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Enclosure 1 Contains Personal Information.

Alan J. Harris
Director, Nuclear Safety Assurance
Waterford 3

W3F1-2001-0050

A4.05

PR

May 22, 2001

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

Subject: Waterford 3 SES
Docket No. 50-382
License No. NPF-38
Emergency Plan Implementing Procedures

Gentlemen:

In accordance with Appendix E of 10CFR50 and 10CFR50.4(b)(5), Entergy is submitting revised and changed Waterford 3 Emergency Plan Implementing Procedures. These revisions and changes were reviewed in accordance with 10CFR50.54(q) requirements and were determined not to decrease the effectiveness of the emergency plan.

Included in this submittal are the following procedures:

1. EP-002-100 (Revision 30, Change 1), "Technical Support Center (TSC) Activation, Operation and Deactivation" - This revision deleted the backup method of polling the answering machines in the Control Room and deleted the reference of "Attachment 7.6 figure 1" of EP-002-090 for fuel cladding failure from Attachment 7.11.
2. EP-003-020 (Revision 10), "Emergency Preparedness Drills and Exercises" - This revision reformatted the procedure, deleted Attachments 7.2, 7.3, 7.7, 7.9, 7.10 & 7.11, deleted steps to reflect only one test of the backup augmentation capability currently needed, deleted some details of assignment of drill participants and format for drill scenarios, updated submittal requirements for drill objectives and scenarios, deleted step relating to walkdown of facilities prior to each major drill, and other editorial changes.

A045

Enclosure 1 Contains Personal Information.

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3. EP-002-010 (Revision 28), "Notifications and Communications" - This revision reformatted the procedure, changed the title/name "Shift Superintendent/SS" to "Shift Manager/SM", rephrased steps to clarify where and when the Emergency Communicator logs Operational Hotline member responses on Attachments 7.3 and 7.4, and deleted the reference to the answering machines in step 6.6.

Please note that pages 35, 38 and 42 of EP-002-010 (Revision 28), Notifications and Communications, contains telephone numbers which are considered personal information. Enclosure 1 contains the pages with the personal information; it is requested that this information be withheld from the public pursuant to 10CFR2.790. Enclosure 2 contains no personal information and may be considered public copies.

Also please note that the copy of EP-002-100, Revision 30, Change 1 only includes the effective pages and not the entire procedure. Please replace these effective pages with the pages in your Revision 30 copy. The remaining two procedure copies include the entire procedure.

This letter does not contain any commitments.

Should you have any questions concerning these procedures, please contact Mr. J.J. Lewis, Emergency Planning Manager, at (504) 739-6624.

Very truly yours,



A.J. Harris
Director,
Nuclear Safety Assurance

AJH/DCM/ssf
Enclosure 1 (Contains Personal Information)
Enclosure 2

Enclosure 1 Contains Personal Information.

Emergency Plan Implementing Procedures

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cc: (w/Enclosures 1 and 2)
E.W. Merschoff, NRC Region IV (2 copies)

(w/o Enclosures 1 and 2)
N. Kalyanam (NRC-NRR)
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J. Smith
N.S. Reynolds
NRC Resident Inspectors Office

**ENCLOSURE 2 TO
W3F1-2001-0050**

**EP-002-100, Revision 30, Change 1
Technical Support Center (TSC) Activation, Operation and Deactivation**

**EP-003-020, Revision 10
Emergency Preparedness Drills and Exercises**

**EP-002-010, Revision 28
Notifications and Communications**

SAFETY RELATED

Required Review Level (check one)



PORC



QUALIFIED REVIEWER

PROCEDURE NUMBER: EP-002-100 REVISION: 30 CHANGE: 1 DEVIATION: N/ATITLE: Technical Support Center (TSC) Activation, Operation and DeactivationEFFECTIVE DATE/MILESTONE: 4/27/01

(N/A If Same as Approval Date)

PROCEDURE OWNER: Emergency Planning Manager

(Position Title)

PREPARER (Print Name / Initial): Marc Van Der Horst / MVH DATE: 4/23/01

ACTION:



New Procedure



Deletion



Revision



Change

EC? ☐

N/A

(Applicable W2.109 Step Numbers)



Deviation

Expiration Date/Milestone: _____



Temporary Procedure

Applicable Conditions: _____

DESCRIPTION AND JUSTIFICATION OF CHANGE: Deleted the backup method of polling the answering machines in the Control Room. Deleted the reference of "Attachment 7.6 figure 1" of EP-002-090 for initial cladding failure from Attachment 7.11. Reworded step 3.5.1 for clarity.

☐ Request/Approval Page Continuation Sheet(s)

EC SUPERVISOR

APPROVAL:

N/A

DATE: _____

50.59 REVIEWER

Required? ☒

REVIEW:

Michael S. HerkeyDATE: 4-25-01☐ PROGRAMMATICALLY EXCLUDED

PORC Mtg. No.:

N/A

DATE: _____

50.54 REVIEWER

Required? ☒

REVIEW:

John E. FieldsDATE: 4/24/01

TECHNICAL REVIEWER

REVIEW:

Michael S. HerkeyDATE: 4-25-01Change Notice (CN)? ☐

CHANGE NOTICE (CN) SUPERVISOR

APPROVAL:

N/A

DATE: _____

CHANGE NOTICE (CN) ON-SHIFT SM/CRS

APPROVAL:

N/A

DATE: _____

2 Week Final Approval

DATE: _____

QUALIFIED REVIEWER

Required? ☒

REVIEW:

Ronald J. PerryDATE: 4/25/01

GROUP/DEPT. HEAD

REVIEW ☐ or APPROVAL ☒DATE: 4-27-01

GM, PLANT OPERATIONS

REVIEW ☐ or APPROVAL ☐

N/A

DATE: _____

VICE PRESIDENT, OPERATIONS

APPROVAL:

N/A

DATE: _____

CONTROLLED

LIST OF EFFECTIVE PAGES

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90-93	Revision 28
84-89,94,95	Revision 27
75-78	Revision 22
79	Revision 21
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LIST OF PAGES CONTAINING PROPRIETARY INFORMATION

90,92

- 2.28 OP-004-016, System Operating Procedure Seismic Monitoring
- 2.29 PDD-5817-12060

3.0 RESPONSIBILITIES

3.1 Emergency Coordinator

- 3.1.1 Overall responsibility for ensuring that actions outlined in this procedure are carried out.

3.2 TSC Supervisor

- 3.2.1 Responsible for the conduct of operations of the TSC.

3.3 Health Physics Coordinator, Lead Engineer, Operations Coordinator, ENS Communicator and Lead Communicator

- 3.3.1 Responsible for ensuring activities in their areas are conducted in accordance with this procedure.

3.4 TSC First Responders

- 3.4.1 Should begin implementation of this procedure.

3.5 EOF Offsite Technical Advisor

- 3.5.1 When responding to the TSC, then the EOF Offsite Technical Advisor is responsible for carrying out activities in accordance with EP-002-102 under the direction of the Emergency Coordinator.

5.8 Lead Communicator

5.8.1 Activation

- 5.8.1.1 If available, then a communicator should be assigned to assist the Control Room Emergency Communicator until transfer of communications to the TSC.
- 5.8.1.2 Advise the Emergency Coordinator when ready to take offsite communications from the Control Room following the guidance in EP-002-010, Attachment 7.1, then continue with the actions in this section and section 5.8.2.
- 5.8.1.3 At the direction of the Emergency Coordinator, transfer communications from the Control Room to the TSC. Inform the Emergency Coordinator when the TSC has taken responsibility for offsite communications.
- A. After the Control Room has forwarded the emergency telephone (3500) to "TSC", test this circuit to ensure it rings in the TSC by calling 3500.

NOTE

The message informing the offsite agencies that communications have been transferred to the TSC does not satisfy Subsequent Notification requirements unless these three items accompany the message: 1) emergency classification status; 2) release information; and 3) Protective Action Recommendations.

- B. Inform each of the previously contacted offsite agencies that the TSC is now responsible for offsite communications and provide the TSC PABX callback number and the TSC OHL Code Number.
- 5.8.1.4 Remove the printout from the VNS printer in the QSPDS Room and provide to the TSC Supervisor.
- 5.8.1.5 Ensure adequate forms and materials are available to conduct your assigned functions.

ESTIMATION OF CLADDING BARRIER FAILURE

To determine if Cladding Barrier Failure exists, evaluate the following:

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Chemistry results indicate greater than 300 uCi/ml Dose Equivalent Iodine?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Has the level in the upper plenum, as measured by RVLMS, been equal to 0%?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Have the Core Exit Thermocouple (CET) temperatures exceeded 700° F?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Do Containment dose rates indicate "Initial Clad Failure" (See EP-002-090)?

If the answer to any of these questions is YES, then it is assumed that Cladding Barrier failure has occurred.

PROVIDE THE RESULTS OF THIS EVALUATION TO THE TSC DOSE ASSESSMENT COORDINATOR.

Date/Time: _____ / _____

REQUEST/APPROVAL PAGE

SAFETY RELATED

Required Review Level (check one)



PORC



QUALIFIED REVIEWER

PROCEDURE NUMBER: EP-003-020 REVISION: 10 CHANGE: 0 DEVIATION: N/ATITLE: Emergency Preparedness Drills and ExercisesEFFECTIVE DATE/MILESTONE: N/A

(N/A If Same as Approval Date)

PROCEDURE OWNER: Emergency Planning Manager

(Position Title)

PREPARER (Print Name / Initial): A.S. Lubinski 1 ASL DATE: 04/19/01

ACTION:

☐ New Procedure☐ Deletion☒ Revision☐ ChangeEC? ☐

N/A

(Applicable W2.109 Step Numbers)

☐ DeviationExpiration Date/Milestone: N/A☐ Temporary ProcedureApplicable Conditions: N/A

DESCRIPTION AND JUSTIFICATION OF CHANGE: Since this is a major rewrite of the procedure no revision bars are used. Reformatted procedure in accordance with W2.109 & W2.110. Incorporated Changes 1, 2, 3, & 4, Deleted Attachments 7.2, 7.3, 7.7, 7.9, 7.10 & 7.11. Remaining Attachments are renumbered. Revision number for all Attachments changed to match procedure revision number. Deleted Steps 5.1.9.1 & 5.1.9.2 because only one test of the backup augmentation capabilities is now needed. Deleted Step 5.2.2 relating to assignment of drill participants and drill team members because this process is adjusted frequently and does not need to be detailed in the procedure. Deleted Step 5.2.3.1 relating to the format for drill scenarios which does not need to be detailed in the procedure. Changed the submittal requirements in Steps 5.2.1.2 & 5.2.4.1 since the new NRC inspection process does not require submittal of the objectives or scenario, unless requested. Deleted Step 5.2.7 relating to a walkdown of the facilities prior to each major drill which is not necessary. Each Planner is required to maintain their assigned facility in a state of readiness at all times and special walk downs serve no purpose. Deleted Steps 5.4.1.1 & 5.5.3.5 which referenced the deleted Participant Comment Sheet. Other general updates and wording changes were made throughout the procedure.

☐ Request/Approval Page Continuation Sheet(s) attached.

EC SUPERVISOR

APPROVAL: N/ADATE:

50.59 REVIEWER

Required? ☒REVIEW: Michael HuskeyDATE: 4-25-01☐ PROGRAMMATICALLY EXCLUDEDPORC Mtg. No.: N/ADATE:

50.54 REVIEWER

Required? ☒REVIEW: Ronald D. PerryDATE: 4/25/01

TECHNICAL REVIEWER

REVIEW: Michael HuskeyDATE: 4-25-01Change Notice (CN)? ☐ N/A

CHANGE NOTICE (CN) SUPERVISOR

APPROVAL: N/ADATE:

CHANGE NOTICE (CN) ON-SHIFT SM/CRS

APPROVAL: N/ADATE:

2 Week Final Approval

DATE:

QUALIFIED REVIEWER

Required? ☒REVIEW: Ronald D. PerryDATE: 4/26/01

GROUP/DEPT. HEAD

REVIEW ☐ or APPROVAL ☒DATE: 4-27-01

GM, PLANT OPERATIONS

REVIEW ☐ or APPROVAL ☐N/ADATE:

VICE PRESIDENT, OPERATIONS

APPROVAL: N/AN/ADATE:

CONTROLLED

COPY No. FEY

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Revision 10

INFORMATIONAL USE

1.0 PURPOSE

- 1.1 This procedure provides guidance for the preparation, scheduling, performance, and evaluation of emergency preparedness drills and exercises.
- 1.2 This procedure applies to drills conducted by departments other than Emergency Planning only for Security notifications described in Section 5.2.

2.0 REFERENCES

- 2.1 Waterford 3 SES Emergency Plan
- 2.2 NUREG 0654/FEMA-REP-1
- 2.3 FEMA-REP-14
- 2.4 Waterford 3 SES Final Safety Analysis Report
- 2.5 Waterford 3 SES Emergency Medical Assistance Program (EMAP)
- 2.6 EP-003-040, Emergency Equipment Inventory
- 2.7 EP-003-070, Emergency Communications Systems Routine Testing
- 2.8 EPP-451, Emergency Planning Action Item Tracking System
- 2.9 NTP-202, Fire Protection Training

3.0 RESPONSIBILITIES

NOTE

The Training, Emergency Planning and Security Departments conduct drills which may involve offsite emergency vehicle response. The Operations Training Supervisor, Emergency Planning Manager (EPM) and Security Superintendent (or their designees) are responsible for the notification requirements in Section 5.2 associated with bringing emergency vehicles onsite during drills.

- 3.1 The EPM is responsible for the coordination of all emergency preparedness drill and exercise activities.
- 3.2 The General Manager, Plant Operations, or his designee, approves plant drill/exercise packages in accordance with the requirements of Attachment 7.2.
- 3.3 The Vice President, Operations or his designee approves exercise packages.
- 3.4 Drill Control Team responsibilities:
 - 3.4.1 Lead Controller
 - 3.4.1.1 Reports to the Emergency Planning Manager.
 - 3.4.1.2 Coordinates development of drill/exercise scenario packages.
 - 3.4.1.3 Maintains overall control of the conduct of the drill/exercise as defined in the scenario package.
 - a. Coordinates Drill Control Team activities.
 - b. Evaluates situations not anticipated in the scenario package to determine appropriate drill control team actions.
 - c. The Lead Controller may adjust the scenario timeline to compensate for unanticipated participant actions.
 - 3.4.1.4 Coordinates evaluation of the drills and exercises.
 - 3.4.1.5 Prepares a report of drills and exercises for approval by the Emergency Planning Manager.
 - 3.4.1.6 Ensures all drill and exercise preparations and restorations are completed in a timely manner.

3.5.2 Scenario Development Team Members

3.5.2.1 Report to the Lead Controller.

3.5.2.2 Develop drill or exercise scenario packages.

3.5.3 Controllers

3.5.3.1 Report to the Lead Controller

3.5.3.2 Control scenario activities in their assigned areas.

- a. Coordinate activities of Monitors assigned to their area.
- b. Inform the Lead Controller of the status of scenario activities in their area.
- c. Notify the Lead Controller of problems or unanticipated participant responses.
- d. If the scenario timeline or activities of other Controllers are not affected, then Controllers may make minor adjustments to the scenario.
- e. If changes to the scenario could affect the scenario timeline or other Controllers, then the Lead Controller authorizes the changes.

3.5.4 Monitors

3.5.4.1 Report to the Controller for their assigned area.

3.5.4.2 Provide simulated information to the participants in accordance with the scenario package.

3.5.4.3 Report the status of activities in their assigned area

3.5.4.4 Discuss problems with their Controller.

4.0 INITIATING CONDITIONS

4.1 This procedure is used to develop, conduct and document emergency preparedness drills/exercises.

5.0 PROCEDURE

5.1 Drill/Exercise Scheduling Requirements

NOTE

1. If response to an actual emergency event is critiqued and evaluated, then the event may be used to satisfy the requirements listed below, at the discretion of the EPM.
2. Unless weather conditions exist posing undue risk to personnel or demanding the full attention of plant staff or support personnel, scheduled drills or exercises are not postponed due to inclement weather.

5.1.1 A major exercise simulating at least a Site Area Emergency is conducted every two years.

5.1.1.1 Waterford 3 drill team members evaluate all exercises.

5.1.1.2 Federal and State evaluators may evaluate exercises, as necessary.

5.1.1.2 Exercise scenarios are varied to ensure that over a 6 year period all major components of Waterford 3 emergency preparedness are exercised.

5.1.1.3 An off hours drill should be initiated between 6 p.m. and 4 a.m. at least once every 6 years.

5.1.1.3.1 This off hours drill may be held in conjunction with an exercise or other drill.

NOTE

Communications drills shall involve the actual transmission of information and confirmation that the correct information has been received.

5.1.2 Communication drills

5.1.2.1 Monthly, a communication drill involving the state and local governments within the Plume Exposure Pathway Emergency Planning Zone (10-mile EPZ) is conducted.

5.1.2.1.1 These drills may be held in conjunction with an exercise or other scheduled drills.

5.1.2.2 Quarterly, a communication drill involving the Federal and State Emergency Response Organizations within the Ingestion Exposure Pathway Emergency Planning Zone (50-mile EPZ) is conducted.

5.1.2.2.1 These drills may be held in conjunction with an exercise or other scheduled drills.

5.1.2.3 Annually, a communication drill between Waterford 3 and the State and local Emergency Operations Centers (EOC's) and the Field Assessment Teams is conducted.

5.1.2.3.1 This drill may be held in conjunction with an exercise or other scheduled drills.

5.1.3 Fire drills are conducted in accordance with NTP-202.

5.1.4 Plant environmental and radiological monitoring drills (onsite and offsite) are conducted annually.

5.1.4.1 These drills may be held in conjunction with an exercise or other scheduled drills.

5.1.4.2 These drills shall include collection and analysis of sample media (i.e., water, grass, soil and air), and provisions for communications and record keeping.

5.1.5 Health Physics drills involving response to, and analysis of, simulated elevated airborne and liquid samples, and direct radiation measurements in the environment, are conducted semi-annually.

5.1.5.1 These drills may be held in conjunction with an exercise or other scheduled drills.

- 5.1.6 A drill is performed annually involving analysis of inplant liquid samples and use of the post-accident sampling system.
 - 5.1.6.1 This drill may be held in conjunction with an exercise or other scheduled drills.
- 5.1.7 Medical emergency drills are conducted annually in accordance with the Waterford 3 SES Emergency Medical Assistance Program and may be held in conjunction with an exercise or other drills.
- 5.1.8 A drill is conducted semi-annually to assess the capability of Control Room personnel to don air-supplied respiratory equipment within two minutes.
 - 5.1.8.1 This drill may be held in conjunction with an exercise or other scheduled drills.
- 5.1.9 A drill is conducted at least annually to test the effectiveness of the backup augmentation capabilities.
- 5.1.10 Additional drills, tabletops and walkthroughs may be conducted, at the discretion of the EPM, to maintain emergency preparedness at an acceptable level.

5.2 Drill/Exercise Development

NOTE

The Security Superintendent (or designee) should be notified during the development stage of any drill or exercise involving response of offsite emergency vehicles or personnel to the plant site to ensure notification and approval of Security response to the scenario by NRC (if required). This includes ambulance (air and ground), fire trucks, Sheriff's Department and State Police vehicles, etc. The determination whether NRC approval is required is made by the Security Superintendent (or designee).

NOTE

1. Drill and exercise scenario information is considered proprietary in nature. Only the Drill Control Team and authorized reviewers should have prior knowledge of this information.
2. Development and documentation requirements for each drill or exercise are listed in Attachment 7.2.

5.2.1 The EPM determines the scope and objectives for each drill or exercise.

5.2.1.1 The EPM coordinates the objectives with State and local agencies, as necessary.

5.2.1.2 Exercise objectives are submitted to the NRC and FEMA, as requested.

5.2.2 The Lead Controller coordinates development of the drill or exercise scenario package, ensuring the postulated events allow satisfying of the Scope and Objectives.

5.2.3 The EPM reviews the scenario package for accuracy and completeness. The EPM ensures that the appropriate management approvals are obtained.

5.2.3.1 The exercise scenario package is submitted to the NRC and FEMA, as requested.

5.2.3.2 Waterford 3 Quality Assurance Department may conduct an independent technical review of the exercise scenario package.

5.2.3.3 Comments received from the above reviews are resolved and documented prior to conducting the exercise.

5.2.4 If drill or exercise activities could be witnessed by the general public, then the EPM ensures the Entergy Operations Communications Group is informed of the event(s) prior to conducting the activity.

5.2.5 Affected offsite agencies are notified prior to any major drill or exercise.

5.3 Drill/Exercise Preparation And Conduct

NOTE

Development and documentation requirements for each drill or exercise are listed in Attachment 7.2.

5.3.1 The Lead Controller ensures that each drill control team member understands the drill control team organization, the contents of the scenario package, documentation requirements and responsibilities for conducting the drill or exercise.

5.3.1.1 Prior to each major drill or exercise date, the Lead Controller conducts a drill control team package walkdown meeting to discuss the scenario package.

5.3.1.2 At least annually, each drill control team member attends a training session to discuss effective methods for controlling and evaluating the drills and exercises.

5.3.2 During drills and exercises, the Lead Controller has the overall responsibility for controlling the conduct of the scenario events.

5.3.3 During drills and exercises, controllers and monitors provide information, as required by the scenario package, to participants to ensure the continuity of the scenario events.

5.3.4 During drills and exercises, controllers and monitors document comments and observations using Attachments 7.3, 7.4 and 7.5.

5.3.5 If manpower permits, then personnel from the Quality Assurance Department may observe the drill or exercise and evaluate the emergency response.

5.3.6 If major objectives have been demonstrated or continuation of the drill or exercise will not provide significant additional training, then the Lead Controller may terminate the drill or exercise.

5.3.6.1 The Lead Controller coordinates the termination of the drill with other key members of the drill control team.

5.4 Post Drill Activities

5.4.1 Upon Termination of the Drill:

5.4.1.1 Area critiques are held for each major area of response.

- A. Area critiques provide an opportunity for participants to ask questions, discuss the response and provide feedback to the drill control team.
- B. Drill control team members may ask the participants specific questions to ensure the accuracy of the drill or exercise evaluation.

5.4.1.2 Drill control team members collect logs, records and forms generated by the drill participants during the drill.

5.4.1.3 The Lead Controller ensures the Emergency Response Facilities are restored to pre-drill conditions.

5.4.2 Drill Evaluation Report

5.4.2.1 Following the termination of the drill, Controllers debrief Monitors assigned to their area.

5.4.2.1.1 The Controller develops an evaluation of their area based on Controller and Monitor comments and observations.

5.4.2.4 Following the Monitor debriefing, the Controllers provide their evaluation and drill documentation to the Lead Controller.

5.4.2.4.1 The Lead Controller debriefs Controllers identifying any deficiencies which should be corrected prior to the next drill.

5.4.2.4.2 These deficiencies and all drill documentation are forwarded to the EPM.

5.4.2.5 If an evaluation was performed, then the Quality Assurance Department personnel provide their comments to the Lead Controller or EPM for resolution.

5.4.2.6 The Emergency Planning Department dispositions each Controller item on Attachment 7.4.

5.4.2.6.1 The EPM, or designee, reviews the disposition of each item.

- A. Items which can be quickly resolved are placed on the Drill Punch List.
- B. Drill Punch List Items are resolved prior to approval of the drill evaluation report by the EPM.
- C. Emergency Planning Action Items are written in accordance with SSP-451 to resolve longer term items.
- D. Condition Reports may be written, as required.

5.4.2.7 The Lead Controller develops a drill evaluation report in accordance with the requirements of Attachment 7.2.

5.4.2.8 Drill evaluation reports should be completed within approximately 60 days of the completion of the activity.

5.4.2.9 The Emergency Planning Manager reviews and approves the drill evaluation report and determines distribution of the report.

- A. Identification of drill requirements in Section 5.1 of this procedure that were satisfied by the drill is included in the evaluation report cover letter.

5.4.2.10 The EPM notifies the Training Department of any items to be included in the training program.

- A. A copy of the Drill Evaluation Report is provided to the Training Department.
- B. Training Requests, describing specific corrective actions, are completed and provided to the Training Department, as necessary.

5.5 Post Exercise Activities

5.5.1 Upon Termination of the Exercise:

5.5.1.1 Area critiques are held in each emergency response facility.

- A. Area critiques provide an opportunity for participants to ask questions, discuss the response and provide feedback to the drill control team.
- B. Drill control team members may ask the participants specific questions to ensure the accuracy of the exercise evaluation.

5.5.1.2 Drill control team members collect Logs, Records and Forms, generated by the exercise participants during the exercise.

5.5.1.3 The Lead Controller ensures the Emergency Response Facilities are restored to Pre-Exercise Conditions.

5.5.2 Initial Exercise Evaluation

5.5.2.1 Following the termination of the exercise, Controllers debrief Monitors assigned to their area.

5.5.2.2 The Controller develops an evaluation of their area based on Controller and Monitor comments and observations noting specific items of concern appearing to require Emergency Planning Department evaluation (either a deficiency or area where improvement is necessary).

5.5.2.3 The Controllers also note exceptional performance or minor problems which are not programmatic in nature.

5.5.2.4 The Lead Controller or the EPM debriefs the Quality Assurance Department exercise evaluators and specific areas of concern are identified.

5.5.2.5 Following the Monitor debriefing, the Controllers provide their evaluation and exercise documentation to the Lead Controller.

5.5.2.6 The EPM meets with the Controllers to critique the Exercise.

A. Controller items are discussed and classified into four categories:

1. Deficiency - Any action, equipment malfunction, practice or statement identified during the implementation of the Waterford 3 Emergency Plan, that implies that the state of emergency preparedness at Waterford 3 does not provide reasonable assurance that adequate measures to protect the health and safety of the general public are taken in the event of an actual radiological emergency.
2. Weakness - Any action, equipment malfunction, practice or statement identified during the implementation of the Waterford 3 Emergency Plan, that definitely requires prompt corrective action on behalf of Entergy Operations, Inc., but does not imply that the state of emergency preparedness at Waterford 3 does not provide reasonable assurance that adequate measures to protect the health and safety of the general public are taken in the event of an actual radiological emergency.
3. Significant Improvement - Any action, equipment malfunction, practice or statement identified during the implementation of the Waterford 3 Emergency Plan, that indicates prompt corrective action should be taken on behalf of Entergy Operations, Inc., in order to improve the emergency preparedness program, but does not imply that the state of emergency preparedness at Waterford 3 does not provide reasonable assurance that adequate measures to protect the health and safety of the general public are taken in the event of an actual radiological emergency.
4. Observation - Any action, equipment malfunction, practice or statement identified during the implementation of the Waterford 3 Emergency Plan, that requires further review to determine if a corrective action on behalf of Entergy Operations, Inc., is necessary. Observations are general comments which may be used to enhance the Waterford 3 Emergency Plan, Emergency Plan Implementing Procedures, facilities, equipment or the Emergency Response Training Program. Observations are not necessarily negative or positive in regards to the readiness of emergency preparedness.

5.5.2.7 Based on the information received from the exercise Controllers and the Quality Assurance personnel, the EPM compiles a report which lists each Deficiency, each Weakness, each Significant Improvement and the number of Observations identified during the exercise.

5.5.2.8 The EPM meets with a Management Review Board, consisting of senior Waterford 3 management, to discuss the report of Drill Control Team identified items.

5.5.2.9 The Management Review Board agrees upon a final list of significant findings.

5.5.2.9.1 These findings are presented to the NRC (if they evaluated the exercise) in the Licensee/NRC Critique.

5.5.3 Exercise Evaluation Report

5.5.3.1 The Emergency Planning Department dispositions each Controller item on Attachment 7.4.

5.5.3.2 The EPM, or designee, reviews the disposition of each item.

- A. Items which can be quickly resolved are placed on the Exercise Punch List.
- B. Drill Punch List Items are resolved prior to approval of the drill evaluation report by the Emergency Planning Manager.
- C. Emergency Planning Action Items are written in accordance with SSP-451 to resolve longer term items.
- D. Condition Reports may be written, as required.

5.5.3.3 The Lead Controller develops an exercise evaluation report in accordance with the requirements of Attachment 7.2.

5.5.3.4 Exercise evaluation reports should be completed within approximately 60 days of the completion of the activity.

5.5.3.5 The Emergency Planning Manager reviews and approves the exercise evaluation report and forwards it to the General Manager, Plant Operations; the Director, Nuclear Safety Assurance; and the Vice President, Operations.

- A. Identification of drill requirements in Section 5.1 of this procedure that were satisfied by the exercise is included in the evaluation report cover letter.

5.5.3.6 The EPM notifies the Training Department of any items to be included in the training program.

- A. A copy of the Exercise Evaluation Report is provided to the Training Department.
- B. Training Requests, describing specific corrective actions, are completed and provided to the Training Department, as necessary.

5.6 Records Retention

- 5.6.1 The original of the Drill/Exercise Package, a copy of the Drill/Exercise Evaluation Report and all supporting documents are forwarded to Waterford 3 Records Center.
- 5.6.2 The Records identified in 5.6.2 above are retained by the Waterford 3 Records Center for a period of at least 6 years.

6.0 FINAL CONDITIONS

- 6.1 The Evaluation Report is forwarded to the designated management personnel, including the Training Department for items to include in the Training Program, as appropriate.
- 6.2 All documents and records are completed and filed for retention in Waterford 3 Records Center.
- 6.3 Restoration of the Emergency Response Facilities to Pre-Drill or Exercise conditions is initiated.
- 6.4 Action Items are documented and tracked on the Emergency Planning Action Item Tracking System.

7.0 ATTACHMENTS

- 7.1 Definitions
- 7.2 Drill/Exercise Development and Documentation Requirements
- 7.3 Drill/Exercise Critique Sheet
- 7.4 Drill/Exercise Comment Sheet
- 7.5 Drill/Exercise Evaluation Checklist

8.0 RECORDS

- 8.1 The following records are generated as a result of this procedure:

Attachment 7.3, Drill/Exercise Critique Sheet

Attachment 7.4, Drill/Exercise Comment Sheet

Attachment 7.5, Drill/Exercise Evaluation Checklist

DEFINITIONS

1. Controller - A member of the drill control team assigned to Control and Evaluate the Drill/Exercise activities within a component of response through interaction with the monitors and participants. Controllers are responsible for preparation and conduct of monitors.
2. Drill - A supervised training instruction period (including on-the-spot correction of erroneous performance) conducted or simulated in a work environment for the purpose of developing and maintaining skills required to cope with abnormal or emergency plant conditions, including an evaluation of performance.
3. Drill Control Team - The cadre of personnel assigned to develop, control and evaluate the Drill/Exercise.
4. Drill Package - The document developed by the drill team which contains the administrative and control details of the scenario.
5. Exercise - A demonstration of the response to Simulated Emergency Conditions, including the demonstration of the ability to effectively evaluate the response. An Exercise includes some amount of participation by State and local Emergency Preparedness personnel.
6. Exercise Package - See Drill Package.
7. Integrated Tabletop - A training activity similar to a site drill in that it has a scenario associated with it and the participants react as they would to a real event. Major emergency response facilities (TSC, EOF and OSC) are staffed at the same time and communications among the facilities is a major part of the training activity. Integrated tabletop response is not evaluated as it would be in an exercise or drill. Control Room response, offsite field monitoring teams and inplant repair teams are simulated by the tabletop control team
8. Lead Controller - The Senior Controller responsible for coordinating the development and conduct of the Drill/Exercise.
9. Management Review Board - Senior Waterford 3 management personnel and other personnel designated by management. The Management Review Board reviews the findings identified by the drill control team during an exercise.
10. Monitor - A member of the drill control team responsible for the Control and Evaluation of a component of response under the direction of a Controller.

DEFINITIONS (Continued)

11. Observer - An individual who watches a component of response, but is not responsible for evaluation or assistance. An observer is not a member of the Drill Control Team.
12. Off-Hours Drill/Exercise - An off-hours drill or exercise is one which starts between the hours of 6:00 PM and 4:00 AM.
13. Tabletop - A supervised training instruction period which involves "talking through" responses and instructions, but may involve no actual "activities" related to response. Evaluation of performance is usually not included.
14. Walkthrough - A supervised training instruction period which involves response activities, assistance from the drill team, and no evaluation of response.

DRILL/EXERCISE DEVELOPMENT AND DOCUMENTATION REQUIREMENTS

	EXERCISE	SITE DRILLS	HP DRILL	CONTROL ROOM BREATHING AIR DRILLS	PASS DRILLS	MEDICAL DRILLS	AUGMENTATION DRILLS	COMMUNICATION DRILLS	OTHER DRILLS	TABLETOPS	WALKTHROUGHS
Drill Package	R	R	O	O	O	O	O	N	O	N	N
EPM Approval	R	R	R	R	R	R	R	N	R	R	R
General Manager, Plant Operations Approval	R	R	O	R	R	O	O	N	O	O	N
Vice President Operations Approval	R	N	N	N	N	N	N	N	N	N	N
Participation Documented on Attendance Form	R	R	R	R	R	R	N	N	R	R	R
Attachment 7.3 Completed by Drill Team	R	R	O	R	R	R	R	N	O	O	O
Attachment 7.4 Completed by Drill Team	R	R	O	N	N	O	N	N	O	N	N
Attachment 7.5 Completed by Drill Team	R	R	O	N	N	O	N	N	O	N	N
Evaluation Report	R	R	R	R	R	R	R	N	R	O	O
Documentation Package to Training Department	R	R	R	R	R	R	R	N	R	O	O

R = Required

N = Not Required

O = Optional (At the discretion of the EPM)

NOTES: Exceptions to the requirements on this attachment are approved and documented by the EPM.

Drills may be conducted in conjunction with an exercise or site drill.

Communications Drills are documented with a completed Repetitive Task Form and applicable communications forms.

Page _____ of _____

Date / /

Assigned area to monitor _____

1. Drill controllers, monitors and observers use this sheet to record important events and comments during the drill.
2. The notes on this sheet should be used when completing the Drill/Exercise Evaluation Checklist (Attachment 7.6).

[illegible]

DRILL/EXERCISE CRITIQUE SHEET

Page _____ of _____

[illegible]

DRILL/EXERCISE COMMENT SHEET

Page _____ of _____

Name: _____

Drill/Exercise: _____

Area Assigned to Monitor: _____

This sheet should be used to document exceptional response or good practices observed during the drill/exercise. Drill Control Team Members should also list specific minor problems observed that are not indicative of a programmatic problem requiring resolution.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

DRILL/EXERCISE COMMENT SHEET

Page _____ of _____

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DRILL/EXERCISE EVALUATION CHECKLIST

INDEX

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DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the emergency organization to correctly assess the simulated accident conditions and declare the appropriate emergency classifications in accordance with EP-001-001.

☐ ☐ ☐

Performance Criteria:

- Classifications made within fifteen minutes of valid indications received by responders that an emergency action level has been reached.
- Level of the classification (Unusual Event, Alert, etc.) correct in accordance with EP-001-001.
- Classifications promptly and clearly announced to plant personnel.

Unusual Event:

Classified accurately? ☐ YES ☐ NO
 Indications available at _____
 Classification made at _____
 Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Alert:

Classified accurately? ☐ YES ☐ NO
 Indications available at _____
 Classification made at _____
 Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Site Area Emergency:

Classified accurately? ☐ YES ☐ NO
 Indications available at _____
 Classification made at _____
 Time to classify _____ (≤15 minutes)

☐ ☐ ☐

General Emergency:

Classified accurately? ☐ YES ☐ NO
 Indications available at _____
 Classification made at _____
 Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to make appropriate initial protective action recommendations in accordance with EP-002-052.

☐ ☐ ☐

Performance Criteria:

- PARs developed within 15 minutes of data availability.
- PARs correct in accordance with EP-002-052.
- PARs required for a General Emergency.

PARs correct?

☐ YES ☐ NO

☐ ☐ ☐

Data available for PARs, or GE Declared at _____

PARs developed at _____

Time to develop PARs _____

(≤15 minutes)

Comments:

EP Disposition of Comments:

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010.

☐ ☐ ☐

Performance Criteria:

- Classification, meteorological data, and PARs (as required) correct on the notification message form.

Notification Form(s) completed accurately?

☐ YES ☐ NO

☐ ☐ ☐

Notification Form(s) approved by EC prior to transmittal?

☐ YES ☐ NO

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to assess changes in protective action recommendations and make timely notification to offsite agencies in accordance with EP-002-052 and with EP-002-010.

☐ ☐ ☐

Performance Criteria:

- PARs developed within 15 minutes of data availability.
- The selected PARs correct in accordance with EP-002-052.
- PARs (as required) correct on the notification message form.

New PARs correct? ☐ YES ☐ NO

☐ ☐ ☐

Data available to update PARs at _____

PARs developed at _____

Time to develop PARs _____ (≤15 minutes)

Notification Form(s) completed accurately? ☐ YES ☐ NO

☐ ☐ ☐

Notification Form(s) approved prior to transmittal? ☐ YES ☐ NO

Comments:

EP Disposition of Comments:

Objective: Demonstrate the ability to mobilize the Onsite (TSC and OSC) and Nearsite (EOF) emergency response personnel in accordance with the applicable classification procedures (EP-001-010, EP-001-020, EP-001-030, or EP-001-040) and EP-002-015.

☐ ☐ ☐

Performance Criteria:

- Emergency Coordinator directs activation of the VNS promptly after classification (normally Alert or higher).

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the emergency organization to perform re-classification (downgrade) decision-making and to de-escalate emergency response activities in accordance with EP-001-001 and EP-002-170, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> • Emergency Coordinator Closeout Checklist completed. • EP-002-170 implemented, as necessary. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> • SM promptly assumed the responsibilities of Emergency Coordinator. • SM effectively used input from other CR personnel in decision-making activities. • Priorities and goals established, frequently reviewed and updated as conditions changed. • Directions given were clear and easily understood. • Effective use of peer checking demonstrated. • Effective use of crew briefings demonstrated. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to transfer command and control of the emergency response in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Emergency Coordinator responsibilities promptly transferred to the DPM.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications and dose assessment responsibilities promptly transferred to the TSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Control Room (CR) personnel rapidly and correctly interpreted and responded to the simulated scenario events.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of procedures in diagnosing plant conditions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform continuous accountability activities for the onshift emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> CRS promptly established continuous accountability for the onshift personnel. CRS maintained continuous accountability by means of radio contact with shift personnel. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to perform offsite dose projection calculations in accordance with EP-002-050 or EP-002-051, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Control Room personnel familiar with the use of the CRDAP program or nomogram, as applicable. Accurate information used when calculating dose projections (15-minute averaged Met. Data, correct radiation monitor readings, etc.) Offsite dose projections promptly and accurately calculated, as needed. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Effective use of 3-way communications practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CRS or STA kept the SM informed of plant status and operator actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between members of the Control Room staff timely and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Control Room personnel kept the NAOs informed of changes in plant and emergency status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Changes in system status announced to plant personnel (for example, reactor trip, securing blowdown, starting a charging pump, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• TSC kept the Control Room staff updated on priorities and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Control Room staff kept updated on repair team activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications established and maintained with the TSC, OSC and EOF using the Control Room Intercom Circuit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:		

DRILL/EXERCISE EVALUATION CHECKLIST

CONTROL ROOM/SIMULATOR

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Control Room personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant page system operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Station Alarm/Fire Alarm systems operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Participants took an active part in the Area Critique.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Page ____ of ____

[illegible]

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010, Notifications and Communications.

☐ ☐ ☐

Performance Criteria:

- Initial offsite notifications to State and local agencies initiated (first agency answers) within 15 minutes of classification or change in PARs.
- The classification, meteorological data, and PARs correct.
- Subsequent notifications initiated (first agency answers) approximately every 60 minutes from the time of the initial notification, as required.
- Secondary agencies notified, as required.

Unusual Event:

Time of classification _____
 Notification made at _____
 Time to make initial notification _____ (≤15 minutes)
 Notification form accurate? ☐ YES ☐ NO
 Subsequent notifications timely? ☐ YES ☐ NO ☐ N/A

☐ ☐ ☐

Alert:

Time of classification _____
 Notification made at _____
 Time to make initial notification _____ (≤15 minutes)
 Notification form accurate? ☐ YES ☐ NO
 Subsequent notifications timely? ☐ YES ☐ NO ☐ N/A

☐ ☐ ☐

Site Area Emergency:

Time of classification _____
 Notification made at _____
 Time to make initial notification _____ (≤15 minutes)
 Notification form accurate? ☐ YES ☐ NO
 Subsequent notifications timely? ☐ YES ☐ NO ☐ N/A

☐ ☐ ☐

General Emergency:

Time of classification _____
 Notification made at _____
 Time to make initial notification _____ (≤15 minutes)
 Notification form accurate? ☐ YES ☐ NO
 Subsequent notifications timely? ☐ YES ☐ NO ☐ N/A

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010, Notifications and Communications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Initial notification of the NRC initiated immediately after notification of the appropriate State and local agencies, but <u>not</u> later than one hour after classification. Updates provided to the NRC as requested. (At Alert or higher, the NRC normally requests the ENS be manned continuously) NRC notified immediately after the appropriate State and local agencies of a change in classification or PARs, but not later than one hour. Secondary agencies updated as required. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to mobilize the Onsite (TSC and OSC) and Nearsite (EOF) emergency response personnel in accordance with the applicable classification procedures (EP-001-010, EP-001-020, EP-001-030, EP-001-040,) and EP-002-015 (Control Room Only).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Appropriate plant page announcement made promptly following the emergency classification (goal is within approximately 5 minutes). VNS activated as soon as possible after the emergency declaration (goal is within 10 minutes). 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform offsite dose projection calculations in accordance with EP-002-050 or EP-002-051, as necessary. (Control Room Only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Control Room personnel familiar with the CRDAP program or nomogram, as applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accurate information used when calculating dose projections (15-minute averaged Met. Data, correct radiation monitor readings, etc.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite dose projections promptly and accurately calculated, as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to assess changes in protective action recommendations and make timely notification to offsite agencies in accordance with EP-002-052 and with EP-002-010.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Although not responsible for developing PARs, Communicators are required to review the NMF for accuracy <u>prior to</u> transmittal.				
• PARs transmitted within 15 minutes of identifying changes.				
• Selected PARs correct in accordance with EP-002-052 <u>and</u> entered on the NMF correctly.				
New PARs correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New PARs identified at	_____			
PARs transmitted at	_____			
Time to transmit PARs	_____ (≤15 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification Form(s) completed accurately?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to transfer command and control of the emergency response in a timely manner in accordance with EP-002-100 and EP-002-102.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• The transfer of communications responsibilities from the Control Room to the TSC was formal, prompt and logged. (Goal is less than 30 minutes after Communicators arrive in TSC)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All previously contacted offsite agencies notified of the transfer of communications to the TSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The transfer of communications responsibilities from the Control Room/TSC to the EOF was formal, prompt and was logged. (Goal is less than 30 minutes after EOF is ready to transfer)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All previously contacted offsite agencies notified of the transfer of communications to the EOF.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Effective use of 3-way communications practices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communicators familiar with emergency communications responsibilities and procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Complete and accurate communications records maintained.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communicators familiar with the use of the Notification Message Form and the Short Message Form.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communicators familiar with the use of backup communications circuits.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate response to a medical emergency involving a contaminated injured person in accordance with UNT-007-018. (TSC or Control Room ONLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Control Room personnel or TSC Lead Communicator effectively coordinated response of the EFAT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective communications maintained between the Control Room/TSC and the scene of the medical emergency.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ambulance and hospital support requested as required by the EFAT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate response to a fire in accordance with FP-001-020. (TSC or Control Room ONLY)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Control Room personnel or TSC Lead Communicator effectively coordinated response of the Fire Brigade.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective communications maintained between the Control Room/TSC and the scene of the fire.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite fire department support requested as required by the Fire Brigade.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY COMMUNICATIONS

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Communications personnel to perform their emergency duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Operational Hotline operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant page system operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Station Alarm/Fire Alarm systems operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Status Boards in place and properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Participants took an active part in the Area Critique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

[illegible]

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform offsite dose projection calculations in accordance with EP-002-050 or EP-002-051, as necessary. (Control Room Only)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • Control Room personnel were familiar with the use of the CRDAP program or nomogram, as applicable. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Accurate information was used when calculating dose projections (15-minute averaged Met. Data, correct radiation monitor readings, etc.) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Offsite dose projections were promptly and accurately calculated, as needed. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: 	EP Disposition of Comments: 			

Objective: Demonstrate the ability to mobilize and staff the Onsite (TSC and OSC) and Nearsite (EOF) emergency response personnel in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • TSC Dose assessment personnel (minimum staffing HPC or DAC) on station within approximately 30 minutes of the emergency declaration requiring emergency response (normally Alert or higher). 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time of classification _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose assessment area staffed _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to staff _____ (≤ 30 minutes)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • EOF Dose assessment personnel on station within approximately 60 minutes of the emergency declaration requiring emergency response (normally Alert or higher). 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time of classification _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dose assessment area staffed _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time to staff _____ (≤ 60 minutes)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: 	EP Disposition of Comments: 			

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to transfer command and control of the emergency response in a timely manner in accordance with EP-002-100 and EP-002-102.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Transfer of dose assessment responsibilities from the Control Room to the TSC formal, prompt and logged. (Goal is less than 30 minutes after HPC or DAC arrive in TSC) Transfer of dose assessment responsibilities from the Control Room/TSC to the EOF formal, prompt and logged. (Goal is less than 30 minutes after EOF is ready to transfer) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to make appropriate initial protective action recommendations in accordance with EP-002-052.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> PARs are developed within 15 minutes of data availability. Selected recommendations are correct in accordance with EP-002-052. PARs required for a General Emergency. <div style="display: flex; justify-content: space-between;"> <div> PARs correct? <input type="checkbox"/> YES <input type="checkbox"/> NO Data available for PARs, or GE Declared at _____ PARs developed at _____ Time to develop PARs _____ (≤15 minutes) </div> <div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div>				
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Dose Assessment personnel responsible for initiating offsite notifications. Emergency Coordinator (EC) or EOF Director responsible for reviewing and approving offsite notifications. Classification, meteorological data, and PARs (if required) are correct. 				
Notification Form(s) completed accurately?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
Notification Form(s) approved prior to transmittal?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

Objective: Demonstrate the ability to assess changes in protective action recommendations and make timely notification to offsite agencies in accordance with EP-002-052 and with EP-002-010.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> PARs are developed within 15 minutes of data availability. Selected recommendations are correct in accordance with EP-002-052. 				
<ul style="list-style-type: none"> The Emergency Coordinator (EC) or EOF Director responsible for reviewing and approving offsite notifications. Classification, meteorological data, and PARs (if required) must be correct. 				
New PARs correct?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
Data available to update PARs at _____				
PARs developed at _____				
Time to develop PARs _____ (≤15 minutes)				
Notification Form(s) completed accurately?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
Notification Form(s) approved prior to transmittal?		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform offsite dose projection calculations in accordance with EP-002-050 or EP-002-051, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• TSC or EOF dose assessment personnel familiar with the use of the DOSECODE program or the use of EP-002-050 manual calculations, as applicable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Accurate information was used when calculating dose projections (15-minute averaged Met. Data, correct radiation monitor readings, fuel cladding status, etc.).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite dose projections were promptly and accurately calculated, as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field data and monitored release data compared and discrepancies resolved.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

Objective: Demonstrate the ability of the offsite radiological monitoring field teams to collect and report radiological field data, including environmental samples and surveys in accordance with EP-002-060 and EP-002-061.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Radiological field monitoring teams promptly dispatched and directed to standby in downwind locations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective communications maintained with radiological field monitoring teams.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams effectively located to track the plume.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams exposures monitored.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE DOSE ASSESSMENT

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate coordination of field monitoring activities with LDEQ in the EOF.		□	□	□
Performance Criteria:				
• Effective communications maintained between W3 dose assessment personnel and LDEQ.		□	□	□
• W3 field data and LDEQ field data compared and discrepancies resolved.		□	□	□
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		□	□	□
Performance Criteria:				
• Effective use of 3-way communications practices.		□	□	□
• HPC or RAC kept the dose assessment personnel informed of in plant and emergency status.		□	□	□
• Information flow between members of the dose assessment staff timely and effective.		□	□	□
• Dose assessment personnel familiar with emergency communications equipment and procedures.		□	□	□
• Complete and accurate dose assessment records maintained.		□	□	□
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Page ____ of ____

SAT	UNSAT	N/A
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Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> • Participants took an active part in the Area Critique. • Critique process self-critical. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.

If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.

- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to mobilize and staff the Onsite (TSC and OSC) and Nearsite (EOF) emergency response personnel in a timely manner.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> TSC minimum staffing personnel (EC, HPC or DAC, 1 Communicator) on station within approximately 30 minutes of the emergency declaration requiring emergency response (normally Alert or higher). <div> Time of classification _____ </div> <div> TSC staffed _____ </div> <div> Time to staff _____ (≤ 30 minutes) </div> 					
Comments:			EP Disposition of Comments:		

Objective: Demonstrate the ability to transfer command and control of the emergency response in a timely manner in accordance with EP-002-100 and EP-002-102.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Transfer of emergency responsibilities (command and control, dose assessment and communications) from the Control Room to the TSC was formal, prompt and logged. (Goal is less than 30 minutes after minimum staffing available in TSC) TSC activated within approximately 60 minutes of the emergency declaration requiring emergency response. <div> Time of classification requiring response _____ </div> <div> TSC declared activated _____ </div> <div> Time to activate TSC _____ (≤ 60 minutes) </div>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			EP Disposition of Comments:		

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities

☐ ☐ ☐

Performance Criteria:

- The DPM promptly relieved the SM of the responsibilities of Emergency Coordinator (EC).
- The EC effectively used input from other TSC personnel in decision-making activities.
- Directions given were clear and easily understood.
- Effective use of peer checking demonstrated.
- Effective use of Briefings demonstrated.
- Effective use of general plant status page announcements demonstrated.
- TSC staff effectively coordinated response to medical emergencies and fires.

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Comments:

EP Disposition of Comments:

Objective: Demonstrate the ability to perform continuous accountability activities for the onsite emergency organization in accordance with EP-002-190.

☐ ☐ ☐

Performance Criteria:

- TSC personnel sign in upon arrival.
- TSC personnel check out with the TSC Supervisor prior to leaving TSC.
- TSC Accountability Watch stationed at TSC Entrance.

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☐ ☐ ☐
☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the emergency organization to correctly assess the simulated accident conditions and declare the appropriate emergency classifications in accordance with EP-001-001.

☐ ☐ ☐

Performance Criteria:

- Classifications made within fifteen minutes of valid indications received by responders that an emergency action level has been reached.
- Classifications (Alert, Site Area Emergency, etc.) correct in accordance with EP-001-001.

Alert:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Site Area Emergency:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

General Emergency:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to make appropriate initial protective action recommendations in accordance with EP-002-052.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> PARs developed within 15 minutes of data availability. Selected recommendations correct in accordance with EP-002-052. PARs required for a General Emergency. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 60%;"> PARs correct? <input type="checkbox"/> YES <input type="checkbox"/> NO Data available for PARs, or GE Declared at _____ PARs developed at _____ Time to develop PARs _____ (≤15 minutes) </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> 					
<u>Comments:</u>			<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Dose Assessment personnel responsible for initiating offsite notifications. Emergency Coordinator (EC) responsible for reviewing and approving offsite notifications. Notifications must have classification, meteorological data, and PARs correct. <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div style="width: 60%;"> Notification Form(s) completed accurately? <input type="checkbox"/> YES <input type="checkbox"/> NO Notification Form(s) approved prior to transmittal? <input type="checkbox"/> YES <input type="checkbox"/> NO </div> <div style="width: 35%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> 					
<u>Comments:</u>			<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to assess changes in protective action recommendations and make timely notification to offsite agencies in accordance with EP-002-052 and with EP-002-010.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> PARs developed within 15 minutes of data availability. Selected recommendations correct in accordance with EP-002-052. 				
Notifications must have classification, meteorological data, and PARs correct.				
New PARs correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data available to update PARs at _____				
PARs developed at _____				
Time to develop PARs _____ (≤15 minutes)				
Notification Form(s) completed accurately?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notification Form(s) approved prior to transmittal?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Comments:		EP Disposition of Comments:		

Objective: Demonstrate the ability of the emergency organization to perform re-classification (downgrade) decision-making and to de-escalate emergency response activities in accordance with EP-001-001 and EP-002-170, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Emergency Coordinator Closeout Checklist completed. EP-002-170 implemented, as necessary. 				
Comments:		EP Disposition of Comments:		

Page ____ of ____

Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> TSC personnel rapidly and correctly interpreted and responded to the simulated scenario events. Effective use of procedures in diagnosing emergency conditions. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for TSC personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant page system operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Station Alarm/Fire Alarm systems operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability to monitor and assess onsite radiological conditions and control exposure of emergency response personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• HPC effectively coordinates in-plant radiological response with RCC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant personnel kept informed of changing radiological conditions and precautions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• TSC habitability promptly established and maintained.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

TECHNICAL SUPPORT CENTER (TSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform a Protected Area evacuation and offsite assembly by evacuating non-essential personnel in the Protected Area to parking lots and sending a selected group of personnel to an offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Security informed to prepare for a site evacuation. Assembly Area Supervisor dispatched to the selected offsite assembly area. Evacuation announced to plant personnel. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

Objective: Demonstrate the ability to perform accountability in the Protected Area by providing names of missing persons to the TSC Supervisor within 30 minutes after a site evacuation has been directed in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Security provides list of missing persons to TSC within 30 minutes of implementing a site evacuation TSC supervisor announces personnel not accounted for on plant page. All personnel on the plant site accounted for in accordance with EP-002-190. Search and Rescue implemented, as required. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

TECHNICAL SUPPORT CENTER (TSC)

SAT	UNSAT	N/A
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Attachment 7.5 (36 of 97)

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.

If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.

- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

OPERATIONAL SUPPORT CENTER (OSC)

SAT	UNSAT	N/A
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Attachment 7.5 (38 of 97)

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• OSC Supervisor promptly established and maintained command of the OSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Supervisor effectively used input from other OSC personnel in decision-making activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Directions given were clear and easily understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of peer checking demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of staff Briefings demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of OSC building page status announcements demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to perform continuous accountability activities for the onsite emergency organization in accordance with EP-002-190.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• OSC personnel carded in on the Accountability Keycard Reader in an orderly manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Main Entrance/Exit Watch promptly established and effectively maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC access door signs posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Leads account for dispatched repair team personnel by frequent radio contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• TSC kept OSC informed of priorities and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC personnel effectively anticipated the need for repair team response.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repair teams assembled, briefed and dispatched, as requested by the TSC, in a timely manner (goal is less than 20 minutes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Leads effectively coordinated repair team activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of procedures in diagnosing plant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Effective use of 3-way communications practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC informed TSC of OSC actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between members of the OSC staff timely and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• TSC kept OSC Supervisor informed of priorities and goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Changes in plant or radiological conditions announced to OSC personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Priorities and goals communicated throughout the emergency organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC HP Liaison established and maintained communications with the -4 Control Point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Changes in conditions communicated effectively to in-plant repair personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for OSC personnel to perform their emergency duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Building page system operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vehicles available, as required to support OSC operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Status boards in place and effectively maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the ability to monitor and assess onsite radiological conditions and control exposure of emergency response personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• OSC HP Liaison effectively coordinates in-plant radiological response with RCC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC personnel kept informed of changing radiological conditions and precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC habitability promptly established and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate HP coverage available to support repair team activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repair team routing promptly established and communicated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ALARA precautions included in repair team briefings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate response to a medical emergency involving a contaminated injured person in accordance with UNT-007-018.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• EFAT Communicator assigned and briefed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EFAT members identified and communicated to TSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EFAT communicator dispatched immediately to the scene of the medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Additional OSC support personnel dispatched, as required, to support EFAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate response to a fire in accordance with FP-001-020.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Fire Brigade personnel assigned and communicated to TSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade keys and radios provided to Fire Brigade members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Additional OSC support personnel dispatched, as required, to support Fire Brigade.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

OPERATIONAL SUPPORT CENTER (OSC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform a Protected Area evacuation and offsite assembly by evacuating non-essential personnel in the Protected Area to parking lots and sending a selected group of personnel to an offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> • Assembly Area Supervisor dispatched to Backup OSC prior to site evacuation. • Assembly Area Supervisor dispatched to the selected offsite assembly area. • Security Superintendent provided list of missing persons to TSC immediately upon completion of evacuation accountability. • Search and Rescue team assembled and dispatched, as requested by TSC. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> • Participants took an active part in the Area Critique. • Critique process self-critical. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

REPAIR TEAMS

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

REPAIR TEAMS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform continuous accountability activities for the onsite emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• OSC personnel carded in on the Accountability Keycard Reader in an orderly manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Main Entrance/Exit Watch ensured repair teams briefed prior to leaving OSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repair teams reported to OSC Leads at the requested interval for accountability..		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Repair teams assembled, briefed and dispatched, as requested by the TSC, in a timely manner (goal is less than 20 minutes).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency teams adequately briefed prior to dispatch.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency team activities effectively coordinated with HP, Operations and Security.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC Leads provided adequate technical support for emergency teams in the field.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency team personnel effectively evaluated and resolved equipment failures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Engineering support provided, as required.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

REPAIR TEAMS

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for OSC personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Protective clothing and respirators available in sufficient quantities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vehicles available, as required to support OSC operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Special tools and equipment to support emergency team operations available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

Objective: Demonstrate the ability to monitor and assess onsite radiological conditions and control exposure of emergency response personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Adequate HP coverage available to support repair team activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Repair team routing promptly established and communicated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ALARA precautions included in repair team briefings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency teams kept informed of changing radiological conditions and precautions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate precautions taken to limit emergency team exposures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency exposure authorized, as required.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

Page ____ of ____

SAT	UNSAT	N/A
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DRILL/EXERCISE EVALUATION CHECKLIST

FIRE BRIGADE

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.

If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.

- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

FIRE BRIGADE

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate response to a fire in accordance with FP-001-020.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Control Room personnel or TSC Lead Communicator effectively coordinated response of the Fire Brigade.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire emergency announcement clear and complete.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade responded promptly to scene of the fire.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade members responded to scene with appropriate fire fighting gear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Initial assessment of fire performed accurately and timely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite fire department support requested as required by the Fire Brigade.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Proper fire fighting techniques used to extinguish fire.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reflash watch staged, as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite fire department support requested as required by the Fire Brigade.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

FIRE BRIGADE

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Fire Brigade personnel assigned and communicated to TSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade keys and radios provided to Fire Brigade members.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade Leader established and maintained control at the scene of the fire.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Directions given were clear and easily understood.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of peer checking demonstrated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of crew briefings demonstrated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability to perform continuous accountability activities for the onshift emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Fire Brigade members carded in on an accountability keycard reader		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CR or TSC Lead Communicator maintained continuous accountability by means of radio contact.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

FIRE BRIGADE

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Effective use of 3-way communications practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications established and maintained with the CR or TSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between members of the Fire Brigade timely and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Brigade kept CR or TSC informed of fire status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Requests for offsite assistance implemented in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Appropriate fire fighting equipment readily available and in good condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Participants took an active part in the Area Critique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY FIRST AID TEAM (EFAT)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

Page ____ of ____

SAT	UNSAT	N/A
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Objective: Demonstrate response to a medical emergency involving a contaminated injured person in accordance with UNT-007-018.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Plant page announcement, dispatching EFAT , made promptly after report of medical . emergency.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EFAT arrived at scene in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Triage performed, as required.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Primary surveys quickly performed and results reported to CR or TSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Determination whether patient(s) contaminated, or potentially contaminated, promptly made and reported.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Requests for offsite ambulance assistance made, as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Secondary surveys performed and results reported to CR or TSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Requests for additional personnel or equipment made, as appropriate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Decontamination measures considered prior to transporting patient.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP technician assigned to accompany patient to hospital.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective communications maintained between the Control Room/TSC and the scene of the medical emergency.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY FIRST AID TEAM (EFAT)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• One member of the EFAT took charge at the scene.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Directions given were clear and easily understood.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Scene of the medical emergency isolated and access restricted to prevent spread of contamination.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Coordination between EFAT and ambulance personnel demonstrated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Effective use of 3-way communications practices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EFAT communicator available at the scene in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between the scene and CR or TSC effective.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• CR or TSC informed when ambulance departed scene.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY FIRST AID TEAM (EFAT)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> Appropriate equipment available in medical kits. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Appropriate additional medical supplies (backboards, splints, etc.) readily available. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Adequate protective clothing and equipment available. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> Participants took an active part in the Area Critique. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> Critique process self-critical. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE MEDICAL RESPONSE

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

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DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE MEDICAL RESPONSE

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the capability to alert and fully mobilize personnel for both emergency facilities and field operations. Demonstrate the capability to activate and staff emergency facilities for emergency operations.

☐ ☐ ☐

Performance Criteria:

- Hospital received notification of medical emergency in sufficient time to set up the radiological emergency area (REA). ☐ ☐ ☐
- Notification provided sufficient detail of the patient(s) status. ☐ ☐ ☐
- REA promptly and correctly set up. ☐ ☐ ☐
- Hospital Security personnel restricted access to the REA. ☐ ☐ ☐
- A member of the hospital staff took charge of the activities in the REA. ☐ ☐ ☐
- Proper medical procedures followed in treatment of the patient(s). ☐ ☐ ☐

Comments:

EP Disposition of Comments:

Objective: Demonstrate the capability to communicate with all appropriate emergency personnel at facilities and in the field.

☐ ☐ ☐

Performance Criteria:

- Hospital periodically updated on patient(s) status. ☐ ☐ ☐
- Hospital informed of estimated time of arrival by W3 or ambulance. ☐ ☐ ☐
- Effective turnover given to hospital staff regarding patient(s) status. ☐ ☐ ☐
- Effective communications established and maintained between hospital and ambulance. ☐ ☐ ☐
- Effective communications established and maintained between hospital personnel. ☐ ☐ ☐
- Directions given clear and easily understood. ☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE MEDICAL RESPONSE

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the capability to continuously monitor and control radiation exposure to emergency workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Hospital personnel used proper dress out procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Good coordination demonstrated between HP technician and hospital staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective measures taken to control the spread of contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Proper decontamination measure taken during treatment of patient(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP technician surveyed ambulance for contamination prior to release.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP technician coordinated collection and bagging of contaminated materials for return to W3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP technician notified W3 that contamination contained and hospital area and ambulance determined to be "clean".	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the adequacy of the equipment, procedures, supplies, and personnel of medical facilities responsible for treatment of contaminated, injured, or exposed individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Appropriate supplies available to set up the REA in accordance with procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate supplies of protective clothing available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate general supplies available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personnel dosimetry (SRDs, TLDs) readily available in sufficient quantities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE MEDICAL RESPONSE

Page ____ of ____

SAT	UNSAT	N/A
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Objective: Demonstrate the adequacy of vehicles, equipment, procedures, and personnel for transporting contaminated, injured, or exposed individuals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Ambulance personnel responded in a timely manner. Coordination between W3 personnel and ambulance personnel demonstrated. Ambulance personnel updated hospital regarding patient status in route. Patient(s) quickly transferred from ambulance to REA. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

DRILL/EXERCISE EVALUATION CHECKLIST

EVACUATION AND OFFSITE ASSEMBLY

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.

If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.

- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

EVACUATION AND OFFSITE ASSEMBLY

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform a Protected Area evacuation and offsite assembly by evacuating non-essential personnel in the Protected Area to parking lots and sending a selected group of personnel to an offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• The Assembly Area Supervisor responded to the OSC promptly after the declaration of Alert.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The OSC Supervisor staged the Assembly Area Supervisor at the Backup OSC to allow checking of the Assembly Area Supervisor's Kit.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Assembly Area Supervisor checked the contents of the kit and performed a radio check.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security informed to prepare for a site evacuation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The announcement to evacuate was clear and identified the appropriate offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assembly Area Supervisor promptly proceeded to the offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Assembly Area Supervisor identified himself to the evacuees and took charge of assembly area activities.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The Assembly Area Supervisor used senior evacuees from each department to assist in accounting for all evacuees.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP support available, as required, at offsite assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personnel and vehicles surveys and decontaminated, as required.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Offsite assembly area accessible to evacuees.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Local law enforcement personnel available for traffic control, as required.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

DRILL/EXERCISE EVALUATION CHECKLIST

EVACUATION AND OFFSITE ASSEMBLY

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Effective use of 3-way communications practices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications established and maintained with the OSC upon arrival at assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC notified of completion of accountability at assembly area.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assembly Area Supervisor notified of changes in emergency conditions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Assembly Area Supervisor to perform emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bull horn operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

IN-PLANT RADIATION PROTECTION (RP)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

IN-PLANT RADIATION PROTECTION (RP)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to mobilize and staff the Onsite (TSC and OSC) and Nearsite (EOF) emergency response personnel in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • -4 Control Point minimum staffing personnel (RCC and at least 6 HP technicians) on station within approximately 30 minutes of the emergency declaration requiring emergency response (normally Alert or higher). Time of classification _____ • -4 Control Point staffed _____ Time to staff _____ (≤ 30 minutes) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • A Health Physics Technician and assistant were dispatched to the OSC in a timely manner. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Communications established with the OSC. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Communications established with the HPC and plant conditions, priorities and goals discussed. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • RCC established and maintained command of -4 Control Point activities. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • The RCC effectively used input from other RP personnel in decision-making activities. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Directions given were clear and easily understood. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Effective use of staff briefings demonstrated. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Priorities established and effectively used in assigning HP resources. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • HP personnel informed of current priorities and goals. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

IN-PLANT RADIATION PROTECTION (RP)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform continuous accountability activities for the onshift emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • All -4 Control Point personnel logged in to the Accountability Keycard Reader. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • RCC maintained continuous accountability by means of radio contact with RP personnel. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • Effective use of 3-way communications practices. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Communications established and maintained with the TSC and OSC. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Information flow between members of the RP staff timely and effective. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • HPC informed RCC of release status, changes in plant conditions and changes in priorities and goals established. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • RCC kept OSC HP Liaison current on plant radiological conditions and recommended radiological precautions. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • OSC updated RCC on emergency team activities and allowed the RCC to properly prepare for the arrival of teams at the -4 Control Point. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • HP personnel kept informed of plant conditions which could affect HP activities. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

IN-PLANT RADIATION PROTECTION (RP)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to monitor and assess onsite radiological conditions and control exposure of emergency response personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Radiation Protection (RP) personnel rapidly and correctly interpreted and responded to the simulated scenario events.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Inplant and onsite surveys were conducted and radiological controls were established in accordance with applicable procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• RCC kept the HPC informed of radiological conditions in the plant.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ALARA practices followed by HP personnel, emergency teams and other emergency personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiation areas and contaminated areas properly posted and access controlled.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stay times calculated, and adhered to, for entry into actual or potential radiation areas.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Appropriate dosimetry worn and monitored.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Respiratory protection considered, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency exposure authorized, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• KI issued, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP survey results promptly communicated to plant personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability of the offsite radiological monitoring field teams to collect and report radiological field data, including environmental samples and surveys in accordance with EP-002-060 and EP-002-061.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Personnel promptly assigned to staff radiological field monitoring teams.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams promptly dispatched to the backup OSC to inspect kit contents..		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field team drivers available from the OSC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

IN-PLANT RADIATION PROTECTION (RP)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for –4 Control Point personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• HP monitoring instruments readily available and operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Sufficient quantities of personal dosimetry (in appropriate ranges) available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate supplies of protective clothing were available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• RMS operable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Participants took an active part in the Area Critique.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Page ____ of ____

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DRILL/EXERCISE EVALUATION CHECKLIST

OFFSITE RADIOLOGICAL FIELD MONITORING TEAMS

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

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Evaluation items are to be judged SAT, UNSAT, or N/A.

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DRILL/EXERCISE EVALUATION CHECKLIST
OFFSITE RADIOLOGICAL FIELD MONITORING TEAMS

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability of the offsite radiological monitoring field teams to collect and report radiological field data, including environmental samples and surveys in accordance with EP-002-060 and EP-002-061.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Field team assignments made RCC, promptly after the staffing of the -4 Control Point.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field team drivers provided by the OSC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams promptly dispatched and directed to standby in downwind locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Field teams proceeded to sampling points designated by the TSC/EOF in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams effectively located to track the plume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiation surveys and air samples performed at each sampling location in accordance with EP-002-060.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Environmental samples taken, as directed, in accordance with EP-002-061.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consideration given to donning respirators, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consideration given to the use of protective clothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ALARA practices demonstrated during field team activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Radiological field monitoring teams exposures monitored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:		

DRILL/EXERCISE EVALUATION CHECKLIST
OFFSITE RADIOLOGICAL FIELD MONITORING TEAMS

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Effective use of 3-way communications practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective communications maintained with radiological field monitoring teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Clear directions provided by the TSC/EOF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Control of the field teams formally transferred to the EOF and announced to all field teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• TSC/EOF kept the field teams updated on changes in plant conditions, emergency status, release status and changes in wind direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

	SAT	UNSAT	N/A
Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Control Room personnel to perform their emergency duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Vehicle installed radios operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handheld radios operational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Designated vehicles available and located in their designated parking locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

OFFSITE RADIOLOGICAL FIELD MONITORING TEAMS

SAT	UNSAT	N/A
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DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY CHEMISTRY

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

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DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY CHEMISTRY

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Operations Coordinator kept the Chemistry Engineer updated on priorities, goals and plant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chemistry Engineer kept the Chemistry Supervisor updated on priorities, goals and plant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Directions given were clear and easily understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chemistry activities effectively coordinated with Operations (valves correctly aligned, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Chemistry activities were effectively coordinated with HP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of peer checking demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of briefings demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.			
Performance Criteria:			
• Chemistry personnel rapidly and correctly responded to the simulated scenario events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Samples collected and analyzed as requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Analytical results available in a timely manner and relayed to the Chemistry Engineer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ALARA practices followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Complete and accurate records were maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY CHEMISTRY

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to perform continuous accountability activities for the onshift emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • All Chemistry personnel carded in on the Accountability Keycard Reader. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Chemistry Supervisor maintained accountability of Chemistry personnel. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
<ul style="list-style-type: none"> • Effective use of 3-way communications practices. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • TSC Chemistry Engineer promptly established communications with Chemistry Supervisor. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Information flow between members of the Chemistry staff timely and effective. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Chemistry Supervisor kept Chemistry Engineer updated on status of chemistry activities. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Changes in plant or radiological conditions announced to plant personnel. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY CHEMISTRY

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Control Room personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Protective equipment available to Chemistry personnel, as needed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Analytical instruments operational and calibrated.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate supplies available to analyze chemical samples.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Participants took an active part in the Area Critique.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

SECURITY

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____
Team Assignment: _____
Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

- SAT indicates performance was adequate in meeting the objective.
- UNSAT indicates performance did not meet the objective.
If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.
- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

SECURITY

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Security Superintendent responded to OSC in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security Officer dispatched to EOF at Alert, or higher, emergency classification.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security Superintendent kept Security personnel informed of priorities, goals and plant conditions.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security personnel promptly dispatched, as requested or as required by procedures.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Directions given were clear and easily understood.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate precautions implemented to limit radiological exposures of Security personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Visitors Center closed after declaration of Alert.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security posted to control access to areas of the plant as requested.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to perform continuous accountability activities for the onshift emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Roll call performed to initially account for all Security personnel.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security Shift Supervisor continuously accounted for Security personnel through frequent radio contact.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

SECURITY

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Effective use of 3-way communications practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications established, and maintained, between the Security Superintendent and the Security Shift Supervisor (SSS).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between members of the Security staff timely and effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OSC kept Security updated on priorities, goals and plant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• SSS kept the Security Officers informed of priorities, goals and plant conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plant page announcements heard and understood by Security personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security personnel informed of radioactive release status and direction of the plume.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:		

Page ____ of ____

SAT	UNSAT	N/A
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Objective: Demonstrate the ability to perform accountability in the Protected Area by providing names of missing persons to the TSC Supervisor within 30 minutes after a site evacuation has been directed in accordance with EP-002-190.

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Performance Criteria:

- Accountability Keycard Readers promptly activated at declaration of Alert, or higher.
- Security informed of impending site evacuation prior to evacuation announcement.
- Non-essential Personnel evacuated the Protected Area in an orderly and rapid manner.
- Accountability completed and list of missing persons communicated to TSC within 30 minutes of declaration of Site Area Emergency, or direction to evacuate the site.
- Copy of list of missing persons provided to TSC in a timely manner.
- Site evacuation effectively coordinated with Local Law Enforcement Agency (LLEA).
- TSC supervisor announces personnel not accounted for on plant page.
- All personnel on the plant site accounted for in accordance with EP-002-190.
- Search and Rescue implemented, as required.

[illegible]

Comments:

EP Disposition of Comments:

Page ____ of ____

SAT	UNSAT	N/A
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Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and Plant Operating Procedures readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for Security personnel to perform emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Telephone and radio equipment operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security computer operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Protective clothing, dosimetry and SCBAs available, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	EP Disposition of Comments:			

Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> Participants took an active part in the Area Critique. Critique process self-critical. 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

Use this checklist and any additional notes that you may have taken to evaluate the ERO's performance in meeting each objective.

Evaluation items are to be judged SAT, UNSAT, or N/A.

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- UNSAT indicates performance did not meet the objective.

If an item is checked as UNSAT, then provide an explanation in the Comments Section of the form.

- N/A indicates that the item either was not observed or did not apply to your area of evaluation for this drill activity.

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to mobilize and staff the Nearsite (EOF) emergency response personnel in a timely manner.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> EOF minimum staffing personnel on station within approximately 60 minutes of emergency declaration requiring emergency response (normally Alert or higher). <ul style="list-style-type: none"> Time of classification _____ EOF staffed _____ Time to staff _____ (≤ 60 minutes) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

Objective: Demonstrate the ability to transfer command and control of the emergency response in a timely manner in accordance with EP-002-100 and EP-002-102.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> The transfer of emergency responsibilities (command and control, dose assessment and communications) from the Control Room/TSC to the EOF was formal, prompt and logged. (Goal is less than 30 minutes after EOF ready to transfer) <ul style="list-style-type: none"> Time of classification requiring response _____ EOF declared activated _____ Time to activate EOF _____ (≤ 90 minutes) EOF activated within approximately 30 minutes after minimum staffing available. (Goal is less than 90 minutes after classification requiring response) 		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>		<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities ☐ ☐ ☐

Performance Criteria:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| • The EOF Director promptly established and maintained command and control of the EOF. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The EOF Director effectively used input from other EOF personnel in decision-making activities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Priorities and goals established, frequently reviewed and updated as conditions changed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Priorities and goals coordinated with the EC. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Directions given were clear and easily understood. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effective use of peer checking demonstrated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effective use of staff briefings demonstrated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Effective use of EOF Building Page emergency status announcements demonstrated. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the emergency organization to correctly assess the simulated accident conditions and declare the appropriate emergency classifications in accordance with EP-001-001.

☐ ☐ ☐

Performance Criteria:

- Classifications made within fifteen minutes of valid indications received by responders that an emergency action level has been reached.
- Classifications (Alert, Site Area Emergency, etc.) correct in accordance with EP-001-001.

Alert:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Site Area Emergency:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

General Emergency:

Classified accurately? ☐ YES ☐ NO

Indications available at _____

Classification made at _____

Time to classify _____ (≤15 minutes)

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to make appropriate initial protective action recommendations in accordance with EP-002-052.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
Performance Criteria: <ul style="list-style-type: none"> • PARs developed within 15 minutes of data availability. • Selected recommendations correct in accordance with EP-002-052. • PARs required for a General Emergency. <table border="0"> <tr> <td>PARs correct?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Data available for PARs, or GE Declared at</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>PARs developed at</td> <td>_____</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Time to develop PARs</td> <td>_____ (≤15 minutes)</td> <td></td> <td></td> <td></td> </tr> </table> 						PARs correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data available for PARs, or GE Declared at	_____				PARs developed at	_____				Time to develop PARs	_____ (≤15 minutes)			
PARs correct?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																					
Data available for PARs, or GE Declared at	_____																								
PARs developed at	_____																								
Time to develop PARs	_____ (≤15 minutes)																								
Comments:			EP Disposition of Comments:																						

Objective: Demonstrate the ability to notify and update federal, state and local offsite agencies using primary or alternate methods in accordance with EP-002-010.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Performance Criteria: <ul style="list-style-type: none"> • Dose Assessment personnel initiate offsite notifications. Notifications are accurate when the classification, meteorological data, and PARs are correct. • The EOF Director reviews and approves offsite notifications. Notifications are accurate when the classification, meteorological data, and PARs are correct. • Notifications must have classification, meteorological data, and PARs correct. <table border="0"> <tr> <td>Notification Form(s) completed accurately?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Notification Form(s) approved prior to transmittal?</td> <td><input type="checkbox"/> YES <input type="checkbox"/> NO</td> <td></td> <td></td> <td></td> </tr> </table> 						Notification Form(s) completed accurately?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notification Form(s) approved prior to transmittal?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Notification Form(s) completed accurately?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Notification Form(s) approved prior to transmittal?	<input type="checkbox"/> YES <input type="checkbox"/> NO														
Comments:			EP Disposition of Comments:												

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to assess changes in protective action recommendations and make timely notification to offsite agencies in accordance with EP-002-052 and with EP-002-010.

☐ ☐ ☐

Performance Criteria:

- PARs developed within 15 minutes of data availability.
- Selected recommendations are correct in accordance with EP-002-052.

- The EOF Director reviews and approves offsite notifications.
- Notifications must have classification, meteorological data, and PARs correct.

New PARs correct? ☐ YES ☐ NO

☐ ☐ ☐

Data available to update PARs at _____

PARs developed at _____

Time to develop PARs _____ (≤15 minutes)

Notification Form(s) completed accurately? ☐ YES ☐ NO

☐ ☐ ☐

Notification Form(s) approved prior to transmittal? ☐ YES ☐ NO

- OTA informed of actual protective actions taken by the Parishes.
- OTA kept the EC/EOF Director advised of actions being taken by the Parishes.

☐ ☐ ☐

☐ ☐ ☐

Comments:

EP Disposition of Comments:

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability of the emergency organization to perform re-classification (downgrade) decision-making and to de-escalate emergency response activities in accordance with EP-001-001 and EP-002-170, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Emergency Coordinator Closeout Checklist completed.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EP-002-170 implemented, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

Objective: Demonstrate the ability to perform continuous accountability activities for the onsite emergency organization in accordance with EP-002-190.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• EOF personnel sign in upon arrival.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Security Officer stationed at the EOF Entrance to control access.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• All EOF personnel, including LDEQ responders, on the EOF Access List.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access for personnel not on the EOF Access List authorized, in accordance with EP-002-102.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Access to the plant coordinated with Security for EOF personnel, as necessary.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personnel check out with Admin/Logistics Coordinator and RAC prior to leaving EOF.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>			

EMERGENCY OPERATIONS FACILITY (EOF)

SAT	UNSAT	N/A
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Attachment 7.5 (90 of 97)

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability to accurately assess the accident conditions and implement effective accident mitigation decision-making activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• EOF personnel rapidly and correctly interpreted and responded to the simulated scenario events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Effective use of procedures in diagnosing emergency conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EOF Engineering staff continuously monitored the status of the core.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EOF Engineering staff provided technical assistance to the TSC in assessing plant conditions and resolving equipment failures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Assistance from outside agencies requested as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EOF Engineering staff anticipated possible events which could occur and made plans to mitigate the consequences of these events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EOF Engineering staff kept the EOF dose assessment personnel updated on the status of the fuel cladding barrier.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Requests for replacement parts and/or special equipment effectively coordinated with the Administration/Logistics Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

EMERGENCY OPERATIONS FACILITY (EOF)

SAT	UNSAT	N/A
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Attachment 7.5 (92 of 97)

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY OPERATIONS FACILITY (EOF)

Page ____ of ____

	SAT	UNSAT	N/A
Objective: Demonstrate the ability to monitor and assess onsite radiological conditions and control exposure of emergency response personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• EOF habitability promptly established and maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• EOF personnel kept informed of changing radiological conditions and precautions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Frisking at the EOF Entrance evaluated and "Frisking Required/Frisking Not Required" sign changed accordingly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Dosimetry provided to all personnel in the EOF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consideration given to activating the Backup EOF, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Personnel leaving the EOF provided with routing information, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency exposure authorized by the EOF Director, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Issuance of KI authorized by the EOF Director, as necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
•	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		
Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:			
• Participants took an active part in the Area Critique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>	<u>EP Disposition of Comments:</u>		

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY NEWS CENTER (ENC)

Page ____ of ____

Evaluator Name: _____ Date ____ / ____ / ____

Team Assignment: _____

Drill/Exercise Title: _____

Attached are the objectives and performance criteria applicable to this area of evaluation. Each objective is to be evaluated using the criteria listed for that objective. An objective may apply to more than one area. Your evaluation needs only to address your assigned group's or response center's role in meeting the objective.

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DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY NEWS CENTER (ENC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the ability to fully alert, mobilize and activate the Emergency News Center (ENC) emergency response personnel (including the Rumor Control Center) in accordance with EPP-423.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria: <ul style="list-style-type: none"> ENC personnel are on station within approximately 60 minutes of the emergency declaration requiring emergency response (normally Alert or higher). <div style="margin-left: 20px;"> Time of classification _____ ENC staffed _____ Time to staff _____ (≤ 60 minutes) </div> Rumor Control personnel are on station within approximately 60 minutes of the emergency declaration requiring emergency response (normally Alert or higher). <div style="margin-left: 20px;"> Time of classification _____ Rumor Control staffed _____ Time to staff _____ (≤ 60 minutes) </div> 				
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 			

Objective: Demonstrate the ability of the senior facility managers to direct, coordinate and control the activities of their facilities		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
Performance Criteria: <table style="width:100%; border: none;"> <tr> <td style="width: 70%; padding: 2px 5px;">• The ENC Director promptly assumed command and control of the ENC.</td> <td align="center" style="width: 10%; padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="width: 10%; padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="width: 10%; padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">• The ENC Director effectively used input from other ENC personnel in decision-making activities.</td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">• Major decisions coordinated with offsite agency representatives.</td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">• Directions given were clear and easily understood.</td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">• Effective use of peer checking demonstrated.</td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> <tr> <td style="padding: 2px 5px;">• Effective use of staff briefings demonstrated.</td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> <td align="center" style="padding: 2px 5px;"><input type="checkbox"/></td> </tr> </table>					• The ENC Director promptly assumed command and control of the ENC.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• The ENC Director effectively used input from other ENC personnel in decision-making activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Major decisions coordinated with offsite agency representatives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Directions given were clear and easily understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Effective use of peer checking demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	• Effective use of staff briefings demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Effective use of staff briefings demonstrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																									
<u>Comments:</u> 	<u>EP Disposition of Comments:</u> 																											

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY NEWS CENTER (ENC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate adequate and effective use of emergency communications equipment and communications procedures and methods.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Effective use of 3-way communications practices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Technical information provided to the ENC at intervals agreed upon with the ENC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information flow between members of the ENC staff timely and effective.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OTA kept ENC informed of changes in emergency status.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copies of all completed notification forms promptly Faxed to the ENC.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Priorities and goals communicated throughout the emergency organization.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Rumor control and media monitoring/response activities fully implemented.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Communications established and maintained with the EOF.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Information received from the W3 site complete, accurate and timely.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: 	EP Disposition of Comments: 			

Objective: Demonstrate the capability to coordinate the development and dissemination of clear, accurate, and timely information to the news media.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• News releases reviewed and issued smoothly and quickly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• OTA briefed the ENC Director and Technical Spokesperson on current conditions prior to conducting news briefings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• ENC Director coordinated news releases in a timely manner with LDEQ, NRC and local officials.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Technical Spokesperson knowledgeable regarding technical aspects of plant problems.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: 	EP Disposition of Comments: 			

DRILL/EXERCISE EVALUATION CHECKLIST

EMERGENCY NEWS CENTER (ENC)

Page ____ of ____

SAT UNSAT N/A

Objective: Demonstrate the adequacy of facilities, equipment, displays and other materials to support emergency operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Current and controlled copies of Emergency Plan Implementing Procedures and applicable EPPs readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Procedures provided sufficient guidance for ENC personnel to perform their emergency duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Space for the ENC staff adequate for the performance of their duties.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate space provided for news media representatives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate accommodations available for the offsite agency representatives.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate telephones available to handle all communications.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Adequate forms and other general supplies readily available.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facsimile machine operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Audio/visual and media monitoring equipment operable.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Only persons with assigned emergency responsibilities present (News media representatives excepted.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		
Objective: Demonstrate the ability to conduct a post-exercise critique to determine areas requiring additional improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance Criteria:				
• Participants took an active part in the Area Critique.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Critique process self-critical.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:		EP Disposition of Comments:		

SAFETY RELATED

Required Review Level (check one)



PORC



QUALIFIED REVIEWER

PROCEDURE NUMBER: EP-002-010 REVISION: 28 CHANGE: 0 DEVIATION: N/ATITLE: Emergency Plan Implementing Procedure Notifications and CommunicationsEFFECTIVE DATE/MILESTONE: N/A

(N/A If Same as Approval Date)

PROCEDURE OWNER: Emergency Planning Manager

(Position Title)

PREPARER (Print Name / Initial): John E. Fields / JF DATE: 4/10/01

ACTION:

☐ New Procedure☐ Deletion☒ Revision☐ ChangeEC? ☐

(Applicable W2.109 Step Numbers)

☐ DeviationExpiration Date/Milestone: N/A☐ Temporary ProcedureApplicable Conditions: N/A

DESCRIPTION AND JUSTIFICATION OF CHANGE:

Incorporated Revision 27 Change 1 into this Revision. Incorporated the guidance of W2-109 and W2-110 in this revision. Changed the title/initials "Shift Superintendent/SS" to "Shift Manager/SM" throughout the procedure. Rephrased steps 5.2.3.2, 5.3.3.2 and 5.3.3.3 to clarify where and when the Emergency Communicator logs OHL Members responses on Attachments 7.3 and 7.4. Deleted reference to the Answering Machines at Step 6.6.

☐ Request/Approval Page Continuation Sheet(s) attached.

EC SUPERVISOR

APPROVAL:

N/A

DATE:

50.59 REVIEWER

Required? ☒

REVIEW:

G. S. [Signature]DATE: 4/24/01☐ PROGRAMMATICALLY EXCLUDED

PORC Mtg. No.:

DATE:

50.54 REVIEWER

Required? ☒

REVIEW:

[Signature]DATE: 4-26-01

TECHNICAL REVIEWER

REVIEW:

[Signature]DATE: 4-17-01Change Notice (CN)? ☐

N/A

CHANGE NOTICE (CN) SUPERVISOR

APPROVAL:

N/A

DATE:

CHANGE NOTICE (CN) ON-SHIFT SM/CRS

APPROVAL:

N/A

DATE:

2 Week Final Approval

DATE:

QUALIFIED REVIEWER

Required? ☒

REVIEW:

[Signature]DATE: 4/25/01

GROUP/DEPT. HEAD

REVIEW ☐ or APPROVAL ☒DATE: 4-26-01

GM, PLANT OPERATIONS

REVIEW ☐ or APPROVAL ☐

N/A

DATE:

VICE PRESIDENT, OPERATIONS

APPROVAL:

N/A

DATE:

CONTROLLED

COPY No. FZK

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Informational Use

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1.0 PURPOSE

- 1.1 This procedure provides guidance for making notifications to offsite agencies during a Waterford 3 SES emergency.

2.0 REFERENCES

- 2.1 Waterford 3 SES Emergency Plan
- 2.2 State of Louisiana Peacetime Radiological Response Plan
- 2.3 EP-002-015, Emergency Responder Activation
- 2.4 EP-003-060, Emergency Communications Guidelines
- 2.5 EP-002-150, Emergency Plan Implementing Records
- 2.6 Emergency Management Resources Book
- 2.7 UNT-007-018, First Aid and Medical Care
- 2.8 FP-001-020, Fire Emergency/Fire Report
- 2.9 EP-003-050, Emergency Organization Documentation and Control

3.0 RESPONSIBILITIES

- 3.1 The Emergency Communicator (on-shift) is responsible for implementation of this procedure.
- 3.2 The TSC Lead Communicator and the EOF Communications Coordinator are responsible for implementation of this procedure, when activated.
- 3.3 When activated, the ENS Communicator is responsible for maintaining contact with the NRC on the Emergency Notification System (ENS) line.

4.0 INITIATING CONDITIONS

4.1 Declaration of

4.1.1 Unusual Event

4.1.2 Alert

4.1.3 Site Area Emergency

4.1.4 General Emergency

5.0 PROCEDURE

5.1 Administrative

5.1.1 Definitions

- 5.1.1.1 Call Back Number - A telephone number, or Operational Hotline code number, provided to the receiver of emergency information at which the calling party can be reached for further discussion or to ask questions regarding the emergency situation.
- 5.1.1.2 Communicator's Form Pack - A package of forms provided for use in the Control Room to minimize activities required for the communications aspects during the initial phase of the emergency. This package of key forms is maintained in a 3-ring binder in the front of the Control Room Emergency Planning form file.
- 5.1.1.3 Emergency Management Resources Book - An Entergy Operations maintained emergency phone book which includes facility, agency, emergency Entergy Operations responder, and emergency resources phone numbers. This phone book is maintained in accordance with EP-003-050. The numbers in this book are private or proprietary in nature and not intended for general distribution.
- 5.1.1.4 Emergency Notification System (ENS) - The primary dedicated phone link with the Nuclear Regulatory Commission (NRC).
- 5.1.1.5 Industrial Hotline (IHL) - A St. Charles Parish dedicated phone system between member industries within the parish and the St. Charles Parish 911 Center and the St. Charles Emergency Operations Center (EOC).
- 5.1.1.6 Operational Hotline (OHL) - A dedicated phone system between the risk parishes, state agencies, Waterford 1&2 and Waterford 3.

- 5.1.1.7 Operational Hotline Code Number - Each telephone (station) in the Operational Hotline system has a unique code number which can be used to contact an individual station. Normally Waterford 3 will contact the Operational Hotline Members by using an "all call" code number. The Operational Hotline code numbers are listed in the Emergency Management Resources Book.
- 5.1.1.8 Operational Hotline Member - Those organizations which are interconnected by the Operational Hotline dedicated phone system. Waterford 3 SES, Waterford 1&2, St. Charles Parish, St. John the Baptist Parish, Louisiana Office of Emergency Preparedness (LOEP), and Louisiana Department of Environmental Quality (LDEQ) which was formally Louisiana Radiation Protection Division (LRPD) are the Operational Hotline Members.
- 5.1.1.9 PABX - Private Automatic Branch Exchange. This is the normal station (commercial) telephone system.
- 5.1.1.10 Rumor Control - A sub-organization of the Emergency News Center (ENC) with the responsibility to provide information and respond to public questions. Any call received from personnel who are not involved in the mitigation of the emergency should be referred to Rumor Control. The Rumor Control phone number is listed in the Emergency Management Resources Book.
- 5.1.1.11 Verification Callback Numbers - Preestablished Control Room telephone numbers that have been provided to the Operational Hotline Members to allow for the verification of the initial notification of an emergency condition or to validate calls received of a questionable nature relating to an emergency situation at Waterford 3.

5.1.2 Documentation

NOTE

The communications group facility logs (Attachment 7.2 of EP-002-150) are maintained normally by the Control Room Emergency Communicator, TSC Lead Communicator, and EOF Communications Coordinator.

5.1.2.1 Each facility communications group and the Control Room Emergency Communicator maintains a narrative log on the "Facility Log", Attachment 7.2 of EP-002-150, which documents the following:

- a. The name and initials of each communicator.
- b. Problems noted with the communication systems.
- c. Off-normal conditions affecting the communications aspect of the emergency.
- d. Transfer of communications.
- e. If the offsite agencies agree to a less restrictive time requirement for subsequent notifications.
- f. When LOEP is requested to contact LDEQ for off-hours notifications.

5.1.2.2 Attachment 7.4, Offsite Communications Log should be maintained for each facility communications group and the Control Room Emergency Communicator. The log includes as a minimum the following [Refer to Attachment 7.5, Offsite Communications Log (Example)]:

- a. The date.
- b. One communication message per column indicating whether the message was incoming or outgoing, the message number, initials of the communicator transmitting or receiving the message and the time the message occurred.

5.1.3 Use of Communications Log

5.1.3.1 All incoming and outgoing messages (except for those documented on a Notification Message Form, Short Message Form or Attachment 7.9) should be documented on a Communications Log, Attachment 7.1 of EP-002-150.

5.1.3.2 The message recorded on the Communications Log, includes the following:

- a. Message Number
- b. Agency or facility transmitting the message
- c. Agency or facility receiving the message
- d. Time message sent or received
- e. Call back number (usually Communicator's PABX number) used for messages being transmitted offsite.
- f. OHL code number for messages being transmitted to Operational Hotline Member(s).
- g. The name of the individual receiving or sending the message.

5.1.3.3 The Emergency Coordinator/EOF Director shall approve all messages to non-Entergy agencies prior to transmittal offsite, except for information provided to the NRC in response to a question. Only responses to NRC questions on command decision-making activities which are in progress and not finalized require prior approval.

5.1.4 Verification Calls

- 5.1.4.1 Initial contact with the Operational Hotline members or the NRC, which are made or received over PABX telephone lines should be verified by the receiver of the message.
- 5.1.4.2 When Waterford 3 is the message transmitter, then the receiver of the message should at their discretion call back and verify the validity of the message on the pre-established verification call back numbers provided to the agencies.
- 5.1.4.3 Phone calls of a questionable nature received by Waterford 3 SES should be verified with the calling agency using the numbers listed in the Emergency Management Resources Book.
- 5.1.4.4 Verification calls should be logged on a Communications Log, Attachment 7.1 of EP-002-150 or on the Offsite Communications Log, Attachment 7.4.

5.1.5 Message Numbering System

NOTE

Replies to messages received and documented on a Communications Log do not require the assignment of an individual message number. The reply is recorded on the bottom section of the Communications Log and transmitted using the original message number.

- 5.1.5.1 All messages transmitted or received should be assigned a unique number to allow for in-house management and documentation of each message.
- 5.1.5.2 All Notification Message Forms and Short Message Forms transmitted to Operational Hotline Members are numbered "F-1", "F-2", "F-3", etc., in increasing sequential order.
- 5.1.5.3 Messages to the NRC should be made using information contained on the latest approved Notification Message Form, Attachment 7.3 of this procedure. These messages are already numbered ("F-1", "F-2", "F-3", etc.). The message number is recorded on the Offsite Communications Log, Attachment 7.4 of this procedure.

5.1.5.4 All other messages generated or received by communicators are identified by use of an alpha designator and numbered in increasing sequential order as indicated below:

- a. Control Room Communicators - C-1, C-2, etc.,
- b. TSC Communicators - TSC-1, TSC-2, etc.,
- c. EOF Communicators - EOF-1, EOF-2, etc.

5.1.6 Notification Message Form (NMF) Completion Requirements

NOTE

The Short Message Form (Attachment 7.6) may be used, after a change in emergency classification or change in protective action recommendations, to ensure that the notification to offsite agencies is made within the 15 minute time requirement. When the Short Message Form is used, then it should be followed with a Notification Message Form as soon as possible (preferably within 15 minutes of communication of the Short Message Form).

- 5.1.6.1 Provide information, as required, for each line of the NMF (Attachment 7.3) every time a new NMF is generated. Use of the term "unchanged" is not appropriate. The information that has not changed should be repeated on the new form with the exception of Item 6 which restate the IC number used to classify the emergency and provide an update to plant conditions and actions taken to mitigate the emergency.
- 5.1.6.2 If information for an Item is not known at the time of the notification (dose rates are being calculated, waiting for air sample to be counted, leak rate being calculated, etc.), then a notation should be made, in the appropriate blank(s), to indicate the status of the information.
 - a. The terms "Not Applicable" or "Unknown" may be used where appropriate.
 - b. Use the 24-hour clock for all times.
 - c. All dates should be in numerical form (MM/DD/YY).

d. "Layman's" terms should be used as much as possible and acronyms should be avoided.

e. In those cases where scientific notation is utilized, it should be entered in accordance with the following example: 5.6 E-5 or 5.6 E+5

5.1.6.3 The SM/EC (Control Room), TSC HPC OR EOF RAC have the primary responsibility for initiating and completing Items 3 through 12 of the Notification Message Form.

a. Items 1 and 2 of the NMF will be completed by the Communicator prior to transmittal.

5.1.7 Notification Message Form Completion Guidelines (Refer to Attachment 7.2 for EXAMPLE)

5.1.7.1 Item 1: Provide message number and OHL code number.

a. Enter the next assigned sequential message number.

b. Enter the OHL code number for the communicator transmitting the message.

5.1.7.2 Item 2: Provide the information on Lines 2A, 2B, and 2C.

a. Line 2A: Enter the time and date when the first agency answers.

b. Line 2B: Enter the name of the communicator transmitting the message.

c. Line 2C: Enter the call back PABX telephone number for the communicator transmitting the message.

5.1.7.3 Item 3: Check the appropriate block for the Emergency Classification or termination of the event.

5.1.7.4 Item 4: Enter the time and date of declaration of the current emergency classification, declassification or termination.

5.1.7.5 Item 5: Provide information for lines 5A and 5B.

- a. If no protective actions are necessary, then check the block on Line 5A, or
- b. If protective actions are necessary, then enter the applicable Protective Response Areas (A1, B2, C2, etc.) on Line 5B, EVACUATE and SHELTER.
- c. If all Protective Response Areas that are not evacuated are to be sheltered, then the notation "Shelter all remaining protective response areas" or "Shelter all other protective response areas" may be used in lieu of listing each of the remaining response areas.

5.1.7.6 Item 6: Enter the following;

NOTE

When updating agencies, then restate the IC number used to classify the emergency and provide an update of plant conditions and actions taken to mitigate the emergency.

- a. Brief description of the reason for classification, declassification or termination.
 - b. The description should include the IC used to classify the emergency in parentheses [i.e., Procedure EP-001-001, Initiating Condition B/A/III].
 - c. Protective Action Recommendations (PARs) for Waterford 1&2, which are different than the PARs for the State and Parishes, will be entered in this Section.
 - d. Enter additional information as deemed appropriate (Exclusion Area Boundary controls are requested, evacuation of Waterford 3 non-essential personnel is implemented - including which offsite assembly area is used, etc.) Do not use acronyms.
- 5.1.7.7 Item 7: Check the appropriate "Yes" or "No" block. If the "Yes" block has been checked, then enter the time and date of shutdown in "Time/Date" blanks.

NOTE

Fifteen minute average data should be used. The Control Room should obtain the data from the plant computer GD METDATA. The TSC and EOF should obtain the data from MARMOND 1. The Primary Tower 33 FT data should be used. If site meteorological data is not available, then contact the National Weather Service and request needed information.

5.1.7.8 Provide the following information in Item 8:

- a. Line 8A: Enter the direction the wind is coming FROM and the wind speed in MPH. The wind speed is normally displayed in meters/second and must be converted to MPH (Multiply meters/second by 2.24).
- b. Line 8B: Enter the Compass Sectors affected, or potentially affected. The Compass Sectors affected are the sector which the wind is blowing into and one adjacent sector on either side and can be found in a matrix in EP-002-052.
- c. Line 8C: Enter the Stability Class for the meteorological conditions. The Stability Class can be determined using the existing DIFFERENTIAL TEMPERATURE and finding the Stability Class on the matrix provided in EP-002-050. The Stability Class could also be obtained from the Control Room Dose Assessment Program or DOSECODE.
- d. Line 8D: Enter whether there is any precipitation at the present time and the type.

NOTE

If Line 9A is checked, then Items 10, 11 & 12 should not be filled in.

5.1.7.9 Line 9: Provide the following information:

- a. Line 9A: "NO RELEASE" will be marked when a release is not in progress. For the purposes of this procedure, conditions 1, 2 and 3 below are also defined as "NO RELEASE" conditions:
 - A release is occurring under normal plant operations where activity levels are below Technical Specification limits.
 - Effluent monitor readings are less than the high alarm setpoint.
 - For unmonitored releases, field monitoring instrumentation detects no activity above background.
- b. Line 9B: If a release is occurring, then enter the expected duration or unknown. Also enter the time at which the release started.
- c. Line 9C: If a release occurred, but stopped, then enter the actual release duration and the time at which it was terminated.

5.1.7.10 Item 10: Provide the following information:

- a. Line 10A, 10B and 10C: Check all appropriate blocks pertaining to the type of material being released.

5.1.7.11 Item 11: Enter the applicable Noble Gas and Iodine release rate in Ci/sec.

5.1.7.12 Item 12: Provide the following information:

- a. Line 12A: Enter number of hours used to calculate Dose Projections (exposure duration). If the exposure duration is not known, then a default value of 2 hours is used for Waterford 3. Indicate whether the offsite doses are based on Field Data, Plant Data or Default (FSAR) data by checking the appropriate block.
- b. Lines 12B and 12C: Enter the TEDE and CDE Thyroid Dose Commitments from the Nomogram, Control Room Dose Assessment Program or DOSECODE for the appropriate distance (Site Boundary is interpreted as the EAB for Waterford 3). Ensure the correct value is entered on the form. The unit is in mRem, not mRem/hr.

5.1.7.13 Item 13: Approval signature is required by Emergency Coordinator or EOF Director.

5.2 Notification of Offsite Agencies Following an Emergency Declaration or Change in Protective Action Recommendations

5.2.1 Notification Requirements

5.2.1.1 The Operational Hotline (OHL) Members shall be notified as soon as possible, but within 15 minutes of declaring the emergency, changing classification or changing Protective Action Recommendations.

a. The primary method for notifying the OHL Members is the OHL. If the OHL fails, then contact the OHL Members individually using the following alternate communication circuits:

1. PABX (OHL Members PABX numbers can be found in the Emergency Management Resources Book)

OR

2. Civil Defense Radio

5.2.1.2 The NRC shall be notified immediately after the OHL Members, but not later than one hour of declaring the emergency, changing classification or changing Protective Action Recommendations.

5.2.1.3 Notify St. Charles Parish and St. John the Baptist Parish of a site evacuation and which assembly area is utilized, as appropriate,

AND

5.2.1.4 Notify St. Charles Parish, St. John the Baptist Parish, U.S. Coast Guard and Union Pacific Railroad to establish Exclusion Area Boundary controls at a Site Area Emergency, General Emergency or Site Evacuation.

5.2.1.5 Notify St. Charles Parish when the U.S. Coast Guard and the Union Pacific Railroad are notified.

NOTE

The Protective Action Recommendations for Waterford 1&2 will not always be the same as those listed for the Parish and State Agencies.

5.2.1.6 Notify Waterford 1&2 of the following site Protective Action Recommendations:

- a. Alert - The same recommendation as those taken to protect the Waterford 3 personnel.
- b. Site Area Emergency - Recommend evacuation of non-essential personnel, as well as evacuation routes.
- c. General Emergency - Recommend evacuation of essential and non-essential personnel, as well as evacuation routes.

5.2.2 Notification Preparation

NOTE

1. The Shift Manager (Control Room), Health Physics Coordinator (TSC), or the Radiological Assessment Coordinator (EOF) is responsible for initiating and completing items 3 through 12 of the Notification Message Form or Short Message Form. The Communicators may assist by completing information that they have available to them, as directed by the SM, HPC or RAC.
2. The Short Message Form may be used to ensure that the notification information is provided to the offsite agencies within the 15 minute requirement. When the Short Message Form is used, it shall be followed with a Notification Message Form as soon as possible (preferably within 15 minutes of communication of the Short Message Form).

- 5.2.2.1 The Communicator should obtain the completed approved Notification Message Form (NMF), Attachment 7.3, or Short Message Form (SMF), Attachment 7.6, and review it for accuracy and legibility prior to transmitting it to the offsite agencies. The Communicator should also check for the applicable requirements in sections 5.2.1.1 through 5.2.1.6.

- 5.2.2.2 If another event occurs while you are attempting to get a message out, or if a notification is in progress, then state in the Incident Description/Update/Comments section that conditions are currently changing and another notification will follow.

5.2.3 Transmitting Notifications to OHL Members

NOTE

1. LDEQ is not manned 24 hours a day. During off-hours, holidays and weekends, you must request LOEP to notify LDEQ (This request should be documented on the Communicator's Facility Log). When the LDEQ Field Response Team arrives at the EOF, then coordination of emergency response is by face-to-face communications and notifications to LDEQ are no longer required.
2. The St. John the Baptist Parish Emergency Operations Center is not manned 24 hours a day. During off-hours, holidays and weekends, the E-911 Center answers the OHL.

- 5.2.3.1 Using the OHL, dial the "all call" OHL Code Number.

- 5.2.3.2 As each agency answers, respond by saying, "PLEASE STANDBY".

- a. If all agencies respond, then record your initials and the time the 1st agency responded in the OHL members block on Attachment 7.4, log the time on Attachment 7.3 line 2.A and go to step 5.2.3.3.
- b. If all OHL Members have not responded, then:
 1. after waiting a few seconds - Do not wait longer than a few seconds
 2. notify the agencies on the line that you will dial the all call OHL Number one more time
 3. dial the all call OHL Code Number
 4. note which agencies have answered by recording your initials and the time in the appropriate block of Attachment 7.4, and go immediately to step 5.2.3.3.

5.2.3.3 Ask the agencies to obtain a copy of the appropriate form as follows:

- a. If using a NMF, then

"OBTAIN A COPY OF THE NOTIFICATION MESSAGE FORM AND STANDBY TO RECORD INFORMATION. RESTATE YOUR AGENCY'S NAME WHEN YOU ARE READY."

NOTE

SMF's should be followed as soon as possible with the appropriate longer message form - NMF (preferably within 15 minutes of communicating the SMF).

- b. If using the SMF, then

"OBTAIN A COPY OF THE SHORT MESSAGE FORM AND STANDBY TO RECORD INFORMATION. RESTATE YOUR AGENCY'S NAME WHEN YOU ARE READY."

5.2.3.4 When the agencies are ready, then read slowly the information on the asterisked lines of the NMF, or the complete SMF, to the agencies.

5.2.3.5 After reading the required information, inform the agencies as follows:

- a. If using a NMF, then

ARE THERE ANY QUESTIONS CONCERNING THIS MESSAGE? I WILL BE TRANSMITTING THIS MESSAGE TO YOU VIA FAX MACHINE AND IF YOU DO NOT RECEIVE THIS MESSAGE OR IF YOU HAVE ANY ADDITIONAL QUESTIONS, THEN PLEASE CONTACT ME USING THE CALLBACK NUMBER I PROVIDED. I AM NOW GOING OFF LINE.

- b. If using a SMF, then

ARE THERE ANY QUESTIONS CONCERNING THIS MESSAGE? I WILL BE GOING OFF LINE
AND IF YOU HAVE ANY ADDITIONAL QUESTIONS, THEN CONTACT ME USING THE
CALLBACK NUMBER I PROVIDED. I AM NOW GOING OFF LINE.

5.2.3.6 Hang up the OHL.

5.2.3.7 If necessary, contact those agencies that did not respond by dialing the agency's individual OHL
Code Number (Refer to the Emergency Management Resources Book) and record the time
contacted in the appropriate block of Attachment 7.4, Offsite Communications Log.

- a. If an agency cannot be reached in one attempt using the individual OHL Code Number, then use
the alternate methods listed below. Make one attempt for each method before proceeding to the
next one.

1. PABX
2. Civil Defense Radio

5.2.3.8 Provide the notification information in accordance with Steps 5.2.3.3 through 5.2.3.6 above.

5.2.4 Transmitting notifications to the NRC

NOTE

1. The ENS Communicator, when staffed, handles communications with the NRC. At such time, communicators will go to Step 5.2.5.
2. Normally at an Alert, or higher, emergency classification the NRC will require continuous communications on the ENS line. At such time, consideration should be given to having the NRC "patch" the ENS into a PABX extension which is in closer proximity to the source of data.
3. In response to an NRC question, information will be provided without prior approval, with the exception of command decision-making activities which are in progress and not finalized.

5.2.4.1 Obtain the latest approved copy of a Notification Message Form, Attachment 7.3 of this procedure.

5.2.4.2 Using the ENS telephone, dial the number for NRC Headquarters (Numbers are posted on the telephone).

5.2.4.3 When the NRC responds, then record the time on Attachment 7.4, Offsite Communications Log.

NOTE

The NRC does not have Notification Message Forms. Therefore, line numbers, message number and OHL Code Number should not be read.

5.2.4.4 Read information from the form SLOWLY.

5.2.4.5 After reading the information, notify the NRC that you will be "going off the line" and hang up the ENS handset.

5.2.5 Transmitting Secondary Notifications (Establish EAB Controls)

- 5.2.5.1 The Secondary Notifications should be made using Attachment 7.3 and Attachment 7.9 of this procedure.

NOTE

The notification for St. Charles Parish and St. John Parish to establish EAB controls and to inform them of which assembly area will be utilized at a site evacuation should be included on the NMF or SMF transmittal informing them of the emergency declaration.

- 5.2.5.2 The following agencies should be notified to establish EAB controls at a Site Area Emergency, General Emergency or if a Site Evacuation has been implemented:
- a. St. Charles Parish (use Attachment 7.3 or Attachment 7.6),
 - b. St. John the Baptist Parish (use Attachment 7.3 or Attachment 7.6),
 - c. U.S. Coast Guard (use Attachment 7.9), and
 - d. Union Pacific Railroad (use Attachment 7.9).
- 5.2.5.3 Refer to the Emergency Management Resources Book for telephone numbers.
- 5.2.5.4 St. Charles Parish and St. John the Baptist Parish should be informed of site evacuation activities and informed of the selected offsite assembly area, whenever a site evacuation is implemented.
- 5.2.5.5 Other agencies may be notified as deemed appropriate by the Emergency Coordinator/EOF Director.
- 5.2.5.6 Update Attachment 7.4, Offsite Communications Log, upon notification of each agency.

5.3 Subsequent Notifications

NOTE

In accordance with agreements, 60 minute updates to Operational Hotline Members are automatically relaxed during severe weather events. If a change in emergency classification or change in Protective Action Recommendations has occurred, then notifications should be made in accordance with Section 5.2 of this procedure.

5.3.1 Subsequent Notification Guidelines

- 5.3.1.1 The OHL Members should be updated approximately every 60 minutes using an approved NMF. The SMF should not be used for these 60 minute updates.
- 5.3.1.2 The OHL Members may elect to establish a less restrictive time requirement for updates at the Unusual Event or Alert emergency classification if conditions warrant. The relaxed time requirement must be mutually agreed upon by St. Charles EOC, St. John EOC, LDEQ and LOEP. Waterford 1&2 should not provide any input on relaxed time requirements.
 - a. The primary method for notifying the OHL Members is the OHL. If the OHL fails, then contact the OHL Members individually using the alternate communications methods listed below.
 - 1. PABX
 - 2. Civil Defense Radio

5.3.2 Subsequent Notification Preparation

NOTE

The Shift Manager (Control Room), Health Physics Coordinator (TSC), or the Radiological Assessment Coordinator (EOF) is responsible for initiating and completing Items 3 through 12 of the Notification Message Form. The Communicators may assist by completing information that they have available to them, as directed by the SM, HPC or RAC.

- 5.3.2.1 The Communicator obtains the completed approved Notification Message Form (NMF), Attachment 7.3 and reviews it for accuracy and legibility prior to transmitting it to the offsite agencies.
- 5.3.2.2 If another event occurs while you are attempting to get a message out, or if a notification is in progress, then state in the Incident Description/Update/Comments section that conditions are currently changing and another notification will follow.

5.3.3 Transmitting Subsequent Notifications

NOTE

1. LDEQ is not manned 24 hours a day. During off-hours, holidays and weekends, you must request LOEP to notify LDEQ (This should be documented on the Communicator's Facility Log). When the LDEQ Field Response Team arrives at the EOF, then coordination of emergency response is by face-to-face communications and notifications to LDEQ are longer required.
2. The St. John the Baptist Parish Emergency Operations Center is not manned 24 hours a day. During off-hours, holidays and weekends, the E-911 Center will answer the OHL.
3. The Protective Action Recommendations for Waterford 1&2 will not always be the same as those listed for the Parish and State Agencies. Since Waterford 1&2 is within the EAB, recommend the same actions as those taken to protect the Waterford 3 personnel at an Alert, recommend evacuation of non-essential personnel at a Site Area Emergency and recommend evacuation of essential and non-essential personnel at a General Emergency.

5.3.3.1 Using the OHL, dial the "all call" OHL Code Number.

5.3.3.2 As each agency answers, respond by saying, "PLEASE STANDBY".

- a. If all agencies respond, then record your initials and the time the 1st agency responded in the OHL members block on Attachment 7.4, log the time on Attachment 7.3 line 2.A, and go to step 5.3.3.4.

5.3.3.3 If all OHL Members have not responded then:

- a. after waiting a few seconds - Do not wait longer then a few seconds
- b. notify the agencies on the line that you will dial the all call OHL Number one more time
- c. dial the all call OHL Code Number

- d. note which agencies have answered by recording your initials and the time in the appropriate block of Attachment 7.4, and go immediately to step 5.3.3.4..

5.3.3.4 Ask the agencies to obtain a copy of the NMF as follows:

- a. "OBTAIN A COPY OF THE NOTIFICATION MESSAGE FORM AND STANDBY TO RECORD INFORMATION. RESTATE YOUR AGENCY'S NAME WHEN YOU ARE READY."

5.3.3.5 When the agencies are ready, then read slowly the information on the asterisked lines of the NMF to the agencies.

5.3.3.6 After reading the required information, inform the agencies as follows:

- a. ARE THERE ANY QUESTIONS CONCERNING THIS MESSAGE? I WILL BE TRANSMITTING THIS MESSAGE TO YOU VIA FAX MACHINE AND IF YOU DO NOT RECEIVE THIS MESSAGE OR IF YOU HAVE ANY ADDITIONAL QUESTIONS, THEN PLEASE CONTACT ME USING THE CALLBACK NUMBER I PROVIDED. I AM NOW GOING OFF LINE.

5.3.3.7 Hang up the OHL.

5.3.3.8 If necessary, contact those agencies that did not respond by dialing the agency's individual OHL Code Number (Refer to the Emergency Management Resources Book) and record the time contacted in the appropriate block of Attachment 7.4, Offsite Communications Log.

- a. If an agency cannot be reached in one attempt using the individual OHL Code Number, then use alternate methods listed below. Make one attempt for each method before proceeding to the next one.

- 1. PABX

- 2. Civil Defense Radio

- b. Provide the notification information in accordance with Steps 5.3.3.4 through 5.3.3.6.

NOTE

1. The ENS Communicator, when staffed, handles communications with the NRC.
2. Normally at an Alert, or higher, emergency classification the NRC requires continuous communications on the ENS line. At such time, consideration should be given to having the NRC "patch" the ENS into a PABX extension which is in closer proximity to the source of data.
3. In response to an NRC question, information is provided without prior approval, with the exception of command decision-making activities which are in progress and not finalized.

5.3.4 The NRC should be updated regarding significant worsening conditions of the plant or as requested. Subsequent Notifications to the NRC will be made as follows:

5.3.4.1 Obtain the latest approved copy of Attachment 7.3, Notification Message Form.

5.3.4.2 Using the ENS telephone, dial the number for the NRC Headquarters (Numbers are posted on the telephone).

NOTE

The NRC does not have Notification Message Forms. Therefore, line numbers, message number and OHL Code Number should not be read.

5.3.4.3 When the NRC responds, then record the time on Attachment 7.4, Offsite Communications Log.

5.3.4.4 Read the information from the form SLOWLY.

5.3.4.5 After reading the information, notify the NRC that you will be "going off the line" and hang up the ENS handset.

5.4 Requests for Offsite Assistance

NOTE

Limit the information transmitted offsite to only that on the approved Communications Form. Questions or requests for additional information should be documented on a Communications Log, Attachment 7.1 of EP-002-150 and referred to the appropriate emergency organization group for response.

- 5.4.1 Medical: Request for offsite transportation or treatment: Use UNT-007-018, First Aid and Medical Care.
 - 5.4.1.1 Ensure that Attachment 7.4, Offsite Communications Log is updated on completion of the call.
- 5.4.2 Fire: Use FP-001-020, Fire Emergency/Fire Report.
 - 5.4.2.1 Ensure that Attachment 7.4, Offsite Communications Log is updated on completion of the call.
- 5.4.3 Other: Requests for offsite assistance from other agencies should be made as directed by the Emergency Coordinator/EOF Director.

6.0 FINAL CONDITIONS

- 6.1 The emergency situation has been terminated.
- 6.2 Forwarding of the emergency telephone (3500 extension) to the TSC has been canceled. Refer to Attachment 7.1 for guidance.
- 6.3 Documentation reviewed to ensure signatures, dates, times and other appropriate information is complete and legible and provided to the appropriate facility manager.
- 6.4 Communicator's Form Pack in the Control Room is reassembled with the appropriate forms and placed back in the front of the Control Room Emergency Planning file cabinet.
- 6.5 All organizations and agencies communicated with during the course of the event have been notified of the event termination.

7.0 ATTACHMENTS

- 7.1 Transfer of Communications from the Control Room to the TSC
- 7.2 Notification Message Form (Example)
- 7.3 Notification Message Form
- 7.4 Offsite Communications Log
- 7.5 Offsite Communications Log (Example)
- 7.6 Short Message Form
- 7.7 Emergency Notification Matrix
- 7.8 Emergency Notification Checklist
- 7.9 Notification to U.S. Coast Guard/Union Pacific Railroad

8.0 RECORDS

- 8.1 The following records are generated as a result of this procedure.
 - Attachment 7.1, Transfer of Communications from the Control Room to the TSC
 - Attachment 7.3, Notification Message Form
 - Attachment 7.4, Offsite Communications Log
 - Attachment 7.6, Short Message Form
 - Attachment 7.9, Notification to U.S. Coast Guard/Union Pacific Railroad

TRANSFER OF COMMUNICATIONS FROM THE CONTROL ROOM TO THE TSC

1. The Emergency Communicator should provide the following documentation to the TSC Communicator:

- ☐ a. Notification Message Forms and Short Message Forms
- ☐ b. Communications Logs transmitted or received
- ☐ c. Attachment 7.4, Offsite Communications Log
- ☐ d. Copy of the Emergency Communicator narrative Facility Log

2. The Emergency Communicator should discuss the status of the following with the TSC Communicator:

- ☐ a. Emergency Classification _____
- ☐ b. Time the last Notification Message Form/Short Message Form was transmitted:

- ☐ c. Time next Notification Message Form is due to be transmitted: _____
- ☐ d. Primary communications circuits in use:
 - ☐ Operational Hotline
 - ☐ ENS Line
- ☐ e. Alternate communications circuits in use:
 - ☐ Industrial Hotline
 - ☐ Civil Defense Radio
 - ☐ PABX (List agencies): _____

- ☐ f. Other Offsite agencies notified: _____

- ☐ g. Communications problems experienced: _____

TRANSFER OF COMMUNICATIONS FROM THE CONTROL ROOM TO THE TSC

3. Forward the emergency telephone (3500 extension) to the TSC (2500 extension). Proceed as follows:

- a. With receiver in cradle, press the FORWARD button. A flashing indicator light, next to the FORWARD button, will illuminate.
- b. The display will indicate the last number 3500 was forwarded to. If the last number was 2500, then press the FORWARD button and go to step "d",

OR

- c. If the display does not indicate the correct number or does not indicate a number at all, then enter 2500 and press the FORWARD button.
- d. The call Forward light will continue to illuminate and the display will read "CFWD".
- e. To cancel the Forward function, press the FORWARD button once.

Emergency Communicator _____ Date/Time _____

NOTIFICATION MESSAGE FORM (EXAMPLE)

- *1. THIS IS ☐ GRAND GULF ☐ WATERFORD 3 ☐ RIVER BEND WITH MESSAGE NUMBER F-Next Sequential Number
(OHL CODE NO.) Communicator OHL #
- *2. A. Time When First Party Answers/Current Date (TIME/DATE) B. COMM: Communicator Name (NAME) C. TEL NO. Communicator PABX #
- *3. EMERGENCY CLASSIFICATION:
A. ☐ NOTIFICATION OF UNUSUAL EVENT C. ☐ SITE AREA EMERGENCY E. ☐ TERMINATED
B. ☐ ALERT D. ☐ GENERAL EMERGENCY
- *4. CURRENT EMERGENCY CLASSIFICATION DECLARATION/TERMINATION Time/Date: Time of Declaration, Declass., Termination/ Date
- *5. RECOMMENDED PROTECTIVE ACTIONS:
A. ☐ No Protective Actions Recommended At This Time (Go to Item 6).
B. ☐ EVACUATE Provide Specific Protective Response Areas
☐ SHELTER Enter "Shelter All Remaining Protective Response Areas" or "Shelter All Other Protective Response Areas" or Provide Specific Protective Response Areas
- *6. INCIDENT DESCRIPTION/UPDATE/COMMENTS: Provide Emergency Classification Initiating Condition (IC) # • Brief description of the reason for classification, declassification or termination • Exclusion Area Boundary controls • Waterford 1 & 2 PAR • Site Evacuation • Which Assembly Area.
7. REACTOR SHUT DOWN? ☐ NO ☐ YES Time/Date: Time of Reactor Shutdown/ Date of Reactor Shutdown
8. METEOROLOGICAL DATA:
A. Wind Direction FROM Direction Wind is Coming From Degrees at Wind Speed MPH
B. Sectors Affected (A-R): Enter the 3 Affected Compass Sectors
C. Stability Class (A-G): Enter Stability Class Letter
D. Precipitation: ☐ None ☐ Rain ☐ Sleet ☐ Snow ☐ Hail ☐ Other _____
- *9. RELEASE INFORMATION:
A. ☐ No Release (Go to Item 13) C. ☐ A RELEASE OCCURRED BUT STOPPED; Duration Enter Length of Time of Release hrs.
Release Stopped at Enter Time Release Stopped hrs.
B. ☐ A RELEASE IS OCCURRING: Expected Duration Enter the Duration or "Unknown" hrs.
Release Started at Enter Time Release Started hrs.
10. TYPE OF RELEASE:
A. ☐ Radioactive Gases B. ☐ Radioactive Airborne Particulates C. ☐ Radioactive Liquids
11. RELEASE RATE:
A. NOBLE GASES _____ Ci/s B. IODINES _____ Ci/s
12. ESTIMATE OF PROJECTED OFFSITE DOSE:
A. Projections for _____ hours based on: ☐ Field Data ☐ Plant Data ☐ Default Data
B. (TEDE) WB DOSE COMMITMENT (mRem) C. (CDE) THYROID DOSE COMMITMENT (mRem)
Site Boundary _____ 5 miles _____ Site Boundary _____ 5 miles _____
2 miles _____ 10 miles _____ 2 miles _____ 10 miles _____
- *13. MESSAGE APPROVED BY: _____ TITLE: _____

NOTIFICATION MESSAGE FORM

*1. THIS IS ☐ GRAND GULF ☐ WATERFORD 3 ☐ RIVER BEND WITH MESSAGE NUMBER F: _____
(OHL CODE NO.) _____

*2. A. _____ / _____ B. COMM: _____ C. TEL NO. _____
(TIME/DATE) (NAME)

*3. **EMERGENCY CLASSIFICATION:**
A. ☐ NOTIFICATION OF UNUSUAL EVENT C. ☐ SITE AREA EMERGENCY E. ☐ TERMINATED
B. ☐ ALERT D. ☐ GENERAL EMERGENCY

*4. **CURRENT EMERGENCY CLASSIFICATION DECLARATION/TERMINATION** Time/Date: _____ / _____

*5. **RECOMMENDED PROTECTIVE ACTIONS:**
A. ☐ No Protective Actions Recommended At This Time (Go to Item 6).
B. ☐ EVACUATE _____
☐ SHELTER _____

*6. **INCIDENT DESCRIPTION/UPDATE/COMMENTS:** _____

7. **REACTOR SHUT DOWN?** ☐ NO ☐ YES Time/Date: _____ / _____

8. **METEOROLOGICAL DATA:**
A. Wind Direction **FROM** _____ Degrees at _____ MPH
B. Sectors Affected (A-R): _____
C. Stability Class (A-G): _____
D. Precipitation: ☐ None ☐ Rain ☐ Sleet ☐ Snow ☐ Hail ☐ Other _____

*9. **RELEASE INFORMATION:**
A. ☐ No Release (Go to Item 13) C. ☐ A RELEASE OCCURRED BUT STOPPED; Duration _____ hrs.
Release Stopped at _____ hrs.
B. ☐ A RELEASE IS OCCURRING: Expected Duration _____ hrs.
Release Started at _____ hrs.

10. **TYPE OF RELEASE:**
A. ☐ Radioactive Gases B. ☐ Radioactive Airborne Particulates C. ☐ Radioactive Liquids

11. **RELEASE RATE:**
A. NOBLE GASES _____ Ci/s B. IODINES _____ Ci/s

12. **ESTIMATE OF PROJECTED OFFSITE DOSE:**
A. Projections for _____ hours based on: ☐ Field Data ☐ Plant Data ☐ Default Data
B. (TEDE) WB DOSE COMMITMENT (mRem) C. (CDE) THYROID DOSE COMMITMENT (mRem)
Site Boundary _____ 5 miles _____ Site Boundary _____ 5 miles _____
2 miles _____ 10 miles _____ 2 miles _____ 10 miles _____

*13. **MESSAGE APPROVED BY:** _____ **TITLE:** _____

OFFSITE COMMUNICATIONS LOG

Date: _____

Page _____ of _____

ALL CLASSIFICATIONS	REQUIRED NOTIFICATIONS	CLASSIFICATION					
		MESSAGE NUMBER					
		OHL Members					
		St. Charles EOC []					
		St. John EOC []					
		LDEQ []					
		LOEP []					
		Waterford 1 & 2 *[]					
	US NRC []						
	SAFE OR HIGHER	EAB CONTROL	US Coast Guard []				
Union Pacific R.R. [See Emergency Management Resources Book Offsite Response Agencies Section]							
AS DEEMED NECESSARY	OTHER						

THE MATERIAL CONTAINED WITHIN THE SYMBOLS [] IS PROPRIETARY OR PRIVATE INFORMATION
 * DO NOT dial "9" when calling Waterford 1 & 2.

OFFSITE COMMUNICATIONS LOG (EXAMPLE)

1.0 HEADING

1.1 Enter the DATE.

NOTE

Complete the "of _____" section of "Page _____ of _____" at midnight and/or when the facility is deactivated.

1.2 Enter the Page Number.

2.0 OPERATIONS

2.1 Enter the current emergency classification.

NOTE

All Notification Message Forms/Short Message Forms transmitted to Operational Hotline Members will be numbered "F-1," "F-2", "F-3", etc. in increasing sequential order.

2.2 Message Number - Enter assigned message number.

2.3 OHL Members - Enter initial and time for each logged message number if OHL agencies are contacted by "ALL CALL".

2.4 Initial and time each respective OHL Member block if contacted individually for each logged message number.

2.5 Initial and time the respective block for each agency contacted for each logged message number.

2.6 For message received.

2.6.1 Enter the current emergency classification.

OFFSITE COMMUNICATIONS LOG (EXAMPLE)

2.6.2 Enter the Message Number and "IN" (for incoming) in the MESSAGE NUMBER block.

2.6.3 Enter initials and time in the respective block for the agency from which the message was received.

2.7 Use the OTHER blocks.

2.7.1 For an agency which you are frequently communicating with enter the name in the column with the listed agencies. Then use the form as per 2.1 - 2.6.

2.7.2 For an agency which is infrequently communicated with, divide the block diagonally and place the agencies' name above the line and time and initials below the line.

OFFSITE COMMUNICATIONS LOG (EXAMPLE)

Date: 7-8-93

Page 1 of

		CLASSIFICATION	<i>Alert</i>	<i>Alert</i>	<i>Alert</i>	<i>Alert</i>
		MESSAGE NUMBER	F-1	C-2	C-2 IN	F-2
ALL CLASSIFICATIONS	REQUIRED	OHL Members	0850 <i>bpp</i>			0917 <i>bpp</i>
	NOTIFICATIONS	St. Charles EOC []				
		St. John EOC []				
		LDEQ []				
		LOEP []				
		Waterford 1 & 2 *[]				
	US NRC []	0915 <i>bpp</i>				
SAFER OR HIGHER	EA B CONTROL	US Coast Guard []		0907 <i>bpp</i>		
		Union Pacific R.R. [See Emergency Management Resources Book Offsite Response Agencies Section]				
AS DEEMED NECESSARY	OTHER	<i>Little Egypt</i>		0912 <i>bpp</i>		
					<i>Emergency News Center</i> 0914 <i>bpp</i>	

THE MATERIAL CONTAINED WITHIN THE SYMBOLS [] IS PROPRIETARY OR PRIVATE INFORMATION
 * DO NOT dial "9" when calling Waterford 1 & 2.

SHORT MESSAGE FORM

1. This is a notification of emergency conditions at the Waterford 3 Steam Electric Station.
2. This is _____ with Message No. F - _____.
(Communicator's Name)
3. Transmitted at _____ on _____.
(Time) (Date)
4. A/an _____ was declared at _____.
(Emergency Classification) (Time Declared)

due to _____
(Event Description)

5. A release IS / IS NOT occurring.
6. We recommend:

A. ☐ NO PROTECTIVE ACTIONS AT THIS TIME.

B. ☐ EVACUATING _____
(Protective Response Areas)

C. ☐ SHELTERING _____
(Protective Response Areas)
7. Callback numbers are _____, OHL Code Number _____.
(PABX Number)
8. A NOTIFICATION MESSAGE FORM WILL FOLLOW!
9. Message Approved By: _____
(Signature)

(Title)

(DO NOT FAX THIS FORM TO OFFSITE AGENCIES)

EMERGENCY NOTIFICATION MATRIX

	AGENCIES	WHEN NOTIFICATION REQUIRED	WHEN UPDATE REQUIRED	COMMENTS
R E Q U I R E D N O T I F I C A T I O N S	ST. CHARLES PARISH	Within 15 minutes of the declaration of an emergency.	Every 60 minutes OR within 15 minutes of a change in emergency classification or Protective Action Recommendations.	St. Charles Parish will also be requested to establish control of vehicular traffic in the EAB after a SAE, GE or a Site Evacuation. 60 minute updates are relaxed for severe weather events.
	ST. JOHN THE BAPTIST PARISH	Within 15 minutes of the declaration of an emergency.	Every 60 minutes OR within 15 minutes of a change in emergency classification or Protective Action Recommendations.	The St. John EOC is only manned during normal working hours. Off-hours notifications will be handled by the E-911 Center. 60 minute updates are relaxed for severe weather events.
	LOEP	Within 15 minutes of the declaration of an emergency.	Every 60 minutes OR within 15 minutes of a change in emergency classification or Protective Action Recommendations.	60 minute updates are relaxed for severe weather events.
	LDEQ	Within 15 minutes of the declaration of an emergency.	Every 60 minutes OR within 15 minutes of a change in emergency classification or Protective Action Recommendations.	LDEQ is only manned during normal working hours. LOEP should be requested to notify LDEQ during off-hours. When LDEQ is at EOF notifications are not required. 60 minute updates are relaxed for severe weather events.
	WATERFORD 1 & 2	Within 15 minutes of the declaration of an emergency.	Every 60 minutes OR within 15 minutes of a change in emergency classification or Protective Action Recommendations.	PARs for W1&2 are the same as for W3 personnel. 60 minute updates are relaxed for severe weather events.
	NRC	Immediately after the above agencies, but not later than one hour of the emergency declaration.	Upon change in emergency classification or as requested.	ENS Communicator notifies NRC, when staffed. NRC may require ENS to be continuously manned. NRC can patch ENS into any PABX telephone, if requested.
C O N T R O L	U.S. COAST GUARD	After SAE, GE or Site Evacuation to establish control of river traffic within the EAB.		U.S. Coast Guard is contacted directly, but St. Charles Parish must be informed that they have been contacted.
	UNION PACIFIC RAILROAD	After SAE, GE or Site Evacuation to establish control of rail traffic within the EAB.		Union Pacific Railroad is contacted directly, but St. Charles Parish must be informed that they have been contacted.
F I R E	HAHNVILLE V.F.D.	As necessary to provide fire fighting assistance.		HVFD will be contacted through the St. Charles Parish 911 Center.
M E D I C A L A S S I S T A N C E	OCHSNER HOSPITAL	As necessary to provide medical assistance.	Changes in patient's medical and/or radiological conditions should be provided as available.	
	OCHSNER FLIGHT CARE	As required to provide rapid transportation of an injured person to the selected hospital.		Meteorological & radiological conditions should be provided to assist in determining the appropriate approach to the site.
	WEST JEFFERSON MEDICAL CENTER	As necessary to provide medical assistance.	Changes in patient's medical and/or radiological conditions should be provided as available.	
	WEST JEFFERSON AIR CARE	As required to provide rapid transportation of an injured person to the selected hospital.		Meteorological & radiological conditions should be provided to assist in determining the appropriate approach to the site.
	ST. CHARLES HOSPITAL	As necessary to provide medical assistance for a non-contaminated injured person.	Changes in patient's medical conditions should be provided as available.	
	ST. CHARLES AMBULANCE SERVICE	As required to provide transportation of an injured person to the selected hospital.		St. Charles Ambulance Service will be requested via St. Charles Parish 911 Center to ensure rapid response.
	OTHER AGENCIES	As directed by the EC/EOF Director.		

EMERGENCY NOTIFICATION CHECKLIST

A. NOTIFICATION AFTER EMERGENCY CLASSIFICATION OR CHANGE IN PROTECTIVE ACTION RECOMMENDATIONS (EP-002-010, Section 5.2)

1. Notify Operational Hotline (OHL) Members and Waterford 1&2 within 15 minutes using Short Message Form (SMF) or Notification Message Form (NMF).
 - a. St. Charles Parish
 - b. St. John the Baptist Parish
 - c. LOEP
 - d. LDEQ
 - e. Waterford 1 & 2
2. At **ALERT**, or **higher**, the Control Room Emergency Communicator should activate the VNS to mobilize the Onsite Emergency Organization in accordance with EP-002-015.
3. Notify NRC immediately after the above agencies using EP-002-010, Attachment 7.3 (Performed by ENS Communicator, when activated).
4. If a **SITE EVACUATION** has been implemented OR a **SITE AREA EMERGENCY/GENERAL EMERGENCY** has been declared, notify the following to establish EAB controls:
 - a. St. Charles Parish and St. John the Baptist Parish to control vehicular traffic (can be included on NMF or SMF)
 - b. Union Pacific Railroad to control rail traffic (Attachment 7.9)
 - c. U.S. Coast Guard to control river traffic (Attachment 7.9)
5. Notify other agencies as required by the emergency conditions (i.e., Hahnville Volunteer Fire Department for fire, Ambulance for medical emergency, etc.)

B. SUBSEQUENT NOTIFICATIONS (EP-002-010, Section 5.3)

1. Update OHL Members every 60 minutes using NMF, except for severe weather Events.
 - a. St. Charles Parish
 - b. St. John the Baptist Parish
 - c. LOEP
 - d. LDEQ
 - e. Waterford 1&2
2. Update the NRC as requested. (Performed by ENS Communicator, when activated.)
3. Update other agencies as deemed necessary.

NOTIFICATION TO U.S. COAST GUARD/UNION PACIFIC RAILROAD

This is _____ with a notification of emergency conditions at the Waterford 3
(Communicator's Name)
Steam Electric Station.

The Message No. is: _____

Date/Time is: _____

Emergency Declaration is: _____

Time of Declaration was: _____

☐ U.S. Coast Guard []

We request the establishment of a safety zone in the immediate area of Waterford 3 to control marine traffic, in accordance with your letter of agreement. Waterford 3 is located at mile marker 128.

☐ Union Pacific Railroad: Refer to Emergency Management Resources Book Offsite Response Agencies Section

We request control of all rail traffic in Waterford 3's Exclusion Area Boundary (EAB), that is the area from Engineer's Chainage Station 1554 + 13 to Engineer's Chainage Station 1596 + 78, in accordance with your letter of agreement.

Our callback number is _____

Message is approved by: _____
(Signature)

(Title)

THE MATERIAL CONTAINED WITHIN THE SYMBOLS [] IS PROPRIETARY OR PRIVATE INFORMATION