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REVIEW AND APPROVAL TRACKING FORM

Procedure Information	m:秦宗教章	Bir Ashra Ash			70 .5 00
Number: PMP 2081	EPP.205	Revisio	n: <u>1</u>	Change:	<u>C1</u>
Title: Reentry a	nd Rescue				
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REVISION SUMMARY

Number: PMI

PMP 2081 EPP.205

Revision: 1

Change: C1

Title:

Reentry and Rescue

Section or Step	Change/Reason For Change		
LOEP	Change: Correction; Added Revision number to LOEP		
,	Reason: Procedure Correction		
4.1.1 "NOTE"	Change: Correction; Added "Affairs" to Environmental Section	e	
	Reason: New name of Environmental Affairs Section		
4.2.2	Change: Correction; Changed PMI 2230 to 12 PMP 6090 PCP.100	0	
	Reason: New number of procedure		
4.4.3	Change: Correction; Added "Resource Coordinator" to step.	r	
	Reason: The Resource Coordinator should also be aware of teams leaving the OSA.		
4.7.19	Change: Correction; Updated names of Hospitals from Memorial and Pawating to Lakeland Medical Center, St. Joseph and Niles.		
	Reason: New hospital names		
4.7.22.3 "NOTE"	Change: Correction; Updated names of Hospitals from Memorial and Pawating to Lakeland Medical Center, St. Joseph and Niles.		
	Reason: New hospital names		
EXHIBIT A, Pg. 2 of 3,	Change: Correction; Updated names of Hospital from Memorial to Lakeland Medical Center, St. Joseph or Niles.	е	
Action D 9 g	Reason: New Hospital names		
EXHIBIT B	Change: Correction; Updated Lakeland Medical Center, St. Joseph REA layout. No margin marking used on this page.	q	
	Reason: The hospital remodeled the Emergency Room entrance area.		
EXHIBIT C	Change: Correction; Updated Lakeland Medical Center, Niles REA layout. No margin marking used on this page.	q	
	Reason: The hospital remodeled the Emergency Room entrance area.		

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Change, and Review, Rev. 7.	Page 2 of 2



DONALD C. COOK NUCLEAR PLANT PLANT MANAGER PROCEDURE COVER SHEET

PROCEDURE USAGE LEVEL Instruction No. PMP 2081 EPP.205 □CONTINUOUS ☑ REFERENCE □ INFORMATION Revision No. (√check one) TITLE REENTRY AND RESCUE SCOPE OF REVISION Deleted all references to chemical spill responses and the **REV. 1:** Chemistry Supervisors responsibilities relative to these responses except for the addition of Step 4.2.2. Hazardous material spill response activities, including reentry and rescue, are to be performed according to PMI-2230. Updated company name on Page 1 of 10. Updated Exhibit B and added Exhibit C. No marginal markings used. **REVISION NUMBER SIGNATURES** Rev. 1 PREPARED BY Simme Cox **QUALITY ASSURANCE** SUPERINTENDENT APPROVAL #NHLH MEETING NO. **PLANT NUCLEAR** SAFETY COMMITTEE 260 PLANT MANAGER APPROVAL

APPROVAL DATE

EFFECTIVE DATE

LIST OF EFFECTIVE PAGES

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AMERICAN ELECTRIC POWER DONALD C. COOK NUCLEAR PLANT

1.0 <u>TITLE:</u> REENTRY AND RESCUE

2.0 OBJECTIVE

To provide the basic instructions for a Reentry and Rescue Team to follow when performing any of the following activities:

- Entry to an area to determine the radiological conditions present so that subsequent access controls can be established.
- Rescue of injured or trapped personnel.

3.0 REFERENCES

- 3.1 Donald C. Cook Nuclear Plant Emergency Plan.
- 3.2 PMP 2081 EPP.203, Activation of Emergency Response Teams.
- 3.3 NUREG 0654/FEMA-REP-a, Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

4.0 DETAILED PROCEDURE

4.1 Responsibilities

NOTE

The Plant Chemical Supervisor and the Environmental Affairs Section shall continue to advise the Shift Supervisor on hazardous material spill response actions unit the incident command system is fully operational.

- **4.1.1** The Team Leader is responsible for the implementation of this procedure.
- **4.1.2** The Radiation Protection Director is responsible for providing guidance to the team during the mission when the mission involves determining the radiological conditions in an area, or the rescue of injured or trapped personnel.

4.2 Limitations/Precautions

- **4.2.1** Reentry and Rescue Teams shall be comprised of a minimum of two individuals. These individuals shall remain in visual and voice contact with each other at all times when in the affected area.
- 4.2.2 All responses to non-radiological hazardous material spills shall meet the requirements of PMP-6090.PCP.100. Reentry and rescue activities in hazardous material exposure areas shall be supervised by the Incident Commander and HAZMAT Team Safety Officer.
- **4.2.3** Deviation from normal radiation protection controls and policies is only permitted when it has been identified in the team briefing or in life threatening situations.
- 4.2.4 Rescue operations should not pose excessive risk to the life of rescue personnel. Use your judgement, analyze the situation and request assistance if necessary.
- **4.2.5** This procedure is divided into the following sections:
 - 3.4 PREPARTORY ACTIONS
 - 3.5 ENROUTE ACTIONS
 - 3.6 REENTRY ACTIONS
 - 3.7 RESCUE ACTIONS
 - 3.8 EGRESS ACTIONS
 - 3.9 SUBSEQUENT ACTIONS

Sections 3.4, 3.5, 3.6, 3.8, and 3.9 should be followed regardless of the mission objective. Section 3.7 should be followed as appropriate for the mission objective.

4.2.6 EXHIBIT A, REENTRY & RESCUE CHECKLIST, is provided as a quick reference for the Team Leaders. Procedure familiarity is required for its use.

4.3 Prerequisites

- **4.3.1** A Reentry and Rescue Team has been assembled and briefed in accordance with PMP 2081 EPP.203, ACTIVATION OF EMERGENCY RESPONSE TEAMS.
- 4.3.2 A Team Leader has been designated.
- **4.3.3** An Emergency Medical Responder has been assigned to the team or verified to be readily available if injuries are suspected.

4.4 Preparatory Actions

4.4.1 Obtain protective equipment specified on the TEAM BRIEFING FORM of PMP 2081 EPP.203 from Radiation Protection personnel in the Radiation Protection Equipment Room.

- **4.4.2** Perform the following actions prior to leaving the Operations Staging Area (OSA):
 - **4.4.2.1** If specifies on the TEAM BRIEFING FORM, take one potassium iodide tablet orally and inform the Radiation Protection Director.
 - 4.4.2.2 Don anit-c clothing.
 - **4.4.2.3** Inspect respiratory protection equipment if a respirator is required.
 - **4.4.2.4** If a self-contained breathing apparatus is required, don the backpack but do not don the facemask unless instructed by the Radiation Protection Director.
 - **4.4.2.5** Position dosimetry as directed by Radiation Protection personnel.
 - 4.4.2.6 Test radio equipment.
 - **4.4.2.7** Obtain the necessary key(s) that will be required to gain access to secured areas.
 - **4.4.2.8** Obtain available radiation survey instrumentation from the RP Equipment Room and perform pre-operational checks.
- **4.4.3** Inform the Radiation Protection Director and Resource Coordinator of your department and leave the OSA.
- **4.4.4** Obtain tools and/or equipment that was not available in the OSA, from the source specified in the team briefing.
- 4.4.5 Don respiratory protection equipment prior to entering the Auxiliary Building; prior to entering the affected area if the are is outside the Auxiliary Building, or when instructed by Radiation Protection.
- **4.4.6** Proceed to the area specified in the team briefing where the necessary tools and equipment will be obtained.

4.5 Enroute Actions

- **4.5.1** Follow the route specified in the team briefing. If no route was specified, take the shortest possible route.
- **4.5.2** Notify the OSA of any unusually high dose rate encountered.
- **4.5.3** Notify the OSA of any unusual conditions recognized while enroute, such as:
 - Steam leaks
 - Leaks from plant systems
 - Abnormal noise from equipment
 - Obviously damaged equipment
- 4.5.4 If a turn back dose rate or turn back dose is encountered, retreat to a low dose area (<50 mR/hr) and notify the OSA. Stay in the low dose area until instructed otherwise by the OSA.
- **4.5.5** Notify the OSA when you have arrived at the assigned location.

4.6 Re-entry Actions

NOTE

If at any time the survey instrument appears to be malfunctioning, immediately retreat to a safe area. Be especially careful of unexpected low readings on survey instruments. Some GM instrumentation will read "0" or a low value if the detector is saturated by extremely high radiation levels. For the E530, saturation is not expected to occur at dose rates less than 1000R/hr.

- **4.6.1** Enter the affected area cautiously, continuously monitoring dose rates.
- **4.6.2** Update the OSA periodically on the mission progress and survey results.
- **4.6.3** Check dosimeter readings periodically. The frequency of these checks should be consistent with the observed dose rate.

If any member of the team reaches 75% of the turn back dose, notify the OSA. Continue work unless otherwise instructed by the OSA. Increase the frequency that the dosimeter reading is checked.

NOTE

If a turn back dose rate or turn back dose is encountered, retreat to a low dose area (<50 mR/hr), notify the OSA and await guidance.

- **4.6.4** Perform appropriate surveys and obtain air samples as directed in the team briefing.
- **4.6.5** At the completion of assigned functions, return to the OSA. Refer to step 3.8 for egress guidance.

4.7 Rescue Actions

NOTE

The following actions should be implemented as appropriate for the type and severity of the injury and the radiological conditions in the area.

- **4.7.1** Upon arrival at the scene of the injury, administer aid as per the following guideline:
 - 4.7.1.1 Care of severe injuries.
 - **4.7.1.2** First aid to other injuries.
 - 4.7.1.3 Personnel decontamination.
 - **4.7.1.4** Definitive medical treatment and subsequent therapy as required.

- **4.7.2** Determine (or estimate) and report the following assessment of necessary medical aid to the OSA:
 - Number of injured personnel.
 - Nature and severity of injuries.
 - Location of injured personnel.
 - Contamination levels and dose rates.
 - Special medical needs.
 - Ambulance/hospitalization required.
 - Injured person(s) name (if known).
 - Person's ACAD and TLD numbers.
 - Cause of injury (if known).
- **4.7.3** If the individual is mobile, relocate to a clean area boundary for first aid and decontamination.

If the injured individual can be moved without a stretcher, proceed to step 3.7.11. Disregard steps 3.7.4 through 3.7.10.

- **4.7.4** Form a stretcher team if the individual is unconscious or immobile. Request additional personnel from OSA if necessary.
- **4.7.5** Emergency Medical Response personnel should remain with the injured person until the stretcher arrives.
- **4.7.6** Remove protective clothing from the individual as injuries permit.
- **4.7.7** Place the individual's dosimetry in a plastic bag or suitable container. (Keep it with the patient.)
- **4.7.8** Spread an open blanket or sheet over the stretcher.
- **4.7.9** Place the patient on top of the blanket or sheet and wrap the blanket or sheet around the patient.
- **4.7.10** Transport the patient to a clean area boundary designated by the Radiation Protection Director.
- **4.7.11** Survey the stretcher and blanket exterior, or the injured individual, as appropriate.
- **4.7.12** Time permitting, the Reentry and Rescue Team should remove their protective clothing and monitor themselves for contamination prior to entering the clean area.

The Radiation Protection Director may require the Reentry and Rescue Team to dress out in clean anti-c's after leaving the contaminated area.

NOTE

If the individual is not to be hospitalized, proceed to step 4.9.

- **4.7.13** Contact the Radiation Protection Director and request the location of the ambulance.
- 4.7.14 Transport the patient to the ambulance.
- **4.7.15** Upon arrival at the ambulance, report the following to ambulance attendants:
 - Patient's injuries.
 - First aid measures taken.
 - Patient's current condition.
 - Radiological status.
- **4.7.16** Request from the ambulance attendants as to whether the patient is to be transported in his current condition or decontaminated and subsequently transported.
- **4.7.17** Complete a Patient Radiation and Medical Status Tag and attach into the stretcher or gurney that the patient will be transported to the hospital on.
- **4.7.18** Assist the ambulance attendants in loading the patient into the ambulance.
- **4.7.19** Direct the ambulance driver to go to the hospital (Lakeland Medical Center, St. Joseph or Lakeland Medical Center, Niles) specified by the TSC or Assistant Shift Supervisor.
- **4.7.20** Upon arrival, the hospital should have the Radiation Emergency Area (REA) established for patient transfer (see Exhibit B or C).

- **4.7.21** The RP Technician on the team shall accompany the patient to the hospital to:
 - **4.7.21.1** Ensure that all personnel in the treatment area are properly dressed in anti-c's and are wearing dosimetry.
 - 4.7.21.2 Inform hospital staff of radiological status and any radiological hazard that may be encountered by attending personnel.
 - **4.7.21.3** Provide recommendations and assistance upon request, with regard to radiological considerations.
 - **4.7.21.4** Monitor body specimen samples for contamination.
 - **4.7.21.5 Monitor** the patient periodically to assess the effectiveness of decontamination efforts.
 - **4.7.21.6** If necessary, assist the attending staff in anti-c removal and personal contamination monitoring.
- **4.7.22** A second RP Technician shall be dispatched to the attending hospital to:
 - **4.7.22.1** Survey ambulance and ambulance personnel for radioactive contamination and decontaminate/release as appropriate.
 - 4.7.22.2 Ensure that control points have been established outside the treatment room (see Exhibits B or C) and that access controls are in effect.
 - **4.7.22.3** Supervise and regulate the flow of personnel and equipment in and out of the controlled area.

Depending on the availability of hospital services, arrangements will be made with either Lakeland Medical Center, St. Joseph or Niles to receive contaminated injured personnel.

- **4.7.23** Upon completion of treatment and the patients removal from the controlled area, the RP Technician should perform the following
 - **4.7.23.1** Collect dosimetry and complete records.
 - 4.7.23.2 Collect any and all contaminated waste (liquid or solid) and arrange for packaging for transport back to the plant in an enclosed company vehicle as soon as possible.
 - **4.7.23.3** Package, seal and mark all waste as "RADIOACTIVE CONTAMINATED".
 - **4.7.23.4** Conduct surveys for fixed and loose surface contamination in the Radiation Emergency Area.
 - **4.7.23.5** Notify the Radiation Protection Director of survey results and readiness to transport waste.
 - **4.7.23.6** Standby at the hospital and wait for instructions from the Radiation Protection Director.

4.8 Egress Actions

NOTE

When responding to an injured person these egress actions may be inappropriate. Use your judgement and follow the directions of the Radiation Protection Director.

- 4.8.1 Return to the OSA, following the same route as previously assigned or as instructed by the Radiation Protection Technician.
- 4.8.2 Prior to leaving a controlled or contaminated area, perform personal contamination monitoring in accordance with the following guidance:
 - Personal monitoring should not be conducted in areas where the background level is in excess of 300 cpm.
 - Qualification of the presence of contamination can be performed in areas with background levels of 100-300 cpm.
 - Quantification of contamination levels shall be performed in areas of less than 100 cpm background.

- 4.8.3 Tools and equipment used in the Auxiliary Building or Containments shall not be removed from the Auxiliary Building. Contact the OSA for guidance on storage.
- 4.8.4 Remove anti-c's and respirator prior to leaving the Auxiliary Building unless instructed otherwise by Radiation Protection. Dosimetry shall be retained and turned into Radiation Protection in the OSA.
- 4.8.5 If an individual of the team is found to be contaminated, notify the OSA, remain at your present location and await guidance.

4.9 Subsequent Actions

Upon return to the OSA, perform the following:

- 4.9.1 Return dosimetry to Radiation Protection personnel.
- **4.9.2** The appropriate skills supervisor shall update the OSA STAFF status board.
- 4.9.3 Report to the OSA Manager for debriefing.

4.10 Final Conditions

- **4.10.1** The mission has been completed, or aborted due to unforeseen circumstances.
- **4.10.2** The Reentry and Rescue Team has returned to the OSA, turned in dosimetry and been debriefed.

5.0 SCHEDULE

The Plant Chemical Supervisor and the Environmental Section shall provide technical and spill response assistance to the Shift Supervisor for hazardous material incidents until the requirements of PMI-2230, Revision 7, are completely met.

REENTRY AND RESCUE CHECKLIST

ACT	ION		STEP <u>REFERENCE</u>
A.	PRE	PARATORY ACTIONS	3.4
	1.	Prior to leaving OSA:	
		a. Take potassium iodine if required	3.4.2.1
		b. Don anti-c's	3.4.2.2
		c. Inspect respirator if required	3.4.2.3
		d. Don SCBA if required	3.4.2.4
		e. Position dosimetry f. Test radio	3.4.2.5
			3.4.2.6 3.4.2.7
		 g. Obtain necessary keys h. Obtain survey instruments if required 	3.4.2.7 3.4.2.8
		ii. Obtain survey insuuments ii required	5.4.2.0
	2.	Obtain necessary tools/equipment	3.4.4
	3.	Don respirator	3.4.5
_			
B.	ENF	ROUTE ACTIONS	3.5
	1.	Follow specified route	3.5.1
	2.	Notify OSA of abnormal radiological conditions	3.5.2
	3.	Notify OSA of abnormal plant conditions	3.5.3
	4.	Notify OSA when on-scene	3.5.5
C.	REE	NTRY ACTIONS	3.6
	1.	Enter affected area cautiously	3.6.1
	2.	Update OSA on mission progress	3.6.2
	3.	Check dosimeter reading periodically	3.6.3
	4.	Perform surveys and air samples	3.6.4
	5 .	Upon completion refer to step 3.8 for egress	3.6.5
D.	RES	SCUE ACTIONS	3.7
О.	<u></u>		U
	1.	Administer first aid	3.7.1
	2.	Report injury status to OSA	3.7.2
	3.	If possible, relocate to clean area	3.7.3
	4.	Form a stretcher team if necessary	3.7.4
	5.	Remove the injured persons anti-c's	3.7.6
	6.	Remove and store injured persons dosimetry	3.7.7
	7.	Place patient in stretcher	3.7.9
	8. 9.	Transport patient to a clean area If hospitalization required	3.7.10
	Э.	n nospitalization required	
		a. Request ambulance location from RPD	3.7.13
		b. Transport patient to ambulance	3.7.14
		c. Brief ambulance attendants	3.7.15

		d. Decon patient if necessary	3.7.16
		e. Complete and attach Patient Status Tag	3.7.17
		f. Load patient in ambulance	3.7.18
		g. Direct driver to Lakeland Medical Center, St. Joseph or Niles	3.7.19
		h. Patient transfer at hospital	3.7.20
		i. Ensure attending staff in anti-c and dosimetry	3.7.21.1
		j. Brief attending physician	3.7.21.2
		k. Monitor body specimen samples	3.7.21.4
		I. Monitor patient periodically	. 3.7.21.5
		m. Ensure control point established	3.7.22.2
		n. Control flow of personnel and equipment	3.7.22.3
		o. Perform post treatment cleanup	3.7.23
E.	EGRE	SS ACTIONS	3.8
	1.	Return to OSA, following assigned route	3.8.1
	2.	Perform personal contamination monitoring	3.8.2
	3.	Leave tools and equipment in Aux. Building	3.8.3
	4.	Remove anti-c's and respirator	3.8.4
	5.	Perform personal contamination monitoring	3.8.5
F.	SUBSI	EQUENT ACTIONS	3.9
	1.	Return dosimetry to Radiation Protection	3.9.1
	2.	Skills supervisor – update OSA Staff status board	3.9.2
	3.	Debrief with OSA Manager	3.9.3
		—	

G. <u>EMERGENCY ACTIONS</u>

- 1. TURN BACK DOSE RATE ENCOUNTERED:
 - a. Retreat to low dose area
 - b. Notify OSA and request further guidance
- 2. TURN BACK DOSE RECEIVED:

NOTE: Notify the OSA if any individual receives 75% of turn back dose.

- a. Retreat to low dose area immediately
- b. Notify the OSA and request further guidance.

- 3. SKIN AND/OR PERSONAL CLOTHING CONTAMINATED.

 - Remain at present location Notify the OSA and request further guidance. b.



