

TRANSMITTAL/ACKNOWLEDGEMENT MEMORANDUM

NOTIFICATION NO: 129
DATE: October 31, 2001

TO: NRC-NRR/Document Control Desk, Washington DC

SUBJECT: Emergency Plan Implementing Procedures (--- Series) Manual No: 91 *

Revisions to your controlled copy of the manual, as checked above, are attached. As indicated below, please remove and discard the superseded material and insert the revised material, or perform the changes as directed herein.

| MANUAL CONTENTS | REMOVE | | INSERT | |
|-------------------------------|--------|----------|--------|----------|
| | REV | DATE | REV | DATE |
| Appendix 1 – EPIP Forms Index | 21 | 10/22/01 | 22 | 10/31/01 |
| NOTE-05 16268 | 3 | | 4 | |

Verify the procedures listed in this distribution, or associated attachments or checklists, are not currently being performed. If any of these items are currently being performed, the verification signature below acknowledges that a controlled transition from the old revision to the new revision shall be made in accordance with Section 3.4 of ACP 101.01, "Procedure Use and Adherence."

_____ (Verification) _____ (Date)

(Can be N/A'd if revisions are being inserted into a reference manual)

Please acknowledge that the above action has been taken by signing below and returning this memorandum to:

**Duane Arnold Energy Center
Procedure Department
3277 DAEC Road
Palo, IA 52324**

I have inserted the above revisions in the Manual.

Signed Date

A045

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| Form Number | Title | Revision Number | Referencing Procedure |
|--------------------|--|------------------------|------------------------------|
| CR-01 | OSM/OSS Checklist | Rev. 2 | EPIP 2.5 |
| CR-02 | Back Panel Communicator Checklist | Rev. 0 | EPIP 2.5 |
| CR-03 | Dose Projection & ARM Data Sheet | Rev. 0 | EPIP 2.5 |
| CR-04 | Control Room to TSC Command and Control Transfer Checklist | Rev. 0 | EPIP 2.5 |
| EAL-01 | Abnormal Rad Levels/Radioactive Effluent Table | Rev. 1 | EPIP 1.1 |
| EAL-02 | Fission Barrier Table | Rev. 1 | EPIP 1.1 |
| EAL-03 | Hazards & Other Conditions Affecting Plant Safety | Rev. 1 | EPIP 1.1 |
| EAL-04 | System Malfunction Table | Rev. 1 | EPIP 1.1 |
| EOF - 02 | NRC - HPN Communicator Checklist | Rev. 3 | EPIP 1.5 |
| EOF - 03 | Technical Recorder Checklist | Rev. 2 | EPIP 1.5 |
| EOF - 04 | Summary of Computer Data Backup Collection Activities | Rev. 1 | EPIP 1.5 |
| EOF - 05 | EOF Information Services Representative Checklist | Rev. 2 | EPIP 1.5 |
| EOF - 06 | DAEC Key Parameter Log | Rev. 0 | EPIP 1.5 |
| EOF - 07 | Emergency Response and Recovery Director Checklist | Rev. 3 | EPIP 1.5 |
| EOF - 08 | Rad & EOF Manager Checklist | Rev. 5 | EPIP 1.5, 3.3 |
| EOF - 09 | EOF STA/OPS Liaison Checklist | Rev. 0 | EPIP 1.5 |
| EOF - 10 | EOF-TSC Communicator Checklist | Rev. 3 | EPIP 1.5 |
| EOF - 11 | Support Services Coordinator Checklist | Rev. 1 | EPIP 1.5 |
| EOF - 12 | Field Team Director Checklist | Rev. 0 | EPIP 1.5, 3.3 |
| EOF - 13 | Radiological Data Communicator Checklist | Rev. 0 | EPIP 1.5, 3.3 |

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| EOF - 14 | EOF MIDAS Operator Checklist | Rev. 1 | EPIP 1.5, 3.3 |
| EOF - 15 | Radiological Data Plotter Checklist | Rev. 0 | EPIP 1.5, 3.3 |
| EOF - 16 | Radiological Assessment Coordinator Checklist | Rev. 1 | EPIP 1.5, 3.3 |
| EOF - 17 | EOF Security Access Clerk Checklist | Rev. 1 | EPIP 1.5 |
| EOF - 18 | EOF Staffing Accountability Roster | Rev. 2 | EPIP 1.5 |
| EOF - 19 | Drill Announcement Message | Rev. 0 | EPIP 1.4, 1.5 |
| EOF - 20 | Emergency Announcement Message | Rev. 0 | EPIP 1.4, 1.5 |
| EOF - 21 | Personnel Access Log | Rev. 1 | EPIP 1.4, 1.5 |
| EOF - 22 | Registration Form | Rev. 0 | EPIP 14, 1.5 |
| EOF - 23 | Security Post Log | Rev. 1 | EPIP 1.4, 1.5 |
| EOF - 24 | First Floor Security Post Description | Rev. 1 | EPIP 1.4, 1.5 |
| EOF - 25 | Fourteenth Floor Security Post Description | Rev. 1 | EPIP 1.5 |
| EOF - 26 | deleted | | |
| EOF - 27 | Status Update Message - EOF Communicator | Rev. 0 | EPIP 1.5 |
| EOF - 28 | Verbal Closeout Summary | Rev. 0 | EPIP 1.5 |
| EOP - 29 | Written Closeout Summary | Rev. 0 | EPIP 1.5 |
| EOF - 30 | Status Board | Rev. 0 | EPIP 1.5 |
| EOF - 31 | Access B adge Example | Rev. 0 | EPIP 1.5 |
| EOF - 32 | EOF Staff Response | Rev. 2 | EPIP .15 |
| EOF - 33 | Recovery Issues | Rev. 0 | EPIP 5.2 |
| EOF - 34 | EOF Activities | Rev. 0 | EPIP 5.2 |
| EOF - 35 | Recovery Phase Plan Outline Guidance | Rev. 0 | EPIP .52 |
| EOF - 36 | RE-Entry Briefing Guide | Rev. 0 | EPIP 5.2 |
| EOF - 37 | RE-Entry Debriefing Guide | Rev. 0 | EPIP 5.2 |
| JPIC - 01 | JPIC Manager Checklist | Rev. 4 | EPIP 1.4 |

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| JPIC - 03 | Alliant Spokesperson Checklist | Rev. 3 | EPIP 1.4 |
| JPIC - 04 | Technical Liaison Checklist | Rev. 4 | EPIP 1.4 |
| JPIC - 05 | Sequence of Events | Rev. 0 | EPIP 1.4 |
| JPIC - 06 | Public Information Officer Support Checklist | Rev. 5 | EPIP 1.4 |
| JPIC - 07 | Logistics Coordinator Checklist | Rev. 4 | EPIP 1.4 |
| JPIC - 08 | Logistics Support Checklist | Rev. 4 | EPIP 1.4 |
| JPIC - 09 | Audiovisual Support Checklist | Rev. 4 | EPIP 1.4 |
| JPIC - 11 | Rumor Control Coordinator I Checklist | Rev. 3 | EPIP 1.4 |
| JPIC - 12 | Rumor Control Event Summary Log | Rev. 1 | EPIP 1.4 |
| JPIC - 13 | Rumor Control Coordinator II Checklist | Rev. 2 | EPIP 1.4 |
| JPIC - 14 | Public Rumor Control Checklist | Rev. 2 | EPIP 1.4 |
| JPIC - 15 | News Media Rumor Control Checklist | Rev. 4 | EPIP 1.4 |
| JPIC - 16 | Assistant JPIC Manager Checklist | Rev. 3 | EPIP 1.4 |
| JPIC - 17 | JPIC Security Access Control Checklist | Rev. 3 | EPIP 1.4 |
| JPIC - 18 | Sixth Floor Security Post Description | Rev. 2 | EPIP 1.4 |
| JPIC - 19 | JPIC Distribution List | Rev. 2 | EPIP 1.4 |
| JPIC-20 | Media Support Checklist | <i>DELETED</i> | EPIP 1.4 |
| NOTE-01 | ERO Notification - Off-hours Phone System Callout | Rev. 2 | EPIP 1.2 |
| NOTE-02 | ERO Notification - Alphanumeric Paging System Callout | Rev. 2 | EPIP 1.2 |
| NOTE-03 | Event Notification Worksheet | Rev. 1 | EPIP 1.2 |
| NOTE-04 | Plant Assembly Notification | Rev. 1 | EPIP 1.2 |
| NOTE-05 | Emergency Action Level Notification | Rev. 4 | EPIP 1.2 |
| NOTE-06 | Plant Page for Emergency Classification Changes | Rev.0 | EPIP 1.2 |
| ODEF-01 | ODEF Decontamination Waiting Area | Rev. 0 | EPIP 2.7 |

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| ODEF-02 | Floor Plan for ORAL/ODEF | Rev. 0 | EPIP 2.7 |
| ODEF-03 | Travel Route to ORAL/ODEF | Rev. 0 | EPIP 2.7 |
| ODEF-04 | 12th Avenue Entrance to ORAL/ODEF | Rev. 0 | EPIP 2.7 |
| ORAA-01 | Offsite Relocation and Assembly Area Supervisor's Checklist | Rev. 1 | EPIP 2.4 |
| ORAA-02 | Health Physics Support for the Offsite Relocation and Assembly Area | Rev. 0 | EPIP 2.4 |
| ORAA-03 | Security Support for the Offsite Relocation and Assembly Area | Rev. 0 | EPIP 2.4 |
| ORAA-04 | Offsite Relocation and Assembly Area | Rev. 0 | EPIP 2.4 |
| ORAA-05 | Offsite Relocation and Assembly Area Parking and Vehicle Monitoring | Rev. 0 | EPIP 2.4 |
| OSC-01 | OSC Layout | Rev. 0 | EPIP 2.1 |
| OSC-02 | OSC Organization Chart | Rev. 0 | EPIP 2.1 |
| OSC-03 | Minimum Staffing Level | Rev. 0 | EPIP 2.1 |
| OSC-04 | Recommended Log Entry Topics | Rev. 0 | EPIP 2.1 |
| OSC-05 | Emergency Event Log Sheet | Rev. 0 | EPIP 2.1 |
| OSC-06 | Personal Statement Concerning Incident | Rev. 0 | EPIP 2.1 |
| OSC-07 | Emergency Exposure Tracking Log | Rev. 0 | EPIP 2.1 |
| OSC-08 | OSC Supervisor Checklist | Rev. 0 | EPIP 2.1 |
| OSC-09 | Health Physics Supervisor Checklist | Rev. 0 | EPIP 2.1 |
| OSC-10 | Electrical, Mechanical, I&C Maintenance Supervisor Checklist | Rev. 0 | EPIP 2.1 |
| OSC-11 | Emergency Assignment Staffing Board Duties | Rev. 0 | EPIP 2.1 |
| PASE-02 | Onsite Assembly Locations | Rev. 2 | EPIP 1.3 |
| PASE-05 | Site Evacuation Routes | Rev. 0 | EPIP 1.3 |
| SAM-01 | EOP-SAG Transition Checklist | Rev. 0 | EPIP 2.2 |

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| TSC-01 | Emergency Coordinator Checklist | Rev. 1 | EPIP 2.2 |
| TSC-02 | TSC Supervisor Checklist | Rev. 0 | EPIP 2.2 |
| TSC-03 | Site Radiation Protection Coordinator Checklist | Rev. 0 | EPIP 2.2 |
| TSC-04 | Technical & Engineering Supervisor Checklist | Rev. 0 | EPIP 2.2 |
| TSC-05 | Quality Assurance Checklist | Rev. 0 | EPIP 2.2 |
| TSC-06 | Security & Support Supervisor Checklist | Rev. 0 | EPIP 2.2 |
| TSC-07 | Administrative Supervisor Checklist | Rev. 0 | EPIP 2.2 |
| TSC-08 | Material Management Supervisor Checklist | Rev. 0 | EPIP 2.2 |
| TSC-09 | TSC-CR-OSC Communicator Checklist | Rev. 1 | EPIP 2.2 |
| TSC-10 | CR-TSC-OSC Communicator Checklist | Rev. 1 | EPIP 2.2 |
| TSC-11 | TSC-EOF-JPIC Communicator Checklist | Rev. 0 | EPIP 2.2 |
| TSC-12 | ENS Communicator Checklist | Rev. 0 | EPIP 2.2 |
| TSC-13 | HPN Communicator Checklist | Rev. 0 | EPIP 2.2 |
| TSC-14 | TSC/OSC Operations Liaison Checklist | Rev. 1 | EPIP 2.2 |
| TSC-15 | Radiological Support Staff Checklist | Rev. 1 | EPIP 2.2 |
| TSC-16 | Radio Operator - Offsite Checklist | Rev. 0 | EPIP 2.2 |
| TSC-17 | Radio Operator - Onsite Checklist | Rev. 0 | EPIP 2.2 |
| TSC-18 | TSC MIDAS Operator Checklist | Rev. 0 | EPIP 2.2 |
| TSC-19 | Technical & Analysis Engineer Checklist | Rev. 1 | EPIP 2.2 |
| TSC-20 | TSC Operations Supervisor | Rev. 2 | EPIP 2.2 |
| TSC-21 | Electrical Engineer Checklist | Rev. 0 | EPIP 2.2 |
| TSC-22 | I & C Engineer Checklist | Rev. 0 | EPIP 2.2 |
| TSC-23 | Mechanical Engineer Checklist | Rev. 0 | EPIP 2.2 |
| TSC-24 | Reactor Engineer Checklist | Rev. 1 | EPIP 2.2 |
| TSC-25 | SPDS Operator Checklist | Rev. 1 | EPIP 2.2 |

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| TSC-26 | Information Services Representative Checklist | Rev. 1 | EPIP 2.2 |
| TSC-27 | Fire Marshall Checklist | Rev. 0 | EPIP 2.2 |
| TSC-28 | NRC Roles During A Nuclear Power Plant Emergency Checklist | Rev. 0 | EPIP 2.2 |
| TSC-29 | TSC Minimum Staffing Level | Rev. 1 | EPIP 2.2 |
| TSC-30 | Emergency Action Request Log | Rev. 0 | EPIP 2.2 |
| TSC-31 | Radio Operator Log | Rev. 0 | EPIP 2.2 |
| TSC-32 | Status Board Recorder | Rev. 0 | EPIP 2.2 |
| TSC-33 | Typical Organization of the NRC Site Team | Rev. 0 | EPIP 2.2 |
| TSC-34 | TSC Organization Chart | Rev. 1 | EPIP 2.2 |
| TSC-35 | Assignment Form | Rev. 0 | EPIP 5.2 |
| TSC-36 | Deactivation Report | Rev. 0 | EPIP 5.2 |
| TSC-37 | Plant Operations Status | Rev. 0 | EPIP 5.2 |
| TSC-38 | TSC/Control Room/OSC Activities | Rev. 0 | EPIP 5.2 |
| TSC-39 | TSC Clerical Checklist | Rev. 0 | EPIP 2.2 |
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EMERGENCY ACTION LEVEL NOTIFICATION FORM

| | | | | |
|---|--|--|--|---|
| INITIAL ROLL CALL <input type="checkbox"/> Benton County <input type="checkbox"/> Linn County <input type="checkbox"/> Iowa EMD | MESSAGE INITIATED Time: _____ Date: _____ | 1. STATUS <input type="checkbox"/> [A] ACTUAL <input type="checkbox"/> [B] DRILL <input type="checkbox"/> [C] TERMINATION <input type="checkbox"/> [D] UPDATE | 2. FACILITY IN COMMAND & CONTROL <input type="checkbox"/> [A] Control Room 2222 <input type="checkbox"/> [B] TSC.....3333 <input type="checkbox"/> [C] EOF.....4444 <input type="checkbox"/> [D] Simulator.....1111 | 3. ACCIDENT CLASSIFICATION <input type="checkbox"/> [A] UNUSUAL EVENT <input type="checkbox"/> [B] ALERT <input type="checkbox"/> [C] SITE AREA EMERGENCY <input type="checkbox"/> [D] GENERAL EMERGENCY <input type="checkbox"/> [E] RECOVERY <input type="checkbox"/> [F] CANCELLATION |
|---|--|--|--|---|

4. **EAL CLASSIFIED @ TIME:** _____ **DATE:** _____ **OR** **ACCIDENT TERMINATED @ TIME:** _____ **DATE:** _____
 (Fill in the EAL blank below **AND** circle appropriate letters from "Category" and Classification groups and number from the Sequence group.)

EAL _____

| Category (circle one) | | | | Classification (circle one) | | | | Sequence # (circle one) | | | | | | |
|-----------------------|----------|----------|----------|-----------------------------|----------|----------|----------|-------------------------|----------|----------|----------|----------|----------|----------|
| A | F | H | S | U | A | S | G | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | |
|--|---|---|
| 5. RELEASE TO ENVIRONMENT <input type="checkbox"/> [A] POTENTIAL (meets FS1 criteria) <input type="checkbox"/> [B] NONE (no High High KAMAN alarm) <input type="checkbox"/> [C] OCCURRING (High High KAMAN alarm) <input type="checkbox"/> [D] TERMINATED | 6. TYPE OF RELEASE <input type="checkbox"/> [A] NOT APPLICABLE <input type="checkbox"/> [B] RADIOACTIVE GAS (FILTERED) <input type="checkbox"/> [C] RADIOACTIVE GAS (UNFILTERED) <input type="checkbox"/> [D] RADIOACTIVE LIQUID | 7. PROJECTED DURATION OF RELEASE: <input type="checkbox"/> [A] NOT APPLICABLE <input type="checkbox"/> [B] UNKNOWN (4 hour default) <input type="checkbox"/> [C] RELEASE DURATION _____ hour(s) |
|--|---|---|

| | |
|--|--------------------------------------|
| 8. WIND DIRECTION: FROM _____ DEGREES | 9. WIND SPEED: _____ MILES/HR |
|--|--------------------------------------|

10. **UTILITY PROTECTIVE ACTION RECOMMENDATIONS**

| Unusual Event | Alert | Site Area Emergency |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> [A] None | <input type="checkbox"/> [B] None | <input type="checkbox"/> [C] Activate the Prompt Alert and Notification System AND Place dairy animals within the entire EPZ on stored feed and covered water. |

General Emergency

| | | |
|---|---|--|
| <input type="checkbox"/> [D] <i>Default Recommendations from Table 1, Table 2, OR dose projections ≥ 1 REM TEDE or 5 REM CDE @ 0-2 miles from site boundary.</i> Activate the Prompt Alert and Notification System, Place dairy animals within the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius and to 5 miles in the downwind subareas. | <input type="checkbox"/> [E] <i>Dose projections ≥ 1 REM TEDE or 5 REM CDE @ 2-5 miles from site boundary.</i> Activate the Prompt Alert and Notification System, Place dairy animals within the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius and to 5 miles in the downwind subareas, and shelter downwind subareas from 5 miles to EPZ edge. | <input type="checkbox"/> [F] <i>Dose projections ≥ 1 REM TEDE or 5 REM CDE @ 5-10 miles from site boundary.</i> Activate the Prompt Alert and Notification System, Place dairy animals in the entire EPZ on stored feed and covered water. AND Evacuate within a 2 mile radius, evacuate from 2 miles to EPZ edge in downwind subareas, and shelter as appropriate beyond EPZ edge. |
|---|---|--|

11. **ADDITIONAL INFORMATION:**

12. **APPROVED BY:** _____ (DATE) _____ (TIME) _____
 (OSM, EC, or ER&RD)

| 13. STATE PROTECTIVE ACTIONS | 0-2 | 2-5 | 5-10 | 10-EPZ |
|---|-----|---------------------|---|--------|
| Shelter Subareas (circle appropriate subareas) | 1 | 2, 3, 4, 5, 6, 7, 8 | 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 | 23,24 |
| Evacuate Subareas (circle appropriate subareas) | 1 | 2, 3, 4, 5, 6, 7, 8 | 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 | 23,24 |

| | | |
|--|--|---|
| MESSAGE TRANSMITTED BY: Name: _____ Facility: _____ | MESSAGE COMPLETED Time: _____ Date: _____ | FINAL ROLL CALL (INITIALS) Benton County _____ Linn County _____ Iowa EMD _____ |
|--|--|---|

EMERGENCY ACTION LEVEL NOTIFICATION FORM (NOTE 5)

NOTE 5 - INSTRUCTIONS FOR USE

Complete the notification form as follows:

INITIAL ROLL CALL - Dial 9999 and mark appropriate box for the applicable agency as they answer the initial roll call

MESSAGE INITIATED - Document the time and date at the completion of the initial roll call.

Read Items 1-12 on Notification Message Above - Read message starting at Item 1 at the top of the page through to Item 12.

1. **STATUS** - Mark the letter corresponding to the appropriate status description. "Update" would be used for examples listed in "Additional Information" under item # 11.

2. **FACILITY IN COMMAND & CONTROL** - Mark letter corresponding to the facility in command & control. Phone numbers listed are Microwave numbers for the facility.

3. **ON-SITE ACCIDENT CLASSIFICATION** - Mark the letter corresponding to the latest classification issued by the ERO facility.

4. **EAL CLASSIFIED** - Fill in the time and date at which this new accident classification was determined. Enter "N/A" if this notification is not for a new classification.

ACCIDENT TERMINATED - Fill in the time and date of the accident termination. Enter "N/A" if this is not a termination message.

EAL - Fill in and circle the current On-Site Emergency Action Level (EAL) code number. If this is a termination message, leave this portion of the section blank.

5. **RELEASE TO ENVIRONMENT** - Mark the letter corresponding to the appropriate description.

6. **TYPE OF RELEASE** - Mark the letter(s) corresponding to the appropriate release type(s). Filtered releases flow through any operable Standby Gas Treatment System to Offgas stack. An unfiltered release is one that is entering the environment by a path other than the SGBT System. If the release has multiple paths to the environment, mark ALL appropriate types of releases.

7. **PROJECTED DURATION OF RELEASE** - Mark the letter corresponding to the appropriate release duration. If the release duration is known, indicate appropriate hours and minutes that the release will last.

8. **WIND DIRECTION** - Fill in the direction in degrees, from where the wind is originating.

9. **WIND SPEED** - Fill in the wind speed in miles/hour.

10. **PROTECTIVE ACTION RECOMMENDATIONS** - Check one of the boxes corresponding to the appropriate default protective action recommendation. Refer to EPIP 3.3, Attachment 1 for guidance on Protective Action decision making.

11. **ADDITIONAL INFORMATION** - Additional information should be included when:

- * Abnormal radioactive releases begin or terminate,
- * A wind shift results in additional downwind subareas,
- * Changes to PARs,
- * Corrections to the current State/County notification are made.

12. **APPROVED BY** - Authorizing signature of OSM, EC or ER&RD.

13. **STATE PROTECTIVE ACTIONS** - IF AVAILABLE, circle subareas the STATE has chosen to Shelter or Evacuate. If not available, leave this section blank.

MESSAGE TRANSMITTED BY - Fill in name of communicator and ERO facility.

FINAL ROLL CALL (initials) - Enter initials of agency representative as they answer the final roll call.