



<b>EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	Appendix 1 Rev. 22
EPIP Forms	Page 1 of 6

EFFECTIVE DATE 31 October 2001

<b>Form Number</b>	<b>Title</b>	<b>Revision Number</b>	<b>Referencing Procedure</b>
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

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 22
EPIP Forms	Page 2 of 6

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

EMERGENCY PLAN IMPLEMENTING PROCEDURES	Appendix 1 Rev. 22
EPIP Forms	Page 3 of 6

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

<b>EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	Appendix 1 Rev. 22
EPIP Forms	Page 4 of 6

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

<b>EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	Appendix 1 Rev. 22
EPIP Forms	Page 5 of 6

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

<b>EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	Appendix 1 Rev. 22
EPIP Forms	Page 6 of 6

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

## EMERGENCY ACTION LEVEL NOTIFICATION FORM

<b>INITIAL ROLL CALL</b>  <input type="checkbox"/> Benton County <input type="checkbox"/> Linn County <input type="checkbox"/> Iowa EMD	<b>MESSAGE INITIATED</b> Time: _____ Date: _____	<b>1. STATUS</b> <input type="checkbox"/> [A] ACTUAL <input type="checkbox"/> [B] DRILL <input type="checkbox"/> [C] TERMINATION <input type="checkbox"/> [D] UPDATE	<b>2. FACILITY IN COMMAND &amp; CONTROL</b> <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	<b>3. ACCIDENT CLASSIFICATION</b> <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)						
<b>A</b>	<b>F</b>	<b>H</b>	<b>S</b>	<b>U</b>	<b>A</b>	<b>S</b>	<b>G</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>

<b>5. RELEASE TO ENVIRONMENT</b> <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	<b>6. TYPE OF RELEASE</b> <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	<b>7. PROJECTED DURATION OF RELEASE:</b> <input type="checkbox"/> [A] NOT APPLICABLE <input type="checkbox"/> [B] UNKNOWN (4 hour default) <input type="checkbox"/> [C] RELEASE DURATION _____ hour(s)
--	---	---

<b>8. WIND DIRECTION:</b> FROM _____ DEGREES	<b>9. WIND SPEED:</b> _____ 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 <b>AND</b> 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. <b>AND</b> 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. <b>AND</b> 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. <b>AND</b> 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:** \_\_\_\_\_ (OSM, EC, or ER&RD) (DATE) \_\_\_\_\_ (TIME) \_\_\_\_\_

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

<b>MESSAGE TRANSMITTED BY:</b> Name: _____ Facility: _____	<b>MESSAGE COMPLETED</b> Time: _____ Date: _____	<b>FINAL ROLL CALL (INITIALS)</b> 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.