



AP-18.1

Revision 10

Entergy Nuclear Northeast
Entergy Nuclear Operations, Inc.
Indian Point 3 NPP
P.O. Box 308
Buchanan, NY 10511
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Attachment 1

Page 1

TO: DISTRIBUTION		DATE: 9/7/01	TRANSMITTAL NO: 22100	
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TO: NRC - Document Control Desk CONTROL COPY NO.: 25
FROM: EMERGENCY PLANNING DATE: 9/4/01
SUBJECT: Emergency Planning Implementing Procedures

The enclosed revisions are for your controlled copy of the IP-3 Emergency Plan. Please discard old sheets, insert new sheets, initial/date this transmittal and return it to the IP-DOCUMENTS DEPARTMENT. If you have any questions regarding these changes, call Emergency Planning (x8404/x8318).

Thank you.

Volume III - Emergency Plan Implementing Procedures

<u>OLD</u>		<u>NEW</u>	
Table of Contents	05/01	Table of Contents	09/01
IP-1038	Rev. 25	IP-1038	Rev. 26

Volume II - Emergency Response Activation Implementing Procedures

<u>Old</u>		<u>New</u>	
Table of Contents	8/01	Table of Contents	9/01
EP-Form Index	10/6/00	EP-Form Index	9/04/01
Radiological Emergency Data Form Part I	9/00	Radiological Emergency Data Form Part I	9/01
Radiological Emergency Data Form Part II	2/96	Radiological Emergency Data Form Part II	9/01

I acknowledge the receipt of these revisions to the IP-3 Emergency Plan.

(Signature)

(Date)

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2	TRAINING MANAGER	TRAINING	#48
3	RES DEPARTMENT MANAGER	RES DEPARTMENT	45-4-A
4	REFERENCE LIBRARY	RECORDS (TRNG BLDG)	#48
8	PUBLIC RELATIONS MANAGER	PUB. REL. (AP-ONLY)	46-2-C
9	JOINT NEWS CENTER	EMERGENCY PLANNING	EOF
10	SHIFT MGR. (LUB-001-GEN)	OPERATIONS	IP3
11	CONTROL ROOM & MASTER	OPS (3PT-D001-D006 ONLY)	IP3
12	COMPUTER SERVICES MANAGER	COMPUTER SERVICES	45-2-E
13	I&C MANAGER	I&C	45-2-A
14	EOF	E-PLAN	EOF
15	EOF	E-PLAN	EOF
16	AEOF/A.GROSJEAN	E-PLAN (EOP'S ONLY)	WPO-12D
17	AEOF/A.GROSJEAN	E-PLAN (EOP'S ONLY)	WPO-12D
19	NUC ENGINEERING LIBRARY	WPO DOCUMENT CONTROL	WPO/7A
22	RESIDENT INSPECTOR	US NRC	45-2-B
23	MCNAMARA N	NRC	OFFSITE
24	MCNAMARA N	NRC	OFFSITE
25	DOCUMENT CONTROL DESK	NRC	OFFSITE
28	AVRAKOTOS N	J A FITZPATRICK	OFFSITE
29	E-PLAN ENGINEER	E-PLAN	EOF
30	E-PLAN COORDINATOR	E-PLAN	EOF
31	BARANSKI J	ST. EMERG. MGMT. OFFICE	OFFSITE
32	MURPHY L - VOLUME #1 ONLY	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO, N. - VOLUME #1 ONLY	EMERGENCY SERVICES	ROCKLAND
34	GREENE D - VOLUME #1 ONLY	DISASTER & CIVIL DEFENSE	ORANGE
35	RAMPOLLA M - VOLUME #1 ONLY	OFFICE OF EMERG MANAGE	PUTNAM
37	HP WATCH OFFICE	LAURA EAGENS	45-4-A
38	SECURITY COMMAND POST	SECURITY	#44A
39	SECONDARY ALARM (SAS)	SECURITY	44A
40	SECURITY MANAGER	SECURITY	44-A
41	SIMULATOR	TRAINING	48-2-A
42	CONTROL ROOM & MASTER	OPS (3PT-D001-D006 ONLY)	IP3
106	SIMULATOR INSTRUCT AREA	TRG/3PT-D001-D006 ONLY)	#48
107	QA MANAGER	QA	TRL #2A
128	O.R.G. DEPT. MANAGER	O.R.G. DEPARTMENT	46-2-B
158	SYSTEM ENGINEERING MGR.	SYSTEM ENGINEERING	45-3-H
211	D&A MANAGER	DESIGN ENGINEERING	TRL-#31-A
308	HUGHES J IP-1011 ONLY	E-PLAN	CON ED
309	HUGHES J IP-1011 ONLY	E-PLAN	CON ED
319	C.STELLATO	NRQ-OPS / TRAINING	#48
354	L.GRANT	LRQ-OPS / TRAINING	#48
357	TRAINING - OPS OFFICE	TRAINING - D. PITT	#48
376	EOF	E-PLAN	EOF
424	OPS-INSTR (LL'S 1 COPY)	J. CHIUSANO/TRAINING	#48



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25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1038

REV. 26

TITLE: OFFSITE EMERGENCY NOTIFICATIONS

THIS PROCEDURE IS TSR



THIS PROCEDURE IS NOT TSR



WRITTEN BY:

Daria Wewer 8/31/01
SIGNATURE/DATE

REVIEWED BY:

Rebecca A Martin 9/4/01
SIGNATURE/DATE

APPROVED BY:

Mary Ann Wilson 9/4/01
SIGNATURE/DATE

EFFECTIVE DATE:

September 13, 2001

PROCEDURE USE IS
REFERENCE

OFFSITE EMERGENCY NOTIFICATIONS

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IP-1038

OFFSITE EMERGENCY NOTIFICATIONS

1.0 PURPOSE

This procedure describes the required emergency notifications to be made to the offsite agencies and the NRC using "New York State (NYS) Radiological Emergency Data Form - Part I", and "New York State (NYS) Radiological Emergency Data Form - Part II" and "NRC Event Notification Worksheet - Form #361".

2.0 RESPONSIBILITIES

- 2.1 The Control Room (CR) is responsible for initially making the required emergency notifications to the offsite agencies in accordance with this procedure.
- 2.2 After assuming control of the emergency from the CR, the Emergency Operations Facility (EOF) is responsible for making the required emergency notifications to the offsite agencies in accordance with this procedure.
- 2.3 The Offsite Communicator is responsible for transmitting emergency notifications to the offsite agencies in accordance with this procedure.
- 2.4 The Emergency Planning group is responsible for testing communication equipment as per EP-ADM-05, "Emergency Plan Equipment Inventory".

3.0 REFERENCES

- 3.1 Appendix 'B', Offsite Emergency Telephone List, Volume II of the Emergency Plan
- 3.2 10 Code of Federal Regulations, Part 50.72
- 3.3 NUREG 0654, "Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Plants", Rev. 1
- 3.4 EP-Form Part I, "Radiological Emergency Data Form, Part I.
- 3.5 EP-Form Part II, "New York State Radiological Emergency Data Form, Part II - Radiological Assessment Data".
- 3.6 NRC Form #361, "Event Notification Worksheet"
- 3.7 EP-ADM-05, "Emergency Plan Equipment Inventory".

4.0 PROCEDURE

NOTE

NYS and Counties must be notified within 15 minutes of an emergency declaration.

NOTE

If the backup notification methods are used to notify NYS and Counties, THEN do not wait for Part I to be filled out.

- 4.1 FILL OUT Part I, "EP-Form Part I - New York State Radiological Emergency Data Form". (Refer to Attachment 5.4, "Instructions for Filling Out Part I".)

NOTE

Throughout the remainder of this procedure and where applicable in the Attachments, EP-Form Part I, "Radiological Emergency Data Form, Part I AND EP-Form Part II, "New York State Radiological Emergency Data Form, Part II - Radiological Assessment Data will be referred to as Part I and/or Part II.

- 4.2 Within 15 minutes of an emergency declaration, NOTIFY NYS and Counties with Part I information as follows:

- A. USE the Radiological Emergency Communications System (RECS) Line as the primary means of emergency notification off site. (Refer to Attachment 5.5, "Using the RECS Line".)
1. IF the RECS Line is inoperable, THEN use either of the following backup notification methods:
- a. The Local Government Radio (LGR) - Attachment 5.6, "Using the Local Government Radio (LGR)"; or
- b. Regular Telephones - Attachment 5.7, "Using Regular Telephones for Offsite Emergency Notifications".
- B. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes.
- C. IF there is a radiological release above Technical Specifications, THEN FAX Part II to NYS/County Emergency Operation Centers (EOCs) only. A person performing dose assessment in the Emergency Response Facility (ERF) fills out this form. (Refer to Attachment 5.2, "EP-Form Part II - New York State Radiological Emergency Data Form, Radiological Assessment Data".)
- D. IF ANY of the following notification errors were made:
- classification;
 - release information;
 - EAL or description (excluding minor description errors);
 - protective actions.

THEN;

- mark-up the erroneous Part I and/or Part II,
- use the next notification number,
- obtain re-approval from the ED,
- transmit the corrected Part I and/or Part II to NYS and

- Counties,
- notify the NRC,

E. If other errors were made, THEN make corrections on the next required Part I and/or Part II notification.

4.3 NOTIFY the NRC as follows:

A. Immediately after NYS and County notifications are made AND/OR no later than 1 hour after the licensee declares an emergency, CALL the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate. Upon NRC request, fill out NRC Form #361. (Refer to Attachment 5.8, "Instructions for Filling Out NRC Form #361".).

B. CONTACT the NRC IP-3 Resident Inspector via regular telephone, plant page, and/or beeper.

C. UPDATE the NRC approximately every 30 minutes.

4.4 At an Alert or higher emergency classification, NOTIFY American Nuclear Insurers (ANI), Nuclear Electric Insurance Limited (NML) and Institute for Nuclear Power Operations (INPO) via regular telephone. Offsite emergency telephone numbers are listed in Appendix 'B', Volume II of the Emergency Plan.

4.5 When the EOF takes over command and control, ENSURE turnover is completed, i.e.: time and number of the next notification, current status of notifications, etc.

5.0 ATTACHMENTS

5.1 EP-Form Part I - "Radiological Emergency Data Form"

5.2 EP-Form Part II - "New York State Radiological Emergency Data Form, Radiological Assessment Data"

5.3 NRC Form #361 - "Event Notification Worksheet"

5.4 Instructions for Filling Out Part I

5.5 Using the RECS Line

5.6 Using the Local Government Radio (LGR)

5.7 Using Regular Telephones for Offsite Emergency Notifications

5.8 Instructions for Filling Out NRC Form #361

5.9 Additional information that may be requested by the NRC

END OF TEXT

Notification # _____

Indian Point 2

Via PHONE

At ALERT or higher

☐ ANI
☐ NEIL
☐ INPO

14. Reported By - Communicator's name: _____ at Telephone # (914) _____
Emergency Director's Name: (print) _____ Signature: _____

ATTACHMENT 5.2
NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM - PART II
RADIOLOGICAL ASSESSMENT DATA

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM - PART II RADIOLOGICAL ASSESSMENT DATA			INDIAN POINT 3
15. Message transmitted at:			
Date _____	Time _____	Location / Facility Transmitted From: _____	
This is: A. NOT an Exercise B. An Exercise		Notification #: _____	
16. General Release Information			
A. Event Release started:		Date _____	Time _____
B. Event Release expected to end:		Date _____	Time _____
C. Event Release ended:		Date _____	Time _____
D. Reactor Shutdown: N/A OR		Date _____	Time _____
METEOROLOGICAL DATA:		As of Date _____ Time _____	
E. Wind Speed _____ meters/second at elevation _____ meters			
F. Wind Direction from: _____ degrees at elevation _____ meters			
G. Stability Class: PASQUIL A B C D E F G			
17. Atmospheric Release Information		As of Date _____ Time _____	
A. Release from: <input type="checkbox"/> Ground <input type="checkbox"/> Elevated		D. Noble Gas Release Rate _____ Ci/sec	
B. Iodine / Noble Gas Ratio _____		E. Iodine Release Rate _____ Ci/sec	
(Assumed or Actual)		F. Particulate Release Rate _____ Ci/sec	
C. Total Release Rate _____ Ci/sec			
18. Waterborne Release Information		As of Date _____ Time _____	
A. Volume of Release _____ gal		C. Radionuclides in Release _____	
B. Total Concentration _____ μ Ci/ml		D. Total Activity Released _____	
19. Dose Calculations (based on a release duration of _____ hours)			
Calculation is based on (circle one) A. Inplant Measurements B. Field Measurements C. Assumed Source Term			
Table below applies to (circle one) A. Atmospheric Release B. Waterborne Release			
Distance	Xw/Q	Dose	
		TEDE (rem)	TODE (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
____ Miles			
20. Field Measurements of Dose Rates or Surface Contamination / Deposition			
Miles / Sector OR Mile / Degrees	Location OR Sampling Point	Time of Reading	Dose Rate (mR/hr) OR Contamination (μ Ci/m ²)

1R
1D
1R

1A

1A
1R

1A
1D

ATTACHMENT 5.3

NRC FORM #361 - EVENT NOTIFICATION WORKSHEET

NRC FORM 361 (3-90)				U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER																																																																							
EVENT NOTIFICATION WORKSHEET																																																																											
NOTIFICATION TIME		FACILITY OR ORGANIZATION		UNIT	CALLER'S NAME		CALL BACK #: ENS _____ or () _____																																																																				
EVENT TIME & ZONE		EVENT DATE / /		1-Hr Non-Emergency 10 CFR 50.72(b)(1) <table border="1" style="width:100%; border-collapse: collapse;"><tr><td>(i)(A) TS Required S/D</td><td>ASHU</td><td>(v) Emergency Siren INOP</td><td>AESS</td></tr><tr><td>(i)(B) TS Deviation</td><td>ADEV</td><td>(vi) Fire</td><td>AFIR</td></tr><tr><td>(ii) Degraded Condition</td><td>ADEG</td><td>(vi) Toxic Gas</td><td>ACHE</td></tr><tr><td>(ii)(A) Unanalyzed Condition</td><td>AUNA</td><td>(vi) Rad Release</td><td>ARAD</td></tr><tr><td>(ii)(B) Outside Design Basis</td><td>AOUT</td><td>(vi) Oth Hampering Safe Op.</td><td>AHIN</td></tr><tr><td colspan="4">4-Hr Non-Emergency 10 CFR 50.72(b)(2)</td></tr><tr><td>(ii)(C) Not Covered by OPs/EPs</td><td>ACNC</td><td>(i) Degrade While S/D</td><td>ADAS</td></tr><tr><td>(iii) Earthquake</td><td>ANEA</td><td>(ii) RPS Actuation (scram)</td><td>ARPS</td></tr><tr><td>(iii) Flood</td><td>ANFL</td><td>(ii) ESF Actuation</td><td>AESF</td></tr><tr><td>(iii) Hurricane</td><td>ANHU</td><td>(iii)(A) Safe S/D Capability</td><td>AINA</td></tr><tr><td>(iii) Ice/Hail</td><td>ANIC</td><td>(iii)(B) RHR Capability</td><td>AINB</td></tr><tr><td>(iii) Lightning</td><td>ANLI</td><td>(iii)(C) Control of Rad Release</td><td>AINC</td></tr><tr><td>(iii) Tornado</td><td>ANTO</td><td>(iii)(D) Accident Mitigation</td><td>AIND</td></tr><tr><td>(iii) Oth Natural Phenomenon</td><td>ANOT</td><td>(iv)(A) Air Release > 2X App B</td><td>AAIR</td></tr><tr><td>(iv) ECCS Discharge to RCS</td><td>ACCS</td><td>(iv)(B) Liq Release > 2X App B</td><td>ALIQ</td></tr><tr><td>(v) Lost ENS</td><td>AENS</td><td>(v) Offsite Medical</td><td>AMED</td></tr><tr><td>(v) Lost Other Assessment/Comms</td><td>AARC</td><td>(vi) Offsite Notification</td><td>APRE</td></tr></table>				(i)(A) TS Required S/D	ASHU	(v) Emergency Siren INOP	AESS	(i)(B) TS Deviation	ADEV	(vi) Fire	AFIR	(ii) Degraded Condition	ADEG	(vi) Toxic Gas	ACHE	(ii)(A) Unanalyzed Condition	AUNA	(vi) Rad Release	ARAD	(ii)(B) Outside Design Basis	AOUT	(vi) Oth Hampering Safe Op.	AHIN	4-Hr Non-Emergency 10 CFR 50.72(b)(2)				(ii)(C) Not Covered by OPs/EPs	ACNC	(i) Degrade While S/D	ADAS	(iii) Earthquake	ANEA	(ii) RPS Actuation (scram)	ARPS	(iii) Flood	ANFL	(ii) ESF Actuation	AESF	(iii) Hurricane	ANHU	(iii)(A) Safe S/D Capability	AINA	(iii) Ice/Hail	ANIC	(iii)(B) RHR Capability	AINB	(iii) Lightning	ANLI	(iii)(C) Control of Rad Release	AINC	(iii) Tornado	ANTO	(iii)(D) Accident Mitigation	AIND	(iii) Oth Natural Phenomenon	ANOT	(iv)(A) Air Release > 2X App B	AAIR	(iv) ECCS Discharge to RCS	ACCS	(iv)(B) Liq Release > 2X App B	ALIQ	(v) Lost ENS	AENS	(v) Offsite Medical	AMED	(v) Lost Other Assessment/Comms	AARC	(vi) Offsite Notification	APRE
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SITE AREA EMERGENCY	SIT/AAEC																																																																										
ALERT	ALE/AAEC																																																																										
UNUSUAL EVENT	UNU/AAEC																																																																										
50.72 NON-EMERGENCY	(see next columns)																																																																										
PHYSICAL SECURITY (73.71)	D???																																																																										
TRANSPORTATION	NTRA																																																																										
MATERIAL/EXPOSURE	B??/?E??/?F???																																																																										
FITNESS FOR DUTY	HFIT																																																																										
OTHER	N??/?C??/?G???																																																																										
DESCRIPTION																																																																											
Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.																																																																											
NOTIFICATIONS		YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?		YES (Explain above)	NO																																																																			
NRC RESIDENT																																																																											
STATE(s)					DID ALL SYSTEMS FUNCTION AS REQUIRED?		YES	NO (Explain above)																																																																			
LOCAL																																																																											
OTHER GOV AGENCIES					MODE OF OPERATION		ESTIMATED																																																																				
MEDIA/PRESS RELEASE					UNTIL CORRECTED:		RESTART DATE:																																																																				
								ADDITIONAL INFO ON BACK?																																																																			
								<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																			

ATTACHMENT 5.3

NRC FORM #361 - EVENT NOTIFICATION WORKSHEET (CON'T.)

NRC Form 361 (3-90)		ADDITIONAL INFORMATION				USNRC OPERATIONS CENTER																																																		
RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)																																																								
<input type="checkbox"/> LIQUID RELEASE	<input type="checkbox"/> GASEOUS RELEASE	<input type="checkbox"/> UNPLANNED RELEASE	<input type="checkbox"/> PLANNED RELEASE	<input type="checkbox"/> ONGOING	<input type="checkbox"/> TERMINATED																																																			
<input type="checkbox"/> MONITORED	<input type="checkbox"/> UNMONITORED	<input type="checkbox"/> OFFSITE RELEASE	<input type="checkbox"/> T.S. EXCEEDED	<input type="checkbox"/> RM ALARMS	<input type="checkbox"/> AREAS EVACUATED																																																			
<input type="checkbox"/> PERSONNEL EXPOSED OR CONTAMINATED		<input type="checkbox"/> OFFSITE PROTECTIVE ACTIONS RECOMMENDED			*State release path in description.																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Release Rate (Ci/sec)</th> <th>% T.S. LIMIT</th> <th>HOO GUIDE</th> <th>Total Activity (Ci)</th> <th>% T.S. LIMIT</th> <th>HOO GUIDE</th> </tr> </thead> <tbody> <tr> <td>Noble Gas</td> <td></td> <td></td> <td>0.1 Ci/sec</td> <td></td> <td></td> <td>1000 Ci</td> </tr> <tr> <td>Iodine</td> <td></td> <td></td> <td>10 uCi/sec</td> <td></td> <td></td> <td>0.01 Ci</td> </tr> <tr> <td>Particulate</td> <td></td> <td></td> <td>1 uCi/sec</td> <td></td> <td></td> <td>1 mCi</td> </tr> <tr> <td>Liquid (excluding tritium & dissolved noble gases)</td> <td></td> <td></td> <td>10 uCi/min</td> <td></td> <td></td> <td>0.1 Ci</td> </tr> <tr> <td>Liquid (tritium)</td> <td></td> <td></td> <td>0.2 Ci/min</td> <td></td> <td></td> <td>5 Ci</td> </tr> <tr> <td>Total Activity</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE	Noble Gas			0.1 Ci/sec			1000 Ci	Iodine			10 uCi/sec			0.01 Ci	Particulate			1 uCi/sec			1 mCi	Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci	Liquid (tritium)			0.2 Ci/min			5 Ci	Total Activity						
	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE																																																		
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Liquid (tritium)			0.2 Ci/min			5 Ci																																																		
Total Activity																																																								
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>PLANT STACK</th> <th>CONDENSER/AIR EJECTOR</th> <th>MAIN STEAM LINE</th> <th>SG BLOWDOWN</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>RAD MONITOR READINGS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ARM SETPOINTS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% T.S. LIMIT (if applicable)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>									PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER	RAD MONITOR READINGS:						ARM SETPOINTS:						% T.S. LIMIT (if applicable)																														
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RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)																																																								
LOCATION OF THE LEAK (e.g., SG =, valve, pipe, etc.):																																																								
LEAK RATE:		UNITS: gpm/gpd	T.S. LIMITS:	SUDDEN OR LONG TERM DEVELOPMENT:																																																				
LEAK START DATE:		TIME:	COOLANT ACTIVITY & UNITS: PRIMARY -		SECONDARY -																																																			
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:																																																								
<p style="text-align: center;">EVENT DESCRIPTION (Continued from front)</p>																																																								

ATTACHMENT 5.4

INSTRUCTIONS FOR FILLING OUT PART I

1. FILL OUT Part I as follows:

- A. USE black ink.
- B. DO NOT use plant specific acronyms. ONLY non-plant specific acronyms are allowed (ie: gpm, >, etc).
- C. In the top right corner, NUMBER each Part I form sequentially.
 - IF an emergency classification is closed out and shortly thereafter another emergency declaration occurs, THEN start sequential numbering from one.
- D. ENSURE all information on the Part I form is complete, including the appropriate letters placed in the appropriate boxes. Refer to Attachment 5.1, "EP-Form Part I, Radiological Emergency Data Form". Pay particular attention to the following:
 1. The Time recorded in Item #1 indicates the time the offsite notifications began.
 2. IF Recovery is selected in Item #4, THEN only transmit ONCE upon entering the Recovery Phase.
 - IF Emergency Terminated is selected in Item #4, THEN the Recovery Phase is not implemented.
 3. The Time recorded in Item #5 will only change when the emergency classification changes. The 15-minute requirement is based on this.
 4. In Item #8, record the number and a brief description of the Emergency Action Level (EAL) used to classify the event. The actual EAL description may be used.
 - If one or more EAL exists, include a brief description of these other EAL(s) in Item #8, "Brief Event Description".
- E. ENSURE the Emergency Director (ED) reviews and signs the Part I form prior to transmitting/faxing.
- F. IF an error is made when filling out the Part I form, THEN follow this procedure for required actions.

ATTACHMENT 5.5

USING THE RECS LINE

1. USE the RECS Line as follows:

CR/AEOF:

- A. PICK UP the handset on the red RECS Line phone. (Located on the Offsite Communicator's desk.)
- B. AFTER 3 short beeps, DEPRESS the ring button on the lower left side of the phone.
- C. Message is heard stating - "You have initiated a conference". (IF message is not heard, hang up the phone and try again before continuing.)
- D. DEPRESS the bar on the handset to talk.
- E. RELEASE the bar to listen.

EOF:

- A. PICK UP the handset.
- B. DEPRESS the button marked RECS on the telephone console.
- C. AFTER 3 short beeps, DEPRESS the 7 on the key pad.
- D. Message is heard stating - "You have initiated a conference". (IF message is not heard, hang up the phone and try again before continuing.)

2. TURN UP the volume as necessary.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the roll call.

3. WHEN the message "You have initiated a conference" is heard, ANNOUNCE the following:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT 3. STAND BY FOR ROLL CALL":

"New York State"
"Westchester County"
"Rockland County"
"Orange County"
"Putnam County"
"Peekskill"
"IP2 Control Room"

IF NYS does not answer the roll call, THEN continue to transmit the Part I information. Upon completion, NOTIFY NYS via regular telephone. Additional/backup emergency telephone numbers are listed in Appendix 'B', Volume II of the Emergency Plan.

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ATTACHMENT 5.5

USING THE RECS LINE (CON'T.)

After the Part I information has been transmitted, THEN notify NYS of the stations who did not answer the roll call. NYS is responsible for notifying these stations and relaying the Part I information. If NYS did not answer, then call using back up methods and provide the PART I form information.

STATE, "All parties please refer to Part I at this time."

WARNING

FOR A GENERAL EMERGENCY: IF an emergency classification is upgraded to a General Emergency, DO NOT FINISH the current Part I update. STATE:

"A GENERAL EMERGENCY HAS BEEN DECLARED. A COMPLETED PART I WILL BE TRANSMITTED AS SOON AS POSSIBLE."

FOR NUE/ALERT/SAE: If plant conditions/emergency classification changes while the Part I form is being completed, or is complete and ready for transmission, or while NYS/Counties are being notified, TRANSMIT the Part I information, THEN STATE:

"CONDITIONS HAVE CHANGED. A COMPLETED PART I WILL BE TRANSMITTED AS SOON AS POSSIBLE."

4. TRANSMIT Part I information speaking slowly and clearly.
5. AFTER Part I has been transmitted, CONDUCT roll call by saying:

"New York State did you copy?"
"Westchester County did you copy?"
"Rockland County did you copy?"
"Orange County did you copy?"
"Putnam County did you copy?"
"Peekskill did you copy?"
"IP2 Control Room did you copy?"
6. SIGN OFF by saying, "Indian Point No. 3 out at ON ".

(TIME) (DATE)
7. RECORD message end time on the bottom of the Part I form.
8. FAX the Part I form to NYS and County Warning Points (WPs) and Emergency Operation Centers (EOCs) as follows:
 - A. PLACE document face down between paper guides, top of machine.
 - B. TRANSMIT to desired location by pressing the programmed button.

1R

- P1 = All NYS/County WPs
- P2 = All NYS/County EOCs

When notified that the NYS and County EOCs have been staffed, DISCONTINUE faxing to the NYS and County WPs.

9. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes. This 30-minute interval begins with the time noted in Item #1 on the Part I form.
10. Immediately after NYS and County notifications are made AND/OR no later than 1 hour after the time the licensee declares an emergency, NOTIFY the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate.

IF the ENS phone is inoperable, THEN use a regular telephone.

- A. PICK UP the ENS Phone handset and dial the NRC as listed on the phone or console. IF no answer or trouble on the line, THEN dial the next number listed on the phone or console.

- CR: Tan phone with red face plate located on EP Workstation desk.
- EOF: Press ENS button located on the telephone console, or use regular phone, then dial.
- TSC: Tan phone with red face plate located on Communicator's desk.

1. When the NRC answers, ANNOUNCE the following:

"THIS IS TO REPORT THAT A _____
(EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____.
(TIME) (DATE).

2. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

- B. CONTACT the IP-3 NRC Resident Inspector (X 8899, answering machine - 739-8565, beeper number/home phone see Vol II, Appendix 'B').

11. UPDATE the NRC approximately every 30 minutes.

ALERT OR HIGHER EMERGENCY CLASSIFICATION:

- A. When ANI, NEIL and INPO answer, ANNOUNCE the following:

1. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR)

1. USE the LGR as follows:

A. CR:

1. TURN ON unit. (Located on the left side of the EP Workstation desk.)
2. TURN UP volume.
3. DEPRESS the bar on handset to talk.
4. Release the bar to listen.

B. EOF:

1. PICK UP handset.
2. DEPRESS LGR button on telephone console labelled LGR.
3. TURN UP volume as necessary.

C. AEOF:

1. TURN ON unit. (Located on the Communicator's desk.)
2. TURN UP volume.
3. DEPRESS bar on handset to talk.
4. RELEASE bar to listen.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the roll call.

2. TRANSMIT the following using the LGR:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT. STAND BY FOR ROLL CALL":

"New York State"
"Westchester County"
"Rockland County"
"Orange County"
"Putnam County"

"STAND BY FOR FAX."

IF any station does not answer the roll call, THEN continue transmitting the message. After the message has been transmitted, THEN notify NYS of the stations who did not answer the roll call. NYS is then responsible for notifying these stations.

3. FAX Part I to NYS and County WPs and EOCs as follows:

- A. Place document face down between paper guides, top of machine.

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR) (CON'T.)

- B. Transmit to desired location by pressing the programmed button.
- C. Fax numbers are programmed individually and by groups on the one-touch keypad as follows:

- P1 = All NYS/County WPs
- P2 = All NYS/County EOCs

NOTE

Discontinue faxing to NYS/County Warning Points (P1) when notified that NYS/County EOCs have been staffed.

4. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes. This 30-minute interval begins with the time as stated in Item #1 on the Part I form.

5. Immediately after NYS and County notifications AND/OR no later than 1 hour after the time the licensee declares an emergency, NOTIFY the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate.

IF the ENS Phone is inoperable, THEN use a regular telephone.

- A. PICK UP the ENS Phone handset and dial the NRC as listed on the phone or console. IF no answer or trouble on the line, THEN dial next number listed on the phone or console.

- CR: Tan phone with red face plate located on EP Workstation desk.
- EOF: Press ENS button located on the telephone console, or use regular phone, then dial.
- TSC: Tan phone with red face plate located on Communicator's desk.

1. When the NRC answers, ANNOUNCE the following:

"THIS IS TO REPORT THAT A _____
(EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____".
(TIME) (DATE).

2. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

- B. CONTACT the IP-3 NRC Resident Inspector (X 8899, answering machine - 739-8565, beeper number/home phone see Vol. II, Appendix B).

6. UPDATE the NRC approximately every 30 minutes.

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR) (CON'T.)

ALERT OR HIGHER EMERGENCY CLASSIFICATION:

7. NOTIFY American Nuclear Insurers (ANI), Nuclear Electric Insurance Limited (NEIL) and Institute for Nuclear Power Operations (INPO) via regular telephone.

A. When ANI, NEIL and INPO answer, ANNOUNCE the following:

"THIS IS TO REPORT THAT A (EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT ON ".
(TIME) (DATE).

B. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

ATTACHMENT 5.7

USING REGULAR TELEPHONES
FOR OFFSITE EMERGENCY NOTIFICATIONS

1. USE a regular telephone as follows:

- A. CR/AEOF/TSC: The NYS and County telephone numbers are pre-programmed into an auto-dial telephone located on the Communicator's desk. This telephone can also be used as a regular telephone.
- B. EOF: Speed dial numbers are programmed into the EOF telephone consoles.

- Additional/backup emergency telephone numbers are listed in Appendix B, Volume II of the Emergency Plan.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the calls to the NYS and Counties.

2. CALL each NYS and County Warning Point as listed below:

- A. New York State
B. Westchester County (Ask for Watch Officer's Desk)
C. Rockland County
D. Orange County
E. Putnam County

3. TRANSMIT the following message:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT 3. STAND BY FAX."

- IF any station does not answer, THEN continue. NOTIFY NYS of the stations who did not answer. NYS is responsible for notifying these stations.

4. FAX Part I to NYS and County WPs and EOCs as follows:

- A. Place document face down between paper guides, top of machine.
- B. Transmit to desired location by pressing the programmed button.

ATTACHMENT 5.7

USING REGULAR TELEPHONES
FOR OFFSITE EMERGENCY NOTIFICATIONS (CON'T.)

C. Fax numbers are programmed individually and by groups on the one-touch keypad as follows:

- P1 = All NYS/County WPs
- P2 = All NYS/County EOCs

NOTE

When notified that the NYS and County EOCs have been staffed, discontinue faxing to the NYS and County WPs (P1).

5. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes. This 30-minute interval begins with the time as stated in Item #1 on the Part I form.

Immediately after NYS and County notifications AND/OR no later than 1 hour after the time the licensee declares an emergency, NOTIFY the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate.

IF the ENS Phone is inoperable, THEN use a regular telephone.

- A. PICK UP the ENS Phone handset and dial the NRC as listed on the phone or console. IF no answer or trouble on the line, THEN dial next number.
- CR: Tan phone with red face plate located on EP Workstation desk.
 - EOF: Press ENS button located on the telephone console or use regular phone, then dial.
 - TSC: Tan phone with red face plate located on Communicator's desk.

1. When the NRC answers, ANNOUNCE the following:

"THIS IS TO REPORT THAT A _____
(EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____".
(TIME) (DATE).

2. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

ANI, NEIL and INPO notifications are completed by the Recovery Center (RC) when activated.

ATTACHMENT 5.8

INSTRUCTIONS FOR FILLING OUT NRC FORM #361

1. Fill out NRC Form #361 as follows:
 - A. Use black ink.
 - B. Fill in or check information as it applies to the event.
 - Notification time is the time the NRC is notified.
 - Event time and zone is the time the event occurred and the time zone we are in; ie. Eastern Standard Time (EST).
 - Until corrected, mode of operation is the current mode of operation.
 - Contact Public Affairs to determine if a press release is required.

ATTACHMENT 5.9

ADDITIONAL INFORMATION THAT MAY BE REQUESTED BY THE NRC

NOTE

The following information is likely to be requested by the NRC when an ALERT or higher emergency is declared.

1. Is there any change to the emergency classification? If so, what is the reason for the change?
2. What is the ongoing/imminent damage to the facility, including affected equipment and safety features?
3. Have toxic or radiological releases occurred or been projected, including changes in the release rate? If so, what are the projected onsite and offsite releases, and what is the basis of assessment?
4. What are the health effect/consequences to onsite/offsite people? How many onsite/offsite people are/will be affected and to what extent?
5. Is the event under control? When was control established or what is the planned action to bring the event under control? What is the mitigative action underway or planned?
6. What onsite protective measures have been taken or planned?
7. What offsite protective actions have been recommended to State/local officials?
8. What is the status of the State/local/other Federal agency responses, if known?
9. If applicable, what is the status of public information activities, such as alarm, broadcast, or press releases (regulatory/State/local/other Federal agencies)? Has a Joint Information Center been activated?

ENTERGY
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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ENTERGY
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME II
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IP-2003 CR Watch Chemist	4	-	09/00
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IP-2005 CR Offsite Communicator	2	-	06/01
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IP-2104 TSC Video Operator	2	-	06/01
IP-2105 TSC Accountability Officer	VOID	-	N/A
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IP-2204 OSC Team Leaders	2	-	07/97
IP-2205 OSC H.P. Team Leader	8	-	10/99
IP-2206 OSC Accountability Officer	VOID	-	N/A
IP-2207 OSC Clerk	5	-	06/99
IP-2208 OSC Security Team Leader	3	-	09/98
IP-2209 OSC H.P. Technician	4	-	12/97
IP-2210 OSC Dosimetry Technician	3	-	06/98
IP-2211 OSC Chemistry Team Leader	2	-	03/00

ENTERGY
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
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IP-2305	EOF MIDAS Operator	4	-	03/00
IP-2306	EOF Security Officer	7	-	12/98
IP-2307	EOF Clerk	5	-	10/99
IP-2308	EOF Direct-Line Communicator	4	-	03/00
IP-2309	EOF Offsite Communicator	4	-	09/00
IP-2310	EOF Onsite Radiological Communicator	3	-	03/00
IP-2311	EOF Offsite Radiological Communicator	4	-	06/99
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09/01				
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EMERGENCY PLAN - VOLUME II
EMERGENCY RESPONSE ACTIVATION

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6	Emergency Exposure Summary Sheet	N/A	03/93
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31c	Plant Status Log (equipment status)	N/A	02/97
40	Manual Dose Projection Worksheet	N/A	12/93
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RADIOLOGICAL EMERGENCY DATA FORM

PART 1

Entergy

Notification # _____

Indian Point 3

Indian Point 2

Via RECS Line

- ☐ New York State ☐ Orange Cty ☐ Entergy IP3
☐ Westchester Cty ☐ Putnam Cty ☐ Entergy IP2
☐ Rockland Cty ☐ City of Peekskill

Via PHONE

- ☐ NRC HQ(ENS)
☐ NRC (Resident)

At ALERT or higher

- ☐ ANI
☐ NEIL
☐ INPO

1. This message is being transmitted on: _____ at: _____ ☐ AM ☐ PM
(date) (time) VIA: A. RECS
B. Other

2. ☐ This is A. NOT an Exercise B. An Exercise

3. ☐ THE FACILITY PROVIDING THIS INFORMATION IS: A. INDIAN POINT NUMBER 2
B. INDIAN POINT NUMBER 3

4. ☐ The Emergency Classification is: A. Unusual Event C. Site Area Emergency E. Emergency F. Recovery
B. Alert D. General Emergency Terminated G. Other

5. This Emergency Classification declared on : _____ at _____ ☐ AM
(date) (time) ☐ PM

6. ☐ Release of Radioactive Materials Due to Classified Event:
A. No Release
B. Release **BELOW** federally approved operating limits (technical specifications)
☐ To Atmosphere ☐ To Water
C. Release **ABOVE** federally approved operating limits (technical specifications)
☐ To Atmosphere ☐ To Water
D. Unmonitored release requiring evaluation

7. ☐ Protective Action Recommendations:
A. No need for Protective Actions outside the Site boundary.
B. **EVACUATE** the following ERPAs:
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51
C. **SHELTER** all remaining ERPAs.

EAL # _____

8. Brief Event Description: _____

9. ☐ The Plant status is: A. Stable C. Degrading E. Cold Shutdown
B. Improving D. Hot Shutdown

10. ☐ Reactor Shutdown: A. Not Applicable B. _____ at: _____ ☐ AM
(date) (time) ☐ PM

11. Wind Speed: _____ Meters/Second at elevation _____ meters

12. Wind Direction: (from) _____ degrees at elevation _____ meters

13. ☐ Stability Class: A B C D E F G

14. Reported By - Communicator's name: _____ at Telephone # (914) _____

Emergency Director's Name: (print) _____ Signature: _____

**NEW YORK STATE
RADIOLOGICAL EMERGENCY DATA FORM - PART II
RADIOLOGICAL ASSESSMENT DATA**

INDIAN POINT 3

15. Message transmitted at:

Date _____ Time _____

Location / Facility Transmitted From: _____

This is: A. NOT an Exercise B. An Exercise

Notification #: _____

16. General Release Information

A. Event Release started:

Date _____ Time _____

B. Event Release expected to end:

Date _____ Time _____

C. Event Release ended:

Date _____ Time _____

D. Reactor Shutdown: N/A OR

Date _____ Time _____

METEOROLOGICAL DATA:

As of Date _____ Time _____

E. Wind Speed _____ meters/second at elevation _____ meters

F. Wind Direction from: _____ degrees at elevation _____ meters

G. Stability Class: PASQUIL A B C D E F G

17. Atmospheric Release Information

As of Date _____ Time _____

A. Release from: ☐ Ground ☐ Elevated

D. Noble Gas Release Rate _____ Ci/sec

B. Iodine / Noble Gas Ratio _____
(Assumed or Actual)

E. Iodine Release Rate _____ Ci/sec

C. Total Release Rate _____ Ci/sec

F. Particulate Release Rate _____ Ci/sec

18. Waterborne Release Information

As of Date _____ Time _____

A. Volume of Release _____ gal

C. Radionuclides in Release _____

B. Total Concentration _____ $\mu\text{Ci/ml}$

D. Total Activity Released _____

19. Dose Calculations (based on a release duration of _____ hours)

Calculation is based on (circle one) A. Inplant Measurements B. Field Measurements C. Assumed Source Term

Table below applies to (circle one) A. Atmospheric Release B. Waterborne Release

Distance	Xu/Q	Dose	
		TEDE (rem)	TODE (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
____ Miles			

20. Field Measurements of Dose Rates or Surface Contamination / Deposition

Miles / Sector OR Mile / Degrees	Location OR Sampling Point	Time of Reading	Dose Rate (mR/hr) OR Contamination ($\mu\text{Ci/m}^2$)