

50-341

DETROIT EDISON - FERMI 2
AUTOMATED RECORD MANAGEMENT
DISTRIBUTION CONTROL LIST
10/09/01

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TPEPT	EP-292		24	1	ST	10/09/01	AFC

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=====
Detroit Edison EF2, C/O Info Mgmt 140 NOC, 6400 North Dixie Highway,
Newport MI 48166. (734) 586-4338 OR (734) 586-4061 for questions or concerns.

Ref: ca6076

A045

EMERGENCY NOTIFICATIONS

Revision Summary

- 1) Changed NRC notification documentation method to use Michigan Notification Form throughout emergency event.
- 2) Added clarification of subsequent notifications to Canada in step 4.7.3.
- 3) Deleted Notes before step 6.1.1.3 and deleted steps 6.1.4.2.e and 7.4.5.
- 4) Added Section 7.5.
- 5) Separated De-escalation and Termination of Emergency Events into separate sections of EP-290.
- 6) Added Michigan Notification Form information requirements to Enclosure B.
- 7) Made editorial changes throughout text.

Implementation Plan

- 1) This procedure goes into effect upon issuance.

Attachments

- | | | |
|---|--------|--------------------------------------------------------------|
| 1 | 022101 | Michigan Notification Form |
| 2 | 052300 | Offsite Emergency Support Organization Activation (3 parts): |
| | | Fire |
| | | Ambulance |
| | | Hospital |
| 3 | 052300 | Report to Secondary Alarm Station (Security) |
| 4 | 052300 | Michigan Notification Form Facsimile Log |

Enclosures

- | | | |
|---|--------|-----------------------------------------------------------------|
| A | 081501 | Michigan Notification Form Information Sources and Requirements |
| B | 081501 | ECOS Activation |

CONTROLLED

<i>Information and Procedures</i>				
DSN	Revision	DCR #	DTC	File #
EP-290	38	01-1226	TPEPT	1703.10
IP Code	Date Approved	Released By	Date Issued	Recipient
I	10-9-01	D. Adams/s/	10-9-01	935

1.0 PURPOSE

To provide instructions for making emergency notifications at Fermi 2

2.0 USE REFERENCES - None

3.0 ENTRY CONDITIONS

3.1 An emergency has been classified in accordance with EP-101

or

3.2 Offsite emergency support has been requested

4.0 GENERAL INFORMATION

4.1 **Offsite Authorities** must receive **within 15 minutes**: Initial Notifications of an emergency declaration, any change in Protective Action Recommendations (PARs), and any escalation or de-escalation in emergency classification. Offsite Authorities are:

4.1.1 Monroe County

4.1.2 Wayne County

4.1.3 State of Michigan

4.2 Offsite Authorities and Canada shall be notified of emergency conditions at Fermi 2 through the Michigan Notification Form (MNF) (Attachment 1). It is permissible to limit the verbal notification to the declared emergency class and any protective action recommended provided a facsimile of the MNF is immediately transmitted.

4.3 **Initial Notifications** for all **classifications** and **changes to PARs** shall include, at a minimum, completing Page 1 of the MNF.

4.4 **Subsequent Notifications** are updates made to Offsite Authorities and Nuclear Information when more information becomes available or as the situation changes. All subsequent notifications require completing Pages 1 and 2 of the MNF.

NOTE: To ensure the timeliness of subsequent information, Fermi 2 should provide updates to the State of Michigan (and to Monroe and Wayne Counties prior to state EOC activation) every 15 minutes.

4.5 Dose Assessment results may be attached to the MNF instead of being copied onto Parts 8 and 9 of the form.

4.6 The **Nuclear Regulatory Commission (NRC)** shall be notified immediately following the offsite authorities but within 1 hour of the emergency declaration.

4.6.1 Notifications to the NRC shall be made from the **Control Room** throughout the emergency, until transfer to the **Technical Support Center (TSC)** is ordered by the **Emergency Director (ED)**. The MNF will be used to notify the NRC during emergency events.

4.7 Province of Ontario (Canada)

4.7.1 Notify Canada immediately after the NRC Operations Center.

4.7.2 Canada shall receive initial notifications of every emergency declaration.

4.7.3 The State of Michigan will provide subsequent information to Canada.

4.8 The **Control Room (CR)** initially performs the **Communicator** actions required by this procedure. As additional emergency facilities become functional, responsibility for **Communicator** actions is transferred from the CR:

NOTE: Communicators shall complete all notifications they start prior to transferring this responsibility to another facility.

4.8.1 To the **Technical Support Center (TSC)** when the **Emergency Director (ED)** declares the TSC functional

4.8.2 To the **Emergency Operations Facility (EOF)**, when the **Emergency Officer** declares the EOF functional

4.9 Requests for **hospital, ambulance, or offsite fire/paramedic support** shall be made by the **Control Room** staff unless otherwise ordered by the ED (see Section 6.2).

4.10 Enclosure A may be used as a guide for personnel in each facility to obtain line information necessary to complete the MNF and as a guide for information required on the MNF.

4.11 Attachment 4 should be used to document facsimile transmittal.

4.12 The 10 Meter Meteorological Tower instruments are the preferred meteorological tower information source for Part 6 of Attachment 1 (MNF).

5.0 IMMEDIATE ACTIONS

5.1 Emergency Declaration

5.1.1 Ensure Page 1 of the MNF is completed, numbered sequentially, and signed by the Emergency Director/Emergency Officer.

6.0 PROCEDURE

6.1 Unusual Event, Alert, Site Area Emergency, or General Emergency Event Declaration

6.1.1 Communicator Actions (in order)

NOTE (1): The Michigan State Police Operations Division will advise the Communicator when to transfer notifications to the State Emergency Operations Center (SEOC).

NOTE (2): When communications have been established with the SEOC, terminate all communications with Monroe and Wayne counties.

1. Contact the Monroe and Wayne County Sheriff (MCS) using the MCS designated direct-ring line (rings in both Monroe County and Wayne County Sheriff's Department Communication Centers) or the numbers in the RERP Emergency Telephone Directory and use the MNF to inform them of the event declaration (Unusual Event, Alert, Site Area Emergency, or General Emergency).
2. Contact the Michigan State Police (MSP) using the MSP designated direct dial line or the number in the RERP Emergency Telephone Directory (rings in MSP Operations Division in Lansing) and use the MNF to inform them of the event declaration.
3. Contact the NRC Operations Center immediately after the offsite authorities. The NRC Operations Center must be notified within one hour of any event declaration. Use the MNF to inform them of the event declaration.

4. Contact the Province of Ontario using the Ontario designated direct dial line or number in the RERP Emergency Telephone Directory, and use the MNF to inform them of the event declaration.
5. Contact Nuclear Information (numbers contained in the Control Room Telephone List), and use the MNF to inform them of the event declaration.

NOTE: Nuclear Information notifications must be discontinued if the Joint Public Information Center becomes functional.

6.1.2 Nuclear Information Actions

1. Obtain emergency information from the Communicator.
2. Perform notifications and generate information releases as required by Corporate Communications.

6.1.3 Shift Manager (or delegate) Action

NOTE: Activation of the ECOS is at the discretion of the Emergency Director at the Unusual Event level.

1. Activate ECOS in accordance with Enclosure B.

6.1.4 NRC Notifications

CM

1. Notify the NRC of all emergency declarations. Contact the NRC as soon as possible after notifications to offsite authorities are complete, but in all cases, within one hour of the emergency declaration.
2. All NRC notifications are made using the FTS-2001 Emergency Notification System (ENS) circuit.
 - a. The Shift Manager/Emergency Director ensures required NRC notifications are completed by a knowledgeable member of the plant staff.
 - b. Contact the NRC Operations Center by dialing 1-301-816-5100 (Main), 1-301-951-0550 (Backup) or 1-301-415-0550 (Second Backup) on the FTS-2001 ENS circuit.

- c. If the ENS is inoperable, use the RERP emergency telephones, or Administrative telephones, and numbers listed in the RERP Emergency Telephone Directory and Control Room Telephone List.
- d. Use the MNF to provide notification information to the NRC.

6.2 Offsite Emergency Support Required

- 6.2.1 If fire/paramedic, ambulance, or hospital support is required, use the applicable section of the Offsite Emergency Support Organization Activation (Attachment 2) to make the request. The correct phone numbers are listed on Attachment 2 and in the RERP Emergency Telephone Directory.
- 6.2.2 Follow any request for offsite emergency support with a call to Security at the Secondary Alarm Station. Complete a Report to Secondary Alarm Station (Security) (Attachment 3).

7.0 FOLLOW UP ACTIONS

7.1 Subsequent Notifications

- 7.1.1 When more information becomes available or event status changes, complete all portions of the MNF and notify the offsite authorities and Nuclear Information. Discontinue notifications to Nuclear Information after the JPIC is functional.

7.2 NRC Notifications

- 7.2.1 After an emergency declaration notification has been made to the NRC, immediately notify the NRC of:
 - 1. Any further degradation in plant safety or other worsening plant conditions.
 - 2. Any change from one emergency class to another.
 - 3. Termination of the emergency class.
 - 4. Results of ensuing evaluations or assessment of plant conditions.
 - 5. Effectiveness of response or protective measures taken.
 - 6. Information related to plant behavior that is not understood.
- 7.2.2 Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC.

7.3 Industry Notifications

NOTE: These notifications are followup actions and are not to be performed from the Control Room. They are to be performed by the TSC/EOF Communicators.

7.3.1 Following any Alert, Site Area Emergency, General Emergency Declaration, or upgrade in emergency classification, contact:

1. INPO (1-800-321-0614)
2. Nuclear Insurers (ANI/MAELU) (1-860-561-3433)

7.3.2 Make an entry in the TSC or EOF Communicator Log documenting content and time of completed notification.

7.4 Notification of Event De-escalation

NOTE: The Emergency Officer/Emergency Director can order entry into Recovery (activate the Recovery Organization) instead of de-escalating.

7.4.1 A notification of de-escalation must be communicated as an initial notification.

7.4.2 Emergency Officer/Emergency Director shall ensure notification is made within 15 minutes of event de-escalation.

7.4.3 The individual making the notification shall:

1. Complete MNF.
2. Write "Summary" following the words "Additional Information" in Item 4 of the MNF.
3. Write a summary of the plant status that permits the de-escalation of the event.
4. Communicate the information on the MNF to the offsite authorities, NRC Operations Center, Province of Ontario, Nuclear Information, and NRC Resident Inspector.

7.4.4 Nuclear Information shall:

1. Obtain emergency information from the Communicator.
2. Perform notifications and generate information releases as required by Corporate Communications.

7.5 Notification of Event Termination

7.5.1 A notification of termination must be communicated as an initial notification.

7.5.2 Emergency Officer/Emergency Director shall ensure notification is made within 15 minutes of event termination.

7.5.3 The individual making the notification shall:

1. Complete MNF.
2. Leave 3A through 3D blank.
3. Fill out 3E.
4. Write the word "Termination" in 3F.
5. Write "Summary" following the words "Additional Information" in Item 4 of the MNF.
6. Write a summary of the plant status that permits termination of the event.
7. Communicate the information on the MNF to the offsite authorities, NRC Operations Center, Province of Ontario, Nuclear Information, and NRC Resident Inspector.

7.5.4 Nuclear Information shall:

1. Obtain emergency information from the Communicator.
2. Perform notifications and generate information releases as required by Corporate Communications.

7.5.5 At event termination, the Emergency Director/Emergency Officer shall forward completed MNFs to the Supervisor, RERP for disposition.

8.0 RECORDS

8.1 The following are required records and shall be retained or dispositioned in accordance with established requirements:

8.1.1 All completed MNFs (Attachment 1)

8.1.2 Fermi 2 Event Notification Worksheet

END OF TEXT

**MICHIGAN NOTIFICATION FORM
PLANT: FERMI 2**

Required Information			
1. <input type="checkbox"/> This is a drill <input type="checkbox"/> Actual Event PLANT COMMUNICATOR <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Name _____ Telephone No. (313) 256-4 _____			
2. PLANT NAME/UNIT _____ Fermi 2		2A. PLANT MESSAGE NUMBER _____	
2B. NOTIFICATIONS			
	<i>Time Contacted</i>	<i>Name</i>	<i>Telephone No. OR <input type="checkbox"/> Auto-Dial</i>
Monroe County Sheriff			<input type="checkbox"/>
Wayne County Sheriff			<input type="checkbox"/>
Michigan State Police			<input type="checkbox"/>
NRC Operations Center – CR only			
Province of Ontario (Canada)			<input type="checkbox"/>
Nuclear Information			
3. CLASS OF EMERGENCY A. <input type="checkbox"/> Unusual Event B. <input type="checkbox"/> Alert C. <input type="checkbox"/> Site Area Emergency D. <input type="checkbox"/> General Emergency E. This classification declared by Plant at: Time: _____ Date: _____ F. Initiating Conditions/Description of Event: _____ _____ _____			
4. PLANT STATUS A. <input type="checkbox"/> Stable B. <input type="checkbox"/> Degrading C. <input type="checkbox"/> Improving D. Additional Information: _____ _____ _____			
5. RADIOLOGICAL RELEASE IN PROGRESS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. METEOROLOGICAL DATA NOTE: 10 m Met Tower is preferred information source. A. Wind Direction, Degrees From: _____ to _____ B. Wind Speed, MPH: _____ C. Stability Class: _____ D. Three Downwind Sectors: _____ E. Precipitation: <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. OFFSITE PROTECTIVE ACTION RECOMMENDATIONS A. <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: If YES, fill in the following information: B. PAR based on: <input type="checkbox"/> Dose Calculations <input type="checkbox"/> Plant Status <input type="checkbox"/> Other _____ C. In-Place Shelter (Areas) _____ D. Evacuation (Areas) _____			
For Initial Notification Approval - Sign Below		For Subsequent Notifications - Sign Page 2	
Approved: _____		Time: _____	
Emergency Director/Emergency Officer			

**MICHIGAN NOTIFICATION FORM
PLANT: FERMI 2**

Subsequent Information (as available)	Message # _____																																																		
<p>8. RADIOLOGICAL RELEASE DATA DOSE REPORT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>A. Time release started _____ Projected duration of release _____</p> <p>B. <input type="checkbox"/> Airborne <input type="checkbox"/> Waterborne <input type="checkbox"/> Waterborne Analysis Attached</p> <p>C. Effluent Points _____</p> <p>D. Noble gas release rate, Ci/sec _____ <input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p>E. Average energy per disintegration, MeV _____ <input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p>F. Equivalent I-131 release rate, Ci/sec _____ <input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p>G. Particulate release rate, Ci/sec _____ <input type="checkbox"/> Sample <input type="checkbox"/> Estimate</p> <p>9. CALCULATED OFFSITE DOSES</p> <p>A. <input type="checkbox"/> Actual <input type="checkbox"/> Potential</p> <p>B. Based on: <input type="checkbox"/> Monitor (in Plant) <input type="checkbox"/> Sample (in Plant) <input type="checkbox"/> Back Calculation from field data <input type="checkbox"/> Other Plant Conditions</p> <p>C. Calculated Dose Rate (mrem/hr)</p> <p>Time of Calculation _____</p> <table style="width:100%; border:none;"> <tr> <td style="width:40%;">Distance _____</td> <td style="width:20%;">TEDE (mrem/hr) _____</td> <td style="width:40%;">Adult Thyroid CDE (mrem/hr) _____</td> </tr> <tr> <td>Site Boundary _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2 Miles _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5 Miles _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>10 Miles _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>D. Calculated Dose (mrem)</p> <p>Calculated Duration, Hours _____</p> <table style="width:100%; border:none;"> <tr> <td style="width:40%;">Distance _____</td> <td style="width:20%;">TEDE (mrem) _____</td> <td style="width:40%;">Adult Thyroid CDE (mrem) _____</td> </tr> <tr> <td>Site Boundary _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2 Miles _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>5 Miles _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>10 Miles _____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>E. Sector(s) Affected _____</p> <p>10. MEASURED OFFSITE DOSE RATES</p> <table style="width:100%; border:none;"> <tr> <td style="width:25%;">A. Distance</td> <td style="width:15%;">Time</td> <td style="width:20%;">Reading (mR/hr)</td> <td style="width:40%;">Affected Sector</td> </tr> <tr> <td>Site Boundary _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>ADDITIONAL INFORMATION</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Distance _____	TEDE (mrem/hr) _____	Adult Thyroid CDE (mrem/hr) _____	Site Boundary _____	_____	_____	2 Miles _____	_____	_____	5 Miles _____	_____	_____	10 Miles _____	_____	_____	Distance _____	TEDE (mrem) _____	Adult Thyroid CDE (mrem) _____	Site Boundary _____	_____	_____	2 Miles _____	_____	_____	5 Miles _____	_____	_____	10 Miles _____	_____	_____	A. Distance	Time	Reading (mR/hr)	Affected Sector	Site Boundary _____	_____	_____	_____	_____ miles	_____	_____	_____	_____ miles	_____	_____	_____	_____ miles	_____	_____	_____
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<p>Approved: _____ Time: _____</p> <p style="text-align:center;">Emergency Director/Emergency Officer</p>																																																			

OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 1: FIRE DEPARTMENT SUPPORT

Monroe County Central Dispatch - Frenchtown Fire Department: 734-241-2727

1. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There is a fire onsite. Frenchtown Fire Department assistance is requested immediately.

2. Use the Pointe Aux Peaux Road access gate.

3. Basic information on the fire:

3.1 Type of fire _____

3.2 Take the following precautions _____

4. Determine the following information from Central Dispatch and relay this information to the SAS Operator using Attachment 3.

4.1 Number of vehicles expected to arrive _____

4.2 Number of personnel expected to arrive _____

OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 2: PARAMEDIC and AMBULANCE SUPPORT

1. Select required medical response:

NOTE: Make one call only.

For Ambulance Only - 734-241-1111

or

For Both Frenchtown Fire Department Paramedics and Ambulance 734-241-2727

2. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There are injured personnel onsite and your assistance is required immediately.

3. Number of injured personnel: _____

4. Injuries to personnel: _____

5. Number of potentially contaminated personnel: _____

6. Use the Fermi Drive access gate.

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Hospital Seaway Center only if conditions prevent the use of Mercy Memorial Hospital.

7. Transport the victim(s) to: Mercy Memorial Hospital Oakwood Hospital Seaway Center

8. Take the following precautions:

9. Determine the following information from Central Dispatch and relay this information to the SAS operator using Attachment 3.

9.1 Number of vehicles expected to arrive _____

9.2 Number of personnel expected to arrive _____

OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 3: HOSPITAL SUPPORT

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Hospital Seaway Center only if conditions prevent the use of Mercy Memorial.

Mercy Memorial Hospital: 734-242-6500
Oakwood Hospital Seaway Center: 734-671-3883 or 734-671-3800

1. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There are injured personnel onsite and the ambulance service has been contacted to transport the victims to you.

2. Number of injured personnel: _____

3. Injuries to personnel: _____

4. Number of potentially contaminated personnel: _____

5. Number of personnel suffering from excessive radiation exposure:

6. If there are **potentially contaminated personnel** state the following:

"You are requested to implement your radiological emergency response plan."

REPORT TO SECONDARY ALARM STATION (SECURITY)

Secondary Alarm Station: Control Room - Security Direct Line or 6-5215

1. Support organization contacted (check all that apply)

- Fire/Paramedics
- Ambulance
- Hospital (which one?)_____

2. Number of personnel reporting onsite, if known

3. Number of vehicles reporting onsite, if known

4. Owner-controlled area access gate to be used.

Pointe Aux Peaux_____

Fermi Drive_____

5. Location of emergency (If rescue/ambulance, where the vehicles should attend to the victim)

**MICHIGAN NOTIFICATION FORM INFORMATION SOURCES
 AND REQUIREMENTS**

Information Sources

Line	Control Room	TSC	EOF
3	ED	ED	EO
4	ED	ED	EO
5	ED	ED/RPA	EO/RPC
6	STA/SE	Dose Assessor	Dose Assessor
7	ED	ED	EO
8	STA/SE	RPA	RPC
9	STA/SE	Dose Assessor	Dose Assessor
10	RET Leader	RPA	RPC

Information Requirements

Line 1	Check "This is a Drill" or "Actual Event," as applicable.
Line 3	Must include IC number and complete description.
Line 4	Should include relevant addition information to the classification. Consider: Reactor status, affected equipment, status of fission product barriers, any offsite assistance, etc.
Line 5	Check "Yes" if greater than or equal to the Unusual Event abnormal radiological release (AU1) limits.
Line 6	Complete Met Data information. 10m meteorological instruments are the preferred information source.
Line 7A	"Yes" for General Emergency only.
Line 7B	"Other" would be used for some security events, default PAR, or for Ad Hoc PARs.
Lines 7C & 7D	Areas must be identified by number (1, 2, 3, 4, 5) only.
Lines 8 & 9	Should be lined through and N/A'd if not applicable, box checked for dose report status, and left blank if dose report is attached; or if dose report is not available, written on form from ERIS/PC Radose.
Line 10	Measured offsite Radiological Emergency Team (RET) data only.

ECOS ACTIVATION

Shift Manager (or delegate) Actions

1. Read steps 2 and 3 before proceeding.
2. Activate the Emergency Call Out System (ECOS).
 - a. Dial 6-1900 or 9-1-734-586-1900.
 - b. When the ECOS answers, immediately enter the current password.
 - c. Respond to ECOS prompts.
3. Verify proper ECOS Operation.
 - a. The ECOS is programmed to immediately call 586-5235 at the Shift Manager's desk.
 - b. Answer the call and when prompted for a Detroit Edison ID number, enter 11111.
 - c. When asked if you are able to report to your emergency response facility, press 9 for yes and respond to the remaining prompts.
 - d. If a call to 586-5235 is not received within 2 minutes:
 - 1) Call the ECOS at 6-1900 or 9-1-734-586-1900.
 - 2) Enter the password.
 - 3) Respond to prompts to suspend the scenario if activated, or activate if it is currently suspended or completed.
 - 4) If you suspended the scenario in the above step, call 6-1900 or 9-1-734-586-1900, enter the password, and reactivate the scenario. Repeat step 3.
 - e. If all attempts to activate the ECOS fail, enter EP-292, "Emergency Call Out – Backup Method."

END

EMERGENCY CALL OUT - BACKUP METHOD

Revision Summary

- 1) Incorporated merger of Regional Operations Centers to form South Regional Operations Center in steps 6.1.5, 6.1.6, 6.1.7, and 6.1.10.
- 2) Changed Control Room call back RERP number throughout procedure to telephone in Control Room vice Shift Manager's Office.
- 3) Corrected Position Identification error for Position 405 on Attachment 1.
- 4) Added an additional Position 109 to Attachment 1.

Implementation Plan

- 1) This revision goes into effect upon issuance.

Attachments

- 1 081501 Required Staffing by Classification
- 2 012496 Call Out Message

Enclosures - None

CONTROLLED

<i>Information and Procedures</i>				
DSN EP-292	Revision 24	DCR # 01-1227	DTC TPEPT	File # 1703.10
IP Code I	Date Approved 10-9-01	Released By D. Adams/s/	Date Issued 10-9-01	Recipient 935

1.0 PURPOSE

To provide instructions for activating the Emergency Response Organization in the event of Emergency Call Out System (ECOS) failure.

2.0 USE REFERENCES - None

3.0 ENTRY CONDITIONS

Control Room personnel are unable to verify proper operation of the ECOS in accordance with EP-290.

4.0 GENERAL INFORMATION - None

5.0 IMMEDIATE ACTIONS - None

6.0 PROCEDURE

CM

6.1 Call Out Procedure

<i>Who</i>	<i>Step</i>	<i>Action</i>
Control Room person responsible for ECOS activation	6.1.1	Dial 8-235-9444 or 9-1-313-235-9444 and ask to speak to the Senior Central System Supervisor.
	6.1.2	Inform the Senior Central System Supervisor that the Fermi 2 Emergency Director has declared an Unusual Event, Alert, Site Area Emergency or General Emergency, as applicable.
	6.1.3	Direct the Senior Central System Supervisor to implement EP-292.
Senior Central System Supervisor	6.1.4	Note specified emergency class in step 2 of Attachment 2.

6.1.5 Distribute copies of EP-292 and Emergency Notification Duty Roster Organizational Assignments to the System Operations Center (SOC)/South Regional Operations Center (SROC) Staff.

6.1.6 Assign and brief SOC/SROC Staff to call personnel to fill appropriate positions in accordance with the position list on Attachment 1, calling priority positions first.

**SOC/SROC
Staff**

6.1.7 Call to staff priority positions first (priority positions are marked by an asterisk).

6.1.8 Call personnel to fill the positions needed, using the home phone numbers from the Emergency Notification Duty Roster Organizational Assignments.

1. Read the message on Attachment 2 to the person called.
2. If a priority position cannot be filled, notify the Senior Central System Supervisor before continuing.

**Senior Central
System
Supervisor**

6.1.9 If a priority position cannot be filled, immediately notify the Fermi 2 Control Room at 8-256-4700 or 8-586-4771.

**SOC/SROC
Staff**

6.1.10 Continue until the desired number of persons are confirmed for all required positions.

6.1.11 Notify the Senior Central System Supervisor when all assigned positions are filled or when positions have not been filled after repeated attempts (minimum of 3 attempts for each person qualified for the position being filled).

**Senior Central
System
Supervisor**

6.1.12 Continue calling to staff the Emergency Response Organization until all positions are staffed or until directed to terminate calling to staff positions by the Fermi 2 Emergency Director.

6.1.13 Notify the Fermi 2 Control Room at 8-256-4700 or 8-586-4771 with the status of Emergency Response Organization staffing, approximately every 30 minutes.

6.1.14 When all positions are filled, notify the Fermi 2 Control Room at 8-256-4700 or 8-586-4771 that the Emergency Response Organization is staffed.

7.0 FOLLOW UP ACTIONS

7.1 Send all copies of Attachment 1 to Supervisor, RERP, 164 EF2 NOC.

8.0 RECORDS

None

END OF TEXT

REQUIRED STAFFING BY CLASSIFICATION

<i>Unusual Event</i>		<i>Alert</i>		<i>Site Area or General Emergency</i>	
<i>Position</i>	<i>ID Number</i>	<i>Position</i>	<i>ID Number</i>	<i>Position</i>	<i>ID Number</i>
100*		001*		001*	
108*		100*		100*	
110*		102*		102*	
121* or 133*		108*		108*	
001		110*		110*	
111		120*		120*	
126		121*		121*	
		126*		126*	
		131*		131*	
		132*		132*	
		133*		133*	
		134*		134*	
		200*		200*	
		201*		201*	
		205*		205*	
		101		211*	
		103		212*	
		104		300*	
		105		301*	
		106		310*	
		107		314*	
		109		320*	
		109		320*	
		109		321*	
		111		101	
		112		103	
		112		104	
		113		105	
		122		106	
		122		107	
		123		109	
		124		109	
		124		109	
		124		111	
		125		112	
		202		112	
		203		113	
		203		122	
		204		122	
		211		123	
		211		124	
		211		124	
		212		124	
		212		125	
		212		202	
		300		203	

* Highest Priority

REQUIRED STAFFING BY CLASSIFICATION

<i>Unusual Event</i>		<i>Alert</i>		<i>Site Area or General Emergency</i>	
<i>Position</i>	<i>ID Number</i>	<i>Position</i>	<i>ID Number</i>	<i>Position</i>	<i>ID Number</i>
		302		203	
		311		204	
		314		211	
		320		211	
				212	
				212	
				302	
				303	
				304	
				311	
				312	
				312	
				313	
				322	
				322	
				323	
				324	
				324	
				325	
				326	
				327	
				400	
				401	
				405	
				410	
				420	
				421	
				422	
				422	
				423	
				424	
				424	
				430	
				431	
				432	
				433	
				440	
				441	
				441	
				442	

* Highest Priority

CALL OUT MESSAGE

1. Dial home phone number and ask for the desired Detroit Edison employee.

2. State the following:

"This is Detroit Edison calling. The Fermi 2 Emergency Director has declared a(an)

(Unusual Event, Alert, Site Area Emergency or General Emergency). This is not a drill.
Are you able to report to your emergency facility?"

3. If the employee answers yes, reply:

"Report to your emergency facility immediately. Do not delay."

4. Document yes responses only on Attachment 1 of this procedure by entering the responding employee's ID Number next to the position being staffed.

5. If the employee is not home or unable to report, continue with the next person on the list.