NRC COMMUNICATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

——— **IF** not previously established, **THEN** establish continuous communications upon request by the NRC. {PIP-M-99-3800}

——— **INFORM** NRC of TSC/EOF activations and plant status as requested.

——— **PROVIDE** for 24 hour coverage as necessary.

——— **INFORM** the NRC when the TSC is deactivated. This requires an additional call using ENS when the NRC does not require continuous communications be maintained.

——— **CONTACT** Regulatory Compliance Duty Person if the NRC is going to arrive on site.

——— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> 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 RP/0/A/5700/019 (Core Damage Assessment) from the procedure cabinet.

—— **OBTAIN** a copy of affected Unit(s) Data Book. {PIP 0-M98-3522}

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

—— **MONITOR** core conditions as appropriate using either APD, SDS or the OAC Critical Points and Steam Tables as follows:

NOTE:	If the OAC is not available, core conditions may need to be obtained from the Operations Manager in the TSC who is in contact with the Control Room.

1. Core Subcooling.
2. Reactor Vessel Water Level (RVLIS).
3. Power level if Reactor not tripped.
4. Ask the Operations Liaison to verify all rods at bottom on Reactor Tripped.
5. Source Range Trends following Reactor Trip.
6. Compare each loop T-hot, T-cold and T-avg.
7. What is the most recent boron concentration, and has there been any safety injection.
8. Reactor coolant pumps On/Off Natural or Forced circulation.
9. Pressurizer Level.
10. Containment EMFs.
11. Injection flow and letdown flow (NC inventory).
12. Containment Pressure.
13. Current burnup and previous 2 cycles EFPD.
14. The number of failed rods and DEI prior to transient.
15. Fuel Pool Temperature (Phase A or Phase B Isolation).

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

———— **REVIEW** the above parameters with an immediate focus on the trends of the following:

1. State of criticality and shutdown margin.
2. Core voiding.
3. Core uncovery.
4. Challenge to the fuel pellet fission product barrier.
5. Challenge to the cladding fission product barrier.
6. Challenge to the NCS pressure boundary.
7. NC cooldown rate.
8. Fuel Pool Heatup.

On a Safety Injection Signal the Auxiliary Building KC cooled loads are isolated by a phase A containment isolation signal. This includes KC cooling of the KF heat exchangers. A conservative estimate of the time for the spent fuel pool to reach saturation without forced cooling is approximately 10 hours. Within approximately 6 hours following a loss of forced cooling of the spent fuel pool, contact Accident Assessment (Nuclear Engineering General Office) in the EOF for a recommendation regarding initiating KC cooling to KF or alternate means of supplying fuel pool cooling.

———— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

REACTOR ENGINEER
OPERATIONAL RESPONSIBILITIES

1. Provide System Engineering Manager and/or Operations Superintendent with information concerning any abnormal core conditions.

2. Prepare for 24-hour staffing as necessary.

3. Assist Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).

OPERATIONS MANAGER IN THE TSC
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

| NOTE: | You are <u>only</u> 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.

‒‒‒‒‒ **ESTABLISH** communications with the Control Room, OSC and EOF using the cell phone by dialing 4500 (let it ring until you hear a beep).

| NOTE: | If a Security event occurs while the TSC is activated, the OPS Manager in the TSC will serve as the focal point for the coordination of activities between the OSC, TSC and Security. The information and actions decided upon should be handled through the normal communication channels with the TSC Emergency Coordinator. |

‒‒‒‒‒ **IF** a Security event occurs (i.e. bomb threat, sabotage, etc.) or additional communications are needed with Security personnel, have the OSC Security Officer request the SAS Security Officer to dial into the OPS bridge line (4500).

‒‒‒‒‒ **NOTIFY** the Control Room crew, via the Operations Manager in the Control Room, of any event classification changes. {PIP-M-00-2138}

OPERATIONS MANAGER IN THE TSC
INITIAL TSC ACTIVATION CHECKLIST

———— **IF** a loss of OAC occurs, or if for some reason SDS data becomes unavailable in the TSC, select a data taker from the control room crew or some other resource. **Instruct** the data taker to complete the six page "Loss of OAC Data Collection" checklist kept on file in the TSC procedure file cabinet. (The TSC Emergency Planner also has electronic access to this checklist via "Emgplan on Mnsf2"/"Forms"/"Loss of OAC Data Collection.doc".) **Specify** to the data taker how frequently this checklist needs to be completed and forwarded to the OPS Manager in the TSC. FAX number 875-4722 in the TSC Site Assembly/Evacuation Coordinators' office may be used if deemed necessary for transmittal. **Provide** copies of the completed checklist to the TSC staff as needed. {PIP M-99-5381}

_____ **PROVIDE** main communication link between the TSC and Control Room.

_____ **PROVIDE** accurate and current status information to Emergency Coordinator and during time-outs.

_____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, and contingency plans.

_____ **SUPPORT** Control Room personnel by providing resources and consultation as required.

_____ **EVALUATE** and prioritize requests for information from the TSC staff, EOF staff, NRC and others.

_____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.

_____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.

_____ **HAS** the authority to override normal controls on activities directed by the OSC.

_____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency Facility.

OPERATIONS PROCEDURE SUPPORT
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> 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 ssembly 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 RP/0/A/5700/000 (Classification of Emergency), from the procedures cabinet.

_____ **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.

_____ **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Technical Evaluations In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

> **NOTE:** The following step provides a listen only connection - leave headset switch in the mute position (position is taped).

_____ **ESTABLISH** communications with OPS bridge line using the cell phone by dialing 4500. (Let it ring until you hear a beep.)

_____ **PROVIDE** completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

OPERATIONS PROCEDURE SUPPORT
OPERATIONAL RESPONSIBILITIES

1.   Provide emergency organization with broad oversight of current conditions and direction.

2.   Ensure correct emergency classifications are made by following the current plant status and procedures in use.

3.   Provide back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.

4.   Advise Emergency Coordinator on the anticipated course of the event.

5.   Prepare Control Room personnel of possible difficult points in the procedures by a look ahead.

6.   Consult the EOF for possible solutions if procedural adequacy becomes a concern.

7.   Provide information to Offsite Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions.

8.   Prepare for 24 hour coverage as necessary.

9.   Serve as Lead Evaluator upon entry into Severe Accident Management Guidelines (SAMG). This duty shall include providing leadership and guidance to the other available SAMG Evaluators specifically concerning what they should be doing. {PIP-M-99-5381}.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> 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.

_____ **ENSURE** PC is on and displaying plant status.

_____ **ESTABLISH** communications with the following and provide the SEM phone number:

- TSC Engineering Support, Ext. 4917
- EOF Accident Assessment, 382-0762
- OSC Equipment Engineering, Ext. 4971.

> **NOTE:** The following step provides a listen only connection. Leave head set switch in the "mute" position.

_____ **ESTABLISH** communication with the OPS bridge line, using the cell phone by dialing 4500. (Let it ring until you hear a beep.)

_____ **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Technical Evaluations In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

_____ **VERIFY** Engineering Support Group is connected to the Operations headset network (listen only) after the Operations Manager in the TSC ties in the OSC and EOF.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

_____ **COORDINATE** accident mitigation strategy and engineering support through effective communications with the Engineering Support Group, Accident Assessment in the EOF, and the OSC.

_____ **CONTACT** the on-duty EP Support Leader and request appropriate duty personnel MSE/CEN when outside of normal hours.

_____ **CONTINUALLY** communicate with TSC personnel, identifying areas needing Engineering support.

_____ **REPORT** all accident mitigation strategies to the Emergency Coordinator.

_____ **ASSIST** Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are <u>only</u> 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** time out forms from the procedure cabinet.

—— **ASSIST** the Emergency Coordinator as required to achieve a timely turnover to the EOF. {PIP 0-M98-3522}

—— **ESTABLISH** communications with EOF Emergency Planner using the cell phone by dialing 831-4010, or another available bridge line.

—— **APPRISE** Emergency Coordinator of TSC/OSC announcements.

—— **IF** Emergency Planning support is needed in the OSC, **THEN** contact additional Emergency Planning personnel and request they respond to the OSC.

—— **SUPPORT** Emergency Coordinator activity (e.g., keep in procedure).

—— **PROVIDE** support for the activation and operation of the TSC.

—— **PROVIDE** necessary NRC/State/County interface.

—— **ASSIST** Off-site Agency Communicators in preparation of emergency notifications as needed.

—— **SHARE** copy of NRC Notification forms, and Emergency Notification forms with the Status Coordinator. {PIP-0-M-99-0911}

—— **PROVIDE** support to other members of the TSC as requested.

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EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

——— **PREPARE** for 24 hour coverage as necessary.

——— **COMPLETE** the 24 Hour TSC Position Staffing Log. (Page 3 of 3 of this enclosure)

——— **COLLECT** all completed paperwork upon deactivation of the emergency facility.

_____ **PERFORM** Enclosure 13.1 of PT/0/A/4600/091 (TSC/OSC Inventory and TSC Manuals) at the completion of the drill or event

_____ **CONTACT** the EP Manager to ensure that the appropriate critiques are held with the Offsite Agencies. {PIP-G-00-00209}

EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST

24 HOUR TSC POSITION STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Emergency Coordinator				
Assistant Emergency Coordinator				
Operations Manager in the TSC				
Operations Manager in the Control Room				
Operations Procedure Support				
System Engineering Manager				
Reactor Engineer				
Radiation Protection Manager				
Status Coordinator				
Status Coordinator				
Emergency Planner				
NRC Communicator				
Site Assembly Coordinator				
Site Evacuation Coordinator				
Data Coordinator				
IAE Communications				
Offsite Agency Communicator				
Offsite Agency Communicator				
Offsite Dose Assessor				
Offsite Dose Assessor				

*List hours of coverage; i.e. 0800-2000, or 8am-8pm.

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{PIP 0-M94-1491}

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}

—— **OBTAIN** the remote control for the overhead projector from the TSC supply cabinet.

> **NOTE:** The overhead projector takes several minutes to warm up

—— **TURN** main switch of remote control to **ON** position (located on right side of remote).

—— **POINT** remote to overhead projector and depress power on button.

—— **TURN** on Status Coordinator computer monitor.

—— **LOG** on using your user ID.

—— **DOUBLE CLICK** on Plant Status.doc.

—— **SAVE** as current date activation.doc (e.g. 22498 activation.doc).

—— **PRINTOUT** plant status sheets after each significant change and prior to announced timeouts.

——— **INPUT** classification information on the electronic message board using the remote control as follows:

1.   To turn "**ON**": Press **Shift and Program** simultaneously.

2.   To select programmed messages:

      a.   **Unusual Event**   Press **Program** then **Run** then "**1**" then **RUN**.

      b.   **Alert**   Press **Program** then **Run** then "**2**" then **RUN**.

      c.   **Site Area Emergency** Press **Program** then **Run** then "**3**" then **RUN**.

      d.   **General Emergency** Press **Program** then **Run** then "**4**" then **RUN**.

3.   To Turn "OFF":   Press **Shift and Program** simultaneously.

——— **ENTER** plant/equipment status as appropriate on electronic document.

NOTE: The Emergency Planner is provided copies of all NRC Notification forms and Emergency Notification forms. These may be useful in maintaining the TSC log. {PIP-0-M-99-0911}

——— **ESTABLISH** a log of all activities to ensure the following:

•   Record the time of entry

•   List entries in chronological order and include enough detail to reconstruct event series at a later date.

—— **LOG** entries should include but are not limited to the following examples:

- Emergency Coordinator and any change in Emergency Coordinator

- Time at which the TSC is activated.

- Present emergency classification, changes in classification, time of declaration

- Plant Conditions (Unit 1 and 2):

> - Core Cooling information (i.e., Time To Boiling, etc.)
> - Safety Systems Degraded:
> - Power Supply Status:
> - Fission Product Barrier Degradation
> - Radiation Releases

- Procedures in effect and any transition to another procedure.

- Actions taken that are not a part of an approved procedure.

- Any abnormal or unexpected plant response.

- Major equipment manipulations.

- Major mitigation actions taken.

- Site assembly or evacuation of all or any part of the plant.

- Personnel Injuries

- Recovery Action(s) in Progress

- Expected time of next Time-Out.

—— **ENSURE** the status board is maintained with current information:

- 3 or 4 highest priority "recovery actions" set by the Emergency Coordinator.

- relevant plant status information captured under "General Information."

—— **TRACK** established priorities.

—— **PREPARE** for 24-hour coverage.

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—— **PROVIDE** all completed paperwork (Activation checklist and status board printouts) to Emergency Planning upon deactivation of the emergency facility.

—— **SHUTDOWN** computer, monitor and remote control.

—— **RETURN** remote controls to supply cabinet.

IAE COMMUNICATIONS
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are <u>only</u> 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.

——— **ENSURE** all necessary equipment needed to support the TSC is operable.

- Video Conferencing
- Phones
- Faxes
- Headsets
- Page System.

——— **IF** IAE Communications support is needed in the OSC, **THEN** contact additional IAE Communications personnel and request they respond to the OSC.

——— **PREPARE** for 24 hour coverage as necessary.

——— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OPERATIONS MANAGER IN THE CONTROL ROOM
TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> 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. (N/A for drills.)

_____ **SIGN** the TSC roster. (N/A for drills.)

_____ **RECEIVE** a verbal report from the OSM detailing plant status, emergency class, and shift staffing level.

_____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the Control Room for personnel accountability. (N/A for drills.)

_____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869} (N/A for drills.)

_____ **ESTABLISH** a log of activities.

_____ **ESTABLISH** communications with the TSC, OSC and EOF using the cell phone by dialing 4500. (Let it ring until you hear a beep.) (Each time a party connects, a beep will be heard.)

_____ **EXPEDITE** time critical tasks for the OSM by clear communication to the OSC via the OPS Liaison. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM, or designee, shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. Completion of OSC Task Work Sheet paperwork shall not delay time critical task dispatches. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is complete and the person (or team) has returned to the OSC and completed debriefing. {PIP 0-M96-1576} {PIP 0-M98-3522}

OPERATIONS MANAGER IN THE CONTROL ROOM
TSC ACTIVATION CHECKLIST

_____ **PROVIDE** main communication link from the Control Room or Simulator to the TSC, OSC and EOF.

_____ **PROVIDE** accurate and current task status information to the OSM as needed for non-time critical tasks.

_____ **ASSIST** in making decisions on emergency classifications, mitigation strategies and contingency plans.

_____ **SUPPORT** Control Room personnel by directing resources and providing consultation as required.

_____ **EVALUATE** and prioritize for the Control Room requests for information from TSC, OSC, EOF, NRC and others.

_____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.

_____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.

_____ **OVERRIDE** normal controls on activities directed by the OSC as necessary.

_____ **AFTER** the shift NLOs have been dispatched to the OSC, inform the OSM of your responsibility to make NLOs available to the Control Room for time critical tasks as needed.

_____ **NOTIFY** the TSC OPS Procedure Support position of all Emergency Procedure transitions. {PIP 0-M97-4112}

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

DATA COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> 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.

—— **ACCESS** SDS in the TSC.

> **NOTE:** **ERDS is not activated for drills unless directed to do so by Emergency Planning. {PIP-M-00-561}.**
>
> 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.
>
> ERDS is **NOT** activated for a Notification of Unusual Event. {PIP-0-M-99-2929}

—— **IF** the Emergency Response Data System (ERDS) is not activated, **THEN** activate ERDS as follows:

—— Ensure SDS is running on the selected terminal.

—— Click on MAIN.

—— Click on GENERAL.

—— Click on ERDS.

—— Click on ACTIVATE.

—— Record the date and time ERDS was activated in the log section of the Data Coordinator notebook located at the OAC terminals in the TSC.

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DATA COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

_____ Inform the OSM that ERDS was activated.

_____ **IF** ERDS failed to activate after five (5) attempts, **THEN** have the NRC Communicator notify the NRC via ENS or other available means. {PIP-M-99-5381}.

_____ **ENSURE** facility clocks are synchronized as follows:

_____ Using a network connected PC, enter "NET TIME \\MNSF1" at a command prompt. The time returned should match the PC's time.

- Verify that the time appears accurate.

- Use the returned time to sync the clocks with the large red digits mounted on the walls of the TSC.

- Synchronize the wall clocks of the OSC with the wall clocks of the TSC.

- Contact the EOF Data Coordinator to ensure the EOF clocks match the TSC/OSC clocks. {PIP-0-M-99-0911, PIP-0-M-99-2301}

TERMINATE ERDS once the event is over by performing the following:

_____ Click on Terminate.

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

DATA COORDINATOR
OPERATIONAL RESPONSIBILITIES

1. Provide support in the area of Computer Services and data acquisition.

2. Provide computer support for both software and hardware applications of data review in the TSC and the transfer of data to offsite locations.

3. Prepare for 24-hour coverage as necessary.

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

—— **GET** TLD and pocket dosimetry.

—— **COMPLETE** dose card

—— **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 badge reader located in the TSC for personnel accountability.

—— **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

—— **ESTABLISH** a log of activities.

—— **ESTABLISH** and maintain communications with the SAS by calling Ext. 2191 to obtain status of the site assembly.

> **NOTE:** Extension 4458 and 4977 are forwarded to Security at 4550 when the TSC is not activated.

—— **CLEAR** the forward feature from extension 4458 and 4977 (located in the Site Assembly Coordinator office) by following the instructions located on the desk..

—— **RECORD** site assembly start time _____ (announced from Control Room or available through the Operations Manager in the TSC.)

> **NOTE:** Approximately 20 minutes into the site assembly, the assembly locations will contact the Site Assembly Coordinator with names and badge numbers of personnel who were unable to swipe at the assembly locations.

—— **WHEN** Security provides a printout of unaccounted personnel, **THEN CHECK OFF** personnel who could not swipe at their assembly point (request this from security about 20 to 25 minutes into the site assembly).

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

> **NOTE:** During Drills, the number of personnel at each assembly point should be determined if time permits. This information is necessary in the event of an evacuation.

_____ **CONTACT** the various assembly points to determine the approximate number of personnel at each location.

_____ **RECORD** the approximate number of personnel at each assembly point on the board located in the Site Assembly Coordinators office.

> **NOTE:** During a TSC "time out" a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator's Table to provide status/updates. {PIP-0-M98-2065}

RECORD site assembly completion time _____.

_____ **REQUEST** the OPS Manager in the TSC have the Control Room to STOP site assembly alarms and announcements.

_____ **DISCUSS** standing down from site assembly with the Emergency Coordinator. If okay to stand down, **REQUEST** Ops Manager in the TSC have the Control Room to give the stand down from site assembly. If **NOT** okay to stand down from site assembly, Site Evacuation coordinator will make announcements as directed by Enclosure 4.20.

> **NOTE:** The following message will be communicated to the site at the conclusion of site assembly by the control room.

_____ **IF** requested to do so by the control room, **ANNOUNCE** the stand down message below:

Drill Message for standing down from Site Assembly: Dial 710; at the beep, dial 80, begin speaking

"Attention all station personnel. This is a drill message. This is a drill message. You have been assembled as part of an emergency exercise. If this were an actual emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. You may now return to your normal work assignments. Thank you for your participation.

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

_____ **AFTER** the drill message for standing down from site assembly is announced, **EVALUATE** the need to initiate search and rescue of missing personnel and discuss with Emergency Coordinator.

_____ **POST** periodic site assembly updates on site assembly/evacuation board as needed.

_____ **PROVIDE** periodic updates to the Emergency Coordinator, as needed and during time outs, concerning site assembly status.

_____ **PREPARE** for 24-hour coverage for your position as necessary.

NOTE: If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.

_____ **WHEN** the TSC is deactivated, then **FORWARD** extension 4458 and 4977 to Security at extension 4550.

_____ **REPLACE** the signs on the extension 4458 and 4977 warning personnel about using the two extensions.

_____ **PROVIDE** all completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

SITE PAGING SYSTEM
INDIVIDUAL PAGING NUMBERS

NOTE: 710 covers all of these areas.

711, then speak	MOC
712 , then speak	Garage
713 , then speak	Medical
714 , then speak	NAB
715 , then speak	MTF
718 , then speak	Cowans Ford
719 , then speak	Plant
720 , then speak	Island Training Center
721 , then speak	Island Environmental Center
722 , then speak	Island Tech Services Center
723 , then speak	Island Energy Explorium

Emergency Coordinator/Emergency Operations Facility Director Turnover Checklist

UNIT(S) AFFECTED: U1 _____   U2 _____

{PIP-M-99-3800}

GENERAL

	POWER LEVEL	NCS TEMP	NCS PRESS
DATE: _____			
U-1	_____	_____	_____
TIME: _____			
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: _____

_____

ASSEMBLEY 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.

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

_____

_____

_____

```
        ┌─────────────────┐
        │ Has core damage │──── Yes ──────▶ ( A )  Page 2
        │    occurred?    │
        └─────────────────┘
                │
                No
                ▼
  ┌───────────────────────────┐
  │ Is the need for a long term│──── Yes ──────▶ ( A )  Page 2
  │    cleanup or recovery     │
  │ organization anticipated?  │
  └───────────────────────────┘
                │
                No
                ▼
     ┌────────────────────┐
     │  Do the conditions  │                ┌─────────────────────────┐
     │ for the current     │──── Yes ──────▶│ Do not terminate and    │
     │ emergency           │                │ continue to monitor the │
     │ classification      │                │ classification procedure│
     │ still exist?        │                └─────────────────────────┘
     └────────────────────┘
                │
                No
                ▼
     ┌────────────────────┐
     │  Is the current     │
     │   emergency         │──── Yes ──────▶ ( A )  Page 2
     │ classification a    │
     │ General Emergency?  │
     └────────────────────┘
                │
                No
                ▼
     ┌────────────────────┐
     │  Do the conditions  │                ┌─────────────────────────┐
     │ for a lower         │──── Yes ──────▶│ Deescalate to the lower │
     │ classification      │                │    classification       │
     │ exist?              │                └─────────────────────────┘
     └────────────────────┘
                │
                No
                ▼
  ┌──────────────────────────┐
  │ Terminate all emergency  │
  │     classification       │
  └──────────────────────────┘
```

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```
                    ( A )
                      |
                      v
              /  Have the  \
            /  requirements of Table \        Yes      +------------------------+
           <    1 been satisfied?     >--------------->|  Terminate the current  |
            \                        /                 |  classification and declare the |
              \                    /                   |  plant in recovery       |
                      |                                +------------------------+
                      | No
                      v
           +------------------------+
           |  Continue with the current  |
           |  classification until a recovery can be |
           |  declared                |
           +------------------------+
```

Table 1

Recovery Conditions
_____No new evacuation or sheltering protective actions are anticipated
_____Containment pressure is less than design pressure
_____Decay heat rejection to the ultimate heat sink has been established and either:
• Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling)
OR
• No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {PIP 0-M96-1645}
_____The risks from recriticality are acceptably low
_____Radiation Protection is monitoring access to radiologically hazardous areas
_____Offsite conditions do not limit plant access
_____The News Manager, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities
_____The recovery organization is ready to assume control of recovery operations Go to RP/0/A/5700/024, (Recovery and Reentry)

Print Name: _____   Employee ID #: _____

Sign Name: _____   ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No ☐

If No, stop here and fold this form and drop it in the box provided.

YES ☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have?   _____

How much did you have? _____

Can you perform your function unimpaired?   YES ☐   NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

_____   _____

Signature of Management Observer   Date

Fold the form and drop it in the box provided.

SITE EVACUATION 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.

_____ **GET** TLD and pocket dosimetry.

_____ **COMPLETE** dose card

_____ **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 badge reader located in the TSC for personnel accountability.

_____ **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

_____ **ESTABLISH** a log of activities.

_____ **DISCUSS** with the Site Assembly Coordinator the status of the site assembly in preparation for emergency/drill message updates and possible site evacuation.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE:	If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.

_____ **IF** site assembly is still in progress **ANNOUNCE** the following Initial communication over the P.A. for the appropriate situation by dialing 710, at the beep, dial 80 and begin speaking:

For an Actual Emergency: "Attention all site personnel. This is an emergency message. This is an emergency message. At the present time, we have a _____"(emergency classification). *(Report general information of the event/information of importance. Obtain this information from the Offsite agency communicator).* _____._____

_____

_____

All personnel inside the protected area shall remain at your site assembly location. All personnel outside of the protected area shall remain in your work area until you receive further instructions. Information will be provided to you as conditions change."

For a Drill: "Attention all site personnel. This is a drill message. This is a drill message. At the present time, we have a _____"(emergency classification). *(Report general information of the event/information of importance. Obtain this information from the Offsite Agency Communicator.):*

_____

_____

_____

_____

All personnel inside the protected area shall remain at your site assembly location. All personnel outside of the protected area may continue normal work activity. If this were an actual emergency, personnel outside the protected area would be instructed to remain at your work location."

_____ **RECORD** time of announcement _____.

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SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

> **NOTE:** An additional worksheet for Emergency/Drill Message Updates is on page 7 of 7.

—— **OBTAIN** off site notification information from the Off-site Agency Communicator *each time* an off-site notification is made and prepare an Emergency/ Drill Message Update as follows:

> **NOTE:** If it is determined that an announcement should be made to the plant outside of the normal offsite agency communication, get the Emergency/ Assistant Emergency Coordinator's approval prior to the announcement. Use the message format as follows. After the notification is made, provide a copy of the announcement to the Offsite Agency Communicators.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

—— "Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message." (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

_____

_____

_____

_____

—— **RECORD** time of announcement _____.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message." (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

_____

_____

_____

_____

—— **RECORD** time of announcement _____.

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SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

—— **EVALUATE** with the Radiation Protection Manager, the Emergency Coordinator and other TSC personnel the need to conduct a site evacuation or relocation of on-site personnel based on the following Event Classification criteria:

Alert- determine by actual plant conditions.

Site Area Emergency- consider evacuation/relocation of non-essential personnel.

General Emergency- evacuate all non-essential personnel.

NOTE: The following information may be provided to the EOF via the Offsite Agency Communicators. {PIP-0-M-99-0911}

_____ **NOTIFY** EOF anytime personnel are relocated onsite or evacuated from the premises.

NOTE: Evacuations planned inside the Protected Area should be made by contacting Security in the OSC with instructions. Evacuations outside the protected area should be made by contacting Security in the OSC and instructing them to coordinate activities with C&F representatives in the OSC. **When giving evacuation instructions be sure to identify the area for evacuees to relocate to** (using best judgement, advice from RP, etc.).

—— **EVALUATE** with the Radiation Protection Manager, Emergency Planner and Emergency Coordinator the following:

Recommendations on the need, path and transportation options for relocation of on-site personnel.

Recommendations on need, path and transportation options for evacuation of non-essential personnel off-site (Training Center lobby / Cowans Ford Dam or offsite / home.)

Recommendations on need to restrict vehicle (site transportation shuttle, etc.) movement on site. {PIP 0-M97-2871}

> **NOTE:** During a TSC "time out" a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator's Table to provide status/updates. {PIP-0-M98-2065}

_____ **PROVIDE** periodic updates to Emergency Coordinator as needed and during time outs on site evacuation or on site relocation of personnel.

_____ **IF** the decision is made to evacuate personnel from the site, **THEN INFORM** Off-site Agency Communicators to notify appropriate offsite agencies.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

> **NOTE:** Security may need to notify the Mecklenburg Police (911) requesting them to assist in traffic control, if deemed necessary by the Emergency Coordinator or Security Shift Supervisor.

_____ IF the decision is made to evacuate, **NOTIFY** Security to assist with traffic control as needed.

_____ IF evacuation of non-essential personnel is planned, **REQUEST** Managers, during a time out, to identify and inform their own essential personnel to remain, as all others will be evacuated.

_____ IF the decision is made to evacuate, **NOTIFY** the chosen Evacuation-Relocation site of the expected arrival of personnel.

_____ Technical Training Center - 379-3210 This is a cellular telephone carried by an industrial security guard who roams the site seven days a week, 24 hours a day,

_____ Powerhouse at Cowans Ford Dam. This phone rings throughout the dam site. This location is staffed Monday through Friday, 10 hours per day. The assess code to the Cowans Ford Dam is 3308.

> **NOTE:** Inform Control Room that you have already contacted Security and the Evacuation site with information about the evacuation of personnel.

_____ IF the decision is made to evacuate, **DIRECT** the Control Room to evacuate the site per (RP/0/A/5700/011) by calling the Control Room SRO at extension 4138 (then select option 3) and giving the following evacuation route information for non-essential personnel:

Non-essential personnel should:

A. Proceed to _____
(Training Center lobby / Cowans Ford Dam / Home / Other)

_____ **RECORD** the time the site evacuation begins_____ Ends_____

_____ **PREPARE** for 24 hour coverage for your position as necessary.

_____ **POST** updates to the site assembly / evacuation board located in the Site Assembly Coordinators office as needed.

_____ **PROVIDE** completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

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SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

ADDITIONAL WORKSHEET FOR EMERGENCY/DRILL MESSAGE UPDATES

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message." (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

_____

_____

_____

_____

RECORD time of announcement _____.   Initial_____

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message." (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

_____

_____

_____

_____

RECORD time of announcement _____.   Initial_____

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message." (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

_____

_____

_____

_____

RECORD time of announcement _____.   Initial_____

Rev. 19

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/018

Revision No. ___008___

PREPARATION

(2) Station   **McGuire Nuclear Station**

(3) Procedure Title Notification to the States and Counties from the Technical Support Center

(4) Prepared By _____   Date 01/08/2001

(5) Requires 10CFR50.59 evaluation?

[X] Yes (New procedure or revision with major changes)

[ ] No   (Revision with minor changes)

[ ] No   (To incorporate previously approved changes)

(6) Reviewed By _____   (QR)   Date 1/15/01

Cross-Disciplinary Review By _____ (QR) NA _____ Date 1/15/01

Reactivity Mgmt. Review By _____ (QR) NA _____ Date 1/15/01

(7) Additional Reviews

Reviewed By _____   Date _____

Reviewed By _____   Date _____

(8) Temporary Approval *(if necessary)*

By _____ (SRO/QR)   Date _____

By _____ (QR)   Date _____

(9) Approved By _____   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)*

Duke Power Company McGuire Nuclear Station	Procedure No. RP/**0**/A/5700/018
	Revision No. 008
Notifications to the State and Counties from the Technical Support Center	
Multiple Use	Electronic Reference No. MC0048ML

Notifications to the State and Counties
from the Technical Support Center

1. Symptoms

An emergency has been declared and Offsite Agency Communicators have been called to staff the Technical Support Center.

2. Immediate Actions

Initial

——— 2.1 Obtain a copy of the authentication code word list and copies of the Emergency Notification Form from the procedures cabinet.

NOTE:	1.	If selective signaling system fails, attempt to contact offsite agencies via bell lines.
	2.	If primary communication system fails, go to Enclosure 4.6, County Emergency Response Radio
	3.	Report any failures to IAE Communications and the Emergency Planner.

——— 2.2 Go to RP/0/A/5700/014, (Emergency Telephone Directory), Tab 1 to obtain Emergency Response Numbers.

3. Subsequent Actions

——— 3.1 Provide copies of previously transmitted message forms to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- Emergency Planner

- NRC Communicator

- Offsite Dose Assessors

- Site Evacuation Coordinators

- Drill Coordinator (During drills only).

_____ 3.2 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.

_____ 3.3 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. Reference Enclosure 4.2 for logon instructions if needed.

_____ 3.4 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to Enclosure 4.3 and 4.4 for manual completion and transmission of the notification form. Notify TSC Data Coordinator of any computer problems.

NOTE: If the Control Room is ready to provide a follow-up notification, advise the Emergency Coordinator to have the Control Room transmit that notification before turning over to the TSC.

_____ 3.5 Notify the Emergency Coordinator that you are ready to take over communications to the states and counties. Also, tell him/her when the next notification is due.

3.6 Immediately after the Emergency Coordinator declares that the TSC is activated:

_____ • Notify the Control Room Offsite Agency Communicator that the TSC is now responsible for notifications and will transmit the next message.

_____ • Obtain from the Control Room Off Site Agency Communicator which off site agencies will not be participating. (DRILL OR EXERCISE ONLY))

NOTE: The Electronic ENF program automatically puts the Technical Support Center activation time in line 7 of the ENF.

_____ 3.7 Notify the state and counties that the TSC has been activated. This may be accomplished by writing in the description/remarks section on the next transmitted Emergency Notification Form; "Technical Support Center activated at _____ (time)."

_____ 3.8 If the emergency class is upgraded (e.g. from Alert to Site Area Emergency) or an upgrade in the Protective Action Recommendations (PARS) is made, state and counties must be notified as soon as possible and within 15 minutes after the change is declared by the Emergency Coordinator.

_____ 3.9 **IF** any situation occurs that affects the off-site agencies, (i.e., potentially contaminated individual is transported off-site, site evacuation is ordered), **THEN** the state and counties must be notified as soon as possible.

—— 3.10   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 (Fire/Explosion 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}

3.11   Notifications

——— 3.11.1   **Initial notifications** (The first emergency class declaration and then any change in an emergency classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.3 for manual Emergency Notification Form completion/transmission instructions.

> **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.

_____ 3.11.2 **Follow-up notifications** (anything other than a change in classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.4 for manual follow-up Emergency Notification Form completion/transmission instructions. Make follow-up notifications according to the following schedule:

Unusual Event	Alert, Site Area and General
Every **4 hours** until the emergency is closed out OR If there is any significant change to the situation OR As agreed upon with <u>each</u> individual agency documentation shall be maintained for any agreed upon schedule change	Every **hour** until the emergency is closed out OR If there is any significant change to the situation OR As agreed upon with <u>each</u> individual agency and the interval <u>shall not</u> be greater than 2 hours to any agency

_____ 3.11.3 **Termination notification**: Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.5 for manual Emergency Notification Form completion/transmission instructions.

3.12 If Any Calls Are Received Requesting Information About the Emergency Which Is Not Contained On the Notification Form:

_____ 3.12.1 Authenticate the request to ensure the person is a state or county official.

_____ 3.12.2 Have the Emergency Coordinator approve transmittal of the information.

_____ 3.12.3 Document the question, answer, and the time the answer was transmitted on the log sheet in the Off-site Agency Communicator's notebook.

_____ 3.13 Notify Dose Assessment when responsibility for Offsite communications has been transferred to the EOF

4. Enclosures

4.1   Emergency Notification Form

4.2   Electronic Emergency Notification Form (ENF) Completion/Transmission

4.3   Manual Initial Notification Completion/Transmission

4.4   Manual Follow-up Notification Completion/Transmission

4.5   Manual Termination Notification Completion/Transmission

4.6   County Emergency Response Radio

4.7   Operation of the FAX

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL   [B] ACTUAL EMERGENCY   ☐ INITIAL   ☐ FOLLOW-UP   MESSAGE NUMBER _____

2. SITE: __McGuire Nuclear Site__   UNIT: _____   REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ ___/___/___   CONFIRMATION PHONE NUMBER: (704) 875–1951
                (Eastern) mm dd yy

4. AUTHENTICATION (If Required): _____   _____
                       (Number)   (Codeword)

5. EMERGENCY CLASSIFICATION:

    [A] NOTIFICATION OF UNUSUAL EVENT   [B] ALERT   [C] SITE AREA EMERGENCY   [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE: _____ ___/___/___ (If B, go to item 16.)
                                       (Eastern) mm dd yy

7. EMERGENCY DESCRIPTION/REMARKS: _____
_____
_____
_____

8. PLANT CONDITION: [A] IMPROVING   [B] STABLE   [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE: _____ ___/___/___   [B] _____ % POWER
                                  (Eastern) mm dd yy

10. EMERGENCY RELEASE(S):

    [A] NONE (Go to item 14.)   [B] POTENTIAL (GO TO ITEM 14.)   [C] IS OCCURRING   [D] HAS OCCURRED

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

    [A] AIRBORNE: Started: _____ ___/___/___   Stopped: _____ ___/___/___
                            Time (Eastern) Date   Time (Eastern) Date

    [B] LIQUID: Started: _____ ___/___/___   Stopped: _____ ___/___/___
                            Time (Eastern) Date   Time (Eastern) Date

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

    [A] NOBLE GASES _____   [B] IODINES _____

    [C] PARTICULATES _____   [D] OTHER _____

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

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

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from) _____ °   [B] SPEED (mph) _____

    [C] STABILITY CLASS _____   [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

    [A] NO RECOMMENDED PROTECTIVE ACTIONS

    [B] EVACUATE _____

    [C] SHELTER IN-PLACE _____

    [D] 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.

Form 34888 (R1-94)

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

NC State

(date) _____ (time) _____ (agency) EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943

2. _____
(name)

Mecklenburg County

(date) _____ (time) _____ (agency) WP Sel. Sig. 116
WP Bell line 943-6200

3. _____
(name)

Gaston County

(date) _____ (time) _____ (agency) WP Sel. Sig. 112
WP Bell Line (704) 866-3300

4. _____
(name)

Lincoln County

(date) _____ (time) _____ (agency) WP Sel. Sig. 113
WP Bell line (704) 735-8202

5. _____
(name)

Iredell County

(date) _____ (time) _____ (agency) WP Sel. Sig. 114
WP Bell line (704) 878-3039

6. _____
(name)

Catawba County

(date) _____ (time) _____ (agency) WP Sel. Sig. 118
WP Bell line (828) 464-3112

7. _____
(name)

Cabarrus County

(date) _____ (time) _____ (agency) WP Sel. Sig. 119
WP Bell line (704) 788-3108

Form 34888 (R1-94)

1. Electronic Notification Form Logon

NOTE:	In order to be able to FAX the ENF you must log on as per the instructions in the back of the Off Site Agency Communicators notebook. **DO NOT** log on to the computer with your LAN ID.

_____ 1.1 **IF** not already performed, **THEN** ensure Off-Site Communicator Computer is operational.

- Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.

- Verify the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE:	If the computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.3, 4.4 and 4.5** for manual completion and standard transmission of the Notification Form.

_____ 1.2 If not already performed, log on to the Electronic Notification Form by performing one of the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.

- Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for "Nuclear Generation"

- Select the (ERO) Emergency Response Organization option.

- Select ENF v2.0 – CNS_MNS ERO.

- Login the Program entering the following information:

> **User Name:** Your Network Logon ID (i.e. JSM7327)
> **Password:** Your Network Password
> **Domain:** POWER

> **NOTE:** The Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators
> at the bottom of the screen are color coded to assure information is being routinely updated.
> Indicator information is as follows:
>
> **Black** - information and time conflict
>
> **Green** – information is 0 to 10 minutes old.
>
> **Yellow** – information is 10 to 15 minutes old.
>
> **Red** – information is greater than 15 minutes old

Information for the various Electronic ENF screens should come from the following areas:

Plant Status Screen:	Operations Procedure Support
Plant Summary Screen:	TSC Emergency Coordinator/Off Site Agency Communicator.
Release Screen:	Operations/TSC Dose Assessors (RadDose V data)
Met/Offsite Dose Screen:	TSC Dose Assessors (RadDose V data)
Protective Actions Screen:	Operations/Radiation Protection Manager/TSC Dose Assessors.
Communications Screen:	Offsite Agency Communicator.

2. Electronic Notification Form Completion (Create Event)

—— 2.1   Highlight the appropriate station (McGuire) for the event.
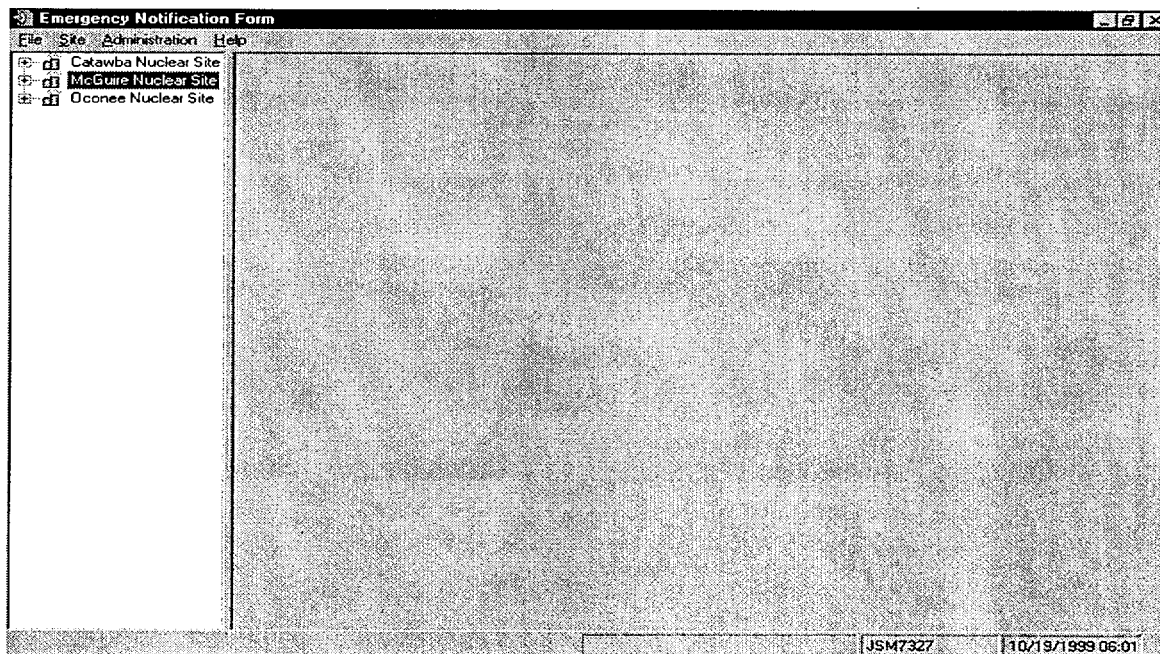
_____ 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event.**

```
┌─────────────────────────────────────────────────┐
│ Create Event                                      │
│ ┌─Event Information──────────────────────────────┐│
│ │ Type:   ⊙ Drill      ○ Actual Emergency        ││
│ │ Site:   McGuire Nuclear Site                   ││
│ │ Description: [                               ]  ││
│ │ ┌─Emergency Classification────────────────────┐ ││
│ │ │ ⊙ Notification of Unusual Event  ○ Site Area Emergency │ ││
│ │ │ ○ Alert                          ○ General Emergency   │ ││
│ │ └─────────────────────────────────────────────┘ ││
│ │ Declared: [__/__/____  __:__]   🕐              ││
│ └────────────────────────────────────────────────┘│
│ ┌─Message Information────────────────────────────┐│
│ │ Has a previous message been sent?  ⊙ Yes  ○ No ││
│ │ ┌─Last Message Information──────────────────────┐││
│ │ │ Type:  ⊙ Initial  ○ Follow-Up   Number: [1]  │││
│ │ │ Transmital Date/Time: [__/__/____  __:__] 🕐 │││
│ │ └──────────────────────────────────────────────┘││
│ └────────────────────────────────────────────────┘│
│    [    Create Event    ]      [    Cancel    ]    │
└─────────────────────────────────────────────────┘
```

_____ 2.3 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** -Select Drill or Actual Emergency

- For **Description** - Indicate the type of Event (ie: Loss of Off-Site Power, 03/08/99 1st Quarter Drill)

- For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.

- For **Message Information** - Has previous message been sent? (Yes or No).

> **NOTE:** The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)

> **NOTE:** For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

_____ 2.3.1 For **Last Message Information** – If previous message **has** been sent:

- Select (Initial or Follow-up)

- Number (Last Message Number)

- Transmittal Date/Time (Last Message Transmittal Time)

_____ 2.4 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

_____ 2.5 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

> **NOTE:** For the "Next Msg Due" indicator panel all indicator information is as follows:
>
> | **Initial Messages:** | **Follow Up Messages:** |
> |---|---|
> | **Black** - information and time conflict | **Black** - information and time conflict |
> | **Green** – Next message due in 10 – 15 minutes. | **Green** – Next message due in 30 – 60 minutes. |
> | **Yellow** – Next message due in 5 – 9 minutes. | **Yellow** – Next message due in 15 – 29 minutes. |
> | **Red** – Next message due in < 5 minutes or past due. | **Red** – Next msg due in <15 minutes or past due. |

3. Plant Status Screen

_____ 3.1 Select the "Plant Status" Tab (First Tab on the Event screen.) and perform the following:

- Verify and update as necessary the "Emergency Classification" and "Declared At:" time field.

- Click on the Emergency Action Level (EAL) pull down menu and select the appropriate Emergency Action Level.

- Once the appropriate EAL has been highlighted, click on the "Select" button.

- In the "Reactor Status" section, select the appropriate unit(s) and status.

- If the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct

NOTE: If you indicate that Gap Activity has been exceeded then you must be in a General Emergency.

- Update the "Gap Activity" status as necessary.

- When all information is completed select the "Save" button.

4. Plant Summary Screen

———— 4.1 Select the "Plant Summary" Tab (Second Tab on the Event screen.)

————— 4.2 Under the "Plant Conditions" section select the appropriate condition.

- **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, plans, 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.

NOTE:	1. Remember to "close the loop" on items from previous notifications.
	2. EAL information will automatically be included on INITIAL messages.
	3. Facility activation information will automatically be included on the appropriate message.

_____ 4.3 Under the "Description" section add description of changes since last notification or significant information for the current message. Items to be considered for inclusion are as follows: { 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

- MERT activation related to the emergency

- Extraordinary noises audible offsite

- 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

- Any event causing/requiring offsite agency response

- Any event causing increased media attention

_____ 4.4 When input is complete select the "Save" button.

5. Release Screen

_____ 5.1 Select the "Release" Tab (Fourth Tab on the Event screen.)

- Select the appropriate Emergency Release condition (i.e. None, Potential, etc.).

- If "None" is selected select the "Save" button and Go To section 6. (Met/Offfsite Dose Screen)

- Verify that "Ground Level" Release is selected.

- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.

- After verification select "Load From RadDose" button.

- At the confirmation prompt verify that the time and date for the Raddose information is correct and select "Yes".

- After data verification select the "Save" button.

6. Met/Offsite Dose Screen

_____ 6.1 Select the "Met/Offsite Dose" Tab (Fifth Tab on the Event screen.)

Procedure Test 2

Plant Status | Plant Summary | Protective Actions | Release | Met./Offsite Dose | Communications

Offsite Dosage Estimate

(New   (Unchanged

Projection Time: [_____] 🕐 ₊

Estimated Duration: [_____] hrs

	TEDE mrem	Thyroid CDE mrem
Site Boundary:	[_____]	[_____]
2 miles	[_____]	[_____]
5 miles	[_____]	[_____]
10 miles:	[_____]	[_____]

Meteorological Data

Wind Direction: [_____] ° (degrees)

Stability Class: [_____ ▼]

Speed: [_____] mph

Precipitation: [_____] inches / 15 mins. of [_____ ▼]

RadDose File Dates

Release: [_____]   Met./Offsite: [_____]

Load From RadDose   Clear

Save   Cancel   Validate

- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.

- After verification select "Load From RadDose" button.

- At the confirmation prompt verify that the time and date for the RadDose information is correct and select "Yes".

- After data verification select the "Save" button.

7. Protective Actions Screen

NOTE:	The Protective Actions Screen is only enabled when you are in a General Emergency Classification.

_____ 7.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

- If the Emergency Classification **IS NOT** a General Emergency select the "Validate" button and GO TO Step 8.

- If the Emergency Classification **IS** a General Emergency select "Load Protective Action Recommendations".

- After the protective action recommendations are verified select the "Save" button.

8. Communications Screen

_____ 8.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)

_____ 8.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)

_____ 8.3 Complete the applicable information in the "Event Management" section as follows:

- Select the "Managing Site".

- Select and validate the appropriate facility (TSC or EOF) activation time.

NOTE:	Last Message information should be automatically populated if a previous message has been sent. If a previous message has not been sent this portion of the screen should be disabled.

- Once all applicable information has been completed select "Save".

_____ 8.4 Periodically validate information on the on the screens by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the screens to Green Status).

_____ 8.5 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

9. Building a Message

_____ 9.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current.

- Select the Communications screen, then select the **Build New Message** bar at the bottom of the screen. Information from the various screens will be incorporated into the message. !

- Review the form to verify information is correct.

_____ 9.2 If information needs to be revised, select **Message** from the Toolbar, then **Edit**.

- Make changes as necessary and inform the responsible group of those changes.

- When editing is complete, select Save.

- To return to the message form, select **Message** from the Toolbar, then **Preview Message.**

- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 9.3 Have the TSC Emergency Coordinator review and sign the form.

10. Transmitting Message

_____ 10.1 Locate a copy the Authentication Code Word List.

_____ 10.2 For **Initial Notifications** (15 Minutes) proceed to **Section 11**.

_____ 10.3 For **Follow-up Notifications**, proceed to **Section 12**.

_____ 10.4 For **Termination Notifications**, proceed to **Section 13**.

11. Transmission of Initial Notifications

> **NOTE:** 1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties**. If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
>
> 2. If Selective Signaling is not operational, the bell telephones lines may be used to call agencies individually or see **Enclosure 4.6** for radio instructions.
>
> 3. If the ENF Fax program is not operational refer to **Enclosure 4.7** for additional instructions.

_____ 11.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 11.2 – 11.5 while another Off Site Agency Communicator establishes contacts as per step 11.6

> **NOTE:** The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

_____ 11.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel.

_____ 11.3   Select "Yes" on confirmation panel if ready to fax the form.
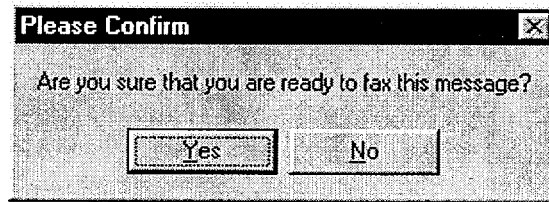
Please Confirm	☒

Are you sure that you are ready to fax this message?

[**Yes**]   [**No**]

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.

AT&T Fax Sender

File   Message   Options   Help

Queue   Send   Hold   Note   Options   Cancel   Help

Subject | | Directory

To ▼ Name: ~mcguire   ✓   ✗

Fax #: |

Recipients: | ▼

Grade of Delivery Service: Standard ▼   ☑ Disclose Recipients (enables To/Cc)

Latest Delivery Time: Default ▼   ☐ Add Cover Sheet

Custom Logo for Cover Sheet: None ▼   ☐ Send me Receipts Confirming Delivery

Project Code: | ☐ Consolidate Receipt Confirmations into one Report

Ready   3:26:27 PM

_____ 11.4   On ATT Fax Sender Panel, Type ~**mcguire** in the Name block.

11.5   Perform the following:

- Click the Green colored " check mark symbol" (√) at the right of the block at the top of the panel. _(The Name block information will be transferred to the Recipient block.)_

- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

- Select "OK" on reminder panel for setting the transmittal time and date.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

NOTE:	Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

_____ 11.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *1 and verify that all available agencies answer. At least one attempt using the individual selective signaling code must be made for the missing agencies. Proceed with the notification promptly after an attempt to get the missing agencies on the line.

NOTE:	The transmittal time will need to be handwritten on the copy of the ENF that the Emergency Coordinator has previously signed.

- When all available parties are verified on the line, document that this is the transmittal time.

- Read the following statement "This is McGuire Nuclear Station TSC. This is a drill or actual emergency (whichever applies).

- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**

- Read the information on the ENF; line by line, to the Off-site Agencies.

-

> **NOTE:** Authentication Code should be hand written into the signed ENF form.

- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.

- After the information has been covered, inform the agencies the following: "This concludes message # ___. Are there any questions?"

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.

- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.6. Document the times these agencies were contacted on the back of the notification form.

- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

- Select "Yes" at the prompt if the Fax was successfully sent.
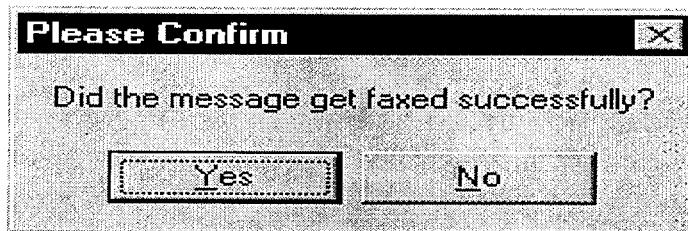
> **NOTE:** The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save"
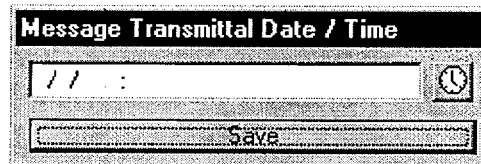
- At the confirmation prompt select "Yes" if you are ready to update this message.
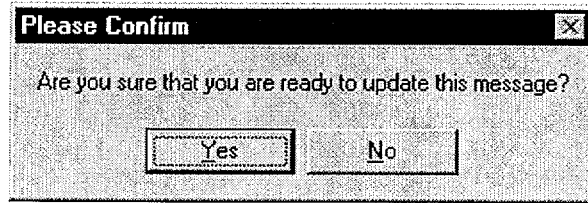
_____ 11.7 Write the authentication Number and Codeword on the ENF.

NOTE:	Authentication of a request is only required if a séparate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 11.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the TSC Emergency Coordinator.

- Document the question, answer, and have the TSC Emergency Coordinator sign.

- Document the time the answer was provided to the Off-site Agency.

_____ 11.9 Provide copies of the transmitted message form to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- NRC Communicator

- Site Evacuation Coordinators

- Offsite Dose Assessors

- Emergency Planner

- Drill Coordinator (During drills only).

_____ 11.10 To perform follow up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.

12. Transmission of Follow-up Notification

NOTE:	The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

_____ 12.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel

- Select "Yes" on confirmation panel if ready to fax the form

NOTE:	The AT&T Fax Sender Panel should now be initialized and appear on the screen.

12.2 Perform the following:

- On ATT Fax Sender Panel, Type **~mcguire** in the Name block.

- Click the Green colored " check mark symbol" ($\sqrt{}$) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*

- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

- Select "OK" on reminder panel for setting the transmittal time and date.

> **NOTE:** Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

_____ 12.3 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**

- Ask if there are any questions, regarding the Follow-up ENF information.

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.

- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

- Select "Yes" at the prompt if the Fax was successfully sent.

> **NOTE:** The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".

- At the confirmation prompt select "Yes" if you are ready to update this message.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 12.4 If a question is outside of ENF information, do <u>not</u> answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the TSC Emergency Coordinator.

- Document the question, answer, and have the TSC Emergency Coordinator sign.

- Document the time the answer was provided to the Off-site Agency.

_____ 12.5 Repeat the previous step as necessary to communicate answers to questions concerning other Follow Up notifications.

_____ 12.6 Provide copies of the transmitted message form to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- NRC Communicator

- Site Evacuation Coordinators

- Offsite Dose Assessors

- Emergency Planner

- Drill Coordinator (During drills only).

13. Termination Message

NOTE:	1. Termination notifications are communicated verbally.
	2. Termination notification is marked as a Follow-up.

_____ 13.1 From the Menu bar for the specific Event, Select Event, Then select Terminate Event

_____ 13.2 Enter Termination Time and Date, then Click **OK**.

_____ 13.3 Confirm that event is ready to be Terminated by clicking "Yes"
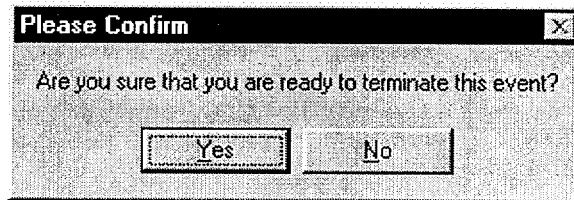
_____ 13.4 Message will be generated with appropriate information.

- If information needs to be revised, select **Message** from the Toolbar, THEN **Edit**.

- Make changes as necessary and inform the responsible group of those changes.

- When editing is complete, select Save.

- To return to the message form, select **Message** from the Toolbar, THEN **Preview**.

_____ 13.5 Review the form to verify information is correct.

- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

- Have the TSC Emergency Coordinator review and sign the form.

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

_____ 13.6 Once approved, fax the Electronic form by performing the following:

- Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel.

- Select "Yes" on confirmation panel if ready to fax the form.

Please Confirm ⊠

Are you sure that you are ready to fax this message?

[Yes]   [No]
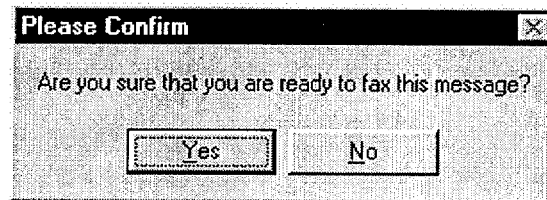
NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.7 for alternate Fax instructions.

- On ATT Fax Sender Panel, Type **~mcguire** in the Name block.

- Click the Green colored " check mark symbol" (√) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*

- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

- Select "OK" on reminder panel for setting the transmittal time and date.

Reminder ⊠

Don't forget to set the transmittal date and time.

[OK]

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

> **NOTE:** For Follow-up messages, the transmittal time will be the time the message is faxed.

_____ 13.7   Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

- Ask if there are any questions, regarding the Termination ENF information.

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.

- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

- Select "Yes" at the prompt if the Fax was successfully sent.

-

> **NOTE:** The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".

- At the confirmation prompt select "Yes" if you are ready to update this message.

```
Please Confirm                              [X]

Are you sure that you are ready to update this message?

              [  Yes  ]      [  No  ]
```

> **NOTE:** Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 13.8 If a question is outside of ENF information, do <u>not</u> answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the TSC Emergency Coordinator.

- Document the question, answer, and have the TSC Emergency Coordinator sign.

- Document the time the answer was provided to the Off-site Agency.

_____ 13.9 Provide copies of the transmitted message form to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- Emergency Planner

- NRC Communicator

- Offsite Dose Assessors

- Site Evacuation Coordinators

- Drill Coordinator (During drills only).

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 the Emergency Notification Form as follows:

Item #	Action	Source of Information
1.	Check the appropriate blocks. **NOTE:** Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. . **NOTE:** REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support
7.	**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency). 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 that 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}	OPS Procedure Support

8.	Mark appropriate 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, plans, 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.	OPS Procedure Support
9.	Write the time and date of Reactor Shutdown or Reactor Power level as applicable.	OPS Procedure Support

10.	**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}	R.P. Shift/Dose Assessors
	2. Notify the OSM if box C or Box D is checked.	
	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 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 Teams(s).	
	Knowledge of the event and its impact on systems operation and resultant release paths.	

| 15. | Mark appropriate recommended protective actions. | R.P. Shift/Dose Assessors |
| 16. | Have the Emergency Coordinator approve the message. | Emergency Coordinator |

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

> **NOTE:** 1. All initial notifications are verbal. Avoid using abbreviation 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 back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
>
> 3. Go to Enclosure 4.6 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.
>
> 4. Before reading Emergency Notification Form to the State/Counties, fax a copy to the EOF.

_____ 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.

_____ 2.2 **IF** the 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 the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line**.

_____ 2.4 Verify all available State and counties are on the line, document this time in item #3. on the form. This time should not exceed <u>15 minutes</u> from the time of declaration (Item # 6).

_____ 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.

_____ 2.6 Read the message beginning with item # 1 allowing time to copy.

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

_____ 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.

_____ 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. Refer to Enclosure 4.7 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.

_____ 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator

- Emergency Planner

- NRC Communicator

- Offsite Dose Assessors

- Site Evacuation Coordinators

- Drill Coordinator (During drills only).

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1   Complete the Emergency Notification Form as follows:

NOTE:	If items 8 - 14 have not changed from the previous message, only items 1 - 7 and 15 and 16 are required to be completed. Avoid using abbreviation 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.".

Item #	Action	Source of Information
1.	Check the appropriate blocks. **NOTE:** Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. **NOTE:** REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you place the Emergency Notification Form in the FAX machine. Write in the date.	
4.	Authentication is not necessary when FAXing to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support

7.	**NOTE:** Reference RP/0/A/5700/000, (Classification of Emergency). 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: { 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.	OPS Procedure Support

8.	Mark appropriate 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, plans, 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 Fire Protective Action Recommendations.	OPS Procedure Support
9.	Write the time and date of Reactor Shutdown or Reactor Power level as applicable.	OPS Procedure Support

10.	**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}	R.P. Shift/Dose Assessors
	2. Notify the OSM if box C or Box D is checked.	
	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 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 Teams(s).	
	• Knowledge of the event and its impact on systems operation and resultant release paths.	

Item #	Action	Source of Information
11.	Indicate type of release and time/date. Mark Ground Level for any airborne releases.	R.P. Shift/Dose Assessors
12.	Indicate release magnitude and whether release is above or below normal operating limits.	R.P. Shift/Dose Assessors
13.	Write estimate of projected offsite dose and estimated duration. Check new or unchanged. If unchanged from the previous notification, the information does not have to be repeated.	R.P. Shift/Dose Assessors
14.	Provide meteorological data.	R.P. Shift/Dose Assessors
15.	Mark appropriate recommended protective actions.	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

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 face down in the Automatic Document Feeder on the FAX.

——— 2.2   Press GROUP FAX".

——— 2.3   Verify the State and Counties received the FAX by calling them.

——— 2.4   Ask if there are any questions on the Emergency Notification Form, then write down the individuals' names on the back of the form.

_____ 2.5   Provide copies of the transmitted message form to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- Emergency Planner

- NRC Communicator

- Offsite Dose Assessors

- Site Evacuation Coordinators

- Drill Coordinator (During drills only).

**Manual Termination Notification
Completion/Transmission**

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1   Complete the Emergency Notification Form as follows:

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

Item #	Action	Source of Information
1.	Check the appropriate blocks. **NOTE:** Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. **NOTE:** REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all available agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date of termination.	OPS Procedure Support
16.	Have the Emergency Coordinator approve the message	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:	1.	All termination notifications are verbal. Avoid using abbreviation 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 back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
	3.	Go to Enclosure 4.6 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 Signal telephone by dialing *1 and depressing the push-to-talk button.

——— 2.2 **IF** the 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 the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**

——— 2.4 Verify all available 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 TSC and to get out the Emergency Notification Form.

——— 2.6 Read the message beginning with item # 1 allowing time to copy.

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

——— 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.

——— 2.9   Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. **REFER TO** Enclosure 4.7 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.

——— 2.11   Provide copies of the transmitted message form to the following:{PIP 0-M-99-0911}:

- Emergency Coordinator

- Emergency Planner

- NRC Communicator

- Offsite Dose Assessors

- Site Evacuation Coordinators

- Drill Coordinator (During drills only).

COUNTY EMERGENCY RESPONSE RADIO

> **NOTE:**
> 1. 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.
>
> 2. You may refer to RP/0/A/5700/014, Tab 1 for individual radio codes.

Group Call:

_____ 1. Press **20** and **POUND SIGN** (#) to activate all county radio units.

_____ 2. When the **TALK** light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Technical Support Center to all counties, do you copy?"

Once all counties respond, begin transmitting the message.

At least one attempt using the individual radio code must be made for the missing agencies.

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

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

"This is McGuire Technical Support Center 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.

> **NOTE:** The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls. The group call also transmits a copy to the EOF in the General Office.

1. TO SEND A FAX TO <u>ALL</u> COUNTIES AND STATE OF NORTH CAROLINA

—— • Insert the document face down into the FAX.

—— • Press Group FAX.

2. TO SEND A FAX TO A <u>SINGLE</u> LOCATION USING ONE-TOUCH DIALING

—— • Insert the document face down into the FAX

—— • Press EOF in General Office

—— • Press State of North Carolina WP

—— • Press Mecklenburg County

—— • Press Gaston County

—— • Press Lincoln County

—— • Press Iredell County

—— • Press Catawba County

—— • Press Cabarrus County

—— • Press NC State EOC.

> **NOTE:** If programmed functions fail, go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

3. SEND A FAX TO A <u>SINGLE</u> LOCATION DIALING MANUALLY

—— • Insert the document face down in the FAX.

—— • Using the keypad, dial the number that you wish to call.

—— • Press Start button.

Duke Power Company

(1) ID No. **SR/0/B/2000/003**

PROCEDURE PROCESS RECORD

FOR STANDARD PROCEDURES

Revision No. _____ 7 _____

PREPARATION

(2) Procedure Title **Activation of the Emergency Operations Facility**

(3) Prepared By _Sam R. Porter_ Date _1/16/01_

(4)	Applicable To:	☐ ONS	☒ MNS	☒ CNS
(5)	Technical Advisor			_B. R. [signature]_
(6)	Requires 10CFR50.59 Evaluation?	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No

YES = New procedure or revision with major changes at applicable site   NO = Revision with minor changes

NO = To incorporate previously approved changes

(7)	Review (QR)	By _____ Date _____	By [signature] Date 1/19/2001	By _Gary L. Mitchell_ Date 01-18-01
	Cross-Disciplinary Review (QR)	By _____ NA ___ Date ___	By _____ NA [signature] Date 1/19/2001	By _GLM/[signature]_ NA [signature] Date 01-18-01
	Reactivity Mgmt. Review (QR)	By _____ NA ___ Date ___	By _____ NA [signature] Date 1/19/2001	By _GLM/[signature]_ NA [signature] Date 01-18-01
(8)	Additional Reviews	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By _____ Date _____
(9)	Approved	By _____ Date _____	By [signature] Date 1-22-01	By [signature] for RLS Date 1-22-01
(10)	Use Level			

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

(11) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

☐ Yes ☐ NA   Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA   Listed enclosures attached?

☐ Yes ☐ NA   Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA   Charts, graphs, etc. attached and properly dated, identified, and marked?

☐ Yes ☐ NA   Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks   (*Attach additional pages, if necessary.*)

Duke Power Company McGuire Nuclear Station **Activation of the Emergency Operations Facility**	Procedure No. SR/**0**/B/2000/003
	Revision No. 007
Multiple Use	Electronic Reference No. MC007003

Activation of the Emergency Operations Facility

1. Symptoms

Conditions exist where events are in progress or have occurred which resulted in the activation of the Emergency Operations Facility (EOF) Emergency Response Organization (ERO).

2. Immediate Actions

2.1 Upon notification to activate, ERO personnel assigned to the EOF shall report to that facility.

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 EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification.

3.2 Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the off-site agencies.

3.3 Each represented group is responsible for ensuring their appropriate checklist is completed.

3.4 **IF** additional positions are needed to support the emergency, or for 24 coverage, **THEN** the following are available for telephone numbers.

- Catawba

    Home phone numbers are located in the Catawba Nuclear site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

    Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

3.5 The following SDS Group Displays have been established for emergency response use. To access these group displays, type GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

Catawba Specific	
Group Display Name	Group Display Description
ERDS1	ERDS Group 1
ERDS2	ERDS Group 2
EROCONT	Selected values associated with containment.
EROCORE1	Incore temperature values
EROCORE2	Additional incore temperature values
EROCORE3	Additional incore temperature values
EROEMF	Selected EMF instantaneous values
EROEMF15	Selected EMF 15 minute average values
EROENV	Selected meteorological values
EROINJCT	Selected letdown/charging values
EROPLEAK	Selected primary to containment leakage values
EROSLEAK	Selected primary to secondary leakage values
EROPRIM	Selected primary system values
ERORD5	Selected Raddose V Assessment Points
ERORXG	Selected Value for Reactor Engineer
EROSAMG	Selected SAMG Values
EROSECND	Selected secondary system values

McGuire Specific	
Group Display Name	Group Display Description
ERO-1	Selected plant parameters
ERO-2	Selected EMF values
EROCONT	Emergency Response Containment
EROCORE	Emergency Response Incore
EROEMF	Emergency Response EMF
EROEMF15	Emergency Response EMF 15 Min AV
EROENV	Emergency Response Environmental
EROINJCT	Emergency Response Injection
EROPRIM	Emergency Response Primary
EROSECND	Emergency Response Secondary. {PIP-M-99-2593}.

3.6 To resolve equipment problems, contact the following:

- Computer problems - EOF Data Coordinator
- Other equipment problems - EOF Commodities and Facilities Manager

3.7   Definitions

3.7.1   The following definitions are applicable to the Emergency Notification Form, Line 8: {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 off-site Protective Action Recommendations

3.7.2   The following definitions are applicable to the Emergency Notification Form, Line 10:

- EMERGENCY RELEASE - Any unplanned and quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT**. A release is considered to be in progress if any one or more of the following occurs:

- Reactor Building EMF monitors reading indicates an increase in activity (Catawba and McGuire 38, 39 or 40).
        OR
        Containment High Range EMF monitors reading greater than 1.5 R/hr. (Catawba 53A or 53B) (McGuire 51A or 51B)

        AND

        Pressure inside the containment building is greater than Tech. Specs. (Catawba and McGuire 0.3 psig)
        OR
        An actual containment breach is determined.

- Increase in activity monitored by Unit Vent EMF (Catawba and McGuire 35, 36, or 37).
- Steam generator tube leak monitored by EMF (Catawba and McGuire 33)
- Field Monitoring Team results.
- Knowledge of the event and its impact on system operation and resultant release pathways.

3.7.3   ACTIVATED - The Emergency Operations Facility has accepted turnover and has direction and control of assigned emergency response functions.

3.7.4   OPERATIONAL - The Emergency Response Facility (e.g. Technical Support Center Operations Support Center, Emergency Operations Facility) is staffed and ready to perform assigned emergency response functions.

4. Enclosures

4.1   EOF Director/Assistant EOF Director Checklist
4.2   Catawba Protective Actions
4.3   McGuire Protective Action
4.4   Emergency Classification Downgrade/Termination
4.5   Radiological Assessment Manager Checklist
4.6   EOF Dose Assessor Checklist
4.7   Field Monitoring Coordinator Checklist
4.8   Radio Operator Checklist
4.9   EOF Off-Site Agency Communicator Checklist
4.10   Access Control Director Checklist
4.11   Accident Assessment Manager Checklist
4.12   Accident Assessment Interface Checklist
4.13   Operations Interface Checklist
4.14   Administrative Support Checklist
4.15   Reactor Physics Checklist
4.16   EOF Emergency Planner Checklist
4.17   EOF Log Recorder/Status Keeper Checklist
4.18   EOF Data Coordinator Checklist
4.19   EOF Commodities and Facilities Manager Checklist
4.20   Meteorologist Checklist
4.21   Fitness for Duty Questionnaire
4.22   Commitments for SR/0/B/2000/003

INITIAL

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE: The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

_____ Establish a log of activities.

_____ Establish communications with the Emergency Coordinator or Assistant Emergency Coordinator in the affected site's TSC as follows:

- Video conference
  OR
- Use the affected site's EOF Director to Emergency Coordinator Ringdown phone
  OR
- Catawba TSC, dial 8-831-5870
  OR
- McGuire TSC, dial 8-875-4950

_____ Verify the following EOF positions, as a minimum, are filled, have checked out their assigned equipment/procedures and are prepared to assume their EOF duties prior to declaring the EOF operational:

_____ EOF Director
_____ Accident Assessment Manager
_____ Radiological Assessment Manager
_____ Access Control Director
_____ Off-Site Agency Communicator
_____ Off-Site Agency Communicator

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF 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 EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

_____ Declare the EOF operational. EOF operational time: _____.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill"

_____ Announce the following over the EOF public address system:

"Attention all EOF personnel. This is _____ and as of _____ hours,
                                            (EOF Director's Name)
the EOF is operational."

_____ Inform the Emergency Coordinator or Assistant Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

_____ Read the definitions for the following terms contained in Steps 3.7.1 and 3.7.2 in the body of this procedure:

• Stable   • Degrading
• Improving   • Emergency Release

NOTE: The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

_____ Verify the following positions, at a minimum, are ready to activate (i.e. have received the necessary information from their TSC counterpart, etc.) and are positioned to perform the next off site agency communication via the Emergency Notification Form (ENF).

   _____ Accident Assessment Manager
   _____ Radiological Assessment Manager
   _____ Lead Off-Site Agency Communicator

NOTE:	The Emergency Coordinator or Assistant Emergency Coordinator faxes copy of EOF Director Turnover Form to EOF. A copy of the "EOF Director Turnover Form" is provided on page 8 of this enclosure for use if needed.

NOTE:	If a classification change is recognized during turnover the turnover should not be completed until after the activated facility (TSC) declares and transmits the notification to the offsite agencies.

_____ Receive turnover from Emergency Coordinator or Assistant Emergency Coordinator utilizing the "EOF Director Turnover Form."

_____ Begin preparing, or delegate to the Assistant EOF Director, for briefing Offsite Agencies using the job aide on page 9 of 9. {8}

NOTE:	The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Off-Site Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

_____ Inform the Emergency Coordinator that the EOF is ready to activate.

NOTE:	For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF public address system the following:

"Attention all EOF personnel. The EOF was activated at _____ hours. This is _____.
I am the EOF Director and have taken responsibility for emergency management from the
Emergency Coordinator in the Technical Support Center. The current emergency classification is
_____. The following is a summary of the plant status.....

Additional information will be provided to you as conditions change. The next off-site agency
notification shall be transmitted by _____ hours. The EOF staff shall prepare for a time-out and a
roundtable discussion at _____ hours."

_____ Discuss current emergency classification with the EOF staff and verify that it meets the criteria of:

- Catawba RP/0/A/5000/001
    OR
- McGuire RP/0/A/5700/000

_____ Upon declaration of a Site Area Emergency, consult with the Accident Assessment Manger and the Radiological Assessment Manager to determine potential zones for protective action recommendations should the event progress to a General Emergency.

_____ Upon declaration of a General Emergency, the EOF Director shall IMMEDIATELY (within 15 minutes) recommend Protective Actions to off-site authorities via the Emergency Notification Form (ENF) using:
- Catawba Enclosure 4.2, Page 1
- McGuire Enclosure 4.3

NOTE:	If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

_____ Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in the previous notification.
- Catawba Enclosure 4.2, page 2
- McGuire Enclosure 4.3

_____ Review dose projections with Radiological Assessment manager to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

_____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ.

_____ Discuss, or delegate to the Assistant EOF Director the responsibility to discuss, plant status with the County Directors of Emergency Preparedness (CDEP), the State Liaisons or the State Directors of Emergency Preparedness (SDEP) as necessary/requested using one of the following methods:

- The EOF State Liaisons will communicate information from the EOF Director to County/State representatives using the Decision Line.

NOTE:	If using the EOF/Assistant EOF Director telephone individual State and/or County numbers can be obtained from the appropriate sites Emergency Telephone Directory.

- Use the Decision Lines or the EOF/Assistant EOF Director telephone to contact the appropriate states/counties. Obtain the Decision Line Dial Codes or phone numbers from the appropriate Emergency Telephone Directory. {7}

Catawba Site Specific

_____ York CDEP_____

_____ Mecklenburg CDEP_____

_____ Gaston CDEP _____

_____ NC SDEP _____

_____ SC SDEP _____

McGuire Site Specific

_____ Mecklenburg CDEP _____

_____ Gaston CDEP_____

_____ Lincoln CDEP _____

_____ Iredell CDEP _____

_____ Catawba CDEP _____

_____ Cabarrus CDEP _____

_____ NC SDEP _____

_____ **IF** Duke Power has provided Protective Action Recommendations to the States and Counties, **THEN** request SDEPs and CDEPs to inform the EOF Director of the decisions for actual Protective Actions for the plume exposure pathway populations. Record SDEPs and CDEPs protective action decisions below:

Zones Evacuated: _____

Zones Sheltered: _____

Information Received from: _____

_____ Inform Emergency Coordinator or Assistant Emergency Coordinator of SDEPs and CDEPs protective action decisions and other off-site conditions.

_____ Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every 30 minutes with the EOF staff to discuss:

  - Emergency Classification
  - Protective Action Recommendations
  - Emergency Notification Form status
  - Off-site dose projections
  - Mitigation strategies
  - Termination criteria as defined in Enclosure 4.4

- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public address system following EOF time-outs.

- The Emergency Coordinator or Assistant Emergency Coordinator updates may be broadcast on the EOF public address system.

- Advise Emergency Coordinator or Assistant emergency Coordinator of the following:

  - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate.
  - Emergency Classification changes
  - Protective Action Recommendations changes
  - Mitigation strategies
  - Contingency plans

- Ensure that 10CFR50.54(x) actions are approved prior to performing the action. (Reasonable actions that depart from a license condition or technical specification may be performed in an emergency, per 10CFR50.54(x), when this action is immediately needed to protect the health and safety of the public and no action consistent with the license condition or technical specification that can provide adequate or equivalent protection is immediately apparent. Deviation from an Emergency Procedure constitutes a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be:

  - Approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action, and
  - Documented in the Reactor Operators Logbook, and
  - Documented in the TSC Logbook, and
  - Reported to the NRC within one hour using:
  RP/0/B/5000/013, "NRC Notification Requirements" {3}
  RP/0/A/5700/010, "NRC Immediate Notification Requirements"

- Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:

  - Catawba RP/0/A/5000/018
  - McGuire System Radiation Protection Manual Section VI-6

- Approve personnel with training deficiencies prior to their participation as an EOF staff member. This approval shall be documented in the EOF Log.

- Assist Emergency Coordinator or Assistant Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines.

- Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.

_____ Verify that the EOF Emergency Planner completes the "EOF 24-Hour Staffing Log" located in Enclosure 4.16.

_____ Assist TSC Emergency Coordinator or Assistant Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG) {PIP-0-M-99-2593}.

NOTE: The Off-Site Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

_____ Establish Recovery Organization if needed using:

- Catawba RP/0/A/5000/025
- McGuire RP/0/A/5700/024

_____ Conduct a critique following termination of a drill or actual event.

_____ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out the emergency event in accordance with the applicable procedure:

_____ Notification of Unusual Event
Catawba - RP/0/A/5000/002
McGuire - RP/0/A/5700/001

_____ Alert
Catawba - RP/0/A/5000/003
McGuire - RP/0/A/5700/002

_____ Site Area Emergency
Catawba - RP/0/A/5000/004
McGuire - RP/0/A/5700/003

_____ General Emergency
Catawba - RP/0/A/5000/005
McGuire - RP/0/A/5700/004

UNIT(S) AFFECTED: CATAWBA U1 _____   U2 _____   MCGUIRE U1 _____   U2 _____
{8}

GENERAL

DATE: _____

TIME: _____

	POWER LEVEL	NCS TEMP	NCS PRESS
U-1	_____	_____	_____
U-2	_____	_____	_____

EMERGENCY CLASSIFICATION

NOUE DECLARED AT: _____

ALERT DECLARED AT: _____

SAE DECLARED AT: _____

G.E. DECLARED AT: _____

TSC ACTIVATED AT: _____

EOF ACTIVATED AT: _____

REASON FOR EMER CLASS: _____

_____

SITE ASSEMBLEY 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

_____

_____

_____

_____

_____

Job Aid {8}

		AVAILABLE	NOT AVAILABLE	COMMENTS
S/G HEAT REMOVAL	AFW TRAIN A	_____	_____	
	AFW TRAIN B	_____	_____	
	TD AFW TRAIN	_____	_____	
ECCS	NV TRAIN A	_____	_____	COMMENTS
	NV TRAIN B	_____	_____	
	NI TRAIN A	_____	_____	
	NI TRAIN B	_____	_____	
	ND TRAIN A	_____	_____	
	ND TRAIN B	_____	_____	
	STAND BY MU WATER PMP	_____	_____	
COOLING WATER	KC TRAIN A	_____	_____	COMMENTS
	KC TRAIN B	_____	_____	
	RN TRAIN A	_____	_____	
	RN TRAIN B	_____	_____	
POWER SYSTEMS	BUSLINE A	_____	_____	COMMENTS
	BUSLINE B	_____	_____	
	DG A	_____	_____	
	DG B	_____	_____	
	SATA	_____	_____	
	SATB	_____	_____	
	TRAIN A DC POWER	_____	_____	
	TRAIN B DC POWER	_____	_____	
	SSF DG	_____	_____	
CONTAINMENT	CONT. SPRAY TRAIN A	_____	_____	COMMENTS
	CONT. SPRAY TRAIN B	_____	_____	
	H^2 IGNITERS TRAIN A	_____	_____	
	H^2 IGNITERS TRAIN B	_____	_____	
	CONT. AIR RETURN FANS TRAIN A	_____	_____	
	CONT. AIR RETURN FANS TRAIN B	_____	_____	
		ACTUATED	ISOL.COMPL.	
	CONT. ISOL. TRAIN A	_____	_____	
	CONT. ISOL. TRAIN B	_____	_____	

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g. Brief the NRC).

_____ Make an immediate **PROTECTIVE ACTION RECOMMENDATION** (PAR) to be entered on <u>Line 15</u> of the Emergency Notification Form using one of the following tables:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH
Evacuate zones: A0, A1, B1, C1, D1, E1, F1 AND Shelter In-Place zones: A2, A3, B2, C2, D2, E2, F2, F3

WIND SPEED GREATER THAN 5 MPH		
Wind Direction (Degrees from North)	**2 Mile Radius - 5 miles Downwind**	**Remainder of EPZ**
	EVACUATE	*SHELTER IN-PLACE*
348.75 -11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 -33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 -56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 -78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 -101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 -123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 -146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 -168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2. F2, F3
168.76 -191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2. F2, F3
191.26 -213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 -236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 -258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 -281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 -303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 -326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 -348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

Guidance for Protective Actions
Protective Action Recommendation Flowchart.

START

LARGE FISSION PRODUCT
INVENTORY GREATER THAN
GAP ACTIVITY IN CONTAINMENT?

(ENCL. 4.2, PAGE 3)

YES → RECOMMEND EVACUATION OF 5
MILE RADIUS AND 10 MILES
DOWNWIND AND RECOMMEND IN-
PLACE SHELTER FOR ZONES NOT
EVACUATED
(ENCL. 4.2 PAGE 4)

NO

DOSES PROJECTED
TO BE:
≥ 1 REM TEDE
AND/OR ≥ 5 REM CDE
THYROID IN ANY ZONE THAT
HAS NOT BEEN PREVIOUSLY
EVACUATED?

YES → RECOMMEND EVACUATION OF
IDENTIFIED ZONE(S) WITH DOSE
PROJECTIONS ≥ 1 REM TEDE
AND/OR ≥ 5 REM CDE

NO

CONTINUE ASSESSMENT OF LARGE FISSION PRODUCT INVENTORY IN CONTAINMENT, DOSE PROJECTION CALCULATIONS,
WIND SPEED AND WIND DIRECTION TO DETERMINE IF ADDITIONAL ZONES SHOULD BE RECOMMENDED FOR EVACUATION.

NOTE:
CHANGES IN WIND SPEED AND/OR WIND DIRECTION MAY REQUIRE THAT ADDITIONAL ZONES BE RECOMMENDED FOR
EVACUATION. THESE ADDITIONAL RECOMMENDATIONS ARE BASED ON THE FOLLOWING:

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN
CONTAINMENT THEN RECOMMEND EVACUATION OF ZONES A0, A1, B1, C1, D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED
FOR EVACUATION
- IF WIND SPEED IS GREATER 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT
THEN USE ENCLOSURE 4.2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2
PAGE 4 OF 4 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

Guidance for Protective Actions

Guidance for Determination of Gap Activity

Fission product inventory inside Containment is greater than gap activity if the containment radiation level exceeds the levels in the table below:

TIME AFTER SHUTDOWN (HOURS)	HIGH RANGE CONTAINMENT MONITOR READING - EMF 53A and/or EMF 53B *100 % GAP Activity Release*
0	2,340 R/Hr
0 – 2	864 R/Hr
2 – 4	624 R/Hr
4 – 8	450 R/Hr
>8	265 R/Hr

Protective Action Zones Determination Table
(This Table Used For Large Fission Product Inventory Greater Than Gap Activity In Containment Only)
Use this table to determine the recommended zones for evacuation within the
5 mile radius and 10 miles downwind for any windspeed.

PROTECTIVE ACTION ZONES DETERMINATION TABLE		
Wind Direction (Degrees from North)	**5 Mile Radius - 10 miles Downwind**	**Remainder of EPZ**
	EVACUATE	*IN-PLACE SHELTER*
348.75 -11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 -33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 -56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3,
56.26 -78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 -101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3,
101.26 -123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 -146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 -168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, E2
168.76 -191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 -213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 -236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 -258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 -281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 -303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 -326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D2, E2, F2, F3
326.26 -348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

_____ **Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR)** within 15 minutes to be entered on line 15 of the Emergency Notification Form (ENF) using the following information as appropriate.

NOTE:{5}1.   If necessary, 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).

IF containment radiation levels exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown in the table on Enclosure 4.3, page 2 of 3, using wind direction.

OR

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

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 in the table on Enclosure 4.3, page 3 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.3, page 3 of 3, using wind direction.

> **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, **THEN** call up the following computer points based on need:

Unit 1 OAC		Unit 2 OAC	
M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

Time After Shutdown (Hours)	Containment Monitor Reading (R/HR) EMF51A or 51B (100% Gap Activity Release)
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{5}	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{5}	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,E,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.

```
        ◇ Has core damage
          occurred?                 ── YES ──▶  (A)   Page 2

             │ NO
             ▼
        ┌──────────────────┐
        │ Is the need for a  │ ── YES ──▶  (A)   Page 2
        │ long term cleanup  │
        │ or recovery        │
        │ organization       │
        │ anticipated?       │
        └──────────────────┘
             │ NO
             ▼
        ◇ Do the conditions                    ┌─────────────────────────────┐
          for the current      ── YES ──▶      │ Do not terminate and continue │
          emergency                            │ to monitor the classification │
          classification                       │ procedure:                     │
          still exist?                         │                                │
                                               │  •  Catawba RP/0/A/5000/001    │
                                               │  •  McGuire RP/0/A/5700/000    │
                                               └─────────────────────────────┘
             │ NO
             ▼
        ◇ Is the current
          emergency            ── YES ──▶  (A)   Page 2
          classification a
          General
          Emergency?
             │ NO
             ▼
        ◇ Do the conditions                    ┌────────────────────────┐
          for a lower          ── YES ──▶      │ De-escalate to the lower │
          classification                       │ classification            │
          exist?                               └────────────────────────┘
             │ NO
             ▼
        ┌──────────────────┐
        │ Terminate all      │
        │ emergency          │
        │ classification     │
        └──────────────────┘
```
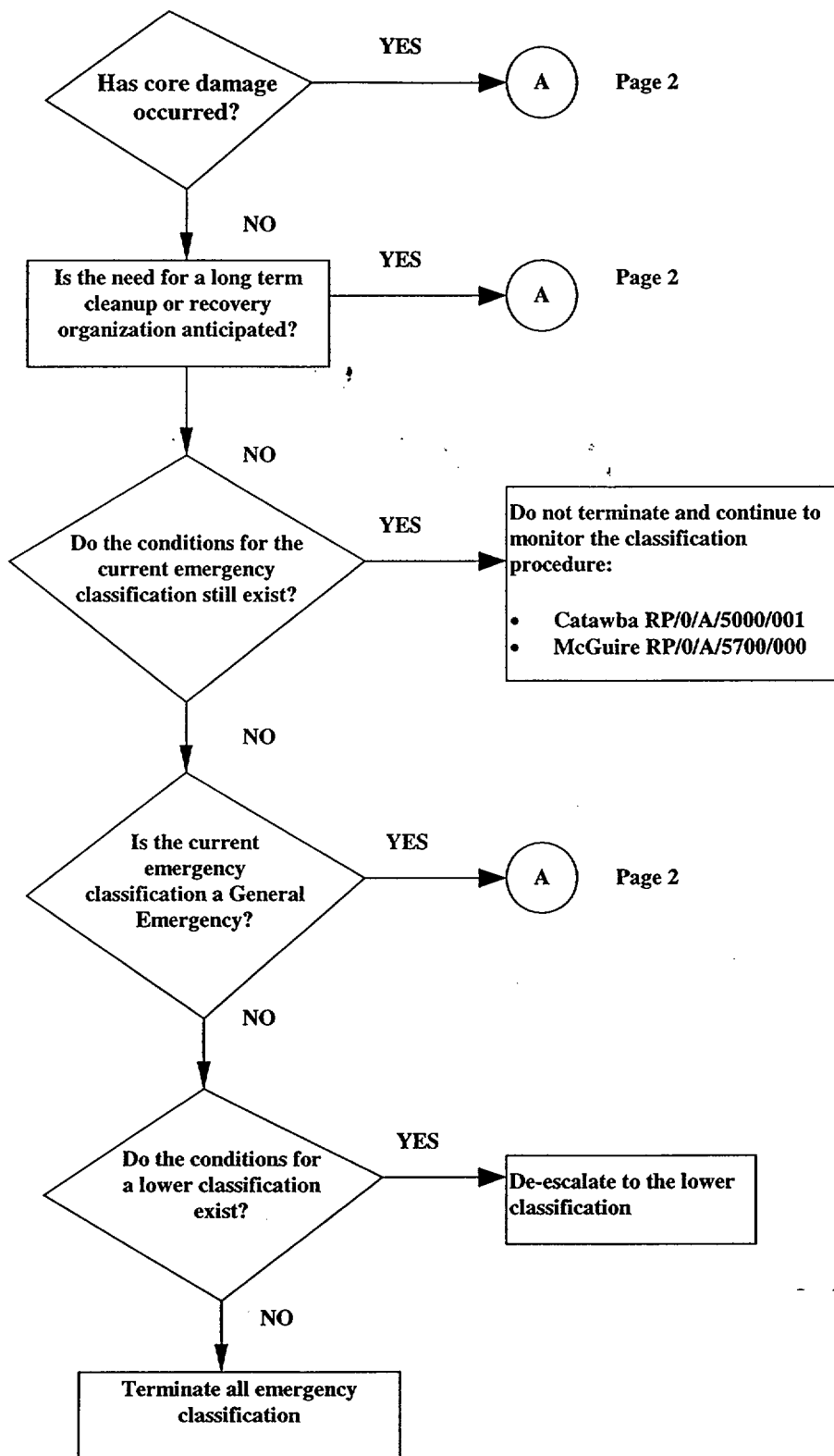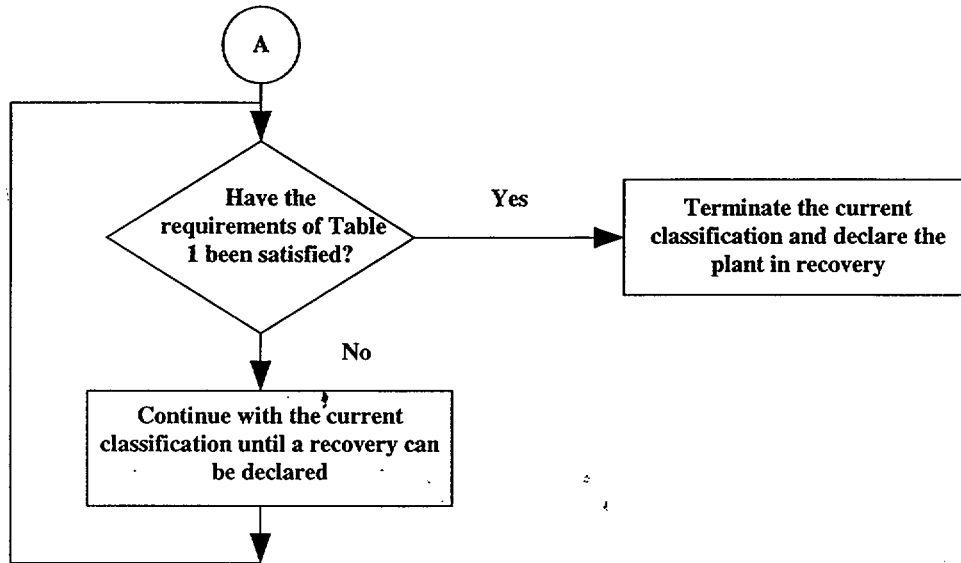
Table 1

_____ No new evacuation or sheltering protective actions are anticipated.

_____ Containment pressure is less than design pressure.

_____ Decay heat rejection to the ultimate heat sink has been established and either:

- Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),

  OR

- No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {2}

_____ The risks from recriticality are acceptably low.

_____ Radiation Protection is monitoring access to radiologically hazardous areas.

_____ Off-site conditions do not limit plant access.

_____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.

_____ The recovery organization is ready to assume control of recovery operations:

- Catawba - RP/0/B/5000/025
- McGuire - RP/0/A/5700/024

INITIAL

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____Put on position badge.

_____Sign in on the EOF staffing board.

_____Notify EOF Director that the Radiological Assessment Manager (RAM) position is operational.

_____Ensure all Radiation Protection personnel reporting to the EOF also sign in on the staffing board.

_____Power up the Radiological Assessment Computer.

_____Verify EOF Off-Site Agency Communicators have opened an electronic Emergency Notification Form.

_____Log on to the Emergency Notification Form by following the instructions in the EOF Radiological Assessment Managers Logbook behind the ENF Logon Instructions tab.

_____Verify the electronic Emergency Notification Form can be accessed.

_____Establish a log of activities.

_____Discuss the following with the EOF Director:

    1)   Any release in progress, including dose rates (especially at the site boundary)
    2)   Field Team status/data
    3)   On-site radiological concerns

_____Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001
        OR
McGuire RP/0/A/5700/000

Catawba Specific

_____Obtain HP/0/B/1009/009, "Guidelines for Accident and Emergency Response," and perform duties as described in the procedure.

_____Establish communications with the TSC via the RP Loop; communication established after beep.{4}

_____ Review dose projections to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

NOTE:	If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

_____ Evaluate with the EOF Director recommendations for public protective actions.

_____ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

NOTE:	Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

_____ Provide radiological information on the electronic Emergency Notification Form as per the directions beginning on page 3 of this enclosure.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ELECTRONIC ENF INSTRUCTIONS

—— Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)

—— Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)
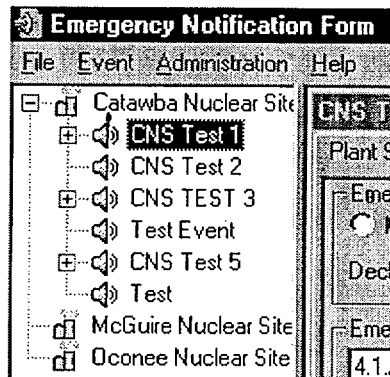
NOTE: • Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.

• The Radiological Assessment Manager is responsible for completing and maintaining the Release and Met./Off-site Dose Sections. Information for these Sections may be loaded directly from the RADDOSE V Program.

• RADDOSE V information for the electronic emergency notification form must be saved to the "ini" file.

_____ Verify that a RADDOSE V Dose Run for the current event has been performed.

NOTE: Radiological dose projection information is **not** required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification. However, it may be loaded/transmitted if available within the required timeframe.

_____ Select the **Release** Section tab for the specific event.

| NOTE: | If automatic load feature is not operational, manually enter the RADDOSE information. |

_____ Select the **"Load From RadDose"** button on the bottom of the screen.

_____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**

_____ Verify loaded data is correct.

_____ Click the **"Save"** button at the bottom of the screen. This will update the status indicator for this section.

Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

Black - information and time conflict

Green – information is 0 to 10 minutes old.

Yellow – information is 10 to 15 minutes old.

Red – information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999 1
RED	RED	RED	GREEN	RED	RED		RED

———— Immediately proceed to the **Met./Offsite Dose** Section.

_____ Select the **Met./Offsite Dose** Section tab for the specific event.

| **NOTE:** | If automatic load feature is not operational, manually enter the RADDOSE information. |

_____ Select the **"Load From RadDose"** button on the bottom of the screen.

_____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**

_____ Verify loaded data is correct.

_____ Click the **"Save"**. This will update the status indicator for this section.

Status Indicators at the bottom of the screen will change colors to indicate the updated information. Indicator information is as follows:

Black - information and time conflict

Green – information is 0 to 10 minutes old.

Yellow – information is 10 to 15 minutes old.

Red – information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999 1
RED	RED	RED	GREEN	RED	RED		RED

_____ Verify that Dose Assessment is routinely performing RADDOSE V updates.

_____ Continue to update or validate the ENF information form as appropriate

ENF UPDATES

If a new dose run is available perform the following:

_____ Select the **"Load From RadDose"** button on the bottom of each screen.

_____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**

_____ Verify loaded data is correct.

————— Click the **"Save"**. This will update the status indicator for this section. **Status indicators will reflect Update.**

VALIDATION

If the existing dose information is still current and new information does not need to be loaded perform the following:

_____ Verify Data is current

————— Select the **"Validate"** button on the bottom right of the screen of each section. **Status indicators will reflect Update.**

NOTE:	Protective Action Recommendations will be loaded into the ENF by the Accident Assessment Manger

————— Evaluate protective actions with the Accident Assessment Manager and the EOF Director.

INITIAL

NOTE:	You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE:	RADDOSE V information must be saved to the "ini" file in order for the Radiological Assessment Manager to transfer the information to the electronic emergency notification form.

_____ Obtain a copy of SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).

_____ Initiate a Log of Activities.

_____ Turn on dose assessment and data acquisition computers and acquire necessary information. **IF** data acquisition programs are unavailable, **THEN** request from TSC information obtained from SDS or the Control Room (EMF and Met data).

NOTE:	Be aware of the effects of loss of power on critical EMFs.

_____ Verify operability and validity of EMFs through the TSC.

_____ Verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.

_____ Establish communications with dose assessment personnel at the TSC. Compare information, projections and strategies with the TSC.

_____ Set up video conferencing with the TSC Dose Assessors, if desired.

_____ Obtain turnover from the TSC.

_____ Verify operability of the Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on the HPN phone

NOTE:	The NRC Regional Office will request the activation of the HPN phone through the Emergency Notification System (ENS) telephone if desired.

_____ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone.

NOTE:

1. Perform off-site dose projections and determine protective action recommendations.

2. Dose projections shall be run at least every 30 minutes or as directed by the RAM.

_____ Analyze source term data, formulate source term mitigation strategies, and provide information to the Radiological Assessment Manager, members of the EOF and TSC Dose Assessors as required.

_____ Perform dose projections as appropriate to plant conditions.

_____ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

_____ Evaluate dose projections and provide protective action recommendations to the Radiological Assessment Manger and the EOF Director.

_____ **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1REM TEDE or 5 REM Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (Located in the Accident Assessment Area). {PIP-M-99-5381}

_____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE:	You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions).

_____ Establish a log of activities.

Catawba Specific

_____ Perform duties as described in the following:

- HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"

- HP/0/B/1009/009, "Guidelines for Accident and Emergency Response"

- HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication"

_____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

_____ Provide all completed procedures and copies of logs to the EOF Emergency Planner upon deactivation of the EOF.

INITIAL

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey Data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}

_____ Establish contact with Field Teams.

_____ Relay instructions obtained from the Field Monitoring Coordinator to the Field Teams.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE:	You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities

_____ Perform the duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility)

_____ Ensure emergency notification times are satisfied.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of emergency facility.

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____Put on position badge.

_____Sign in on the staffing board located in the EOF Director's area.

_____Establish a log of activities

_____Conduct turnover with Corporate Security to enable them to return to their normal jobs.

_____Process responders found on the Access List as follows:

- Request a photo ID from all personnel entering the EOF.

- Verify the identity of all personnel by comparing the photo ID to facial features.

Catawba Specific

- Direct all personnel to sign the CNS Exercise/Drill/Event Attendance Sheet or green CNS Exercise/Drill/Event Observer Attendance Sheet.

- Direct all personnel to sign the CNS EOF Drill/Event Participation Form.

McGuire Specific

- Direct all personnel to sign the Emergency Planning Exercise/Event/Drill or Drill Observer Training Attendance Sheet.

Process responders with "NO ACCESS" appearing beside their names as follows:

- Call an FFD contact listed in RP/0/A/5700/014, Tab 8, to verify if "NO ACCESS" is for a positive drug screen.

> **NOTE:** Verification by the FFD contact of no positive drug screen indicates that the responder is Fit for Duty and "NO ACCESS" is related to a training deficiency.

- Ask EOF Director to waive training requirement and allow access. Document waiver in the EOF Log.

- Ask Emergency Coordinator to waive training requirement if the EOF Director has "NO ACCESS" due to expired training. Document waiver in the EOF log.

- Direct all personnel to obtain the appropriate EOF position badge.

_____Process responders not found on the Access List as follows:

- Request EOF access from the appropriate EOF group primary, EOF Director, or Assistant EOF Director, if prior approval has not been given.

- Request approved credentials from Federal, State and Off-Site Agency officials desiring EOF access and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.

- Request picture ID from any Duke Power observers and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.

_____Notify Corporate Security to secure EOF following deactivation of the emergency facility.

_____Notify Facility Services at 382-4948 to clean the EOF following deactivation of the EOF.

_____Place new EOF Access List in appropriate box at EOF Access Control desk.

_____Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

INITIAL

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities

_____ **IF** additional positions are needed to support the emergency, **THEN** staff the Administrative Support and the Reactor Physics positions as appropriate.

- Catawba

    Home phone numbers are located in the Catawba Nuclear Site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

> **NOTE:** To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

    Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

_____ Obtain a copy of the "Classification of Emergency" procedure for the affected station.

- Catawba: RP/0/A/5000/001

- McGuire: RP/0/A/5700/000

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet:

Notification of Unusual Event
Catawba - RP/0/A/5000/002
McGuire - RP/0/A/5700/001

Alert
Catawba - RP/0/A/5000/003
McGuire - RP/0/A/5700/002

Site Area Emergency
Catawba - RP/0/A/5000/004
McGuire - RP/0/A/5700/003

General Emergency
Catawba - RP/0/A/5000/005
McGuire - RP/0/A/5700/004

_____ Ensure PC is on and displaying plant status.

_____ Log on to the Emergency Notification Form by following the instructions in the EOF Accident Assessment Managers Logbook behind the ENF Logon Instructions tab.

_____ Verify electronic Emergency Notification Form can be accessed.

_____ Provide the required information on the electronic Emergency Notification Form as per the directions beginning on page 4 of this enclosure.

_____ Perform the following steps as needed

       _____ Coordinate the following functions:

- Accident Assessment Interface

- Operations Interface

- Reactor Physics (As needed)

- Administrative Support (As needed)

> **NOTE:** If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

_____ Work closely with the Radiological Assessment Manager and be prepared to discuss the following topics during the EOF staff time-outs or earlier as appropriate:

- Emergency classification recommendations utilizing the "Classification of Emergency" procedure for the affected station:
  - Catawba: RP/0/A/5000/001
  - McGuire: RP/0/A/5700/000
- Protective action recommendations
- Current plant status
- Accident mitigation strategies with priorities
- Anticipated course of the event
- Possible solutions if procedural adequacy becomes a concern
- Prioritization of key issues

_____ Provide information contained in Sections 5 through 9 of the Emergency Notification Form. Refer to Step 3.6 in the main body of this procedure for definitions associated with the Emergency Notification Form.

_____ Coordinate with the Radiological Assessment Manager to provide the information contained in Section 15 of the Emergency Notification Form.

_____ Assist TSC Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines (SAMGs).

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ELECTRONIC ENF INSTRUCTIONS

——— Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)

——— Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)
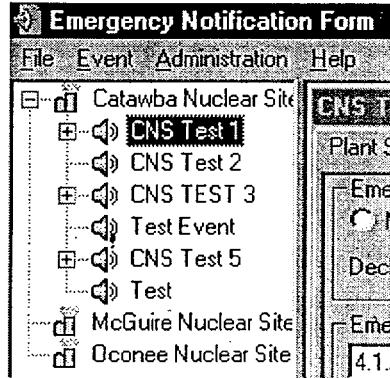
NOTE:	Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.

NOTE:	Accident Assessment is responsible for completing and maintaining the **Plant Status, Plant Summary** and **Protective Action** sections of the ENF.

_____ Select the **Plant Status** Section tab for the specific event.
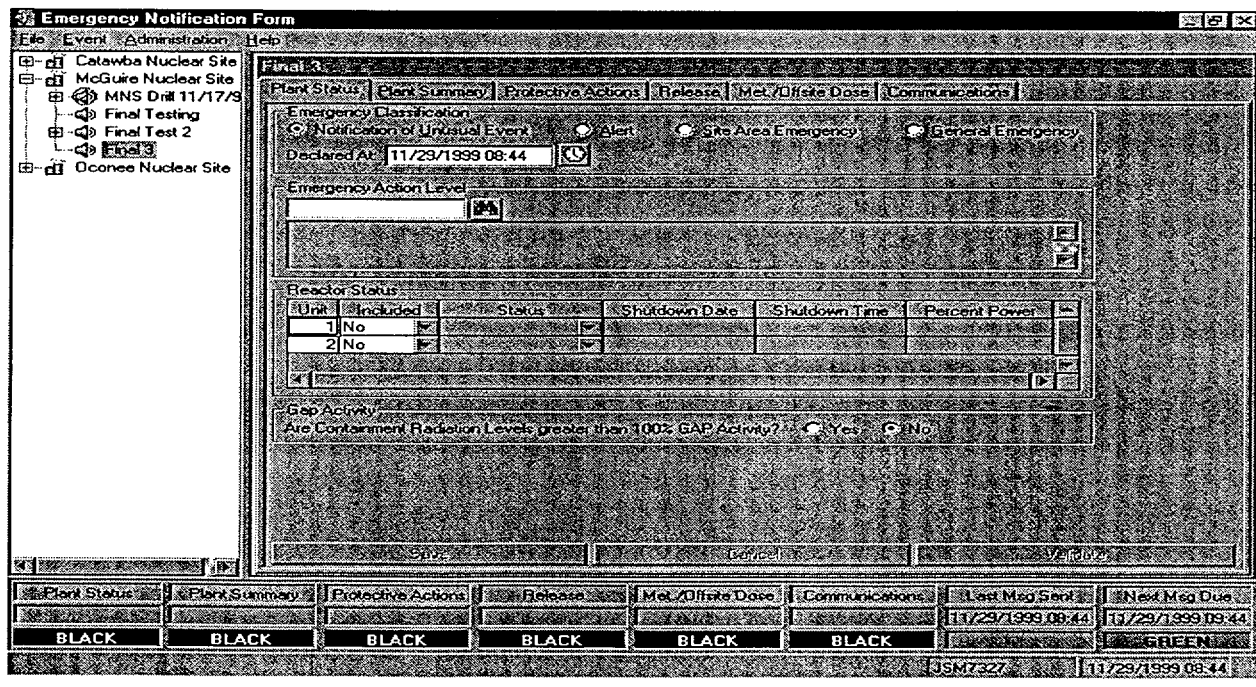
_____ Complete the following:

- **Emergency Classification:** Select appropriate classification and declaration time.

- **Emergency Action Level (EAL):** Select appropriate EAL.

- **Reactor Status:** Enter Reactor Status information for each unit and indicate which unit is affected. **(Included)**

- **Gap Activity:** For **Alert** and **Site Area** Emergency Check **NO**.

  For **General Emergency**, refer to SR/0/B/2000/003, Enclosure 4.3, to determine if containment radiation levels are > 100% of Gap Activity. Confirm with the RAM and EOF Director.

_____ Click the **"Save"** button at the bottom of the screen.

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/28/1999 09:48	08/10/1999 14:57	08/10/1999 14:59	10/28/1999 09:09	10/28/1999 09:10	08/10/1999 14:59	06/23/1999 12:20	06/23/1999 1
GREEN	RED	RED	RED	RED	RED		RED

Note:	Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:**Black** - information and time conflict

Green – information is 0 to 5 minutes old.

Yellow – information is 5 to 15 minutes old.

Red – information is greater than 15 minutes old

_____ Select the **Plant Summary** Section tab for the specific event.

Complete the following information:

_____ **Plant Condition:** (Select Improving, Stable , or Degrading) Confirm with the EOF Director.

- **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, plans, 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.

_____ **Description/Remarks:** Write a concise description for declaring the event, or changes since last notification. **The first message in the classification will automatically include the EAL information.** Include any other information that may affect the off-site Agencies (see list below). Follow-up messages should include relevant information and changes that have occurred since the last message. **(Don't just repeat the EAL information or the last message.)**

NOTE:	Remember to "close the loop" on items from previous notifications.

Examples of additional information to be included in line 7.

- 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

_____ Click the **"Save"** button at the bottom of the screen.

NOTE:	Status Indicator at the bottom of the screen will change colors to indicate the updated information

NOTE:	Protective Action Determination is **only** required for a **General Emergency**.

_____ Select the **Protective Action** section tab.

——— If the Emergency Classification **IS NOT** a General Emergency verify the select the "Validate" button at the bottom right of the screen. (The status indicator at the bottom of the screen will be updated)

_____ If the Emergency Classification **IS** a General Emergency perform the following:

- Select the Load Protective Action bar at the bottom of the screen. **(Protective actions will automatically be loaded into the program based on wind speed, direction, and gap activity).**

- With input from the Radiological Assessment Manager (RAM), verify loaded Protective Actions are correct utilizing SR/0/B/2000/003 Enclosure 4.3.

- Click the **"Save"** button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

_____ Establish a routine to periodically validate the data of **each section** to assure information is current by performing the following:

- Verify Data is current

- If the information is still current and no additional information needs to be added, select the **"Validate"** button on the bottom right of the screen of each section.

- If the section needs to be revised and/or additional information needs to be added, enter the updated information, then select the **"Save"** button on the bottom left of the screen of each section.

INITIAL

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Ensure PC is on and displaying affected station and unit plant status.

Catawba Specific

_____ Establish bridge line for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

_____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

_____ Establish communication link with System Engineering Manager in the TSC, as needed by dialing 8-875-4954.

_____ Obtain a copy of the Classification of Emergency procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet.

Notification of Unusual Event
Catawba - RP/0/A/5000/002
McGuire - RP/0/A/5700/001

Alert
Catawba - RP/0/A/5000/003
McGuire - RP/0/A/5700/002

Site Area Emergency
Catawba - RP/0/A/5000/004
McGuire - RP/0/A/5700/003

General Emergency
Catawba - RP/0/A/5000/005
McGuire - RP/0/A/5700/004

_____ Obtain a copy of the Core Damage Assessment procedure for the affected station from the procedure cabinet.

- Catawba: RP/0/A/5000/015
- McGuire: RP/0/A/5700/019

_____ Obtain a copy of Accident Assessment Technical Manual

_____ Gather plant status information using the Accident Assessment Initial Information Request Form found on page 4 of this enclosure.

_____ Upon declaration of a General Emergency **IMMEDIATELY RECOMMEND** to Accident Assessment Manager protective actions using:

- Catawba: Enclosure 4.2
- McGuire: Enclosure 4.3

_____ Perform the following steps as needed throughout the event:

_____ **IF** condition warrants, **THEN** determine analysis of the reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment)

_____ **IF** condition warrants, **THEN** provide:

- Estimates of core uncovery times
- Interpretations of reactor water level data

_____ Follow status of the Emergency Operations Procedures (EOPs) and discuss with the Accident Assessment Manager.

_____ Maintain communication with the Radiological Assessment group in the EOF.

_____ Advise Operations Interface of the anticipated course of events.

_____ Provide information for status board in the Accident Assessment Group room and maintain the appropriate logs.

_____ Advise Accident Assessment Manager on the following:
- Anticipated course of events
- Diagnosis of the accident and mitigation strategies
- Analysis of core and containment
- Core damage and fission product release potential
- Background information of system design
- Emergency classifications

_____ Support Systems Engineering Manager in the TSC in accident and mitigation strategies.

_____ Assist TSC as requested upon entry into Severe Accident Management Guidelines.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Initial Information Request

Initial Information Request	Results
Emergency Classification Status	
EAL Declaration Chronology	
Protective Actions Status	
Reactor/Turbine Status	
Power Level	
Time of Trip & On What Signal	
Any Abnormal Response	
NC Pump Status	
Core Cooling Status (subcooled margin/ RVLIS/natural circulation)	
Orange or Red CSFs Alarms Received	
Safety Injection	
When Actuated & on What Signal	
NV, NI, ND, Ice Condenser Status	
Feedwater	
CF and CA Status	
Main Steam	
Isolation Status	
SMSV, SM PORV, SB Status	
Electric Power	
600V, 4160V, D/G Status	
Containment	
Isolation Status	
NS and VX Status	
Security/Fire/Flooding/HAZMAT/Other Hazards	
Plant Conditions Status	
Off-site Releases	
Status	

INITIAL

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

Catawba Specific

_____ Establish communications for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

_____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

_____ Perform the following steps as needed throughout the event:

    _____ Serve as the communications interface with the Accident Assessment Group and the TSC Operations Group.

    _____ Advise Accident Assessment Group on the following:

- Emergency Operations Procedures (EOPs)
- Diagnosis of the accident and mitigation strategies
- Emergency classification

    _____ Advise TSC of the anticipated course of events.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

INITIAL

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Obtain a copy of Accident Assessment Manual, Emergency Operating Procedures and affected plant PRA manual from Nuclear Engineering office area.

_____ Put on position badge.

Sign in on the EOF staffing board.

_____ Ensure PCs are on and functional.

_____ Establish a log of activities.

_____ Notify other positions of the Accident Assessment Group at the direction of the Accident Assessment Manager.

_____ Record recommendations of the Accident Assessment team and plant status as appropriate on the status board in the Accident Assessment group room.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

INITIAL

NOTE:	You are <u>only</u> required to complete enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Obtain any applicable nuclear design calculations from the Nuclear Engineering office area.

_____ Establish communications with the TSC Reactor Engineer.

_____ **IF** conditions warrant, **THEN** determine analysis of the reactor core and the fuel with respect to:

- Reactor Physics parameters
- Core subcriticality

_____ Provide Accident Assessment Manager with information concerning any abnormal core conditions.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

INITIAL

> **NOTE:** You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

> **NOTE:** The Public Address amplifier is in the Janitor Storage Room across from the bathroom. The controls are in a yellow box mounted on the wall on the right side of the room.

_____ Turn on the EOF Public Address system.

_____ Power up and log on Emergency Planner Computer as follows.

    _____ Log on using "EOFWS" as the USER ID.

    _____ Leave the Password field blank and click OK.

_____ Display Autolog-EP by performing the following:

    _____ Double click on Emergency Planning icon.

    _____ Double click on AutoLog(EP).

    _____ Enter your User ID.

    _____ Enter the password (PASSWORD).

    _____ Click "Login as Current SS".

    _____ Click OK.

    _____ **IF** the appropriate station log is not displayed, **THEN** select the appropriate station log by clicking on "File" and then "Open" on the menu bar.

_____ Obtain the Emergency Planner headset from the Emergency Planner Desk area and dial into the EP bridge line using 831-4010 or another available bridge line.

_____ Support EOF Director with the following:

    _____ Complete EOF Director Checklist items as requested.

_____ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.

_____ Interface with the NRC.

_____ Interface with federal, state and local agencies.

_____ Assist Off-Site Agency Communicators in preparation of emergency notifications as needed.

_____ Compile a 24-Hour Staffing Log for each EOF position. The log is contained in this enclosure.

_____ Verify that EOF Public Affairs personnel have considered 24-hour staffing.

_____ Upon deactivation of the EOF, collect all completed paperwork and forward to the appropriate Emergency Planning Manager.

_____ Upon deactivation of the EOF, complete "EOF Post Event Checklist."

EOF DIRECTOR AREA

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Director				
Assistant EOF Director				
EOF Staff Support/ Status Keeper				
EOF Log Recorder				
EOF Emergency Planner				
Radiological Assessment Manager				
Accident Assessment Manager				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

DOSE ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor (HPN)				
Field Monitoring Coordinator				
Radio Operator				
Meteorologist				

*   List hours of coverage; i.e. 0800-2000, or 8am -8pm.

ACCIDENT ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Data Coordinator				
EOF Data Coordinator (As Needed)				
Accident Assessment Interface				
Accident Assessment Interface (As Needed)				
Reactor Physics (As Needed)				
Administrative Support (As Needed)				
Operations Interface				

*   List hours of coverage; i.e. 0800-2000, or 8am -8pm.

OFF SITE AGENCY COMMUNICATOR

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Lead EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

ACCESS CONTROL AREA

24 HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Access Control Director				
EOF Commodities and Facilities Manager				

*   List hours of coverage; i.e. 0800-2000, or 8am -8pm.

EOF FACILITY POST EVENT CHECKLIST

_____ Obtain printed copy of EOF Log

_____ Archive Log by selecting the "Archive" button

_____ Shutdown the AutoLog program.

When prompted to "Log off and remain Shift Supervisor" select NO.

Retrieve:
_____ Completed Procedures
_____ Notes

NOTE: The Ericsson Cellular phones need to remain on to charge properly.

Turn off:
_____ Copiers
_____ Computers (Leave EOF Director PC and Dose Assessment on with video conferencing running as well as the Data Coordinators Server Computer.)
_____ Video Monitors
_____ Public Address Components
_____ Projectors

Perform:

_____ Applicable sections of SR/0/B/4600/086 to replenish supply cabinet and procedure inventories.
_____ Clean Tables Off
_____ Put all Trash in Containers
_____ Erase Status Boards
_____ Verify all Fax machines have paper supply replenished (5 Fax machines)
_____ Verify all copiers have paper supply replenished (2 Copiers)

Replenish the following:
Position Specific Notebooks (Procedure, Checklist, Log Sheets):
_____ EOF Director
_____ Radiological Assessment Manager
_____ EOF Dose Assessor
_____ Field Monitoring Coordinator
_____ Radio Operator
_____ EOF Off-Site Agency Communicator
_____ Access Control Director
_____ Accident Assessment Manager
_____ Accident Assessment Interface
_____ EOF Operations Interface
_____ EOF Administrative Support

_____ Reactor Physics

_____ EOF Emergency Planner

_____ EOF Log Recorder/Status Keeper

_____ EOF Data Coordinator

_____ EOF Commodities and Facilities Manager

_____ Meteorologist

_____ EOF Access List in Access Control Director's area

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Ensure PC is on.

NOTE: Instructions for the use of the AutoLog program are provided in the EOF.

The TSC Status Coordinator will enter plant status information (i.e. priorities, mitigation actions, classification changes, etc.). The EOF Log Recorder should enter EOF specific information and other information as directed by the EOF Director or Assistant EOF Director. There will be some duplicate information in the TSC and EOF logs (i.e. Classification changes, etc.)

_____ Establish an official log of all significant EOF activities and EOF Director decisions using the AutoLog computer program.

_____ **IF** the AutoLog computer program is not available, **THEN** establish a manual log of all significant EOF activities and EOF Director decisions.

_____ Maintain EOF status boards.

_____ Track established priorities on EOF status board as requested by EOF Director.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Verify EOF computer hardware, software, and data display equipment is operational per Section I of the Data Coordinator's Reference Manual.

_____ Provide the following computer support as required:

- Software and hardware applications support
- Data acquisition support
- Communication with TSC Data Coordinator

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE:	You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Perform the duties as described in SR/0/B/2000/002.

_____ Contact additional positions as needed to support the emergency.

_____ Ensure positions have signed the board in C&F area.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE: You are <u>only</u> required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Discuss changing meteorological conditions with Field Monitoring Coordinator.

_____ Refer to step 3.5 in the main body of this procedure for instructions on obtaining meteorological information from the appropriate plant SDS computer screens.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Print Name: _____   **Employee ID #:** _____

Sign Name: _____   **ERO Position:** _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No ☐

If No, stop here and fold this form and drop it in the box provided.

Yes ☐   ☐   ☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have?   _____

How much did you have?   _____

Can you perform your function unimpaired?   YES ☐   NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

_____   _____
Signature Of Management Observer   Date

Fold the form and drop it in the box provided.

{1}   PIP 0-M97-4210   NRC-1

{2}   PIP 0-M96-1645

{3}   PIP 2-C96-0273

{4}   PIP 0-C98-3123

{5}   PIP 0-M98-3522

{6}   PIP-0-M98-2065

{7}   PIP-0-C00-3830

{8}   PIP-0-M99-3800

Duke Power Company
PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES

(1) ID No. SR/0/B/2000/004

Revision No. __002__

PREPARATION

(2) Procedure Title: __Notification to States and Counties from the Emergency Operations Facility__

(3) Prepared By _(signature)_			Date 01/08/2001

(4)	Applicable To:	☐ ONS	☒ MNS	☒ CNS
(5)	Technical Advisor			_D. R. Smith_
(6)	Requires 10CFR50.59 Evaluation?	☐ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No
		YES = New procedure or revision with major changes at applicable site	NO = Revision with minor changes NO = To incorporate previously approved changes	
(7)	Review (QR)	By_____ Date_____	By _(signature)_ Date 1/15/01	By _G Amy L Mitchell_ Date 01-11-01
	Cross-Disciplinary Review (QR)	By_____ NA____ Date____	By_____ NA _9M_ Date 1/15/01	By_____ NA _GM_ Date 01-11-01
	Reactivity Mgmt. Review (QR)	By_____ NA____ Date____	By_____ NA _9M_ Date 1/15/01	By_____ NA _GM_ Date 01-11-01
(8)	Additional Reviews	By_____ Date_____ By_____ Date_____	By_____ Date_____ By_____ Date_____	By_____ Date_____ By_____ Date_____
(9)	Approved	By_____ Date_____	By _(signature)_ Date 1/26/01	By _Richard L Sumpter_ Date 1-11-01
(10)	Use Level	**Multiple Use**		

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

(11) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

☐ Yes   ☐ NA   Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes   ☐ NA   Listed enclosures attached?

☐ Yes   ☐ NA   Data sheets attached, completed, dated, and signed?

☐ Yes   ☐ NA   Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes   ☐ NA   Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (Attach additional pages, if necessary.)

Duke Power Company Catawba/McGuire Nuclear Station	Procedure No. SR/**0**/B/2000/004
	Revision No. 002
Notification to States and Counties from the Emergency Operations Facility	
Multiple Use	Electronic Reference No. MP00715S

Notifications to States and Counties from the Emergency Operations Facility

1. Symptoms

1.1　An emergency has been declared and an Off-Site Agency notification is required.

> **NOTE:** The first Emergency Offsite Agency Communicator to arrive should promptly perform the "Immediate Actions" regardless of which role they are assigned.

2. Immediate Actions

> **NOTE:**
> - Ensure Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) of procedure SR/0/B/2000/003 is completed.
>
> - Steps of this procedure may be performed out of sequence at the discretion of the communicator. Sign off lines are for place keeping and are not required to be initialed. The notification form will serve as the official documentation for the notification to off site agencies.
>
> - Changes in Protective Actions Recommendations shall be transmitted within 15 minutes.
>
> - Changes in Protective Actions Recommendations and termination Notifications shall be transmitted verbally.

_____　2.1　EOF Off-Site Communicators shall proceed directly to the Emergency Operations Facility.

_____　2.2　Circle which Site has declared the Emergency: i.e. **McGuire or Catawba**

_____　2.3　Contact the TSC Communicators in the TSC (via selective signaling if not in use) and inform them that you are going to begin the communications check with the Off-Site Agencies.

　　　2.4　Acquire information on the communication status described below from the TSC.

_____　2.4.1　Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency).

_____　2.4.2　Emergency Declared at _____ hrs.

_____　2.4.3　Last Message #_____ transmitted out at _____ (time).

_____　2.4.4　Next Message Due at _____ (time)

_____ 2.4.5   Compare EOF communicator clock time with TSC clock to verify synchronization.

_____ 2.4.6   Verify that a Fax copy of previous notifications have been sent to the EOF.

_____ 2.4.7   Any other pertinent information related to the emergency:

_____

_____

_____

_____

_____ 2.5 Power up/check printers, fax machines, copiers, etc.

_____ 2.6 Provide copies of previously transmitted message forms to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

NOTE:	For Catawba Go To The CNS Emergency Phone Directory for Emergency Response Numbers.
	For McGuire Go To RP/0/A/5700/014, Tab 1 for Emergency Response Numbers.

_____ 2.7 Call the Off-site Agencies for the specified station (MNS or CNS) via Selective Signaling to verify communications can be established. Be sure that the Off-Site Agencies understand that this is only a "communications check" from the EOF.

Use **Group Call Code** to call all agencies or each agency may be dialed individually.

COMM. CHECK (✓ if OK.)	McGUIRE SELECTIVE SIGNAL (SS)	CATAWBA SELECTIVE SIGNAL (SS)
	Group Call Code- * 1	Group Call Code - * 5
	116 Mecklenburg	513 York County
	112 Gaston County	116 Mecklenburg
	114 Iredell County	112 Gaston County
	118 Catawba County	314 North Carolina
	113 Lincoln County	518 South Carolina
	119 Cabarrus County WP	
	314 North Carolina	

NOTE: Refer to **Enclosure 4.3** for Selective Signaling and/or alternate communications instructions if needed.

_____ 2.8 Power up and log on to the Off-Site Communicator computer by using the following:

- Log On ID - EOFWS

- Password – Press Enter (No Password)

_____ 2.9 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. **Reference Enclosure 4.1 for logon instructions if needed.**

_____ 2.10 Verify that the electronic ENF can also be accessed by:

_____ Accident Assessment Manager   _____ Rad Assessment Manager

_____ 2.11 Verify that the default printer for the Electronic ENF is set to the printer in the EOF Off-Site Agency Communicator area.

_____ 2.12 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify EOF Data Coordinator of any computer problems.**

> **NOTE:** Certain events could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluents, Fire/Explosion and Security Events, Natural Disasters, Hazards and other conditions affecting plant safety from:
>
> Catawba: RP/0/A/5000/001 – Classification of Emergency.
> McGuire: 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}

3. Subsequent Actions

> **NOTE:** The facility that declares the emergency classification should be the facility that makes the emergency notification to the off site agencies.

_____ 3.1. EOF Lead Communicator should review duties listed in **Enclosure 4.8**, (EOF Lead Off-Site Communicator Duties).

_____ 3.2. Update the following Status Board in the EOF to include the information from **Section 2.4** (i.e. next message due, etc.).

- EOF Director's Area
- Off Site Agency Communicator's Area

> **NOTE:** Ensure EOF will have adequate time to develop and provide next notification **before** EOF Director activates the EOF.

_____ 3.3. Inform the EOF Director, Accident Assessment Manager and Radiological Assessment Manager when next notification is due.

_____ 3.4. After completion of communication check and computer verification, inform the Lead Communicator of status and assist with coordination of turnover from TSC to EOF.

_____ 3.5. Notify EOF Director when EOF Communicators are prepared to accept communication responsibilities from the TSC.

_____ 3.6. Immediately after the EOF Director declares the EOF as activated, contact the TSC to:

_____ 3.6.1   Verify EOF has responsibility for communication and will transmit next message.

_____ 3.6.2   Verify which agencies are participating. (Drill/Exercise Only)

_____ 3.7 Immediately following EOF activation, go to Enclosure 4.1, Section 3 **Communications** screen, to prepare for next ENF transmission.

_____ 3.8 Obtain a copy of the Authentication Code Word list from:

- Catawba – the Catawba procedure cabinet in the EOF Directors area.

- McGuire - the McGuire procedure cabinet in the EOF Director's area.

_____ 3.9 Have one of the other EOF OSAC's arrange for 24 hour EOF OSAC coverage.

_____ 3.10 Review the following information concerning notifications.

3.11 Initial Notifications

The first notification made in each of the four Emergency Classifications is called Initial Notifications. Initial Notifications **shall** be made within **15 minutes** of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The message number will remain sequential through out the event beginning with the Control Room.

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, 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.

NOTE:	Follow-up messages that involve a change in the Protective Action Recommendations shall be communicated to the off site agencies within 15 minutes and should be communicated verbally. All other follow-up messages may be faxed with phone verification of receipt.

3.12 Follow-up Notifications

Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications. Make follow-up notifications to state and county government officials according to the following schedule:

Every <u>hour</u> until the emergency is closed out
> **OR**

If there is any significant change to the situation (make notification as soon as possible)
> **OR**

As agreed upon with an Emergency Management official from <u>each</u> individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval <u>shall not</u> be greater than 4 hours to any agency.

> **NOTE:** At some time during the event as the various EOCs are staffed, Off-site agencies may request that the Notification form be faxed to other Fax numbers. When this occurs make arrangements to have the form faxed to the requested numbers.

3.13 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages.

3.14 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the Emergency Notification Form (ENF), other events/occurrences will need to be reported to the Off-Site Agencies as well. This would include any event, which has the potential to affect the public. The following are some examples but is not an all-inclusive list. Each event should be carefully evaluated and discussed with the EOF Director to assure pertinent information is forwarded to the Off-Site Agencies. (PIP 0-M98-2065)*

> **NOTE:** These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form (ENF). These events may need off-site agency action or resolution.

- 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

* Notification to off site agencies should take place as soon as possible.

4. Enclosures

4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission

4.2 Emergency Notification Form (ENF) Completion

4.3 Emergency Notification Form (ENF) Transmission

4.4 Fax Communicator Checklist

4.5 Message Authentication Code List

4.6 Authentication Guideline

4.7 Emergency Notification Form (ENF)

4.8 EOF Lead Off-Site Agency Communicator Duties

1. Electronic Notification Form Logon

_____ 1.1   If not already performed, assure Off-Site Communicator Computer is operational.

_____ 1.2   Verify the computer internal clock is synchronized with the facility clock. (Adjust as necessary).

┌───┐
│ **NOTE:** (If computer or Electronic Notification Form is not operational, report it to the EOF Data │
│   Coordinator. Refer to **Enclosures 4.2 and 4.3** for manual completion and standard │
│   transmission of the Notification Form.) │
└───┘

_____ 1.3   If not already performed, log on to the Electronic Notification Form by performing the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.

- Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for "Nuclear Generation"

- Select the (ERO) Emergency Response Organization option.

- Select ENF v2.0 – CNS_MNS ERO.

- Login the Program entering the following information:

  User Name: Your Network Logon ID (ie: BRS1064)

  Password: Your Network Password

  Domain: POWER

2. Electronic Notification Form Completion (Create Event)

——— 2.1   Highlight the appropriate station (Catawba or McGuire) for the event.
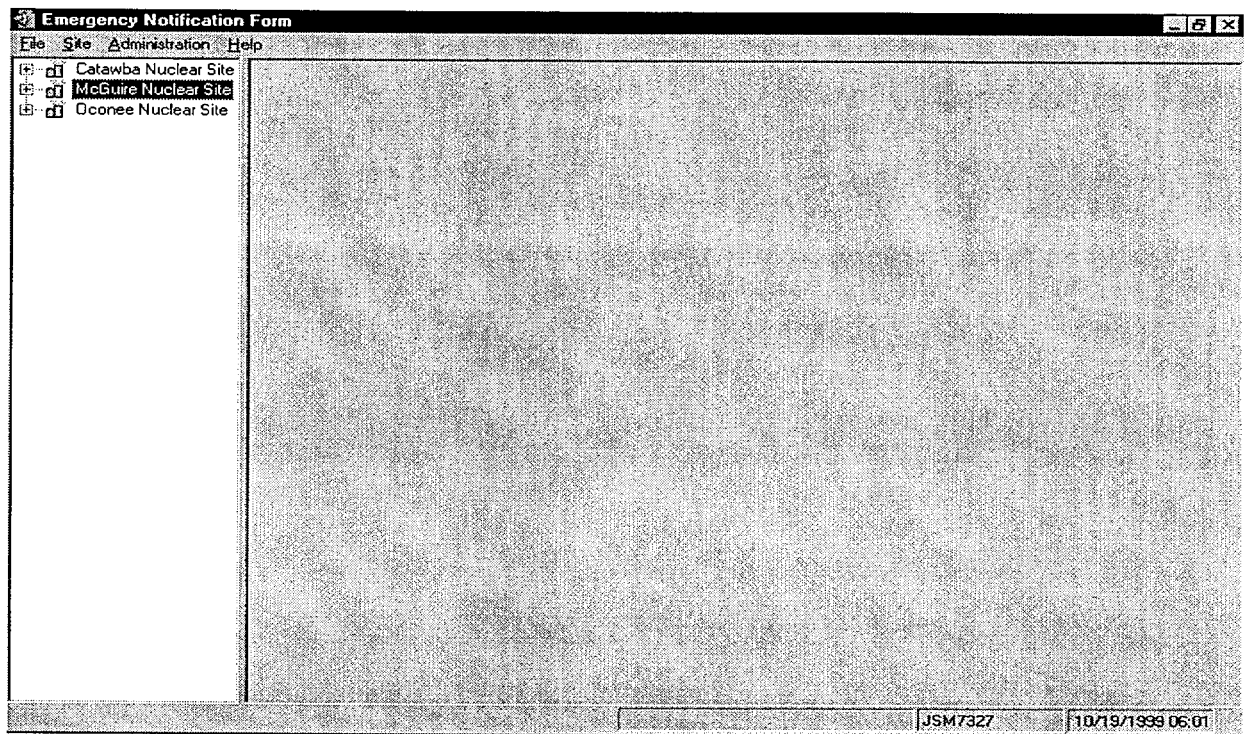
| NOTE: | The TSC should normally create the event for the specific Drill or Emergency. |

_____ 2.2 **IF** the TSC has already created an event for this drill or emergency, **THEN** select that event and go to procedure Section 3, **Communications** screen.

_____ 2.3 If the TSC was unable to, or has not created an event for this drill or emergency, THEN create a new event by performing the following: Select **Site** from the menu, then **New Event.**

_____ 2.4 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** -Select Drill or Actual Emergency

- For **Description** - Indicate the type of Event (i.e.: Loss of Off-Site Power, 03/08/99 1ˢᵗ Quarter Drill)

- For **Emergency Classification** – Select the appropriate Emergency Classification and time of declaration.

- For **Message Information** – Has previous message been sent? (Yes or No).

NOTE: • The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)

• For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

_____ 2.4.1 For **Last Message Information** – If previous message(s) **has** been sent manually:

- Select (Initial or Follow-up)

- Number (Last Message Number)

- Transmittal Date/Time (Last Message Transmittal Time)

—— 2.5 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

——— 2.6 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

NOTE:	• Ensure the EOF is activated prior to beginning this section.

3. Communicator Screen

_____ 3.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)

_____ 3.2 Complete the Communicator "Name" information. (This is the individual performing the phone communications with the State and County agencies.)

_____ 3.3 Complete the applicable information in the "Event Management" section as follows:

- Select the "Managing Site".

- Select and verify the appropriate facility (TSC or EOF) activation time.

- Select the "Save" button

> **NOTE:**   The Accident Assessment Manager is responsible for the **Plant Status, Plant Summary and Protective Action** screens.
>
> Rad Assessment Manager is responsible for the **Release** and **Met/Offsite Dose** screens.

_____ 3.4   Verify that the Rad Assessment and Accident Assessment positions have accessed the ENF program and have begun entering information.

_____ 3.5   Monitor the Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen to assure information is being routinely updated.

3.6   Updating the information on a particular panel may be performed by double clicking on the desired indicator panel at the bottom of the form and then selecting "Validate" if all information is correct.

> **NOTE:** Except for the "Next Msg Due" indicator panel all indicator information is as follows:
>
> **Black** -No information or information/time conflict
>
> **Green** – information is 0 to 10 minutes old.
>
> **Yellow** – information is 10 to 15 minutes old.
>
> **Red** – information is greater than 15 minutes old

> **NOTE:** For the "Next Msg Due" indicator panel all indicator information is as follows:
>
> | **Initial Messages:** | **Follow Up Messages:** |
> | --- | --- |
> | **Black** - No information or information/time conflict | **Black** - No information or information/ time conflict |
> | **Green** – Next message due in 10 – 15 minutes. | **Green** – Next message due in 30 to 60 minutes. |
> | **Yellow** – Next message due in 5 – 9 minutes. | **Yellow** – Next message due in 15 to 29minutes. |
> | **Red** – Next message due in 5 minutes or past due. | **Red** – Next message due in < 15 mins. or past due |

_____ 3.7   Periodically validate information on the Communicator screen by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the Communicator Indicator to Green Status)

_____ 3.8   If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

4. Building a Message

_____ 4.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

> **NOTE:** Contact the responsible group if information needs to updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current. (i.e. Green)

- If the information needs to be updated or validated, have the responsible individual update or validate their designated screen.

- Select the Communications screen, then select the Build New Message bar at the bottom of the screen. Information from the various screens will be incorporated into the message.

_____ 4.2 Review the form to verify information is correct.

- If the information is correct proceed to step 4.4.

> **NOTE:** If the Accident Assessment Manager or Radiation Assessment Manager has made changes to their panels you can update the message by selecting **"Message"** from the Toolbar and then choosing **"Refresh"**.

_____ 4.3 If information needs to be revised, perform the following:

- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.

- Make changes as necessary and inform the responsible group of those changes.

- When editing is complete, select **Save**.

- Return to the specific message form, then select **Message** from the Toolbar, then **Refresh**.

- Select "Yes" if you are ready to Refresh the form.

> **NOTE:** If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

_____ 4.4 If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 4.5 Have the EOF Director review and sign the form.

5. Transmitting Message

——— 5.1 Locate a copy the Authentication Code Word List.

——— 5.2 For **Initial Notifications** (15 Minutes) proceed to **Section 6**.

——— 5.3 For **Follow-up Notifications**, proceed to **Section 7**.

6. Transmission of Initial Notifications

NOTE:	1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties**. If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
	2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions).
	3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

——— 6.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 6.1.1 – 6.3 while another Off Site Agency Communicator establishes contacts as per step 6.4.

NOTE:	The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

——— 6.1.1   To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel.

- Select "Yes" on confirmation panel if ready to fax the form

---

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.

6.2 On ATT Fax Sender Panel, Type **~catawba or ~mcguire** (whichever applies) in the Name
     block.

_____ 6.3 Perform the following:

- Click the Green colored " check mark symbol" (√) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*

- Then, select the **Send** button at the top of the panel (**The ENF will be Faxed to the agencies simultaneously).**

- Select "OK" on reminder panel for setting the transmittal time and date.

```
Reminder                                    [X]

Don't forget to set the transmittal date and time.

              [      OK      ]
```

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

NOTE:	Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

_____ 6.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *5 (CNS) or *1 (MNS) and verify that all available agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

NOTE:	The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

- When all available parties are verified on the line, document that this is the transmittal time.

NOTE:	Authentication Code should be hand written into the signed ENF form.

- Read the following statement "This is Catawba or McGuire Nuclear Station EOF. This is a drill or actual emergency (whichever applies)."

- Verify that all available agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

- Read the information on the ENF, line by line, to the Off-site Agencies.

- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.

- After the information has been covered, inform the agencies the following: "This concludes message # ___. Are there any questions?"

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.

- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 6.4. Document the times these agencies were contacted on the back of the notification form.

- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

- Select "Yes" at the prompt if the Fax was successfully sent.
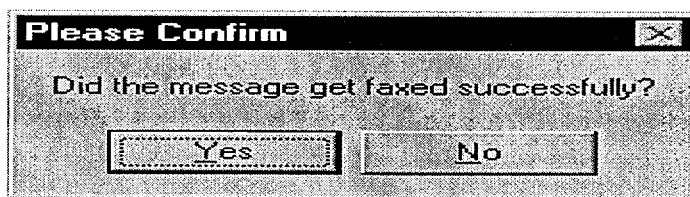
NOTE:	The transmittal date will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".
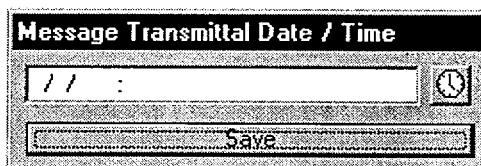
- If information is correct, select the "Yes" button
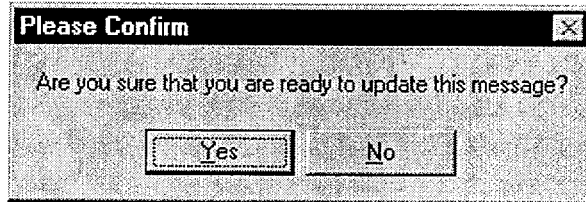
Please Confirm

Are you sure that you are ready to update this message?

Yes   No

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.
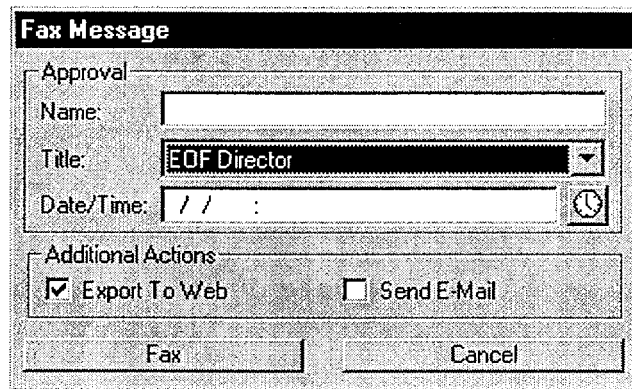
—— 6.5   If a question is outside of ENF information, do <u>not</u> answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the EOF Director.

- Document the question, answer, and have the EOF Director sign.

- Document the time the answer was provided to the Off-site Agency.

—— 6.6   Repeat the above steps as necessary to communicate other **Initial** messages.

——— 6.7   Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

——— 6.8   Update next message due on the following white boards:

- Off Site Agency Communicators Area

- EOF Directors Area

7. Transmission of Follow-up Notification
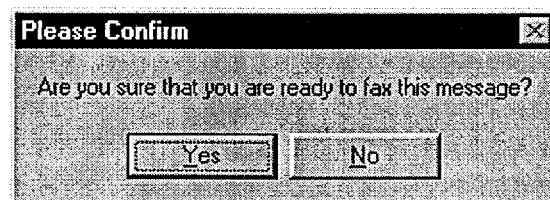
7.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 7.2 - 7.3 while another Off-site Agency Communicator establishes contacts as per step 7.4.

NOTE:	The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

_____ 7.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel.

- Select "Yes" on confirmation panel if ready to fax the form

> **NOTE:** The AT&T Fax Sender Panel should now be initialized and appear on screen

_____ 7.3 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba or ~mcguire** (whichever applies) in the Name block.

- Click the Green colored " check mark symbol" (√) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*

- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

NOTE: For Follow-up messages, the transmittal time will be the time that all available agencies are on the line to verify Fax transmission.

- Select "OK" on reminder panel for setting the transmittal time and date.
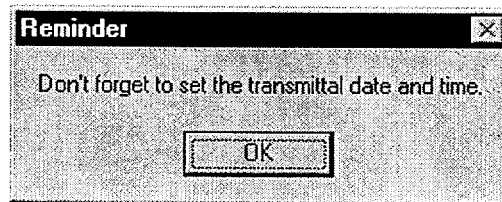
```
┌─────────────────────────────────────┐
│ Reminder                         [X] │
├─────────────────────────────────────┤
│                                      │
│ Don't forget to set the transmittal  │
│         date and time.               │
│                                      │
│         ┌──────────────┐             │
│         │      OK       │            │
│         └──────────────┘             │
└─────────────────────────────────────┘
```

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

7.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually).

- Verify that all available agencies are on the line. Document this as the transmittal time.

- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

- Ask if there are any questions, regarding the Follow-up ENF information.

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.

_____ 7.5   After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.
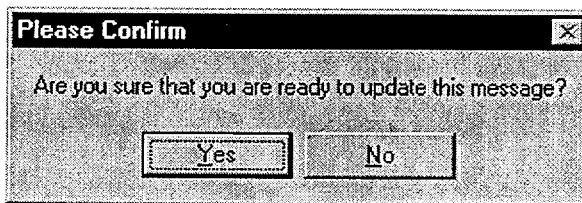
- Select "Yes" at the prompt if the Fax was successfully sent.

- Complete the message transmittal Date and Time and select "Save".

- At the confirmation prompt select "Yes" if you are ready to update this message

- The transmittal date and time will be automatically be added on the message.

> **NOTE:** Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 7.6 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the EOF Director.

    - Document the question, answer, and have the EOF Director sign.

    - Document the time the answer was provided to the Off-site Agency

_____ 7.7 Repeat the above steps as necessary to communicate other **Follow Up** messages.

_____ 7.8 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

_____ 7.9 Update next message due on the following white boards:

- Off Site Agency Communicators Area

- EOF Directors Area

8. Termination Message

NOTE:	1. Termination notifications are communicated **verbally**
	2. Termination notification is marked as a Follow-up.

_____ 8.1 From the Menu bar, select the specific **Event**, (Ensure that the event is highlighted) and then select **Terminate Event.**

_____ 8.2   Enter Termination Time and Date, then Click **OK**.

——— 8.2.1   Confirm that event is ready to be Terminated by clicking "Yes"
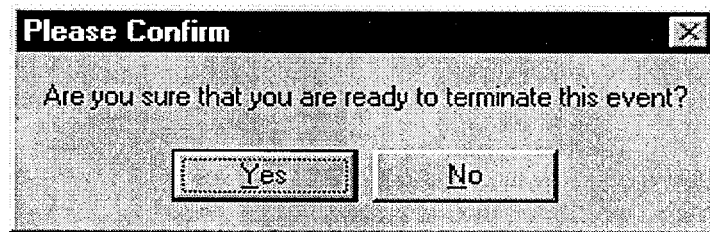
- A Message will be generated with appropriate information.

8.3 Review the form to verify information is correct.

- If the information is correct proceed to step 8.5.

____ 8.4 If information needs to be revised, perform the following:

- Return to the events panel by selecting the specific event.

- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.

- Make changes as necessary and inform the responsible group of those changes.

- When editing is complete, select **Save**.

- Return to the specific message form by double clicking on the specific message.

- Select **Message** from the Toolbar, then **Refresh**.

- Select "Yes" if you are ready to Refresh the form.

NOTE:	If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

____ 8.5 Review the form to verify information is correct.

- If message is correct select "Save".

- Print out a copy by selecting **Message** from the Toolbar, then **Print**.

- Have the EOF Director review and sign the form.

_____ 8.6 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 8.7 – 8.8 while another Off Site Agency Communicator establishes contacts per steps 8.9.

_____ 8.7 To Fax the Electronic form, Select **Message** from the Toolbar, THEN **Fax**.

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

Fax Message

Approval

Name: [   ]

Title: [Emergency Coordinator   ▼]

Date/Time: [/ /   :   🕐]

Additional Actions

☑ Export To Web   ☐ Send E-Mail

[Fax]   [Cancel]

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- Select the Fax Button on this panel.

- Select "Yes" on confirmation panel if ready to fax the form.

Please Confirm   ☒

Are you sure that you are ready to fax this message?

[Yes]   [No]

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen

_____ 8.8 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba or ~mcguire** (whichever applies) in the Name block.

- Click the Green colored " check mark symbol" (√) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*

- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

- Select "OK" on reminder panel for setting the transmittal time and date.

NOTE:	Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).

- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

_____ 8.9 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

NOTE:	The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

- Verify that all available agencies are on the line. Document this as the transmittal time.

- Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Off Site Agencies. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

NOTE:	Authentication Code should be hand written on the copy of the ENF that the EOFD has previously signed.

- For Termination Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.

- Ask if there are any questions, regarding the Termination ENF information.

- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.

- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.
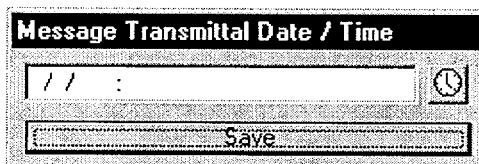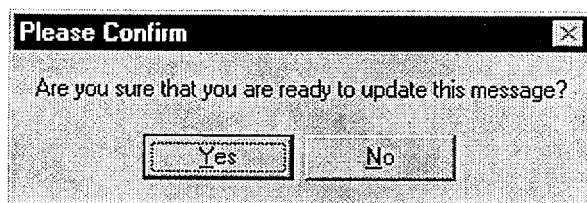
- Select "Yes" at the prompt if the Fax was successfully sent.

- Complete the message transmittal Date and Time and select "Save".

- At the confirmation prompt select "Yes" if you are ready to update this message.

- The transmittal date and time will be automatically be added on the message.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 8.10 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).

- Have the request evaluated by the EOF Director.

- Document the question, answer, and have the EOF Director sign.

- Document the time the answer was provided to the Off-site Agency.

——— 8.11 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

_____ 8.12 Shut down the Program by performing the following:

- From the **Menu Bar**, Select **"File"**, then **"Exit"**.

- Shut down the Computer by Selecting the **"Start"** button, then **"Shutdown"**, then, **"Shutdown the computer"**.

10.	Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs: • Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A and/or 53B for Catawba or 51A and/or 51B for McGuire read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined. • Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. • Steam generator tube leak monitored by EMF 33.	Rad Assess.
11.*	* Items 11-14 may be left blank on <u>initial</u> notifications Indicate type of release and time/date. Mark Ground Level for any airborne releases.	Rad Assess.
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess.
13.*	Write estimate of projected off-site dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad Assess.
14.*	Provide meteorological data	Rad Assess.
15.	Indicated appropriate recommended protective actions as recommended by Duke Power and the EOF Director. • For Unusual Event, Alert, and Site Area Emergency, Mark box "A" • For General Emergency , mark and complete information for boxes B and C using: Catawba - RP/0/A/5000/005 (GE) McGuire – RP/0/A/5700/004 (General Emergency)	Rad Assess.
16.	Have EOF Director approve message.	EOF Dir.

2. Termination Notification Completion (Manual ENF Termination)

    2.1   When the emergency/drill has been terminated, complete the ENF as described below.

> **NOTE:** 1. When terminating from a General Emergency, "No Recommended Protective Action" HAS to be selected in the Electronic Emergency Notification Form Program.
>
>   2. Termination notifications are communicated **verbally**.
>
>   3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information EOF
1.	Check appropriate blocks NOTE: **Message #s are sequentially numbered** throughout the drill/emergency starting with the Control Room.	Accident Assessment Mgr.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Accident Assessment Mgr.
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	
4.	Authentication will be completed while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Accident Assessment Mgr.
6.	Mark box "B" and write time and date of termination.	Accident Assessment Mgr.
7.-15	No information is required.	Off-site Communicator
16.	Have EOF Director approve message.	EOF Director

1. Transmitting a Message

1.1   Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

SELECTIVE SIGNALING
NOTE: Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). *** 5** (CNS) or *** 1** (MNS) may be used initially to contact county and warning points/EOCs.
NOTE: The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and remove the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset however, the handset must be removed from the cradle when the headset is in use.
1.   Pick up receiver (no dial tone will be heard). Dial *** 5** (CNS) or *** 1** (MNS) and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2)
2.   Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.
3.   Continue this process until all applicable agencies are on the line.

> **NOTE:**   **If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.**

1.2   **1st - Commercial Telephone (Bell Line) (Conference Call)**

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.1 for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

- **MCGUIRE**

Refer to Enclosure 4.10 (EOF Programmable Conference Telephones) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers

1.3   2nd - North Carolina and/or South Carolina Emergency Management Radio.

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.11 (EOF County Emergency Response Radios) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the State Emergency Management Radios.

1.4   3rd - Duke Power Radio Network (Low Band System)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of the Duke Power Low Band Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.12 (EOF North Carolina Emergency management Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the Duke Power Low Band Radios.

> **NOTE:** **Report any failures to the EOF Director/Emergency Planner.**

2. Message Transmission

2.1   For transmitting **Initial Notifications,** proceed to **Section 3.**

2.2   For transmitting **Follow-up Notifications,** proceed to **Section 4.**

3. Initial Notification Transmission

When you are prepared to transmit a message, contact the appropriate agencies using the established method.

- **CATAWBA**

Message #_____

CNS SELECTIVE SIGNAL		CNS BELL LINE	ROLL CALL
Individual Selective Signal # OR	Dial *5: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is Catawba Nuclear Station; please hold."
513 York County WP/EOC		803/329-1110	
116 Mecklenburg Co. WP/EOC		704-943-6200	
112 Gaston County WP/EOC		704/866-3300	
314 North Carolina WP/EOC		919/733-3300	
518 South Carolina WP/EOC		803/737-8500	
*** 514 SC FEOC		To be determined by S.C.	

- **McGUIRE**

MNS SELECTIVE SIGNAL		MNS BELL LINE	ROLL CALL
Individual Selective Signal # OR	Dial *1: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is McGuire Nuclear Station; please hold."
112 Gaston County WP/EOC		704/866-3300/3243	
113 Lincoln County WP/EOC		704/735-8202/736-8511	
114 Iredell County WP/EOC		704/878-3039	
116 Mecklenburg Co. WP/EOC		704-943-6200	
118 Catawba County WP/EOC		828/464-3112	
119 Cabarrus County WP/EOC		704/788-3108/8137	
314 North Carolina WP/EOC		919/733-3942/3861	

If an off-site agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails).

3.1   When all available agencies are connected, document the time on line 3 as transmittal time and read the following statement: "This is a _drill or actual emergency_ (whichever applies). The following is Emergency Notification ENF Information."

3.2   If this is the FIRST message from the EOF, inform the states and counties that the EOF has been activated and that you are taking over responsibility for communications from Catawba or McGuire Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**

3.3   Authenticate and Transmit the Emergency Notification (ENF) message providing line by line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions).

   3.3.1   All **initial** notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties**. If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.

3.4   Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

NOTE: Date and time do not need to be filled in on back of form if _all_ parties were on line at the time of message transmission.

3.5   Inform the agencies of the following,

   • This concludes message # _____.
   • They will be receiving a Fax copy of this message shortly.
   • Are there any questions about the message?

3.6　If question is outside of ENF information, do <u>not</u> answer question.

- Authenticate the request (if question is a return call).

- Have the request evaluated by the EOF Director.

- Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.

3.7　Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4, Fax Communicator Checklist.

3.8　Repeat steps as needed to communicate other initial messages.

3.9　Provide copies of the Emergency Notification Form to the:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

4.　Follow-up Notification Transmission

> **NOTE:**　Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. <u>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.</u>

4.1　Verify that all sections have been completed and that the message has been approved.

4.2　Fax a copy of the form to the Off-Site Agencies per Enclosure 4.4.

4.3　Call the Off-Site Agencies.

4.4　Verify all available parties are online and <u>document this as the transmittal time.</u>

4.5　Verify the each received the Notification Form via fax.

4.6   Ask if there are any questions.

If a question is outside of ENF information, do <u>not</u> answer question.

- Authenticate the request (if question is a return call) (callee gives number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.

4.7   Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.

4.8   Repeat the above steps as necessary to communicate other follow-up messages.

4.9   Provide hard copies of the Emergency Notification Form to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

1. **The primary method of faxing the notification form is via the Electronic Notification Form Program.**

   If a problem is experienced with the Electronic Notification Form fax, send the Fax to the Agencies via one of the following methods: Simultaneously via AT&T Enhanced Fax Process or Individually via the Off-Site Communicator Fax Machine.

2. **Simultaneously (AT&T Enhanced Fax Faxes Simultaneously to the Off-site Agencies)**

   2.1   Place the Notification form in the Off-site Communicator Fax machine

   2.2   Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

   - Press the pre-programmed button labeled **AT&T Broadcast Fax** (or Dial 1-800-232-9674)

   - Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)

   - Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)

   - When Login is verified Successful, **Press 1** (to send a message)

   - Press *** 5** (Recipient List)

   - Press **#** (Own Private List)

   - For Catawba Nuclear Station distribution Press **1 #**(List Name)

   - For McGuire Nuclear Station distribution Press **2 #**(List Name)

   - Press *** #** (No other Lists to add)

   - Press **Start** on the Fax Machine

   - Hang up telephone. The AT&T Enhanced Fax Service will then fax the notification form to the Primary Off-site Agencies

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NOTE: To receive messages from the Fax Service (i.e.: could not deliver a fax to specific location), refer to Section 5.

3. Individually (via fax machine to the Primary Agencies (WP/EOCs)

3.1   Fax the Notification Form individually using the Fax machine per the following list:

CATAWBA

		Press	Energy Quest	or dial	8-831-3415
		Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
		Press	York Co. WP/EOC	or dial	1-803-324-7420
		Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
		Press	Meck Warning Pt.	or dial	1-704-943-6189
		Press	S.C. WP/EOC	or dial	1-803-737-8575
		Press	N.C. WP/EOC	or dial	1-919-733-7554
		Press	TSC	or dial	1-803-831-3532

McGUIRE

		Press	MNS News Group	or dial	8-875-5602
		Press	Joint Information Ctr. (JIC)	or dial	382-0069
		Press	Lincoln County WP/EOC	or dial	1-704-732-9035
		Press	Iredell County WP/EOC	or dial	1-704-878-5354
		Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
		Press	Meck Warning Pt.	or dial	1-704-943-6189
		Press	Catawba County WP/EOC	or dial	1-828-465-1220
		Press	Cabarrus County WP/EOC	or dial	1-704-784-1919
		Press	N.C. WP/EOC	or dial	1-919-733-7554
		Press	TSC	or dial	8-875-1954

4. Additional Fax Options/Instructions

4.1   To send a fax to multiple locations using the one touch dialing or direct dialing:

- Place the Fax you are transmitting face down into the Fax Machine.

- Press the pre-programmed one-touch speed dial numbers (i.e., Meck Co. WP/EOC, NC WP, etc.) that you want to receive the Fax.

- Press **Start**.

4.2   To send a Fax to a single location using one-touch dialing or direct dialing:

- Insert the document face down into the Fax and press the designated agency button labeled on the Fax Machine.

- Verify Fax was sent to the agencies via the Fax report(s). Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

5.1   To Retrieve messages from the AT&T Enhanced Fax service, perform the following:

5.2   Place the Notification form in the Off-site Communicator Fax machine

_____ 5.3   Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Enhanced Fax** (or Dial 1-800-232-9674)

- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)

- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)

- When Login is verified Successful, **Press 2** (to receive a message)

This page is left intentionally blank.

1. Placing A Call

When providing Emergency Notification Form (ENF) information to the Off-Site Agencies, the Communicator should:

1.1   Ask a State or County Representative to provide a <u>number</u> from the Authentication Codeword list.

1.2   Then give them the code word corresponding with the number from Enclosure 4.5, "Message Authentication Code List."

1.3   Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

2. Receiving A Call

When receiving a call from off site and the identity of the party calling is not known, you should:

2.1   Provide a number from Enclosure 4.5, "Message Authentication Code List," to the caller.

2.2   The caller will then provide the word corresponding with the number of the Authentication Code List.

2.3   Document in Communicator's Logbook.

<u>RULE OF THUMB</u>:

Callee gives the number

Caller gives the word

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL   [B] ACTUAL EMERGENCY   [ ] INITIAL   [ ] FOLLOW-UP   MESSAGE NUMBER _____

2. SITE: _____ UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ ___/___/___   CONFIRMATION PHONE NUMBER: (704) 382-0724
   (Eastern)   mm dd yy

4. AUTHENTICATION (If Required): _____   _____
   (Number)   (Codeword)

---

5. EMERGENCY CLASSIFICATION:

   [A] NOTIFICATION OF UNUSUAL EVENT   [B] ALERT   [C] SITE AREA EMERGENCY   [D] GENERAL EMERGENCY

---

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE: _____ ___/___/___ (If B, go to item 16.)
   (Eastern)   mm dd yy

7. EMERGENCY DESCRIPTION/REMARKS: _____
   _____
   _____
   _____
   _____

8. PLANT CONDITION: [A] IMPROVING   [B] STABLE   [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE: _____ ___/___/___   [B] _____ % POWER
   (Eastern)   mm dd yy

10. EMERGENCY RELEASE(S):

    [A] NONE (Go to item 14.)   [B] POTENTIAL (GO TO ITEM 14.)   [C] IS OCCURRING   [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED   [ ] GROUND LEVEL

   [A] AIRBORNE: Started: ___/___/___   Stopped: ___/___/___
                   Time (Eastern) Date   Time (Eastern) Date

   [B] LIQUID: Started: ___/___/___   Stopped: ___/___/___
                   Time (Eastern) Date   Time (Eastern) Date

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

   [A] NOBLE GASES _____   [B] IODINES _____

   [C] PARTICULATES _____   [D] OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW   [ ] UNCHANGED   PROJECTION TIME: _____
                                                                                        (Eastern)

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

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from) _____°   [B] SPEED (mph) _____
                             [C] STABILITY CLASS _____   [D] PRECIPITATION (type) _____

---

15. RECOMMENDED PROTECTIVE ACTIONS:

    [A] NO RECOMMENDED PROTECTIVE ACTIONS

    [B] EVACUATE _____

    [C] SHELTER IN-PLACE _____

    [D] OTHER _____

---

16. APPROVED BY: _____   EOF Director   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)

2. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

3. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

4. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

5. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

6. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

7. _____
(name)

_____ _____ _____
(date)   (time)   (agency)

Lead Person:

- Sign in on the white board in the EOF Director's area as the "Off-site Agency Communicator". Also sign in and ensure that the other EOF off-site agency communicators have signed in on the white board in the off-site agency communicator's area.

- Ensure adequate staffing of Emergency Off-site Agency Communicators (EOACs).

- Ensure all the EOACs have a copy of and understand the correct procedure and that they know their duties.

- Ensure that the EOACs are fit for duty prior to taking turnover from the site.

- Keep the EOF Director informed of progress in preparing to take turnover from the site. Ensure that the EOF promptly get copies of each site-issued Emergency Notification Form.

- Be the chief interface with the EOF Director.

- Have one of the EOACs arrange for 24 hour EOAC coverage.

- Check with dose assessment early and often to ensure that they don't delay an ENF. (It can take them 10 minutes to calculate doses so be sure that they have a 15 minute warning before we need their data. If they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Manager involved at once -- **do not delay!**)

- Check with the News Group to coordinate ENF transmittals with their press conference schedule. Information should always be issued on an ENF before the News Group releases it. If requested, review and approve (signature required) news releases.

- Resolve any questions concerning procedure or actions (the Emergency Planner can help).

- Ensure that all messages (ENFs) are accurate, complete, and issued on time.

- Decide when to omit dose data on the ENF (in the interest of timeliness).

- Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events (e.g. injuries, fires, intruders, etc.) are reported and that later ENF's follow-up on those events and report their resolution ("close the loop").

- Proofread the ENF prior to giving it to the EOF Director for approval. Give the EOF Director sufficient time to review/change the ENF.

- Work with the Commodities and Facilities group to fix any problems with the FAX machines, selective signaling, etc. Advise the EOF Director of these problems.

- Decide which ENFs will be FAXed only (vs read and FAXed).

- Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.

- After the drill/event tell the primary EOAC what role was filled by each communicator and of any comments/questions concerning their action in the drill/event.

ENF Person:

- Start EOAC computer and log in to electronic ENF.
- Verify that all users can access electronic ENF.
- Synchronize the EOAC computer clock with the TSC time.
- Complete ENF section 1 either electronically or on paper (NOTE: ENF section 1, lines 3 and 4 are entered by the phone person).
- Work with Accident Assessment and Rad Assessment to complete their sections of the ENF.
- Have the lead EOAC and the EOF Director review the ENF when it is ready.
- Ensure SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) is completed.
- Collect and turn in all appropriate documentation to Emergency Planning at the end of the drill/event.
- Use ENF software to FAX ENF to JIC.
- Ensure all ENF software users are working on the current ENF message.

Phone Person

- Get current authentication code word list.
- Call the TSC to advise them of the start of communications checks.
- Perform communications checks with all participating off-site agencies.
- Call all participating off-site agencies to begin process of communicating each ENF.
- Have this communication authenticated by one of the off-site agencies.
- Complete ENF section 1, lines 3 and 4, and then print the ENF.
- Communicate ENF contents to off-site agencies (by FAX and/or voice).
- Verify that all off-site agencies received each ENF (and get name of individual recipient).
- Handle all questions from the off-site agencies.
- Sign off completed task of procedure.

Floater

- Assist and provide brief relief to Phone, Lead and ENF persons as needed.
- Copy and distribute each ENF promptly.
- Use FAX machine to transmit ENFs.
- Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.
- Update the EOF Director's Area and the EOAC status boards with the next message due number and time each time an ENF is completed. (This applies to all ENFs regardless of site or origination - Control Room, TSC, and EOF).

The first EOACs to arrive at the EOF should promptly perform each of the "Immediate Actions" listed in RP/0/A/5700/015 regardless of which role they expect to perform.