

**A. Alan Blind**  
Vice President

Consolidated Edison Company of New York, Inc.  
Indian Point Station  
Broadway & Bleakley Avenue  
Buchanan, NY 10511  
Telephone (914) 734-5340  
Fax: (914) 734-5718  
blinda@coned.com

May 10, 2001

Re: Indian Point Units No. 1 and No. 2  
Docket No. 50-003 and No. 50-247  
NL-01-064

Document Control Desk  
US Nuclear Regulatory Commission  
Mail Station O-P1-17  
Washington, DC 20555

SUBJECT: Revision to Emergency Plan Procedures

In accordance with 10 CFR 50.54(q) and 10 CFR 50.4(b)(5), Consolidated Edison Company of New York, Inc., submits herewith a controlled copy of changes to the Emergency Plan procedures for Indian Point Units Nos. 1 and 2. These changes do not reduce the effectiveness of the Emergency Plan and the Emergency Plan as a whole continues to meet the standard of 50.47(b) and the requirements of Appendix E to 10 CFR 50.

Should you or your staff have any questions, please contact Mr. Frank Inzirillo, Manager, Emergency Planning, 914-271-7418.

There are no commitments contained in this letter.

Sincerely,



cc: Next page  
Enclosure

A045

NL-01- 064

Page 2 of 2

cc:

Mr. Hubert J. Miller (2 copies)  
Regional Administrator - Region I  
US Nuclear Regulatory Commission  
475 Allendale Road  
King of Prussia, PA 19406-1498

Mr. Patrick D. Milano, Senior Project Manager (without copy)  
Project Directorate I-1  
Division of Licensing Project Management  
US Nuclear Regulatory Commission  
Mail Stop 0-8-C2  
Washington, DC 20555

Senior Resident Inspector (without copy)  
US Nuclear Regulatory Commission  
PO Box 38  
Buchanan, NY 10511

**TO: Emergency Planning Document Controlled Copy # 14**

**Holder/Location** *NRC Document Control Desk (Washington)*  
Document Holder Organization

**FROM: Emergency Planning Document Custodian**

**SUBJECT: Emergency Planning Document Update**

Please update your controlled copy of the documents listed below as specified with the copy(s) attached. It is requested that the update be completed within 3 days of the effective date shown on the document cover page.

Please sign this memo indicating that you have completed the update as specified and return to:

Consolidated Edison  
Indian Point Nuclear Generating Station  
Emergency Planning Department  
Buchanan Service Center  
Broadway & Bleakley Aves.  
Buchanan, NY 10511  
Attn: Document Custodian

Document #	Document Name	New Rev. #/ Date	Old Rev. #/ Date	Instructions
TOC	Emergency Plan Implementing Procedures Table of Contents	4/16/01	3/26/01	Replace entire document
IP-1002	Emergency Notification and Communications	23 4/16/01	22 2/20/01	Replace entire document
IP-1003	Planned Discharge of Containment Atmosphere During Accident Conditions	7 4/16/01	6 9/1/99	Replace entire document
IP-1017	Issuance and Use of Radiological Equipment Stored in the Command Guard House	Cancel	9 9/1/99	Remove entire document and Tab IP-1017
IP-1031	Air Raid Alert	Cancel	7 9/1/99	Remove entire document and Tab IP-1031
Divider Tab	IP-1050	New	-	Place in proper order
IP-1050	Modular Emergency Assessment & Notification System (MEANS)	0 4/16/01	New	Place entire document after Tab

Update completed as specified:

\_\_\_\_\_  
Signature of Controlled Copy Holder

\_\_\_\_\_  
Date

# Emergency Plan Implementing Procedures

## Table of Contents

Procedure No.	Procedure Title	Rev. No.	Effective Date
IP-1001	Mobilization of Onsite Emergency Organization	11	2/20/01
IP-1002	Emergency Notification and Communication	23	4/16/01
IP-1003	Planned Discharge of Containment Atmosphere During Accident Conditions	7	4/16/01
IP-1004	Post Accident Offsite Environmental Surveys, Sampling and Counting	5	9/1/99
IP-1005	Cancelled	--	01/12/01
IP-1006	Cancelled	--	01/12/01
IP-1007	Dose Assessment	11	3/26/01
IP-1008	Personnel Radiological Check and Decontamination	6	9/1/99
IP-1009	Radiological Check and Decontamination of Vehicles	7	9/1/99
IP-1010	Central Control Room	0	2/20/01
IP-1011	Joint News Center	1	3/26/01
IP-1012	Onsite Medical Emergency	9	4/30/98
IP-1013	Protective Action Recommendations	8	11/1/99
IP-1014	Radiological Check of Equipment Before It Leaves the Site	6	9/1/99
IP-1015	Radiological Surveys Outside the Protected Area (Title Change)	9	03/26/01
IP-1016	Obtaining Meteorological Data	12	9/1/99
IP-1017	Canceled (Steps moved to IP-1050)	--	4/16/01
IP-1018	Cancelled (Steps moved to IP-1011)	--	3/26/01
IP-1019	Coordination of Corporate Response (Title Change)	9	01/12/01
IP-1020	Airborne Activity Determination	8	01/12/01
IP-1021	Manual Update, Readout and Printout of Proteus Plant Parameter Data	5	9/1/99
IP-1022	Obtaining Meteorological, Radiological and Dose Assessment Data from MIDAS	5	9/1/99
IP-1023	Operations Support Center (OSC)	14	1/12/01
IP-1024	Emergency Classification	8	01/12/01
IP-1025	Handling Fire Department Personnel Fighting Fires in the Controlled Area	7	9/1/99

## Emergency Plan Implementing Procedures

### Table of Contents

Procedure No.	Procedure Title	Rev. No.	Effective Date
IP-1026	Emergency Data Acquisition	0	01/12/01
IP-1027	Personnel Accountability and Evacuation	12	01/12/01
IP-1028	Cancelled	--	01/12/01
IP-1030	Emergency Operations Facility (EOF)	3	01/12/01
IP-1031	Canceled	--	4/16/01
IP-1032	Cancelled	-	
IP-1033	Modular Emergency Assessment & Notification System (MEANS)	0	3/26/01
IP-1035	Technical Support Center (TSC)	16	2/20/01
IP-1036	Estimation of Population dose Within the 10 Mile Emergency Planning Zone	6	9/1/99
IP-1037	Obtaining Offsite Reuter-Stokes Monitor Data	8	9/1/99
IP-1039	Offsite Contamination Checks	9	01/12/01
IP-1040	Cancelled	--	01/12/01
IP-1041	Cancelled	--	01/12/01
IP-1042	Cancelled	--	01/12/01
IP-1044	Cancelled	--	5/27/00
IP-1045	Activation of Alternate Emergency Operations Facility	8	9/1/99
IP-1046	Cancelled		
IP-1047	Obtaining Offsite Exposure Rates From Midas Using a Data Terminal	7	9/1/99
IP-1048	Termination and Recovery	8	5/27/00
IP-1049	Cancelled	--	5/27/00
IP-1050	Security	0	4/16/01
IAP-10	Cancelled	--	
IAP-12	Cancelled	--	
IAP-14	Cancelled	--	5/27/00

## Emergency Notification and Communication

Prepared by:	<u>C. Kelly Walker</u> Print Name	<u><i>C. Kelly Walker</i></u> Signature	<u>4/7/01</u> Date
Technical Reviewer:	<u>Allen Lee</u> Print Name	<u><i>Allen E Lee</i></u> Signature	<u>4/7/01</u> Date
Reviewer:	<u><i>Laurence Guercio</i></u> Print Name	<u><i>Laurence Guercio</i></u> Signature	<u>4/10/01</u> Date
Reviewer:	<u>                                </u> Print Name	<u>                                </u> Signature	<u>                                </u> Date
Reviewer:	<u>                                </u> Print Name	<u>                                </u> Signature	<u>                                </u> Date
SNSC Review:	<u>2830</u> Meeting Number	<u><i>Marsha Shell</i></u> Signature Secretary	<u>4/12/01</u> Date
Approval:	<u>Frank Inzirillo</u> Print Name	<u><i>Frank Inzirillo</i></u> Signature	<u>4/12/01</u> Date
Effective Date:		<u>4/16/01</u>	

*Reference Use*

CONTROLLED COPY

## Table of Contents

1.0	PURPOSE.....	3
2.0	DISCUSSION .....	3
3.0	PRECAUTIONS AND LIMITATIONS .....	3
4.0	EQUIPMENT AND MATERIALS.....	3
5.0	INSTRUCTIONS .....	4
5.1	NUE INITIAL NOTIFICATION - CCR COMMUNICATOR .....	4
5.2	NUE UPDATE NOTIFICATIONS - CCR COMMUNICATOR .....	5
5.3	ALERT, SITE AREA AND GENERAL EMERGENCY INITIAL NOTIFICATION – CCR COMMUNICATOR .....	5
5.4	ALERT / SAE / GE UPGRADE/UPDATE NOTIFICATIONS – CCR/EOF COMMUNICATOR.....	6
5.5	SHIFT SECURITY SUPERVISOR.....	6
6.0	REFERENCES.....	8
7.0	ATTACHMENTS.....	8
8.0	ADDENDUM.....	9
8.1	ADDENDUM 1, INDIAN POINT EMERGENCY RADIO SYSTEMS .....	10
8.2	ADDENDUM 2, CCR NUE NOTIFICATION CHECKLIST (FORM IP-1002-1).....	11
8.3	ADDENDUM 3, CCR INITIAL NOTIFICATION CHECKLIST ALERT/SAE/GE (FORM IP-1002-2) .....	13
8.4	ADDENDUM 4, UPGRADE/UPDATE NOTIFICATION ALERT/SAE/GE CHECKLIST (FORM IP-1002-3) .....	15
8.5	ADDENDUM 5, BACKUP - EMERGENCY RESPONSE ORGANIZATION ACTIVATION CHECKLIST (FORM IP-1002-4).....	17
8.6	ADDENDUM 6, PRIMARY - EMERGENCY RESPONSE ORGANIZATION ACTIVATION CHECKLIST (FORM IP-1002-5) .....	19

**EMERGENCY NOTIFICATION AND COMMUNICATION****1.0 PURPOSE**

To prescribe the responsibilities and methods for:

- 1.1 Initial notification and periodic updates made from the Central Control Room (CCR) and Security in the event of a declared emergency at Indian Point Unit Nos. 1 & 2.
- 1.2 Provides checklists for the performance of notifications and activation of the Emergency Response Organization.

**2.0 DISCUSSION**

- 2.1 Following initial declaration of an emergency, the Shift Manager (SM) should assign the Support Facility Nuclear Plant Operator (NPO) to be the CCR Communicator. If the Fire Brigade has been or is subsequently summoned, the Support Facility NPO shall report with the Fire Brigade and a qualified communicator from the Station Security Force shall be assigned to the CCR Communicator position by the SM. When a non-Watch Control Room Supervisor (CRS), Reactor Operator (RO) or NPO becomes available, the Communicator from Security may then be replaced at the SM's discretion.
- 2.2 The CCR Communicator shall perform his duties in the Control Room under the SM's direction. These duties shall entail implementing the notification checklists and use of RECS, radio, and other telephones (Section 4.0) to notify on-site personnel as well as the off-site authorities of the accident conditions and to pass along directions and recommendations as appropriate from the SM. The Communicator shall also maintain himself ready to supply updates to the offsite authorities.
- 2.3 Notifications made from the EOF are described in IP-1030, Emergency Operations Facility.

**3.0 PRECAUTIONS AND LIMITATIONS**

- 3.1 Initial and Upgrade notifications to the State and counties shall be initiated within 15 minutes of the emergency classification declaration.
- 3.2 Periodic Update Notifications should be performed approximately every 30 minutes or more frequent when conditions change.

**4.0 EQUIPMENT AND MATERIALS**

- 4.1 Central Radio (System Operations) - see Addendum 1 for call letters.
- 4.2 Area Radio (Monitoring Teams) - see Addendum 1 for call letters.

- 4.3 Local Government Radio (LGR) - see Addendum 1 for call letters. For backup notifications IF RECS is out of service.
- 4.4 "Contingency" Phone - see Emergency Telephone Directory for unlisted number to be used only for receiving incoming calls from CIG, New York State AND the four counties.
- 4.5 Radiological Emergency Communications System (RECS) - party line phone for initial notification AND updates to NYS AND counties.
- 4.6 ENS Phone - dial-up telephone circuits used to contact NRC headquarters for initial notification of emergency AND continuing updates. (See Emergency Telephone Directory for listed numbers).
- 4.7 CR-EOF - direct line, with bell annunciation by means of push button.
- 4.8 CR-TSC direct line, automatic ringing phone.
- 4.9 Peekskill Police - direct line, automatic ringing phone.
- 4.10 NYS Police - direct line, automatic ringing phone.
- 4.11 Phone – Peekskill (914) 737 Exchange (see Emergency Telephone Directory).
- 4.12 Phone - Indian Point (914) 734 Exchange (see Emergency Telephone Directory).
- 4.13 Microwave (see Emergency Telephone Directory) - provides connection to the 212 exchange in NYC via microwave to the Empire State Building.

## 5.0 INSTRUCTIONS

**NOTE:**

All phone numbers not provided within this procedure can be found in the Emergency Telephone Directory.

- 5.1 Notification of Unusual Event (NUE) Initial Notification - CCR Communicator
  - 5.1.1 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager. THEN
    - A. Review form for completeness.
    - B. Determine if the Shift Manager wants full ERO activation at the NUE level (not normally required).
    - C. ALWAYS refer to the form as NYS Radiological Emergency Data Form PART I when talking to the State and County authorities.
  - 5.1.2 Start the initial notification roll call to state and counties within 15 minutes of the declaration of an Unusual Event.

- 5.1.3 Use a CCR NUE Notification Checklist, Addendum 2 (Form IP-1002-1) to make and document the initial notifications.
- 5.1.4 Once the CCR NUE Notification Checklist is complete, **IF** the SM requests additional staffing level **THEN** perform the following:
  - A. Contact the on-call Emergency Director (ED) (refer to the Emergency Response Team On-call Schedule for duty ED.)
  - B. Request the activation of desired portions of the Emergency Response Organization On-Call Team to provide plant support.
- 5.2 NUE Update Notifications - CCR Communicator
  - 5.2.1 Make periodic updates approximately every 30 minutes throughout the event.
  - 5.2.2 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager. **THEN**:
    - A. Review form for completeness.
    - B. **ALWAYS** refer to the form as Radiological Emergency Data Form PART I when talking to the State and County authorities.
  - 5.2.3 Use a CCR NUE Notification Checklist, Addendum 2 (Form IP-1002-1) and perform **ONLY the circled items**, to make the periodic Update Notifications.

**NOTE:**

**The CCR Alert/ SAE/GE Initial Notification Checklist, Addendum 3 (form IP-1002-2) is used only once.** After notifications are completed using this form, all subsequent upgrade and update notifications shall be made using the Upgrade/Update Notification Alert/SAE/GE Checklist, Addendum 4 (form IP-1002-3)

- 5.3 Alert, Site Area AND General Emergency Initial Notification – CCR Communicator
  - 5.3.1 Use a CCR Initial Notification Checklist Alert/SAE/GE, Addendum 3 (Form IP-1002-2) to make and document the initial notifications.

- 5.3.2 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager.
  - A. Review form for completeness.
  - B. Verify that the Shift Manager wants the Assembly Alarm Sounded
  - C. ALWAYS refer to the form as Radiological Emergency Data Form PART I when talking to the State AND the county authorities.
- 5.3.3 Start the initial notification roll call to State and counties within 15 minutes of the declaration of an Alert, Site Area Emergency (SAE) or General Emergency (GE).
- 5.4 Alert / SAE / GE Upgrade/Update Notifications – CCR/EOF Communicator
  - 5.4.1 Upgrade/Update notifications are made for EAL upgrades and for periodic updates during an Alert, Site Area Emergency (SAE) or General Emergency (GE).
  - 5.4.2 Use an Upgrade/Update Notification Alert/SAE/GE Checklist, Addendum 4 (Form IP-1002-3) to make and document the emergency classification upgrade or update notifications.
  - 5.4.3 Obtain the completed Radiological Emergency Data Form Part I (and Part II, if provided) from the Shift Manager/Emergency Director AND notify NY State and counties within 15 minutes of any emergency classification change or approximately every 30 minutes otherwise.
- 5.5 Shift Security Supervisor (SSS) or Lieutenant Security Supervisor (LSS)
  - 5.5.1 When notified and directed by the Shift Manager or CCR Communicator, activate the Emergency Response Organization using Addendum 6, Form IP-1002-5, Primary - Emergency Response Organization Activation Checklist or **IF NECESSARY** Addendum 5, Form IP-1002-4, Backup - Emergency Response Organization Activation Checklist.
  - 5.5.2 Inform the Shift Manager or CCR Communicator of when the checklist is complete and of any problems encountered.

**6.0 REFERENCES**

**6.1 Development Documents**

6.1.1 Emergency Plan for Indian Point Unit Nos. 1 & 2

6.1.2 SAO-804, "Emergency Response Organization"

**6.2 Interface Documents**

6.2.1 SOP-CG-7-1, "Notification During Nuclear Emergency Involving IP No. 2"

6.2.2 IP-1001, "Mobilization of Onsite Emergency Organization"

6.2.2 IP-1018, "Media Relations Mobilizing During Emergency"

6.2.4 IP-1027, "Personnel Accountability and Evacuation"

**6.3 Commitments**

NONE

**7.0 ATTACHMENTS**

NONE

**8.0 ADDENDUM**

8.1 Addendum 1, Indian Point Emergency Radio Systems

8.2 Addendum 2, CCR NUE Notification Checklist (Form IP-1002-1)

8.3 Addendum 3, CCR Initial Notification Checklist Alert/SAE/GE (Form IP-1002-2)

8.4 Addendum 4, Upgrade/Update Notification Alert/SAE/GE Checklist (Form IP-1002-3)

8.5 Addendum 5, Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)

8.6 Addendum 6, Primary - Emergency Response Organization Activation Checklist (Form IP-1002-5)

[Proprietary Information]

Addendum 1

**INDIAN POINT EMERGENCY RADIO SYSTEMS**

Sheet 1 of 1

**Area Radio [Freq. 1 = 456.100 /Freq. 2 = 451.100/MHZ]**

<b><u>Base Station Location</u></b>	<b><u>Call Letters Freq. 1</u></b>	<b><u>Call Letters Freq. 1</u></b>
CR 1-2	[WAY-744]	[WAY-744]
CR 3	[WAE-280]	[KGS-757]
EOF	[KYA-424]	[KYA-424]
AEOF	[KYA-615]	[KYA-615]
CGH	[WDA-498]	[KMF-617]
<b><u>Mobile Station</u></b>	<b><u>Call Letters Freq. 1</u></b>	<b><u>Call Letters Freq. 1</u></b>
Mobile 1	[KU-3575]	[KU-3575]
Mobile 2	[KU-3575]	[KU-3575]
Mobile 3	[KU-3575]	[KU-3575]

**Central Radio [456.050 MHZ]**

<b><u>Base Station Location</u></b>	<b><u>Call Letters</u></b>
CR 1-2	[WAE-277]
EOF	[WAE-277]
AEOF	[WGQ-993]
CIG	[WGR-59]

**LOCAL GOVERNMENT RADIO [45.16 MHZ]**

<b><u>Base Station Location</u></b>	<b><u>Call Letters</u></b>
CR, EOF, AEOF	[KNFM-394]
So. Dist. Office	[WZM-947]
Westchester W.P.	[WRU-873]
Orange W.P.	[WQH-720]
Rockland W.P.	[KPH-269]
Putnam W.P.	[KFC-781]
Peekskill W.P.	(NONE)

Addendum 2  
CCR NUE Notification Checklist (Form IP-1002-1)  
Sheet 1 of 2

### CCR NUE Notification Checklist

**Note:** Perform only circled items for NUE periodic Update Notifications

#### Notify State and Counties:

- ① Pick up the console handset and depress the "RECS" button THEN press the number "7" button on the keypad.
- ② When you hear the message "You have initiated a conference ..." state:  
"This is to report an incident at Indian Point 2. Standby for roll call"
- ③ IF you did not hear the above message within 5 seconds of pressing the number "7" button THEN press "Clear" to hang up, wait 5 seconds and repeat steps 1 and 2.
- ④ IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions on back).  
IF both RECS and LGR fail THEN contact listed locations one at a time via telephone, attempting to contact the Warning Point first (phone numbers on back).
- ⑤ Enter time you are starting the initial roll call in the space provided below.
- ⑥ Initiate roll call by asking "(location title) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	New York State	<input type="checkbox"/>	<input type="checkbox"/>

- ⑦ **SLOWLY** read all of the information from the completed and approved Radiological Emergency Data Form Part I. After reading the form say "Stay on line for final roll call."
- ⑧ Perform a final roll call by asking "(location title) did you copy?" for each location. Check off "Final Roll Call" for each location as they answer the roll call. IF any location did not copy the message THEN instruct them to call the State for clarification or, if requested, repeat the form information.
- ⑨ End notification by saying "Indian Point No. 2 out at (time)". Enter the time in the space provided above when final roll call is completed.
- ⑩ IF any location did not answer the initial roll call THEN contact the missing location via telephone and direct them to either call the State to obtain the notification information or read them the information over the telephone. Record the location and time of this notification in the comment section of this form.

#### Notify Emergency Response Organization and Media Relations:

Time

11. Call the Secondary Alarm Station at 734-5330 and read the following message:  
"This is Indian Point Unit No. 2 Control Room, an Unusual Event was declared at \_\_\_\_\_ hours"  
IF the Shift Manager directs call out of the full ERO THEN also state the following:  
"Initiate call in of Emergency Response Organization Personnel per Form IP-1002-5, Primary - ERO Activation Checklist"
12. Notify the Manager - IP2 Communications at 734-5136 OR the Director Media Relations OR the Media Relations Duty Officer at 212-460-4111 and provide them with Date/Time of NUE classification, EAL # and brief description of event.  
Obtain and enter name of individual contacted: \_\_\_\_\_

Go to page 2 (back)

Proprietary Information

Page 1 of 2

Form IP-1002-1 Rev 4

Addendum 2  
**CCR NUE Notification Checklist (Form IP-1002-1)**  
 Sheet 2 of 2

**CCR NUE Notification Checklist**

**Note:** Perform only circled items for NUE periodic Update Notifications

Notify Unit 3 and CIG:	Time		
13. Contact the Unit No. 3 Control Room (ext. 5059) and provide them with Date/Time of NUE classification, EAL # and brief description of event. Obtain and enter name of individual contacted: _____			
14. Contact ConEd CIG at 212-580-8689 and provide them with Date/Time of NUE classification, and brief description of event. Obtain and enter name of individual contacted: _____			
Notify NRC:	Time		
15. <b>IF</b> it is during normal working hours <b>THEN</b> notify the NRC Senior Resident Inspector at 914-739-9361 or x 5347 <b>IF</b> during off-hours <b>THEN</b> call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory Provide the Inspector with Date/Time of NUE classification, EAL # and brief description of event.			
①6 Contact NRC via the ENS. (refer to Emergency Telephone Directory for back-up numbers) Inform the NRC Communicator that this is a 50.72 notification and provide them with Date/Time of NUE classification, EAL # and brief description of event			
①7 Record any Comments: _____ _____ _____			
①8 Date and sign this form <table border="1" style="display: inline-table; margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Date:</td> <td style="padding: 2px 5px;">Signature:</td> </tr> </table>	Date:	Signature:	
Date:	Signature:		
①9 Inform the Shift Manager that you have completed NUE notifications.			
②0 Fax copies of the NYS Radiological Emergency Data Form, Part I to State, counties, TSC and EOF and provide originals to the Shift Manager.			

**Use of Local Government Radio**

- A. Depress the "LGR" button on the communications console.
- B. Pickup the handset and depress the handset button.
- C. Announce "This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call"
- D. Return to step 4 on page 1 of this checklist.

**Warning Point and EOC phone numbers**

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-741-4258	914--3026 or -3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

## Addendum 3

## CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2)

Sheet 1 of 2

## CCR Initial Notification Checklist - Alert/SAE/GE

Notify Protected Area Personnel and Emergency Response Organization:	Time
<b>Note:</b> If the Shift Manager does not feel it is safe to relocate personnel at this time <b>DO NOT</b> sound the Site Assembly Alarm or call for personnel to report to the Energy Education Center.	
1. Sound the Site Assembly Alarm for 30 seconds	
2. Announce the following message over the P.A. System three (3) times: <b>"Attention all personnel, a (Alert / Site Area Emergency / General Emergency) has been declared"</b> <b>"All Essential Personnel report to your assigned emergency facility"</b> <b>"All other personnel report to the Energy Education Center"</b>	
3. Call the Secondary Alarm Station (phone 734-5330) and read the following: <b>"This is the Indian Point Unit No. 2 Control Room"</b> <b>"A (Alert / Site Area Emergency / General Emergency) has been declared. Initiate call-in of Emergency Response Organization personnel per Form IP-1002-5, Primary - ERO Activation Checklist"</b>	

## Notify State and Counties:

- Pick up the console handset and depress the "RECS" button **THEN** press the number "7" button on the keypad.
- When you hear the message "You have initiated a conference ..." state:  
**"This is to report an incident at Indian Point 2. Standby for roll call"**
- IF** you did not hear the above message within 5 seconds of pressing the number "7" button **THEN** press "Clear" to hang up, wait 5 seconds and repeat steps 4 and 5.
- IF** unable to contact any station via RECS **THEN** use Local Government Radio (LGR) (instructions on back)  
**IF** both RECS and LGR fail **THEN** contact listed locations one at a time via telephone, attempting to contact the Warning Point first (phone numbers on back).
- Enter time you are starting the initial roll call in the space provided below.
- Initiate roll call by asking "**(location title) are you on the line?**" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	New York State	<input type="checkbox"/>	<input type="checkbox"/>

- SLOWLY** read all of the information from the completed and approved Radiological Emergency Data Form Part I. After reading form say "Stay on line for final roll call."
- Perform a final roll call by asking "**(location title) did you copy?**" for each location. Check off "Final Roll Call" for each location as they answer the roll call. **IF** any location did not copy the message **THEN** instruct them to call the State for clarification or, if requested, repeat the information.
- End notification by saying "**Indian Point No. 2 out at (time)**". Enter the time in the space provided above when final roll call is completed.
- IF** any location did not answer the initial roll call **THEN** contact the missing location via telephone and direct them to either call the State to obtain the notification information or read form information over the telephone. Record the location and time of this notification in the comment section of this form.

Go to page 2 (back)

Proprietary Information

Page 1 of 2

Form IP-1002-2 Rev 4

Addendum 3  
CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2)  
Sheet 2 of 2

**CCR Initial Notification Checklist Alert/SAE/GE**

Notify Unit 3, Media Relations and CIG:	Time		
14. Contact the Unit No. 3 Control Room (ext. 5059) and provide them with Date/Time of emergency classification, EAL # and brief description of event.  Obtain and enter name of individual contacted: _____			
15. Notify the Manager IP2 Communications at 734-5136 <b>OR</b> the Director Media Relations <b>OR</b> the Media Relations Duty Officer at 212-460-4111 and provide them with Date/Time of emergency classification, EAL # and brief description of event.  Obtain and enter name of individual contacted: _____			
16. Contact ConEd CIG at 212-580-8689 and provide them with Date/Time of emergency classification and brief description of event.  Obtain and enter name of individual contacted: _____			
Notify NRC:	Time		
17. <b>IF</b> it is during normal working hours <b>THEN</b> notify the NRC Senior Resident Inspector at 914-739-9361 or x5347  <b>IF</b> during off-hours <b>THEN</b> call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory Provide the Inspector with Date/Time of emergency classification, EAL # and brief description of event.			
18. Contact NRC via the ENS. (refer to Emergency Telephone Directory for back-up numbers) Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event.			
19. Record any Comments: _____ _____ _____			
20. Date and sign this form <table border="1" style="display: inline-table; margin-left: 20px; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">Date:</td> <td style="padding: 2px 5px;">Signature:</td> </tr> </table>	Date:	Signature:	
Date:	Signature:		
21. Inform the Shift Manager that you have completed emergency notifications.			
22. Fax copies of the NYS Radiological Data Form, Part I to State, counties, TSC and EOF and provide originals to the Shift Manager.			

**Use of Local Government Radio**

- A. Depress the "LGR" button on the communications console.
- B. Pickup the handset and depress the handset button.
- C. Announce "This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call"
- D. Return to step 7 on page 1 of this checklist.

**Warning Point and EOC phone numbers**

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-741-4258	914-285-3026 or 285-3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

## Addendum 4

## Upgrade/Update Notification Alert/SAE/GE Checklist (Form 1002-3)

Sheet 1 of 2

## Upgrade/Update Notification Alert/SAE/GE Checklist

Notes: Use the CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2) for upgrade from NUE to Alert.

Upgrade notifications shall be made within **15 minutes** of classification change. Periodic Update Notifications should be done approximately **every 30 minutes** or more frequent when conditions change.

**Notify Protected Area Personnel and Emergency Response Organization**

**IF** initial accountability has not been completed **THEN** Sound or have CCR sound the Site Assembly Alarm

1. **IF** the emergency classification changes **THEN** perform the following:

A. Announce (or have the CCR announce) the applicable message over the P.A. System three (3) times:

“Attention all personnel, a (*Site Area Emergency / General Emergency*) has been declared”

**OR** if emergency classification is terminated **THEN** announce:

“Attention all personnel, the emergency has been terminated”

B. Call the Secondary Alarm Station (phone 734-5330) and inform them of the new classification.

**Notify State and Counties:**

2. Pick up the console handset and depress the “RECS” button **THEN** press the number “7” button on the keypad.

3. When you hear the message “You have initiated a conference ...” state:

“This is to report an incident at Indian Point 2. Standby for roll call”

4. **IF** you did not hear the above message within 5 seconds of pressing the number “7” button **THEN** press “Clear” to hang up, wait 5 seconds and repeat steps 2 and 3.

5. **IF** unable to contact any station via RECS **THEN** use Local Government Radio (LGR) (instructions on back)

**IF** both RECS and LGR fail **THEN** contact listed locations one at a time via telephone, (phone numbers on back).

6. Enter time you are starting the initial roll call in the space provided below.

7. Initiate roll call by asking “(*location title*) are you on the line?” for each of the following stations, stopping after each name is read to allow station to identify itself. Check off “Initial Roll Call” for each location as they answer the roll call:

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	New York State	<input type="checkbox"/>	<input type="checkbox"/>

8. **SLOWLY** read all of the information from the completed and approved Radiological Emergency Data Form Part I (and Part II if required). After reading form say “Stay on line for final roll call.”

9. Perform a final roll call by asking “(*location title*) did you copy?” for each location. Check off “Final Roll Call” for each location as they answer the roll call. **IF** any location did not copy the message **THEN** instruct them to call the State for clarification or, if requested, repeat the form information.

10. End notification by saying “Indian Point No. 2 out at (*time*)”. Enter the time in the space provided above when final roll call is completed.

11. **IF** any location did not answer the initial roll call **THEN** contact the missing location via telephone and direct them to either call the State to obtain the notification information or read them the form information over the telephone. Record the location and time of this notification in the comment section of this form.

Go to page 2 (back)

Proprietary Information

Page 1 of 2

Form IP-1002-3 Rev 4

## Addendum 4

## Upgrade/Update Notification Alert/SAE/GE Checklist (Form 1002-3)

Sheet 2 of 2

## Upgrade/Update Notification Alert/SAE/GE Checklist

**Note:** Use the CCR Alert/SAE/GE Initial Notification Checklist for upgrade from NUE to Alert.**Notify Unit 3, Outside ConEd Personnel and Local Facilities:****Time**

12. **IF** the emergency classification changed **THEN** perform the following:
- A. Contact the Unit No. 3 Control Room (ext. 5059) and provide them with Date/Time of classification, EAL # and brief description of event.  
Obtain and enter name of individual contacted: \_\_\_\_\_
- B. Contact ConEd CIG at 212-580-8689 and provide them with Date/Time of classification and brief description of event.  
Obtain and enter name of individual contacted: \_\_\_\_\_

13. **IF** the emergency is classified as a Site Area or General Emergency **THEN** notify the plant manager of Lafarge Gypsum (Georgia Pacific) via telephone. (numbers in Emergency Telephone Directory)

14. **EOF only** -- **IF** the emergency classification changes **THEN** notify the Corporate Response Center of the change, providing them with Date/Time of classification, EAL # and brief description of event. (numbers in Emergency Telephone Directory)

**Notify NRC:****Time**

15. Contact NRC via the ENS. (refer to Emergency Telephone Directory for back-up numbers)  
Inform them that this is a 50.72 notification and provide them with Date/Time of classification, EAL # and brief description of event
16. Record any Comments: \_\_\_\_\_

17. Date and sign this form

Date:

Signature:

18. Inform the Shift Manager that you have completed emergency notifications.
19. Fax copies of the form 30a and 30b (if completed) to State, counties, TSC and EOF and provide originals to the Shift Manager (or EOF Manger).

**Use of Local Government Radio**

- A. Depress the "LGR" button on the communications console.
- B. Pickup the handset and depress the handset button.
- C. Announce "This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call"
- D. Return to step 5 on page 1 of this checklist.

**Warning Point and EOC phone numbers**

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-741-4258	914-995-3026 or 995-3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

Proprietary Information

Page 2 of 2

Form IP-1002-3 Rev 4

## Addendum 5

# Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)

Sheet 1 of 2

## Backup - Emergency Response Organization Activation Checklist

### A. Pager Notification Systems Activation:

1. Call Pager Activation Phone number: (found in "Emergency Notification Codes" envelope)
2. Upon hearing one or more beeps, enter the following code number: (be sure to press # symbol)

**00 #**

Upon entering the code you will hear a series of short, rapid beeps, indicating that the message has been sent. Hang up.

3. Enter time you completed activating pagers

Time:

4. Verify that the correct message was sent by confirming the pager message received on the control pager is **00**
5. **IF** the message on the control pager is 00, **THEN** proceed to page 2 of this form (back) to activate the **Community Alert Network (CAN)**
6. **IF** the message is incorrect on the control pager **THEN immediately** call the Pager Activation Phone Number (in envelope) and send the "Disregard Last Message" code as listed below. Be sure to press \* and # symbols.

Call: (number found in "Emergency Notification Codes" envelope)

Enter Code: **55 \* 55 \* 55 #**

7. **IF** you had to send the "Disregard Last Message" for the pager, **THEN** return to step 1 and repeat steps to send correct code.
8. Proceed to page 2 of this form (back) to activate the **Community Alert Network (CAN)**

## Addendum 5

**Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)**  
Sheet 2 of 2**Backup - Emergency Response Organization Activation Checklist****B. Community Alert Network (CAN) Activation:**

1. Call: **1-800-552-4226** or **1-877-786-8478**
2. Identify yourself as "**Con Edison Indian Point**"  
(Note: If an answering machine picks up instead of an operator, proceed to step 9.)
3. When the operator requests your name and a password, provide your name and the password  
(Password found in "Emergency Notification Codes" envelope)
4. Request operator to read **Message # 1** to you. Verify that the message matches the following:  
  
"This is the Indian Point notification system. An emergency has been declared.  
Report to your emergency response facility. An emergency has been declared.  
Report to your emergency response facility."  
  
5. Operator will ask how many times you wish the message be repeated. Tell him/her **3** times.
6. The Operator will ask you for a call back number. Provide the telephone number you are calling from.
7. Operator will ask you for a Fax number to send the notification report. Provide the following EOF fax number:  
  
**1-914-271-7075**
8. Operator will request the local time. Provide them with the correct local time.
9. **IF** an answering machine picks up instead of an operator, **THEN** read the entire message in step 4 into the machine, followed with your return phone number. **IF** you do not receive a call back from CAN within 10 minutes, **THEN** call: **1-800-992-2331** and inform them you are having problems with the CAN system.

10. Enter the time you completed CAN activation

Time:

11. Inform the Shift Manager that you have completed ERO activation.

12. Date and sign this form when complete:

Date:

Signature:

## Addendum 6

Primary - Emergency Response Organization Activation Checklist (Form IP-1002-5)  
Sheet 1 of 1

Primary - Emergency Response Organization Activation Checklist			
<b>Dialogic Notification Systems Activation:</b>			
1. Call: <b>9-788-7771</b>			
2. Upon hearing the following message: <i>"This is the remote activation module. Please enter you scenario activation password followed by the pound (#) sign."</i>			
Enter Password found in Dialogic Envelope and press #:	<input type="text"/>		
3. After entering the activation password you will hear the following message: <i>"To start a scenario, enter the scenario ID number followed by the pound (#) sign, or press pound alone for more options."</i>			
Enter the Scenario Number found in Dialogic Envelope and Press #:	<input type="text"/>		
4. After entering the Scenario Number you will hear the following message: <i>"To start a scenario, press 3 #. to return to the main menu press pound (#)."</i>			
Press:	<input type="text" value="3 #"/>		
5. After entering #, you will hear the following message: "Goodbye"			
6. Enter the time you completed Dialogic activation	<input type="text" value="Time:"/>		
7. Inform the Shift Manager that you have completed ERO activation.			
8. Verify the system was activated successfully IF the Security Pager sounds after 1 or 2 minutes. <b>IF NOT</b> Repeat steps 1 through 5 above. <b>IF</b> the pager does not sound after the 2 <sup>nd</sup> attempt <b>THEN</b> manual activate group page and CANS per Form IP-1002-4, Backup - Emergency Response Organization Activation Checklist			
9. Date and sign this form when complete:	<table border="1"><tr><td>Date:</td><td>Signature:</td></tr></table>	Date:	Signature:
Date:	Signature:		
Proprietary Information			
Page 1 of 1			
Form IP-1002-5 Rev 0			

**PLANNED DISCHARGE OF CONTAINMENT TO  
ATMOSPHERE DURING ACCIDENT CONDITIONS**

Prepared by:	<u>Allen Lee</u> Print Name	<u>Allen Lee</u> Signature	<u>4/7/01</u> Date
Technical Reviewer:	<u>Tony Ferraro</u> Print Name	<u>Tony Ferraro</u> Signature	<u>4/9/01</u> Date
Reviewer:	<u>                    </u> Print Name	<u>                    </u> Signature	<u>                    </u> Date
Reviewer:	<u>                    </u> Print Name	<u>                    </u> Signature	<u>                    </u> Date
Reviewer:	<u>                    </u> Print Name	<u>                    </u> Signature	<u>                    </u> Date
SNSC Review:	<u>2830</u> Meeting Number	<u>Marsha O'Neill</u> Signature Secretary	<u>4/12/01</u> Date
Approval:	<u>Frank Inzirillo</u> Print Name	<u>Frank Inzirillo</u> Signature	<u>4/12/01</u> Date

**CONTROLLED COPY**

**Reference Use**

Effective Date: 4/16/01

Extensively Revised

## PLANNED DISCHARGE OF CONTAINMENT TO ATMOSPHERE DURING ACCIDENT CONDITIONS

### 1.0 PURPOSE

To describe the method to be used to estimate the potential whole body (TEDE) and thyroid (TODE) exposure resulting from a planned atmospheric release from containment during accident conditions.

### 2.0 DISCUSSION

- 2.1 Before a discharge to the atmosphere of radioactive material is authorized, the Shift Manager/Emergency Director must evaluate the necessity for the release and the potential exposure to the population.
- 2.2 The planned discharge is THEN discussed with the Vice President Nuclear Power and the NRC highlighting the expected benefits to plant safety to be derived from the release and the expected problems that could arise IF the release were NOT allowed.
- 2.3 Following the receipt of NRC AND Corporate concurrence, the Shift Manager/Emergency Director shall notify the State and Local Authorities allowing them time to talk to the NRC if they so desire.
- 2.4 The actual population exposure due to the discharge is determined after the event by using the TLDs in the affected area.
- 2.5 This procedure will be performed by the EOF Staff with additional technical support from the TSC as required.

### 3.0 PRECAUTIONS AND LIMITATIONS

NONE

### 4.0 EQUIPMENT AND MATERIALS

NONE

## 5.0 INSTRUCTIONS

**NOTE:**

Use a Containment Discharge Worksheet (Form IP-1003-1) to record and calculate information. Several worksheets may be developed based on different estimates of release conditions.

### 5.1 Analyze Release Impacts

- 5.1.1 Have the Chemistry Technician obtain a Containment air sample to determine the radioactive concentrations of isotopes present (noble gas, particulates and iodines).
- 5.1.2 Obtain and record the following items:
  - Current wind speed
  - Current wind direction
  - Pasquill Stability Category (A through G)
- 5.1.3 IF Severe Accident Management Guidelines are being implemented THEN refer to CA-7 to determine the minimum pressure that containment may be reduced to without de-inerting containment atmosphere.
- 5.1.4 Determine and record the estimated release time in hours to accomplish the desired effect (e.g. reduce pressure to a predetermined level).
- 5.1.5 Estimate and record the vent flow rate and vent activity.
- 5.1.6 Determine and record following items:
  - Ci/sec release rates
  - Using IP-1007, "Dose Assessment" determine the plume center line exposure at the Site Boundary, 2, 5 and 10 miles for the duration of the release.
- 5.1.7 Determine the significance of the proposed exposure to any exposure previously received during the emergency.
- 5.1.8 Obtain and record latest weather forecast. Determine IF more favorable weather is expected.

### 5.2 Obtain Concurrence for Containment Discharge

- 5.2.1 Evaluate the plant safety related need for the release and obtain Corporate Officer concurrence. Record name of corporate officer on Containment Discharge Worksheet (Form IP-1003-1).

- 5.2.2 Discuss the planned release with the NRC Resident Inspector or Response Team Leader at the Site OR the Region I Office using the Emergency Notification System (ENS) hotline and obtain their concurrence. Record name of NRC individual on Containment Discharge Worksheet (Form IP-1003-1)

**5.3 Notifications of Planned Release**

- 5.3.1 Notify the following locations of planned release, projected exposures and Plant safety concerns:
- NYS Emergency Management Office

**NOTE:**

County notifications shall be made to Directors Emergency Management or person in charge at Emergency Operations Center.

- Westchester County
- Orange County
- Putnam County
- Rockland County

- 5.3.2 Record notifications on Containment Discharge Worksheet (Form IP-1003-1).

**5.4 Monitoring Containment Vent**

- 5.4.1 Direct the Chemistry Technician to set up AND take a plant vent grab AND composite sample during the discharge to determine noble gas radioiodine AND particulate activity. Record on FORM 1b.

**NOTES:**

1. IF there has been NO significant release (causing a 5 mrem TLD reading) BEFORE the planned one, there is NO need to change TLDs and air filter before commencing the planned release.
2. Release may be started before TLDs or sample filters have been read.

- 5.4.2 BEFORE the release starts, direct a qualified Nuclear Environmental Monitoring Technician to change AND read the TLDs as well as change AND count the filters at permanent air sampling stations in the affected area. Record on FORMS 3 AND 21 respectively.

- 5.4.3 Direct the Offsite Monitoring Teams to set up for air sampling AND field surveys during the release at two locations along the projected plume center line at APPROXIMATELY two AND five miles from the center of the ten mile EPZ.

- 5.4.4 Initiate discharge of containment atmosphere.

- 5.4.5 Monitor plant vent radioactive release rate and adjust containment discharge rate as required to establish desired release rate.

- 5.4.6 Terminate discharge of containment atmosphere when predetermined containment pressure is reached or as necessary, based on off-site dose rates.
- 5.4.7 Direct a qualified Nuclear Environmental Monitoring Technician to pick up the TLDs in the affected areas AFTER the release is terminated. Record on FORM 3.
- 5.4.8 ALL completed FORMs are to be turned in to the Offsite Radiological Assessment Director.

**6.0 REFERENCES**

- 6.1 IP-1007, "Dose Assessment"
- 6.2 IP-1036 "Estimation of Population Dose Within the 10 Mile Emergency Planning Zone"
- 6.3 IPC-E-002 "VC Gas Post Accident Sampling and Analysis of the Vapor Containment Atmosphere"

**7.0 ATTACHMENTS**

NONE

**8.0 ADDENDUM**

- 8.1 Containment Discharge Worksheet (Form IP-1003-1)

**ADDENDUM 1**  
**Containment Discharge Worksheet (Form IP-1003-1)**  
**Sheet 1 of 2**

**Containment Discharge Worksheet**

(Formally Form 1a)

Date:

Time:

Name:

VC Activities	Noble Gas	Particulates	Radioiodines
$\mu\text{Ci/cc}$			
Estimated Begin Release Time:		hr.	
Estimated End Release Time		hr.	
Estimated Release Duration:		hrs.	
Estimated Plant Vent Flow Rate		CFM	
Estimated Plant Vent Noble Gas Reading		$\mu\text{Ci/cc}$	
Estimated Release Rate	Noble Gas	Ci/sec	
	Radioiodines	Ci/sec	
	Particulates	Ci/sec	
Wind Speed		m/s	
Wind Direction		Degrees	
Pasquill Category		(A-G)	
Forecasted Weather:			
Projected Exposure:	TEDE – Whole Body (REM)		TODE – Thyroid (REM)
S.B			
2 Mile			
5 Mile			
10 Mile			
Vice President Nuclear Power Concurrence	<input type="checkbox"/> Received	_____	
		Print Name	
Nuclear Regulatory Commission Concurrence	<input type="checkbox"/> Received	_____	
		Print Name	
Notifications:	<input type="checkbox"/> NYS <input type="checkbox"/> Westchester <input type="checkbox"/> Rockland <input type="checkbox"/> Putnam <input type="checkbox"/> Orange		

(Formally Form 1b)

[illegible]

## Security

Prepared by:	<u>Allen Lee</u> Print Name	<u>Allen Lee</u> Signature	<u>4/7/01</u> Date
Technical Reviewer:	<u>Kelly Walker</u> Print Name	<u>Kelly Walker</u> Signature	<u>4/7/01</u> Date
Reviewer:	<u>Larry Guercio</u> Print Name	<u>Laurence Guercio</u> Signature	<u>4/10/01</u> Date
Reviewer:	<u>                    </u> Print Name	<u>                    </u> Signature	<u>                    </u> Date
Reviewer:	<u>                    </u> Print Name	<u>                    </u> Signature	<u>                    </u> Date
SNSC Review:	<u>2830</u> Meeting Number	<u>Marsha O'Neill</u> Signature Secretary	<u>4/12/01</u> Date
Approval:	<u>Frank Inzirillo</u> Print Name	<u>Frank Inzirillo</u> Signature	<u>4/12/01</u> Date

**CONTROLLED COPY**

## Reference Use

Effective Date: 4/16/01

## Table of Contents

1.0	PURPOSE .....	3
2.0	DISCUSSION .....	3
3.0	PRECAUTIONS AND LIMITATIONS .....	3
4.0	EQUIPMENT AND MATERIALS .....	3
5.0	INSTRUCTIONS .....	3
5.1	Security Shift Supervisor (SSS) .....	3
5.2	Central Alarm Station.....	3
5.3	Secondary Alarm Station.....	3
5.4	Command Guard House .....	4
5.5	EOF Security .....	4
5.6	Owner Controlled Area Security .....	4
6.0	REFERENCES .....	4
7.0	ATTACHMENTS .....	
7.1	Attachment 1, LSS Checklist. ....	5
7.2	Attachment 2, CAS Checklist. ....	10
7.4	Attachment 3, Command Guard House Checklist .....	12
7.5	Attachment 4,. EOF Security Checklist.....	14
7.6	Attachment 5,. Owner Controlled Area Security Checklist .....	16
8.0	ADDENDUM .....	
8.1	Addendum 1,. Security Force Exposure Record (Form IP-1050-1) .....	17
8.2	Addendum 2,. EOF Security Sign in Log (Form IP-1050-2).....	18
8.3	Addendum 3,. Security Route Alerting (Form IP-1050-3) .....	19
8.4	Addendum 4,. EOF Areas in which to Maintian Access Control .....	20

**SECURITY****1.0 PURPOSE**

To describe emergency response activities and operations of the Security Force during emergencies declared as an Alert, Site Area Emergency or General Emergency in accordance with the Emergency Plan for Indian Point Unit Nos. 1 & 2.

**2.0 DISCUSSION**

None

**3.0 PRECAUTIONS AND LIMITATIONS**

3.1 Normal Station Security procedures shall not be violated during the conduct of any Emergency Plan Drill, Exercises or Walkthrough

3.2 During an actual emergency the Shift Manager may direct the Security Force to deviate from normal security procedures.

**4.0 EQUIPMENT AND MATERIALS**

The following types of equipment and materials are utilized for emergency response by the Security Force.

4.1 Bull Horns and Security Patrols to perform site notifications.

4.2 Accountability Rosters

4.3 Plant Procedures

4.4 Radiological Equipment (EP-AD-05, Emergency Facilities and Equipment contains full list of this equipment.)

**5.0 INSTRUCTIONS**

5.1 The Lieutenant Shift Supervisor (LSS) (or the Security Shift Supervisor (SSS) if LSS is unavailable) shall follow the instructions outlined in Attachment 1, Lieutenant Shift Supervisor Checklist.

**Note:**

If the Central Alarm Station (CAS) is unable to perform the steps in the checklist the steps may be performed by the Secondary Alarm Station (SAS).

5.2 The Central Alarm Station (CAS) Operator shall follow the instructions outlined in Attachment 2, Central Alarm Station Checklist.

5.3 The Command Guard House shall follow the instructions outlined in Attachment 3, Command Guard House Checklist.

5.4 EOF Security shall follow the instructions outlined in Attachment 4, EOF Security Checklist.

- 5.5 Instructions for site (outside the Protected Area) security control are outlined in Attachment 5 Owner Control Area Security Checklist.
- 5.6 Security at the JNC shall follow the instructions outlined in Attachment 22 of IP-1011, Joint News Center.

**6.0 REFERENCES**

- 6.1 IP-1001, "Mobilization of Onsite Emergency Organization"
- 6.2 IP-1002, "Emergency Notification and Communication"
- 6.3 IP-1024 "Emergency Classification"
- 6.4 IP-1027 "Personnel Accountability and Evacuation"
- 6.5 IP-1030 "Emergency Operations Facility"

**7.0 ATTACHMENTS**

- 7.1 Attachment 1, Lieutenant Shift Supervisor (LSS) Checklist.
- 7.2 Attachment 2, Central Alarm Station (CAS) Checklist.
- 7.3 Attachment 3, Command Guard House Checklist.
- 7.4 Attachment 4, EOF Security Checklist.
- 7.5 Attachment 5, Owner Control Area Security Checklist.

**8.0 ADDENDUM**

- 8.1 Addendum 1, Security Force Exposure Record (Form IP-1050-1)
- 8.2 Addendum 2, EOF Security Sign In Log (Form IP-1050-2)
- 8.3 Addendum 3, Security Route Alerting (Form IP-1050-3)
- 8.4 Addendum 4, EOF Areas in which to Maintain Access Control

## Attachment 1

## Lieutenant Shift Supervisor (LSS) Checklist

Sheet 1 of 5

Initial Responsibility/Activity	Notes
<p><b>1.0 Notification of the Emergency Response Organization</b></p> <p>1.1 Insure all members of the Security Force are made aware of the Emergency Classification.</p> <p>1.2 <b>WHEN</b> directed by the Central Control Room <b>THEN</b> use (or direct Sergeant to use) a Primary - Emergency Response Organization Activation Checklist (Form IP-1050-5) to call out the Emergency Response Organization.</p> <p>1.3 <b>IF</b> the Dialogic System fails to sound the pagers <b>THEN</b> use a Backup - Emergency Response Organization Activation Checklist (Form IP-1050-4)</p>	
<p><b>2.0 Initial Accountability</b></p> <div data-bbox="201 865 1198 1192" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTES:</b></p> <p>Sounding of the Site Assembly Alarm starts the Accountability process.</p> <p>Steps may be repeated as Emergency Classifications change and some steps may not be necessary if already performed at a lower classification and non-essential personnel have not been allowed access to the Protected Area since steps were last performed.</p> </div> <p><b>WHEN</b> the Site Assembly Alarm is sounded <b>OR IF</b> directed by the Central Control Room or Emergency Plant Manager <b>THEN</b> direct or perform the following steps to establish initial accountability:</p> <p>2.1 Stop all ingress to the Protected Area, with the exception of Emergency Response Organization personnel.</p> <p>2.2 Expedite the egress of non-essential personnel from the Protected Area by ensuring all Command Gate House (Old and New) turnstiles are used.</p> <p>2.3 Direct Protected Area patrols to perform route alerting using instructions on the Security Route Alerting form (Form IP-1050-3).</p>	

## Attachment 1

## Lieutenant Shift Supervisor (LSS) Checklist

Sheet 2 of 5

Initial Responsibility/Activity	Notes
<p style="text-align: center;"><b>NOTES:</b></p> <p>The Security Access Report should be run as soon as possible (or when most individuals have exited) but no later than 20 minutes after the Site Accountability Alarm is sounded.</p> <p><b>IF</b> staffing level supports <b>THEN</b> direct that single pages of the access report be taken to the OSC as soon as they are printed vs. waiting for the entire report to be completed.</p> <p>2.4 <b>WHEN</b> the majority of non-essential personnel have departed <b>THEN</b> have the Security Access Report printed.</p> <p>2.5 Check off (or have CAS operator check off) all Security Force personnel from the Security Access Report.</p> <p>2.6 Add to the list any individuals that have been manually given access (not carded in).</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;"><b>Note:</b></p> <p><b>IF</b> OSC is not staffed <b>THEN</b> take Access report to the Central Control Room.</p> </div> <p>2.7 Have the Security Access Report (with security force names checked off) delivered immediately to the OSC Manager or Accountability Clerk in the TSC/OSC complex.</p> <p>2.8 Maintain a list of all personnel who leave the Protected Area after the report is printed. This list will be used to identify the location of personnel once initial accountability is complete.</p> <p>2.9 Maintain Continuing Accountability until directed otherwise as follows:</p> <p>A. <b>ONLY</b> allow Emergency Response Organization personnel (listed in Emergency Telephone Directory) access to the Protected Area <b>OR</b> individuals authorized by the OSC Manager, Emergency Plant Manager or Shift Manager.</p> <p>B. <b>WHEN</b> individuals enter Protected Area <b>THEN</b> report the name(s) of the individual(s) to the Accountability Clerk or OSC Manager</p>	

Attachment 1  
**Lieutenant Shift Supervisor (LSS) Checklist**  
 Sheet 3 of 5

<b><u>Initial Responsibility/Activity(cont.)</u></b>	<b><u>Notes</u></b>
<b>3.0 Establish security at the Emergency Operations Facility</b> 3.1 Send (or call in from offsite) two officers to the Emergency Operations Facility (EOF). 3.2 Direct them to establish a security checkpoint at the EOF in accordance with Attachment 5 of this procedure, EOF Security Checklist	
<b>4.0 Establish security at the Joint News Center</b> 4.1 Send (or call in from offsite) two officers and one supervisor to the Joint News Center (JNC) (they should use personal vehicles as transportation to JNC, the JNC is located at the Westchester County Airport at exit 2 of Hwy 684). 4.2 Direct them to report to the JNC Administrative Manager and establish security checkpoints at the JNC.	
<b>5.0 Establish Owner Control Security Controls</b> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTE:</b></p> <p>Owner Controlled Area security controls should be established immediately for emergency classified at a Site Area Emergency or a General Emergency. At an Alert it may be delayed for up to 2 hours</p> </div> 5.1 Send (or call in officer) to the Main Gate, to allow only emergency workers entry to the site (Attachment 5, Owner Controlled Area Security Checklist). Emergency Workers include: <div style="margin-left: 40px;">             A. Indian Point personnel who are assigned to the Emergency Response Organization              B. Federal, State and County officials who are reporting to the site to support emergency operations              C. Anyone authorized by the Emergency Director or Emergency Plant Manager           </div> 5.2 Inform Unit 3 Security of the emergency and request they limit access to the site.	

## Attachment 1

## Lieutenant Shift Supervisor (LSS) Checklist

Sheet 4 of 5

Initial Responsibility/Activity(cont.)	Notes
<p>6.0 <b>Establish Fitness for Duty Controls</b></p> <p>6.1 <b>IE</b> personnel are being called who were not scheduled to be at the station <b>THEN</b> call in technicians to perform breath test as needed. Refer to SAO 103, Fitness For Duty for implementation of program.</p>	
<p>7.0 <b>Issue Dosimetry to Security Force</b></p> <div data-bbox="204 659 1201 1054" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTES:</b></p> <p>Issue Dosimetry upon hearing the site emergency alarm (rapid pulsing sound for 30 seconds duration) <b>OR</b> upon notification of a Site Area or General Emergency from Control Room personnel,</p> <p>Security Force Personnel's exposure should be kept As Low As Reasonably Achievable. Relocate individuals to low exposure areas where possible, contact the Radiation Protection Coordinator in the Operations Support Center for information on radiological conditions.</p> </div> <p>7.1 Issue all Security Force personnel a TLD badge <b>AND</b> a zeroed low range dosimeter <b>IE</b> they have not already been issued a dosimeter for that day.</p> <p>7.2 Record the individual's name on a Security Force Exposure Record (Form IP-1050-1), TLD badge number, date, time, initial reading and supervisor's initials. Use a separate form for each individual.</p> <p>7.3 Contact the Shift Manager or the Emergency Plant Manager for instructions on the following:</p> <ul style="list-style-type: none"> <li>A. The need to use high range (0-5000) dosimeters</li> <li>B. The need to have members of the Security Force take Potassium Iodine tablets</li> <li>C. The need to wear respirators in any area of the plant</li> </ul> <p>7.4 Record issuance of any of the above listed items on the individual's Security Force Exposure Record.</p>	

## Attachment 1

## Lieutenant Shift Supervisor (LSS) Checklist

Sheet 5 of 5

<b><u>Ongoing Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p>7.5 Instruct Security Personnel to read the dosimeters frequently and report when the reading approaches 75% of full scale.</p> <p>7.6 Record dosimeter readouts on the Security Force Exposure Record and keep a running total of individual exposures.</p> <p>7.7 <b>IF</b> any individual's exposure reaches 1000 millirem <b>THEN</b> Inform the Emergency Plant Manager</p>	
<p><b>8.0 Maintain Emergency Site and Protected Area Security Controls</b></p> <p>8.1 Until directed otherwise by the Emergency Director or Emergency Plant Manager allow only emergency workers access to the site and the Protected Area</p> <p>8.2 Maintain Continuous Accountability by ensuring the Command Guard House informs the OSC of all personnel entering the Protected Area</p> <p>8.3 Keep all members of the security Force informed on the emergency conditions.</p>	
<p><b>9.0 Continue to monitor Security Force radiological exposures as outlined in step 7.0</b></p>	
<b><u>Closeout Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>10.0 Direct the Security Force to return all equipment utilized in the emergency response to proper storage locations</b></p> <p>10.1 TLDs should be picked up by Dosimetry Personnel to be read.</p>	
<p><b>11.0 Review all documentation the Security Force generated during the emergency:</b></p> <p>11.1 Ensure all logs, forms and other documentation are complete.</p> <p>11.2 Debrief members of the force and gather information on any problems which arose during the emergency.</p>	
<p><b>12.0 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.</b></p>	

Attachment 2  
**Central Alarm Station (CAS) Checklist**  
 Sheet 1 of 2

<b><u>Initial Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<b>1.0 Notify members the Security Force of declaration of the Emergency</b>	
<b>2.0 Initial Accountability</b> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTE:</b></p> <p>Sounding of the Site Assembly Alarm starts the Accountability process.</p> <p><b>WHEN</b> the Site Assembly Alarm is sounded <b>OR IE</b> directed by the Lieutenant (or Security) Shift Supervisor <b>THEN:</b></p> </div> <p><b>2.1</b> Mark the time the Site Assembly Alarm sounded: _____.</p> <p><b>2.2</b> Notify the Command Guard House when you are starting to print access report.</p> <p><b>2.3</b> Approximately 20 minutes after the alarm is sounded or when individuals have completed exiting the Protected Area start to print an Access List (LO2).</p> <p><b>2.4</b> Call for a member of the Security Force to report to CAS <b>OR IE</b> no security personnel are available <b>THEN</b> call the Operations Support Center to have someone stand by outside CAS.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTES:</b></p> <p>The Security Access Report should be run as soon as possible (or when most individuals have exited) but no later than 20 minutes after the Site Accountability Alarm is sounded.</p> <p>Single pages of the access report should be taken to the OSC as soon as they are printed vs. waiting for the entire report to be completed.</p> </div> <p><b>2.5</b> Check off all Security Force personnel from the Security Access Report.</p> <p><b>2.6</b> Have the Security Access Report (with security force names checked off) delivered immediately to the OSC Manager or Accountability Clerk in the TSC/OSC complex.</p>	

Attachment 2  
**Central Alarm Station (CAS) Checklist**  
Sheet 2 of 2

<b><u>Ongoing Responsibility/Activity</u></b>		<b><u>Notes</u></b>
<b>3.0</b>	<b>Keep Members of the Security Force informed on Emergency Conditions.</b>	
3.1	Inform them of changes in Emergency Classification	
3.2	Inform them of any hazardous conditions you become aware of.	
<b><u>Closeout Responsibility/Activity</u></b>		<b><u>Notes</u></b>
<b>4.0</b>	<b>Return all emergency equipment utilized in the emergency response to proper storage locations</b>	
<b>5.0</b>	<b>Review all documentation CAS Operators generated during the emergency:</b>	
5.1	Ensure all logs, forms and other documentation are complete.	
5.2	Provide records to Security Shift Supervisor	

Attachment 3  
**Command Guard House Checklist**  
 Sheet 1 of 2

<b><u>Initial Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>1.0 Initial Accountability</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTE:</b></p> <p>Sounding of the Site Assembly Alarm starts the Accountability process.</p> </div> <p><b><u>WHEN</u></b> the Site Assembly Alarm is sounded <b><u>OR IF</u></b> directed by the Security Shift Supervisor <b><u>THEN</u></b>:</p> <p>1.1 Open up second guard house turnstiles to expedite egress from the Protected Area.</p> <p>1.2 Only allow Essential Personnel to enter the Protected Area. Essential personnel are:</p> <p style="padding-left: 40px;">A. Members of the Emergency Response Organization listed in the Emergency Telephone Directory.</p> <p style="padding-left: 40px;">B. Additional personnel authorized by the Shift Manager or Emergency Plant Manager.</p> <p>1.3 Notify Central Alarm Station (or Secondary Alarm Station if CAS is inoperable) when it appears all non-essential personnel have left the Protected Area.</p> <p>1.4 <b><u>WHEN</u></b> notified by the Central Alarm Station that they are printing the access report <b><u>THEN</u></b>:</p> <p style="padding-left: 40px;">A. Use an Accountability Roster (or similar form) to record names of all individuals who leave the Protected Area after start of report.</p> <p style="padding-left: 40px;">B. <b><u>IF</u></b> requested <b><u>THEN</u></b> provide Accountability Clerk with names of individuals who may still be listed on report but have left the Protected Area.</p> <p>1.5 <b><u>WHEN</u></b> the majority of non-essential individuals have left the Protected Area <b><u>THEN</u></b> close the second command guard house turnstiles.</p>	

Attachment 3  
**Command Guard House Checklist**  
 Sheet 2 of 2

<b><u>Ongoing Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>2.0 Ongoing Accountability</b></p> <p>2.1 Only allow Essential Personnel to enter the Protected Area. Essential personnel are:</p> <p style="padding-left: 40px;">A. Members of the Emergency Response Organization listed in the Emergency Telephone Directory.</p> <p style="padding-left: 40px;">B. Additional personnel authorized by the Shift Manager Emergency Plant Manager or OSC Manager.</p> <p>2.2 Provide the names of all individuals who enter the Protected Area to:</p> <p style="padding-left: 40px;">A. Before the OSC is Activated to the Shift Manager</p> <p style="padding-left: 80px;"><b>OR</b></p> <p style="padding-left: 40px;">B. After the OSC is activated to the Accountability Clerk or the OSC Manager</p>	
<b><u>Closeout Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>3.0 Return all emergency equipment utilized in the emergency response to proper storage locations</b></p>	
<p><b>4.0 Review all emergency documentation developed in the Command Guard House during the emergency:</b></p> <p>4.1 Ensure all logs, forms and other documentation are complete.</p> <p>4.2 Provide records to Security Shift Supervisor</p>	

Attachment 4  
**EOF Security Checklist**  
 Sheet 1 of 2

Initial Responsibility/Activity	Notes
<p><b>1.0 Establish Security Controls at the Emergency Operations Facility (EOF).</b></p> <p><b>1.1</b> Set up a Security Checkpoint at the entrance to the EOF (see attached drawing for location of security checkpoint and area to control.)</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTES:</b></p> <p><b>IF</b> there is any question if an individual should be allowed to enter the EOF <b>THEN</b> request clearance from the Emergency Director or the EOF Manager.</p> <p>Individuals entering the EOF during emergencies must be screened in accordance with SAO-103, Fitness for Duty. The Emergency Director may authorize individuals not meeting these requirements into the EOF.</p> </div> <p><b>1.2</b> Allow only the following personnel into the EOF</p> <ul style="list-style-type: none"> <li>A. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory.</li> <li>B. Indian Point Corporate Officers.</li> <li>C. State and County Officials</li> <li>D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency</li> <li>E. Individuals authorized by the Emergency Director or the EOF Manager.</li> </ul> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTE:</b></p> <p><b>IF</b> individuals are only going to another room within the Buchanan Service Center <b>THEN</b> it is not necessary to log them in and out each time they leave the EOF.</p> </div> <p><b>1.3</b> Maintain a "EOF Security Sign in Log" complete with names of all personnel within the EOF.</p>	

Attachment 4  
EOF Security Checklist  
Sheet 2 of 2

<b><u>Ongoing Responsibility/Activity</u></b>		<b><u>Notes</u></b>
<b>2.0</b>	<b>Maintain access control to the EOF area</b>	
2.1	Continue to allow only authorized individuals into the EOF and maintain Security Sign in Log.	
<b><u>Closeout Responsibility/Activity</u></b>		<b><u>Notes</u></b>
<b>3.0</b>	<b>Return all emergency equipment utilized in the emergency response to proper storage locations</b>	
<b>4.0</b>	<b>Review all emergency documentation developed in the Command Guard House during the emergency:</b>	
4.1	Ensure all logs, forms and other documentation are complete.	
4.2	Provide records to Security Shift Supervisor	

Attachment 5  
**Owner Controlled Area Security Checklist**  
 Sheet 1 of 1

<b><u>Initial Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>1.0 Establish Owner Controlled Area Security</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p style="text-align: center;"><b>NOTE:</b></p> <p>Owner Controlled Area security should be established immediately for emergency classified at a Site Area Emergency or a General Emergency. At an Alert it may be delayed for up to 2 hours</p> </div> <p><b><u>WHEN</u></b> directed by the Security Shift Supervisor <b><u>THEN</u></b> perform the following:</p> <p><b>1.1 Restrict access to the plant to the following individuals:</b></p> <ul style="list-style-type: none"> <li>A. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory.</li> <li>B. Indian Point Corporate Officers.</li> <li>C. State and County Officials</li> <li>D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency</li> <li>E. Individuals authorized by the Emergency Plant Manager, Emergency Director or the EOF Manager.</li> </ul>	
<b><u>Ongoing Responsibility/Activity</u></b>	<b><u>Notes</u></b>
<p><b>2.0 Continue to control access to the site.</b></p>	
<b><u>Closeout Responsibility/Activity</u></b>	
<p><b>3.0 WHEN directed THEN return site access control to normal</b></p>	

## Sheet 1 of 1

<b>Name:</b>			
<b>Social Security Number:</b>			
<b>TLD Badge Number:</b>			
<b>KI Issued:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Time:</b>
<b>Respirator Issued:</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<b>Time:</b>

[illegible]

Page 17 of 20

## Addendum 2

## EOF Security Sign In Log (Form

Sheet 1 of 1

## EOF Security Sign In Log

Security Officer: (print name)		Date:	
-----------------------------------	--	-------	--

Print Name	Time In / Out	Time In / Out	Organization
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other
			<input type="checkbox"/> Indian Pt. <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> NRC <input type="checkbox"/> FEMA <input type="checkbox"/> Other

Form IP-1050-2 Rev 0

Addendum 3  
Security Route Alerting (Form IP-1050-3)  
Sheet 1 of 1

### Security Route Alerting

Security Patrol should go to each marked



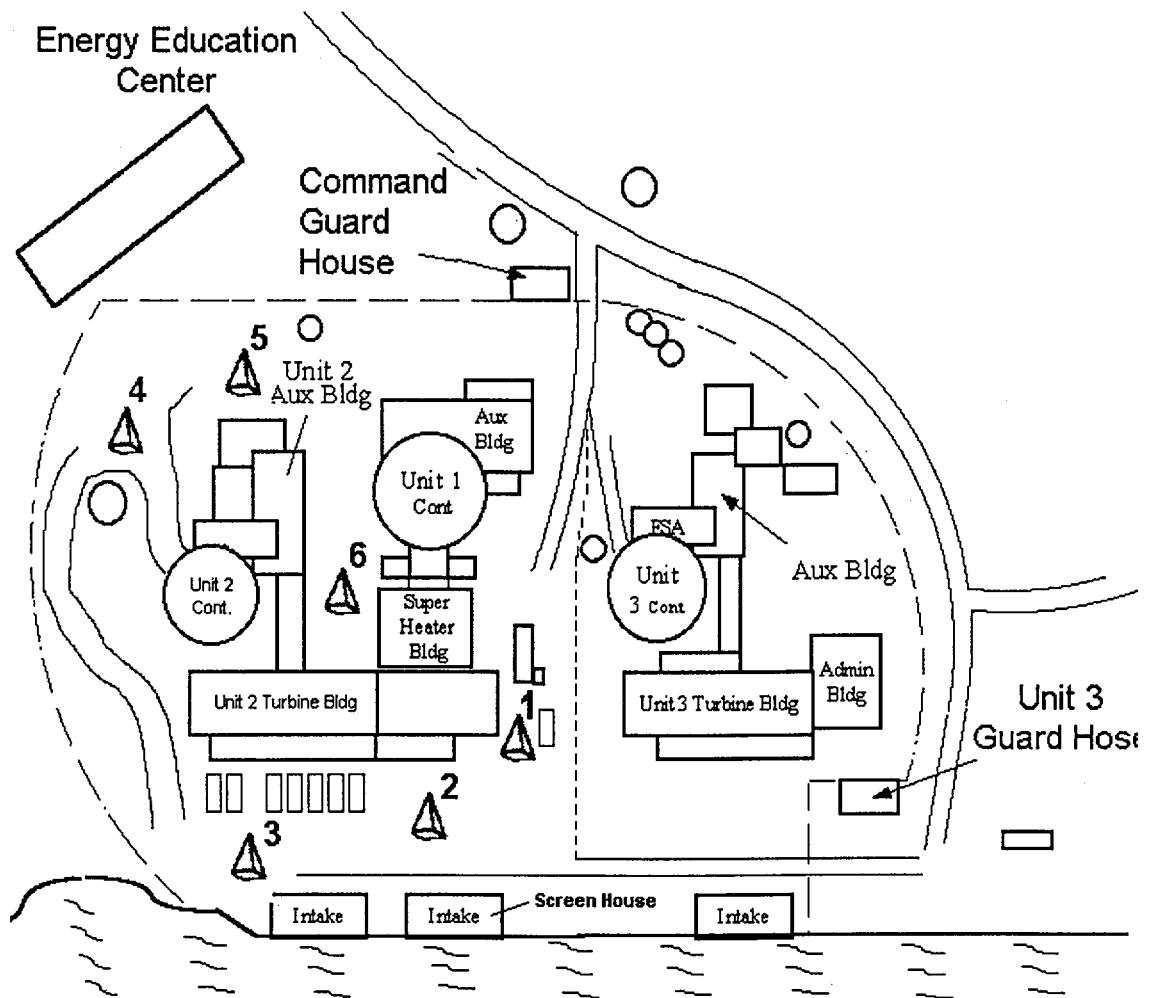
Location and make the following announcement, twice:

**"Attention all personnel, Attention all personnel, an emergency has been declared"**

**"All essential personnel report to your emergency facility"**

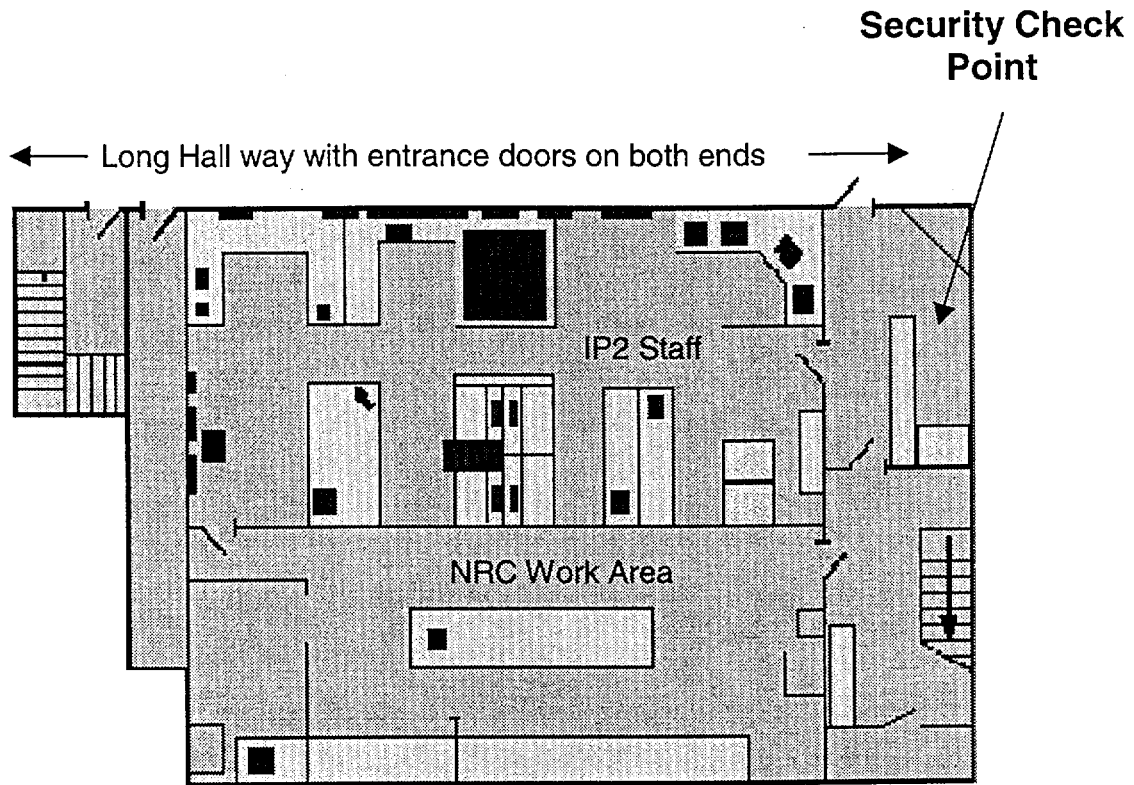
**"All other personnel report to the Energy Education Center"**

Then proceed to next location and repeat the announcement, until all six locations have been notified.

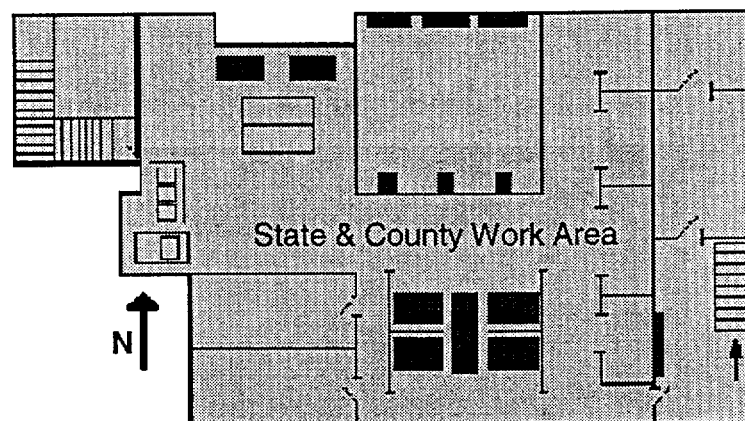


Form IP-1050-3 Rev. 0

Addendum 4  
**EOF Areas in which to Maintain Access Control**  
Sheet 1 of 1



**EOF Lower Level**



**EOF Upper Level**