



Duke Energy

Oconee Nuclear Station
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W. R. McCollum, Jr.
Vice President

December 20, 2001

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

Subject: Oconee Nuclear Station
Docket Nos. 50-269, -270, -287
Emergency Plan Implementing Procedures Manual
Volume C Revision 2001-12

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2001-12 December 2001.

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

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

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

Very truly yours,



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

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

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

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

AD45

December 20, 2001

OCONEE NUCLEAR SITE
INTRASITE LETTER

SUBJECT: Emergency Plan Implementing Procedures
Volume C, Revision 2001-12

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

REMOVE

Cover Sheet - Rev. 2001-11
Table of Contents, Page 1 & 2
RP/0/B/1000/015A - 10/22/01
RP/0/B/1000/015B - 12/10/98
RP/0/B/1000/015C - 12/10/98
RP/0/B/1000/019 - 06/05/01
RP/0/B/1000/020 - 05/31/00
Training Division Emergency
Response Guide DTG-007 - 02/15/01

ADD

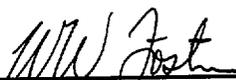
Cover Sheet Rev. 2001-12
Table of Contents, Page 1 & 2
RP/0/B/1000/015A - 12/11/01
RP/0/B/1000/015B - 12/11/01
RP/0/B/1000/015C - 12/11/01
RP/0/B/1000/019 - 12/05/01
RP/0/B/1000/020 - 12/05/01
Training Division Emergency
Response Guide DTG-007 - 12/17/01

DUKE POWER

EMERGENCY PLAN IMPLEMENTING PROCEDURES VOLUME C



APPROVED:



W. W. Foster, Manager
Safety Assurance

12/20/2001

Date Approved

12/20/2001

Effective Date

VOLUME C
REVISION 2001-12
DECEMBER, 2001

VOLUME C
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HP/0/B/1009/018	Off-Site Dose Projections	05/19/00
HP/0/B/1009/020	Estimating Food Chain Doses Under Post Accident Conditions	10/09/98
HP/0/B/1009/021	Source Term Assessment Of A Gaseous Release From Non-Routine Release Points	12/01/97
HP/0/B/1009/022	On Shift Off-Site Dose Projections	10/08/01
RP/0/B/1000/001	Emergency Classification	05/14/01
RP/0/B/1000/002	Control Room Emergency Coordinator Procedure	11/05/01
RP/0/B/1000/003 A	ERDS Operation	12/03/98
RP/0/B/1000/007	Security Event	11/05/01
RP/0/B/1000/009	Procedure For Site Assembly	11/15/01
RP/0/B/1000/010	Procedure For Emergency Evacuation/Relocation Of Site Personnel	04/24/01
RP/0/B/1000/015 A	Offsite Communications From The Control Room	12/11/01
RP/0/B/1000/015 B	Offsite Communications From The Technical Support Center	12/11/01
RP/0/B/1000/015 C	Offsite Communications From The Emergency Operations Facility	12/11/01
RP/0/B/1000/016	Medical Response	01/30/01
RP/0/B/1000/017	Spill Response	11/30/00
RP/0/B/1000/018	Core Damage Assessment	09/30/97
RP/0/B/1000/019	Technical Support Center Emergency Coordinator Procedure	12/05/01
RP/0/B/1000/020	Emergency Operations Facility Director Procedure	12/05/01
RP/0/B/1000/021	Operations Interface (EOF)	04/30/01
RP/0/B/1000/022	Procedure For Site Fire Damage Assessment And Repair	09/18/01
RP/0/B/1000/024	Protective Action Recommendations	11/10/99
RP/0/B/1000/028	Communications & Community Relations World Of Energy Emergency Response Plan	02/17/97

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RP/0/B/1000/031	Joint Information Center Emergency Response Plan	06/12/00
SR/0/B/2000/001	Standard Procedure For Public Affairs Response To The Emergency Operations Facility	03/23/00
Business Management	Business Management Emergency Plan	03/21/01
SSG Functional Area Directive 102	SSG Emergency Response Plan – ONS Specific	03/01/01
NSC – 110	Nuclear Supply Chain – SCO Emergency Response Plan	04/02/01
Engineering Directive 5.1	Engineering Emergency Response Plan	09/12/01
Human Resources Procedure	ONS Human Resources Emergency Plan	04/26/00
Radiation Protection Manual Section 11.3	Off-Site Dose Assessment And Data Evaluation	04/06/99
Radiation Protection Manual Section 11.7	Environmental Monitoring For Emergency Conditions	11/26/01
Safety Assurance Directive 6.1	Safety Assurance Emergency Response Organization	11/28/94
Safety Assurance Directive 6.2	Emergency Contingency Plan	03/27/00
Training Division	Training Division Emergency Response Guide DTG-007	12/17/01

Revision 2001-12
December, 2001

NSD 703 (P04-01)
INFORMATION ONLY

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/015A

Revision No. 006

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Off-Site Communications From The Control Room

(4) Prepared By Donice Kelley (Signature) Donice Kelley Date 12/10/01

- (5) Requires NSD 228 Applicability Determination?
- Yes (New procedure or revision with major changes)
 - No (Revision with minor changes)
 - No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 12/10/01

Cross-Disciplinary Review By _____ (QR)NA RAW Date 12/10/01

Reactivity Mgmt Review By _____ (QR)NA RAW Date 12/10/01

Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

- (7) Additional Reviews
- Reviewed By _____ Date _____
- Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By M. Q. Stone Date 12-11-01

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

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

Verified By _____ Date _____

Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

**Duke Power Company
Oconee Nuclear Station**

Offsite Communications From The Control Room

Reference Use

Procedure No.

RP/0/B/1000/015A

Revision No.

006

Electronic Reference No.

OX002WP7

Offsite Communications From The Control Room

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

1. Symptoms

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

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

2. Immediate Actions

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

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

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

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

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

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

Do **NOT** use acronyms.

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

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

3. Subsequent Actions

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

- 3.2 **IAAT** The Emergency Event Classification is being **UPGRADED**,
 THEN Complete an Emergency Notification Form using the correct Enclosure.
- 3.2.1 If a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Completion of General Emergency Event).
- 3.2.2 If a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guideline for Completion of Site Area Emergency Event).
- 3.2.3 If an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Completion of Alert Event.).

- 3.3 **IAAT** A **FOLLOW-UP** notification is required for an emergency event,
 THEN **GO TO** Enclosure 4.5 (Guidelines for Completion of Follow-Up Message).

- 3.4 **IAAT** A **TERMINATION** notification is required for an event,
 THEN **GO TO** Enclosure 4.6 (Guidelines for Termination of an Event).

- 3.5 **IAAT** The TSC Offsite Communicator is available, and additional notifications are not immediately required,
 THEN Conduct turnover with the TSC Offsite Communicator.
- 3.5.1 Prepare for turnover with TSC Offsite Communicator by completing Enclosure 4.9 (Turnover Checklist).
- 3.5.2 Provide completed Emergency Notification Forms to the TSC Offsite Communicator.
- 3.5.3 Review Enclosure 4.9 (Turnover Checklist), with the TSC Offsite Communicator.
 - A. Provide completed turnover sheet to TSC Offsite Communicator.
- 3.5.4 Provide the portable phone to the TSC Offsite Communicator.
- 3.5.5 Report to the OSM/EC once turnover is completed.
 - A. Provide this completed procedure to the OSM/EC.

4. Enclosures

- 4.1 Guidelines for Completion of General Emergency Event
 - 4.1.A Page 1 of Emergency Notification Form
 - 4.1.B Page 2 of Emergency Notification Form

- 4.2 Guidelines for Completion of Site Area Emergency Event
 - 4.2.A Page 1 of Emergency Notification Form
 - 4.2.B Page 2 of Emergency Notification Form

- 4.3 Guidelines for Completion of Alert Event
 - 4.3.A Page 1 of Emergency Notification Form
 - 4.3.B Page 2 of Emergency Notification Form

- 4.4 Guidelines for Completion of Unusual Event
 - 4.4.A Page 1 of Emergency Notification Form
 - 4.4.B Page 2 of Emergency Notification Form

- 4.5 Guidelines for Completion of Follow-Up Message
 - 4.5.A Page 1 of Emergency Notification Form
 - 4.5.B Page 2 of Emergency Notification Form

- 4.6 Guidelines for Termination of an Event
 - 4.6.A Page 1 of Emergency Notification Form
 - 4.6.B Page 2 of Emergency Notification Form

- 4.7 Copy/FAX Operation

- 4.8 Alternate Method and Sequence to Contact Agencies

- 4.9 Turnover Checklist

- 4.10 Response to Offsite Agency Questions

- 4.11 Acronym Listing

**Guidelines for Completion of
GENERAL EMERGENCY EVENT**

USE ENCLOSURE 4.1.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name

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

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

- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.

- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs (Note: review Sorento RIA Monitor Screen to display this information):

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

- A release of radioactive materials has occurred, Mark D.
- Line 15 Include any additional information as required by the OSM under **D (Other)**.
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist, then write *"Move residents living downstream of the Keowee Hydro dams to higher ground"* under the Oconee/Pickens county and sectors area. Also **Mark D (Other)** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

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

**Guidelines for Completion of
GENERAL EMERGENCY EVENT**

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

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

- Oconee County Law Enforcement Center (LEC)
- Pickens County Law Enforcement Center (LEC)
- State Warning Point Emergency Preparedness Division (EPD)

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

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

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

GO TO Subsequent Actions, Step 3.1.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

ESTIMATED DURATION: _____ HRS.

2 MILES _____
5 MILES _____
10 MILES _____

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

A NO RECOMMENDED PROTECTIVE ACTIONS

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

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

D OTHER _____

APPROVED BY: _____ (Name)

Emergency
Coordinator

(Title)

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

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

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

**Guidelines for Completion of
SITE AREA EMERGENCY**

USE ENCLOSURE 4.2.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name

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

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

Line 9 REACTOR STATUS
If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.

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

Line 10 EMERGENCY RELEASES:
The OSM/EC will provide information to complete this line

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

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

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

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

Line 15

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

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

**Guidelines for Completion of
SITE AREA EMERGENCY**

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

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

Oconee County Law Enforcement Center (LEC)
 Pickens County Law Enforcement Center (LEC)
 State Warning Point Emergency Preparedness Division (EPD)

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

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

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

GO TO Subsequent Actions, Step 3.1.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE Thyroid CDE
mrem mrem **NOT AVAILABLE**

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
2 MILES _____
5 MILES _____
10 MILES _____

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

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

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

Enclosure 4.3
Guidelines for Completion of
ALERT

USE ENCLOSURE 4.3.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name
- Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **ALERT** exists.
- Line 7 EMERGENCY DESCRIPTION/REMARKS: Use Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the OSM/EC.
- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.

- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs (Note: review Sorento RIA Monitor Screen to display this information):

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

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

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

**Guidelines for Completion of
ALERT**

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

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

Oconee County Law Enforcement Center (LEC)
 Pickens County Law Enforcement Center (LEC)
 State Warning Point Emergency Preparedness Division (EPD)

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

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

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

GO TO Subsequent Actions, Step 3.1.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

STABILITY CLASS _____ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE _____

SHELTER IN-PLACE _____

OTHER _____

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

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

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

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

Enclosure 4.4
Guidelines for Completion of
UNUSUAL EVENT

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

USE ENCLOSURE 4.4.A TO COMPLETE THE EMERGENCY NOTIFICATION FORM

- Line 1 Mark "DRILL" or "ACTUAL"
- MESSAGE NUMBER, sequential numbering is required.
- Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
 - Reported By: Write your name

Line 6 EMERGENCY DECLARED AT - Time/Date the OSM/EC determines an **UNUSUAL EVENT** exists.

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

- Line 9 REACTOR STATUS
- If ALL is marked in Line 2 include the Shutdown Time/Date OR % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
 - If the reactor(s) is/are still at power, Mark B, include the power level.

- Line 10 EMERGENCY RELEASES:
- The OSM/EC will provide information to complete this line.**
- No releases are occurring, Mark A.
 - The potential for a release of radioactive materials exists, Mark B.
 - A release of radioactive materials is in progress, Mark C.
- An airborne release is considered to be in progress if ANY of the following occurs
(Note: review Sorento RIA Monitor Screen to display this information):

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

- A release of radioactive materials has occurred, Mark D.
- Line 16 **APPROVED BY:** OSM/EC signature time & date of approval.

**Guidelines for Completion of
UNUSUAL EVENT**

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

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

- Oconee County Law Enforcement Center (LEC)
- Pickens County Law Enforcement Center (LEC)
- State Warning Point Emergency Preparedness Division (EPD)

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

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

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

GO TO Subsequent Actions, Step 3.1.

EMERGENCY NOTIFICATION

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

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

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

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

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

STABILITY CLASS _____ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE _____

SHELTER IN-PLACE _____

OTHER _____

APPROVED BY: _____ (Name)

Emergency
Coordinator
(Title)

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

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

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

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

USE A BLANK EMERGENCY NOTIFICATION FORM.

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

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

Line 10 EMERGENCY RELEASES:

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

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

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

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

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

Lines 11 - 13

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

- Mark GROUND LEVEL

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

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

Line 14 Obtain Meteorological data from RP Shift Dose Assessor.

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

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

Enclosure 4.5
Guidelines for Completion of
FOLLOW-UP Message

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

INSTRUCTIONS FOR TRANSMITTING A FOLLOW-UP NOTICE

- Record Line 3 Transmittal Time/Date**

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

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

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

- Use Selective Signaling by dialing 410 to provide the follow-up message to Pickens County LEC.**
- Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.**
- GO TO Subsequent Actions, Step 3.1.**

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

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

ESTIMATED DURATION: _____ HRS.

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

15. RECOMMENDED PROTECTIVE ACTIONS

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

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

Enclosure 4.6
Guidelines for TERMINATION
of an Event

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

USE A BLANK EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL"

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

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

Lines 3 - 5 Leave Blank

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

Lines 7 - 15 Leave Blank

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

INSTRUCTIONS FOR TRANSMITTING A TERMINATION NOTICE

- Record Line 3 Transmittal Time/Date**

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

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

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

- Use Selective Signaling by dialing 410 to provide the termination notification to Pickens County LEC.
- Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.
- GO TO Subsequent Actions Step 3.1.**

EMERGENCY NOTIFICATION

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

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

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

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

5. EMERGENCY CLASSIFICATION:
 NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

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

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

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

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

15. RECOMMENDED PROTECTIVE ACTIONS
 NO RECOMMENDED PROTECTIVE ACTIONS
 EVACUATE _____
 SHELTER IN-PLACE _____
 OTHER _____

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

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

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" red triangle button is used to cancel sending, receiving, registering data or cancel any other operation.

- 1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:
- A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.
 - B. Press the blue **COPY** button
 - C. Press the green **START/SCAN** button

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

- 1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:
- A. Insert copy **face down** (top end first). Adjust document guide if needed
 - B. Determine which **Speed Dial Code number** to use
 - C. Press the **Speed Dial Code number** (button located in center of telephone key pad area of control panel)
 - D. Press the green **START/SCAN** button

COPY/FAX Operation

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

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

**ALTERNATE METHOD AND SEQUENCE
TO CONTACT AGENCIES**

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

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

Adjust volume control knob to a high setting.

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

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

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

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

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

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

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

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

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

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

End radio transmission using Call Letters WQC699.

Enclosure 4.9
Turnover Checklist

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

Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

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

Communications Problems Experienced: _____

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

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

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

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

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

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

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

Enclosure 4.11
ACRONYM LISTING

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

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

INFORMATION ONLY

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/015B

Revision No. 003

PREPARATION

- (2) Station OCONEE NUCLEAR STATION
- (3) Procedure Title Off-Site Communications From The Technical Support Center
- (4) Prepared By Donice Kelley (Signature) Donice Kelley Date 12/10/01
- (5) Requires NSD 228 Applicability Determination?
 Yes (New procedure or revision with major changes)
 No (Revision with minor changes)
 No (To incorporate previously approved changes)
- (6) Reviewed By Ray Waterman (QR) Date 12/11/01
Cross-Disciplinary Review By _____ (QR) NA RDW Date 12/11/01
Reactivity Mgmt Review By _____ (QR) NA RDW Date 12/11/01
Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____
- (7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____
- (9) Approved By M. L. How Date 12-11-01

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

- (10) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
- (11) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

- (12) Procedure Completion Verification:
 Unit 0 Unit 1 Unit 2 Unit 3 Procedure performed on what unit?
 Yes NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
 Yes NA Required enclosures attached?
 Yes NA Data sheets attached, completed, dated, and signed?
 Yes NA Charts, graphs, etc. attached, dated, identified, and marked?
 Yes NA Procedure requirements met?
- Verified By _____ Date _____
Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

<p>Duke Power Company Oconee Nuclear Station</p> <p>Offsite Communications From The Technical Support Center</p> <p>Reference Use</p>	Procedure No. RP/0/B/1000/015B
	Revision No. 003
	Electronic Reference No. OX0091S2

Offsite Communications From The Technical Support Center

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

1. Symptoms

- 1.1 Events are in progress or have occurred which require activation of the Technical Support Center and notification of offsite agencies.

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

2. Immediate Actions

- 2.1 Sign in on board.
- 2.2 Obtain the following items from the Emergency Procedures Cart.
- _____ Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
 - _____ Emergency Action Level Guideline Manual
 - _____ RP/0/B/1000/009 (Procedure for Site Assembly Accountability)
 - _____ RP/0/B/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel)
 - _____ RP/0/B/1000/017 (Spill Response)
- 2.3 Acquire and maintain the Emergency Drill/Event Time Log.

- 2.4 Contact the Control Room Offsite Communicator
- Assist as needed with completing the next message to offsite agencies
 - Obtain, review, and distribute the last completed Emergency Notification Form to:
 - _____ TSC Emergency Coordinator
 - _____ Operations Superintendent
 - _____ Engineering Manager
 - _____ Emergency Planner
 - _____ NRC Communicator
 - _____ NRC Inspector(s).
 - Prepare and receive turnover by completing Enclosure 4.11 (Turnover Checklist)
- 2.5 Report to the TSC Emergency Coordinator that turnover has been completed.

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

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

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

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

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

Do **NOT** use acronyms.

- 2.6 Review plant conditions with the TSC Emergency Coordinator and complete an Emergency Notification Form as applicable.

NOTE: The first message sheet in any classification is an **INITIAL** notification. The very first message for any drill/emergency will be numbered one (1). **ALL** other messages will be sequentially numbered until the event is terminated. **VERIFY correct Enclosure is being used.**

- 2.6.1 If an **UNUSUAL EVENT** initial exists, complete Enclosure 4.1.
- 2.6.2 If an **ALERT** initial or upgrade exists, complete Enclosure 4.2.
- 2.6.3 If a **SITE AREA EMERGENCY** initial or upgrade exists, complete Enclosure 4.3.
- 2.6.4 If a **GENERAL EMERGENCY** initial or upgrade exists, complete Enclosure 4.4.

NOTE: If changes in Protective Action Recommendations are made, complete an Emergency Notification form using the guidance in Enclosure 4.5 "Guidelines for Completion of Follow-up Message."

- 2.6.5 If a **FOLLOW-UP** notification is required complete Enclosure 4.5.
- 2.6.6 If a **TERMINATION** notification is required complete Enclosure 4.6.

3. Subsequent Actions

- 3.1 **IAAT** An emergency classification is **UPGRADED**, or a **FOLLOW-UP** message is due, or a change in **PROTECTIVE ACTION RECOMMENDATIONS (PARs)** occurs, or an event is **TERMINATED**

THEN Go to **Immediate Actions, Step 2.6** to complete an Emergency Notification Form.

- 3.2 **IAAT** The EOF State/County Offsite Communicator is available, and additional notification is **NOT** immediately required and an upgrade in classification is **NOT** imminent,

THEN Conduct turnover with the **EOF State/County Offsite Communicator**.

- 3.2.1 Prepare for turnover with the EOF State/County Offsite Communicator by updating Enclosure 4.11 (Turnover Checklist) with any new or additional information.
 - 3.2.2 Using Speed Dial 07, fax completed Enclosure 4.11 (Turnover Checklist) to the EOF and review form with the EOF State/County Offsite Communicator.
 - 3.2.3 Report to the TSC Emergency Coordinator that turnover has been completed.
- 3.3 Provide the TSC Emergency Coordinator with a status of offsite notifications:
- 3.3.1 Provide a copy of the completed Emergency Notification Form to all TSC primary positions.
 - 3.3.2 Identify the offsite agencies notified/not notified.
 - 3.3.3 Identify any communications equipment problems.
 - 3.3.4 Identify any offsite agency questions requiring information that was not included on the Emergency Notification Form.
 - A. Record questions on Enclosure 4.12 (Response to Offsite Agency Questions).
 - B. Have TSC Emergency Coordinator approve response by signing and dating it.
 - C. Attach the question and answer sheet to the Emergency Notification Form used when the question was asked and provide to applicable agency/agencies.
 - D. Document the date and time answers were called back and the name of the agency contact receiving the information.
- 3.4 Verify site assembly accountability and record information as required by RP/0/B/1000/009 (Procedure For Site Assembly).
- 3.4.1 Verify OSC Security Liaison has dispatched MERT for missing personnel.
 - 3.4.2 Report site assembly accountability status to the TSC Emergency Coordinator.
- 3.4.3 The TSC Offsite Communicator(s) should complete applicable sections of RP/0/B/1000/17 (Spill Response), as requested by the TSC Emergency Coordinator and with the help of Environmental Management.

- 3.5 Complete applicable sections of RP/0/B/1000/10 (Procedure for Evacuation/Relocation of Site Personnel), as requested by the TSC Emergency Coordinator.
- 3.6 Contact Offsite Agencies for additional resources when requested by the TSC Emergency Coordinator. Use the Emergency Telephone Directory to determine telephone number of agencies.
- 3.7 Retrieve all FAX copies and distribute to applicable TSC personnel.
- 3.8 During back shift and weekends, retrieve the Community Alert Notification (CAN) report. Using Speed Dial 29 fax report to OSC and EOF.
- 3.9 Inform the EOF State/County Offsite Communicator about changes in plant conditions (fires, spills; injuries; etc.) as they occur.
- 3.10 Provide this completed procedure to the TSC Technical Assistant at end of event.

4. Enclosures

- 4.1 Guidelines for Completion of Unusual Event Initial Notification
- 4.2 Guidelines for Completion of Alert Initial or Upgrade Event
- 4.3 Guidelines for Completion of Site Area Emergency Initial or Upgrade Event
- 4.4 Guidelines for Completion of a General Emergency Notification
- 4.5 Guidelines for Completion of Follow-up Message
- 4.6 Guidelines for Completion of a Termination Message
- 4.7 Guidelines for Transmitting an Initial or Upgrade Message
- 4.8 Guidelines for Transmitting a Follow-up or Termination Message
- 4.9 Copy/FAX Operation
- 4.10 Alternate Method and Sequence to Contact Offsite Agencies
- 4.11 Turnover Checklist
- 4.12 Response to Offsite Agency Questions
- 4.13 Acronym Listing

**Guidelines for Completion of
UNUSUAL EVENT**

1. COMPLETE ENCLOSURE 4.1.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**
REPORTED BY: Enter the Offsite Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines an Unusual Event exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**
If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

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

Line 14 METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE Thyroid CDE
mrem mrem
SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____
NOT AVAILABLE
ESTIMATED DURATION: _____ HRS.

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

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

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

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

EMERGENCY NOTIFICATION

RP/15B Enclosure 4.1.B

Page 1 of 1

GOVERNMENT AGENCIES NOTIFIED

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

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

Enclosure 4.2
Guidelines for completion of
ALERT

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

1. COMPLETE ENCLOSURE 4.2.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**
REPORTED BY: Enter the Offsite Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted
--

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines if an Alert exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**
If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with TSC Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

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

Line 14 METEOROLOGICAL DATA: Include this information if available from TSC Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 882-7076

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

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____

B IODINES _____

C PARTICULATES _____

D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: _____

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

15. RECOMMENDED PROTECTIVE ACTIONS

A NO RECOMMENDED PROTECTIVE ACTIONS

B EVACUATE _____

C SHELTER IN-PLACE _____

D OTHER _____

APPROVED BY: _____ (Name)

Emergency
Coordinator
(Title)

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

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

** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

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

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

**Guidelines for Completion of
SITE AREA EMERGENCY**

□ 1. COMPLETE ENCLOSURE 4.3.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

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

REPORTED BY: Enter the Offsite Communicator's name.

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines a Site Area Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**

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

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

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

Line 14 METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 15

- Mark A unless a Keowee Hydro Dam/Dike condition exists.
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exist **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

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

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

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

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

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

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

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

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

RELEASE MAGNITUDE CURIES PER SEC CURIES NORMAL OPERATING LIMITS BELOW ABOVE

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE Thyroid CDE
mrem mrem

NOT AVAILABLE

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.

2 MILES _____
5 MILES _____
10 MILES _____

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

A NO RECOMMENDED PROTECTIVE ACTIONS

B EVACUATE _____

C SHELTER IN-PLACE _____

D OTHER _____

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

**Guidelines for Completion of
GENERAL EMERGENCY**

□ 1. COMPLETE ENCLOSURE 4.4.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

line 2 UNIT:

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

REPORTED BY: Enter the Offsite Communicator's name

NOTE: Lines 3 and 4 are completed when message is transmitted.

Line 6 **EMERGENCY DECLARED AT: Time/Date the TSC Emergency Coordinator determines a General Emergency exists.**

Line 7 **EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.**

Line 9 **REACTOR STATUS: Verify status with Operations Support.
If ALL is marked in Line 2 include the shutdown time/date or % Power for all three units.**

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

Line 10 **EMERGENCY RELEASES: Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

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

Line 14 **METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.**

Line 15

- Mark B and C as directed by the Emergency Coordinator and obtain sectors from TSC Dose Assessment Liaison.
- If a Keowee Hydro Dam/Dike Condition 'A' **DOES** exist, **Mark B** and write "*Move residents living downstream of the Keowee Hydro Project dams to higher ground.*" Also **Mark D** and write "*Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*"

Line 16 **APPROVED BY: TSC Emergency Coordinator signature time & date of approval.**

□ 2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

1. A THIS IS A DRILL B ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____
TE: Oconee UNIT: _____ REPORTED BY: _____

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

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: A IMPROVING B STABLE D DEGRADING

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

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

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

**12. RELEASE MAGNITUDE CURIES PER SEC. CURIES NORMAL OPERATING LIMITS BELOW ABOVE
 A NOBLE GASES _____ B IODINES _____
 C PARTICULATES _____ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: _____ (EASTERN)
TEDE Thyroid CDE **NOT** **AVAILABLE**
mrem mrem ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

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

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

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

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

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

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

1. COMPLETE A BLANK EMERGENCY NOTIFICATION FORM.

Line 1 Mark "DRILL" or "ACTUAL".

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

Line 2 UNIT:

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

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

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

Line 7 EMERGENCY DESCRIPTION/REMARKS: Add any new information at the beginning of the line as directed by the TSC Emergency Coordinator, and then repeat the same EAL from the previous message sheet.

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

Line 8. Verify Plant Conditions with Operations Support.

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

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

Line 9 REACTOR STATUS

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

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

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

Lines 10 - 13 Emergency Release(s) - Obtain information from Dose Assessor/OSC
Chemistry

- **Line 10 – A (NONE)** – If a release is not occurring or has not occurred, Mark A and write “**Not Required**” on lines 11-13
- **Line 10 – B (POTENTIAL)** – If there is a potential for a release, Mark B and write “**Not Required**” on lines 11-13
- **Line 10 – C (IS OCCURRING)** – If an unplanned airborne or liquid release is occurring AND release information is not available, Mark C and write “**Not Available**” on lines 11-13. If information is available, go to the next step.
- **Line 10 – C (IS OCCURRING)** – If an unplanned airborne or liquid release is occurring AND release information is available, Mark C and complete lines 11-13 as follows:
 - Line 11 – Mark **Ground Level** and Mark **A** for **Airborne** OR Mark **B** for **Liquid** and include **release start time/date**
 - Line 12 – Mark **Curies Per Sec** if Airborne OR Mark **Curies** if **Liquid**
 - Line 12 – If release is Below Normal Operating Limits, Mark **Below** and write “**Not Required**” across remainder of lines 12-13
 - Line 12 – If release is Above Normal Operating Limits, Mark **Above** and include information as given by Dose Assessor/OSC Chemistry on remainder of line 12
 - Line 13 – Include information as given by Dose Assessor/OSC Chemistry for all releases Above Normal Operating Limits
- **Line 10 – D (HAS OCCURRED)** – If an unplanned airborne or liquid release has occurred, Mark **D** and follow the guidance above as applicable under “**Is Occurring**” to complete lines 11-13.

Line 14 - **METEOROLOGICAL DATA:** Include this information as given from Dose Assessor and Mark boxes A, B, C, and D.

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

Line 15

- If the TSC Emergency Coordinator has **NOT** changed the Recommended Protective Actions, repeat the same Recommended Protective Actions from the previous message sheet.
- If Protective Actions Recommendations have changed **Mark B and Mark C** and obtain sectors from TSC Dose Assessor.
- If a Keowee Hydro Dam/dike condition "A" exists, **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

2. **GO TO Enclosure 4.8 (Guidelines for Transmitting a Follow-up or Termination Message)**

EMERGENCY NOTIFICATION

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

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

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

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

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

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

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

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

**Guidelines for Completion of a
TERMINATION Message**

1. Use a blank Emergency Notification Form.

Line 1 Mark "DRILL" or "ACTUAL"

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

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

Reported by: Write your name.

Lines 3 - 5 Leave Blank

Line 6 Mark B (Termination At) and include the Termination time provided by the TSC Emergency Coordinator.

Lines 7 - 15 Leave Blank

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

2. GO TO Enclosure 4.8 (Guidelines for Transmitting a Follow-up or Termination Message).

EMERGENCY NOTIFICATION

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

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

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

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

5. EMERGENCY CLASSIFICATION:
 NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

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

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

15. RECOMMENDED PROTECTIVE ACTIONS
 NO RECOMMENDED PROTECTIVE ACTIONS
 EVACUATE _____
 SHELTER IN-PLACE _____
 OTHER _____

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

Guidelines for Transmitting an Initial or Upgrade Message

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- Copy Emergency Notification Form. Enclosure 4.9 (Copy/FAX Operation) is available for reference.
- Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies. Determine from the Emergency Coordinator or Turnover Checklist (Enclosure 4.11) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 17. If they have **NOT** been activated, use Speed Dial 14.
- Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.10 (Alternate Method and Sequence to Contact Offsite Agencies).
- Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- Do **NOT RECORD** names of responding individuals at this time.
- Check off the State and County agencies as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

- Oconee County Law Enforcement Center (LEC) **OR** Oconee County EPD
- Pickens County Law Enforcement Center (LEC) **OR** Pickens County EPD
- State Warning Point Emergency Preparedness Division (EPD) **OR** State EOC

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

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

- If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions **unrelated** to the message sheet on Enclosure 4.12 (Response To Offsite Agency Questions).
- Record Name of individual receiving notification on Emergency Notification Form.
- Inform agencies that additional information will be provided as it becomes available.
- If informed that a Condition "A" or "B" for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- GO TO Subsequent Actions, Step 3.1.**

**Guidelines for Transmitting a Follow-Up or
Termination Message****INSTRUCTIONS FOR TRANSMITTING THE MESSAGE USING FAX**

- Record Line 3 Transmittal Time/Date

NOTE: Enclosure 4.9 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.10 (Alternate Method and Sequence to Contact Agencies).

- Copy the Emergency Notification Form

NOTE: Determine from the Emergency Coordinator or Turnover Checklist (Enclosure 4.11) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 17. If they have **NOT** been activated, use Speed Dial 14.

- Fax the copy to offsite agencies.

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

- During off-hours use Selective Signaling by dialing 410 to provide the follow-up message to Pickens County LEC.
- Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.
- GO TO Subsequent Actions, Step 3.1.**

Enclosure 4.9
COPY/FAX OPERATION

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

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

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" red triangle button is used to cancel sending, receiving, registering data or cancel any other operation.

- 1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:
- A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.
 - B. Press the blue **COPY** button
 - C. Press the green **START/SCAN** button

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

- 1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:
- A. Insert copy **face down** (top end first). Adjust document guide if needed
 - B. Determine which **Speed Dial Code number** to use
 - C. Press the **Speed Dial Code number** (button located in center of telephone key pad are of control panel)
 - D. Press the green **START/SCAN** button

COPY/FAX OPERATION

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

Speed Dial Code	Agency/Location Sent To
01	NRC
02	Pickens County EPD
03	Oconee County EPD
04	SC State Warning Point
05	State Emergency Operations Center
06	DHEC-BSHWM
07	EOF
08	OSC
09	World Of Energy
10	Alternate TSC
11	Oconee Complex
12	Site Services Group & Nuclear Supply Chain
13	EOF Joint Information Center
14	Dial Group: Pickens County EPD Oconee County EPD SC State Warning Point Oconee County LEC EOF World Of Energy GO JIC
15	Dial Group: Pickens County EPD Oconee County EPD
16	Forward Emergency Operations Center
17	Dial Group: Pickens County EPD Oconee County EPD SEOC EOF World Of Energy GO JIC
18	Oconee County LEC
19	Safety Assurance
20	GO Joint Information Center
21	Security
25	National Weather Service
26	Georgia Emergency Management Agency
27	Dial Group: National Weather Service & Georgia Emergency Management Agency
29	Dial Group: EOF OSC
30	ONS SRG/RC/EC
31	Dial Group: OSC Security

**Alternate Method and Sequence to Contact
Offsite Agencies**

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

□ 1. Contact agencies using the following alternate methods in the sequence specified below.

- 1.1 Rolm Phone System (direct outside line).
- 1.2 Portable Phone System (direct outside line)
- 1.3 Offsite Base Radio from the Control Room:
 - 1.3.1 Push SEL on WQC699 frequency panel.
 - 1.3.2 Adjust volume control knob to a high setting.
 - 1.3.3 Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

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

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

- 1.3.4 Press MONITOR button to determine if the selected frequency is in use.
- 1.3.5 Depress FOOT PEDAL or XMIT button AND keep engaged while talking.
- 1.3.6 Call the offsite agency being contacted by using applicable identifier. FOR EXAMPLE - "Oconee Control Room to Oconee LEC."

Oconee County LEC	Oconee LEC
Pickens County LEC	Pickens LEC
Pickens County EPD	Pickens EOC
U 1&2 Control Room	Oconee Control Room
- 1.3.7 Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.
- 1.3.8 Record Time/Call letters of agency(ies) receiving notification on back of the Emergency Notification Form.

Oconee County LEC	KNBE-488
Pickens County LEC	KNBZ-965
Pickens County EPD	KNBE-480
- 1.3.9 End radio transmission using Call Letters WQC699.

□ 2. GO TO Subsequent Actions, Step 3.1

Enclosure 4.11
Turnover Checklist

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

Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

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

Communications Problems Experienced: _____

Site Evacuation: Yes _____ No _____

Time Evacuation Initiated _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

Site Relocation: Yes _____ No _____

Assembly Location _____

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

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

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER TSC EMERGENCY COORDINATOR ANSWER: _____

Approved by Emergency Coordinator: _____

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

Enclosure 4.13
ACRONYM LISTING

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

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

INFORMATION ONLY

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/015C
Revision No. 003

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Off-Site Communications From The Emergency Operations Facility

(4) Prepared By Prepared By: Donice Kelley (Signature) Donice Kelley Date 12/11/01

(5) Requires NSD 228 Applicability Determination?
 Yes (New procedure or revision with major changes)
 No (Revision with minor changes)
 No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 12/11/01
Cross-Disciplinary Review By _____ (QR) NA RAW Date 12/11/01
Reactivity Mgmt Review By _____ (QR) NA RAW Date 12/11/01
Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

(7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____
Temporary Approval (if necessary)
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____

(9) Approved By M. Q. Horn Date 12-11-01

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

(10) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

**Duke Power Company
Oconee Nuclear Station**

**Offsite Communications From The
Emergency Operations Facility**

Reference Use

Procedure No.

RP/0/B/1000/015 C

Revision No.

003

Electronic Reference No.

OX0091SC

Offsite Communications from the Emergency Operations Facility

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

1. Symptoms

- 1.1 Events are in progress or have occurred which require activation of the Emergency Operations Facility and notification of offsite agencies.

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

2. Immediate Actions

- NOTE:**
- **UPGRADE** notifications **MUST** be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time. (This time is entered on Line 6 of the Emergency Notification Form.)
 - **PROTECTIVE ACTION RECOMMENDATION** changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the EOF Director/Radiological Assessment Manager.
 - **FOLLOW-UP** notifications are required at least every **sixty (60) minutes** for an **Alert, Site Area Emergency, or General Emergency Classification**. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition 'A' or 'B' for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies. A Follow-Up notification is not required for an Unusual Event unless requested.
 - **FOLLOW-UP** Notifications - Do not delay sending a Follow-up notification if all information is not available.
 - Do **NOT** use Acronyms

- 2.1 Go to Enclosure 4.1 (EOF Data Collector Response) if you are the **EOF Data Collector**.
- 2.2 Go to Enclosure 5.1 (EOF State/County Communicator Response) if you are the **EOF State/County Communicator**.

2.3 If you are the **EOF COMMUNICATIONS MANAGER**, perform the following actions.

- 2.3.1 Obtain the following items from the Emergency Procedures Cart.
 - _____ A. Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
- 2.3.2 Verify adequate staffing has been met by ensuring that the State/County Communicator and Data Collector are in place.
 - _____ A. If the Data Collector is **NOT** available, then go to Step 2.1 and perform his/her responsibilities.
- 2.3.3 Acquire and maintain the Emergency Drill/Event Time Log.
- 2.3.4 Review available Emergency Notification Form(s) from the TSC and determine time next message is due.
- 2.3.5 Distribute copies of the last Emergency Notification Form as follows:
 - _____ EOF Director
 - _____ Emergency Planner
 - _____ Data Collector
 - _____ Ops Interface Manager
 - _____ Radiological Assessment Manager
 - _____ State/County Communicator
 - _____ Post one copy on window
 - _____ 3 copies in bin on wall
 - _____ NRC Inspector(s) as applicable
 - _____ State/County Representative(s) as applicable

- 2.3.6 Ensure that the EOF Director is updated on the following items:
- A. Turnover completion. Provide Enclosure 5.6 (Turnover Checklist) to the EOF Director
 - B. Identify the Offsite Agencies notified/not notified
 - C. Communications Problems

NOTE:

- The first message sheet in ANY classification is an INITIAL notification.
- The first message for any drill/emergency will be numbered one (1). ALL other messages will be sequentially numbered until the event is terminated.
- Verify correct enclosure is being used by the EOF Data Collector and EOF State/County Communicator.

- 2.4 Monitor offsite notification process to ensure that the Data Collector correctly completes the Emergency Notification Form, and the State/County Communicator notifies offsite agencies in the required time frame using applicable enclosures:
- A. **UNUSUAL EVENT** - Enclosure 4.2
 - B. **ALERT** - Enclosure 4.3
 - C. **SITE AREA EMERGENCY** - Enclosure 4.4
 - D. **GENERAL EMERGENCY** - Enclosure 4.5
 - E. **FOLLOW-UP** notification - Enclosure 4.6
 - F. **TERMINATION** notification - Enclosure 4.7
 - G. Guidelines for Transmitting an Initial or Upgrade Message - Enclosure 5.2
 - H. Guidelines for Transmitting a Follow-Up or Termination Message - Enclosure 5.3
- 2.5 Obtain EOF Director approval of completed Emergency Notification Form.
- 2.6 Make copy of Emergency Notification Form and provide original and copy to the State/County Communicator for transmission to offsite agencies.

3. Subsequent Actions

- 3.1 If you are the **EOF COMMUNICATIONS MANAGER** ensure the EOF Director is updated on the following items:
 - ___ Provide EOF Director with status of offsite notifications
 - ___ Identify the Offsite Agencies notified/not notified
 - ___ Communications Problems
 - ___ Questions from offsite agencies requiring answers
- 3.2 Assist the Data Collector and State/County Communicator as requested.
- 3.3 Monitor offsite notification process to ensure that the Data Collector correctly completes the Emergency Notification Form, and the State/County Communicator notifies offsite agencies in the required time frame using applicable enclosures listed in Step 2.4.
- 3.4 Ensure the EOF Director approves Enclosure 5.7 (Response to Offsite Agency Questions) when agencies have questions unrelated to the message sheet.
 - 3.4.1 Provide approved Enclosure 5.7 to the State/County Communicator for verbal transmission and faxing to the offsite agency.
- 3.5 Retrieve FAX copies of the Emergency Notification Form and distribute per Step 2.3.5.
- 3.6 Retrieve other FAX copies, including the Community Alert Notification (CAN) Report, and distribute to the EOF Director and Emergency Planning.
- 3.7 Provide this completed procedure to EOF Director at end of event.

4. Enclosures for Completing Emergency Notification Form

- 4.1 EOF Data Collector Response
- 4.2 Guidelines for Completion of Unusual Event
- 4.3 Guidelines for Completion of Alert
- 4.4 Guidelines for Completion of Site Area Emergency
- 4.5 Guidelines for Completion of General Emergency
- 4.6 Guidelines for Completion of Follow-up Message
- 4.7 Guidelines for Completion of Termination Message

5. Enclosures for Transmitting Emergency Notification Form

- 5.1 EOF State/County Communicator Response
- 5.2 Guidelines for Transmitting an Initial or Upgrade Message
- 5.3 Guidelines for Transmitting a Follow-up or Termination Notification
- 5.4 COPY/FAX Operation
- 5.5 Alternate Method and Sequence to Contact Offsite Agencies
- 5.6 Turnover Checklist
- 5.7 Response to Offsite Agency Questions

6. Enclosure for Acronyms

- 6.1 Acronym Listing

EOF Data Collector Response

1. Immediate Actions

- 1.1 Obtain the following items from the Emergency Procedures Cart.
- A. Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
- B. Emergency Action Level Guideline Manual
- 1.2 Review available Emergency Notification Form(s) from the TSC and determine time next message is due.
- 1.3 Review plant conditions with the EOF Director and complete an Emergency Notification Form as applicable.

NOTE: The first message sheet in any classification is an **INITIAL** notification. The first message for any drill/emergency will be numbered one (1). ALL other messages will be sequentially numbered until the event is terminated. **VERIFY correct enclosure is being used.**

- 1.3.1 If an **UNUSUAL EVENT** initial exists, complete Enclosure 4.2.
- 1.3.2 If an **ALERT** initial or upgrade exists, complete Enclosure 4.3
- 1.3.3 If a **SITE AREA EMERGENCY** initial or upgrade exists, complete Enclosure 4.4.
- 1.3.4 If a **GENERAL EMERGENCY** initial or upgrade exists, complete Enclosure 4.5.

NOTE: If changes in Protective Action Recommendations are made, complete an Emergency Notification form using the guidance in Enclosure 4.6 (Guidelines for Completion of Follow-Up Message).

- 1.3.5 If a **FOLLOW-UP** notification is required complete Enclosure 4.6
- 1.3.6 If a **TERMINATION** notification is required complete Enclosure 4.7

2. Subsequent Actions

- 2.1 **IAAT** An emergency classification is **UPGRADED**, or a **FOLLOW UP** message is due, or a change in **PROTECTIVE ACTION RECOMMENDATIONS (PARs)** occurs, or an event is **TERMINATED**
- THEN** Go to **Immediate Actions, Step 1.3** to complete an Emergency Notification Form.
- 2.2 Provide this completed procedure to the EOF Director at end of event.

**Guidelines for Completion of
UNUSUAL EVENT**

1. COMPLETE ENCLOSURE 4.2.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

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

REPORTED BY: Enter the State/County Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines an Unusual Event exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.**

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases obtain this information from the TSC Offsite Communicator.)**

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

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 624-4365

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

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

STABILITY CLASS _____ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE _____

SHELTER IN-PLACE _____

OTHER _____

APPROVED BY: _____
(Name)

EOF
Director
(Title)

TIME/DATE: _____
(Eastern) MM DD YY

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

** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

Enclosure 4.3
Guidelines for completion of
ALERT

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

1. COMPLETE ENCLOSURE 4.3.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
 - **If more than one unit is involved in the event, enter ALL.**
- REPORTED BY: Enter the State/County Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted
--

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines if an Alert exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.**

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with TSC Rad Assessment Manager and complete as follows. (Note: For liquid releases obtain this information from the TSC Offsite Communicator.)**

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

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 624-4365

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

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: _____

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
2 MILES _____
5 MILES _____
10 MILES _____

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

A NO RECOMMENDED PROTECTIVE ACTIONS

B EVACUATE _____

C SHELTER IN-PLACE _____

D OTHER _____

APPROVED BY: _____ (Name)
Director (Title)

TIME/DATE: _____ (Eastern) MM DD YY

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

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

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

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

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

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

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

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

**Guidelines for Completion of
SITE AREA EMERGENCY**

1. COMPLETE ENCLOSURE 4.4.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

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

REPORTED BY: Enter the State/County Communicator's name.

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines a Site Area Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.**

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases State/County Communicator must obtain this information from the TSC Offsite Communicator.)**

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

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

Line 15

- Mark A unless a Keowee Hydro Dam/Dike condition exists.
- If a Keowee Hydro Dam/Dike Condition "A" DOES exist **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 624-4365

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____

ESTIMATED DURATION: _____ HRS.

2 MILES _____
5 MILES _____
10 MILES _____

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

C STABILITY CLASS _____ D PRECIPITATION (type) _____

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

APPROVED BY: _____
(Name)

EOF
Director
(Title)

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

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

GOVERNMENT AGENCIES NOTIFIED

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

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

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

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

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

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

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

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

**Guidelines for Completion of
GENERAL EMERGENCY**

1. COMPLETE ENCLOSURE 4.5.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

line 2 UNIT:

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

REPORTED BY: Enter the State/County Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted.

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines a General Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the shutdown time/date or % Power for all three units.**

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

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases State/County Communicator must obtain this information from the TSC Offsite Communicator.)**

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

Line 14 MET DATA: Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 15

- Mark B and C as directed by the EOF Director and obtain sectors from Rad Assessment Manager.
- If a Keowee Hydro Dam/Dike Condition 'A' **DOES** exist, **Mark B** and write "*Move residents living downstream of the Keowee Hydro Project dams to higher ground.*" Also **Mark D** and write "*Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*"

2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

1. A THIS IS A DRILL B ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____
TE: **Oconee** UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY CONFIRMATION PHONE NUMBER: (864) 624-4365

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

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

NOT

AVAILABLE

SITE BOUNDARY _____
2 MILES _____
5 MILES _____
10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

15. RECOMMENDED PROTECTIVE ACTIONS
 A NO RECOMMENDED PROTECTIVE ACTIONS
 B EVACUATE: **Oconee County** _____ **Pickens County** _____
 C SHELTER IN-PLACE: **Oconee County** _____ **Pickens County** _____
 D OTHER _____

16. APPROVED BY: _____ (Name) **EOF Director** (Title) TIME/DATE: _____ (Eastern) MM / DD / YY

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

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

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

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

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

1. COMPLETE A BLANK EMERGENCY NOTIFICATION FORM.

Line 1 Mark "DRILL" or "ACTUAL".

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

Line 2 UNIT:

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

REPORTED BY: Enter the State/County Communicator's name

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

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

Line 7 **EMERGENCY DESCRIPTION/REMARKS: Add any new information at the beginning of the line as directed by the EOF Director, and then repeat the same EAL from the previous message sheet.**

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

Line 8. **PLANT CONDITION: Verify Plant Conditions with Operations Interface Manager.**

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

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

Line 9 **REACTOR STATUS: Verify status with Operations Interface Manager.**

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

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

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

- Lines 10 - 13 Emergency Release(s) - Obtain information from Rad Assessment Manager for airborne releases and from the TSC Offsite Communicator for liquid releases.
- **Line 10 – A (NONE)** – If a release is not occurring or has not occurred, Mark A and write “**Not Required**” on lines 11-13
 - **Line 10 – B (POTENTIAL)** – If there is a potential for a release, Mark B and write “**Not Required**” on lines 11-13
 - **Line 10 – C (IS OCCURRING)** – If an unplanned airborne or liquid release is occurring AND release information is not available, Mark C and write “**Not Available**” on lines 11-13. If information is available, go to the next step.
 - **Line 10 – C (IS OCCURRING)** – If an unplanned airborne or liquid release is occurring AND release information is available, Mark C and complete lines 11-13 as follows:
 - Line 11 – Mark **Ground Level** and Mark **A** for **Airborne** OR Mark **B** for **Liquid** and include **release start time/date**
 - Line 12 – Mark **Curies Per Sec** if Airborne OR Mark **Curies** if **Liquid**
 - Line 12 – If release is Below Normal Operating Limits, Mark **Below** and write “**Not Required**” across remainder of lines 12-13
 - Line 12 – If release is Above Normal Operating Limits, Mark **Above** and include information as given by Rad Assessment Manager/OSC Chemistry on remainder of line 12
 - Line 13 – Include information as given by Rad Assessment Manager/OSC Chemistry for all releases Above Normal Operating Limits
 - **Line 10 – D (HAS OCCURRED)** – If an unplanned airborne or liquid release has occurred, Mark **D** and follow the guidance above as applicable under “**Is Occurring**” to complete lines 11-13.
- Line 14 - **METEOROLOGICAL DATA: Include this information as given from Rad Assessment Manager and Mark boxes A, B, C, and D.**

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

Line 15

- If the EOF Director has **NOT** changed the Recommended Protective Actions, repeat the same Recommended Protective Actions from the previous message sheet.
 - If Protective Actions Recommendations have changed **Mark B and Mark C** and obtain sectors from **Rad Assessment Manager**.
 - If a Keowee Hydro Dam/dike condition "A" exists, **Mark B** and write "*Move residents living downstream of the Keowee Hydro Project dams to higher ground.*" Also **Mark D** and write "*Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*"
2. **Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).**
3. **GO TO Enclosure 4.1, Step 2 Subsequent Actions.**

EMERGENCY NOTIFICATION

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

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

TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

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

5. EMERGENCY CLASSIFICATION:
 NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: IMPROVING STABLE DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ OTHER _____

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

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

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

15. RECOMMENDED PROTECTIVE ACTIONS
 NO RECOMMENDED PROTECTIVE ACTIONS
 EVACUATE _____
 SHELTER IN-PLACE _____
 OTHER _____

APPROVED BY: _____ (Name) EOF Director _____ (Title) TIME/DATE: _____ / _____ / _____ (Eastern) MM DD YY

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

GOVERNMENT AGENCIES NOTIFIED

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

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

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

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

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

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

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

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

Enclosure 4.7
Guidelines for Completion of a
TERMINATION Message

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

1. Use a blank Emergency Notification Form.

Line 1 Mark "DRILL" or "ACTUAL"

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

Line 2 UNIT: Repeat previous message sheet information for site and unit.
REPORTED BY: Enter State/County Communicator's name.

Lines 3 - 5 Leave Blank

Line 6 Mark B (Termination At) and include the Termination time provided by the EOF Director.

Lines 7 - 15 Leave Blank

2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

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

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

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

CONFIRMATION PHONE NUMBER: (864) 624-4365

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

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: A IMPROVING B STABLE C DEGRADING

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

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

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

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

A NOBLE GASES _____ B IODINES _____

C PARTICULATES _____ D OTHER _____

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

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

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

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

APPROVED BY: _____ EOF
(Name) Director
(Title) TIME/DATE: _____ (Eastern) MM / DD / YY

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

GOVERNMENT AGENCIES NOTIFIED

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

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

State/County Communicator Response Page 1 of 2**1. Immediate Actions**

- 1.1 Obtain the following from the Emergency Procedures Cart:
- 1.1.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms
- 1.2 Review Emergency Notification form(s) from the TSC and determine time next message is due. If no message sheets have been received, then contact the TSC Offsite Communicator and obtain status.
- 1.3 **IAAT** The TSC Offsite Communicator is available, and an upgrade in classification is **NOT** imminent or the next message is **NOT** immediately due,
- THEN** receive turnover from the TSC Offsite Communicator.
- _____ A. Complete Enclosure 5.6 (Turnover Checklist).
- _____ B. Review Enclosure 5.6 (Turnover Checklist) with the TSC Offsite Communicator.
- _____ C. Provide completed Enclosure 5.6 (Offsite Communicator Turnover sheet) to the EOF Communications Manager.
- 1.4 **IAAT** an emergency classification is initially declared or being **UPGRADED**, **TERMINATED**, or a **FOLLOW-UP** message is due
- THEN** initiate offsite notification as directed by the EOF Communications Manager using the following enclosures:
- _____ A. If an **INITIAL** or **UPGRADE** notification is required, use Enclosure 5.2 (Guidelines for Transmitting an Initial or Upgrade Message) to transmit the message.
- _____ B. If a **FOLLOW-UP** or **TERMINATION** notification is required complete Enclosure 5.3 (Guidelines for Transmitting a Follow-up or Termination Message).

State/County Communicator Response

2. Subsequent Actions

- 2.1 Transmit messages to Offsite Agencies as they occur and within the required time frame in accordance with **Immediate Actions, Step 1.4.**
- 2.2 Record any offsite agency questions unrelated to the current message sheet on Enclosure 5.7 (Response to Offsite Agency Questions) and complete as follows:
 - _____ A. Assign sequential number to questions as received.
 - _____ B. Identify the Agency and name of individual asking question.
 - _____ C. Enter State/County Communicator name. Identify Emergency Notification Form message number to which this question refers.
 - _____ D. Write description of question from agency and repeat back information for understanding and accuracy.
 - _____ E. Provide Enclosure 5.7 (Response to Offsite Agency Questions) to the EOF Communications Manager for EOF Director answer and approval.
 - _____ F. Fax the form and verbally transmit information to applicable agency/agencies. Attach the question and approved answer sheet to the Emergency Notification Form to which question applies.
 - _____ G. Document the date and time answers were called back and the name of the agency contact receiving the information.
 - _____ H. Any follow-up questions should be treated as a new question(s) and another form generated.
- 2.3 Maintain periodic contact with the TSC Offsite Communicator to receive updates about changes in plant conditions as they occur.
 - 2.3.1 Keep EOF Communications Manager apprised of new or emerging information.
- 2.4 Provide this completed procedure to the EOF Director at end of event.

Guidelines for Transmitting an Initial or Upgrade Message

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- Copy Emergency Notification Form. Enclosure 5.4 (Copy/FAX Operation) is available for reference.
- Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies. Determine from the EOF Director or Turnover Checklist (Enclosure 5.6) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 36. If they have **NOT** been activated, use Speed Dial 37.
- Notify SC State/County agencies using Selective Signaling. If the SEOC and county EPDs **ARE activated**, then individually dial 417, 419, and 518. If they have **NOT** been activated **dial *4**. If Selective Signaling is unavailable, refer to Enclosure 5.5 (Alternate Method and Sequence to Contact Offsite Agencies).
- Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST** agency responds.
- Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- Do **NOT RECORD** names of responding individuals at this time.
- Check off the State and County agencies as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

Oconee County Law Enforcement Center (LEC) **OR** Oconee County EPD
 Pickens County Law Enforcement Center (LEC) **OR** Pickens County EPD
 State Warning Point Emergency Preparedness Division (EPD) **OR** State EOC

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

Oconee County LEC	(416)	Oconee County EPD	(417)*
Pickens County LEC	(410)	Pickens County EPD	(419)*
State Warning/SEOC	(518)		

- If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions **unrelated** to the message sheet on Enclosure 5.7 (Response To Offsite Agency Questions).
- Record Name of individual receiving notification on Emergency Notification Form.
- Inform agencies that additional information will be provided as it becomes available.
- If informed that a Condition "A" or "B" for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- GO TO Enclosure 5.1, Step 2 Subsequent Actions**

**Guidelines for Transmitting a Follow-Up or
Termination Message****INSTRUCTIONS FOR TRANSMITTING THE MESSAGE USING FAX**

- Record Line 3 Transmittal Time/Date

NOTE: Enclosure 5.4 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 5.5 (Alternate Method and Sequence to Contact Agencies).

- Copy the Emergency Notification Form

NOTE: Determine from the EOF Director or Turnover Checklist (Enclosure 5.6) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 36. If they have **NOT** been activated, use Speed Dial 37.

- Fax the copy to offsite agencies.

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

- During off-hours use Selective Signaling by dialing 410 to provide the follow-up message to Pickens County LEC.
- Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.
- GO TO Enclosure 5.1, Step 2 Subsequent Actions**

Enclosure 5.4
COPY/FAX OPERATION

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

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

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" red triangle button is used to cancel sending, receiving, registering data or cancel any other operation.

- 1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:
- A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.
 - B. Press the blue **COPY** button
 - C. Press the green **START/SCAN** button

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

- 1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:
- A. Insert copy **face down** (top end first). Adjust document guide if needed
 - B. Determine which **Speed Dial Code number** to use
 - C. Press the **Speed Dial Code number** (button located in center of telephone key pad are of control panel)
 - D. Press the green **START/SCAN** button

COPY/FAX OPERATION

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

Speed Dial Code	Agency/Location Sent To
01	State Emergency Operations Center
02	State Warning Point
03	Oconee County EPD
04	Pickens County EPD
05	TSC
06	Oconee LEC
07	Forward Emergency Operations Center
08	NRC Atlanta
09	DHEC/Nuclear Emergency Planning
10	NRC Washington
11	GO/Joint Information Center
14	World of Energy
25	National Weather Service
26	Georgia Emergency Management Agency
27	National Weather Service Georgia Emergency Management Agency
34	NRC Atlanta NRC Washington
35	Dial Group: Pickens County EPD Oconee County EPD SEOC TSC NRC Atlanta DHEC-Nuclear Emergency Planning NRC Washington
36	Dial Group: Pickens County EPD Oconee County EPD State Emergency Operations Center TSC World Of Energy GO/Joint Information Center
37	Dial Group: Pickens County EPD Oconee County EPD State Emergency Operations Center Oconee LEC TSC World Of Energy GO/Joint Information Center

**Alternate Method and Sequence to Contact
Offsite Agencies**

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

1. Contact agencies using the following alternate methods in the sequence specified below.

- 1.1 Rolm Phone System (direct outside line located in EOF Offsite Communications Room)
- 1.2 SC State Decision Line Phone (located in EOF Director's area)
- 1.3 Radio WQC699 (located in the EOF Field Monitoring Room)
- 1.4 Radio WNLU432 (located in the EOF Offsite Communications Room)

2. GO TO Enclosure 5.2 and complete message transmission.

Enclosure 5.6
Turnover Checklist

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

Date: _____

Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

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

Communications Problems Experienced: _____

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

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes _____ No _____

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

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

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

Last Emergency Notification Form Message Number: _____

Next Message Due (Time) _____

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

ENTER EOF DIRECTOR ANSWER: _____

Approved by EOF Director: _____

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

Enclosure 6.1
ACRONYM LISTING

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

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

NSD 797 (R04-01)
INFORMATION ONLY

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/019

Revision No. 010

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Technical Support Center Emergency Coordinator Procedure

(4) Prepared By Rodney Brown (Signature) Rodney Brown Date 11/8/2001

(5) Requires NSD 228 Applicability Determination?

- Yes (New procedure or revision with major changes)
- No (Revision with minor changes)
- No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 12/5/01

Cross-Disciplinary Review By _____ (QR) NA RAW Date 12/5/01

Reactivity Mgmt Review By _____ (QR) NA RAW Date 12/5/01

Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

(7) Additional Reviews

Reviewed By [Signature] Date 12/04/01

Reviewed By _____ Date _____

Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By M. R. Johnson Date 12-5-01

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

Duke Power Company
Oconee Nuclear Station

**Technical Support Center Emergency Coordinator
Procedure**

Reference Use

Procedure No.

RP/0/B/1000/019

Revision No.

010

Electronic Reference No.

OX002WPG

Technical Support Center Emergency Coordinator Procedure

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within three (3) working days of approval.

1. Symptoms

- 1.1 Conditions exist where events are in progress or have occurred which indicate a potential degradation in the level of safety of the plant and activation of the Emergency Response Organization has been initiated.

2. Immediate Actions

NOTE:

- Enclosure 4.2 contains listing of abbreviations/acronyms.
- Actions in Sections 2.0 and 3.0 **are NOT** required to be followed in any particular sequence.
- Place keeping aids: at left of steps may be used for procedure place keeping (). Major events are required to be documented in the TSC Emergency Coordinator Log.

- 2.1 Establish the Technical Support Center as operational by doing the following:
- 2.1.1 Use the attached Enclosure 4.3, (TSC Personnel Log Sheets) for sign-in by all personnel reporting to the TSC. Assign responsibility to the TSC Log Keeper.
 - 2.1.2 Ensure **Names** are also listed on the TSC Personnel Status Board in the TSC

NOTE: The TSC **must** assume turnover from the Control Room within **75 minutes** of the initiating Emergency Classification time.

- 2.1.3 Determine the following minimum staff requirements for TSC activation.

	<u>NAME</u>
Emergency Coordinator	
Dose Assessment Liaison	
Nuclear Engineering	
Offsite Communicator	
Tech Assistant to EC	

- 2.1.4 Verify that the phone system is operational or make other provisions for communications.
- 2.1.5 Verify that the OSC is Operational.
- 2.1.6 Verify that a log of TSC actions and activities has been started.
- 2.1.7 **IF** Activation of the Alternate TSC is required prior to completion of turnover with the OSM.
THEN REFER TO Step 1.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).
- 2.2 Receive turnover from the Operations Shift Manager using Enclosure 4.1, (Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet)

TSC and OSC Activated Time _____
- 2.3 Determine the status of Site Accountability from the TSC Offsite Communicator.
 - 2.3.1 Request the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC if personnel within the Protected Area have not been accounted for by their group.
- 2.4 Verify that the electronic status board is set up and that someone is available to maintain it.
- 2.5 Discuss any off-site radiological concerns with the TSC Dose Assessment Liaison.
- 2.6 Announce the following over the TSC/OSC Public Address System:
 - 2.6.1 The current Emergency Classification level and plant status.
 - 2.6.2 "Anyone who has consumed alcohol within the past five (5) hours notify either the Emergency Coordinator in the TSC or the OSC Manager in the OSC."
 - 2.6.3 "Personnel should assume that areas are contaminated until surveyed by RP."
 - 2.6.4 "No eating, drinking, or smoking until the TSC and OSC are cleared by RP."

- 2.7 Turn office page over ride switch **ON**, and dial **70** on the Emergency Coordinator's phone.

2.7.1 Announce the following information over the Plant Public Address System:

Drill Message:

Attention all site personnel. This is _____ . I am the Emergency Coordinator.
(name)

This is a drill. This is a drill.

You have been assembled as a part of an emergency exercise. The simulated emergency conditions are _____

If this were a real emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. At this time, however, we will continue with the emergency exercise and you may now return to your normal work assignments. I repeat.... you may now return to your normal work assignments.

Thank you for your participation.

Emergency Message:

Attention all site personnel. This is _____ . I am the Emergency Coordinator.
(name)

This is an emergency message.

At the present time we have a(n) _____ emergency classification. The plant status is as follows _____

Please remain at your site assembly location until you receive further instructions. Information will be provided to you as conditions change.

- 2.8 Contact the State Director Emergency Planning at the SEOC.

	<u>NAME</u>	<u>TELEPHONE NUMBERS</u>
SDEP	_____	<u>1(803) 737-8500</u>
2.8.1	Inform the TSC Offsite Communicator whenever the SEOC is activated.	
2.8.2	<u>IF</u> The SEOC has not been activated,	
	<u>THEN</u> Contact the County Directors of Emergency Planning (CDEP) to discuss plant status.	
	Oconee CDEP _____	<u>1(864) 638-4200</u>
	Pickens CDEP _____	<u>1(864) 898-5943</u>

- 2.9 Perform the following concurrently.

- Use Step 2.10 for emergency classification.
- Use Step 2.11 for turnover to the EOF Director.
- Use steps in 3.0 for tasks that must continue regardless of emergency classification.

(Step 2.10 on next page)

2.10 Review emergency classification and verify that it meets the criteria of RP/0/B/1000/001 (Emergency Classification).

- Discuss changing plant conditions with the Superintendent of Operations.
- Discuss emergency classification prior to making recommendations.

2.10.1 **IF** An **Unusual Event Classification** exists,
THEN Initiate the following actions:

A. Notify counties/state within 15 minutes of event classification.

NOTE:

- Remind the TSC NRC Communicator to complete the NRC Event Notification Worksheet and Plant Status Sheet prior to contacting the NRC.
- NRC should be notified immediately after notification of Offsite Agencies **but NOT** later than **one (1) hour** after declaration of the emergency.

B. Notify NRC of event classification

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National weather service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County.

C. **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

D. Discuss classification with SDEP and CDEP

	<u>NAME</u>	<u>TELEPHONE NUMBERS</u>
SDEP	_____	<u>1(803) 737-8500</u>
Oconee CDEP	_____	<u>1(864) 638-4200</u>
Pickens CDEP	_____	<u>1(864) 898-5943</u>

(Unusual Event Classification guidance continued on next page)

- E. **IF** An Unusual Event classification is being terminated
- THEN** **REFER TO** Enclosure 4.5, (Emergency Classification Termination Criteria) of this procedure for termination guidance.

NOTE: The EP Section shall develop a written report, for signature by Site Vice President, to the State Emergency Preparedness Agency, Oconee County EPD, and Pickens County EPD within 24 working hours of the event termination.

1. Notify Emergency Planning that the Unusual Event has been terminated.
2. Emergency Planning shall hold a critique following termination of the Unusual Event.

(Step 2.10.2, Alert Classification on next page)

2.10.2 **IF** An Alert Classification exists,

THEN Initiate the following actions:

- A. Notify counties/state within 15 minutes of event classification
- B. Follow Up Notifications (updates) are required a minimum of every 60 minutes
 - Significant changes in plant status should be communicated to offsite agencies as they occur
- C. Notify NRC of change in classification
- D. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)
- E. Discuss change in classification with the State Director of Emergency Preparedness (SDEP) and County Directors of Emergency Preparedness (CDEP)

NAME TELEPHONE NUMBERS

SDEP _____ 1(803) 737-8500

1. **IF** The SEOC has not been activated,
THEN Contact the CDEP to discuss plant status.

Oconee CDEP _____ 1(864) 638-4200

Pickens CDEP _____ 1(864) 898-5943

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

F. **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.3, Site Area Emergency Classification on next page)

2.10.3 **IF** A Site Area Emergency Classification exists,

THEN Initiate the following actions:

A. Notify counties/state within 15 minutes of event classification

B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15 (B) and (D):

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.
2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

C. Follow Up Notifications (updates) are required a minimum of every 60 minutes

1. Significant changes in plant status should be communicated to offsite agencies as they occur

D. Notify NRC of change in classification

E. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

F. Discuss change in classification with SDEP and CDEP

NAME

TELEPHONE NUMBERS

SDEP _____ 1(803) 737-8500

1. **IF** The SEOC has not been activated,

THEN Contact the CDEP to discuss plant status.

Oconee CDEP _____ 1(864) 638-4200

Pickens CDEP _____ 1(864) 898-5943

G. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN REFER TO Step 3.1.

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

- H. **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.4, General Emergency Classification, on next page)

2.10.4 **IF** A **General Emergency Classification** exists,
THEN Initiate the following actions:

- A. Evacuate 2 mile radius and 5 miles downwind **unless** conditions make evacuation dangerous. Shelter all sectors not evacuated. Request the TSC Dose Assessment Liaison to determine the actual sectors affected.
- B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15B and D:
 1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.
 2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.
- C. Notify counties/state within 15 minutes of event classification
- D. Follow Up Notifications (updates) are required a minimum of every 60 minutes
 1. Significant changes in plant status should be communicated to offsite agencies as they occur
- E. Notify NRC of change in classification
- F. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)
- G. Discuss change in classification and Protective Action Recommendations with SDEP and/or CDEP. Provide any known information concerning conditions that would make evacuation dangerous.

NAME

TELEPHONE NUMBERS

SDEP _____ 1(803) 737-8500

1. **IF** The SEOC has not been activated,
THEN Contact the CDEP to discuss plant status.

Oconee CDEP _____ 1(864) 638-4200

Pickens CDEP _____ 1(864) 898-5943

- H. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN REFER TO Step 3.1.

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

- I. **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.11 on next page)

- 2.11 When notified by the EOF Director that the Emergency Operations Facility (EOF) is operational, notify the following TSC personnel to exchange information with their counterpart in the EOF.

TSC Dose Assessment Liaison
 TSC Offsite Communicator
 Control Room/EOF Liaison (Operations Network)

NOTE: EOF Director will notify the Emergency Coordinator when the information has been received and establish a time for turnover. Turnover should be initiated **as soon as possible**. A goal of 30 minutes should be used to complete turnover after the EOF is declared *Operational*.

{1}

- 2.11.1 Obtain the current copy of the Emergency Notification Form and plant status. The EOF Director shall provide to the Emergency Coordinator the information he has been provided with in the following areas:

- Present Emergency Classification _____ Time _____
 Initial Emergency Classification _____ Time _____
- Initiating Condition/Unit affected
- Present status of affected unit(s), including significant equipment out of service
 Improving _____ Stable _____ Degrading _____
- Status of unaffected unit(s):
 Unit 1 shutdown at _____ or at _____% power
 Unit 2 shutdown at _____ or at _____% power
 Unit 3 shutdown at _____ or at _____% power
- Emergency Releases: NO _____
 Airborne _____ Liquid _____ Is occurring _____ Has occurred _____ Time _____
 Normal Operating Limits: Below _____ Above _____
 Protective Action Recommendations
- Site Evacuation NO _____ YES _____ If yes, location _____
 Time of evacuation _____
- Last Message Number _____ Next Message due at _____

- 1.1.2 Emergency Coordinator turnover to EOF Director complete.
EOF Activated _____ Time _____
- 1.1.3 Request NRC Communicator to notify the NRC EOC that the EOF is activated.

3. Subsequent Actions

3.1 **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN Perform the following actions:

- 3.1.1 Notify Hydro Central and provide information related to the event. Refer to Section 6 of the Emergency Telephone Directory. {4}
- 3.1.2 Relocate Keowee personnel to the Operational Support Center if events occur where their safety could be affected.
- 3.1.3 Notify Hydro Central if Keowee personnel are relocated to the OSC. {4}

NOTE: A loss of offsite communications capabilities (Selective Signaling and the WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **AS SOON AS POSSIBLE**.

- 3.1.4 **IF** The EOF **is NOT** activated,
THEN Notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer to Selective Signaling Section of the Emergency Telephone Directory (page 9).
- 3.1.5 Notify Security to alert personnel at the Security Track/Firing Range and Warehouse #5 to relocate to work areas inside the plant.
- 3.1.6 Relocate personnel at the following locations to the World of Energy/Operations Training Center:

NOTE: Plant access road to the Oconee Complex could be impassable within 1.5 hours if the Keowee Hydro Dam fails. A loss of the Little River Dam or Dikes A-D will take longer to affect this road.

- _____ Oconee Complex
- _____ Oconee Garage
- _____ Oconee Maintenance Training Facility

- 3.1.7 Ensure Operations has dispatched operators to the SSF and established communications.
- 3.2 Periodically evaluate with TSC personnel the need to conduct evacuation. Log the status of this action on the TSC Status Board.

NOTE:

- Twenty-four (24) hour staffing **must be** accomplished prior to personnel being evacuated from the site. RP/0/B/1000/010, (Procedure for Emergency Evacuation/Relocation of Site Personnel).
- Determine if personnel with special radiological exposure limits need to be evacuated (e.g.; declared pregnant women, personnel with radio-pharmaceutical limitations).

3.2.1 Consider the following for making Site Evacuation decisions:

- Alert - determined by actual plant conditions
- Site Area Emergency - consider evacuation/relocation of non-essential site personnel. World of Energy personnel should be evacuated at the same time as non-essential personnel.
- General Emergency - evacuate all non-essential personnel. Notify the EOF Director to evacuate the World of Energy.
- Notify the EOF anytime personnel are relocated on site or evacuated from the site.

WARNING: Use of the Outside Air Booster Fans during a Security Event may introduce incapacitating agents into the Control Room.

{5}

- 3.3 Periodically evaluate the need to operate the outside air booster fans (Control Room Pressurization and Filter System - CRVS) with TSC personnel. Log status of this system on the TSC Status Board.

NOTE:

- Outside air booster fans are used to provide positive pressure in the Control Room/TSC/OSC to prevent smoke, toxic gas, or radioactivity from entering the area as required by NUREG 0737, Control Room Habitability.
- Chlorine Monitor Alarm will either stop the outside air booster fans **OR** will not allow them to start.

- 3.3.1 **IF** Smoke/toxic gas in the Turbine Building or Auxiliary Building is expected to reach the Control Room,
THEN Instruct the Control Room to turn **ON** the outside air booster fans.

Fans On _____ Time _____

- A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

- 3.3.2 **IF** RIA-39 is in **Alarm**
THEN Verify that the Control Room has turned on the outside air booster fans.

- A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

- B. Request backup air sample from the OSC to verify RIA alarm

- C. **IF** Air sample determines that RIA-39 alarm is not valid,
THEN Secure outside air booster fans.

- D. **IF** Air sample determines that RIA-39 alarm is valid,
THEN Isolate the source of airborne contamination to the Control Room/TSC/OSC

- E. **IF** Dose levels in the Control Room/TSC/OSC are being increased by the addition of outside filtered air,
THEN Secure outside air booster fans.

Fans Off _____ Time _____

- 3.4 Periodically evaluate the need to activate the Alternate TSC and/or OSC.
 - 3.4.1 **IF** Activation of the Alternate TSC and/or OSC is required,
THEN **REFER TO** Step 2.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).
 - 3.4.2 Notify the EOF Director once relocation to the Alternate TSC is completed.

NOTE: The NRC will send a response team to the site at a Site Area or General Emergency Classification.
--

- 3.5 **IF** An NRC team is enroute,
THEN Perform the following steps:
 - 3.5.1 Notify Alternate Emergency Coordinator to report to the TSC for an update on plant conditions.
 - A. Record Alternate Emergency Coordinator's name on Enclosure 4.4 (NRC Site Team Response Form).
 - B. Brief Alternate Emergency Coordinator on current plant conditions.
 - 3.5.2 Provide Enclosure 4.4 (NRC Site Team Response Form), to the TSC NRC Communicator.
 - A. Instruct TSC NRC Communicator to complete Steps 1.2 – 1.5 of Enclosure 4.4 (NRC Site Team Response Form).
 - 3.5.3 Notify OSC Manager and request RP Manager and Security to implement actions required to process NRC Site Team.
- 3.6 Provide periodic updates to the EOFD concerning plant status. Request the EOFD to provide dose assessment and field monitoring data to the TSC on a periodic basis.
 - 3.6.1 **IF** Failed Fuel Condition Three (3) has been determined,
THEN Immediately notify the EOFD.
 - A. Failed Fuel Condition Three (3) requires additional Protective Action Recommendations.

- 3.7 Authorize exposure greater than normal operating limits for planned equipment repair missions and/or emergency lifesaving missions.
 - 3.7.1 Approval may be either verbal or written.
 - 3.7.2 This authority may be delegated to the RP Manager in the OSC.
- 3.8 Update TSC and OSC personnel approximately every 30 minutes on the Emergency Classification and plant status via the TSC/OSC public address system. (Timer is available in the Emergency Procedures Cart)
- 3.9 Establish twenty-four (24) hour staffing and have the Managers prepare as needed.
 - 3.9.1 TSC Personnel Log Sheets (Enclosure 4.3) are to be used for this purpose.

NOTE: Long term use of the SFP as a makeup source will deplete the SFP inventory. Engineering has evaluated and approved the following method for refilling of the SFP with filtered lake water.

- 3.10 **IF** Offsite fire apparatus is needed to provide water to the Spent Fuel Pool,
THEN Request the EOFD to contact the Oconee CDEP to provide sufficient fire apparatus (at least 3 pumper trucks of 1000 gpm, or greater capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh, or Keowee Key Rural Volunteer Fire Departments should be requested to provide support).
- 3.10.1 Provide the OSC Manager with the following information and request support from the OSC:
 - Fire apparatus is being dispatched from Oconee County to provide water to the Spent Fuel Pool
 - Request Security Liaison to have Security Officers meet the fire apparatus at the determined site entrance
 - Request Maintenance Manager to initiate MP/0/A/3009/012A (Emergency Plan For Refilling Spent Fuel Pool).

- NOTE:**
- 10CFR50.54(x) allows for reasonable actions that depart from a License Condition or Technical Specification to be performed in an emergency when this action is immediately needed to protect the health and safety of the public and no action consistent with the License Condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent.
 - 10CFR50.54(y) requires approval of any 10CFR50.54(x) actions by a Licensed Senior Operator.
 - Implementation of Oconee Severe Accident Guidelines (OSAG) requires the use of 10CFR50.54 (x) and (y) provisions.

- 3.11 **IF** Plant conditions require a decision to implement 10CFR50.54(x),
THEN Perform the following steps:
- 3.11.1 Obtain approval of a Licensed Senior Reactor Operator prior to taking any action.
 - 3.11.2 Document decision and actions taken in the affected units log.
 - 3.11.3 Document decision and actions taken in the Control Room Emergency Coordinator Log.

NOTE: NRC **must be** notified of any 10CFR50.54(x) decisions and actions within one (1) hour.

- 3.11.4 Request Control Room/TSC NRC Communicator to report decision and actions taken to the NRC.

NOTE: 10CFR50.72 requires NRC notification for specific plant conditions.

- 3.12 **IF** Plant conditions require NRC notification under 10CFR50.72,
THEN Request the Control Room/TSC NRC Communicator to provide this notification using the guidance in OMP 1-14, (Notifications).

- 3.13 **IF** A LOCA exists inside containment,
THEN Initiate the following actions:
 - 3.13.1 Request the Operations Superintendent to have Operations personnel refer to OP/1,2,3/A/1102/023, (Operation Of Containment Hydrogen Recombiner System).
 - 3.13.2 Request the Operations Superintendent to have Operations personnel refer to OP/0/A/1104/019 (Control Room Ventilation System) to verify proper operation of the Control Room Ventilation System. {3}
- 3.14 Establish a Recovery Organization (Section M of the ONS Emergency Plan, Volume A, located in the Operations Shift Manager's office) once the emergency has been terminated.
 - 3.14.1 Request the OSC Manager to review Section M of the Emergency Plan (Volume 17A is located in Unit 3 Control Room) to begin preparation for recovery.
- 3.15 Emergency Planning Section shall be responsible for completing all Procedure Process Records of Emergency Plan Implementing procedures initiated by the TSC.

4. Enclosures

- 4.1 Operations Shift Manager to TSC Emergency Coordinator Turnover Sheet
- 4.2 Emergency Preparedness Acronyms
- 4.3 TSC Personnel Log
- 4.4 NRC Site Team Response Form
- 4.5 Emergency Classification Termination Criteria
- 4.6 Alternate TSC/OSC Activation
- 4.7 References

Operations Shift Manager To TSC Emergency
Coordinator Turnover Sheet

EMERGENCY CLASSIFICATION _____ TIME DECLARED _____

DESCRIPTION OF EVENT _____

Unit One Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____

Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____

MAJOR EQUIPMENT OUT OF SERVICE _____

JOBS IN PROGRESS _____

Unit Two Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____

Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____

MAJOR EQUIPMENT OUT OF SERVICE _____

JOBS IN PROGRESS _____

Unit Three Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____

Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____

MAJOR EQUIPMENT OUT OF SERVICE _____

JOBS IN PROGRESS _____

Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet

Classification Procedure in Use:

RP/0/B/1000/002 Control Room Emergency Coordinator Procedure

Is RP/0/B/1000/003A, ERDS Operation, in use? Yes ___ No ___ If Yes, Unit No. ___

Step No. ___

Is RP/0/B/1000/007, (Security), in use? Yes ___ No ___ If Yes, Step No. ___

Is RP/0/B/1000/016, (Medical), in use? Yes ___ No ___ If Yes, Step No. ___

Is RP/0/B/1000/017, (Spill Response), in use? Yes ___ No ___ If Yes, Step No. ___

Is RP/0/B/1000/022, (Fire/Flood), in use? Yes ___ No ___ If Yes, Step No. ___

Is RP/0/B/1000/29, (Fire Brigade) in use? Yes ___ No ___ If Yes, Step No. ___

Is Step 5.4 of OMP 1-18 (Implementation Standard During Abnormal And Emergency Events) in use?* Yes ___ No ___

* If yes, implementation of emergency worker exposure limits must be announced over Public Address System. {3}

IF Condition A, Dam Failure, has been declared for Keowee Hydro Project, THEN provide the following information to the TSC Emergency Coordinator:

- Status of Offsite Agency Notifications
Recommendations made to offsite agencies
Status of relocation of site personnel

What is the status of Site Assembly? (This question is only applicable for those times that the Emergency Response Organization is activated after hours, holidays, or weekends.)

Blank lines for site assembly status response.

Next message due to Offsite Agencies at Time: _____

Operations Shift Manager/CR _____ Time: _____

Emergency Coordinator/TSC _____ Time: _____

Emergency Preparedness Acronyms

CDEP	County Director of Emergency Preparedness
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operation, Facility Director
ETS	Emergency Telephone System
LEC	Law Enforcement Center
NRC	Nuclear Regulatory Commission
EOC	Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendation
SCC	State/County Communicator
SDEP	State Director of Emergency Preparedness
SEOC	State Emergency Operations Center
SWP	State Warning Point
TSC	Technical Support Center

Enclosure 3
TSC Personnel Log

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	SOCIAL SECURITY EMPLOYEE ID	TIME IN AT TSC	SHIFT SCHEDULE	NAME (Last, First, MI)	SOCIAL SECURITY EMPLOYEE ID	SHIFT SCHEDULE
Emergency Coordinator**							
Offsite Communicator**							
Dose Assessment Liaison*							
Nuclear Engineering**							
Tech Assist to EC (Mech Engineer)**							
Operations Superintendent							
TSC/OSC Liaison							

*45 Minute Responder
** 75 Minute Responder

Enclosure 4.4
NRC Site Team Response Form

RP/0/B/1000/019
Page 1 of 1

1. NRC Site Team Response Form

1.1 Alternate Emergency Coordinator _____
(name)

1.2 NRC Site Team Personnel Information:

NAME	SOCIAL SECURITY NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1.3 Estimated Time of Arrival (ETA): _____

1.4 Mode of Transportation: _____

Access Gate (Circle One): Hwy 130 - Main Station/WOE Entrance (Gate 1)

Hwy 183 - Intake Owner Controlled Area (OCA) Gate (Gate 3)

Hwy 183 - Complex/Branch OCA Gate (Gate 4)

1.5 Telecopy this form to the OSC and Security using Speed Dial Code 031 or One-Touch Dial Code 31.

1.6 GET and BBA Requirements Waived:

RP Manager _____ Date _____

**Emergency Classification Termination
Criteria**

IF The following guidelines applicable to the present emergency condition have been met or addressed,

THEN An emergency condition may be considered resolved when:

- 1.1 Existing conditions no longer meet the existing emergency classification criteria and it appears unlikely that conditions will deteriorate further.
- 1.2 Radiation levels in affected in-plant areas are stable or decreasing to below acceptable levels.
- 1.3 Releases of radioactive material to the environment greater than Technical Specifications are under control or have ceased.
- 1.4 The potential for an uncontrolled release of radioactive material is at an acceptably low level.
- 1.5 Containment pressure is within Technical Specification requirements.
- 1.6 Long-term core cooling is available.
- 1.7 The shutdown margin for the core has been verified.
- 1.8 A fire, flood, earthquake, or similar emergency condition is controlled or has ceased.
- 1.9 Offsite power is available per Technical Specification requirements.
- 1.10 All emergency action level notifications have been completed.
- 1.11 The Area Hydro Manager has been notified of termination of Condition B for Keowee Hydro Project.
- 1.12 The Regulatory Compliance Section has evaluated plant status with respect to Technical Specifications and recommends Emergency Classification termination.
- 1.13 Emergency terminated. Request the TSC Offsite Communicator to complete an Emergency Notification Form for a Termination Message using guidance in RP/0/B/1000/015B, (Offsite Communications From The Technical Support Center), and provide information to offsite agencies.

Date/Time of Termination: _____ / _____ Emergency Coordinator Initials: _____

- Return to Step 2.10.1.E.1

1. Activation of the Alternate TSC prior to completion of turnover with the OSM

- 1.1 Request OSC Manager/SPOC Supervisor to initiate steps to setup the Alternate TSC located in RP/0/B/1000/25 (OSC Manager Procedure).
- 1.2 Request TSC Logkeeper (or designee) to announce over the plant PA that the Alternate TSC is being activated.
- 1.3 Relocate TSC personnel, except for the following, to the Alternate TSC, Room 316 of the Oconee Office Building:
 - 1.3.1 TSC Offsite Communicator (1)
 - 1.3.2 TSC Logkeeper
 - 1.3.3 Emergency Planning (if available)
- 1.4 Return to Step 2.2 of this procedure and complete turnover with the OSM.
 - 1.4.1 Report to the Alternate TSC with remaining support personnel after completion of turnover.

2. Activation of the Alternate TSC/OSC

- 2.1 Direct the TSC/OSC Liaison to inform the OSC Manager of the need to relocate the following emergency response facilities:
- _____ TSC
 - _____ OSC
 - _____ TSC and OSC
- 2.2 Provide guidance on best available route to personnel being relocated to the Alternate TSC.
- 2.2.1 **IF** A radiological release is in progress,
THEN Direct the TSC/OSC Liaison to request RP to determine the best available route to the Alternate TSC.
- 2.3 Direct the following TSC personnel to report to the Alternate TSC to assist with setup of the facility and establish communications with the TSC:
- _____ (1) TSC Offsite Communicator
 - _____ (1) Dose Assessor
 - _____ Ops Superintendent Assistant
 - _____ TSC/OSC Liaison Technical Assistant
- 2.4 Direct the TSC NRC Communicator to inform the NRC that the Alternate TSC is being activated.
- 2.5 Direct the remaining TSC personnel to report to the Alternate TSC.
- 2.6 Inform the EOF Director that the Alternate TSC is being activated and that TSC personnel, including the Emergency Coordinator, are enroute to that facility.
- 2.7 Return to Step 3.4.2 of this procedure after reporting to the Alternate TSC.

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-01-01395
4. PIP O-01-03460
5. PIP O-01-03696

INFORMATION ONLY

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/020

Revision No. 005

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Emergency Operations Facility Director Procedure

(4) Prepared By Rodney Brown (Signature) Rodney Brown Date 11/8/2001

(5) Requires NSD 228 Applicability Determination?
 Yes (New procedure or revision with major changes)
 No (Revision with minor changes)
 No (To incorporate previously approved changes)

(6) Reviewed By Ray Waterman (QR) Date 12/5/01
Cross-Disciplinary Review By _____ (QR) NA ROW Date 12/5/01
Reactivity Mgmt Review By _____ (QR) NA ROW Date 12/5/01
Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

(7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____

(9) Approved By M A Thome Date 12-5-01

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

(10) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages)

<p style="text-align: center;">Duke Power Company Oconee Nuclear Site</p> <p style="text-align: center;">Emergency Operations Facility Director Procedure</p> <p style="text-align: center;">Reference Use</p>	Procedure No. RP/0/B/1000/020
	Revision No. 005
	Electronic Reference No. OX002WPH

Emergency Operations Facility Director Procedure

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within three (3) working days of approval.

1. Symptoms

- 1.1 Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization has been initiated.

2. Immediate Actions

NOTE:

- Place Keeping Aids: at left of steps may be used for procedure place keeping (). Major events are required to be documented in the EOF Director's log.
- The EOF must be operational within **75 minutes** of an **Alert** or higher classification. Turnover may or may not have occurred. Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the offsite agencies.
- Enclosure 3.4, (Emergency Preparedness Acronyms) contains a list of abbreviations.

- 2.1 Sign in on the EOF Personnel Status Board.
- 2.2 Initiate a log of major activities and decisions.
- 2.3 Assure EOFD PA system has been turned on in the telephone room.
- 2.4 Turn switch to "ALL CALL" for announcements to all rooms.
 - 2.4.1 Select individual room if only one room is to receive announcement.
- 2.5 Notify the Emergency Coordinator in the TSC of arrival and establish an open phone line. Dial 66-3921 **OR** 66-3704 on the 624-4350 line (Reference: Emergency Telephone Directory, page 14). {5}
- 2.6 Assure access control has been established.
- 2.7 Make EOF announcement concerning fitness-for-duty.

"Any one who has consumed alcohol within the past five (5) hours, notify either the EOF Director or the appropriate EOF Manager."

- 2.8 Declare the EOF operational when the following positions are filled, and they have contacted their counterpart in the TSC.

2.8.1 Ensure that the following names are listed on the EOF Personnel Status Board.

NAME

EOF Director _____

Offsite Communications Manager _____

State/County Communicator _____

Radiological Assessment Manager _____

Operations Interface Manager _____

Access Control Security Guard _____

- 2.8.2 EOF Operational Time: _____ {3}

- 2.9 Contact the Emergency Coordinator at the TSC and inform him that the EOF is operational and will commence gathering plant status information.

NOTE: The following individuals will exchange information. Three separate enclosures will be provided to the EOF Director. These enclosures are a part of RP/0/B/1000/021, (Operations Interface (EOF)), RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) and RP Manual Section 11.3, (Off-Site Dose Assessment And Data Evaluation)

<u>TSC</u>	<u>EOF</u>
Dose Assessment Liaison	Radiological Assessment Manager
Offsite Communicator	State/County Communicator
EOF Liaison	Operations Interface Manager

NOTE:

- EOF Managers will inform the EOFD when information is received.
- Turnover with the TSC should be initiated **As Soon As Possible**. A goal of **30 minutes** should be used to complete turnover after the EOF is declared *Operational*.

{1}

- 2.10 Contact Emergency Coordinator to conduct turnover using the information prepared by the EOF Managers.

Present emergency classification _____ Time _____

Initial emergency classification _____ Time _____

Initiating Condition/Unit affected:

Present status of affected unit(s), including significant pieces of equipment out of service.

Improving _____ Stable _____ Degrading _____

Status of unaffected unit(s):

Unit 1 shutdown at _____ or at _____ %power.

Unit 2 shutdown at _____ or at _____ %power.

Unit 3 shutdown at _____ or at _____ %power.

Emergency Releases: NO _____ YES _____

Airborne ___ Liquid ___ Is occurring ___ Has occurred ___ Time ___

Normal operating limits: Below ___ Above ___

Protective Action Recommendations:

Site Evacuation NO _____ YES _____ If yes, where _____

Time of evacuation _____

Last message number _____ Next message due at _____.

- 2.10.1 Request Emergency Coordinator to provide periodic updates to the EOFD concerning plant status.
- 2.10.2 Inform the Emergency Coordinator that the EOFD will provide dose assessment and field monitoring data on a periodic basis.
- 2.10.3 Record EOF Activation Time: _____

NOTE: TSC remains responsible for all Offsite Notifications required by Title III (Hazardous Materials Spills).

- 2.11 Announce to all EOF personnel that the EOF is activated. Provide time of activation and name of EOF Director.

NOTE: For all drills, precede messages with "This is a drill."

Example message:

"May I have your attention please. The EOF is activated as of (time) hours. This is (Name). I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center.

The plant status is....."

- 2.12 Determine that the EOF Managers understand they are responsible for each of the following actions:

NAME

EOF Director _____

- ◆ Emergency Classification
- ◆ Protective Action Recommendations
- ◆ Approval of news releases.

NOTE: News releases may be approved by Public Spokesperson if the news releases only contain information already approved by the EOFD on the notification form.

Offsite Communications Manager _____

- ◆ Notification to offsite agencies.
- ◆ Contact for offsite agency support (i.e.; medical, fire, law enforcement)

Operations Interface Manager _____

- ◆ Emergency classification recommendation
- ◆ Plant status

Step 2.12 Continued to the next page.

Radiological Assessment Manager _____

- ◆ Dose Calculations
- ◆ Field Monitoring
- ◆ HPN Communication
- ◆ TSC radio to the EOF operational

NOTE: The following two managers do not have to be in place in a required time frame. Sign off Step 2.12 when the first four managers are identified. Continuation to Step 2.13 should commence while completing this step.

News Director _____

- ◆ Interface with news media.
- ◆ Update of company officers.
- ◆ Update Industry groups. This includes INPO.
- ◆ Provide technical briefers to the SC Emergency Operations Center (SEOC), Pickens Emergency Operations Center (PEOC) and Oconee Emergency Operations Center (OEOC), and the Joint Information Center (JIC). (Note: JIC is in the EOF).

Sites Services Group Manager _____

- ◆ Update of Duke Power Insurance Department
- ◆ Access Control
- ◆ Responsible for any actions relating to Security
- ◆ Facility equipment repair
- ◆ Assure 24 hr. Staffing for EOF positions

2.13 Notify SEPD and Oconee and Pickens CEPD that the EOF has assumed turnover from the TSC. This duty may be assigned to the following positions:

- ◆ EOF Logkeeper
- ◆ Emergency Planning Manager

2.13.1 Contact SEPD after each message is transmitted to provide additional information/follow-up.

2.14 Verify with the News Director that the Executive Vice President, Nuclear Generation, has been notified of the emergency status.

2.15 Make an announcement over the EOF PA system requesting persons who are medical first responders or EMT's to register that information with the SSG Manager.

2.16 EOF Director may approve entry of personnel to the Emergency Operations Facility if the individual's training is not current. Each case would be decided on its own merits. Document decision in the EOF Director's log.

- 2.17 Hold round-table discussions with EOF managers every hour. (Secure timer from procedures cart.)
- 2.18 Keep EOF personnel updated on changing plant conditions after each round-table discussion. This duty may be assigned to the EOF Logkeeper.
- 2.19 **REFER TO** Enclosure 3.1, (Emergency Classification Tracking Sheet).

3. Enclosures

- 3.1 Emergency Classification Tracking Sheet
- 3.2 Emergency Classification Termination/Reduction Flowchart
- 3.3 Recovery Guidelines
- 3.4 Emergency Preparedness Acronyms
- 3.5 References

1. Emergency Classification Tracking

Review emergency classification and verify it meets the criteria of RP/0/B/1000/001, (Emergency Classification). Discuss changing plant conditions with Emergency Coordinator. Discuss classification prior to making recommendation.

- 1.1 **IF** A General Emergency is/or should be classified,
 THEN **GO TO** Step 4.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).
- 1.2 **IF** A Site Area Emergency is/or should be classified,
 THEN **GO TO** Step 3.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).
- 1.3 **IF** An Alert is/or should be classified,
 THEN **GO TO** Step 2.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

2. Alert

NOTE: If Steps 2.1 and 2.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

- 2.1 Discuss need to change classification with the Emergency Coordinator. Determine the following:
- ◆ Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE: World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

- ◆ Status of non-essential personnel evacuation
 - ◆ Have any chemical spills occurred? If yes, what?
 - ◆ Has fire brigade responded to any fires? Has offsite fire department responded?
 - ◆ Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}
- 2.2 Declare an Alert. Notify Offsite Communications Manager to complete an Emergency Notification Form in accordance with RP/0/B/1000/015C, (Offsite Communications From the Emergency Operations Facility), get it approved, and fax to the offsite agencies. (The Alert is officially declared when the Emergency Action Levels for the initiating condition have been exceeded.)
- 2.2.1 Time of declaration: _____

Emergency Classification Tracking Sheet

NOTE:

- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

2.3 When the message form is completed and the form has been sent, contact the SEPD at the SEOC. This is in addition to contact by the State/County Communicator.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	<u>8-1(803)737-8500</u>

2.3.1 **IF** the SEOC has **NOT** been activated,
THEN Contact the County Emergency Preparedness Directors (CEPD) to discuss plant status.

Oconee CEPD _____ 8-1(864)638-4200

Pickens CEPD _____ 8-1(864)898-5943

2.3.2 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}

2.4 Notify Emergency Coordinator of change in classification. Request Emergency Coordinator to notify the NRC EOC regarding current emergency classification.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

2.5 Announce the emergency class and the time of classification to EOF personnel.

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

2.6 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are located in the procedures cart.

Emergency Classification Tracking Sheet

- 2.7 Review emergency classification to determine if it is current and meets the criteria of RP/0/B/1000/001, (Emergency Classification).
 - 2.7.1 **IF** the emergency classification remains as an Alert,
THEN have the Offsite Communications Manager continue updating the state and counties by message form every **60 minutes**.
 - 2.7.2 Keep EOF personnel informed concerning plant conditions.
 - 2.7.3 Keep EC aware of offsite conditions.
 - 2.7.4 Log actions in the EOF Director's log.
 - 2.7.5 Remain in this step until plant conditions dictate a change in emergency classification.
- 2.8 **IF** A Site Area Emergency is determined,
THEN **GO TO** Step 3.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).
- 2.9 **IF** A General Emergency is determined,
THEN **GO TO** Step 4.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).
- 2.10 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

3. Site Area Emergency

NOTE: If Steps 3.1 and 3.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

- 3.1 Discuss need to change classifications with the Emergency Coordinator. Determine the following:
- ◆ Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE: World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

- ◆ Status of non-essential personnel evacuation?
 - ◆ Have any chemical spills occurred? If yes, what?
 - ◆ Has fire brigade responded to any fires? Have offsite fire department responded?
 - ◆ Has dam failure for Keowee or Jocassee occurred? Actions taken?
 - ◆ Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}
- 3.2 Declare a Site Area Emergency. Notify Offsite Communications Manager to complete an Emergency Notification Form in accordance with RP/0/B/1000/015C, (Offsite Communications From the Emergency Operations Facility), get it approved, and fax to the offsite agencies. (The Site Area Emergency is officially declared when the Emergency Action Levels for the initiating condition have been exceeded.)

3.2.1 Time of declaration: _____

NOTE:

- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

3.3 **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure **AND** include on the Emergency Notification Form under Section 15 (B) and (D):

- ◆ Move residents living downstream of the Keowee Hydro Project dams to higher ground.
- ◆ Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed

3.4 When message form has been sent, contact SEPD. This is in addition to contact by the State/County Communicator.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD		<u>8-1(803)737-8500</u>

3.4.1 **IF** the SEOC has **NOT** been activated,
THEN Contact the County Emergency Preparedness Directors (CEPD) to discuss plant status.

Oconee CEPD		<u>8-1(864)638-4200</u>
Pickens CEPD		<u>8-1(864)898-5943</u>

3.4.2 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}

3.5 Notify Emergency Coordinator of change in classification. Request Emergency Coordinator to notify the NRC EOC regarding current emergency classification.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

3.6 Announce the emergency class **AND** the time of classification to EOF personnel.

Emergency Classification Tracking Sheet

- 3.7 **IF** Fire apparatus is needed to provide water to the spent fuel pool,
THEN Contact the Oconee CEPD to provide sufficient fire apparatus (at least three pumper trucks of 1000 gpm, or greater, capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh and Keowee Key Rural Volunteer Fire Departments should be requested to provide support). Provide instructions concerning entry to the site.

NOTE: A loss of offsite communications capabilities (Selective Signaling and the WAN) could occur within **1.5 hours** after Keowee Hydro dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be stated **AS SOON AS POSSIBLE**.

- 3.8 **IF** A Condition A, Keowee Dam failure, exists,
THEN Request Sites Services Group to notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer them to Selective Signaling Section of the Emergency Telephone Directory (page 9).
- 3.9 Request Radiological Assessment Manager to provide information regarding potential sectors that would be affected should emergency be upgraded to a General Emergency.

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

- 3.10 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are available in the emergency procedures cart.
- 3.11 Review emergency classification to determine if it is current and meets the criteria of RP/0/B/1000/001, (Emergency Classification).
- 3.11.1 **IF** the emergency classification remains as a Site Area Emergency,
THEN have the Offsite Communications Manager continue updating the counties by message form every **60 minutes**.
- 3.11.2 Keep EOF personnel informed concerning plant conditions.
- 3.11.3 Keep EC aware of offsite conditions.
- 3.11.4 Log actions in the EOF Director's log.
- 3.11.5 Remain in this step until plant conditions dictate a change in emergency classification.
- 3.12 **IF** A General Emergency is determined,
THEN **GO TO** Step 4.0 of this enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

Emergency Classification Tracking Sheet

- 3.13 **IF** the termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN GO TO Step 5.0 of this enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).
- 3.14 **IF** the reduction criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN REFER TO Step 3.16.
- 3.15 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility), get it approved, and send it to the offsite agencies.
- 3.16 When message form has been sent, contact SEPD to discuss emergency classification reduction. This is in addition to contact by the State/County Communicator.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	<u>8-1(803)737-8500</u>
3.16.1	IF the SEOC has NOT been activated, THEN Contact the County Emergency Preparedness Directors (CEPD) to discuss plant status.	
Oconee CEPD	_____	<u>8-1(864)638-4200</u>
Pickens CEPD	_____	<u>8-1(864)898-5943</u>

- 3.17 Consider the present working copy procedure as being completed since the classification is reduced to an Alert.
 - 3.17.1 Obtain a new working copy of RP/0/B/1000/020, (Emergency Operations Facility Director Procedure) from the procedures cart and **GOTO** Enclosure 3.1, (Emergency Classification Tracking Sheet) Step 2.1.

4. General Emergency

NOTE: If Steps 4.1 **AND** 4.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

- 4.1 Discuss changing plant conditions **AND** emergency classification with Emergency Coordinator prior to making recommendation. Determine the following:

◆ Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE: World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

◆ Status of non-essential personnel evacuation?

◆ Have any chemical spills occurred? If yes, what?

◆ Has fire brigade responded to any fires? Have offsite fire departments responded?

◆ Has dam failure at Keowee or Jocassee occurred? Actions taken?

◆ Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}

NOTE:

- The General Emergency is officially declared at this time.
- Protective Action recommendations are the sole responsibility of the EOF Director. Use input from other managers. Continually review plant status for change in Protective Action Recommendations. Review the requirements of RP/0/B/1000/024, (Protective Action Recommendations).

- 4.2 Declare a General Emergency. Initial protective action recommendation is to evacuate 2 mile radius and 5 miles downwind.

4.2.1 Time of Declaration: _____

NOTE:

- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

- 4.2.2 Notify Offsite Communications Manager to begin completing a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility).
 - A. Request Radiological Assessment Manager to determine the exact sectors to be evacuated and sheltered using HP/0/B/1009/018, (Offsite Dose Projections).
 - B. Provide the following protective action recommendations for use by the offsite communicator to complete the emergency notification form.

	PICKENS COUNTY							OCONEE COUNTY						
	A0	A1	B1	C1	A2	B2	C2	A0	D1	E1	F1	D2	E2	F2
EVACUATE														
SHELTER														

- C. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists, **THEN** Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15 (B) and (D):
 - ◆ Move residents living downstream of the Keowee Hydro Project dams to higher ground.
 - ◆ Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

Emergency Classification Tracking Sheet

- 4.3 When message form is completed and the form has been sent, contact SEPD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

- 4.3.1 **IF** the State Emergency Operations Center has been activated, **THEN** contact the SEPD.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	<u>8-1(803)737-8500</u>

- 4.3.2 **IF** the State Emergency Operations Center has **NOT** been activated, **THEN** contact the CEPD.

Oconee CEPD _____ 8-1(864)638-4200

Pickens CEPD _____ 8-1(864)898-5943

- 4.3.3 Request SEPD or CEPD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEPD or CEPD:

B. Information received from : _____ Time: _____

- 4.4 Notify the Emergency Coordinator of the change in classification **AND** the current protective action recommendations. Request Emergency Coordinator to notify the NRC EOC of the change in emergency classification **AND** the protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

- 4.5 Announce the emergency class **AND** the time of classification to EOF personnel. Provide the current protective action recommendations.

Emergency Classification Tracking Sheet

- 4.6 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}
- 4.7 **IF** Fire apparatus is needed to provide water to the Spent Fuel Pool,
THEN Contact the Oconee CEPD to provide sufficient fire apparatus (at least three pumper trucks of 1000 gpm, or greater, capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh and Keowee Key Rural Volunteer Fire Departments should be requested to provide support). Provide instructions concerning entry to the site.
- 4.8 Evaluate plant status.
- 4.8.1 **IF** emergency classification remains as a General Emergency,
THEN have Offsite Communications Manager continue updating the counties by message form every **60 minutes**.
- 4.8.2 Keep EOF personnel informed concerning plant conditions.
- 4.8.3 Keep EC aware of offsite conditions.
- 4.8.4 Log actions in the EOF Director's log.
- 4.8.5 Remain in this step until plant conditions dictate a change in protective action **OR** emergency classification.
- 4.8.6 **IF** Additional protective action recommendations are required by RP/0/B/1000/024, (Protective Action Recommendations),
THEN **GO TO** Step 4.9.
- A. Additional PAR Determination Time: _____ {4}
- 4.8.7 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) are met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

<p>NOTE: Transmission of a change in protective action recommendations must begin within 15 minutes of determination.</p>
--

- 4.9 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) providing the additional protective action recommendations, get it approved, and send it to the offsite agencies.

Emergency Classification Tracking Sheet

- 4.10 When the message form has been sent, contact SEPD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

- 4.10.1 **IF** the State Emergency Operations Center has been activated, **THEN** contact the SEPD.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	<u>8-1(803)737-8500</u>

- 4.10.2 **IF** the State Emergency Operations Center has **NOT** been activated, **THEN** contact the CEPD.

Oconee CEPD	_____	<u>8-1(864)638-4200</u>
Pickens CEPD	_____	<u>8-1(864)898-5943</u>

- 4.10.3 Request SEPD or CEPD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEPD or CEPD:

B. Information received from : _____ Time: _____

- 4.11 Notify the Emergency Coordinator of the change in protective action recommendations.

4.11.1 Request Emergency Coordinator to notify the NRC EOC of the change in protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

- 4.12 Announce the current protective action recommendation **AND** plant status to EOF personnel.

Emergency Classification Tracking Sheet

- 4.13 Evaluate Plant status.
- 4.13.1 **IF** emergency classification remains as a General Emergency,
THEN have the Offsite Communications Manager continue updating the counties by message form every **60 minutes**.
- 4.13.2 Keep EOF personnel informed concerning plant conditions.
- 4.13.3 Keep EC aware of offsite conditions.
- 4.13.4 Log actions in the EOF Director's log.
- 4.13.5 Remain in this step until plant conditions dictate a change in protective action **OR** emergency classification.
- 4.13.6 **IF** Additional protective action recommendations are required by RP/0/B/1000/024, (Protective Action Recommendations),
THEN **GO TO** Step 4.14.
- A. Additional PAR Determination Time: _____ {4}
- 4.13.7 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) are met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

<p>NOTE: Transmission of a change in protective action recommendations must begin within 15 minutes of determination.</p>
--

- 4.14 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) providing the additional protective action recommendations, get it approved, and send it to the offsite agencies.

Emergency Classification Tracking Sheet

- 4.15 When the message form has been sent, contact SEPD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

- 4.15.1 **IF** the State Emergency Operations Center has been activated, **THEN** contact the SEPD.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	8-1(803)737-8500

- 4.15.2 **IF** the State Emergency Operations Center has **NOT** been activated, **THEN** contact the CEPD.

Oconee CEPD	_____	8-1(864)638-4200
Pickens CEPD	_____	8-1(864)898-5943

- 4.15.3 Request SEPD or CEPD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEPD or CEPD:

B. Information received from : _____ Time: _____

- 4.16 Notify the Emergency Coordinator of the change in protective action recommendations.

4.16.1 Request Emergency Coordinator to notify the NRC EOC of the change in protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

- 4.17 Announce the current protective action recommendation **AND** plant status to EOF personnel.

Emergency Classification Tracking Sheet

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

- 4.18 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are available in the emergency procedures cart.
- 4.19 **WHEN** termination criteria are met, **GO TO** Step 5.0 of Enclosure 3.1 (Emergency Classification Tracking Sheet).

5. Termination

- 5.1 **IF** Terminating from an Alert or Site Area Emergency,
THEN **GO TO** Step 5.3.
- 5.2 **IF** In a General Emergency,
THEN Discuss with the NRC Director of Site Operations (NRCDSO) and the SEPD that the termination criteria have been met.

5.2.1 Secure agreement from the two directors to terminate the event.

5.2.2 Document names and time decision made below.

	<u>NAME</u>	<u>Telephone Numbers</u>	<u>Time</u>
SEPD	_____	8-1(803)737-8500	_____
NRCDSO	_____	(In person in EOF)	_____

- 5.3 Request Offsite Communications Manager to complete message form and send it in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) to terminate the emergency.

- 5.4 **IF** terminating from an Alert or a Site Area Emergency,
THEN notify the following agencies.

	<u>NAME</u>	<u>Telephone Numbers</u>
SEPD	_____	8-1(803)737-8500

- 5.4.1 **IF** the SEOC has **NOT** been activated,
THEN contact the County Directors of Emergency Planning (CEPD).

Oconee CEPD	_____	8-1(864)638-4200
Pickens CEPD	_____	8-1(864)898-5943

Emergency Classification Tracking Sheet

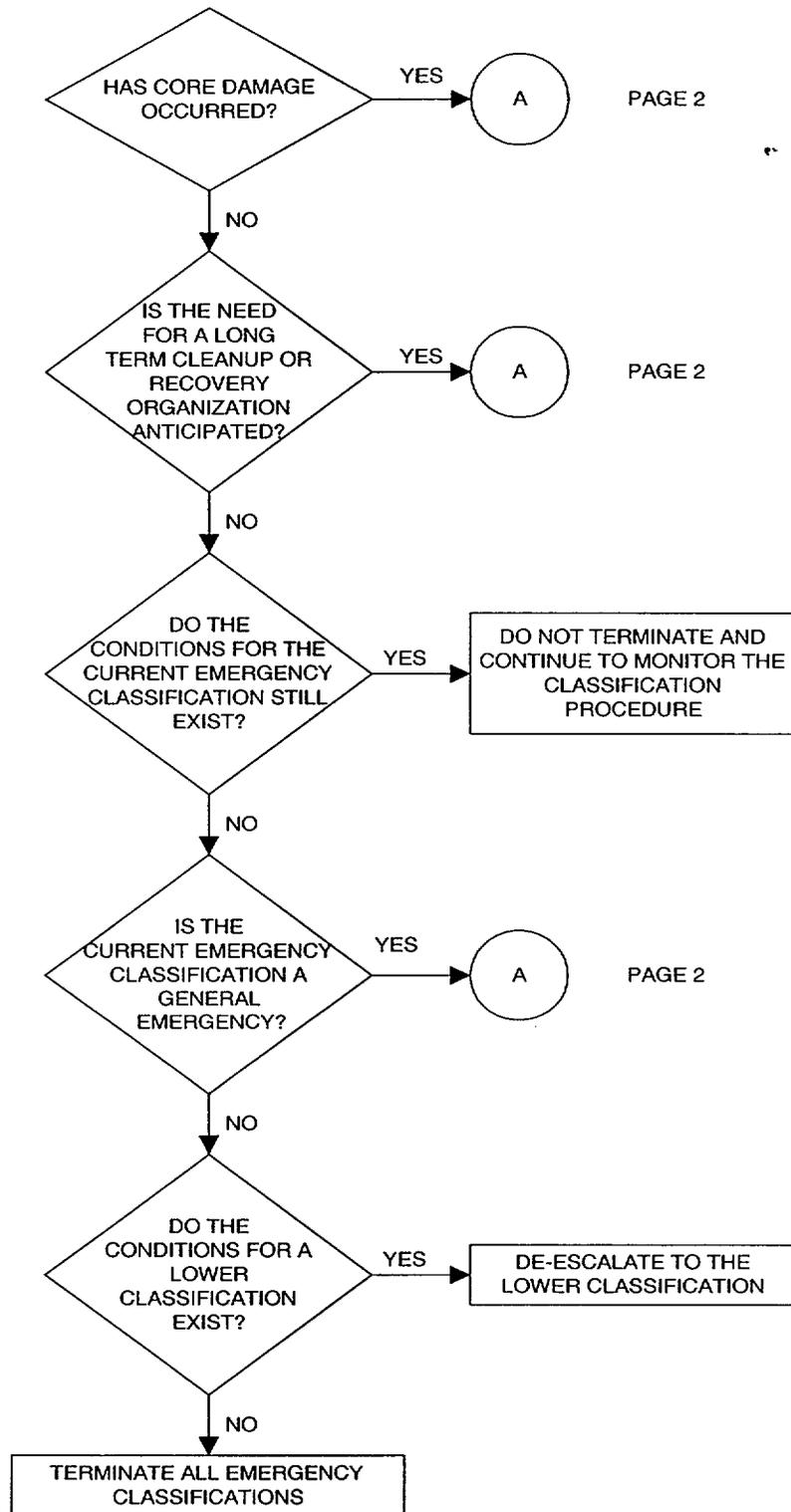
- 5.5 **IF** terminating from an emergency involving dam failure (Keowee or Jocassee),
THEN discuss termination with Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {6}

- 5.6 Establish Recovery Organizations if needed.
 - 5.6.1 **GO TO** Enclosure 3.3, (Recovery Guidelines).

 - 5.6.2 **IF** Recovery Organizations are **NOT** required,
THEN GO TO Step 5.7.

- 5.7 Request Emergency Planning to provide a copy of the License Event Report (LER) to state and county agencies at the time it is sent to the NRC.

Emergency Classification Termination Criteria



**Emergency Classification Termination
Criteria**

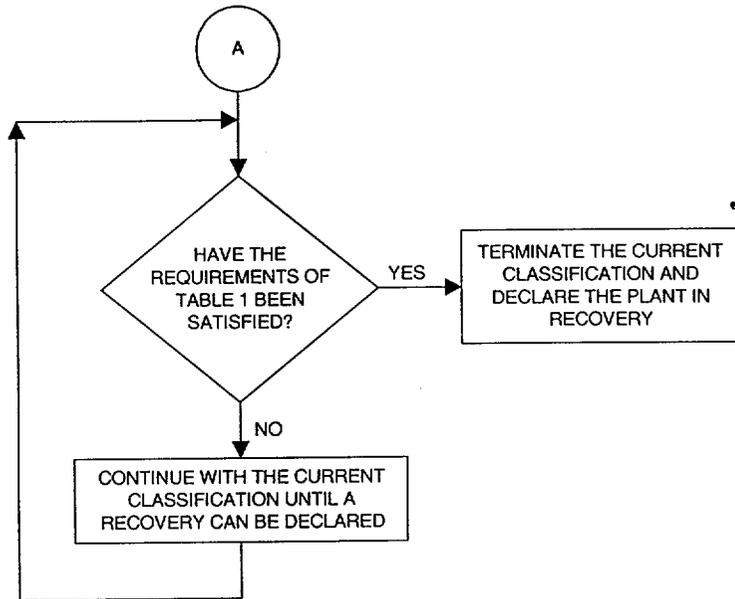


TABLE 1

RECOVERY CONDITIONS	
___	NO NEW EVACUATION OR SHELTERING PROTECTIVE ACTIONS ARE ANTICIPATED
___	CONTAINMENT PRESSURE IS LESS THAN DESIGN PRESSURE
___	CONTAINMENT HYDROGEN LEVELS ARE BEING MAINTAINED WITHIN LIMITS
___	LONG TERM CORE/DEBRIS COOLING HAS BEEN ESTABLISHED
___	THE RISKS FROM RECRITICALITY ARE ACCEPTABLY LOW
___	RADIATION PROTECTION IS MONITORING ACCESS TO RADIOLOGICALLY HAZARDOUS AREAS
___	OFF-SITE CONDITIONS DO NOT LIMIT PLANT ACCESS
___	THE NEWS DIRECTOR, NRC OFFICIALS, AND STATE REPRESENTATIVES HAVE BEEN CONSULTED TO DETERMINE THE AFFECTS OF TERMINATION ON THEIR ACTIVITIES
___	THE RECOVERY ORGANIZATION IS READY TO ASSUME CONTROL OF RECOVERY OPERATIONS

1. Recovery Guidelines

The Recovery Manger shall be responsible for the following:

- 1.1 Make a PA announcement as follows:

“Agreement has been reached between Duke, the State of South Carqlina and the NRC that the General Emergency classification is terminated. Recovery Operations are being initiated at the site. Actions are underway to determine when people who have been evacuated from their homes can return. As this information is made available, it will be released to the public.”

- 1.2 Establish a Recovery Organization to handle offsite consequences.

1.2.1 The offsite recovery organization will stay at the EOF and work with the counties and state if radiological conditions exist beyond the ONS site boundary.

1.2.2 The onsite recovery organization will be established by the Emergency Coordinator.

- 1.3 Make the following assignments:

Recovery Manager _____

Radiological Assessment Manager _____

Field Monitoring Coordinator _____

Emergency Planning Manager _____

Sites Services Group Manager _____

- 1.4 Assure staffing for long-term operation.

NOTE: Once recovery has been determined, the emergency notification message forms are no longer used.
--

- 1.5 Contact the SEPD to discuss work in progress at the EOF and determine communication channels and notifications expected.

- 1.6 Discuss with each manager the activities they have in progress.

Enclosure 3.3
Recovery Guidelines

RP/0/B/1000/020
Page 2 of 2

- 1.7 Radiological Assessment Responsibilities
 - 1.7.1 Provide ingestion pathway dose assessments
 - 1.7.2 Provide ongoing communications with DHEC Nuclear Emergency Planning
 - 1.7.3 Evaluate environmental concentrations within the radiological footprint
 - 1.7.4 Provide technical assistance to Joint Information Center
 - 1.7.5 Help plan for reactor building purge as needed
- 1.8 Emergency Planning Responsibilities
 - 1.8.1 Communications to the State and County Emergency Directors
 - 1.8.2 Review information being released through the news medium
- 1.9 Sites Services Group Manager Responsibilities
 - 1.9.1 Assure ANI (insurance) is set up for public inquiry
 - 1.9.2 Provide services as required
- 1.10 Joint Information Center Responsibilities
 - 1.10.1 Providing news releases
 - 1.10.2 Work with media/public to reduce rumors
- 1.11 Responsibilities of the Site's Outage Manager
 - 1.11.1 Provide Recovery Manager with updates on work in progress at the site
- 1.12 Keep the Emergency Operations Facility activated and staffed until consensus is reached by Duke and State of South Carolina there is no basis for continuous staffing.
 - 1.12.1 Record time and date that Emergency Operations Facility/Joint Information Center were closed.
 - A. EOF/JIC Closed _____
Time/Date

Emergency Preparedness Acronyms

BSHWM	Bureau of Solid and Hazardous Waste Management
CEPD	County Emergency Preparedness Director/Division
DHEC	Department of Health and Environmental Control
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
EPA	Emergency Preparedness Agency
FAX	Facsimile
FEOC	Forward Emergency Operations Center (Clemson)
FTS-2000	NRC Emergency Telephone Communication System
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning (BSHWM)
NRCDSO	Nuclear Regulatory Commission Director of Site Operations
NRC EOC	Nuclear Regulatory Commission Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendations
SCC	State/County Communicator
SEPD	State Emergency Preparedness Director/Division
SEOC	State Emergency Operations Center (Columbia)
SSG	Site Services Group
SWP	State Warning Point
TSC	Technical Support Center

1. PIP References

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-99-03527
4. PIP O-99-03971
5. PIP O-99-04165
6. PIP O-01-03460

INFORMATION ONLY

DTG-007
Rev. 06

TRAINING DIVISION

Approval
Revised Date
Original Date
Prepared By
EP Review

Beutlegger
12-11-01
6/4/92
Paul L. White
M. R. Stone

Oconee Training Division Training Guide

Training Division Emergency Response Guide

1.0 OBJECTIVE

The purpose of this guide is to define the role that the Oconee Training Division Group fulfills in support of the Oconee Nuclear Station Emergency Plan.

NOTE: Emergency Planning must review revisions to this guide and receive a control copy within seven working days of approval. Also a 10CFR50.54(q) evaluation shall be completed by the Emergency Planning Manager prior to approval of changes to this document.

2.0 SCOPE

This guide is applicable to all Training Division personnel.

3.0 REFERENCES

Oconee Nuclear Station Emergency Plan
NSD 114 - Site Assembly/Evacuation Process
RP/O/B/1000/009 - Procedure for Site Assembly
RP/O/B/1000/10 - Procedure for Emergency Evacuation/Relocation
of Site Personnel

4.0 RESPONSIBILITY

Each individual in the Training Division is responsible for following the requirements of this training guide in support of the Emergency Response Plan.

5.0 PROCEDURE

5.1 Accountability of Training Personnel

A. All ***Training Division personnel***, including those who support the Emergency Response Organization, shall assemble at their designated assembly location as follows:

- ***Oconee Training Center personnel*** assemble in their designated work area
- ***All Training personnel in the OOB*** assemble outside the EM&S Training Manager's office
- ***Maintenance Training Facility personnel*** assemble outside the Maintenance Training Supervisor's office

Personnel unable to reach the assembly area within **eight** minutes shall telephone their supervisor and identify their current location.

- B. ***Training personnel*** located **inside** the Protected Area when site assembly commences, shall proceed out of the protected area and report to their designated assembly location. Personnel unable to reach the designated assembly point within **eight** minutes shall go to the nearest assembly point, swipe their security badge at the card reader and call their supervisor.
- C. ***Training personnel*** working **inside** the RCA/RCZ who are wearing protective clothing shall go to the nearest change room, frisk appropriately, and swipe their security badge. They shall immediately call their supervisor to report their location and await further instructions.
- D. ***Training personnel*** who report to the *Technical Support Center (TSC)*, *Operational Support Center (OSC)*, and the *Emergency Operations Facility (EOF)* as members of the Emergency Response Organization shall notify their Training Evacuation Coordinator listed on Enclosure 6.1 prior to leaving their assembly point.

- E. ***Permanently badged students*** attending classes at the OOB, MTF or Complex shall call and VERBALLY speak to their Station Work Group Contact, who will report accountability for them. The student should remain in the classroom until site assembly is secured per the PA announcement. The Training Instructor will provide evacuation instructions in the event that a site evacuation should occur.
- F. ***Students at the OTC*** will be accounted for as follows:
- The Training OTC Site Assembly Contact will report all students in long term classes, such as Hot License Prep Class, Introduction to Systems Specific, and GFES Class.
 - Students in requal will be accounted for by the OSM.
 - Operations staff personnel who are in training at the OTC during a site assembly shall verbally call their station work group contact who will report accountability for them.
 - The Training OTC Site Assembly Contact shall provide evacuation instructions when needed.
- G. ***In-processing students*** shall call and VERBALLY speak to their Vendor Site Representative, who will report accountability for them. If the Vendor Site Representative is not available, the student shall call the Work Force Coordinator at extension 3974 or the Resource Deployment Contact at extension 4502. The student should remain in the classroom until site assembly is secured per the PA announcement. The Training Instructor will provide evacuation instructions in the event that a site evacuation should occur.
- H. ***Training Visitors (non-Duke):***
- Visitors being escorted inside the Protected Area should assemble with their permanently badged escort
 - Visitors outside the Protected Area should assemble with their training contact
- Training Visitors (badged from the G.O. or another Duke site):***
- Proceed out of the Protected Area, and report to the designated training contact. If this cannot be accomplished within eight minutes, proceed to the nearest assembly point (reference RP/O/B/1000/009 and NSD 114), swipe security badge at the card reader, and call designated training contact.
 - If visitor is outside the Protected Area, assemble with designated training contact

- I. Training personnel not supporting the Emergency Response Organization shall remain at their assembly location until released by the Emergency Coordinator.
- J. The access gate may or may not be manned during a site assembly. If you report to the site during a site assembly, proceed as normal to your work location unless directed otherwise by Security.

5.2 Site Assembly - Normal Work Hours (Monday - Thursday)

- A. Designated Training Division site assembly contacts are listed on Enclosure 6.1. They shall be responsible for ensuring that their section accountability status is reported to the HR Administrative Specialist at extension 4135, within 10 minutes. Each site assembly contact should report the total number of training personnel for their group, and include in that number any training visitors interfacing with their group who are located outside the protected area. If the HR Administrative Specialist is not available, this accountability shall be reported to the Training Administrative Specialist at extension 3396, who will in turn make accountability to the Security Shift Supervisor/designee at extension 5050.
- B. If telephone lines are inoperable; accountability status should be reported by available means (e.g., use of a messenger).
- C. Name, group and last known location of unaccounted personnel will be provided by the person reporting the personnel accountability. If last known location of unaccounted personnel is inside the Protected Area, Security will try to locate. If the last known location is outside the Protected Area, Training is responsible for locating personnel.

5.3 Site Assembly - Back Shifts, Weekends and Holidays

- A. The Supervisor or senior individual at each designated assembly location shall report accountability to the Security Shift Supervisor/designee at extension 5050.
- B. If telephone lines are inoperable, accountability status should be reported by available means (e.g., use of a messenger).
- C. Any individual not accounted for shall be identified by name, group and last known location.

5.4 Providing Twenty-Four (24) Hour Coverage

- A. If the emergency situation dictates, a shift rotation schedule will be developed for emergency response personnel to provide twenty-four hour coverage. The shift rotation schedule will be developed prior to implementation of site evacuation.

5.5 Site Evacuation

- A. The Emergency Coordinator will assess plant conditions and determine when an emergency situation requires site evacuation or relocation of personnel.
- B. If evacuation or relocation is required, the TSC OffSite Communicator is responsible for ensuring that evacuation/relocation instructions are provided for the site. The Training Division Evacuation Coordinators listed on Enclosure 6.1 are responsible for coordinating and implementing evacuation/relocation activities for the Training Division.
- C. Evacuation instructions will be coordinated by the Evacuation Coordinators in accordance with NSD 114 and RP/0/B/1000/10. NSD 114 provides evacuation instruction sheets when the LAN is unavailable.
- D. The following guidelines are to be used by the Evacuation Coordinator should site evacuation take place:
 1. When the PA announcement is made to evacuate, access the Site Evacuation Plan from the LAN at the following location: *"Duke Application Environment, Oconee Desktop, Oconee Information Library, Evacuation Plan"*.
 2. Note: The OTC is not included in the site PA system. Security provides only the initial site assembly announcement to the OTC. Therefore, the OOB Training Evacuation Coordinator will relay any announcements concerning evacuation to the OTC Evacuation Coordinator. Also, when the Site Evacuation Plan cannot be accessed on the LAN, the OOB Training Evacuation Coordinator will inform the OTC Evacuation Coordinator.
 3. Each Evacuation Coordinator will be contacted by the Training Manager/designee to discuss evacuation plans, shift coverage and other evacuation related information. When the Training Manager is the acting EOF Director, this contact will be made from the EOF to Evacuation Coordinators listed on Enclosure

- 6.1. When the Training Manager is **NOT** the EOF Director, he may be performing other duties at the EOF and may not be available to make phone contacts. Therefore, in this circumstance, or when the Training Manager is scheduled off, the EM&S Manager/designee will fulfill this responsibility.
4. Obtain the Training Manager/designee's phone number for future call back and communication. Per the Training Manager, everyone will be evacuated unless otherwise notified.
 5. Make copies of the evacuation plan for each person.
 6. Instruct personnel, including students, to evacuate at designated times to designated location, based on instructions provided.
 7. If personnel are relocated to the OTC or Complex, contact the Training Manager/designee and provide the phone number of your new location.
 8. Call the TSC Offsite Communicator at extension 3706 to arrange bus transportation for personnel who cannot access their personal vehicle or obtain a ride with a co-worker.
 9. The Evacuation Coordinator should be the last person to evacuate even if they are identified as Category 1 or 2.
 10. Call the Training Manager/designee (using extension obtained in step 4 above) to report evacuation complete.

5.6 Staffing the Emergency Response Organization

- A. The TSC/OSC/EOF will be staffed in accordance with the Emergency Response Organization. Facility locations are as follows:

Primary

TSC: Units 1 & 2 Control Room - Kitchen Area
OSC: Room behind Unit 3 Control Room
EOF: Duke Power Operations Center - Issaqueena Trail

Alternate

TSC: Oconee Office Building Room 316
OSC: Oconee Office Building Room 316A

B. Notification of Activation during Normal Work Hours:

Notification of TSC/OSC/EOF activation will normally occur over the site public address and pager systems if the condition or event results in an emergency classification of Alert, Site Area Emergency, or General Emergency. Designated TSC/OSC/EOF personnel shall respond as required. These personnel shall notify their Training Evacuation Coordinator prior to leaving their assembly point.

C. Notification of Activation during Off-Normal Work Hours:

During back shifts, weekends, and holidays, TSC/OSC/EOF response personnel shall be notified by pager or the Community Alert Network System. If a Duty person is notified through the Community Alert Network, the response code he/she must use is 1 2 3 4. Should the pager system become inoperable, personnel serving in a duty capacity will be notified by the Switchboard Operator.

D. The Training Division staffs the *Technical Support Facility* for the following positions:

Operations Superintendent Assistant
TSC NRC Communicator
Offsite Communicator
Emergency Planning

E. The Training Division staffs the *Emergency Operations Facility* for the following positions:

EOF Director
Operations Interface Manager
Offsite Communications Manager
EOF Field Monitoring Coordinator
EOF Radiological Assessment Manager

6.0 Enclosures

6.1 Oconee Training Division Contacts

Enclosure 6.1

OCONEE TRAINING DIVISION CONTACTS

SITE ASSEMBLY CONTACTS

<u>Training Facility</u>	<u>Primary Contact</u>	<u>Alternate Contact</u>
Maintenance Trng.	Sara Morse (3506)	Mike Shelby (3316)
Oconee Office Bldg.	Diane Burrell (3396)	Debra McDowell (3182)
Oconee Trng. Center Ops Trng. Manager	Paul Stovall (3307)	Cam Eflin (3031) John Steely (3446)
Oconee Trng. Center Supv. Eng. Sim.	Keith Welchel (3349)	Allen Collins (3361) Jeff Pottmeyer (3462) Tom Rice (3463) Tam Vo (3464)

EVACUATION COORDINATORS

<u>Training Facility Contact</u>	<u>Primary Contact</u>	<u>Alternate</u>
Maintenance Trng.	Mike Shelby (3316)	Terry Mason (4659)
Oconee Office Bldg.	Hal Cureton (3827)	Kelly Pilgrim (3838)
Oconee Trng. Center	David Covar (3452)	Cam Eflin (3031) John Steely (3446)