes to Letters of Agreement will be controlled by AP-021, Attachment 7.1 Licensing Document Change Request.

### 8.2.25 (Continued)

3. Acceptance Criteria:

The Agreement Letters shall be considered acceptable when the signed memorandum have been returned or new agreements negotiated.

4. Complete an Attachment 8.2.30.1, Certification and Test Review Form, and attach to the signed memorandum.

5. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

### 8.2.26 ANNUAL PUBLIC ALERT SIREN MAINTENANCE

1. On an annual basis preventative maintenance will be performed by Transmission Maintenance or equivalent maintenance organization. The inspection should consist of the following: (CR 99-01257)

a. General area

Clear weeds and brush from around the pole and controls. Clean area and spot paint as necessary.

b. Blower assembly

Check all hardware for tightness, check belts and seal for condition and tension. Lubricate according to manufacturers published specifications. Clean and lubricate the relief valve.

c. Rotator and Chopper Assembly

Check condition of blower pipe, fittings, mounting hardware, and conduit. Check turning gear for proper mesh, excessive wear, and lubricate according to manufacturers published specifications. Check Allen screws in pulleys for tightness.

d. Control Box

Check cleanliness of control box. Check all hardware for tightness.

## 8.2.26 (Continued)

2. Return to service
  - a. Check for proper operation of blower, rotator, and chopper.
  - b. Conduct a Growl Test to ensure proper operation of siren.
3. Acceptance Criteria:

This maintenance shall be acceptable when the maintenance is complete, discrepancies corrected and the growl test performed. The growl test may be performed locally or by the Emergency Preparedness Staff.
4. Emergency Preparedness shall be provided with documentation of satisfactory performance.
5. Complete an Attachment 8.2.30.1, Certification Test and Review Form, and attach the maintenance documentation. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

## 8.2.27 HOSPITAL AND RESCUE SQUAD TRAINING

1. On an annual basis a package of self directed training material will be prepared and sent to the Darlington County Rescue Squad, Carolina Pines Regional Medical Center, and Chesterfield General Hospital. At the same time actual training will also be offered.
2. Acceptance Criteria:

The training shall be considered acceptable when the packages have been sent and training has been provided or refusal documented.
3. Complete an Attachment 8.2.30.1, Certification Test and Review Form, and attach to the memorandums, training material (if used), and documentation of training refusal if applicable.
4. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program.

### 8.2.28 NRC EVALUATED EXERCISE

1. A graded exercise shall be conducted as required by 10 CFR, Part 50, Appendix E. The date of the exercise will be coordinated with the NRC, FEMA, State of South Carolina, Harris and Brunswick plants, and Chesterfield, Darlington, and Lee Counties.
2. The exercise scenario will be planned and developed to demonstrate the applicable Objectives from EPPRO-01, Program and Responsibilities.
3. The exercise is an event that tests the integrated capability of major response organizations and will include the attributes identified in PLP-007, Robinson Emergency Plan.
4. Acceptance Criteria:  
  
For the purpose of this procedure the exercise shall be considered acceptable when the exercise and critique are complete.
  - a. Any resulting corrective actions or re-demonstrations shall include schedules and completion dates.
5. Records of the exercise shall consist of the Scenario, and Critique. Documentation such as NRC and other regulatory reports may also be included.
6. Transmit completed records to Records Storage per RDC-NGGC-0001, NGG Standard Records Management Program. A copy of the record may be maintained in the EP Files for the convenience of auditors.

## 8.2.29 AUGMENTATION DRILL

**NOTE:** The conduct of Augmentation Drills is one of the Objectives that is normally satisfied during a drill or exercise. However, an augmentation drill may be conducted separate from a regular scheduled drill as follows.

1. Arrange with a member of senior management to conduct an unannounced off hours augmentation drill.
2. Station controllers in the TSC, OSC, and EOF to supervise the completion of augmentation forms.
3. Access the Dialogic computer and select an appropriate scenario to conduct an augmentation drill and activate using an appropriate code or manual beeper activation and NREC callout.
4. Contact the Control Room and request that they perform a site-wide announcement over the plant PA (with VLC switch in the "EMERGENCY" position):  
  
"ATTENTION ALL PERSONNEL. THIS IS A DRILL.  
EMERGENCY RESPONSE ORGANIZATION PERSONNEL  
REPORT TO YOUR DESIGNATED FACILITY".
  - a. Repeat The Announcement.
5. ERO Members will respond to the site, comply with fitness for duty requirement, and respond to their designated emergency facility.
6. The controllers will ensure that Attachment 8.1.5.10 of EPOSC-01, Attachment 8.3.5.1, and Attachment 8.3.5.5 of EPEOF-03, in their respective facilities, are completed as each member of the ERO arrives.
7. ERO members may be dismissed once they have signed in on the attachments.

8.2.29 (Continued)

8. Document the completion of the augmentation drill using Attachment 8.2.30.1, Certification and Test Review Form. Include whether or not the requirements of Table 5.3.2-1, PLP-007, Robinson Emergency Plan, were met.
9. Acceptance Criteria:  
  
This drill is satisfactory when the positions identified in PLP-007, Robinson Emergency Plan, Table 5.3.2-1 have been filled within the time specified in the Table.
10. Transmit the completed records to Records Storage per RDC-NGGC-0001. A copy of test records may be maintained in EP files for the convenience of auditors.

**8.2.30 PUBLIC SAFETY INFORMATION**

1. Safety Information
  - a. During the preparation and review process for the annual distribution of the Safety Information, the EP staff will ensure that an updated list of area schools is provided.
    - This will normally be accomplished by contacting County Emergency Preparedness Directors.
  - b. Acceptance Criteria:  
  
This action will be considered acceptable when the list of area schools has been updated and provided to personnel who are responsible for production of the safety information.

8.2.30 (Continued)

2. Safety Information Quarterly Distribution

- a. During the last month of each calendar quarter Emergency Preparedness personnel will survey the local hotels/motels to ensure they have adequate supplies of literature for transient personnel.
- b. By agreement, inventories should be as follows:
  - Landmark - approximately 150
  - Lakeview Motel - approximately 25
  - Hartsville Motel - approximately 50
  - Missouri Inn - approximately 50
  - Comfort Inn - approximately 75
  - Fairfield Inn - approximately 100
  - These numbers are to provide a reasonable inventory based on occupancy rates, maintaining an exact number is not required.
- c. Acceptance Criteria:

This item will be considered complete and acceptable when the results are documented via memorandum to Emergency Preparedness Management.

8.2.31 RECORDS

N/A

## 8.2.32 ATTACHMENTS

- 8.2.30.1 Certification and Test Review Form
- 8.2.30.2 Selective Signaling System Dialing Codes
- 8.2.30.3 NRC ETS/ESSX/SSS Monthly Telephone Test
- 8.2.30.4 Siren Out of Service Notifications/Siren Power Supplies
- 8.2.30.5 ERO Beeper Test Results
- 8.2.30.6 EOF/TSC/OSC/JIC Inventory
- 8.2.30.7 Emergency Facility/Equipment Check Guidance
- 8.2.30.8 Quarterly Offsite Selective Signaling Phone Check

ATTACHMENT 8.2.30.1  
Page 1 of 1  
**CERTIFICATION TEST AND REVIEW FORM**

Test Performed: \_\_\_\_\_ Task No. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Scheduled/Unscheduled (Circle one)

(If unscheduled, state reason for test \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

|                   | <u>Initials</u> | <u>Name (Print)</u> | <u>Date</u> |
|-------------------|-----------------|---------------------|-------------|
| Test Performed by | _____           | _____               | _____       |
|                   | _____           | _____               | _____       |
|                   | _____           | _____               | _____       |
|                   | _____           | _____               | _____       |

Test Complete: Date \_\_\_\_\_ Time \_\_\_\_\_

Test Satisfactory: Yes / No (Circle one)

Comments: (Required if results were unsatisfactory) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Supervisor - Emergency Preparedness

ATTACHMENT 8.2.30.2

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**SELECTIVE SIGNALING SYSTEM DIALING CODES**

| Location                          | Individual Phone Code | Group Dialing Code |    |    |    |
|-----------------------------------|-----------------------|--------------------|----|----|----|
|                                   |                       | A1                 | A2 | A3 | A4 |
| Control Room                      | 42                    |                    |    |    | X  |
| Work Control Center               | 43                    |                    |    |    | X  |
| TSC                               | 44                    |                    |    |    | X  |
| EOF State/County Communicator     | 45                    |                    |    |    | X  |
| Simulator                         | 46                    |                    |    |    | X  |
| EOF Emergency Response Manager    | 47                    |                    |    |    |    |
| State Backup Warning Point        | 32                    | X                  | X  |    |    |
| Lee County Warning Point          | 34                    | X                  | X  |    |    |
| Darlington County Warning Point   | 36                    | X                  | X  |    |    |
| Chesterfield County Warning Point | 38                    | X                  | X  |    |    |
| State Warning Point               | 50                    | X                  |    | X  |    |
| State EOC #1                      | 51                    | X                  |    | X  |    |
| State EOC #2                      | 51                    | X                  |    | X  |    |
| State FEOC #1                     | 52                    | X                  |    | X  |    |
| State FEOC #2                     | 53                    | X                  |    | X  |    |
| Lee County EOC #1                 | 54                    | X                  |    | X  |    |
| Lee County EOC #2                 | 55                    | X                  |    | X  |    |
| Darlington County EOC #1          | 56                    | X                  |    | X  |    |
| Darlington County EOC #2          | 57                    | X                  |    | X  |    |
| Chesterfield County EOC #1        | 58                    | X                  |    | X  |    |
| Chesterfield County EOC #2        | 59                    | X                  |    | X  |    |

ATTACHMENT 8.2.30.3  
Page 1 of 1  
**NRC ETS/ESSX/SSS MONTHLY PHONE TEST**

**NOTE:** A single line instrument is required to test OCL and ERDS.

| <u>Location/Circuit</u>    | <u>Time/Date</u> | <u>Person Contacted</u> | <u>Results</u> |
|----------------------------|------------------|-------------------------|----------------|
| EOF, Rm 434                |                  |                         |                |
| ETS (857-5066) (ENS)       | _____            | _____                   | _____          |
| ETS (857-5069) (HPN))      | _____            | _____                   | _____          |
| ETS (857-5066) (ENS)       | _____            | _____                   | _____          |
| ETS (857-5063) (RSCL)      | _____            | _____                   | _____          |
| ESSX (383-3680)            | _____            | _____                   | _____          |
| ESSX (383-3681)            | _____            | _____                   | _____          |
| SSS (45)                   | _____            | _____                   | _____          |
| SSS (47)                   | _____            | _____                   | _____          |
| EOF, Rm 435                |                  |                         |                |
| ETS (857-5068) (PMCL)      | _____            | _____                   | _____          |
| ADMIN Building, NRC Office |                  |                         |                |
| ETS (857-5066) (ENS)       | _____            | _____                   | _____          |
| EOF, Rm 412                |                  |                         |                |
| ETS (857-5069) (HPN)       | _____            | _____                   | _____          |
| ETS (857-5064) (MCL)       | _____            | _____                   | _____          |
| ETS (857-5067) (OCL)**     | _____            | _____                   | _____          |
| TSC, Rm 421                |                  |                         |                |
| ETS (857-5069) (HPN)       | _____            | _____                   | _____          |
| ETS (857-5064) (MCL)       | _____            | _____                   | _____          |
| TSC, Rm 422                |                  |                         |                |
| ETS (857-5063) (RSCL)      | _____            | _____                   | _____          |
| TSC, Rm 424                |                  |                         |                |
| ETS (857-5068) (PMCL)      | _____            | _____                   | _____          |
| TSC, Rm 425                |                  |                         |                |
| ETS (857-5066) (ENS)       | _____            | _____                   | _____          |
| ETS (857-5069) (HPN)       | _____            | _____                   | _____          |
| ETS (857-5066) (ENS)       | _____            | _____                   | _____          |
| ESSX (383-3682)            | _____            | _____                   | _____          |
| ESSX (383-3683)            | _____            | _____                   | _____          |
| SSS (44)                   | _____            | _____                   | _____          |
| ERFIS COMPUTER Rm 426      |                  |                         |                |
| ERDS (857-5065)*           | _____            | _____                   | _____          |
| CONTROL ROOM               |                  |                         |                |
| ESSX (383-3684)            | _____            | _____                   | _____          |
| ESSX (383-3685)            | _____            | _____                   | _____          |
| SSS (42)                   | _____            | _____                   | _____          |
| SIMULATOR                  |                  |                         |                |
| SSS (46)                   | _____            | _____                   | _____          |
| OSC                        |                  |                         |                |
| ESSX (383-3686)            | _____            | _____                   | _____          |
| ESSX (383-3687)            | _____            | _____                   | _____          |
| WORK CONTROL CENTER        |                  |                         |                |
| SSS (43)                   | _____            | _____                   | _____          |

\* Plug into jack in the back of computer cabinet and listen for dial tone.

\*\*Plug another ETS phone into the OCL jack (bottom jack near door by other ETS phones, labeled "OCL") and test similar to other phone circuits.

ATTACHMENT 8.2.30.4

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**SIREN OUT OF SERVICE NOTIFICATIONS**

| Date | Notification                                | Name                             | Time                             | Siren(s) | County | IN/OUT Service     | Initial |
|------|---|----------------------------------|----------------------------------|----------|--------|--------------------|---------|
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |
|      | Noted By<br>Telecom<br>County<br>Control Rm | _____<br>_____<br>_____<br>_____ | _____<br>_____<br>_____<br>_____ |          |        | IN/OUT<br>(Circle) |         |

ATTACHMENT 8.2.30.4  
Page 2 of 2  
**SIREN POWER SUPPLIES**

Darlington County

| <u>Site</u> | <u>Feeder</u> | <u>Substation</u> | <u>Site</u> | <u>Feeder</u> | <u>Substation</u>  |
|-------------|---------------|-------------------|-------------|---------------|--------------------|
| 7           | Pee Dee Coop  | Pee Dee Coop      | 30          | Kellytown     | Segars             |
| 8           | Pee Dee Coop  | Pee Dee Coop      | 31          | West Carolina | Segars             |
| 12          | Pee Dee Coop  | Pee Dee Coop      | 32          | Tenth Street  | Hartsville         |
| 13          | Pee Dee Coop  | Pee Dee Coop      | 33          | Prestwood     | Hartsville         |
| 14          | Club Colony   | Segars            | 34          | Byrdtown      | Hartsville         |
| 18          | Pee Dee Coop  | Pee Dee Coop      | 36          | West Carolina | Segars             |
| 19          | Club Colony   | Segars            | 37          | West Carolina | Segars             |
| 20          | Pee Dee Coop  | Pee Dee Coop      | 38          | Lydia         | Hartsville (115KV) |
| 21          | Pee Dee Coop  | Pee Dee Coop      | 39          | Pee Dee Coop  | Pee Dee Coop       |
| 22          | Pee Dee Coop  | Pee Dee Coop      | 41          | West Carolina | Segars             |
| 23          | Kellytown     | Segars            | 42          | West Carolina | Segars             |
| 24          | Pee Dee Coop  | Pee Dee Coop      | 43          | West Carolina | Segars             |
| 25          | Pee Dee Coop  | Pee Dee Coop      | 44          | Lydia         | Hartsville (115KV) |
| 26          | Club Colony   | Segars            |             |               |                    |
| 27          | Club Colony   | Segars            |             |               |                    |

Chesterfield County

| <u>Site</u> | <u>Feeder</u> | <u>Substation</u> | <u>Site</u> | <u>Feeder</u> | <u>Substation</u> |
|-------------|---------------|-------------------|-------------|---------------|-------------------|
| 1           | McBee (12KV)  | Bethune           | 10          | Pineridge     | Segars            |
| 2           | Pee Dee Coop  | Pee Dee Coop      | 11          | Pineridge     | Segars            |
| 3           | Pee Dee Coop  | Pee Dee Coop      | 15          | Pee Dee Coop  | Pee Dee Coop      |
| 4           | Pee Dee Coop  | Pee Dee Coop      | 16          | Pee Dee Coop  | Pee Dee Coop      |
| 5           | McBee (12KV)  | Bethune           | 17          | Pineridge     | Segars            |
| 6           | Pee Dee Coop  | Pee Dee Coop      | 45          | McBee (12KV)  | Bethune           |
| 9           | McBee (12KV)  | Bethune           |             |               |                   |

Lee County

| <u>Site</u> | <u>Feeder</u> | <u>Substation</u> |
|-------------|---------------|-------------------|
| 28          | Kellytown     | Segars            |
| 29          | Kellytown     | Segars            |
| 35          | Church Street | Bishopville       |
| 40          | Church Street | Bishopville       |



ATTACHMENT 8.2.30.6  
Page 1 of 1  
**EOF/TSC/OSC/JIC INVENTORY**

|   | EOF        | TSC        | OSC | JIC | Room 422 | Room 420 |
|---|------------|------------|-----|-----|----------|----------|
| Clerical supplies - Pens, Markers, Paper, etc. (Ensure adequate supply is available, there is no suggested quantity.) | ( )        | ( )        | ( ) | ( ) | ( )      | ( )      |
| First Aid Kit (1)   | ( )        | ( )        |     | ( ) |          |          |
| Radar Lights (3)  | ( )        | ( )        |     |     |          |          |
| Facility - Emergency Procedures: EOF = 10<br>TSC = 7    OSC = 3    JIC = 4  | ( )        | ( )        | ( ) | ( ) |          |          |
| Full Set - Emergency Procedures<br>(1 full set per facility, for TSC/EOF include SAMG procedures)                     | ( )<br>( ) | ( )<br>( ) | ( ) | ( ) |          |          |
| Set - State Emergency Procedures (SCORERP) (only 1 set located in the EOF)  | ( )        |            |     |     |          |          |
| Telephones 422 = 8 / 420 = 2  |            |            |     |     | ( )      | ( )      |
| Cleanliness = Check facilities for trash, wall charts clean, and general overview of neatness.                        | ( )        | ( )        | ( ) | ( ) | ( )      | ( )      |

Satisfactory (√) / Comment(\*)

Comments: \_\_\_\_\_

**NOTE:** Less than the suggested quantity does not make the EOF/TSC/OSC/JIC Inventory unsatisfactory provided replacements are being obtained.

Completed by \_\_\_\_\_  
Signature                      Date

## EMERGENCY FACILITY / EQUIPMENT CHECK GUIDANCE

### TSC tour

- Check general cleanliness and order.
- Boards/panels clean.
- Computer terminals operational.
- Clocks operational

### EOF tour

- Check general cleanliness and order.
- Boards/panels clean.
- Computer terminals operational.
- Clocks operational.
- Siren computer alarms clear. Log on computer and verify correct time between terminal and RTUs.

### Equipment Room check (AB-1 key)

- Check general cleanliness and order.
- R-38 operating, (The HPs own the equipment. This is for information only.)
- Check ventilation dampers closed. (Normal position)
- Building exhaust fan running. (courtesy check)
- ENMON Boxes (2) and HP cabinet (1) seals intact.
- EOF/TSC Diesel alarm panel clear. (OPS own the equipment. This is for information only.)

### PBX room tour

- Check general cleanliness and order.
- Check operation of Dialogic Computer. (Check 1777 phone line pick up and transfer. Also check 1003 pick up)
- Check for room integrity.

### General building walkdown

- Check for work that would affect the integrity of the building.

ATTACHMENT 8.2.30.8

Page 1 of 1

**QUARTERLY OFFSITE SELECTIVE SIGNALING PHONE CHECK**

| <u>Location/Circuit</u>           | <u>Time/Date</u> | <u>Person Contacted</u> | <u>Results</u> |
|-----------------------------------|------------------|-------------------------|----------------|
| STATE SSS                         |                  |                         |                |
| State Back Up Warning Point (32)  | _____            | _____                   | _____          |
| State Warning Point (50)          | _____            | _____                   | _____          |
| State EOC 1 (51)                  | _____            | _____                   | _____          |
| State EOC 2 (51)                  | _____            | _____                   | _____          |
| LEE COUNTY SSS                    |                  |                         |                |
| Warning Point (34)                | _____            | _____                   | _____          |
| Directors Office (54)             | _____            | _____                   | _____          |
| Lee County EOC (55)               | _____            | _____                   | _____          |
| CHESTERFIELD COUNTY SSS           |                  |                         |                |
| Warning Point (38)                | _____            | _____                   | _____          |
| Office area (58)                  | _____            | _____                   | _____          |
| Chesterfield County EOC (59)      | _____            | _____                   | _____          |
| DARLINGTON COUNTY SSS             |                  |                         |                |
| Warning Point (36)                | _____            | _____                   | _____          |
| Darlington County EOC (56)        | _____            | _____                   | _____          |
| Darlington County EOC Office (57) | _____            | _____                   | _____          |