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November 2, 2001

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555
Attn: Mr. Robert Clark (Mail Stop O-8-E9)
Project Directorate I-1

Subject: Revision to Emergency Plan Implementing Procedures
R.E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

In accordance with 10 CFR 50.4(b)(5), enclosed are revisions to Ginna Station Emergency Plan Implementing Procedures (EPIPs).

We have determined, per the requirements of 10 CFR 50.54(q), that these procedure changes do not decrease the effectiveness of our Nuclear Emergency Response Plan.

Very truly yours,

Richard J. Watts

Richard J. Watts
Manager, Nuclear Training Department

Enclosures

xc: USNRC Region 1 (2 copies of letter and 2 copies of each procedure)
Resident Inspector, Ginna Station (1 copy of letter and 1 copy of each procedure)
RG&E Nuclear Safety and Licensing (1 copy of letter)
Dr. Robert C. Mecredy (2 copies of letter only)

PSP/jtw

A045

PROCEDURE	REVISION NUMBER
EPIP 1-1	3
EPIP 1-2	4
EPIP 1-4	5
EPIP 1-5	45
EPIP 1-7	9
EPIP 1-11	23
EPIP 2-9	3
EPIP 2-11	17
EPIP 2-12	20
EPIP 5-2	26

#23

REPORT NO. 01
REPORT: NPSP0200
DOC TYPE: PREPIP

GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

11/02/01 PAGE: 1

PARAMETERS: DOC TYPES - PREPIP

STATUS: EF 5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-1-0	GINNA STATION EVENT EVALUATION AND CLASSIFICATION	027	08/22/01	08/22/01	08/22/06	EF
EPIP-1-1	UNUSUAL EVENT	003	11/02/01	11/02/01	11/02/06	EF
EPIP-1-2	ALERT	004	11/02/01	11/02/01	11/02/06	EF
EPIP-1-3	SITE AREA EMERGENCY	005	12/09/96	01/23/98	01/20/03	EF
EPIP-1-4	GENERAL EMERGENCY	005	11/02/01	11/02/01	11/02/06	EF
EPIP-1-5	NOTIFICATIONS	045	11/02/01	11/02/01	11/02/06	EF
EPIP-1-6	SITE EVACUATION	012	03/12/01	03/12/01	03/12/06	EF
EPIP-1-7	ACCOUNTABILITY OF PERSONNEL	009	11/02/01	11/02/01	11/02/06	EF
EPIP-1-8	SEARCH AND RESCUE OPERATION	004	05/16/00	05/16/00	05/16/05	EF
EPIP-1-9	TECHNICAL SUPPORT CENTER ACTIVATION	020	08/31/01	08/31/01	08/31/06	EF
EPIP-1-10	OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION	010	07/25/00	07/25/00	07/25/05	EF
EPIP-1-11	SURVEY CENTER ACTIVATION	023	11/02/01	11/02/02	11/02/06	EF
EPIP-1-12	REPAIR AND CORRECTIVE ACTION GUIDELINES DURING EMERGENCY SITUATIONS	008	07/20/01	07/20/01	07/20/06	EF
EPIP-1-13	LOCAL RADIATION EMERGENCY	003	08/04/95	01/23/98	01/23/03	EF
EPIP-1-15	USE OF THE HEALTH PHYSICS NETWORK HPN	005	04/24/96	03/03/99	03/03/04	EF
EPIP-1-16	RADIOACTIVE LIQUID RELEASE TO LAKE ONTARIO OR DEER CREEK	004	02/13/98	02/13/98	02/13/03	EF
EPIP-1-17	PLANNING FOR ADVERSE WEATHER	002	06/21/00	06/21/00	06/21/05	EF
EPIP-2-1	PROTECTIVE ACTION RECOMMENDATIONS	019	06/04/01	06/04/01	06/04/06	EF
EPIP-2-2	OBTAINING METEOROLOGICAL DATA AND FORECASTS AND THEIR USE IN EMERGENCY DOSE ASSESSMENT	011	09/28/01	09/28/01	09/28/06	EF
EPIP-2-3	EMERGENCY RELEASE RATE DETERMINATION	014	09/28/01	09/28/01	09/28/06	EF
EPIP-2-4	EMERGENCY DOSE PROJECTIONS - MANUAL METHOD	013	07/20/01	07/20/01	07/20/06	EF
EPIP-2-5	EMERGENCY DOSE PROJECTIONS PERSONAL COMPUTER METHOD	013	08/31/01	08/31/01	08/31/06	EF
EPIP-2-6	EMERGENCY DOSE PROJECTIONS - MIDAS PROGRAM	011	06/21/00	06/21/00	06/21/05	EF
EPIP-2-7	MANAGEMENT OF EMERGENCY SURVEY TEAMS	010	10/23/00	10/23/00	10/23/05	EF

REPORT NO. 01
REPORT: NPSP0200
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GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PARAMETERS: DOC TYPES - PREPIP

STATUS: EF 5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-2-8	VOLUNTARY ACCEPTANCE OF EMERGENCY RADIATION EXPOSURE	005	05/16/00	05/16/00	05/16/05	EF
EPIP 2-9	ADMINISTRATION OF POTASSIUM IODIDE (KI)	003	12/05/97	11/02/01	11/02/06	EF
EPIP 2-10	INPLANT RADIATION SURVEYS	003	01/16/97	01/16/97	01/16/02	EF
EPIP-2-11	ONSITE SURVEYS	017	11/02/01	11/02/01	11/02/06	EF
EPIP-2-12	OFFSITE SURVEYS	020	11/02/01	11/02/01	11/02/06	EF
EPIP-2-13	IODINE AND PARTICULATE ACTIVITY DETERMINATION FROM AIR SAMPLES	008	07/27/99	07/27/99	07/27/04	EF
EPIP-2-14	POST PLUME ENVIRONMENTAL SAMPLING	014	12/04/00	12/04/00	12/04/05	EF
EPIP-2-15	POST PLUME EVALUATION OF OFFSITE DOSES DUE TO DEPOSITION	004	03/06/98	03/06/98	03/06/03	EF
EPIP-2-16	CORE DAMAGE ESTIMATION	011	08/31/01	08/31/01	08/31/06	EF
EPIP-2-17	HYPOTHETICAL (PRE-RELEASE) DOSE ESTIMATES	006	06/04/01	06/04/01	06/04/06	EF
EPIP-2-18	CONTROL ROOM DOSE ASSESSMENT	013	09/28/01	09/28/01	09/28/06	EF
EPIP 3 1	EMERGENCY OPERATIONS FACILITY (EOF) ACTIVATION AND OPERATIONS	017	08/31/01	08/31/01	08/31/06	EF
EPIP-3-2	ENGINEERING SUPPORT CENTER (ESC)	009	03/12/01	03/12/01	03/12/06	EF
EPIP-3-3	IMMEDIATE ENTRY	007	06/21/00	06/21/00	06/21/05	EF
EPIP-3-4	EMERGENCY TERMINATION AND RECOVERY	008	03/12/01	03/12/01	03/12/06	EF
EPIP-3-7	SECURITY DURING EMERGENCIES	009	11/16/99	11/16/99	11/16/04	EF
EPIP-4-1	PUBLIC INFORMATION RESPONSE TO AN UNUSUAL EVENT	006	02/13/98	02/13/98	02/13/03	EF
EPIP-4-3	ACCIDENTAL ACTIVATION OF GINNA EMERGENCY NOTIFICATION SYSTEM SIRENS	008	02/13/98	02/13/98	02/13/03	EF
EPIP-4-6	JOINT EMERGENCY NEWS CENTER ACTIVATION	009	08/31/01	08/31/01	08/31/06	EF
EPIP-4-7	PUBLIC INFORMATION ORGANIZATION STAFFING	018	08/31/01	08/31/01	08/31/06	EF
EPIP-5-1	OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	022	09/28/01	09/28/01	09/28/06	EF
EPIP-5-2	ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	026	11/02/01	11/02/01	11/02/06	EF
EPIP-5-5	CONDUCT OF DRILLS AND EXERCISES	013	08/31/01	08/31/01	08/31/06	EF

REPORT NO. 01
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GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PARAMETERS: DOC TYPES - PREPIP STATUS: EF 5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-5-6	ANNUAL REVIEW OF NUCLEAR EMERGENCY RESPONSE PLAN (NERP)	004	05/28/99	05/28/99	05/28/04	EF
EPIP-5-7	EMERGENCY ORGANIZATION	033	08/31/01	08/31/01	08/31/06	EF
EPIP-5-9	TESTING THE OFF HOURS CALL-IN PROCEDURE AND QUARTERLY TELEPHONE NUMBER CHECK	006	05/28/99	05/28/99	05/28/04	EF
EPIP-5-10	EMERGENCY RESPONSE DATA SYSTEM (ERDS)	005	09/05/97	09/05/97	09/05/02	EF
NERP	GINNA STATION NUCLEAR EMERGENCY RESPONSE PLAN	020	03/21/01	03/21/01	12/09/04	EF

TOTAL FOR PREPIP 52

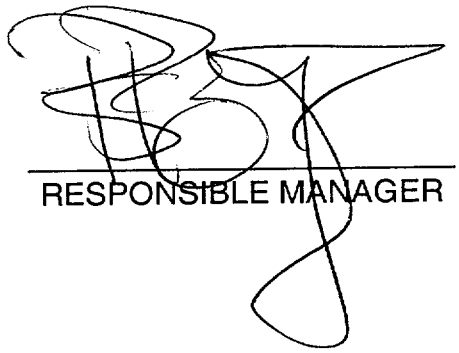
ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-1 Revision Number 3

UNUSUAL EVENT



RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

Category 1.0

Reviewed By:_____

This procedure contains 3 pages

EPIP 1-1

UNUSUAL EVENT

1.0 **PURPOSE**

To describe the actions to be implemented following classification of an Unusual Event.

2.0 **RESPONSIBILITY**

2.1 The Shift Supervisor is responsible for implementing this procedure until relieved by the TSC Emergency Coordinator.

3.0 **REFERENCES**

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 EPIP 5-7, Emergency Organization

3.1.3 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.1.4 NUREG-0654 "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants".

3.2 Implementing References

3.2.1 EPIP 1-5 Notifications

3.2.2 EPIP 1-0 Ginna Station Event Evaluation and Classification

3.2.3 EPIP 3-4 Emergency Termination and Recovery

3.2.4 EPIP 5-7 Emergency Organization

3.2.5 CH-PASS-ACCIDENT, Post Accident Sampling at the PASS-Accident Conditions

3.2.6 O-9.3, NRC Immediate Notification

3.2.7 IP-CAP-1, Abnormal Condition Tracking Initiation or Notification (ACTION) Report

4.0 **PRECAUTIONS**

None.

5.0 **PREREQUISITES**

An Unusual Event has been declared in accordance with EPIP 1-0, Finna Station Event Evaluation and Classification.

6.0 **ACTIONS**

6.1 **Actions**

6.1.1 Announce to control room personnel that you have assumed the duties of Emergency Coordinator.

6.1.2 Direct control room personnel to use appropriate plant procedures to limit or correct the condition.

6.1.3 Direct and operator to make the following announcement over the page system:

"Attention all personnel. An Unusual Event has been declared."

6.1.4 Direct a control room communicator to implement EPIP 1-5, Notifications.

CAUTION

NEW YORK STATE, WAYNE COUNTY AND MONROE COUNTY MUST BE NOTIFIED WITHIN 15 MINUTES OF CLASSIFICATION.

CAUTION

THE NRC MUST BE NOTIFIED WITHIN ONE HOUR OF CLASSFICATION.

6.1.5 Direct personnel to complete their job responsibilities in accordance with EPIP 5-7, Emergency Organization.

a. Emergency Coordinator
b. Control Room Operators
c. Shift Technical Advisors
d. Control Room Communicator
e. On-Shift Radiation Protection Technician
f. Auxiliary Operators

6.2 **Subsequent Actions**

NOTE: **ACTIVITIES SUCH AS COMMUNICATIONS AND OFFSITE NOTIFICATIONS MAY BE PERFORMED BY THE TSC STAFF, PROVIDING THERE ARE SUFFICIENT QUALIFIED PERSONNEL TO PERFORM THESE FUNCTIONS PRIOR TO THE TSC BEING FULLY ACTIVATED.**

6.2.1 Activate additional emergency response functions to respond to the event, as necessary.

6.2.2 Continuously monitor plant conditions and evaluated the event in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.2.3 Update New York State, Wayne County and Monroe County at least every 60 minutes in accordance with EPIP 1-5, Notification.

6.2.4 If plant status changes, keep New York State, Wayne County, Monroe County and the NRC Headquarters' Communications Officer informed of significant changes.

6.3 **Close Out**

6.3.1 When conditions permit, declassify the event in accordance with EPIP 3-4, Emergency Termination and Recovery.

6.3.2 Perform a verbal close out of the event with New York State, Wayne County Monroe County, and RC Headquarters' Communications Officer and others notified during the Unusual Event'

6.3.3 Refer to IP-CAP-1 and O-9.3 for reporting requirements..

6.3.4 A written summary will be submitted to the NRC within 24 hours of event close out.

7.0 **ATTACHMENTS**

None.

ROCHESTER GAS & ELECTRIC CORPORATION

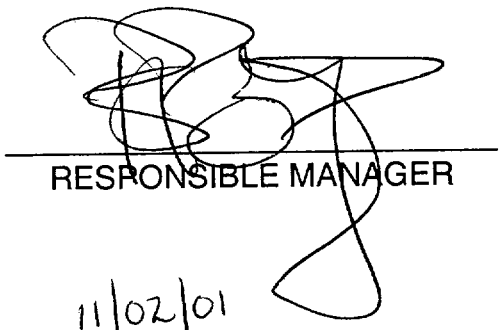
GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-2 REV. NO. 4

ALERT

TECHNICAL REVIEW



RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 3 PAGES

EPIP 1-2 ALERT

1.0 PURPOSE

To describe the actions to be implemented following classification of an Alert.

2.0 RESPONSIBILITY

The Shift Supervisor is responsible for implementing this procedure until relieved by the TSC Emergency Coordinator, or EOF/Recovery Manager.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan.

3.1.2 EPIP 5-7, Emergency Organization.

3.1.3 EPIP 1-0, Ginna Station Event Evaluation and Classification.

3.1.4 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

3.2 Implementing References

3.2.1 EPIP 1-5, Notifications

3.2.2 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.3 EPIP 3-4, Emergency Termination and Recovery

3.2.4 EPIP 5-7, Emergency Organization

3.2.5 0-9.3, NRC Immediate Notification

3.2.7 IP-CAP-1, Abnormal Condition Tracking Initiation or Notification (ACTION) Report

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

An Alert has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.0 ACTIONS

6.1 Actions

6.1.1 Announce to personnel that you have assumed the duties of Emergency Coordinator.

6.1.2 Direct control room personnel to use appropriate plant procedures to limit or correct the condition.

6.1.3 Direct an operator to make the following announcement over the page system:

"Attention all personnel. An Alert has been declared. All personnel with emergency duties report to your duty locations. All other personnel stand by and await further instructions."

6.1.4 Direct a Control Room communicator to implement EPIP 1-5, Notifications.

CAUTION

NEW YORK STATE, WAYNE COUNTY, AND MONROE COUNTY MUST BE NOTIFIED WITHIN 15 MINUTES OF CLASSIFICATION.

CAUTION

THE NRC MUST BE NOTIFIED WITHIN ONE HOUR OF CLASSIFICATION.

6.1.5 Direct personnel to complete their job responsibilities in accordance with EPIP 5-7, Emergency Organization.

a. Emergency Coordinator
b. Control Room Operators
c. Shift Technical Advisor
d. Control Room Communicator
e. On-Shift Radiation Protection Technician
f. Auxiliary Operators

6.2 Subsequent Actions

6.2.1 Activate additional emergency response functions to respond to the event, as necessary.

6.2.2 Continuously monitor plant conditions and evaluate the event in accordance with EPIP 1-0, Ginna Station Event and Classification.

6.2.3 Update New York State, Wayne County, and Monroe County at least every 30 minutes in accordance with EPIP 1-5, Notifications.

6.2.4 If plant status changes, keep New York State, Wayne County, Monroe County and the NRC Headquarters Communications Officer informed of significant changes.

6.3 Close Out

6.3.1 When conditions permit, declassify the event in accordance with EPIP 3-4, Emergency Termination and Recovery.

6.3.2 Perform a verbal close out of the event with New York State, Wayne County, Monroe County, NRC Headquarter Communication Officer, and others notified during the event.

6.3.3 Refer to IP-CAP-1 and O-9.3 for reporting requirements.

6.3.4 A written summary will be submitted to the NRC within 8 hours of event closeout.

7.0 ATTACHMENTS

None.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-4

REV. NO. 5

GENERAL EMERGENCY

RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 4 PAGES

EPIP 1-4

GENERAL EMERGENCY

1.0 PURPOSE:

To describe the actions to be implemented following classification of a General Emergency.

2.0 RESPONSIBILITY:

The Shift Supervisor is responsible for implementing this procedure until relieved by the TSC Emergency Coordinator or EOF/Recovery Manager.

3.0 REFERENCES:

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 EPIP 5-7, Emergency Organization

3.1.3 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.1.4 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

3.2 Implementing Procedures

3.2.1 EPIP 1-5, Notifications

3.2.2 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.3 EPIP 3-4, Emergency Termination and Recovery

3.2.4 EPIP 5-7, Emergency Organization

3.2.5 0-9.3, NRC Immediate Notification

3.2.6 IP-CAP-1, Abnormal Condition Tracking Initiation or Notification (ACTION) Report

3.2.7 EPIP 1-6, Site Evacuation

3.2.8 EPIP 2-1, Protective Action Recommendations

4.0 PRECAUTIONS:

None

5.0 PREREQUISITES:

A General Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.0 ACTIONS:

6.1 Initial Actions

6.1.1 Announce to personnel that you have assumed the duties of Emergency Coordinator.

6.1.2 Direct control room personnel to use appropriate plant procedures to limit or correct the condition.

6.1.3 Direct an operator to make the following announcement over the page system:

"Attention all personnel. A General Emergency has been declared. All personnel with emergency duties report to your duty locations. All other personnel stand by and await further instructions."

6.1.4 Refer to EPIP 1-6 Site Evacuation and EPIP 2-1, Protective Action Recommendations.

6.1.5 Direct a control room communicator to implement EPIP 1-5, Notifications.

CAUTION

NEW YORK STATE, WAYNE COUNTY, AND MONROE COUNTY MUST BE NOTIFIED WITHIN 15 MINUTES OF CLASSIFICATION.

CAUTION

THE NRC MUST BE NOTIFIED WITHIN ONE HOUR OF CLASSIFICATION.

6.1.6 Check that Control Room Ventilation System is in recirculation mode. (Depress Control Room Manual Isolation Red push button).

6.1.7 Direct personnel to complete their job responsibilities in accordance with EPIP 5-7, Emergency Organization:

a. Emergency Coordinator
b. Control Room Operators
c. Shift Technical Advisor
d. Control Room Communicator
e. On-Shift Radiation Protection Technician
f. Auxiliary Operators

6.2 Subsequent Actions

6.2.1 Activate additional emergency response functions to respond to the event, as necessary.

6.2.2. Continuously monitor plant conditions and evaluate the event in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.2.3 Update New York State, Wayne County, and Monroe County at least every 30 minutes in accordance with EPIP 1-5, Notifications.

6.2.4 If plant status changes, keep New York State, Wayne County, Monroe County and the NRC Headquarters Communication Officer informed of significant changes.

6.3 Close Out

6.3.1 When conditions permit, declassify the event in accordance with EPIP 3-4, Emergency Termination and Recovery.

6.3.2 Perform a verbal close out of the event with New York State, Wayne County, Monroe County, NRC Headquarters Communication Officer and others notified during the event.

6.3.3 Refer to IP-CAP-1 and O-9.3 for reporting requirements.

6.3.4 A written summary will be submitted to the NRC within 8 hours of event closeout.

7.0 <u>ATTACHMENTS</u>:

None.

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-5

Revision Number 45

NOTIFICATIONS

Cordaro
Responsible Manager

11-2-01
Effective Date

Category 1.0

This procedure contains 28 pages

EPIP 1-5

NOTIFICATIONS

1.0 PURPOSE

The purpose of this procedure is to specify the means by which notifications are made to station personnel for all emergency action levels, to expedite the notification of selected RG&E personnel to augment the emergency response organization and notify offsite agencies.

2.0 RESPONSIBILITY

2.1 The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager is responsible for making the decision to notify offsite agencies.

2.2 Ginna Station Control Room personnel are responsible for implementing this procedure.

2.3 Community Alert Network (CAN) is responsible for activating the onsite/offsite responders.

2.4 The Corporate Nuclear Emergency Planner is responsible for maintaining the station call lists up to date on a quarterly basis.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.2 EPIP 2-1, Protective Action Recommendations (PARs)

3.2.3 O-9.3, NRC Immediate Notification

3.2.4 10 CFR 26, Fitness for Duty Programs

3.2.5 P-9, Radiation Monitoring System

3.2.6 EPIP 2-2, Obtaining Meteorological Data and Forecasts and their use in Emergency Dose Assessment

3.2.7 ER-SC.9, Security Event Plan

3.2.8 EPIP 4-7, Public Information Organization Staffing

3.2.9 EPIP 5-7, Emergency Organization

4.0 PRECAUTIONS

4.1 New York State, Wayne and Monroe Counties must be notified of all Emergency Classifications within 15 minutes of a declaration.

4.2 The Licensee should notify the USNRC immediately after notification of the appropriate State and local agencies but the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes.

4.3 Attachment 4 is a specialized notification list of people and organizations who may not require immediate notification but may need to be contacted during an emergency.

5.0 PREREQUISITES

An Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification or offsite assistance has been requested by RG&E personnel.

6.0 ACTIONS

6.1 Shift Supervisor, Emergency Coordinator, EOF/Recovery Manager

6.1.1 Ensure that notifications of all emergency declarations to New York State, Wayne and Monroe Counties are made within 15 minutes of declaring an emergency, in accordance with Attachment 3.

6.1.2 The licensee should notify the USNRC immediately after notification of the appropriate State or local agencies and the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes using procedure O-9.3 "NRC Immediate Notification".

6.1.3 If Control Room is unable to complete notifications, notify Emergency Preparedness representative.

Peter Polfleit	Business	6772
	Home	716-654-5325
	Pager	716-527-2207
	Cellular	716-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	716-527-3650
	Cellular	716-315-1277

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-9075
	Pager	716-528-3295
	Cellular	716-315-1205

6.1.4 Upon notification of an Unusual Event at Ginna Station, direct the control room personnel to implement section 6.2.1 of this procedure. If the event is an Alert or higher, implement section 6.2.2.

6.1.5 If additional assistance is required, refer to the NOG E-Plan phone list (in the RG&E telephone directory) in the Control Room and all Emergency Response Facilities, for phone numbers of station personnel.

6.2 **Control Room Personnel**

6.2.1 Unusual Event - Go to Attachment 1

6.2.2 Alert Classification or Higher - Go to Attachment 2

6.2.3 When offsite assistance has been requested - Go to Attachment 5

7.0 **ATTACHMENTS**

1. Unusual Event Notifications
2. Alert or Higher Notifications
3. Instructions for New York State Radiological Emergency Data Form

3a. New York State Radiological Emergency Data Form (Part I)

3b. New York State Radiological Emergency Data Form (Part II)

3c. Instructions for Event 1 and Event 2 Printouts and Plant Status Report

3d. Event 1 Supplemental Information Form

3e. Plant Status Report (PPCS not available)

4. Specialized Notification List

7.0 **ATTACHMENTS** (Cont'd.)

5. Notifications When Offsite Assistance Has Been Requested

6. Emergency Planning Contingency Notification

7. Management Notification Roster
(This attachment is controlled by Nuclear Emergency Preparedness. It is not included as part of the distributed procedure)

UNUSUAL EVENT NOTIFICATIONS

1. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a.** Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.

2. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification

3. Activate the following positions by stating the following:

"We have an UNUSUAL EVENT at Ginna Station based on

_____

(Initiating Condition)

Please report to the Technical Support Center. The event was declared at _____ hrs. We need to remind you of the Fitness for Duty Requirements. Are you available to report for Duty at this time? If not, we are requesting that you standby so you can be notified for the next call in shift".

A TSC Manager: Report to the TSC to support the Control Room with offsite communications.

Joe Widay	Business	3250	Will Report (YES/NO)
	Home	716-586-2679	
	Pager	716-528-3977	
	Cellular	716-315-0343	
OR			
Dick Marchionda	Business	3699	Will Report (YES/NO)
	Home	315-926-0324	
	Pager	716-464-4403	
	Cellular	716-315-0344	
OR			
Jack St. Martin	Business	3641	Will Report (YES/NO)
	Home	716-586-5676	
	Pager	716-464-5287	

UNUSUAL EVENT NOTIFICATIONS

B. Technical Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Ron Ploof	Business	3673	Will Report (YES/NO)
	Home	716-381-9379	
	Pager	716-921-1722	
	Cellular	716-315-0551	
OR			
Brian Flynn	Business	3734	Will Report (YES/NO)
	Home	716-293-1565	
	Pager	716-464-5134	
	Cellular	716-315-0550	
OR			
Peter Bamford	Business	3832	Will Report (YES/NO)
	Home	716-924-0490	
	Pager	716-528-3166	
	Cellular	716-315-1242	

C. Operations Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Terry White	Business	3667	Will Report (YES/NO)
	Home	716-226-9381	
	Pager	716-464-7382	
	Cellular	716-315-0345	
OR			
Pete Sidelinger	Business	3314	Will Report (YES/NO)
	Home	716-671-3198	
	Pager	716-463-9830	
OR			
Bill Everett	Business	3812	Will Report (YES/NO)
	Home	315-589-8156	
	Pager	716-527-7461	
	Cellular	716-315-0359	

D. NRC Resident Inspector: Informational call only

Chris Welch	Business	3265
	Home	(716) 425-2613
	Pager	1-800-944-2337 (then dial personal ID# 54797)

UNUSUAL EVENT NOTIFICATIONS

E. Corporate Nuclear Emergency Planner: Inform government officials, public relations, PSC and financial department of the event.

Peter Polfleit	Business	6772
	Home	716-654-5325
	Pager	716-527-2207
	Cellular	716-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	716-527-3650
	Cellular	716-315-1277

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-9075
	Pager	716-528-3295
	Cellular	716-315-1205

4. If the Unusual Event lasts greater than one (1) hour, report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center each hour from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

ALERT OR HIGHER NOTIFICATIONS

1. Contact Community Alert Network (CANs) at 9-1-800-552-4226 (or at their back-up number of 9-1-888-786-8478). Inform the CAN operator of the following information to activate the system:

   1. This is _____. I am the Ginna Control Room Communicator at RG&E.
      (your name)

   b. My password is: Brookwood

   c. My callback number is: _____

   d. This is (circle one): an Actual Event a Drill

   e. This Emergency Classification declared at: _____
      (Time from RECS form)

   f. Message to deliver (circle one):

      Drill Alert Site Area Emergency General Emergency

   g. My current time is:_____. Please start notifications now.

2. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a.** Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.

3. Notify Nuclear Emergency Preparedness.

   Emergency Preparedness will verify actuation of the emergency response organization notification. Emergency Preparedness will refer to Attachment 6 for contingency notifications of one hour responders.

	Peter Polfleit	Business	6772
		Home	716-654-5325
		Pager	716-527-2207
		Cellular	716-315-1201
OR			
	Frank Cordaro	Business	3108
		Home	315-524-2924
		Pager	716-527-3650
		Cellular	716-315-1277

ALERT OR HIGHER NOTIFICATIONS (Continued)

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-9075
	Pager	716-528-3295
	Cellular	716-315-1205

4. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification

5. NRC Resident Inspector: Informational call only

Chris Welch	Business	3265
	Home	716-425-2613
	Pager	1-800-944-2337 (then dial personal ID# 54797)

6. If the Alert of higher lasts greater than 30 minutes report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County every 30 minutes from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

7. Notify Energy Operations (8944) that Ginna has an emergency and to implement procedures to increase reliability of power to Ginna.

8. If requested by the TSC or EOF, the Control Room will fax the Event 1 Supplemental Information Form, Attachment 3d to the TSC and EOF.

NOTE: EVENT 1 AND EVENT 2 PRINTOUTS SHOULD NOT BE TRANSMITTED BY THE CONTROL ROOM, BUT SHOULD BE FAXED BY THE TSC ADMINISTRATIVE/COMMUNICATIONS STAFF WHEN IT IS SUFFICIENTLY STAFFED TO DO SO.

9. Refer to Attachment 3c for Event 1 and Event 2 instructions.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM

1. The **New York State Radiological Emergency Data Form, (Part I) Attachment 3a** should be filled out with the assistance of the Emergency Coordinator or EOF/Recovery Manager and Radiation Protection personnel.

2. At the upper right hand corner of the form, number each notification form sequentially.

3. When information has changed from the previous notification, check the box for that item.

4. For training and drills/exercise, circle "B" - An Exercise. For actual events, circle "A" - NOT An Exercise.

5. **Fill out the form using the following instructions**:

Block 1 Fill in the date and time that the message is transmitted. Select A or B, depending on the method the RECS will be transmitted.

WHEN THE FORM IS COMPLETED, report the information on the completed **New York State Radiological Emergency Data Form (Part I), Attachment 3a**, to New York State, Wayne and Monroe Counties within 15 minutes of declaring the emergency using the RECS line.

a. Pick up the receiver and depress "A" then "*" for all call. Wait 5 seconds then depress the "Push to Talk" bar on the handset and state:

"This is Ginna Station. Please standby for roll call."
"New York State" (wait for response)
"Monroe County" (wait for response)
"Wayne County" (wait for response)

b. Report the information by reading the statement number and the statement including the designation letter (e.g., "Item four, Classification "A" Unusual Event").

c. Upon completion of transmitting the information perform roll call. Reset the system by depressing "A" then "#".

d. Hang up receiver.

If the RECS line is Out Of Service (OOS) and OTHER is selected, note the method (phone) and perform the following:

Call Wayne County at 9-1-315-946-9711 (Wayne County Warning Point). Inform Wayne County "This is a Ginna Emergency. Please hold while we connect Monroe County and New York State". Press the conference button on the telephone.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

Call Monroe County at 9-528-2222 (Monroe County Warning Point). Inform Monroe County "This is a Ginna emergency. Press the conference button on the telephone. Wayne and Monroe Counties should now be connected

Roll call: Wayne County _____ Monroe County _____

"Please hold while we connect New York State". Press the conference button on the telephone.

Call New York State at 9-1-518-457-2200 (New York State Warning Point). Inform New York State "This is a Ginna emergency." Press the conference button on the telephone. Wayne County, Monroe County and New York State should all be connected.

Block 2 Circle A or B

Block 3 Ginna is the facility providing the information. Nothing further is needed in this box.

Block 4 Circle the appropriate Emergency Classification. The Emergency Coordinator (TSC) or EOF/Recovery Manager (EOF) will provide this information.

Block 5 Fill in the date and time that the Emergency Classification was declared. This will normally be in the Control Room, Emergency Coordinator's or EOF/Recovery Manager's log.

Block 6 Check effluent monitor readings against the release rate limits given in the table below. Circle the appropriate release information. For unmonitored release determination, have the Shift RP Technician or the Dose Assessment Manager assist in assessment.

Monitor	No Release	Release BELOW federally approved operating limits	Release ABOVE federally approved operating limits*
R-11	Not on Alarm	On Alarm and <8.6E+04 cpm	≥8.6E+04 cpm
R-12	Not on Alarm	On Alarm and <3.9E+06 cpm	≥3.9E+06 cpm
R-13	Not on Alarm	On Alarm and <1.1E+04 cpm	≥1.1E+04 cpm
R-14	Not on Alarm	On Alarm and <3.2E+05 cpm	≥3.2E+05 cpm
R-15	Not on Alarm	On Alarm and <1.47E+05 cpm	≥1.47E+05 cpm

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS (Cont'd.)

Monitor	No Release	Release BELOW federally approved operating limits	Release ABOVE federally approved operating limits*
R-18	Not on Alarm	On Alarm and <1.80E+05 cpm	≥1.80E+05 cpm
R-20A	Not on Alarm	On Alarm and <2.04E+04 cpm	≥2.04E+04 cpm
R-20B	Not on Alarm	On Alarm and <2.60E+03 cpm	≥2.60E+03 cpm
R-21	Not on Alarm	On Alarm and <2.50E+04 cpm	≥2.50E+04 cpm
R-22	Not on Alarm	On Alarm and <4.60E+04 cpm	≥4.60E+04 cpm
R-31	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	≥1.00E-01 mRad/hr
R-32	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	≥1.00E-01 mRad/hr

* Release rate limit in procedure P-9.

- **Unmonitored release requiring evaluation** - select this if there is an unmonitored release and it has not been quantified.

Block 7 Circle the appropriate PAR. The Emergency Coordinator and/or the EOF Recovery Manager will use EPIP 2-1, Protective Action Recommendations (PAR's). PAR's only reflect RG&E's recommendations, **NOT THE ACTIONS IMPLEMENTED BY OFFSITE COUNTY OFFICIALS**.

Block 8 Fill in the EAL # from EPIP 1-0 that the Emergency Classification is based on. The Emergency Coordinator and/or EOF Recovery manager can provide that information, if necessary.

Block 9 Determine plant status and circle the appropriate condition.

Block 10 Select A, Not Applicable, if the reactor is **NOT SHUTDOWN** or select B and fill in the date and time if the **REACTOR WAS SHUTDOWN**. Reactor shutdown time is the time the reactor trip breakers are opened. When the reactor trips, a red "Event" message appears next to the time in the upper right hand corner of the screen. To find the reactor trip time, click on SPDS in the upper left hand corner of the screen. Select "normal ops" and the trip time is displayed.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

Block 11 Determine wind speed and the elevation.

NOTE: THE WIND SPEED INDICATOR AT THE 33 FOOT LEVEL IS DESIGNED TO MEASURE ONLY TO 50 MILES PER HOUR.

Obtain wind speed using the plant process computer (PPCS).

OR

If the PPCS is not available, use the Control Room wind speed indication on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 12 Determine wind direction and the elevation as it was taken from PPCS and/or Control Room weather data instrumentation and fill in the wind direction and elevation.

Obtain wind direction using the plant process computer (PPCS)

OR

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 13 Fill in temperatures from the 250 foot and 33 foot levels and calculate stability class. Circle the appropriate stability class (Unstable, Neutral, Stable).

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 14 Fill in the name of the communicator reporting the information. Fill in the call back area code and telephone number. Return to BLOCK 1 and report information via RECS or other means, as necessary.

6. The communicator will initial the "prepared by" line at the bottom of the form. The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager will approve the form at the bottom prior to transmission. The communicator will ensure all forms are sent to the Corporate Nuclear Emergency Planner (CNEP) at the conclusion of the event.

7. Data in items 15 through 20 of the **New York State Radiological Emergency Data Form (Part II), Attachment 3b**, should be filled out by the TSC/EOF Dose Assessment group and transmitted by fax as information becomes available from the TSC/EOF. The form is transmitted via fax after there has been a release above release limits (see Attachment 3a, Block 6).

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

8. Fax all **New York State Radiological Emergency Data Forms** to the following using the instructions on the fax machine:

Wayne County	9-1-315-946-9721
Monroe County	9-256-6355
New York State	9-1-518-457-9942
TSC	3927
EOF	9-262-5788
Survey Center	3612
Engineering Support Center	3774
Joint Emergency News Center	6771

9. When a County or the State request to be notified only if conditions change or when the event is terminated, check with the State/County warning points to see if they agree. If they all agree, note this in section 8 of the next Part I Form notification. The facility with command and control will inform the other RG&E response facilities of the status of notifications. Perform a notification when conditions change or the event is terminated.

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART I)

RECS message number _____

"This is Ginna Station. Please stand by for roll call." "New York State" ☐ "Monroe County" ☐ "Wayne County" ☐

1. Message transmitted at:
   Date _____ Time _____ Via: A. RECS B. Other _____

2. This is:
   A. NOT an exercise B. An exercise

3. Facility providing information: C. Ginna

4. Classification:
   ☐ check box if information has changed
   A. UNUSUAL EVENT
   B. ALERT
   C. SITE AREA EMERGENCY
   D. GENERAL EMERGENCY
   E. EMERGENCY TERMINATED
   F. RECOVERY

5. Classification Time:
   ☐ check box if information has changed
   This Emergency Classification declared at: Date _____ Time _____

6. Release of Radioactive Materials due to the Classified Event:
   ☐ check box if information has changed
   A. No Release
   B. Release BELOW federally approved operating limits (technical specifications)
      ☐ to atmosphere ☐ to water
   C. Release ABOVE federally approved operating limits (technical specifications)
      ☐ to atmosphere ☐ to water
   D. Unmonitored release requiring evaluation

7. Protective Action RECOMMENDATIONS: (Refer to EPIP 2-1)
   ☐ check box if information has changed
   A. No need for Protective Actions outside the site boundary
   B. Evacuate the following ERPAs
   W1 W2 W3 W4 W5 W6 W7 M1 M2 M3 M4 M5 M6 M7 M8 M9
   C. Shelter all remaining ERPAs

8. Brief Event Description:
   ☐ check box if information has changed
   EAL # _____

9. Plant Status:
   ☐ check box if information has changed
   A. Stable
   B. Improving
   C. Degrading
   D. Hot Shutdown
   E. Cold Shutdown

10. Reactor Shutdown: (subcritical)
    ☐ check box if information has changed
    A. Not Applicable B. Date _____ Time _____

11. Wind Speed:
    ☐ check box if information has changed
    A. _____ Miles/hour at elevation _____ feet

12. Wind Direction:
    ☐ check box if information has changed
    From: _____ degrees at elevation _____ feet

13. Stability Class:
    ☐ check box if information has changed
    Unstable, Neutral, Stable

DO NOT REPORT
Stability Class Work Sheet

Temperature at 250 feet _____ °F
Temperature at 33 feet _____ °F
Temperature Difference _____ °F

-1.74 -0.65
Unstable | Neutral | Stable
-3 -2 -1 0 1
Temperature Difference

14. Reported By:
    Name _____
    Area Code _____ Number _____

"New York State copy?" ☐ "Monroe County copy?" ☐ "Wayne County copy?" ☐

FOR RG&E USE ONLY:

Time Prepared: _____
Prepared By: _____

Time Approved: _____
Approved By: _____

Completed form sent to EP – Ginna Training___

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART II)

Telefax this data form to: ☐ New York State ☐ Monroe County ☐ Wayne County

15. Message transmitted at:

Date _____ Time _____ Location/Facility Transmitted From: _____

16. General Release Information

A. Release > Tech Specs started: Date _____ Time _____
B. Release > Tech Specs expected to end: Date _____ Time _____ OR ☐ Unknown
C. Release > Tech Specs ended: Date _____ Time _____
D. Reactor Shutdown: N/A OR Date _____ Time _____
E. Wind Speed: _____ miles/hour at elevation _____ feet
F. Wind Direction from: _____ degrees at elevation _____ feet
G. Stability Class: PASQUILL A B C D E F G OR Other _____

17. Atmospheric Release Information

A. Release from: ☐ Ground ☐ Elevated
B. Iodine/Noble Gas Ratio _____
C. Total Release Rate _____ Ci/sec
D. Noble Gas Release Rate _____ Ci/sec
E. Iodine Release Rate _____ Ci/sec
F. Particulate Release Rate _____ Ci/sec

18. Waterborne Release Information

A. Volume of Release _____ gal or liters
B. Total Concentration _____ µCi/ml
C. Radionuclides in Release __
D. Total Activity Released _____

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

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

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

Distance	Xu/Q	Dose	
		TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
____ Miles			

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

Miles/Sector OR Miles/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate OR Contamination (Include Units)

FOR RG&E USE ONLY: Time Prepared: _____ **Time Approved:** _____
By: _____ **By:** _____

Completed form sent to EP - Ginna Training _____

INSTRUCTIONS FOR EVENT 1 AND EVENT 2 PRINTOUTS AND PLANT STATUS REPORT

1. Assure the Plant Process Computer System (PPCS) is operational. If PPCS is not operational, go to step 5.

NOTE: OBTAIN EVENT 1 AND EVENT 2 PRINTOUTS FROM THE COMPUTER ANALYST IF THAT POSITION IS STAFFED, OTHERWISE PERFORM THE FOLLOWING STEP.

2. From the top menu:
Select "Emergency Plan Menu".
Select "Group Event 1".
Select "Report".
Select "File" then "Print" or select the printer icon.

From the top menu:
Select "Emergency Plan Menu".
Select "Group Event 2".
Select "Report".
Select "File" then "Print" or select the printer icon.

Place printout in the Event 1 & 2 group trend log book

NOTE: EVENT 1 AND EVENT 2 GROUP TREND (GTLOG) SHOULD BE PRINTED EVERY 15 MINUTES.

3. Verify with the TSC computer analyst that the PPCX (plant computer data) is being transmitted to New York State, Wayne County and Monroe County via computer modem. If the PPCX (plant computer data) to offsite agencies is unavailable, perform step 2 and fax the printout to New York State, Wayne County and Monroe County.

4. If the PPCS is unavailable, the Plant Status Report (Attachment 3e) must be completed by the Control Room and faxed to the TSC for distribution to New York State, Wayne County, Monroe County and EOF.

5. When completing Attachment 3e, if the parameter is measurable (e.g. pressurizer level) use the numerical value. When the parameter is not measurable, the condition of any deviation from normal should be noted (e.g. core circulation - forced or natural).

EVENT 1 SUPPLEMENTAL INFORMATION FORM

61	Aux Feedwater System	_____Inservice	_____Standby	_____OOS
62	Safety Injection System	_____Inservice	_____Standby	_____OOS
63	Diesel Generators	_____Inservice	_____Standby	_____OOS
64	Containment Fan Cooler System	_____Inservice	_____Standby	_____OOS
65	Service Water System	_____Inservice	_____Standby	_____OOS
66	Post Accident Charcoal Filters	_____Inservice	_____Standby	_____OOS
67	Containment Spray Pumps	_____Inservice	_____Standby	_____OOS
68	Component Cooling System	_____Inservice	_____Standby	_____OOS
69	DC System	A_____v	B_____v	
70	NaOH Tank Level	_____%		

Time Completed:_____

Completed By: _____

PLANT STATUS REPORT (PPCS NOT AVAILABLE)

Plant Parameters		Plant Parameters		Radiation Monitoring	
Reactor Shutdown	YES/NO TIME	Auxiliary Feedwater System	____ Inservice ____ Standby ____ OOS	R-1 Control Room	mRem/hr
RCS Pressure	PSIG	Safety Injection	____ Inservice ____ Standby ____ OOS	R-2 Containment	mRem/hr
PRZR Level	%	Diesel Generators	____ Inservice ____ Standby ____ OOS	R-9 Letdown	mRem/hr
Core Circulation	Forced/Natural	Service Water System	____ Inservice ____ Standby ____ OOS	R-10 "A" Containment Iodine	CPM
Subcooled	°F	Cnmt Fan Coolers System	____ Inservice ____ Standby ____ OOS	R-11 Containment Particulate	CPM
"A" S/G Level	%	Post Acc. Charcoal Filter	Damper Open / Damper Closed	R-12 Containment Gas	CPM
"B" S/G Level	%	Cnmt. Spray Cnmt. Spray Pumps	____ Inservice ____ Standby ____ Inservice ____ Standby ____ OOS	R-10 "B" Plant Vent Iodine	CPM
"A" S/G Pressure	PSIG	Comp. Cooling System	____ Inservice ____ Standby ____ OOS	R-13 Plant Vent Particulate	CPM
"B" S/G Pressure	PSIG	D.C. System	/ Volts	R-14 Plant Vent Gas	CPM
Safeguard	Train B (16/17) EDG/Turbine/Offsite	NaOH Tank Level	%	R-29 Containment High Range	R/hr
Offsite Power	Available/Unavailable	RWST Level	%	R-30 Containment High Range	R/hr
Cnmt Pressure	PSIG	B.A. Tank Level	%	R-15 Air Ejector Gas	CPM
Sump "A" Level	FT	Wind Speed	MPH	*R-12A SPING Containment Gas	µCi/cc
Sump "B" Level	IN	Wind Direction (From)	Degrees	*R14A SPING Plant Vent Gas	µCi/cc
RCS Temp	°F	Temperature 33 FT	°F	*R-15A SPING Air Ejector Gas	µCi/cc
RVLIS	%	Temperature 250 FT	°F	R-31 Steam Line "A"	mRem/hr
CET	°F			R-32 Steam Line "B"	mRem/hr

R/hr = Roentgen/Hour
µCi/cc = Microcuries/Cubic Centimeter
mRem/hr = millirem/Hour

*SPING Unit readings may be deleted if radiation monitors R-12 and R-14 onTime scale.

Date _____
Completed _____
Completed By _____

SPECIALIZED NOTIFICATION LIST

Medical

1.	Ontario Volunteer Emergency Squad		769-911 **(Ginna Control Room Only)** - To request ambulance Business number 9-1-315-524-5751
2.	Wayne County Emergency Dispatcher		9-1-315-946-5304
3.	Rochester General Hospital, Emergency Department Triage Nurse		9-338-2300
4.	Rochester General Hospital Main Switchboard		9-338-4000
5.	RG&E Medical Services	Office Alternate Office	8600 4616
	Dr. Carl Devore Shari Miller, N.P.		
6.	Newark-Wayne Community Hospital		9-1-315-332-2267

Police

1.	New York State Police Warning Point	9-1-518-457-2200 9-1-315-457-6811
2.	Canandaigua State Police	9-398-3200
3.	Williamson State Police	9-1-800-962-0810
4.	Wayne County Sheriff	9-1-315-946-9711
5.	Monroe County Sheriff	9-428-5511

Fire

1.	Ontario Volunteer Fire Department	769-911 **(Ginna Control Room Only)** - To report fire Business number 9-1-315-524-2661

SPECIALIZED NOTIFICATION LIST

Westinghouse Emergency Response Organization

Notify one Westinghouse contact using list in order shown. Provide available facts to individual and provide updates.

1.	Hank Sepp Director ESBU Emergency Response	 Home Hotline	9-1-412-374-5282 9-1-412-856-4036 9-1-412-856-6121
2.	Dan Lipman ESBU Service Response Manager	 Home	9-1-412-374-6920 9-1-412-744-3244
3.	Rose Cotton ESBU Emergency News Communications ENC Manager	 Home	9-1-412-374-6805 9-1-412-963-6129
4.	Mike Young ESBU Emergency Response Technical Support Manager	 Home	9-1-412-374-5081 9-1-412-243-7996
5.	Tom Hart ESBU Emergency Response Logistic Manager	 Home Hotline Pager	9-1-412-374-6980 9-1-412-837-9486 9-1-412-837-1737 9-1-412-765-8886

Other

1.	Ontario Town Supervisor, Roy Hermann	Office Home	9-1-315-524-7105 9-1-315-524-8087
2.	Ontario Water Department		9-1-315-524-2941
3.	Plant Protection Department Kodak Park		9-722-2122
4.	Wayne County Emergency Operations Center		9-1-315-946-5663
5.	Director Wayne County Office of Disaster Preparedness - Thelma Wideman	Home	9-1-315-597-6291
6.	Monroe County Office of Emergency Preparedness (Nights, Weekends, Holidays)	Daytime Offhours	9-473-0710 9-528-2222

SPECIALIZED NOTIFICATION LIST (Cont'd.)

7.	Administrator, Monroe County Office of Emergency Preparedness - Mary Louise Meisenzahl	Home Pager	9-624-3194 9-428-5141
8.	University of Rochester Advance RAP Team - David Maillie	Home	9-275-3788 9-334-2428
9.	National Weather Service (Buffalo)		9-1-800-462-7751
10.	Radiation Management Consultants	Office Emergency Fax	9-1-215-824-1300 9-1-215-243-2990 9-1-215-824-1371
11.	Helgeson Nuclear Services Inc		9-1-415-846-3453
12.	James C. Hutton (NSARB)		9-1-716-381-8473
13.	Institute of Nuclear Power Operations		9-1-800-321-0614
14.	American Nuclear Insurers		9-1-203-677-7305
15.	Emergency Preparedness Canada	Phone Fax	9-1-613-991-7000 9-1-613-996-0995
16.	NYPA Environmental Laboratory Fulton, New York	Daytime	9-1-315-593-5740 9-1-315-593-5735
		Lab Manager pager	9-1-800-436-2732 enter pager # 713-6710 then your number
		Mgr Home #	9-1-315-342-0015
		RES on call pager	9-1-800-436-2732 enter pager # 713-6726 then your number

SPECIALIZED NOTIFICATION LIST (Cont'd.)

Company Personnel

1.	Mis, Frederic Manager, Radiation Protection and Chemistry	Business Home Pager	3323 716-671-9111 716-528-7266
2.	Richards, Thomas Chief Executive Officer	Business Home	8299 (716) 288-9186
3.	Mandelaro, Doug Manager of Corporate Communications	Business Home Pager:	8258 716-377-7733 716-464-2998
4.	Mecredy, Robert Vice President Nuclear Operations	Business Home Pager Cellular:	3494 716-381-6430 716-783-4900 716-315-0813
5.	Wilkens, Paul Sr. Vice President Generation	Business Home Pager: Cellular	8076 716-248-2385 716-529-6426 716-315-0075
6.	Watts, Richard Manager, Nuclear Training	Business Home Pager Cellular	8706 716-425-2644 716-527-3749 716-315-1204

Nuclear Regulatory Commission

1.	Nuclear Regulatory Commission Region 1 - King of Prussia, PA	610-337-5000
2.	Radiation Assistance Program Dept of Energy Brookhaven National Lab	516-282-2200
3.	Commercial telephone system to NRC Operations Center (via Bethesda Central Office)	301-951-0550
4.	Commercial telephone system to NRC Communications Center (via Silver Spring Central Office)	301-427-4056
5.	Commercial telephone system to NRC Operator (via Bethesda Central Office)	301-492-8893

SPECIALIZED NOTIFICATION LIST (Cont'd.)

New York State

1.	James Baranski, State Emergency Management Office (SEMO)	518-457-8916
2.	SEMO Lake District	315-331-4880
3.	NYS Department of Health Rochester Office	716-423-8064
4.	New York State Emergency Operations Center (EOC) Albany	518-457-2200
5.	EOC Albany - Dose Assessment	518-457-9943

Federal Emergency Management Agency (FEMA)

1.	Emergency Information Coordination Center	202-634-7800 202-646-2400

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

1. When offsite assistance has been requested activate:
   - Security
   - Nuclear Management
   - Emergency Planning

   Examples of initiating events that could require offsite assistance are:

   - Fire
   - Medical Emergency
   - Security Event
   - HAZMAT Incident
   - Natural Events (such as flooding, earthquakes or severe weather)

2. Security

   Contact Security at 3210, so that they can make preparations for the arrival of the emergency vehicles and personnel.

3. Nuclear Management

   Notify the following individuals:

   "This is the Ginna Control Room. We have requested offsite assistance from_____. Can you be the Nuclear Management contact for this event? Your duties are (a) act as the RG&E lead for this event and (b) act as the liaison between the Control Room and the corporation."

   Nuclear Management (One person required to respond)

	Joe Widay	Business	3250	Available (YES/NO)
		Home	716-586-2679	
		Pager	716-528-3977	
		Cellular	716-315-0343	
OR				
	Robert Popp	Business	3645	Available (YES/NO)
		Home	716-671-6818	
		Pager	716-527-7881	
		Cellular	716-315-0351	
OR				
	John Smith	Business	3525	Available (YES/NO)
		Home:	315-524-5340	
		Pager	716-463-9716	
		Cellular	716-315-0353	

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED (Cont'd.)

OR

Bob Mecredy	Business	8069	Available (YES/NO)
	Home	716-381-6430	
	Pager	716-783-4900	
	Cellular:	716-315-0813	

The nuclear management representative may call other nuclear managers or members of the Ginna leadership team.

4. Emergency Planning

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from_____. Can you be the Emergency Planning contact for this event? Your duties are (a) activate Public Relations and (b) act as the liaison between the Control Room and government agencies.
_____ is acting as the Nuclear Management lead for this event. He can be reached at _____."

Nuclear Emergency Preparedness (One person required to respond)

Peter Polfleit	Business	6772
	Home	716-654-5325
	Pager	716-527-2207
	Cellular	716-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	716-527-3650
	Cellular	716-315-1277

OR

Richard Watts	Business	8706
	Home	716-425-2644
	Pager	716-527-3749
	Cellular	716-315-1204

OR

Jill Willoughby	Business	4033
	Home	716-787-9075
	Pager	716-528-3295
	Cellular	716-315-1205

The Emergency Planning representative will call the duty public information officer (PIO) via the ECC at 771-2233, and inform them of the event. The duty PIO will determine if a media announcement is warranted. The Emergency Planning representative will also contact Wayne County, Monroe County and New York State officials to brief them on offsite resources being used

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

5. Contact the NRC resident inspector

Chris Welch	Business	3265
	Home	716-425-2613
	Pager	1-800-944-2337 (then dial personal ID# 54797)

EMERGENCY PLANNING CONTINGENCY NOTIFICATION

1. Ensure verification of the Community Alert Network System or Group Page for one hour response positions. If the pagers do not activate or notifications are not completed, begin manual notification process.

2. Notify other Nuclear Emergency Preparedness staff members to request their assistance with contingency notifications.

3. The following one hour response positions should be filled by contacting a minimum of one responder for each position by individual page or by home, office or cellular phone number. Refer to EPIP 4-7, Public Information Organization Staffing, and EPIP 5-7, Emergency Organization.

   - TSC Emergency Coordinator
   - Operations Assessment Manager
   - Technical Assessment Manager
   - Communicator
   - TSC Dose Assessment Manager
   - RP/Chemistry Manager
   - Maintenance Assessment Manager
   - Survey Center Manager

   - EOF Recovery Manager
   - Nuclear Operations Manager
   - Engineering Manager
   - EOF Dose Assessment Manager

   - News Center Manager

4. Inform the responder of the current emergency classification and instruct them to report to the appropriate emergency duty location immediately. Inform them of the fitness for duty requirements.

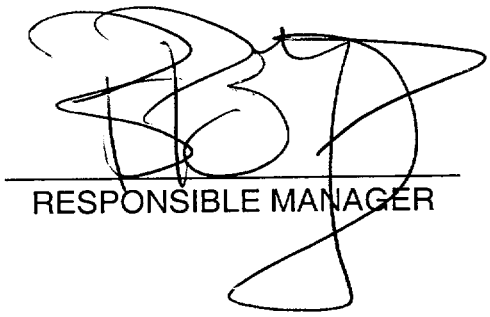
ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-7 REV. NO. 9

ACCOUNTABILITY OF PERSONNEL



RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 3 PAGES

EPIP 1-7 ACCOUNTABILITY OF PERSONNEL

1.0 PURPOSE

To provide instruction for accountability of personnel within the plant protected area in the event of plant evacuation.

2.0 RESPONSIBILITY

The Security Manager Administrative Support (SMAS), Security Shift Supervisor (SSS), Emergency Coordinator, Technical Support Center Security Manager and Survey Center Manager are responsible for implementing portions of this procedure.

3.0 REFERENCES

3.1 Developmental References

3.1.1 EPIP 1-6, Site Evacuation

3.2 Implementing References

3.2.1 EPIP 1-8, Search and Rescue Operations

3.2.2 GS-330, Security Personnel Actions During an Emergency Plan Activation

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

5.1 An evacuation is in progress in accordance with EPIP 1-6, Site Evacuation.

6.0 ACTIONS

6.1 The Security Manager Administrative Support will:

6.1.1 Obtain names of personnel from the Control Room, OSC Satellite, Engineering Support Center, RP and Security Groups.

6.1.2 Obtain names off tagboard in the TSC.

NOTE: RP TECHNICIANS SHALL NOT EVACUATE THE SITE. THEY ARE TO REMAIN ON-SITE TO SUPPORT OPERATIONS AND MAINTENANCE ACTIVITIES.

6.2 Upon announcement to evacuate site by the Control Room, the SSS directs the start of the "emergency accountability" function in accordance with GS-330.

6.3 The SSS directs Security personnel to log all exiting personnel's badges off-site via 126A or 126B cardreaders.

6.4 Upon evacuation announcement, the TSC Security Manager ensures that the Emergency Coordinator makes an announcement for all personnel in the TSC to swipe their photo ID badges through the TSC accountability reader.

6.5 After all non-essential personnel have exited the site, the SSS will obtain an Employee On Site (EONs) list from the computer.

6.6 After the EONs list has been completed, in accordance with GS-330, the SSS will contact the SMAS to start the accountability by comparing the EONs list to the list compiled in the TSC.

6.7 **IF THE SECURITY COMPUTER IS OUT OF SERVICE:**

6.7.1 The SSS will ensure all badges are placed in the racks, identify empty card slots and compile a list of personnel associated with the empty slots.

6.7.2 The SMAS will contact the TSC managers and request them to compile a list of personnel under their responsibility that are remaining on-site during the emergency.

6.7.3 The SSS and SMAS will compare their respective lists to ensure that all personnel are accounted for.

6.8 The TSC Security Manager will provide results of accountability to the Emergency Coordinator within 30 minutes of evacuation announcements.

6.9 The TSC Security Manager will report the names of unaccounted personnel to the Emergency Coordinator.

6.10 If an individual is unaccounted for, reasonable attempts will be made, by the TSC SMAS, to locate the individual via plant page, telephone contacting the individual's manager or contacting the Survey Center Manager. If these attempts fail, the TSC Security Manager/designee will coordinate a search to locate the individual in accordance with EPIP 1-8.

6.11 The SMAS will receive verification from the Survey Center Manager that accountability has been completed by the Personnel Coordinator of any additional personnel located outside the plant fence but on company property:

a. Simulator Building
b. Training Center
c. Grounds Crew
d. Manor House
e. White House
f. Off-site Warehouse.

7.0 ATTACHMENTS

None.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE No. EPIP 1-11

REV NO. 23

SURVEY CENTER ACTIVATION

RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 11 PAGES

EPIP 1-11

SURVEY CENTER ACTIVATION

1.0 PURPOSE:

The purpose of this procedure is to designate duties for individuals who report to the Survey Center.

2.0 RESPONSIBILITY:

2.1 The first person to arrive is responsible for implementing this procedure.

2.2 The Survey Center Manager or the Assistant Survey Center Manager is responsible for activation of the Survey Center upon arrival.

3.0 REFERENCES:

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 EPIP 2-11, Onsite Surveys

3.2.2 EPIP 2-12, Offsite Surveys

3.2.3 EPIP 2-13, Iodine and Particulate Activity Determination from Air Samples

3.2.4 EPIP 3-3, Immediate Entry

3.2.5 EPIP 5-7, Emergency Organization

3.2.6 RP-SUR-PER-DECON, Personnel, Decontamination

3.2.7 RP-JC-AMS-4, Routine Operation of the Eberline AMS-4 Air Monitor System

3.2.8 RPA-RW-SHIP-MTL, Shipment of Radioactive Material-General Guidance

4.0 PRECAUTIONS:

NONE

5.0 PREREQUISITES:

5.1 An Alert, Site Area Emergency or General Emergency has been declared in accordance with EPIP 1-0.

5.2 The Emergency Coordinator has requested that the Survey Center be activated.

6.0 ACTIONS:

NOTE: SELECTED PROCEDURES ARE LOCATED IN A BINDER INSIDE THE SURVEY CENTER. ADDITIONAL PROCEDURES THAT MAY BE NEEDED CAN BE OBTAINED FROM THE NUCLEAR TRAINING RESOURCE CENTER.

6.1 ARRIVING PERSONNEL

NOTE: DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL, STEPS MAY BE PERFORMED CONCURRENTLY TO MINIMIZE ACTIVATION TIME.

6.1.1 Sign in under appropriate position on the Survey Center sign in board and obtain position I.D. badge if applicable. Refer to instructions on tag board or procedure EPIP 5-7.

6.1.1.1 Survey Team instructions are located in EPIP 2-11 and EPIP 2-12.

6.1.2 During normal working hours, bring your assigned TLD with you to the Survey Center. During off hours, obtain an emergency TLD from the Survey Center Manager if your normal TLD is not available.

6.1.3 Log in on Dosimetry Log (Attachment 2) and obtain Dosimetry. Refer to EPIP 2-11 and EPIP 2-12 for dosimeter ranges for Survey Team members. Survey Center personnel obtain 0-1500 mr dosimeters.

6.2 SURVEY CENTER MANAGER OR ASSISTANT:

6.2.1 Notify Emergency Coordinator (Ext. 3503) of your arrival.

6.2.2 Obtain Survey Center Keys and unlock equipment storage area door.

6.2.3 Check out high range survey equipment.

6.2.4 Ensure both Deskron II radios are ON and the volume is turned UP in the Survey Center.

6.2.5 Inform the RP/Chemistry Manager (Ext. 3507) that the Environmental Laboratory should be set up to process samples collected by the survey teams. Have RP personnel set up lab using Attachment 1.

CAUTION

IF DOSE RATES EXCEED 50 MREM/HR, ADVISE EMERGENCY COORDINATOR AND PREPARE FOR RELOCATION AFTER DISPATCH OF SURVEY TEAMS.

6.2.6 Conduct radiation survey of survey center and reception areas of both training buildings and the simulator and exterior building areas. Periodically, conduct contamination and radiation surveys of all training areas.

6.2.7 Place AMS-4 Air Monitor in operation, per RP-JC-AMS-4.

CAUTION

IF AIRBORNE IODINE ACTIVITY IS GREATER THAN 1E-8 μCi/cc, INFORM THE EMERGENCY COORDINATOR.

6.2.8 Take an air sample and analyze in accordance with EPIP 2-13.

6.2.9 If the Survey Center is not deemed habitable, the Survey Center Manager should inform the Dose Assessment Manager, and suggest relocation to an alternate survey team staging area such as: Warehouse west end of parking lot, Station 13A, Station 204 on Route 104, White house by the entrance to the plant access road, Manor House, RG&E Service Center on Plank Road just west of Route 250, Substation #230 - Atlantic Avenue, Walworth.

6.2.10 If the Survey Center is to be relocated, emergency equipment should also be moved. The equipment should include, but is not limited to:

- Radiological Survey Meters
- Air Samplers and filters
- TLD's
- Dosimeters
- Survey Maps
- Radios
- Cellular Phones
- Procedures
- Survey Team Boxes

6.2.11 Notify a Personnel Coordinator, from EPIP 5-7, that the Survey Center has been activated and to perform a personnel accountability as listed in Step 6.3.3. .

6.2.12 Organize the Survey Teams:

a. To assist in briefing the Survey Teams obtain the most current copy of the NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Part I) from the Survey Center fax machine (Ext. 3612).

b. If the NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Part I), is not available , contact the TSC and obtain the following information to assist in briefing the survey teams.

1. Wind speed and direction.
2. Release in progress or has occurred.
3. Event classification.
4. Plant conditions.

c. Post the event classification and weather data on the information board.

d. Maintain a log of all Survey Center activities.

e. Ensure arriving personnel sign in as Survey Team members, Communicator or Assistant Survey Center Managers.

f. Assist the Survey Teams to prepare for dispatch.

g. Ensure that the briefing covers the following items:

- Team identification
- Communications equipment and channel
- 3-way communications and use of phonetic alphabet
- Protective equipment (including use of KI)
- Authorized doses
- Survey instructions
- Survey equipment
- Type of date required
- Job safety including use of safety vests and yellow beacon (for offsite teams)

h. Collect Survey Team Equipment/Team Data forms (Attachment 3) from Survey Teams and insure data is transferred to the appropriate attachments located in EPIP procedures (e.g., Survey Center Dosimetry Log, EPIP 1-11, Attachment 2; EPIP Instrument Response Check, EPIP 2-11, Attachment 16 or EPIP 2-12, Attachment 21).

i. Notify the TSC Dose Assessment Manager when the Survey Teams are ready to be dispatched.

j. Fax a list of the members of each Survey Team and their cellular phone numbers to the TSC Dose Assessment Manager.

6.2.13 Assure personnel arriving at Training Center are frisked during Site Evacuation. Any personnel who need to respond to the EOF or JENC shall have front of the line privilege.

6.2.14 If arriving personnel are required to staff the TSC assist personnel requiring site access by referring to EPIP 3-3, Immediate Entry.

a. Notify Security at Secondary Alarm Station (Ext. 3267) of TSC members (by name) who will need access to the site.

b. Advise those going to the TSC of dose rates in the area.

c. Provide directions for site access route and safety precautions.

6.2.15 Ensure decontamination facilities are set up.

a. Switch the decontamination shower and deep sink drains from the sewer system to the holding tank by shutting and locking valve "S" and unlocking and opening valve "T" located to the right of the shower.

b. Set up receptacles, step-off pads and barriers to route traffic through the facility.

c. Operate the decontamination facility with RP section guidance in accordance with RP-SUR-PERS-DECON.

NOTE: **PERIODICALLY, CHECK THE WATER LEVEL IN THE TANK BY LIFTING THE TANK COVER TO ENSURE THAT THE TANK IS NOT OVERFILLED WHILE IN USE.**

d. When the holding tank high level alarm sounds (local alarm 1-1/2 feet from top of tank) notify the RP/Chemistry Manager or his designee.

CAUTION

ENSURE THAT THE DECONTAMINATION SHOWER AND DEEP SINK ARE NOT USED DURING SAMPLING AND /OR PUMPING. HANG "DO NOT USE" SIGNS ON SHOWER AND DEEP SINK.

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e. After a tank sample has been taken and analyzed, the RP/Chemistry Manager or his designee will determine if the tank will be pumped to the sewer system through a manhole located approximately 50 feet west of the holding tank or transferred to the Ginna radioactive waste system by tanker truck.

CAUTION

THE SURVEY CENTER MANAGER SHOULD NOTIFY THE SIMULATOR BUILDING OCCUPANTS IF OCCUPIED OR SEND SOMEONE TO THE SIMULATOR BUILDING DURING THE PUMPING OPERATION TO THE SEWER SYSTEM TO CHECK THE SUMP PUMPS ARE OPERATING PROPERLY TO HANDLE THE ADDITIONAL WATER BEING PUMPED FROM THE DECON SHOWER HOLDING TANK.

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f. After the holding tank has been pumped, restore decontamination operations.

g. After decontamination activities have been completed and the shower and deep sink have been smear-surveyed clean and released, restore the drain lineup to the sewer system. Shut and lock valve "T" and unlock and open valve "S".

h. Ensure all evolutions have been entered in the Survey Center Manager's log.

6.2.16 Notify TSC Administration/Communication Manager of accountability.

6.2.17 Segregation of samples

a. When survey teams return have them drop their samples off in the roped off area outside the Survey Center.

b. Insure all sample labels are filled out and legible.

c. Perform a survey of each sample returned. Place a label on the sample with the dose rate measured.

d. Segregate the samples into samples that read:

(a) greater than or equal to 200mR/hr
(b) less than 200mR/hr

NOTE: INITIAL SAMPLES THAT ARE COLLECTED THAT HAVE ACTIVITY SHOULD BE ANALYZED USING THE RP COUNT EQUIPMENT.

e. Notify the RP/Chemistry Manager that samples need to be counted or to make arrangements to ship them to a contact counting facility.

Place these samples in an area that will not contribute to the exposure of personnel in the Survey Center.

6.2.18 Conduct post-job brief when Survey Teams return to the Survey Center and document in the log.

6.2.19 Following termination of event, ensure the Dosimetry Log (Attachment 2) is forwarded to Dosimetry for entry into the RADOSE Dose Management System (RDMS).

6.3 PERSONNEL COORDINATOR:

6.3.1 Notify Survey Center Manager of your arrival.

6.3.2 Establish a means of constant communications with the Survey Center Manager.

6.3.3 Assure accountability of personnel outside the plant fence; but on company property, such as:

NOTE: GROUNDS CREW CAN ASSIST IN NOTIFICATIONS OF PERSONNEL ON COMPANY PROPERTY OUTSIDE THE FENCE. CALL KEITH MERKEL (PAGER: 525-5772) OR NORM BURKETT (PAGER: 528-9513) FOR ASSISTANCE.

a. Simulator Building (ext. 6668)
b. Training Center (ext. 6600)
c. Grounds Crew (White House 315-524-5309)
d. Manor House (ext. 3744)
e. Offsite Warehouse (ext. 3292 or 3288)
f. Station 13A Area

6.3.4 Report completion of accountability to the Survey Center Manager.

6.3.5 Notify personnel outside the plant fence, but on company property to the emergency classification level, and direct them to standby for further instructions.

6.3.6 Direct evacuating personnel to appropriate assembly areas as required or as directed by Emergency Coordinator or Survey Center Manager.

6.3.7 Release evacuating personnel from assembly areas as required or as directed by Emergency Coordinator or Survey Center Manager.

6.3.8 Maintain control of evacuated personnel and additional personnel throughout the emergency.

7.0 ATTACHMENTS:

1. Environmental Laboratory Operations.
2. Survey Center Dosimetry Log.
3. Survey Team Equipment/Team Data form

ENVIRONMENTAL LABORATORY OPERATIONS

(To be performed by Radiation Protection Personnel)

Preparing the Environmental Laboratory to receive samples:

1. Samples will be transported from the Survey Center to the Environmental Laboratory. Place radioactive materials signs on the doors to the Environmental Laboratory and the count room. Rope off the west end of the Environmental Laboratory for sample storage. Remove any environmental samples stored in that area to prevent cross contamination.

2. Consult with the Survey Center Manager to determine the best route to transport the samples:

   a. If samples are transported inside thru the building, personnel may be exposed by the samples or contamination may be spread in the building. A route should be cleared prior to transport and surveyed for contamination afterwards.

   b. If samples are transported outside, there may be snow or rain to degrade the samples or there may be contamination deposited on the ground from a release. Place step-off pads down where personnel will re-enter the building. Perform surveys at that point to ensure that contamination has not been brought into the building.

Transport of the samples from the Survey Center to the Environmental Laboratory.

1. Ensure that the personnel transporting the samples are wearing dosimetry.

2. Place the samples to be transported into a clean plastic bag to prevent the spread of contamination.

3. Move the samples to the Environmental Laboratory.

4. Perform a survey of the route (smears or direct frisk) to ensure that contamination was not spread.

Analyzing samples in the Environmental Laboratory

1. Laboratory operations should be conducted using the appropriate Radiation Protection procedures for the Environmental Laboratory.

2. Inform the RP/Chemistry Manager when results are available from the Gamma Spectroscopy System. The TSC/EOF personnel can view the results from the facilities via modem.

3. If data needs to be faxed to the TSC/EOF use the fax machine in the Survey Center.

Moving the samples to an offsite laboratory.

1. Ensure that the samples are properly packaged, labeled and marked for activity in accordance with procedure RPA-RW-SHIP-MTL.

2. Laboratory operations at the offsite laboratory should be conducted using their procedures for analyzing samples.

SURVEY CENTER DOSIMETRY LOG

NAME	TLD NUMBER	DOSIMETER NUMBER	TIME		DOSIMETER READING		
			IN	OUT	IN	OUT	TOTAL

Forwarded to Dosimetry:_____

Date:_____

Dose Entered:_____

Date:_____

Survey Team Equipment / Team Data

Team _____ **Cell Phone #** _____ **Date / Time** _____

Team Member#1 _____ **TLD #** _____ **0-1500 mR** **Dosimeter #** _____ **Initial Reading** _____ **Final Reading** _____ **0-10 R** **Dosimeter #** _____ **Initial Reading** _____ **Final Reading** _____ **Scott A - ID #** _____	**Team Member#2** _____ **TLD #** _____ **0-1500 mR** **Dosimeter #** _____ **Initial Reading** _____ **Final Reading** _____ **0-10 R** **Dosimeter #** _____ **Initial Reading** _____ **Final Reading** _____ **Scott A - ID #** _____

Meter / Frisker Data

Meter	Serial #	Calibration Date	Response Check Y or N	Battery Check	Flow Check
RO -20					
RM-14					
RADECO					
GILIAN					

Comments:

ROCHESTER G AS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE No. EPIP 2-11 REV. NO. 17

ONSITE SURVEYS

RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 31 PAGES

EPIP 2-11

ONSITE SURVEYS

1.0 PURPOSE:

To describe the procedure to be followed for the conduct of onsite radiological surveys.

2.0 RESPONSIBILITY:

2.1 The onsite survey team members are responsible for implementing this procedure.

2.2 The Survey Center Manager or Dose Assessment Manager is responsible for briefing, dispatch and control of the team as described in EPIP 2-7, Management of Emergency Survey Teams.

3.0 REFERENCES:

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 RP-SUR-POST-LABEL, Radiological Surveys and Area Postings

3.2 Implementing References

3.2.1 EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure

3.2.2 EPIP 2-9, Administration of Potassium Iodide (KI).

3.2.3 EPIP 2-13, Iodine and Particulate Activity Determination from Air Samples.

3.2.4 EPIP 2-7, Management of Emergency Survey Teams.

3.2.5 EPIP 5-2, Onsite Emergency Response Facilities and Equipment Periodic Inventory Checks and Tests.

3.2.6 EPIP 1-11, Survey Center Activation

4.0 PRECAUTIONS:

4.1 If the seal on the Onsite Survey Team footlocker is broken, use the equipment list inside the footlocker to inventory equipment (Equipment list from EPIP 5-2).

4.2 Maintain communications contact at regular intervals with the TSC Radio Operator when performing surveys especially when significant changes to dose rates occur as described in this procedure.

5.0 PREREQUISITES:

None

6.0 ACTIONS:

6.1 **Equipment Check/Team Preparation**

6.1.1 Assemble the following equipment which is not stored in the survey footlocker:

a. Personal thermoluminescent dosimeter (TLD) for each team member.

b. Gilian low volume air sampler with filter holder or equivalent.

Verify the battery charge status by observing the battery voltage displayed on the battery charger. Press the button on the battery charger (for #1, 2, 3, 4, or 5) that corresponds with the air sampler that you are checking.

NOTE: IF AN AIR SAMPLER DOES NOT HAVE THE MINIMUM VOLTAGE LISTED BELOW, IT MAY NOT RUN FOR AN ADEQUATE LENGTH OF TIME. LEAVE THE AIR SAMPLER ON THE CHARGER UNTIL THE REQUIRED VOLTAGE IS REACHED. IF THE AIR SAMPLER HAS BEEN CHARGING FOR GREATER THAN 8 HOURS AND HAS NOT REACHED THE REQUIRED VOLTAGE, REMOVE IT FROM SERVICE.

- A Gilian HFS-113A should read 4.50v or greater on the charger.
- A Gilian HFS-513A should read 5.80v or greater on the charger.
- A Gilian Gilair-5 should read 5.80v or greater on the charger.

c. Eberline RO-20 dose rate meter or equivalent.

d. Eberline RM-14 Frisker or equivalent.

6.1.2 Log information required on the Survey Team Equipment/Team Data Form, located on each box, and turn in to Survey Center Manager prior to departure.

6.1.3 Check operation of the following equipment using the Equipment Check and Operation Instructions:

NOTE: **IF EQUIVALENT EQUIPMENT IS UTILIZED ENSURE EQUIPMENT CHECK AND OPERATION INSTRUCTIONS ARE PERFORMED IN ACCORDANCE WITH THE APPROPRIATE RADIATION PROTECTION PROCEDURES.**

a. Hand-held radio with extra battery pack and 9 AA batteries. (Attachment 1)

NOTE: **SURVEY METERS ARE RESPONSE CHECKED PRIOR TO USE, DAILY WHILE IN USE, AND PRIOR TO STORING THEM AFTER USE.**

a. Eberline RM-14 Frisker (Attachment 2)

c. Eberline Model RO-20 dose rate meter (Attachment 3)

d. Gilian low volume air sampler (Attachment 4)

e. VAS-2 Earmark "Loud Mouth" Voice Amplification System (Attachment 5)

NOTE: **THE PLANT HAS 2 FOUR WHEEL DRIVE VEHICLES AVAILABLE FOR ADVERSE WEATHER CONDITIONS. (CONTACT MAINTENANCE MANAGER IN TSC.)**

6.1.4 Load survey equipment in equipment bags and back packs and inform Survey Center Manager you are ready for departure. Obtain meteorological and plant status information. Document Team readiness on Survey Team Attachment Form (Attachment 15).

6.1.5 Log time, date and survey team members on survey map.

6.1.6 Establish radio communication with Technical Support Center Radio Operator and advise of teams departure.

6.1.7 When taking air samples, log time, date, flow rate and start time of low volume air sampler on air sample envelopes and RG&E Emergency Survey Team Data Sheet (Attachment 14).

6.1.8 If directed by the Dose Assessment Manager, don protective clothing and full face masks with charcoal filters and VAS-2 Earmark "loud mouth" voice amplifier.

6.2 **Team Briefing**

6.2.1 Survey Center Manager or Dose Assessment Manager brief the Survey Team Members.

6.2.2 Ensure that the briefing covers the following items:

a. Team Identification

b. Communications Equipment and Channel

c. 3-way communications and use of the phonetic alphabet

d. Protective Equipment (including use of KI)

e. Authorized doses

f. Survey Instructions

g. Survey Equipment

h. Type of Data Required

i. Job Safety Briefing

6.2.3 If dose authorization is required, implement EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure.

6.2.4 If potassium iodide (KI) administration is required, take one KI tablet at this time in accordance with EPIP 2-9, Administration of Potassium Iodide (KI).

6.3 **Survey**

6.3.1 Perform surveys using the appropriate Survey Instructions (Attachment 6,7,8,9 and 10).

6.3.2 Follow the Survey Route for your team designation (Attachment 11 or 12).

CAUTION

DO NOT ENTER AREAS WHERE RADIATION LEVELS ARE GREATER THAN 2 REM/HR UNLESS DIRECTED BY THE HEALTH PHYSICIST.

THE DOSE LIMITATION OF THE SURVEY TEAM IS LIMITED TO 1 REM (TEDE) UNLESS THE HEALTH PHYSICIST OR EMERGENCY COORDINATOR AUTHORIZES A HIGHER LIMIT.

A ONETIME DOSE LIMIT OF 75 REM (TEDE) MAY BE USED TO SAVE THE LIFE OF AN INDIVIDUAL ON A VOLUNTARY BASIS.

A ONETIME DOSE LIMIT OF 25 REM (TEDE) MAY BE USED TO INSURE EQUIPMENT IS OPERATIONAL OR SECURED IN ORDER TO PREVENT A GREATER POSSIBLE HAZARD TO THE GENERAL PUBLIC.

6.3.3 At each assigned report point, the team should report the following information to the Radio Operator:

a. Location

b. Completed Actions

c. Results of Surveys

NOTE: REMEMBER TO CHECK THE SCALE BEFORE RECORDING READINGS ON A SURVEY MAP OR REPORTING READINGS TO DOSE ASSESSMENT.

d. Request for additional instructions

6.3.4 Upon completion of Survey Route, inform radio operator at Technical Support Center. The Dose Assessment Manager may assign an additional survey route or direct you to return to the Survey Center.

6.3.5 Document route completion on Survey Team Attachment Form (Attachment 15).

6.4 **Decontamination/Sample Return**

6.4.1 Inform Survey Center Manager of team return to the Survey Center.

6.4.2 Perform a personnel frisk of team personnel in accordance with Attachment 8. Document results on Survey Team Attachment Form (Attachment 15).

6.4.3 If any contamination greater than 100 CPM above background is found, contact the Survey Center Manager for decontamination instructions.

6.4.4 Give all air sample filters, survey maps, data records and attachment forms to the Survey Center Manager. Ensure all information is complete and samples are properly labeled.

6.4.5 Dispose of contaminated and potentially contaminated waste in designated containers.

6.4.6 Perform a contamination survey of equipment in accordance with Attachment 8. Re-stock and inventory the Survey Team Equipment Footlocker. Stow equipment in its designated location.

6.4.7 Return radio system, portable air sampler, frisker and dose rate meter to the Survey Center Equipment Area and place on charge as appropriate. Response check survey meter (s) prior to returning to storage. Notify the Survey Center Manager if any meter(s) do not response check properly.

6.4.8 Return dosimeters and sign-out on dosimeter log sheet from EPIP 1-11.

6.4.9 If directed by the Dose Assessment Manager, receive a whole body count to check for internal contamination.

7.0 **ATTACHMENTS:**

EQUIPMENT CHECK AND OPERATING INSTRUCTIONS

1. Radio System
2. Eberline RM-14 Frisker
3. Eberline model RO-20 Dose Rate Meter
4. Gilian Low Volume Air Sampler
5. VAS-2 Earmark "Loud Mouth" Voice Amplification System

SURVEY INSTRUCTIONS

6. General Area Radiation Survey
7. Survey to Determine Presence of Beta Radiation-Plume Survey
8. Contamination Survey
9. Taking Air Samples
10. Changing Filters at Fixed Environmental Stations

11. Survey Route (Onsite East)
12. Survey Route (Onsite West)
13. Onsite Survey Map
14. RG&E Emergency Survey Team Data Sheet
15. Survey Team Attachment Form
16. EPIP Instrument Response Check

RADIO SYSTEM
(HAND-HELD PORTABLE)

EQUIPMENT CHECK AND OPERATION

1. Remove radio from the charger rack.

2. Switch on the transceiver by turning the power switch/volume control clockwise until it clicks.

3. Adjust the volume by turning the power switch/volume control knob to the desired volume.

NOTE: **CHANNEL IDENTIFICATION IS INDICATED ON THE DISPLAY LOCATED ON THE TOP OF THE RADIO.**

4. Turn the channel selector switch to the General Maintenance frequency.

5. Transmit a test message for a communications check using the 3-way communications protocol given below:

    a. The general procedure for communication on the radio should be as follows:

        1. During a drill or exercise, all information transmitted via radio shall be proceeded with "This is a drill/exercise."

        2. The message should include the name or title of the receiver, name or title of the sender and the message text.

            Example: "This is a drill. Technical Support Center, this is the Alpha Survey Team. We are starting our primary route, over."

        3. Message acknowledgment by the receiver to include the name or title of the sender and the title of the acknowledging receiver. The acknowledging receiver should paraphrase or repeat back the message.

            Example: "This is a drill. Alpha Survey Team, this is the Technical Support Center. I understand you are starting your primary route, over."

4. Sender confirmation - confirmation of the acknowledgment.

   Example: "This is a drill. Technical Support Center, this is the Alpha Survey Team. That is correct."

2. When communicating alpha-numeric information, such as survey team designation or meter readings, where the sender or receiver may encounter background noise or static, the phonetic alphabet should be used.

3. If the receiver does not understand the message, they are expected to ask the sender to repeat or rephrase the message. If the receiver acknowledges the message incorrectly, the sender should correct the receiver by saying "that is not correct" and repeating the message.

4. Confirmation of the acknowledgment by the sender is imperative. The absence of the confirmation step could result in a mis-communication because the receiver may have misheard the message and repeats back erroneous information. A lack of response by the sender could be interpreted as a silent confirmation that the repeat back is correct.

   NOTE: **THERE MAY BE TIMES THAT TSC OR EOF WILL BE RECEIVING COMMUNICATIONS FROM A TEAM THAT YOU CANNOT HEAR. IF THIS HAPPENS, THE RADIO OPERATOR WILL TELL YOU TO WAIT OR STANDBY. AFTER HE HAS COMPLETED HIS TRAFFIC, HE WILL ASK YOU TO TRANSMIT YOUR INFORMATION.**

6. To transmit: depress the push-to-talk switch on the side of the radio. Speak in a normal voice into the speaker/mike.

7. To receive: release the push-to-talk switch.

8. When you have been directed to secure your survey team, turn the radio off and place it in the charger located in the Survey Center Equipment area.

EBERLINE RM-14 FRISKER

EQUIPMENT CHECK

1. Disconnect power cord from the back of the meter. Ensure "TEST ON" toggle switch is off.

2. Ensure that an HP-260 pancake probe or equivalent is connected to the DETECTOR connector on the front of the instrument.

3. Turn range switch to BATT position. Meter should read in the BATT-OK area.

4. Ensure alarm set knob on back of instrument is turned fully clockwise to position 5.

5. Perform instrument response check. Obtain source from safe and verify meter reading corresponds to reading on attached card. Log on response check log (Attachment 16), whether response check was satisfactory or not.

6. Turn range switch to OFF when not in use.

EQUIPMENT OPERATIONS

1. Turn range switch to X1.

2. Place response switch in the SLOW RESPONSE position.

3. Adjust the volume control so that the audio indication (a click) can be heard.

4. Ensure alarm set knob on back of instrument is turned fully clockwise to position 5.

5. The range switch should be adjusted such that the highest reading gives a mid-scale deflection.

6. All readings must be multiplied by the range switch setting, i.e. (X1, X10, X100).

7. 3,600 CPM is approximately equal to 1 mrem/hr. Maximum reading is 50,000 CPM or 14 mR/hr.

8. Upon completion of the survey, return meter to the Survey Center Equipment Area and response check. Turn the meter off and return to storage if response check is satisfactory. Notify the Survey Center Manager if the instrument does not response check properly. Unit should be recharged before the next use.

EBERLINE MODEL RO-20 DOSE RATE METER

EQUIPMENT CHECK

1. Turn function switch to *Battery 1* position. Ensure meter reading is in green Battery Check arc.

2. Turn function switch to *Battery 2* position. Ensure meter reading is in green Battery Check arc.

3. If either of these checks are unsatisfactory, turn survey meter in to Survey Center Manager.

4. Turn function switch to *Zero* position. Check that meter reads zero. If not, set it to zero with the Zero knob.

5. Set the function switch to the 5 mR/hr. Range. Obtain response check source from the safe and verify that the meter reading corresponds to the reading on the source card. Use the open window reading. Log on response check log (Attachment 16), whether response check was satisfactory or not.

6. Turn meter off when not in use.

EQUIPMENT OPERATION

1. Turn function switch to *Battery 1* position. Ensure meter reading is in green Battery Check arc.

2. Turn function switch to *Battery 2* position. Ensure meter reading is in green Battery Check arc.

3. If either of these checks are unsatisfactory, turn survey meter in to Survey Center Manager.

4. Set function switch to the desired range of operation. The switch position selected is the full scale reading of that range.

5. When surveying an area of unknown radiation, always start the survey at the higher scales and move to a lower scale until readings are between 10% and 90% of that scale.

NOTE: **REMEMBER TO CHECK THE SCALE SETTING BEFORE RECORDING READINGS ON A SURVEY MAP OR REPORTING READINGS TO DOSE ASSESSMENT.**

6. For low light conditions, set the *Light* toggle switch to either *On* for continuous illumination or *Momentary* for momentary illumination. When not needed, ensure *Light* switch if returned to the *Off* position to conserve batter power.

7. Upon completion of the survey, return meter to the Survey Center Equipment Area and response check. Turn the meter off and return to storage if the response check is satisfactory. Notify Survey Center Manager if the meter does not response check satisfactorily.

GILIAN HFS-113A AIR SAMPLER , GILIAN HFS-513A AIR SAMPLER
GILIAN GILAIR-5 AIR SAMPLER

EQUIPMENT CHECK OF GILIAN AIR SAMPLERS

1. Perform all sampler checks prior to use as follows:

a. Verify calibration is current by checking the calibration sticker.

NOTE: THE PARTICULATE FILTER IS INSTALLED WITH THE TEXTURED SIDE FACING OUT. THE SILVER ZEOLITE CARTRIDGE HAS ARROWS ON ITS SIDE TO INDICATE THE DIRECTION OF THE SAMPLE FLOW.

2. Ensure the sample head is attached to the sampler inlet. Install new filters in the sample head.

OPERATION OF THE GILIAN HFS-113A AND GILIAN HFS-513A

1. Ensure filter cartridge contains a GY-130 Silver Zeolite cartridge and particulate filter. Ensure sample head is connected to the sampler.

CAUTION

MASTER ON/OFF SWITCH MUST BE ON FOR UNIT TO OPERATE. MASTER ON/OFF SWITCH ALSO RESETS TIME DISPLAY.

---

2. At start of the sampling period record start time. PRESS TEST button and record time in digital display and flow of 4.0 LPM on sample envelope and on RG&E Emergency Survey Team Data Sheet, Attachment 14. Turn unit on using ON/OFF switch located to the right of the digital display.

CAUTION

IF A FAULT CONDITION EXISTS, UNIT SHUTS DOWN AFTER 15-30 SECONDS INTO A FAULT CONDITION.

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3. If the FAULT LED is lit, this was activated by either an under voltage, over current, or over pressure (restricted flow) condition beyond the units capability. The motor stops and the time is latched. By pressing the TEST button, the sample time (in minutes) at which the fault occurred will be displayed indicating a valid sample period.

4. At end of the sampling period, turn pump off using ON/OFF switch located to the right of digital display. Press TEST button, record time in digital display, stop time and all other pertinent information on sample envelope and Attachment 14.

5. Sample volume in liters equals the flow rate in liters per minute multiplied by minutes the sampler operated. The sampler has a fixed flow rate of 4 liters per minute. If the unit was operated for thirty minutes, the sample volume would equal 120 liters (4 x 30 = 120).

6. Handle completed samples in accordance with Attachment 9 "Taking Air Samples".

OPERATION OF THE GILIAN GILAIR-5

1. Turn the power switch to the ON position.

2. Record the start time and the run time on the digital display and a flow of 4.0 LPM on sample envelope and on RG&E Emergency Survey Team Data Sheet, Attachment 14.

3. During use, periodically check the unit to ensure that it does not have a fault condition.

NOTE: A LIT FAULT LED MAY BE CAUSED BY:

- **UNDER VOLTAGE**
- **OVER CURRENT**
- **OVER PRESSURE (RESTRICTED FLOW).**

4. If the FAULT LED comes on during sampling, perform the following:

   a. Check the digital display to determine how long the sample ran.

   b. Determine the fault condition if possible and correct.

   c. If the condition causing the fault is corrected and work is continuing, turn the unit off to reset it, and then restart it. Be sure to add the previous run time to the total run time of the sample.

   If the cause of the fault cannot be determined, remove the unit from service.

5. At the end of the sampling period, look at the digital display and note the total run time of the air sampler. Turn the sampler OFF. Record the run time from the display, stop time and all of the other pertinent information on Attachment 14.

6. Sample volume in liters equals the flow rate in LPM multiplied by the minutes the air sampler was operated. If the unit was operated for thirty minutes, the sample volume would equal 120 liters (4LPM x 30 minutes = 120 liters).

VAS - 2 EARMARK "LOUD MOUTH" VOICE AMPLIFICATION SYSTEM

The "Loud Mouth" System is designed to provide voice amplification for individuals wearing respiratory protection devices.

EQUIPMENT CHECK

Earmark Throat Microphone Model TM-1

1. Figure 1 (attached) shows the proper "at rest" position for the microphone. If it is necessary to reform the spring tension, hold the microphone, starting two inches behind the microphone head, between the thumb and forefinger and bend the cable slightly while progressing down the cable until the end of the spring is reached. Check the diameter of the coil and repeat if necessary. Note that the microphone head should tilt up from a flat surface about 1/4 inch. If necessary, form the spring to give this dimension.

2. Batteries: A 9-volt Alkaline Battery is the required power source. The battery is located in the amplifier unit. To replace the batteries, remove the cover plate to the battery compartment. Pull plastic tab, remove and replace the battery.

   Note: Small terminal (+) in first.

EQUIPMENT OPERATION

1. Ensure microphone cable is securely connected to jack on voice amplifier.

2. The microphone is designed to be located on the right side of the throat (see figure 2). The microphone must lay flat on the neck and press firmly into the throat.

3. Securely fasten amplifier unit to belt.

CAUTION

WHEN COMMUNICATING THROUGH RADIO, TELEPHONE, ETC., SPEAK PRECISELY. KEEP SPEAKER AT LEAST 12" FROM THROAT MIC. KEEP THE MEANS OF COMMUNICATION 12" FROM THE THROAT MIC. HOLD MEANS OF COMMUNICATION OFF TO SIDE OF SPEAKER. IF ANY FEEDBACK IS APPARENT, LOWER VOLUME.

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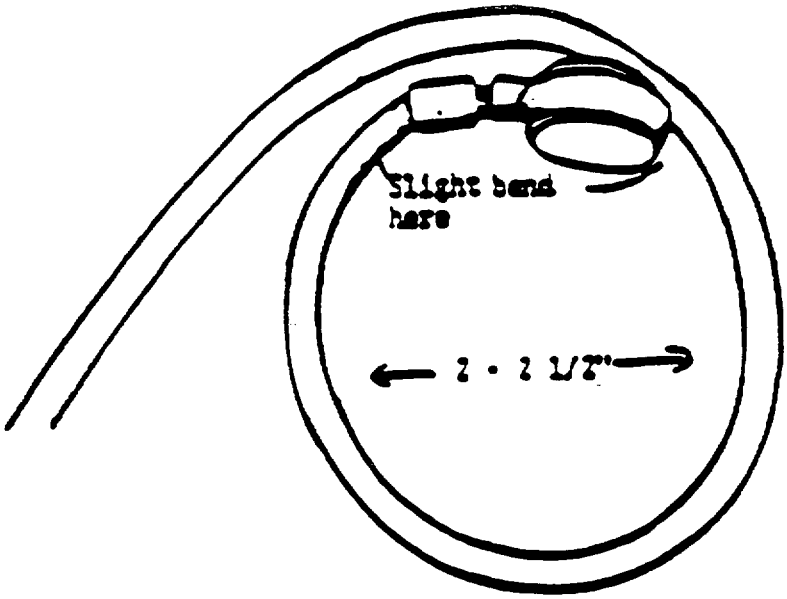
4. To operate unit, turn volume control clockwise, the TALK slide switch has two (2) positions; up is the standby mode and down is the talk mode. Slide TALK switch to down position to talk. Adjust volume to desired level with VOLUME control.

5. Turn unit off by turning volume control counter clockwise as fast as it will turn. Leave talk switch in the standby position.

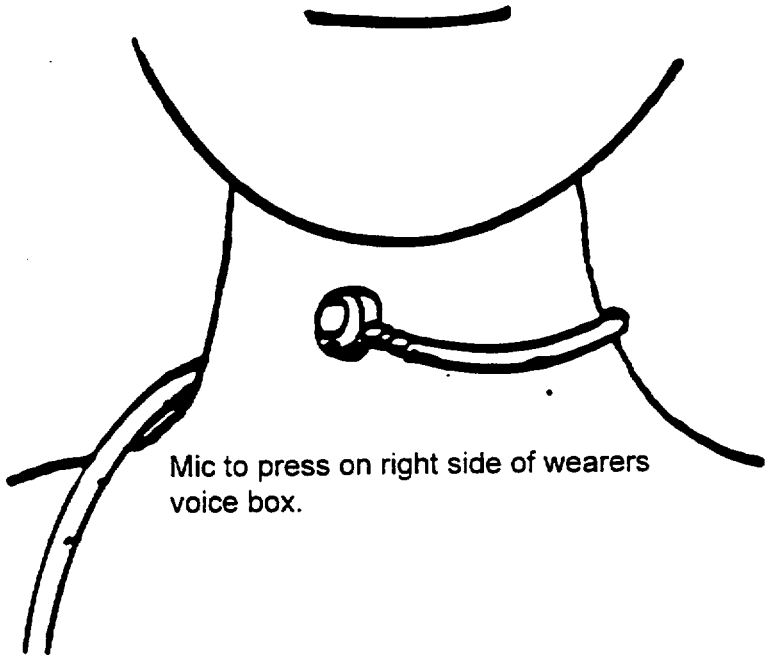
EQUIPMENT CHECK AND OPERATION INSTRUCTIONS



On a flat surface the mic should rest about 1/4" above said surface

When mic is laid on a flat surface it should form a circle 2 to 2 ½ " in distance. Depending on user size. If it has been stretched to form a larger circle the inbuilt spring wire should be reformed to produce the diameters indicated. This insures proper throat pressure for optimum sound quality.

Fig. 1



Mic to press on right side of wearers voice box.

Fig. 2

GENERAL AREA RADIATION SURVEY

1. A general radiation area survey should be conducted while moving between defined survey points, and at the specific survey points.

2. The survey should be conducted using a Eberline RO-20 dose rate meter or equivalent.

3. Normally, radiation readings are taken at 3 feet with the Beta window closed.

4. Record results on a survey map.

****

CAUTION

IF RADIATION LEVELS ARE GREATER THAN 100 MR/HR, COMPLETE THE SURVEY AND RETREAT TO A LOWER DOSE AREA PRIOR TO REPORTING RESULTS TO KEEP YOUR EXPOSURE ALARA.

****

5. If a reading of 1 mr/hr or greater is detected, stop and conduct a survey for Beta radiation in accordance with Attachment 7. Record results on the RG&E Emergency Survey Team Data Sheet, Attachment 14 and immediately report the results of the survey to the Radio Operator.

SURVEY TO DETERMINE PRESENCE OF BETA RADIATION PLUME SURVEY

1. If the General Area Radiation Survey indicates a reading of 1 mr/hr or greater, or if the "plume" is suspected to be in your area, a survey to detect the presence of Beta radiation should be conducted:

2. Using a Eberline RO-20 dose rate meter, conduct the following surveys:

   a. With a meter held at waist level (3 feet) :

      Beta shield open

      Beta shield closed

      Difference #1 = (opened reading - closed reading)

   b. With the meter held at ground level (3 inches)

      Beta shield open

      Beta shield closed

      Difference #2 = (open reading - closed reading)

3. If either difference #1 or difference #2 from Step 2 is positive, this is an indication that Beta radiation is present.

   a. If both difference #1 and #2 are positive, this is an indication that you are in the plume.

   b. If only difference #2 is positive, this is an indication of ground contamination.

4. Record survey results on RG&E Emergency Survey Team Data Sheet, Attachment 14.

5. Report the results of the survey to the Radio Operator and await further instructions from the Dose Assessment Manager.

CONTAMINATION SURVEY

COLLECTING AND COUNTING SMEAR SAMPLES

NOTE: **DO NOT TOUCH METER PROBE TO ANY SURFACE BEING SURVEYED. PROBE CONTAMINATION MAY RESULT.**

BACKGROUND COUNT RATE SHOULD BE BELOW 200 CPM TO BE SENSITIVE ENOUGH TO DETECT LOW LEVELS OF CONTAMINATION.

PERSONNEL FRISK

1. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.
2. Check the background count rate.
3. Slowly pass the meter probe over a person (i.e., within ½ inch from the person) moving it at a rate of 1 to 2 inches per second.
4. Listen to the audible count rate and watch the meter for any increases.
5. Resurvey areas showing an increased count rate.
6. When contamination is suspected, hold the detector over that area for 15 seconds to obtain the gross count rate.
7. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.
8. Notify the Survey Center Manager if the net count rate is greater than 100 CPM.

DIRECT FRISK SURVEY (OBJECTS)

1. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.
2. Check the background count rate.
3. Slowly pass the meter probe over an object or area surface (i.e., within ½ inch from it) moving it at a rate of 1 to 2 inches per second.
4. Listen to the audible count rate and watch the meter for any increases.
5. Resurvey areas showing an increased count rate.

6. When contamination is suspected, hold the detector over that area for 15 seconds to obtain the gross count rate.

7. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.

8. Notify the Survey Center Manager if the net count rate is greater than 250 CPM.

SMEAR SURVEY

1. Obtain cloth smear with adhesive backing mounted on waxed paper.

2. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.

3. Check the background count rate.

4. Mark the smears with sequential numbers (e.g., 1,2,3,....).

5. Holding the smear paper between the thumb and index and middle fingers and applying medium pressure, smear an area 100 cm^2 (approximately 4 inches by 4 inches). A 16-inch "S" pattern can also be used.

6. Record the smear location by writing the smear number on the map and circling it.

7. Hold the smear paper within ½ inch of the meter probe until the meter indication stabilizes. This is the gross count in CPM.

8. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.

9. Record the net count as CPM/100 cm^2 in the smears table of the map next to corresponding smear number.

NOTE: **THIS NOTICE DOES NOT APPLY TO ENVIRONMENTAL SMEARS**

10. Notify the Survey Center Manager if the net count rates exceed 1000 CPM/100 cm^2.

11. Return completed contamination surveys and smears to the Survey Center Manager.

TAKING AIR SAMPLES

1. Air samples are drawn using the following equipment:

   a. **LOW VOLUME** - Using a Gilian HFS-113A low volume air sampler draw approximately 120 liters of air through a particulate filter and a GY-130 silver zeolite cartridge. This will take approximately **30 minutes.**

2. Record the sample date, time, location (either survey point number or road intersection), and initials on the sample envelope and on RG&E Emergency Survey Team Data Sheet (Attachment 14).

3. Using clean, disposable gloves, remove the particulate filter and silver zeolite cartridge from the sample holder and place in the sample envelope.

4. Remove the disposable gloves and discard in a plastic bag. Treat as potentially contaminated material.

5. Return the sample to the Survey Center for gross analysis at the completion of your assigned route or when directed by the Dose Assessment Manager.

CHANGING FILTERS AT FIXED ENVIRONMENTAL STATIONS

1. Record the following information on the sample envelope left from the previous filter change:

   a. Date
   b. Time
   c. System Vacuum (inches)
   d. Gas meter reading (cubic feet)
   e. Total hour meter reading (record in column marked "OFF")
   f. Initials of person changing filters

2. Turn pump off.

3. Using clean, disposable gloves, remove the filter holder at the quick disconnect joint.

4. Unscrew the outside retaining ring and remove the particulate filter from the holder and place in the sample envelope.

5. If a charcoal or zeolite cartridge was used, transfer the information from the particulate filter envelope to a new envelope and place the cartridge in the envelope.

   NOTE: **PARTICULATE FILTER IS INSTALLED WITH TEXTURED SIDE FACING OUT. SILVER ZEOLITE CARTRIDGE HAS ARROW ON SIDE TO INDICATE DIRECTION OF SAMPLE FLOW.**

6. Reassemble the filter holder installing a new GY-130 silver zeolite cartridge and a particulate filter.

7. Reconnect the filter holder to the pump at the quick disconnect joint.

8. Remove disposable gloves and place in a plastic bag. Treat as potentially contaminated material.

9. Turn the pump on.

10. Record the following information onto two new envelopes. Mark one envelop "GY-130 silver zeolite".

    a. Station number
    b. Date
    c. Time
    d. System vacuum (inches)
    e. Gas meter reading (cubic feet)
    f. Total hour meter reading (record in the "ON" column)
    g. Initials of person starting sampler

11. Place the new envelopes inside the monitor cabinet.

12. Bring the envelopes containing the removed cartridge and filter to the Survey Center at the completion of your assigned route or when directed by the Dose Assessment Manager.

CAUTION

DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

SURVEY ROUTE (ONSITE EAST)

1. Proceed north and east from the Survey Center surveying between the Training Center East building and Deer Creek. (see Attachment 13).
2. Turn south across the lawn and proceed to environmental station #4 and change the filter and cartridge per instructions in Attachment 10.
3. Proceed southeast to Manor House driveway, follow driveway to where it turns north, proceed east out of the trees into orchard.
4. Go through orchard, then turn north and proceed to environmental station #3 and change the filter and cartridge per instructions in Attachment 10.
5. Proceed west across field and through woods to Manor House driveway.
6. Go north on Manor House driveway to the lake shore.
7. Proceed east to environmental station #2 and change the filter and cartridge per instruction in Attachment 10.
8. Proceed west along the lake shore to the plant fence.
9. Proceed along the plant fence to the Guard House.
10. Report to the Radio Operator that the survey route has been completed noting any unusual radiological conditions and are awaiting further instructions.

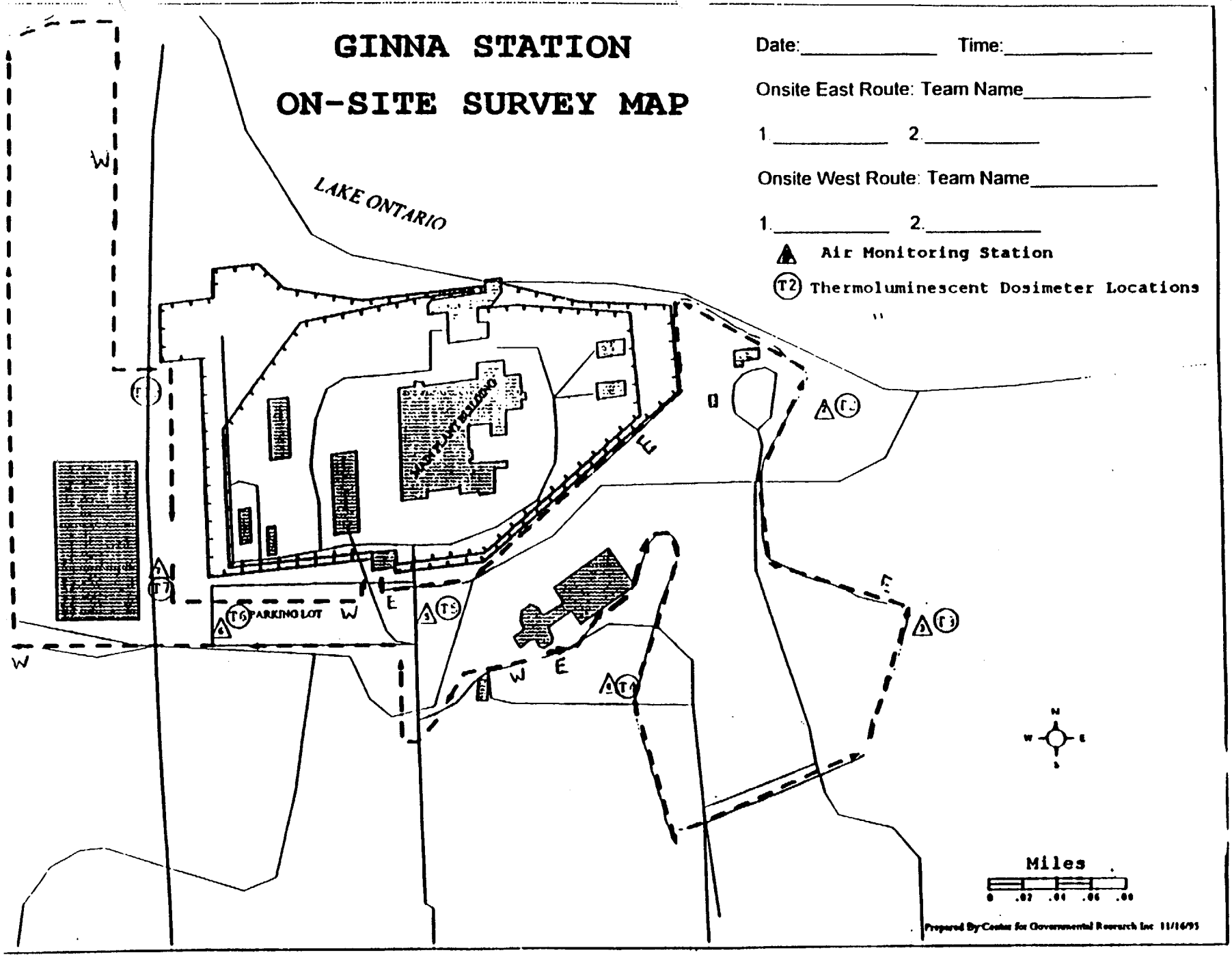
CAUTION

DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

SURVEY ROUTE (ONSITE WEST)

1. Proceed west from the Survey Center to the plant access road (see Attachment 13).
2. Continue north across the bridge to environmental station #5 and change the filter and cartridge per instructions in Attachment 10.
3. Proceed west along Deer Creek and the parking lot to environmental station #6 and change the filter and cartridge per instructions in Attachment 10.
4. Proceed west approximately 100 yards.
5. Turn north towards the hill, to the northwest corner of the plant fence.
6. Proceed south along the plant fence to environmental station #7 and change the filter and cartridge per instructions in Attachment 10.
7. Continue along the plant fence to the Guard House.
8. Report to Radio Operator that the survey route has been completed noting any unusual radiological conditions and are awaiting further instructions.

GINNA STATION
ON-SITE SURVEY MAP



Date:_____ Time:_____

Onsite East Route: Team Name_____

1._____ 2._____

Onsite West Route: Team Name_____

1._____ 2._____

▲ Air Monitoring Station

(T2) Thermoluminescent Dosimeter Locations

RG&E EMERGENCY SURVEY TEAM DATA SHEET

1. DATA FROM: □ RG&E □ WAYNE COUNTY □ MONROE COUNTY

2. A. DATE: _____ B. TIME: _____ C. DATA SHEET NO.: _____
   D. TEAM: _____
   E. LOCATION:

3. A. SURVEY UNITS: (CIRCLE ONE) CPM MICRO-R/HR MR/HR R/HR
   B. SURVEY METER: (CIRCLE ONE) CDV-700 CDV-715 EBERLINE RO-20
   BICRON
   METER NO. _____

4. WAIST LEVEL (3 FEET) READINGS:
   A.. OPEN WINDOW _____ B. CLOSED WINDOW _____

5. GROUND LEVEL (3 INCHES) READINGS:
   A.. OPEN WINDOW _____ B. CLOSED WINDOW _____

6. AIR SAMPLING COLLECTION TIMES:
   A. TIME ON: _____ B. TIME OFF: _____ C. MINUTES RUN: _____

7. AIR SAMPLING FLOWRATES:
   A. LPM START: _____ B. LPM END: _____ C. LPM AVERAGE: _____

8. PARTICULATE CPM:
   A. CONTACT: _____ B. 1" _____

9. IODINE CPM:
   A. CONTACT: _____ B. 1" _____

10. BACKGROUND CPM:
    _____

11. COMMENTS AND ADDITIONAL DATA:

□ **THIS IS A DRILL** □ **THIS IS NOT A DRILL**

NOTE: THIS DOES NOT NEED TO BE FILLED OUT FOR TRANSMISSION TO OTHER AGENCIES.

RADIOIODINE:

$$\frac{\text{(CPM SAMPLE - CPM BACKGROUND) (4.13 E-8) ON CONTACT}}{\text{(MINUTES RUN) (LPM AVERAGE)}} = \frac{\text{(8.50 E-8) @ 1"}}{\text{RADIOIODINE}} \text{ UCI/CC}$$

PARTICULATE:

$$\frac{\text{(CPM SAMPLE - CPM BACKGROUND) (3.47 E-9) ON CONTACT}}{\text{(MINUTES RUN) (LPM AVERAGE)}} = \frac{\text{(9.83 E-9) @ 1"}}{\text{PARTICULATE}} \text{ UCI/CC}$$

RADIOIODINE DOSE CONVERSION FACTORS (REM/HR PER UCI/CC)

HR	DCF	HR	DCF
1	5.4E5	7	9.3E5
2	6.4E5	8	9.3E5
3	7.3E5	9	1.0E6
4	8.0E5	10	1.1E6
5	8.7E5	11	1.1E6
6	8.7E5	12	1.1E6

CHILD THYROID (CDE) DOSE RATE

$$\text{(UCI/CC) (DCF)} = \frac{}{\text{CHILD THYROID}} \text{ REM/HR}$$

PERFORMED BY: _____ NAME _____ DATE/TIME

CHECKED BY: _____ NAME _____ DATE/TIME

☐ **THIS IS A DRILL** ☐ **THIS IS NOT A DRILL**

SURVEY TEAM ATTACHMENT FORM

SURVEY TEAM:_____

DATE	TIME	INITIALS	METER TYPE/NO.	REMARKS

USE THIS FORM TO DOCUMENT INFORMATION REGARDING SURVEY TEAM COVERAGE NOT DOCUMENTED ON SURVEY MAPS OR FORMS.

RAD. PROTECTION & CHEMISTRY
Category:
Subject: EPIP Instruments
Date:
Reviewed:

EPIP INSTRUMENT RESPONSE CHECK

DATE: _____

DOSE RATE METERS				
	Model	Serial #	Response Check Sat. Y or N	Tech Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

FRISKERS				
	Model	Serial #	Response/Alarm Check Sat. Y or N	Tech Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 2-12

REV. NO. 20

OFFSITE SURVEYS

RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 48 PAGES

EPIP 2-12

OFFSITE SURVEYS

1.0 PURPOSE

To describe the procedure to be followed for the conduct of offsite radiological surveys.

2.0 RESPONSIBILITY

2.1 The offsite survey team leader is responsible for implementing this procedure.

2.2 The Emergency Survey Center Manager or Dose Assessment Manager is responsible for briefing, dispatch, and control of the team as described in EPIP 2-7, Management of Emergency Survey Teams.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 RP-SUR-POST-LABEL, Radiological Surveys and Area Postings.

3.1.3 PCN 944253 to EPIP 2-12, position statement subject "Action Level for smears taken by Survey Teams during Emergency Response", dated 5/24/94.

3.2 Implementing References

3.2.1 EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure.

3.2.2 EPIP 2-9, Administration of Potassium Iodide (KI).

3.2.3 EPIP 2-13, Iodine and Particulate Activity Determination From Air Samples

3.2.4 EPIP 2-7, Management of Emergency Survey Teams

3.2.6 EPIP 5-1, Offsite Emergency Response Facilities and Equipment Periodic Inventory Checks and Tests

3.2.7 EPIP 5-2, Onsite Emergency Response Facilities and Equipment Periodic Inventory Checks and Tests

4.0 PRECAUTIONS

4.1 If the seal on the offsite survey team footlocker is broken, use the equipment list inside the footlocker to inventory equipment (equipment list from EPIP 5-2 for Ginna Teams, EPIP 5-1 for EOF Teams).

4.2 Maintain communications contact at regular intervals with the Radio Operator when performing surveys, especially when significant changes in dose rates occur as described in this procedure.

5.0 PREREQUISITES

None.

6.0 ACTIONS

6.1 Equipment Check/Team Preparation

NOTE: RAPID DEPLOYMENT SURVEY TEAM USES ATTACHMENT 22.

6.1.1 Assemble the following equipment which is not stored in the survey team footlocker:

a. Personal thermoluminescent dosimeter (TLD) for each team member.

NOTE: EOF Survey Teams do not need Environmental TLDs.

b. Pack of nine environmental TLD's from lead storage container labeled environmental TLDS.

c. Magnetic mount for Motorola GM 300 mobile radio.

d. Gilian low volume air sampler with filter holder or equivalent.

Verify the battery charge status by observing the battery voltage displayed on the battery charger. Press the button on the battery charger (for #1, 2, 3, 4, or 5) that corresponds with the air sampler that you are checking.

NOTE: IF AN AIR SAMPLER DOES NOT HAVE THE MINIMUM VOLTAGE LISTED BELOW, IT MAY NOT RUN FOR AN ADEQUATE LENGTH OF TIME. LEAVE THE AIR SAMPLER ON THE CHARGER UNTIL THE REQUIRED VOLTAGE IS REACHED. IF THE AIR SAMPLER HAS BEEN CHARGING FOR GREATER THAN 8 HOURS AND HAS NOT REACHED THE REQUIRED VOLTAGE, REMOVE IT FROM SERVICE AND GIVE IT TO THE SURVEY CENTER MANAGER.

- A Gilian HFS-113 should read 4.50v or greater on the charger.
- A Gilian HFS-513 should read 5.80v or greater on the charger.
- A Gilian Gilair-5 should read 5.80v or greater on the charger.

e. Eberline RM-14 Frisker with HP-260 pancake probe or equivalent.

f. Eberline RO-20 dose rate meter or equivalent.

g. RADECO H-809C Portable High Volume Air Sampler with filter holder

h. Cellular Mobile Telephone

i. Bicron Micro REM meter (Required by EOF Survey Team ONLY)

6.1.2 Log information required on the Survey Team Equipment/Team Data Form, located on each box and turn in to Survey Center Manager prior to departure.

6.1.3 Check operation of the following equipment using the Equipment Check and Operation Instructions (Attachments 1-8):

NOTE: IF EQUIVALENT EQUIPMENT IS UTILIZED, ENSURE EQUIPMENT CHECK AND OPERATION INSTRUCTIONS ARE PERFORMED IN ACCORDANCE WITH THE APPROPRIATE RADIATION PROTECTION PROCEDURES.

a. Radio system (Attachment 1)

b. Cellular Mobile Telephone (Attachment 2)

NOTE: SURVEY METERS ARE RESPONSE CHECKED PRIOR TO USE, DAILY WHILE IN USE AND PRIOR TO STORING THEM AFTER USE.

c. Eberline RM-14 Frisker (Attachment 3)

d. Eberline Model RO-20 dose rate meter (Attachment 4)

e. Bicron Micro REM meter (Attachment 5) (Required by EOF Survey Team ONLY.)

f. Gilian low volume air sampler (Attachment 6)

g. RADECO H809C high volume air sampler (Attachment 7)

h. Model VAS-2 Earmark "Loud Mouth" Voice Amplification System (Attachment 8)

NOTE: THE PLANT HAS TWO (2) FOUR-WHEEL DRIVE VEHICLES AVAILABLE FOR ADVERSE WEATHER CONDITIONS. (CONTACT MAINTENANCE MANAGER IN THE TSC.)

6.1.4 Obtain transportation and check vehicle for contamination by performing a direct frisk survey in accordance with Attachment 11.

6.1.5 If the vehicle survey indicates surface contamination greater than 250 cpm above background, contact the Survey Center Manager for instructions.

6.1.6 Load survey equipment into vehicle, and inform Survey Center Manager you are ready for departure. Participate in a prejob brief when meteorological and plant status information are given as per step 6.2. Document readiness on Survey Team Attachment Form (Attachment 20).

6.1.7 Log time, date, and names of survey team members on survey map.

NOTE: EOF SURVEY TEAMS CONTACT EOF DOSE ASSESSMENT RADIO OPERATOR.

6.1.8 Establish radio communication with Technical Support Center Radio Operator and advise of team departure using 3-way communications and the phonetic alphabet where applicable.

6.1.9 When taking air samples, log time, date, flow rate, start time, and initials on air sample envelope(s) and RG&E Emergency Survey Team Data Sheet(s), Attachment 19.

6.1.10 If directed by the Dose Assessment Manager, don protective clothing, full face masks with charcoal filters, and VAS-2 Earmark "Loud Mouth" Voice amplifier.

6.2 **Team Briefing**

6.2.1 Survey Center Manager or the Dose Assessment Manager brief the Survey Team members.

6.2.2 Ensure that the briefing covers the following items:

a. Team identification

b. Communications equipment and channel

c. 3-way communications and use of the phonetic alphabet where applicable

d. Protective equipment (including use of KI)

e. Authorized doses

f. Survey instructions

g. Survey equipment

h. Type of data required

i. Job safety briefing

6.2.3 If dose authorization is required, implement EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure.

6.2.4 If potassium iodide (KI) administration is required, take one KI tablet at this time in accordance with EPIP 2-9, Administration of Potassium Iodide (KI).

6.3 **Survey**

****

CAUTION

DO NOT ENTER AREAS WHERE RADIATION LEVELS ARE GREATER THAN 2 R/HR UNLESS DIRECTED BY THE HEALTH PHYSICIST.

THE DOSE LIMITATION OF THE SURVEY TEAM IS LIMITED TO 1 REM (TEDE) UNLESS THE HEALTH PHYSICIST OR EMERGENCY COORDINATOR AUTHORIZES A HIGHER LIMIT.
A ONETIME DOSE LIMIT OF 75 REM (TEDE) MAY BE USED TO SAVE THE LIFE OF AN INDIVIDUAL ON A VOLUNTARY BASIS.

A ONETIME DOSE LIMIT OF 25 REM (TEDE) MAY BE USED TO INSURE EQUIPMENT IS OPERATIONAL OR SECURED IN ORDER TO PREVENT A GREATER POSSIBLE HAZARD TO THE GENERAL PUBLIC.

****

NOTE: A YELLOW BEACON (OFFSITE BOXES ONLY) AND SAFETY VESTS ARE INCLUDED IN THE BOXES TO BE USED FOR BETTER VISIBILITY FROM A SAFETY STANDPOINT. THEY ARE NOT REQUIRED BUT ARE RECOMMENDED FOR USE BY TEAMS ON THE ROAD.

6.3.1 Perform surveys using the appropriate Survey Instructions (Attachments 9, 10, 11, 12, 13, 14).

6.3.2 Follow the Survey Route Instructions (Attachments 15, 16, 17, or 18) for your team designation. Drive designated routes at 15 miles/hour.

6.3.3 At each assigned report point the team should report the following information to the Radio Operator:

a. Location
b. Completed Actions
c. Results of Surveys

NOTE: REMEMBER TO CHECK THE SCALE SETTING BEFORE RECORDING READINGS ON A SURVEY MAP OR REPORTING READINGS TO DOSE ASSESSMENT.

d. Request for additional instructions

6.3.4 If radio contact cannot be established, or transmission interference occurs, report by cellular phone using telephone numbers given on the instructions for Radio System - Motorola GM 300 Mobile (Attachment 1) or Cellular Telephone (Attachment 2).

6.3.5 Upon completion of Primary Survey Route, inform the radio operator at Technical Support Center or Emergency Operations Facility. The Dose Assessment Manager will assign an Alternate Survey Route, have the team stand by at a designated location and wait further instructions, or direct the team to return to the Survey Center. Document completion on Survey Team Attachment Form (Attachment 20).

6.4 **Decontamination/Sample Return**

6.4.1 Inform Survey Center Manager when the team returns to the Survey Center.

6.4.2 Perform a contamination survey of team personnel in accordance with Attachment 11 . Document results on Attachment 20.

6.4.3 If any contamination greater than 100 CPM above background is found, contact the Survey Center Manager for decontamination instructions.

6.4.4 Conduct a vehicle contamination survey by direct frisk in accordance with Attachment 11. Document results on Attachment 20.

6.4.5 If any contamination greater than 250 cpm above background is found, contact the Survey Center Manager for decontamination instructions.

6.4.6 Contact Survey Center Manager for instructions for where to return samples, survey maps, data records and attachment forms. Ensure all information is complete and samples are properly labeled.

6.4.7 Dispose of contaminated and potentially contaminated waste in designated containers.

NOTE: EOF SURVEY TEAMS SHALL PERFORM STEPS 6.4.8 THROUGH STEP 6.4.11 AFTER RETURNING TO EOF SURVEY TEAM EQUIPMENT AREA.

6.4.8 Re-stock and inventory the Survey Team Equipment Footlocker. Stow equipment in its designated location.

6.4.9 Return radio system, cellular phones, portable air sampler, radiation count rate meter, and dose rate meter to the Survey Center Equipment Area and place on charge as appropriate. Response check all survey meters prior to returning to storage. Notify Survey Center Manager if any meters do not response check properly.

6.4.10 Return dosimeters and sign-out on dosimeter log sheet.

6.4.11 If directed by the Dose Assessment Manager, receive a whole body count to check for internal contamination.

7.0 ATTACHMENTS

EQUIPMENT CHECK AND OPERATION INSTRUCTIONS

1. Radio system - Motorola GM 300
2. Cellular Telephone
3. Eberline RM-14 Frisker
4. Eberline Model RO-20 Dose Rate Meter
5. Bicron Micro REM Meter
6. Gilian Low Volume Air Sampler
7. RADECO H809C High Volume Air Sampler
8. VAS-2 Earmark "Loud Mouth" Voice Amplification System

SURVEY INSTRUCTIONS

9. General Area Radiation Survey
10. Survey to Determine Presence of BETA Radiation - Plume Survey
11. Contamination Surveys
12. Installation of TLD
13. Taking Air Samples
14. Changing Filters at Fixed Environmental Stations

SURVEY ROUTE INSTRUCTIONS

15. OFFSITE EAST
16. OFFSITE WEST
17. EOF Survey Route #1
18. EOF Survey Route #2
19. RG&E Emergency Survey Team Data Sheet
20. Survey Team Attachment Form
21. EPIP Instrument Response Check
22. Rapid Deployment Survey Team Instructions

RADIO SYSTEM - MOTOROLA GM 300

Equipment Check:

1. Ensure the vehicle's metal roof is free of ice and snow.

****

CAUTION

DO NOT ATTEMPT TO MOVE THE ANTENNA BY SLIDING IT. YOU WILL SCRATCH THE SURFACE OF THE VEHICLE. ALWAYS REMOVE THE MOUNT BY LIFTING FROM THE REAR!

****

2. Hold the magnetic mount antenna in the palm of your hand with the antenna wire pointed towards the rear of the vehicle and the base of the mount at an angle of about 45 degrees to the vehicle roof.

3. Position the front edge of the mount in the approximate center of vehicle roof.

4. Lower the mount onto the vehicle roof. It will be held in place by the magnetic force.

5. Route the antenna lead wire into the vehicle between the 2nd door jam. With any amount of weather stripping the lead should not be damaged.

6. Route the antenna wire in the vehicle so that it does not interfere with operation of the vehicle.

7. Connect the antenna by inserting the antenna connection into the connector on the back side of the radio and tighten the locking screw in place.

8. Plug the power jack into automobile power receptacle.

9. Turn the ON/OFF-VOLUME knob clockwise (CW) until it clicks. The LED lights will show the last status of the radio and a start-up tone will be heard.

10. Adjust the volume as necessary.

11. Select the desired frequency by depressing the channel select up or down button located on the front left side of the LED display.

12. Normally use Channel #1 (General Maintenance frequency) You are now ready to receive messages from other radios in your system.

13. Transmit a test message for a communications check using the 3-way communications protocol given below:

    a. The general procedure for communication on the radio should be as follows:

        1. During a drill or exercise, all information transmitted via radio shall be proceeded with "This is a drill/exercise."

        2. The message should include the name or title of the receiver, name or title of the sender and the message text.

            Example: "This is a drill. Technical Support Center, this is the Alpha Survey Team. We are starting our primary route, over."

        3. Message acknowledgment by the receiver to include the name or title of the sender and the title of the acknowledging receiver. The acknowledging receiver should paraphrase or repeat back the message.

            Example: "This is a drill. Alpha Survey Team, this is the Technical Support Center. I understand you are starting your primary route, over."

        4. Sender confirmation - confirmation of the acknowledgment.

            Example: "This is a drill. Technical Support Center, this is the Alpha Survey Team. That is correct."

    b. When communicating alpha-numeric information, such as survey team designation or meter readings, where the sender or receiver may encounter background noise or static, the phonetic alphabet should be used.

    c. If the receiver does not understand the message, they are expected to ask the sender to repeat or rephrase the message. If the receiver acknowledges the message incorrectly, the sender should correct the receiver by saying "that is not correct" and repeating the message.

d. Confirmation of the acknowledgment by the sender is imperative. The absence of the confirmation step could result in a mis-communication because the receiver may have misheard the message and repeats back erroneous information. A lack of response by the sender could be interpreted as a silent confirmation that the repeat back is correct.

NOTE: THERE MAY BE TIMES THAT THE TSC OR EOF WILL BE RECEIVING COMMUNICATIONS FROM A TEAM THAT YOU CANNOT HEAR. IF THIS HAPPENS, THE RADIO OPERATOR WILL TELL YOU TO WAIT OR STANDBY. AFTER HE HAS COMPLETED HIS TRAFFIC, HE WILL ASK YOU TO TRANSMIT YOUR INFORMATION.

14. To transmit, depress the push-to-talk switch on the microphone. Speak in a normal voice across the microphone.

15. To receive, release the push-to-talk switch.

16. If radio contact cannot be made, report using a cellular telephone. Call one of these numbers:

Ginna/TSC Survey Team Coordinator	(716) 771-3128
Survey Center	(716) 771-3331 or (716) 771-3207
EOF Dose Assessment	(716) 262-5799 or (716) 771-2164

17. When you have been directed to secure your survey team, turn the radio off, disconnect the antenna plug from the radio and remove the magnetic mount antenna from the vehicle by lifting up at the rear of the mount.

18. Return the radio and the magnetic mount antenna to the appropriate survey team equipment area.

CELLULAR MOBILE TELEPHONE

Equipment Check

1. Remove telephone from charging unit, if on charger.

2. Turn the unit on by pressing top red button on for several seconds.

   NOTE: EOF SURVEY TEAM(S) CALL DOSE ASSESSMENT RADIO OPERATOR AT 262-5799.

3. Call Survey Center at 771-3331 to test unit.

4. To place a call, press the appropriate number buttons and verify the number displayed is correct.

5. Press the top green button to activate the call.

6. Press the top red button to end the test call.

7. Turn the unit off by pressing the top red button for several seconds unless you will be using the unit soon. This will conserve battery power.

Equipment Operation

NOTE: THE UNIT CAN BE OPERATED BY PLUGGING THE CHARGING CORD INTO A POWER OUTLET IN A VEHICLE OR ON ITS OWN INTERNAL BATTERY. IF POWER IS SUPPLIED BY BATTERY, THE UNIT WILL FUNCTION IN THE STANDBY MODE (POWER ON) FOR APPROXIMATELY 170 HOURS, AND IN THE OPERATING MODE (CALL-CONNECTED) FOR APPROXIMATELY 3 HOURS.

1. Turn the unit on by pressing the top red button for several seconds.

2. To place a call, press appropriate number buttons followed by the top green. button.

3. To receive a call, press the top green button while phone is ringing.

4. To end a call, press the top red button for several seconds.

5. Use the following numbers to report information:

Ginna/TSC Survey Team Coordinator	(716) 771-3128
Survey Center	(716) 771-3331 or (716) 771-3207
EOF Dose Assessment	(716) 262-5799 or (716) 771-2164

6. To turn the unit off, press the top red button for several seconds The display screen on the handset will go blank.

EBERLINE RM-14 FRISKER

Equipment Check

1. Disconnect power cord from back of meter. Ensure TEST ON toggle switch is off.
2. Ensure that an HP-260 pancake probe or equivalent is connected to the DETECTOR connector on the front of the instrument.
3. Turn range switch to BATT position. Meter should read in the BATT-OK area.
4. Ensure alarm set knob on back of instrument is turned fully clockwise to position 5.
5. Perform instrument response check. Obtain source and verify meter reading corresponds to reading on attached card. Log on response check log (Attachment 21), whether response check was satisfactory or not.
6. Turn range switch to OFF when not in use.

Equipment Operation

1. Turn range switch to X1.
2. Place response switch in the SLOW RESPONSE position.
3. Adjust the volume control so that the audio indication (a click) can be heard.
4. Ensure alarm set knob on back of instrument is turned fully clockwise to position 5.
5. The range switch should be adjusted such that the highest reading gives a mid-scale deflection.
6. All readings must be multiplied by the range switch setting i.e. (X1, X10, X100).
7. 3,600 CPM is approximately equal to 1 mR/hr. Maximum reading is 50,000 CPM or 14 mR/hr.

NOTE: EOF TEAMS RETURN EQUIPMENT TO EOF.

8. Upon completion of the survey, return meter to the Survey Center equipment area and response check the meter. Turn the meter off and return to storage if the response check is satisfactory. Notify the Survey Center Manager if the instrument does not response check properly. Unit should be recharged before the next use.

EBERLINE MODEL RO-20 DOSE RATE METER

Equipment Check

1. Turn function switch to *Battery 1* position. Ensure meter reading is in green Battery Check arc.

2. Turn function switch to *Battery 2* position. Ensure meter reading is in green Battery Check arc.

3. If either of these checks are unsatisfactory, turn survey meter into Survey Center Manager.

4. Turn function switch to *Zero* position. Check that meter reads zero. If not, set it to zero with Zero knob.

5. Set the function switch to the 5 mR/hr range. Obtain response check source from the safe and verify that the meter reading corresponds to the reading on the source card. Use the open window reading. Log on response check log (Attachment 21), whether response check was satisfactory or not.

6. Turn meter off when not in use.

Equipment Operation

1. Turn function switch to *Battery 1* position. Ensure meter reading is in green Battery Check arc.

2. Turn function switch to *Battery 2* position. Ensure meter reading is in green Battery Check arc.

3. If either of these checks are unsatisfactory, return survey meter to Survey Center Manager.

4. Set function switch to the desired range of operation. The switch position selected is the full scale reading of that range.

5. When surveying an area of unknown radiation, always start the survey at the higher scales and move to a lower scale until reading are between 10% and 90% of that scale.

NOTE: **REMEMBER TO CHECK THE SCALE SETTING BEFORE RECORDING READINGS ON A SURVEY MAP OR REPORTING READINGS TO DOSE ASSESSMENT.**

6. For low light conditions, set the *Light* toggle switch to either *On* for continuous illumination or *Momentary* for momentary illumination. When not needed, ensure *Light* switch is returned to the *Off* position to conserve battery power.

7. Upon completion of the survey, return meter to the Survey Center Equipment Area and response check. Turn the meter off and return to storage if the response check is satisfactory. Notify Survey Center Manager if the meter does not response check satisfactorily.

BICRON MICRO REM METER

Equipment Check

1. Turn meter control switch to the BATT position and ensure meter reading is in BAT O.K. band. If not, change batteries with 2 new 9V alkaline batteries. Then if meter reading is not in BAT O.K. band, tag and remove instrument from service.

2. Turn meter control switch to HV position and ensure meter reading is in HV O.K. band. If not, tag and remove instrument from service.

3. Turn meter control switch to appropriate range position. Perform instrument response check and verify that meter reading correspond to reading on attached card. Log meter reading on response check log.

Equipment Operation

1. Turn meter control switch to appropriate range position.

2. Observe reading and multiply reading by the selected switch multiplier.

3. The following are switch multiplier positions: x1000, x100, x10, x1, x.1.

4. Upon completion of the survey, return to the equipment storage area and response check the meter. Turn the meter OFF and return to storage if the response check is satisfactory. Notify the Dose Assessment Manager if the instrument does not response check properly.

GILIAN HFS-113A AIR SAMPLER, GILIAN HFS-513A AIR SAMPLER, GILIAN GILAIR-5 AIR SAMPLER

Equipment Check of Gilian Air Samplers

1. Perform air sampler checks prior to use as follows:

   Verify calibration is current by checking the calibration sticker.

   NOTE: THE PARTICULATE FILTER IS INSTALLED WITH THE TEXTURED SIDE FACING OUT. THE SILVER ZEOLITE CARTRIDGE HAS ARROWS ON ITS SIDE TO INDICATE THE DIRECTION OF THE SAMPLE FLOW.

2. Ensure the sample head is attached to the sampler inlet. Install new filters in the sample head.

Operation of the Gilian HFS-113A and Gilian HFS-513A

1. Ensure filter cartridge contains a GY-130 Silver Zeolite cartridge and particulate filter. Ensure sample head is connected to a sampler.

****

CAUTION

MASTER ON/OFF SWITCH MUST BE ON FOR UNIT TO OPERATE. MASTER ON/OFF SWITCH ALSO RESETS TIME DISPLAY.

****

2. At start of sampling period record start time. PRESS TEST button and record time in digital display and flow of 4.0 LPM on sample envelopes and on RG&E Emergency Survey Team Data Sheet Attachment 19.

   Turn unit on using on/off switch located to the right of the digital display.

****

CAUTION

IF A FAULT CONDITION EXISTS, THE UNIT SHUTS DOWN AFTER 15-30 SECONDS.

****

3. If the **FAULT LED** is lit; this was activated by either an undervoltage, overcurrent, or overpressure (restricted flow) condition beyond the units capability. The motor stops and the time is latched. By pressing the TEST button, the time (in minutes) into sampling at which the fault occurred will be displayed indicating a valid sample period.

4. At end of sampling period, turn pump off using ON/OFF switch located to right of digital display. Press TEST button, record time in digital display, stop time and all other pertinent information on sample envelope and Attachment 19.

5. Sample volume in liters equals the flow rate in liters per minute multiplied by minutes the sampler operated. The sampler has a fixed flow rate of 4 liters per minute. If the unit was operated for thirty minutes, the sample volume would equal 120 liters (4 x 30 = 120).

Operation of the Gilian Gilair-5

1. Turn the power switch to the ON position.

2. Record the start time and the run time on the digital display and a flow of 4.0 LPM on sample envelope and on RG&E Emergency Survey Team Data Sheet, Attachment 19.

3. During use, periodically check the unit to ensure that it does not have a fault condition.

   NOTE: A lit **FAULT LED** may be caused by:

   - under voltage
   - over current
   - over pressure (restricted flow)

4. If the **FAULT LED** comes on during sampling, perform the following:

   a. Check the digital display to determine how long the sample ran.
   b. Determine the fault condition if possible and correct.
   c. If the condition causing the fault is corrected and work is continuing, turn the unit off to reset it and then restart it. Be sure to add the previous run time to the total run time of the sample.
   d. If the cause of the fault cannot be determined, remove the unit from service.

5. At the end of the sampling period, look at the digital display and note the total run time of the air sampler. Turn the sampler OFF. Record the run time from the display, stop time and all of the other pertinent information on Attachment 19.

6. Sample volume in liters equals the flow rate in LPM multiplied by the minutes the air sampler was operated. The sampler has a fixed flow rate of 4 Liters Per Minute. If the unit was operated for thirty minutes, the sample volume would equal 120 liters (4 LPM x 30 min. = 120 liters).

RADECO H809C HIGH VOLUME AIR SAMPLER

Equipment Check

1. Ensure power switch on air sampler is off.
2. Ensure battery charger is not plugged in and on the 12 volt position. The black and red clips of battery charger shall not be touching.
3. Separate clips of battery charger and clamp onto cabinet.
4. Connect air sampler power cables to the battery charger, RED clip to positive and BLACK clip to negative.
5. Plug in battery charger.
6. Turn power switch on air sampler on.
7. Check flow meter on air sampler. Flow meter should be off scale high with no filters in place.
8. Turn power switch on air sampler off.
9. Unplug battery charger and disconnect air sampler power cables.

EQUIPMENT OPERATION FROM VEHICLE

1. Ensure power switch on air sampler is OFF.

****

CAUTION

KEEP HANDS AND EQUIPMENT AWAY FROM ROTATING PARTS ON THE VEHICLE ENGINE.

****

2. Connect RED power clip to positive post of vehicle battery and BLACK power clip to vehicle ground (engine block, chassis, etc.).

NOTE: PARTICULATE FILTER IS INSTALLED WITH TEXTURED SIDE FACING OUT. SILVER ZEOLITE CARTRIDGE HAS ARROW ON SIDE TO INDICATE DIRECTION OF SAMPLE FLOW.

3. Ensure the filter assembly contains a GY-130 silver zeolite cartridge and a particulate filter.
4. Turn air sampler on and record the sample date, time, location, and air flow rate (normal is 30 lpm) on a sample envelope and RG&E Emergency Survey Team Data Sheet, Attachment 19.
5. Run sampler for approximately 6 minutes.

6. Record air flow rate of air sampler in lpm and time sampler is turned off.

7. Turn air sampler off.

8. Disconnect BLACK power clip from vehicle ground, and disconnect RED power clip from positive post of vehicle battery.

VAS-2 EARMARK "LOUD MOUTH" VOICE AMPLIFICATION SYSTEM

The "Loud Mouth" System is designed to provide voice amplification for individuals wearing respiratory protection devices.

Equipment Check

Earmark Throat Microphone Model Tm-1

1. Figure 1 (attached) shows the proper "at rest" position for the microphone. If it is necessary to reform the spring tension, hold the microphone, starting two inches behind the microphone head, between the thumb and forefinger and bend the cable slightly while progressing down the cable until the end of the spring is reached. Check the diameter of the coil and repeat if necessary. Note that the microphone head should tilt up from a flat surface about 1/4 inch. If necessary, form the spring to give this dimension.

2. Batteries: A 9-volt Alkaline Battery is the required power source. The battery is located in the amplifier unit. To replace battery, remove cover plate to battery compartment. Pull plastic tab, remove and replace battery.

   NOTE: Small terminal (+) in first.

Equipment Operation

1. Ensure microphone cable is securely connected to jack on voice amplifier.

2. The microphone is designed to be located on the right side of the throat (see figure 2). The microphone must lay flat on the neck and press firmly into the throat.

3. Securely fasten amplifier unit to belt.

****

CAUTION

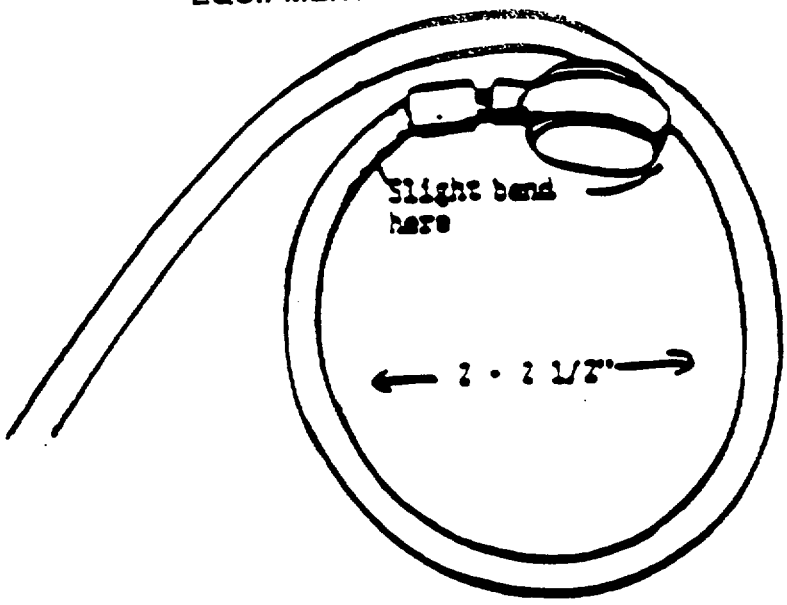
WHEN COMMUNICATING THROUGH RADIO, TELEPHONE, ETC., SPEAK PRECISELY. KEEP SPEAKER AT LEAST 12" FROM THE THROAT MIC. KEEP THE MEANS OF COMMUNICATION 12" FROM THE THROAT MIC. HOLD THE MEANS OF COMMUNICATION OFF TO THE SIDE OF THE SPEAKER. IF ANY FEEDBACK IS APPARENT, LOWER VOLUME.

****

4. To operate unit, turn volume control clockwise. The TALK slide switch has two (2) positions; up is the standby mode, and down is the talk mode. Slide TALK switch to down position to talk. Adjust VOLUME to desired level with volume control.

5. Turn unit off by turning volume control counter clockwise as far as it will turn. Leave talk switch in the standby position.

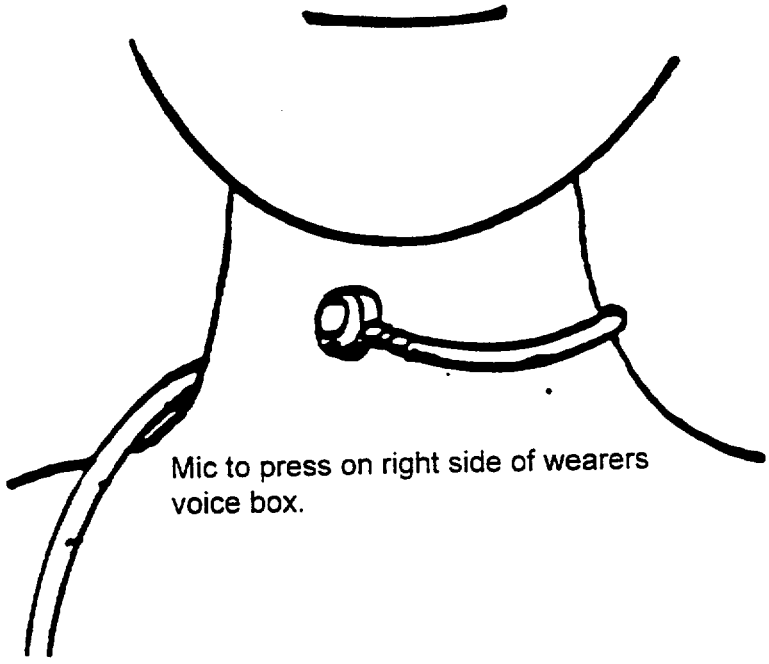
EQUIPMENT CHECK AND OPERATION INSTRUCTIONS



On a flat surface the mic should rest about 1/4" above said surface

When mic is laid on a flat surface it should form a circle 2 to 2 ½ " in distance. Depending on user size. If it has been stretched to form a larger circle the inbuilt spring wire should be reformed to produce the diameters indicated. This insures proper throat pressure for optimum sound quality.

Fig. 1



Mic to press on right side of wearers voice box.

Fig. 2

GENERAL AREA RADIATION SURVEY

1. A general radiation area survey should be conducted while moving between defined survey points, and at the specific survey points.

2. The survey should be conducted using a Eberline RO-20 dose rate meter or equivalent.

3. Normally, radiation readings are taken at 3 feet with the Beta window closed.

4. Record results on a survey map.

****

CAUTION

IF RADIATION LEVELS ARE GREATER THAN 100 MR/HR, COMPLETE THE SURVEY AND RETREAT TO A LOWER DOSE AREA PRIOR TO REPORTING RESULTS TO KEEP YOUR EXPOSURE ALARA.

****

5. If a reading of 1 mr/hr or greater is detected, stop and conduct a survey for Beta radiation in accordance with Attachment 10. Record results on the RG&E Emergency Survey Team Data Sheet, Attachment 19 and immediately report the results of the survey to the Radio Operator.

SURVEY TO DETERMINE PRESENCE OF BETA RADIATION
PLUME SURVEY

1. If the General Area Radiation Survey indicates a reading of 1 mr/hr or greater, or if the "plume" is suspected to be in your area, a survey to detect the presence of Beta radiation should be conducted.

2. Using a Eberline RO-20 dose rate meter, conduct the following surveys:

   a. With a meter held at waist level (3 feet):

      Beta shield open

      Beta shield closed
      Difference #1 = (open reading - closed reading)

   b. With the meter held at ground level (3 inches):

      Beta shield open

      Beta shield closed

      Difference # 2 = (open reading - closed reading)

3. If either difference #1 or difference #2 from Step 2 is positive, this is an indication that Beta radiation is present.

   a. If both difference # 1 and # 2 are positive, this an indication that you are in the plume.

   b. If only difference # 2 is positive, this is an indication of ground contamination.

4. Record survey results on RG&E Emergency Survey Team Data sheet, Attachment 19.

5. Report the results of the survey to the Radio Operator and await further instructions from the Dose Assessment Manager.

CONTAMINATION SURVEYS

NOTE: DO NOT TOUCH THE METER PROBE TO ANY SURFACE BEING SURVEYED. PROBE CONTAMINATION MAY RESULT.

The background count rate should be below **200 CPM** to be sensitive enough to detect low levels of contamination.

Personnel Frisk

1. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.
2. Check the background count rate.
3. Slowly pass the meter probe over a person (i.e., within ½ inch from the person) moving it at a rate of 1 to 2 inches per second.
4. Listen to the audible count rate and watch the meter for any increases.
5. Resurvey areas showing an increased count rate.
6. When contamination is suspected, hold the detector over that area for 15 seconds to obtain the gross count rate.
7. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.
8. Notify the Survey Center Manager, if the net count rate is greater than 100 CPM.

Direct Frisk Survey (Objects)

1. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.
2. Check the background count rate.
3. Slowly pass the meter probe over an object or area surface (i.e., within ½ inch from it) moving it at a rate of 1 to 2 inches per second.
4. Listen to the audible count rate and watch the meter for any increases.
5. Resurvey areas showing an increased count rate.
6. When contamination is suspected, hold the detector over that area for 15 seconds to obtain the gross count rate.

7. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.

8. Notify the Survey Center Manager if the net count rate is greater than 250 CPM.

Smear Survey

1. Obtain cloth smears with adhesive backing mounted on waxed paper.

2. Obtain a RM-14 with a HP-260 pancake probe or equivalent frisker.

3. Check the background count rate.

4. Mark the smears with sequential numbers (e.g., 1,2,3,....).

5. Holding the smear paper between the thumb and index and middle fingers and applying medium pressure, smear an area 100 cm^2 (approximately 4 inches by 4 inches). A 16-inch "S" pattern can also be used.

6. Record the smear location by writing the smear number on the map and circling it.

7. Hold the smear paper within ½ inch of the meter probe until the meter indication stabilizes. This is the gross count in CPM.

8. Subtract the background count rate from the gross count rate. This is the net count rate in CPM.

9. Record the net count rate as CPM/100 cm^2 in the smears table of the map next to the corresponding smear number.

NOTE: THIS NOTICE DOES NOT APPLY TO ENVIRONMENTAL SMEARS.

10. Notify the Survey Center Manager if the net count rates exceed 1000 CPM/100 cm^2.

11. Return completed contamination surveys and smears to the Survey Center Manager.

INSTALLATION OF TLD

1. Specific locations for TLD's will be listed on the survey route instructions or will be given by the Dose Assessment Manager.

2. Hammer a nail through non-sealing plastic into a utility pole at the specified location. The nail should be positioned on the pole at head height and facing the site.

   Ensure the TLD window is oriented facing the site.

3. Record the location (either survey point number or road intersections), utility pole number, date, time, and TLD number on the back of the survey map.

TAKING AIR SAMPLES

1. Air samples are drawn using either of the following equipment:

   a. **HIGH VOLUME** - Using a RADECO H809C high volume air sampler or Buck Lapel Air Sampler, draw approximately 180 liters of air through a particulate filter and a GY-130 silver zeolite cartridge. This will take approximately **6 MINUTES.**

   b. **LOW VOLUME** - Using a Gilian HFS-113A low volume air sampler, draw approximately 120 liters of air through a particulate filter and a GY-130 silver zeolite cartridge. This will take approximately **30 MINUTES.**

2. Record the sample date, time, and location (either survey point number or road intersections) on a sample envelope and on RG&E Emergency Survey Team Data sheet, Attachment 19. Take radiation readings as per Attachment 10 and record on Attachment 19.

3. Determine the background radiation level using the Eberline RM-14 Frisker and HP-260 pancake probe or equivalent. Record the reading on Attachment 19. If background reading is greater than 200 CPM, move to lower background area prior to taking readings. If background of 200 cpm cannot be located, contact Dose Assessment for further instructions.

****

CAUTION

IF FILTERS ARE READING OFF SCALE, MOVE PROBE APPROXIMATELY 1" FROM FILTER. REPORT AND LOG DATA AS BEING TAKEN AT 1".

****

4. Using clean disposable gloves, remove the particulate filter and measure the activity level using an Eberline RM-14 Frisker and HP-260 pancake probe or equivalent. DO NOT TOUCH THE PROBE WINDOW TO THE PARTICULATE FILTER. Record the gross cpm reading on Attachment 19 and place the particulate filter in the envelope.

5. Remove the GY-130 silver zeolite cartridge from the sample holder and measure the activity on the inlet side of the cartridge filter. DO NOT TOUCH THE PROBE WINDOW TO THE CARTRIDGE. Record the gross reading on Attachment 19 and place the cartridge in the envelope.

6. Remove the disposable gloves and discard in a plastic bag. Treat as potentially contaminated material.

7. Report the sample collection information from Attachment 19 to the Radio Operator.

NOTE: **DO NOT PERFORM CALCULATIONS UNLESS REQUESTED BY THE DOSE ASSESSMENT MANAGER.**

8. Field calculations of the airborne activity level may be performed as follows:

a. Sample volume in liters equals the flow rate (30 lpm) times the number of minutes the sampler operated

b. Radioiodine (GY-130 cartridge)

****

CAUTION

IF THE CARTRIDGE CONTACT READING IS OFFSCALE, DETERMINE THE IODINE ACTIVITY FOR THE HP-260 PROBE ONE INCH (ONE CARTRIDGE THICKNESS) AWAY FROM THE INLET SIDE OF THE CARTRIDGE, USING EQUATION b.2. OTHERWISE, USE EQUATION b.1.

****

@ contact 1. $\frac{\text{(CPM Sample - CPM Background)(4.13 E-8)}}{\text{(Volume of Sample in Liters)}}$ = _____uCi/cc Radioiodine

@ 1" 2. $\frac{\text{(CPM Sample - CPM Background)(8.50 E-8)}}{\text{(Volume of Sample in Liters)}}$ = _____uCi/cc Radioiodine

c. Particulate

****

CAUTION

IF THE FILTER CONTACT READING IS OFFSCALE, DETERMINE THE PARTICULATE ACTIVITY FOR THE HP-260 PROBE ONE INCH AWAY FROM THE INLET SIDE OF THE FILTER, USING EQUATION c.2. OTHERWISE, USE EQUATION c.1.

****

SURVEY INSTRUCTIONS

@ contact 1. $\frac{\text{(CPM Sample - CPM Background)(3.47 E-9)}}{\text{(Volume of Sample in Liters}}$ = _____uCi/cc Particulate

@ 1" 2. $\frac{\text{(CPM Sample -CPM Background)(9.83 E-9)}}{\text{(Volume in Sample in Liters}}$ = _____uCi/cc Particulate

CHANGING FILTERS AT FIXED ENVIRONMENTAL STATIONS

1. Record the following information on the sample envelope left from the previous filter change:

   a. Date
   b. Time
   c. System Vacuum (inches)
   d. Gas meter reading (cubic feet)
   e. Total hour meter reading (record in column marked "OFF")
   f. Initials of person changing filters

2. Turn pump off.

3. Using clean disposable gloves, remove the filter holder at the quick-disconnect joint.

4. Unscrew the outside retaining ring and remove the particulate filter from the holder and place in the sample envelope.

5. If a charcoal or zeolite cartridge was used, transfer the information from the particulate filter envelope to a new envelope and place the cartridge in the envelope.

   NOTE: PARTICULATE FILTER IS INSTALLED WITH TEXTURED SIDE FACING OUT. SILVER ZEOLITE CARTRIDGE HAS ARROW ON SIDE TO INDICATE DIRECTION OF SAMPLE FLOW.

6. Reassemble the filter holder installing a new GY-130 silver zeolite cartridge and a particulate filter.

7. Reconnect the filter holder to the pump at the quick-disconnect joint.

8. Remove disposable gloves and place in a plastic bag. Treat as potentially contaminated material.

9. Turn the pump on.

10. Record the following information to two new envelopes. Mark one envelop "GY-130 silver zeolite".

    a. Station number
    b. Date
    c. Time
    d. System vacuum (inches)
    e. Gas meter reading (cubic feet)
    f. Total hour meter reading (record in the "ON" column)
    g. Initials of person starting sampler

11. Place the new envelopes inside the monitor cabinet.

12. Bring the envelopes containing the removed cartridge and filter to the Survey Center at the completion of your assigned route or when directed by the Dose Assessment Manager.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE EAST
PRIMARY SURVEY ROUTE

NOTE: NUMBERS GIVEN IN PARENTHESES ARE PREDESIGNATED SURVEY POINTS.

NOTE: IF FIXED ENVIRONMENTAL STATION FILTERS ARE REQUESTED TO BE CHANGED, CHANGE THEM PER INSTRUCTIONS IN ATTACHMENT 14.

1. Travel East on Lake Road from the Training Center driveway to Knickerbocker Road. Place a TLD near the intersection of Lake Road and Knickerbocker Road (2ESE) per instructions in Attachment 12.

2. Continue East on Lake Road to Fisher Road.

3. Go South on Fisher Road to Shepard Road. Place a TLD near the intersection of Fisher Road and Shephard Road (3ESE-2) per instructions in Attachment 12.

4. Continue South on Fisher Road to Seely Road. Place a TLD near the intersection of Fisher Road and Seely Road (4ESE) per instructions in Attachment 12.

5. Continue South on Fisher Road to Kenyon Road (4SE).

6. Go West on Kenyon Road to Furnace Road. Place a TLD near the intersection of Kenyon Road and Furnace Road per instructions in Attachment 12.

7. Continue West on Kenyon Road to Knickerbocker Road (3SSE).

8. Go North on Knickerbocker Road to Brick Church Road (2SE).

9. Place a TLD near the intersection of Knickerbocker Road and Brick Church Road (2SE) per instructions in Attachment 12.

10. Take a high volume air sample at Knickerbocker Road and Brick Church Road (2SE) per instructions in Attachment 13. Report the results.

11. Report to the Radio Operator that the survey route for the Offsite East Primary Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE EAST
SECONDARY SURVEY ROUTE

NOTE: NUMBERS GIVEN IN PARENTHESES ARE PREDESIGNATED SURVEY POINTS.

NOTE: IF FIXED ENVIRONMENTAL STATION FILTERS ARE REQUESTED TO BE CHANGED, CHANGE THEM PER INSTRUCTIONS IN ATTACHMENT 14.

1. From the intersection of Brick Church Road and Knickerbocker Road, go North to Lake Road.
2. Go East on Lake Road to the intersection of Lake Road and Route 21 in Pultneyville.
3. Place a TLD near the intersection of Lake Road and Route 21 (6E) per instructions in Attachment 12.
4. Go South on Route 21 to Salmon Creek Road.
5. Place a TLD near the intersection of Salmon Creek Road and Eaton Road (6ESE-1) per instructions in Attachment 12.
6. Take a high volume air sample at Salmon Creek Road and Eaton Road (6ESE-1) per instructions in Attachment 13. Report the results.
7. Go South on Salmon Creek Road to Ridge Road.
8. Place a TLD near the intersection of Salmon Creek Road and Ridge Road per instructions in Attachment 12.
9. Go West on Ridge Road to the intersection of Ridge Road and Knickerbocker Road.
10. Take a high volume air sample at Route 104 and Knickerbocker Road (4SSE) per instructions in Attachment 13. Report the results.
11. Go North on Knickerbocker Road to Brick Church Road (2SE).
12. Report to the Radio Operator that the survey route for the Offsite East Secondary Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE EAST
THIRD SURVEY ROUTE
WINDS FROM THE EAST

1. From the intersection of Brick Church Road and Knickerbocker Road travel West to Ontario Center Road.
2. Go South on Ontario Center Road to Plank Road.
3. Go West on Plank Road to Five Mile Line Road.
4. Go North on Five Mile Line Road to Klem Road.
5. Go East on Klem Road to Whiting Road.
6. Go North on Whiting Road to Lake Road.
7. Go East on Lake Road to Knickerbocker Road.
8. Go South on Knickerbocker Road to Brick Church Road.
9. Report to the Radio Operator that the Survey Route for the Offsite East Third Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE EAST
THIRD SURVEY ROUTE
WINDS FROM THE WEST

1. From the intersection of Brick Church Road and Knickerbocker Road travel North to Lake Road.
2. Go East on Lake Road to Townline Road.
3. Go South on Townline Road to Ridge Road.
4. Go West on Ridge Road to Route 21.
5. Go South on Route 21 to Walworth-Marion Road.
6. Go West on Walworth-Marion Road(Route 441) to Route 350.
7. Go North on Route 350 to Brick Church Road.
8. Go East on Brick Church Road to Knickerbocker Road.
9. Report to the Radio Operator that the Survey Route for the Offsite East Third Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE WEST
PRIMARY SURVEY ROUTE

NOTE: NUMBERS GIVEN IN PARENTHESES ARE PREDESIGNATED SURVEY POINTS.

NOTE: IF FIXED ENVIRONMENTAL STATION FILTERS ARE REQUESTED TO BE CHANGED, CHANGE THEM PER INSTRUCTIONS IN ATTACHMENT 14.

1. Travel West on Lake Road from the Training Center driveway to Lakeside Road.
2. Place a TLD near the intersection of Lake Road and Lakeside Road (2WSW) per instructions in Attachment 12.
3. Go South on Lakeside Road to the intersection of Berg Road.
4. Place a TLD near the intersection of Lakeside Road and Berg Road (3SSW-2) per instructions in Attachment 12.
5. Continue South on Lakeside Road to Ridge Road.
6. Go East on Ridge Road to Route 350.
7. Go North on Route 350 to Brick Church Road.
8. Travel West on Brick Church Road to Slocum Road.
9. Place a TLD near the intersection of Brick Church Road and Slocum Road (2SSW) per instructions in Attachment 12.
10. Take a high volume air sample at Brick Church Road and Slocum Road (2SSW) per instructions in Attachment 13. Report the results.
11. Report to the Radio Operator that the Survey Route for the Offsite West Primary Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE WEST - SECONDARY SURVEY ROUTE

NOTE: NUMBERS GIVEN IN PARENTHESES ARE PREDESIGNATED SURVEY POINTS.

NOTE: IF FIXED ENVIRONMENTAL STATION FILTERS ARE REQUESTED TO BE CHANGED, CHANGE THEM PER INSTRUCTIONS IN ATTACHMENT 14.

1. From the intersection of Brick Church Road and Slocum Road travel North to Lake Road.
2. Go West on Lake Road to Route 250 (Webster Road).
3. Place a TLD near the intersection of Lake Road and Route 250 per instructions in Attachment 12.
4. Travel South on Route 250 to Schlegel Road.
5. Go East on Schlegel Road to Salt Road.
6. Place a TLD near the intersection of Schlegel Road and Salt Road (6WSW) per instructions in Attachment 12.
7. Take a high volume air sample at Schlegel Road and Salt Road (6WSW) per instructions in Attachment 13. Report the results.
8. Go South on Salt Road to Route 104.
9. Travel East on Ridge Road to County Line Road.
10. Travel South on County Line Road to Whitney Road.
11. Place a TLD near the intersection of County Line Road and Whitney Road per instructions in Attachment 12.
12. Go East on Whitney Road to Slocum Road.
13. Take a high volume air sample at Whitney Road and Slocum Road per instructions in Attachment 13. Report the results.
14. Continue on Whitney Road to Hennessey Road.
15. Go East on Hennessey Road to Route 350.
16. Go North on Route 350 to Brick Church Road.
17. Go West on Brick Church Road to Slocum Road.
18. Report to the Radio Operator that the Survey Route for the Offsite West Secondary Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE WEST
THIRD SURVEY ROUTE
WINDS FROM THE EAST

1. From the intersection of Brick Church Road and Slocum Road travel North to Lake Road.
2. Go West on Lake Road to Route 250 (Webster Road).
3. Go South on Route 250 to Atlantic Avenue.
4. Go East on Atlantic Avenue to Route 350 (Ontario Center Road).
5. Go North on Route 350 to Paddy Lane.
6. Go West on Paddy Lane to Slocum Road.
7. Go North on Slocum Road to Brick Church Road.
8. Report to the Radio Operator that the Survey Route for the Offsite West third Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

OFFSITE WEST
THIRD SURVEY ROUTE
WINDS FROM THE WEST

1. From the intersection of Brick Church Road and Slocum Road travel South to Paddy Lane.
2. Go East on Paddy Lane to Route 350 (Ontario Center Road).
3. Go South on Route 350 to Route 441.
4. Go East on Route 441 to Cory Corners Road.
5. Go North on Cory Corners Road to Ridge Chapel to Ridge Road.
6. Go East on Ridge Road to Salmon Creek Road.
7. Go North on Salmon Creek Road to Lake Road.
8. Go West on Lake Road to Slocum Road.
9. Go South on Lake Road to Brick Church Road.
10. Report to the Radio Operator that the Survey Route for the Offsite West Third Route has been completed. Inform the Radio Operator of any unusual radiological conditions. Inform the Radio Operator that you are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

EOF SURVEY ROUTE #1
LONG ROUTE (EOF-1L)

1. Take 490 East to 590 North. (During rush-hour periods, consider using Culver to Atlantic Avenue as an alternate route.)

2. Take Browncroft Boulevard exit and head east to Creek Street. Head north on Creek Street to Empire Boulevard.

3. At Eastway Plaza, take a high volume air sample per instructions in Attachment 13.

4. From Eastway Plaza, continue north on Bay Road to Lake Road. Turn west on Lake Road and proceed to the Irondequoit Bay Outlet.

5. Head east on Lake Road to Bay Road. Head south on Bay Road to Route 104. Head west on Route 104, cross the Irondequoit Bay Bridge and continue on Route 104 West to the Culver Road exit. Head north on Culver Road to Sea Breeze to the Irondequoit Bay Outlet.

6. Head south on Sea Breeze Expressway to 590 South to Route 404 Webster exit. Head east on Empire Boulevard to Creek Street/Bay Road (Eastway Plaza.)

7. Report to Radio Operator that the EOF Survey Route #1Long has been completed noting any unusual radiological conditions, and are awaiting further instructions.

SHORT ROUTE (EOF-1S)

1. Take East Avenue to Culver Road. Turn north on Culver Road and proceed to Empire Boulevard.

2. At Culver Road and Empire Boulevard, take a high volume air sample as per instructions in Attachment 13.

3. Proceed northwest on Waring Road to Norton Street. Turn west on Norton Street to Portland Avenue.

4. Proceed west on Portland Avenue to North Street. Head South on North Street to East Avenue.

5. Report to Radio Operator that the EOF Survey Route #1Long has been completed noting any unusual radiological conditions, and are awaiting further instructions.

****

CAUTION
DO NOT WAIT IN HIGH RADIATION FIELDS FOR INSTRUCTIONS FROM DOSE ASSESSMENT.

****

EOF SURVEY ROUTE #2
LONG ROUTE (EOF-2L)

1. Take 490 East to Route 441 (Linden Avenue) exit. Head east on Route 441 to Route 250.

2. At Penfair Plaza, take a high volume air sample per instructions in Attachment 13.

3. Continue east on Route 441 to Harris Road. Turn north on Harris Road to Atlantic Avenue (Route 286). Turn west on Atlantic Avenue to Route 250. Turn south on Route 250 and return to Penfair Plaza.

4. Report to Radio Operator that the EOF Survey Route #2Long has been completed noting any unusual radiological conditions, and are awaiting further instructions.

SHORT ROUTE (EOF-2S)

1. Take Monroe Avenue (Route 31) southeast to the 12 Corners.

2. At 12 Corners, take a high volume air sample per instructions in Attachment 13.

3. Head north on Winton Road to Main Street. Turn west on Main Street to Culver Road. Turn south on Culver Road to East Avenue.

4. Report to Radio Operator that the EOF Survey Route #2 Short has been completed noting any unusual radiological conditions, and are awaiting further instructions.

RG&E EMERGENCY SURVEY TEAM DATA SHEET

1. DATA FROM: □ RG&E □ WAYNE COUNTY □ MONROE COUNTY
2. A. DATE: _____ B. TIME: _____ C. DATA SHEET NO.: _____ D. TEAM: _____ E. LOCATION:
3. A. SURVEY UNITS: (CIRCLE ONE) CPM MICRO-R/HR MR/HR R/HR B. SURVEY METER: (CIRCLE ONE) CDV-700 CDV-715 EBERLINE RO-20 BICRON METER NO. _____
4. WAIST LEVEL (3 FEET) READINGS: A.. OPEN WINDOW _____ B. CLOSED WINDOW _____
5. GROUND LEVEL (3 INCHES) READINGS: A.. OPEN WINDOW _____ B. CLOSED WINDOW _____
6. AIR SAMPLING COLLECTION TIMES: A. TIME ON: _____ B. TIME OFF: _____ C. MINUTES RUN: _____
7. AIR SAMPLING FLOWRATES: A. LPM START:_____ B. LPM END: _____ C. LPM AVERAGE: _____
8. PARTICULATE CPM: A. CONTACT: _____ B. 1" _____
9. IODINE CPM: A. CONTACT: _____ B. 1" _____
10. BACKGROUND CPM: _____
11. COMMENTS AND ADDITIONAL DATA:

□ **THIS IS A DRILL** □ **THIS IS NOT A DRILL**

NOTE: THIS DOES NOT NEED TO BE FILLED OUT FOR TRANSMISSION TO OTHER AGENCIES.

RADIOIODINE:

$$\frac{\text{(CPM SAMPLE - CPM BACKGROUND) (8.50 E-8) @ 1" ON CONTACT}}{\text{(MINUTES RUN) (LPM AVERAGE)}} = \frac{\text{\_\_\_\_\_ UCI/CC}}{\text{RADIOIODINE}}$$

PARTICULATE:

$$\frac{\text{(CPM SAMPLE - CPM BACKGROUND) (9.83 E-9) @ 1" ON CONTACT}}{\text{(MINUTES RUN) (LPM AVERAGE)}} = \frac{\text{\_\_\_\_\_ UCI/CC}}{\text{PARTICULATE}}$$

RADIOIODINE DOSE CONVERSION FACTORS (REM/HR PER UCI/CC)

HR	DCF	HR	DCF
1	5.4E5	7	9.3E5
2	6.4E5	8	9.3E5
3	7.3E5	9	1.0E6
4	8.0E5	10	1.1E6
5	8.7E5	11	1.1E6
6	8.7E5	12	1.1E6

CHILD THYROID (CDE) DOSE RATE

$$\text{(UCI/CC) (DCF)} = \frac{\text{\_\_\_\_\_ REM/HR}}{\text{CHILD THYROID}}$$

PERFORMED BY: _____ NAME _____ DATE/TIME

CHECKED BY: _____ NAME _____ DATE/TIME

☐ **THIS IS A DRILL** ☐ **THIS IS NOT A DRILL**

SURVEY TEAM ATTACHMENT FORM

SURVEY TEAM:________________________

DATE	TIME	INITIALS	METER TYPE/NO.	REMARKS
USE THIS FORM TO DOCUMENT INFORMATION REGARDING SURVEY TEAM COVERAGE NOT DOCUMENTED ON SURVEY MAPS OR FORMS				

RADIATION PROTECTION & CHEMISTRY
Category:
Subject: EPIP Instruments
Date:
Reviewed:

EPIP INSTRUMENT RESPONSE CHECK

DATE: _____

DOSE RATE METERS

	Model	Serial #	Response Check Sat. Y or N	Tech Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

FRISKERS

	Model	Serial #	Response/Alarm Check Sat. Y or N	Tech Initials
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Rapid Deployment Survey Team Instructions

1. Assemble the following equipment:

   a. Personal thermoluminescent dosimeter (TLD) for each team member

   b. One 0-1500 mR dosimeter and one 0-10 R dosimeter for each team member. Sign in on dosimeter log sheet, Attachment 2 in EPIP 1-11.

   c. Motorola GM 300 mobile radio and magnetic mount antenna.

   d. Eberline RM-14 Frisker with HP-260 pancake probe or equivalent.

   e. Eberline RO-20 dose rate meter or equivalent.

   f. Cellular telephone

   g. Survey map of 10-mile EPZ

   h. Other equipment (eg., PC's, KI tablets, respirators, air sampler, etc.) as determined by Dose Assessment Manager.

2. Source response check survey meters and document on Attachment 21.

3. Obtain transportation and check vehicle for contamination by performing a direct frisk survey. Document results on Attachment 20.

4. Establish radio and cell phone communications with Technical Support Center (TSC) Radio Operator.

5. TSC Radio Operator will provide a team briefing and instructions to the Rapid Deployment Team from the Dose Assessment Manager.

6. The Rapid Deployment Team will be called back to the Survey Center when other survey teams are staffed and deployed to designated survey routes.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 5-2 REV. NO. 26

ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS

RESPONSIBLE MANAGER

11/02/01

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 32 PAGES

EPIP 5-2

ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS

1.0 PURPOSE

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made monthly. After each drill or use, inventory Survey Team Boxes, Survey Center, Warehouse, TSC, OSC, and Control Room lockers to ensure equipment has been returned and is available for emergency use. (Only those boxes or lockers which were opened should be inventoried.)

2.0 RESPONSIBILITY

2.1 The Corporate Nuclear Emergency Planner (CNEP), is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.

2.2 The Ginna Radiation Protection Section usually performs the onsite inventories.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 RP-INS-C-EFF, Efficiency Calibration of Alpha and Beta Counters

3.2.2 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks

3.2.3 SC-3.16.15, Charging of SKA-PAK, II, IIA, 300 Cubic Feet Cylinder Compressor or Cascade Method

3.2.4 SC-3.16.15.1, Charging of 4.5 Units Using the Breathing Air Compressor

3.2.5 SC-3.15.7, Inspection Of Self Contained Breathing Apparatus Scott 4.5 and Cascade System Charging Equipment

3.2.6 EPIP 2-11, Onsite Surveys

3.2.7 RP-JC-AIRSAMPLE, ATT 1, Air Sample Job Coverage Record

3.2.8 A-1.8, Radiation Work Permits

3.2.9 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators

3.2.10 EPIP 2-12, Offsite Surveys

3.2.11 EPIP 2-14, Post Plume Environmental Sampling

3.2.12 RP-INS-CAM-OPS, Constant Air Monitor Operation

4.0 PRECAUTIONS

4.1 This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 PREREQUISITES

5.1 Obtain current copies of applicable procedures of RP-JC-AIRSAMPLE, A-1.8, SC-3.16.15 and SC-3.16.15.1

5.2 Each individual environmental TLD shall be sealed in plastic before being stored.

6.0 ACTIONS

6.1 Inspection of Equipment

6.1.1 Inspect each location using Attachments 1 through 6. These inspections are performed by initialing the blank space if minimum requirement is met on the Attachments.

a. Survey Center - Attachments 1 and 2.

b. Control Room - Attachment 3.

c. Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building per Attachment 4.

d. Technical Support Center - Attachment 5.

e. Warehouse and Security Access Control Area (Guardhouse) - Attachment 6.

f. Engineering Support Center - Attachment 7

6.1.2 Notify Control Room (3235) and Corporate Nuclear Emergency Planner (6772) prior to initiating Survey Center and TSC communication checks to ensure confirmation of equipment operation.

6.1.3 Send completed attachments to the Onsite Emergency Planner for review.

6.2 Reporting Discrepancies

6.2.1 If any discrepancies are found, the person performing the inventory will make a note on the Emergency Equipment Monthly Inspection Log, Attachment 9. If there are no discrepancies, enter none for each location.

6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Emergency Equipment Monthly Inspection Log, Attachment 9.

6.2.3 Any equipment calibration that will expire prior to the end of the next inventory month should be recalibrated or replaced with equipment whose calibration will not expire prior to the next inventory.

6.2.4 Send a signed copy of completed Attachment 9, Emergency Equipment Monthly Inspection Log, to the Onsite Emergency Planner for review and forwarding to Central Records.

6.2.5 Send signed copy of completed Attachment 10, Equipment Calibration Expiration Notification, to the Lead Technician-RP Instruments/TLDs.

7.0 ATTACHMENTS

1. Emergency Equipment in Survey Center
2. Emergency Equipment Per Survey Box - Survey Center
3. Emergency Equipment in Control Room
4. Emergency Equipment in Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building
5. Emergency Equipment in Technical Support Center
6. Emergency Equipment in Warehouse and Security Access Control Area (Guard House)
7. Emergency Equipment in the Engineering Support Center
8. Cellular Mobile Telephone Equipment Check
9. Emergency Equipment Monthly Inspection Log
10. Equipment Calibration Expiration Notification

EMERGENCY EQUIPMENT IN SURVEY CENTER

1.0 **Assignment tag board** - all tags in place _____

NOTE: **PERFORM INVENTORY ON SURVEY TEAM, BOXES IN JANUARY AND JULY OR IF SEAL HAS BEEN BROKEN.**

NOTE: **CHANGE BATTERIES IN JANUARY AND JULY OR IF THE EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DATE THAT THE INVENTORY IS PERFORMED.**

2.0 **Survey team boxes** - Onsite East, Onsite West, Offsite East, Offsite West, Spare 1, Spare 2.

2.1 Perform inventory on each survey team box in accordance with Attachment 2. N/A this step and Attachment 2, if not required at this time. _____

3.0 **Survey Meters**. Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low range. RM-14 with Pancake Probe or equivalent (min. 8-units)
Expiration Date: _____ _____ _____
_____ _____ _____
_____ _____ _____

3.2 High range, Eberline RO-20 or equivalent (min. 8-units)
Expiration Date: _____ _____ _____
_____ _____ _____
_____ _____ _____

4.0 **Scaler, BC-4 or equivalent.** Check calibration date and document using RP-JC-DAILY-SRC-CHKS, (min. 1-unit)
Expiration Date:_____ _____

5.0 **Dosimeter Chargers**

5.1 110V AC power operated - check operation (min. 1-unit) _____

5.2 Battery operated - check operation (min. 2-units) _____

6.0 **Self-Reading Pocket Dosimeters** - check calibration

NOTE: **RECORD EARLIEST DATE FOR ASSOCIATED EQUIPMENT.**

6.1 0-1500 mr (min. 44-units) Expiration Date: _____ _____

6.2 0-10R (min. 22 units) Expiration Date: _____ _____

NOTE: **EACH INDIVIDUAL ENVIRONMENTAL TLD SHALL BE HEAT-SEALED IN PLASTIC AND PACKAGED 9 TO A PACKAGE IN A PLASTIC BAG.**

7.0 **TLDs**

7.1 Thermoluminescent dosimeters (TLDs) - Anneal TLDs and check ECF's in January, April, July and October. (Min. - 100) _____

7.2 Environmental TLDs - Anneal TLDs and check ECF's in January, April, July and October (4 packages of 9 each) _____

NOTE: **RECORD EARLIEST DATE FOR THE ASSOCIATED EQUIPMENT. RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS <u>ARE NOT</u> LEFT IN HOLDERS.**

8.0 **Air Sample Equipment**

8.1 Low volume, Gilian or equivalent with air sampling heads. Ensure units are plugged into charger after test. (min. 10-units) Expiration Date: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

8.2 RADECO H 809 B2. Run for 90 minutes (min. 2-units) Expiration Date: _____ _____ _____

8.3 RADECO H 809 C. Run for 1 minute (min. 4-units) Expiration Date: _____ _____ _____ _____ _____

9.0 **Battery charger**

9.1 Check operation. Disconnect after testing is complete. (min. 1-unit) _____

10.0	**Respiratory Equipment**	
10.1	Respirators, full face. Inspect and label per RP-RES-M-RESP. (min. 22-units)	_____
10.2	Respirator filters, charcoal. (min. 22-units) Expiration Date:_____	_____
10.3	Voice emitters for respirators. Check operation. (min. 13-units)	_____
10.4	Ensure batteries for voice emitters are replaced annually (in July).	_____
10.5	Local mask use sheets for Scott A Respirators RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-copies)	_____
10.6	Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries.	_____
NOTE:	**PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.**	
11.0	**Communications Equipment**	
11.1	Portable radios (min. 4 units)	_____
11.1.1	Radio check with Security	
11.2	Motorola GM 300 Mobile Radio (min. 6-units)	_____
11.2.1	Magnetic or mount antennas (min. 3 units)	_____
11.2.2	Radio check with Security	_____
11.3	Deskon II, stationary. (min. 2-units)	_____
11.4	Intercom "A". Call Control Room at ext. 3509 and have them plug in the Control Room Intercom "A" and perform communication check with Survey Center. (min. 1-unit)	_____
11.5	**Cellular Phone checks**	
11.5.1	Check operation of each unit by performing Attachment 8. (min. 6 units)	_____

NOTE: VERIFY PHONE BOOKS ARE UP-TO-DATE.

11.6	Telephone Books	
11.6.1	Rochester (min. 1 unit)	_____
11.6.2	Wayne County (min. 1 unit)	_____
11.6.3	RG&E Phone Directory	_____
11.7	**FAX MACHINE**	
11.7.1	Test fax machine by faxing a test message to the TSC (ext. 3927).	_____
12.0	**AMS-4** Calibration due date: _____	_____
13.0	**Radiation monitor**, XETEC Model 501 A-2. Perform operational check in accordance with RP-JC-DAILY-SRC-CHKS and check Calibration Due Date: _____	_____
14.0	**Decon Shower**	
14.1	Ensure that decon shower area is free from debris and that decon supplies (RMC Kit) are available.	_____
14.2	Verify Test Tank Alert Alarm System for the decon shower holding tank functions properly by performing the following steps.	
14.2.1	Ensure horn/silent slide switch is in "Horn" position.	_____
14.2.2	Verify "T" valve is "Locked Shut".	_____
14.2.3	Verify "S" valve is "Open".	_____
14.2.4	Momentarily depress "To Test" Push button and verify the warning light red and horn activate.	_____

NOTE: CHANGE BATTERIES IN JANUARY AND JULY. CHANGE BATTERIES IF EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DAY INVENTORY IS PERFORMED.

15.0	**Batteries** (alkaline)	
15.1	AAA (min. 12-units)	_____
15.2	D-Cell (min. 10-units)	_____

15.3	9V (min. 12-units)	_____
16.0	**RADIATION PROTECTION SUPPLIES**	
16.1	Air sampler filters	
16.1.1	Particulate (min. 100-units)	_____
16.1.2	Silver Zeolite (min. 50-units) Expiration Date: _____	_____
16.2	Air Sample Envelopes (min. 100-units)	_____
16.3	Smears (min. 10-boxes)	_____
16.4	Planchets (min. 1-bag)	_____
16.5	Anti-contamination clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min 25 units)	_____
16.6	Plastic bags	
16.6.1	Poultry (min. 1 box)	_____
16.6.2	Large, clear (min. 20 units)	_____
16.6.3	Large, Radioactive Material, yellow (min. 1 roll)	_____
16.7	Radiation rope (min. 1 roll)	_____
16.8	Radiation hazard signs with inserts (min. 10 each)	_____
16.8.1	RADIATION AREA	_____
16.8.2	HIGH RADIATION AREA	_____
16.8.3	CONTAMINATED AREA	_____
16.8.4	RADIOACTIVE MATERIAL AREA	_____
16.8.5	RESTRICTED AREA	_____
16.8.6	RWP Required	_____
16.8.7	Contact RP prior to entry	_____
16.9	Step off pads	

16.9.1	Remove protective clothing before stepping here (10-units)	_____
16.10	Contaminated waste/clothing containers, 55 gallon drums (min. 2-units)	_____
16.11	Stanchions for radiological barriers (min. 6)	_____
NOTE:	**PERFORM INVENTORY IN JANUARY OR JULY, IF SEAL IS BROKEN, PER ENCLOSED PROCEDURE.**	
16.12	Decontamination kits, RMC (1-case)	_____
16.13	Thyroid Block Tablets (min. 25-units) Expiration Date: _____	_____
16.14	Survey Team Maps - (min. 15-each)	_____
17.0	**Administrative Supplies**	
17.1	Pens and pencils (min. 10-each)	_____
17.2	Extension cords (min. 3-units)	_____
17.3	Scissors (min. 1-pair)	_____
NOTE:	**REPLACE MASKING TAPE IN JANUARY.**	
17.4	Masking Tape (min. 4-rolls).	_____
18.0	**Backpacks** (min. 6-units)	_____
19.0	**Survey Team Foul Weather Locker**	
19.1	Rain Hoods (min. 6-units)	_____
19.2	Rain coats (min. 6-units)	_____
19.3	Rain boots (min. 6-units)	_____
19.4	Cold weather coveralls (Carhart - type) (min. 3-units)	_____

Performed by:_____ Date:_____

Reviewed by:_____ Date:_____

EMERGENCY EQUIPMENT PER SURVEY BOX - SURVEY CENTER

TEAM BOX _____

NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY.

1.0	**Radiation Protection Supplies**	
1.1	Protective Clothing	
1.1.1	Inner Gloves (2 pair)	_____
1.1.2	TYVEC Suit (min. 2-units)	_____
1.1.3	TYVEC Hood (min. 2-units)	_____
1.1.4	Work Gloves (2 pair)	_____
1.1.5	Booties (2 pair)	_____
1.1.6	Disposable Gloves (12 Pair)	_____
1.1.7	Orange Safety Vests (2) (Offsite and spare boxes only)	_____
1.1.8	12 Volt Yellow Beacon (Offsite Boxes only)	_____
1.2	Survey Route Maps (min. 2-units)	_____
1.3	Air Sample Filters/Envelopes	
1.3.1	Particulate (min. 5-units)	_____
1.3.2	Silver Zeolite (min. 5-units) Expiration Date:_____	_____
1.3.3	Air Sample Filter Envelopes (min. 10-units)	_____
1.3.4	Environmental Air Sample Envelopes (ONSITE AND SPARE BOXES ONLY) (min. 5-units)	_____
1.4	Smears (min. 20-units)	_____
1.5	Thyroid Block Tablets (min. 3-units) Expiration Date: _____	_____
1.6	Tweezers (min. 1-unit)	_____
2.0	**Equipment bag with belt** (ONSITE AND SPARE BOXES ONLY)	_____

NOTE: **CHANGE BATTERIES IN JANUARY AND JULY. IF BATTERIES ARE DATED AND IT IS AT LEAST 6 MONTHS PRIOR TO EXPIRATION, REPLACEMENT IS NOT NECESSARY.**

3.0	**Flashlight with Batteries** (min. 1-unit)	_____
3.1	Spare D Cell Batteries (min. 2-units) Expiration Date: _____	
4.0	**Plastic Bags** (min. 2-units)	_____
5.0	**Administrative Supplies**	
5.1	Pencils/pens (min. 2-units)	_____
5.2	Pencil sharpener (min. 1-unit)	_____
5.3	Tablet, writing (min. 1-unit)	_____
5.4	Clipboard (min. 1-unit)	_____
5.5	Ruler, scale in inches (min. 1-unit)	_____
5.6	Tags with wire ties (min. 10-units)	_____
5.7	Quarters for phone calls. (OFFSITE AND SPARE BOXES ONLY) (min. 10-units)	_____

NOTE: **REPLACE MASKING TAPE IN JANUARY.**

5.8	Masking tape (min. 1-roll)	_____
5.9	Scissors (min. 1-unit)	_____
6.0	**Respirator Hip Pouch** (ONSITE AND SPARE BOXES ONLY) (min. 2-units)	_____
7.0	**Tools**	
7.1	Hammer (OFFSITE AND SPARE BOXES ONLY) (min. 1-unit)	_____
7.2	Nails (OFFSITE AND SPARE BOXES ONLY) (min. 10-units)	_____
7.3	Trowel, garden (min. 1-unit)	_____
7.4	Screwdrivers, packet (min. 1-unit)	_____
7.5	250ml Poly bottles for liquid samples (OFFSITE AND SPARE BOXES ONLY) (min 2-units)	_____

NOTE: PLACE NEW PROCEDURES IN BOXES IN JANUARY AND JULY AND WHEN SEAL HAS BEEN BROKEN.

8.0 Procedures

8.1 EPIP 2-11, Onsite Surveys (ONSITE AND SPARE BOXES ONLY) _____

8.2 EPIP 2-12, Offsite Surveys (OFFSITE AND SPARE BOXES ONLY) _____

8.3 EPIP 2-14, Post Plume Environmental Sampling (ALL BOXES) _____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN CONTROL ROOM

1.0 Respiratory Equipment

1.1 Scott Air Pack (SCBA). Perform monthly inspection per SC-3.15.7 on each unit. (min. 2-units) _____

1.2 Voice Emitters for SCBA units. Check operation (one per unit). _____

1.3 Ensure batteries for voice emitters are replaced annually (in July). _____

1.4 Local Mask use sheets for SCBA, Attachment "A" from REP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-units) _____

1.5 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries. _____

2.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHECKS. _____

2.1 Low Range RM-14 with Pancake Probe or equivalent (min. 1-unit) Expiration Date:_____ _____

2.2 High Range, Eberline RO-20 or equivalent (min. 1-unit). Expiration Date:_____ _____

3.0 Dosimeter charger

3.1 Battery operated - check operation (min. 1-unit) _____

4.0 Self-Reading Pocket Dosimeters - check calibration.

4.1 0-500 mr (min. 12 units) Expiration Date:_____ _____

4.2 0-5 R or 0-10 R (min. 12 units) Expiration Date:_____ _____

5.0 Air sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

5.1 Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 1-unit). Expiration Date:_____ _____

5.2	RADECO "Gooseneck" high volume air sampler. Run for 5 minutes. (min. 1-unit) Expiration Date:_____	_____
6.0	**Radiation Protection Supplies**	
6.1	Air Sampler Filters	
6.1.1	Particulate (min. 3-units)	_____
6.1.2	Silver Zeolite (min. 3-units) Expiration Date: _____	_____
6.2	Air Sample Envelopes (min. 10-units)	_____
6.3	Smears (min. 1-box)	_____
6.4	Plant survey maps (min. 3-sets)	_____
6.5	RWP Daily Exposure Record sheets, Figure 2 from A-1.8 (min. 5-units)	_____
6.6	Anti-contamination clothing -sets are to consist of inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets)	_____
NOTE:	**REPLACE MASKING TAPE IN JANUARY.**	
6.7	Masking Tape.(min. 1-roll)	_____
6.8	Hewlett Packard calculator. Turn on to check batteries. (min. 1-unit)	_____
6.9	Thyroid block tablets (min. 10 units) Expiration Date:_____	_____
7.0	**Batteries**, alkaline	
7.1	AA (min. 4-units)	_____
7.2	D (min. 2-units)	_____

8.0 Communication Equipment

8.1 Electrosound II Headset (1) _____

8.1.1 Electrosound II Headset Cord (1) _____

8.1.2 Telex Headset (1) _____

8.2 Telephone Checks

8.2.1 New York State Hotline (RECs) Monthly Test

8.2.1.1 Pick up handset and depress "A" then "*" for All Call. _____

8.2.1.2 After ten seconds, depress the "Push to talk" bar on the handset and state "**THIS IS A TEST.** This is the Ginna Station Control Room calling the State and County warning points. Please stand by for roll call." _____

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

8.2.1.3 Then announce the following roll call: _____

WAYNE COUNTY WARNING POINT

MONROE COUNTY WARNING POINT

NEW YORK STATE WARNING POINT

8.2.1.4 Recall warning points, if necessary, until they answer roll call. _____

8.2.1.5 At completion of test, state "THIS IS THE END OF THE TEST." Depress "A" then "#". Report any problems to the Onsite Emergency Planner. _____

8.3 FAX MACHINE

8.3.1 Test fax machine by faxing a test message using button on fax machine for RECS notifications to the TSC. _____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN OPERATIONAL SUPPORT CENTER, RADIATION PROTECTION OFFICE, PASS (in Hot Shop) AND INTERMEDIATE BUILDING (SPING LOCKER)

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JULY OR IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEPS 1.0 INCLUSIVE.

1.0 Operational Support Center Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.2 Masking Tape (min. 1-roll) _____

1.1.3 Air Sample Envelopes (min. 50-units) _____

1.1.4 Air Sample Filters

1.1.4.1 Particulate (min. 50-units) _____

1.1.4.2 Silver Zeolite (min. 10-units)
Expiration Date:_____ _____

1.5 Thyroid Block Tablets (min. 15-units)
Expiration Date: _____ _____

1.2 Respiratory Equipment

1.2.1 Full Face Respirator (min. 6-units) _____

1.2.1.1 Inspect and label per RP-RES-M-RESP. _____

1.2.2 Respirator Charcoal Filters (min. 6-units)
Expiration Date:_____ _____

1.2.3 Local Mask use sheets for Scott A Respirators, RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 6-copies). _____

1.2.4 Current Mask Qualification List _____

1.3	Air Sample Equipment	
NOTE:	**RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS <u>ARE NOT</u> LEFT IN HOLDERS.**	
1.3.1	Low volume Gilian or equivalent (min. 3-units) Expiration Date:_____	_____
1.3.1.1	Ensure units are plugged into charger following test.	_____
1.4	Stationary Supplies	
1.4.1	Clipboards with pens (min. 4-units)	_____
1.4.2	Pens (min. 5-units)	_____
1.5	Portable Flood Lights	
1.5.1	Minimum 2-flood lights	_____
1.5.2	Verify satisfactory operation of each light.	_____
2.0	**OSC Satellite Locker in Boiler Room by Maintenance Conference Room**	
2.1	Spool of rope (1-unit)	_____
2.2	Barrier ropes with clips (2-units)	_____
2.3	7 Radiation signs with 4 pockets each. 7 inserts including Restricted Area, Contamination Area, Locked High Rad Area, Radiation Area, Full Anti-C's Required, Contact RP Prior to Entry	_____
2.4	Charcoal Cartridges (10-units)	_____
2.5	Particulate filters (1 box)	_____
2.6	Air Sample envelopes (50-units)	_____
2.7	Radiation Material labels (20-units)	_____
2.8	Planchetes (1 bag)	_____
2.9	Smears (1 box)	_____
2.10	Duct Tape (1 roll)	_____

NOTE: REPLACE MASKING TAPE IN JANUARY.

2.11	Masking Tape (1 roll)	_____
2.12	Disposable Gloves (1 box)	_____
2.13	Markers (1 box)	_____
2.14	Clipboard (1-unit)	_____
2.15	Pens (3-units)	_____
2.16	"Removable Protective Clothing" Step Off Pads (3-units)	_____
3.0	**Access Control Desk Equipment**	
3.1	Scott Air Packs (SCBA) and spare bottles	
3.1.1	Perform Monthly Inspection Per SC-3.15.7 on each unit. (min. 3-units)	_____
3.2	SCBA Voice Emitters (one per SCBA)	
3.2.1	Ensure batteries for voice emitters are replaced annually (in July).	_____
3.2.2	Verify operation of each SCBA Voice Emitter	_____
4.0	**Post Accident Sample System Panel Area (Hot Shop)**	
4.1	Cascade Manifold and Cylinder	
4.1.1	Verify Hydrostatic Test on Cascade Cylinder has been performed within last 5 years.	_____
4.1.2	Open cylinder valve and verify pressure >4000 psig.	_____
4.1.3	Close cylinder valve and bleed off manifold pressure.	_____
4.1.4	Verify there are two (50' x 3/8") hoses to connect SCBA to cascade manifold.	_____

5.0 Intermediate Building North

5.1 SPING Iodine Cartridge Holder

5.1.1 Verify a SPING Iodine Cartridge Holder with silver zeolite cartridge heat sealed in plastic is located at sping unit.
Expiration Date:_____ _____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JUNE OR, IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEP 1.0 INCLUSIVE.

1.0 TSC Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 25-sets) _____

1.1.2 Surgeons Gloves (1-box) _____

1.1.3 Step Off Pads (min. 10-units) _____

1.1.4 Large Radioactive Material Plastic Bags (min. 5-units) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 4-rolls) _____

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units) _____

1.1.6.2 "RADIATION AREA" INSERT (10) _____

1.1.6.3 "HIGH RADIATION AREA" INSERT (10) _____

1.1.6.4 "CONTAMINATION AREA" INSERT (10) _____

1.1.6.5 "RADIOACTIVE MATERIAL AREA (10) _____

1.1.6.6 "RESTRICTED AREA" (10) _____

1.1.7 Radiation Rope (1-roll) _____

1.1.8 Radiation Marker Tape (min. 2-rolls) _____

1.1.9 Alkaline Batteries

1.1.9.1 AA (min. 24-units) _____

1.1.9.2 D Cell (min. 2-units) _____

1.1.10	Smears (min. 1-box)	_____
1.1.11	Air Sample Envelopes (min. 50-units)	_____
1.1.12	Air Sample Filters	_____
1.1.12.1	Particulate (min. 4-units)	_____
1.1.12.2	Silver Zeolite (min. 4-units) Expiration Date:_____	_____
1.1.13	Thyroid Block Tablets (min 25-units) Expiration Date:_____	_____
1.2.	Headset Equipment	
1.2.1	Electrosound II Headset (2)	_____
1.2.2	Electrosound II Headset Cord (2)	_____
1.2.3	Telex Headsets(4)	_____
1.3	Respiratory Equipment	
1.3.1	Full Face Respirators (min. 10-units)	_____
1.3.1.1	Inspect and label per RP-RES-M-RESP.	_____
1.3.2	Respiratory Charcoal Filters (min. 10-units) Expiration Date:_____	_____
1.3.3	Local Mask use sheets for Scott A Respirators RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 10-copies)	_____
1.3.4	Shaving kit with razor, blades, shaving cream, beard trimmer, and two (2) AA batteries.	_____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

2.0 Communications Equipment

2.1 Portable radios (min. 2 units) _____

2.1.1 Verify portable radios are on charge and that status lights are illuminated. _____

2.1.2 Perform Radio Check with Security _____

2.2 Telephone Checks

2.2.1 NRC Emergency Notification System (ENS).
Call (301) 816-5100, tell party "This is Ginna Station TSC Communications check". Request a return call to verify check. _____

2.2.2 New York State Hotline - (RECS) Monthly Test.

2.2.2.1 Pick up handset and depress "A" then "*" for All Call. _____

2.2.2.2 After ten seconds, depress the "Push to talk" bar on the handset and state that "THIS IS A TEST. THIS IS THE GINNA STATION TECHNICAL SUPPORT CENTER CALLING THE STATE AND COUNTY WARNING POINTS. STANDBY FOR ROLL CALL." _____

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

2.2.2.3 Then announce the following roll call: _____

Wayne County Warning Point

Monroe County Warning Point

New York State Warning Point

2.2.2.4 Recall warning points, if necessary, until they answer roll call. _____

2.2.2.5 At the completion of the test, state "THIS IS THE END OF THE TEST." Depress "A" then "#". Report problems to Onsite Emergency Planner. _____

NOTE: SHOULD ANY OF THE NRC EMERGENCY TELEPHONES BE INOPERABLE, INITIATE A MAINTENANCE WORK REQUEST TO HAVE THE PHONE REPAIRED AND NOTIFY THE NRC OPERATIONS CENTER AT (301) 951-0550.

2.2.3 From any FTS-2000 telephone system, call the other extensions and verify satisfactory communication. _____

TSC Phone Locations:

Emergency Notification System (ENS)
716-771-6783 _____

Administration Area

- Health Physics Network (HPN)
  716-771-6784 _____

Technical Assessment Area

- Reactor Safety Counterpart Link (RSCL)
  716-724-8695 _____

Dose Assessment Area

- Protective Measures Counterpart
  Link (PMCL) 716-724-8696 _____

NRC Office Phone Locations:

- Reactor Safety Counterpart Link (RSCL)
  716-724-8695 _____

- Health Physics Network (HPN)
  716-771-6784 _____

- Emergency Notification System (ENS)
  716-771-6783 _____

2.3 FAX MACHINES

2.3.1 Test each fax machine by faxing a test message using button on fax machine for RECS notification. _____

3.0 **Survey Meters** Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low Range RM-14 with Pancake Probe or equivalent (min. 2-units) Expiration Date:_____ _____

3.2 Area Radiation Monitor (min. 1-unit)
Expiration Date:_____ _____

4.0 Air Sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

4.1 RADECO "Gooseneck" High Volume Air Sampler (min. 1-unit)
Expiration Date:_____ _____

4.2 AMS - 4 Calibration Due Date: _____ _____

5.0 Computer Checks

5.1. Obtain and perform EPIP 2-6, Section 6.2, Use of MIDAS Computer Program, to determine if computer program is operating properly. _____

5.1.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately and make note of problem on the discrepancy sheet. _____

5.2 Obtain and perform EPIP 2-2, Sections 6.2.2 and 6.2.3. _____

5.2.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately. _____

6.0 Emergency Coordinator Portable Loudspeaker _____

NOTE: CHECK BATTERIES IN JANUARY AND JULY.

6.1 Check operability of unit. _____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN WAREHOUSE AND SECURITY ACCESS CONTROL AREA (GUARDHOUSE)

1.0	**Warehouse Emergency Equipment Locker**	
1.1	Radiation Protection Supplies	
1.1.1	Anti-Contamination Clothing - Sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 10-sets)	_____
1.1.2	Step Off Pads (min. 5-units)	_____
1.1.3	Large Radioactive material plastic bags (1-roll)	_____
1.1.4	Stanchions (min. 3-units)	_____
NOTE:	**REPLACE MASKING TAPE IN JANUARY.**	
1.1.5	Masking Tape (min. 2-rolls)	_____
1.1.6	Radiation Hazard Signs with Inserts	
1.1.6.1	Signs (min. 10-units)	_____
1.1.6.2	"RADIATION AREA" (10)	_____
1.1.6.3	"CONTAMINATED AREA" (10)	_____
1.1.6.4	"RADIOACTIVE MATERIAL AREA" (10)	_____
1.1.7	Radiation Rope (1-roll)	_____
1.1.8	Survey Center Dosimetry Log, EPIP 1-11, Attachment 2 (min. 5-units)	_____
1.2	Self Reading Pocket Dosimeters	
1.2.1	0-1500mr (min. 40-units) Expiration Date:_____	_____
1.2.2	Battery Operated Dosimeter Charger - check operation (min. 1-unit)	_____
1.2.3	AC Operated Dosimeter Charger - check operation (min. 1-unit)	_____

1.3	TLD's	
1.3.1	Thermoluminescent Dosimeters (TLD) - anneal TLD's and check ECF's in January, April, July and October. (min. 40-units)	_____
1.4	Survey Meters - Battery Check, check calibration, date, source check and document using RP-JC-DAILY-SRC-CHKS.	
1.4.1	Low Range RM-14 with Pancake Probe or equivalent (min. 1-unit) Expiration Date:_____	_____
1.4.2	High Range Eberline RO-20 or equivalent (min. 2-units) Expiration Date:_____ Expiration Date:_____	_____
2.0	**Security Access Control Area**	
2.1	Self Reading Pocket Dosimeters	
2.1.1	0-1500 mr (min. 12-units) Expiration Date:_____	_____
2.1.2	Battery operated Dosimeter Charger - check operation (min. 1-unit)	_____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

1.0	Radiation Monitors		
1.1	Survey Meters - Battery check, response check and document on RP-JC-DAILY-SRC-CHCKS.		_____
1.2	RM-14SA or Equivalent (0ne)	Calibration due _____	_____
1.3	XETEX 501A or Equivalent (one)	Calibration due _____	_____
1.4	Air Monitoring System (AMS-4)	Calibration due _____	_____
2.0	Protective Clothing		
2.1	Shoe covers (min. 12-units)		_____
2.2	Surgeon gloves (min. 12-units)		_____
3.0	Consumable Supplies		
3.1	Survey Maps		_____
3.2	Smears (min. 50-units)		_____
3.3	Air Sample Envelopes (min. 5-units)		_____
3.4	Iodine Filters (min. 5-units)		_____
4.0	Radiological Posting		
4.1	Radiation Boundary Rope (min. 1-unit)		_____
4.2	Radiation Hazard Signs (min. 2-units) with the following inserts (min. 2 each): - "Restricted Area" - "Radioactive Material Area" - "Contaminated Area" - "Radiation Area" - "Frisk Hands & Feet to Enter"		_____
4.3	Miscellaneous Signs (non-radiological) (min. 3-units) - "Enter at East (basement) Door"		_____
4.4	Step Off Pad ("Remove Protective Clothing") (min. 2-units)		_____
5.0	Extension Cord (min. 1-unit)		_____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER
(Continued)

6.0	Ginna Technical Specifications (one copy)	_____
7.0	Ginna UFSAR (one copy)	_____
8.0	Rochester, Wayne and RG&E Phone Directories	_____
9.0	Test fax machine by sending fax to TSC fax machine at ext. 3927.	_____
10.0	Ginna P&ID's (one set)	_____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

CELLULAR MOBILE TELEPHONE EQUIPMENT CHECK

NOTE: IT MAY BE NECESSARY TO EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE EFFECTIVELY.

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call..
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

	DISCREPANCIES NOTED		DISCREPANCIES CORRECTED	
Survey Center	Date_____	Initials_____	Date_____	Initials_____
Survey Boxes Survey Center	Date_____	Initials_____	Date_____	Initials_____
Control Room	Date_____	Initials_____	Date_____	Initials_____
Technical Support Center	Date_____	Initials_____	Date_____	Initials_____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

	DISCREPANCIES NOTED		DISCREPANCIES CORRECTED	
Access Control Desk	Date_____	Initials_____	Date_____	Initials_____
Operational Support Center	Date_____	Initials_____	Date_____	Initials_____
Warehouse	Date_____	Initials_____	Date_____	Initials_____
Engineering Support Center	Date_____	Initials_____	Date_____	Initials_____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EQUIPMENT CALIBRATION EXPIRATION NOTIFICATION

LOCATION OF EQUIPMENT	EQUIPMENT/ INSTRUMENT TYPE	S/N	DUE DATE	COMMENTS

FORWARD A COPY OF THIS ATTACHMENT TO THE LEAD TECHNICIAN RP INSTRUMENTS / TLD's.

Technician: _____

Onsite Emergency Planner: _____

Attachment 4

PCN - PROCEDURE CHANGE NOTICE

#23

IP-PRO-2

Rev. 8

Category 1.1

☐ NEW (IP-PRO-5)

☐ PERMANENT CHANGE (IP-PRO-6)

☒ PERIODIC REVIEW (IP-PRO-8)

☐ DELETION (IP-PRO-6)

PCN No: 2001-1447

Procedure No. EPIP 2-9 Rev. No. 3

☐ Hold Effective Date for Plant Installation/Modification

Initiator: J. WILLOUGHBY Initiation Date: 09/24/01

CHANGE:

REASON: *(Include any ACTION Reports, DCRs, PCRs, TSRs, etc., or any procedure(s) superseded by this procedure)*

PERIODIC REVIEW. NO CHANGES.

RM REVIEW - IMPACT ON USERS

☐ Yes ☑ No Training required prior to use?

☐ Yes ☑ No TWR Required TWR No. _____

☐ Yes ☑ No Notify Procedure Users Who: _____ How: _____

Responsible Manager: [signature]

ADDITIONAL REVIEWERS	SIGNATURE	DATE	COMMENTS
F. CORDARO			☐ No Comments ☐ Comments Resolved
K. GOULD			☐ No Comments ☐ Comments Resolved
N. KITROUSKI			☐ No Comments ☐ Comments Resolved
			☐ No Comments ☐ Comments Resolved

NUCLEAR SAFETY / TECHNICAL REVIEW

☐ Inconsequential (Type): _____ Portion of Change: _____

☑ Acceptable Change (Basis): no changes.

NST Signature/Date: [signature] 10/8/01 PORC Review Required ☐ (Mtg #) _____

no change

10 CFR 50.59 REVIEW *(Check Only 1 Box)*

☐ N/A - 10CFR50.59 Not Applicable (No Change): ____

☐ N/A - 10CFR50.59 Not Applicable to Procedure Series

RM or 50.59(s): _____ Date: _____

☑ N/A - 10 CFR 50.59 Not Applicable (Process #): 1.4

Prepared By (50.59(s)): [signature] Date: 10/8/01

Reviewed By (50.59(s)): _____ Date: _____

☐ _____ 50.59SCRN#

_____ 50.59EVAL #

Comments: _____

PS Review: [signature] Effective Date: 11/02/01