



Tennessee Valley Authority, 1101 Market Street, Chattanooga, Tennessee 37402-2801

November 13, 2001

10 CFR 50,  
Appendix E  
Section V

U.S. Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, D.C. 20555-0001

Gentlemen:

In the Matter of	)	Docket Nos.	50-259	50-390
Tennessee Valley Authority	)		50-260	50-391
			50-296	50-327
				50-328

TVA CENTRAL EMERGENCY CONTROL CENTER (CECC) - EMERGENCY PLAN  
IMPLEMENTING PROCEDURE (EPIP) REVISIONS

In accordance with the requirements of 10 CFR Part 50, Appendix E,  
Section V, enclosed are copies of the Effective Page Listing and  
revisions to CECC EPIPs.

PROCEDURE		EFFECTIVE DATE
EPIP	EPL	11/7/01
EPIP-2	Rev. 25	11/7/01

If you have any questions, please contact Terry Knuettel at  
(423) 751-6673.

Sincerely,

Mark J. Burzynski  
Manager  
Nuclear Licensing

Enclosures  
cc: See page 2

A045

U.S. Nuclear Regulatory Commission  
Page 2  
November 13, 2001

ETK:LYM

Enclosures

cc (Enclosures):

U.S. Nuclear Regulatory Commission (Enclosures 2)  
Region II  
Sam Nunn Atlanta Federal Center  
61 Forsyth Street, SW, Suite 23T85  
Atlanta, Georgia 30303-8931

NRC Senior Resident Inspector [Enclosures provided  
Browns Ferry Nuclear Plant by site DCRM]  
P.O. Box 149  
Athens, Alabama 35611

NRC Senior Resident Inspector [Enclosures provided  
Sequoyah Nuclear Plant by site DCRM]  
2600 Igou Ferry Road  
Soddy Daisy, Tennessee 37379-3624

NRC Senior Resident Inspector [No enclosures, by request  
Watts Bar Nuclear Plant of site resident]  
1260 Nuclear Plant Road  
Spring City, Tennessee 37381

T. E. Abney, PAB 1G-BFN  
B. K. Marks, LP 6B-C  
P. L. Pace, ADM 1L-WBN  
Pedro Salas, OPS 4C-SQN  
J. A. Scalice, LP 6A-C  
E. J. Vigluicci, ET 11A-K  
EDMS, EB 5G-C

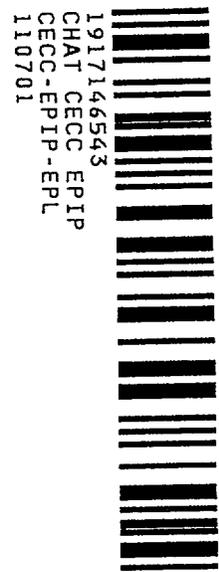
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TENNESSEE VALLEY AUTHORITY  
 CENTRAL EMERGENCY CONTROL CENTER EMERGENCY PLAN  
 IMPLEMENTING PROCEDURES  
 LIST OF EFFECTIVE PAGES

This list of effective pages must be retained with the CECC-EPIPs.

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Tennessee Valley Authority CENTRAL EMERGENCY CONTROL CENTER EMERGENCY PLAN IMPLEMENTING PROCEDURES	Title OPERATIONS DUTY SPECIALIST PROCEDURE FOR NOTIFICATION OF UNUSUAL EVENT	CECC EPIP-2 REV. 25
		Effective Date: 11-7-01



1917206613  
 CHAT CECC EPIP  
 CECC-EPIP-2  
 110701 25

WRITTEN BY: Thomas E. Aldrin Signature      REVIEWED BY: John J. Chenker Signature      11/01/01 Date

PLAN EFFECTIVENESS DETERMINATION: Thomas E. Aldrin Signature      11/1/01 Date

CONCURRENCES

Concurrence Signature	Date
<input checked="" type="checkbox"/> Manager, EP Program Planning and Implementation <u>David Pond</u>	<u>11/01/2001</u>
<input checked="" type="checkbox"/> Manager, Emergency Preparedness <u>BK Marks</u>	<u>11/01/2001</u>
<input checked="" type="checkbox"/> Manager, Radiological and Chemistry Services <u>Randhan</u>	<u>11/02/2001</u>
<input type="checkbox"/>	_____

APPROVAL

APPROVED BY: <u>[Signature]</u> Signature	Vice President, E&TS Title	Organization	<u>11/02/01</u> Date
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CECC-EPIP-2  
OPERATIONS DUTY SPECIALIST  
PROCEDURE FOR NOTIFICATION OF UNUSUAL EVENT

REVISION LOG

Rev. No.	Date	Revised Pages
0	3/22/88	All (Changed from IPD to EPIP)
1	4/27/88	3
2	11/18/88	3
3	4/26/89	All
4	7/13/89	3
5	9/19/89	All
6	10/26/89	1,2, App. A (pg.2), App. B (p.2)
7	5/23/90	App. A (p.2), App. B (p.2)
8	5/21/91	Page 2 of 2, App. A, Pgs. 1 and 2, App. B, Pgs. 1 and 2
9	5/31/91	Page 2 of 2; App. B, Pgs. 1 and 2
10	12/12/91	Pages 1-2; App. A, pgs. 1-2; App. B, Pgs. 1-2
11	12/23/92	New coversheet and rev log added; pgs. 1-3; App. A, Appendix B deleted
12	06/18/93	Page 3; all pages issued.
13	06/28/94	All
14	2/17/95	Page 3 Name removal from notification list
15	7/13/95	Page 3 change AI. Area code; All pages issued.
16	3/20/96	Page 3 change M. O. Medford to J. P. Maciejewski; all pages issued.
17	10/30/96	Change SOS to SM, add SNE to call list, add M. O. Medford to call list, correct telephone area code.
18	12/12/96	Page 3 change M. O. Medford to O. J. Zeringue; all pages issued.
19	4/7/97	Annual review. Add notification completed step to procedure. All pages issued.
20	7/16/97	Modify notification list. All pages issued.
21	9/24/98	Add Mr. Scalice to notification list and remove Mr. Zeringue. All pages issued.

CECC-EPIP-2  
OPERATIONS DUTY SPECIALIST  
PROCEDURE FOR NOTIFICATION OF UNUSUAL EVENT

<u>Rev. No.</u>	<u>Date</u>	<u>REVISION LOG (Continued)</u> <u>Revised Pages</u>
<u>22</u>	<u>11/13/00</u>	<u>Add Public Information Manager to OPS notification list. Remove reference to notification board.</u>
<u>23</u>	<u>3/30/01</u>	<u>Annual review. Revise initial State Notification Form. All pages issued.</u>
<u>24</u>	<u>8/23/01</u>	<u>Update notification list. All pages issued.</u>
<u>25</u>	<u>11/7/01</u>	<u>Update notification list. All pages issued.</u>

**OPERATIONS DUTY SPECIALIST  
PROCEDURE FOR NOTIFICATION OF UNUSUAL EVENT**

**1.0 PURPOSE**

This procedure is designed to direct the ODS during a Notification of Unusual Event to ensure consistent, accurate, and timely response in the event of an emergency.

**2.0 SCOPE**

This procedure covers anticipated requirements of the ODS during a Notification of Unusual Event.

**3.0 REFERENCES**

Radiological Emergency Plan

**4.0 ABBREVIATIONS AND DEFINITIONS**

EDO - Emergency Duty Officer  
ODS - Operations Duty Specialist  
CECC - Central Emergency Control Center  
NP - Nuclear Power  
SNE - Senior Nuclear Executive

**5.0 RESPONSIBILITIES**

5.1 Upon notification by the Site Emergency Director that a Notification of Unusual Event exists, the ODS is responsible for recording the preliminary report of information concerning the incident on Appendix A.

5.2 The ODS is responsible for notifying the appropriate State agency, CECC EDO, key NP emergency response personnel and the Load Coordinator.

5.3 The ODS is responsible for recording any follow-up information on Appendix B and notifying the appropriate State.

**6.0 PROCEDURE REQUIREMENTS**

6.1 Actions to be Taken for a Notification of Unusual Event

The ODS performs the following tasks:

**NOTE:** When making notifications of an emergency situation, provide only the information contained on the attachment. Avoid any unnecessary explanation or elaboration of the information. Timeliness and accuracy is of the utmost importance. If additional information/explanation is required by any party, provide the name and phone number of the EDO and request they contact him or patch them through to him.

(TIME/INITIALS)

\_\_\_\_ / \_\_\_\_ 6.1.1 Upon receiving a call from the Site Emergency Director:

Turn on Recording Equipment and enter the following information.

Current Date: \_\_\_\_\_  
Current Time: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ 6.1.2 Refer to the form in Appendix A and log information to be provided to the State.

6.1.3 Make notification call to the appropriate State (not to exceed 5 minutes from time notified by site).

Tennessee

TEMA Duty Officer: \_\_\_\_\_ Time: \_\_\_\_\_  
(Use the ringdown telephone as the primary means to contact TEMA. If this does not work, then use numbers programmed on phones.)

Alabama

Alabama Rad Health Duty Officer: \_\_\_\_\_ Time: \_\_\_\_\_

AFTER HOURS NOTIFY

Alabama Public Safety to have Rad Health Duty Officer call the ODS \_\_\_\_\_ Time: \_\_\_\_\_  
(See numbers programmed on phones.)

(TIME/INITIALS)

\*6.1.4 Notify the following by phone or pager.

- \*        /        CECC EDO (See REPTRACK Duty List)
- \*        /        CECC Director (See REPTRACK Duty List)
- \*        /        J. A. Scalice (See REND Call-Out List - SNE)
- \*        /        J. R. Rupert (See REND Call-Out List - CECC Director)
- \*        /        B. K. Marks (See REND Call-Out List - CECC Director)
- \*        /        SNE (See REPTRACK Duty List or REND Call-Out List - SNE)
- \*        /        Nuclear Emergency Public Information Duty Officer (See REPTRACK Duty List)

       /        6.1.5 Inform the Site Emergency Director that the respective State has been notified.

       /        6.1.6 Notify the Load Coordinator of the condition.

       /        6.1.7 Upon receiving telecopy of the Site Emergency Director event form verify the information recorded on Appendix A of this procedure is correct.

       /        6.1.8 Telecopy the proper Appendix of this procedure to the affected State.  
AL. RAD Health (334) 206-5387  
TEMA (615) 242-9635

       /        6.1.9 Verify that the telecopy to the State has been received. (Only during normal working hours for AL. RAD Health.) Use programmed telephone number for the affected State.

       /        6.1.10 Refer to the form in Appendix B, log follow-up information regarding the event in progress, and provide to the appropriate State.

6.2 Actions To Be Taken When the Condition Is Terminated

6.2.1 Upon notification of the termination of the Notification of Unusual Event, the ODS has the responsibility of notifying all parties informed in section 6.1 of this procedure.

       /        Notifications completed

Exceptions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Revision

APPENDIX A Page 1 of 1

TVA INITIAL NOTIFICATION FORM FOR NOTIFICATION OF UNUSUAL EVENT

1.  THIS IS A REAL EVENT     THIS IS A DRILL

2. This is \_\_\_\_\_, TVA Operations Duty Specialist at telephone number (423) 751-1700.

There has been a **NOTIFICATION OF UNUSUAL EVENT** declared at:

Browns Ferry     Sequoyah     Watts Bar    affecting:

Unit 1     Unit 2     Unit 3     Common

3. EAL Designator: \_\_\_\_\_

4. Brief Description of the Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Radiological Conditions:

No Abnormal Release Offsite

Airborne Release Offsite

Liquid Release Offsite

Release Information Not Known

6. Event Declared:                      Time: \_\_\_\_\_                      Date: \_\_\_\_\_

7. Provide Protective Action Recommendation:

None

8. Please repeat the information you have received to ensure accuracy.

APPENDIX B Page 1 of 1

FOLLOW-UP INFORMATION FORM  
NOTIFICATION OF UNUSUAL EVENT

1. "This is a Real Emergency. This is a Real Emergency."   
or  
"This is a Drill. This is a Drill."

2. Time \_\_\_\_\_

3. The following significant changes in Plant Conditions have occurred.

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4. The following significant changes in Radiological Conditions have occurred. \_\_\_\_\_

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5. "Please repeat the information you have received to ensure accuracy."

6. Time information provided to State. \_\_\_\_\_

7. Name \_\_\_\_\_ Date \_\_\_\_\_

Note: When completed telecopy this Form to the State.