

56-333

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
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Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to **Kathy Lockwood in the Emergency Planning Department within 15 days**. If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

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DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-42	REPLACE ALL	15	
SAP-2	REPLACE ALL	32	
SAP-6	REPLACE ALL	16	

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EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 11	02/98	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 9	02/98	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 0	12/98	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 5	01/01	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 5	02/98	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 15	01/01	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 50	10/00	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	02/98	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 15	02/00	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 32	01/01	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 69	07/00	Reference

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 8	03/00	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 16	01/01	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 35	11/00	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 10	02/98	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 9	07/00	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 10	08/00	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 3	03/98	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 3	02/98	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 7	07/00	Continuous
SAP-19	SEVERE WEATHER	REV. 3	03/98	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 18	08/00	Informational
SAP-21	PLACEMENT, TESTING AND OPERATION OF WIRELESS TELEPHONE EQUIPMENT IN PLANT ENVIRONS	REV. 2	10/98	Informational
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 1	10/98	Informational

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

OBTAINING METEOROLOGICAL DATA*
EAP-42
REVISION 15

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY: 
RESPONSIBLE PROCEDURE OWNER

DATE: 1-15-01

EFFECTIVE DATE: January 16, 2001

FIRST ISSUE

FULL REVISION

LIMITED REVISION

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* INFORMATIONAL USE	*	* TSR	*
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PERIODIC REVIEW DUE DATE: FEBRUARY 2003

REVISION SUMMARY SHEET

REV. NO.

- 15
 - Added NIMO Mete contact information to sections 4.6.1 and 4.5.3.
 - An adjustment was made to the cover sheet to reflect the company name change.
- 14
 - Added the TSC as an alternate location for performing forecasting of mete data.
 - In section 4.2.2., deleted step G, and changed its test to a NOTE prior to step 4.2.B.
- 13
 - On Attachment 1, in the EDAMS box, changed "F4" for requery to select "Requery" with the mouse. Also in same box deleted If "locked up" or stalled, Attachment 3 for recovery.
- 12
 - Section 4.2 is changed to incorporate the new windows design of EDAMS and the method to obtain Met data.
 - Original Attachment 3 was deleted, this attachment is no longer needed with the windows version. It is being replaced with a new Attachment 3 titled "Guide For Using EDAMS Computer To Obtain Meteorology Data".
- 11
 - ACTS 24234 - no order of priority is delineated in this revision.
 - ACTS 24237 - level of use changed to "informational" - part of review and revision for consistency with AP-02.04.
 - Reformat per AP-02.01, Rev. 5.
 - Major revision of this procedure to remove LA100 as met. data source and added flowchart as quick reference guide.

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1.0 PURPOSE

This procedure provides instructions for accessing meteorological data in the Control Room, Technical Support Center, or Emergency Operations Facility and includes provisions for long-term forecasting.

2.0 REFERENCES

None

2.1 Developmental References

2.1.1 EAP-4, DOSE ASSESSMENT CALCULATIONS*

2.1.2 Emergency Dose Assessment Model System (EDAMS) System Design Specification

3.0 INITIATING EVENTS

3.1.1 An emergency has been declared in accordance with IAP-2, CLASSIFICATION OF EMERGENCY* Conditions, or

3.1.2 EAP-4, DOSE ASSESSMENT CALCULATIONS*, has been implemented.

4.0 PROCEDURE**4.1 Description of Available Methods**

Meteorological data is available from the following sources:

- A. Emergency Dose Assessment Modeling System (EDAMS)
- B. Niagara Mohawk Nine Mile Point Units 1 or 2 Control Rooms
- C. Analog strip charts in Control Room or Technical Support Center
- D. Any JAF Networked PC
- E. National Weather Service

The general methodology involved would concern providing meteorological data dependent on type of release. An elevated release (stack) would utilize 200' level data; and if unavailable, would progress in decreasing order to 100', 30' and backup tower data (90'). Likewise, a ground release (any other than stack) would utilize 30' level data, and if unavailable, would progress in increasing order to 100', 200' and backup tower data (90').

This list does not delineate a required order of priority but provides a listing of resources based on accessibility, timeliness and accuracy of 15 minute averaged data.

NOTE: Flowchart (Attachment 1) is provided as a quick reference and may be utilized by the operator familiar with the body of this procedure.

It is optional to record met data on Attachment 2, Obtaining Meteorological Data for Manual Computer Input; this may provide some convenience.

4.2 Obtaining Meteorological Data from EDAMS

4.2.1 If the EDAMS computer is on-line:

- A. The computer will automatically requery the met system and update the data every 15 minutes on the quarter hour (eg. 1300, 1315, 1330, etc.). A beep may be heard when the update occurs.
- B. When recording data, the operator should confirm the time and date displayed are the most current (ie. within the last 15 minutes of the current time).
- C. The operator may select "Requery" to ensure the most current data is displayed.

4.2.2 If EDAMS is **NOT** on-line, log onto the system as follows:

NOTE: Attachment 3 may be used to guide the operator through the steps to activate the EDAMS computer and obtain meteorological data.

- A. Ensure black switch on CR or TSC meteorological panels is positioned to the Niagara Mohawk ("B") position.

NOTE: Select "Continue" at the plant picture screen.

- B. Energize the EDAMS computer power strip to provide power to the computer, monitor and printer.
- C. Select the "Login" icon from the EDAMS icons and select "Continue" at the plant picture screen.
- D. Select the appropriate menu item based on your location as follows:

<u>Location:</u>	<u>Menu Choice</u>
CR	Direct Connect to Met Data
TSC	Direct Connect to Met Data
EOF	Automatic Dial-in to Met Data

- E. When the login routine finishes, close the login screen by selecting "OK".
- F. From the EDAMS icons, select "Emergency Met Report".
- G. Select "James A. FitzPatrick" and "Both" for unit and release height, then select "OK". The emergency meteorology data will be displayed.
- H. Ensure that "Continuous Requery?" is enabled.
- I. The computer will automatically requery the met system and update the data every 15 minutes on the quarter hour (eg. 1300, 1315, 1330, etc.). A beep may be heard when the update occurs.

4.3 Obtaining Meteorological Data from Niagara Mohawk

- 4.3.1 From the Control Room, use the direct line phone to Unit 1 or 2 Control Room and request latest 15 minute averaged data.
- 4.3.2 If for some reason direct line unavailable, from TSC or EOF, use a commercial phone with one of the following numbers:
 - A. NMP1: 349-2841, 349-2842 or 349-2843
 - B. NMP2: 349-2168, 349-2169 or 349-2170

4.4 Obtaining Meteorological Data from Analog Strip Charts

4.4.1 Description of analog strip charts and information available.

There are four (4) analog strip chart recorders available in the Control room and TSC to provide meteorological data.

Each of the three recorders (D, G, J) have two channels (A and B) to provide wind speed and direction.

Channel A = wind speed in mph (0-100 mph) traced on left

Channel B = wind direction in degrees (540° range) traced on right

Recorders used for wind speed and direction	
D	Main Tower 200' level
G	JAF Backup Tower 90' level
J	Main Tower 30' or 100' level (selector switch provided)

Recorder K is provided for stability class determination.

Recorder K has the following four traces:	
A	Provides temperature in °F at 30' level
B	Provides ΔT in °F from 30' to 100' level
C	Provides ΔT in °F from 30' to 200' level
D	Selectable sigma theta (wind direction variation)

Trace D has four selectable channels to trace for:	
A	High main tower (200')
B	Mid main tower (100')
C	Low main tower (30')
D	Backup tower (90')

- 4.4.2 Before attempting to obtain data from any of the strip chart recorders, ensure they are functioning by verifying the date and time on the left side of the chart is correct. The strip chart runs at 1"/hr and the time and date are indicated every two hours or two inches. Time indicated is Eastern Standard Time.
- 4.4.3 If necessary to determine the latest time of a particular strip chart, open the clear plastic protective cover of the recorder and depress the "QUICK LOOK" button located at the top of the strip chart. This will allow you to view the most recent recorded time.
- 4.4.4 When manually retrieving meteorological data, primary concern is given to wind speed and direction, and to the stability class at particular elevations, dependent on the type of release.
- 4.4.5 In order to properly estimate the last 15 minutes on the strip chart, measure the last 1/4" of data for each parameter, if not readily visible, and/or the chart has not already been advanced, do so in order to average the last 15 minutes of data properly. Obtain a minimum of 4 data points within that 1/4" of chart and average.
- 4.4.6 Meteorological data for a Ground or both a Ground and Elevated release are to be determined as follows:
- A. There are 3 recorders, which record wind speed and direction (Recorders D, G, and J). For each chart, wind speed (the left trace) is labeled Channel A and is in MPH (the range is 0 to 100 MPH and spans the left side of the chart) and wind direction (the right trace) is labeled Channel B and is in degrees (the range is 0 to 540 degrees and spans the right side of the chart). Consult Attachment 4.

To obtain wind direction and speed for a ground or ground and elevated release, you must first determine whether the Recorder "J" toggle switch is set for 30 or 100 foot (Main Tower). If it is set for 30 foot (Main), average the wind speed and direction as per step 4.4.5.

If the Recorder "J" toggle switch is set for 100 foot (Main Tower) and/or there is no 30 foot data, adhere to the following hierarchy of substeps:

1. Average the wind speed and direction as per step 4.4.5 for Recorder "G", which is meteorological data for the JAF Back-up Tower 90 foot level.
2. If Recorder "G" is inoperable average the wind speed and direction as per step 4.4.5 for Recorder "D", which is meteorological data for the Main Tower 200 foot level.
3. If both Recorder "G & D" are inoperable average the wind speed and direction as per step 4.4.5 for Recorder "J" which is meteorological data for either the 30 or 100 foot Main Tower levels, as determined by the toggle switch position.
4. If NO strip chart wind speed and direction data is available, proceed to section 4.5 after completing 4.4.8.

4.4.7 Meteorological data for an elevated release is to be determined as follows:

- A. There are 3 recorders, which record wind speed and direction (Recorders D, G and J). For each chart, wind speed (the left trace) is labeled Channel A and is in MPH (the range is 0 to 100 MPH, and spans the left side of the chart) and wind direction (the right trace) is labeled Channel B and is in degrees (the range is 0 to 540 degrees and spans the right side of the chart). Consult Attachment 4.

To obtain wind speed and direction for an elevated release, adhere to the following substeps:

1. Average the wind speed and direction as per step 4.4.5 for Recorder "D", which is meteorological data for the Main Tower 200 foot level.

2. If Recorder "D" is inoperable average the wind speed and direction as per step 4.4.5 for Recorder "G", which is meteorological data for the JAF Back-up Tower 90 foot level.
 3. If both Recorder "D & G" are inoperable average the wind speed and direction as per step 4.4.5 for Recorder "J" which is meteorological data for either the 30 or 100 foot Main Tower levels, as determined by the toggle switch position.
 4. If NO strip chart wind speed and direction data is available, proceed to section 4.5 after completing 4.4.8.
- 4.4.8 To determine stability class for either a ground or elevated release, you must utilize Recorder "K" information, which contains 4 channels that span the full chart:
- A. Trace labeled "A" provides ambient temperature, on a -40 to +110 scale and indicates the current temperature in degrees F at the Main Tower 30 foot level.
 - B. Trace "B" provides temperature difference (delta T) between the 30 and 100 foot level on the Main Tower, and is on the -8 to +20 scale in degrees F.
 - C. Trace "C" provides temperature difference between the 30 and 200 foot level on the Main Tower, and is on the same -8 to +20 scale in degrees F.

D. Trace "D" provides sigma theta (wind direction variation), on a scale of 0 to 30 degrees, at a level dependant on the switch position on the front of the TIGRAPH recording panel:

Switch Position	Level	Tower
A	200 ft.	Main (Primary)
B	100 ft.	Main (Primary)
C	30 ft.	Main (Primary)
D	90 ft.	JAF (Back-up)
Consult Attachment 5.		

4.4.9 To derive stability class for either a ground or elevated release, or both, utilize Attachment 4 and adhere to the following hierarchy of substeps:

A. Average the trace "D" (sigma theta) on Recorder "K", utilizing the 0 to 30 scale, as per step 4.4.5, noting the switch position, and consulting Attachment 6 to determine letter stability class.

NOTE: If data is invalid, you may want to switch another switch position to get the most representative data (for the next 15 minute average). For example, for an elevated release you should utilize switch position A, then B, D and finally C, and for a ground release, the progression is C, B, D and then A.

B. If Trace "D" is unavailable, average the Trace "C" (temperature difference 30 - 200 foot) on Recorder "K", utilizing the -8 to +20 degree F scale as per step 4.4.5 and consulting Attachment 6 to determine letter stability class.

C. If Traces "D" and "C" are unavailable, average the Trace "B" (temperature difference 30 - 100 foot) on Recorder "K", utilizing the -8 to +20 degree F scale as per step 4.4.5 and consulting Attachment 6 to determine letter stability class.

D. If Traces "D", "C" and "B" are unavailable, estimate stability by comparing wind direction and speed traces to the samples posted on the side of the TIGRAPH 200 housing and/or utilizing the "Atmospheric Stability Characterization" table on Attachment 6.

E. If All Recorders are unavailable for meteorological data, proceed to section 4.5.

4.5 Obtaining Meteorological Information From Other Sources

4.5.1 If meteorological data is not obtained via the primary method (digital) or secondary method (analog strip charts) information on local wind speed and direction, and stability class can be obtained through other sources.

4.5.2 Meteorological data is also available from any JAF networked PC.

4.5.3 Niagara Mohawk Meteorological Data

A. Telephone the Niagara Mohawk Nine Mile Point Nuclear Station #1 Control Room via the "hot line" or dial phone, and request pertinent meteorological data needed.

B. In addition, supplemental information may be obtained through Niagara Mohawk via their Meteorological Building. Contact one of the following people for assistance:

Tom Galetta - 349-2715 (Office) *Pager # 1193

Joe Blakeley - 349-1179 (Office) *Pager # 1040

* To access the NIMO pager call 1-800-732-4365

4.5.4 National Weather Service Meteorological Data

Data may be obtained via telephone on 716-565-0014. Indicate what meteorological data is needed and note the source of the information.

4.5.5 Stability Estimation

Consult Attachment 6 and estimate stability class via a characterization of the local meteorological conditions.

4.6 Meteorological Forecasting

Meteorological forecasting capabilities during an emergency at JAF will be handled from the EOF (primary) or TSC (alternate) by assigned personnel using the Internet or an on-line service.

4.6.1 For assistance in forecasting, contact one of the following people:

Tom Galetta - 349-2715 (Office) *Pager # 1193
Joe Blakeley - 349-1179 (Office) *Pager # 1040

* To access the NIMO pager call 1-800-732-4365

4.6.2 Assigned personnel will establish a connection with the Internet or on-line service to become familiar with the current and forecast weather situation.

4.6.3 Assigned personnel will provide JAF Dose Assessment Group a weather forecast.

4.6.4 Provide weather condition and forecast updates until the event requiring support is formally terminated. The frequency of updates will be based upon factors such as the variability of weather conditions and the needs of JAF emergency personnel.

5.0 ATTACHMENTS

1. MET DATA ACQUISITION QUICK REFERENCE FLOWCHART
2. OBTAINING METEOROLOGICAL DATA FOR MANUAL COMPUTER INPUT
3. GUIDE FOR USING EDAMS COMPUTER TO OBTAIN METEOROLOGY DATA
4. ANALOG WIND SPEED AND DIRECTION, RECORDERS D, G AND J
5. RECORDER "K"
6. CLASSIFICATION OF ATMOSPHERIC STABILITY

ATTACHMENT 1

MET DATA ACQUISITION QUICK REFERENCE FLOWCHART

EDAMS	
<ul style="list-style-type: none">• Select "Requery" with the mouse.	
Niagara Mohawk	
<ul style="list-style-type: none">• Direct phone line to Unit 1 or 2 Control Room	Unit 1 CR: 349-2841 349-2842 349-2843
<ul style="list-style-type: none">• Commercial phone	Unit 2 CR: 349-2168 349-2169 349-2170
Analog Strip Charts	
Any JAF Networked PC	
Other Resources	
<ul style="list-style-type: none">• Niagara Mohawk Meteorological Building• National Weather Service (716-565-0014)	

OBTAINING METEOROLOGICAL DATA FOR
MANUAL COMPUTER INPUT

Date: _____ Time: _____

Release Type: _____

Meteorology

Wind Speed: _____ MPH @ _____ ft. level on _____ Tower

Other (Specify) _____

Wind Direction: _____ deg. @ _____ ft level on _____ Tower

Other (Specify) _____

Stability Class: _____ (A - G)

Method: _____ (Sigma Theta - wind variation)

_____ (Temp. Difference - 30 - 200 ft)

_____ (Temp. Difference - 30 - 100 ft)

_____ Estimation

Other (Specify) _____

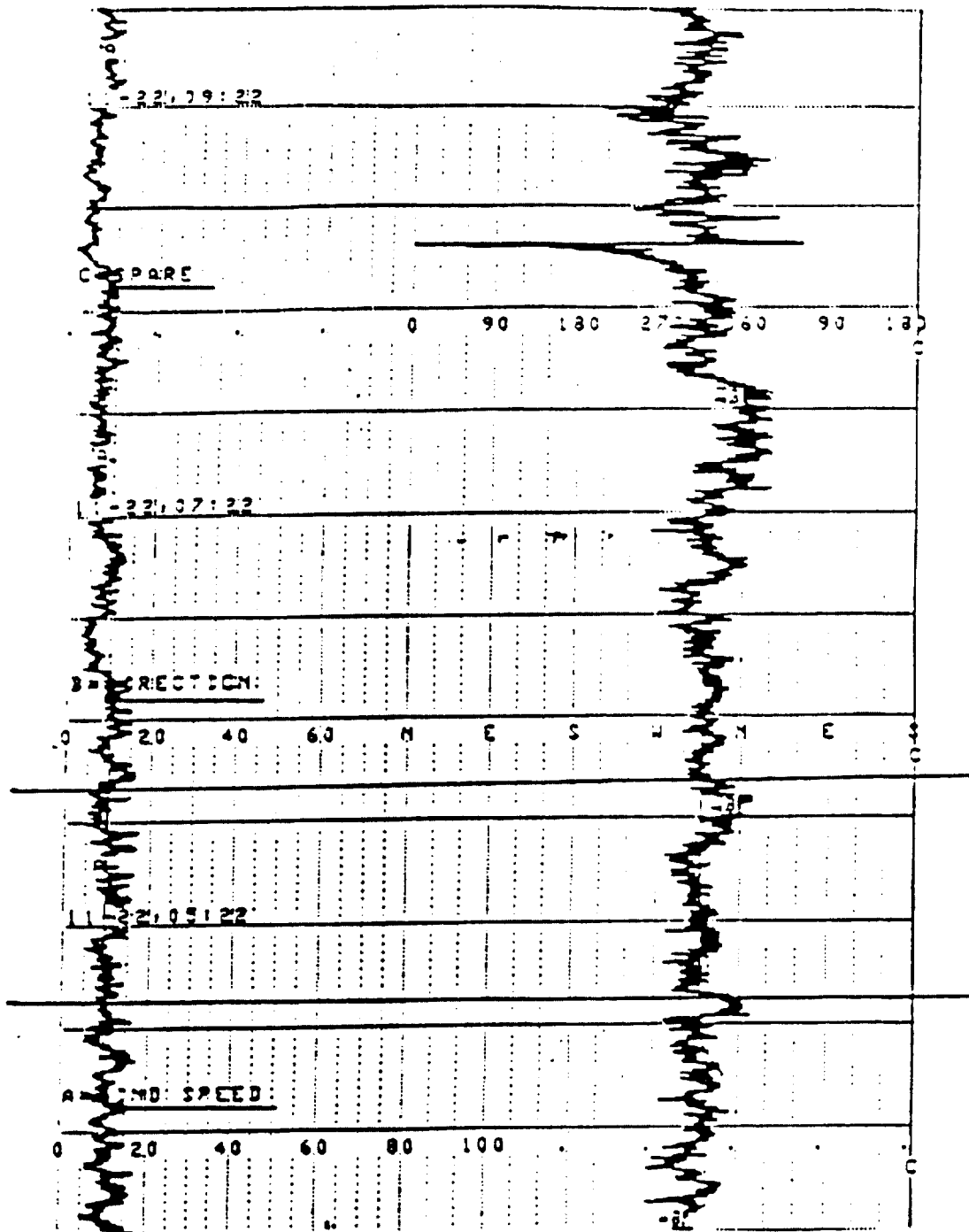
Additional information _____

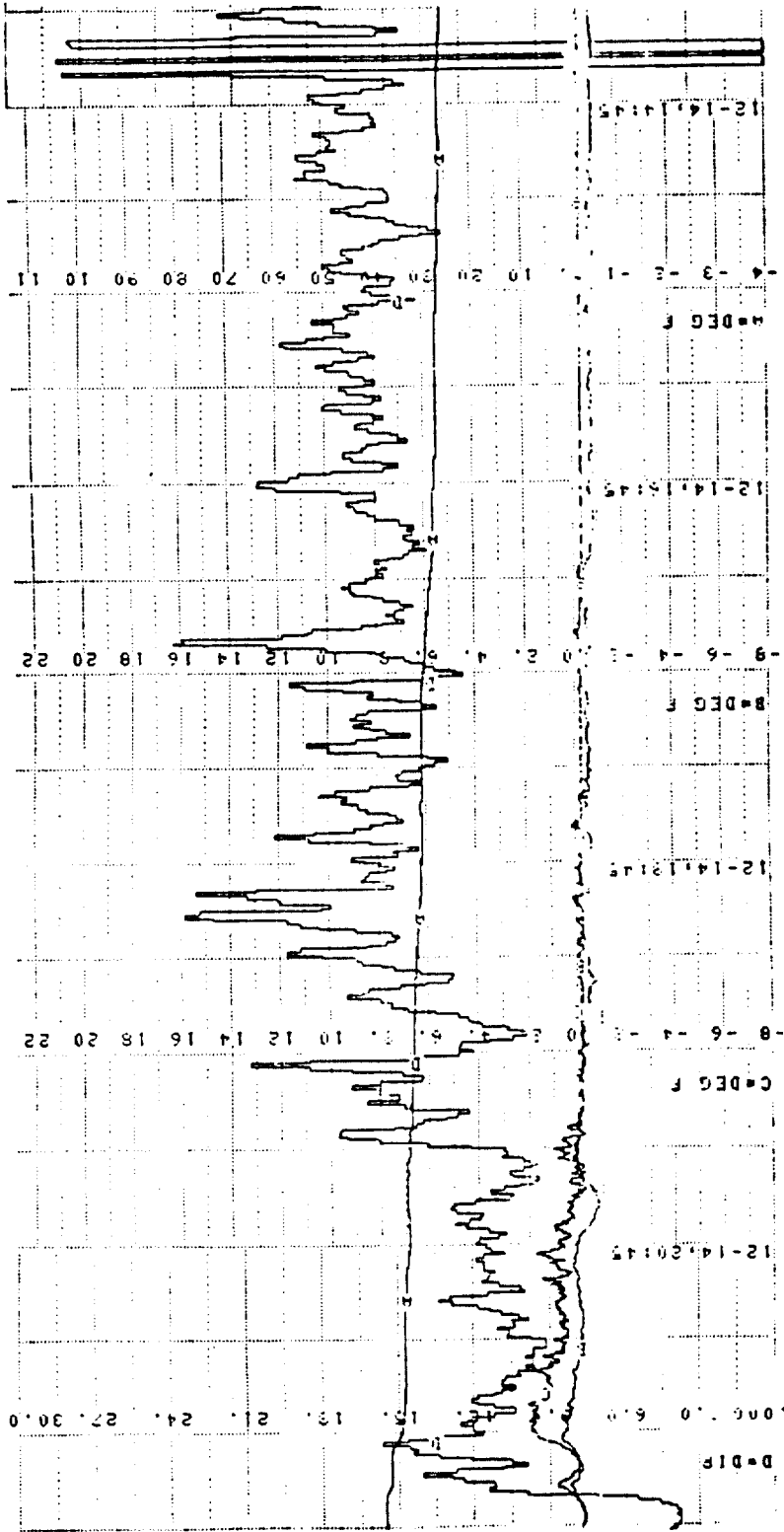
ATTACHMENT 3
GUIDE FOR USING EDAMS COMPUTER TO
OBTAIN METEOROLOGY DATA

Page 1 of 1

1. If in the CR or TSC, then ensure black switch on met panels is set to Niagara Mohawk "B" position.
2. Ensure power to computer, monitor, and printer.
3. Select the "Login" icon from the EDAMS icons.
4. Select "Continue" at the plant picture screen.
5. For the CR or TSC select "Direct Connect to Met Data". For EOF select "Automatic Dial-in to Met Data".
6. When prompted, following login, select "Ok".
7. From the EDAMS icons select "Emergency Met Report".
8. Select "Continue" at the plant picture screen.
9. Select "James A. FitzPatrick" and "Both", then select "Ok".
10. If a stack release is occurring, or projected, then utilize Elevated data.
11. If a release from any source other than the stack is occurring, or projected, then utilize Ground data.
12. If no release is occurring, or projected, then utilize Elevated data.
13. If no data is available from the EDAMS computer, then utilize EAP-42 to obtain meteorological data from other sources.

ATTACHMENT 4
ANALOG WIND SPEED AND DIRECTION
RECORDERS D, G AND J





ATTACHMENT 5
RECORDER "K"

ATTACHMENT 6
CLASSIFICATION OF ATMOSPHERIC STABILITY

Page 1 of 1

CLASSIFICATION OF ATMOSPHERIC STABILITY BY THE VERTICAL TEMPERATURE DIFFERENCE
 AND BY THE STANDARD DEVIATION OF THE HORIZONTAL WIND DIRECTION TYPING SCHEMES

<u>STABILITY CLASSIFICATION</u>	<u>PASQUILL CATEGORIES</u>	Temperature Change with <u>height °C/100m*</u>	<u>°θ degrees</u>	<u>°θ degrees Median Value</u>
Extremely unstable	A	$\Delta T/\Delta Z \leq -1.9$	$\sigma\theta \geq 22.5$	25.0
Moderately unstable	B	$-1.9 < \Delta T/\Delta Z \leq -1.7$	$22.5 > \sigma\theta \geq 17.5$	20.0
Slightly unstable	C	$-1.7 < \Delta T/\Delta Z \leq -1.5$	$17.5 > \sigma\theta \geq 12.5$	15.0
Neutral	D	$-1.5 < \Delta T/\Delta Z \leq -0.5$	$12.5 > \sigma\theta \geq 7.5$	10.0
Slightly stable	E	$-0.5 < \Delta T/\Delta Z \leq 1.5$	$7.5 > \sigma\theta \geq 3.8$	5.0
Moderately stable	F	$1.5 < \Delta T/\Delta Z \leq 4.0$	$3.8 > \sigma\theta \geq 2.1$	2.5
Extremely stable	G	$4.0 < \Delta T/\Delta Z$	$2.1 > \sigma\theta$	1.7

<u>STABILITY CLASSIFICATION</u>	<u>PASQUILL CATEGORIES</u>	Temperature Change with <u>height °F/70 Feet**</u>	Temperature Change with <u>height °F/170 Feet †</u>
Extremely unstable	A	$\Delta T/\Delta Z \leq -0.73$	$\Delta T/\Delta Z \leq -1.77$
Moderately unstable	B	$-0.73 < \Delta T/\Delta Z \leq -0.65$	$-1.77 < \Delta T/\Delta Z \leq -1.59$
Slightly unstable	C	$-0.65 < \Delta T/\Delta Z \leq -0.58$	$-1.59 < \Delta T/\Delta Z \leq -1.40$
Neutral	D	$-0.58 < \Delta T/\Delta Z \leq -0.19$	$-1.40 < \Delta T/\Delta Z \leq -0.47$
Slightly stable	E	$-0.19 < \Delta T/\Delta Z \leq 0.58$	$-0.47 < \Delta T/\Delta Z \leq 1.40$
Moderately stable	F	$0.58 < \Delta T/\Delta Z \leq 1.53$	$1.40 < \Delta T/\Delta Z \leq 3.73$
Extremely stable	G	$1.53 < \Delta T/\Delta Z$	$3.73 < \Delta T/\Delta Z$

ATMOSPHERIC

STABILITYCHARACTERIZATION

- A MID-AFTERNOON ONLY, WITH CLEAR SKIES OR SKIES WITH VERY FEW THIN CLOUDS; LATE SPRING TO EARLY FALL, WINDS USUALLY ARE BELOW 6 MILES PER HOUR.
- B LATE MORNING TO MID-AFTERNOON ONLY, WITH CLEAR OR PARTLY CLOUDY SKIES; MID-SPRING TO MID-FALL, WINDS ARE USUALLY BELOW 9 MILES PER HOUR.
- C LATE MORNING TO LATE AFTERNOON ONLY, WITH PARTLY CLOUDY SKIES; SPRING THROUGH FALL, WINDS ARE USUALLY BELOW 11 MILES PER HOUR.
- D ALL DAYTIME, WITH OVERCAST OR PARTLY CLOUDY SKIES OR EARLY MORNING AND LATE AFTERNOON WITH CLEAR OR PARTLY CLOUDY SKIES, ALL NIGHT TIME WITH OVERCAST SKIES OR PARTLY CLOUDY, YEAR AROUND, WINDS ARE MODERATE TO HIGH (GREATER THAN 6 MILES PER HOUR).
- E NIGHT TIME ONLY, WITH THIN OVERCAST OR PARTLY CLOUDY SKIES ALL YEAR AROUND, WINDS LESS THAN 10 MILES PER HOUR.
- F NIGHT TIME ONLY, WITH CLEAR TO PARTLY CLOUDY SKIES, ALL YEAR AROUND, WINDS LESS THAN 7 MILES PER HOUR.
- G NIGHT TIME ONLY, WITH CLEAR SKIES OR VERY FEW THIN CLOUDS, ALL YEAR AROUND, WINDS LESS THAN 5 MILES PER HOUR.

* PER NRC REGULATORY GUIDE 1.123

** ADJUSTED TO CORRESPOND TO THE ΔT MEASURED BETWEEN THE 30-FOOT AND 100-FOOT LEVELS.† ADJUSTED TO CORRESPOND TO THE ΔT MEASURED BETWEEN THE 30-FOOT AND 200-FOOT LEVELS

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY EQUIPMENT INVENTORY*
SAP-2
REVISION 32

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

M. P. [Signature]
RESPONSIBLE PROCEDURE OWNER

DATE: 1-12-01

EFFECTIVE DATE: January 16, 2001

FIRST ISSUE

FULL REVISION

LIMITED REVISION

***** * * INFORMATIONAL USE * *****	***** * * TSR * *****
***** * * ADMINISTRATIVE * *****	***** <div style="border: 1px solid black; padding: 5px;">CONTROLLED COPY # <u>351</u></div> *****

PERIODIC REVIEW DUE DATE: JANUARY 2006

REVISION SUMMARY SHEET

REV. NO.

- 32
- Cover sheet change to reflect the company name change.
 - Editorial corrections were made in the following areas: 4.8 and 4.9.1.D.
 - Changed all references of NYPA to read JAF - editorial change.
 - On Att. 2, pages 13, 14, 15 and 16, the following changes were made: headings now read quantity required and quantity found, the fourth column-Unsat.
 - On Att. 2, pages 13, 14 and 15, Boots, turnout was moved from the Each Locker area to the Staged at Lockers area.
 - Additions were made on Att. 2 where it lists Fire Axe and Wrecking bar on each page.
 - Added an Unsat column to Att. 3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16 and 17.
 - On Att. 3, 4, 5, 6, 8 and 11 all references to Procedures, the Other Column was revised for clarification.
 - A space was provided at the bottom of Att. 3 for the Security Seal No.
 - On Att. 6, 8, 15 and 17 Serial was deleted from the description of Serial Inst. No.- now reads Inst. No.
 - Due to equipment changes at the EOF, Att. 7 was restructured.
 - On Att. 8 and 11, quantities under the description heading were deleted.
 - Under descriptions on Att. 8, parentheses were removed RMC Sample Collection Kit and Decontamination Kit.
 - Deleted the date of issue from the Other Column on Attachment 11, referring to JAFNPP Emergency Plan.
 - Deleted the Other Column on Att. 12 under Document Titles.
 - Moved Decontamination and Treatment from the first table on Att. 12 to the second table.
 - Added Cal or Due Date under the Other Column were needed on Att. 15.
 - Deleted Portable Cell Phone from Att. 17.

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1.0 PURPOSE

This procedure provides guidance for the inspection, inventory and operational checking of emergency equipment and instruments to ensure that this equipment is obtainable and functional.

2.0 REFERENCES**2.1 Performance References**

2.1.1 RP-RESP-01.01, MAINTENANCE OF RESPIRATORY PROTECTION EQUIPMENT*

2.1.2 RP-RAM-102, SOURCE CONTROL AND SURVEILLANCE REQUIREMENTS*

2.2 Developmental References

2.2.1 Equipment Manufacturers' Manuals

2.2.2 NUREG-0041, Manual of Respiratory Protection Against Airborne Radioactive Materials

2.2.3 Radiation Protection Procedures

2.2.4 FPP-1.1, Fire Brigade Duties and Outside Fire Department Response

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

4.1 The Rad Protection Manager shall assign personnel to inventory, inspect, and operationally check the emergency equipment listed on Attachment 1.

4.2 The Fire Brigade Leader shall ensure that all equipment used by the Fire Brigade is returned to service following fire drills and real events.

-
- 4.3 Emergency equipment, other than respiratory protective equipment stored for emergency use, shall be inventoried, inspected, and operationally checked using Attachments 2 through 17 as follows:
- 4.3.1 At least each calendar quarter.
 - 4.3.2 After each use.
 - 4.3.3 After a seal has been found broken.
- 4.4 Items included for use by the Fire Brigade, First Aid Team or Rescue Team (Attachments 2, 3 and 4) shall be inventoried, physically inspected and operationally checked as follows:
- 4.4.1 At least each calendar quarter.
 - 4.4.2 After each use.
 - 4.4.3 After a seal has been found broken.
- 4.5 Respiratory protective equipment stored for emergency use shall be inventoried, inspected, and operationally checked in accordance with RP-RESP-01.01 as follows:
- 4.5.1 At least monthly.
 - 4.5.2 After each use. (Fire Brigade equipment will be replaced by Fire Brigade following use).
 - 4.5.3 After a seal has been found broken.
- 4.6 Dosimetry will be issued to E-Plan and tracked for replacement by the Dosimetry Group (TLDs) and Calibration Group (DRDs).
- 4.7 The person performing the equipment inventory shall use the appropriate Attachment, 2 through 17. (Fire Brigade may use the checklist provided at the lockers by Fire Protection following drills or real events).
- 4.8 Instruments and air samplers shall be issued to Emergency Planning by the Rad Protection Calibration Group or Rad Protection Respiratory Protection Group, as applicable. The applicable group is responsible for:
- 4.8.1 Tracking calibration due dates and replacing instruments as required.

-
- 4.8.2 Ensuring that instruments are available for replacement prior to calibration due date expiration and that the proper personnel are notified for instrument change out.
- 4.9 The following information should be used as a guide for performing inventories:
- 4.9.1 Survey Instruments
- A. Perform an inventory. Notify Rad Protection Calibration Group to replace any missing instruments.
 - B. Visually inspect batteries for leakage. Perform battery check. If batteries are leaking or fail the battery check, replace the batteries.
 - C. Perform an operability check in accordance with applicable instrument procedure.
 - D. Perform a source check in accordance with applicable instrument procedure.
 - E. Notify Rad Protection Calibration Group to replace any unsatisfactory instruments.
 - F. Record the identification number and calibration date of any replacement instruments on the checklist as indicated.
 - G. Ensure any radioactive sources are accounted for in accordance with RP-RAM-102.
 - H. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.9.2 Air Samplers
- A. Perform an inventory. Replace any missing samplers.
 - B. Check that calibration dates are current. Notify the Respiratory Group to replace with recently calibrated instruments as necessary.

-
- C. Verify samplers are operational by energizing and running for at least 1 minute. Note the results on the checklist. Replace any unsatisfactory samplers.
 - D. Record the identification number and calibration date of any replacement samplers on the checklist.
 - E. Note any unusual conditions, discrepancies, and all actions taken on the checklist.
- 4.9.3 Self-contained Breathing Apparatus/Breathing Air Systems
- A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.
- 4.9.4 Iodine Cartridges for Respirators
- A. Perform an inventory. Notify the Respiratory Group to replace any missing equipment.
 - B. Check the expiration date on the iodine cartridges and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the cartridges.
- 4.9.5 Rubber Equipment
- A. Perform an inventory. Replace any missing equipment.
 - B. Replace any equipment which appears to be ripped, cracked, missing closure devices, or unusable for any reason.
 - C. Note any equipment replacement on the checklist.
 - D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.6 Decontamination Supplies And Solutions

- A. Perform an inventory. Replace any missing items.
- B. Check containers which contain liquid for any evidence of leakage and replace, as necessary.
- C. Note any other equipment replacement on the checklist.
- D. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.7 Mechanical Equipment

- A. Perform an inventory. Replace any missing equipment.
- B. Check mechanical equipment with moving parts, such as jacks and bolt cutters, for correct operation and freedom of movement. Replace any unsatisfactory equipment.
- C. Note any unusual conditions, discrepancies, and all actions taken on the checklist.

4.9.8 Office Supplies

- A. Perform an inventory. Replace any missing items.
- B. Replace any items which appear to be deteriorated or unusable for any reason.
- C. Note any equipment replacement on the checklist.

4.9.9 Plans, Maps, Lists, Procedures, etc.

- A. Perform an inventory. Replace any missing items with a copy of the current revision.

- B. Prior to performing the inventory, obtain the current revision numbers of the JAF Emergency Plan and Procedures from the Emergency Planning Coordinator, contact the procedure issuer for non-JAF procedures.
- C. Replace any items which appear to be deteriorated or unusable for any reason.
- D. Verify procedures are the current revision and replace, as necessary.
- E. Note any equipment replacement on the checklist.

4.9.10 Medical Supplies

- A. Perform an inventory. Replace any missing items.
- B. Check for open containers and damaged items. Replace, as necessary.
- C. Check the expiration date on items and replace any which are past that date. If the expiration date is before the next scheduled inventory, replace the supplies.
- D. Note any equipment replacement on the checklist.

4.9.11 110 Volt Power Supplies

- A. Check for mechanical operability. Energize and run an air sampler for at least 1 minute.
- B. Note any malfunction on the checklist.

4.9.12 Use of Seals

- A. Numbered seals may be used on kits or inventoried items to indicate that the inventory has not been depleted since the seal was attached.
- B. An inventory of the contents does not have to be performed unless the seal has been broken or the seal numbers do not agree with the seal numbers on the previous inventory sheet.

4.9.13 Medical Stretchers

- A. Blue restraints - check for fraying and signs of wear.
- B. Lifting bridle - check for fraying and signs of wear.
- C. Blue swing - check for fraying and signs of wear.
- D. Orange stretcher - check for cracking, especially the hand holds.

4.9.14 Accountability Card Readers

Perform a test of accountability card readers at the following locations:

- Control Room
- OSC
- TSC
- Old Admin Bldg, 272' El., near the OSC Control Point:
 - A. Contact Security to perform an accountability system check with the SAMS computer/printer.
 - B. Swipe badge at each accountability card reader.
 - C. Obtain verification from Security that accountability indicated satisfactory from all card readers.

4.10 The person performing the inventory shall complete and sign the appropriate checklists and forward the completed checklists to the Emergency Planning Coordinator.

4.11 The Emergency Planning Coordinator, or designee, shall review, sign, and file the completed checklists.

4.12 Attachments 2 through 15, and 17, are Quality Records retained per AP-02.08.

4.13 The Emergency Planning Coordinator, or designee, shall ensure inventories are satisfactory.

5.0 **ATTACHMENTS**

1. EMERGENCY PLAN EQUIPMENT LOCATIONS
2. FIRE BRIGADE EQUIPMENT INVENTORY
3. AMBULANCE KIT INVENTORY
4. RESCUE KIT INVENTORY
5. FIELD SURVEY KIT INVENTORY
6. EOF EMERGENCY PLAN INVENTORY
7. EOF OFFICE SUPPLY INVENTORY
8. OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY
9. TRAUMA KIT INVENTORY
10. SECURITY BUILDING INVENTORY
11. CONTROL ROOM INVENTORY
12. TECHNICAL SUPPORT CENTER INVENTORY
13. EOF DECONTAMINATION ROOM INVENTORY
14. EMERGENCY KEY INVENTORY
15. PASS CABINET INVENTORY
16. DECON SUPPLY INVENTORY
17. OSC EMERGENCY PLAN INVENTORY

ATTACHMENT 1

Page 1 of 1

EMERGENCY PLAN EQUIPMENT LOCATIONS

EQUIPMENT	ATTACHMENT	LOCATION
Fire Brigade Equipment	2	Near the entrance of: 1. Old Admin. Bldg. 272' El, near OSC roll up door. 2. S&A Facility. 272' El - Center 3. Old Admin Bldg. 272' El, Hallway between TB and RB entrances 4. Screenwell 272' El, Northeast
Ambulance Kit	3	Admin. Bldg. 272' El, Near elevator
Rescue Kit	4	Admin. Bldg. 272' El, Near elevator
Field Survey Kits	5	Emergency Vehicles & EOF
EOF Emergency Plan	6	EOF
EOF Office Supplies	7	EOF
Oswego Hospital Emerg Plan	8	Oswego Hospital Emergency Entrance
Trauma Kits	9	1. Control Room 2. Radwaste Control Room 3. OSC 4. Nurse's Office Admin. Bldg. 5. Warehouse
Security Building Kit	10	Main Security Building
Control Room	11	Control Room
Technical Support Center	12	TSC
EOF Decontamination Room	13	EOF
Emergency Keys	14	1. TSC 2. EOF
PASS Cabinet	15	Fan Room Entrance
Decon Supplies	16	Old Admin Building Near Control Point
OSC Emergency Plan	17	OSC

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin. Bldg. 272' E1, near OSC roll up door.
(P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	2			
Hood, Nomex	2			
Fire Resistant Gloves	2 pair			
Coats, Turnout	2			
Hand Lantern	2			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	6			
Spare Air Cylinder	3			
Boots, Turnout	2 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/

Date

Emergency Planning Coordinator / Date

- This is a Quality Record -

SAP-2	EMERGENCY EQUIPMENT	ATTACHMENT 2
Rev. No. <u>32</u>	INVENTORY*	- Page <u>13</u> of <u>48</u>

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Support & Admin Facility 272' E1 - Center hallway from mens locker room (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	2			
Hood, Nomex	2			
Fire Resistant Gloves	2 pair			
Coats, Turnout	2			
Hand Lantern	2			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	6			
Spare Air Cylinder	3			
Boots, Turnout	2 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Old Admin Bldg. 272' E1, Hallway between TB and RB
entrances (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational
condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	1			
Hood, Nomex	1			
Fire Resistant Gloves	1 pair			
Coats, Turnout	1			
Hand Lantern	1			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	10			
Spare Air Cylinder	3			
Boots, Turnout	1 pair for each locker			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/ Date Emergency Planning Coordinator / Date

- This is a Quality Record -

FIRE BRIGADE EQUIPMENT INVENTORY

Location: Screenwell 272' El, Northeast (P-2 key needed to open lockers)

NOTE: Satisfactory applies to quantity and physical/operational condition.

Each Locker

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Fire Helmet	1			
Hood, Nomex	1			
Fire Resistant Gloves	1 pair			
Coats, Turnout	1			
Boots, Turnout	1 pair			
Hand Lantern	1			

Staged at lockers:

DESCRIPTION	QUANTITY REQUIRED	QUANTITY FOUND	SAT (✓)	UNSAT (✓)
Scott Pak	6			
Spare Air Cylinder	3			
Fire Axe (may be located in a locker)	1			
Wrecking bar (may be located in a locker)	1			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

AMBULANCE KIT INVENTORY

Location: Old Admin. Bldg., 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-2	1	Required Rev No: As found Rev. No:		
Decontamination And Treatment Of The Radioactively Contaminated Patient At The Oswego Hospital	1			
Surgical Gloves	1 box			
Air Sample Collection Envelopes	24			
Particulate Air Sample Filters	24			
Filter Heads for Sampler	2			
Dosimeters (0 - 500 mR)	10	Cal Due Date:		
Dosimeter Charger	1			
TLDs	10	Date Issued:		
Portable Count Rate Meter Inst. No:	1	Cal Due Date:		
Hi Vol. Sampler 110 VAC with spare fuses	1	Cal Due Date:		
Portable Dose Rate Meter Inst. No:	1	Cal Due Date:		
Keys To Emergency Vehicles	4			
Radioactive Sources accounted for per RP-RAM-102	NA			
Gurney (AB 272' by stairs)				

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

RESCUE KIT INVENTORY

Location: Old Admin. Bldg, 272' el, Near Elevator

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Hacksaw	2			
Flashlights	2			
Spare batteries	4			
EAP-9 Search & Rescue Operations	1	Required Rev No: As found Rev. No:		
Life Lines 100'	2			
Bolt Cutter	1			
Sledgehammer (6 pound)	1			
Sledgehammer (12 pound)	1			
Wrecking Bars	2			
Tripod with winch	1			
Portable Torch	1			
Stretcher (Outside OSC)	1			
Stretcher (Outside CR)	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

FIELD SURVEY KIT INVENTORY

() EP1

() EP2

() RES-3/EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring*	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry*	1	Required Rev No: As found Rev. No:		
Clipboards	1			
Masking Tape	2 rolls			
Pads	1			
Rain suits	2			
Hearing Protectors	2			
Surgeons Gloves	1 box			
Plastic Food Wrap	1 box			
Sampling Utensils	1 set			
Masslin Cloth	1 bundle			
P-5 Key to Environmental Stations	1			
Gallon Jugs	3			

- This is a Quality Record -

SAP-2 Rev. No. <u>32</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 5 - Page <u>19</u> of <u>48</u>
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FIELD SURVEY KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Pens	3			
Disc Smears	1 box			
Watch	1			
Tweezers	2			
Assorted plastic bags	12			
Quart size ziploc bags	1 box			
Pint size ziploc bags	1 box			
Filter Heads for Sampler	2			
Silver Zeolite Cart	10			
Fiberglass Air Filters	1 box			
Ring Planchets	10			
Air Sample Collection Envelopes	24			
Sample Location Stakes	12			
High Visibility Vests	3			
Paper Coveralls	4			
Shoe Covers	8 pair			
Rubbers	8 pair			
Folder of Maps	1			
110V Power Supply	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
EAP-5.3, Onsite/Offsite Downwind Surveys and Environmental Monitoring	1	Required Rev No: As found Rev. No:		
EAP-5.3, Attachment 1	5	As found Rev. No:		
EAP-5.3, Attachment 2	5	As found Rev. No:		
EAP-5.3, Attachment 3	5	As found Rev. No:		
EAP-5.3, Attachment 12	5	As found Rev. No:		
EAP-5.3, Attachment 13	5	As found Rev. No:		
EAP-5.3, Attachment 14	5	As found Rev. No:		
EAP-5.3, Attachment 15	5	As found Rev. No:		
EAP-6, In-plant Emergency Survey/Entry	1	Required Rev No: As found Rev. No:		
EAP-19	1	Required Rev No: As found Rev. No:		
RP-INST-02.09	1	Required Rev No: As found Rev. No:		
Surgeons Gloves	6 boxes			
Masslin	6 packages			
Respirator Cartridges (Iodine)	16	Exp Date:		
Respirator Filters (Particulate)	16			
Respirators	8	Due Date:		

- This is a Quality Record -

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DRDs (0-500 mR)	5	Due Date:		
Charger	2			
Dosimeters (0-200 mR)	50	Cal Due Date:		
Hearing Protection	1 set			
Masking Tape	3 rolls			
Pens	6			
Tape Dispenser	1			

- This is a Quality Record -

SAP-2

Rev. No. 32

EMERGENCY EQUIPMENT
INVENTORY*

ATTACHMENT 6

- Page 22 of 48

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Batteries (D size)	12			
Flashlights	6			
Batteries for RO-5	6			
Watch	1			
Clipboard	2			
Pad	2			
Spare security seals	2			
Gallon bags	1 box			
Quart bags	1 box			
Pint bags	1 box			
Assorted Plastic Bags	12			
Plastic wrap	2 rolls			
1 liter bottles	3			
KI Tablets	100	Exp Date:		
Disc Smears	4 boxes			
Particulate Samp Filters	24			
Air Sample Collection Envelopes	24			
Filter Heads for Sampler	6			
Silver Zeolite Cartridges	20			
Ring Planchets 2"	20			
Hi Vol. Sampler 110 VAC and spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Portable Count Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Portable Dose Rate Meters Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		
Teletector Inst. No: _____	1	Cal Due Date: _____		
Radioactive Sources accounted for per RP-RAM-102				
Mini-Scaler with HP210 Probe and spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____	3	Cal Due Date: _____ _____ _____		
Disposable White Coveralls	16			
Rainsuits	4			
Plastic shoe covers (high top)	24			
Coveralls	5			
Hoods	5			
Boot Covers	20 pair			
Rubbers	20 pair			
Rubber Gloves	40 pair			

- This is a Quality Record -

EOF EMERGENCY PLAN INVENTORY

Location: EOF Roll-Up Door Entrance

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Cotton liners	40 pair			
Cotton Work Gloves	8 pair			
PAWS	40			
Sampling tools	1 set			
Rope - yellow & magenta - 100'	1			
Radiation warning signs	4			
Stanchions	3			
Collection container (40 gal)	1			
Garden hose	1			
Buckets	2			
Sponges	6			
TLD Labeled "Control" (stored in lead cave)	1	Date Issued:		
TLDs (stored in lead cave)	55	Date Issued:		

REMARKS: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

OFFICE SUPPLIES FAX/COPY ROOM	AMOUNT REQUIRED	SAT (✓)	UNSAT (✓)
Pads of Paper	35 each		
Clipboards	6 each		
Pens	50 each		
Dry Erase Markers	24 each		
Xerox Paper	1 case		
Telecopier Paper	6 rolls		
Toner (PC-25 Copier) - Stock #161183 (Warehouse)	1 cart.		
TONER (LASERJET 2)	1 cart.		
TONER (LASERJET 4)	1 cart.		
Toner (Canon Fax 7000-FX2)	2 cart.		
Xerox Copier 420DC - Stock # 113R275 (Xerox - WPO)	1 cart.		
Xerox Copier 432ST - Stock # 113R316 (Xerox - WPO)	1 cart.		
Imaging Cartridge (Xerox Fax) - Stock #161185 (Xerox - WPO)	2 rolls		
708 Okidata Ribbon	6 cart.		
182 Okidata Ribbon - Stock #651203 (Warehouse)	6 cart.		
Seiko Ribbon (EDAMS & EPIC) - Stock #411089 (Warehouse)	4 rolls		
OVERHEAD DOOR AREA			
Paper (14-7/8 x 11) - Stock #560147 (Warehouse)	3 cases		
Paper (9-1/2 x 11)	3 cases		
Paper (12 x 8-1/2)	3 cases		
Seiko Paper - Stock #561090 (Warehouse)	4 rolls		

- This is a Quality Record -

SAP-2 Rev. No. <u>32</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 7 - Page <u>26</u> of <u>48</u>
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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical / operational condition.

FAX MACHINES (Check for Operability)	SEND (✓)	RECEIVE (✓)	SAT (✓)	UNSAT (✓)
FAX A (593-5951)				
FAX B (593-5952)				
FAX C (593-5953)				
DOSE ASSESSMENT ROOM (593-5992)				
STATE/LOCAL ROOM (593-5975)				
Verify State and County Fax numbers are correctly programmed into Fax "B"				
Verify TSC, JNC and WPO-ERC Fax numbers are correctly programmed into Fax "C"				

COPY MACHINES (Check for Operability)	SAT (✓)	UNSAT (✓)
DOSE ASSESSMENT ROOM		
FAX/COPY ROOM		

PUBLIC ADDRESS	SAT (✓)	UNSAT (✓)
Dial "5899" from any phone		

- This is a Quality Record -

SAP-2 Rev. No. <u>32</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 7 - Page <u>27</u> of <u>48</u>
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EOF OFFICE SUPPLY/EQUIPMENT INVENTORY

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

READER PRINTERS - PLANT ASSESSMENT ROOM (Check for Operability)	AMOUNT REQUIRED	SAT (✓)	UNSAT (✓)
Minolta RP600Z (A)	--		
Minolta RP600Z (B)	--		
Toner (PN 8910-404)	2 cart.		
OCE 3600	--		
Dispersant - Stock #28025 (Warehouse)	2 gal.		
Paper	2 rolls		

COMPUTER TERMINALS (Check for Operability)	SAT (✓)	UNSAT (✓)
EPIC		
Technical Liaison		
Dose Assessment Room		
Printer		
EDAMS (DOSE ASSESSMENT ROOM)		
NORTH		
SOUTH		
PRINTERS		

- This is a Quality Record -

Location: EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

COMPUTER TERMINALS (Check for Operability)	SAT (✓)	UNSAT (✓)
NETWORK COMPUTERS		
PLANT ASSESSMENT ROOM - TERMINAL		
PLANT ASSESSMENT ROOM - PRINTER		
DOSE ASSESSMENT ROOM - COMPUTER		
TECHNICAL LIAISON - COMPUTER		
STATE/LOCAL ROOM - TERMINAL		
EMERGENCY DIRECTOR - COMPUTER		
PURCHASING ACCOUNTING - COMPUTER		
NRC AREA - COMPUTER		
WEATHER (DOSE ASSESSMENT ROOM METE ADVISOR)		
COMPUTER		
PRINTER		

REMARKS: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

Location: Closet next to REA and Hallway near X-Ray Department

NOTE: Satisfactory applies to quantity and physical / operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Pre-Cut White Herculite	1			
Pre-Cut Green Herculite	1			
Yellow & Magenta Rope	2 - 25' 1 - 50'			
Control TLD (NMPC)	1			
Count Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (JAF)	1	Cal Due Date:		
Inst. No.:				
Dose Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Extension Cord (for count rate meter)	1			
EAP-2	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04	1	Required Rev No. As Found Rev. No.:		
RP-OPS-03.04, Attachment 1	10	As Found Rev. No.:		
RP-OPS-03.04, Attachment 6	10	As Found Rev. No.:		
RP-INST-02.09	1	Required Rev No. As Found Rev. No.:		
NMPC Check Source	1			
Masking Tape	10 rolls			
Dosimeter Charger (1 battery powered, 1 AC powered)	2			
Count Rate Meter (NMPC)	1	Cal Due Date:		
Inst. No.:				
Mini Scaler with HP 210 Probe (JAF) And spare fuses	1	Cal Due Date:		
Inst. No.:				

- This is a Quality Record -

SAP-2

Rev. No. 32

EMERGENCY EQUIPMENT
INVENTORY*

ATTACHMENT 8

- Page 30 of 48

OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Magnets	6			
Atomic Wipes	50			
Q Tips	1 box			
Markers	2			
Smears	50			
Latex Gloves	1 box			
Sodium Chloride	1 bottle	Exp. Date:		
Betadine	1 bottle	Exp. Date:		
Dosimeters (NMPC)	5			
Dosimetry Issue Log and Cross Reference to Kit # (NMPC)	1			
Protective Clothing Kits (inventory per table below)	10			
Assorted Bags	15			
Radiation Signs	10			
Radiation Tags (tie)	20			
Radiation Tags (adhesive)	20			
RMC Sample Collection Kit	1			
RMC Decontamination Kit	1			
RMC Accident Proc. Poster	1			
Portable Stanchion	2			
Lead Pig	1			
Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital (located at nurses' station)	1			

- This is a Quality Record -

OSWEGO HOSPITAL EMERGENCY PLAN INVENTORY

PROTECTIVE CLOTHING KITS, each kit contains the following:

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Shoe covers	1 pair			
Long sleeve gowns	2			
Head cover	1			
Mask with shield	1			
Exam gloves	1 pair			
Gauntlet gloves	1 pair			
Tape strips	2			
TLD badges	1			
Self reading dosimeters (low range NIMO)	1			
Self reading dosimeters (high range NIMO)	1			

NOTE: Satisfactory applies to quantity and physical/operational condition.

Location: Room ED-109

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
RMC Decontamination Table Top	1			
Yellow Trash Receptacles	2			
Yellow Water Receptacles	2			
Movable Base for Trash Receptacles	2			
Hose and Nozzle for Decontamination Table Top	2			
Step-off Pads	2			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

TRAUMA KIT INVENTORY

CONTROL ROOM

OSC

WAREHOUSE

RAD WASTE CONTROL ROOM

NURSES OFFICE - S&A FACILITY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Nasal Cannula w/tubing	1			
Elong Non-rebreather Mask	1			
Berman Airway Size #3-80mm	1			
Berman Airway Size #4-90mm	1			
Berman Airway Size #5-100mm	1			
Pocket Mask w/valve	1			
Adult Econo. BP Unit	1			
Dual Head Stethoscope	1			
Ammonia Inhalants (10/box)	1			
Stifneck Short Collar	1			
Stifneck Regular Collar	1			
Stifneck Tall Collar	1			
Stifneck NoNeck Collar	1			
Disp. Cerv. Immob. Device	1			
Medic Shears	1			
Disposable Penlight	2			
Cot Blanket Blue, 66x90	1			
7 ft. Patient Restraint Strap	2			
Space Rescue Blanket	2			
Burn Sheet - (60 x 96) Sterile Disposable	1			
Sterile Aluminum Foil	1			
10 x 30 Stle. Multi-Trauma Dressing	3			
Elastic Bandage 3"	1			
Elastic Bandage 4"	2			
1 x 3 Sheer Bandaid	1			

- This is a Quality Record -

SAP-2

EMERGENCY EQUIPMENT
INVENTORY*

ATTACHMENT 9

Rev. No. 32

- Page 33 of 48

TRAUMA KIT INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Kerlix 2-1/4" Sterile Roller Gauze	1			
Kling Sterile 4" x 5 yd. Roller Gauze	4			
Parr Triangular Bandage	5			
5 x 9 Stle. Surgipad Dressing	5			
4 x 4 Stle. Sponges	14			
Vaseline Gauze Dressing	2			
3 x 4 Stle. Gauze Sponges	10			
X-Large Bandaid 2 x 4	8			
Gloves, Latex Sterile, Lg	4			
Alcohol Prep Pads Medium	10			
Adhesive Tape 1"x5 yd in tin	2			
0.9% Sodium Chloride 500 ML bottle	1	Exp. Date:		
Junior Ice Pack-Unit Size	4			
12 Gal. Red Biohazard Bags	3			
PCR Sheets	2			
Notebook and Pen	1			
Sam Splint roll	3			
Surgeons Gloves	1 box			
Trauma Case - Orange	1			
Sample Kit Box	1			
Back Board	1			
Bloodborne Pathogen Kit	1			

REMARKS: _____

Security Seal No.: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____
 - This is a Quality Record -

SECURITY BUILDING INVENTORY

Location: Main Security Building

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Coveralls	8			
Booties	8 pair			
Hoods	8			
Cloth Gloves	8 pair			
Rubber Gloves	2 boxes			
Cotton Liners	2 boxes			
Surgeons Gloves	1 box			
PAWS	32			
Resp. Cartridges (Iodine)	16	Exp Date:		
Resp. Cart. (Particulate)	16			
Tape	2 rolls			
Herculite for ambulance	1			
TLDs	50	Date Issued:		
DRDs (0-500 mR)	50	Cal Due Date:		
Rubbers	8 pair			
Dosimeter Charger	1			
Respirators	8	Due Date:		
Scott Pak	4			
Spare Air Cylinders	4			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Face Masks	5			
Air Bottles (330 cu. ft.)	5			
Air Lines	5			
SCBA	8			
Spare Bottles	4			
Meals (key with coffee keys)	90			
JAFNPP Emergency Plan and Implementing Procedures (Inside Horseshoe, SE bookshelf)	2			
IAP-1, Attachment 1	20	Required Rev No: As Found Rev No:		
EAP-1.1, Attachment 1	20	Required Rev No: As Found Rev No:		
EAP-1.1, Attachment 4	20	As Found Rev No:		
EAP-1.1, Attachment 5	20	As Found Rev No:		
EAP-1.1, Attachment 6	20	As Found Rev No:		
EAP-2, Attachment 1	20	Required Rev No: As Found Rev No:		
SAP-8, Attachment 1	20	Required Rev No: As Found Rev No:		

- This is a Quality Record -

SAP-2 Rev. No. <u>32</u>	EMERGENCY EQUIPMENT INVENTORY*	ATTACHMENT 11 Page <u>36</u> of <u>48</u>
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CONTROL ROOM INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Classification of Emergency Conditions - Figure IAP-2.1	1	Required Rev No: As Found Rev No:		
EDAMS Terminal	1			
LA-100 Terminal	1			
Bottled Water (break room)	8			

REMARKS: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

TECHNICAL SUPPORT CENTER INVENTORY

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
JAFNPP FSAR (Volumes 1 - 10) (Located With OPS Procedure Writers)	1 set			
JAFNPP Operating Procedures	1			
Wall Map 10 Mile EPZ	1			
Wall Map 50 Mile EPZ	1			
Computer Terminals/PCs/Printers operability check	all			
Emergency Director Podium operability check	1			
Flashlights	3			
Spare batteries (D size)	1 box			
AMS-3 CAM Inst. No:	1	Cal Due Date:		
Iodine Monitor IM1A Inst No:	1	Cal Due Date:		
Accountability System Operability Test (Contact SAS)	5 card readers			
Fax Machine Operability Check (Date and Time)	3			

DOCUMENT TITLE	QUANTITY	DOCUMENT LOCATED YES/NO	REV NO.	LATEST REV. YES/NO	SAT (✓)	UNSAT (✓)
JAFNPP Emergency Plan and Implementing Procedures	3		N/A	N/A		
New York State Radiological Plan/Procedures	1					
Oswego County Radiological Emergency Plan	1					
Onondaga County Radiological Emergency Response Host Plan	1					
Nine Mile Point - 1 & 2 Emergency Plan/Procedures	1					
Decontamination And Treatment Of Radioactively Contaminated Patient At The Oswego Hospital	1					
University Hospital (Upstate) Plan	1					

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EOF DECONTAMINATION ROOM INVENTORY

Location: Decontamination Room

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Bar soap	2			
Surgical Scrub Brushes	10			
Cotton swabs	300			
Hair Remover	2 cans			
Shaving Cream	2 cans			
Disposable razors	6			
Shampoo (60 ml bottles)	2			
Cotton Gauze Pads	50			
Surgical Tape	2			
Scissors	2			
Plastic wrap	2			
Paper Hand Towels	6			
Plastic Bags	2			
Plastic Rain Suits	2			
Plastic Booties	10 pair			
Masslin	2 boxes			
Surgical Gloves	10			
Coveralls	6 pair			
Cotton Gloves	6 pair			
Step-off pads	2			
Glove liners	10			
Paper Bath Towels	1 carton			

REMARKS: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

EMERGENCY KEY INVENTORY

Location: Control Room and EOF

NOTE: Satisfactory applies to quantity and physical/operational condition.

CONTROL ROOM

KEY	SAT (✓)	UNSAT (✓)
EMERGENCY VEHICLES (4)		
TSC/OSC DOOR		
METEOROLOGICAL COMPUTER ROOM (AB 286' EL, NE)		
EPIC ROOM		
NURSE/FIRST AID OFFICE		
EMERGENCY CABINETS		
ENVIRONMENTAL STATIONS		
EOF DOOR		
JOINT NEWS CENTER		

EOF

KEY	SAT (✓)	UNSAT (✓)
EMERGENCY VEHICLES (4)		
ENVIRONMENTAL STATIONS (P-5)		
METEOROLOGICAL BUILDINGS		
JOINT NEWS CENTER		

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Dosimeters (0 - 1 R)	5	Cal Due Date:		
Dosimeters (0 - 5 R)	5	Cal Due Date:		
Dosimeter Charger	1			
Radios - base station	1			
Radios - headsets	5			
Spare AA Batteries	12			
Extension Cord	1			
RAD Rope - 50'	1			
RAD Signs	2			
Absorbent Towels	1 box			
Surgeons Gloves	2 bags			
Portable Count Rate Meter Inst. No: _____	1	Cal Due Date:		
Duct Tape	1 roll			
Trash and PC Bags	2 yellow 2 red 2 white			
Plastic Bags	10			
PAWS	40			
Bath Towels	2			
Full Face Respirator	3	Due Date:		
Finger Ring TLDs	5 sets	Issue Date:		
TLDs	5	Issue Date:		
Control TLD	1	Issue Date:		
Radioactive Sources accounted for per RP-RAM-102	N/A			

- This is a Quality Record -

PASS CABINET INVENTORY

Location: Fan Room (AB 300')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Teletector Inst. No.: _____	1	Cal Due Date:		
Booties	10			
Hoods	10			
Surgeon's Caps	10			
Rubbers	10			
Cotton Liners	1 package			
Rubber Gloves (size 9 or med)	1 box			
Rubber Gloves (size 10 or lg)	1 box			
Coveralls	10			
Trash and PC Bag Stands (located behind cabinet)	1			
SOP (behind cabinet)	3			
Stanchions	2			
Lo Vol Sampler (in MG Set Room) Inst. No: _____	1	Cal Due Date:		
Airline 100' (located on reel in MG Set Room)	4			
Airline Triple Connection (located on Cascade System in MG Set Room)	1			

REMARKS: _____

Security Seal No: _____

Performed by/ _____ Date _____

Emergency Planning Coordinator / Date _____

- This is a Quality Record -

DECON SUPPLY INVENTORY

Page 1 of 2

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Bar Soap	1 box			
Shampoo	5 bottles			
Paper Towels	1 roll			
Disposable Razors	50			
Shaving Cream	10 cans			
Scissors	3 pair			
Liquid Hair Remover	5 bottles			
Cotton Gauze Pads	3 boxes			
Scrub Brushes	5			
Glove Liners	1 package			
Surgical Gloves	3 boxes			
Tape (surgical)	6 rolls			
Cotton Swabs	2 boxes			
Plastic Food Wrap	1 box			
Plastic Rain Suits	2 pair			
Towels	1 box			
Nail Clippers	5			
Masking Tape	6 rolls			
Dermatological Sponge	1 box			
50:50 Mixture of Dry Tide Detergent and Cornmeal	1			
Sample Collection Kit	1			

DECON SUPPLY INVENTORY

Location: Old Admin Building Near Control Point (AB 272')

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Cotton Balls	1 package			
Phisoderm	1 bottle			
Ear Plugs	6 pair			
Irrigating Eye Wash Sterile Solution	3 bottles	Expiration Date:		

REMARKS: _____

Performed by/ Date

Emergency Planning Coordinator / Date

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Respirator Filters (Particulate)	15			
Respirator Cartridges (Iodine)	25	Expiration Date:		
Respirators	25	Due Date:		
Scott Pak	2			
Spare Air Cylinders	4			
Clipboard	10			
Pads	20			
Pens	25			
Watch	1			
Pencils	10			
Tweezers	2 pair			
Assorted Plastic Bags	10			
Paper Towels	2 packages			
Surgeons Gloves	1 box			
Dry Erase Markers	10			
Sharpie Markers	5			
Disc Smears	1 box			

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Dosimeters (0-200 mR)	10	Cal Due Date:		
Dosimeters (0-500 mR)	15	Cal Due Date:		
Dosimeters (0-1 R)	15	Cal Due Date:		
Dosimeters (0-5 R)	10	Cal Due Date:		
Dosimeters (0 - 100 R)	10	Cal Due Date:		
Ring Planchets	10			
Particulate Samp Filters	1 box			
EP Vehicle Keys	4 sets			
Teletector Inst. No: _____	1	Cal Due Date: _____		
Dosimeter Charger	1			
Portable Dose Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	5	Cal Due Date: _____ _____ _____ _____ _____		
TLDs	35	Date Issued:		

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Air Sample Collection Envelopes	25			
Hi Vol Sampler 110 V with spare fuses Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	6	Cal Due Date: _____ _____ _____ _____ _____ _____		
Filter Heads for Sampler	2			
Flashlights	10			
Spare Batteries	20			
KI (general use)	100 bottles	Exp. Date:		
RAD Rope	1 spool			
Silver Zeolite Cartridge	24			
Radioactive source accounted for per RP-RAM-102	NA			
Step-Off Pads	2			
Portable Count Rate Meter Inst. No: _____ Inst. No: _____ Inst. No: _____ Inst. No: _____	4	Cal Due Date: _____ _____ _____ _____		

- This is a Quality Record -

OSC EMERGENCY PLAN INVENTORY

Location: Administration Building 272' Elevation

NOTE: Satisfactory applies to quantity and physical/operational condition.

DESCRIPTION	QUANTITY	OTHER	SAT (✓)	UNSAT (✓)
Area Radiation Monitor Inst. No: _____	1	Cal Due Date:		
Personal Computer Operability Check	all			
JAF Operating Procedures	1 set			
JAFNPP Emergency Plan & Procedures	1 set			
Radiation Protection Procedures	1 set			
Maintenance Procedures	1 set			
I&C Procedures	1 set			
Hoods	30			
Caps	30			
Booties, Cloth	30 pair			
Cotton Liners	2 packages			
PAWS	120			
Duct Tape	5 rolls			
Orange PCs (Electrical Hot Work Suits)	10			
Coveralls	30			
Booties, Plastic	30 pair			
Rubber Shoe Covers	30 pair			
Rubber Gloves (size 9 & 10)	30 pair			
Gore Tex Suits	5			

REMARKS: _____

Performed by/ _____ Date _____ Emergency Planning Coordinator / Date _____

- This is a Quality Record -

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

DRILL/EXERCISE CONDUCT*
SAP-6
REVISION 16

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY: 
RESPONSIBLE PROCEDURE OWNER

DATE: 1-15-01

EFFECTIVE DATE: January 16, 2001

FIRST ISSUE

FULL REVISION

LIMITED REVISION

*****	*****
* INFORMATIONAL USE *	* TSR *
*****	*****
* ADMINISTRATIVE *	CONTROLLED COPY # <u>34</u>

PERIODIC REVIEW DUE DATE: FEBRUARY 2002

REVISION SUMMARY SHEET

REV. NO.

- 16
- An adjustment was made to the cover sheet to reflect the Company name change.
 - Added Section 9.0 to clarify acceptance criteria for NRC performance indicators.
 - In Section 2.2, two additional references were listed.
 - Step 4.5 was added; referencing section 9 of this procedure.
 - Editorial corrections were made on page 6 acknowledging the resent company change.
- 15
- Revised Observer Evaluation forms (Attachment 2) to collect NRC performance indicator data points for Drill/Exercise Performance.
 - Revised Attachment 1 Drill or Exercise Conduct Checklist, to tabulate and calculate NRC performance indicators for Drill/Exercise Performance.
- 14
- Attachment 2, pages 46-48: deleted as these Observer Evaluation Forms are no longer required. HQ ERC is being eliminated as part of this revision.
 - In section 8.1, 8.2, & 8.3 - added "or designee".
 - Added "or designee" to sections 8.1, 8.2, & 8.3.
- 13
- Reformat per AP-02.01, Rev. 5.
 - Editorial changes.
 - Reference change to reflect current APs.

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1.0 PURPOSE

To establish a procedure for the conduct and evaluation of all Emergency Plan Drills and Exercises at JAFNPP. This procedure also outlines the management controls used to ensure that corrective actions are implemented.

2.0 REFERENCES**2.1 Performance References**

None

2.2 Developmental References

2.2.1 NUREG-0654, Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

2.2.2 JAFNPP Emergency Plan and Implementing Procedures, Volumes 1, 2 and 3

2.2.3 SAP-1, MAINTAINING EMERGENCY PREPAREDNESS*

2.2.4 AP-02.03, EMERGENCY PREPAREDNESS*

2.2.5 AP-02.04, CONTROL OF PROCEDURES*

2.2.6 NEI 99-02, Revision 0, Regulatory Assessment Performance Indicator Guideline'

2.2.7 NUREG-0654, Criteria for the Preparation and Evaluation of Radiological Response Plans and Preparedness in Support of Nuclear Power Plants

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

- 4.1 Drill conduct is discussed in Section 5 of this procedure. This section delineates the minimum acceptable activity for a drill at JAFNPP.
- 4.2 Exercise conduct is discussed in section 6 of this procedure. This section delineates the minimum acceptable activity for an exercise at JAFNPP.
- 4.3 Observer conduct is discussed in Section 7 of this procedure. This section specifies the minimum acceptable, preparation, training and response required for an observer of a JAFNPP drill or exercise.
- 4.4 Critiques and corrective actions are discussed in Section 8 of this procedure. This section specifies the method in which problems with Emergency Preparedness at JAFNPP are handled.
- 4.5 Drill and Exercise Performance Indicator (PI) evaluation is discussed in Section 9 of this procedure. This section describes the minimum acceptable performance indicator evaluation criteria.

5.0 DRILL CONDUCT

- 5.1 Drills shall be directed with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS*.
- 5.2 Drills shall be directed by a lead controller who shall be responsible for conducting the drill in accordance with the drill scenario and the drill report.
- 5.2.1 The lead controller may conduct a briefing with drill participants. The intent of such a briefing would be to insure that drill participants understand their function and purpose in the drill. The control room briefing should be similar to a shift turnover briefing.
- 5.2.2 The lead controller may delegate controller responsibilities to other individuals. Controllers and observers can be used for this purpose. A controller shall be called such when that individuals sole responsibility is to assist in the conduct of a drill. An observer can function as a controller when assigned the task of providing

- information or instruction during a certain aspect of a drill.
- 5.2.3 The lead controller shall insure that plant safety is not compromised by a drill, and may stop a drill at any time if in his opinion plant safety may be affected.
- 5.2.4 The Lead Controller shall attempt to collect the signatures of as many participants as possible for training documentation. This responsibility can be delegated to other controllers, or observers.
- 5.2.5 The Lead Controller shall commence and end the Drill, upon approval from the JAFNPP Site Executive Officer.
- 5.2.6 The Lead Controller shall ensure that drill observers are stationed to properly observe the drill.
- 5.2.7 The Lead Controller should distribute a fact sheet to the emergency response facilities describing plant conditions in effect approximately eight (8) hours prior to drill commencement.
- 5.3 During a drill, when (public address system) announcements are made, those announcements shall be prefaced or followed by the words "This is a Drill."
- 5.4 During a drill when contacting any offsite or non-JAF institution, the individual shall insure that the organization fully realizes that no emergency exists onsite and that it is a test of the JAFNPP Emergency Plan.
- 5.5 Drills shall be conducted using the guidance established by Attachment 1, Drill or Exercise Conduct Checklist.
- 5.6 The Emergency Planning Coordinator shall conduct an observer meeting prior to a drill. The meeting shall be to inform the observers of their specific tasks.

5.7 Radiological Emergency Medical Drills are limited in scope and participation by plant personnel. Therefore, only one lead controller is necessary in the Control Room, one observer/controller accompanying the victim and one controller at the destination hospital. Each observer/controller may be briefed individually. The Control Room controller must be an Entergy employee and the other controllers/observers may be medical consultant personnel. Drill documentation will be a combination of Entergy drill report and Control Room Observer Evaluation Form (Attachment 2) supplemented by the medical consultant's evaluation of performance.

6.0 EXERCISE CONDUCT

An Exercise shall include all items specified for a drill with the following differences:

6.1 Exercises shall be conducted with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS*.

6.2 A Lead Controller stationed in the Control Room shall be responsible for conducting the exercise in accordance with the written scenario. As a minimum, controllers shall also be present in the Technical Support Center, Operational Support Center, and the Emergency Operations Facility.

6.3 Every attempt should be made to include Federal, State and local input into the development of the exercise scenario.

6.3.1 The Exercise scenario shall be developed by a committee headed and organized by the Emergency Planning Coordinator at JAFNPP.

7.0 OBSERVER CONDUCT

7.1 Observers shall be used to record all significant events and the time at which they occur during a drill or exercise using Attachment 2, Observer Evaluation Form. The drill or exercise scenario shall state the objectives of the drill or exercise which will determine the major areas for the observers to concentrate their observation. Actions to be observed include: the ability to control the emergency, timely and proper notification, availability and use of equipment and personnel for control and recovery, assessment of consequences of the emergency actions taken by emergency personnel, and the necessity for off-shift notifications.

-
- 7.2 Observers shall be selected with the concurrence of the Site Executive Officer.
- 7.3 Observers and controllers will be assigned as determined by the Emergency Planning Coordinator. The degree of observation shall be made based on the extent of the drill or scenario. As a general rule, however, observers shall be stationed to observe all expected major actions of the drill expected and as listed in objectives statement of the drill or exercise scenario. At least two observers must be available for drills and at least eight observers for an exercise.
- 7.4 In plant observers shall be badged following normal plant badging procedures, and are required to participate during accountability drills.
- 7.5 Observers shall be visibly identified as observers, and they should take no part in the action of the drill or exercise except to:
- 7.5.1 Indicate simulated conditions to the exercise or drill participants, (e.g., survey meter readings, contamination levels, etc.), but only after instructions by the lead controller or individual acting on behalf of lead controller.
 - 7.5.2 Observe poor communication techniques and procedures and note/correct such occurrences when they occur.
 - 7.5.3 Prevent the communication of simulated emergency conditions as actual conditions outside of the exercise or drill area and to ensure that radio or telephone messages are preceded and ended by the statement "This is a Drill."
 - 7.5.4 Prevent actions which might create a hazard to personnel or equipment. In such cases, observers shall require personnel participating in the exercise or drill to indicate the action verbally.

- 7.6 Observers shall be briefed as to their duties prior to the commencement of the drill or exercise. Drill observers should be briefed within 24-hours of the commencement of a drill. Exercise observers should be briefed within 24 hours of the commencement of an exercise and written aids and procedures shall be provided for use by the observers. This 24-hour time frame may be adjusted to compensate for unannounced exercises.
- 7.7 Training shall be provided to observers by the JAFNPP Training Department and/or drill/exercise lead controllers. The training provided for observers will entail the briefing listed in Section 7.6. The briefing shall include a review of the drill or exercise scenario, the observer duties with regard to the assigned areas of observation, and the key points to be noted. The Emergency Planning Coordinator shall develop a list of observers to be trained. Exceptions to the qualified observer list may be made by the Emergency Planning Coordinator.
- 7.8 At the conclusion of the drill or exercise, the Emergency Planning Coordinator shall collect the completed Observer Evaluation Forms (Attachment 2), compile a list of participants and conduct a critique with the observers.
- 7.9 Observers shall familiarize themselves with the duties and action requirements of the personnel they are monitoring. The Drill Subject Report, Attachment 1 of SAP-1, Maintaining Emergency Preparedness*, shall list Observers' Name, Organization, and Area of Responsibility. Observers shall review applicable procedures. Observers shall use the following as guidelines.

7.9.1 Control Room

The observer shall observe the action of personnel assigned to the Control Room and personnel who report to the Control Room for assignment. In addition, special attention will be given to the following:

- A. Notifications to onsite personnel and offsite agencies.
- B. Request for the call-in of off duty personnel.
- C. Operations handling of accident conditions.

D. Instructions given to Search and Rescue, Repair and Corrective Action Teams and H.P. Techs by the Shift Manager (SM), as applicable.

E. Does the SM handle the emergency by directing people or by trying to do the work himself?

F. Are the time frames of actions by the SM reasonable enough?

G. Actions of personnel in the Control Room.

H. Communications with the EOF.

I. Communications with the TSC.

7.9.2 Control Point

It is to be noted that all normal practices such as sign out and use of frisker and the portal monitor are to be accomplished unless the H.P. Technician gives other directions because of radiological conditions. The observer will pay special attention to the above along with the following.

A. No one is wearing radiological protection clothing when leaving.

B. All alarms from monitoring equipment are acknowledged.

7.9.3 Assembly Area

Observe the following for assembly area personnel:

A. They seek out their assembly area, generally stay together as a group and remain orderly.

B. Time of assembly and completed accountability.

7.9.4 Emergency Operation Facility

This is the command post for the Emergency and it should seem so to the observer. Look for the following things:

- A. The Emergency Director is in command of the EOF.
- B. Any extra personnel, spectators and those awaiting orders, are quietly standing out of the way.
- C. Has the Emergency Director contacted the TSC Manager?
- D. The Radiation Protection or Support Personnel are performing duties in an efficient manner and reporting results to the Emergency Director.
- E. Instrumentation/equipment in the EOF is placed as not to interfere with movement or cause a safety hazard.
- F. How problems with the radio and telephone are handled.
- G. Release rates, TEDE doses and CDE Thyroid doses to the offsite population are calculated quickly after the receipt of data from the Control Room or the Offsite Monitoring Team(s).
- H. The time frame of updates to offsite agencies and the reporting of exposure data and changes to site meteorological conditions, to those same agencies.
- I. The Emergency Director assigns, where possible, the duty of making routine calls to someone else thereby leaving himself free to command the action.
- J. How assessment teams make protective actions to offsite populations.

7.9.5 Off-Site Monitoring Teams

The observers shall observe the following items:

- A. Received KI dose, if necessary.
- B. Operational check performed on survey instruments, sample counter and air sampler before leaving the site.
- C. Equipment availability verified.
- D. Assignment of TLDs and dosimeters before leaving the site.
- E. Silver Zeolite Cartridges made available before leaving the site.
- F. Survey instrument operationally checked out and turned on prior to leaving to take field readings.
- G. Radio checked out by communicating to EOF or TSC before leaving.
- H. Beta and gamma field surveys performed on the way to sample point.
- I. Sampling and field surveys performed at sample location.
- J. Instrument calibration performed and samples counted.
- K. Work performed in a professional manner.

7.9.6 On-Site Monitoring Team

On-site monitoring teams may be assigned field survey work along the perimeter of the site. Check on the following items:

- A. Where do they receive their instructions?
- B. Dosimeter and TLD are being worn.
- C. What type of survey instruments used.
- D. Do they have radio/cellular phone available?

- E. Radio/phone check performed.
- F. Field readings taken along the route to the designated area.
- G. Work performed in a professional manner.

7.9.7 Security Force

- A. Are all security personnel accounted for?
- B. Does security direct people to the assembly area for accountability?
- C. Are access and egress roads controlled?

7.9.8 Technical Support Center

- A. The area maintained as a controlled area.
- B. Are communications initiated?
- C. Are H.P. Surveys performed and by whom?

7.9.9 Operations Support Center

- A. How is it staffed?
- B. What and how many teams are brought to the OSC?
- C. Are phones continuously manned?
- D. Are H.P. Surveys performed and by whom?
- E. Who are survey results reported to? (CR and or TSC)
- F. Are accurate protective measures taken if an entry into the controlled area is required?

7.9.10 Fire Brigade

- A. Do they receive instructions and from whom?
- B. Are protective measures taken if an entry into a controlled area is required?
- C. Are Fire preplans consulted?

D. Is assistance requested from local support fire departments?

7.10 Immediately following the exercise/drill, observers/controllers should conduct a short critique for participants in their assigned area.

8.0 CRITIQUES AND CORRECTIVE ACTIONS

8.1 A post exercise/drill critique should be held for observers and plant supervision by the Emergency Planning Coordinator or designee. The critique should be held within 24 hours of the drill/exercise, at a time and place specified by the Emergency Planning Coordinator or designee. This meeting shall be held to help resolve questions raised by various observers and plant supervisors and to develop a list of corrective actions as necessary. The observations should include those actions noted by the observers which were not in accordance with approved procedures. In addition, the exercise drill observers should identify any areas which require clarification, development or revision of procedures.

8.2 Emergency Plan Improvement Items/Lessons Learned Report

Following the critique, the Emergency Planning Coordinator or designee shall develop a list of Deviation and Event Reports (DERs), improvement items and lessons learned as a result of the drill or exercise. These items may be generated as a result of comments made at the critique, comments made by observers and controllers, or comments made by drill/exercise participants. The Emergency Planning Coordinator or designee shall review these comments and categorize significant comments into "DERs", "Lessons Learned" or "Improvement Items." This listing and associated proposed corrective actions shall be submitted to the General Manager - Support Services for concurrence and approval. From this listing, the General Manager - Support Services shall decide which of these items warrant entry into the JAFNPP Action Commitment Tracking System (ACTS) and assign a completion date. The administration of the ACTS is controlled by JAFNPP Administrative Procedure AP-03.08, Action Commitment and Tracking System*.

- 8.3 The Emergency Planning Coordinator or designee shall, after the preparation and review of the Emergency Plan Improvement Items/Lessons Learned listing, present the listing to responsible plant management staff for correction.
- 8.4 Any items identified during the critique that pertain to the scenario package used for the drill/exercise shall also be used to improve the package for future use. Scenario packages do not need to be updated until subsequent use.
- 9.0 **DRILL AND EXERCISE PERFORMANCE INDICATOR (DEP) EVALUATION**
- 9.1 This indicator monitors timely and accurate JAF performance in drills, exercises and actual events when presented with opportunities for classification of emergencies, notification of offsite authorities, and development of protective action recommendations (PARs).
- This section provides guidance to determine success of applicable emergency planning NRC Performance Indicator (PI) data points.
- 9.2 The following will be included in the DEP indicator:
- 9.2.1 Evaluated exercises;
 - 9.2.2 Actual emergency declarations;
 - 9.2.3 And/or selected performance enhancing drills as determined by the EPC. The selection must be made in advance and documented.
- 9.3 **Classification**
- 9.3.1 A classification opportunity exists when plant parameters (observable and verifiable indications) reach an Emergency Action Level (EAL). This includes changes in classifications.
 - 9.3.2 Timely is when the classification is declared in 15 minutes or less from the time the opportunity existed.
 - 9.3.3 Accurate is when the correct classification is declared per IAP-2.

9.4 Protective Action Recommendations (PARs)

- 9.4.1 A PAR opportunity exists when criteria in applicable EP procedures require a PAR to be developed and/or made. This includes initial PARs and any PAR changes.
- 9.4.2 Timely is when the PAR is developed/made in 15 minutes or less from the time the opportunity existed.
- 9.4.3 Accurate is when the correct PAR is developed as required by procedure, subject to information available at the time of the PAR.

9.5 Notifications

- 9.5.1 A classification notification opportunity exists when an emergency classification is declared.
- 9.5.2 A PAR notification opportunity exists when a PAR is required.
- 9.5.3 Timely is when offsite notification are initiated (contact) in 15 minutes or less from event classification and/or PAR development.
- 9.5.4 Accurate is when the following information is completed on the New York State Part I form and approved, as applicable:
- A. Item #2 - Designation of exercise or not;
 - B. Item #3 - Facility;
 - C. Item #4 - Event classification, as declared (e.g. NUE, Alert, SAE, GE);
 - D. Item #5 - Date and time of classification;
 - E. Item #6 - Radioactive release status;
 - F. Item #7 - PAR as determined (eg ERPAs, Sheltering) and effected population (ERPAs);
 - G. Item #8 - Applicable EAL #;
 - H. Item #11 and 12 - Wind speed and direction if PAR is made.

10.0 ATTACHMENTS

1. DRILL OR EXERCISE CONDUCT CHECKLIST
2. OBSERVER EVALUATION FORMS

ATTACHMENT 1

Page 1 of 2

DRILL OR EXERCISE CONDUCT CHECKLIST

- _____ 1. Prepare a drill or exercise scenario.
- _____ 2. Prepare a drill or exercise report.
- _____ 3. Present the drill or exercise to the Plant Operating Review Committee Representative or senior plant management for approval.
- _____ 4. Brief observers on the entire drill or exercise.
- _____ 5. Brief the individual observers on specified tasks.
- _____ 6. Issue Observer Aids and Drill/Exercise Observation Sheet.
- _____ 7. Initiate the drill or exercise.
- _____ 8. Ensure the "flow" of activity throughout the drill or exercise.
- _____ 9. Terminate the drill or exercise when it's purpose is accomplished.
- _____ 10. Conduct a critique with participants or observers.
- _____ 11. Collect Drill/Exercise Observation Sheets.
- _____ 12. Complete a list of all deficiencies and recommendations.
- _____ 13. Tabulate PERFORMANCE INDICATOR (PI) data points for:
 - Number of successful emergency classifications
 - Number of timely notifications once classified/reclassified
 - Number of PARs (initial and PAR changes)

DRILL OR EXERCISE CONDUCT CHECKLIST

This information can be obtained from observation sheets, Shift Manager logs, Emergency Director logs, NRC event notification forms, etc., depending on extent of drill or exercise and participating facilities.

- _____ 14. Complete action required on deficiencies.

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: CONTROL ROOM

OBSERVER: _____ CONTROLLER: _____

YES NO

1. Did the Shift Manager/ED demonstrate he is in charge? ____ ____
2. Did the Control Room classify the emergency correctly in accordance with IAP-2? ____ ____*
3. Were notifications made to NYS and Oswego County within 15 minutes of event classification? ____ ____*
 Were updates timely? ____ ____
4. Were Protective Action Recommendations made to NYS and Oswego County? ____ ____*
5. Was timely notification made to the NRC (must be completed within one hour from event classification)? ____ ____*
6. Were communications prefaced with "This is a drill?" ____ ____
7. Log the following times for event classification and notifications:

<u>EAL</u>	<u>Class.</u> <u>Time</u>	<u>RECS</u> <u>Time</u>	<u>Plant Staff</u> <u>Time</u>	<u>NRC</u> <u>Time</u>
NUE	_____	_____	_____	_____*
ALERT	_____	_____	_____	_____*
SAE	_____	_____	_____	_____*
GE	_____	_____	_____	_____*

Did the SM/ED direct Security to initiate call outs?
(Not necessary during normal working hours.) ____ ____

8. Were timely briefings given to plant staff? ____ ____
9. Was the ENS phone manned? ____ ____

OBSERVER EVALUATION FORM
(Control Room Continued)

	YES	NO
10. Did the Control Room experience any emergency plan equipment failures?	___	___

If yes what were the failures and how was the problem addressed:

11. Did Control Room personnel adhere to procedures (EOPs, AOPs, Tech. Specs., etc.)?	___	___
12. Was staffing level adequate?	___	___
13. Was Emergency Director turnover from the SM thorough?	___	___
Was plant staff advised of this transfer of responsibility?	___	___
14. Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
15. Was shift turnover demonstrated?	___	___
16. Were logs properly maintained by key personnel?	___	___
17. Was the plant staff adequately informed regarding plant status?	___	___
18. Was data flow between facilities and teams accurate, timely and complete?	___	___
19. Was habitability performed in accordance with EAP-14.6?	___	___

OBSERVER EVALUATION FORM
(Control Room Continued)

YES NO

20. Were all objectives met?

___ ___

If not, explain: _____

* Performance Indicator Data Points

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: _____ TSC _____

OBSERVER: _____ CONTROLLER: _____

YES NO

1. Was the TSC activation process timely? _____

Time TSC was called for activation _____

Time TSC was staffed _____

Time TSC declared themselves operational _____

2. Was the TSC set-up in accordance with EAP-14.1? _____

3. Did the TSC Manager demonstrate he is in charge? _____

4. Were offsite notifications made in accordance with EAP-1.1? _____

5. Were onsite notifications made in accordance with EAP-1.1? _____

6. Were communications prefaced with "This is a drill?" _____

7. Log the following times for event classification and notifications (if applicable):

<u>EAL</u>	<u>Class. Time</u>	<u>RECS Time</u>	<u>Plant Staff Time</u>	<u>NRC Time</u>
NUE	_____	_____	_____	_____*
ALERT	_____	_____	_____	_____*
SAE	_____	_____	_____	_____*
GE	_____	_____	_____	_____*

8. Was staff familiar with their equipment and responsibilities? _____

9. Was the staffing level adequate? _____

10. Were periodic briefings held on plant status? _____

11. Were plant staff aware of changes in emergency classification? _____

12. Were status boards updated in a timely manner? _____

OBSERVER EVALUATION FORM

(TSC CONTINUED)

	YES	NO
13. Were logs properly maintained by key personnel?	___	___
14. Did the technical staff support the Control Room?	___	___
15. Were corrective actions/solutions well thought out?	___	___
16. Did the TSC experience any emergency plan equipment failures?	___	___
If yes, what were the failures and how was the problem addressed:	___	___
17. Did the Emergency Director classify/re-classify the emergency correctly?	___	___*
If reclassified, were offsite notifications made to NYS/Oswego County within 15 minutes and NRC within one (1) hour?	___	___*
18. Were protective action recommendations made to NYS/Oswego County?	___	___*
19. Was a site evacuation called for?	___	___
If yes, were local authorities and Niagara Mohawk notified?	___	___
20. Was the transfer of the Emergency Director and his responsibilities from the TSC to the EOF smooth and complete?	___	___
21. Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
22. Was shift turnover demonstrated?	___	___
23. Was data flow between facilities and teams accurate, timely and complete?	___	___
24. Was habitability performed in accordance with EAP-14.6?	___	___

OBSERVER EVALUATION FORM
(TSC CONTINUED)

YES NO

25. Were all objectives met?

___ ___

If not, explain: _____

* Performance Indicator Data Points

OBSERVER EVALUATION FORM

(TSC CONTINUED)

26. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: _____ OSC _____

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO |
|---|-------|-------|
| 1. Was the OSC activation process timely? | ___ | ___ |
| a. Time OSC was called for activation | _____ | _____ |
| b. Time OSC was staffed | _____ | _____ |
| c. Time OSC declared operational | _____ | _____ |
| 2. Was the OSC set up in accordance with EAP-14.5? | ___ | ___ |
| 3. Did the OSC Manager demonstrate he is in charge? | ___ | ___ |
| 4. Was the staffing level adequate? | ___ | ___ |
| 5. Was shift turnover demonstrated? | ___ | ___ |
| 6. Were logs properly maintained by key personnel? | ___ | ___ |
| 7. Were status boards updated in a timely manner? | ___ | ___ |
| 8. Log the following times OSC became aware of event classification. | | |
| NUE _____ Alert _____ SAE _____ GE _____ | | |
| 9. Were periodic briefings conducted in the OSC regarding plant status? | ___ | ___ |
| 10. Was data flow between facilities and teams accurate, timely and complete? | ___ | ___ |
| 11. Did the OSC experience any emergency plan equipment failures? | ___ | ___ |

If yes, what were the failures and how was the problem addressed:

OBSERVER EVALUATION FORM
(OSC CONTINUED)

- | | YES | NO |
|--|-----|-----|
| 12. Once initiated, was accountability conducted and maintained throughout the emergency? | ___ | ___ |
| 13. Was habitability performed in accordance with EAP-14.6? | ___ | ___ |
| 14. Were repair team briefings adequate and timely? | ___ | ___ |
| 15. Were repair team debriefings adequate and timely? | ___ | ___ |
| 16. Were emergency exposure authorizations necessary?
If yes, were actions consistent with procedures? | ___ | ___ |
| 17. Were individual personnel exposure histories obtained in a timely manner for repair team personnel availability? | ___ | ___ |
| 18. Was status of repair teams adequately maintained? | ___ | ___ |
| 19. Were emergency tasks prioritized and acted upon in assigned priority? | ___ | ___ |
| 20. Were all objectives met? | ___ | ___ |

If not, explain: _____

OBSERVER EVALUATION FORM
(OSC CONTINUED)

21. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: REPAIR & CORRECTIVE
ACTION TEAMS

OBSERVER: _____ CONTROLLER: _____

TEAM ACTIVITY: _____

- | | YES | NO |
|---|-----|-----|
| 1. Did the team consist of a minimum of two individuals? | ___ | ___ |
| 2. Was a briefing conducted? | ___ | ___ |
| If so, did it include: | | |
| a. most direct route | ___ | ___ |
| b. proper tools | ___ | ___ |
| c. tasks understanding | ___ | ___ |
| d. visual aids (maps, drawings, etc.) | ___ | ___ |
| e. simulations | ___ | ___ |
| f. radiation area dose rates | ___ | ___ |
| 3. Were the OSC Manager and Emergency Maintenance Coordinator cognizant of all Repair and Corrective Action Team efforts? | ___ | ___ |
| 4. Did SM approve work on safety related items? | ___ | ___ |
| 5. Was TSC direction obtained for engineering repair work? | ___ | ___ |
| 6. Was RWP or Emergency Plant Entry Form prepared? (circle one) | ___ | ___ |
| 7. Was dosimetry, protective clothing, etc. issued in accordance with the above form? | ___ | ___ |
| 8. Were there any Emergency Plan equipment failures? | ___ | ___ |

If so, what were they and how was problem addressed?

OBSERVER EVALUATION FORM
(REPAIR & CORRECTIVE ACTION TEAMS CONTINUED)

YES NO

9. Was a debrief conducted?

10. Were all objectives met?

If not, explain: _____

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: FIRE BRIGADE

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO |
|--|-----|-----|
| 1. Time Control Room notified of fire _____
Time fire alarm sounded _____
Time fire brigade dispatched _____
Time fire brigade responded to scene _____ | | |
| 2. Was fire alarm sounded and the announcement properly made over the plant page? | ___ | ___ |
| 3. Was offsite assistance requested?
If yes, was Security directed to: | ___ | ___ |
| a. allow immediate access | ___ | ___ |
| b. provide dosimetry | ___ | ___ |
| c. direct and escort fire company | ___ | ___ |
| d. collect dosimetry upon exit | ___ | ___ |
| 4. Were all unnecessary personnel evacuated from the fire area? | ___ | ___ |
| 5. Was Rad Protection requested to perform a survey? | ___ | ___ |
| 6. Were radiological conditions properly assessed? | ___ | ___ |
| 7. Was emergency exposure criteria addressed and implemented? | ___ | ___ |
| 8. Were all communications preceded with "This is a Drill?" | ___ | ___ |
| 9. Were fire brigade members familiar with their duties? | ___ | ___ |
| 10. Was the emergency classified correctly? | ___ | ___ |
| 11. If the OSC was activated, was the fire brigade dispatched from the OSC with a radiation protection technician? | ___ | ___ |
| 12. Were all objectives met? | ___ | ___ |

If not, explain: _____

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: SECURITY/ACCOUNTABILITY

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO |
|--|-----|-----|
| 1. Was the emergency classification posted at main security? | ___ | ___ |
| 2. Were call-outs performed as directed by the SM/ED?
(Not required during normal working hours.) | ___ | ___ |
| 3. Was site access controlled? | ___ | ___ |
| 4. Were guards dispatched to access roads? | ___ | ___ |
| 5. If accountability was called for: | | |
| a. Time site access/egress was restricted | ___ | ___ |
| b. Time accountability was initiated | ___ | ___ |
| c. Time accountability completed | ___ | ___ |
| 6. Did accountability clerks report to their assigned assembly areas when directed? | ___ | ___ |
| 7. Were accountability readers and sign-in sheets used? | ___ | ___ |
| 8. Did accountability clerks experience any emergency plan equipment failures? | ___ | ___ |
| If yes, explain: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| 9. Was movement of personnel between onsite facilities adequately controlled? | ___ | ___ |
| 10. Was movement of personnel badging offsite timely and orderly? | ___ | ___ |

OBSERVER EVALUATION FORM
(SECURITY/ACCOUNTABILITY CONTINUED)

- | | YES | NO |
|---|-----|-----|
| 11. Was assembly in the Training Building auditorium controlled? | ___ | ___ |
| Were personnel updated regarding plant conditions? | ___ | ___ |
| 12. Was continuous accountability maintained for the remainder of the emergency? | ___ | ___ |
| 13. Was site evacuation called for? | ___ | ___ |
| If yes, were personnel directed to proceed to the Howard Road remote assembly area? | ___ | ___ |
| If yes, did the maps distributed to evacuating personnel coincide with the selected evacuation route? | ___ | ___ |
| 14. Were all objectives met? | ___ | ___ |

If not, explain: _____

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: CHEMISTRY TECHNICIAN

OBSERVER: _____ CONTROLLER: _____

YES NO

1. Did he/she report to Control Room upon implementing the Emergency Plan? _____

2. What tasks were required by the ED for the Chemistry Technician?

3. Was the technician familiar with the procedures for the tasks? _____

4. What tasks were required by the Chemistry Supervisor for the technicians?

Were they familiar with the procedures for the tasks? _____

5. Did any emergency plan equipment fail to operate? _____

If yes, what were the failures and how was the problem addressed?

OBSERVER EVALUATION FORM
(CHEMISTRY TECHNICIAN CONTINUED)

YES NO

6. If PASS was demonstrated, was the above 3-hour time commitment met?

___ ___

7. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: FIELD MONITORING

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO |
|---|-----|-----|
| 1. Were teams assembled in a timely manner? | ___ | ___ |
| 2. Were teams familiar with procedures? | ___ | ___ |
| 3. Time the team was dispatched: _____
Team was dispatched from OSC/EOF (circle one) | | |
| 4. Did team obtain the proper equipment prior to leaving? _____ | ___ | ___ |
| 5. Were equipment checks performed prior to departure? | ___ | ___ |
| 6. Were calibration dates current? | ___ | ___ |
| 7. Were communication checks conducted prior to departure? | ___ | ___ |
| 8. Was a vehicle/110V power supply check conducted? | ___ | ___ |
| 9. Was the team briefing adequate? | ___ | ___ |
| 10. Did the briefings include: | | |
| a. Plant conditions/nature of release? | ___ | ___ |
| b. Meteorological conditions? | ___ | ___ |
| c. Projected dose rates/stay time | ___ | ___ |
| d. Protective measures? | ___ | ___ |
| e. Use of KI? | ___ | ___ |
| f. Dosimetry recording? | ___ | ___ |
| g. Types of readings/samples to be obtained? | ___ | ___ |
| h. Means of communication? | ___ | ___ |
| i. Emergency exposure limits? | ___ | ___ |
| 11. Was the communications flow between team and dispatcher timely and accurate and complete? | ___ | ___ |
| 12. Were teams briefed frequently by the dispatcher? | ___ | ___ |
| 13. Were survey results properly relayed to the dispatcher? | ___ | ___ |

OBSERVER EVALUATION FORM
(FIELD MONITORING CONTINUED)

- | | YES | NO |
|---|-----|-----|
| 14. Were communications prefaced with "This is a Drill?" | ___ | ___ |
| 15. Were teams proficient in proper survey/sampling techniques? | ___ | ___ |
| 16. Were proper plume traversing techniques demonstrated? | ___ | ___ |

If no, explain: _____

- | | | |
|--|-----|-----|
| 17. Were vehicles and equipment checked for contamination upon return? | ___ | ___ |
| 18. Was shift turnover demonstrated? | ___ | ___ |
| 19. Did teams experience any Emergency Plan equipment failures? | ___ | ___ |

If yes, explain: _____

- | | | |
|------------------------------|-----|-----|
| 20. Were all objectives met? | ___ | ___ |
|------------------------------|-----|-----|

If not, explain: _____

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: _____ EOF _____

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|----------------|---------------------|---------------------|-------------|-----|-------|-------|-------|---|-------|-------|-------|-------|---|-----|-------|-------|-------|---|----|-------|-------|-------|---|--|--|
| 1. Was the EOF activation process timely? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Time EOF was called for activation _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Time EOF was staffed _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Time EOF declared themselves operational _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Was the EOF activated in accordance with EAP-14.2? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Did the EOF Manager demonstrate he is in charge? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Was the transfer of command and control from the TSC to the EOF adequate?
Time ED assumed duties at the EOF _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Were offsite notifications made in accordance with EAP-1.1?
(Note the time forms are issued in comments section.) | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Were communications prefaced with "This is a Drill?" | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Log the following times for event classification and notifications (if applicable): | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">EAL</th> <th style="text-align: center; border-bottom: 1px solid black;">Class.
Time</th> <th style="text-align: center; border-bottom: 1px solid black;">RECS
Time</th> <th style="text-align: center; border-bottom: 1px solid black;">Plant Staff
Time</th> <th style="text-align: center; border-bottom: 1px solid black;">NRC
Time</th> </tr> </thead> <tbody> <tr> <td>NUE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">*</td> </tr> <tr> <td>ALERT</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">*</td> </tr> <tr> <td>SAE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">*</td> </tr> <tr> <td>GE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td style="text-align: center;">*</td> </tr> </tbody> </table> | EAL | Class.
Time | RECS
Time | Plant Staff
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Time | NUE | _____ | _____ | _____ | * | ALERT | _____ | _____ | _____ | * | SAE | _____ | _____ | _____ | * | GE | _____ | _____ | _____ | * | | |
| EAL | Class.
Time | RECS
Time | Plant Staff
Time | NRC
Time | | | | | | | | | | | | | | | | | | | | | | | |
| NUE | _____ | _____ | _____ | * | | | | | | | | | | | | | | | | | | | | | | | |
| ALERT | _____ | _____ | _____ | * | | | | | | | | | | | | | | | | | | | | | | | |
| SAE | _____ | _____ | _____ | * | | | | | | | | | | | | | | | | | | | | | | | |
| GE | _____ | _____ | _____ | * | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Was staff familiar with their equipment and responsibilities? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Was the staffing level adequate? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Were periodic briefings held on plant status? | _____ | _____ | | | | | | | | | | | | | | | | | | | | | | | | | |

OBSERVER EVALUATION FORM
(EOF CONTINUED)

- | | YES | NO |
|---|-----|-------|
| 11. Was EOF staff aware of changes in emergency classification | ___ | ___ |
| 12. Were EALs classified correctly? | ___ | ___ * |
| 13. Were status boards updated in a timely manner? | ___ | ___ |
| 14. Were logs properly maintained by key personnel? | ___ | ___ |
| 15. Did the EOF experience any emergency plan equipment failures: | | |
| If yes, what were the failures and how was the problem addressed: | ___ | ___ |
| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> | | |
| 16. Did the ED consult with state and county representatives regarding protective action recommendations? | ___ | ___ |
| 17. Were protective action recommendations made to NYS/Oswego County? | ___ | ___ * |
| 18. Was long term facility staffing considered in accordance with EAP-43? | ___ | ___ |
| 19. Was shift turnover demonstrated? | ___ | ___ |
| 20. Was data flow between facilities accurate, timely and complete? | ___ | ___ |
| 21. Was the ED aware of plant decisions? | ___ | ___ |
| 22. Was access control adequate? | ___ | ___ |

OBSERVER EVALUATION FORM
(EOF CONTINUED)

YES NO

23. If a release was in progress, were incoming personnel monitored to prevent spread of contamination?

24. Were all objectives met?

If not, explain: _____

* Performance Indicator Data Points

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: DOSE ASSESSMENT

OBSERVER: _____ CONTROLLER: _____

	YES	NO
1. Did dose assessment personnel perform equipment checks upon arrival?	___	___
2. Were personnel familiar with the equipment?	___	___
3. Was the transfer of activities from the TSC to the EOF timely and complete?	___	___
4. Were meteorological forecasts obtained?	___	___
5. Were status boards updated and utilized?	___	___
6. Were Part II forms completed accurately and on time?	___	___
7. Were EAP-4 forms properly completed and utilized?	___	___
8. Was field survey data utilized for comparison with computer projected doses? Were discrepancies resolved?	___ ___	___ ___
9. Were field teams briefed periodically regarding plant status?	___	___
10. Were dose calculations and the determination of protective action recommendations performed efficiently and in a timely manner?	___	___
11. Was the interface with TSC radiological personnel (re: effluent monitor readings, effluent sample results, PASS samples, etc.) adequate?	___	___
12. Were offsite liaisons utilized for the exchange and comparison of field survey data and dose projections?	___	___
13. Was there someone available to interface with and answer questions for offsite liaisons?	___	___

OBSERVER EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

YES NO

- 14. Were offsite liaisons included in discussions regarding PARs? _____ _____

- 15. Were the results of dose calculations and protective action recommendations correct and in accordance with established procedures? _____ _____

- 16. Were all communications prefaced with "This is a Drill?" _____ _____

- 17. Was shift turnover demonstrated? _____ _____

- 18. Did any emergency plan equipment fail to operate? _____ _____

If yes, what were the failures and how was the problem address? _____

- 19. Were all objectives met? _____ _____

If not, explain: _____

OBSERVER EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

20. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: JNC

OBSERVER: _____ CONTROLLER: _____

- | | YES | NO |
|--|-----|-----|
| 1. Was the JNC activated in a timely manner? | ___ | ___ |
| a. Time JNC was called for activation _____ | | |
| b. Time JNC was operational _____ | | |
| 2. Was the JNC set up in accordance with JNC procedures? | ___ | ___ |
| 3. Was information flow between the plant, EOF and JNC accurate, timely and complete? | ___ | ___ |
| 4. Did the utility effectively share information with state and county public information staff? | ___ | ___ |
| 5. If technical information was required, was the information obtained from appropriate personnel? | ___ | ___ |
| 6. Were briefing notes reviewed by designated personnel prior to their release to the media? | ___ | ___ |
| 7. Were news briefings and summary notes timely, accurate and complete? | ___ | ___ |
| 8. Was county activation of the EAS system timely? | ___ | ___ |
| 9. Were county EAS messages appropriate, timely, and complete? | ___ | ___ |
| 10. Was information provided to the media consistent with the EAS messages? | ___ | ___ |
| 11. Was information released understandable to the public? | ___ | ___ |
| 12. If protective actions were implemented, were affected areas appropriately specified? | ___ | ___ |
| 13. Were press briefings held frequently to give available information as conditions changed? | ___ | ___ |

OBSERVER EVALUATION FORM

(JNC CONTINUED)

- | | YES | NO |
|---|-----|-----|
| 14. When conditions were static, were briefings held frequently to keep the media updated? | ___ | ___ |
| 15. Did the media spokesperson present material effectively? | ___ | ___ |
| 16. Were questions by the media handled properly by the media spokesperson? | ___ | ___ |
| 17. Were status boards and displays updated accurately and timely? | ___ | ___ |
| 18. Was the JNC staff aware of changes in emergency classification? | ___ | ___ |
| 19. Did the rumor control staff respond promptly and accurately to calls? | ___ | ___ |
| 20. Were measures taken to control the spread of rumors that threaten to have an adverse effect on adherence to protective actions? | ___ | ___ |
| 21. Were support functions such as registration and security performed effectively? | ___ | ___ |
| 22. Did the JNC experience any emergency plan equipment failures? | ___ | ___ |

If yes, explain: _____

- | | | |
|--|-----|-----|
| 23. Were communications prefaced with "This is a Drill?" | ___ | ___ |
| 24. Was shift turnover demonstrated? | ___ | ___ |

OBSERVER EVALUATION FORM
(JNC CONTINUED)

YES NO

25. Were all the objectives met?

— —

If not, explain: _____
