



Duke Energy Corporation

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H. B. Barron  
Vice President

January 29, 2001

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

Re: McGuire Nuclear Station Unit 1 Docket No. 50-369  
McGuire Nuclear Station Unit 2 Docket No. 50-370  
Changes to Emergency Plan Implementing Procedures

Attached to this letter are a revised Emergency Plan Implementing Procedure (EPIP) Index and revised Emergency Plan Implementing Procedures. These procedure changes were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. As such, these changes do not require NRC approval prior to implementation. Revision bars in the procedure indicate the procedure changes. The attached index pages and procedures have been implemented.

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Steve Mooneyhan at (704) 875-4646.

Very truly yours,

H. B. Barron

HBB:jcm

Attachments:

EPIP Index Page 1	RP/0/A/5700/004, Rev.015
EPIP Index Page 2	RP/0/A/5700/010, Rev.012
EPIP Index Page 3	RP/0/A/5700/012, Rev.019
RP/0/A/5700/001, Rev.015	RP/0/A/5700/018, Rev.008
RP/0/A/5700/002, Rev.015	SR/0/B/2000/003, Rev.007
RP/0/A/5700/003, Rev.015	SR/0/B/2000/004, Rev.002

A045

U.S. Nuclear Regulatory Commission  
January 29, 2001  
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xc: (w/2 copies of attachment)  
Mr. Luis Reyes,  
Regional Administrator  
U.S. Nuclear Regulatory Commission  
Region II  
61 Forsyth St., SW, Suite 23T85  
Atlanta, Georgia 30303

(w/o attachment)  
NRC Resident Inspector

Frank Rinaldi, USNRC

Jeff Thomas (EC050)

Electronic Licensing Library (EC050)

EP File 111

Master File

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: *Bryan Polan*  
SAFETY ASSURANCE MANAGER

DATE APPROVED 01/22/01

EPIP Index Page 1	Dated	01/22/2001
EPIP Index Page 2	Dated	01/22/2001
EPIP Index Page 3	Dated	01/22/2001
RP/0/A/5700/001	Dated	01/22/2001
RP/0/A/5700/002	Dated	01/22/2001
RP/0/A/5700/003	Dated	01/22/2001
RP/0/A/5700/004	Dated	01/22/2001
RP/0/A/5700/010	Dated	01/22/2001
RP/0/A/5700/012	Dated	01/22/2001
RP/0/A/5700/018	Dated	01/22/2001
SR/0/B/2000/003	Dated	01/22/2001
SR/0/B/2000/004	Dated	01/22/2001

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
RP/0/A/5700/000	Classification of Emergency	Rev. 006
RP/0/A/5700/001	Notification of Unusual Event	Rev. 015
RP/0/A/5700/002	Alert	Rev. 015
RP/0/A/5700/003	Site Area Emergency	Rev. 015
RP/0/A/5700/004	General Emergency	Rev. 015
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 007
RP/0/A/5700/007	Earthquake	Rev. 006
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 003
RP/0/A/5700/09	Collisions/Explosions	Rev. 000
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 012
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 005
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 019
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 008
RP/0/A/5700/019	Core Damage Assessment	Rev. 003
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 011
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 001
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 002
RP/0/B/5700/023	Community Relations Emergency Response Plan	Rev. 001
OP/0/B/6200/090	PALSS Operation for Accident Sampling	Rev. 010

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 003
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 005
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 005
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 001
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 002
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 003
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 001
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 005
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 001
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 002
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	Rev. 001
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 007
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 002

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation	DELETED
EP Group Manual	Section 1.1      Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1    Accident and Emergency Response	DELETED
	Section 18.2    Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3    Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4    Planned Emergency Exposure	DELETED
PT/0/A/4600/088	Functional Check of Emergency Vehicle and Equipment	Rev. 006

Duke Power Company  
PROCEDURE PROCESS RECORD

**PREPARATION**

(2) Station McGuire Nuclear Station

(3) Procedure Title Notification of Unusual Event

(4) Prepared By [Signature] Date 1/14/01

- (5) Requires 10CFR50.59 evaluation?
  - Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 1/17/2001

Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001

Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By [Signature] Date 1/22/01

**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

(12) Procedure Completion Verification

- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
- Yes  N/A Listed enclosures attached?
- Yes  N/A Data sheets attached, completed, dated and signed?
- Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
- Yes  N/A Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

<p style="text-align: center;"><b>Duke Power Company</b> <b>McGuire Nuclear Station</b></p> <p style="text-align: center;"><b>Notification of Unusual Event</b></p> <p style="text-align: center;"><b>Multiple Use</b></p>	Procedure No.
	RP/0/A/5700/001
	Revision No. 015
	Electronic Reference No. MC0048M4



## Unusual Event

### 1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

### 2. Immediate Actions

**NOTE:** The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

—— 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

### 3. Subsequent Actions

#### 3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
  2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- \_\_\_\_\_ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every four hours until the emergency is terminated
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.
- \_\_\_\_\_ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- \_\_\_\_\_ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

**NOTE:** **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- \_\_\_\_\_ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- 3.3 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
- \_\_\_\_\_ 3.3.1 Remain in an Unusual Event.
  - \_\_\_\_\_ 3.3.2 Escalate to a more severe class.

\_\_\_\_\_ 3.3.3 Terminate the emergency.

### 3.4 Termination Notifications

**NOTE:** Enclosure 4.5 has instructions for completion and transmission of termination notifications.

\_\_\_\_\_ 3.4.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

\_\_\_\_\_ 3.4.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

\_\_\_\_\_ 3.4.3 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

\_\_\_\_\_ NRC Operations Officer Contacted

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_ Time

\_\_\_\_\_ 3.5 The Emergency Planning Staff shall follow up with an LER or written summary to the State and County authorities with 30 days.

## 4. Enclosures

4.1 Emergency Notification Form

4.2 Initial Notification Completion/Transmission

4.3 NRC Event Notification Worksheet

4.4 Follow-up Notification Completion/Transmission

4.5 Termination Notification Completion/Transmission

4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

# EMERGENCY NOTIFICATION

1.  THIS IS A DRILL  ACTUAL EMERGENCY  INITIAL  FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_

2. SITE: McGuire Nuclear Site UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

5. EMERGENCY CLASSIFICATION:  
 NOTIFICATION OF UNUSUAL EVENT  ALERT  SITE AREA EMERGENCY  GENERAL EMERGENCY

6.  Emergency Declaration At:  Termination At: TIME/DATE: \_\_\_\_\_ (Eastern) mm / dd / yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PLANT CONDITION:  IMPROVING  STABLE  DEGRADING

9. REACTOR STATUS:  SHUTDOWN: TIME/DATE: \_\_\_\_\_ (Eastern) mm / dd / yy  \_\_\_\_\_ % POWER

10. EMERGENCY RELEASE(S):  
 NONE (Go to item 14.)  POTENTIAL (GO TO ITEM 14.)  IS OCCURRING  HAS OCCURRED

\*\*11. TYPE OF RELEASE:  ELEVATED  GROUND LEVEL  
 AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date  
 LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

\*\*12. RELEASE MAGNITUDE:  CURIES PER SEC.  CURIES NORMAL OPERATING LIMITS:  BELOW  ABOVE  
 NOBLE GASES \_\_\_\_\_  IODINES \_\_\_\_\_  
 PARTICULATES \_\_\_\_\_  OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE:  NEW  UNCHANGED PROJECTION TIME: \_\_\_\_\_ (Eastern)  
TEDE Thyroid CDE  
mrem mrem  
SITE BOUNDARY \_\_\_\_\_ ESTIMATED DURATION: \_\_\_\_\_ HRS.  
2 MILES \_\_\_\_\_  
5 MILES \_\_\_\_\_  
10 MILES \_\_\_\_\_

\*\*14. METEOROLOGICAL DATA:  WIND DIRECTION (from) \_\_\_\_\_ °  SPEED (mph) \_\_\_\_\_  
 STABILITY CLASS \_\_\_\_\_  PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:  
 NO RECOMMENDED PROTECTIVE ACTIONS  
 EVACUATE \_\_\_\_\_  
 SHELTER IN-PLACE \_\_\_\_\_  
 OTHER \_\_\_\_\_

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

\* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

\*\* Information may not be available on initial notifications.

**GOVERNMENT AGENCIES NOTIFIED**

Record the name, date, time and agencies notified:

1. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**NC State**

EOC Sel. Sig. 314  
EOC Bell Line (919) 733-3941

2. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Mecklenburg County**

WP Sel. Sig. 116  
WP Bell line 943-6200

3. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Gaston County**

WP Sel. Sig. 112  
WP Bell Line (704) 866-3300

4. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Lincoln County**

WP Sel. Sig. 113  
WP Bell line (704) 735-8202

5. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Iredell County**

WP Sel. Sig. 114  
WP Bell line (704) 878-3039

6. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Catawba County**

WP Sel. Sig. 118  
WP Bell line (828) 464-3112

7. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)

**Cabarrus County**

WP Sel. Sig. 119  
WP Bell line (704) 788-3108

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
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**1. Completion of the Emergency Notification Form**

**NOTE:** ONLY Items 1 - 10, 15 and 16 are required.  
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**  
Check INITIAL **AND**  
Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. { PIP 0-M97-4638 }

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

—— Item 6 Check A for Emergency Declaration At: **AND**  
Write the time **AND** date the classification was declared.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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<b>NOTE:</b> Reference RP/0/A/5700/000, (Classification of Emergency)
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- \_\_\_\_\_ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- \_\_\_\_\_ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
  - **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- \_\_\_\_\_ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
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- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- \_\_\_\_\_ Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,  

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,  
**AND**  
Either containment pressure is greater than 0.3 psig,  

**OR**

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.



**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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- \_\_\_\_\_ Item 15      Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
  
- \_\_\_\_\_ Item 16      Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

**2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM**

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- \_\_\_\_\_ 2.1      Use the Selective Signaling telephone by dialing \*1 and depressing the push to talk button.
- \_\_\_\_\_ 2.2      **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- \_\_\_\_\_ 2.3      As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- \_\_\_\_\_ 2.4      Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- \_\_\_\_\_ 2.5      Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- \_\_\_\_\_ 2.6      Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- \_\_\_\_\_ 2.7      When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- \_\_\_\_\_ 2.8      After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

<p><b>NOTE:</b> This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:  
"This is McGuire Control Room to all Counties, do you copy?"  
  
Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:  
"This is McGuire Control Room to (Agency you are calling), do you copy?"  
  
Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:  
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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**AUTHENTICATION CODEWORD LIST**

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**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
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**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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Page 8 of 8

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ Region II (time) (zone)		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER

EVENT CLASSIFICATIONS	
<input type="checkbox"/>	GENERAL EMERGENCY
<input type="checkbox"/>	SITE AREA EMERGENCY
<input type="checkbox"/>	ALERT
<input type="checkbox"/>	UNUSUAL EVENT
<input type="checkbox"/>	50.72 NON-EMERGENCY
<input type="checkbox"/>	PHYSICAL SECURITY (73.71)
<input type="checkbox"/>	TRANSPORTATION (10 CFR 20)
<input type="checkbox"/>	MATERIAL/EXPOSURE (10 CFR 20)
<input type="checkbox"/>	OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)	
<input type="checkbox"/>	(50.72 b1 (I)(B)) TS Deviation
<input type="checkbox"/>	1 Hr Non-Emergency
<input type="checkbox"/>	(70.52) (a) and (b) Accidental Criticality OR
<input type="checkbox"/>	(72.74) (a) Loss or theft of SNM
<input type="checkbox"/>	(50.36) Violation of a safety limit
<input type="checkbox"/>	MNS Facility Operating License Conditions

8-Hr Non-Emergency 10CFR 50.72(b)3	
<input type="checkbox"/>	(50.72 b3 (II)(A)) Degraded Condition
<input type="checkbox"/>	(50.72 b3 (II)(B)) Unanalyzed Condition
<input type="checkbox"/>	(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
<input type="checkbox"/>	(50.72 b3 (V)(A)) Safe S/D Capability
<input type="checkbox"/>	(50.72 b3 (V)(B)) RHR Capability
<input type="checkbox"/>	(50.72 b3 (V)(C)) Control of Rad Release
<input type="checkbox"/>	(50.72 b3 (V)(D)) Accident Mitigation
<input type="checkbox"/>	(50.72 b3 (X)(III)) Lost ENS
<input type="checkbox"/>	(50.72 b3 (X)(III)) Lost Other Assess./Comms
<input type="checkbox"/>	(50.72 b3 (X)(III)) Emergency Siren INOP
<input type="checkbox"/>	(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)	
<input type="checkbox"/>	(50.72 b2 (I)) TS Required S/D
<input type="checkbox"/>	(50.72 b2 (IV)(A)) ECCS Discharge to RCS
<input type="checkbox"/>	(50.72 b2 (IV)(B)) RPS Actuation - critical scram
<input type="checkbox"/>	(50.72 b2 (XI)) Offsite Notification
<input type="checkbox"/>	(72.75)(b1) Rad exposure & release action imparement.
<input type="checkbox"/>	(72.75)(b2) Spent Fuel Storage SSC defect.
<input type="checkbox"/>	(72.75)(b3) Spent Fuel Storage degradation.
<input type="checkbox"/>	(72.75)(b4) Fuel Storage License deviation.
<input type="checkbox"/>	(72.75)(b5) Fuel Storage related offsite medical.
<input type="checkbox"/>	(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

24-Hr. Non-Emergency	
<input type="checkbox"/>	McGuire Facility Operating License Conditions
<input type="checkbox"/>	Material/Exposure (10CFR20)
<input type="checkbox"/>	26.73 Significant events involving fitness for duty.
<input type="checkbox"/>	(72.75)(c1) Contamination event restrictions.
<input type="checkbox"/>	(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: _____ TIME: _____	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

**EVENT DESCRIPTION** (Continued from Enclosure 4.3 page 1 of 2)

Follow-Up Notification  
Completion/Transmission

1. Completion of the Emergency Notification Form

**NOTE:** If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

\_\_\_\_\_ Item 1 Check A for Drill **OR** B for Actual Emergency **AND**  
Check FOLLOW-UP **AND**  
Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

\_\_\_\_\_ Item 2 Write in the unit(s) **AND** Communicator's name.

**NOTE:** Transmittal time is the time you FAX the form to the agencies.

\_\_\_\_\_ Item 3 Write in the transmittal time **AND** date.

\_\_\_\_\_ Item 4 Authentication is not required when faxing.

\_\_\_\_\_ Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

\_\_\_\_\_ Item 6 Check A for Emergency Declaration At: **AND**  
Write the time **AND** date the classification was declared.



**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/001

Page 2 of 5

**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency)

\_\_\_\_\_ Item 7      Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/001

Page 3 of 5

- \_\_\_\_\_ Item 8            Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
  - **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

- \_\_\_\_\_ Item 9            Check A SHUTDOWN AND write the time and date of Reactor Shutdown
- OR
- Check B AND write in the Reactor Power level.

Enclosure 4.4  
Follow-Up Notification  
Completion/Transmission

RP/0/A/5700/001

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

**AND**

Either containment pressure is greater than 0.3 psig,

**OR**

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/001

Page 5 of 5

\_\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

\_\_\_\_\_ Item 11 Check GROUND LEVEL **AND**  
Check A for AIRBORNE **OR** B for LIQUID **AND**  
Write in the time **AND** date the release started **AND** stopped if available.

\_\_\_\_\_ Item 12 Check CURIES PER SECOND **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

**NOTE:** If unchanged from the previous notification, the information does not have to be repeated.

\_\_\_\_\_ Item 13 Check NEW **OR** UNCHANGED **AND**  
Write in the projection time **AND**  
Write in the estimated duration **AND**  
Write in the TEDE and Thyroid CDE values.

\_\_\_\_\_ Item 14 Check A, B, C, D **AND** provide values for each.

\_\_\_\_\_ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

\_\_\_\_\_ Item 16 Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

## **2. Transmission of the Emergency Notification Form**

**NOTE:** For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

\_\_\_\_\_ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

\_\_\_\_\_ 2.2 Press "GROUP FAX".

\_\_\_\_\_ 2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

\_\_\_\_\_ 2.4 Ensure the State and Counties received the FAX by calling them.

\_\_\_\_\_ 2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
Page 1 of 6

**1. Completion of the Emergency Notification Form**

**NOTE:** A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                                 Check FOLLOW-UP **AND**  
                                 Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

- Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3            Write in the transmittal time **AND** date.
- Item 4            Write in appropriate number **AND** codeword.
- Item 5            Check A for NOTIFICATION OF UNUSUAL EVENT.
- Item 6            Check B for Termination At: **AND**  
                                 Write the time **AND** date the classification was terminated.
- Item 16            Have the Emergency Coordinator approve the message **AND**  
                                 Write in the time **AND** date the message was approved.

**Termination Notification  
Completion/Transmission****2. Transmission of the Emergency Notification Form**

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

**NOTE:** This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
Page 4 of 6

**AUTHENTICATION CODEWORD LIST**

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**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
Page 5 of 6

**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/001  
Page 6 of 6

**OPERATION OF THE FAX**

<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.</p>
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- C. To send a FAX to a single location dialing manually:
- 1. Insert the document face down in the FAX.
  - 2. Using the keypad, dial the number that you wish to call.
  - 3. Press Start button.

Enclosure 4.6

RP/0/A/5700/001

Page 1 of 1

Emergency Coordinator / Emergency  
Operations Facility Director Turnover  
Checklist

UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

(PIP-M-99-3800)

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
		U-2 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____		TSC ACTIVATED AT: _____	
	ALERT DECLARED AT: _____		EOF ACTIVATED AT: _____	
	SAE DECLARED AT: _____			
	G.E. DECLARED AT: _____			
	REASON FOR EMER CLASS: _____			
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME
				LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
FIRE	_____	_____	_____	
POLICE	_____	_____	_____	
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED	
	FIELD MON. TEAMS	_____	_____	
		ZONES EVAC		ZONES SHELTERED
	PARS:	_____	_____	_____
		YES	NO	
	RELEASE IN PROGRESS	_____	_____	
	RELEASE PATHWAY	_____		
CONTAINMENT PRESSURE	_____	PSIG		
WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME	
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
	NOTE: EOF COMMUNICATION	CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.		

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Immediate Actions

Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:
  - 1.1.1 Turn on the outside page speakers.

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all,call. {PIP 0-M98-2545}

- 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Unusual Event has been declared”.

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Provide a brief description of the event.

- 1.1.3 Repeat the preceding announcement one time.
- 1.1.4 Turn off the outside page speakers.
- 1.2 **IF** valid trip II alarm occurs on any one of the following:
  - 1 **OR** 2 EMF36(L)
  - 1 EMF24, 25, 26, 27
  - 2 EMF10, 11, 12, 13

**THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

- 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

**OSM Immediate and Subsequent Actions**

**2. Subsequent Actions**

- 2.1 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.2 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent  
Actions****1. Immediate Actions**

Initial

**NOTE:** 1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

**2. Subsequent Actions**

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

## SWM Immediate and Subsequent Actions

**1. Immediate Actions**

None

**2. Subsequent Actions**

Initial

- \_\_\_\_ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- \_\_\_\_ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- \_\_\_\_ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

**NOTE:** For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- \_\_\_\_ 2.4 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- \_\_\_\_ 2.4.1 For a Drill "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at \_\_\_\_\_ (time)."
- \_\_\_\_ 2.4.2 For an Emergency "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at \_\_\_\_\_ (time)."  
**AND**  
"Activate the CAN system."

SWM Immediate and Subsequent Actions

**NOTE:** For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

\_\_\_\_\_ 2.5 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

\_\_\_\_\_ 2.5.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at \_\_\_\_\_ (time)."

\_\_\_\_\_ 2.5.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at \_\_\_\_\_ (time)."  
**AND**  
"Activate the CAN system."



Duke Power Company  
PROCEDURE PROCESS RECORD

PREPARATION

(2) Station McGuire Nuclear Station

(3) Procedure Title Alert

(4) Prepared By [Signature] Date 1/16/01

- (5) Requires 10CFR50.59 evaluation?
  - Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 1/17/2001

Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001

Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By [Signature] Date 1/22/01

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

COMPLETION

- (12) Procedure Completion Verification
- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
  - Yes  N/A Listed enclosures attached?
  - Yes  N/A Data sheets attached, completed, dated and signed?
  - Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
  - Yes  N/A Procedure requirements met?
- Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

<p>Duke Power Company McGuire Nuclear Station</p> <p><b>Alert</b></p>  <p><b>Multiple Use</b></p>	Procedure No. RP/0/A/5700/002
	Revision No. 015
	Electronic Reference No. MC0048M5

## Alert

### 1. Symptoms

Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

### 2. Immediate Actions

**NOTE:** The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

### 3. Subsequent Actions

#### 3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- \_\_\_\_\_ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
  - OR**
  - If there is any significant change to the situation
  - OR**
  - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- \_\_\_\_\_ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- \_\_\_\_\_ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

**NOTE:** **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- \_\_\_\_\_ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- \_\_\_\_\_ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

**3.4 Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:**

- \_\_\_\_\_ 3.4.1 Remain in an Alert.
- \_\_\_\_\_ 3.4.2 Escalate to a more severe class.
- \_\_\_\_\_ 3.4.3 Reduce the Emergency Class.
- \_\_\_\_\_ 3.4.4 Terminate the emergency.

**3.5 Termination Notifications**

**NOTE:** Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- \_\_\_\_\_ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- \_\_\_\_\_ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

**4. Enclosures**

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

# EMERGENCY NOTIFICATION

1.  THIS IS A DRILL     ACTUAL EMERGENCY     INITIAL     FOLLOW-UP    MESSAGE NUMBER \_\_\_\_\_

2. SITE: McGuire Nuclear Site    UNIT: \_\_\_\_\_    REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    CONFIRMATION PHONE NUMBER: (704) 875-6044  
(Eastern)    mm    dd    yy

4. AUTHENTICATION (If Required): \_\_\_\_\_  
(Number)    (Codeword)

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT     ALERT     SITE AREA EMERGENCY     GENERAL EMERGENCY

6.  Emergency Declaration At:  Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (If B, go to item 16.)  
(Eastern)    mm    dd    yy

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. PLANT CONDITION:  IMPROVING     STABLE     DEGRADING

9. REACTOR STATUS:  SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  \_\_\_\_\_ % POWER  
(Eastern)    mm    dd    yy

10. EMERGENCY RELEASE(S):

NONE (Go to item 14.)     POTENTIAL (GO TO ITEM 14.)     IS OCCURRING     HAS OCCURRED

\*\*11. TYPE OF RELEASE:  ELEVATED     GROUND LEVEL

AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern)    Date

LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern)    Date

\*\*12. RELEASE MAGNITUDE:  CURIES PER SEC.     CURIES    NORMAL OPERATING LIMITS:  BELOW     ABOVE

NOBLE GASES \_\_\_\_\_     IODINES \_\_\_\_\_

PARTICULATES \_\_\_\_\_     OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE:  NEW     UNCHANGED    PROJECTION TIME: \_\_\_\_\_ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

\*\*14. METEOROLOGICAL DATA:  WIND DIRECTION (from) \_\_\_\_\_ °     SPEED (mph) \_\_\_\_\_

STABILITY CLASS \_\_\_\_\_     PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE \_\_\_\_\_

SHELTER IN-PLACE \_\_\_\_\_

OTHER \_\_\_\_\_

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

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

**GOVERNMENT AGENCIES NOTIFIED**

Record the name, date, time and agencies notified:

1. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 NC State  
 EOC Sel. Sig. 314  
 EOC Bell Line (919) 733-3943

2. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Mecklenburg County  
 WP Sel. Sig. 116  
 WP Bell line 943-6200

3. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Gaston County  
 WP Sel. Sig. 112  
 WP Bell Line (704) 866-3300

4. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Lincoln County  
 WP Sel. Sig. 113  
 WP Bell line (704) 735-8202

5. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Iredell County  
 WP Sel. Sig. 114  
 WP Bell line (704) 878-3039

6. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Catawba County  
 WP Sel. Sig. 118  
 WP Bell line (828) 464-3112

7. \_\_\_\_\_  
 (name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency)  
 Cabarrus County  
 WP Sel. Sig. 119  
 WP Bell line (704) 788-3108

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 1 of 8

## 1. Completion of the Emergency Notification Form

**NOTE:** ONLY Items 1 - 10, 15 and 16 are required.  
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND  
Check INITIAL AND  
Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check B for ALERT.

—— Item 6 Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.



**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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<b>NOTE:</b> Reference RP/0/A/5700/000, (Classification of Emergency)
---

\_\_\_\_\_ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

\_\_\_\_\_ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

**OR**

Check B **AND** write in the Reactor Power level.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL;** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,  

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,  
**AND**  
Either containment pressure is greater than 0.3 psig,  

**OR**

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 4 of 8

- Item 15      Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16      Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

## 2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1      Use the Selective Signaling telephone by dialing \*1 and depressing the push to talk button.
- 2.2      **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3      As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4      Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5      Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6      Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7      When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

**NOTE:** This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:  
"This is McGuire Control Room to all Counties, do you copy?"  
Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:  
"This is McGuire Control Room to (Agency you are calling), do you copy?"  
Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:  
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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**OPERATION OF THE FAX**

**A. GROUP FAX**

**NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.

2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ Region II (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	8-Hr Non-Emergency 10CFR 50.72(b)3
GENERAL EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
UNUSUAL EVENT		(50.72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	1 Hr Non-Emergency	(50.72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(70.52) (a) and (b) Accidental Criticality OR (72.74) (a) Loss or theft of SNM	(50.72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.36) Violation of a safety limit	(50.72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50.72 b3 (X)(III)) Lost ENS
OTHER		(50.72 b3 (X)(III)) Lost Other Assess./Comms
		(50.72 b3 (X)(III)) Emergency Siren INOP
		(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)	24-Hr. Non-Emergency
(50.72 b2 (I)) TS Required S/D	McGuire Facility Operating License Conditions
(50.72 b2 (IV)(A)) ECCS Discharge to RCS	Material/Exposure (10CFR20)
(50.72 b2 (IV)(B)) RPS Actuation - critical scram	26.73 Significant events involving fitness for duty.
(50.72 b2 (XI)) Offsite Notification	(72.75)(c1) Contamination event restrictions.
(72.75)(b1) Rad exposure & release action imparement.	(72.75)(c2) Fuel Storage equipment failure.
(72.75)(b2) Spent Fuel Storage SSC defect.	
(72.75)(b3) Spent Fuel Storage degradation.	
(72.75)(b4) Fuel Storage License deviation.	
(72.75)(b5) Fuel Storage related offsite medical.	
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.	

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT STATE(s)				(Explain above)
LOCAL				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER GOV AGENCIES				(Explain above)
MEDIA/PRESS RELEASE				MODE OF OPERATION UNTIL CORRECTED EST. RESTART DATE: ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ yy  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy



NRC Event Notification Worksheet

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq. _____ mCi/ml	SECONDARY Xe eq. _____ mCi/ml
	Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

**EVENT DESCRIPTION** (Continued from Enclosure 4.3 page 1 of 2)

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 1 of 5

## 1. Completion of the Emergency Notification Form

**NOTE:** If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                          Check FOLLOW-UP **AND**  
                          Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Transmittal time is the time you FAX the form to the agencies.

—— Item 3            Write in the transmittal time **AND** date.

—— Item 4            Authentication is not required when faxing.

—— Item 5            Check B for ALERT.

—— Item 6            Check A for Emergency Declaration At: **AND**  
                          Write the time **AND** date the classification was declared.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 2 of 5

**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency)

\_\_\_\_\_ Item 7      Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 3 of 5

- \_\_\_\_\_ Item 8      Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
  - **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9      Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

**AND**

Either containment pressure is greater than 0.3 psig,

**OR**

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 5 of 5

- \_\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.
- \_\_\_\_\_ Item 11 Check GROUND LEVEL **AND**  
Check A for AIRBORNE **OR** B for LIQUID **AND**  
Write in the time **AND** date the release started **AND** stopped if available.
- \_\_\_\_\_ Item 12 Check CURIES PER SECOND **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

**NOTE:** If unchanged from the previous notification, the information does not have to be repeated.

- \_\_\_\_\_ Item 13 Check NEW **OR** UNCHANGED **AND**  
Write in the projection time **AND**  
Write in the estimated duration **AND**  
Write in the TEDE and Thyroid CDE values.
- \_\_\_\_\_ Item 14 Check A, B, C, D **AND** provide values for each.
- \_\_\_\_\_ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- \_\_\_\_\_ Item 16 Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

## 2. Transmission of the Emergency Notification Form

**NOTE:** For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- \_\_\_\_\_ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- \_\_\_\_\_ 2.2 Press "GROUP FAX".
- \_\_\_\_\_ 2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.
- \_\_\_\_\_ 2.4 Ensure the State and Counties received the FAX by calling them.
- \_\_\_\_\_ 2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 1 of 6

**1. Completion of the Emergency Notification Form**

**NOTE:** A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

—— Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                                 Check FOLLOW-UP **AND**  
                                 Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3            Write in the transmittal time **AND** date.

—— Item 4            Write in appropriate number **AND** codeword.

—— Item 5            Check B for ALERT.

—— Item 6            Check B for Termination At: **AND**  
                                 Write the time **AND** date the classification was terminated.

—— Item 16            Have the Emergency Coordinator approve the message **AND**  
                                 Write in the time **AND** date the message was approved.

Enclosure 4.5  
Termination Notification  
Completion/Transmission

RP/0/A/5700/002  
Page 2 of 6

## 2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.5 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.4 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.



**Termination Notification  
Completion/Transmission**

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

**NOTE:** This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

**Group Call:**

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 4 of 6

**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 5 of 6

**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 6 of 6

**OPERATION OF THE FAX**

<b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.
---

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

**Emergency Coordinator / Emergency  
Operations Facility Director Turnover  
Checklist**

UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

<b>GENERAL</b>	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____ _____	NCS PRESS _____ _____
<b>EMERGENCY CLASSIFICATION</b>	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____			
<b>SITE ASSEMBLY SITE EVACUATION</b>	YES      NO	TIME	LOCATION OR COMMENTS	
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
<b>RADIOLOGICAL</b>	FIELD MON. TEAMS	NUMBER ASSEM. _____ ZONES EVAC _____ PARS: _____	NUMBER DEPLOYED _____ _____ YES      NO _____ _____	ZONES SHELTERED _____
	RELEASE IN PROGRESS	_____	_____	
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____	PSIG	
	WIND DIRECTION	_____	WIND SPEED	_____
<b>OFFSITE COMMUNICATION</b>	LAST MESSAGE SENT: _____ NEXT MESSAGE DUE: _____ NOTE: EOF COMMUNICATION	NUMBER _____ TIME _____ _____	CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.	
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____				

## 1. Immediate Actions

### Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:
- 1.1.1 Turn on the outside page speakers.

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Alert has been declared”.

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Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

- 1.1.3 Repeat the preceding announcement one time.
- 1.1.4 Turn off the outside page speakers.
- 1.2 **IF** valid trip II alarm occurs on any one of the following:
- 1 **OR** 2 EMF36(L)
- 1 EMF24, 25, 26, 27
- 2 EMF10, 11, 12, 13
- THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).
- 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10 (EMERGENCY RELEASE)** on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

## 2. Subsequent Actions

**NOTE:** Site Assembly is a required on-site protective action in response to an Alert declaration.

\_\_\_\_\_ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

\_\_\_\_\_ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

\_\_\_\_\_ 2.1.1.1 Turn on the outside page speakers.

\_\_\_\_\_ 2.1.1.2 The Operations Shift Manager or designee shall:

**NOTE:**

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

\_\_\_\_\_ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".

\_\_\_\_\_ B. Repeat the preceding announcement one time.

\_\_\_\_\_ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

\_\_\_\_\_ D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

\_\_\_\_\_ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

OSM Immediate and Subsequent Actions

**NOTE:** All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- \_\_\_\_\_ 2.2 Conduct a Site Assembly unless determined not advisable by Security.
  - \_\_\_\_\_ 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
  - \_\_\_\_\_ 2.2.2 Turn on the outside page speakers.
  - \_\_\_\_\_ 2.2.3 The Operations Shift Manager or designee shall:
    - \_\_\_\_\_ A. Sound a 10 second blast of the Site Assembly alarm.

**NOTE:**

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- \_\_\_\_\_ B. Dial 710; pause, dial 80, and following the beep, announce:  
"This is a Site Assembly. This is a Site Assembly."

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(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is : \_\_\_\_\_."**

- \_\_\_\_\_ 2.2.4 Repeat all steps of 2.2.3 in full one time.
- \_\_\_\_\_ 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
- \_\_\_\_\_ 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- \_\_\_\_\_ 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- \_\_\_\_\_ 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.



**WCC SRO Immediate and Subsequent  
Actions**

**1. Immediate Actions**

Initial

**NOTE:** 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

**2. Subsequent Actions**

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

**1. Immediate Actions**

Initial

**NOTE:** For a Drill, the Community Alert Network (CAN) is not activated.

\_\_\_\_\_ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

\_\_\_\_\_ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at \_\_\_\_\_ (time)."

\_\_\_\_\_ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at \_\_\_\_\_ (time)."  
AND  
 "Activate the CAN system."

**NOTE:**

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

\_\_\_\_\_ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

\_\_\_\_\_ 1.2.1 Ensure SDS is running on the selected terminal.

\_\_\_\_\_ 1.2.2 Click on MAIN.

\_\_\_\_\_ 1.2.3 Click on GENERAL.

\_\_\_\_\_ 1.2.4 Click on ERDS.

\_\_\_\_\_ 1.2.5 Click on ACTIVATE.

\_\_\_\_\_ 1.2.6 Record the time and date ERDS was activated. TIME/DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Eastern mm dd yy

\_\_\_\_\_ 1.2.7 Inform the OSM that ERDS was activated.

\_\_\_\_\_ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

**2. Subsequent Actions**

- \_\_\_\_\_ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- \_\_\_\_\_ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- \_\_\_\_\_ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company  
PROCEDURE PROCESS RECORD

PREPARATION

(2) Station McGuire Nuclear Station

(3) Procedure Title Site Area Emergency

(4) Prepared By [Signature] Date 1/16/01

- (5) Requires 10CFR50.59 evaluation?
  - Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 1/17/2001  
 Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001  
 Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA [Signature] Date 1/17/2001

(7) Additional Reviews  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)  
 By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_  
 By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By [Signature] Date 1/22/01

**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_  
 Work Order Number (WO#) \_\_\_\_\_

COMPLETION

- (12) Procedure Completion Verification
- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
  - Yes  N/A Listed enclosures attached?
  - Yes  N/A Data sheets attached, completed, dated and signed?
  - Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
  - Yes  N/A Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

<p>Duke Power Company McGuire Nuclear Station</p> <p><b>Site Area Emergency</b></p> <p><b>Multiple Use</b></p>	Procedure No. <b>RP/0/A/5700/003</b>
	Revision No. 015
	Electronic Reference No. MC0048M6

## Site Area Emergency

### 1. Symptoms

Events are in process or have occurred which involve actual or potential major failures of plant functions needed for protection of the public.

### 2. Immediate Actions

<p><b>NOTE:</b> The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.</p>
---

\_\_\_\_\_ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.10 (SWM Immediate and Subsequent Actions) in a timely manner.

### 3. Subsequent Actions

#### 3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
  2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- \_\_\_\_\_ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- \_\_\_\_\_ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- \_\_\_\_\_ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

**NOTE:** **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- \_\_\_\_\_ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

- \_\_\_\_\_ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

### 3.4 Protective Actions On-site

- \_\_\_\_\_ 3.4.1 Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- \_\_\_\_\_ 3.4.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
- a. Contact RP Shift at Ext. 4282
  - b. Assess area monitors
- \_\_\_\_\_ 3.4.3 Complete Enclosure 4.7, (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

### 3.5 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- \_\_\_\_\_ 3.5.1 Remain in a Site Area Emergency.
- \_\_\_\_\_ 3.5.2 Escalate to a more severe class.
- \_\_\_\_\_ 3.5.3 Reduce the Emergency Class.
- \_\_\_\_\_ 3.5.4 Terminate the emergency.

### 3.6 Termination Notifications

<b>NOTE:</b> Enclosure 4.5 has instructions for completion and transmission of termination notifications.
---

- \_\_\_\_\_ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- \_\_\_\_\_ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.



#### 4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 Request for Emergency Exposure
- 4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

# EMERGENCY NOTIFICATION

1.  THIS IS A DRILL  ACTUAL EMERGENCY  INITIAL  FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_

2. SITE: McGuire Nuclear Site UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

5. EMERGENCY CLASSIFICATION:  
 NOTIFICATION OF UNUSUAL EVENT  ALERT  SITE AREA EMERGENCY  GENERAL EMERGENCY

6.  Emergency Declaration At:  Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PLANT CONDITION:  IMPROVING  STABLE  DEGRADING

9. REACTOR STATUS:  SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy  \_\_\_\_\_ % POWER

10. EMERGENCY RELEASE(S):  
 NONE (Go to item 14.)  POTENTIAL (GO TO ITEM 14.)  IS OCCURRING  HAS OCCURRED

\*\*11. TYPE OF RELEASE:  ELEVATED  GROUND LEVEL  
 AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern) Date Date Time (Eastern) Date Date  
 LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time (Eastern) Date Date Time (Eastern) Date Date

\*\*12. RELEASE MAGNITUDE:  CURIES PER SEC.  CURIES NORMAL OPERATING LIMITS:  BELOW  ABOVE  
 NOBLE GASES \_\_\_\_\_  IODINES \_\_\_\_\_  
 PARTICULATES \_\_\_\_\_  OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE:  NEW  UNCHANGED PROJECTION TIME: \_\_\_\_\_ (Eastern)  
TEDE Thyroid CDE  
mrem mrem  
SITE BOUNDARY \_\_\_\_\_ ESTIMATED DURATION: \_\_\_\_\_ HRS.  
2 MILES \_\_\_\_\_  
5 MILES \_\_\_\_\_  
10 MILES \_\_\_\_\_

\*\*14. METEOROLOGICAL DATA:  WIND DIRECTION (from) \_\_\_\_\_ °  SPEED (mph) \_\_\_\_\_  
 STABILITY CLASS \_\_\_\_\_  PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:  
 NO RECOMMENDED PROTECTIVE ACTIONS  
 EVACUATE \_\_\_\_\_  
 SHELTER IN-PLACE \_\_\_\_\_  
 OTHER \_\_\_\_\_

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

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

**GOVERNMENT AGENCIES NOTIFIED**

Record the name, date, time and agencies notified:

1. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**NC State**  
(agency) EOC Sel. Sig. 314  
EOC Bell Line (919) 733-394

2. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Mecklenburg County**  
(agency) WP Sel. Sig. 116  
WP Bell line 943-6200

3. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Gaston County**  
(agency) WP Sel. Sig. 112  
WP Bell Line (704) 866-3300

4. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Lincoln County**  
(agency) WP Sel. Sig. 113  
WP Bell line (704) 735-8202

5. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Iredell County**  
(agency) WP Sel. Sig. 114  
WP Bell line (704) 878-3030

6. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Catawba County**  
(agency) WP Sel. Sig. 118  
WP Bell line (828) 464-3112

7. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Cabarrus County**  
(agency) WP Sel. Sig. 119  
WP Bell line (704) 788-3108

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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**1. Completion of the Emergency Notification Form**

**NOTE:** ONLY Items 1 - 10, 15 and 16 are required.  
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**  
Check INITIAL **AND**  
Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Write in appropriate number **AND** codeword.

—— Item 5 Check C for SITE AREA EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: **AND**  
Write the time **AND** date the classification was declared.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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Page 2 of 8

<b>NOTE:</b> Reference RP/0/A/5700/000, (Classification of Emergency)
---

\_\_\_\_\_ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

\_\_\_\_\_ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

**OR**

Check B **AND** write in the Reactor Power level.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,  

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,  
**AND**  
Either containment pressure is greater than 0.3 psig,  

**OR**

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2  
Initial Notification  
Completion/Transmission

RP/0/A/5700/003  
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- \_\_\_\_\_ Item 15      Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- \_\_\_\_\_ Item 16      Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

**2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM**

- NOTE:**
1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- \_\_\_\_\_ 2.1      Use the Selective Signaling telephone by dialing \*1 and depressing the push to talk button.
- \_\_\_\_\_ 2.2      **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- \_\_\_\_\_ 2.3      As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- \_\_\_\_\_ 2.4      Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- \_\_\_\_\_ 2.5      Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- \_\_\_\_\_ 2.6      Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- \_\_\_\_\_ 2.7      When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- \_\_\_\_\_ 2.8      After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

<p><b>NOTE:</b> This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

**Group Call:**

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:  
  
"This is McGuire Control Room to (Agency you are calling), do you copy?"  
  
Once the County responds, begin transmitting the message.
- 4 After you have finished transmitting the message, conclude the message by saying:  
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.



**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 7 of 8

**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.2**  
**Initial Notification**  
**Completion/Transmission**

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<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.</p>
--

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ Region II (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	8-Hr Non-Emergency 10CFR 50.72(b)3
GENERAL EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
UNUSUAL EVENT		(50.72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	1 Hr Non-Emergency	(50.72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(70.52) (a) and (b) Accidental Criticality OR (72.74) (a) Loss or theft of SNM	(50.72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.36) Violation of a safety limit	(50.72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50.72 b3 (X)(III)) Lost ENS
OTHER		(50.72 b3 (X)(III)) Lost Other Assess./Comms
		(50.72 b3 (X)(III)) Emergency Siren INOP
		(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment.
(72.75)(b2) Spent Fuel Storage SSC defect.
(72.75)(b3) Spent Fuel Storage degradation.
(72.75)(b4) Fuel Storage License deviation.
(72.75)(b5) Fuel Storage related offsite medical.
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ (eastern) mm / dd / yy  
Operations Shift Manager/Emergency Coordinator

NRC Event Notification Worksheet

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq _____ mCi/ml Xe eq _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

**EVENT DESCRIPTION** (Continued from Enclosure 4.3 page 1 of 2)

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

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**1. Completion of the Emergency Notification Form**

**NOTE:** If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                          Check FOLLOW-UP **AND**  
                          Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Transmittal time is the time you FAX the form to the agencies.

—— Item 3            Write in the transmittal time **AND** date.

—— Item 4            Authentication is not required when faxing.

—— Item 5            Check C for SITE AREA EMERGENCY.

—— Item 6            Check A for Emergency Declaration At: **AND**  
                          Write the time **AND** date the classification was declared.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 2 of 5

**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency)

\_\_\_\_\_ Item 7      Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 3 of 5

- \_\_\_\_\_ Item 8      Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
  - **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9      Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.



**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/003

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

**AND**

Either containment pressure is greater than 0.3 psig,

**OR**

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.4**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 5 of 5

- \_\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.
- \_\_\_\_\_ Item 11 Check GROUND LEVEL **AND**  
Check A for AIRBORNE **OR** B for LIQUID **AND**  
Write in the time **AND** date the release started **AND** stopped if available.
- \_\_\_\_\_ Item 12 Check CURIES PER SECOND **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

**NOTE:** If unchanged from the previous notification, the information does not have to be repeated.

- \_\_\_\_\_ Item 13 Check NEW **OR** UNCHANGED **AND**  
Write in the projection time **AND**  
Write in the estimated duration **AND**  
Write in the TEDE and Thyroid CDE values.
- \_\_\_\_\_ Item 14 Check A, B, C, D **AND** provide values for each.
- \_\_\_\_\_ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- \_\_\_\_\_ Item 16 Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

**2. Transmission of the Emergency Notification Form**

**NOTE:** For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- \_\_\_\_\_ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.
- \_\_\_\_\_ 2.2 Press "GROUP FAX".
- \_\_\_\_\_ 2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.
- \_\_\_\_\_ 2.4 Ensure the State and Counties received the FAX by calling them.
- \_\_\_\_\_ 2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 1 of 6

**1. Completion of the Emergency Notification Form**

**NOTE:** A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                                 Check FOLLOW-UP **AND**  
                                 Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

- Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3            Write in the transmittal time **AND** date.
- Item 4            Write in appropriate number **AND** codeword.
- Item 5            Check C for SITE AREA EMERGENCY.
- Item 6            Check B for Termination At: **AND**  
                                 Write the time **AND** date the classification was terminated.
- Item 16            Have the Emergency Coordinator approve the message **AND**  
                                 Write in the time **AND** date the message was approved.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 2 of 6

## **2. Transmission of the Emergency Notification Form**

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

<p><b>NOTE:</b> This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.

- 4. After you have finished transmitting the message, conclude the message by saying:

"This is WQC700 base clear."

- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
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**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 5 of 6

**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/003  
Page 6 of 6

**OPERATION OF THE FAX**

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.



Enclosure 4.6

RP/0/A/5700/003

Page 1 of 1

Emergency Coordinator / Emergency  
Operations Facility Director Turnover  
Checklist

UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
		U-2 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____		TSC ACTIVATED AT: _____	
	ALERT DECLARED AT: _____		EOF ACTIVATED AT: _____	
	SAE DECLARED AT: _____			
	G.E. DECLARED AT: _____			
	REASON FOR EMER CLASS: _____			
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME
				LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
FIRE	_____	_____	_____	
POLICE	_____	_____	_____	
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED	
	FIELD MON. TEAMS	_____	_____	
		ZONES EVAC		ZONES SHELTERED
	PARS:	_____		_____
		YES	NO	
	RELEASE IN PROGRESS	_____	_____	
	RELEASE PATHWAY	_____		
CONTAINMENT PRESSURE	_____	PSIG		
WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME	
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
	NOTE: EOF COMMUNICATION	CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.		

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Request for Emergency Exposure (a)**

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, \_\_\_\_\_ acknowledge this planned Emergency Exposure \_\_\_\_\_  
(RPM or designee, signature or note of verbal authorization) Date/Time

I, \_\_\_\_\_ approve this planned Emergency Exposure at \_\_\_\_\_  
(Emergency Coordinator or EOF Director, signature or not of verbal authorization) Date/Time

**Subsequent Radiation Protection Action:**

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

## 1. Immediate Actions

Initial

— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

— 1.1.1 Turn on the outside page speakers.

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce: “A Site Area Emergency has been declared”.

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Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

— 1.1.3 Repeat the preceding announcement one time.

— 1.1.4 Turn off the outside page speakers.

— 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

**THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

— 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

## 2. Subsequent Actions

**NOTE:** Site Assembly is a required on-site protective action in response to a Site Area Emergency declaration.

— 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

— 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

— 2.1.1.1 Turn on the outside page speakers.

— 2.1.1.2 The Operations Shift Manager or designee shall:

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

— A. Dial 710; pause, dial 80 and following the beep, announce: “This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security”.

— B. Repeat the preceding announcement one time.

— C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

— D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

— E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

OSM Immediate and Subsequent Actions

**NOTE:** All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

— 2.2 Conduct a Site Assembly unless determined not advisable by Security.

— 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.

— 2.2.2 Turn on the outside page speakers.

— 2.2.3 The Operations Shift Manager or designee shall:

— A. Sound a 10 second blast of the Site Assembly alarm.

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

— B. Dial 710; pause, dial 80, and following the beep, announce:  
“This is a Site Assembly. This is a Site Assembly.

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

(Give a brief description/reason for assembly).  
All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :\_\_\_\_\_.”**

— 2.2.4 Repeat all steps of 2.2.3 in full one time.

— 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.

— 2.2.6 Turn off outside page speakers following completion of Site Assembly.

— 2.3 Augment shift resources to assess and respond to the emergency situation as needed.

— 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent  
Actions**

**1. Immediate Actions**

Initial

**NOTE:** 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

**2. Subsequent Actions**

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

## 1. Immediate Actions

Initial

**NOTE:** For a Drill, the Community Alert Network (CAN) is not activated.

\_\_\_\_\_ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

\_\_\_\_\_ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at \_\_\_\_\_ (time)."

\_\_\_\_\_ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at \_\_\_\_\_ (time)."

**AND**

"Activate the CAN system."

**NOTE:**

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

\_\_\_\_\_ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

\_\_\_\_\_ 1.2.1 Ensure SDS is running on the selected terminal.

\_\_\_\_\_ 1.2.2 Click on MAIN.

\_\_\_\_\_ 1.2.3 Click on GENERAL.

\_\_\_\_\_ 1.2.4 Click on ERDS.

\_\_\_\_\_ 1.2.5 Click on ACTIVATE.

\_\_\_\_\_ 1.2.6 Record the time and date ERDS was activated. TIME/DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Eastern mm dd yy

\_\_\_\_\_ 1.2.7 Inform the OSM that ERDS was activated.

\_\_\_\_\_ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

**2. Subsequent Actions**

- \_\_\_\_\_ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- \_\_\_\_\_ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- \_\_\_\_\_ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.



# Duke Power Company PROCEDURE PROCESS RECORD

## PREPARATION

(2) Station McGuire Nuclear Station

(3) Procedure Title General Emergency

(4) Prepared By [Signature] Date 1/16/01

- (5) Requires 10CFR50.59 evaluation?
- Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 1/17/2001

Cross-Disciplinary Review By [Signature] (QR) NA [Signature] Date 1/17/2001

Reactivity Mgmt. Review By [Signature] (QR) NA [Signature] Date 1/17/2001

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By [Signature] Date 1/22/01

## PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

## COMPLETION

- (12) Procedure Completion Verification
- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
  - Yes  N/A Listed enclosures attached?
  - Yes  N/A Data sheets attached, completed, dated and signed?
  - Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
  - Yes  N/A Procedure requirements met?
- Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

<p>Duke Power Company McGuire Nuclear Station</p> <p><b>General Emergency</b></p> <p><b>Multiple Use</b></p>	Procedure No.
	RP/0/A/5700/004
	Revision No. 015
	Electronic Reference No. MC0048M7

## General Emergency

### Symptoms

Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

### Immediate Actions

- NOTE:**
- The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.
  - Enclosures 4.9, 4.10 and 4.11 should be handed out to the appropriate positions.

\_\_\_\_\_ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.11 (SWM Immediate and Subsequent Actions) in a timely manner.

### 3. Subsequent Actions

#### 3.1 Follow-up Notifications

**NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

- \_\_\_\_\_ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.

**NOTE:** Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. IF a follow-up is due and an upgrade in classification is declared, THEN the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- \_\_\_\_\_ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
- OR
- If there is any significant change to the situation
- OR
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

**NOTE:** Enclosure 4.5 has instructions for completion and transmission of follow-up notifications.

- \_\_\_\_\_ 3.1.3 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- \_\_\_\_\_ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

**NOTE:** IF changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

- \_\_\_\_\_ 3.2 Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- \_\_\_\_\_ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

#### 3.4 Protective Actions Onsite

- \_\_\_\_\_ 3.4.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
  - \_\_\_\_\_ 3.4.2 IF a situation which is immediately hazardous to life or valuable property exists, THEN evaluate potential dose rates by one of the following methods:
    - a. Contact RP Shift at Ext. 4282
    - b. Assess area monitors
  - \_\_\_\_\_ 3.4.3 Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.
- 3.5 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
- \_\_\_\_\_ 3.5.1 Remain in a General Emergency,
- OR**
- \_\_\_\_\_ 3.5.2 Terminate the emergency. REFER TO RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

### 3.6 Termination Notifications

**NOTE:** Enclosure 4.6 has instructions for completion and transmission of termination notifications.

- \_\_\_\_\_ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.
- \_\_\_\_\_ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.

## 4. Enclosures

- 4.1 Emergency Notification Form.
- 4.2 Guidance for Offsite Protective Actions
- 4.3 Initial Notification Completion/Transmission
- 4.4 NRC Event Notification Worksheet
- 4.5 Follow-up Notification Completion/Transmission
- 4.6 Termination Notification Completion/Transmission
- 4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.8 Request for Emergency Exposure
- 4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.11 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

# EMERGENCY NOTIFICATION

1.  THIS IS A DRILL     ACTUAL EMERGENCY     INITIAL     FOLLOW-UP    MESSAGE NUMBER \_\_\_\_\_

2. SITE: McGuire Nuclear Site    UNIT: \_\_\_\_\_    REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    CONFIRMATION PHONE NUMBER: (704) 875-6044

(Eastern)    mm    dd    yy

4. AUTHENTICATION (If Required): \_\_\_\_\_

(Number)    (Codeword)

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT     ALERT     SITE AREA EMERGENCY     GENERAL EMERGENCY

6.  Emergency Declaration At:  Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (If B, go to item 16.)

(Eastern)    mm    dd    yy

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. PLANT CONDITION:  IMPROVING     STABLE     DEGRADING

9. REACTOR STATUS:  SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_     \_\_\_\_\_ % POWER

(Eastern)    mm    dd    yy

10. EMERGENCY RELEASE(S):

NONE (Go to item 14.)     POTENTIAL (GO TO ITEM 14.)     IS OCCURRING     HAS OCCURRED

\*\*11. TYPE OF RELEASE:  ELEVATED     GROUND LEVEL

AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time (Eastern)    Date

LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Time (Eastern)    Date

\*\*12. RELEASE MAGNITUDE:  CURIES PER SEC.     CURIES    NORMAL OPERATING LIMITS:  BELOW     ABOVE

NOBLE GASES \_\_\_\_\_     IODINES \_\_\_\_\_

PARTICULATES \_\_\_\_\_     OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE:  NEW     UNCHANGED    PROJECTION TIME: \_\_\_\_\_ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

\*\*14. METEOROLOGICAL DATA:  WIND DIRECTION (from) \_\_\_\_\_ °     SPEED (mph) \_\_\_\_\_

STABILITY CLASS \_\_\_\_\_     PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE \_\_\_\_\_

SHELTER IN-PLACE \_\_\_\_\_

OTHER \_\_\_\_\_

16. APPROVED BY: \_\_\_\_\_    Emergency Coordinator: \_\_\_\_\_    TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Name)    (Title)    (Eastern)    mm    dd    yy

\* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

\*\* Information may not be available on initial notifications.

**GOVERNMENT AGENCIES NOTIFIED**

Record the name, date, time and agencies notified:

1. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**NC State**  
(agency) EOC Sel. Sig. 314  
EOC Bell Line (919) 733-394

2. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Mecklenburg County**  
(agency) WP Sel. Sig. 116  
WP Bell line 943-6200

3. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Gaston County**  
(agency) WP Sel. Sig. 112  
WP Bell Line (704) 866-3300

4. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Lincoln County**  
(agency) WP Sel. Sig. 113  
WP Bell line (704) 735-8202

5. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Iredell County**  
(agency) WP Sel. Sig. 114  
WP Bell line (704) 878-3039

6. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Catawba County**  
(agency) WP Sel. Sig. 118  
WP Bell line (828) 464-3112

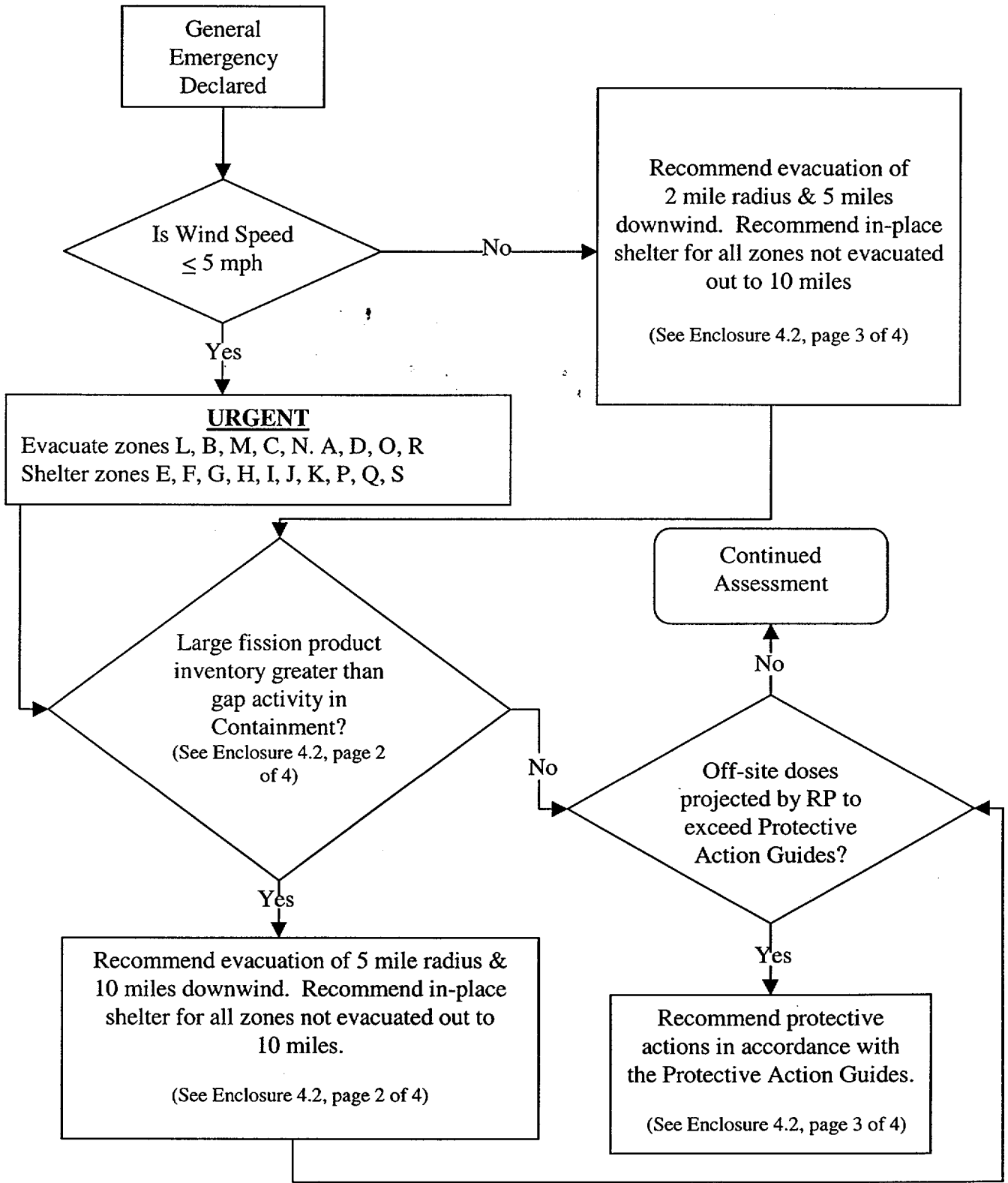
7. \_\_\_\_\_  
(name)

\_\_\_\_\_ (date) \_\_\_\_\_ (time)

**Cabarrus County**  
(agency) WP Sel. Sig. 119  
WP Bell line (704) 788-3108



Enclosure 4.2  
Guidance for Off-site Protective Actions



Guidance for Off-site Protective Actions

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

**NOTE:** Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC	Unit 2 OAC
M1A0829    1EMF51A	M2A0829    2EMF51A
M1A0835    1EMF51B	M2A0835    2EMF51B

<u>TIME AFTER SHUTDOWN (HOURS)</u>	<u>CONTAINMENT MONITOR READING (R/HR) EMF 51A or 51B (100% GAP Activity Release)</u>
0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

**Protective Action Zones Determination**

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

## Guidance for Off-site Protective Actions

## Protective Action Zones Determination

Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

## GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

## PAGs

(Projected Dose)

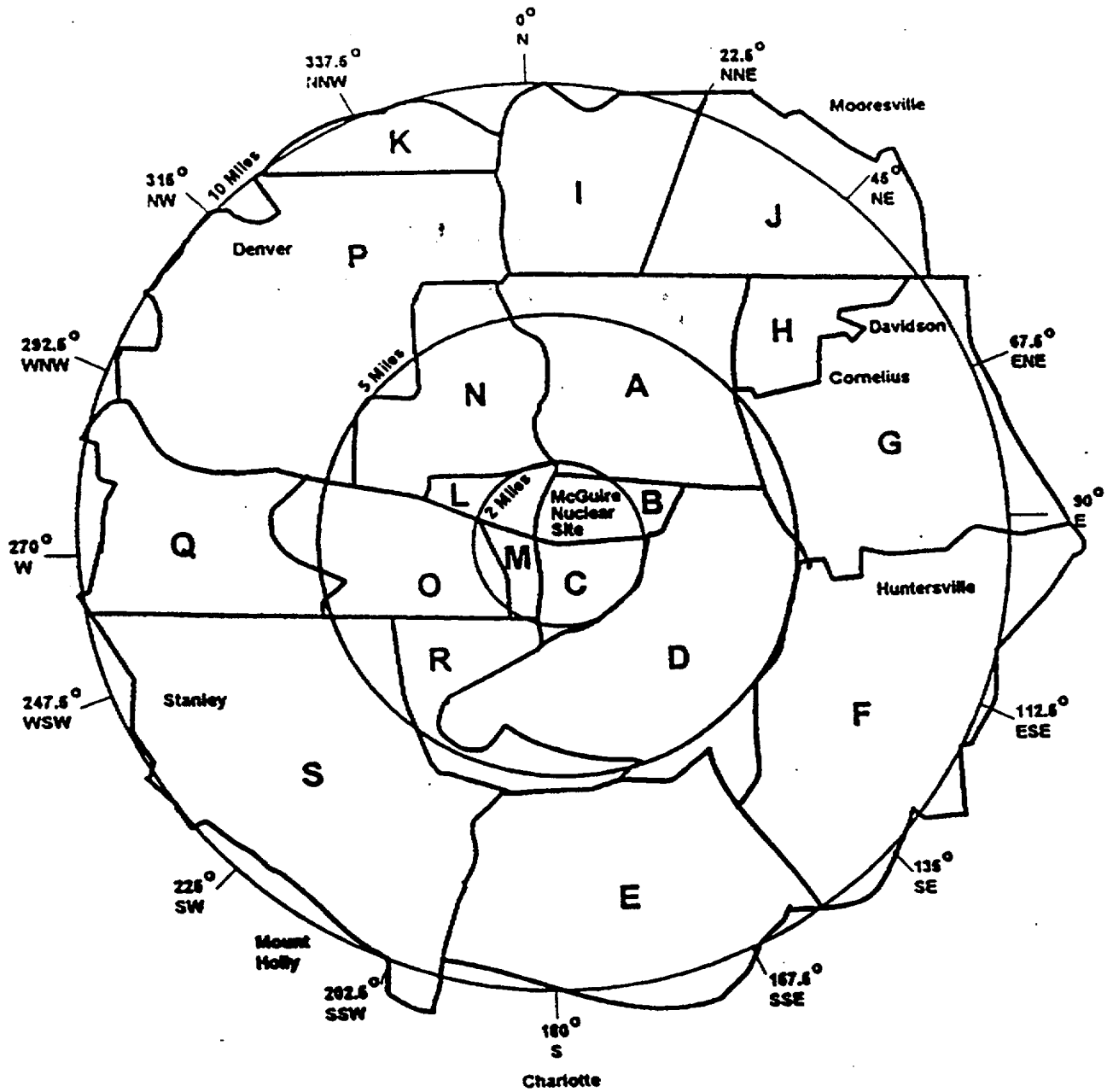
Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Guidance for Off-site Protective Actions

McGUIRE PROTECTIVE ACTION ZONES  
(2 and 5 mile radius, inner circles)

10 MILE EPZ



**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 1 of 8

**1. Completion of the Emergency Notification Form**

**NOTE:** ONLY Items 1 - 10, 15 and 16 are required.  
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND  
Check INITIAL AND  
Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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<b>NOTE:</b> Reference RP/0/A/5700/000, (Classification of Emergency)
---

\_\_\_\_\_ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

\_\_\_\_\_ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

**OR**

Check B **AND** write in the Reactor Power level.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL,** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,  

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,  
**AND**  
Either containment pressure is greater than 0.3 psig,  

**OR**

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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- \_\_\_\_\_ Item 15      Check B **AND** write affected zones for evacuation  
                          **AND**  
                          Check C **AND** write the letter designation for all other zones not evacuated.
- \_\_\_\_\_ Item 16      Have the Emergency Coordinator approve the message **AND**  
                          Write in the time **AND** date the message was approved.

**2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM**

**NOTE:**

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- \_\_\_\_\_ 2.1      Use the Selective Signaling telephone by dialing \*1 and depressing the push to talk button.
- \_\_\_\_\_ 2.2      **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- \_\_\_\_\_ 2.3      As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- \_\_\_\_\_ 2.4      Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- \_\_\_\_\_ 2.5      Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- \_\_\_\_\_ 2.6      Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- \_\_\_\_\_ 2.7      When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.



**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 5 of 8

- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

<p><b>NOTE:</b> This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:  
  
"This is McGuire Control Room to all Counties, do you copy?"  
  
Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

<p><b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:  
  
"This is McGuire Control Room to (Agency you are calling), do you copy?"  
  
Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:  
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 6 of 8

**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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<b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.
---

- C. To send a FAX to a single location dialing manually:
- 1. Insert the document face down into the FAX.
  - 2. Using the keypad, dial the number that you wish to call.
  - 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ Region II (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	8-Hr Non-Emergency 10CFR 50.72(b)3
GENERAL EMERGENCY	(50.72 b1 (D)(B)) TS Deviation	(50.72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
UNUSUAL EVENT		(50.72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	1 Hr Non-Emergency	(50.72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(70.52) (a) and (b) Accidental Criticality OR (72.74) (a) Loss or theft of SNM	(50.72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.36) Violation of a safety limit	(50.72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50.72 b3 (X)(III)) Lost ENS
OTHER		(50.72 b3 (X)(III)) Lost Other Assess./Comms
		(50.72 b3 (X)(III)) Emergency Siren INOP
		(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment.
(72.75)(b2) Spent Fuel Storage SSC defect.
(72.75)(b3) Spent Fuel Storage degradation.
(72.75)(b4) Fuel Storage License deviation.
(72.75)(b5) Fuel Storage related offsite medical.
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.4 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (if applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: _____ TIME: _____	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq _____ mCi/ml Xe eq _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)

**Enclosure 4.7**

RP/0/A/5700/004

Page 1 of 1

**Emergency Coordinator / Emergency  
Operations Facility Director Turnover  
Checklist**

UNIT(S) AFFECTED:

U1 \_\_\_\_\_

U2 \_\_\_\_\_

{PIP-M-99-3800}

<b>GENERAL</b>	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____ _____	NCS PRESS _____ _____	
<b>EMERGENCY CLASSIFICATION</b>	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____				
<b>SITE ASSEMBLY SITE EVACUATION</b>		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
<b>RADIOLOGICAL</b>		NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____	_____		
		ZONES EVAC			ZONES SHELTERED
	PARS:	_____	_____		_____
	RELEASE IN PROGRESS	YES	NO		
	RELEASE PATHWAY	_____	_____		
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____		WIND SPEED	_____
<b>OFFSITE COMMUNICATION</b>		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				

**OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 1 of 5

**1. Completion of the Emergency Notification Form**

**NOTE:** If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

**NOTE:** Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                                 Check FOLLOW-UP **AND**  
                                 Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

—— Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Transmittal time is the time you FAX the form to the agencies.

—— Item 3            Write in the transmittal time **AND** date.

—— Item 4            Authentication is not required when faxing.

—— Item 5            Check D for GENERAL EMERGENCY.

—— Item 6            Check A for Emergency Declaration At: **AND**  
                                 Write the time **AND** date the classification was declared.



**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 2 of 5

**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency)

\_\_\_\_\_ Item 7      Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

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Page 3 of 5

\_\_\_\_\_ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

\_\_\_\_\_ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004

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- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
  2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
  - **B POTENTIAL:** discretionary option for the EC or EOFD.
  - **C IS OCCURRING:** meets the specified conditions.
  - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

**An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:**

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

**OR**

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

**AND**

Either containment pressure is greater than 0.3 psig,

**OR**

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

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\_\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

\_\_\_\_\_ Item 11 Check GROUND LEVEL **AND**  
Check A for AIRBORNE **OR** B for LIQUID **AND**  
Write in the time **AND** date the release started **AND** stopped if available.

\_\_\_\_\_ Item 12 Check CURIES PER SECOND **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

**NOTE:** If unchanged from the previous notification, the information does not have to be repeated.

\_\_\_\_\_ Item 13 Check NEW **OR** UNCHANGED **AND**  
Write in the projection time **AND**  
Write in the estimated duration **AND**  
Write in the TEDE and Thyroid CDE values.

\_\_\_\_\_ Item 14 Check A, B, C, D **AND** provide values for each.

\_\_\_\_\_ Item 15 Check B **AND** write affected zones for evacuation  
**AND**  
Check C **AND** write the letter designation for all other zones not evacuated.

\_\_\_\_\_ Item 16 Have the Emergency Coordinator approve the message **AND**  
Write in the time **AND** date the message was approved.

**2. Transmission of the Emergency Notification Form**

**NOTE:** For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

\_\_\_\_\_ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

\_\_\_\_\_ 2.2 Press "GROUP FAX".

\_\_\_\_\_ 2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

\_\_\_\_\_ 2.4 Ensure the State and Counties received the FAX by calling them.

\_\_\_\_\_ 2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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**1. Completion of the Emergency Notification Form**

**NOTE:** A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1            Check A for Drill **OR** B for Actual Emergency **AND**  
                                 Check FOLLOW-UP **AND**  
                                 Write in message number.

**NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

**NOTE:** REPORTED BY: is the communicator's name.

- Item 2            Write in the unit(s) **AND** Communicator's name.

**NOTE:** Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3            Write in the transmittal time **AND** date.
- Item 4            Write in appropriate number **AND** codeword.
- Item 5            Check D for GENERAL EMERGENCY.
- Item 6            Check B for Termination At: **AND**  
                                 Write the time **AND** date the classification was terminated.
- Item 16            Have the Emergency Coordinator approve the message **AND**  
                                 Write in the time **AND** date the message was approved.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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## **2. Transmission of the Emergency Notification Form**

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
  2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
  3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

**COUNTY EMERGENCY RESPONSE RADIO**

<b>NOTE:</b> This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
---

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

**Proceed with the notification promptly following an attempt to get missing agencies on the air.**

<b>NOTE:</b> RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.
---

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.



**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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**OPERATION OF THE FAX**

**A. GROUP FAX**

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
  2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

**B. INDIVIDUAL FAX**

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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**OPERATION OF THE FAX**

**NOTE:** RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

Enclosure 4.7

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Emergency Coordinator / Emergency  
Operations Facility Director Turnover  
Checklist

UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS	
	TIME: _____	U-1 _____ U-2 _____	_____	_____	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____		TSC ACTIVATED AT: _____		
	ALERT DECLARED AT: _____		EOF ACTIVATED AT: _____		
	SAE DECLARED AT: _____				
	G.E. DECLARED AT: _____				
	REASON FOR EMER CLASS: _____				
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____	_____		
		ZONES EVAC		ZONES SHELTERED	
	PARS:	_____	_____		
		YES	NO		
	RELEASE IN PROGRESS	_____	_____		
RELEASE PATHWAY	_____				
CONTAINMENT PRESSURE	_____	PSIG	_____		
WIND DIRECTION	_____		WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Enclosure 4.8**  
**Request for Emergency Exposure (a)**

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<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, \_\_\_\_\_ acknowledge this planned Emergency Exposure \_\_\_\_\_.  
(RPM or designee, signature or note of verbal authorization) Date/Time

I, \_\_\_\_\_ approve this planned Emergency Exposure at \_\_\_\_\_.  
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

**1. Immediate Actions**

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

**NOTE:** • For drill purposes, state “This is a drill. This is a drill.”

• Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “a General Emergency has been declared”.

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Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

**NOTE:** 1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form

—— 1.2 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

## OSM Immediate and Subsequent Actions

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
  2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
  3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
    - A. DPC Meteorological Lab (8-594-0341)
    - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)
    - C. Catawba Nuclear Station Control Room (8-831-5345).

**NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

1.2.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- \_\_\_\_\_ • Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction

AND

- \_\_\_\_\_ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

## OSM Immediate and Subsequent Actions

1.2.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

**IF** wind speed less than or equal to 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

- \_\_\_\_\_ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

**OR**

**IF** wind speed greater than 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

**AND**

- \_\_\_\_\_ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

\_\_\_\_\_ 1.3 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

**THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

\_\_\_\_\_ 1.4 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10 (EMERGENCY RELEASE)** on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

## 2. Subsequent Actions

**NOTE:** Site Assembly is a required on-site protective action in response to a General Emergency declaration.

\_\_\_\_\_ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

\_\_\_\_\_ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

\_\_\_\_\_ 2.1.1.1 Turn on the outside page speakers.

\_\_\_\_\_ 2.1.1.2 The Operations Shift Manager or designee shall:

**NOTE:**

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

\_\_\_\_\_ A. Dial 710; pause, dial 80 and following the beep, announce: “This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security”.

\_\_\_\_\_ B. Repeat the preceding announcement one time.

\_\_\_\_\_ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

\_\_\_\_\_ D. Continue to repeat steps of A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

\_\_\_\_\_ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.



**NOTE:** All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
  - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
  - 2.2.2 Turn on the outside page speakers.
  - 2.2.3 The Operations Shift Manager or designee shall:
    - A. Sound a 10 second blast of the Site Assembly alarm.

**NOTE:**

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:  
"This is a Site Assembly. This is a Site Assembly."

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(Give a brief description/reason for assembly).  
 All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is : \_\_\_\_\_."**

- 2.2.4 Repeat all steps of 2.2.3 in full one time.
- 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
- 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

**WCC SRO Immediate and Subsequent  
Actions**

**1. Immediate Actions**

## Initial

- NOTE:**
1. Initial notification to the State and Counties **must** be made within 15 minutes of the event declaration, using Enclosure 4.1.
  2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
  2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
  3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
    - A. DPC Meteorological Lab (8-594-0341)
    - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
    - C. Catawba Nuclear Station Control Room (8-831-5345).

- NOTE:** **IF** changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

- 1.1.1 **IF** containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN:**

- Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

**AND**

- Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

**WCC SRO Immediate and Subsequent  
Actions**

1.1.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

**IF** wind speed less than or equal to 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

- \_\_\_\_\_ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

**OR**

**IF** wind speed greater than 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

**AND**

- \_\_\_\_\_ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

\_\_\_\_\_ 1.2 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.3, section 1.

\_\_\_\_\_ 1.3 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, section 2.

## **2. Subsequent Actions**

\_\_\_\_\_ 2.1 Notify the NRC Operations Center by completing Enclosure 4.4 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.

\_\_\_\_\_ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- \_\_\_\_\_ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
  - \_\_\_\_\_ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at \_\_\_\_\_ (time)."
  - \_\_\_\_\_ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at \_\_\_\_\_ (time)."

**AND**

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

- \_\_\_\_\_ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
  - \_\_\_\_\_ 1.2.1 Ensure SDS is running on the selected terminal.
  - \_\_\_\_\_ 1.2.2 Click on MAIN.
  - \_\_\_\_\_ 1.2.3 Click on GENERAL.
  - \_\_\_\_\_ 1.2.4 Click on ERDS.
  - \_\_\_\_\_ 1.2.5 Click on ACTIVATE.
  - \_\_\_\_\_ 1.2.6 Record the time and date ERDS was activated. TIME/DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Eastern mm dd yy*
  - \_\_\_\_\_ 1.2.7 Inform the OSM that ERDS was activated.
  - \_\_\_\_\_ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

**2. Subsequent Actions**

- \_\_\_\_\_ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- \_\_\_\_\_ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- \_\_\_\_\_ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company  
PROCEDURE PROCESS RECORD

**PREPARATION**

(2) Station McGuire Nuclear Station

(3) Procedure Title NRC Immediate Notification Requirements

(4) Prepared By Larry W. Abernathy Date 1-15-01

- (5) Requires 10CFR50.59 evaluation?
  - Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By Julius Byrnes (QR) Date 1/17/01  
 Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA JWS Date 1/17/01  
 Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA JWS Date 1/17/01

(7) Additional Reviews  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_  
 Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)  
 By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_  
 By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By J. S. Neely Date 1/22/2001

**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_  
 Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_  
 Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

- (12) Procedure Completion Verification
- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
  - Yes  N/A Listed enclosures attached?
  - Yes  N/A Data sheets attached, completed, dated and signed?
  - Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
  - Yes  N/A Procedure requirements met?
- Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

Duke Power Company  
McGuire Nuclear Station

**NRC Immediate Notification Requirements**

**Multiple Use**

Procedure No.

RP/0/A/5700/010

Revision No.

012

Electronic Reference No.

MC0048MD

## NRC Immediate Notification Requirements

### 1. Symptoms

- 1.1 Plant conditions requiring immediate 1 hour, 4 hour, 8 hour or 24 hour NRC notification in accordance with 10CFR20.1906, 10CFR20.2201, 10CFR20.2202, 10CFR26.73, 10CFR50.36, 10CFR50.72, 10CFR70.52, 10CFR72.216(c), 10CFR73.71, 10CFR73 Appendix G, and McGuire Facility Operating License Conditions (NPF-9 Unit 1, NPF-17 Unit 2).
- 1.2 **IF** a notification is being made to the NRC due to an emergency classification (e.g., NOUE, Alert, SAE, General Emergency), **THEN** RP/0/A/5700/010 does not have to be completed

### 2. Immediate Actions

- 2.1 Automatic

None

- 2.2 Manual

Notify the NRC Operations Center in accordance with this procedure.

### 3. Subsequent Actions

#### Initials

- \_\_\_\_ 3.1 Ensure Shift Work Manager is aware of the pending NRC notification.
- \_\_\_\_ 3.2 The Operations Shift Manager shall assure the Notification requirements of this procedure are met for the reportable events provided in Enclosure 4.1.
- \_\_\_\_ 3.3 Determine the appropriate notification requirement and the reporting time requirement using Enclosure 4.1, Events Requiring NRC Notification.

**NOTE:**

- Security Reports should be reported using Procedure EXAC 15, Reporting of Safeguard Events. The Security Shift Supervisor will provide all information to the Operations Shift Manager for the NRC Notification.
- Sections of Enclosure 4.2 that are not applicable should be marked (N/A).

- \_\_\_\_ 3.4 Complete the applicable portions of Enclosure 4.2 as identified by Enclosure 4.1 and transmit to the NRC Operations Center using RP/0/A/5700/014, Tab 2.



**NOTE:** Use the RED NRC OPS Center button on the Operations Shift Support Technician's Fax machine for hard copy transmittal. Use of this button also copies the Site NRC Resident's office.

- 3.5 Provide Follow up Notification to the NRC Operations Center in 3.4 above in accordance with Enclosure 4.1, Paragraph 4.1.6.
- 3.6 Maintain an "OPEN", continuous, communication channel with the NRC Operations Center upon request by the NRC.
- 3.7 Notify the Station Manager using RP/0/A/5700/014, Tab 3.
- 3.8 Notify the General Office Nuclear Generation Operations Duty Engineer using RP/0/A/5700/014, Tab 3.
- 3.9 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- 3.10 Upon completion of this procedure the Operations Shift Manager will fill out the completion portion of the Process Record Form and forward the approved/completed procedure to Document Control for retention. A copy of the completed procedure shall be routed to the Manager, Regulatory Compliance.

#### **4. Enclosures**

- 4.1 Events Requiring NRC Notification
- 4.2 NRC Event Notification Worksheet
- 4.3 System Actuations.

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.1 Events Requiring IMMEDIATE NOTIFICATIONS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.1.1 [50.72a(1)(i)]	The declaration of any of the Emergency Classes specified in the McGuire Emergency Plan	4.1.1.1	Immediately after notification to state(s) and local government (counties) and <u>not later than one hour</u> after the time the Emergency Class was declared. Immediately report any change from one Emergency Class to another or a termination of the Emergency Class (Use Enclosure 4.2)
	<b>and</b>		
[50.72c(1)(ii)]	any change from one Emergency Class to another		
	<b>or</b>		
[50.72c(1)(iii)]	a termination of the Emergency Class		
4.1.1.2 [20.1906]	Events involving receiving and opening packages containing quantities of radioactive material in excess of a Type A quantity as defined in section 71.4 and Appendix A to part 71 of this chapter when;	4.1.1.2	<b>NOTE:</b> Reporting under 10CFR20.1906 should be made as follows: the licensee shall immediately notify the final delivery carrier and by telephone and telegram, mailgram, or facsimile and the NRC Operations Center at 1-301-816-5100.
[20.1906]	Removable radioactive surface contamination exceeds the limits of section 71.87(I) of this chapter;		
	<b>or</b>		
[20.1906]	External radiation levels exceed the limits of section 71.47 of this chapter.		
4.1.1.3 [20.2201a(i)]	Any lost, stolen, or missing licensed material in an aggregate quantity equal to or greater than 1,000 times the quantity specified in appendix C to section 20.1001-20.2401 under such circumstance that it appears to the licensee that an exposure could result to persons in unrestricted areas.	4.1.1.3	Immediately after its occurrence becomes known to the licensee.
	<b>or</b>		
[20.2201a(ii)]	Within 30 days after the occurrence of any lost, stolen, or missing licensed material becomes known to the licensee, all licensed material in a quantity greater than 10 times the quantity specified in appendix C of section 20.1001-20.2401 that is still missing at this time.		

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.1 Events Requiring IMMEDIATE NOTIFICATIONS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.1.3	Any event involving by-product, source, or special nuclear material possessed by the licensee that may have caused or threatens to cause any of the following conditions: An individual to receive:	4.1.1.3	Immediately after its occurrence becomes known to the licensee
[20.2202a1(i)]	A total effective dose equivalent of 25 rems (0.25 Sv) or more;		
<b>or</b>			
[20.2202a1(ii)]	An eye dose equivalent of 75 rems (0.75 Sv) or more.		
<b>or</b>			
[20.2202a1(iii)]	A shallow dose equivalent to the skin or extremities of 250 rads (2.5 Gy) or more.		
<b>or</b>			
[20.2202a2]	The 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 an intake five times the annual limit on intake (the provisions of this paragraph do not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures).		

Enclosure 4.1

Events Requiring NRC Notification

4.1.2 Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.2.1 [50.72b1(i)(B)]	Any deviation from a plant License Condition or Technical Specification authorized in 10CFR50.54(x). (Licensee may take reasonable action that departs from a license condition or technical specification in an emergency when this action is immediately needed to protect the health and safety of the public).	4.1.2.1	As soon as practical and within <u>1 hour</u> of the occurrence (Use Enclosure 4.2)
4.1.2.2 {70.52} or 72.74(a)	Events involving accidental criticality or loss or theft or attempted theft of special nuclear material.	4.1.2.2	As soon as practical and within <u>1 hour</u> after discovery (Use Enclosure 4.2).
{70.52}	Any case of accidental criticality or any loss, other than normal operating loss, of special nuclear material.		
	<b>or</b>		
{70.52}	Any loss or theft or unlawful diversion of special nuclear material or any incident in which an attempt has been made or is believed to have been made to commit a theft or unlawful diversion of such material.		
4.1.2.3 {73.71}	Safeguards events	4.1.2.3	As soon as practical and within <u>1 hour</u> after discovery (Use Enclosure 4.2).
{73.71}	The loss of any shipment of SNM or spent fuel, and within one hour after recovery of or accounting for such lost shipment.		
{73.71}	Any event in which there is reason to believe that a person has committed or caused, or attempted to commit or cause, or has made a credible threat to commit or cause:		
{73 Appendix G}			
{73.71}	A theft or unlawful diversion of special nuclear material;		
{73 Appendix G}			
	<b>or</b>		

Enclosure 4.1

Events Requiring NRC Notification

4.1.2	Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]	REPORTING TIME REQUIREMENTS	
{73.71} {73 Appendix G}	Significant physical damage to a power reactor or any facility possessing SSNM or its equipment or carrier equipment transporting nuclear fuel or spent nuclear fuel a facility or carrier possesses;		
<b>or</b>			
{73.71} {73 Appendix G}	Interruption of normal operation of a licensed nuclear power reactor through the unauthorized use of or tampering with its machinery, components, or controls including the security system.		
{73.71} {73 Appendix G}	An actual entry of an unauthorized person into a protected area, material access area, controlled access area, vital area or transport.		
{73.71} {73 Appendix G}	Any failure, degradation, or the discovered vulnerability in a safeguard system that could allow unauthorized or undetected access to a protected area, material access area controlled access area, vital area, or transport for which compensatory measures have not been employed.		
{73.71} {73 Appendix G}	The actual or attempted introduction of contraband into a protected area, material access area, vital area, or transport.		
4.1.2.4 [50.36]	Violation of a safety limit.	4.1.2.4	As soon as practical and within <u>1 hour</u> of occurrence. (Use Enclosure 4.2)
4.1.2.5 [McGuire Facility Operating License Conditions] NPF-9 NPF- 17	Any accident at this facility which could result in an unplanned release of quantities of fission products in excess of allowable limits for normal operation established by the Commission.	4.1.2.5	As soon as practical and within <u>1 hour</u> of occurrence. (Use Enclosure 4.2)

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.3 Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.3.1 [50.72b2(i)]	The <u>initiation</u> of any nuclear plant shutdown required by Technical Specifications.	4.1.3.1	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.2 [50.72b2(iv)(A)]	Any event that results or should have resulted in emergency core cooling system (ECCS) discharge into the reactor coolant system as a result of a valid signal except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.	4.1.3.2	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.3 [50.72b2(iv)(B)]	Any event or condition that results in actuation of the reactor protection system (RPS) when the reactor is critical except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.	4.1.3.3	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.4 [50.72b2(xi)]	Any event or situation related to the health and safety of the public or onsite personnel, or protection of the environment, for which a news release is planned or notification to other government agencies has been or will be made. Such an event may include an onsite fatality or inadvertent release of radioactively contaminated materials.	4.1.3.4	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.5 [72.75b1]	A spent fuel storage related event that prevents immediate actions necessary to avoid exposures to radiation or radioactive materials that could exceed regulatory limits, or releases of radioactive materials that could exceed regulatory limits (e.g., events such as fires, explosions, and toxic gas releases).	4.1.3.5	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.6 [72.75b2]	A defect in any spent fuel storage structure, system, or component which is important to safety.	4.1.3.6	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.7 [72.75b3]	A significant reduction in the effectiveness of any spent fuel storage confinement system during use.	4.1.3.7	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.3 Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]	REPORTING TIME REQUIREMENTS		
4.1.3.8 [72.75.b4]	An action taken in a spent fuel storage related that departs from a condition or a technical specification contained in a license or certificate of compliance issued under this part when the action issued under this part when the action is immediately needed to protect the public health and safety and no action consistent with license or certificate of compliance conditions or technical specification that can provide adequate or equivalent protection is immediately apparent.	4.1.3.8	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.9 [72.75b5]	A spent fuel storage related event that requires unplanned medical treatment at an offsite medical facility of an individual with radioactive contamination on the individual's clothing or body which could cause further radioactive contamination.	4.1.3.9	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.10 [72.75b6]	An unplanned fire or explosion damaging any spent fuel or any device, container, or equipment containing spent fuel when the damage affects the integrity of the material or its container.	4.1.3.10	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)

Enclosure 4.1

Events Requiring NRC Notification

4.1.4 Events Requiring EIGHT HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.4.1 [50.72B3(ii)]	Any event or condition that results in:	4.1.4.1	As soon as practical and within <u>8 hours</u> of the occurrence. (Use Enclosure 4.2.)
[50.72b3(ii)(A)]	The condition of the nuclear power plant including its principal safety barriers, being seriously degraded; or		
[50.72b3(ii)(B)]	The nuclear power plant being in an unanalyzed condition that significantly degrades plant safety.		
4.1.4.2 [50.72b3(xiii)]	Any event that results in a major loss of emergency assessment capability, offsite response capability, or offsite communications capability (e.g., significant portion of control room indication, Emergency Notification System, or offsite notification system).	4.1.4.2	As soon as practical and with <u>8 hours</u> of occurrence. (Use Enclosure 4.2.)
	<b>** NOTE:</b> Failure of >14 sirens requires ENS notification. For repair after normal hours Telecommunications 382-7762.		
	* A report by the NRC operations Center that ENS communications is not available from Rockville, Md. To the Control Room does not require a "return" 8 hour call. Document conversation in the SRO log, no further action is necessary. If the Control Room ENS is NOT operable, a 8 hour notification shall be made to the NRC operations Center using Enclosure 4.2 via commercial telephone service or other dedicated telephone system or any other method which will ensure that a report is made.		
4.1.4.3 [50.72b3(iv)(A)]	Any event or condition that results in valid actuation of any of the systems listed in paragraph (b)(3)(iv)(B) of the section except when the actuation results from and is part of a preplanned sequence during testing or reactor operation.	4.1.4.3	As soon as practical and with <u>8 hours</u> of the occurrence (Use Enclosure 4.2).



**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.4 Events Requiring EIGHT HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
[50.72b3(iv)(B)]	<p>The systems to which the requirements of paragraph (b)(3)(iv)(A) of this section apply are:</p> <p>(1) Reactor protection system (RPS) including: reactor scram and reactor trip. Note 1</p> <p>(2) General containment isolation signals affecting containment isolation valves in more than one system or multiple main steam isolation valves (MSIVs).</p> <p>(3) Emergency core cooling systems (ECCS) for pressurized water reactors (PWRs) including: high-head, intermediate-head, and low-head injection systems and the low pressure injection function of residual (decay) heat removal systems.</p> <p>(4) PWR auxiliary or emergency feedwater system.</p> <p>(5) Containment heat removal and depressurization systems, including containment spray and fan cooler systems.</p> <p>(6) Emergency ac electrical power systems including: emergency diesel generators (EDGs).</p> <p>Note 1 Actuation of the RPS when the reactor is critical is reportable under paragraph (b)(2)(iv)(B) of this section.</p>		
4.1.4.4 [50.72b3(v)]	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:	4.1.4.4	As soon as practical and within <u>8 hours</u> of the occurrence. (Use Enclosure 4.2.)
[50.72b3(v)(A)]	Shut down the reactor and maintain it in a safe shutdown condition;		
[50.72b3(v)(B)]	Remove residual heat;		
[50.72b3(v)(C)]	Control the release of radioactive material, or		
[50.72b3(v)(D)]	Mitigate the consequences of an accident.		

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.4	Events Requiring EIGHT HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]	REPORTING TIME REQUIREMENTS	
[50.72b3(vi)]	Events covered in paragraph (b)(3)(v) of this section may include one or more procedural errors, equipment failures, and/or discovery of design, analysis, fabrication, construction, and/or procedural inadequacies. However, individual component failures need not be reported pursuant to paragraph (b)(3)(v) of this section if redundant equipment in the same system was operable and available to perform the required safety function.		
4.1.4.5 [50.72b3(xii)]	Any event requiring the transport of a radioactively contaminated person to an offsite medical facility for treatment. (Notify NRC per RP/0/A/5700/010, contact Carolinas Medical Center per RP/0/A/5700/005).	4.1.4.5	As soon as practical and within <u>8 hours</u> of occurrence. (Use Enclosure 4.2.)

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.5 Events Requiring TWENTY-FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.5.1	Any event involving loss of control of licensed material possessed by the licensee that may have caused, or threatens to cause any of the following conditions:	4.1.5.1	Within <u>24 hours</u> of discovery of the event. (Use Enclosure 4.2.)
[20.2202b]			
[20.2202b1]	An individual to receive in a period of 24 hours.		
[20.2202b1(i)]	A total effective dose equivalent exceeding 5 rems (0.05Sv);		
	<b>or</b>		
[20.2202b1(ii)]	An eye dose equivalent exceeding 15 rems (0.15Sv);		
	<b>or</b>		
[20.2202b1(iii)]	A shallow dose equivalent to the skin or extremities exceeding 50 rems (0.5 Sv);		
	<b>or</b>		
[20.2202b2]	The 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 an intake in excess of one occupational annual limit on intake (the provisions of this paragraph do not apply to locations where personnel are not normally stationed during routine operation, such as hot cells or process enclosures).		
4.1.5.2	Significant events involving fitness for duty including;	4.1.5.2	Within <u>24 hours</u> of discovery of the event. (Use Enclosure 4.2.)
[26.73]			
[26.73]	Sale, use, or possession of illegal drugs within the protected area		
	<b>and</b>		
	Any acts by any person licensed under 10CFR part 55 to operate a power reactor or by any supervisory personnel assigned to perform duties within the scope of this part		
	Involving the sale, use of possession of a controlled substance,		

Enclosure 4.1

Events Requiring NRC Notification

4.1.5 Events Requiring TWENTY-FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]	REPORTING TIME REQUIREMENTS		
	Resulting in confirmed positive tests on such persons,		
	Involving use of alcohol within the protected area,		
	<b>or</b>		
	Resulting in a determination of unfitness for scheduled work due to the consumption of alcohol.		
4.1.5.3 McGuire Facility Operating License Conditions	Unit operation exceeding 3411 mw thermal *(see note) { PIP-0-M-99-0874 }	4.1.5.3	The licensee shall report any violations of these requirements within <u>24 hours</u> by telephone and confirm by telegram, mailgram, or facsimile transmission to the NRC Regional Administrator, Reg. II, or his designate, no later than the first working day following the violation, with a written follow-up report within 14 days.
	Failure to fully implement and maintain in effect all provisions of the approved fire protection program.		
	Failure to fully implement and maintain in effect all provisions of the Commission-approved physical security, guard training and qualification, and safeguards contingency plans including amendments.		
4.1.5.4 [72.75c1]	Any spent fuel storage related unplanned contamination event that requires access to the contaminated area by workers or the public to be restricted for more than 24 hours by imposing additional radiological controls or by prohibiting entry into the area.	4.1.5.4	Each licensee shall notify the NRC within 24 hours after the discovery of any events involving spent fuel. (Use Enclosure 4.2)
4.1.5.5 [72.75c2]	(2) A spent fuel storage related event in which safety equipment is disabled or fails to function as designed when: (i) The equipment is required by regulation, license condition, or certificate of compliance to be available and operable to prevent releases that could exceed regulatory limits, to prevent exposures to radiation or radioactive materials that could exceed regulatory limits, or to mitigate the consequences of an accident; and (ii) No redundant equipment was available and operable to perform the required safety function.	4.1.5.5	Each licensee shall notify the NRC within 24 hours after the discovery of any events involving spent fuel. (Use Enclosure 4.2)

Events Requiring NRC Notification

- NOTE:**
1. Technical Specification defines Rated Thermal Power as the total core heat transfer rate of 3411 MWT. It is desirable to operate as near this point as practical in order to maximize utilization of available capacity. This provides specific guidelines for "maximizing capacity available" while still operating within technical specification and license limits.
  2. The following does not imply that unit power may be intentionally increased above 100% Full Power (F.P.). This does permit slight variations above 100% F. P. as a result of instrument variations, control instabilities, etc.
  3. The average power level as indicated by computer heat balance calculations over any twelve-hour shift should not exceed the "full steady state power level" of 3411 MWT. It is permissible to briefly exceed the "full steady state licensed power level" by as much as 2% for as long as 15 minutes. In no case should 102% full power be exceeded.
  4. Lesser variations for longer periods are permitted within the above guidelines. For example:

Power level (Maximum)	Time interval Permitted
102.0%	15 Minutes
101.0%	30 Minutes
100.5%	60 Minutes

There are no limits on the times these variations may occur, or the time intervals that may separate such variations other than the limit regarding the twelve hour average power.

**Enclosure 4.1**

**Events Requiring NRC Notification**

4.1.6 "FOLLOWUP NOTIFICATION" REQUIREMENTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets [ ]		REPORTING TIME REQUIREMENTS	
4.1.6.1 [50.72c]	During the course of the event, report:	4.1.6.1	Immediately (Use Enclosure 4.2)
[50.72c1(i)]	Any further degradation in the level of safety of the plant or other worsening plant conditions, including those that require the declaration of any of the Emergency Classes, if such a declaration has not been previously made,		
	<b>or</b>		
[50.72c1(ii)]	Any change from on Emergency Class to another		
	<b>or</b>		
[50.72c1(iii)]	Termination of an Emergency Class		
[50.72c2(i)]	The results of ensuing evaluations or assessments of plant conditions,		
[50.72c2(ii)]	The effectiveness of response or protective measures taken		
	<b>and</b>		
[50.72c2(iii)]	Information related to plant behavior that is not understood.		

NRC Event Notification Worksheet

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ (time) <u>Region II</u> (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	8-Hr Non-Emergency 10CFR 50.72(b)3
GENERAL EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b3 (II)(A)) Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B)) Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
UNUSUAL EVENT		(50.72 b3 (V)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	1 Hr Non-Emergency	(50.72 b3 (V)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(70.52) (a) and (b) Accidental Criticality OR (72.74) (a) Loss or theft of SNM	(50.72 b3 (V)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.36) Violation of a safety limit	(50.72 b3 (V)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facility Operating License Conditions	(50.72 b3 (X)(III)) Lost ENS
OTHER		(50.72 b3 (X)(III)) Lost Other Assess./Comms
		(50.72 b3 (X)(III)) Emergency Siren INOP
		(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment.
(72.75)(b2) Spent Fuel Storage SSC defect.
(72.75)(b3) Spent Fuel Storage degradation.
(72.75)(b4) Fuel Storage License deviation.
(72.75)(b5) Fuel Storage related offsite medical.
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuation's & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.2 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

NRC Event Notification Worksheet

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: _____ TIME: _____	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq. _____ mCi/ml	SECONDARY Xe eq. _____ mCi/ml
	Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.2 page 1 of 2)



<b>§50.72(b)(2)(iv) - 4 hr report</b>	<b>§50.73(a)(2)(iv) - LER</b>
<p>The Licensee shall report:</p> <p>(A) Any event that results or should have resulted in emergency core cooling system (ECCS) discharge into the reactor coolant system as a result of a valid signal except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.</p> <p>(B) Any event or condition that results in actuation of the reactor protection system (RPS) when the reactor is critical except when the actuation results from and is part of a preplanned sequence during testing or reactor operation.</p> <p style="text-align: center;"><b>§50.72(b)(3)(iv) - 8 hr report</b></p> <p>(A) Any event or condition that results in valid actuation of any of the systems listed in paragraph (b)(3)(iv)(B) of this section except when the actuation results from and is part of a preplanned sequence during testing or reactor operation.</p> <p>(B) The systems to which the requirements of paragraph (b)(3)(iv)(A) of this section apply are:</p> <ol style="list-style-type: none"> <li>(1) Reactor protection system (RPS) including: reactor scram and reactor trip. (See Note 1)</li> <li>(2) General containment isolation signals affecting containment isolation valves in more than one system or multiple main steam isolation valves (MSIVs).</li> <li>(3) Emergency Core cooling systems (ECCS) for pressurized water reactors (PWRs) including: High-head, intermediate-head, and low-head injection systems and the low pressure injection function of residual (decay) heat removal systems.</li> <li>(4) PWR auxiliary or emergency feedwater system.</li> <li>(5) Containment heat removal and depressurization systems, including containment spray and fan cooler systems.</li> <li>(6) Emergency ac electrical power systems, including: emergency diesel generators (EDGs).</li> </ol> <p>Note 1 Actuation of the RPS when the reactor is critical is reportable under paragraph (b)(2)(iv) of this section.</p>	<p>The Licensees shall report:</p> <p>(A) Any event or condition that resulted in manual or automatic actuation of any of the systems listed in paragraph (a)(2)(iv)(B) of this section, except when:</p> <ol style="list-style-type: none"> <li>(1) The actuation resulted from and was part of a preplanned sequence during testing or reactor operation' or</li> <li>(2) The actuation was invalid and;             <ol style="list-style-type: none"> <li>(i) Occurred while the system was properly removed from service; or</li> <li>(ii) Occurred after the safety function had been already completed.</li> </ol> </li> </ol> <p>(B) The systems to which the requirements of paragraph (a)(2)(IV)(A) of this section apply are:</p> <ol style="list-style-type: none"> <li>(1) Reactor protection system (RPS) including: reactor scram and reactor trip.</li> <li>(2) General containment isolation signals affecting containment isolation valves in more than one system or multiple main steam isolation valves (MSIVs).</li> <li>(3) Emergency Core cooling systems (ECCS) for pressurized water reactors (PWRs) including: High-head, intermediate-head, and low-head injection systems and the low pressure injection function of residual (decay) heat removal systems.</li> <li>(4) PWR auxiliary or emergency feedwater system.</li> <li>(5) Containment heat removal and depressurization systems, including containment spray and fan cooler systems.</li> <li>(6) Emergency ac electrical power systems, including: emergency diesel generators (EDGs).</li> <li>(7) Emergency service water systems that do not normally run and that serve as ultimate heat sinks.</li> </ol>

1. Definitions

- a. Valid actuations are those actuations that result from "valid signals" or from intentional manual initiation, unless it is part of a preplanned test. Valid signals are those signals that are initiated in response to actual plant conditions on parameters satisfying the requirements for initiation of the safety function of the system. They do not include those that are the result of other signals.
- b. Invalid actuations are by definition, those that do not meet the criteria for being valid. Thus, invalid actuations include actuations that are not the result of valid signals and are not intentional manual actuations
  - Some invalid actuations are still reportable (see examples).
- c. RPS Actuation: (1) Receipt of a solid State Protection System (SSPS) signal(s) necessary to activate the RPS system, or (2) manual or automatic actions that activate the RPS system without the presence of an SSPS signal(s).
- d. Actuation of multichannel systems is defined as actuation of enough channels to complete the minimum actuation logic. Therefore, single channel actuations, whether caused by failures or otherwise, are not reportable if they do not complete the minimum actuation logic. Note, however, that if only a single logic channel actuates when, in fact, the system should have actuated in response to plant parameters, this would be reportable under these paragraphs as well as under 10CFR50.72(b)(3)(v) and 10CFR50.73(a)(2)(v) (event or condition that could have prevented the fulfillment of the safety function of...).
- e. Preplanned Actuation: A preplanned system actuation is the initiation of a particular system as called for by an approved operating or testing procedure.
- f. Properly Removed From Service: The component or system is intentionally mechanically or electrically disabled such that it is not capable of performing its intended safety function, and station procedures for removing equipment from service have been implemented (e.g., required clearance documentation, equipment and control board tagging, etc.).

2. Reportability

These paragraphs require events to be reported whenever one of the specified systems actuates either manually or automatically.

These systems are provided to mitigate the consequences of a significant event and, therefore:

- a. they should work properly when called upon, and
- b. they should not be challenged frequently or unnecessarily.

The NRC is interested both in events where a system was needed to mitigate the consequences (whether or not the equipment performed properly) and events where a system operated unnecessarily. Generally, the NRC would not consider this to include single component actuations because single components of complex systems, by themselves, usually do not mitigate the consequences of significant events. However, in some cases a component would be sufficient to mitigate the event (i.e., perform the safety function) and its actuation would then be reportable.

Since single trains do mitigate the consequences of significant events, train level actuations are reportable. In this regard, actuation of a diesel-generator is considered to be an actuation of a train and not an actuation of a single component because a diesel generator is needed to mitigate the event (performs the safety function).

The ECCS contains systems that have no other operating function as well as systems that are shared with other systems. Actuations of ECCS systems which are shared with other systems is reportable only when they are performing their safety function.

### 3. Reporting Exceptions

Except for critical scrams, invalid actuations are not reportable by telephone under §50.72. In addition, invalid actuations are not reportable under §50.73 in any of the following circumstances:

- (A) The invalid actuation occurred when the system is already properly removed from service. This means all requirements of plant procedures for removing equipment from service have been met. It includes required clearance documentation, equipment and control board tagging, and properly positioned valves and power supply breakers.
- (B) The invalid actuation occurred after the safety function has already been completed. An example would be RPS actuation after the control rods have already been inserted into the core.

However, if one of the specified systems actuate during the planned operation or test in a way that is not part of the planned procedure, such as at the wrong step, that event is reportable.

### EXAMPLES

#### Reportable

**Note:** {For the reportable examples provided, assume the actuation is not part of a pre-planned sequence in a procedure and the system has not been removed from service.} This note applies to examples A-I.

- (A) Any manual or automatic actuation of the reactor trip switchgear.
- (B) Initiation of a containment isolation signal constitutes an actuation whether or not the containment isolation valve actually repositions.

**Enclosure 4.3**  
**System Actuations**

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Page 4 of 5

- (C) The opening of a Hydrogen skimmer fan header isolation valve and the subsequent starting of a Hydrogen Skimmer fan is an actuation.
- (D) The starting of any of the ECCS pumps to mitigate the consequences of a significant event is an activation.
- (E) Any manual or automatic actuation of the Auxiliary/Emergency Feedwater(CA) system.
- (F) Unplanned Diesel Generator starts.
- (G) Emergency power switching logic actuations of 4160V breakers.
- (H) During a significant operational transient, an "ice condenser door open" alarm was received in the Control Room. This is a reportable event because if the Ice Condenser doors are off their seals, the equipment is considered actuated.
- (I) Swaps of Nuclear Service Water pump's suction from the lake to the Standby Nuclear Service Water pond are reportable as an LER. However, they are NOT reportable to the NRC Operations Center under 10CFR50.72(b)(3)(iv).

Non-Reportable

- (A) Equipment actuation because of a signal generated by EMF's (radiation monitors).
- (B) RPS actuates after all control rods and banks have already been inserted in the core.
- (C) During surveillance testing of the main steam isolation valves (MSIVs), an operator incorrectly closed MSIV "D" when the procedure specified closing MSIV "C". This event is not reportable because the event is an inadvertent actuation of a component of a system.
- (D) Movement of a single valve swapped the suction of the Nuclear Service Water System to the Auxiliary Feedwater pump suction. Since only a single component was actuated and the valve could not mitigate the consequences of an event by itself, the valve movement is not reportable as an actuation.

LISTED SYSTEMS ACTUATION

1. Containment Isolation Systems
  - a. Phase A
  - b. Phase B
2. Containment Heat Removal
  - a. Ice Condenser
  - b. Air Return Fans
  - c. Containment Spray
3. Combustible Gas Control in Containment
  - a. Hydrogen Recombiners
  - b. Air Return and Skimmer Fans
  - c. Hydrogen Purge
  - d. Hydrogen Igniters
4. Emergency Core Cooling System
  - a. NV
  - b. NI
  - c. ND
  - d. CLA
  - e. FWST
    - 1) Containment Sump Swapover
5. Auxiliary Feedwater System
6. Diesel Generator Starts
7. Reactor Protection System
8. Nuclear Service Water System Suction
9. Steam Line Isolation
10. 4KV Undervoltage

# Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/012

Revision No. 019

## PREPARATION

(2) Station McGuire Nuclear Station

(3) Procedure Title Activation of the Technical Support Center (TSC)

(4) Prepared By [Signature] Date 1/17/01

- (5) Requires 10 CFR 50.59 evaluation?
- Yes (New procedure or revision with major changes)
  - No (Revision with minor changes)
  - No (To incorporate previously approved changes)

(6) Reviewed By [Signature] (QR) Date 1/17/2001

Cross-Disciplinary Review By [Signature] (QR) NA [Signature] Date 1/17/2001

Reactivity Mgmt. Review By [Signature] (QR) NA [Signature] Date 1/17/2001

### (7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

### (8) Temporary Approval (if necessary)

By \_\_\_\_\_ (SRO/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By [Signature] Date 01/22/01

## PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

## COMPLETION

### (12) Procedure Completion Verification

- Yes  N/A Check lists and/or blanks initialed, signed, dated or filled in NA, as appropriate?
- Yes  N/A Listed enclosures attached?
- Yes  N/A Data sheets attached, completed, dated and signed?
- Yes  N/A Charts, graphs, etc. attached, dated, identified, and marked?
- Yes  N/A Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

<p style="text-align: center;">Duke Power Company McGuire Nuclear Station</p> <p style="text-align: center;"><b>Activation of the Technical Support Center (TSC)</b></p> <p style="text-align: center;"><b>Multiple Use</b></p>	<p>Procedure No.</p> <p><b>RP/0/A/5700/012</b></p>
	<p>Revision No.</p> <p style="text-align: center;">019</p>
	<p>Electronic Reference No.</p> <p style="text-align: center;">MC0048MF</p>

## Activation of the Technical Support Center (TSC)

### 1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

### 2. Immediate Actions

None

### 3. Subsequent Actions

**NOTE:** This procedure is not intended to be followed in a step-by step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.

- 3.1 The TSC is required to be activated for an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. It may also be activated for an UNUSUAL EVENT if deemed necessary by the Operations Shift Manager/Emergency Coordinator.
- 3.2 The TSC must be activated within ONE (1) HOUR AND 15 MINUTES (75 MINUTES) of an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. This time frame must be met anytime it is deemed necessary to activate the TSC.
- 3.3 Upon notification to activate, the Station Manager or designee shall report and notify Operations Shift Manager in the Control Room of arrival.
  - 3.3.1 Personnel in the Emergency Response Organization (ERO) assigned to the TSC shall report to the facility upon notification to activate.
  - 3.3.2 The initial responders shall be responsible for the completion of their appropriate group enclosures and reviewing their Operational Responsibilities where provided.
- 3.4 Each represented group is responsible for ensuring their appropriate initial checklist is completed.



- 3.5 The following definitions are applicable to the Emergency Notification Form for "Plant Condition": {PIP 0-M97-4210 NRC-1}
- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
  - **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed.
  - **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- 3.6 Upon termination of the drill/emergency, the Emergency Coordinator/designee shall assume responsibility for ensuring the proper resolutions to all completed copies of the McGuire Operations Configuration Control Card(s) prior to the TSC/OSC being deactivated. The Emergency Coordinator/designee shall have overall responsibility for ensuring all cards are properly resolved or items logged prior to plant turn-over to the Operations Shift Manager. Once the items/cards have been properly resolved, the TSC/OSC may be deactivated. All completed cards shall be filed by Emergency Planning with other drill/emergency paperwork.

#### 4. Enclosures

- 4.1 Emergency Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.2 Assistant Emergency Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.3 Radiation Protection Manager Initial TSC Activation Checklist/Operational Responsibilities
- 4.4 Offsite Dose Assessor Initial TSC Activation Checklist/Operational Responsibilities
- 4.5 Offsite Agency Communicator Initial TSC Activation Checklist/Operational Responsibilities
- 4.6 NRC Communicator Initial TSC Activation Checklist
- 4.7 Reactor Engineer Initial TSC Activation Checklist/Operational Responsibilities
- 4.8 Operations Manager in the TSC Initial TSC Activation Checklist

- 4.9 Operations Procedure Support Initial TSC Activation Checklist/Operational Responsibilities
- 4.10 System Engineering Manager TSC Activation Checklist
- 4.11 Emergency Planner Initial TSC Activation Checklist
- 4.12 Status Coordinator TSC Activation Checklist
- 4.13 IAE Communications Initial TSC Activation Checklist
- 4.14 Operations Manager in the Control Room Activation Checklist
- 4.15 Data Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.16 Site Assembly Coordinator Initial TSC Activation Checklist
- 4.17 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.18 Emergency Classification Termination Criteria
- 4.19 Fitness For Duty Questionnaire
- 4.20 Site Evacuation Coordinator Initial TSC Activation Checklist

EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **ESTABLISH** a log of activities.
- **NOTIFY** the Operations Shift Manager in the Control Room of arrival.

**NOTE:** If a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- **IF** nearing the 75 minute activation requirement and an upgrade in emergency classification is recognized, **THEN** suspend turnover and allow the activated facility to declare and transmit the upgrade. {PIP-M-00-00541}
- **RECEIVE** turnover from the Control Room as soon as practical utilizing Enclosure 4.17.

EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST

\_\_\_\_\_ ASSURE, prior to declaring TSC activated:

\_\_\_\_\_ 1. The following TSC positions as a minimum are filled and prepared to assume their function:

- Emergency Coordinator
- Offsite Dose Assessor
- Offsite Agency Communicator (2)
- NRC Communicator
- Reactor Engineer.

OR

2. Less than the above listed minimum TSC positions are filled

AND

\_\_\_\_\_ The 75 minute activation requirement is near

AND

\_\_\_\_\_ An extra person(s) is available whom the EC believes is capable of filling a missing position(s)

AND

\_\_\_\_\_ An appropriate log entry is made. {PIP-M-00-00541}.

\_\_\_\_\_ **IF** a site assembly is in progress, or is conducted, **THEN** swipe your ID badge in the reader located in the TSC for personnel accountability

\_\_\_\_\_ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

\_\_\_\_\_ **CONDUCT** a Time Out prior to activating the TSC.

\_\_\_\_\_ **DECLARE** the TSC activated and announce the following via the TSC/OSC public address system:

"This is \_\_\_\_\_. I am the Emergency Coordinator. The TSC is officially activated as of \_\_\_\_\_. The plant status is as follows:

\_\_\_\_\_

OR

"This is \_\_\_\_\_. I am the Emergency Coordinator. The TSC is officially activated as of \_\_\_\_\_. I will give an update in \_\_\_\_\_ minutes.

EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST

— **ANNOUNCE** over the TSC/OSC public address system the following:

“Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator in the TSC or the OSC Coordinator in the OSC.”

— **ENSURE** the Data Coordinator has synchronized the clocks in the TSC. {PIP 0-M98-3522}

**NOTE:** The following step should be repeated following each shift turnover.

— **ANNOUNCE** to TSC a reminder to complete a “Work Hour Extension Form” if applicable. {PIP 0-M98-2099}.

— **TURN OFF** the plant page volume in TSC.

— **DISCUSS** with the Radiation Protection Manager any radiological release or offsite radiological concerns.

— **ANNOUNCE** over the TSC/OSC Public Address System the following if a release has occurred:

- Assume areas are contaminated until surveyed by RP.
- No eating or drinking until the TSC and OSC are cleared by RP.

— **EVALUATE** with TSC personnel and the Radiation Protection Manager the need to conduct evacuation at this time based on the following criteria.

- Alert- determine by actual plant conditions
- Site Area Emergency- consider evacuation/relocation of non-essential personnel.
- General Emergency- evacuate all non-essential personnel
- Notify EOF anytime personnel are relocated onsite or evacuated from the premises.

— **REQUEST** all TSC and OSC Managers to have **FAXED** to the **OSC** the name, social security number and RP badge number of any person(s) who may be left onsite after evacuation of non-essential personnel but are located in an area other than the OSC.

EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST

**NOTE:** If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

\_\_\_\_\_ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

**IF** containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5 of 7, **THEN:**

\_\_\_\_\_ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

**IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

**IF** wind speed is less than or equal to 5 MPH **THEN:**

\_\_\_\_\_ Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

\_\_\_\_\_ Shelter zones E, F, G, H, I, J, K, P, Q, S.

**OR**

**IF** wind speed is greater than 5 MPH **THEN:**

\_\_\_\_\_ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Offsite Dose Assessor, Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

**EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST**

- **DIRECT** the Assistant Emergency Coordinator to FAX the turnover checklist (Enclosure 4.17) to the EOF Director (if time and situation permit). {PIP-0-M97-4112}

**NOTE:** If a classification change is recognized during turnover, the turnover should not be completed until after the TSC declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- **CONDUCT** turnover to the EOF Director (EOFD) utilizing Enclosure 4.17.

**NOTE:** Provide periodic updates to the EOFD concerning plant status and request EOFD to provide assessment and field monitoring data on a periodic basis.

- **REQUEST** the NRC Communicator to notify the NRC the EOF is activated.
- **ANNOUNCE** to the TSC and OSC the EOF is activated.
- **REVIEW** Operational Responsibilities (Enclosure 4.1, page 5 of 5).
- **ENSURE ALL** completed copies of the McGuire Operations Configuration Control Cards are properly resolved prior to deactivation of the TSC/OSC.

**IF** the TSC becomes environmentally uninhabitable due to radiological or other conditions and the Control Room remains secure (habitable), **THEN:**

- **SELECT** individuals to move inside the Control Room.
- **INSTRUCT** all other TSC personnel to go to the EOF.

**IF** the Control Room also becomes uninhabitable due to radiological or other conditions, **THEN:**

- **INSTRUCT** TSC personnel to report to the Simulator at the Training and Technology Center or EOF.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility

EMERGENCY COORDINATOR  
OPERATIONAL RESPONSIBILITIES

1. Assure the TSC is maintained in a professional manner. Remind all groups to minimize noise and congestion.
2. Approximately every thirty (30) minutes, conduct a "Time-out" with the TSC staff to obtain current plant status. Ensure the OSC is aware of when "Time-outs" will take place.
3. Ensure all unnecessary communications are put on hold during "Time-outs". {PIP 0-M95-0160}
4. Establish priorities.
5. Following time out, announce to the TSC and OSC the emergency classification, plant status, and priorities via the TSC/OSC public address system.
6. Institute procedures necessary to allow the Control Room to maintain control of the emergency condition.
7. Establish communications with the EOF Director at the Emergency Operations Facility.
8. Establish communications with Federal, State and Local authorities at county warning points or Emergency Operations Centers.
9. Maintain line of communications with these agencies to ensure they are informed of plant emergency conditions at all times.
10. Make decisions concerning all aspects of the emergency situation including alternate strategies (outside of procedures) as plant conditions necessitate.
11. Periodically assess the need for 24 hour staffing and have the managers prepare as needed.
12. Establish a Recovery Organization PER (RP/0/A/5700/024, Recovery and Reentry Procedure) once the Emergency has been terminated. Applicable primarily for Site Area Emergency and General Emergency classifications. Refer to Enclosure 4.18 for Termination Criteria.
13. Make decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
14. Serve as Lead Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).



ASSISTANT EMERGENCY COORDINATOR  
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ASSIST** the Emergency Coordinator in gathering information to facilitate the activation of the Technical Support Center.
- **FAX** turnover checklist (Enclosure 4.17) to the EOF Director when directed by the Emergency Coordinator. {PIP-0-M97-4112}
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ASSISTANT EMERGENCY COORDINATOR  
OPERATIONAL RESPONSIBILITIES

1. Assist the Emergency Coordinator in all aspects of Emergency Response.
2. Act as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
3. Proactively seek information when the Emergency Coordinator is in a reactive mode.
4. Make face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
5. Serve as the Emergency Coordinator when needed.
6. Assist in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
7. Assist Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

RADIATION PROTECTION MANAGER  
INITIAL TSC ACTIVATION CHECKLIST

## INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ **SIGN** in on the TSC staffing board and put on position badge.
- \_\_\_\_\_ **SIGN** the TSC roster and **ENSURE** all Radiation Protection personnel reporting to the TSC also sign the roster.
- \_\_\_\_\_ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- \_\_\_\_\_ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- \_\_\_\_\_ **ESTABLISH** a log of activities.
- \_\_\_\_\_ **ESTABLISH** communications with RP personnel in the OSC, Shift Lab and EOF using the cell phone, dial 4980. (Let it ring until you hear a beep. This connects you to the bridge line.).
- \_\_\_\_\_ **COMMUNICATE** through Emergency Coordinator that dosimetry is required and a dose card shall be filled out if necessary (drill SRWP is 33). {PIP 0-M94-1495}
- \_\_\_\_\_ **DISCUSS** the following with Emergency Coordinator:
  - 1) Any release in progress including dose rates (especially at the site boundary)
  - 2) Field Team status/data
  - 3) Onsite radiological concerns
- \_\_\_\_\_ **ESTABLISH** contamination control in the TSC, OSC and Control Room as necessary.
  - 1. **COMMUNICATE** through the Emergency Coordinator that frisking of hands and feet is required prior to entry. {PIP 0-M94-1495}
  - 2. **ESTABLISH** smear survey frequency with OSC RP Supervisor (i.e., every 30 minutes).

**RADIATION PROTECTION MANAGER  
INITIAL TSC ACTIVATION CHECKLIST**

\_\_\_\_\_ **EVALUATE** the need to administer Potassium Iodide to emergency workers on site and to Field Monitoring teams in accordance with HP/0/B/1009/016. Make a log entry describing the evaluation and subsequent decisions. {PIP M-99-5031}.

\_\_\_\_\_ **EVALUATE** with the Emergency Coordinator the need to:

- 1) Move any Assembly Points in the release path
- 2) Conduct site and/or area evacuation
- 3) Recommend protective actions for emergency workers
- 4) Recommend protective actions for the public.

RADIATION PROTECTION MANAGER  
INITIAL TSC ACTIVATION CHECKLIST

**NOTE:** If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

\_\_\_\_\_ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

**IF** containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5, of 7, Guidance for Determination of Gap Activity, **THEN:**

\_\_\_\_\_ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7 Protective Action Zones Determination, using wind direction.

**IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

**IF** wind speed is less than or equal to 5 MPH **THEN:**

\_\_\_\_\_ Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

\_\_\_\_\_ Shelter zones E, F, G, H, I, J, K, P, Q, S.

**OR**

**IF** wind speed is greater than 5 MPH **THEN:**

\_\_\_\_\_ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4 page 4 of 7, Protective Action Zones Determination, using wind direction

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

RADIATION PROTECTION MANAGER  
INITIAL TSC ACTIVATION CHECKLIST

- **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1Rem TEDE or 5 Rem Thyroid CDE, **THEN** notify the TSC Lead SAMG Evaluator. {PIP-M-99-5381}.

**NOTE:** For assistance in determining dose rates inside the plant during a SAMG event, contact NGO Nuclear Radiological Engineering Group. {PIP-M-00-1572}

- **IF** a situation, which is immediately hazardous to life or valuable property, exists, **THEN** evaluate potential dose rates by one of the following methods:

1. Contact RP shift at Ext. 4282
2. Assess area monitors

**AND**

Ensure a Request for Emergency Exposure is completed in the OSC prior to dispatch of emergency workers.

- **REVIEW** RP/0/A/5700/000 criteria (EMFs, offsite dose, etc.) for emergency classification changes and discuss with OPS Procedure Support position.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**RADIATION PROTECTION MANAGER  
OPERATIONAL RESPONSIBILITIES**

1. Provide and coordinate Radiation Protection resources as necessary.
2. Assure RP responders complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting outside their normal working hours.
3. Ensure all TSC personnel are wearing dosimetry and using dose cards (SRWP 33).
4. Ensure all necessary precautions of the Radiation Protection Manual Emergency Procedures are adhered to (i.e. administer Potassium Iodine tablets as required.)
5. Discuss with Operations Support Manager information regarding plant conditions such as power failures, valve closures as necessary.
6. Ensure responders are aware of the need for frisking prior to entry into the TSC as conditions dictate.
7. Prepare for 24 hour coverage as necessary.
8. Determine if persons with special radiological exposure limits need to be evacuated (e.g. declared pregnant women, people with radio-pharmaceutical limitations).

OFFSITE DOSE ASSESSOR  
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ **SIGN** in on the TSC staffing board and put on position badge.
- \_\_\_\_\_ **SIGN** the TSC roster.
- \_\_\_\_\_ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- \_\_\_\_\_ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- \_\_\_\_\_ **ESTABLISH** a log of activities.
- \_\_\_\_\_ **TURN ON** dose assessment and data acquisition computers and acquire necessary information. If data acquisition programs are unavailable, information may be obtained from SDS or the Control Room (EMF and Met data).
- \_\_\_\_\_ **OBTAIN** copies of the following procedures:
  - RO/0/A/5700/000 (Classification Of Event)
  - SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).
- \_\_\_\_\_ **IF** a loss of power, LAN, printer, etc., occurs, **THEN** perform Dose Calculations via the Lap Top Computer **PER** instructions on page 7 of 7 of this enclosure.



OFFSITE DOSE ASSESSOR  
INITIAL TSC ACTIVATION CHECKLIST

**NOTE:** If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

\_\_\_\_\_ **UPON** declaration of a General Emergency, **IMMEDIATELY RECOMMEND** to offsite authorities the following:

**IF** containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN**:

\_\_\_\_\_ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones determination, using wind direction.

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

**IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

**IF** wind speed is less than or equal to 5 MPH **THEN**:

\_\_\_\_\_ Evacuate zones L, B, M, C, N, A, D, O, R

**AND**

\_\_\_\_\_ Shelter zones E, F, G, H, I, J, K, P, Q, S.

**OR**

**IF** wind speed is greater than 5 MPH **THEN**:

\_\_\_\_\_ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

**AND**

\_\_\_\_\_ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

OFFSITE DOSE ASSESSOR  
INITIAL TSC ACTIVATION CHECKLIST

**NOTE:** Be aware of the effects of loss of power on critical EMFs.

- \_\_\_\_\_ **VERIFY** operability and validity of EMFs through the Shift Lab.
  - \_\_\_\_\_ **VERIFY** effluent discharge alignment with Shift Lab, RPM, or RP Support as necessary.
  - \_\_\_\_\_ **VERIFY** the status of on-shift Dose Assessment with the shift lab and accept the responsibility for dose assessment.
- IF** the TSC is not activated and the EC has not received turnover from the Control Room, **THEN:**
- \_\_\_\_\_ Establish contact with and inform the OSM that the Duty dose Assessors in the TSC have assumed responsibility for Dose Assessment.

**AND**

- \_\_\_\_\_ Provide off-site dose calculations and resultant protective action recommendations for radioactive material release to the OSM until the TSC is activated.
- \_\_\_\_\_ **ESTABLISH** communications with dose assessment personnel at the EOF. Compare information, projections and strategies with the EOF. Turn over dose assessment for offsite communication purposes to EOF Dose Assessors as soon as the EOF becomes officially activated.
- \_\_\_\_\_ **CHECK** operability of the HPN telephone by listening for a dial tone. If no dial tone is heard, notify the IAE Communications Specialist to pursue repairs. {PIP-M-99-3800}.
- \_\_\_\_\_ **RETAIN** all computer printouts or manually calculated enclosures.
- \_\_\_\_\_ **TURN ON** the EMFs (54A and 54B) in the TSC from the OAC computer room by pressing the start button on each EMF control.
- \_\_\_\_\_ **ENSURE** EMF22 (TSC Area Monitor) is functional.

**NOTE:** If a safety injection has occurred, the TSC air intakes sampled by EMF-54A and 54B will open and the filter train is placed in service. One of the air intakes must be reopened if both EMFs are in trip 2. {PIP 0-M97-4278}

- \_\_\_\_\_ **IF** EMF54A and 54B exceed the trip 2 setpoint, **THEN** raise the trip 2 setpoint on the lowest reading EMF to reopen the air intake.
- \_\_\_\_\_ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OFFSITE DOSE ASSESSOR  
Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction {PIP 0-M98-3522}	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q
Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction {PIP 0-M98-3522}	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

OFFSITE DOSE ASSESSOR  
GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS  
GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

INITIAL

**NOTE:** Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— If the OAC is available, call up the following computer points based on need

<u>Unit 1 OAC</u>		<u>Unit 2 OAC</u>	
M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

<u>Time Shutdown (Hours)</u>	<u>Containment Monitor Reading (R/HR) EMF51A or 51B</u>
0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

**OFFSITE DOSE ASSESSOR  
OPERATIONAL RESPONSIBILITIES**

1. Provide technical expertise to the OSM, the Emergency Coordinator, and other members of the TSC as required.
2. Provide initial offsite dose calculations and resultant protective action recommendations for releases of radioactive material until assumed by the EOF.
3. Perform offsite dose projections and determine protective action recommendations. Dose projections shall be run at least every 30 minutes or as directed by the RPM.
4. Evaluate dose projections and protective action recommendations. Make recommendations to the RPM and/or Emergency Coordinator.
5. Provide emergency communication personnel with dose assessment and other pertinent technical data through the preparation of the Emergency Notification Form and other offsite communications.
6. Obtain all pertinent information including plant status, emergency classification, meteorological data, and release potential.

OFFSITE DOSE ASSESSOR  
INITIAL TSC ACTIVATION CHECKLIST**Operation of Backup Laptop Computer**

**NOTE:** This computer shall be used only when no other dose assessment computers are functional.

- In the TSC Dose Assessment area, open the wall cabinet containing the Raddose Back-up Computer. The key for the wall cabinet is in the Dose Assessment cabinet.
- Remove the laptop and place on the desk under the cabinet. Do not attempt to remove the attached security cable.
- Connect the laptop to the LAN (yellow cable to the right side of the computer).
- Turn on the computer by pushing the power switch (on the left side) forward.
  - The computer will display the following message:  
"Starting Windows 95  
Windows cannot determine what configuration your computer is in.  
Select one of the following: . . . ."
  - **IF** the LAN is available, enter "2" for Lan connected.
  - **IF** the LAN is NOT available, disconnect the yellow lan connection from the right side of the computer and enter "1" for not Lan connected.
- When prompted, enter your user ID and personal domain password.
- Select the **Raddose-V** icon.
- Go to step 4.4 in HP/0/B/1009/029. Perform step 4.5 through 4.14. After performing the specified steps, proceed to the next step here.
- At the Report Menu, select Display Green Form.
- Review items 10 through 15 on the screen.
- Transfer information from screen to blank Emergency Notification Form (blank sheets located in dose assessment area cabinet) and deliver to the OSM/EC. Communicate the information by phone if physical delivery is not possible. Click on SAVE.
- Perform steps 4.15.4 through 4.20 in HP/0/B/1009/029 as necessary.
- When does assessment is completed, turn off the back-up computer, disconnect the modem line and place the computer back in the cabinet. Lock the cabinet and return key to dose assessment cabinet.

OFFSITE AGENCY COMMUNICATOR  
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.

**NOTE:** ANY information sent to the EOF other than **ENF FORMS** (TSC/EOF Turnover Sheet, SAMG Strategy Sheets, etc) should be faxed to Fax Machine in EOF Director Area. Fax number 382 - 1825. {PIP 0-M98-2065}

- **OBTAIN** a copy of RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center), from the procedures cabinet.
- **EXECUTE** RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center).
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of emergency facility.

**OFFSITE AGENCY COMMUNICATOR  
OPERATIONAL RESPONSIBILITIES**

1. Establish communications with State and Local authorities at County Warning Points or Emergency Operation Centers.
2. Maintain line of communications with these agencies to ensure they are informed of plant emergency conditions at all times.
3. Inform Emergency Coordinator of status of offsite communications (e.g., next message due).
4. Prepare for 24 hour coverage as necessary.
5. Assure offsite agency communicators in the EOF are aware of information affecting offsite agencies even after turnover has occurred (e.g. fire in the motor control center has been put out.)



NRC COMMUNICATOR  
INITIAL TSC ACTIVATION CHECKLIST

## INITIAL

**NOTE:** You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- \_\_\_\_\_ **SIGN** in on the TSC staffing board and put on position badge.
- \_\_\_\_\_ **SIGN** the TSC roster.
- \_\_\_\_\_ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- \_\_\_\_\_ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- \_\_\_\_\_ **ESTABLISH** a log of activities.
- \_\_\_\_\_ **OBTAIN** a copy of the current classification procedure from the procedure cabinet:
  - Notification Of Unusual Event, RP/0/A/5700/001
  - Alert, RP/0/A/5700/002
  - Site Area Emergency, RP/0/A/5700/003
  - General Emergency, RP/0/A/5700/004.

**NOTE:** The only turnover from the Control Room the TSC NRC Communicator takes is responsibility for communications to the NRC. {PIP 0-M94-1496}

- \_\_\_\_\_ **WHEN** the TSC is activated, **THEN** pickup and monitor the NRC ENS telephone (Located on NRC Communicator's table). {PIP-M-99-3800}
- \_\_\_\_\_ **IF** the Control Room Communicator is on line with the NRC, inform the parties that the TSC is activated and you are ready to assume continuous communication requirements.
- \_\_\_\_\_ **IF** continuous communication with the NRC is not established, notify the Control Room Communicator that you are available to perform this function, if required. {PIP-M-99-3800}