Duke Power
A Duke Energy Company

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March 13, 2001

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

Subject: Duke Energy Corporation
Catawba Nuclear Station Units 1 and 2
Docket Nos. 50-413 and 50-414
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following Emergency Plan Implementing Procedures:

RP/0/B/5000/006B, Notifications to States and Counties from the Technical Support Center (Rev. 012)

RP/0/B/5000/029, Fire Brigade Response (Rev. 000)

These revisions are being submitted in accordance with 10CFR 50.54(q) and do not decrease the effectiveness of the Emergency Plan Implementing Procedures or the Emergency Plan.

By copy of this letter, two copies of the above documents are being provided to the NRC, Region II.

If there are any questions, please call Tom Beadle at 803-831-4027.

Very truly yours,

Gary R. Peterson

Attachments

A045

xc (w/attachments):

L. A. Reyes
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
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(w/o attachments):

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DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 013)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003	Alert (Rev. 037)
RP/0/A/5000/004	Site Area Emergency (Rev. 039)
RP/0/A/5000/005	General Emergency (Rev. 039)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 012)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 012)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 020)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 018)
RP/0/A/5000/009	Collision/Explosion (Rev. 006)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 013)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 027)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 004)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

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EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 014)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 003)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 007)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 002)
RP/0/B/5000/026	Response to Bomb Threat (Rev. 002)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 001)
RP/0/B/5000/029	Fire Brigade Response (Rev. 000)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 027)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 018)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 038)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 011)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 001)
HP/2/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 000)
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 002)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 001)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 001)
OP/0/A/6200/021	Operating Procedure for Post Accident Liquid Sampling System II+ (Rev. 032)
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 002)
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities (Rev. 001)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 007)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 002)

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1)ID No. RP/0/A/5000/006B
Revision No. 012

PREPARATION

(2) Station Catawba Nuclear Station

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

(4) Prepared By B R Stitt Date 2/15/01

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

(6) Reviewed By Carey L Mitchell (QR) Date 2/22/01

Cross-Disciplinary Review By _____ (QR) NA GLM Date 2/22/01

Reactivity Mgmt. Review By _____ (QR) NA GLM Date 2/22/01

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) APPROVED BY Richard L Swiggart Date 2/22/01

PERFORMANCE (Compare with control copy at least once 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) Dates(s) Performed _____

Work Order Number (W/O #) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ N/A Check lists and/or blanks properly 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 and properly 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 Catawba Nuclear Station **Notifications to States and Counties from the Technical Support Center** **Multiple Use**	Procedure No. RP/0/A/5000/006 B Revision No. 012 Electronic Reference No. CN005GNR

1. Symptoms

1.1 An emergency has been declared and an Off-Site Agency notification is required.

2. Immediate Actions

NOTE:
1. Steps may be performed out of sequence at the discretion of the communicator.
2. 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 of the Off-site Agencies.
3. Changes in Protective Action Recommendations must be transmitted within 15 minutes.
4. Changes in Protective Action Recommendations and Termination Notifications must be transmitted verbally.

_____ 2.1 TSC activation:

2.1.1 One TSC Communicator shall proceed directly to the Control Room (C/R) (Simulator during drills) to obtain an update from Operations.

2.1.2 The TSC Turnover Communicator should communicate with the TSC to provide turnover information per section 2.3.

_____ 2.2 A second Off-site Communicator shall proceed to the TSC and sign in on the TSC "sign-in" board and begin the Off-site Communicator duties.

_____ 2.2.1 Contact the Off-site Communicator in the Control Room and perform the following:

_____ A. Obtain the TSC Communicator's Notebook to have immediate access to the Authentication Codeword list and blank hard copies of the Notification form..

_____ B. Ensure that notification forms initiated in the Control Room have been faxed.

_____ C. Provide copies of the previously transmitted forms to the following:

___ **Emergency Coordinator** ___ **OPS Supt.**

___ **Dose Assessment** ___ **NRC Communicator**

___ **TSC Logkeeper** ___ **Emergency Planner**

___ **NRC**

D. Inform the C/R that you are going to begin the communications check with the Off-site Agencies.

_____ 2.3 Acquire information on the communication status described below:

- Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency)
- Emergency Declared at _____hrs.
- Last Message #_____ transmitted out at _____ (time)
- Next Message Due at _____ (time)
- Any other pertinent information related to the emergency.

_____ 2.4 Call the states and counties (WP/EOC) 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 TSC.

Use * **5** to call all primary agencies or each agency may be dialed individually.

COMM. CHECK (✓ if OK.)	SELECTIVE SIGNAL (SS)
	513 York County (WP/EOC)
	112 Gaston County (WP/EOC)
	116 Mecklenburg (WP/EOC)
	518 South Carolina (WP/EOC)
	314 North Carolina (WP/EOC)

NOTE: Refer to **Enclosure 4.3 (Page 1)** for Selective Signaling and/or alternate communications instructions.

_____ 2.5 After completion of the communication check inform the Emergency Coordinator that communications can be established and assist in coordinating turn over from the Control Room.

NOTE:
1. As the situation dictates, completion of the Notification form may be accomplished utilizing the Electronic Notification Form program or manually by completing a hard copy.
2. **IF** the Electronic Notification Form (ENF) program is **NOT** operational or practical, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify TSC Data Coordinator of any computer problems.**

_____ 2.6 Power up Off-Site Communicator computer and LOGON to the Network per the following:
User Name: **CNSEP2**
Password: **CNSEP2**
Domain: **POWER**

_____ 2.7 Ensure that the electronic version of the Emergency Notification Form (ENF) can be accessed. (Reference Enclosure 4.1, Step 1.2 for logon instructions).

_____ 2.8 Ensure that the electronic ENF can also be accessed by:

_____ Dose Assessment

_____ 2.9 Verify the Off-Site Communicator area clock is synchronized with the OAC satellite clock. (Located above Screen #2 in the TSC Emergency Coordinator's Area.)

3. Subsequent Actions

_____ 3.1 Update the Off-site Communicator Status Board in the TSC to include the information from **Section 2.3**.

NOTE:	1. The facility that makes a classification should be the facility that makes the notification to the Off-site Agencies. 2. The timing of TSC activation shall not interfere with the time requirements for off-site agency notifications.

_____ 3.2 Ensure prior to TSC activation that the TSC will have adequate time, after TSC activation, to make the next notification.

_____ 3.3 Inform the TSC Emergency Coordinator and Dose Assessment of when the next message is due, THEN update "Next Message Due" on TSC Coordinator Area Board and Off-site Communicator's board.

_____ 3.4 Notify TSC Emergency Coordinator when the TSC Communicators are prepared to accept communication responsibilities from the Control Room.

_____ 3.5 Immediately after the TSC Emergency Coordinator declares the TSC as **activated**, inform the C/R that the TSC is now responsible for all future notifications.

_____ 3.6 Review the following information concerning notifications.

3.7 Initial Notifications

The first notification made in each of the four Emergency Classifications is called an Initial Notification. Initial Notifications **shall** be made within **<u>15 minutes</u>** of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The Message Number will remain sequential throughout the event beginning with the first message from the Control Room. Refer to Enclosure 4.1 for Electronic Emergency Notification Form Completion/Transmission instructions **OR** Enclosures 4.2 and 4.3 for Manual Emergency Notification Form Completion/Transmission instructions.

3.8 Follow-up Notifications

NOTE:

1. Follow-up notifications that involve a change in 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.

2. 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.

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 hour 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 each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

NOTE: At some point during the event as the various EOCs are staffed, Off-site Agencies may request that the Notification Form be faxed to other fax numbers within their facilities. When this occurs make arrangements to have the form faxed to the requested numbers.

3.9 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages. (Refer to Enclosure 4.2, Section 2.)

3.10 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the initial Emergency Notification Form (ENF), other events/occurrences, protective action recommendation changes, etc. that will affect the Off-site Agencies 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 TSC Emergency Coordinator to assure pertinent information is forwarded to the Off-Site Agencies. *

* - Notification of the Off-site Agencies should take place as soon as possible (i.e.: 15 minutes)

NOTE:	These events may be the basis for the current emergency classification or an additional event to be reported on line 7 of the Emergency Notification Form (ENF). These events may need off-site agency action or resolution.

Examples:

- Fires
- Flooding
- Major/Key Equipment Out of Service
- Explosions
- Loss of Off-Site Power
- Core Uncovery
- Core Damage
- Injuries and Deaths
- Contaminated Individuals Transported Off Site
- Individuals Transported Off-Site
- Site Evacuations/relocation of site personnel
- Saboteurs and Intruders/suspicious devices/threats
- Protective Action Recommendation Changes
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noise audible off-site
- Any event causing/requiring off-site agency response
- Any event causing increased media attention
- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event.
- Emergency response actions underway.

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 Instructions

4.5 Message Authentication Code List

4.6 Authentication Guideline

4.7 Emergency Notification Form (ENF)

4.8 TSC Lead Off-Site Agency Communicator Duties

1. Electronic Notification Form Logon

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

_____ 1.1.1 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in Section 2, (Immediate Actions section in front of the procedure) step 2.6.

_____ 1.1.2 Ensure the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE:	(If computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.2 and 4.3** 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 the following:

_____ 1.2.1 Select the Duke Application Environment (DAE) Icon.

_____ 1.2.2 Select **"My Applications"**

_____ 1.2.3 Select **(ERO) Emergency Response Organization**

_____ 1.2.4 Select **ENF v2.0 - CNS MNS ERO**

_____ 1.2.5 Login the Program entering the following information:

User Name: Your Network Logon ID (i.e. BRS1064)
Password: Your Network Password
Domain: POWER

2. Electronic Notification Form Completion (Create Event)

_____ 2.1 Highlight the appropriate station (Catawba) for the event.

_____ 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event.**

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

_____ 2.3.1 For **Event Information** - Select Drill or Actual Emergency

_____ 2.3.2 For **Description** - Indicate the type of Event (i.e., Loss of Off-Site Power, 03/08/99 1st Quarter Drill)

_____ 2.3.3 For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.

_____ 2.3.4 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: message number, transmittal times, etc.).

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

_____ A. Select (Initial or Follow-up)

_____ B. Number (Last Message Number)

_____ C. 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".

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

Screen/panel	Information Source	Screen/Panel Completed by
Plant Status Screen	Operations Procedure Support	Off-site Agency Communicators
Plant Summary Screen	Emergency Coordinator/Asst.	Off-site Agency Communicators
Release Screen:	Operations/ TSC Dose Assessors	Dose Assessors
Met/Offsite Dose Screen	TSC Dose Assessors	Dose Assessors
Protective Actions Screen	Operations/ TSC Dose Assessors	Off-site Agency Communicators
Communications Screen	Off-site Agency Communicators	Off-site Agency Communicators

3. Plant Status Screen

_____ 3.1 Select the "Plant Status" Tab (First Tab on the Event screen.)

_____ 3.2 Ensure and update as necessary the "Emergency Classification" and "Declared At:" time field.

_____ 3.3 Select the appropriate Emergency Action Level by performing the following:

_____ 3.3.1 Click the Binocular Icon in the Emergency Action Level section

_____ 3.3.2 Choose the appropriate base EAL number (i.e., 4.2 System Malfunction)

_____ 3.3.3 Click the ⊞ to expand the menu options.

_____ 3.3.4 Click the ⊞ for the appropriate Classification to expand the menu options.

_____ 3.3.5 Highlight the appropriate EAL (ex: 4.2.A.1)

_____ 3.3.6 Click the "**Select**" button

_____ 3.4 Once the appropriate EAL has been chosen, highlighted the "Select" button.

_____ 3.5 In the "Reactor Status" section, select the appropriate unit(s) and status.

_____ 3.6 **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, you must be in a General Emergency.

_____ 3.7 Update the "Gap Activity" per the following:

_____ 3.7.1 For **"Alert"** or **"Site Area Emergency"** select **"NO".**

_____ 3.7.2 For General Emergency have Dose Assessment refer to RP/0/A/5000/005, Enclosure 4.3, to determine if containment radiation levels are >100% of GAP activity.

_____ 3.8 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. Confirm with the OPS superintendent or the TSC Emergency Coordinator.

- **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, plants, 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 only. 3. Facility activation information will automatically be included on the appropriate message.

_____ 4.3 Under the "Description/Remarks" section, write a concise description for declaring the event, or changes since the last notification. The first message in the classification will automatically include the EAL information. Subsequent messages should continue to explain the details as they occur then include any other information that may affect the Off-site Agencies **[See list in Section 3, (Subsequent Actions) step 3.10]**. Follow-up messages should include relevant information and changes that have occurred since the last message. **Don't just repeat the EAL or the last message.**

_____ 4.4 When all information is completed, select the "Save" button.

5. Release Screen and Met/Offsite Dose Screen

_____ 5.1 These screens will be completed by the TSC Dose Assessors.

_____ 5.2 Verify with the TSC Dose Assessors that they are in the process of acquiring RadDose data and are preparing to upload the information to the Electronic Notification form program.

_____ 5.3 Ensure the status indicator at the bottom of the screen for the Release and Met/Offsite Dose have been updated (changed to green).

6. Protective Actions Screen

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

_____ 6.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

_____ 6.2 **IF** the Emergency Classification **IS NOT** a General Emergency, select the "Validate" button and GO TO Step 7.

_____ 6.3 **IF** the Emergency Classification **IS** a General Emergency, load protective action recommendations by performing the following:

6.3.1 Select "Load Protective Action Recommendations" (Protective Actions will automatically be loaded into the ENF program based on Wind Speed, Wind Direction, and Gap Activity).

6.3.2 With input from Dose Assessment, verify that the loaded Protective Action Recommendations are correct utilizing RP/0/A/5000/005.

6.3.3 If additional individual evacuation zones need to be added or deleted us the transfer functions (<, <<, >, >>) to transfer the zones.

_____ 6.4 After the protective action recommendations are verified select the "Save" button.

NOTE: Status Indicator at the bottom of the screen should change to green indicating that the information has been updated.

7. Communications Screen

_____ 7.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)

_____ 7.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)

_____ 7.3 Complete the applicable information in the "Event Management" section as follows:

_____ 7.3.1 Select the "Managing Site".

_____ 7.3.2 Select and enter the appropriate facility (TSC or EOF) activation time.

NOTE: Last Message information should be automatically populated if a previous message has been sent. If information is incorrect, it may be revised by selecting the "Change Last Message Information" bar near the bottom of the screen.

_____ 7.4 Once all applicable information has been completed select "Save."

NOTE: Updating the information on a particular panel may be performed by double clicking on the desired indicator panel designator at the bottom of the screen. Status indicator information is as follows:

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

NOTE: The "Next Msg Due" time interval color indicators are as follows:

Initial Notifications		Follow-Up Notifications	
Black -	No information or information time conflict	**Black** -	No information or information time conflict
Green -	Next Message is due in 10-15 minutes minutes	**Green** -	Next Message is due in 30-60
Yellow -	Next message is due in 5–9 minutes minutes	**Yellow** -	Next message is due in 15-29
Red -	Next message is due in 5 mins. or is past due.	**Red** -	Next message is due <15 min. or is past due.

_____ 7.5 Periodically validate information on the on the Off-site Agency Communicator assigned 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).

_____ 7.6 **IF** information needs to be updated, make the appropriate changes on the appropriate screen and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

8. Building a Message

_____ 8.1 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.

_____ 8.1.1 Ensure 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 the designated screen.

_____ 8.1.2 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.

_____ 8.1.3 Review the form to verify information is correct.

_____ 8.1.4 **IF** information is correct proceed to step 8.1.6.

_____ 8.1.5 **IF** information needs to be revised, perform the following:

A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.

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

C. When editing is complete, select Save.

D. Return to the message form, then select **Message** from the Toolbar, then **Refresh**.

E. Select "Yes" if you are ready to refresh the form.

NOTE: You will be prompted that the information needs to be updated if status indicator is any color other than "Green." Refer to step 8.1.1.

_____ 8.1.6 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 8.1.7 Have the TSC Emergency Coordinator review and sign the form.

9. Transmitting Message

_____ 9.1 Locate a copy the Authentication Code Word List.

_____ 9.2 For **Initial Notifications** (15 Minutes) proceed to **Section 10**.

_____ 9.3 For **Follow-up Notifications**, proceed to **Section 11.**

10. 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.

_____ 10.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 10.1.1 – 10.3.4 while another Off Site Agency Communicator establishes contacts as per step 10.4.

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.

_____ 10.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

_____ 10.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.

_____ 10.1.3 Select the Fax Button on this panel.

_____ 10.1.4 Select "Yes" on confirmation panel if ready to fax the form.

NOTE:
1. The AT&T Fax Sender Panel should now be initialized and appear on screen.
2. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
3. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

_____ 10.2 On ATT Fax Sender Panel, type **~catawba** in the Name block.

_____ 10.3 Perform the following:

_____ 10.3.1 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.).*

_____ 10.3.2 Then select the **Send** button at the top of the panel. (**The ENF will be Faxed to the agencies simultaneously**).

_____ 10.3.3 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.

_____ 10.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

_____ 10.4.1 Activate the Group Call function by dialing ***5** and verify that all available agencies answer. If all agencies do not respond, contact the missing agency individually via selective signaling.

_____ 10.4.2 When all available parties are verified on the line, document that this is the transmittal time.

NOTE: Transmittal Time and Authentication Code should be handwritten into the signed ENF form.

_____ 10.4.3 Read the following statement "This is Catawba Nuclear Station TSC. This is a drill or actual emergency (whichever applies).

_____ 10.4.4 Ensure 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.)**

_____ 10.4.5 Read the information on the ENF, line by line, to the Off-site Agencies.

_____ 10.4.6 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.

_____ 10.4.7 After the information has been covered, inform the agencies the following: "This concludes message # ___. Are there any questions?"

_____ 10.4.8 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.

_____ 10.4.9 Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.4.1. Document the times these agencies were contacted on the back of the notification form.

_____ 10.4.10 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**

_____ 10.4.11 Select "Yes" at the prompt if the fax as successfully sent.

_____ 10.4.12 Complete the message transmittal Date and Time and select "Save".

_____ 10.4.13 **IF** information is correct, select the "Yes" button."

10.5 **IF** a question is outside of ENF information, do not answer the question but perform the following:

_____ 10.5.1 Authenticate the request (if question is a return call, you give the number).

_____ 10.5.2 Have the request evaluated by the TSC Emergency Coordinator.

_____ 10.5.3 Document the question, answer, and have the TSC Emergency Coordinator sign.

_____ 10.5.4 Document the time the answer was provided to the Off-site Agency.

_____ 10.6 Repeat the above steps as necessary to communicate other **Initial** messages.

_____ 10.7 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.

_____ 10.8 Update the next message due time on the TSC Emergency Coordinator Area white board.

NOTE: 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.

11. Transmission of Follow-up Notification

11.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 11.1.1 – 11.3.5 while another Off-site Agency Communicator establishes contacts as per step 11.4.

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.

_____ 11.1.1 Select **Message** from the Toolbar, THEN **Fax**.

_____ 11.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.

_____ 11.1.3 Select the Fax Button on this panel.

_____ 11.1.4 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.

_____ 11.2 On ATT Fax Sender Panel, type ~**catawba** in the Name block.

_____ 11.3 Perform the following:

_____ 11.3.1 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.)*

_____ 11.3.2 Then select the **Send** button at the top of the panel. (**The ENF will be Faxed to the agencies simultaneously**).

_____ 11.3.3 Select "OK" on the reminder panel for setting the transmittal time and date.

NOTE:

1. For Follow-up messages, the transmittal time will be the time that all agencies are on the line to verify Fax transmission.
2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
4. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

_____ 11.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

_____ 11.4.1 Activate the Group Call function by dialing * **5** and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

_____ 11.4.2 Ensure all agencies are on the line. Document this as the transmittal time.

_____ 11.4.3 Ensure 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.)**

_____ 11.5 Ask if there are any questions, regarding the Follow-up ENF information.

_____ 11.6 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.

_____ 11.7 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**

_____ 11.8 Select "Yes" at the prompt if the Fax is successfully sent.

_____ 11.9 Enter transmittal date and time.

_____ 11.9.1 Select "Yes" if you are ready to update this message (transmittal time will be added to message).

_____ 11.10 **IF** a question is received outside of ENF information, do not answer the question but perform the following:

_____ 11.10.1 Authenticate the request (if question is a return call, you give the number).

_____ 11.10.2 Have the request evaluated by the TSC Emergency Coordinator.

_____ 11.10.3 Document the question, answer, and have the TSC Emergency Coordinator sign.

_____ 11.10.4 Document the time the answer was provided to the Off-site Agency.

_____ 11.11 Repeat the above steps as necessary to transmit other Follow Up messages.

_____ 11.12 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.

11.13 Update next message due on the Emergency Coordinator area white board and Off-site Communicator board.

NOTE:	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. Termination Message

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

_____ 12.1 Be sure specific Event is highlighted, THEN, from the Menu bar for the specific Event, Select Event, then Terminate Event.

_____ 12.2 Enter Termination Time and Date, then Click **OK**.

_____ 12.2.1 Confirm that event is ready to be Terminated by clicking "Yes."

_____ 12.3 Message will be generated with appropriate information.

_____ 12.3.1 **IF** information is correct, proceed to step 12.4.

_____ 12.3.2 **IF** information needs to be revised, perform the following:

_____ A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.

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

_____ C. When editing is complete, select Save.

_____ D. Return to the message form, then select **Message** from the Toolbar, then **Refresh**.

_____ E. Select "Yes" if you are ready to refresh the form.

_____ 12.4 Review the form to verify information is correct.

_____ 12.4.1 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 12.4.2 Have the TSC Emergency Coordinator review and sign the form.

_____ 12.5 Once approved, one Off-site Agency Communicator shall perform steps 12.5.1-12.5.8 while another Off-site Agency Communicator establishes contacts per step 12.6.

_____ 12.5.1 Fax the Electronic form selecting **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.

_____ 12.5.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.

_____ 12.5.3 Select the Fax Button on this panel.

_____ 12.5.4 Select "Yes" on confirmation panel if ready to fax the form.

NOTE:
1. If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.
2. The AT&T Fax Sender Panel should now be initialized and appear on screen.

_____ 12.5.5 On ATT Fax Sender Panel, type **~catawba** in the Name block.

_____ 12.5.6 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.)*

_____ 12.5.7 Then select the **Send** button at the top of the panel. (**The ENF will be Faxed to the agencies simultaneously**).

_____ 12.5.8 Select "OK" on the reminder panel for setting the transmittal time and date.

NOTE:
1. For Follow-up messages, the transmittal time will be the time when all parties are verified on line.
2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
4. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

_____ 12.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

_____ 12.6.1 Activate the Group Call function by dialing * **5** and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

_____ 12.6.2 Ensure that all Agencies are on line. Document this as the transmittal time.

_____ 12.6.3 Assure that the Agencies have received the Fax. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

_____ 12.6.4 For Termination Notifications, when your 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.

_____ 12.6.5 Read the message to the Off-site Agencies.

_____ 12.7 Ask if there are any questions regarding the termination message.

_____ 12.8 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.

_____ 12.9 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**

_____ 12.10 Select "Yes" at the prompt if the fax is successfully sent.

_____ 12.11 Complete the message transmittal Date and Time and select "Save."

_____ 12.12 At the confirmation prompt select "YES" if you are ready to update this message.

_____ 12.13 If a question is outside of ENF information, do not answer the question but perform the following

_____ 12.13.1 Authenticate the request (if question is a return call, you give the number).

_____ 12.13.2 Have the request evaluated by the TSC Emergency Coordinator.

_____ 12.13.3 Document the question, answer, and have the TSC Emergency Coordinator sign.

_____ 12.13.4 Document the time the answer was provided to the Off-site Agency.

_____ 12.14 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

Emergency Notification Form (ENF) Completion

1. Initial and Follow-up Completion

Item #	**NOTE:** Items 11-14 may be skipped on initial notifications Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) **Initial**: First message in each of the 4 classifications. **Follow-up**: Subsequent messages following the initial message within the same classification. Message #'s are sequentially numbered throughout drill/emergency starting with the C/R.	TSC Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	TSC Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: **Initial** - when all Agencies are verified on the line. **Follow-up** - all parties are verified on line for fax verification.)	TSC Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	TSC Comm.
5.	Mark appropriate classification.	OPS Supt
6.	Mark the appropriate emergency classification box & write time & date current classification was declared.	OPS Supt
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. **The first message from the TSC should include a statement indicating that the TSC has been activated**. Do not use acronyms or abbreviations. For **Follow-up** messages, include relevant information and changes that have occurred since the last message **(Don't just restate the EAL or last message).**	OPS Supt
8.	Mark appropriate plant 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, 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.	OPS Supt
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	OPS Supt.
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 or 53B 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 initial 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. • For Unusual Event, Alert, and Site Area Emergency, Mark box "A" • For General Emergency , mark and complete information for boxes B and C using RP/0/A/5000/005 (GE)	Rad Assess.
16.	Have Emergency Coordinator approve message.	Emer. Coord.

2. Termination Notification Completion

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 ENF Program.
2. Termination notifications are communicated **verbally**.
3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information TSC
1.	Check appropriate blocks NOTE: **Message #s are sequentially numbered** throughout the drill/emergency starting with the Control Room.	Off-site Communicators.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Off-site Communicators
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	Off-site Communicators
4.	Authentication <u>will be completed</u> while transmitting the notification to states and counties.	Off-site Communicators
5.	Check appropriate classification that is being terminated from.	Off-site Communicators
6.	Mark box "B" and write time and date of termination.	Off-site Communicators
7.- 15	No information required.	N/A
16.	Have TSC Emergency Coordinator approve message.	TSC Emergency Coordinator

1. Transmitting a Message

_____ 1.1 Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

NOTE:

1. 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** may be used initially to contact county and state warning points/EOCs.

2. 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.

_____ 1.1.1 Pick up receiver (no dial tone will be heard). Dial * **5** 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 1.1.2).

_____ 1.1.2 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.

513 York County (WP/EOC)
112 Gaston County (WP/EOC)
314 NC (WP/EOC)
116 Mecklenburg County (WP/EOC)
518 SC (WP/EOC)

_____ 1.1.3 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)**

1.2.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.1, for instructions on the use of telephones in the TSC, conference call instructions, and individual bell line numbers.

1.3 **2nd - North Carolina and/or South Carolina Emergency Management Radio**

1.3.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

1.4 **3rd - Duke Power Radio Network (Low Band System)**

1.4.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of Duke Power Low Band Radio system.

NOTE: Report any failures to the TSC Emergency Coordinator/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.

SELECTIVE SIGNAL	BELL LINE	ROLL CALL
Individual Selective OR Signal # — Dial *5: calls all state /county WP/EOC's 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	
112 Gaston County WP/EOC	704/866-3300	
116 Mecklenburg Co. WP/EOC	704-943-6200	
518 South Carolina WP/EOC	803/737-8500	
314 North Carolina WP/EOC	919/733-3300	

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 TSC, inform the states and counties that the TSC has been activated and that you are taking over responsibility for communications from Catawba 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 not answer question.

- Authenticate the request (if question is a return call).
- Have the request evaluated by the Emergency Coordinator.
- 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 transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.

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. 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.

_____ 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 each Off-Site Agency.

_____ 4.4 When all parties are verified on the line, document this as the transmittal time.

_____ 4.5 Verify each agency has received the Notification Form.

_____ 4.6 Ask if there are any questions.

IF a question is outside of ENF information, do not answer question.

- Authenticate the request (if question is a return call) (callee gives number).
- Have the request evaluated by the TSC Emergency Coordinator
- 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 copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

1. Faxing Process

1.1 This enclosure provides instruction for faxing the ENF to the primary WP/EOCs. Refer to the following sections of this enclosure for the desired method:

Section 2 - AT&T Enhanced Fax - Preprogrammed Button Method
Section 3 - AT&T Enhanced Fax - Dialing Method
Section 4 - Individually (Via Fax Machine)

2. AT&T Enhanced Fax - Preprogrammed Button Method

NOTE:

1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)

2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.

3. Process may be completed without waiting for the prompts.

_____ 2.1 Place the Notification Form face down in the Fax machine.

_____ 2.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.

2.3 Perform the following:

_____ 2.3.1 Press the preprogrammed button labeled ***AT&T Enhanced Fax***.

_____ 2.3.2 Wait to hear: "***Welcome to AT&T Enhanced Fax ,***" then,

_____ 2.3.3 Press the preprogrammed button labeled ***Subscriber ID***, then

_____ 2.3.4 Press the preprogrammed button labeled ***Password*** (You will hear "***Logging in, please wait***")

_____ 2.3.5 Wait to hear: "***Login Successful***," then

_____ 2.3.6 Press **1,** then

_____ 2.3.7 Press * **5** (Recipient List), then

_____ 2.3.8 Press # (Own Private List), then

_____ 2.3.9 Press **1** # (List Name), then

_____ 2.3.10 Press * # (No other lists to add)

_____ 2.3.11 Press **START** on the Fax machine.

_____ 2.3.12 Hang up the phone. (The Fax Service will then fax the Notification Form to the designated facilities).

_____ 2.4 Ensure the primary off-site agencies have received the Fax.

3. AT&T Enhanced Fax - Dialing Method

NOTE:

1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)

2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
3. Process may be completed without waiting for the prompts.

_____ 3.1 Place the Notification Form face down in the Fax machine.

_____ 3.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.

3.3 Perform the following:

_____ 3.3.1 Dial **1-800-232-9674**, then

_____ 3.3.2 Wait to hear: "***Welcome to AT&T Enhanced Fax***," then

_____ 3.3.3 Dial **5 3 0 9 1 2 8 #** (Subscriber ID), then

_____ 3.3.4 Dial **4 8 6 6 6 3 5 2 #** (Password) (You will hear "***Logging in, please wait***")

_____ 3.3.5 Wait to hear: "***Login Successful***," then

_____ 3.3.6 Press **1**, then

_____ 3.3.7 Press *** 5** (Recipient List), then

_____ 3.3.8 Press **#** (Own Private List), then

_____ 3.3.9 Press **1 #** (List Name), then

_____ 3.3.10 Press *** #** (No other lists to add)

_____ 3.3.11 Press **START** on the Fax machine.

_____ 3.3.12 Hang up the phone (The fax service will then fax the Notification form to the designated facilities).

_____ 3.4 Ensure the primary off-site agencies have received the fax.

4. Individually (Via Fax Machine)

4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

_____ 4.1.1 Place the Fax you are transmitting face down into the Fax machine.

4.1.2 Press the preprogrammed one-touch speed dial numbers for the following:

	Press	Energy Quest
	Press	Joint Information Ctr (JIC)
	Press	York Co. WP/EOC
	Press	Gaston Co. WP/EOC
	Press	Meck Warning Pt.
	Press	S.C. WP/EOC
	Press	N.C. WP/EOC
	Press	EOF

_____ 4.1.3 Press **Start**.

4.2 To send a Fax to a **single** location using one-touch dialing or direct dialing:

_____ 4.2.1 Insert the document face down

4.2.2 Press the designated agency button labeled on the Fax machine one at a time.

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr (JIC)	or dial	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	EOF	or dial	1-704-382-0722

_____ 4.2.3 Verify Fax was sent to the designated agency or agencies via the Fax report(s) or phone. Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

5.1 **IF** a Fax is not delivered via the AT&T Enhanced Fax process or if there are problems experienced utilizing the AT&T Enhanced Fax process, the system will generate an ERROR MESSAGE. To retrieve messages from the AT&T Enhanced Fax Service, perform the following:

_____ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine

_____ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

_____ A. Press the preprogrammed button labeled **AT&T Enhanced Fax** (or dial 1-800-232-9674)

_____ B. Press the preprogrammed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)

_____ C. Press the preprogrammed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait…*)

_____ D. When Login is verified Successful, **Press 2** (to receive a message)

_____ 5.1.3 Press Start on the Fax machine.

_____ 5.1.4 When prompted, hang up phone.

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 number 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.

RULE OF THUMB:

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: Catawba Nuclear Site UNIT: _____ REPORTED BY: _____

3: TRANSMITTAL TIME/DATE: _____ (Eastern) ____/____/____ (mm dd yy) CONFIRMATION PHONE NUMBER: (803) 831-7410 (TSC)

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: _____ (Eastern) ____/____/____ (mm dd yy) (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

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

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

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: _____ Time(Eastern) ____/____/____ Date Stopped: _____ Time(Eastern) ____/____/____ Date
[B] LIQUID: Started: _____ Time(Eastern) ____/____/____ Date Stopped: _____ 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	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION: _____HRS.

**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: _____ (Name) TSC Emergency Coordinator (Title) TIME/DATE: _____ (Eastern) ____/____/____ (mm dd yy)

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

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) York County
(date) (time) (agency) Sel. Sig. 513
Bell Line (803) 329-1110

2. (name) Mecklenburg County
(date) (time) (agency) Sel. Sig. 116
Bell Line (704) 943-6200

3. (name) Gaston County
(date) (time) (agency) Sel. Sig. 112
Bell Line (704) 866-3300

4. (name) South Carolina WP/EOC
(date) (time) (agency) Sel. Sig. 518
Bell Line (803) 737-8500

5. (name) North Carolina WP/EOC
(date) (time) (agency) Sel. Sig. 314
Bell Line (919) 733-3300

6. (name)
(date) (time) (agency)

7. (name)
(date) (time) (agency)

Enclosure 4.8

TSC Lead Off-Site Agency Communicator Duties

- Sign in on the white board in the TSC Emergency Coordinator's area as the "Off-Site Agency Communicator." Also sign in and ensure that at least two TSC Off-Site Agency Communicators (OACs) have signed in on the white board in our area.
- Ensure all OACs have a copy of the correct procedure and that they know their duties.
- Ensure the OACs are fit for duty prior to taking turnover from the site.
- Ensure 24 hour coverage if necessary.
- Keep the TSC Emergency Coordinator informed of our progress in preparing to take turnover from the site. Ensure that we promptly get copies of each site-issued Emergency Notification Form (ENF).
- Act as chief interface with the TSC Emergency Coordinator.
- Monitor completion of the other sections to assure time commitments are met. Contact the individual edit groups as appropriate to assure Notification Form is being completed.
- Check with Dose Assessment early and often to ensure that they don't delay a 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 Coordinator involved at once--*do not delay!*)

NOTE: Rad data is not required for initial notifications.

- Resolve any questions concerning OACs' procedure or actions (the Emergency Planner can help).
- Ensure all messages (ENFs) are accurate, complete, and are issued on time.
- Decide when to omit radiological 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 listed in Section 3.9 are reported and that later ENFs follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the TSC Emergency Coordinator for approval. Give the TSC Emergency Coordinator sufficient time to review/change the ENF.
- Work with the Emergency Planner, Nuclear Supply Chain and/or Data Coordinators to fix any problems with the Fax machines, selective signaling, computers etc. Advise the TSC Emergency Coordinator of these problems.
- 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 OAC what role was filled by each OAC and of any comments/questions concerning their actions in the drill/event.

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1)ID No. RP/0/B/5000/029
Revision No. 000

PREPARATION

(2) Station Catawba Nuclear Station

(3) Procedure Title Fire Brigade Response

(4) Prepared By TM Daniel Date 5-2-00

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

(6) Reviewed By Gary L Mitchell (QR) Date 5-3-00

Cross-Disciplinary Review By MT Lee (QR) NA ____ Date 5-10-00

Reactivity Mgmt. Review By ____ (QR) NA GLM Date 5-3-00

(7) Additional Reviews

Reviewed By ____ Date 2/22/01

Reviewed By ____ Date ____

(8) Temporary Approval *(if necessary)*

By ____ (SRO/QR) Date ____

By ____ (QR) Date ____

(9) APPROVED BY Richard L Swiggart Date 2/27/01

PERFORMANCE (Compare with control copy at least once 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) Dates(s) Performed ____

Work Order Number (W/O #) ____

COMPLETION

(12) Procedure Completion Verification

- [ ] Yes [ ] N/A Check lists and/or blanks properly 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 and properly 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 Catawba Nuclear Station **Fire Brigade Response** **Multiple Use**	Procedure No. **RP/0/B/5000/029** Revision No. 000 Electronic Reference No. N/A

Fire Brigade Response

1. Symptoms

1.1 Fire, alarms, explosions, or conditions associated with a fire that have been reported to the Control Room or OSC (when activated).

1.2 This procedure shall provide guidance to shift personnel and Emergency Coordinator for response, actions, and coordination associated with an incident involving real or suspected fires.

2. Immediate Actions

2.1 Fire Brigade response during normal operations, refer to Enclosure 4.1.

2.2 Fire Brigade response during OSC/TSC activation, refer to Enclosure 4.2.

3. Subsequent Actions

3.1 Fire Brigade response during normal operations, refer to Enclosure 4.1.

3.2 Fire Brigade response during OSC/TSC activation, refer to Enclosure 4.2.

4. Enclosures

4.1 Fire Brigade Response During Normal Operations

4.2 Fire Brigade Response During OSC/TSC Activation

4.3 Fire Brigade Response "Activation"

4.4 Off-site Fire Department Notification and Response

4.5 Courtesy Notification to States and Counties for a Non-emergency Plant Event

1. Immediate Actions

_____ 1.1 Record the following information taken from the caller:

- Name/group of person reporting fire: _____
  _____
- Location of fire: _____ Elevation: _____
  Column Line: _____
- Equipment/components affected _____
  _____
- Are there any injured/missing people? _____ How Many? _____
- Are there people in the immediate area who need to be relocated to a safer area?
  _____
- Call back number: _____
- Time of call: _____

_____ 1.2 Initiate a Fire Brigade response to investigate and report conditions to Control Room. The level of Fire Brigade response should be determined based on the caller's information (e.g., an alarm may only need an Operator to respond to investigate). Refer to Enclosure 4.3 for activation process.

_____ 1.3 **IF** this enclosure is in use for a drill, announce the following over the plant PA system:

"Attention Fire Brigade members. Attention Fire Brigade members. This is the Control Room. This is a drill. A fire has been reported at (give location/elev., etc.). All Fire Brigade members please respond. All other plant personnel please stay clear of the area until further notice. This is a drill."

_____ 1.4 **IF** this enclosure is in use for an actual fire event, announce the following over the plant PA system:

"Attention Fire Brigade members. Attention Fire Brigade members. This is the Control Room. A fire has been reported at (give location/elev., etc.). All Fire Brigade members please respond. All other plant personnel please stay clear of the area until further notice."

_____ 1.5 Announce the following on the Fire Brigade radio, channel 1:

"Catawba Control Room to all units – clear channel 1 for emergency use."

_____ 1.6 **IF** off-site fire department assistance is needed, refer to Enclosure 4.4.

_____ 1.7 Refer to the appropriate Site Fire Plan and provide information to the responding Fire Brigade personnel as needed or requested.

_____ 1.8 Notify RP Shift Technician at extension 5572 or pager #778-2777 and provide location of fire.

_____ 1.9 Notify the Central Alarm Station (CAS - 5364) or Secondary Alarm Station (SAS - 3377) to verify that Security is aware of the fire/location and to initiate a MERT response to that location.

_____ 1.10 Notify the CNS EH&S duty person of the incident.

2. Subsequent Actions

_____ 2.1 Announce the following over the plant PA System:

"Attention plant personnel. Attention plant personnel." This is the Control Room. The fire incident at _give location_ has been terminated. Normal duties may now resume."

_____ 2.2 Announce the following on the Fire Brigade radio, channel 1:

"Catawba Control Room to all units - fire incident secured. Resume normal communications. KNHP-589 clear."

_____ 2.3 Notify the site Fire Protection Engineer when any "fixed" fire protection suppression system has been activated/discharged.

_____ 2.4 Notify the site Mechanical Systems Engineer/BOP/HVAC Group Supervisor of any fires that involve smoke inside the main plant complex for the evaluation of HVAC filters.

_____ 2.5 **IF** an emergency has **NOT** been declared for this event **AND** the NRC has **NOT** been notified of this event, perform the following:

_____ 2.5.1 Notify the duty Emergency Planner.

_____ 2.5.2 Notify the EnergyQuest/Public Affairs duty person.

_____ 2.5.3 Make a courtesy notification to the states and counties using Enclosure 4.5.

{PIP-0-C00-01689}

NOTE:	The following actions are completed by the Fire Brigade Leader on duty.

_____ 2.6 Complete "Fire Emergency Report," Appendix A, of NSD 112. Forward the original to the Emergency Planning Group and a copy to the site Fire Protection Engineer.

_____ 2.7 **IF** Fire Brigade equipment or supplies have been used, ensure that all equipment is returned to its proper place and any consumable supplies are replaced or ordered. Complete a Fire Brigade Equipment Checklist located in Fire Brigade Building.

_____ 2.8 Initiate a PIP if a "Fire Emergency Report," Appendix A, of NSD 112 is completed (excluding drills).

_____ 2.9 Forward this procedure to the Emergency Planning Group.

1. Immediate Actions

_____ 1.1 Record the following information taken from the caller:

- Name/group of person reporting fire: _____
  _____
- Location of fire: _____ Elevation: _____
  Column Line: _____
- Equipment/components affected _____
  _____
- Are there any injured/missing people? _____ How Many? _____
- Are there people in the immediate area who need to be relocated to a safer area?
  _____
- Call back number: _____
- Time of call: _____

_____ 1.2 Initiate a Fire Brigade response to investigate (refer to Enclosure 4.3 for activation process) and report conditions to the OSC Operations Supervisor. The level of Fire Brigade response should be determined based on the caller's information (e.g., an alarm may only need an Operator to respond to investigate and report).

_____ 1.3 **IF** this enclosure is in use for a drill, announce the following over the plant PA system:

"Attention Fire Brigade members. Attention Fire Brigade members. This is the Control Room. This is a drill. A fire has been reported at (give location/elev., etc.). All Fire Brigade members please respond. All other plant personnel please stay clear of the area until further notice. This is a drill."

_____ 1.4 **IF** this enclosure is in use for an actual fire event, announce the following over the plant PA system:

"Attention Fire Brigade members. Attention Fire Brigade members. This is the Control Room. A fire has been reported at (give location/elev., etc.). All Fire Brigade members please respond. All other plant personnel please stay clear of the area until further notice."

_____ 1.5 Announce the following on the Fire Brigade radio, channel 1:

"Catawba Control Room to all units – clear channel 1 for emergency use."

_____ 1.6 **IF** off-site fire department assistance is needed, refer to Enclosure 4.4.

_____ 1.7 Notify the OSC Operations Supervisor of the response and information taken from the caller in step 1.1.

_____ 1.8 Communications with the responding Fire Brigade can now be transferred to the OSC Operations Supervisor.

_____ 1.9 Refer to the appropriate Site Fire Plan and provide the information to Operations personnel at the OSC as needed or requested.

_____ 1.10 Notify RP Manager in the OSC of the Fire Brigade response and provide the fire's location.

_____ 1.11 Notify the Central Alarm Station (CAS - 5364) or Secondary Alarm Station (SAS - 3377) to verify that Security is aware of the fire's location and to initiate a MERT response to that location.

_____ 1.12 Notify the CNS EH&S duty person of the incident.

_____ 1.13 Request that the TSC ensure that offsite agencies are notified of the fire event.

2. Subsequent Actions

_____ 2.1 Announce the following over the plant PA System:

"Attention plant personnel. Attention plant personnel." This is the Control Room. The fire incident at (give location) has been terminated. Normal duties may now resume."

_____ 2.2 Announce the following on the Fire Brigade radio, channel 1:

"Catawba Control Room to all units - fire incident secured. Resume normal communications. KNHP-589 clear."

_____ 2.3 **IF** any "fixed" fire protection suppression system has been activated/discharged, notify the site Fire Protection Engineer.

_____ 2.4 Notify the site Mechanical Systems Engineering/BOP/HVAC Group Supervisor of any fires that involve smoke inside the main plant complex for the evaluation of HVAC filters.

NOTE: The following actions are completed by the Fire Brigade Leader on duty.

_____ 2.5 Complete "Fire Emergency Report," Appendix A of NSD 112. Forward the original to the Emergency Planning Group and a copy to the site Fire Protection Engineer.

_____ 2.6 **IF** Fire Brigade equipment or supplies have been used, ensure that all equipment is returned to its proper place and any consumable supplies are replaced or ordered. Complete a Fire Brigade Equipment Checklist located in Fire Brigade Building.

_____ 2.7 **IF** a "Fire Emergency Report," Appendix A, of NSD 112 is completed, initiate a PIP (excluding drills).

_____ 2.8 Forward this procedure to the Emergency Planning Group.

- **IF Fire Brigade response is for an actual emergency, perform the following:**

1. Activate the on-site Fire Brigade as follows:

_____ 1.1 Activate the emergency pager system from the Quiktel Key Pad located in the Control Room.

_____ 1.1.1 Type in "Fire" and press "Enter"

_____ 1.1.2 Type the letter "M"

_____ 1.1.3 Type the following message:

"Fire Brigade Emergency at _____ (time). Fire Brigade please respond."

_____ 1.1.4 Press "Enter"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

_____ 1.1.5 Monitor the confirmation pagers located at the Quiktel key pad to verify proper pager activation.

_____ 1.2 **IF** Quiktel Key Pad is unavailable, the site Public Address System shall be used to initiate a Fire Brigade Response.

2. **IF** additional off-shift/off-duty Fire Brigade member response is needed, perform the following:

_____ 2.1 Activate the emergency pager system from the Quiktel Key Pad located in the Control Room.

_____ 2.1.1 Type in "Fire" and press "Enter"

_____ 2.1.2 Type the letter "M"

_____ 2.1.3 Type in the following message:

"Fire Brigade Emergency. Off-shift/off-duty Fire Brigade Members, please respond and report to the OSC if available and fit for duty."

_____ 2.1.4 Press "Enter"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

_____ 2.1.5 Monitor the confirmation pagers located at the Quiktel key pad to verify proper pager activation.

- **IF Fire Brigade response is for a drill, perform step 1 OR step 2:**

1. IF Fire Brigade response is for a Fire Brigade drill only (not an ERO drill), perform the following:

_____ 1.1 Activate the emergency pager system from the Quiktel Key Pad located in the Control Room.

_____ 1.1.1 Type in "Fire" and press "Enter"

_____ 1.1.2 Type the letter "M"

_____ 1.1.3 Type the following message:

"Fire Brigade Drill at _____ (time). Fire Brigade please respond."

_____ 1.1.4 Press "Enter"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

_____ 1.1.5 Monitor the confirmation pagers located at the Quiktel key pad to verify proper pager activation.

_____ 1.2 IF Quiktel key pad is unavailable, the site Public Address System shall be used to initiate a Fire Brigade Response.

2. IF Fire Brigade response is for a Fire Brigade drill during an ERO drill, perform the following:

2.1 Activate the emergency pager system from the Quiktel Key Pad located in the Simulator Control Room.

_____ 2.1.1 Type in "Fire" and press "Enter"

_____ 2.1.2 Type the letter "M"

_____ 2.1.3 Type in the following message:

"Fire Drill for Training Shift/Site Emergency Drill/Exercise at _____ (time). Fire Brigade please respond."

_____ 2.1.4 Press "Enter"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

_____ 2.1.5 Monitor the confirmation pagers located at the Quiktel key pad to verify proper pager activation.

_____ 2.2 IF Quiktel Key Pad is unavailable, the site Public Address System shall be used to initiate a Fire Brigade Response.

1. Immediate Actions

_____ 1.1 Request Security Central Alarm Station (CAS -5364) to notify York County 67-911 for a fire department response from Bethel and Newport VFDs communicating the location and type of fire (building, parking lot, etc.) and point of entry to the site.

> **NOTE:** Assigning a CNS Fire Brigade member with a radio to each off-site fire department team ensures their safety, proper guidance and adequate communications.

_____ 1.2 Ensure Fire Brigade Leader assigns a CNS Fire Brigade member with a radio to each off-site fire department team.

1.3 Notify and request Security (CAS - 5364) to escort the arriving fire department(s) units from the site access road gates to the fire location.

> **NOTE:**
> 1. A request for emergency response support (except an ambulance) from an off-site agency for an actual fire event requires a 4-hour notification of the NRC as an "Off-site Notification" per RP/0/B/5000/013, "NRC Notification Requirements."
> 2. A request for ambulance support for a "contaminated injury" is an 8-hour notification and the request for transport of a "clean injury" does not require a NRC notification.

_____ 1.4 **IF** emergency response support from York County Emergency Management is requested for an actual fire event **AND** an emergency has **NOT** been declared, notify the NRC under the 4-hour notification requirement for off-site notifications.

Courtesy Notification to States and Counties for a Non-emergency Plant Event

NOTE:	This enclosure provides instruction for notifying state and county emergency preparedness management agencies (primary WP/EOCs) and EnergyQuest of **non-emergency** plant events by completing a Courtesy Notification Form (page 4 of 4) and faxing it to each agency, then verifying its receipt with a follow-up phone call. {PIP 0-C00-01689}

1. Complete the Courtesy Notification Form as follows:

_____ 1.1 Provide the time and date of:

- Notification
- Event

_____ 1.2 Mark the event(s) that describes the reason for the notification.

_____ 1.3 Describe the event briefly, especially any impact to the site (damage, impact on operations, and any requested support received from off-site agencies).

NOTE:

1. The confirmation code number is randomly assigned to each message. This provides a method for authenticating an offsite agency official that calls the site over normal phone lines requesting additional information about the reported event. Knowing the confirmation code number shall be the authorization for site personnel to provide information about the event to the caller.
2. Calls received over selective signal lines are considered to be secure and do not require knowledge of the confirmation code number to receive additional information about the event.

_____ 1.4 Assign a 2-digit confirmation number to the notification form.

_____ 1.5 Print the name and title of the individual authorizing the notification.

2. Notification by Group Fax

NOTE: Step 2 sends a group fax and step 3 sends the fax to agencies individually.

_____ 2.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

NOTE: Performing steps 2.1.1 through 2.1.3 sends the Courtesy Notification Form (page 4 of 4) to multiple locations in sequence.

_____ 2.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

_____ 2.1.2 Press the pre-programmed one-touch speed dial pushbutton for each of the of the following agencies:

_____ ❑ York Co WP/EOC
_____ ❑ Gaston Co. WP/EOC
_____ ❑ Meck Co. WP
_____ ❑ NC WP/EOC
_____ ❑ SC WP/EOC
_____ ❑ EnergyQuest

_____ 2.1.3 Press START

_____ 2.2 Verify by one of the following means that the form (page 4 of 4) was received by each of the agencies:

_____ ❑ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)
_____ ❑ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)

_____ 2.3 **IF** any agency did not receive the group fax, then make the courtesy notification to the agency(s) by performing step 3.

_____ 2.4 Fax a copy of the Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.

_____ 2.5 Report any communications equipment failures to the duty Emergency Planner.

3. Notification by Individual Fax

_____ 3.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a "Courtesy Notification Form" (page 4 of 4) and transmitting it to the states and counties as follows:

NOTE:	Performing steps 3.1.1 through 3.1.3 sends the Courtesy Notification Form (page 4 of 4) to individual agencies one at a time.

_____ 3.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

NOTE:	SC WP/EOC and EnergyQuest list two fax numbers. Use the fax number for sending Emergency Notifications.

_____ 3.1.2 Enter the individual fax phone number (Enclosures 1.12 through 1.16 in the Emergency Response Phone Book) for the desired individual agency (WP/EOC). EnergyQuest fax number is listed in Enclosure 1.19, Emergency Response Telephone Directory.

_____ 3.1.3 Press START.

_____ 3.1.4 Repeat steps 3.1.1 through 3.1.3 until all of the desired agencies have been faxed the form (page 4 of 4).

_____ 3.2 Verify by one of the following means that the form (page 4 of 4) was received by the agency(s):

_____ ☐ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)

_____ ☐ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)

_____ 3.3 Fax a copy of the completed Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.

_____ 3.4 Report any communications equipment failures to the duty Emergency Planner.

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION

COURTESY NOTIFICATION FORM
NON-EMERGENCY EVENTS

Time/Date Of Notification: _____ / _____

Time/Date Of Event: _____ / _____

Event (X):

__ Earthquake	__ Toxic Gases	__ Fatality
__ Flood	__ Civil Disturbance	__ Fire Response by Bethel/Newport
__ Hurricane	__ Bomb Threat	__ Medical Response by Ambulance
__ Ice/Snow	__ Vehicle Crash	__ HazMat /Spill Response
__ Tornado	__ Explosion	__ Other Events Impacting Safe Plant Operation

Description:

_____
_____
_____
_____
_____
_____
_____

Confirmation Code Number: _____ **(any 2 digit number assigned by the site communicator that an offsite agency caller must know to receive confirmation information).**

Confirmation Phone Number: (803) 831-8185

Reported By: _____ **Title:** _____