



Duke Energy

Oconee Nuclear Station
7800 Rochester Highway
Seneca, SC 29672

(864) 885-3107 OFFICE
(864) 885-3564 FAX

W. R. McCollum, Jr.
Vice President

October 23, 2001

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

Subject: Oconee Nuclear Station
Docket Nos. 50-269, -270, -287
Emergency Plan Implementing Procedures Manual
Volume C Revision 2001-09

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2001-09, October 23, 2001.

This revision is being submitted in accordance with 10 CFR 50-54(q) and does not decrease the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures.

Any questions or concerns pertaining to this revision please call Mike Thorne, Emergency Planning Manager at 864-885-3210.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Very truly yours,

W. R. McCollum, Jr.
VP, Oconee Nuclear Site

xc: (w/2 copies of attachments)
Mr. Luis Reyes,
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission
61 Forsyth St., SW, Suite 24T23
Atlanta, GA 30303

w/copy of attachments
Mr. Steven Baggett
Rockville, Maryland

(w/o Attachments, Oconee Nuclear Station)
NRC Resident Inspector
M. D. Thorne, Manager, Emergency Planning

A045
mm

October 23, 2001

OCONEE NUCLEAR SITE
INTRASITE LETTER

SUBJECT: Emergency Plan Implementing Procedures
Volume C, Revision 2001-09

Please make the following changes to the Emergency Plan Implementing
Procedures Volume C by following the below instructions.

REMOVE

Cover Sheet - Rev. 2001-08

Table of Contents, Page 1 & 2

HP/0/B/1009/022 - 06/22/99

RP/0/B/1000/015 A - 12/10/98

RP/0/B/1000/015 A - 10/01/01

ADD

Cover Sheet Rev. 2001-09

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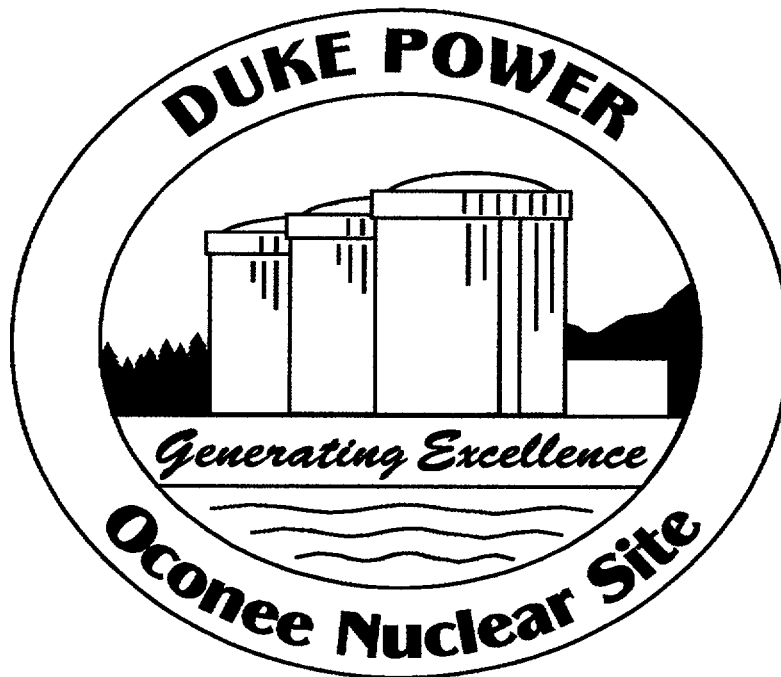
HP/0/B/1009/022 - 10/08/01

RP/0/B/1000/015 A - 10/01/01

R/0/B/1000/015 A - 10/22/01

DUKE POWER

EMERGENCY PLAN
IMPLEMENTING PROCEDURES
VOLUME C



APPROVED:



W. W. Foster, Manager
Safety Assurance

10/23/2001

Date Approved

10/23/2001

Effective Date

VOLUME C
REVISION 2001-09
OCTOBER, 2001

VOLUME C
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Revision 2001-09
October 2001

INFORMATION ONLY

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. HP/0/B/1009/022Revision No. 008

PARATION

(2) Station OCONEE NUCLEAR STATION(3) Procedure Title On-Shift Off-Site Dose Projections(4) Prepared By Doug Berkshire (Signature) Doug Berkshire Date 9/10/01

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes)☒ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Edmond Brown Jr (QR) Date 10-2-01Cross-Disciplinary Review By _____ (QR) NA EB Date 10-2-01Reactivity Mgmt Review By _____ (QR) NA EB Date 10-2-01Mgmt Involvement Review By _____ (Ops Supt) NA EB Date 10-2-01

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By J. A. Twigg Date 10/8/01

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Required enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

**Duke Power Company
Oconee Nuclear Station**

On-Shift Off-Site Dose Projections

Reference Use

Procedure No.

HP/0/B/1009/022

Revision No.

008

Electronic Reference No.

OX0092T4

On-Shift Off-Site Dose Projections

1. Purpose

- 1.1 This procedure provides guidance for on-shift personnel to perform initial off-site dose projections using Raddose-V.
- 1.2 This procedure is an Emergency Plan Implementing Procedure (EPIP). It must be forwarded to the Emergency Planning Group within three working days of approval by the responsible group. {PIP 4-O-93-0701}

2. References

- 2.1 Earth Tech RADDPOSE 5 Computer Program Documentation
- 2.2 EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents
- 2.3 Letter from M. S. Tuckman to USNRC, dated January 15, 1997, "Capability for On-Shift Dose Assessment at Catawba, McGuire, and Oconee Nuclear Sites"
- 2.4 PIP 4-O-93-701, Distribution Of Emergency Plan Procedures

3. Limits And Precautions

- 3.1 This procedure may be performed in sections or parts, using steps in any order to project off-site dose.
- 3.2 Accident release path(s) considered for on shift projections are the Unit Vents (LOCA) and the Steam Relief with Steam Generator Tube Rupture (SGTR).
- 3.3 This procedure is initiated at the request of the Operations Shift Manager/ Emergency Coordinator:
 - 3.3.1 The Operations Shift Manager must specify the affected unit, the release pathway in question (LOCA or SGTR) and the RIA (RIA 45, 46, or 56, or 16, or 17) indicating high activity.
- 3.4 Computers with Raddose-V are located in the RP Shift Lab (including laptop), TSC, OSC and the OSC Briefing Room.

4. Procedure

- 4.1 **IF** Operations Shift Manager has **NOT** specified RIA indicating high activity, consult SDS to determine highest reading RIA in release pathway specified by Operations Shift Manager.
- 4.2 At applicable computer, select DAS (Dose Assessment Software).

NOTE: If network is down, an error message will be displayed that network is unavailable. This will **NOT** affect the program, therefore continue to use Raddose-V.

- 4.3 Double-click left mouse button to select AFFECTED OCONEE UNIT'S RADDOSE-V (example: Raddose-V, Unit 1).
- 4.4 Single-click left mouse button on Drill Mode for emergency drill **OR** on Accident Mode for actual emergency.

NOTE: The drill simulator currently does **NOT** supply automatic data to Raddose-V, so when "Drill" mode is selected, "Manual" data loading should also be selected.

- 4.5 **IF** network is available, select AUTOMATIC data loading, if network is down, select MANUAL data loading:

NOTE: Procedure default values of 16 degrees C for air temperature and 0 inches of precipitation may be used since these are standard/conservative values.

- 4.5.1 **IF** "Manual" data loading is selected, obtain meteorological, RIA **AND** Unit Vent flow rate data as required by Enclosure 5.1:
- 4.5.1.1 **IF** computer network is down and Automatic Data is unavailable, collect data from SDS.
- 4.5.1.2 **IF** SDS is **NOT** available, collect data from Control Room indications and document on Enclosure 5.1.
- 4.5.1.3 **IF** Control Room indications are **NOT** available, utilize procedure defaults and indicate defaults were used on Enclosure 5.1.
- 4.6 At RADDOSE-V STARTUP MENU, select BEGIN NEW INCIDENT and select YES at prompt to erase previous data.

4.7 At ACCIDENT SCENARIO DEFINITION screen, perform the following:

- NOTE:**
- Current date and times from computer will appear as the reactor trip date and time and the release date and time.
 - If a reactor trip has **NOT** occurred or reactor trip time is **NOT** known, no editing of time is required.

4.7.1 Edit reactor trip time.

4.7.2 Edit release time:

4.7.2.1 **IF** actual release time is **NOT** known, input a time 15 minutes before current time (Example: current time is 0800 hours. The correct input is 0745).

4.7.3 Enter initials.

4.7.4 Select ACCEPT at bottom of screen.

4.8 At MAIN MENU, single-click ENTER/EDIT METEOROLOGICAL DATA:

- NOTE:** Raddose-V may select default meteorological data, depending upon time of day and River Wind Direction. This can occur if either "Automatic" **OR** "Manual" data is used.

4.8.1 **IF** "Automatic" data loading was selected, Raddose-V will automatically obtain data available from the network, proceed to Step 4.8.3.

4.8.2 **IF** "Manual" data loading was selected (or network data is **NOT** available), input required meteorological data on screen:

4.8.2.1 Select OK to acknowledge all error/pop-up messages.

4.8.2.2 Single click left mouse button at first block under "Wind Speed" (this will show a separate Wind Speed and Wind Direction table).

- NOTE:**
- Entering data in field and pressing Enter moves cursor from field to field.
 - Do **NOT** enter data in fields under "NWS" or under "Other" in Wind Speed and Wind Direction table.

4.8.2.3 Enter data in Wind Speed and Wind Direction table.

4.8.2.4 Press F9 to exit table and to continue entering meteorological data.

4.8.2.5 Complete entry of data on Meteorological Data Input screen and proceed to Step 4.9.

4.8.3 Review data in this time step:

4.8.3.1 **IF** no field shows "****" or "???", select "Accept" at bottom of screen and proceed to Step 4.9.

NOTE:

- If value of A-G for Stability Class is displayed on Raddose screen, it is **NOT** necessary to complete field below Delta Temperature, even though "****" or "???" may be present.
- If data is **NOT** automatically loaded, procedure default values of 16 degrees C for air temperature and 0 inches of precipitation may be used since they are standard/conservative values.

4.8.3.2 **IF** any data field displays "****" or "???", obtain required data using Enclosure 5.1 **AND** use Steps 4.8.3.3 through 4.8.3.5 to edit field.

4.8.3.3 Click left mouse button once to select data field requiring editing.

4.8.3.4 Type in value obtained using Enclosure 5.1 (Steps 4.5.1.1 - 4.5.1.3).

4.8.3.5 After data has been entered in all fields, select ACCEPT at bottom of screen.

4.9 At MAIN MENU, single-click ENTER/EDIT SOURCE TERM DATA:

4.9.1 Select first block under "Accident Type" data field.

4.9.2 Double-click left mouse button to select appropriate Accident Type; either LOCA or SGTR:

4.9.2.1 **IF** accident type is **NOT** known, contact Operations Shift Manager.

4.9.3 Select first block under "NG Method" (Noble Gas Method) to select pathway.

4.9.4 At MONITOR DESCRIPTION MENU, double-click left mouse button for Affected Unit's radiation monitor as follows:

4.9.4.1 **IF** LOCA was chosen as accident type, select RIA-45, RIA-46 **OR** RIA-56:

- A. Use RIA-45 if reading $<1E7$ cpm;
- B. Use RIA-46 if RIA-45 $>1E7$ cpm (offscale high);
- C. Use RIA-56 if RIA-46 $>1E7$ cpm (offscale high).
- D. Select Filter Status "Off".
- E. Select OK.

NOTE:

- If network is available, Raddose-V will input Unit Vent Flow Rate and RIA Reading.
- If network is **NOT** available, these fields will require manual entry.

F. Continue at Step 4.9.5.

4.9.4.2 **IF** SGTR was chosen as accident type, select RIA 16 **OR** 17:

NOTE:

- The RIA reading the highest (16 or 17) should be used as specified by Operations Shift Manager, SDS or Control Room indications.
- If network is available, Raddose-V will obtain Steam Line RIA reading.
- If network is **NOT** available, this field will require manual entry.

- A. Select Steam Generator **NOT** Partitioned.
- B. Select OK.
- C. **WHEN** RIA 16 or 17 is selected as NG Method, use default value of $4.5E6$ pounds mass of steam per hour as the flow rate.
- D. Continue at Step 4.9.5.

4.9.5 Review data in this time step:

- 4.9.5.1 **IF** no field shows "****" or "???", select "Accept" at bottom of screen and proceed to Step 4.10.
- 4.9.5.2 **IF** any data field displays "****" or "???", perform Steps 4.9.5.3 through 4.9.5.5 to edit field.
- 4.9.5.3 Select data field requiring editing.
- 4.9.5.4 Type in value obtained from Enclosure 5.1 or obtained directly from SDS or Control Room indications.
- 4.9.5.5 After all fields have been completed, select ACCEPT at bottom of screen.

4.10 At MAIN MENU, select PERFORM CALCULATIONS:

- 4.10.1 Select CONTINUE at bottom of 10-mile map.
- 4.10.2 At OUTPUT MENU, select GO TO REPORT MENU.
- 4.10.3 Select PRINT SUMMARY REPORT:
 - 4.10.3.1 Select OK at Print Selector screen.
 - 4.10.3.2 **IF** printer is **NOT** working, follow steps in Enclosure 5.2.
- 4.10.4 Select RETURN TO OUTPUT MENU.
- 4.10.5 Select RETURN TO MAIN MENU.

4.11 At MAIN MENU, select PERFORM FORECAST:

| |
|--|
| NOTE: Forecast Period box will appear requiring you to enter the forecast period in hours |
|--|

- 4.11.1 Input 1 and ENTER.
- 4.11.2 A pop-up message will display "Note: Forecast will use the meteorological and source term data from Step 1. Continue?" Select OK.
- 4.11.3 Select CONTINUE at bottom of 10-mile map:
 - 4.11.3.1 A pop-up message will display "Do you want to save PAZs identified in Forecast Mode for evacuation?" Select NO.
- 4.11.4 At OUTPUT MENU, select GO TO REPORT MENU.

4.11.5 At REPORT MENU, select PRINT GREEN FORM:

4.11.5.1 Select OK at Print Selector screen.

4.11.5.2 Obtain Emergency Notification Form (green sheet) printout.

4.11.5.3 **IF** printer is **NOT** working, follow steps in Enclosure 5.3.

NOTE: Raddose-V will complete Lines 11, 12 and 14 on Emergency Notification Form (green sheet).

4.11.5.4 At Line 13, place an "X" in "New" box of the Raddose-V printout of the Emergency Notification Form (green sheet).

NOTE: • If dose projections indicate evacuation and sheltering are necessary, Raddose-V will identify the affected Protective Action Zones (PAZs) in Line 15, items B and C.

4.11.5.5 At Line 15, **IF** no recommended Protective Action Zones are printed place an "X" in box A.

4.11.5.6 At Line 15, **IF** recommended Protective Actions are printed, place an "X" in boxes B and C.

4.11.5.7 **IF** dose projections indicate that **ANY** zone should be evacuated, recommend a General Emergency to Operations Shift Manager.

4.11.5.8 Refer to Enclosure 5.4 to assist in the completion of the Emergency Notification Form.

4.11.6 Provide Emergency Notification Form information (from Step 4.11.5) to Operations Shift Manager or designee.

4.11.7 Select RETURN TO OUTPUT MENU.

4.12 At OUTPUT MENU, select CONTINUE CALCULATIONS:

4.12.1 A pop-up message will display "You just completed a forecast. Remember to check the meteorological and source term data for current information". Select OK.

4.13 At MAIN MENU, select GO TO STARTUP MENU.

- 4.14 At STARTUP MENU, perform one of the following:
 - 4.14.1 **IF** additional dose projections are **NOT** needed, per Operations Shift Manager request, select EXIT RADDPOSE-V.
 - 4.14.2 **IF** additional dose projections are needed, per Operations Shift Manager request, select BEGIN NEW INCIDENT:
 - 4.14.2.1 Continue projections at frequency requested by Operations Shift Manager, repeating Steps 4.6 through 4.14.
- 4.15 Complete Procedure Process Record sign-off:
 - 4.15.1 Transfer completed Procedure Process Record, Raddose 5 sheets and Enclosure 5.1, 5.3 and 5.4 to Radiation Protection Staff personnel.

5. Enclosures

- 5.1 Manual Input Data Collection
- 5.2 Manual Recording Of Summary Report
- 5.3 Manual Recording Of Emergency Notification Form
- 5.4 Assisting In The Completion Of The Emergency Notification Form
- 5.5 Example Summary Report
- 5.6 Example Emergency Notification Form (green sheet)

Manual Input Data Collection

Per Steps 4.5.1.1 through 4.5.1.3, record the following data from available data sources, (listed in order of preference); use defaults for temperature and precipitation; SDS; then actual Control Room charts/displays if automatic data is **NOT** available to Raddose-V. Use the Default meteorological table only if SDS and Control Room displays are **NOT** available. Obtain only the data needed, all blanks do **NOT** necessarily need to be filled in. This is an example form. Any other form that assists in collecting necessary data is acceptable.

METEOROLOGICAL DATA COLLECTION

- * Meteorological data should be 15-minute average data: Use precipitation and temperature values in Table: If all data is **NOT** available, Default data and Live data can be mixed.

| | 10 METER TOWER (Lower Level) | 60 METER TOWER (Upper Level) | RIVER TOWER |
|-------------------------|---------------------------------|---------------------------------|-------------|
| WIND SPEED | | | |
| WIND DIRECTION | | | |
| DELTA TEMP ¹ | | NA | NA |
| TEMPERATURE °C | ASSUME 16 | NA | NA |
| PRECIPITATION | ASSUME 0 | NA | NA |

¹ Delta Temp = Temperature differential between 10 meters and 60 meters on Met Tower.

IF Meteorological Data is **NOT** available, input the following values:

| | 10 METER TOWER (Lower Level) | 60 METER TOWER (Upper Level) | RIVER TOWER |
|-------------------------|---------------------------------|---------------------------------|-------------|
| WIND SPEED | 1 | 1 | 1 |
| WIND DIRECTION | 140 | 140 | 140 |
| DELTA TEMP ¹ | + 2.1 | NA | NA |
| TEMPERATURE °C | 16 | NA | NA |
| PRECIPITATION | 0 | NA | NA |

¹ Delta Temp = Temperature differential between 10 meters and 60 meters on Met Tower.

SOURCE TERM DATA COLLECTION

IF data is **NOT** available through sources listed above (or Steps 4.5.1.1 through 4.5.1.3) this procedure **CANNOT** be completed.

| MONITOR | UNIT 1 | UNIT 2 | UNIT3 |
|----------------------------|--------------|--------------|--------------|
| RIA-45 cpm | | | |
| RIA-46 cpm | | | |
| RIA-56 R/hr | | | |
| UNIT VENT FLOW RATE cfm | | | |
| RIA-16 mR/hr | | | |
| RIA-17 mR/hr | | | |
| Main Steam Flow Rate | Assume 4.5E6 | Assume 4.5E6 | Assume 4.5E6 |

Enclosure 5.2
Manual Recording Of Summary Report

HP/0/B/1009/022
Page 1 of 1

NOTE: **IF** printer problems occur and the Summary Report **CANNOT** be printed, this enclosure should be used to record data.

1. Use the following steps to record required information:

- 1.1 At REPORT MENU, select REVIEW SUMMARY REPORT.
- 1.2 Scroll up and down the report as necessary to access information (pages are separated by "dash" marks across the screen).
- 1.3 Copy information from Page 3 of Summary Report onto form at bottom of this enclosure.
- 1.4 On table below, circle highest "Emergency Class Criteria" that is marked with "*" on "Summary Report" screen.
- 1.5 **WHEN** complete, select DONE at bottom of screen, continue at procedure Step 4.10.4.

| | |
|---------------------|-----------------------|
| CURRENT DATE: _____ | STEP NUMBER: <u>1</u> |
| CURRENT TIME: _____ | STEP DATE: <u>NA</u> |
| OPERATOR: _____ | STEP TIME: <u>NA</u> |

Emergency Classification Based on Dose Rate @ NA : _____
(Specify)

| Emergency Class Criteria | | | | | | |
|--------------------------|--------------------|-----------|------------------|---------|-------------------|----------------------|
| Dose Type | 1.0 mi | Sector | Unusual Event | Alert | Site Emergency | General Emergency |
| TEDE (mrem/hr) | _____ (specify) | <u>NA</u> | 1.14E-1 | 1.14E+1 | 100 | 1000 |
| CDE Thyroid (mrem/hr) | _____ (specify) | <u>NA</u> | 3.42E-1 | 3.42E+1 | 500 | 5000 |

*Identifies any value which exceeds the radiological action level.

Enclosure 5.3
Manual Recording Of Emergency
Notification Form

HP/0/B/1009/022
Page 1 of 1

This enclosure should be used if printer problems occur and the Emergency Notification Form (green sheet) **CANNOT** be printed. Use the following steps to record required information, based on radiological conditions:

1. At Report Menu, select DISPLAY GREEN FORM.
2. Select NEXT PAGE at bottom of screen to access Lines 11 through 15 as necessary.
3. Copy information from Lines 11, 12, and 14, of the displayed Emergency Notification Form, onto the form at the bottom of this enclosure.
4. At line 13, place an "X" in the "New" box below and copy the remaining information.
5. At line 15, of the Raddose-V display, perform the following:
 - **IF** no Recommended Protective Actions are displayed, place an "X" in box A below.
 - **IF** dose projections indicate evacuation and sheltering are necessary, Raddose-V will display the affected Protective Action Zones (PAZs) at boxes B and C. If applicable, copy this information onto the form below and check boxes B and C.
6. Using Enclosure 5.2 or the "Summary Report" record Emergency Classification below.
7. Select CANCEL or DONE at bottom of screen, then continue at Step 4.11.6.

****11. TYPE OF RELEASE:** ☐ ELEVATED ☒ GROUND LEVEL

☒ **AIRBORNE:** STARTED: _____ STOPPED: _____
Time (Eastern) Date Time (Eastern) Date

☐ **LIQUID:** STARTED: _____ STOPPED: _____
Time (Eastern) Date Time (Eastern) Date

****12. RELEASE MAGNITUDE:** ☒ Curies Per Sec ☐ Curies NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☒ IODINES _____
☒ PARTICULATES _____ ☐ D OTHER N/A _____

****13. ESTIMATE OF PROJECTED OFF-SITE DOSE:** ☒ NEW ☐ UNCHANGED PROJECTION TIME: _____ Eastern

| | | | |
|---------------|--------------|---------------------|--------------------------------|
| | TEDE mrem | Thyroid CDE mrem | |
| SITE BOUNDARY | _____ | _____ | ESTIMATED DURATION: _____ HRS. |
| 2 MILES | _____ | _____ | |
| 5 MILES | _____ | _____ | |
| 10 MILES | _____ | _____ | |

****14. METEOROLOGICAL DATA:** ☒ WIND DIRECTION (from) _____° ☒ SPEED (mph) _____

☒ STABILITY CLASS _____ ☒ PRECIPITATION (type) _____

15.

RECOMMENDED PROTECTIVE ACTIONS:

- ☐ **A** NO RECOMMENDED PROTECTIVE ACTIONS
- ☐ **B** EVACUATE _____
- ☐ **C** SHELTER IN-PLACE _____
- ☐ **D** OTHER N/A _____

Emergency Classification (circle one):

None Unusual Event Alert

Site Area Emergency General Emergency

Enclosure 5.4
Assisting In The Completion Of The
Emergency Notification Form

HP/0/B/1009/022
Page 1 of 1

Raddose-V will print the Emergency Classification, based on Off-Site Dose on Page 3 of the "Summary Report" obtained at Step 4.10.3. Circle corresponding Emergency Classification at line 5 on Raddose-V printout of the Emergency Notification Form. If no Emergency Classification applies, write "NONE" on line 5 of the Emergency Notification Form. If the Emergency Notification form (green sheet) generated by Raddose-V recommends evacuation of any zone, circle "General Emergency" on the Raddose-V printout and recommend a General Emergency to the OPERATIONS SHIFT MANAGER (refer to the following note for more information).

NOTE:

- Radiological Emergency Classification is based on dose rates at the Site Boundary (1mile). Under low wind speeds, Raddose-V may indicate low (or no) dose rates at 1 mile for a large release of activity. Then, after performing a forecast, evacuation might be recommended by Raddose. This is expected and is due to the low wind speed conditions.
- "Protective Action Recommendations" are either NO Protective Actions Necessary, or Evacuate Affected Zones. Whenever one or more zones are recommended for evacuation, sheltering of ALL other zones must be recommended. It is the responsibility of the Operations Shift Manager to determine which, if any zones should be recommended for evacuation.

For conditions when this procedure is used, if a General Emergency is declared, all zones out to 5 miles around the plant (A0, A1, B1, C1, D1, E1, and F1) will be recommended to be evacuated by Operations. Sheltering is recommended for all other zones. Dose Projections are performed primarily to determine if any zones beyond 5 miles should be evacuated.

Continue at Step 4.11.6.

Example Summary Report

RADDOSE-V Version Rev 2.0
OCONEE NUCLEAR STATION - UNIT 1
Copyright 1998-99 Earth Tech

REAL TIME MODE SUMMARY REPORT

| | | | |
|---------------|----------|--------------|----------|
| CURRENT DATE: | 09/21/98 | STEP NUMBER: | 1 |
| CURRENT TIME: | 18:21 | STEP DATE: | 09/21/98 |
| OPERATOR: | DJB | STEP TIME: | 12:15 |

Scenario Definition:

| | | | |
|-------------------|----------|--------------|----------|
| REACTOR TRIP DATE | 09/21/98 | RELEASE DATE | 09/21/98 |
| REACTOR TRIP TIME | 12:00 | RELEASE TIME | 12:00 |

General Emergency has NOT been declared

Metereological Data:

| | | | |
|--------------------|--------------------|-------------------|----------------|
| WIND SPEED | 6.9 mph (P) | STABILITY CLASS | B (M) |
| WIND DIRECTION | 20.0 deg (P) | DELTA-TEMPERATURE | -0.9 deg C (M) |
| AIR TEMPERATURE | 18.0 deg C (M) | MIXING HEIGHT | 1000.0 m (C) |
| PRECIPITATION RATE | 0.00 in/15 min (M) | | |

Source Term Data:

| | |
|-------------------------|------------------------------|
| ACCIDENT TYPE | Pathway 1 LOCA |
| FLOWRATE | 6.30E+04 M ³ /min |
| MOBILE GAS METHOD | UV1H (RT1A46) |
| MOBILE GAS MONITOR | 3.80E+02 cpm (M) |
| MOBILE GAS REL RATE | 2.50E+00 CPM |
| NONREPARTICULATE METHOD | UV1H (RT1A46) |
| KODME REL RATE | 1.91E-01 CPM |
| PARTICULATE REL RATE | 8.05E-03 CPM |
| OTHER INPUT DATA: | |
| TIME SINCE TRIP (HRS) | 0.00 |

| | |
|--------------------------|-------|
| SPRAYS | ***** |
| HOLD-UP TIME | ***** |
| CONT LEAK RATE METHOD | ***** |
| CONT LEAK TYPE | ***** |
| CONT PRESSURE | ***** |
| CONT LEAK RATE | ***** |
| CONT BYPASS FRACTION | ***** |
| FILTERS | No |
| 50% PARTITIONED | ***** |
| POOL SCRUBBING | ***** |
| FIELD MEASUREMENT | ***** |
| DISTANCE | ***** |
| DIRECTION | ***** |
| FUEL ASSEMBLY AGE (DAYS) | ***** |

Key:

(P)=Primary Data Based on Hierarchy
(B)=Backup Data Based on Hierarchy
(M)=Other Tower Data Based on Hierarchy
(C)=Value Calculated by RadDose-V
(u)=User Input Value

Example
Summary Report

RADDOSE-V Version Rev 2.0
OCONEE NUCLEAR STATION - UNIT 1
Copyright 1996-98 Earth Tech

REAL TIME MODE SUMMARY REPORT

| | | | |
|---------------|----------|--------------|----------|
| CURRENT DATE: | 09/21/98 | STEP NUMBER: | 1 |
| CURRENT TIME: | 15:21 | STEP DATE: | 09/21/98 |
| OPERATOR: | DJB | STEP TIME: | 12:15 |

Total Release Rates:

| | |
|-------------|---------------|
| NOBLE GAS | 2.56E+00 Ci/s |
| IODINE | 1.81E-01 Ci/s |
| PARTICULATE | 9.05E-03 Ci/s |

Plume Arrival Times (Hrs) from 12:15 hours

| Distance (mi) | Arrival Time (hrs) |
|---------------|-----------------------|
| 0.5 | Arrived |
| 1.00 | Arrived |
| 2.00 | Arrived |
| 5.00 | 0.58 hrs @ time 12:50 |
| 10.00 | 1.42 hrs @ time 13:40 |

Isotopic Spectrum 0.25 hour after Reactor Trip Based on Source Term LOCA

Relative Percent Abundance at Time 12:15

| <u>Noble Gases</u> | | <u>Iodines</u> | | <u>Particulates</u> | |
|--------------------|---------|----------------|---------|---------------------|---------|
| Kr85 | 0.712% | I131 | 23.256% | Sr89 | 5.882% |
| Kr85m | 0.821% | I132 | 29.457% | Sr90 | 0.480% |
| Kr87 | 0.460% | I133 | 28.682% | Y91 | 11.763% |
| Kr88 | 1.478% | I134 | 3.876% | Ru106 | 0.061% |
| Xe131m | 0.657% | I135 | 14.729% | Te132 | 12.134% |
| Xe133 | 90.884% | | | Cs134 | 12.134% |
| Xe133m | 1.259% | | | Cs136 | 6.501% |
| Xe135 | 3.449% | | | Cs137 | 40.242% |
| Xe138 | 0.279% | | | Ba140 | 10.370% |
| | | | | Ce144 | 0.433% |

Example
Summary Report

RADDOSE-V Version Rev 2.0
OCONEE NUCLEAR STATION - UNIT 1
Copyright 1996-98 Earth Tech

REAL TIME MODE SUMMARY REPORT

| | | | |
|---------------|----------|--------------|----------|
| CURRENT DATE: | 09/21/98 | STEP NUMBER: | 1 |
| CURRENT TIME: | 15:21 | STEP DATE: | 09/21/98 |
| OPERATOR: | DJB | STEP TIME: | 12:15 |

Emergency Classification Based on Dose Rate @ 09/21/98 12:15 : Alert

Emergency Class Criteria

| Dose Type | 1.0 mi | Sector | Unusual Event | Alert | Site Emergency | General Emergency |
|--------------------------|----------|--------|------------------|----------|-------------------|----------------------|
| TEDE (mrem/hr) | 1.16E+01 | SSW(K) | 1.14E-1* | 1.14E+1* | 100 | 1000 |
| CDE Thyroid (mrem/hr) | 1.99E+02 | SSW(K) | 3.42E-1* | 3.42E+1* | 500 | 5000 |

* Identifies any value which exceeds the radiological action level

Unusual Event is based upon 2 times the SLC value

Alert is based upon 200 times the SLC value

Site Emergency is based upon one tenth of the Protective Action Guides

General Emergency is based upon the Protective Action Guides

TEDE is Total Effective Dose Equivalent

CDE is Committed Dose Equivalent (Thyroid, Adult)

Self Reading Dosimeter (SRD) Correction Factor

SRD Correction Factor= [TEDE/(Plume EDE + Ground Shine)]

Maximum SRD Correction Factor at the Site Boundary = 2.74E+00

PROVIDE SRD CORRECTION FACTOR to EMERGENCY WORKERS

Emergency Notification Form (Green Sheet)

1. A ☐ THIS IS A DRILL B. ☒ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: Oconee UNIT: 1 REPORTED BY: _____
3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ CONFIRMATION PHONE NUMBER: _____
(Eastern) mm/dd/yy
4. AUTHENTICATION (If Required): _____
(Number) (Codeword)

5. EMERGENCY CLASSIFICATION: A. ☐ NOTIFICATION OF UNUSUAL EVENT
B. ☐ ALERT C. ☐ SITE AREA EMERGENCY D. ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☒ Termination At: TIME/DATE: _____ / _____ / _____ (If B, go to Item 16)
(Eastern) mm dd yy
7. EMERGENCY DESCRIPTIONS/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☒ STABLE ☐ DEGRADING
9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ / _____ / _____ ☐ _____ % POWER
(Eastern) mm dd yy
10. EMERGENCY RELEASE(S):

A. ☐ NONE (Go to Item 14) B. ☐ POTENTIAL (Go to Item 14) C. ☐ IS OCCURRING D. ☐ HAS OCCURRED

- **11. TYPE OF RELEASE: ☐ ELEVATED ☒ GROUND LEVEL

☒ AIRBORNE: STARTED: 12:00 09/21/98 STOPPED: _____
Time (Eastern) Date Time (Eastern) Date

☐ LIQUID: STARTED: _____ / _____ / _____ STOPPED: _____ / _____ / _____
Time (Eastern) Date Time (Eastern) Date

- **12. RELEASE MAGNITUDE: ☒ Curies Per Sec ☐ Curies NORMAL OPERATING LIMITS: ☐ BELOW ☒ ABOVE
- ☒ NOBLE GASES 2.58E+00 ☐ IODINES 1.81E-01
- ☐ PARTICULATES 9.05E-03 ☐ OTHER _____

- **13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: 12:15
- | | TEDE (mrem) | Thyroid CDE (mrem) | |
|---------------|-------------|--------------------|-------------------------------|
| SITE BOUNDARY | 1.45E+01 | 2.48E+02 | (Eastern) |
| 2 MILES | 2.93E+00 | 4.97E+01 | ESTIMATED DURATION: 1.25 HRS. |
| 5 MILES | 3.93E-01 | 6.79E+00 | |
| 10 MILES | 0.00E+00 | 0.00E+00 | |

- **14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) 20.0 deg ☐ SPEED (mph) 6.0
- ☐ STABILITY CLASS B ☐ PRECIPITATION (type) 0.00 in/15 min

15. RECOMMENDED PROTECTIVE ACTIONS:
- A. ☐ NO RECOMMENDED PROTECTIVE ACTIONS
- B. ☐ EVACUATE
- C. ☐ SHELTER IN-PLACE
- D. ☐ OTHER _____

16. APPROVED BY: _____ TIME/DATE: _____ / _____ / _____
(Name) (Title) (Eastern) mm dd yy

* If Items 8-14 have not changed, only Items 1-7 and 15-16 are required to be completed

** Information may not be available on initial notification

Enclosure 5.6
Example
Emergency Notification Form (Green Sheet)

HP/0/B/1009/022
Page 2 of 2

09/21/98

12:15

This page is for internal use only. Do not FAX.

The accumulated dose at the site boundary is: $2.9E+0$ millirem (TEDE)
since the beginning of the release. $4.96E+1$ millirem (CDE Thyroid)

This information is taken from ☒ Raddose-V estimate.

The following list of dose comparisons should be used to assist the News Group and/or the company spokesperson in quantifying the above exposure to the public through news releases.

Comparisons in millirem(s)

| | |
|---|------|
| Exposure received from a routine X-ray of the arm or leg. (NUREG/BR-0150) | 1 |
| Exposure received during a cross-country flight. (NCRP Report No. 94, 1987) | 1.5 |
| Exposure from a single diagnostic chest X-ray. (NUREG/BR-0150) | 6 |
| Annual dose commitment limit, to any individual member of the public, from the licensed operation of a nuclear power facility. (10CFR20, Appendix B, Table 2) | 50 |
| Routine Upper GI series X-ray. (NCRP Report No. 100, 1989) | 250 |
| Average annual exposure to the U.S. population from all sources including radon. (NCRP Report No. 94, 1987) | 360 |
| EPA Protective Action Guide for the public evacuation and/or shelter. (EPA-400) | 1000 |
| Annual occupational limit for nuclear power plant workers. (10CFR20.1201(i)) | 5000 |

INFORMATION
ONLY

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/Q/A/1000/15A

Revision No 004

VARIATION

Station Oconee Nuclear Station

(3) Procedure Title Offsite Communications From The Control Room

(4) Prepared By Donice Kelley Date 09/20/2001

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)

☐ No (Revision with minor changes)

☐ No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 9/20/01

Cross-Disciplinary Review By B. Snowden (QR) NA Date 9-25-01

Reactivity Mgmt. Review By _____ (QR) NA Date _____

(7) Additional Reviews

QA Review By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By M. L. Thome Date 10-1-01

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Listed enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

Remarks (Attach additional pages, if necessary)

Duke Power Company
Oconee Nuclear Station

Offsite Communications From The Control Room

Reference Use

Procedure No.

RP/0/B/1000/015A

Revision No.

004

Electronic Reference No.

OX002WP7

Offsite Communications From The Control Room

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

- 1.1 Events are in progress or have occurred which require activation of the Oconee Nuclear Site Emergency Plan and notification of offsite agencies.

2. Immediate Actions

- ☐ 2.1 Obtain the portable phone (882-7076 located on column in Unit 1&2 and Unit 3 CR) and report to the OSM/EC.
- ☐ 2.2 Obtain the following items from the Emergency Procedures Cart (located in TSC and OSC): Emergency Action Level Guideline Manual, and yellow folder containing Emergency Telephone Directory, Authentication Code List, and Emergency Notification forms.

NOTE: **INITIAL/UPGRADE** notifications **MUST** be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time on Line 6 of the Emergency Notification Form.

PROTECTIVE ACTION RECOMMENDATION (PAR) changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the OSM Emergency Coordinator/Dose Assessment Liaison.

FOLLOW-UP FOR AN UNUSUAL EVENT - A Follow-Up notification is **NOT** required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the transmittal time on Line 3 for an **Alert, Site Area Emergency, or General Emergency** Classification. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies.

FOLLOW-UP Notifications - Do not delay sending a Follow-Up notification if all information is not available. Use the same information from the previous message sheet.

Do **NOT** use acronyms.

2.3 Review the OSM/EC Log to determine plant conditions. Verify correct enclosure for applicable emergency event is selected.

- ☐ 2.3.1 If a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Completion of General Emergency Event).
- ☐ 2.3.2 If a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guideline for Completion of Site Area Emergency Event).
- ☐ 2.3.3 If an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Completion of Alert Event.).
- ☐ 2.3.4 If an **UNUSUAL EVENT** exists, complete Enclosure 4.4 (Guidelines for Completion of Unusual Event).

3. Subsequent Actions

☐ 3.1 Provide the OSM/EC with a status of offsite notifications:

3.1.1 Provide a copy of the completed Emergency Notification Form to the OSM/EC.

3.1.2 Identify the offsite agencies notified/not notified.

3.1.3 Identify any communications equipment problems.

3.1.4 Identify any offsite agency questions requiring information that was not included on the Emergency Notification Form.

A. Record questions on Enclosure 4.10 (Response to Offsite Agency Questions).

B. Have OSM/EC approve response by signing and dating it.

C. Attach the question and answer sheet to the Emergency Notification Form used when the question was asked and provide to applicable agency/agencies.

D. Document the date and time answers were called back and the name of the agency contact receiving the information.

- ☐ 3.2 **IAAT** The Emergency Event Classification is being **UPGRADED**,
 THEN Complete an Emergency Notification Form using the correct Enclosure.
- ☐ 3.2.1 If a GENERAL EMERGENCY exists, complete Enclosure 4.1 (Guidelines for Completion of General Emergency Event).
- ☐ 3.2.2 If a SITE AREA EMERGENCY exists, complete Enclosure 4.2 (Guideline for Completion of Site Area Emergency Event).
- ☐ 3.2.3 If an ALERT exists, complete Enclosure 4.3 (Guidelines for Completion of Alert Event.).
- ☐ 3.3 **IAAT** A **FOLLOW-UP** notification is required for an emergency event,
 THEN **GO TO** Enclosure 4.5 (Guidelines for Completion of Follow-Up Message).
- ☐ 3.4 **IAAT** A **TERMINATION** notification is required for an event,
 THEN **GO TO** Enclosure 4.6 (Guidelines for Termination of an Event).
- ☐ 3.5 **IAAT** The TSC Offsite Communicator is available, and additional notifications are not immediately required,
 THEN Conduct turnover with the TSC Offsite Communicator.

 - 3.5.1 Prepare for turnover with TSC Offsite Communicator by completing Enclosure 4.9 (Turnover Checklist).
 - 3.5.2 Provide completed Emergency Notification Forms to the TSC Offsite Communicator.
 - 3.5.3 Review Enclosure 4.9 (Turnover Checklist), with the TSC Offsite Communicator.
 A. Provide completed turnover sheet to TSC Offsite Communicator.
 - 3.5.4 Provide the portable phone to the TSC Offsite Communicator.
 - 3.5.5 Report to the OSM/EC once turnover is completed.
 A. Provide this completed procedure to the OSM/EC.

4. Enclosures

4.1 Guidelines for Completion of General Emergency Event

4.1.A Page 1 of Emergency Notification Form

4.1.B Page 2 of Emergency Notification Form

4.2 Guidelines for Completion of Site Area Emergency Event

4.2.A Page 1 of Emergency Notification Form

4.2.B Page 2 of Emergency Notification Form

4.3 Guidelines for Completion of Alert Event

4.3.A Page 1 of Emergency Notification Form

4.3.B Page 2 of Emergency Notification Form

4.4 Guidelines for Completion of Unusual Event

4.4.A Page 1 of Emergency Notification Form

4.4.B Page 2 of Emergency Notification Form

4.5 Guidelines for Completion of Follow-Up Message

4.5.A Page 1 of Emergency Notification Form

4.5.B Page 2 of Emergency Notification Form

4.6 Guidelines for Termination of an Event

4.6.A Page 1 of Emergency Notification Form

4.6.B Page 2 of Emergency Notification Form

4.7 Copy/FAX Operation

4.8 Alternate Method and Sequence to Contact Agencies

4.9 Turnover Checklist

4.10 Response to Offsite Agency Questions

4.11 Acronym Listing

Guidelines for Completion of GENERAL EMERGENCY EVENT

USE ENCLOSURE 4.1.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines a **GENERAL EMERGENCY** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if **ANY** of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|---|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 15 Include any additional information as required by the OSM under **D (Other)**.
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist, then write *"Move residents living downstream of the Keowee Hydro dams to higher ground"* under the Oconee/Pickens county and sectors area. Also **Mark D (Other)** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.1
Guidelines for Completion of
GENERAL EMERGENCY EVENT

RP/0/B/1000/015A

Page 2 of 2

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.1.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the copy (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.1.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.1.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☒ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15 A Enclosure 4.1.A

Page 1 of 1

1. ☐ A THIS IS A DRILL ☒ B ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

3. SUBMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY

CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☐ C SITE AREA EMERGENCY ☒ D GENERAL EMERGENCY

6. ☒ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____ (Eastern) MM / DD / YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION ☐ A IMPROVING ☐ B STABLE ☒ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____ (Eastern) MM / DD / YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ A AIRBORNE: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

☐ B LIQUID: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

**12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ A NOBLE GASES _____

☐ B IODINES _____

☐ C PARTICULATES _____

☐ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

2 MILES _____
 5 MILES _____
 10 MILES _____

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED (MPH) _____
☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☒ B EVACUATE: **Oconee County - A0, D1, E1, F1**

Pickens County - A0, A1, B1, C1

☒ C SHELTER IN-PLACE: **Oconee County - D2, E2, F2**

Pickens County - A2, B2, C2

☐ D OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) MM / DD / YY

- * If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
- ** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.1.B
Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

| 1. | Name | Date/time |
|----|---|-----------|
| | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 | |

| | | |
|----|--|-----------|
| 2. | Name | Date/time |
| | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 | |

| | | |
|----|--|-----------|
| 3. | Name | Date/time |
| | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 | |

| | | |
|----|---|-----------|
| 4. | Name | Date/time |
| | Pickens County EPD (864) 898-5943 Selective Signaling - 419 | |

| | | |
|----|--|-----------|
| 5. | Name | Date/time |
| | Oconee County EPD (864) 638-4200 Selective Signaling - 417 | |

| | | |
|----|--|-----------|
| 6. | Name | Date/time |
| | DHEC (BSHWM) Callback only (803) 253-6488 | |

| | | |
|----|------|-----------|
| 7. | Name | Date/time |
|----|------|-----------|

**Guidelines for Completion of
SITE AREA EMERGENCY**

USE ENCLOSURE 4.2.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL"

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**
- Reported By: Write your name

Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines a **SITE AREA EMERGENCY** exists.

Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.

Line 9 REACTOR STATUS

If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES:

The OSM/EC will provide information to complete this line

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.

An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):

| | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |

- A release of radioactive materials has occurred, Mark D.

Line 15

- If a Keowee Hydro Dam/Dike condition "A" does **NOT** exist, then **Mark A.**
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist, then **MARK B** (Evacuate) and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."* Also **Mark D** (Other) and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Guidelines for Completion of SITE AREA EMERGENCY

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.2.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.2.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10, (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.2.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☒ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

1. ☐ A THIS IS A DRILL ☐ B ACTUAL EMERGENCY ☒ C INITIAL ☐ D FOLLOW-UP MESSAGE NUMBER _____
2. SITE: Oconee UNIT: _____ REPORTED BY: _____
- TRANSMITTAL TIME/DATE: _____ (Eastern) MM/DD/YY CONFIRMATION PHONE NUMBER: (864) 882-7076
4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

- ☐ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☒ C SITE AREA EMERGENCY ☐ D GENERAL EMERGENCY

6. ☒ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____ (Eastern) MM/DD/YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS

8. PLANT CONDITION ☐ A IMPROVING ☐ B STABLE ☒ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____ (Eastern) MM/DD/YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

- **11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

- ☐ A AIRBORNE: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

- ☐ B LIQUID: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

- ☐ A NOBLE GASES _____

- ☐ B IODINES _____

- ☐ C PARTICULATES _____

- ☐ D OTHER _____

- **13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mremThyroid CDE
mrem**NOT****AVAILABLE**

SITE BOUNDARY _____

ESTIMATED DURATION: _____ HRS.

2 MILES _____

5 MILES _____

10 MILES _____

- **14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ °

- ☐ B SPEED MPH _____

- ☐ C STABILITY CLASS _____

- ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

- ☐ A NO RECOMMENDED PROTECTIVE ACTIONS

- ☐ B EVACUATE _____

- ☐ C SHELTER IN-PLACE _____

- ☐ D OTHER _____

APPROVED BY: _____ (Name)
Emergency Coordinator (Title)

TIME/DATE: _____ (Eastern) MM/DD/YY

- If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
- Information may not be available on Initial Notifications

EMERGENCY NOTIFICATIONRP/15A Enclosure 4.2.B
Page 1 of 1**GOVERNMENT AGENCIES NOTIFIED****NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| 1. | Name | Date/time |
|----|------|---|
| | | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | |
|----|------|-----------|
| 7. | Name | Date/time |
|----|------|-----------|

Enclosure 4.3
Guidelines for Completion of
ALERT

RP/0/B/1000/015A
Page 1 of 2

USE ENCLOSURE 4.3.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **ALERT** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
The OSM/EC will provide information to complete this line.
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
An airborne release is considered to be in progress if **ANY** of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.3
Guidelines for Completion of
ALERT

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.3.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to attached (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.3.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10. (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.3.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.

☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____
3. SUBMITTAL TIME/DATE: _____ (Eastern) MM/DD/YY CONFIRMATION PHONE NUMBER: (864) 882-7076
4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ NOTIFICATION OF UNUSUAL EVENT ☒ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) MM/DD/YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS

8. PLANT CONDITION ☐ IMPROVING ☒ STABLE ☐ DEGRADING
9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____ (Eastern) MM/DD/YY ☐ _____ % POWER
10. EMERGENCY RELEASE(S): ☐ NONE (Go to item 14.) ☐ POTENTIAL (Go to item 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

- **11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL
- ☐ AIRBORNE: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY
- ☐ LIQUID: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE
- ☐ NOBLE GASES _____ ☐ IODINES _____
- ☐ PARTICULATES _____ ☐ OTHER _____

- **13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE mrem Thyroid CDE mrem

SITE BOUNDARY _____

2 MILES _____

5 MILES _____

10 MILES _____

ESTIMATED DURATION: _____ HRS.

- **14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____ ° ☐ SPEED MPH _____
- ☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) MM/DD/YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications.

EMERGENCY NOTIFICATION

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED

| |
|---|
| NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED. |
|---|

| | | | |
|----|------|-----------|---|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 7. | Name | Date/time | |
|----|------|-----------|--|

Enclosure 4.4
Guidelines for Completion of
UNUSUAL EVENT

RP/0/B/1000/015A
Page 1 of 2

NOTE: OSM can terminate an Unusual Event on same notification message sheet that initial Unusual Event was declared on.

USE ENCLOSURE 4.4.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **UNUSUAL EVENT** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if **ANY** of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.4
Guidelines for Completion of
UNUSUAL EVENT

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.4.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the copy (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill OR emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.4.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.4.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.

GO TO Subsequent Actions, Step 3.1.

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.4.A

Page 1 of 1

1. ☐ A THIS IS A DRILL ☐ B ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☐ C SITE AREA EMERGENCY ☐ D GENERAL EMERGENCY

6. ☒ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____ (Eastern) MM / DD / YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS

8. PLANT CONDITION ☐ A IMPROVING ☒ B STABLE ☐ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____ (Eastern) MM / DD / YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ A AIRBORNE: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

☐ B LIQUID: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ A NOBLE GASES _____ ☐ B IODINES _____

☐ C PARTICULATES _____ ☐ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

2 MILES _____

5 MILES _____

10 MILES _____

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED MPH _____

☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☒ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) MM / DD / YY

- If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
- Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.4.B

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED**NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|--|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
| 7. | Name | Date/time | |

**Guidelines for Completion of
FOLLOW-UP Message**

USE A BLANK EMERGENCY NOTIFICATION FORM.

Line 1 Mark "DRILL" or "ACTUAL".

- Mark "Follow-up"
- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**
- Reported By: Write your name

Line 5 Mark the same Emergency Classification that was included on the previous message sheet.

Line 6 Mark A (Emergency Declaration At:) and include the Time/Date from the previous message sheet.

Line 7 EMERGENCY DESCRIPTION/REMARKS: Add any new information (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) at the beginning of the line as directed by the OSM Emergency Coordinator, and then repeat the same EAL from the previous message sheet.

Line 8. Verify Plant Conditions with the OSM/EC.

If Plant conditions have not changed since the previous message sheet, repeat the information from the previous message sheet.

If Plant conditions have changed since the previous message sheet, Determine the plant conditions and Mark A, B, or C as appropriate.

Line 9 REACTOR STATUS

If ALL is marked in Line 2 Include the Shutdown Time/Date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

RP/0/B/1000/015A
Page 2 of 3

Line 10 **EMERGENCY RELEASES:**

The OSM/EC will provide information to complete this line.

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.

An airborne release is considered to be in progress if **ANY** of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):

| | |
|-------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |

- A release of radioactive materials has occurred, Mark D.

Lines 11 - 13

- If an airborne release is not in progress, Write Not Applicable across Lines 11-13.
- If an airborne release is in progress and RP has completed an Offsite Dose Calculation, use the information from the Offsite Dose Calculation print out to complete Lines 11-13.

- Mark GROUND LEVEL

- Determine from OSM/RP/Radwaste Chemistry if the release is A, (Airborne) or B, (Liquid), and provide the time the release started and/or stopped

- If an airborne release is in progress and RP has not completed an Offsite Dose Calculation, Write Not Available across lines 11-13.

Line 14 Obtain Meteorological data from RP Shift Dose Assessor.

Line 15 If the OSM/EC has not upgraded the Recommended Protective Actions, repeat the Recommended Protective Actions from the previous message sheet.

Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

RP/0/B/1000/015A
Page 3 of 3

INSTRUCTIONS FOR TRANSMITTING A FOLLOW-UP NOTICE

- ☐ **Record Line 3 Transmittal Time/Date**

NOTE: Enclosure 4.7 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence To Contact Agencies).

- ☐ Copy the Emergency Notification Form
- ☐ Fax the form to offsite agencies using Speed Dial 14 on the FAX.

NOTE: Pickens County LEC does not have a FAX machine.

- ☐ Use Selective Signaling to provide the follow-up message to Pickens County LEC.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.5.A
Page 1 of 1

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____
- TRANSMITTAL TIME/DATE: _____ (Eastern) MM/DD/YY CONFIRMATION PHONE NUMBER: **(864) 882-7076**
4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

- ☐ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☐ Emergency Declaration At ☐ Termination At: TIME/DATE: _____ (Eastern) MM/DD/YY (If B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS

8. PLANT CONDITION ☐ IMPROVING ☐ STABLE ☐ DEGRADING
9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____ (Eastern) MM/DD/YY ☐ _____ % POWER
10. EMERGENCY RELEASE(S): ☐ NONE (Go to item 14.) ☐ POTENTIAL (Go to item 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

- ☐ AIRBORNE: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY
- ☐ LIQUID: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

- RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE
- ☐ NOBLE GASES _____ ☐ IODINES _____
- ☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

- TEDE mrem Thyroid CDE mrem
- SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
- 2 MILES _____
- 5 MILES _____
- 10 MILES _____

**14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____ ° ☐ SPEED MPH) _____ ☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

- ☐ NO RECOMMENDED PROTECTIVE ACTIONS
- ☐ EVACUATE _____
- ☐ SHELTER IN-PLACE _____
- ☐ OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) MM/DD/YY

- If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
- Information may not be available on Initial Notifications

EMERGENCY NOTIFICATIONRP/15A Enclosure 4.5.B
Page 1 of 1**GOVERNMENT AGENCIES NOTIFIED****NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| 1. | Name | Date/time |
|----|------|---|
| | | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | |
|----|------|-----------|
| 7. | Name | Date/time |
|----|------|-----------|

Enclosure 4.6
Guidelines for TERMINATION
of an Event

RP/0/B/1000/015A
Page 1 of 2

USE A BLANK EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL"

- Do **NOT** mark Initial or Follow Up for a Termination notification
- **MESSAGE NUMBER**, sequential numbering is required.

Line 2 Repeat previous message sheet information for site and unit.

Reported by: Write your name.

Lines 3 - 5 Leave Blank

Line 6 Mark B (Termination At) and include the Termination time provided by the OSM/EC.

Lines 7 - 15 Leave Blank

Line 16 APPROVED BY: OSM/EC signature time & date of approval.

Enclosure 4.6
Guidelines for TERMINATION
of an Event

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR TRANSMITTING A TERMINATION NOTICE

- ☐ **Record Line 3 Transmittal Time/Date**

NOTE: Enclosure 4.7 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.8, (Alternate Method and Sequence To Contact Agencies).

- ☐ **Copy the Emergency Notification Form**

FAX the form to offsite agencies using speed Dial 14 on the FAX.

NOTE: Pickens County LEC does not have a FAX machine.

- ☐ **Use Selective Signaling to provide the termination notification to Pickens County LEC.**
- ☐ **Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.**
- ☐ **GO TO Subsequent Actions Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.6.A
Page 1 of 1

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____
- TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076
4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

- ☐ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☐ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS

8. PLANT CONDITION ☐ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY ☐ % POWER

10. EMERGENCY RELEASE(S): ☐ NONE (Go to item 14.) ☐ POTENTIAL (Go to item 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

- **11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

- ☐ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) MM DD YY Stopped: _____ / _____ / _____ Time (Eastern) MM DD YY

- ☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) MM DD YY Stopped: _____ / _____ / _____ Time (Eastern) MM DD YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

- ☐ NOBLE GASES _____

- ☐ IODINES _____

- ☐ PARTICULATES _____

- ☐ OTHER _____

- **13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mrem

Thyroid CDE
mrem

SITE BOUNDARY _____

2 MILES _____

5 MILES _____

10 MILES _____

ESTIMATED DURATION: _____ HRS.

- **14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____ ° ☐ SPEED MPH) _____
- ☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

- ☐ NO RECOMMENDED PROTECTIVE ACTIONS

- ☐ EVACUATE _____

- ☐ SHELTER IN-PLACE _____

- ☐ OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY

- * If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.6.B

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED**NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|--|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
| | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
| 7. | Name | Date/time | |

NOTE: This enclosure provides basic operating instructions for the primary faxes in the TSC, U-1/2 Control Room, OSC, and EOF. Refer to the Operator Manuals for detailed information.

1. TSC/Control Room/OSC/EOF

1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:

- A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.
- B. Press the blue **COPY** button
- C. Press the green **START/SCAN** button

NOTE: Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the Fax scans the document(s) prior to automatic dialing.

1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:

- A. Insert copy **face down** (top end first). Adjust document guide if needed
- B. Determine which **Speed Dial Code number** to use
- C. Press the **Speed Dial Code number** (button located in center of telephone key pad area of control panel)
- D. Press the green **START/SCAN** button

COPY/FAX Operation

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

| Speed Dial Code | Agency/Location Sent To | |
|-----------------|--------------------------|--|
| 01 | NRC | |
| 02 | Pickens County EPD | |
| 03 | Oconee County EPD | |
| 04 | SC State Warning Point | |
| 05 | SEOC | |
| 06 | DHEC-BSHWM | |
| 07 | EOF | |
| 08 | OSC | |
| 09 | World Of Energy | |
| 10 | Alternate TSC | |
| 11 | Oconee Complex | |
| 12 | SSG & NSC | |
| 13 | JIC | |
| 14 | Dial Group: | Pickens County EPD Oconee County EPD SC State Warning Point Oconee County LEC EOF World Of Energy GO JIC |
| 15 | Dial Group: | Pickens County EPD Oconee County EPD |
| 16 | FEOC | |
| 17 | Dial Group: | Pickens County EPD Oconee County EPD SEOC EOF World Of Energy GO JIC |
| 18 | Oconee County LEC | |
| 19 | Safety Assurance | |
| 20 | GO JIC | |
| 21 | Security | |
| 25 | National Weather Service | |
| 26 | GEMA | |
| 27 | Dial Group: | National Weather Service GEMA |
| 29 | Dial Group: | EOF; OSC |
| 30 | ONS SRG/RC/EC | |
| 31 | Dial Group: | OSC; Security |

**ALTERNATE METHOD AND SEQUENCE
TO CONTACT AGENCIES**

NOTE: Phone numbers and radio operating instructions are included in the Emergency Telephone Directory

Agency phone numbers are also on Emergency Notification Form.

☐ ROLM phone system(direct outside line)

☐ Portable phone system (direct outside line)

☐ Offsite Base Radio from the Control Room
Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

Oconee County LEC 32*

Pickens County LEC 35*

Pickens County EPD 31*

NOTE: Pickens County EPD is not staffed after 1700 hours Monday - Friday or on weekends and holidays.

Press MONITOR button to determine if the selected frequency is in use.

Depress FOOT PEDAL or XMIT button AND keep engaged while talking.

Call the offsite agency being contacted by using applicable Identifier. For Example -
"Oconee Control Room to Oconee LEC".

Oconee County LEC Oconee LEC

Pickens County LEC Pickens LEC

Pickens County EPD Pickens EOC

U 1&2 Control Room Oconee Control Room

Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.

Record Time/Call Letters of agency/agencies receiving notification on the Emergency Notification Form.

Oconee County LEC KNBE-488

Pickens County LEC KNBZ-965

Pickens County EPD KNBE-480

End radio transmission using Call Letters WQC699.

Enclosure 4.9
Turnover Checklist

RP/0/B/1000/015A
Page 1 of 1

Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

| Indicate which agencies have been contacted: | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| Oconee Law Enforcement Center | | |
| Pickens Law Enforcement Center | | |
| State Warning Point (SCHD) | | |
| Pickens emergency Preparedness Division | | |
| Oconee Emergency Preparedness Division | | |
| DHEC (BSHWM) | | |

Communications Problems Experienced: _____

Site Evacuation: Yes _____ No _____ **Time Evacuation Initiated** _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

Site Relocation: Yes _____ No _____ **Assembly Location** _____

Alternate Facility Activated: TSC: Yes _____ No _____ OSC: Yes _____ No _____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Enclosure 4.10

Response To Offsite Agency Questions

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Page 1 of 1

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

Response Provided To (Name): _____ **Date** _____ **Time** _____

Enclosure 4.11
ACRONYM LISTING

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Page 1 of 1

| | |
|--------------|--|
| CAN | Community Alert Network |
| CDEP | County Director of Emergency Preparedness |
| DHEC (BSHWM) | Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management) |
| EAL | Emergency Action Level |
| EC | Emergency Coordinator |
| ENS | Emergency Notification System |
| EOC | Emergency Operating Center |
| EOF | Emergency Operations Facility |
| EOFD | Emergency Operations Facility Director |
| EPD | Emergency Preparedness Division |
| ERO | Emergency Response Organization |
| FAX | Facsimile |
| FEOC | Forward Emergency Operations Center |
| FMT | Field Monitoring Team |
| GEMA | Georgia Emergency Management Agency |
| HPN | Health Physics Network |
| IAAT | If At Any Time |
| JIC | Joint Information Center |
| LEC | Law Enforcement Center |
| NEP | Nuclear Emergency Planning |
| NRC DSO | Nuclear Regulatory Commission, Director of Site Operations |
| NRC EOC | Nuclear Regulatory Commission, Emergency Operations Center |
| NSC | Nuclear Supply Chain |
| NWS | National Weather Service |
| OSC | Operational Support Center |
| OSM | Operations Shift Manager |
| PAR | Protective Action Recommendation |
| RC | Regulatory Compliance |
| SDEP | State Director of Emergency Preparedness |
| SEOC | State Emergency Operations Center |
| SRG | Safety Review Group |
| SSG | Site Services Group |
| SS | Selective Signaling |
| SWP | State Warning Point |
| TS | Technical Specifications |
| TSC | Technical Support Center |

INFORMATION ONLY

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/015ARevision No. 005

PREPARATION

Station Oconee Nuclear Station(3) Procedure Title Offsite Communications From The Control Room(4) Prepared By Donice Kelley Date 10/18/2001

(5) Requires 10CFR50.59 evaluation?

☐ Yes (New procedure or revision with major changes)☒ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Ray Waterman (QR) Date 10/22/01

Cross-Disciplinary Review By _____ (QR)NA _____ Date _____

Reactivity Mgmt. Review By _____ (QR)NA _____ Date _____

(7) Additional Reviews

QA Review By _____ Date _____

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By M. R. Thorne Date 10-22-01

PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?☐ Yes ☐ NA Listed enclosures attached?☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

Duke Power Company
Oconee Nuclear Station

Offsite Communications From The Control Room

Reference Use

Procedure No.

RP/0/B/1000/015A

Revision No.

005

Electronic Reference No.

OX002WP7

Offsite Communications From The Control Room

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

- 1.1 Events are in progress or have occurred which require activation of the Oconee Nuclear Site Emergency Plan and notification of offsite agencies.

2. Immediate Actions

- ☐ 2.1 Obtain the portable phone (882-7076 located on column in Unit 1&2 and Unit 3 CR) and report to the OSM/EC.
- ☐ 2.2 Obtain the following items from the Emergency Procedures Cart (located in TSC and OSC): Emergency Action Level Guideline Manual, and yellow folder containing Emergency Telephone Directory, Authentication Code List, and Emergency Notification forms.

NOTE: **INITIAL/UPGRADE** notifications **MUST** be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time on Line 6 of the Emergency Notification Form.

PROTECTIVE ACTION RECOMMENDATION (PAR) changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the OSM Emergency Coordinator/Dose Assessment Liaison.

FOLLOW-UP FOR AN UNUSUAL EVENT - A Follow-Up notification is **NOT** required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the transmittal time on Line 3 for an **Alert, Site Area Emergency, or General Emergency Classification**. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies.

FOLLOW-UP Notifications - Do not delay sending a Follow-Up notification if all information is not available. Use the same information from the previous message sheet.

Do **NOT** use acronyms.

2.3 Review the OSM/EC Log to determine plant conditions. Verify correct enclosure for applicable emergency event is selected.

- ☐ 2.3.1 If a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Completion of General Emergency Event).
- ☐ 2.3.2 If a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guideline for Completion of Site Area Emergency Event).
- ☐ 2.3.3 If an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Completion of Alert Event.).
- ☐ 2.3.4 If an **UNUSUAL EVENT** exists, complete Enclosure 4.4 (Guidelines for Completion of Unusual Event).

3. Subsequent Actions

- ☐ 3.1 Provide the OSM/EC with a status of offsite notifications:
 - 3.1.1 Provide a copy of the completed Emergency Notification Form to the OSM/EC.
 - 3.1.2 Identify the offsite agencies notified/not notified.
 - 3.1.3 Identify any communications equipment problems.
 - 3.1.4 Identify any offsite agency questions requiring information that was not included on the Emergency Notification Form.
 - A. Record questions on Enclosure 4.10 (Response to Offsite Agency Questions).
 - B. Have OSM/EC approve response by signing and dating it.
 - C. Attach the question and answer sheet to the Emergency Notification Form used when the question was asked and provide to applicable agency/agencies.
 - D. Document the date and time answers were called back and the name of the agency contact receiving the information.

- ☐ 3.2 **IAAT** The Emergency Event Classification is being **UPGRADED**,
 THEN Complete an Emergency Notification Form using the correct Enclosure.
- ☐ 3.2.1 If a GENERAL EMERGENCY exists, complete Enclosure 4.1 (Guidelines for Completion of General Emergency Event).
- ☐ 3.2.2 If a SITE AREA EMERGENCY exists, complete Enclosure 4.2 (Guideline for Completion of Site Area Emergency Event).
- ☐ 3.2.3 If an ALERT exists, complete Enclosure 4.3 (Guidelines for Completion of Alert Event.).
- ☐ 3.3 **IAAT** A **FOLLOW-UP** notification is required for an emergency event,
 THEN **GO TO** Enclosure 4.5 (Guidelines for Completion of Follow-Up Message).
- ☐ 3.4 **IAAT** A **TERMINATION** notification is required for an event,
 THEN **GO TO** Enclosure 4.6 (Guidelines for Termination of an Event).
- ☐ 3.5 **IAAT** The TSC Offsite Communicator is available, and additional notifications are not immediately required,
 THEN Conduct turnover with the TSC Offsite Communicator.
- 3.5.1 Prepare for turnover with TSC Offsite Communicator by completing Enclosure 4.9 (Turnover Checklist).
- 3.5.2 Provide completed Emergency Notification Forms to the TSC Offsite Communicator.
- 3.5.3 Review Enclosure 4.9 (Turnover Checklist), with the TSC Offsite Communicator.
 - A. Provide completed turnover sheet to TSC Offsite Communicator.
- 3.5.4 Provide the portable phone to the TSC Offsite Communicator.
- 3.5.5 Report to the OSM/EC once turnover is completed.
 - A. Provide this completed procedure to the OSM/EC.

4. Enclosures

- 4.1 Guidelines for Completion of General Emergency Event
 - 4.1.A Page 1 of Emergency Notification Form
 - 4.1.B Page 2 of Emergency Notification Form
- 4.2 Guidelines for Completion of Site Area Emergency Event
 - 4.2.A Page 1 of Emergency Notification Form
 - 4.2.B Page 2 of Emergency Notification Form
- 4.3 Guidelines for Completion of Alert Event
 - 4.3.A Page 1 of Emergency Notification Form
 - 4.3.B Page 2 of Emergency Notification Form
- 4.4 Guidelines for Completion of Unusual Event
 - 4.4.A Page 1 of Emergency Notification Form
 - 4.4.B Page 2 of Emergency Notification Form
- 4.5 Guidelines for Completion of Follow-Up Message
 - 4.5.A Page 1 of Emergency Notification Form
 - 4.5.B Page 2 of Emergency Notification Form
- 4.6 Guidelines for Termination of an Event
 - 4.6.A Page 1 of Emergency Notification Form
 - 4.6.B Page 2 of Emergency Notification Form
- 4.7 Copy/FAX Operation
- 4.8 Alternate Method and Sequence to Contact Agencies
- 4.9 Turnover Checklist
- 4.10 Response to Offsite Agency Questions
- 4.11 Acronym Listing

Guidelines for Completion of GENERAL EMERGENCY EVENT

USE ENCLOSURE 4.1.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines a **GENERAL EMERGENCY** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 15 Include any additional information as required by the OSM under **D (Other)**.
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist, then write *"Move residents living downstream of the Keowee Hydro dams to higher ground"* under the Oconee/Pickens county and sectors area. Also **Mark D (Other)** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Guidelines for Completion of GENERAL EMERGENCY EVENT

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.1.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.1.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.1.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15 A Enclosure 4.1.A

Page 1 of 1

1. ☐ A THIS IS A DRILL ☒ B ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY CONFIRMATION PHONE NUMBER: (864) 882-7076

AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☐ C SITE AREA EMERGENCY ☒ D GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____ (Eastern) MM / DD / YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION ☐ A IMPROVING ☐ B STABLE ☒ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____ (Eastern) MM / DD / YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ A AIRBORNE: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

☐ B LIQUID: Started: _____ Time (Eastern) MM / DD / YY Stopped: _____ Time (Eastern) MM / DD / YY

RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ A NOBLE GASES _____ ☐ B IODINES _____

☐ C PARTICULATES _____ ☐ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

2 MILES _____

5 MILES _____

10 MILES _____

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED (MPH) _____

☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☒ EVACUATE: **Oconee County - A0, D1, E1, F1** **Pickens County - A0, A1, B1, C1**

☒ SHELTER IN-PLACE: **Oconee County - D2, E2, F2** **Pickens County - A2, B2, C2**

☐ D OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) MM / DD / YY

Items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATIONRP/15A Enclosure 4.1.B
Page 1 of 1**GOVERNMENT AGENCIES NOTIFIED****NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|--|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
| 7. | Name | Date/time | |

**Guidelines for Completion of
SITE AREA EMERGENCY**

USE ENCLOSURE 4.2.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines a **SITE AREA EMERGENCY** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if **ANY** of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr AND greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 15
- If a Keowee Hydro Dam/Dike condition "A" does **NOT** exist, then **Mark A**.
 - If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist, then **MARK B** (Evacuate) and write *"Move residents living downstream of the Keowee Hydro dams to higher ground."* Also **Mark D** (Other) and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

**Guidelines for Completion of
SITE AREA EMERGENCY**

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.2.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.2.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10, (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.2.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.2.A
Page 1 of 1

1. ☐ A THIS IS A DRILL ☐ B ACTUAL EMERGENCY ☒ C INITIAL ☐ D FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____
(Eastern) MM DD YY

CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____
(Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☒ C SITE AREA EMERGENCY ☐ D GENERAL EMERGENCY

6. ☒ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____
(Eastern) MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION ☐ A IMPROVING ☐ B STABLE ☒ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____
(Eastern) MM DD YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ A AIRBORNE: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

☐ B LIQUID: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ A NOBLE GASES _____ ☐ B IODINES _____

☐ C PARTICULATES _____ ☐ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____
(EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.

2 MILES _____
5 MILES _____
10 MILES _____

**14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED (MPH) _____
☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

APPROVED BY: _____
(Name)

Emergency
Coordinator
(Title)

TIME/DATE: _____
(Eastern) MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATIONRP/15A Enclosure 4.2.B
Page 1 of 1**GOVERNMENT AGENCIES NOTIFIED****NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|---|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 7. | Name | Date/time | |
|----|------|-----------|--|

Enclosure 4.3
Guidelines for Completion of
ALERT

RP/0/B/1000/015A
Page 1 of 2

USE ENCLOSURE 4.3.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **ALERT** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.3
Guidelines for Completion of
ALERT

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.3.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to attached (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD names of responding individuals** at this time.
- ☐ Check off the State and County agencies on Enclosure 4.3.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10. (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.3.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.3.A

Page 1 of 1

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ (Eastern) MM/DD/YY

CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____ (Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ NOTIFICATION OF UNUSUAL EVENT ☒ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) MM/DD/YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION ☐ IMPROVING ☒ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____ (Eastern) MM/DD/YY ☐ _____ % POWER

10. EMERGENCY RELEASE(S): ☐ NONE (Go to item 14.) ☐ POTENTIAL (Go to item 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ AIRBORNE: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

☐ LIQUID: Started: _____ Time (Eastern) MM/DD/YY Stopped: _____ Time (Eastern) MM/DD/YY

RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ NOBLE GASES ☐ IODINES

☐ PARTICULATES ☐ OTHER

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

ESTIMATED DURATION: _____ HRS.

2 MILES _____

5 MILES _____

10 MILES _____

**14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____ ° ☐ SPEED (MPH) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

APPROVED BY: _____ (Name)

Emergency
Coordinator
(Title)

TIME/DATE: _____ (Eastern) MM/DD/YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED

| |
|---|
| NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED. |
|---|

| | | | |
|----|------|-----------|---|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 7. | Name | Date/time | |
|----|------|-----------|--|

Enclosure 4.4
Guidelines for Completion of
UNUSUAL EVENT

RP/0/B/1000/015A
Page 1 of 2

NOTE: OSM can terminate an Unusual Event on same notification message sheet that initial Unusual Event was declared on.

USE ENCLOSURE 4.4.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **UNUSUAL EVENT** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.
- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):
- | | |
|----------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
- A release of radioactive materials has occurred, Mark D.
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

Enclosure 4.4
Guidelines for Completion of
UNUSUAL EVENT

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Enclosure 4.4.A of the Emergency Notification Form. Enclosure 4.7 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the copy (Do **NOT** fax original) to offsite agencies using Speed Dial 14 on the FAX.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- ☐ Ask agencies to hold line for a "drill OR emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD** names of responding individuals at this time.
- ☐ Check off the State and County agencies on Enclosure 4.4.B of the Emergency Notification Form as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC)

Pickens County Law Enforcement Center (LEC)

State Warning Point Emergency Preparedness Division (EPD)

[Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

| | | | |
|--------------------|-------|--------------------|--------|
| Oconee County LEC | (416) | Oconee County EPD | (417)* |
| Pickens County LEC | (410) | Pickens County EPD | (419)* |
| State Warning | (518) | | |

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.10 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Enclosure 4.4.B of the Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition A or B for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.4.A
Page 1 of 1

1. ☐ A THIS IS A DRILL ☐ B ACTUAL EMERGENCY ☒ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____
(Eastern) MM DD YY

CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____
(Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☐ C SITE AREA EMERGENCY ☐ D GENERAL EMERGENCY

6. ☒ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____
(Eastern) MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION ☐ A IMPROVING ☒ B STABLE ☐ C DEGRADING

9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____
(Eastern) MM DD YY ☐ B _____ % POWER

10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ A AIRBORNE: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

☐ B LIQUID: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ A NOBLE GASES _____ ☐ B IODINES _____

☐ C PARTICULATES _____ ☐ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____
(EASTERN)

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

ESTIMATED DURATION: _____ HRS.

2 MILES _____

5 MILES _____

10 MILES _____

**14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED (MPH) _____

☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☒ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

APPROVED BY: _____
(Name)

Emergency
Coordinator
(Title)

TIME/DATE: _____
(Eastern) MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.4.B

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED**NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|---|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|---|
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
|----|------|-----------|---|

| | | | |
|----|------|-----------|--|
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
|----|------|-----------|--|

| | | | |
|----|------|-----------|--|
| 7. | Name | Date/time | |
|----|------|-----------|--|

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

RP/0/B/1000/015A
Page 1 of 3

USE A BLANK EMERGENCY NOTIFICATION FORM.

- Line 1 Mark "DRILL" or "ACTUAL".
- Mark "Follow-up"
 - MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - If more than one unit is involved in the event, enter ALL.
 - Reported By: Write your name
- Line 5 Mark the same Emergency Classification that was included on the previous message sheet.
- Line 6 Mark A (Emergency Declaration At:) and include the Time/Date from the previous message sheet.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Add any new information at the beginning of the line as directed by the OSM Emergency Coordinator, and then repeat the same EAL from the previous message sheet.
- Examples of new information:** Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response.
- Line 8. Verify Plant Conditions with the OSM/EC.
- If Plant conditions have not changed since the previous message sheet, repeat the information from the previous message sheet.
- If Plant conditions have changed since the previous message sheet, Determine the plant conditions and Mark A, B, or C as appropriate.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 Include the Shutdown Time/Date or % Power for all three units.
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

RP/0/B/1000/015A
Page 2 of 3

Line 10 EMERGENCY RELEASES:

The OSM/EC will provide information to complete this line.

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.

An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):

| | |
|-------------------------------|--|
| 1, 2, 3 RIA 40 | Steam Generator Tube Leak |
| 1, 2, 3 RIA 45 or 46 | Shows increase in activity |
| 1, 2, 3 RIA 47, 48 or 49 | Reading > 1 cpm <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 1, 3 RIA 57 or 1, 2, 3 RIA 58 | Reading > 1.0 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |
| 2 RIA 57 | Reading > 1.6 Rad/hr <u>AND</u> greater than 1 pound pressure in containment building or actual containment breach is determined |

- A release of radioactive materials has occurred, Mark D.

Lines 11 - 13

- If an airborne release is not in progress, Write Not Applicable across Lines 11-13.
- If an airborne release is in progress and RP has completed an Offsite Dose Calculation, use the information from the Offsite Dose Calculation print out to complete Lines 11-13.

- Mark GROUND LEVEL

- Determine from OSM/RP/Radwaste Chemistry if the release is A, (Airborne) or B, (Liquid), and provide the time the release started and/or stopped

- If an airborne release is in progress and RP has not completed an Offsite Dose Calculation, Write Not Available across lines 11-13.

Line 14 Obtain Meteorological data from RP Shift Dose Assessor.

Line 15 If the OSM/EC has not upgraded the Recommended Protective Actions, repeat the Recommended Protective Actions from the previous message sheet.

Line 16 APPROVED BY: OSM/EC signature time & date of approval.

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

RP/0/B/1000/015A
Page 3 of 3

INSTRUCTIONS FOR TRANSMITTING A FOLLOW-UP NOTICE

- ☐ **Record Line 3 Transmittal Time/Date**

NOTE: Enclosure 4.7 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.8 (Alternate Method and Sequence To Contact Agencies).

- ☐ **Copy the Emergency Notification Form**
- ☐ **Fax the form to offsite agencies using Speed Dial 14 on the FAX.**

NOTE: Pickens County LEC does not have a FAX machine.

- ☐ **Use Selective Signaling to provide the follow-up message to Pickens County LEC.**
- ☐ **Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.**
- ☐ **GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.5.A
Page 1 of 1

1. ☐ A THIS IS A DRILL ☐ B ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____
- TRANSMITTAL TIME/DATE: _____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: **(864) 882-7076**
4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. **EMERGENCY CLASSIFICATION:**

☐ A NOTIFICATION OF UNUSUAL EVENT ☐ B ALERT ☐ C SITE AREA EMERGENCY ☐ D GENERAL EMERGENCY

6. ☐ A Emergency Declaration At: ☐ B Termination At: TIME/DATE: _____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION ☐ A IMPROVING ☐ B STABLE ☐ C DEGRADING
9. REACTOR STATUS: ☐ A SHUTDOWN: TIME/DATE: _____ (Eastern) ____/____/____ MM DD YY ☐ B _____ % POWER
10. EMERGENCY RELEASE(S): ☐ A NONE (Go to item 14.) ☐ B POTENTIAL (Go to item 14.) ☐ C IS OCCURRING ☐ D HAS OCCURRED

- **11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL
- ☐ A AIRBORNE: Started: _____ Time (Eastern) ____/____/____ MM DD YY Stopped: _____ Time (Eastern) ____/____/____ MM DD YY
- ☐ B LIQUID: Started: _____ Time (Eastern) ____/____/____ MM DD YY Stopped: _____ Time (Eastern) ____/____/____ MM DD YY
2. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE
- ☐ A NOBLE GASES _____ ☐ B IODINES _____
- ☐ C PARTICULATES _____ ☐ D OTHER _____

- **13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (EASTERN)
- TEDE mrem Thyroid CDE mrem
- SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
- 2 MILES _____
- 5 MILES _____
- 10 MILES _____

- **14. METEOROLOGICAL DATA: ☐ A WIND DIRECTION (from) _____ ° ☐ B SPEED (MPH) _____
- ☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. **RECOMMENDED PROTECTIVE ACTIONS**

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATIONRP/15A Enclosure 4.5.B
Page 1 of 1**GOVERNMENT AGENCIES NOTIFIED****NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|--|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
| 4. | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
| 7. | Name | Date/time | |

Enclosure 4.6
Guidelines for TERMINATION
of an Event

RP/0/B/1000/015A
Page 1 of 2

USE A BLANK EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL"

- Do **NOT** mark Initial or Follow Up for a Termination notification
- **MESSAGE NUMBER**, sequential numbering is required.

Line 2 Repeat previous message sheet information for site and unit.
Reported by: Write your name.

Lines 3 - 5 Leave Blank

Line 6 Mark B (Termination At) and include the Termination time provided by the OSM/EC.

Lines 7 - 15 Leave Blank

Line 16 APPROVED BY: OSM/EC signature time & date of approval.

Enclosure 4.6
Guidelines for TERMINATION
of an Event

RP/0/B/1000/015A
Page 2 of 2

INSTRUCTIONS FOR TRANSMITTING A TERMINATION NOTICE

- ☐ **Record Line 3 Transmittal Time/Date**

NOTE: Enclosure 4.7 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.8, (Alternate Method and Sequence To Contact Agencies).

- ☐ **Copy the Emergency Notification Form**
- ☐ **FAX the form to offsite agencies using speed Dial 14 on the FAX.**

NOTE: Pickens County LEC does not have a FAX machine.

- ☐ **Use Selective Signaling to provide the termination notification to Pickens County LEC.**
- ☐ **Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.**
- ☐ **GO TO Subsequent Actions Step 3.1.**

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.6.A
Page 1 of 1

1. ☐ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: **Oconee** UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____
(Eastern) MM DD YY

CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required): _____
(Number) (Codeword)

5. EMERGENCY CLASSIFICATION:

☐ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☐ Emergency Declaration At ☐ Termination At: TIME/DATE: _____
(Eastern) MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION ☐ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☐ SHUTDOWN: TIME/DATE: _____
(Eastern) MM DD YY ☐ % POWER

10. EMERGENCY RELEASE(S): ☐ NONE (Go to item 14.) ☐ POTENTIAL (Go to item 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☐ AIRBORNE: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

☐ LIQUID: Started: _____
Time (Eastern) MM DD YY Stopped: _____
Time (Eastern) MM DD YY

12. RELEASE MAGNITUDE ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS ☐ BELOW ☐ ABOVE

☐ NOBLE GASES ☐ IODINES _____

☐ PARTICULATES ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____
(EASTERN)

TEDE
mrem
SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

Thyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

**14. METEOROLOGICAL DATA: ☐ WIND DIRECTION (from) _____° ☐ SPEED (MPH) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☐ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

APPROVED BY: _____
(Name) Emergency Coordinator (Title) TIME/DATE: _____
(Eastern) MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

RP/15A Enclosure 4.6.B

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED**NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.**

| | | | |
|----|------|-----------|--|
| 1. | Name | Date/time | Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416 |
| 2. | Name | Date/time | Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410 |
| 3. | Name | Date/time | SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518 |
| | Name | Date/time | Pickens County EPD (864) 898-5943 Selective Signaling - 419 |
| 5. | Name | Date/time | Oconee County EPD (864) 638-4200 Selective Signaling - 417 |
| 6. | Name | Date/time | DHEC (BSHWM) Callback only (803) 253-6488 |
| 7. | Name | Date/time | |

NOTE: This enclosure provides basic operating instructions for the primary faxes in the TSC, U-1/2 Control Room, OSC, and EOF. Refer to the Operator Manuals for detailed information.

1. TSC/Control Room/OSC/EOF

1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:

- A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.
- B. Press the blue **COPY** button
- C. Press the green **START/SCAN** button

NOTE: Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the Fax scans the document(s) prior to automatic dialing.

1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:

- A. Insert copy **face down** (top end first). Adjust document guide if needed
- B. Determine which **Speed Dial Code number** to use
- C. Press the **Speed Dial Code number** (button located in center of telephone key pad area of control panel)
- D. Press the green **START/SCAN** button

COPY/FAX Operation

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

| Speed Dial Code | Agency/Location Sent To | |
|-----------------|--------------------------|--|
| 01 | NRC | |
| 02 | Pickens County EPD | |
| 03 | Oconee County EPD | |
| 04 | SC State Warning Point | |
| 05 | SEOC | |
| 06 | DHEC-BSHWM | |
| 07 | EOF | |
| 08 | OSC | |
| 09 | World Of Energy | |
| 10 | Alternate TSC | |
| 11 | Oconee Complex | |
| 12 | SSG & NSC | |
| 13 | JIC | |
| 14 | Dial Group: | Pickens County EPD Oconee County EPD SC State Warning Point Oconee County LEC EOF World Of Energy GO JIC |
| 15 | Dial Group: | Pickens County EPD Oconee County EPD |
| 16 | FEOC | |
| 17 | Dial Group: | Pickens County EPD Oconee County EPD SEOC EOF World Of Energy GO JIC |
| 18 | Oconee County LEC | |
| 19 | Safety Assurance | |
| 20 | GO JIC | |
| 21 | Security | |
| 25 | National Weather Service | |
| 26 | GEMA | |
| 27 | Dial Group: | National Weather Service GEMA |
| 29 | Dial Group: | EOF; OSC |
| 30 | ONS SRG/RC/EC | |
| 31 | Dial Group: | OSC; Security |

**ALTERNATE METHOD AND SEQUENCE
TO CONTACT AGENCIES**

NOTE: Phone numbers and radio operating instructions are included in the Emergency Telephone Directory
Agency phone numbers are also on Emergency Notification Form.

- ☐ ROLM phone system(direct outside line)
- ☐ Portable phone system (direct outside line)
- ☐ Offsite Base Radio from the Control Room
Push SEL on WQC699 frequency panel.

Adjust volume control knob to a high setting.

Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

| | |
|--------------------|-----|
| Oconee County LEC | 32* |
| Pickens County LEC | 35* |
| Pickens County EPD | 31* |

NOTE: Pickens County EPD is not staffed after 1700 hours Monday - Friday or on weekends and holidays.

Press MONITOR button to determine if the selected frequency is in use.

Depress FOOT PEDAL or XMIT button AND keep engaged while talking.

Call the offsite agency being contacted by using applicable Identifier. For Example -
"Oconee Control Room to Oconee LEC".

| | |
|--------------------|---------------------|
| Oconee County LEC | Oconee LEC |
| Pickens County LEC | Pickens LEC |
| Pickens County EPD | Pickens EOC |
| U 1&2 Control Room | Oconee Control Room |

Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.

Record Time/Call Letters of agency/agencies receiving notification on the Emergency Notification Form.

| | |
|--------------------|----------|
| Oconee County LEC | KNBE-488 |
| Pickens County LEC | KNBZ-965 |
| Pickens County EPD | KNBE-480 |

End radio transmission using Call Letters WQC699.

Enclosure 4.9
Turnover Checklist

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Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

| Indicate which agencies have been contacted: | <u>YES</u> | <u>NO</u> |
|---|-------------------|------------------|
| Oconee Law Enforcement Center | | |
| Pickens Law Enforcement Center | | |
| State Warning Point (SCHD) | | |
| Pickens emergency Preparedness Division | | |
| Oconee Emergency Preparedness Division | | |
| DHEC (BSHWM) | | |

Communications Problems Experienced: _____

Site Evacuation: Yes _____ No _____

Time Evacuation Initiated _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

Site Relocation: Yes _____ No _____

Assembly Location _____

Alternate Facility Activated: TSC: Yes _____ No _____ OSC: Yes _____ No _____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Enclosure 4.10
Response To Offsite Agency Questions

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QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

Response Provided To (Name): _____ **Date** _____ **Time** _____

Enclosure 4.11
ACRONYM LISTING

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| | |
|--------------|--|
| CAN | Community Alert Network |
| CDEP | County Director of Emergency Preparedness |
| DHEC (BSHWM) | Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management) |
| EAL | Emergency Action Level |
| EC | Emergency Coordinator |
| ENS | Emergency Notification System |
| EOC | Emergency Operating Center |
| EOF | Emergency Operations Facility |
| EOFD | Emergency Operations Facility Director |
| EPD | Emergency Preparedness Division |
| ERO | Emergency Response Organization |
| FAX | Facsimile |
| FEOC | Forward Emergency Operations Center |
| FMT | Field Monitoring Team |
| GEMA | Georgia Emergency Management Agency |
| HPN | Health Physics Network |
| IAAT | If At Any Time |
| JIC | Joint Information Center |
| LEC | Law Enforcement Center |
| NEP | Nuclear Emergency Planning |
| NRC DSO | Nuclear Regulatory Commission, Director of Site Operations |
| NRC EOC | Nuclear Regulatory Commission, Emergency Operations Center |
| NSC | Nuclear Supply Chain |
| NWS | National Weather Service |
| OSC | Operational Support Center |
| OSM | Operations Shift Manager |
| PAR | Protective Action Recommendation |
| RC | Regulatory Compliance |
| SDEP | State Director of Emergency Preparedness |
| SEOC | State Emergency Operations Center |
| SRG | Safety Review Group |
| SSG | Site Services Group |
| SS | Selective Signaling |
| SWP | State Warning Point |
| TS | Technical Specifications |
| TSC | Technical Support Center |