

Melvin N. Browne

Manager, Nuclear Licensing & Operating Experience



July 11, 2001
RC-01-0131

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

Gentlemen:

Subject: VIRGIL C. SUMMER NUCLEAR STATION (VCSNS)
DOCKET NO. 50/395
OPERATING LICENSE NO. NPF-12
TRANSMITTAL OF EMERGENCY PLAN PROCEDURE

In compliance with 10CFR50 Appendix E(V), South Carolina Electric & Gas Company, acting for itself and as agent for South Carolina Public Service Authority, transmits one controlled copy of EPP-104, Revision 5, Change H, "Verification of Communications Operability".

The effectiveness of the Virgil C. Summer Nuclear Station Radiation Emergency Plan is not decreased by the change to this procedure.

Should you have any questions, please contact Mrs. Donna Railey at (803) 345-4107.

Very truly yours,

A handwritten signature in black ink, appearing to read "Melvin N. Browne", written over a horizontal line.

Melvin N. Browne

DWR/MNB/dr
Attachment

c: (Without Attachment unless noted)
L. A. Reyes (With 2 Attachments)
NRC Resident Inspector
RTS (0-L-99-0354)
File (810.10-2, RR 6000)
DMS (RC-01-0131)

A045

SOUTH CAROLINA ELECTRIC & GAS COMPANY

VIRGIL C. SUMMER NUCLEAR STATION

NUCLEAR OPERATIONS

NUCLEAR OPERATIONS

COPY NO. 157

EMERGENCY PLAN PROCEDURE

EPP-104

VERIFICATION OF COMMUNICATIONS OPERABILITY

REVISION 5


DISCIPLINE SUPERVISOR

5/1/97
DATE


APPROVAL AUTHORITY

5/1/97
DATE

RECORD OF CHANGES

CHANGE LETTER	TYPE CHANGE	APPROVAL DATE	CANCELLATION DATE	CHANGE LETTER	TYPE CHANGE	APPROVAL DATE	CANCELLATION DATE
A	P	09-09-97		E	P	06-05-00	
B	P	09-22-97		F	P	9-26-00	
C	P	11-04-98		G	P	12/19/00	
D	P	12-29-98		H	P	6/13/01	

INFORMATION USE

Procedure may Be Performed From Memory.
User Retains Accountability For Proper Performance.

NUCLEAR OPERATIONS

COPY NO. 157

SAP-139
ATTACHMENT III
PAGE 1 OF 3
REVISION 19

PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>05-15-01</u> PROC.# <u>EPP-104</u> REV. # <u>5</u> CHG. <u>H</u> COMM. # _____																																										
TITLE: <u>Verification of Communications Operability</u>																																										
NEW PROC _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/>	SAFETY RELATED _____																																									
REVISION _____ RESTRICTED _____ FROM _____ TO _____	QUALITY RELATED _____																																									
	NON-SAFETY RELATED <input checked="" type="checkbox"/>																																									
II. DESCRIPTION: <p style="text-align: center; font-size: 1.2em;">See attached addendum to PDF-A</p>																																										
REASON FOR CHANGE: <p style="text-align: center; font-size: 1.2em;">See addendum to PDF-A</p>																																										
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p><i>Leonard Berkney</i></p> <p>Originator</p> </div> <div style="text-align: center;"> <p><i>Leonard Berkney</i></p> <p>Sign/Print</p> </div> </div>																																										
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:																																										
1. Result in significant increased personnel radiation exposure? (ALARA review)	*YES _____ NO <input checked="" type="checkbox"/> N/A _____																																									
2. Result in a release of effluents to the Environment?	_____ <input checked="" type="checkbox"/> _____																																									
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____ <input checked="" type="checkbox"/> _____																																									
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____ _____ <input checked="" type="checkbox"/>																																									
* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction																																										
Required Reviews: Check ALL selections in first 3 columns for SAPs																																										
<table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td><input type="checkbox"/> MCHS</td> <td><input type="checkbox"/> MNL&OE</td> <td><input type="checkbox"/> MPLE</td> <td><input type="checkbox"/> GMES</td> <td><input type="checkbox"/> CWPS</td> <td><input type="checkbox"/> ISEG</td> <td><input type="checkbox"/> NOET</td> <td><input type="checkbox"/> QC</td> <td rowspan="6" style="vertical-align: top;"> Other Reviews: <i>Victor Kelly</i> Discipline Supervisor Date: <u>5/15/01</u> </td> </tr> <tr> <td><input type="checkbox"/> MDE</td> <td><input type="checkbox"/> MNPS</td> <td><input type="checkbox"/> MPSE</td> <td><input type="checkbox"/> GMNPO</td> <td><input type="checkbox"/> DE</td> <td><input type="checkbox"/> MNTS</td> <td><input checked="" type="checkbox"/> NPS</td> <td><input checked="" type="checkbox"/> QOR</td> </tr> <tr> <td><input type="checkbox"/> MHPS</td> <td><input type="checkbox"/> MNT</td> <td><input type="checkbox"/> MSPD</td> <td><input type="checkbox"/> GMNSS</td> <td><input type="checkbox"/> FFD</td> <td><input type="checkbox"/> MQS</td> <td><input type="checkbox"/> NTET</td> <td><input type="checkbox"/> RC</td> </tr> <tr> <td><input type="checkbox"/> MMPR</td> <td><input type="checkbox"/> MOPS</td> <td><input type="checkbox"/> SAS</td> <td><input type="checkbox"/> GMSPD</td> <td><input checked="" type="checkbox"/> HPS</td> <td><input type="checkbox"/> MPR</td> <td><input type="checkbox"/> OPS</td> <td><input type="checkbox"/> RE</td> </tr> <tr> <td><input type="checkbox"/> MMS</td> <td><input type="checkbox"/> MP&S</td> <td><input type="checkbox"/> QA</td> <td><input type="checkbox"/> CHS</td> <td><input type="checkbox"/> ISD</td> <td><input type="checkbox"/> NL&OE</td> <td><input type="checkbox"/> PSE</td> <td><input type="checkbox"/> TU</td> </tr> </table>	<input type="checkbox"/> MCHS	<input type="checkbox"/> MNL&OE	<input type="checkbox"/> MPLE	<input type="checkbox"/> GMES	<input type="checkbox"/> CWPS	<input type="checkbox"/> ISEG	<input type="checkbox"/> NOET	<input type="checkbox"/> QC	Other Reviews: <i>Victor Kelly</i> Discipline Supervisor Date: <u>5/15/01</u>	<input type="checkbox"/> MDE	<input type="checkbox"/> MNPS	<input type="checkbox"/> MPSE	<input type="checkbox"/> GMNPO	<input type="checkbox"/> DE	<input type="checkbox"/> MNTS	<input checked="" type="checkbox"/> NPS	<input checked="" type="checkbox"/> QOR	<input type="checkbox"/> MHPS	<input type="checkbox"/> MNT	<input type="checkbox"/> MSPD	<input type="checkbox"/> GMNSS	<input type="checkbox"/> FFD	<input type="checkbox"/> MQS	<input type="checkbox"/> NTET	<input type="checkbox"/> RC	<input type="checkbox"/> MMPR	<input type="checkbox"/> MOPS	<input type="checkbox"/> SAS	<input type="checkbox"/> GMSPD	<input checked="" type="checkbox"/> HPS	<input type="checkbox"/> MPR	<input type="checkbox"/> OPS	<input type="checkbox"/> RE	<input type="checkbox"/> MMS	<input type="checkbox"/> MP&S	<input type="checkbox"/> QA	<input type="checkbox"/> CHS	<input type="checkbox"/> ISD	<input type="checkbox"/> NL&OE	<input type="checkbox"/> PSE	<input type="checkbox"/> TU	
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IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION																																										
<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC SUPPORTING DOCUMENT: <u>10CFR50.540</u>																																										
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"><i>Victor Kelly</i></div> <div style="width: 35%;">Discipline Supervisor Concurrence</div> </div>																																										
V. TEMPORARY APPROVAL:																																										
QUALIFIED REVIEWER _____ DATE _____	QA REVIEW _____ DATE _____																																									
TELECON BY _____	TELECON BY _____																																									
SHIFT SUPERVISOR _____ DATE _____	FINAL APPROVAL REQUIRED BY: DATE _____																																									
VI. DISCIPLINE SUPERVISOR FINAL REVIEW:	VII. P/CAP ACCEPTABLE?																																									
PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/>	C. YES _____ NO <input checked="" type="checkbox"/> <u>N/A</u> Date _____																																									
TRAINING REQUIRED? YES _____ NO <input checked="" type="checkbox"/>	N. YES _____ NO <input checked="" type="checkbox"/> <u>N/A</u> Date _____																																									
IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____	RESP. MGR. _____ Date _____																																									
P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/>	VIII. FINAL QA REVIEW (As Applicable)																																									
COMMENTS RESOLVED: <i>Victor Kelly</i> <u>6/10/01</u> Discipline Supervisor Date	<u>N/A</u> Date _____																																									
	QA Concurrence _____ Date _____																																									
	IX. APPROVAL AUTHORITY:																																									
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	Procedure Approval/Concurrence _____ Date _____																																									
X. PSRC REVIEW:	B. PSRC COMMENTS RESOLVED:																																									
A. REVIEWED BY:																																										
PSRC Chairman _____ Date _____	Responsible Manager _____ Date _____																																									
COMMENTS: YES _____ NO _____	PSRC Chairman _____ Date _____																																									

NUCLEAR OPERATIONS

COPY NO. 157

SAP-139
ATTACHMENT III
PAGE 1 OF 3
REVISION 19

PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>10-23-00</u> .PROC.# <u>EPP-104</u> REV.# <u>5</u> CHG. <u>G</u> COMM.# _____																																										
TITLE: <u>Verification of Communications Operability</u>																																										
NEW PROC _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/>	SAFETY RELATED _____																																									
REVISION _____ RESTRICTED _____ FROM _____ TO _____	QUALITY RELATED _____																																									
	NON-SAFETY RELATED <input checked="" type="checkbox"/>																																									
II. DESCRIPTION: <u>Deleted Forward Emerg. Ops. Center from Attachment I-A</u>																																										
<p>REASON FOR CHANGE: <u>SC has discontinued use of the facility and removed reference to the FEOC from their plans as specified in a letter from Mr Ron Osborne with SCEPD to Vic Kalby, dated 8-21-00.</u></p> <p style="text-align: right;"><u>R. J. Schwartz</u> Originator / Sign/Print</p>																																										
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:																																										
	*YES NO N/A																																									
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____ <input checked="" type="checkbox"/> _____																																									
2. Result in a release of effluents to the Environment?	_____ <input checked="" type="checkbox"/> _____																																									
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____ <input checked="" type="checkbox"/> _____																																									
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<input type="checkbox"/> MCHS	<input type="checkbox"/> MNL&OE	<input type="checkbox"/> MPLE	<input type="checkbox"/> GMES	<input type="checkbox"/> CWPS	<input type="checkbox"/> ISEG	<input type="checkbox"/> NOET	<input type="checkbox"/> QC	Other Reviews: <input checked="" type="checkbox"/> <u>GMNS</u> <input checked="" type="checkbox"/> <u>QA</u> Discipline Supervisor <u>10/24/00</u> Date																																		
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IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION																																										
<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC SUPPORTING DOCUMENT: <u>10CFR50.54g</u>																																										
V. TEMPORARY APPROVAL:																																										
QUALIFIED REVIEWER _____ DATE _____	QA REVIEW _____ DATE _____																																									
TELECON BY _____	TELECON BY _____																																									
SHIFT SUPERVISOR _____ DATE _____	FINAL APPROVAL REQUIRED BY: DATE _____																																									
VI. DISCIPLINE SUPERVISOR FINAL REVIEW:																																										
PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/>																																										
TRAINING REQUIRED? YES <input checked="" type="checkbox"/> NO _____																																										
IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/>																																										
P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/>																																										
COMMENTS RESOLVED: <u>[Signature]</u> Discipline Supervisor <u>11/21/00</u> Date																																										
VII. P/CAP ACCEPTABLE?																																										
C. YES _____ NO <u>N/A</u> Date _____																																										
N. YES _____ NO <u>N/A</u> Date _____																																										
VIII. FINAL QA REVIEW (As Applicable)																																										
QA Concurrence _____ Date _____																																										
IX. APPROVAL AUTHORITY:																																										
Training Completed _____ Date _____																																										
Procedure Approval/Concurrence <u>[Signature]</u> <u>11/21/00</u> Date																																										
X. PSRC REVIEW:																																										
A. REVIEWED BY:	B. PSRC COMMENTS RESOLVED:																																									
PSRC Chairman _____ Date _____	Responsible Manager _____ Date _____																																									
COMMENTS: YES _____ NO _____	PSRC Chairman _____ Date _____																																									

NUCLEAR OPERATIONS
COPY NO. 157

SAP-139
ATTACHMENT III
PAGE 1 OF 3
REVISION 19

PROCEDURE DEVELOPMENT FORM - A

I. DATE: 07-26-00 PROC.# EPP-104 REV.# 5 CHG. F COMM.# _____
 TITLE: Verification of Communications Operability

NEW PROC _____ CHANGE PERMANENT
 REVISION _____ RESTRICTED _____ FROM _____ TO _____

SAFETY RELATED _____
 QUALITY RELATED _____
 NON-SAFETY RELATED

II. DESCRIPTION: Add Note 5.3

REASON FOR CHANGE: Ensure sirens are not disabled for maintenance reasons prior to test.

Leonard Beckwith Leonard Beckwith
 Originator Sign/Print

III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:

	*YES	NO	N/A
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____	<input checked="" type="checkbox"/>	_____
2. Result in a release of effluents to the Environment?	_____	<input checked="" type="checkbox"/>	_____
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____	<input checked="" type="checkbox"/>	_____
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____	_____	<input checked="" type="checkbox"/>

* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction

Required Reviews: Check ALL selections in first 3 columns for SAPs

<input type="checkbox"/> MCHS	<input type="checkbox"/> MNL&OE	<input type="checkbox"/> MPLE	<input type="checkbox"/> GMES	<input type="checkbox"/> CWPS	<input type="checkbox"/> ISEG	<input type="checkbox"/> NOET	<input type="checkbox"/> QC	<input type="checkbox"/> Other Reviews:
<input type="checkbox"/> MDE	<input type="checkbox"/> MNPS	<input type="checkbox"/> MPSE	<input type="checkbox"/> GMNPO	<input type="checkbox"/> DE	<input type="checkbox"/> MNTS	<input checked="" type="checkbox"/> NPS	<input checked="" type="checkbox"/> QR	<input type="checkbox"/> _____
<input type="checkbox"/> MHPS	<input type="checkbox"/> MNT	<input type="checkbox"/> MSPD	<input checked="" type="checkbox"/> GMNSS	<input type="checkbox"/> FFD	<input type="checkbox"/> MQS	<input type="checkbox"/> NTET	<input type="checkbox"/> RC	<input type="checkbox"/> _____
<input type="checkbox"/> MMPR	<input type="checkbox"/> MOPS	<input type="checkbox"/> SAS	<input type="checkbox"/> GMSPD	<input checked="" type="checkbox"/> HPS	<input type="checkbox"/> MPR	<input checked="" type="checkbox"/> OPS	<input type="checkbox"/> RE	<input type="checkbox"/> _____
<input type="checkbox"/> MMS	<input type="checkbox"/> MP&S	<input type="checkbox"/> QA	<input type="checkbox"/> CHS	<input type="checkbox"/> ISD	<input type="checkbox"/> NL&OE	<input type="checkbox"/> PSE	<input type="checkbox"/> TU	<input type="checkbox"/> _____

John Kelly
 Discipline Supervisor
8/29/00
 Date

IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION
 REQUIRED EXEMPT PSRC SUPPORTING DOCUMENT: 50.549

John Kelly
 Discipline Supervisor Concurrence

V. TEMPORARY APPROVAL:

QUALIFIED REVIEWER _____ DATE _____ QA REVIEW _____ DATE _____
 TELECON BY _____ TELECON BY _____
 SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____

VI. DISCIPLINE SUPERVISOR FINAL REVIEW:

PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO

TRAINING REQUIRED? YES _____ NO

IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____

P/CAP AFFECTED? YES _____ NO

COMMENTS RESOLVED: John Kelly, 9/14/00
 Discipline Supervisor Date

VII. P/CAP ACCEPTABLE?

C. YES _____ NO _____ NL&OE _____ Date _____
 N. YES _____ NO _____ RESP. MGR. _____ Date _____

VIII. FINAL QA REVIEW (As Applicable)

N/A

QA Concurrence _____ Date _____

IX. APPROVAL AUTHORITY:

N/A

Training Completed _____ Date _____
William 9/26/00
 Procedure Approval/Concurrence Date

X. PSRC REVIEW:

A. REVIEWED BY: PSRC Chairman _____ Date _____

COMMENTS: YES _____ NO _____

B. PSRC COMMENTS RESOLVED: Responsible Manager _____ Date _____

PSRC Chairman _____ Date _____

NUCLEAR OPERATIONS
COPY NO. 157

SAP-139
 ATTACHMENT IV
 PAGE 1 OF 3
 REVISION 18

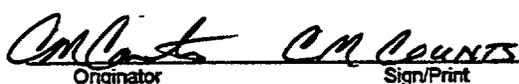
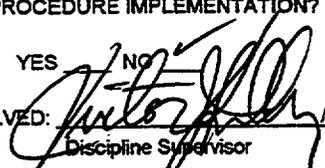
PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>03/01/00</u> PROC.# <u>EPP-104</u> REV.# <u>5</u> CHG. <u>E</u> COMM.# _____																																									
TITLE: <u>Verification of Communications Operability</u>																																									
NEW PROC _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/>	SAFETY RELATED _____																																								
REVISION _____ RESTRICTED _____ FROM _____ TO _____	QUALITY RELATED _____																																								
	NON-SAFETY RELATED <input checked="" type="checkbox"/>																																								
II. DESCRIPTION: 1) Change step 5.2.7.C and Att. 1-D to read Plant Radiation Alarms. 2) Change 5.3.3.L.4.a and 5.3.3.J.10.a to 25 MWR. 3) Delete from Att. 1-B Item # 2.F.2 "LLEA Radio". REASON FOR CHANGE: 1) Clarify which alarms will be heard during test. 2) To give siren repairs a higher priority MWR. 3) Replaced by new radio channels to Newberry and Fairfield Counties.																																									
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE: <table style="width:100%; border: none;"> <tr> <td></td> <td style="text-align: center;">*YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>1. Result in significant increased personnel radiation exposure? (ALARA review)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>2. Result in a release of effluents to the Environment?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>3. Degrade the effectiveness of the Radiation Emergency Plan?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> <tr> <td>4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?</td> <td style="text-align: center;">_____</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">_____</td> </tr> </table> <p>* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.</p>			*YES	NO	N/A	1. Result in significant increased personnel radiation exposure? (ALARA review)	_____	<input checked="" type="checkbox"/>	_____	2. Result in a release of effluents to the Environment?	_____	<input checked="" type="checkbox"/>	_____	3. Degrade the effectiveness of the Radiation Emergency Plan?	_____	<input checked="" type="checkbox"/>	_____	4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____	<input checked="" type="checkbox"/>	_____																				
	*YES	NO	N/A																																						
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____	<input checked="" type="checkbox"/>	_____																																						
2. Result in a release of effluents to the Environment?	_____	<input checked="" type="checkbox"/>	_____																																						
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____	<input checked="" type="checkbox"/>	_____																																						
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____	<input checked="" type="checkbox"/>	_____																																						
REQUIRED REVIEW AND COMMENT: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> MOPS</td> <td><input type="checkbox"/> MHPS</td> <td><input type="checkbox"/> GMNPO</td> <td><input type="checkbox"/> QA</td> <td><input type="checkbox"/> TU</td> <td><input type="checkbox"/> ISD</td> <td><input type="checkbox"/> _____</td> <td>REQUESTED REVIEWS:</td> </tr> <tr> <td><input type="checkbox"/> MMS</td> <td><input type="checkbox"/> MDE</td> <td><input type="checkbox"/> GMES</td> <td><input type="checkbox"/> QC</td> <td><input type="checkbox"/> CHS</td> <td><input type="checkbox"/> RC</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> MQS</td> <td><input type="checkbox"/> MNT</td> <td><input checked="" type="checkbox"/> GMNSS</td> <td><input type="checkbox"/> SAS</td> <td><input checked="" type="checkbox"/> RPS</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> MPSE</td> <td><input type="checkbox"/> MNL&OE</td> <td><input type="checkbox"/> GMSPD</td> <td><input checked="" type="checkbox"/> MNTS</td> <td><input type="checkbox"/> PSE</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> <tr> <td><input type="checkbox"/> MCHS</td> <td><input type="checkbox"/> MNPS</td> <td><input checked="" type="checkbox"/> OPS</td> <td><input checked="" type="checkbox"/> TNPS</td> <td><input type="checkbox"/> DE</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> <td><input type="checkbox"/> _____</td> </tr> </table>		<input type="checkbox"/> MOPS	<input type="checkbox"/> MHPS	<input type="checkbox"/> GMNPO	<input type="checkbox"/> QA	<input type="checkbox"/> TU	<input type="checkbox"/> ISD	<input type="checkbox"/> _____	REQUESTED REVIEWS:	<input type="checkbox"/> MMS	<input type="checkbox"/> MDE	<input type="checkbox"/> GMES	<input type="checkbox"/> QC	<input type="checkbox"/> CHS	<input type="checkbox"/> RC	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> MQS	<input type="checkbox"/> MNT	<input checked="" type="checkbox"/> GMNSS	<input type="checkbox"/> SAS	<input checked="" type="checkbox"/> RPS	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> MPSE	<input type="checkbox"/> MNL&OE	<input type="checkbox"/> GMSPD	<input checked="" type="checkbox"/> MNTS	<input type="checkbox"/> PSE	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> MCHS	<input type="checkbox"/> MNPS	<input checked="" type="checkbox"/> OPS	<input checked="" type="checkbox"/> TNPS	<input type="checkbox"/> DE	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
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IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION <input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC SUPPORTING DOCUMENT: _____ Discipline Supervisor Concurrence																																									
V. TEMPORARY APPROVAL: QUALIFIED REVIEWER _____ DATE _____ QA REVIEW _____ DATE _____ TELECON BY _____ TELECON BY _____ SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____																																									
VI. DISCIPLINE SUPERVISOR FINAL REVIEW: PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/> TRAINING REQUIRED? YES _____ NO <input checked="" type="checkbox"/> IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____ P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/> COMMENTS RESOLVED: <u>15-9-00</u> Discipline Supervisor _____ Date _____																																									
VII. P/CAP ACCEPTABLE? C. YES _____ NO <u>N/A</u> Date _____ N. YES _____ NO _____ RESP. MGR. Date _____																																									
VIII. FINAL QA REVIEW (As Applicable) <u>NA</u> QA Concurrence _____ Date _____																																									
IX. APPROVAL AUTHORITY: <u>NA</u> Training Completed _____ Date _____ Procedure Approval/Concurrence <u>6/5/2000</u> Date _____																																									
X. PSRC REVIEW: A. REVIEWED BY: PSRC Chairman _____ Date _____ COMMENTS: YES _____ NO _____																																									
B. PSRC COMMENTS RESOLVED: Responsible Manager _____ Date _____ PSRC Chairman _____ Date _____																																									

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 REVISION 18

PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>10/6/98</u> PROC.# <u>EPP-164</u> REV.# <u>5</u> CHG. <u>C</u> COMM.# _____	
TITLE: <u>VERIFICATION OF COMMUNICATIONS OPERABILITY</u>	
NEW PROC _____ CHANGE <u>X</u> PERMANENT <u>X</u>	SAFETY RELATED _____
REVISION _____ RESTRICTED _____ FROM _____ TO _____	QUALITY RELATED _____
	NON-SAFETY RELATED <u>X</u>
II. DESCRIPTION: <u>ATT. 1-E REFLECT NEW LOCATIONS OF COMMUNICATIONS EQUIPMENT IN THE BACK-UP EDF</u> REASON FOR CHANGE: <u>RELOCATION OF THE BACK-UP EDF</u> <div style="text-align: right; margin-top: 10px;">  Originator _____ Sign/Print _____ </div>	
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:	
	*YES NO N/A
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____ <u>X</u> _____
2. Result in a release of effluents to the Environment?	_____ <u>X</u> _____
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____ <u>X</u> _____
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans?	_____ _____ <u>X</u> _____
* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.	
REQUIRED REVIEW AND COMMENT:	REQUESTED REVIEWS:
<input checked="" type="checkbox"/> MOPS <input checked="" type="checkbox"/> MHPS <input type="checkbox"/> GMNPO <input type="checkbox"/> QA <input type="checkbox"/> TU <input type="checkbox"/> ISD <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> MMS <input type="checkbox"/> MDE <input type="checkbox"/> GMES <input type="checkbox"/> QC <input type="checkbox"/> CHS <input type="checkbox"/> RC <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> MQS <input type="checkbox"/> MNT <input type="checkbox"/> GMNSS <input type="checkbox"/> SAS <input type="checkbox"/> HPS <input checked="" type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> MPSE <input type="checkbox"/> MNL&OE <input type="checkbox"/> GMSPD <input type="checkbox"/> MNTS <input type="checkbox"/> PSE <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> MCHS <input type="checkbox"/> MNPS <input type="checkbox"/> OPS <input checked="" type="checkbox"/> NPS <input type="checkbox"/> DE <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION	
<input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC	SUPPORTING DOCUMENT: <u>10 CFR 50.54(g)</u>
 Discipline Supervisor Concurrence _____ / Date _____	
V. TEMPORARY APPROVAL:	
QUALIFIED REVIEWER _____ DATE <u>N/A</u>	QA REVIEW _____ DATE _____
TELECON BY _____	TELECON BY _____
SHIFT SUPERVISOR _____ DATE _____	FINAL APPROVAL REQUIRED BY: DATE _____
VI. DISCIPLINE SUPERVISOR FINAL REVIEW:	
PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <u>✓</u>	VII. P/CAP ACCEPTABLE? C. YES _____ NO <u>NA</u> / Date _____ N. YES _____ NO <u>NA</u> / Date _____ NL&OE _____ RESP. MGR. _____
TRAINING REQUIRED? YES _____ NO <u>✓</u>	VIII. FINAL QA REVIEW (As Applicable) _____ / Date _____ QA Concurrence _____ Date _____
IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____	IX. APPROVAL AUTHORITY: <u>N/A</u> / Date _____ Training Completed _____ Date _____  / Date <u>10/29/98</u> Discipline Supervisor _____ Date _____  / Date <u>11/4/98</u> Procedure Approval/Concurrence _____ Date _____
X. PSRC REVIEW:	
A. REVIEWED BY:	B. PSRC COMMENTS RESOLVED:
PSRC Chairman _____ Date _____	Responsible Manager _____ Date _____
COMMENTS: YES _____ NO _____	PSRC Chairman _____ Date _____

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PROCEDURE DEVELOPMENT FORM - A

I. DATE: <u>09/19/97</u> PROC.# <u>EPP-104</u> REV.# <u>5</u> CHG. <u>B</u> COMM.# _____ TITLE: <u>Verification of Communications Operability</u>													
NEW PROC _____ CHANGE <input checked="" type="checkbox"/> PERMANENT <input checked="" type="checkbox"/> REVISION _____ RESTRICTED _____ FROM _____ TO _____	SAFETY RELATED _____ QUALITY RELATED _____ NON-SAFETY RELATED <input checked="" type="checkbox"/>												
II. DESCRIPTION: <u>Correct pagination error in change A. Reissued entire procedure</u> REASON FOR CHANGE: <u>Information lost d. because of pagination in change A.</u> <u>Personnel Error.</u>													
III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:													
1. Result in significant increased personnel radiation exposure? (ALARA review) _____ 2. Result in a release of effluents to the Environment? _____ 3. Degrade the effectiveness of the Radiation Emergency Plan? _____ 4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency of Training and Qualification Plans? _____	<table style="width:100%; border:none;"> <tr> <td style="text-align:center;">*YES</td> <td style="text-align:center;">NO</td> <td style="text-align:center;">N/A</td> </tr> <tr> <td style="text-align:center;">_____</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;">_____</td> </tr> <tr> <td style="text-align:center;">_____</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> <td style="text-align:center;">_____</td> </tr> <tr> <td style="text-align:center;">_____</td> <td style="text-align:center;">_____</td> <td style="text-align:center;"><input checked="" type="checkbox"/></td> </tr> </table>	*YES	NO	N/A	_____	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	_____	_____	_____	<input checked="" type="checkbox"/>
*YES	NO	N/A											
_____	<input checked="" type="checkbox"/>	_____											
_____	<input checked="" type="checkbox"/>	_____											
_____	_____	<input checked="" type="checkbox"/>											
* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.													
REQUIRED REVIEW AND COMMENT:													
() MOPS () MHPS () GMNPO () QA () TU () ISD () MMS () MDE () GMES () QC () CHS () RC () MQS () MNT () GMNSS () SFADC () HPS () _____ () MSCE () MNL&OE () GMSPD () MNTS () SCE () _____ () MCHS () MNPS () OPS () NPS () DE () _____	REQUESTED REVIEWS: <input checked="" type="checkbox"/> QA <input checked="" type="checkbox"/> GMNSS _____ _____ _____ _____												
IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION <input type="checkbox"/> REQUIRED <input checked="" type="checkbox"/> EXEMPT <input type="checkbox"/> PSRC SUPPORTING DOCUMENT: <u>10CFR50.59</u>													
V. TEMPORARY APPROVAL: QUALIFIED REVIEWER _____ DATE _____ <u>NA</u> QA REVIEW _____ DATE _____ TELECON BY _____ TELECON BY _____ SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____													
VI. DISCIPLINE SUPERVISOR FINAL REVIEW: PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO <input checked="" type="checkbox"/> TRAINING REQUIRED? YES _____ NO <input checked="" type="checkbox"/> IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____ P/CAP AFFECTED? YES _____ NO <input checked="" type="checkbox"/> COMMENTS RESOLVED: _____ <u>9/22/97</u> _____ <small>Discipline Supervisor</small> _____ <small>Date</small>													
VII. P/CAP ACCEPTABLE? C. YES _____ NO <u>NA</u> NL&OE _____ Date _____ N. YES _____ NO _____ RESP. MGR. _____ Date _____													
VIII. FINAL QA REVIEW (As Applicable) <u>NA</u> _____ Date _____ QA Concurrence _____ Date _____													
IX. APPROVAL AUTHORITY: Training Completed _____ Date _____ <u>St. C. Bond</u> <u>9/22/97</u> Procedure Approval/Concurrence _____ Date _____													
X. PSRC REVIEW: A. REVIEWED BY: _____ PSRC Chairman _____ Date COMMENTS: YES _____ NO _____													
B. PSRC COMMENTS RESOLVED: _____ Responsible Manager _____ Date _____ PSRC Chairman _____ Date													

NUCLEAR OPERATIONS

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PAGE 1 OF 3
REVISION 17

PROCEDURE DEVELOPMENT FORM - A

I. DATE: 8-5-97 PROC. # EPP-104 REV. # 5 CHG. A COMM. # _____
 TITLE: VERIFICATION OF COMMUNICATIONS OPERABILITY

NEW PROC _____ CHANGE PERMANENT SAFETY RELATED _____
 REVISION _____ RESTRICTED _____ FROM _____ TO _____ QUALITY RELATED _____
 NON-SAFETY RELATED

II. DESCRIPTION: Page i, added Attachment V, Added step 4.16, Added Section 5.10, Added Attachment X. I pg 2 of 2
Con 8/23/97
9/18/97

REASON FOR CHANGE: Provide mechanism to test and document faxing capability of EIS to the State and local governments. QA 97001-4
CM Counts CM Counts
 Originator Sign/Print

III. WILL THIS REVISION/CHANGE/NEW PROCEDURE:

	* YES	NO	N/A
1. Result in significant increased personnel radiation exposure? (ALARA review)	_____	<input checked="" type="checkbox"/>	_____
2. Result in a release of effluents to the Environment?	_____	<input checked="" type="checkbox"/>	_____
3. Degrade the effectiveness of the Radiation Emergency Plan?	_____	<input checked="" type="checkbox"/>	_____
4. Degrade the safeguards effectiveness of the Physical Security, Safeguards Contingency or Training and Qualification Plans?	_____	_____	<input checked="" type="checkbox"/>

* If any question 1 through 4 is answered "YES", refer to appropriate section of procedure for direction.

REQUIRED REVIEW AND COMMENT: _____ REQUESTED REVIEWS: _____

<input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/>	<input type="checkbox"/> NL&OE	<input type="checkbox"/> CHS	<input type="checkbox"/> GMNPO	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> GMNSS	<u>John Kelly</u>	<u>18-12-97</u>
<input checked="" type="checkbox"/> OPS	<input type="checkbox"/> MNTS	<input checked="" type="checkbox"/> TSPS	<input type="checkbox"/> GMES	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Discipline Supervisor	Date
<input checked="" type="checkbox"/> QA	<input checked="" type="checkbox"/> NPS	<input type="checkbox"/> SCE	<input type="checkbox"/> GMSS	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<u>John Kelly</u>	Discipline Supervisor concurrence
<input type="checkbox"/> QC	<input type="checkbox"/> TU	<input type="checkbox"/> DE	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____		

IV. 10CFR50.59 SCREENING REVIEW/SAFETY EVALUATION
 REQUIRED EXEMPT PSRC 9/15/97 SUPPORTING DOCUMENT: 10CFR50.54(e)

V. TEMPORARY APPROVAL:
 QUALIFIED REVIEWER _____ DATE NA QA REVIEW _____ DATE _____
 TELECON BY _____ TELECON BY _____
 SHIFT SUPERVISOR _____ DATE _____ FINAL APPROVAL REQUIRED BY: DATE _____

VI. DISCIPLINE SUPERVISOR FINAL REVIEW:
 PSRC REVIEW PRIOR TO IMPLEMENTATION? YES _____ NO
 TRAINING REQUIRED? YES _____ NO
 IF YES, PRIOR TO PROCEDURE IMPLEMENTATION? YES _____ NO _____
 P/CAP AFFECTED? YES _____ NO
 COMMENTS RESOLVED: John Kelly 8/28/97
 Discipline Supervisor Date
 TRAINING COMPLETED: NA
 Discipline Supervisor Date

VII. P/CAP ACCEPTABLE?
 C. YES _____ NO NA NL&OE _____ Date
 N. YES _____ NO _____ RESP. MGR. _____ Date

VIII. FINAL QA REVIEW (As Applicable)
NA
 QA Concurrence _____ Date

IX. APPROVAL AUTHORITY:
John A. Paul 9/19/97
 Approval/Concurrence Date

X. PSRC REVIEW:
 A. REVIEWED BY: NA
 PSRC Chairman _____ Date
 COMMENTS: YES _____ NO _____
 B. PSRC COMMENTS RESOLVED:
 Responsible Manager _____ Date
 PSRC Chairman _____ Date

EPP-104, Verification of Communications Operability
Revision 5, Change H
Addendum to PDF-A, Section II
Description and Reason for Changes
Page 1

Change Description:

Changed Section 3.1.2 from "all tests" to "regularly scheduled tests" and added Reference 2.13 NEI 99-02 Regulatory Assessment Performance Indicator Guidelines.

Reason for Change:

To have the definition of Percentage of Operability of the EWSS in the procedure match the definition used in NEI 99-02.

Change Description:

Changed Note 5.1.3 from "one-hour" to "eight hour".

Reason for Change:

This change updates the procedure to the requirements of 10CFR50.72.

Change Description:

Deleted Steps 5.3.2.A.6 and 5.3.3A.6 Station Switchboard Operator.

Reason for Change:

The Station Switchboard Operator has been eliminated and replaced with a automated answering system.

EPP-104, Verification of Communications Operability
Revision 5, Change E
Addendum to 10CFR50.54q Evaluation
Page 1 of 1

Description:

Change step 5.2.7.C and Att. I-D to read "Plant Radiation Alarm".

Reason for Change:

Clarify which alarm will be heard during test.

10CFR50.54q Evaluation

This change does not affect sections in 10CFR50.47 or 10CFR50 Appendix E. This change is administrative in nature. This change is to clarify that only the Plant Radiation Alarm will be sent over the speaker at the Circulating Water Intake. Therefore, this change does not decrease the effectiveness of the Radiation Emergency Plan. This change does not require further revision of the Radiation Emergency Plan or Emergency Plan Procedures.

Description:

Change 3.2.2.L.4.a and 5:3.3.J.10.a to 2S MWR.

Reason for Change:

To give siren repairs a higher priority MWR.

10CFR50.54q Evaluation

This change does not affect sections in 10CFR50.47 or 10CFR50 Appendix E. This change is administrative in nature. The priority of the repair of sirens is not mentioned in the Radiation Emergency Plan. . Therefore, this change does not decrease the effectiveness of the Radiation Emergency Plan. This change does not require further revision of the Radiation Emergency Plan or Emergency Plan Procedures.

Description:

Delete from Att. I-B Item # 2.F.2 "LLEA Radio".

Reason for Change:

Radio channels to Newberry and Fairfield Counties replaced this radio.

10CFR50.54q Evaluation

Due to the age of this radio it was replaced with radio channels on the 800 mhz radio system.

10CFR50.54q Evaluation

This change affects 10CFR50.47(b)(5) and 10CFR50.Appendix E (IV)D. This radio is a backup system to the telephones for the notification of state and local governments. The radio was replaced because of its age and the difficulty in obtaining repair parts. The new channels are part of the current radio system utilized by the site. The radio is not identified in the Radiation Emergency Plan. Therefore, this change does not decrease the effectiveness of the Radiation Emergency Plan. This change does not require further revision of the Radiation Emergency Plan or Emergency Plan Procedures.

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3.0 <u>REFERENCES</u>	1
4.0 <u>DEFINITIONS</u>	2
5.0 <u>CONDITIONS AND PREREQUISITES</u>	2
6.0 <u>PROCEDURE</u>	3
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8.0 <u>REVISION SUMMARY</u>	16

ATTACHMENTS

- Attachment I-A - Verification of Communications Operability (Monthly Test)
- Attachment I-B - Verification of Communications Operability (Quarterly Test)
- Attachment I-C - Verification of Communications Operability (Annual Test)
- Attachment I-D - Verification of Plant Emergency Alarm Warning Lights and Speakers (Quarterly Test)
- Attachment I-E - Verification of Communications Operability - Backup EOF (Quarterly Test)
- Attachment II - Verification of School Monitor Radios (Annual Test)
- Attachment III - Equipment Trouble Report
- Attachment IV - Transient Sign Verification (Annual Test)

1.0 PURPOSE

- 1.1 The purpose of this procedure is to provide guidance for verifying that communications designated for use during an emergency are operational.
- 1.2 This procedure provides a method to document the tests of the emergency communications equipment.

2.0 SCOPE

- 2.1 This procedure is applicable to all SCE&G who verify that communications designated for use during an emergency are operational.
- 2.2 Changes and revisions to this procedure must ensure compliance with the requirements of 10CFR50.54.q. A 10CFR50.59 review is not required.

3.0 REFERENCES

- 3.1 FEMA-43, Standard Guide for the Evaluation of Alert and Notification Systems for Nuclear Power Plants.
- 3.2 NUREG-0654/FEMA REP-1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.
- CO₆→ 3.3 10CFR50, Appendix E, IV,E,9 a-d.
- 3.4 10CFR50.72.
- 3.5 EP-100, Virgil C. Summer Nuclear Station Radiation Emergency Plan.
- 3.6 Emergency Planning Telephone Directory.
- 3.7 EMP-170.003, Warning Siren Maintenance.
- 3.8 NL-122, Regulatory Notification and Reporting. | Chg D
- 3.9 EPP-002, Communications and Notification.
- 3.10 EPP-021, Activation of the Early Warning Siren System (EWSS).
- 3.11 EPP-026, Operation of the Siren Control System.
- 3.12 SAP-143, Preventative Maintenance Program.
- 3.13 NEI 99-02, Regulatory Assessment Performance Indicator Guidelines | Chg H

4.0 DEFINITIONS

4.1 Definitions

- 4.1.1 EWSS Annual Operability - The percentage of operability of the Early Warning Siren System (EWSS) for a 12 month period.
- 4.1.2 Percentage of Operability of the EWSS - The total number of sirens tested divided into the number of satisfactory tests, for regularly scheduled tests.

Chg H

5.0 CONDITIONS AND PREREQUISITES

- 5.1 The required frequency for verification of communications (telephone and/or radio, as applicable) operability is as follows:
 - 5.1.1 Monthly tests will be conducted with State and county governments within the 10 mile Plume Emergency Planning Zone (EPZ).
 - 5.1.2 Quarterly tests will be conducted with federal and State agencies within the 50 mile Ingestion EPZ.
 - 5.1.3 Annual tests will be conducted among VCSNS, state and county Emergency Operation Centers and Radiation Monitoring Teams.
- 5.2 The EWSS shall be tested at the following frequency:
 - 5.2.1 A silent test of the EWSS shall be performed at least every 14 days.
 - 5.2.2 A growl test of each siren shall be performed at least monthly, and when preventive maintenance has been performed.
 - 5.2.3 A complete cycle test (full system activation) shall be performed at least annually.
- 5.3 Plant Emergency Alarms shall be tested weekly, normally on the first scheduled workday, satisfactory results will be signified by the approval signatures on the PMTS sheet. There is no requirement for a data sheet.
- CO₃→5.4 The Plant Emergency Alarm Warning Lights shall be tested quarterly.
- 5.5 School Monitor Radios shall be tested annually.
- NO₁→5.6 When a test is conducted on the DHEC radio, ensure the radios are separated by a distance of at least 15 air miles.

- 5.7 Designated telephone numbers in the Emergency Planning Telephone Directory shall be verified quarterly by the Emergency Services Unit (ESU).
- 5.8 All tests shall be documented in accordance with SAP-143, Preventative Maintenance Program.
- CO₆→5.9 Communications with the NRC shall be tested monthly in the Control Room, TSC and EOF, as applicable. | Chg
G
- 5.10 The ESU shall ensure all tests specified in this procedure are performed and documented.
- 5.11 The 75% operability of the EWSS is based on the acceptance criteria for the Public Response Survey conducted during the final acceptance test of the EWSS by the Federal Emergency Management Agency.
- 5.12 The Public Address Speakers at siren locations #9 and #45 are not considered part of the EWSS.
- 5.13 Annual preventative maintenance activities on sirens will be performed in accordance with SAP-143 and EMP-170.003.
- 5.14 EPP-026 Attachment VI provides a list of sirens, siren locations and the company supplying power to the siren.
- 5.15 RTU STATUS indicating a RESTART indicates the RTU had a power fluctuation and has lost the data gathered during a test. This condition does not indicate a failure of the siren to properly sound. A retest shall be done of the siren and the results recorded on the original test documentation.
- 5.16 Communications to the State and local governments via fax using the VCS Emergency Information System (EIS) shall be performed monthly. Test results will be documented using Attachment I-A. | Chg.
A

6.0 PROCEDURE

6.1 In-Plant Communications

- 6.1.1 The ESU, or designee, shall perform communications tests and record results on Attachments I-A, I-B, I-C, or I-E.
- 6.1.2 The person performing the test shall verify that the method of communication is operable, as follows:

A. A ringdown telephone shall contact the party it is intended to reach. | Chg.
B

- B. The all-call function shall simultaneously contact all parties it is intended to reach.
- C. A normal telephone circuit shall be able to reach the number dialed.
- D. A radio shall be tested to ensure it is operable.
- E. The Plant Page shall be tested to ensure each set can page and communicate with another set.
- F. The NRC telephones shall be tested to ensure that they contact another telephone with a callback. | Chg
G
- G. A fax machine shall be tested to ensure it can send and receive messages.

NOTE 6.1.3

Failure of an ENS telephone is an eight-hour reportable event in accordance with 10CFR50.72. | Chg
H

- 6.1.3 If there is a failure to be able to notify the NRC via the Primary dialing path (70-0-NRC Number) and the Alternate dialing path (9-NRC Number) the Control Room/SS will be notified. The SS (or his designee) shall:
 - A. Notify the NRC Operations Center via cell phone or satellite phone.
 - C. Notify Telecommunications and Emergency Planning Personnel of the failure.
 - C. When the telephone service is restored, notify the NRC Operations Center. | Chg
G
- 6.1.4 The person performing the test shall record the results in the Test Results space on the appropriate attachments. If the test results are unsatisfactory, contact the applicable maintenance group for repair and notify the SS.
- 6.1.5 When the equipment has been repaired, the ESU, or designee, shall test the equipment and document the test.

CO₃→6.2 Plant Emergency Alarm Warning Lights and Speakers

- 6.2.1 Announce over Plant Paging System, the weekly Emergency Alarm Test.

- 6.2.2 A weekly test of the Plant Fire Alarm shall be conducted by Operations personnel as follows:
- A. Simultaneously depress both FIRE ALARM buttons on the FIRE AND SECURITY panel (XCP-6040).
 - B. Verify the CONTROL ROOM SPEAKERS MUTED light is illuminated.
 - C. Verify with personnel located in the buildings that the alarm can be heard.
- 6.2.3 A weekly test of the Plant Radiation Alarm shall be conducted by Operations personnel, as follows:
- A. Simultaneously depress both PLANT RADIATION buttons on the FIRE AND SECURITY panel (XCP-6040).
 - B. Verify the CONTROL ROOM SPEAKERS MUTED light is illuminated.
 - C. Verify with personnel located in the buildings that the alarm can be heard.
- 6.2.4 A weekly test of the Reactor Building Evacuation Alarm shall be conducted by Operations personnel, as follows:
- A. Simultaneously depress both REACTOR BLDG. EVACUATION ALARM buttons on the FIRE AND SECURITY panel (XCP-6040).
 - B. Verify that the red flashing warning lights on the 463' Turbine Building or other locations are functional.
 - C. If the Reactor Building is occupied during the test, ensure the alarm is heard.
- 6.2.5 If a Plant Alarm Test is unsatisfactory, promptly notify the ESU and contact Electrical Maintenance to begin repairs.
- 6.2.6 Document the results of the Plant Emergency Alarms on the PMTS sheet. There is no requirement for a data sheet.
- 6.2.7 Quarterly Test of Plant Emergency Alarm Warning Lights and Speakers
- A. Dispatch available Electrical Maintenance personnel to the Circulating Water Intake Structure.

- B. The quarterly test of the Plant Emergency Alarm Warning Lights shall be conducted in conjunction with a weekly Plant Alarms Test by the Operations Department and documented on Attachment I-D.
- C. Station personnel shall verify Plant Radiation Alarm can be heard over the speaker at the Circulating Water Intake Structure and documented on Attachment I-D.

Chg.
E

CO₅→ D. Contact Security at the Central Alarm Station

- 1. Instruct them to contact a minimum of 3 security personnel and verify the alarms can be heard throughout the plant.
- 2. Document the results on Attachment I-D of this procedure. If the alarms cannot be heard in an area(s) of the plant, initiate an MWR for repairs.

E. If the test is unsatisfactory, promptly notify the ESU and contact Electrical Maintenance to repair.

F. Retest of the equipment will be documented on the MWR.

NOTE 6.3

Prior to testing the Early Warning Siren System, ensure the Siren Control System Computer is designated as PRIMARY Mode and the printer is ready to operate. EPP-026, Operation of the Siren Control System provides instructions on changing the Mode.

NOTE 6.3

Prior to testing the Early Warning Siren System, ensure Maintenance Personnel do not have a siren disabled for Preventive Maintenance purposes.

Chg
F

6.3 Early Warning Siren System

6.3.1 Silent Test

- A. The silent test of the EWSS is the responsibility of the Operations Department.
- B. Obtain the EWSS key from the Control Room Supervisor's Key Box.

- C. Insert the key into the Siren Control Console's SYSTEM Switch in the Control Room and turn the key to the ON position.
- D. Verify the SYSTEM READY Indicator Light is illuminated. The Siren Control Console is now operational.
- E. Place the CALL SELECTOR Switch to ALL CALL.
- F. Press and hold the SILENT TEST button until the light illuminates. It will take a minimum of 3 seconds.
- G. Turn the key to the OFF position and return the key to the Control Room Supervisor's Key Box.
- H. Once the system has completed the Silent Test cycle after approximately 20 minutes, the results of the silent test will be printed at the Siren Control System Computer designated as PRIMARY Mode.
- I. If the percentage of operability for the EWSS is less than 75%, declare the system inoperable and accomplish the following:
 - 1. Refer to NL-122 for reportability requirements.
 - 2. Notify the ESU, who will contact the appropriate group to make repairs.
- J. Notify the ESU of any sirens reporting a failure.
- K. Attach the results to the PMTS and forward to the ESU.
- L. The ESU shall:
 - 1. Review the printout of the test.
 - 2. Record siren(s) failures on Attachment III.
 - 3. Notify the appropriate group to make repairs to any inoperable siren(s) utilizing Attachment III.

Chg
D

4. If there is an electrical repair, the ESU will generate a plant MWR and forward it to Electrical Maintenance. The following guidance will be used to establish the priority:

a. 2S -The percentage of siren operability is greater than or equal to 75%. | Chg. E

b. 1 -The percentage of operability is less than 75%.

6. Update the percentage of operability of the EWSS on the ESU computer network.

M. When a failed siren is repaired, perform a silent test on that siren. If the retest is satisfactory, return the siren to service. Document the retest on Attachment III. |

N. Attach Attachment III to the PMTS package, when all retests are complete. | Chg. B

6.3.2 Growl Test

A. Prior to conducting a Growl Test, ensure the following are notified: |

1. SCANA, Public Affairs
2. Control Room Personnel
3. NRC Resident Inspector
4. State Emergency Preparedness Division
5. County Emergency Preparedness Offices | CHG H

B. Growl testing of the siren system is the responsibility of the ESU.

C. The tester shall verify operability of each siren by sending a growl test signal using the Siren Control System computer designated as PRIMARY Mode.

D. The results of the growl test will be printed at the Siren Computer System terminal designated as PRIMARY Mode.

- CO₁→ E. Once the test has been completed, the ESU shall:
1. Ascertain the numbers and locations of sirens that failed to operate.
 2. Poll the siren(s) that failed to verify the operability status of the siren(s).
 3. Record the cause of the failure on the printout.
 4. Do a FIELD RTU RESET, as follows:
 - a. Press the F2 key to display the Directory Screen.
 - b. Move the cursor to the FIELD RTU RESET block.
 - c. Press the "1" key.
 - d. Press the ENTER key.
 5. If the RTU STATUS indicated a RESTART do a retest of the individual siren. Indicate the results of the retest on the printout.
 6. If necessary, correct the siren numbers and percent operability on the printout.
 7. Record siren failure(s) on Attachment III.
 8. Notify the appropriate group to make repairs to any inoperable siren(s) utilizing Attachment III.
 9. If there is an electrical repair, the ESU will generate a plant MWR and forward it to Electrical Maintenance. The following guidance will be used to establish the priority:
 - a. 2S - The percentage of siren operability is greater than or equal to 75%.
 - b. 1 - The percentage of operability is less than 75%.
 10. Update the percentage of operability of the EWSS on the ESU computer network.

- F. If the system-wide growl test success percentage for the EWSS is less than 75%, declare the system inoperable and accomplish the following:
 - 1. Notify the SS. The SS should refer to NL-122 for reportability requirements.
 - 2. Notify the appropriate group to make repairs.
- G. When a failed siren is repaired, perform a growl test on that siren. If the retest is satisfactory, return the siren to service. Document the retest on Attachment III.
- H. Attach Attachment III to the PMTS package, when all retest are complete.

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D

6.3.3. Complete Cycle Test

- A. Prior to conducting a Complete Cycle Test, ensure the following are notified:
 - 1. SCANA, Public Affairs
 - 2. Control Room Personnel
 - 3. NRC Resident Inspector
 - 4. State Emergency Preparedness Division
 - 5. County Emergency Preparedness Offices
- B. The complete cycle test is the responsibility of the ESU.
- C. Obtain the EWSS key from the Control Room Supervisor's Key Box.
- D. Insert the key into the Siren Control Console's SYSTEM Switch in the Control Room and turn the key to the ON position.
- E. Verify the SYSTEM READY Indicator Light is illuminated. The Siren Control Console is now operational.
- F. Place the CALL SELECTOR Switch to ALL CALL.
- G. Press and hold the ACTIVATE button until the light illuminates. It will take a minimum of 3 seconds.

CHG H

- H. Turn the key to the OFF position and return the key to the Control Room Supervisor's Key Box.
- I. Once the system has completed the Activation Cycle, an Activation Report will be printed at the Siren Control System Computer designated as PRIMARY.
- J. Once the test has been completed, the ESU shall:
 - 1. Ascertain the numbers and locations of sirens that failed to operate.
 - 2. Poll the siren(s) that failed to verify the operability status of the siren(s).
 - 3. Record the cause of the failure on the printout.
 - 4. Do a FIELD RTU RESET, as follows:
 - a. Press the F2 key to display the Directory Screen.
 - b. Move the cursor to the FIELD RTU RESET block.
 - c. Press the "1" key.
 - d. Press the ENTER key.
 - 5. If the RTU STATUS indicated a RESTART, do a retest of the individual siren. Indicate the results of the retest on the printout.
 - 6. If a siren indicates a failure, personnel may be dispatched to the siren location to interview residents in the immediate area to determine if the siren sounded. The name of the residents shall be recorded with the results of the interview to determine if the siren activated properly.
 - 7. If necessary, correct the siren numbers and percent operability on the printout.
 - 8. Record siren failure(s) on Attachment III.
 - 9. Notify the appropriate group to make repairs to any inoperable siren(s) utilizing Attachment III.

10. If there is an electrical repair, the ESU will generate a plant MWR and forward it to Electrical Maintenance. The following guidance will be used to establish the priority:
 - a. 2S - The percentage of siren operability is greater than or equal to 75%. Chg. E
 - b. 1 - The percentage of operability is less than 75%.
11. Update the percentage of operability of the EWSS on the ESU computer network.
- K. If the percentage of operability for the EWSS is less than 75%, declare the system inoperable and accomplish the following:
 1. Notify the SS. The SS should refer to NL-122 for reportability requirements. Chg. D
 2. Notify Electrical Maintenance to make repairs.
- L. Update the percentage of operability to the EWSS on the ESU computer network.
- M. When a failed siren is repaired, perform a complete cycle test on that siren. If the retest is satisfactory, return the siren to service. Document the retest on Attachment III.
- N. Attach Attachment III to the PMTS package, when all retest are complete.

6.4 School Monitor Radios

- 6.4.1 The ESU is responsible for the verification of operability of the School Monitor Radios.

NOTE 6.4.2

Prior to testing, the ESU shall ensure coordination between the station and the schools.

- 6.4.2 The School Monitor Radios shall be tested annually by the ESU, as follows:
 - A. Obtain the EWSS key from the Control Room Supervisor's Key Box.

- B. Insert the key into the Siren Control Console's SYSTEM Switch in the Control Room and turn the key to the ON position.
- C. Verify the SYSTEM READY Indicator Light illuminates. It will take a minimum of 3 seconds.
- D. Key the SCHOOL MONITOR MICROPHONE and hold down.
- E. Read the message below into the microphone

This is a Drill! This is a Drill! This is the V. C. Summer Nuclear Station testing the School Monitor Radios. (Repeat)

- F. Release the microphone key to deactivate the system.
- G. Turn the key to the OFF position and return the key to the Control Room Supervisor's Key Box.
- H. Document the test on Attachment II by contacting the holders of School Monitor Radios and verifying operability.
- I. If a radio fails to receive the test, contact the appropriate maintenance group to make repairs.
- J. When a failed School Monitor Radio is repaired, perform a test of that radio and return it to service when the test is satisfactorily performed.

6.5 Public Address Speakers

- 6.5.1 The ESU is responsible for the verification of operability of the Public Address Speakers.
- 6.5.2 The Public Address Speakers shall be tested quarterly, as follows:
 - A. Ensure personnel are in position to hear the speaker.
 - B. Obtain the EWSS key from the Control Room Supervisor's Key Box.
 - C. Insert the key into the Siren Control Console's SYSTEM Switch in the Control Room and turn the key to the ON position.
 - D. Verify the SYSTEM READY Indicator Light illuminates. It will take a minimum of 3 seconds.
 - E. Key the PUBLIC ADDRESS MICROPHONE and hold down.

- F. Read the message below into the microphone

This is a Drill! This is a Drill! This is the V. C. Summer Nuclear Station testing the Public Address Speakers. (Repeat)

- G. Release the microphone key to deactivate the system.
- H. Turn the key to the OFF position and return the key to the Control Room Supervisor's Key Box.
- I. Document the test on Attachment I-B by contacting personnel at the Speakers to learn if they heard the announcement.
- J. If a Speaker is inoperable, notify the appropriate maintenance group to make repairs. If there is an electrical problem, the ESU will generate a plant MWR and forward it to Electrical Maintenance. The priority of the MWR shall be 2S or greater.
- K. When a failed speaker is repaired, perform a test on that speaker and return it to service when the test has been satisfactorily performed.

6.6 Emergency Response Data System (ERDS)

- 6.6.1 A quarterly test of the ERDS shall be performed by the ESU normally on Thursday of the sixth complete week of the quarter.
- 6.6.2 The test shall be coordinated with the NRC Operations Center.
- 6.6.3 The test will demonstrate the ability to:
- A. Establish a link with the ERDS in accordance with EPP-002.
 - B. Transmit all parameters in the plant's ERDS database for two hours.
 - C. Reconnect the ERDS upon a loss of telephone connection.
 - D. Terminate the ERDS link in accordance with EPP-002.
- 6.6.4 Test results shall be documented on the PMTS sheet. If the test results are unsatisfactory, contact the applicable maintenance group for repairs and notify the SS.

6.7 Public Information Brochure

- 6.7.1 An information brochure to the public within the plume exposure pathway shall be published annually.
- 6.7.2 The brochure development will begin in the third quarter of each year and will normally be accomplished by the SCANA Public Affairs Department.
- 6.7.3 This brochure shall be reviewed and approved by the ESU prior to distribution.

NO₂→6.8 Information for Transient Population

- 6.8.1 Signs located throughout the plume exposure pathway provide the transient population instructions on obtaining local emergency information should an emergency or accident occur.
- 6.8.2 These signs shall be inspected annually for legibility and information, using Attachment IV, which also includes an assessment of the need for signs at additional locations.

6.9 Badge Accountability Printer

- 6.9.1 Request personnel in the Access Portal to send a printout to the TSC Badge Accountability Printer.
- 6.9.2 Verify the printout is legible.

6.10 Emergency Information System (EIS) Communication verification.

- 6.10.1 In conjunction with the monthly test of the ESSX lines or separately, notify the State and local government warning point dispatchers that a test fax will be transmitted to them and they will be called to verify receipt. Document on Attachment I-A page 2 of 2.
- 6.10.2 Generate an Emergency Notification Form using EIS and transmit it using the Initial Notification fax group.
- 6.10.3 Wait four minutes and call the dispatchers either individually or using the group call option in ESSX and verify receipt and legibility. Document on Attachment V.
- 6.10.4 Upon successful completion of this test, stop and restart EIS to clear all data.
- 6.10.5 If any location failed to receive a legible fax, notify the appropriate group for repairs.

- 6.10.6 If EIS faxing capability cannot be repaired by the end of the current shift, notify the duty Shift Supervisor that manual faxing of Emergency Notification Forms must be performed until repairs are effected.
- 6.10.7 When repairs are complete and a successful retest has been performed, notify the duty Shift Supervisor that EIS is repaired and can be used for faxing.

7.0 RECORDS

- 7.1 All of the attachments to this procedure will be retained in accordance with the Document Management System (DMS).

8.0 REVISION SUMMARY

- 8.1 Added Section 4.15 to define an RTU RESTART and to provide instructions for what to do when one is received. This is being incorporated per letter from Motorola dated April 15, 1997.
- 8.2 Added Step 3,5 &6 to Section 5.3.2.E to provide better guidance for the performance of Growl test.
- 8.3 Added Steps 3,5,6 & 7 to Section 5.3.3.J to provide better guidance for the performance of the Complete Cycle Test.
- 8.4 Changed the Title Page from "STATION ADMINISTRATIVE" to "EMERGENCY PLAN". This was a typographical mistake from the previous revision.

VERIFICATION OF COMMUNICATIONS OPERABILITY
 (MONTHLY TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT		
1	A. ESSX Comm.Equip. and Programs in TSC				
	1 - State Emerg. Ops. Center			1	
	2 - Fairfield Co.			1	
	3 - Newberry Co.			1	
	4 - Richland Co.			1	
	5 - Lexington Co.			1	
	6 - State Warning Point			1	
	7 - "All Call"			1	
	B. CR ESSX Telephone			1	
	C. EOF ESSX Telephone			1	
2	NRC Telephones				
	1 - Control Room				
	ENS			1	
	2 - TSC Command Center				
	RSCPL			1	
	ENS			2	
	3 - TSC NRC area				
	PMCP			1	
	HPN			1	
	5 - EOF Command Center				
	RSCPL			1	
	PMCP			1	
	ENS			1	
	MCL			1	
	HPN			1	
	6 - EOF NRC Area				
	ENS			1	
	MCL			1	
3	TSC Badge Accountability Printer			1	

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A

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

**VERIFICATION OF COMMUNICATIONS OPERABILITY
 (MONTHLY TEST)**

VERIFICATION OF EIS COMMUNICATIONS

I. Notify the State and local government dispatchers of the test fax:

	NAME	TIME
State Warning Point	_____	_____
Newberry County	_____	_____
Fairfield County	_____	_____
Lexington County	_____	_____
Richland County	_____	_____

II. Generate the ENF and transmit to the Initial Notification fax group:

Time of transmission: _____

**III. Call the Warning Points and verify receipt of legible faxes:
 (Denote specific problems and corrective actions in the remarks section.)**

	LEGIBLE? (YES/NO)	TIME RECEIVED
State Warning Point	_____	_____
Newberry County	_____	_____
Fairfield County	_____	_____
Lexington County	_____	_____
Richland County	_____	_____

Chg.
A

IV. Remarks:

Satisfactory Test: _____

SIGNATURE

Date: _____

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF COMMUNICATIONS OPERABILITY
 (QUARTERLY TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	Plant Status Communicator Network				
	A. Control Room			1	
	B. TSC			1	
	C. EOF			1	
2	Technical Support Center				
	A. Engineering Area				
	1 - Telephone Lines			3	
	2 - Plant Page			1	
	B. NRC Area				
	1 - Telephone Lines			3	
	2 - Plant Page			1	
	C. Westinghouse Area				
	1- Telephone Line			1	
	D. Architect/Engineer Area				
	1 - Telephone Line			1	
	E. Command Center				
	1 - Plant Page			1	
	F. Communications Area				
	1 - Telephone Lines			2	
	2- 800 mHz Radio			1	
	3 - Telecopiers			2	
	G. Media Area				
	Telephone			1	
	H. Chemistry/Administration Supervisor Area				
	1 -Telephone Lines			2	
	2 -Plant Page			1	

Chg.
F

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF COMMUNICATIONS OPERABILITY
 (QUARTERLY TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
3	Operations Support Center				
	1 - Telephones			3	
	2 - Plant Page			1	
4	CREP Room				
	1 - State and Counties Notification Telephone			1	
	2 - One Telephone Line			1	
5	EOF				
	A Fax			2	
	B. EOF Environmental Base Radio			1	
	C. EOF State (DHEC) Radio Transceiver			1	
	D. EOF State (EPD) Radio Transceiver			1	
	E Westinghouse Telephone Line			1	
	F. Architect/Engineer Telephone Line			1	
6	Monitoring Team				
	1 - HP Lab Radios			5	
	2 - Environmental Lab Radios			2	
7	Public Address Speakers				
	1 - Speaker #9			1	
	2 - Speaker #45			1	
	3 - School Monitor Radio Transmitter			1	
8	Review Emergency Planning Telephone Directory and Call Tree			N/A	

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF COMMUNICATIONS OPERABILITY
(ANNUAL TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	Fairfield County Emergency Operations Center (EOC)			N/A	
2	Newberry County EOC			N/A	
3	Richland County EOC			N/A	
4	Lexington County EOC			N/A	

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF
 PLANT EMERGENCY ALARM WARNING LIGHTS AND SPEAKERS
 (QUARTERLY TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	Plant Emergency Alarm Warning Lights				
	A. Diesel Generator Room A			2	
	B. Diesel Generator Room B			2	
	C. Turbine Building 412'			4	
	D. Turbine Building 436'			4	
	E. Turbine Building 463'			1	
	F. Auxiliary Building 485'			1	
	G. Auxiliary Building 388'				
	(1 in each Charging Pump Rm.)			3	
2	Speakers at Circulating Water Intake Structure-(Plant Radiation Alarm only)			1	
3	Contact Security personnel located throughout the plant to verify the plant alarms can be heard in the plant.			3	

Chg
E

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF COMMUNICATIONS OPERABILITY - BACKUP EOF
 (QUARTERLY TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	Rooms 1109 and 1110				
	A. Telephone extensions and instruments			9	
	B. ED to OEC Ringdown (931-5552)			1	
	C. ED Briefing (931-5992)			1	
	D. Plant Status Communicator (931-5128)			1	
2	Communicator Room				
	A. Telephone extensions and instruments			2	
	B. Fax extension (ESSX 251-6256) and Machine			1	
	C. ESSX Line (256-6255)				
3	Room 1112				
	A. Telephone extensions and instruments			2	
	B. Fax Extension			1	
4	AP Card Room				
	A. Telephone extensions and instruments			1	

Chg
C

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

VERIFICATION OF SCHOOL MONITOR RADIOS
 (ANNUAL TEST)

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	School Monitor Radios in schools:				
	A. Kelley Miller School			1	
	B. McCrorey Liston School			1	
	C. Pomaria-Garmany School			1	
	D. Little Mountain School			1	
	E. Mid-Carolina High School			1	
	F. Chapin Elementary School			1	
	G. Chapin High School			1	
	H. Chapin Middle School			1	
	I. Mid-Carolina Middle School			1	

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

TRANSIENT SIGN VERIFICATION

ITEM #	EQUIPMENT DESCRIPTION	TEST RESULTS		MINIMUM QUANTITY	COMMENTS
		SAT	UNSAT*		
1	Glenn's 6 to 10 - Hwy 215			1	
2	Tanner's Grocery - Hwy 215 & 99			1	
3	Salem Crossroads Store - Hwy 215 & 34			1	
4	Berley's Store - Hwy 34 & 28			1	
5	Frick's Grocery - Hwy 76 in Lt. Mountain			1	
6	Wicker's Store - Hwy 213			1	
7	Shealy Brothers Store - Pomaria			1	
8	Ray Blair's Store - Blair			1	
9	Overlook Park - Hwy 215			1	
10	Hwy 215 Boat Landing			1	
11	Highway 99 Lake Monticello Boat Landing			1	
12	Entrance to Broad River Water Fowl Area			1	
13	Cannons Creek Boat Landing			1	
14	Highway 99 Causeway			1	
15	Heller's Creek Boat Landing			1	
16	Lake Monticello Sub Impoundment Entrance			1	
17	Pinner's Bridge Primitive Boat Landing			1	
18	Hwy 34 Primitive Boat Landing			1	
19	Offsite Holding Area Signs			9	

*If the test results are unsatisfactory, contact the appropriate maintenance group for repair and notify the Shift Supervisor.

Are additional signs needed at other locations? Yes / No (Circle one). If yes, specify location(s) _____

c