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Document ID	Revision	Status	Quantity	Format	RecNo
PRC HECG-ATT.05 000	1	A	1	H	96678
PRC HECG-ATT.08 000	6	A	1	H	96723
PRC HECG-ATT.10 000	1	A	1	H	96768
PRC HECG-ATT.11 000	1	A	1	H	96813
PRC HECG-ATT.12 000	1	A	1	H	96858
PRC HECG-ATT.13 000	1	A	1	H	96903
PRC HECG-ATT.14 000	2	A	1	H	96948
PRC HECG-ATT.15 000	2	A	1	H	96993
PRC HECG-ATT.17 000	1	A	1	H	97038
PRC HECG-ATT.18 000	2	A	1	H	97083
PRC HECG-ATT.19 000	2	A	1	H	97128
PRC HECG-ATT.20 000	1	A	1	H	97173
PRC HECG-ATT.21 000	1	A	1	H	97219
PRC HECG-ATT.22 000	1	A	1	H	97264
PRC HECG-ATT.26 000	0	A	1	H	97304
PRC HECG-ATT.27 000	0	A	1	H	97349
PRC HECG-ATT.28 000	0	A	1	H	97395
PRC HECG-HECG-TOC 000	25	A	1	H	96633
PRC HECG-SECT.11.1 000	2	A	1	H	95734
PRC HECG-SECT.11.10 000	1	A	1	H	96094
PRC HECG-SECT.11.2 000	1	A	1	H	95779
PRC HECG-SECT.11.3 000	2	A	1	H	95824
PRC HECG-SECT.11.4 000	1	A	1	H	95869
PRC HECG-SECT.11.5 000	1	A	1	H	95914
PRC HECG-SECT.11.7 000	3	A	1	H	95958
PRC HECG-SECT.11.8 000	1	A	1	H	96003

A045

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PRC HECG-SECT.11.9 000	2	A	1	H	96048

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HOPE CREEK GENERATING STATION  
 EVENT CLASSIFICATION GUIDE  
 January 23, 2001

PSE&G  
 CONTROL  
 COPY # HECG0065

CHANGE PAGES FOR  
 REVISION #25

The Table of Contents forms a general guide to the current revision of each section and attachment of the Hope Creek ECG. The changes that are made in this TOC Revision #25 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
<u>Pages</u>	<u>Description</u>	<u>Rev.</u>	<u>Pages</u>	<u>Description</u>	<u>Rev.</u>
ALL	TOC	25	ALL	TOC	24
All	RAL 11.1	02	All	RAL 11.1	01
All	RAL 11.2	01	All	RAL 11.2	00
All	RAL 11.3	02	All	RAL 11.3	01
All	RAL 11.4	01	All	RAL 11.4	00
All	RAL 11.5	01	All	RAL 11.5	00
All	RAL 11.7	03	All	RAL 11.7	02
All	RAL 11.8	01	All	RAL 11.8	00
All	RAL 11.9	02	All	RAL 11.9	01
All	RAL 11.10	01	All	RAL 11.10	00
All	Attachment 5	01	All	Attachment 5	00
All	Attachment 8	06	All	Attachment 8	05
All	Attachment 10	01	All	Attachment 10	00
All	Attachment 11	01	All	Attachment 11	00
All	Attachment 12	01	All	Attachment 12	00
All	Attachment 13	01	All	Attachment 13	00
All	Attachment 14	02	All	Attachment 14	01
All	Attachment 15	02	All	Attachment 15	01
All	Attachment 17	01	All	Attachment 17	00
All	Attachment 18	02	All	Attachment 18	01
All	Attachment 19	02	All	Attachment 19	01
All	Attachment 20	01	All	Attachment 20	00
All	Attachment 21	01	All	Attachment 21	00
All	Attachment 22	01	All	Attachment 22	00
All	Attachment 26	00			
All	Attachment 27	00			
All	Attachment 28	00			

HOPE CREEK EVENT CLASSIFICATION GUIDE  
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DOE & OREGON  
CONTROL

<u>SECTION</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
T.O.C.	Table of Contents/Signature Page	25	4	01/23/01
i	Introduction and Usage	02	10	12/14/00
ii	Glossary of Acronyms & Abbreviations	00	5	01/21/97
1.0	<b>Fuel Clad Challenge</b>	00	1	01/21/97
2.0	<b>RCS Challenge</b>	00	1	01/21/97
3.0	<b>Fission Product Barriers (Table)</b>	00	1	01/21/97
4.0	<b>EC Discretion</b>	00	1	01/21/97
5.0	<b>Failure to SCRAM</b>	00	1	01/21/97
6.0	<b>Radiological Releases/Occurrences</b>			
6.1	Gaseous Effluent Release	00	4	01/21/97
6.2	Liquid Effluent Release	00	1	01/21/97
6.3	In - Plant Radiation Occurrences	00	1	01/21/97
6.4	Irradiated Fuel Event	00	2	01/21/97
7.0	<b>Electrical Power</b>			
7.1	Loss of AC Power Capabilities	00	2	01/21/97
7.2	Loss of DC Power Capabilities	00	1	01/21/97
8.0	<b>System Malfunctions</b>			
8.1	Loss of Heat Removal Capability	00	1	01/21/97
8.2	Loss of Overhead Annunciators	00	1	01/21/97
8.3	Loss of Communications Capability	00	1	01/21/97
8.4	Control Room Evacuation	01	1	03/13/97
8.5	Technical Specifications	00	1	01/21/97
9.0	<b>Hazards - Internal/External</b>			
9.1	Security Threats	00	1	01/21/97
9.2	Fire	00	1	01/21/97
9.3	Explosion	00	1	01/21/97
9.4	Toxic/Flammable Gases	00	2	01/21/97
9.5	Seismic Event	00	1	01/21/97
9.6	High Winds	00	1	01/21/97
9.7	Flooding	00	1	01/21/97
9.8	Turbine Failure/Vehicle Crash	00	1	01/21/97
	Missile Impact			
9.9	River Level	00	1	01/21/97
10.0	Reserved for future use	N/A		
WC	<b>Hope Creek ECG Charts (Located in ERFs)</b>	00	2	01/21/97

**HOPE CREEK EVENT REPORTABLE ACTION LEVELS  
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Licensing is responsible for the Reportable Action Level (Section 11)  
and associated Attachments (marked by "L")

<u>SECTION</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
11.0	<b>Reportable Action Levels (RALs)</b>			
11.1	Technical Specifications	02	2	01/23/01
11.2	Degraded or Unanalyzed Condition	01	1	01/23/01
11.3	System Actuation	02	1	01/23/01
11.4	Personnel Safety/Overexposure	01	2	01/23/01
11.5	Environmental/State Notifications	01	2	01/23/01
11.6	After-the-Fact	00	1	01/21/97
11.7	Security/Emergency Response Capabilities	03	1	01/23/01
11.8	Public Interest	01	1	01/23/01
11.9	Accidental Criticality/ Special Nuclear Material / Rad Material Shipments - Releases	02	2	01/23/01
11.10	Voluntary Notifications	01	1	01/23/01

**HOPE CREEK EVENT CLASSIFICATION GUIDE  
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Licensing is responsible for the Reportable Action Level (Section 11)  
and associated Attachments (marked by "L")

<u>ATTACHMENT</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
1	UNUSUAL EVENT	03	2	02/29/00
2	ALERT	03	2	02/29/00
3	SITE AREA EMERGENCY	03	2	02/29/00
4	GENERAL EMERGENCY	03	5	02/29/00
5	L NRC Data Sheet Completion Reference	01	7	01/23/01
6	Primary Communicator Log	15	8	11/20/00
7	Primary Communicator Log (GE)	deleted		02/29/00
8	Secondary Communicator Log	06	9	01/23/01
9	L Non-Emergency Notifications Reference	13	3	11/20/00
10	L 1 Hr Report - NRC Regional Office	01	3	01/23/01
11	L 1 Hr Report (Common Site) Security/Safeguards	01	3	01/23/01
12	L 1 Hr Report - NRC Operations	01	3	01/23/01
13	L 4 Hr Report - Contaminated Events Outside Of The RCA	01	7	01/23/01
14	L 4 Hr Report - NRC Operations	02	3	01/23/01
15	L Environmental Protection Plan	02	3	01/23/01
16	L Spill / Discharge Reporting	01	7	03/29/00
17	L 4 Hr Report - Fatality or Medical Emergency	01	4	01/23/01
18	L 4 Hr Report - Radiological Transportation Accident	02	4	01/23/01
19	L 24 Hr Report - Fitness For Duty (FFD) Program Events	02	3	01/23/01
20	L 24 Hour Report - NRC Regional Office	01	3	01/23/01
21	L Reportable Event - LAC Memorandum Of Understanding (M.O.U )	01	2	01/23/01
22	L T/S Required Engineering Evaluation	01	2	01/23/01
23	Reserved			
24	UNUSUAL EVENT (Common Site)	04	3	02/29/00
25	L 1 Hr Report (Common Site) - Major Loss Of Emergency Assessment, Offsite Response, OR Communications Capability	01	3	07/22/99
26	L 8 Hr Report - NRC Operations	00	3	01/23/01
27	L 8 Hr Report - Medical Emergency - Transportation of Contaminated Person	00	4	01/23/01
28	L Boiler and Pressure Vessel reporting	00	3	01/23/01

SIGNATURE PAGE

Prepared By: Paul Duke 1/10/01  
(If Editorial Revisions Only, Last Approved Revision) Date

Section/Attachments Revised: 11.1, 11.2, 11.3, 11.4, 11.5, 11.7, Att 26, 27, 28 1/10/01  
(List Non-Editorial Only - Section/Attachments) Date

Reviewed By: *FJ Hughes* 1/11/01  
Station Qualified Reviewer Date

Reviewed By: *[Signature]* 1/12/01  
Department Manager Date

Reviewed By: *[Signature]* 1/15/01  
Manager - Licensing Date

(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By: *[Signature]* 1/18/01  
Manager - EP & IT Date

Reviewed By: N/A \_\_\_\_\_  
Manager - Quality Assessment - NBU Date  
(If Applicable)

SORC Review and Station Approvals

Mtg. No. N/A  
Hope Creek Chairman  
Date

*[Signature]*  
Vice President Nuclear Operations  
1/18/01  
Date

Effective Date of this Revision 01 23 01  
Date

ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

PSE&G  
CONTROL  
COPY # HECG0065

I. INSTRUCTIONS

**NOTE**

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (i.e., each change in classification or new event, begin again)
- B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.
  - 1. The following paragraphs briefly describe the type of information expected by the NRC when making notifications.
  - 2. Event Description Instructions from the NRC Data Sheet state:
 

***" Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational. "***

    - a) ***Include systems affected...***  
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.  
  
Common information should be the response of available systems. (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.
    - b) ***...actuations and their initiating signals, causes...***  
Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known,

that information should be provided to the NRC. When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor Scram or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant...***

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how the parameters are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or RPV Water level is being maintained by HPCI)

d) ***...actions taken or planned...***

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

- f) ***Indicate systems and safety related equipment that are not operational.***

Description: All non-operational safety related equipment should be provided. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

3. NRC Event Update Instructions from the NRC Data Sheet state:  
***“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes).”***

- a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x). Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.
- b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1 hour time limit.

## II. NRC DATA SHEET FORM

- A. The following two page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of \_\_\_ ) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.
- C. (Page 2 of \_\_\_ ) may or may not be applicable as determined by the Emergency Coordinator (EC).
- D. (Page \_\_\_ of \_\_\_ ) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of \_\_)

NOTIFICATION TIME	FACILITY HOPE CREEK GENERATING STATION	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)	POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *( )	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *( )	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):			<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *( )		

\* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.  
Note anything unusual or not understood. Indicate systems and safety -related equipment that are not operational.

(Use a continuation page if more room is needed)

RCS LEAK DATA

(Complete only if event includes an RCS leak > Tech Specs)

LOCATION OF LEAK (e.g. PUMP, VALVE, PIPE, etc.)

TIME & DATE LEAK STARTED \_\_\_\_\_ ON \_\_\_\_\_

LEAK RATE: \_\_\_\_\_ gpm TIME LEAK DURATION \_\_\_\_\_

LAST KNOWN COOLANT ACTIVITY \_\_\_\_\_

WAS THIS LEAK A SUDDEN OR LONG TERM DEVELOPMENT?

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED				ESTIMATED RESTART DATE				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications  
Reportable Action Level (RAL #) 11 \_\_\_\_\_

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of \_\_)

NOTIFICATION DATE/TIME: \_\_\_\_\_

**RADIOLOGICAL RELEASE DATA:** (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check  **ALL** correct statements and provide to the NRC.

- There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = 1.20E+04 uCi/sec).
- There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine -131 = 1.70E+01 uCi/sec).
- There is/was a liquid release above Tech Spec limits in progress.
- The release is ongoing (still above Tech Specs) at this time.
- The release was terminated (no longer above Tech Specs) at \_\_\_\_\_ hrs.
- The release was planned and can be isolated.
- The release pathway is monitored by the Radiation Monitoring System.
- Areas evacuated onsite due to release concerns are: \_\_\_\_\_
- Station personnel have received exposure above 10CFR20 limits.
- Station personnel have been contaminated to an extent requiring offsite assistance to decon.

**SPECIFIC RADIOLOGICAL PARAMETERS:** (Provide current values) Current Time: \_\_\_\_\_ hrs.

The Noble Gas Release Rate (from SSCL) is: \_\_\_\_\_ uCi/sec.

The Iodine - 131 Release Rate (from SSCL) is: \_\_\_\_\_ uCi/sec.

**RELEASE PATHWAY MONITORS:** (Provide monitor reading with units and alarm setpoints only for those below listed monitors in Alarm or the HTV whenever it is venting).

MONITOR #	NAME	CURRENT READING	HIGH ALARM SETPOINT
9RX580	South Plant Vent (SPV) Effluent	_____ uCi/sec	3.08E+03 uCi/sec
9RX590	North Plant Vent (NPV) Effluent	_____ uCi/sec	3.08E+03 uCi/sec
9RX680	FRVS Vent Effluent	_____ uCi/sec	1.45E+03 uCi/sec
9RX518	Hard Torus Vent (HTV) Effluent	_____ uCi/sec	N/A
9RX509-512	Highest Main Steam Line	_____ mR/hr	_____ mR/hr
9RX621	Offgas "A" PreTreatment	_____ mR/hr	2.20E+04 mR/hr
9RX622	Offgas "B" PreTreatment	_____ mR/hr	2.20E+04 mR/hr
9RX625	Offgas "A" Treated	_____ cpm	5.00E+04 cpm
9RX626	Offgas "B" Treated	_____ cpm	5.00E+04 cpm

**OTHER PERTINENT INFORMATION:** (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page \_\_ of \_\_)

NOTIFICATION DATE/TIME: \_\_\_\_\_


EVENT DESCRIPTION (Continued):

OTHER PERTINENT INFORMATION (Continued):

NRC EVENT UPDATE (Document additional information to NRC due to their request or as a result of Plant / event status changes):

(Use a continuation page if more room is needed)

**OS/EC APPROVAL TO TRANSMIT**

ATTACHMENT 8

SECONDARY COMMUNICATOR LOG

Table of Contents

<u>Pages</u>	
1 - 2	Notifications & Data Collection/Transmission
3 - 4	Incoming Calls (BNE, DEMA, OEM, AAAG, etc.)
5	Major Equipment & Electrical Status (MEES) form
6	Operational Status Board (OSB) form
7 - 8	Station Status Checklist (SSCL) form
9	Common Site UNUSUAL EVENT – Station Status Checklist form

PSE&G  
CONTROL  
COPY # HECG0065

Emergency Classification: (circle)	UE	ALERT	SAE	GE
Name: _____	Position: CM2 /TSC2/ EOF2			
(Print)	(Circle)			

A. NOTIFICATIONS

**NOTE**

A new Attachment 8 is required to be implemented if the classification changes or Protective Action Recommendations (PAR) Upgrades.

Initials

1. OBTAIN a copy of Attachment 6 and ASSIST Primary Communicator with 15-minute notifications, as necessary. \_\_\_\_\_  
CM2/TSC2/EOF2
2. DIRECT the Shift Rad Pro Tech (SRPT) (x3741) to implement **EPIP 301H**, RPT Onshift Response. (N/A for Common Site)  
Name: \_\_\_\_\_ Time: \_\_\_\_\_ \_\_\_\_\_  
CM2
3. For an ALERT or higher emergency:
  - a. CALLOUT an additional NSTA.  
Name: \_\_\_\_\_ Time: \_\_\_\_\_ \_\_\_\_\_  
CM2
  - b. ACTIVATE **ERDS** within 60 minutes from EITHER the NSS Office or the CR SPDS terminal:
    - 1) PRESS <ERDS> key
    - 2) PRESS **Pg Up** key to select "ACTIVATE ERDS COMMUNICATION"
    - 3) FOLLOW screen prompts. \_\_\_\_\_  
CM2

**A. NOTIFICATIONS (cont'd)**

4. OBTAIN a copy of the **ICMF** and FAX the ICMF to Group A.

\_\_\_\_\_  
CM2/TSC2/EOF2

5. COMPLETE a **Station Status Checklist (SSCL)** Form, Pg. 7 or  
Common Site **UNUSUAL EVENT Station Status Checklist (SSCL)** Form, Pg. 9;

- ( ) a. OBTAIN OS (TSS/SSM) assistance, as needed for Pg.1.  
( ) b. OBTAIN SRPT (RAC/RSM) assistance, as needed for Pg.2.  
(N/A for Common Site)  
( ) c. FAX to Group B. (EOF2 – FAX to Group D)  
( ) d. IF fax transmission of the SSCL is incomplete,  
THEN CONTACT the State Agencies listed below, READ the data,  
AND DOCUMENT on SSCL, Pg. 2.

**DEMA** Delaware Emergency Management Agency 302-659-2290  
**BNE** NJ Bureau of Nuclear Engineering 609-984-7700

\_\_\_\_\_  
CM2/TSC2/EOF2

6. OBTAIN a completed **NRC Data Sheet** from the CM-1 and  
FAX form to Group B (EOF2 – FAX to Group D)

\_\_\_\_\_  
CM2/TSC2/EOF2

7. REPEAT Step 5 approximately every half hour OR IMMEDIATELY  
for significant changes in Station status, until either Turnover or relief.

\_\_\_\_\_  
CM2/TSC2/EOF2

8. **TURNOVER** responsibility for offsite notifications and offsite data  
updates (SSCLs) to the oncoming facility (TSC or EOF):

- ( ) a. GIVE names and phone numbers of contacts already made with any  
Offsite Agencies.  
( ) b. GIVE time for next SSCL.

\_\_\_\_\_  
CM2/TSC2

**B. DATA COLLECTION/TRANSMISSION**

1. WHEN in an ALERT or higher emergency  
OR AFTER significant changes in plant status;  
THEN COMPLETE the **Major Equipment and Electrical Status (MEES)** Form.

- ( ) a. OBTAIN Licensed Operator review.  
( ) b. GIVE a copy to the OSC Coordinator.  
( ) c. FAX to Group C.

\_\_\_\_\_  
CM2

**B. DATA COLLECTION/TRANSMISSION (cont'd)**

2. IF requested by the TSC,  
THEN COMPLETE the **Operational Status Board (OSB)** Form every 15 minutes;  
(TSS may modify the frequency or data list as appropriate)
- ( ) a. OBTAIN Licensed Operator review.  
( ) b. FAX to Group C \_\_\_\_\_  
CM2
3. VERIFY availability of "OPERATIONAL STATUS BOARD (OSB) FORM"  
data on the VAX printer.
- ( ) a. IF OSB data is available,  
THEN SELECT or REQUEST Rad Pro to select Menu Option #2  
(Current Ops Status) every 15 minutes on the VAX LA 120.  
( ) b. IF VAX data is NOT available,  
THEN OBTAIN data from CRIDS Page Display # 232.  
( ) c. IF CRIDS data is NOT available,  
THEN REQUEST the CM2 in CR to begin transmitting the OSB form. \_\_\_\_\_  
TSC2
4. ENSURE the Facility OSB and MEES Status Boards are updated;
- ( ) a. IF OSB data is NOT available,  
THEN REQUEST CM2 to perform step B.2. above. (data set and frequency  
of updates may be revised by the TSS based on event circumstances)  
( ) b. WHEN significant changes in plant systems status occur,  
THEN REQUEST CM2 to perform step B.1. above. \_\_\_\_\_  
TSC2/EOF2
5. WHEN the emergency is terminated,  
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).  
\_\_\_\_\_  
CM2/TSC2/EOF2

**C. INCOMING CALLS**

STATE OFFICIALS

1. IF Notifications authority has transferred,  
THEN DIRECT the caller to contact the TSC (or EOF if activated). \_\_\_\_\_  
CM2 TSC2
2. WHEN contacted by any State Agency Officials (listed here),

**DEMA** - Delaware Emergency Management Agency  
**AAAG** - Delaware Accident Assessment Advisory Group  
**BNE** - NJ Bureau of Nuclear Engineering  
**DEP** - NJ Department of Environmental Protection  
**OEM** - NJ Office of Emergency Management

PERFORM the following, on Pg. 4.

**C. INCOMING CALLS (cont'd)**

STATE OFFICIALS

( ) a. OBTAIN and RECORD;  
Agency                      Caller's Name                      Phone #  
\_\_\_\_\_  
\_\_\_\_\_

( ) b. READ the latest EC approved SSCL.

( ) c. IF caller is **NJ-BNE, DEMA, or AAAG**,  
THEN also READ the approved NRC Data Sheet Event Description. \_\_\_\_\_  
CM2/TSC2/EOF2

NEWS MEDIA

**CAUTION**

**Communicators are NOT authorized to release any information to the News Media.**

3. WHEN contacted by any News Media representative,  
READ the appropriate message below:

( ) a. IF the ENC is not activated (Unusual Event), say;  
**"You are requested to contact the Nuclear Communications Office  
at any of the following numbers; 856-339-1186."**

( ) b. IF the ENC is activated (ALERT or higher), say;  
**"You are requested to contact the Media Information Operator at  
any of the following numbers; 856-273-0188, -0282, -0386, -  
0479, or -0586."**

\_\_\_\_\_  
CM2/TSC2/EOF2

NRC OPERATIONS CENTER

4. WHEN directed by the NRC to TERMINATE ERDS transmission,  
THEN GO TO any CR SPDS terminal AND PROCEED as follows:

- a. PRESS <ERDS> key.
- b. PRESS <Pg Dn> key to select "TERMINATE ERDS COMMUNICATION."
- c. FOLLOW screen prompts.
- d. WHEN completed. NOTIFY the OS.

\_\_\_\_\_  
CM2

HOPE CREEK						DATE: _____									
MAJOR EQUIPMENT AND ELECTRICAL STATUS						UPDATE TIME: _____									
NOTE: Y = IN SERVICE N = OUT OF SERVICE (CIRCLE ANY UNAVAILABLE EQUIPMENT)			REACTIVITY CONTROL		ELECT. FEED	Y/N	CONTAINMENT CONTROL		ELECT. FEED	Y/N					
			SLC PUMPS		A	B212		FRVS RECIRC FANS		A	B410				
					B	B222				E	B450				
			RWCU PUMPS		A	B254				B	B420				
					B	B264				F	B460				
			REACTOR RECIRC PUMPS		A	A110				C	B430				
		B	A120				D	B440							
WATER COOLING SYSTEMS			ELECT. FEED	Y/N	CRD PUMPS		A	B430		FRVS VENT FANS		A	B212		
							B	B440				B	B222		
SW PUMPS		A	A401		ELECTRICAL STATUS			Y/N	H2 RECOMBINERS		A	B410			
		C	A403		OFFSITE AC POWER AVAILABLE						B	B480			
		B	A402		EMERGENCY DIESELS		RUN	LOADED	PCIG COMPRESSORS		A	B232			
		D	A404								B	B242			
SACS PUMPS			A	A401	EDG		A		SERVICE AIR COMPRESSORS		ELECT. FEED	Y/N			
			C	A403			B								
			B	A402			C				00K107	A120			
			D	A404			D				10K107	A110			
RACS PUMPS			A	B415	HVAC		ELECT. FEED	Y/N	EMER. INST. AIR COMPRESSOR		ELECT. FEED	Y/N			
			B	B426											
			C	B250	TURBINE BLDG		A	A110			10K100	B450			
CIRC WATER PUMPS		A	A501		CHILLED WATER CHILLERS		B	A120	ECCS		ELECT. FEED	Y/N			
		B	A502				C	A101							
		C	A501				D	A110	RHR PUMPS		A	A401			
		D	A502		TURBINE BLDG		A	B130			C	A403			
CONDENSATE/FEEDWATER			ELECT. FEED	Y/N	CHILLED WATER		B	B120			B	A402			
					CIRC PUMPS		C	B110			D	A404			
PRIMARY CONDENSATE PUMPS		A	A110		CONTROL AREA		A	B431	RCIC PUMPS		STEAM				
		B	A120		CHILLED WATER				HPCI PUMPS		STEAM				
		C	A102		CIRC PUMPS		B	B441			CORE SPRAY PUMPS		A	A401	
SECONDARY CONDENSATE PUMPS		A	A110		CONTROL AREA		A	A403					C	A403	
		B	A120		CHILLED WATER								B	A402	
		C	A104		CHILLERS		B	A404					D	A404	
FEED WATER PUMPS		A	STEAM		TSC		A	B451							
		B	STEAM		CHILLED WATER										
		C	STEAM		CIRC PUMPS		B	B461							
					TSC		A	A401							
					CHILLED WATER										
					CHILLERS		B	A402							

LICENSED OPERATOR REVIEW: \_\_\_\_\_

INITIALS

# OPERATIONAL STATUS BOARD - HOPE CREEK

NOTE: 1) IF REQUESTED, TRANSMIT THIS FORM TO GROUP C (TSC AND EOF) EVERY 15 MINUTES.  
 2) PROVIDE A COPY TO THE OSC COORDINATOR.  
 3) SEE CRIDS PAGE 232 FOR DATA.

DATE: \_\_\_\_\_

## TIMES (24-HOUR CLOCK)

	INST	UNITS				
I. BALANCE OF PLANT	E PLAN					
A. CST LEVEL	(1)	X 10 <sup>4</sup> GAL				
B. CONDENSER PRESSURE	(2)	IN. HGa				
C. RCIC FLOW	(3)	GPM				
D. FEED FLOW	(4)	MLB/HR				
II. ECCS						
A. RHR/LPCI FLOW-A**	(5)	GPM				
RHR/LPCI FLOW-C	(5)	GPM				
RHR/LPCI FLOW-B**	(6)	GPM				
RHR/LPCI FLOW-D	(6)	GPM				
B. HPCI PUMP FLOW	(7)	GPM				
C. CORE SPRAY FLOW-A	(8)	GPM				
CORE SPRAY FLOW-B	(9)	GPM				
D. SRV (OPEN) STATUS	(10)	# OPEN				
III. RX COOLANT SYSTEM						
A. POWER	(11-16)	% or CPS				
B. WATER LEVEL	(17,20,21,22)	IN.				
C. PRESSURE	(18,19)	PSIG				
D. TEMPERATURE	(23)	DEGREES F				
E. RECIRC FLOW - A LOOP	(24)	X 10 <sup>3</sup> GPM				
RECIRC FLOW - B LOOP	(24)	X 10 <sup>3</sup> GPM				
F. JET PUMP FLOW (TOTAL)	(25)	MLB/HR				
IV. CONTAINMENT						
A. DRYWELL PRESSURE	(26,27)	PSIG				
TEMPERATURE	(28,29)	DEGREES F				
H2 CONC.	(30,31)	%				
O2 CONC.	(30,31)	%				
B. SUPP. CHAMBER PRESS.	(26,27)	PSIG				
AIR TEMPERATURE	(28,29)	DEGREES F				
WATER LEVEL	(32)	IN.				
WATER TEMPERATURE	(33,34)	DEGREES F				
C. RX BLDG. DELTA P	(35,36)	IN. H <sub>2</sub> O				
V. SSCL						
A. OFFSITE POWER AVAILABLE?		YES NO				
B. 3 OR MORE DG'S AVAILABLE?		YES NO				
C. DID ANY ECCS ACTUATE?		YES NO				
D. IS THE CONTAINMENT BARRIER FAILED?		YES NO				

LICENSED OPERATOR REVIEW  
 OTHER SIGNIFICANT ITEMS

INITIALS

\*\* IF NOT IN LPCI MODE FLOW RATE IS CIRCLED (i.e. S/D COOLING, CONT. SPRAY, ETC.)

# STATION STATUS CHECKLIST

## Operational Information

HOPE CREEK GENERATING STATION Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted By: Name \_\_\_\_\_ Position \_\_\_\_\_  
(CR/TSC/EOF)

1. Date and Time Event Declared: Date \_\_\_\_\_ Time \_\_\_\_\_ (24 hr clock)

2. Event Classification:  Unusual Event  Site Area Emergency  
 Alert  General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

EAL #(s) \_\_\_\_\_

Description of the event \_\_\_\_\_

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

4. Status of Reactor:  Scrammed/Time \_\_\_\_\_  At Power  
 Startup  Hot Shutdown  Cold Shutdown  Refuel

5. Rx Pressure \_\_\_\_\_ psig Rx Temp \_\_\_\_\_ °F Rx Water Level \_\_\_\_\_ in.

6. Is offsite power available?  YES  NO

7. Are three or more diesel generators available?  YES  NO

8. Did any Emergency Core Cooling Systems actuate?  YES  NO

9. Is the Containment barrier failed? (Loss per EAL section 3.3)  YES  NO

10. Other pertinent information \_\_\_\_\_

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

APPROVED: \_\_\_\_\_

STATION STATUS CHECKLIST  
( PAGE 2 OF 2 )  
RADIOLOGICAL INFORMATION

ECG  
ATT 8  
Pg. 8 of 9

HOPE CREEK GENERATING STATION - CALCULATION TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. GASEOUS RELEASE > TECH SPEC (T/S) LIMITS:

(T/S LIMITS: 1.2 E+04  $\mu$ Ci/sec NG or 1.7E+01  $\mu$ Ci/sec IODINE)

YES: [ ] RELEASE START TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

NO: [ ]

- A. RELEASE TERMINATED: YES [ ] NO [ ] N/A [ ]
- B. ANTICIPATED OR KNOWN DURATION OF RELEASE: \_\_\_\_\_ HOURS
- C. TYPE OF RELEASE: GROUND [ ] ELEVATED: [ ] N/A [ ]
- D. ADJUSTED WIND SPEED: \_\_\_\_\_ (mph) \_\_\_\_\_ (m/sec) WIND DIR (deg from) \_\_\_\_\_
- E. STABILITY CLASS: \_\_\_\_\_ (A-G)
- F. VENT PATH OF RELEASE: NPV [ ] SPV [ ] FRVS [ ] HTV [ ]
- G. NG RELEASE RATE: NPV \_\_\_\_\_ SPV \_\_\_\_\_ FRVS \_\_\_\_\_  
HTV \_\_\_\_\_ ( $\mu$ Ci/sec)
- H. I-131 RELEASE RATE: NPV \_\_\_\_\_ SPV \_\_\_\_\_ FRVS \_\_\_\_\_  
HTV \_\_\_\_\_ DEFAULT ( $\mu$ Ci/sec) (circle if default)
- I. TOTAL RELEASE RATE NOBLE GAS: \_\_\_\_\_ ( $\mu$ Ci/sec)
- J. TOTAL RELEASE RATE IODINE-131: \_\_\_\_\_ ( $\mu$ Ci/sec)

2. PROJECTED OFFSITE DOSE RATE CALCULATIONS:

DISTANCE FROM VENT (IN MILES)	XU/Q (1/M2)	TEDE RATE (MREM/HR)	TEDE DOSE (4 DAY) (MREM)	THYROID-CDE RATE (MREM/HR)	THYROID-CDE DOSE (MREM)	TIME FOR PLUME TO TRAVEL (MIN)
MEA 0.56	_____	_____	_____	_____	_____	_____
2.00	_____	_____	_____	_____	_____	_____
LPZ 5.00	_____	_____	_____	_____	_____	_____
EPZ 10.00	_____	_____	_____	_____	_____	_____

3. OTHER PERTINENT INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. UPDATE TO STATES (IF VERBALLY TRANSMITTED):

	NAME	TIME	INITIALS
STATE OF NEW JERSEY	_____	_____	_____
STATE OF DELAWARE	_____	_____	_____
AGENCY:	_____	_____	_____

APPROVED: \_\_\_\_\_  
EC or RAC or RSM

### Common Site Unusual Event STATION STATUS CHECKLIST

**Operational Information**

Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted by: Name \_\_\_\_\_ Position \_\_\_\_\_

1. Date and Time Event Declared: Date \_\_\_\_\_ Time: \_\_\_\_\_

2. Cause of event: Primary Initiating Condition used for declaration

EAL# \_\_\_\_\_

Description of the event:

\_\_\_\_\_

\_\_\_\_\_

33FT. LEVEL WIND DIRECTION (From): \_\_\_\_\_ WIND SPEED \_\_\_\_\_  
(From MET Computer) (DEGREES) (MPH)

3. Status of the Reactors	Mode: (Power, Startup, Hot Standby, Hot S/D, Cold S/D, Refuel.)	Rx Pressure	Rx Temp / Hottest Core Exit TC	Rx Water Level
Hope Creek		psig	°F	in.
Salem 1		psig	°F	covered
Salem 2		psig	°F	covered

	Hope Creek		Salem 1		Salem 2	
	YES	NO	YES	NO	YES	NO
4. Is offsite power available?						
5. Are two or more diesel generators operable?						
6. Did any Emergency Core Cooling Systems actuate?						
7. Is any Containment Barrier failed? (Loss per EAL section 3.3)						
8. Radiological release (> Tech Spec Limit) in progress		X		X		X

9. Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EC Initials  
(Approval to Transmit ICMF)





## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLr).
- MNLr 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLr 8. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 11  
ONE HOUR REPORT  
(COMMON SITE)  
SECURITY/SAFEGUARDS

ESE&G  
CONTROL  
COPY # HEC60065

NOTE

ONLY one OS, Hope Creek or Salem, is required to report this event which is common to BOTH stations.

I. **EVENT ASSESSMENT AND DETERMINATION OF NOTIFICATION RESPONSIBILITY**

Initials

- \_\_\_ 1. NOTIFY the **Salem OS** (NETS x5121 or DID 5200).
- \_\_\_ 2. DETERMINE which Station OS will implement this attachment.
- \_\_\_ 3. IF the Hope Creek OS is responsible for this notification, THEN IMMEDIATELY CONTINUE with this attachment.
- \_\_\_ 4. IF the Salem OS will implement this attachment, THEN NO further actions are required by Hope Creek except to lend assistance as necessary in restoring the lost equipment or capabilities.

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

II. **NOTIFICATIONS**

- \_\_\_ 1. COMPLETE an NRC Data Sheet
  - ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Security personnel, as needed.
  - ( ) ENSURE OS approval

Initials

- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 1 hour**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 6. NOTIFY **Nuclear Licensing**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 7. NOTIFY **External Affairs**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 8. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

- \_\_\_\_ 9. WHEN Security provides updated information on the event,  
THEN NOTIFY the **NRC Operations Center** with appropriate updates on the event.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

### III. REPORTING

#### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. CONTACT the **Nuclear Security Support Supervisor (NSSS)**;  
( ) FORWARD this attachment and any other supporting documentation received from the OS.  
( ) REQUEST a written report (**required 30 days after the event**).
- NSSS 5. PREPARE the required Safeguards Event Report (30 day) IAW Security Contingency Plan Procedure, SCP-14.
- NSSS 6. FORWARD this attachment to the Manager - Licensing (MNLR).
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.



Initials

\_\_\_\_ 6. NOTIFY Nuclear Licensing.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 7. IF a major loss of communications capability has occurred (such as loss of ENS, NETS, DID, etc.)  
THEN NOTIFY:

**I.T. Client Service Center: (201-430-7500 or ESSX 7500)**

( ) a. ENTER [1 - 3 - 1] in response to the automated answering system prompts.

( ) b. NOTIFY the Operator that the failed system is an "Emergency Priority Circuit."

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 8. NOTIFY External Affairs.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 9. IF this report is being made due to exceeding a Technical Specification Safety Limit.  
THEN NOTIFY the senior corporate nuclear officer within 24 hours.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

**AND NOTIFY the Director-Quality, NT and EP (senior manager responsible for independent nuclear safety assessment activities and quality program oversight) within 24 hours.**

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 10. FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLR).
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 13  
FOUR HOUR REPORT  
CONTAMINATION EVENTS OUTSIDE OF THE RCA

ESE&G  
CONTROL

COPY # HECG0065

INSTRUCTIONS (HOPE CREEK OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

\_\_\_\_ 1. RECORD the location of the Contaminated Area(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ 2. DIRECT the **Shift Radiation Protection Technician (SRPT)** to IMPLEMENT the Onsite Contamination Event Checklist (Pages 5 - 7) of this attachment and ASSUME responsibility as the Interim **Radiological Incident Response Coordinator (RIRC)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 3. IF routinely accessed areas are contaminated.  
THEN use the Plant PA System to warn personnel to stand clear of those areas.

\_\_\_\_ 4. NOTIFY a **Radiological Support (RS) Representative**:  
( ) a. DIRECT the RS individual to REPORT to the Plant and ASSUME RIRC responsibility by relieving the SRPT.  
( ) b. PROVIDE the name of the SRPT and the location of the Incident Response Control Center, if established.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 5. NOTIFY the **Salem OS** (NETS x5121; DID x5200)
- ( ) a. PROVIDE a brief description of the event.
  - ( ) b. DIRECT a similar PA announcement be made at Hope Creek to warn personnel.
  - ( ) c. OBTAIN any available support needed to monitor and control the spread of contamination.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 6. NOTIFY **Environmental Licensing** and DIRECT that any notifications IAW the DPCC/DCR Plan be made as required.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 7. COMPLETE an NRC Data Sheet.
- ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Radiation Protection personnel, as needed.
  - ( ) OBTAIN OS approval.
- \_\_\_\_\_ 8. NOTIFY the **LAC Dispatcher** of the event.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 9. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 10. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.
- ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_\_ 11. NOTIFY the **NRC Resident Inspector**.
- \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time



## II. REPORTING

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLr).
- MNLr 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLr 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

**ONSITE CONTAMINATION EVENT CHECKLIST**

(Page 1 of 3)

A. PURPOSE

This checklist provides general guidance to the Interim and Long Term **Radiological Incident Response Coordinator (RIRC)** for the purpose of establishing Command and Control authority and responsibility for the non-emergency coordination of Nuclear Business Unit resources in mitigating the consequences of a radiological incident outside the normal RCA.

B. RESPONSIBILITY - Checklist Implemented By;

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
Interim RIRC (or SRPT)

Name: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_  
Long Term RIRC

RIRC INSTRUCTIONS:

1. Checklist steps DO NOT need to be performed in order.
2. INITIAL or N/A each step as appropriate.
3. IF an emergency is declared,  
THEN CONSULT with the Emergency Coordinator (EC) to determine revised priorities of the EC based upon current circumstances.

C. INITIAL ACTIONS

Initials/  
Date/Time

1.	PERFORM surveys to establish contaminated area boundaries. (Temporary RCA)	
2.	POST signs and set up barriers (ropes) ( ) RESTRICT access to the Temporary RCA until posted ( ) <u>IF</u> access <u>CANNOT</u> be adequately controlled with available RP personnel. <u>THEN</u> request assistance from <b>Security</b> .	
3.	<b>DIRECT Security</b> to prohibit vehicles from entering any affected portion of the Owner Controlled Area (OCA).	
4.	<u>IF</u> areas within the Protected Area that can be routinely accessed are contaminated. <u>THEN PROVIDE</u> personnel monitoring at the Security Center.	
5.	<b>NOTIFY the Hope Creek RP Superintendent</b>	
6.	<b>PROVIDE</b> a briefing to the <b>Salem RP Superintendent</b> and <b>OBTAIN</b> resource assistance (material and personnel), as needed.	

**ONSITE CONTAMINATION EVENT CHECKLIST**

(Page 2 of 3)

D. SUBSEQUENT ACTIONS

Initials/  
 Date/Time

1.	ESTABLISH an <b>Incident Response Control Center</b> in an accessible location. (e.g., TSC, NOSF, RP Office Area) Location:	
2.	MAINTAIN a response log.	
3.	<u>IF</u> recovery actions will take > 24 hours, <u>THEN DEVELOP</u> an interim organization to handle the following aspects of the event; <ul style="list-style-type: none"> <li>• Site Characterization and Decontamination</li> <li>• Dose Assessment</li> <li>• Communications</li> <li>• Site Access Control</li> <li>• Document Control</li> </ul>	

• SITE CHARACTERIZATION AND DECONTAMINATION

4.	DEVELOP a map of the contaminated areas. ( ) ENSURE consistent survey techniques and reporting units are used.	
5.	PERFORM isotopic analysis on several samples before decontamination activities begin.	
6.	REDUCE contamination < LLD, if reasonably achievable.	
7.	<u>IF</u> contamination <u>CANNOT</u> be reduced < LLD, <u>THEN CONSIDER</u> fixing the contamination to prevent further spreading.	

• DOSE ASSESSMENT

8.	ESTABLISH a list of individuals who may have been contaminated.	
9.	<u>IF</u> the potential for personnel contamination is high among those who have left the Site, <u>THEN CONSIDER</u> having those individuals recalled.	
10.	<u>IF</u> recalled personnel are contaminated or may have carried contamination offsite, <u>THEN CONSIDER</u> surveying their clothing, vehicles, and homes.	
11.	PERFORM internal dose calculations and calculate external dose from groundshine. (both realistic and bounding case assessments)	
12.	PERFORM confirmatory WB Counts, as required.	
13.	COLLECT and PROCESS TLDs, as required.	

**ONSITE CONTAMINATION EVENT CHECKLIST**  
 (Page 3 of 3)

D. SUBSEQUENT ACTIONS (cont'd)

Initials/  
 Date/Time

• DOSE ASSESSMENT (cont'd)

14.	IF a radiological release from a plant system has occurred, THEN CALCULATE the source term (total amount of radioactive material released).	
-----	---	--

• COMMUNICATIONS

15.	ENSURE <u>ALL Site Personnel</u> are INFORMED as to the location of contaminated areas <u>and</u> any additional monitoring requirements via posting in the Security Center. ( ) UPDATE postings periodically, as needed.	
16.	DEVELOP a communications plan to provide frequent updates to plant personnel.	

• DOCUMENTATION

17.	OBTAIN copies of <u>ALL</u> surveys, sample results and other related documentation <u>AND</u> ENSURE they are placed in the Radiological Support files.	
18.	FORWARD records of residual contamination, including contamination that was fixed in place, to <b>Nuclear Licensing</b> for inclusion in the 10CFR50.75(g) file.	
19.	RETURN this checklist to the <b>Hope Creek OS</b> after all items on the checklist have been addressed.	

ATTACHMENT 14

FOUR HOUR REPORT - NRC OPERATIONS

FSE&G  
CONTROL

INSTRUCTIONS (HOPE CREEK OS or Designee)

COPY # HEC60065

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.
  - ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Radiation Protection personnel, as needed.
  - ( ) OBTAIN OS approval.
  
- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 4 hours**.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.
  - ( )

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 4. NOTIFY the **LAC Dispatcher** of the event.
  - ( )

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
  - ( )

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

\_\_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 7. NOTIFY **Nuclear Licensing**,

- for all events, provide a description and briefing of the event
- if RAL 11.8.2.a was declared, direct licensing representative to contact the BNE within 4 hours of the event.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 8. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_\_ 9. FAX the NRC Data Sheet to **BOTH Public Information and Licensing** using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing.
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 15

ENVIRONMENTAL PROTECTION PLAN

FSE&G  
CONTROL

COPY # HEC60065

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- 1. RECORD the Event Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE**

Environmental Licensing will make the Determination of Reportability for Unusual or Important Environmental Events. They will also make the 24 hour report to other agencies.

- 2. NOTIFY **Environmental Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs \_\_\_\_\_  
name time report#

- ( ) a. OBTAIN a Determination of Reportability (check below).
- ( ) b. RECORD "Determination Time": \_\_\_\_\_ hrs
- ( ) c. CONTINUE based on the Determination, as follows:
  - ( ) 1) **4 Hour Report** to the NRC.  
EXIT this Attachment AND REFER to RAL # 11.8.2.a.
  - ( ) 2) **24 Hour Report** to the NRC Resident.  
GO TO Step 3. (next page)
  - ( ) 3) Not reportable to the NRC.  
GO TO Section II, Pg. 3.

**NOTE**

Required reports shall be made within the appropriate time limits from the Determination Time established in Step 2. above.

Initials

- \_\_\_\_ 3. NOTIFY the NRC Resident Inspector within 24 hours.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. IF the NRC Resident Inspector CANNOT be notified,  
THEN NOTIFY the NRC Operations Center within 24 hours.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 5. IF NOT done previously.  
THEN NOTIFY the Operations Manager (OM).  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the Notification and any supporting documentation to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLR).
- MNLR 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLR 8. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming.

ATTACHMENT 17  
FOUR HOUR REPORT  
FATALITY OR MEDICAL EMERGENCY

PSE&G  
CONTROL

COPY # HECG0065

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- 1. IF NOT done previously.  
THEN IMPLEMENT HC.FP-EO.ZZ-0003(Z), Control Room Medical Emergency Response.
- 2. COMPLETE an NRC Data Sheet.
  - ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Radiation Protection personnel, as needed.
  - ( ) OBTAIN OS approval.\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time
- 3. NOTIFY the LAC Dispatcher of the event.  
\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time
- 4. NOTIFY the NRC Operations Center of the event within 4 hours.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.\_\_\_\_\_  
name notified at \_\_\_\_\_ hrs  
time

Initials

\_\_\_\_ 5. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 8. NOTIFY **Nuclear Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 9. IF transportation of personnel to an Offsite Medical Facility is required,  
THEN;

- ( ) a. COMPLETE the report on Pg. 4 of this attachment.
- ( ) b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 10. IF an NBU Employee has died or been seriously injured, THEN;

- ( ) a. NOTIFY the **employee's department manager**
- ( ) b. DIRECT the manager to coordinate notification of the employee's family.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 11. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 12. FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed phone numbers on the telecopier.

**II. REPORTING**

- \_\_\_\_\_ 1. ENSURE that an Injury Report is completed.  
OS
- \_\_\_\_\_ 2. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
- \_\_\_\_\_ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).  
OS
- \_\_\_\_\_ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.  
OM
- \_\_\_\_\_ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).  
OM
- \_\_\_\_\_ 6. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
- \_\_\_\_\_ 7. FORWARD this attachment to the Manager - Nuclear Licensing & Regulation (MNL).  
LERC
- \_\_\_\_\_ 8. ENSURE offsite (state and local) reporting requirements are met.  
MNL
- \_\_\_\_\_ 9. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.  
MNL

**REPORT OF SERIOUS INJURY/DEATH  
NUCLEAR BUSINESS UNIT EMPLOYEE**

EMPLOYEE INFORMATION

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ LOCATION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**ACCIDENT/INJURY DESCRIPTION**

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DID INJURIES RESULT IN DEATH  YES  NO

EXTENT OF INJURIES \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

WHERE TAKEN AFTER ACCIDENT \_\_\_\_\_

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 18  
FOUR HOUR REPORT  
RADIOLOGICAL TRANSPORTATION ACCIDENT

PSE&G  
CONTROL  
COPY # HEC60065

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. Contact the Shift Radiation Protection Technician for immediate access to shipment information for emergency responders.
- B. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- C. INITIAL each step when completed.
- D. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_\_ 1. COMPLETE the **ACCIDENT NOTIFICATION FORM** (last page) with initial details received regarding the accident.
- \_\_\_\_\_ 2. OBTAIN a copy of the applicable Radwaste Shipping document for reference during subsequent notifications.
- \_\_\_\_\_ 3. IF PSEG is the carrier (driver is a PSEG employee),  
THEN NOTIFY the **Department of Transportation (DOT)** at 1-800-424-8802.
  - ( ) PROVIDE all information recorded on the ACCIDENT NOTIFICATION FORM.
  - ( ) RECORD any additional information requested by DOT.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_\_ 4. DIRECT the **Radiation Protection Manager** (or alternate) to contact the carrier's dispatcher and coordinate assistance in implementing PSEG's response, as required.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) OBTAIN assistance from Radiation Protection personnel, as needed.  
( ) OBTAIN OS approval.
- \_\_\_\_ 6. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY the **NRC Operations Center within 4 hours**.  
( ) RECORD additional information provided to the NRC on the NRC Data Sheet.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 9. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 10. NOTIFY **Nuclear Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 11. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 12. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification is prepared.  
Notification # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager - Licensing (MNLr).
- MNLr 7. ENSURE offsite (state and local) reporting requirements are met.
- MNLr 8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.

**RADIOLOGICAL TRANSPORTATION ACCIDENT  
NOTIFICATION FORM**

**INSTRUCTIONS:**

- A. RECORD the minimum information required for an effective PSEG response.
- B. RECORD any additional information provided as requested by the DOT.

Time of Call	Caller's Name:	Phone Number:

Are you the driver?  YES  NO

IF YES, Trucking Company Name: \_\_\_\_\_

IF NO, What is the status of the driver? \_\_\_\_\_

**LOCATION of Accident:**

Roadway/Mile Marker/Intersection	City/Town	State

Number of Vehicles involved? 1 - 2 - 3 - 4 - 5 - \_\_\_\_\_

- State or Local Police on the scene?  YES  NO
- Any personnel injuries?  YES  NO
- Any Fire involving truck contents?  YES  NO
- Trucking Company Dispatcher notified?  YES  NO

Extent of damage to truck/trailer, container and contents:

\_\_\_\_\_

\_\_\_\_\_

**ASK THE CALLER TO DO THE FOLLOWING:**

- A. IF NOT yet done, NOTIFY the State or Local Police.
- B. IF possible, ENSURE assistance personnel at the accident scene do the following:
  - 1. TAKE all practical measures to protect life and property.  
THEN stay back and wait for trained emergency personnel.
  - 2. REMAIN upwind of the accident; DO NOT track thru any spills.

ATTACHMENT 19

TWENTY-FOUR HOUR REPORT  
FITNESS FOR DUTY (FFD) PROGRAM EVENTS

PSE&G  
CONTROL

COPY # HECG0065

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

CAUTION

The determination of reportability of significant FFD events is the responsibility of the Medical Review Officer (MRO).

In order to ensure compliance with NRC notification requirements of 10CFR26.73 and also protect the rights of the individual(s) involved, information provided to any of the below contacts SHALL be limited to that supplied by the MRO or designee.

I. NOTIFICATIONS

Initials

- \_\_\_\_\_ 1. COMPLETE the significant FFD Event report form (last page) with the details received from **the Medical Review Officer (MRO)** or designee per NC.NA-AP.ZZ-0042(Q).
- \_\_\_\_\_ 2. NOTIFY the **NRC Operations Center within 24 hours** of the time of discovery provided by the MRO.  
 \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
 name time
- \_\_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.  
 \_\_\_\_\_ notified at \_\_\_\_\_ hrs  
 name time

Initials

- \_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 5. Notify the **Public Information Manager (PIM) - Nuclear**

**II. REPORTING**

**CAUTION**

**ALL records of this report shall be handled as CONFIDENTIAL.**

- \_\_\_\_ 1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
- \_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
OS  
Operations Manager (OM).
- \_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM  
correct classification of event and corrective action taken.
- \_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the Medical  
OM  
Review Officer (MRO) at the Processing Center MC - N06.
- \_\_\_\_ 5. RETAIN this information on file IAW Nuclear Medical Department Standard Operating  
MRO  
Procedures AND  
ENSURE that this event is included in the 6 month FFD Report to the NRC.

**CONFIDENTIAL**  
**FITNESS FOR DUTY (FFD) PROGRAM EVENT**  
**NRC NOTIFICATION REPORT FORM**

**INSTRUCTIONS:**

- A. OS should use this form to document the details of any FFD event determined by the Medical Review Officer (MRO) to be reportable per 10CFR26.73.
- B. Initial **NRC report** shall be completed within 24 hours from the time of discovery by the licensee, as determined by the MRO.
- C. IF the **NRC FFD Representative** requires additional or more detailed information, the NRC shall directly contact the MRO.

**NRC NOTIFICATION:**

Notification Time: \_\_\_\_\_ OS (name) \_\_\_\_\_  
Facility: Salem/ Hope Creek Call back phone # 609-339-\_\_\_\_\_

**EVENT DETAILS:**

1. Medical Review Officer or designee: \_\_\_\_\_  
Call back phone # 856-339-5601 (name)
2. Reporting Event
  - ( ) Sale, use, or possession of illegal drugs within the **Protected Area** [10CFR26.73(a)(1)] OR
  - ( ) Any acts, by **Licensed Reactor Operators or Supervisory personnel**: [10CFR26.73(a)(2)]
    - ( ) Involving the sale, use, or possession of a controlled substance. (i)
    - ( ) Resulting in a confirmed positive test on such persons. (ii)
    - ( ) Involving use of alcohol within the **Protected Area**. (iii)
    - ( ) Resulting in the determination of unfitness for scheduled work due to consumption of alcohol. (iv)
  - ( ) False Positive Lab Blind Performance Test Results due to an administrative error. [10CFR26. APP. A. 2.8(e)(5)]
  - ( ) Any other FFD related event determined reportable by the MRO IAW **NC.NA-AP.ZZ-0042(Q)**.
3. Discovery Time: \_\_\_\_\_ hrs on \_\_\_\_\_ (date)
4. Work Dept. of individual(s):  
\_\_\_\_\_
5. Has plant safety been affected "  YES  NO
6. Corrective actions taken or planned '  
\_\_\_\_\_  
\_\_\_\_\_
7. Other pertinent information \_\_\_\_\_  
\_\_\_\_\_





## II. REPORTING

### Initials

1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting  
OS documentation, to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
4. FORWARD this attachment and any other supporting documentation to the LER  
OM Coordinator (LERC).
5. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
6. FORWARD this attachment to the Manager - Licensing (MNL).  
LERC
7. ENSURE offsite (state and local) reporting requirements are met.  
MNL
8. FORWARD this Attachment LER package to the Central Technical Document Room  
MNL for microfilming.

ATTACHMENT 21  
REPORTABLE EVENT  
LAC/MEMORANDUM OF UNDERSTANDING (M.O.U.)

PSE&G  
CONTROL  
COPY #

HECG0065

INSTRUCTIONS (HOPE CREEK OS or Designee)

A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.

B. INITIAL each step when completed.

C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. PROVIDE an event description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_ 2. NOTIFY the **LAC Dispatcher** within four hours of the event.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 3. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 4. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

\_\_\_\_\_ 5. NOTIFY **External Affairs**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

**II. REPORTING**

\_\_\_\_\_ 1. ENSURE that a Notification is prepared.

OS

Notification # \_\_\_\_\_

\_\_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
Operations Manager (OM).

OS

\_\_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
correct classification of event and corrective action taken.

OM

\_\_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
Coordinator (LERC).

OM

\_\_\_\_\_ 5. PREPARE required reports.

LERC

Report or LER Number \_\_\_\_\_

\_\_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing (MNLr).

LERC

\_\_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLr

\_\_\_\_\_ 8. FORWARD this Attachment/LER package to the Central Technical Document Room  
for microfilming.

MNLr

ATTACHMENT 22

T/S REQUIRED ENGINEERING EVALUATION

PSE&G  
CONTROL

COPY # HECG0065

INSTRUCTIONS (HOPE CREEK OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

**NOTE**

This attachment is for initiating an Engineering Evaluation required by Technical Specifications. No Offsite or external notifications are performed by this attachment, but should be implemented as determined by the results of the evaluation.

Initials

- 1. PROVIDE an event description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CAUTION**

Refer to the ECG sections related to the Initiating Conditions of this event to determine if any NRC notifications are also required.

- 2. IF ANY NRC Notifications are ALSO required, THEN IMPLEMENT the other referenced attachment in parallel with this one.

Initials

\_\_\_\_ 3. NOTIFY the **Technical Manager or Technical Engineer** with details of the event.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 4. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

**II. REPORTING**

\_\_\_\_ 1. ENSURE that a Notification is prepared.

OS

Notification # \_\_\_\_\_

\_\_\_\_ 2. FORWARD this attachment, along with any supporting documentation, to the  
Operations Manager (OM).

OS

\_\_\_\_ 3. REVIEW this ECG attachment, the Notification and any other relevant information for  
correct classification of event and corrective action taken.

OM

\_\_\_\_ 4. FORWARD this attachment and any other supporting documentation to the LER  
Coordinator (LERC).

OM

\_\_\_\_ 5. PREPARE required reports.

LERC

Report or LER Number \_\_\_\_\_

\_\_\_\_ 6. FORWARD this attachment to the Manager - Licensing (MNLr).

LERC

\_\_\_\_ 7. ENSURE offsite (state and local) reporting requirements are met.

MNLr

\_\_\_\_ 8. FORWARD this Attachment LER package to the Central Technical Document Room  
for microfilming

MNLr

ATTACHMENT 26

EIGHT HOUR REPORT - NRC OPERATIONS

PSE&G  
CONTROL

COPY # HEC60065

INSTRUCTIONS (Hope Creek OS or Des Moines)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. COMPLETE an NRC Data Sheet.
  - ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Radiation Protection personnel, as needed.
  - ( ) OBTAIN OS approval.
  
- \_\_\_\_ 2. NOTIFY the **NRC Operations Center** of the event **within 8 hours**.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 3. NOTIFY the **NRC Resident Inspector**.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 4. NOTIFY the **LAC Dispatcher** of the event.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
  
- \_\_\_\_ 5. NOTIFY the **Public Information Manager (PIM) - Nuclear**.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY **Nuclear Licensing**,  
• for all events, provide a description and briefing of the event  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 8. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 9. FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the  
programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).  
OS
3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.  
OM
4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).  
OM
5. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
6. FORWARD this attachment to the Manager - Licensing.  
LERC
7. ENSURE offsite (state and local) reporting requirements are met.  
MNLR
8. FORWARD this Attachment/LER package to the Central Technical Document Room for microfilming.  
MNLR

ATTACHMENT 27  
EIGHT HOUR REPORT  
MEDICAL EMERGENCY - TRANSPORT OF CONTAMINATED PERSON

PSE&G  
CONTROL

COPY # HECG0065

INSTRUCTIONS (Hope Creek OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. INITIAL each step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- 1. IF NOT done previously,  
THEN IMPLEMENT SC.FP-EO.ZZ-0003(Z). Control Room Medical Emergency Response.
- 2. COMPLETE an NRC Data Sheet.
  - ( ) OBTAIN a copy from ECG Attachment 5.
  - ( ) OBTAIN assistance from Radiation Protection personnel, as needed.
  - ( ) OBTAIN OS approval.\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- 3. NOTIFY the LAC Dispatcher of the event.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- 4. NOTIFY the NRC Operations Center of the event within 8 hours.
  - ( ) RECORD additional information provided to the NRC on the NRC Data Sheet.\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

\_\_\_\_ 5. NOTIFY the **NRC Resident Inspector**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 6. IF NOT done previously,  
THEN NOTIFY the **Operations Manager (OM)**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 7. NOTIFY the **Public Information Manager (PIM) - Nuclear**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 8. NOTIFY **Nuclear Licensing**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 9. IF transportation of personnel to an Offsite Medical Facility is required,  
THEN;

- ( ) a. COMPLETE the report on Pg. 4 of this attachment.
- ( ) b. NOTIFY the **Safety Coordinator** (refer to Pg. 4)

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 10. IF an NBU Employee has died or been seriously injured, THEN;  
( ) a. NOTIFY the **employee's department manager**  
( ) b. DIRECT the manager to coordinate notification of the employee's family.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

\_\_\_\_ 11. NOTIFY **External Affairs**.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_\_ 12. FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed phone numbers on the telecopier.

**II. REPORTING**

- \_\_\_\_\_ 1. ENSURE that an Injury Report is completed.  
OS
- \_\_\_\_\_ 2. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
- \_\_\_\_\_ 3. FORWARD this attachment, along with the NRC Data Sheet and any supporting documentation, to the Operations Manager (OM).  
OS
- \_\_\_\_\_ 4. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.  
OM
- \_\_\_\_\_ 5. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).  
OM
- \_\_\_\_\_ 6. PREPARE required reports.  
LERC  
Report or LER Number \_\_\_\_\_
- \_\_\_\_\_ 7. FORWARD this attachment to the Manager - Licensing.  
LERC
- \_\_\_\_\_ 8. ENSURE offsite (state and local) reporting requirements are met.  
MNL
- \_\_\_\_\_ 9. FORWARD this Attachment LER package to the Central Technical Document Room for microfilming  
MNL

**REPORT OF SERIOUS INJURY/DEATH  
NUCLEAR BUSINESS UNIT EMPLOYEE**

EMPLOYEE INFORMATION

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_

JOB TITLE \_\_\_\_\_ LOCATION \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

**ACCIDENT/INJURY DESCRIPTION**

DATE OF ACCIDENT \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM

DID INJURIES RESULT IN DEATH  YES  NO

EXTENT OF INJURIES \_\_\_\_\_

DESCRIPTION OF ACCIDENT \_\_\_\_\_

WHERE TAKEN AFTER ACCIDENT \_\_\_\_\_

<u>SAFETY COORD.</u>	<u>WORK #</u>	<u>HOME #</u>	<u>PAGER #</u>
Cliff Knaub	2812	856-358-3074	277-3789
Marvin White	2965	856-769-1930	277-4057
Skip Yeich	5680	856-678-6625	277-4051

ATTACHMENT 28

PSE&G  
CONTROL  
COPY #

BOILER AND PRESSURE VESSEL REPORTING

INSTRUCTIONS (Hope Creek OS or Designee)

# HEC60065

- A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of, individuals and phone numbers.
- B. INITIAL each indicated step when completed.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

I. NOTIFICATIONS

Initials

- \_\_\_\_ 1. NOTIFY State of New Jersey, Chief Inspector of B&PV Compliance within 4 hrs.  
Telephone: (609) 984-0626  
Fax (609) 984-1577

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 2. COMPLETE an NRC Data Sheet.  
( ) OBTAIN a copy from ECG Attachment 5.  
( ) ENSURE OS approval.

- \_\_\_\_ 3. NOTIFY NRC Operations Center within 4 hours.  
( ) Use the NRC Data Sheet to record any additional information provided to the NRC.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

- \_\_\_\_ 4. Notify the NRC Resident Inspector.

\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time

Initials

- \_\_\_\_ 5. NOTIFY LAC Dispatcher within 4 hrs.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 6. NOTIFY Public Information Manager (PIM) - Nuclear.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 7. NOTIFY Nuclear Licensing. Direct licensing representative to contact BNE within 4 hours of the event.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 8. Notify External Affairs.  
\_\_\_\_\_ notified at \_\_\_\_\_ hrs  
name time
- \_\_\_\_ 9. FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed phone numbers on the telecopier.

## II. REPORTING

### Initials

1. ENSURE that a Notification is prepared.  
OS  
Notification # \_\_\_\_\_
2. FORWARD this attachment, along with the NRC Data Sheet and any supporting  
OS documentation to the Operations Manager (OM).
3. REVIEW this ECG attachment, the Notification and any other relevant information for  
OM correct classification of event and corrective action taken.
4. CONTACT the LER Coordinator (LERC) and request that the required written reports be  
OM prepared. Provide this attachment and any other supporting documentation received from  
the OS.
5. PREPARE LER if required.  
LERC  
Report or LER Number \_\_\_\_\_
6. FORWARD this attachment to the Manager - Licensing.  
LERC
7. ENSURE that offsite (state and local) reporting requirements have been met.  
MNLR
8. Forward this Attachment/ LER package to the Central Technical Document Room  
MNLR for microfilming.

# 11.0 Reportable Action Levels

## 11.1 Technical Specifications

Initiating Condition

INITIATION OF ANY UNIT SHUTDOWN REQUIRED BY THE TECHNICAL SPECIFICATIONS [10CFR50.72(b)(2)(i)]

EXCEEDING ANY TECHNICAL SPECIFICATION SAFETY LIMIT [10CFR50.36(c)(1), TS 6.7.1.a]

ANY DEVIATION FROM T/S OR LICENSE CONDITION PURSUANT TO 10CFR50.54(x) [10CFR50.72(b)(1)]

OPCON

1,2

1, 2, 3, 4, 5 (as applicable in T/S)

All

RAL #

11.1.1.a

11.1.1.b

11.1.1.c

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Unit shutdown is INITIATED to comply with Technical Specifications

Exceeding ANY one of the following Technical Specification Safety Limits:

Action required because no action consistent with Technical Specifications or license can provide adequate or equivalent protection in an emergency  
(See NC.NA-AP.ZZ-0005 (Q) for guidance on deviation from written procedures)

THEN

THEN

THEN

Refer to Attachment 14  
4 Hour Report

Refer to Attachment 12  
1 Hour Report

Action Required

# 11.0 Reportable Action Levels

## 11.1 Technical Specifications

Initiating Condition

VIOLETION OF THE REQUIREMENTS CONTAINED IN THE OPERATING LICENSE [HCGS Operating License, Sections 2.F]

ANY EVENT REQUIRING AN ENGINEERING EVALUATION BY TECHNICAL SPECIFICATIONS OR COMMITMENT [T/S 3.4.6.1, 3.4.4, 3.7.5]

OPCON

All

All

All

All

RAL #

**11.1.3.a**

**11.1.3.b**

**11.1.3.c**

**11.1.3.d**

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Violation of ANY one of the requirements contained in Section 2.C of the Operating License EXCEPT as otherwise provided in the Technical Specifications or Environmental Protection Plan

Any of the T/S LCOs for RCS Pressure/ Temperature (T/S 3.4.6.1) are exceeded thereby requiring an Engineering Evaluation.

The conductivity, chloride concentration or pH in the RCS is in excess of its specified limits per T/S 3.4.4 Action Statement C.1 thereby requiring an Engineering Evaluation

One or more snubbers are found to be INOPERABLE and have been replaced or restored to an OPERABLE status, an Engineering Evaluation shall be performed per T/S 4.7.5.g

THEN

THEN

Refer to Attachment 20  
24 Hour Report

Refer to Attachment 22  
OTHER Reports

Action Required

# 11.0 Reportable Action Levels

## 11.2 Degraded or Unanalyzed Condition

Initiating  
Condition

ANY EVENT OR CONDITION THAT RESULTS IN THE  
CONDITION OF THE PLANT BEING SERIOUSLY DEGRADED  
[10CFR50.72(b)(3)(ii)]

EVENT/CONDITION THAT COULD HAVE  
PREVENTED CERTAIN SAFETY FUNCTIONS  
[10CFR50.72 (b)(3)(v)]

OPCON  
RAL #

All

All

11.2.1

11.2.2.b

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As judged by the OS/EDO, an event or condition that results in ANY one of the following:

- The condition of the plant, including its principal safety barriers, being seriously degraded;
- The plant being in an unanalyzed condition that significantly degrades plant safety.

Any event or condition that **at the time of discovery** could have prevented the fulfillment of the safety function of structures or systems that are needed to perform ANY one of the following:

- A. Shutdown the reactor and maintain it in a safe shutdown condition
- B. Remove residual heat.
- C. Control the release of radioactive material
- D. Mitigate the consequences of an accident

THEN

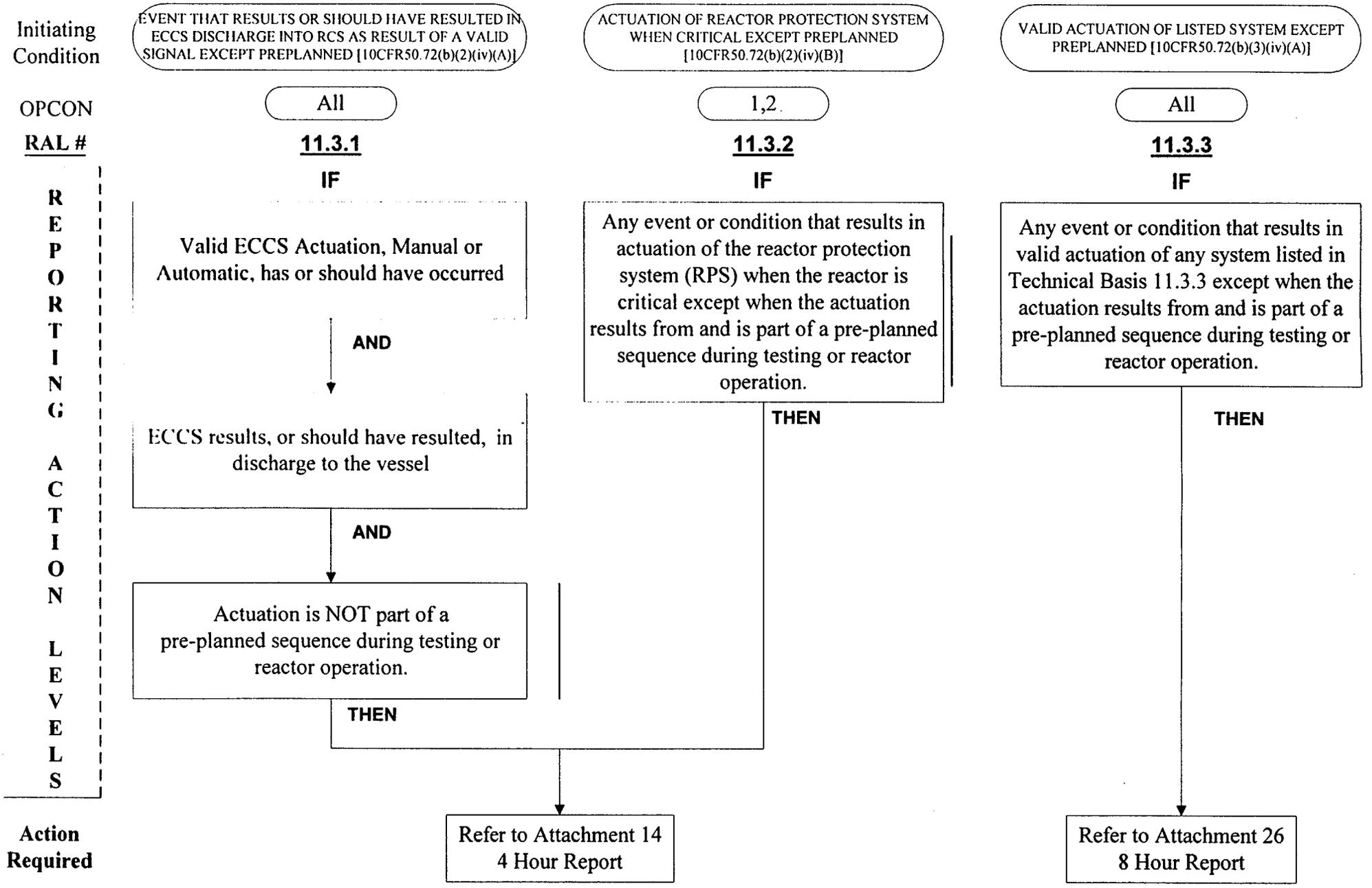
THEN

Action  
Required

Refer to Attachment 26  
8 Hour Report

# 11.0 Reportable Action Levels

## 11.3 System Actuations



**11.0 Reportable Action Levels**  
**11.4 Personnel Safety / Overexposure**

Initiating Condition	ANY INCIDENT OR EVENT INVOLVING BYPRODUCT, SOURCE, OR SPECIAL NUCLEAR MATERIAL CAUSING ANY OF THE LISTED RESULTS [10CFR20.2202(a)]	ANY INCIDENT OR EVENT INVOLVING LOSS OF CONTROL OF LICENSED MATERIAL CAUSING ANY OF THE LISTED RESULTS [10CFR20.2202(b)]	ONSITE FATALITY [10CFR50.72(b)(2)(xi)]
OPCON	All	All	All
RAL #	<u>11.4.1</u>	<u>11.4.2.a</u>	<u>11.4.2.b</u>
R E P O R T I N G  A C T I O N  L E V E L S	IF	IF	IF
	<p>PERSONNEL OVEREXPOSURE or potential for overexposure as indicated by <u>ANY</u> one of the following:</p> <ul style="list-style-type: none"> <li>• <b>TEDE exposure <math>\geq</math> 25 Rem</b></li> <li>• <b>LDE exposure <math>\geq</math> 75 Rem</b></li> <li>• <b>SDE exposure <math>\geq</math> 250 Rem</b></li> <li>• Release of radioactive material inside or outside of a Restricted Area so that had an individual been present for 24 hours the individual could have received <math>\geq</math> 5 times the occupational ALI (Annual Limit of Intake) which would usually equate to <b>25 Rem CEDE</b>. This Does <u>NOT</u> apply to areas where personnel are <u>NOT</u> normally stationed during routine operations.</li> </ul>	<p>PERSONNEL OVEREXPOSURE or potential for overexposure within a 24 hour period, as indicated by <u>ANY</u> one of the following:</p> <ul style="list-style-type: none"> <li>• <b>TEDE exposure &gt; 5 Rem</b></li> <li>• <b>LDE exposure &gt; 15 Rem</b></li> <li>• <b>SDE exposure &gt; 50 Rem</b></li> <li>• Release of radioactive material inside or outside of a Restricted Area so that had an individual been present for 24 hours the individual could have received &gt; 1 times the occupational ALI (Annual Limit of Intake) which would usually equate to <b>5 Rem CEDE</b>. This Does <u>NOT</u> apply to areas where personnel are <u>NOT</u> normally stationed during routine operations.</li> </ul>	<p>Any fatality has occurred within the Owner Controlled Area (OCA)</p>
Action Required	THEN	THEN	THEN
	Refer to Attachment 12 1 Hour Report	Refer to Attachment 14 4 Hour Report	Refer to Attachment 17 4 Hour Report

# 11.0 Reportable Action Levels

## 11.4 Personnel Safety / Overexposure

Initiating Condition

RADIOACTIVELY CONTAMINATED PERSON TRANSPORTED FROM THE SITE TO AN OFFSITE MEDICAL FACILITY FOR TREATMENT [10CFR50.72(b)(3)(xii)]

SIGNIFICANT FITNESS FOR DUTY EVENTS [10CFR26.73]

FITNESS FOR DUTY PROGRAM: FALSE POSITIVE DUE TO ADMINISTRATIVE ERROR (BLIND TEST BY LAB) [10CFR26, APP. A, 2.8(e)(5)]

OPCON

All

All

All

RAL #

11.4.2.c

11.4.3.a

11.4.3.b

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Transportation of a radioactively contaminated or **potentially contaminated individual** from the site to an offsite medical facility for treatment

Any event that is determined to be reportable by the Medical Review Officer (MRO) or designee IAW PSEG Nuclear's Fitness for Duty Program (NC.NA-AP.ZZ-0042(Q))

The occurrence of a false positive error on a blind lab performance test specimen under 10CFR26 as determined by the Medical Review Officer (MRO) IAW PSEG Nuclear's Fitness for duty Program (NC.NA-AP.ZZ-0042(Q))

THEN

AND

AND

The reportable details of the event are made available to the OS by the MRO or designee

The reportable details of the event are made available to the OS by the MRO or designee

THEN

THEN

Action Required

Refer to Attachment 27  
8 Hour Report

Refer to Attachment 19  
24 Hour Report

Refer to Attachment 19  
24 Hour Report

# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

Initiating Condition

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE [10CFR50.72(b)(2)(xi); N.J.A.C. 7:1E]

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE INTO OR UPON THE RIVER [10CFR50.72(b)(2) (xi); N.J.A.C.7:1E]

UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [E.P.P. SECTION 4.1]

OPCON

All

All

All

RAL #

11.5.2.a

11.5.2.b

11.5.2.c

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Spill/discharge of an industrial chemical or petroleum product outside of a plant structure within the Owner Controlled Area (OCA) that results in EITHER one of the following:

- Spill / discharge that has passed through the engineered fill and into the ground water as confirmed by licensing
- Spill / discharge that CANNOT be cleaned up within 24 hours and no contact with groundwater is suspected

EITHER one of the following events occur:

- Observation of a spill/discharge of an industrial chemical or petroleum product from on-site into the Delaware River or into a storm drain
- Observation of an oil slick on the Delaware River from any source

As judged by the OS/EDO, ANY one of the following events has occurred:

- Unusually large fish kill
- Protected aquatic species impinge on Circulating or Service Water intake screens (eg.; sea turtle, sturgeon) as reported by Site personnel
- Any occurrence of an unusual or important event that indicates or could result in significant environmental impact casually related to plant operation; such as the following:
  - ♦ Onsite plant or animal disease outbreaks
  - ♦ Mortality or unusual occurrence of any species protected by the Endangered Species Act of 1973
  - ♦ Increase in nuisance organisms or conditions
  - ♦ Excessive bird impactation
  - ♦ NJPDES Permit violations
  - ♦ Excessive Opacity (smoke)

THEN

THEN

THEN

Note:  
This event MAY require IMMEDIATE (15 minute) notifications. DO NOT delay implementation of Attachment 16.

Action Required

Refer to Attachment 16 Spill/Discharge Reporting

Refer to Attachment 16 Spill/Discharge Reporting

Refer to Attachment 15 Environmental Protection Plan

# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

Initiating  
Condition

OPCON

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Required

BOILER OR PRESSURE VESSEL  
EXPLOSION OR PERSONAL INJURY  
[ N.J.A.C. 5:11-3.11]

All

**11.5.3**

IF

EITHER one of the following events occur:

- Personal injury due to an occurrence to a boiler or pressure vessel
- A boiler or pressure vessel explosion

THEN

Refer to Attachment 28  
B&PV Reporting

## 11.0 Reportable Action Levels

### 11.7 Security / Emergency Response Capabilities

Initiating Condition

SAFEGUARDS EVENTS THAT ARE DETERMINED TO BE NON-EMERGENCIES, BUT ARE REPORTABLE TO THE NRC WITHIN ONE HOUR [10CFR73.71(b)(1)]

MAJOR LOSS OF EMERGENCY ASSESSMENT CAPABILITY, OFFSITE RESPONSE CAPABILITY, OR COMMUNICATIONS CAPABILITY [10CFR50.72(b)(3)(xiii)]

OPCON

All

All

All

RAL #

11.7.1.a

11.7.1.b

11.7.1.c

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Any Non-Emergency safeguards event that is reportable in accordance with 10CFR73.71 as determined by Security (SCP-15)

OS/EC determines that an event(s) (excluding a scheduled test or preplanned maintenance activity) has occurred that would impair the ability to deal with an accident or emergency as indicated by the Loss of ANY one of the following:

THEN

- Nuclear Emergency Telecommunications System (NETS) for > 1 hr
- ENS for > 1 hr in the Control Room, TSC, and EOF (N/A if reported by the NRC).
- More than 17 Offsite Sirens for > 1 hr
- Use of the EOF for > 8 hrs
- All Meteorological data (Hope Creek AND Salem) for > 8 hrs
- Site access due to Acts of Nature (snow, flood, etc.)

- Use of the TSC for > 8 hrs
- SPV, NPV, or FRVS vent radiation effluent monitors with no alternate method of monitoring for > 72 hrs
- SPDS OR CRIDS for > 8 hrs
- More than > 75% OHA's
- Concurrent multiple accident or emergency condition indicators which in the judgement of the OS significantly impairs assessment capabilities

Refer to Technical Basis 11.7.1.c for ERDS

THEN

THEN

Refer to Attachment 11  
1 Hour Report (Common Site)

Refer to Attachment 25  
8 Hour Report (Common Site)

Refer to Attachment 26  
8 Hour Report

Action Required

# 11.0 Reportable Action Levels

## 11.8 Public Interest

Initiating Condition

UNUSUAL CONDITIONS WARRANTING A NEWS RELEASE OR NOTIFICATION OF GOVERNMENT AGENCIES [10CFR50.72(b)(2)(xi)]

UNUSUAL CONDITIONS DIRECTLY AFFECTING LOWER ALLOWAYS CREEK TOWNSHIP (LACT) [LAC -MOU]

OPCON

All

All

RAL #

11.8.2.a

11.8.2.b

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OS/EDO judges that an event or situation has occurred that is related to ANY one of the following:

- The health and safety of the public
- The health and safety of onsite personnel
- Protection of the environment

As judged by the OS/EDO, events which are the responsibility of PSEG Nuclear which have or may result in EITHER one of the following:

- Anticipated unusual movement of equipment or personnel which may significantly affect local traffic patterns
- Onsite events which involve alarms, sirens or other noise which may be heard off-site

AND

A news release is planned

AND

Notifications to a Local, State or Federal agency has been or will be made

THEN

THEN

Refer to Attachment 14  
4 Hour Report

Refer to Attachment 21  
LACT / MOU Report

Action Required

# 11.0 Reportable Action Levels

## 11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases

Initiating Condition

UNPLANNED / ACCIDENTAL CRITICALITY [10CFR70.52(a)]

LOSS AND INVESTIGATION OF THE LOSS OF SPECIAL NUCLEAR MATERIALS/ SPENT FUEL [10CFR70.52(a), 10CFR70.52(b), 10CFR73.71(a)]

THEFT OR LOSS OF LICENSED MATERIAL [10CFR20.2201(a)(1)(i)]

OPCON

All

All

All

RAL #

11.9.1.a

11.9.1.b

11.9.1.c

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E  
V  
E  
L  
S

Any unplanned or accidental criticality

ANY one of the following events occur involving **Special Nuclear Material (SNM)** or Spent Fuel:

- Loss, other than normal operating loss, of **SNM**
- Actual or attempted theft or unlawful diversion of **SNM**
- Shipment of **SNM of low strategic significance** or Spent Fuel that is lost or unaccounted for after the estimated time of arrival
- A lost or unaccounted for shipment of **SNM of low strategic significance** or Spent Fuel has been recovered or accounted for

Lost, stolen or missing **licensed material > 1000** times the quantity specified in 10CFR20 Appendix C in such circumstances that an exposure could result to persons in **Unrestricted Areas**.

THEN

THEN

THEN

Action Required

Refer to Attachment 12  
1 Hour Report

Refer to Attachment 11  
1 Hour Report (Common Site)

Refer to Attachment 11  
1 Hour Report (Common Site)

# 11.0 Reportable Action Levels

## 11.9 Accidental Criticality / Special Nuclear Material / Rad Material Shipments - Releases

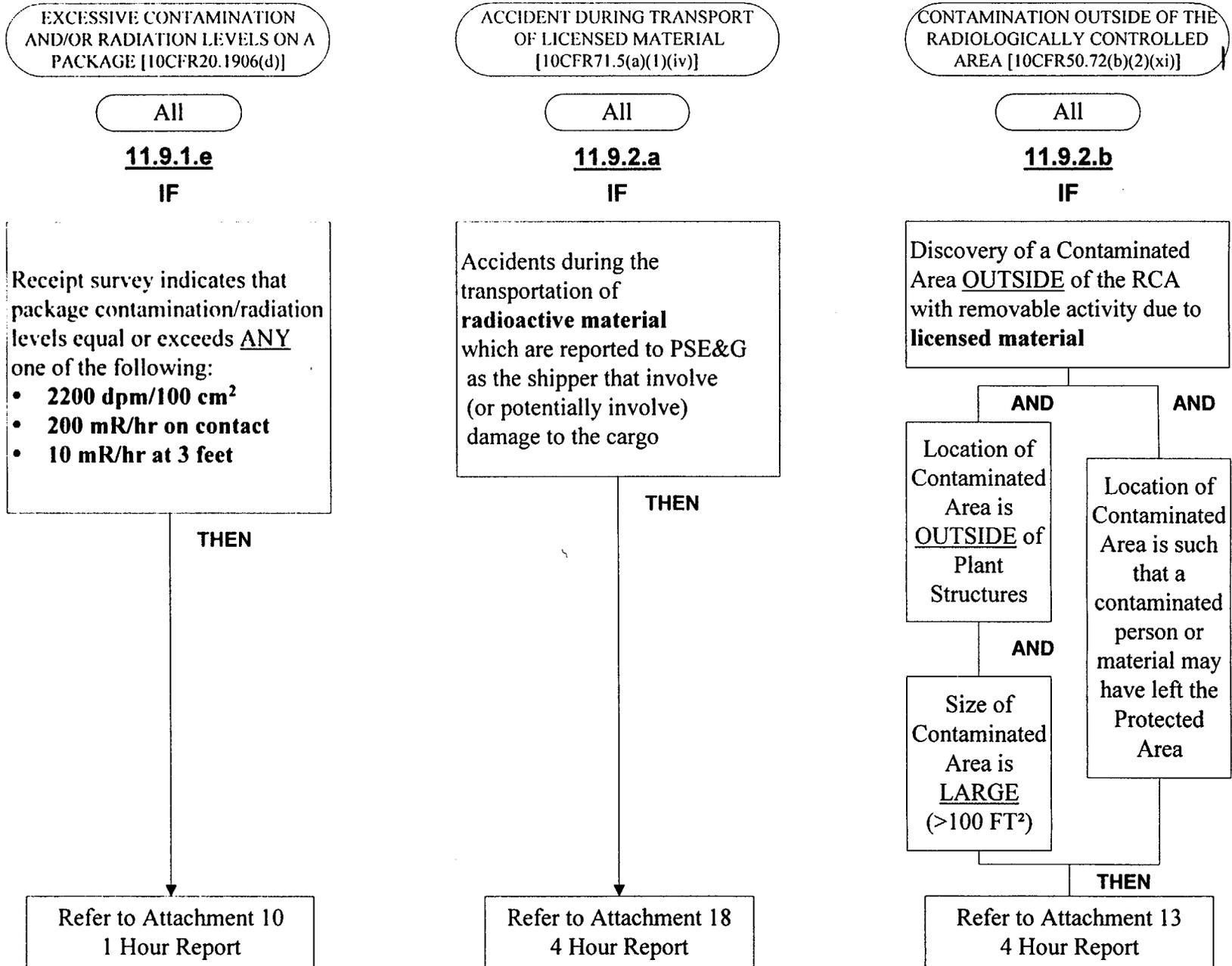
Initiating Condition

OPCON

RAL #

R  
E  
P  
O  
R  
T  
I  
N  
G  
  
A  
C  
T  
I  
O  
N  
  
L  
E  
V  
E  
L  
S

Action Required



PSE&G  
CONTROL  
COPY # HECG0065

# 11.0 Reportable Action Levels

## 11.10 Voluntary Notifications

Events/conditions warrant voluntary/courtesy  
NRC notification [10CFR50.72 - Voluntary Report]

All

11.10.2

IF

In the judgement of the OS,  
notification to the NRC is warranted

AND

NO other EALs or RALs appear to be applicable

THEN

Refer to Attachment 14  
4 Hour Report

Initiating  
Condition

OPCON

RAL #

R  
E  
P  
O  
R  
T  
I  
N  
G  
  
A  
C  
T  
I  
O  
N  
  
L  
E  
V  
E  
L  
S

Action  
Required