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February 19, 2002

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

Subject: Duke Energy Corporation
Catawba Nuclear Station Units 1 and 2
Docket Nos. 50-413 and 50-414
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following
Emergency Plan Implementing Procedures:

RP/0/A/5000/006A, Notifications to States and Counties from the
Control Room (Rev. 014)
RP/0/A/5000/006B, Notifications to States and Counties from the
Technical Support Center (Rev. 014)
RP/0/B/5000/008, Spill Response (Rev. 020)
RP/0/B/5000/013, NRC Notification Requirements (Rev. 029)
HP/0/B/1009/007, In-Plant Particulate and Iodine Monitoring
Under Accident Conditions (Rev. 019)
HP/0/B/1009/009, Guidelines for Accident and Emergency Response
(Rev. 039)
SH/0/B/2005/002, Protocol for the Field Monitoring Coordinator
during Emergency Conditions (Rev. 002)

The following procedures have been deleted in accordance with the
attached letter dated January 28, 2002:

HP/1/B/1009/017, Post Accident Containment Air Sampling
HP/2/B/1009/017, Post Accident Containment Air Sampling

These revisions are being submitted in accordance with 10CFR
50.54(q) and do not decrease the effectiveness of the Emergency
Plan Implementing Procedures or the Emergency Plan.

A045

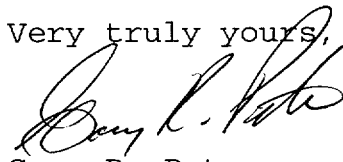
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By copy of this letter, two copies of the above documents are being provided to the NRC, Region II.

If there are any questions, please call Tom Beadle at 803-831-4027.

Very truly yours,



Gary R. Peterson

Attachments

xc (w/attachments):

L. A. Reyes
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

(w/o attachments):

C. P. Patel
NRC Senior Project Manager (CNS)
U.S. Nuclear Regulatory Commission
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Washington, DC 20555-0001

D. J. Roberts
Senior Resident Inspector (CNS)
U.S. Nuclear Regulatory Commission
Catawba Nuclear Site

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 014)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003	Alert (Rev. 037)
RP/0/A/5000/004	Site Area Emergency (Rev. 039)
RP/0/A/5000/005	General Emergency (Rev. 039)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 014)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 014)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 021)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 020)
RP/0/A/5000/009	Collision/Explosion (Rev. 006)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 014)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 029)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 004)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 015)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 004)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 008)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 002)
RP/0/B/5000/026	Site Response to Security Events (Rev. 003)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 001)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 028)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 019)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 039)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 011)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Deleted
HP/2/B/1009/017	Deleted
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 003)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 001)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 002)
OP/0/A/6200/021	Post Accident Liquid Sampling System II+ (Rev. 034)
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 003)
SR/0/B/2000/002	Standard Procedure for EOF Services (Rev. 002)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 008)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 004)

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5000/006 A
Revision No. 014

PREPARATION

- (2) Station Catawba Nuclear Station
- (3) Procedure Title Notifications to States and Counties from the Control Room
- (4) Prepared By BR StH Date 1/7/02
- (5) Requires 10CFR50.59 evaluation?
☒ Yes (New procedure or reissue with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)
- (6) Reviewed By GARY L MITCHELL (QR) Date 01/08/02
Cross-Disciplinary Review By _____ (QR) NA bum Date 01/08/02
Reactivity Mgmt. Review By _____ (QR) NA bum Date 01/08/02
- (7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
By _____ (SRO/QR) Date _____
By _____ (QR) Date _____
- (9) APPROVED BY Richard L Swigat Date 1/17/02

PERFORMANCE (Compare with control copy at least once 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) Dates(s) Performed _____
Work Order Number (W/O #) _____

COMPLETION

- (12) Procedure Completion Verification

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ N/A Listed enclosures attached?
☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

- (13) Procedure Completion Approved _____ Date _____

- (14) Remarks (attach additional pages, if necessary)

<div>Duke Power Company Catawba Nuclear Station</div> <div>Notifications to States and Counties from the Control Room</div> <div>Multiple Use</div>	Procedure No. RP/0/A/5000/006 A
	Revision No. 014
	Electronic Reference No. CN005GNQ

1. Symptoms

- 1.1 An emergency classification has been declared and an off-site agency notification is required.

2. Immediate Actions

Initial Notifications

- NOTE:**
1. The first notification for each of the four emergency classifications is the **Initial Notification**. The transmittal time for an initial notification must be within 15 minutes of the time the emergency classification was declared. Subsequent messages within the same classification are designated as **Follow-up Notifications** (see Section 3).
 2. If any calls are received requesting information about the emergency and information is **NOT** on the Emergency Notification Form, refer to step 3.4 of Subsequent Actions.
 3. Changes in Protective Action Recommendations and Termination notifications **must** be transmitted verbally.
 4. Changes in Protective Action Recommendations must be transmitted within 15 minutes.

Operations Shift Manager/Emergency Coordinator Duties:

- 2.1 Obtain pre-printed Emergency Notification Form (ENF) for the appropriate EAL. These forms are located in the Control Room Off-site Agency Communicator's desk drawer.
- 2.2 Complete appropriate lines of the Emergency Notification Form for transmittal as the Initial Notification. Lines 11-14 may be left blank on Initial Notifications. Refer to Enclosure 4.3 for line by line instructions.
- 2.3 Delegate transmittal of Initial Emergency Notification Form to Control Room Off-site Agency Communicator.

Control Room Off-site Agency Communicator Duties:

- 2.4 Obtain copy of Authentication Code List (see Enclosure 4.7 for location) and Off-site Agency Communicator Guide (Enclosure 4.2) from Control Copy of Off-site Agency Communicator's Notebook.
- 2.5 Verbally transmit the Initial Emergency Notification Form to the Off-site Agencies using Enclosure 4.2 as a guide.

NOTE: TSC Communicators will assist with Faxing the notification form if requested.

- 2.6 After verbal transmission of initial notification, fax a copy of the Emergency Notification Form (front side only) to Energy Quest, TSC, EOF, JIC and Off-site Agencies. Refer to Enclosure 4.9 (Fax Communicator Checklist).

3. Subsequent Actions

Follow Up Notifications

- NOTE:**
1. Notifications following Initial Notifications within the same emergency classification are designated Follow-up Notifications.
 2. Follow-up Notifications are required as follows:

Every **hour** until the emergency is terminated

OR

If there is any significant change to the situation (make notification as soon as possible)

OR

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.
 3. OSM/Emergency Coordinator should never approve a Follow-up Notification for a lesser classification after an upgrade to a higher classification is declared. Emphasis should be placed on providing current information and NOT on providing a message to meet a superseded deadline. If a follow-up is due and an upgrade in classification is declared, Off-site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes.
 4. Termination of the emergency will be transmitted as a Follow-up Notification. Refer to Enclosure 4.4 (Termination) for instructions.
 5. Use Enclosure 4.6 (Emergency Status Sheet) as necessary to track Follow-up Notification due times.
 6. Changes in Protective Action Recommendations and Termination notifications **must** be transmitted verbally.
 7. Changes in Protective Action Recommendations must be transmitted within 15 minutes.

- 3.1 Complete ENF for Follow-up Notifications. Refer to Enclosure 4.3 for line by line instructions.

- 3.2 Delegate transmittal of Follow-up Emergency Notification to Control Room Communicator.
- 3.3 Transmit Follow-up Emergency Notifications to Off-site Agencies by one of the following methods:

NOTE:

- 1. Changes in Protective Action Recommendations and Termination notifications **must** be transmitted verbally.
- 2. Changes in Protective Action Recommendations must be transmitted within 15 minutes.

- 3.3.1 **Verbally** - Follow verbal transmission by faxing a courtesy copy to the EOF, TSC, EnergyQuest, JIC and Off-site Agencies.

OR

- 3.3.2 **Fax** the Off-site Agencies, Energy Quest, TSC, EOF, and JIC a copy of the Emergency Notification Form. Call each Off-site Agency to verify receipt and give opportunity for questions. Record Off-site Agency representative name on backside of Emergency Notification Form.

3.4 **Other Information**

- 3.4.1 **IF** any off-site call is received in the Control Room requesting information about the emergency which is not contained on the Emergency Notification Form, perform the following:
 - 1. **Authenticate** (Enclosure 4.8) the request to ensure the caller is a legitimate Off-site Agency Official.
 - 2. Log the question, caller's name and agency in the Off-site Agency Communicator's Logbook. (Logbook is located at the Off-site Agency Communicator's desk in the Control Room).
 - 3. OSM/Emergency Coordinator will provide information requested and sign the log entry to document approval for transmission. Transmittal time should also be documented in the logbook.

4. Enclosures

- 4.1 Emergency Notification Form (ENF)
- 4.2 Emergency Notification to Off-site Agencies, Off-site Communicator Guide
- 4.3 Initial/Follow-up Notification Message Completion
- 4.4 Termination Notification Completion/Transmission
- 4.5 Communications Systems
- 4.6 Emergency Status Sheet
- 4.7 Authentication Code List Locations
- 4.8 Authentication Instructions
- 4.9 Fax Communicator Checklist
- 4.10 Additional Reportable Events

EMERGENCY NOTIFICATION

RP/0/1/5000/006A
ENCLOSURE 4.1
Page 1 of 2

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

2. SITE: Catawba Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (803) 831-8185 (Control Rm.)

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) Date Time(Eastern) Date
☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time(Eastern) Date Time(Eastern) Date

**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: _____
TEDE Thyroid CDE
mrem mrem (Eastern)

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 _____

16. APPROVED BY: _____ Operations Shift Manager 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

Record the name, date, time and agencies notified:

1. _____
(name) York County

(date) (time) (agency) Sel. Sig. 513
Bell Line (803) 329-1110
2. _____
(name) Mecklenburg County

(date) (time) (agency) Sel. Sig. 116
Bell Line (704) 943-6200
3. _____
(name) Gaston County

(date) (time) (agency) Sel. Sig. 112
Bell Line (704) 866-3300
4. _____
(name) South Carolina WP/EOC

(date) (time) (agency) Sel. Sig. 518
Bell Line (803) 737-8500
5. _____
(name) North Carolina WP/EOC

(date) (time) (agency) Sel. Sig. 314
Bell Line (919) 733-3300
6. _____
(name) _____

(date) (time) (agency)
7. _____
(name) _____

(date) (time) (agency)

Enclosure 4.2
Emergency Notification to Off-site Agencies,
Off-site Communicator Guide

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- NOTE:**
1. Use Selective Signal phone as primary communication device. Use Bell line as first back-up, radios as second back-up and the Satellite Phone as the third back-up.
 2. Selective Signal may be used simultaneously with Bell line (or other back-up) if an agency fails to receive Selective Signal call.
 3. Refer to Enclosures 4.5 for further information regarding back-up communication devices.

1. Establish communications with Off-site Agencies using the Selective Signaling phone:

Dial *5 to call all agencies simultaneously. If all agencies do not answer, dial the agencies that do not answer individually as indicated below.

- As each agency answers, say:

<i>"This is Catawba Nuclear Station, Hold Please."</i>			
SELECTIVE SIGNAL		BELL LINE	
Comm Check	Selective Signal # Agency	Individual phone numbers OR One touch dial button	
	513 York County (WP/EOC)	803/329-1110	
	116 Mecklenburg County (WP/EOC)	704/943-6200	
	112 Gaston County (WP/EOC)	704/866-3300	
	518 S.C. (WP/EOC)	803/737-8500	
	314 N.C. (WP/EOC)	919/733-3300	

For additional phone numbers, refer to the Emergency Response Telephone Directory.

2. Document the time the first agency answers the call as the Transmittal Time on line 3 of Emergency Notification Form.
3. **WHEN** all available agencies are "on the line," say the following:

"This is the Catawba Nuclear Station Control Room. This is a drill/emergency. The following is Emergency Notification Information."

Enclosure 4.2
Emergency Notification to Off-site Agencies,
Off-site Communicator Guide

RP/0/A/5000/006 A
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4. Transmit Notification Message

- Slowly read Emergency Notification Message line by line to the agencies allowing time for them to copy the information.
- To authenticate on line 4: Ask one of the agencies to give you a number, then you will give the corresponding word (document on line 4). Refer to Enclosure 4.8 if authentication instructions are needed.
- Continue reading the Emergency Notification message until completed.

5. Obtain names of each agency representative. Say:

"I need to verify the name of each agency representative. When I call out the agency, please give your name."

- Transfer Name, Date, and Time to backside of ENF.*

* Date and time do not need to be transferred if all parties were on line at the time of message transmission.

6. Say:

"This concludes message #_____. You will be receiving a FAX copy of this message shortly. Are there any questions?"

NOTE: If question is outside of ENF information, do not answer question.

1. Have the request evaluated by the OSM/Emergency Coordinator.
2. Keep a log of the question, answer, and the time the answer was transmitted.

Initial/Follow-up Notification Message Completion

Line	Fill out the Emergency Notification Form as follows:	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) Initial: First message in each of the 4 classifications. Follow-up: Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the Control Room.	OPS Shift Mgr. or Designee
2.	Write in site and unit or units affected and the "Reported by" name NOTE: "Reported by" is communicator's name.	OPS Shift Mgr. or Designee/
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: Initial - when the first agency answers the call.	Communicator
4.	Authentication will be completed while transmitting the notification to states and counties (Encl 4.7/4.8).	Communicator
5.	Check appropriate emergency classification.	OPS Shift Mgr/ Designee
6.	Mark box "A" and write time and date current classification is declared.	OPS Shift Mgr/ Designee
7.	NOTE: Do not use acronyms or technical abbreviations! It is appropriate to abbreviate understood terms such as gallons per minute (gpm). A. Write a concise description for declaring the current emergency classification. B. Follow emergency description with any other information that requires off-site agency support Refer to Enclosure 4.10 for additional reportable events. For Follow-up messages, include relevant information and changes that have occurred since the last message (Don't just restate the EAL or last message).	OPS Shift Mgr. or Designee
8.	Mark appropriate plant condition: Improving - Emergency conditions are improving in the direction of a lower classification or termination of the event. Stable - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed. Degrading - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site Protective Action Recommendations	OPS Shift Mgr. or Designee
9.	Write time and date Reactor Shutdown <input type="checkbox"/> A or Reactor Power <input type="checkbox"/> B level as applicable.	OPS Shift Mg. or Designee
10.	Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs: <ul style="list-style-type: none"> Rx. Bldg. EMF monitors (38, 39 or 40 reading indicates an increase in activity or EMF monitors 53A or 53B read greater than 1.5 R/hr) AND pressure inside the containment building is greater than Tech. Specs. OR an actual containment breach is determined. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. Steam generator tube leak monitored by EMF 33. 	OPS Shift Mgr. or Designee
11. - 14.	<ul style="list-style-type: none"> Items 11-14 may be left blank on <u>initial</u> notifications. Items 11-14 - On-Shift Dose Assessment will provide information for follow-up messages. 	
15.	<ul style="list-style-type: none"> For Unusual Event, Alert, & Site Area Emergency, mark box "A." For General Emergency, mark and complete information for boxes B & C using RP/0/A/5000/005 (General Emergency). 	OPS Shift Mgr. or Designee
16.	Have Operations Shift Manager approve message.	OPS Shift Mgr.

Enclosure 4.4

Termination Notification Completion/Transmission

RP/0/A/5000/006 A

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Fill out the Emergency Notification Form as follows:

NOTE: When sending a termination notification, a follow-up message should be marked on the Emergency Notification Form.

1. Completion

Item #	Action	Source of Information
1.	Check appropriate blocks NOTE: Message #'s are sequentially numbered throughout the drill/emergency starting with the Control Room. Termination Notification is to be designated as "Follow-up."	Operations Shift Manager or Designee
2.	Write in site and unit or units affected. Note: Reported by is communicator's name	Operations Shift Manager or Designee
3.	A. Transmittal time is the time the first agency answers the call. B. Assure confirmation phone number that state and counties may call back on is listed.	
4.	Authentication will be completed while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Operations Shift Manager or Designee
6.	Mark box "B" and write time and date of termination.	Operations Shift Manager or Designee
7	Enter Event/Drill has been terminated as of _____.	
16.	Have Emergency Coordinator approve message.	Operations Shift Mgr./ Emergency Coordinator

Enclosure 4.4
Termination Notification
Completion/Transmission

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2. Transmission

NOTE: All termination notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to states and counties. If any information is not available or not applicable, write out "Not available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A." because this is ambiguous.

1. Ensure all Counties and States are on the line. Document this time in item # 3.
2. Tell them you have a termination notification and to get out the notification form.
3. Read the message aloud to the State and Counties allowing time for them to copy the information.
4. When you reach item # 4, ask the State or a County to provide a number from the authentication code word list. Then give them the code word corresponding with that number. Write the number and code word on the form.
5. After communicating the entire message, ask if there are any questions. Ask for individual's names and write the names on the back of the form.
6. After verbally transmitting the message, FAX (front page only) of the notification form to the appropriate agencies per Enclosure 4.9.

Enclosure 4.5
Communications Systems

RP/0/A/5000/006 A
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The following is the suggested priority for the communications systems used to notify the state and counties.

1. **Selective Signaling System**
2. **Commercial Telephone** (Conference Call – bottom of this page)
 - *a. **SC and NC Emergency Radio** (States) (Located in the TSC only – If this radio is needed, send a person to the TSC to make this communication)
 - *b. **Duke Power Low Band Radio Network** (Gaston & Mecklenburg Counties only)
4. ***Satellite Telephone**
 - * Refer to the Emergency Response Telephone Directory for operating instructions

SELECTIVE SIGNALING
NOTES: 1. Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). *5 may be used initially to contact county and warning points/EOCs. 2. The handset has a “push to talk” button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to “headset” and remove the handset from the phone cradle. Then resume normal operation. There is no “push to talk” feature associated with the headset, however, the handset must be removed from the cradle when the headset is in use.
1. Pick up receiver (no dial tone will be heard). Dial * 5 and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2).
2. Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>513 York County (WP/EOC)</div><div>116 Mecklenburg County (WP/EOC)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>112 Gaston County (WP/EOC)</div><div>518 SC (WP/EOC)</div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>314 NC (WP/EOC)</div><div></div></div>
3. Continue this process until all applicable agencies are on the line.
COMMERCIAL TELEPHONE (Conference Call)
1. Pick up the receiver, PRESS preprogrammed button or dial agency number; when they pick up, tell them to hold, PRESS FLASH
2. PRESS preprogrammed number or dial 2nd agency number; when they pick up, tell them to hold, PRESS CONF. Tell both parties to hold, then PRESS FLASH.
3. Repeat Step 2 until you have conferenced all of the appropriate agencies.

Enclosure 4.6
Emergency Status Sheet

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Initial Notification Within 15 minutes		Simulator #3167		EOF # (704)382-0724	
TSC # 3438 or (803)831-7410					
<div style="text-align: right; margin-right: 100px;">WP-117</div>					
513		112		116	
518		EOC-314			
Communication Check:	York	Gaston	Meck	SC	NC

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
Time Declared:	Time Declared:	Time Declared:	Time Declared:
Message Due Out:	Message Due Out:	Message Due Out:	Message Due Out:
Messages	Messages	Messages	Messages
Time	Time	Time	Time
Msg #_Out_____	Msg #_Out_____	Msg #_Out_____	Msg #_Out_____
Next Msg Due _____	Next Msg Due _____	Next Msg Due _____	Next Msg Due _____
Msg #_Out_____	Msg #_Out_____	Msg #_Out_____	Msg #_Out_____
Next Msg Due _____	Next Msg Due _____	Next Msg Due _____	Next Msg Due _____
Msg #_Out_____	Msg #_Out_____	Msg #_Out_____	Msg #_Out_____
Next Msg Due _____	Next Msg Due _____	Next Msg Due _____	Next Msg Due _____
Follow-up Msg (1 hr)	Follow-up Msg (1 hr)	Follow-up Msg (1 hr)	Follow-up Msg (1 hr)

Enclosure 4.7
Authentication Code List Locations

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The Authentication Code List is a controlled listing of numbers and corresponding words provided by the state(s). This listing is used by the site and the off-site agencies to "authenticate" communications between the various parties. This listing is utilized primarily in notifications to the off-site agencies during events and drills. This listing provides assurance to the communication "*receiver*" that information from the "*transmitter*" is valid and authentic. Communication authentication may be performed anytime the *receiver* of information wishes to assure the information is authentic. This is accomplished by having the *receiver* provide a number from the code word list and then having the *transmitter* provide the corresponding word to that specified number from the list.

The Authentication Code List (EP Group Manual Guideline 5.1.7) is located in:

1. Off-site Communicator Notebook inside the front cover of the notebook
2. Off-site Communicator Notebook under the "Authentication Code List" tab
3. Communicator desk bottom right drawer in the "Authentication Code List" file folder

Authentication instructions are located in Enclosure 4.8 of this procedure.

Enclosure 4.8
Authentication Instructions

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PLACING A CALL

When providing Emergency Notification Form information to the Off-site Agencies, the Communicator should:

1. Ask a State or County Representative to provide a number from the Authentication Code list. |
2. Then give them the code word corresponding with the number from the Authentication Code List. |
3. Write the number and code word on the Emergency Notification Form (Line 4).

RECEIVING A CALL

When receiving a call from off site and the identity of the party calling is not known, you should:

1. Provide a number from the Authentication Code List to the caller. |
2. The caller will then provide the word corresponding with the number of the Authentication Code List. |
3. Document in Communicator's Logbook.
4. Rule of Thumb: Caller - gives word
Callee - gives number

Enclosure 4.9
Fax Communicator Checklist

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1. Faxing Process

- 1.1 This enclosure provides instruction for faxing the ENF to the primary WP/EOCs. Refer to the following sections of this enclosure for the desired method:

Section 2 - AT&T Enhanced Fax - Preprogrammed Button Method
Section 3 - AT&T Enhanced Fax - Dialing Method
Section 4 - Individually (Via Fax Machine)

2. AT&T Enhanced Fax - Preprogrammed Button Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 2.1 Place the Notification Form face down in the Fax machine.
- _____ 2.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speakerphone option (SP-Phone button) or handset.
- 2.3 Perform the following:
- _____ 2.3.1 Press the preprogrammed button labeled *AT&T Enhanced Fax*.
- _____ 2.3.2 Wait to hear: "*Welcome to AT&T Enhanced Fax*," then,
- _____ 2.3.3 Press the preprogrammed button labeled *Subscriber ID*, then
- _____ 2.3.4 Press the preprogrammed button labeled *Password* (You will hear "*Logging in, please wait*")
- _____ 2.3.5 Wait to hear: "*Login Successful*," then
- _____ 2.3.6 Press **1**, then
- _____ 2.3.7 Press *** 5** (Recipient List), then
- _____ 2.3.8 Press **#** (Own Private List), then
- _____ 2.3.9 Press **1 #** (List Name), then
- _____ 2.3.10 Press *** #** (No other lists to add)

Fax Communicator Checklist

- _____ 2.3.11 Press **START** on the Fax machine.
- _____ 2.3.12 Wait (form will be processed through Fax machine).
- _____ 2.3.13 When indicated by Fax machine LED and alarm, hang up the phone. (The Fax Service will then fax the Notification Form to the designated facilities, which includes the Control Room).
- _____ 2.4 Ensure the primary off-site agencies have received the Fax.

3. AT&T Enhanced Fax - Dialing Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 3.1 Place the Notification Form face down in the Fax machine.
- _____ 3.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speakerphone option (SP-Phone button) or handset.
- _____ 3.3 Perform the following:
 - _____ 3.3.1 Dial **1-800-232-9674**, then
 - _____ 3.3.2 Wait to hear: "**Welcome to AT&T Enhanced Fax**," then
 - _____ 3.3.3 Dial **5 3 0 9 1 2 8 #** (Subscriber ID), then
 - _____ 3.3.4 Dial **4 8 6 6 6 3 5 2 #** (Password) (You will hear "*Logging in, please wait*")
 - _____ 3.3.5 Wait to hear: "**Login Successful**," then
 - _____ 3.3.6 Press **1**, then
 - _____ 3.3.7 Press *** 5** (Recipient List), then
 - _____ 3.3.8 Press **#** (Own Private List), then
 - _____ 3.3.9 Press **1 #** (List Name), then
 - _____ 3.3.10 Press *** #** (No other lists to add)

Fax Communicator Checklist

- ____ 3.3.11 Press **START** on the Fax machine.
- ____ 3.3.12 Wait (form will be processed through the Fax machine).
- ____ 3.3.13 When indicated by Fax machine LED and alarm, hang up the phone (the Fax Service will then fax the Notification Form to the designated facilities, which includes the Control Room).
- ____ 3.4 Ensure the primary off-site agencies have received the fax.

4. Individually (Via Fax Machine)

- 4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- ____ 4.1.1 Place the Fax you are transmitting face down into the Fax machine.
- 4.1.2 Press the preprogrammed one-touch speed dial numbers for the following:

	Press	Energy Quest
	Press	Joint Information Ctr (JIC)
	Press	York Co. WP/EOC
	Press	Gaston Co. WP/EOC
	Press	Meck Warning Pt.
	Press	S.C. WP/EOC
	Press	N.C. WP/EOC
	Press	TSC
	Press	EOF

- ____ 4.1.3 Press **Start**.

- 4.2 To send a Fax to a **single** location using one-touch dialing or direct dialing:

- ____ 4.2.1 Insert the document face down
- 4.2.2 Press the designated agency button labeled on the Fax machine one at a time.

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr (JIC)	or dial	8-382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-737-8575

Fax Communicator Checklist

	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	EOF	or dial	1-704-382-0722

- _____ 4.2.3 Ensure Fax was sent to the designated agency or agencies via the Fax report(s) or phone. Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

- 5.1 IF a Fax is not delivered via the AT&T Enhanced Fax process or if there are problems experienced utilizing the AT&T Enhanced Fax process, the system will generate an ERROR MESSAGE. To retrieve messages from the AT&T Enhanced Fax Service, perform the following:

- _____ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine
- _____ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:
- _____ A. Press the preprogrammed button labeled **AT&T Enhanced Fax**
(or dial 1-800-232-9674)
 - _____ B. Press the preprogrammed button labeled **Subscriber ID**
(or dial 5 3 0 9 1 2 8 #)
 - _____ C. Press the preprogrammed button labeled **Password**
(or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)
 - _____ D. When Login is verified Successful, **Press 2** (to receive a message)
- _____ 5.1.3 Press Start on the Fax machine.
- _____ 5.1.4 When prompted, hang up phone.

Additional Reportable Events

During a declared emergency, the following are events that should be reported to Off-site Agencies in addition to the Emergency to the Emergency Action Level (EAL) requirements. These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form. These events may need off-site agency action or resolution.

- Fires
- Flooding
- Explosions
- Major/Key Equipment Out of Service
- Loss of Off-site Power
- Core Uncoverings
- Core Damage
- Injuries
- Deaths
- Contaminated Individuals
- Individuals Transported Off Site
- Site Evacuations
- Saboteurs
- Intruders
- Chemical or Hazardous Material Spills or Releases
- Extraordinary Noise Audible Off Site
- Any event causing/requiring Off-site Agency response
- Any event causing increased media attention
- Other unrelated classifiable events of lesser severity
- Emergency response actions underway

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5000/006 BRevision No. 014**PREPARATION**(2) Station Catawba Nuclear Station(3) Procedure Title Notifications to States and Counties from the Technical Support Center(4) Prepared By BR LTH Date 1/7/02

- (5) Requires 10CFR50.59 evaluation?
- ☒ Yes (New procedure or reissue with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By GARY L MITCHELL (QR) Date 01/08/02Cross-Disciplinary Review By _____ (QR) NA GLM Date 01/08/02Reactivity Mgmt. Review By _____ (QR) NA GLM Date 01/08/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) APPROVED BY Richard L Swergin Date 1/17/02**PERFORMANCE** (Compare with control copy at least once 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) Dates(s) Performed _____

Work Order Number (W/O #) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ N/A Listed enclosures attached?
- ☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (attach additional pages, if necessary)

<p>Duke Power Company Catawba Nuclear Station</p> <p>Notifications to States and Counties from the Technical Support Center</p> <p>Multiple Use</p>	Procedure No.
	RP/0/A/5000/006 B
	Revision No. 014
	Electronic Reference No. CN005GNR

1. Symptoms

- 1.1 An emergency has been declared and an Off-Site Agency notification is required.

2. Immediate Actions

NOTE: 1. Steps may be performed out of sequence at the discretion of the communicator.

2. Sign off lines are for "place-keeping" and are not required to be initialed. The notification form will serve as the official documentation for the notification of the Off-site Agencies.

3. Changes in Protective Action Recommendations must be transmitted within 15 minutes.

4. Changes in Protective Action Recommendations and Termination Notifications must be transmitted verbally.

- ____ 2.1 TSC activation:
- 2.1.1 One TSC Communicator shall proceed directly to the Control Room (C/R) (Simulator during drills) to obtain an update from Operations.
- 2.1.2 The TSC Turnover Communicator should communicate with the TSC to provide turnover information per section 2.3.
- ____ 2.2 A second Off-site Communicator shall proceed to the TSC and sign in on the TSC "sign-in" board and begin the Off-site Communicator duties.
- ____ 2.2.1 Contact the Off-site Communicator in the Control Room and perform the following:
- ____ A. Obtain the TSC Communicator's Notebook to have immediate access to the Authentication Code List and blank hard copies of the Notification form.
- ____ B. Ensure that notification forms initiated in the Control Room have been faxed.
- ____ C. Provide copies of the previously transmitted forms to the following:
- | | |
|----------------------------|------------------------|
| ____ Emergency Coordinator | ____ OPS Supt. |
| ____ Dose Assessment | ____ NRC Communicator |
| ____ TSC Logkeeper | ____ Emergency Planner |
| ____ NRC | |
- ____ D. Inform the C/R that you are going to begin the communications check with the Off-site Agencies.
- ____ 2.3 Acquire information on the communication status described below:

- Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency)
- Emergency Declared at _____ hrs.
- Last Message # _____ transmitted out at _____ (time)
- Next Message Due at _____ (time)
- Any other pertinent information related to the emergency.

_____ 2.4 Call the states and counties (WP/EOC) via Selective Signaling to verify communications can be established. Be sure that the Off-Site Agencies understand that this is only a "communications check" from the TSC.

Use * 5 to call all primary agencies or each agency may be dialed individually.

COMM. CHECK (✓ if OK.)	SELECTIVE SIGNAL (SS)
	513 York County (WP/EOC)
	112 Gaston County (WP/EOC)
	116 Mecklenburg (WP/EOC)
	518 South Carolina (WP/EOC)
	314 North Carolina (WP/EOC)

NOTE: Refer to **Enclosure 4.3 (Page 1)** for Selective Signaling and/or alternate communications instructions.

_____ 2.5 After completion of the communication check inform the Emergency Coordinator that communications can be established and assist in coordinating turn over from the Control Room.

NOTE:

1. As the situation dictates, completion of the Notification form may be accomplished utilizing the Electronic Notification Form program or manually by completing a hard copy.
2. **IF** the Electronic Notification Form (ENF) program is **NOT** operational or practical, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify TSC Data Coordinator of any computer problems.**

_____ 2.6 Power up Off-Site Communicator computer and LOGON to the Network per the following:
 User Name: **CNSEP2**
 Password: **CNSEP2**
 Domain: **NAM**

- _____ 2.7 Ensure that the electronic version of the Emergency Notification Form (ENF) can be accessed. (Reference Enclosure 4.1, Step 1.2 for logon instructions).
- _____ 2.8 Ensure that the electronic ENF can also be accessed by:
 - _____ Dose Assessment
- _____ 2.9 Verify the Off-Site Communicator area clock is synchronized with the OAC satellite clock. (Located above Screen #2 in the TSC Emergency Coordinator's Area.)

3. Subsequent Actions

- _____ 3.1 Update the Off-site Communicator Status Board in the TSC to include the information from **Section 2.3**.

NOTE:

- 1. The facility that makes a classification should be the facility that makes the notification to the Off-site Agencies.
- 2. The timing of TSC activation shall not interfere with the time requirements for off-site agency notifications.

- _____ 3.2 Ensure prior to TSC activation that the TSC will have adequate time, after TSC activation, to make the next notification.
- _____ 3.3 Inform the TSC Emergency Coordinator and Dose Assessment of when the next message is due, THEN update "Next Message Due" on TSC Coordinator Area Board and Off-site Communicator's board.
- _____ 3.4 Notify TSC Emergency Coordinator when the TSC Communicators are prepared to accept communication responsibilities from the Control Room.
- _____ 3.5 Immediately after the TSC Emergency Coordinator declares the TSC as **activated**, inform the C/R that the TSC is now responsible for all future notifications.
- _____ 3.6 Review the following information concerning notifications.

3.7 Initial Notifications

The first notification made in each of the four Emergency Classifications is called an Initial Notification. Initial Notifications **shall** be made within **15 minutes** of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The Message Number will remain sequential throughout the event beginning with the first message from the Control Room. Refer to Enclosure 4.1 for Electronic Emergency Notification Form Completion/Transmission instructions **OR** Enclosures 4.2 and 4.3 for Manual Emergency Notification Form Completion/Transmission instructions.

3.8 Follow-up Notifications

- NOTE:**
1. Follow-up notifications that involve a change in Protective Action Recommendations **shall** be communicated to the Off-site Agencies **within 15 minutes** and **should be communicated verbally**. All other Follow-up messages may be faxed with phone verification of receipt.
 2. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and NOT on providing a follow-up just to meet follow-up deadline. **If** a follow-up is due and an upgrade in classification is declared, Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes.

Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications. Make follow-up notifications to state and county government officials according to the following schedule:

Every hour until the emergency is closed out

OR

IF there is any significant change to the situation (make notification as soon as possible)

OR

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

- NOTE:** At some point during the event as the various EOCs are staffed, Off-site Agencies may request that the Notification Form be faxed to other fax numbers within their facilities. When this occurs make arrangements to have the form faxed to the requested numbers.

3.9 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages. (Refer to Enclosure 4.2, Section 2.)

3.10 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the initial Emergency Notification Form (ENF), other events/occurrences, protective action recommendation changes, etc. that will affect the Off-site Agencies will need to be reported to the Off-Site Agencies as well. This would include any event which has the potential to affect the public. Enclosure 4.9 lists some examples but it is not an all-inclusive list. Each event should be carefully evaluated and discussed with the TSC Emergency Coordinator to assure pertinent information is forwarded to the Off-Site Agencies. *

* - Notification of the Off-site Agencies should take place as soon as possible (i.e.: 15 minutes)

4. Enclosures

- 4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.2 Emergency Notification Form (ENF) Completion
- 4.3 Emergency Notification Form (ENF) Transmission
- 4.4 Fax Instructions
- 4.5 Authentication Code List Locations
- 4.6 Authentication Guideline
- 4.7 Emergency Notification Form (ENF)
- 4.8 TSC Lead Off-Site Agency Communicator Duties
- 4.9 Additional Reportable Events

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

1. Electronic Notification Form Logon

- _____ 1.1 **IF** not already performed, ensure Off-Site Communicator Computer is operational.
 - _____ 1.1.1 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in Section 2, (Immediate Actions section in front of the procedure) step 2.6.
 - _____ 1.1.2 Ensure the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE: (If computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.2 and 4.3** for manual completion and standard transmission of the Notification Form.)

- _____ 1.2 **IF** not already performed, log on to the Electronic Notification Form by performing the following:
 - _____ 1.2.1 Select the Duke Application Environment (DAE) Icon.
 - _____ 1.2.2 Select **"My Applications"**
 - _____ 1.2.3 Select **(ERO) Emergency Response Organization**
 - _____ 1.2.4 Select **ENF v2.0 - CNS MNS ERO**
 - _____ 1.2.5 Login the Program entering the following information:

User Name: Your Network Logon ID (i.e. BRS1064)
Password: Your Network Password
Domain: NAM

2. Electronic Notification Form Completion (Create Event)

- _____ 2.1 Highlight the appropriate station (Catawba) for the event.
- _____ 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event**.
- _____ 2.3 On the **Create Event** screen, fill in the information from the previous message as follows:
 - _____ 2.3.1 For **Event Information** - Select Drill or Actual Emergency

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- _____ 2.3.2 For **Description** - Indicate the type of Event (i.e., Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
- _____ 2.3.3 For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.
- _____ 2.3.4 For **Message Information** - Has previous message been sent? (Yes or No).

NOTE: The last message information is used to set the automatic functions of the program (ie: message number, transmittal times, etc.).

2.3.5 For **Last Message Information** – If previous message **has** been sent:

- _____ A. Select (Initial or Follow-up)
- _____ B. Number (Last Message Number)
- _____ C. Transmittal Date/Time (Last Message Transmittal Time)
- _____ 2.4 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)
- _____ 2.5 If all information is correct select “Yes” at the prompt “Are you sure you are ready to create this event”.

Information for the various Electronic ENF screens should come from the following areas:

Screen/panel	Information Source	Screen/Panel Completed by
Plant Status Screen	Operations Procedure Support	Off-site Agency Communicators
Plant Summary Screen	Emergency Coordinator/Asst.	Off-site Agency Communicators
Release Screen:	Operations/ TSC Dose Assessors	Dose Assessors
Met/Offsite Dose Screen	TSC Dose Assessors	Dose Assessors
Protective Actions Screen	Operations/ TSC Dose Assessors	Off-site Agency Communicators
Communications Screen	Off-site Agency Communicators	Off-site Agency Communicators

3. Plant Status Screen

- _____ 3.1 Select the “Plant Status” Tab (First Tab on the Event screen.)
- _____ 3.2 Ensure and update as necessary the “Emergency Classification” and “Declared At:” time field.
- _____ 3.3 Select the appropriate Emergency Action Level by performing the following:
- _____ 3.3.1 Click the Binocular Icon in the Emergency Action Level section

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- _____ 3.3.2 Choose the appropriate base EAL number (i.e., 4.2 System Malfunction)
- _____ 3.3.3 Click the to expand the menu options.
- _____ 3.3.4 Click the for the appropriate Classification to expand the menu options.
- _____ 3.3.5 Highlight the appropriate EAL (ex: 4.2.A.1)
- _____ 3.3.6 Click the **"Select"** button
- _____ 3.4 Once the appropriate EAL has been chosen, highlighted the **"Select"** button.
- _____ 3.5 In the **"Reactor Status"** section, select the appropriate unit(s) and status.
- _____ 3.6 **IF** the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct

NOTE: **IF** you indicate that Gap Activity has been exceeded, you must be in a General Emergency.

- _____ 3.7 Update the **"Gap Activity"** per the following:
 - _____ 3.7.1 For **"Alert"** or **"Site Area Emergency"** select **"NO"**.
 - _____ 3.7.2 For General Emergency have Dose Assessment refer to RP/0/A/5000/005, Enclosure 4.3, to determine if containment radiation levels are >100% of GAP activity.
- _____ 3.8 When all information is completed select the **"Save"** button.

4. Plant Summary Screen

- _____ 4.1 Select the **"Plant Summary"** Tab (Second Tab on the Event screen.)
- _____ 4.2 Under the **"Plant Conditions"** section select the appropriate condition. Confirm with the OPS superintendent or the TSC Emergency Coordinator.
 - **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plants, etc. are operating as designed.
 - **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Enclosure 4.1
Electronic Emergency Notification Form
(ENF) Completion/Transmission

RP/0/A/5000/006 B
Page 4 of 15

- NOTE:**
1. Remember to "close the loop" on items from previous notifications.
 2. EAL information will automatically be included on INITIAL messages only.
 3. Facility activation information will automatically be included on the appropriate message.

____ 4.3 Under the "Description/Remarks" section, write a concise description for declaring the event, or changes since the last notification. The first message in the classification will automatically include the EAL information. Subsequent messages should continue to explain the details as they occur then include any other information that may affect the Off-site Agencies [See Enclosure 4.9]. Follow-up messages should include relevant information and changes that have occurred since the last message. **Don't just repeat the EAL or the last message.**

____ 4.4 When all information is completed, select the "Save" button.

5. Release Screen and Met/Offsite Dose Screen

____ 5.1 These screens will be completed by the TSC Dose Assessors.

____ 5.2 Verify with the TSC Dose Assessors that they are in the process of acquiring RadDose data and are preparing to upload the information to the Electronic Notification form program.

____ 5.3 Ensure the status indicator at the bottom of the screen for the Release and Met/Offsite Dose have been updated (changed to green).

6. Protective Actions Screen

NOTE: The Protective Actions Screen is only enabled when you are in a General Emergency Classification.

____ 6.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

____ 6.2 **IF** the Emergency Classification **IS NOT** a General Emergency, select the "Validate" button and GO TO Step 7.

____ 6.3 **IF** the Emergency Classification **IS** a General Emergency, load protective action recommendations by performing the following:

6.3.1 Select "Load Protective Action Recommendations" (Protective Actions will automatically be loaded into the ENF program based on Wind Speed, Wind Direction, and Gap Activity).

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- 6.3.2 With input from Dose Assessment, verify that the loaded Protective Action Recommendations are correct utilizing RP/0/A/5000/005.
- 6.3.3 If additional individual evacuation zones need to be added or deleted, use the transfer functions (<, <<, >, >>) to transfer the zones.

____ 6.4 After the protective action recommendations are verified select the "Save" button.

NOTE: Status Indicator at the bottom of the screen should change to green indicating that the information has been updated.

7. Communications Screen

- ____ 7.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)
- ____ 7.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)
- ____ 7.3 Complete the applicable information in the "Event Management" section as follows:
- ____ 7.3.1 Select the "Managing Site".
- ____ 7.3.2 Select and enter the appropriate facility (TSC or EOF) activation time.

NOTE: Last Message information should be automatically populated if a previous message has been sent. If information is incorrect, it may be revised by selecting the "Change Last Message Information" bar near the bottom of the screen.

____ 7.4 Once all applicable information has been completed select "Save."

NOTE: Updating the information on a particular panel may be performed by double clicking on the desired indicator panel designator at the bottom of the screen. Status indicator information is as follows:

NOTE: The Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen are color coded to assure information is being routinely updated. Indicator information is as follows:

- | | | |
|---------------|---|--------------------------------------------|
| Black | – | information and time conflict |
| Green | – | information is 0 to 10 minutes old |
| Yellow | – | Information is 10 to 15 minutes old |
| Red | – | information is greater than 15 minutes old |

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NOTE: The "Next Msg Due" time interval color indicators are as follows:

Initial Notifications

Black - No information or information time conflict
Green - Next Message is due in 10-15 minutes
Yellow - Next message is due in 5-9 minutes
Red - Next message is due in 5 mins. or is past due.

Follow-Up Notifications

Black - No information or information time conflict
Green - Next Message is due in 30-60
Yellow - Next message is due in 15-29
Red - Next message is due <15 min. or is past due.

- ____ 7.5 Periodically validate information on the on the Off-site Agency Communicator assigned screens by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the screens to Green Status).
- ____ 7.6 **IF** information needs to be updated, make the appropriate changes on the appropriate screen and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

8. Building a Message

- ____ 8.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to updated or validated.

- ____ 8.1.1 Ensure Status indicators for the various screens at the bottom of the screen are current. (i. e., Green) If the information needs to be updated or validated, have the responsible individual update or validate the designated screen.
- ____ 8.1.2 Select the Communications screen, then select the **Build New Message** bar at the bottom of the screen. Information from the various screens will be incorporated into the message.
- ____ 8.1.3 Review the form to verify information is correct.
- ____ 8.1.4 **IF** information is correct proceed to step 8.1.6.

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- _____ 8.1.5 **IF** information needs to be revised, perform the following:
- A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.
 - B. Make changes as necessary and inform the responsible group of those changes.
 - C. When editing is complete, select Save.
 - D. Return to the message form, then select **Message** from the Toolbar, then **Refresh**.
 - E. Select "Yes" if you are ready to refresh the form.

<p>NOTE: You will be prompted that the information needs to be updated if status indicator is any color other than "Green." Refer to step 8.1.1.</p>

- _____ 8.1.6 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
- _____ 8.1.7 Have the TSC Emergency Coordinator review and sign the form.

9. Transmitting Message

- _____ 9.1 Locate a copy the Authentication Code Word List.
- _____ 9.2 For **Initial Notifications** (15 Minutes) proceed to **Section 10**.
- _____ 9.3 For **Follow-up Notifications**, proceed to **Section 11**.

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10. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
 2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions.
 3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

- _____ 10.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 10.1.1 – 10.3.4 while another Off Site Agency Communicator establishes contacts as per step 10.4.

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- _____ 10.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.
- _____ 10.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- _____ 10.1.3 Select the Fax Button on this panel.
- _____ 10.1.4 Select "Yes" on confirmation panel if ready to fax the form.

- NOTE:**
1. The AT&T Fax Sender Panel should now be initialized and appear on screen.
 2. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
 3. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

- _____ 10.2 On ATT Fax Sender Panel, type ~**catawba** in the Name block.

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_____ 10.3 Perform the following:

- _____ 10.3.1 Click the Green colored "check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- _____ 10.3.2 Then select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously).**
- _____ 10.3.3 Select "OK" on reminder panel for setting the transmittal time and date.

NOTE: Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.

_____ 10.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- _____ 10.4.1 Activate the Group Call function by dialing ***5** and verify that all available agencies answer. If all agencies do not respond, contact the missing agency individually via selective signaling.
- _____ 10.4.2 When the first agency answers the call, document that time as the transmittal time.

NOTE: Transmittal Time and Authentication Code should be handwritten into the signed ENF form.

- _____ 10.4.3 Read the following statement "This is Catawba Nuclear Station TSC. This is a drill or actual emergency (whichever applies).
- _____ 10.4.4 Ensure that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- _____ 10.4.5 Read the information on the ENF, line by line, to the Off-site Agencies.
- _____ 10.4.6 For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- _____ 10.4.7 After the information has been covered, inform the agencies the following:
"This concludes message # _____. Are there any questions?"

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- _____ 10.4.8 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- _____ 10.4.9 Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.4.1. Document the times these agencies were contacted on the back of the notification form.
- _____ 10.4.10 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**
- _____ 10.4.11 Select "Yes" at the prompt if the fax as successfully sent.
- _____ 10.4.12 Complete the message transmittal Date and Time and select "Save".
- _____ 10.4.13 **IF** information is correct, select the "Yes" button."
- 10.5 **IF** a question is outside of ENF information, do not answer the question but perform the following:
 - _____ 10.5.1 Authenticate the request (if question is a return call, you give the number).
 - _____ 10.5.2 Have the request evaluated by the TSC Emergency Coordinator.
 - _____ 10.5.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
 - _____ 10.5.4 Document the time the answer was provided to the Off-site Agency.
- _____ 10.6 Repeat the above steps as necessary to communicate other **Initial** messages.
- _____ 10.7 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.
- _____ 10.8 Update the next message due time on the TSC Emergency Coordinator Area white board.

<p>NOTE: To perform follow up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.</p>

11. Transmission of Follow-up Notification

- 11.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 11.1.1 – 11.3.5 while another Off-site Agency Communicator establishes contacts as per step 11.4.

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NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- _____ 11.1.1 Select **Message** from the Toolbar, THEN **Fax**.
- _____ 11.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- _____ 11.1.3 Select the Fax Button on this panel.
- _____ 11.1.4 Select "Yes" on confirmation panel if ready to fax the form

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen.

- _____ 11.2 On ATT Fax Sender Panel, type ~**catawba** in the Name block.
- _____ 11.3 Perform the following:
 - _____ 11.3.1 Click the Green colored "check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
 - _____ 11.3.2 Then select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously).**
 - _____ 11.3.3 Select "OK" on the reminder panel for setting the transmittal time and date.

NOTE:

1. For Follow-up messages, the transmittal time will be the time that all agencies are on the line to verify Fax transmission.
2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
4. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

- _____ 11.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

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- _____ 11.4.1 Activate the Group Call function by dialing * 5 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- _____ 11.4.2 Document the transmittal time as the time the first agency answers the call.
- _____ 11.4.3 Ensure that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- _____ 11.5 Ask if there are any questions, regarding the Follow-up ENF information.
- _____ 11.6 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- _____ 11.7 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**
- _____ 11.8 Select "Yes" at the prompt if the Fax is successfully sent.
- _____ 11.9 Enter transmittal date and time.
 - _____ 11.9.1 Select "Yes" if you are ready to update this message (transmittal time will be added to message).
- _____ 11.10 **IF** a question is received outside of ENF information, do not answer the question but perform the following:
 - _____ 11.10.1 Authenticate the request (if question is a return call, you give the number).
 - _____ 11.10.2 Have the request evaluated by the TSC Emergency Coordinator.
 - _____ 11.10.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
 - _____ 11.10.4 Document the time the answer was provided to the Off-site Agency.
- _____ 11.11 Repeat the above steps as necessary to transmit other Follow Up messages.
- _____ 11.12 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.
- _____ 11.13 Update next message due on the Emergency Coordinator area white board and Off-site Communicator board.

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NOTE: To perform follow up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.

12. Termination Message

NOTE: 1. Termination notifications are communicated verbally.
2. Termination notification is marked as a Follow-up.

- _____ 12.1 Be sure specific Event is highlighted, THEN, from the Menu bar for the specific Event, Select Event, then Terminate Event.
- _____ 12.2 Enter Termination Time and Date, then Click **OK**.
 - _____ 12.2.1 Confirm that event is ready to be Terminated by clicking "Yes."
- _____ 12.3 Message will be generated with appropriate information.
 - _____ 12.3.1 **IF** information is correct, proceed to step 12.4.
 - _____ 12.3.2 **IF** information needs to be revised, perform the following:
 - _____ A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.
 - _____ B. Make changes as necessary and inform the responsible group of those changes.
 - _____ C. When editing is complete, select Save.
 - _____ D. Return to the message form, then select **Message** from the Toolbar, then **Refresh**.
 - _____ E. Select "Yes" if you are ready to refresh the form.
- _____ 12.4 Review the form to verify information is correct.
 - _____ 12.4.1 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
 - _____ 12.4.2 Have the TSC Emergency Coordinator review and sign the form.
- _____ 12.5 Once approved, one Off-site Agency Communicator shall perform steps 12.5.1-12.5.8 while another Off-site Agency Communicator establishes contacts per step 12.6.

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- _____ 12.5.1 Fax the Electronic form selecting **Message** from the Toolbar, THEN **Fax**.

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- _____ 12.5.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.

- _____ 12.5.3 Select the Fax Button on this panel.

- _____ 12.5.4 Select "Yes" on confirmation panel if ready to fax the form.

NOTE:

1. If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.
2. The AT&T Fax Sender Panel should now be initialized and appear on screen.

- _____ 12.5.5 On ATT Fax Sender Panel, type ~**catawba** in the Name block.

- _____ 12.5.6 Click the Green colored "check mark symbol" (✓) at the right of the block at the top of the panel. (*The Name block information will be transferred to the Recipient block.*)

- _____ 12.5.7 Then select the **Send** button at the top of the panel. (**The ENF will be Faxed to the agencies simultaneously**).

- _____ 12.5.8 Select "OK" on the reminder panel for setting the transmittal time and date.

NOTE:

1. For Follow-up messages, the transmittal time will be the time when all parties are verified on line.
2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
4. **IF** the Fax program does not appear to be working (i.e., Fax not being transmitted), refer to Enclosure 4.4 for alternate Fax instructions.

- _____ 12.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

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- _____ 12.6.1 Activate the Group Call function by dialing * 5 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- _____ 12.6.2 Document the transmittal time as the time the first agency answers the call.
- _____ 12.6.3 Assure that the Agencies have received the Fax. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- _____ 12.6.4 For Termination Notifications, when you reach item # 4, ask the state or a county to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- _____ 12.6.5 Read the message to the Off-site Agencies.
- _____ 12.7 Ask if there are any questions regarding the termination message.
- _____ 12.8 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- _____ 12.9 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**
- _____ 12.10 Select "Yes" at the prompt if the fax is successfully sent.
- _____ 12.11 Complete the message transmittal Date and Time and select "Save."
- _____ 12.12 At the confirmation prompt select "YES" if you are ready to update this message.
- _____ 12.13 If a question is outside of ENF information, do not answer the question but perform the following
 - _____ 12.13.1 Authenticate the request (if question is a return call, you give the number).
 - _____ 12.13.2 Have the request evaluated by the TSC Emergency Coordinator.
 - _____ 12.13.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
 - _____ 12.13.4 Document the time the answer was provided to the Off-site Agency.
- _____ 12.14 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

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1. Initial and Follow-up Completion

Item #	NOTE: Items 11-14 may be skipped on initial notifications Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) Initial: First message in each of the 4 classifications. Follow-up: Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the C/R.	TSC Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	TSC Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is when the first agency answers the call.)	TSC Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	TSC Comm.
5.	Mark appropriate classification.	OPS Supt
6.	Mark the appropriate emergency classification box & write time & date current classification was declared.	OPS Supt
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. Refer to Enclosure 4.9 for additional reportable events. The first message from the TSC should include a statement indicating that the TSC has been activated. Do not use acronyms or abbreviations. For Follow-up messages, include relevant information and changes that have occurred since the last message (Don't just restate the EAL or last message).	OPS Supt
8.	Mark appropriate plant condition.: Improving - Emergency conditions are improving in the direction of a lower classification or termination of the event. Stable - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed. Degrading - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site protective action recommendations.	OPS Supt
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	OPS Supt.
10.	Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs: <ul style="list-style-type: none"> Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A or 53B read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. Steam generator tube leak monitored by EMF 33. 	Rad Assess.
11.*	* Items 11-14 may be left blank on <u>initial</u> notifications Indicate type of release and time/date. Mark Ground Level for any airborne releases.	Rad Assess
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess
13.*	Write estimate of projected off-site dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad Assess.
14.*	Provide meteorological data	Rad Assess.
15.	Indicated appropriate recommended protective actions. <ul style="list-style-type: none"> For Unusual Event, Alert, and Site Area Emergency, Mark box "A" For General Emergency, mark and complete information for boxes B and C using RP/0/A/5000/005 (GE) 	Rad Assess.
16.	Have Emergency Coordinator approve message.	Emer. Coord.

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2. Termination Notification Completion

When the emergency/drill has been terminated, complete the ENF as described below.

- NOTE:**
1. When terminating from a General Emergency, "No Recommended Protective Action" HAS to be selected in the Electronic ENF Program.
 2. Termination notifications are communicated **verbally**.
 3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information TSC
1.	Check appropriate blocks NOTE: Message #s are sequentially numbered throughout the drill/emergency starting with the Control Room.	Off-site Communicators.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Off-site Communicators
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	Off-site Communicators
4.	Authentication <u>will be completed</u> while transmitting the notification to states and counties.	Off-site Communicators
5.	Check appropriate classification that is being terminated from.	Off-site Communicators
6.	Mark box "B" and write time and date of termination.	Off-site Communicators
7.- 15.	No information required.	N/A
16.	Have TSC Emergency Coordinator approve message.	TSC Emergency Coordinator

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1. Transmitting a Message

- ____ 1.1 Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

NOTE:

1. Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). *5 may be used initially to contact county and state warning points/EOCs.
2. The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and **remove** the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset, however, the handset must be removed from the cradle when the headset is in use.

- ____ 1.1.1 Pick up receiver (no dial tone will be heard). Dial * 5 and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 1.1.2).
- ____ 1.1.2 Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.

513 York County (WP/EOC)	116 Mecklenburg County (WP/EOC)
112 Gaston County (WP/EOC)	518 SC (WP/EOC)
314 NC (WP/EOC)	

- ____ 1.1.3 Continue this process until all applicable agencies are on the line.

NOTE: If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.

1.2 1st - Commercial Telephone (Bell Line) (Conference Call)

- 1.2.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.1, for instructions on the use of telephones in the TSC, conference call instructions, and individual bell line numbers.

1.3 2nd - North Carolina and/or South Carolina Emergency Management Radio

- 1.3.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

1.4 3rd - Duke Power Radio Network (Low Band System)

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- 1.4.1 Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of Duke Power Low Band Radio system.

NOTE: Report any failures to the TSC Emergency Coordinator/Emergency Planner.

2. Message Transmission

- 2.1 For transmitting **Initial Notifications**, proceed to **Section 3**.
- 2.2 For transmitting **Follow-up Notifications**, proceed to **Section 4**.

3. Initial Notification Transmission

When you are prepared to transmit a message, contact the appropriate agencies using the established method.

SELECTIVE SIGNAL		BELL LINE	ROLL CALL
Individual Selective OR Signal #	Dial *5: calls all state /county WP/EOC's simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is Catawba Nuclear Station, please hold."
513 York County WP/EOC		803/329-1110	
112 Gaston County WP/EOC		704/866-3300	
116 Mecklenburg Co. WP/EOC		704-943-6200	
518 South Carolina WP/EOC		803/737-8500	
314 North Carolina WP/EOC		919/733-3300	

IF an off-site agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails).

- 3.1 When all available agencies are connected, document the time on line 3 as transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."
- 3.2 **IF** this is the FIRST message from the TSC, inform the states and counties that the TSC has been activated and that you are taking over responsibility for communications from Catawba Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**

Enclosure 4.3
Emergency Notification Form (ENF)
Transmission

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- 3.3 Authenticate and Transmit the Emergency Notification (ENF) message providing line by line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions).
- 3.3.1 All **initial** notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not Available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
- 3.4 Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

NOTE: Date and time do not need to be filled in on back of form if all parties were on line at the time of message transmission.

- 3.5 Inform the agencies of the following,
- This concludes message # ____.
 - They will be receiving a Fax copy of this message shortly.
 - Are there any questions about the message?
- 3.6 **IF** question is outside of ENF information, do not answer question.
- Authenticate the request (if question is a return call).
 - Have the request evaluated by the Emergency Coordinator.
 - Document the question, answer, and the time the answer was transmitted in the Off-site Agency Communicator's Logbook.
- 3.7 Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4, Fax Communicator Checklist.
- 3.8 Repeat steps as needed to communicate other initial messages.
- 3.9 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.

Enclosure 4.3
Emergency Notification Form (ENF)
Transmission

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4. Follow-up Notification Transmission

NOTE: Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency.

- _____ 4.1 Verify that all sections have been completed and that the message has been approved.
- _____ 4.2 Fax a copy of the form to the Off-site Agencies per Enclosure 4.4.
- _____ 4.3 Call each Off-Site Agency.
- _____ 4.4 When the first agency answers the call, document this as the transmittal time.
- _____ 4.5 Verify each agency has received the Notification Form.
- _____ 4.6 Ask if there are any questions.

 IF a question is outside of ENF information, do not answer question.
 - Authenticate the request (if question is a return call) (callee gives number).
 - Have the request evaluated by the TSC Emergency Coordinator
 - Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.
- _____ 4.7 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.
- _____ 4.8 Repeat the above steps as necessary to communicate other follow-up messages.
- _____ 4.9 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

1. Faxing Process

- 1.1 This enclosure provides instruction for faxing the ENF to the primary WP/EOCs. Refer to the following sections of this enclosure for the desired method:

Section 2 - AT&T Enhanced Fax - Preprogrammed Button Method
Section 3 - AT&T Enhanced Fax - Dialing Method
Section 4 - Individually (Via Fax Machine)

2. AT&T Enhanced Fax - Preprogrammed Button Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 2.1 Place the Notification Form face down in the Fax machine.
- _____ 2.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.
- 2.3 Perform the following:
- _____ 2.3.1 Press the preprogrammed button labeled **AT&T Enhanced Fax**.
- _____ 2.3.2 Wait to hear: "**Welcome to AT&T Enhanced Fax**," then,
- _____ 2.3.3 Press the preprogrammed button labeled **Subscriber ID**, then
- _____ 2.3.4 Press the preprogrammed button labeled **Password** (You will hear "**Logging in, please wait**")
- _____ 2.3.5 Wait to hear: "**Login Successful**," then
- _____ 2.3.6 Press **1**, then
- _____ 2.3.7 Press *** 5** (Recipient List), then
- _____ 2.3.8 Press **#** (Own Private List), then
- _____ 2.3.9 Press **1 #** (List Name), then
- _____ 2.3.10 Press *** #** (No other lists to add)

Enclosure 4.4
Fax Instructions

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- _____ 2.3.11 Press **START** on the Fax machine.
- _____ 2.3.12 Wait. (Form will be processed through Fax machine).
- _____ 2.3.13 When prompted, hang up the phone. (This will be indicated by the Fax machine LCD readout and alarm. The Fax Service will then fax the Notification form to the designated facilities).
- _____ 2.4 Ensure the primary off-site agencies have received the Fax.

3. AT&T Enhanced Fax - Dialing Method

- NOTE:**
- 1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 - 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 - 3. Process may be completed without waiting for the prompts.

- _____ 3.1 Place the Notification Form face down in the Fax machine.
- _____ 3.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.
- 3.3 Perform the following:
 - _____ 3.3.1 Dial **1-800-232-9674**, then
 - _____ 3.3.2 Wait to hear: "**Welcome to AT&T Enhanced Fax**," then
 - _____ 3.3.3 Dial **5 3 0 9 1 2 8 #** (Subscriber ID), then
 - _____ 3.3.4 Dial **4 8 6 6 6 3 5 2 #** (Password) (You will hear "**Logging in, please wait**")
 - _____ 3.3.5 Wait to hear: "**Login Successful**," then
 - _____ 3.3.6 Press **1**, then
 - _____ 3.3.7 Press *** 5** (Recipient List), then
 - _____ 3.3.8 Press **#** (Own Private List), then
 - _____ 3.3.9 Press **1 #** (List Name), then
 - _____ 3.3.10 Press *** #** (No other lists to add)

Enclosure 4.4
Fax Instructions

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- _____ 3.3.11 Press **START** on the Fax machine.
- _____ 3.3.12 Wait. (Form will be processed through Fax machine).
- _____ 3.3.13 When prompted, hang up the phone. (This will be indicated by the Fax machine LCD readout and alarm. The Fax Service will then fax the Notification form to the designated facilities).
- _____ 3.4 Ensure the primary off-site agencies have received the fax.

4. Individually (Via Fax Machine)

- 4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- _____ 4.1.1 Place the Fax you are transmitting face down into the Fax machine.
- 4.1.2 Press the preprogrammed one-touch speed dial numbers for the following:

	Press	Energy Quest
	Press	Joint Information Ctr (JIC)
	Press	York Co. WP/EOC
	Press	Gaston Co. WP/EOC
	Press	Meck Warning Pt.
	Press	S.C. WP/EOC
	Press	N.C. WP/EOC
	Press	EOF

- _____ 4.1.3 Press **Start**.

- 4.2 To send a Fax to a **single** location using one-touch dialing or direct dialing:

- _____ 4.2.1 Insert the document face down

- 4.2.2 Press the designated agency button labeled on the Fax machine one at a time.

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr (JIC)	or dial	8-382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-737-8575
	Press	N.C. WP/EOC	or dial	1-919-733-7554

Fax Instructions

	Press	EOF	or dial	1-704-382-0722
--	-------	-----	---------	----------------

- _____ 4.2.3 Verify Fax was sent to the designated agency or agencies via the Fax report(s) or phone. Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

- 5.1 **IF** a Fax is not delivered via the AT&T Enhanced Fax process or if there are problems experienced utilizing the AT&T Enhanced Fax process, the system will generate an ERROR MESSAGE. To retrieve messages from the AT&T Enhanced Fax Service, perform the following:

- _____ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine
- _____ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:
 - _____ A. Press the preprogrammed button labeled **AT&T Enhanced Fax**
(or dial 1-800-232-9674)
 - _____ B. Press the preprogrammed button labeled **Subscriber ID**
(or dial 5 3 0 9 1 2 8 #)
 - _____ C. Press the preprogrammed button labeled **Password**
(or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)
 - _____ D. When Login is verified Successful, **Press 2** (to receive a message)
- _____ 5.1.3 Press Start on the Fax machine.
- _____ 5.1.4 When prompted, hang up phone (Fax machine alarm and LCD indication).

Enclosure 4.5
Authentication Code List Locations

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The Authentication Code List is a controlled listing of numbers and corresponding words provided by the state(s). This listing is used by the site and the off-site agencies to "authenticate" communications between the various parties. This listing is utilized primarily in notifications to the off-site agencies during events and drills. This listing provides assurance to the communication "*receiver*" that information from the "*transmitter*" is valid and authentic. Communication authentication may be performed anytime the *receiver* of information wishes to assure the information is authentic. This is accomplished by having the *receiver* provide a number from the code word list and then having the *transmitter* provide the corresponding word to that specified number from the list.

The Authentication Code List (EP Group Manual Guideline 5.1.7) is located in:

1. Off-site Communicator Notebook inside the front cover of the notebook
2. Off-site Communicator Notebook under the "Authentication Code List" tab
3. Technical Support Center file cabinet in the "Authentication Code List" file folder

Authentication instructions are located in Enclosure 4.6 of this procedure.

1. Placing A Call

When providing Emergency Notification Form (ENF) information to the Off-Site Agencies, the Communicator should:

- 1.1 Ask a State or County Representative to provide a number from the Authentication Code List.
- 1.2 Then give them the code word corresponding with the number from the Authentication Code List.
- 1.3 Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

2. Receiving A Call

When receiving a call from off site and the identity of the party calling is not known, you should:

- 2.1 Provide a number from the Authentication Code List to the caller.
- 2.2 The caller will then provide the word corresponding with the number of the Authentication Code List.
- 2.3 Document in Communicator's Logbook.

RULE OF THUMB:

Callee gives the number

Caller gives the word

EMERGENCY NOTIFICATION

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

2. SITE: Catawba Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (803) 831-7410 (TSC)

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) Date Stopped: _____ / _____ / _____ Time(Eastern) Date
☐ LIQUID: Started: _____ / _____ / _____ Time(Eastern) Date Stopped: _____ / _____ / _____ Time(Eastern) Date

**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 _____

16. APPROVED BY: _____ TSC Emergency Coordinator TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy
(Name) (Title)

* 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

Record the name, date, time and agencies notified:

1.

(name)		York County	
(date)	(time)	(agency)	Sel. Sig. 513 Bell Line (803) 329-1110
2.

(name)		Mecklenburg County	
(date)	(time)	(agency)	Sel. Sig. 116 Bell Line (704) 943-6200
3.

(name)		Gaston County	
(date)	(time)	(agency)	Sel. Sig. 112 Bell Line (704) 866-3300
4.

(name)		South Carolina WP/EOC	
(date)	(time)	(agency)	Sel. Sig. 518 Bell Line (803) 737-8500
5.

(name)		North Carolina WP/EOC	
(date)	(time)	(agency)	Sel. Sig. 314 Bell Line (919) 733-3300
6.

(name)			
(date)	(time)	(agency)	
7.

(name)			
(date)	(time)	(agency)	

Enclosure 4.8
TSC Lead Off-Site Agency Communicator
Duties

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- Sign in on the white board in the TSC Emergency Coordinator's area as the "Off-Site Agency Communicator." Also sign in and ensure that at least two TSC Off-Site Agency Communicators (OACs) have signed in on the white board in our area.
- Ensure all OACs have a copy of the correct procedure and that they know their duties.
- Ensure the OACs are fit for duty prior to taking turnover from the site.
- Ensure 24 hour coverage if necessary.
- Keep the TSC Emergency Coordinator informed of our progress in preparing to take turnover from the site. Ensure that we promptly get copies of each site-issued Emergency Notification Form (ENF).
- Act as chief interface with the TSC Emergency Coordinator.
- Monitor completion of the other sections to assure time commitments are met. Contact the individual edit groups as appropriate to assure Notification Form is being completed.
- Check with Dose Assessment early and often to ensure that they don't delay a ENF. (It can take them 10 minutes to calculate doses, so be sure that they have a 15-minute warning before we need their data. **If** they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Coordinator involved at once--*do not delay!*)

NOTE: Rad data is not required for initial notifications.

- Resolve any questions concerning OACs' procedure or actions (the Emergency Planner can help).
- Ensure all messages (ENFs) are accurate, complete, and are issued on time.
- Decide when to omit radiological data on the ENF (in the interest of timeliness).
- Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events listed in Section 3.9 are reported and that later ENFs follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the TSC Emergency Coordinator for approval. Give the TSC Emergency Coordinator sufficient time to review/change the ENF.
- Work with the Emergency Planner, Nuclear Supply Chain and/or Data Coordinators to fix any problems with the Fax machines, selective signaling, computers etc. Advise the TSC Emergency Coordinator of these problems.
- Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.
- After the drill/event, tell the primary OAC what role was filled by each OAC and of any comments/questions concerning their actions in the drill/event.

Enclosure 4.9
Additional Reportable Events

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During a declared emergency, the following are events that should be reported to Off-site Agencies in addition to the Emergency to the Emergency Action Level (EAL) requirements. These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form. These events may need off-site agency action or resolution.

- Fires
- Flooding
- Explosions
- Major/Key Equipment Out of Service
- Loss of Off-site Power
- Core Uncoverings
- Core Damage
- Injuries
- Deaths
- Contaminated Individuals
- Individuals Transported Off Site
- Site Evacuations
- Saboteurs
- Intruders
- Chemical or Hazardous Material Spills or Releases
- Extraordinary Noise Audible Off Site
- Any event causing/requiring Off-site Agency response
- Any event causing increased media attention
- Other unrelated classifiable events of lesser severity
- Emergency response actions underway

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/5000/008Revision No. 020**PREPARATION**

- (2) Station Catawba
- (3) Procedure Title Spill Response
- (4) Prepared By TM Daniel Date 01/28/02
- (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 B. R. S. H. (QR) Date 1/29/02
 Cross-Disciplinary Review By John W. H. III (QR) NA Date 1-30-02
 Reactivity Mgmt. Review By _____ (QR) NA Yes Date 1/29/02
 Mgmt. Involvement Review By _____ (Ops. Supt.) NA Yes Date 1/29/02
- (7) Additional Reviews
 Reviewed By Richard L. Swergin Date 2/05/02
 Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
 By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____
- (9) Approved By Richard L. Swergin Date 2/6/02

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:
☐ 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, if necessary)

Duke Power Company Catawba Nuclear Station Spill Response Multiple Use	Procedure No. RP/0/B/5000/008
	Revision No. 020
	Electronic Reference No. CN005GO3

Spill Response

1. Symptoms

- 1.1 An unplanned or uncontrolled release of a chemical product, oil, or hazardous waste from a container or system in excess of normal drips and splatters.

The release of water from a plant system to the environment may also be considered a spill, especially for chemically treated water systems such as the fire protection system or drinking water system which both contain chlorine.

A spill to the "environment" means soil, water, or air that is not under the direct control of mankind. For CNS the environment includes all ground/soil/gravel areas that are not protected by a liner such as concrete or asphalt (in good condition - not broken or cracked), the air outside any building or air that is discharged from a vent to the outside, and all exterior waters including the Standby Nuclear Service Water Pond, (SNSWP), wetlands (environmentally sensitive areas), and Lake Wylie.

NOTE:

- 1. On-Site is defined as inside the Owner Controlled Area.
- 2. Off-Site is defined as outside the Owner Controlled Area.
- 3. Navigable Waters is defined as Lake Wylie and the Standby Nuclear Service Water Pond.

2. Immediate Actions

- 2.1 For On-Site Spill Response, go to Enclosure 4.1.
- 2.2 For Off-Site Spill Response, go to Enclosure 4.2.
- 2.3 For Oil Spills to Navigable Waters (Lake Wylie OR SNSW Pond), go to Enclosure 4.3.

3. Subsequent Actions

- 3.1 On-Site, go to Enclosure 4.1.
- 3.2 Off-Site, go to Enclosure 4.2.
- 3.3 Oil Spills to Navigable Waters (Lake Wylie OR SNSW Pond), go to Enclosure 4.3.

4. Enclosures

- 4.1 On-Site Spill Response
- 4.2 Off-Site Spill Response

- 4.3 Oil Spills to Navigable Waters (Lake Wylie OR SNSW Pond)
- 4.4 HazMat Emergency Response Team Activation and Emergency Telephone/Pager Numbers
- 4.5 Oil Spill Response Team Activation
- 4.6 Courtesy Notification to States and Counties for a Non-emergency Plant Event

Enclosure 4.1
On-Site Spill Response

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1. Immediate Actions

1.1 Record the following information taken from the caller:

- Name/group of person reporting incident: _____

- Location of spill/product: _____
Elevation: _____ Column Line: _____
- Equipment/components affected: _____

- Are there any injured people? _____ How many? _____
- Are there people in the immediate area who need to be relocated to a safer area?

- Is the source of the spill isolated/secured? _____
- Is the spill continuing? _____
- Is the spill confined/contained? _____
- Call back number: _____
- Time of call: _____

_____ 1.2 Initiate a response by the Fire Brigade Leader to investigate and report conditions to Control Room. Any additional Fire Brigade response should be determined based on the conditions reported by the Fire Brigade Leader.

_____ 1.3 Announce the following over the plant PA system:

“Attention all plant personnel. Attention all plant personnel. This is the Control Room. A chemical spill has been reported to the Control Room. This spill is occurring at (provide plant location). Please stay clear of this area until further notice.”

Enclosure 4.1
On-Site Spill Response

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NOTE: The Fire Brigade Leader's evaluation of the spill based on the criteria in step 1.4 should determine the need for HazMat activation. The activation results in a two phase response. Pager activation involves the duty HazMat member contacting the Control Room to provide assistance with the response. If additional response is needed, the duty HazMat member will request a second pager activation of the HazMat for a full response by off-site members.

- 1.4 **IF** any of the following conditions exist, initiate a HazMat response per Enclosure 4.4:
- Spill Status: (spills involving insulating material/asbestos or designated system waters [RF, RY, or YD] do not require a HazMat response)
 - _____ Source of spill has **NOT** been secured/isolated, **OR**
 - _____ Release of product/substance is still occurring, **OR**
 - _____ Spill has **NOT** been confined/contained, **OR**
 - Product/substance Composition:
 - _____ Unknown composition, **OR**
 - _____ Labeled/known HAZARDOUS WASTE, **OR**
 - Response Complications:
 - _____ Potential risk of fire or explosion, **OR**
 - _____ Personnel exposure hazard created (includes additional PPE requirements beyond any currently in use at the spill site), **OR**
 - _____ Special equipment needed to contain the spill is **NOT** available.

NOTE: Oil spills consisting of non-flammable/combustible material **DO NOT** require any action by the HazMat Emergency Response Team.

- 1.5 **IF** the spill involves oil released to navigable water (Lake Wylie or SNSW Pond), or any imminent potential of such, refer to Enclosure 4.3 for immediate actions.
- 1.6 **IF** the spill involves insulating materials/asbestos, or water from RF, RY or YD systems, exit this procedure and go to Environmental Work Practice 5.1.

2. Subsequent Actions

NOTE: Lines in left margin are for place-keeping. Subsequent Actions may be performed simultaneously.

- _____ 2.1 Secure the area and deny entry into the area of the spill until the HazMat Emergency Response Team has arrived.
- _____ 2.2 Refer to RP/0/A/5000/001 (Classification of Emergency).
- _____ 2.3 Verify the Central Alarm Station (CAS-5364) or Secondary Alarm Station (SAS-3377) is aware that a Spill Emergency Response/alert has been made and inform the CAS/SAS operator of the spill location for MERT notification purposes.
- _____ 2.4 Contact Environmental, Health and Safety (EHS), ext. 3333, for assistance in reporting to state, local, or federal authorities. After hours, contact the EHS Duty person by phone or pager. **IF** no answer, page 8-777-3333, which will page all EHS personnel.
- _____ 2.5 **IF** an emergency has **NOT** been declared **AND** the site HazMat Team is called out, notify York County Emergency Management about the event through the York County 911 Telecommunicator and as necessary, request additional HazMat support.
{PIP 0-C00-01689}

NOTE:

- 1. A request for emergency response support (except an ambulance) from an off-site agency requires a 4-hour notification of the NRC as an "Off-site Notification" per RP/0/B/5000/013 (NRC Notification Requirements).
- 2. A request for ambulance support for a "contaminated injury" is an 8-hour notification and the request for transport of a "clean injury" does not require a NRC notification.

- _____ 2.6 **IF** emergency response support from York County Emergency management is requested **AND** an emergency has **NOT** been declared, notify the NRC under the 4-hour notification requirement for off-site notifications.
- _____ 2.7 Notify Community Relations duty person of the incident.
- _____ 2.8 Refer to the site Emergency Plan, Catawba Nuclear Site Hazardous Materials Response Plan, for further information regarding the comprehensive response plan elements if necessary.
- _____ 2.9 Refer to the Environmental Work Practice Manual 5.1, Spill Response, Enclosure 3.2, for actions to take after the spill has been neutralized or stabilized.

Enclosure 4.1
On-Site Spill Response

RP/0/B/5000/008
Page 4 of 4

_____ 2.10 **IF** both of the following conditions are met, perform steps 2.10.1 through 2.10.3 below:

- An emergency has **NOT** been declared for this event per RP/0/A/5000/001
- The NRC **WILL NOT** be notified of this event per RP/0/B/5000/013

_____ 2.10.1 Notify the duty Emergency Planner.

_____ 2.10.2 Notify the EnergyQuest/Public Affairs duty person.

_____ 2.10.3 Make a courtesy notification to the states and counties using Enclosure 4.6.

Enclosure 4.2
Off-Site Spill Response

RP/0/B/5000/008
Page 1 of 1

1. Immediate Actions

- _____ 1.1 Upon receiving a call from EHS or RP involving the release of a hazardous substance or material (hazardous materials, hazardous wastes or radiological materials) shipped from CNS, discuss reporting requirements under NSD 202 (Reportability) and off-site notification per RP/0/B/5000/013 (NRC Notification Requirements).

2. Subsequent Actions

NOTE: Lines in left margin are for place keeping. Subsequent actions may be performed simultaneously.

- 2.1 Hazardous Materials/Hazardous Waste Incidents/Radiological Materials
- _____ 2.1.1 Notify Community Relations of the incident (pager #8-777-7388).
- _____ 2.1.2 Notify York County EOC of the incident at 803-329-1110 and provide the caller's name and phone number (if incident occurred in York County, SC).
 {PIP #C-00-1689}
- _____ 2.1.3 Notify Duke Power Risk Management at (704) 382-8186 (24-hour phonemail service).
- _____ 2.1.4 Notify American Nuclear Insurers (ANI) at (860) 561-3433.

Enclosure 4.3
Oil Spills to Navigable Waters (Lake Wylie
OR SNSW Pond)

RP/0/B/5000/008

Page 1 of 2

1. Immediate Actions

- _____ 1.1 Upon receiving notification of a spill of oil (petroleum products, synthetic oils, hydraulic oils, etc.) to Lake Wylie or the Standby Nuclear Service Water Pond which requires clean-up, request the caller's name and phone number:

Name: _____ Phone: _____

- _____ 1.2 **IF** necessary to confirm the spill, **THEN** dispatch an Operator.

NOTE: Oil Spill Response Team will call the Control Room upon arrival on site.

- _____ 1.3 Contact the Lower Catawba Hydro Oil Spill Response Team as listed on Enclosure 4.5 to initiate a response.

2. Subsequent Actions

- _____ 2.1 Contact EHS at extension 3333 for assistance in reporting to state, local, or federal authorities. After hours, contact the EHS Duty person by phone or pager. **IF** no answer, page 8-777-3333, which will page all EHS personnel.

- _____ 2.2 **IF** an emergency has **NOT** been declared, notify York County Emergency Management about the event through the York County 911 Telecommunicator and as necessary, request emergency response support. {PIP # C-00-1689}

NOTE: 1. A request for emergency response support (except an ambulance) from an off-site agency requires a 4-hour notification of the NRC as an "Off-site Notification" per RP/0/B/5000/013 (NRC Notification Requirements).

2. A request for ambulance support for a "contaminated injury" is an 8-hour notification and the request for transport of a "clean injury" does not require a NRC notification.

- _____ 2.3 **IF** emergency response support from York County Emergency Management is requested **AND** an emergency has **NOT** been declared, notify the NRC under the 4-hour notification requirement for off-site notifications.

- _____ 2.4 Notify Community Relations duty person of the incident.

- _____ 2.5 In the event that a responsible group is not identified, the Operations Shift Manager (or designee) shall initiate a PIP. Refer to Environmental Work Practice 5.1 for information to include in the PIP.

Enclosure 4.3
Oil Spills to Navigable Waters (Lake Wylie
OR SNSW Pond)

RP/0/B/5000/008

Page 2 of 2

_____ 2.6 **IF** both of the following conditions are met, perform steps 2.6.1 through 2.6.3 below:

- An emergency has **NOT** been declared for this event per RP/0/A/5000/001
- The NRC **WILL NOT** be notified of this event per RP/0/B/5000/013

_____ 2.6.1 Notify the duty Emergency Planner.

_____ 2.6.2 Notify the EnergyQuest/Public Affairs duty person.

_____ 2.6.3 Make a courtesy notification to the states and counties using Enclosure 4.6.

Enclosure 4.4
**HazMat Emergency Response Team
Activation and Emergency Telephone/Pager
Numbers**

RP/0/B/5000/008
Page 1 of 3

1. HazMat Team Notification During an Emergency

- _____ 1.1 **IF** the HazMat Team is being called out for a drill, go to Step 2.
- _____ 1.2 Activate the Off-Site emergency pager system Quiktel Key Pad located in the Control Room.
 - _____ 1.2.1 Type in SPILL and press "ENTER"
 - _____ 1.2.2 Press "M"
 - _____ 1.2.3 Type the following message:

"CNS Hazardous Materials Spill; All Team Members Respond."
 - _____ 1.2.4 Press "ENTER"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

- _____ 1.2.5 Monitor the confirmation pagers located at the Quiktel Key Pad to verify proper pager activation.
- _____ 1.3 **IF** the Quiktel Key Pad is unavailable, dial 8-777-8091 and enter your phone number (e.g., 803-831-3250), and press #. The HazMat Response Team duty person will return your call and make additional call-outs as necessary to ensure team response.

2. HazMat Team Notification During a Drill

- _____ 2.1 Activate the Off-Site emergency pager system Quiktel Key Pad located in the Control Room.
 - _____ 2.1.1 Type in SPILL and press "ENTER"
 - _____ 2.1.2 Press "M"
 - _____ 2.1.3 Type in the following message:

"This is a Drill. CNS Hazardous Materials Spill; All Team Members Respond. This is a Drill."
 - _____ 2.1.4 Press "ENTER"

NOTE: Pager activation can be delayed up to 5 minutes depending on pager system status.

- _____ 2.1.5 Monitor the confirmation pagers located at the Quiktel Key Pad to verify proper pager activation.

Enclosure 4.4
HazMat Emergency Response Team
Activation and Emergency Telephone/Pager
Numbers

RP/0/B/5000/008
Page 2 of 3

- _____ 2.2 **IF** the Quiktel Key Pad is unavailable, dial 8-777-8091 and enter your phone number (e.g., 803-831-3250), and press #. The HazMat Response Team duty person will return your call and make additional call-outs as necessary to ensure team response.

Enclosure 4.4
HazMat Emergency Response Team
Activation and Emergency Telephone/Pager
Numbers

RP/0/B/5000/008
Page 3 of 3

1. HazMat Emergency Response Team

<u>Name</u>	<u>Off-Site Pager</u>
Tim Daniels	8-777-4619
Cleve Brown	8-777-4682
Richard Flowers	8-778-4667
David Hord	8-778-7974
Ronnie Bangle	8-778-7975
John Williams	8-778-7976
Eddie Benfield	8-777-7272
Andy Miller	8-778-7119
Tom Christensen	8-778-7979
Jasper Armstrong	8-777-7297
Jamie Andrews	8-778-7978
John Bailes	8-778-7184
Roy Hembree	8-778-5839
Rick Tack	8-778-4964
Robin Caskey	8-778-2444
Wayne Jarman	8-778-7125
Bill Edmunds	8-778-7141
Chad Eurey	8-778-7121
Jon Cain	8-778-7154
Doug Gates	8-778-7134

Enclosure 4.5
Oil Spill Response Team Activation

RP/0/B/5000/008
Page 1 of 1

- NOTES:**
1. The Oil Spill Response Team will call the Control Room to determine any personnel or radiological safety hazards associated with their response to the Site.
 2. The Oil Spill Response Team will respond to the Water Chemistry Building unless the Control Room advises them otherwise.
 3. Pager activation can be delayed up to 5 minutes depending on pager system status.

1. Oil Spill Response Team Notification For An Actual Spill

- _____ 1.1 **IF** the Oil Spill Response Team is being called out for a drill, go to Step 2.
- 1.2 Activate the Off-Site emergency pager system Quiktel Key Pad located in the Control Room.
- _____ 1.2.1 Type in "OILSPILL" and press "ENTER"
- _____ 1.2.2 Press "M"
- _____ 1.2.3 Type in the following message:
- "Oil spill to water at CNS. All team members respond. Team leader call 803-831-5164 for safety information."**
- _____ 1.2.4 Press "ENTER"
- _____ 1.2.5 Monitor the confirmation pagers located at the Quiktel Key Pad to verify proper pager activation.
- _____ 1.3 **IF** the Quiktel Key Pad is unavailable, dial 8-778-1075 and enter your phone number (e.g., 803-831-3250), and press #. The Oil Spill Response Team will return your call.

2. Oil Spill Response Team Notification For A Drill

- 2.1 Activate the Off-Site emergency pager system Quiktel Key Pad located in the Simulator.
- _____ 2.1.1 Type in "OILSPILL" and press "ENTER"
- _____ 2.1.2 Press "M"
- _____ 2.1.3 Type in "This is a Drill. Oil spill to water at CNS. All team members respond. Team leader call 803-831-3000 Extension 2801 for safety information. This is a Drill."
- _____ 2.1.4 Press "ENTER"
- _____ 2.2 **IF** the Quiktel Key Pad is unavailable, dial 8-778-1075 and enter your phone number (e.g., 803-831-3250), and press #. The Oil Spill Response Team will return your call.

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

NOTE: This enclosure provides instruction for notifying state and county emergency preparedness management agencies (primary WP/EOCs) and EnergyQuest of **non-emergency** plant events by completing a Courtesy Notification Form (page 4 of 4) and faxing it to each agency, then verifying its receipt with a follow-up phone call. {PIP 0-C00-01689}

1. Complete the Courtesy Notification Form as follows:

- ____ 1.1 Provide the time and date of:
- Notification
 - Event
- ____ 1.2 Mark the event(s) that describes the reason for the notification.
- ____ 1.3 Describe the event briefly, especially any impact to the site (damage, impact on operations, and any requested support received from off-site agencies).

NOTE:

1. The confirmation code number is randomly assigned to each message. This provides a method for authenticating an offsite agency official that calls the site over normal phone lines requesting additional information about the reported event. Knowing the confirmation code number shall be the authorization for site personnel to provide information about the event to the caller.
2. Calls received over selective signal lines are considered to be secure and do not require knowledge of the confirmation code number to receive additional information about the event.

- ____ 1.4 Assign a 2-digit confirmation number to the notification form.
- ____ 1.5 Print the name and title of the individual authorizing the notification.

2. Notification by Group Fax

NOTE: Step 2 sends a group fax and step 3 sends the fax to agencies individually.

- ____ 2.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

NOTE: Performing steps 2.1.1 through 2.1.3 sends the Courtesy Notification Form (page 4 of 4) to multiple locations in sequence.

- _____ 2.1.1 Place the completed form (page 4 of 4) face down into the fax machine.
- _____ 2.1.2 Press the pre-programmed one-touch speed dial pushbutton for each of the of the following agencies:
 - _____ ☐ York Co WP/EOC
 - _____ ☐ Gaston Co. WP/EOC
 - _____ ☐ Meck Co. WP
 - _____ ☐ NC WP/EOC
 - _____ ☐ SC WP/EOC
 - _____ ☐ EnergyQuest
- _____ 2.1.3 Press START
- _____ 2.2 Verify by one of the following means that the form (page 4 of 4) was received by each of the agencies:
 - _____ ☐ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)
 - _____ ☐ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)
- _____ 2.3 **IF** any agency did not receive the group fax, then make the courtesy notification to the agency(s) by performing step 3.
- _____ 2.4 Fax a copy of the Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.
- _____ 2.5 Report any communications equipment failures to the duty Emergency Planner.

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

3. Notification by Individual Fax

- _____ 3.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

NOTE: Performing steps 3.1.1 through 3.1.3 sends the Courtesy Notification Form (page 4 of 4) to individual agencies one at a time.

- _____ 3.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

NOTE: SC WP/EOC and EnergyQuest list two fax numbers. Use the fax number for sending Emergency Notifications.

- _____ 3.1.2 Enter the individual fax phone number (Enclosures 1.12 through 1.16 in the Emergency Response Phone Book) for the desired individual agency (WP/EOC). EnergyQuest fax number is listed in Enclosure 1.19, Emergency Response Telephone Directory.

- _____ 3.1.3 Press START.

- _____ 3.1.4 Repeat steps 3.1.1 through 3.1.3 until all of the desired agencies have been faxed the form (page 4 of 4).

- _____ 3.2 Verify by one of the following means that the form (page 4 of 4) was received by the agency(s):

- _____ ☐ Selective Signal (Encl. 1.5, Emergency Response Telephone Directory)

- _____ ☐ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)

- _____ 3.3 Fax a copy of the completed Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.

- _____ 3.4 Report any communications equipment failures to the duty Emergency Planner.

Courtesy Notification to States and Counties
for a Non-emergency Plant Event

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
COURTESY NOTIFICATION FORM
NON-EMERGENCY EVENTS

Time/Date Of Notification: _____ / _____

Time/Date Of Event: _____ / _____

Event (X):

☐ Earthquake

☐ Toxic Gases

☐ Fatality

☐ Flood

☐ Civil Disturbance

☐ Fire Response by
Bethel/Newport

☐ Hurricane

☐ Bomb Threat

☐ Medical Response
by Ambulance

☐ Ice/Snow

☐ Vehicle Crash

☐ HazMat /Spill
Response

☐ Tornado

☐ Explosion

☐ Other Events

Description:

Confirmation Code Number: _____ (This number is authentication for any off-site
agency caller to be given information about the event).

Confirmation Phone Number: (803) 831-8185

Reported By: _____ Title: _____

PROCEDURE PROCESS RECORDRevision No. 029**PREPARATION**

- (2) Station Catawba
- (3) Procedure Title NRC Notification Requirements
- (4) Prepared By E. J. Bredle Date 2/4/02
- (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 GARY L McFell (QR) Date 2-4-02
 Cross-Disciplinary Review By _____ (QR) NA GM Date 2-4-02
 Reactivity Mgmt. Review By _____ (QR) NA GM Date 2-4-02
 Mgmt. Involvement Review By _____ (Ops. Supt.) NA GM Date 2-4-02
- (7) Additional Reviews
 Reviewed By Randell D Hart Date 2-5-02
 Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
 By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____
- (9) Approved By Richard L Swigart Date 2/6/02

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:
☐ 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, if necessary)

Duke Power Company
Catawba Nuclear Station

NRC Notification Requirements

Multiple Use

Procedure No.

RP/0/B/5000/013

Revision No.

029

Electronic Reference No.

CN005GO5

1. Symptoms

NOTE: Unless otherwise noted, the terms Tech Spec or Technical Specifications refer to both Unit 1 and Unit 2 Technical Specifications.

- 1.1 Plant conditions requiring Immediate, 1-hour, 4-hour, 8-hour, 24-hour, 30 day **OR** 60 day NRC notification in accordance with the following:
 - 1.1.1 10CFR20.1906
 - 1.1.2 10CFR20.2202
 - 1.1.3 10CFR26.73
 - 1.1.4 10CFR50.36
 - 1.1.5 10CFR50.72
 - 1.1.6 10CFR50.73
 - 1.1.7 10CFR70.52
 - 1.1.8 10CFR73.71
 - 1.1.9 Declaration of any emergency classification
 - 1.1.10 Security or Safeguards Event
- 1.2 All non-emergency notifications to the NRC (1.1.1 through 1.1.8 and 1.1.10) where no other notification is required shall be made to the state and county emergency preparedness management agencies as courtesy notifications. Community Relations shall be notified of all "courtesy" notifications to the states and counties. {PIP 0-C00-01689}

2. Immediate Actions

- 2.1 Determine the appropriate NRC notification from the following sources:
 - Enclosure 4.1, "Events Requiring Immediate NRC Notification"
 - Enclosure 4.2, "Events Requiring 1-Hour NRC Notification"
 - Enclosure 4.3, "Events Requiring 4-Hour NRC Notification"
 - Enclosure 4.4, "Events Requiring 8-Hour NRC Notification"
 - Enclosure 4.5, "Events Requiring 24-Hour NRC Notification"
 - Enclosure 4.6, "Events Requiring 30 Day NRC Notification"
 - Enclosure 4.7, "Events Requiring 60 Day NRC Notification"
 - Enclosure 4.8, "List of System (ESF) Actuations for Catawba"
 - NSD 201, "Reporting Requirements"
 - NSD 202, "Reportability"

2.2 Select one of the following enclosures based on the circumstances of the event:

- Enclosure 4.10, "Safeguards ENS Event Report"

OR

- Enclosure 4.11, "Event Notification Report"

OR

- Enclosure 4.13, "Fitness for Duty Event Notification Report"

2.3 **IF** the Event Notification Report is being prepared for an "Immediate" or a "1-Hour" NRC notification, perform the following:

2.3.1 Complete the form based on available technical information

2.3.2 Mark the "MEDIA/PRESS RELEASE" block as "WILL BE."

2.3.3 Mark the other "NOTIFICATION" blocks based on the personnel/agency notified or intentions to notify.

NOTE:

1. A request for emergency response support (except an ambulance from an off-site agency) requires a 4-hour notification of the NRC as an "Off-site Notification."
2. A request for ambulance support for a "contaminated injury" is an 8-hour notification and the request for transport of a "clean injury" does not require a NRC notification.

2.4 **IF** a "4-Hour," "8-Hour," or "24-Hour" NRC notification may be required, perform the following:

NOTE: The Controller bridge line (803-831-4011 or extension 4011) can be used in non-emergency situations to conduct a conference call. Up to 6 callers from onsite and offsite can be connected simultaneously.

2.4.1 Notify the following individuals to participate in a discussion and decision to notify the NRC, the media, and the states and counties:

- Duty Regulatory Compliance Representative (see current station duty list)
- Duty Community Relations person (see current station duty list)
- Duty Station Manager (see current station duty list)
- Duty Emergency Planner (see current duty list)

- _____ • Duty Safety/Environmental Management professional (see current duty list) for the following events:
 - ◇ On-site Fatality (a 4-hour notification may be required if OSHA is notified)
 - ◇ Transport of an injured or ill employee to the hospital by ambulance

_____ 2.4.2 Complete the Event Notification Report based on the decision reached during the conference call.

_____ 2.5 **IF** a "60 day" NRC notification is to be made per 10 CFR 50.73(a)(1), Regulatory Compliance will prepare the notification form and obtain the appropriate management review. Operations or Regulatory Compliance may make this notification.

_____ 2.6 **IF** the event involves a Fitness for Duty Event Report, the General Office Fitness for Duty Program Administrator should provide the information necessary to complete Enclosure 4.13. This information will be transmitted to the Regulatory Compliance duty person.

_____ 2.7 The Regulatory Compliance duty person will complete Enclosure 4.13 and notify Operations after completion. Operations or Regulatory Compliance may make this notification.

_____ 2.8 Notify the NRC Operations Center by one of the following means:

- **Primary:** Emergency Notification System (ENS) Phone 1-301-816-5100

OR

- **Alternate:** Commercial Telephones:
 - ◇ 1-800-532-3469
 - ◇ 1-301-951-0550
 - ◇ 1-301-415-0550
 - ◇ 1-301-415-0553

AND

3. Facsimile:

- ◇ 1-301-816-5151
- ◇ 1-800-449-3694

_____ 2.9 **IF** requested by the NRC Operations Center, maintain continuous communications with them.

3. Subsequent Actions

NOTE: Person to person contact is required in the following step to ensure newsworthy information is consistently known and understood.

3.1 Ensure the following individuals are notified:

- _____ • Duty Regulatory Compliance Representative (see current station duty list)
- _____ • Duty NRC Resident Inspector (see current station duty list)
- _____ • Duty Station Manager (see current station duty list)
- _____ • Duty Emergency Planner (see current duty list)
- _____ • Duty Safety/Environmental Management Professional (see current duty list) for the following events:
 - ◇ On-Site Fatality (a 4-hour notification may be required if OSHA is notified)
 - ◇ Transport of an injured or ill employee to the hospital by ambulance

_____ 3.2 **IF** an ENS Notification requires retraction, follow the guidance in Enclosure 4.12, ENS Notification Retraction.

NOTE: Notification of state and county emergency preparedness management agencies using the following step is a "courtesy" notification.

_____ 3.3 **IF** the NRC is being notified of a plant condition **AND** an emergency has **NOT** been declared, notify the state and county emergency preparedness management agencies and Community Relations by referring to Enclosure 4.9. {PIP 0-C00-01689}

_____ 3.4 Place a copy of the notification form that was faxed to the NRC Operations Center in the Resident NRC Inspector's mailbox in the WCC:

_____ Enclosure 4.10, Safeguards ENS Event Report

_____ Enclosure 4.11, Event Notification Report

_____ Enclosure 4.13, Fitness for Duty Event Notification Report

_____ 3.5 Forward a copy of the completed procedure to the Emergency Planning Group.

_____ 3.6 Forward the original signed completed procedure to Document Management.

4. Enclosures

- 4.1 Events Requiring Immediate NRC Notification
- 4.2 Events Requiring 1-Hour NRC Notification
- 4.3 Events Requiring 4-Hour NRC Notification
- 4.4 Events Requiring 8-Hour NRC Notification
- 4.5 Events Requiring 24-Hour NRC Notification
- 4.6 Events Requiring 30 Day NRC Notification
- 4.7 Events Requiring 60 Day NRC Notification
- 4.8 List of System (ESF) Actuations for Catawba
- 4.9 Courtesy Notification to States and Counties of Non-emergency Plant Conditions
- 4.10 Safeguards ENS Event Report
- 4.11 Event Notification Report
- 4.12 ENS Notification Retraction
- 4.13 Fitness for Duty Event Notification Report

Events Requiring IMMEDIATE NRC Notification

Complete the reporting requirements for the following events as soon as practical after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR20.1906 Transportation events involving receiving and opening packages	Events involving receiving and opening packages when removable radioactive surface contamination of the package (as determined by Radiation Protection) exceeds the limits of 10CFR71.87(i) or when external radiation levels (as determined by Radiation Protection) exceed the limits of 10CFR71.47	Notify the final delivery carrier. Notify the Region II Administrator at 404-562-4400. An Emergency Notification System (ENS) phone call does not need to be made unless specified by Region II. There is not an enclosure for reporting to Region II pursuant to 10CFR20.1906(d).
10CFR20.2201a(i) Material/Exposure events involving theft or loss of stolen licensed material	Events involving any lost, stolen, or missing licensed material in an aggregate quantity equal to or greater than 1,000 times the quantity specified in Appendix C to 10CFR20.1001 - 20.2401 (as determined by Radiation Protection) under such circumstances that it appears that an exposure could result to persons in unrestricted areas.	Notify the NRC Operations Center
10CFR20.2202 Material/Exposure events involving radiological exposure	Any event involving byproduct, source, or special nuclear material that may have caused or threatens to cause an individual to receive any of the following: <ul style="list-style-type: none"> • A total effective dose equivalent of 25 rems or more • An eye dose equivalent of 75 rems or more • A shallow-dose equivalent to the skin or extremities of 250 rads or more • May have caused or threatens to cause the release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake five times the occupational annual limit on intake (does not apply to locations where personnel are not normally stationed during routine operations). 	Notify the NRC Operations Center

Events Requiring IMMEDIATE NRC Notification

Complete the reporting requirements for the following events as soon as practical after the occurrence becomes known to the licensee

10CFR Section	Event Description	Reporting Requirement
10CFR50.72 Emergency Classification Notifications	<ul style="list-style-type: none"> Declared emergency classification as specified in RP/0/A/5000/001, "Classification of Emergency". Change from one emergency classification to another Termination of an emergency classification Any further degradation in the level of safety of the plant or other worsening plant conditions, including those that require the declaration of any of the emergency classes, if such a declaration has not been previously made The results of ensuing evaluations or assessments of plant conditions The effectiveness of response or protective measures taken. Information related to plant behavior that is not understood As a courtesy in situations deemed necessary. 	<p>Notify the NRC Operations Center <u>immediately</u> after notification of the appropriate state or local agencies and not later than 1 hour after the time one of the emergency classes is declared.</p> <p>Activate the Emergency Response Data System (ERDS) as soon as possible but not later than one hour after declaring an Alert or higher emergency classification.</p>

Events Requiring 1-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 1 hour after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR50.72(b)(2)(i) TS Deviation (10CFR50.54(x) Declarations)	<ul style="list-style-type: none"> Reasonable action that departs from a license condition or a technical specification may be taken 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. Deviation from the intent of an emergency procedure <u>constitutes</u> a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action. 10CFR50.54(x) decisions shall be documented in the Reactor Operators Logbook and the TSC Logbook. If not reported as a declaration of an emergency classification, the NRC shall be notified as soon as practical but always within one hour of the occurrence of a 10CFR50.54(x) action. <p>{ PIP 2-C96-0273 }</p>	Notify the NRC Operations Center

Events Requiring 1-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 1 hour after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR70.52 Accidental criticality or loss or theft or attempted theft of special nuclear material	<p>Events involving accidental criticality or loss or theft or attempted theft of special nuclear material</p> <ul style="list-style-type: none"> Any case of accidental criticality or any loss, other than normal operating loss, of special nuclear material Any loss or theft or unlawful diversion of special nuclear material or any incident in which an attempt has been made or is believed to have been made to commit a theft or unlawful diversion of such material 	Notify the NRC Operations Center
10CFR73.71 Physical protection of plant and materials	<p>Events involving physical protection of plant and materials</p> <ul style="list-style-type: none"> The loss of any shipment of special nuclear material or spent fuel (also notify the NRC Operations Center within 1 hour after recovery of or accounting for such lost shipment) Safeguards events as determined by Security personnel 	<p>Notify the NRC Operations Center.</p> <p>Notify the NRC Operations Center of significant supplemental information, which becomes available.</p>

Events Requiring 4-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 4 hours after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
<p>10CFR50.72(b)(2)(i)</p> <p>Initiation of any plant shutdown required by Technical Specifications</p>	<ul style="list-style-type: none"> Initiation of a shutdown is defined as: "A reduction in power required by an Action statement of Technical Specifications to enter Mode 3." Shutdown is defined (for reporting requirements) as: "Mode 3 and below from Mode 1 or Mode 2." Cooldown to comply with an Action statement of Technical Specifications does not constitute "Shutdown initiation of any plant shutdown." reporting requirements. <p>Example: If the unit is already shut down and a cooldown is required to comply with a Technical Specification ACTION statement, no further reporting requirements apply because of the cooldown</p>	<p>Notify the NRC Operations Center</p>
<p>S/G Tube Integrity Technical Specification</p>	<p>Notify the NRC of Steam Generator Tube Plugging in accordance with Technical Specifications 5.5.9, Table 5.5.2.</p>	<p>Notify the NRC Operations Center</p>

Events Requiring 4-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 4 hours after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR50.72(b)(2)(iv)(A) ECCS discharge into the Reactor Coolant System	<p>Any event that results or should have resulted in ECCS discharge into the reactor coolant system as a result of a valid signal except when the actuation results from and is part of a pre-planned sequence during testing or reactor operation.</p> <ul style="list-style-type: none"> • <u>Valid</u> signal refers to those signals automatically initiated by measurement of an actual physical system parameter that was within the established setpoint band of the sensor that provides the signal to the protection system logic, or manually initiated in response to plant conditions. Valid signals also include passive system actuations that occur as a function of system conditions like differential pressure (i.e., cold leg accumulators) whereby no SSPS or other electrical signal is involved. The validity of an ECCS signal may not be determined within 1 hour; ECCS signals that result or should have resulted in injections should be considered valid until firm evidence proves otherwise. • <u>Invalid</u> ECCS injections are still considered a System actuation, but are NOT reportable to the NRC per 10 CFR 50.72. It is still reportable under 10 CFR 50.73 as an LER. (Refer to Enclosure 4.8 for guidance as to what constitutes a System actuation.) 	Notify the NRC Operations Center
10CFR50.72(b)(2)(iv)(B) RPS Actuation	Any event or condition that results in actuation of the reactor protection system (RPS) when the reactor is critical except when the actuation is part of a pre-planned sequence during testing or reactor operation.	Notify the NRC Operations Center
10CFR50.72(b)(2)(xi) Offsite Notification (News Release)	Any event or situation related to the health and safety of the public or on-site personnel, or protection of the environment, for which a news release is planned or notification to other government agencies has been or will be made. Such an event may include an on-site fatality, transport of an injured or ill employee to a hospital by ambulance, or an inadvertent release of radioactively contaminated materials.	Notify the NRC Operations Center

Events Requiring 8-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 8 hours after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR50.72(b)(3)(ii) Degraded Condition	Any event or condition that results in: A. the condition of the plant, including its principal safety barriers, being seriously degraded or B. The Nuclear Power plant being in an unanalyzed condition that significantly degrades plant safety.	Notify the NRC Operations Center
10CFR50.72(b)(3)(iv)(A) System Actuation	Any event of condition that results in valid actuation of any of the systems listed in Enclosure 4.8 of this procedure, except when the actuation results from and is part of a pre-planned sequence during testing or plant operation.	Notify the NRC Operations Center
10CFR50.72(b)(3)(v) Safety Function Prevented From Functioning	Any event or condition that at the time of discovery could have prevented the fulfillment of the safety function of structures or systems needed to: A. shut down the reactor and maintain it in a safe shutdown condition, B. remove residual heat, C. control the release of radioactive material, or D. mitigate the consequences of an accident	Notify the NRC Operations Center

Events Requiring 8-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 8 hours after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR50.72(b)(3)(xii) Offsite Medical (Contaminated Injury)	Any event requiring the transport of a radioactively contaminated person to an off-site medical facility for treatment	Notify the NRC Operations Center
10CFR50.72(b)(3)(xiii) Major loss of emergency assessment capability or communications capability or sirens	<p>Any event that results in a major loss of emergency assessment capability or communications capability (e.g., significant portion of control room indication, Emergency Notification System (ENS), Health Physics Network (HPN), unavailability of TSC or off-site notification system (i.e., loss of 22 (25%) or more of the plant's Emergency Planning Zone sirens for more than one hour)</p> <ul style="list-style-type: none"> Should either or both of the emergency communications subsystems (ENS and HPN fail, the NRC Operations Center should be so informed over normal commercial telephone lines. When notifying the NRC Operations Center, licensees should use the backup commercial telephone numbers provided. <u>If the NRC Operations Center notifies the licensee that an ENS or HPN line is inoperable, a report is not required. The Operations Center contacts the appropriate repair organization.</u> 	Notify the NRC Operations Center

Events Requiring 24-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 24 hours after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR20.2202 Radiological Exposure	<p>Any event involving loss of control of licensed material that may have caused, or threatens to cause an individual to receive, in a period of 24 hours</p> <ul style="list-style-type: none"> • A total effective dose equivalent exceeding 5 rems, or • An eye dose equivalent exceeding 15 rems, or • A shallow-dose equivalent to the skin or extremities exceeding 50 rems <p>Or that may have caused, or threatens to cause the release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake in excess of one occupational annual limit on intake (does not apply to locations where personnel are not normally stationed during routine operations).</p>	Notify the NRC Operations Center

Events Requiring 24-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 24 hours after the occurrence becomes known to the licensee:

10CFR26.73 Fitness For Duty	Significant Fitness For Duty events including: <ul style="list-style-type: none">• Sale, use, or possession of illegal drugs within the protected area and• Any acts by any person licensed under 10CFR55 to operate a power reactor or by any supervisory personnel assigned to perform duties within the scope of this Part<ul style="list-style-type: none">• Involving the sale, use, or possession of a controlled substance,• Resulting in confirmed positive tests on such persons,• Involving use of alcohol within the protected area, or• Resulting in a determination of unfitness for scheduled work due to the consumption of alcohol	Notify the NRC Operations Center
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Events Requiring 24-HOUR NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 24 hours after the occurrence becomes known to the licensee:

Operating License Condition Deviations	<p>Operating license condition deviations requiring a 24-hour report</p> <ul style="list-style-type: none"> • Catawba must implement and maintain in effect all provisions of the approved fire protection program as described in the UFSAR and the SLC's. Violations of this program are potentially reportable as a 24-hour notification. Regulatory Compliance should always be notified concerning potentially reportable fire protection events. • Duke Power Company, Catawba Nuclear Site, is authorized to operate the facility at reactor core power levels not in excess of 3411 megawatts thermal (100% power) in accordance with the conditions specified in the License. Exceeding actual 100% power level is potentially a 24-hour notification as required by the Facility Operating License. Regulatory Compliance should be consulted to help determine the reportability when power level exceeds 100%. 	<p>Notify the NRC Operations Center</p>
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Events Requiring 30-DAY NRC Notification

Complete the reporting requirements for the following events as soon as practical and in all cases within 30 days after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
10CFR20.2201 Theft, Loss or Missing Licensed Material	All licensed material in a quantity greater than ten times the quantity specified in Appendix C to 10CFR20.1001 - 20.2401 (as determined by Radiation Protection) that is still missing at this time	Notify the NRC Operations Center via the Emergency Notification System

Events Requiring 60 DAY NRC REPORT

Complete the reporting requirements for the following events as soon as practical and in all cases within 60 days after the occurrence becomes known to the licensee:

10CFR Section	Event Description	Reporting Requirement
Licensee Event Report (LER)	Any event which requires the preparation of a Licensee Event Report (the event may or may not be reportable under 10CFR50.72).	<p>Notify the Duty Regulatory Compliance Engineer</p> <p>The Shift Work Manager shall ensure a Problem Investigation Process (PIP) report for a more significant event (MSE) is generated and forwarded to the Safety Review Group to accurately reflect the condition.</p> <p>LER submitted to NRC.</p>
10CFR50.73(a)(1)	An invalid actuation of any of the systems listed in Enclosure 4.8 reported under 10CFR50.73(a)(2)(iv), other than actuation of the reactor protection system (RPS) when the reactor is critical.	The licensee may, at its option, provide a telephone notification to the NRC Operations Center within 60 days after discovery of the event instead of submitting a written LER.

List of System (ESF) Actuations for Catawba

1. Any reactor trip (P-4)
2. Safety injection (UFSAR 6.3.1, 6.3.2)
 - A. NV charging path
 - B. NI charging path
 - C. ND charging path
 - D. CLA injection
 - E. D/G sequencer activation
 - F. Reactor trip signal
 - G. FWST - containment sump ND suction swap
 - If a second NV pump is manually started in order to maintain NC inventory, this is also a system actuation.
3. Containment spray (UFSAR 6.2.2)
 - A. NS pump start/valve alignment
 - B. Actual spraydown of containment
4. Containment isolation (UFSAR 6.2.4)
 - A. Phase A (St)
 - B. Phase B (Sp)
 - C. Closure of the VP or VQ valves upon receipt of a high radiation signal from EMF-38, 39, or 40 does not constitute a reportable system actuation during any mode.
 - D. NW system injection
5. Steam line isolation (UFSAR 10.3.2)
 - A. Individual steam line valve closure*
 - B. System isolation
 - C. Actuation of P-12 to close steam dumps is **NOT** a system actuation

* Individual component activation due to component failure not reportable per this requirement

6. Auxiliary feedwater system

- A. Auxiliary feedwater pump start, automatic or manual, unless the start was the expected result of a controlled (documented) test or procedure.

Example: A feedwater transient is in progress with S/G levels decreasing toward the reactor trip setpoint. If the operator starts a CA pump(s) to supplement CF flow and prevent the trip, the start is reportable under the 8-hour NRC notification criterion.

- B. Pump suction swap to RN

7. Emergency AC Electrical Power Systems

- A. Diesel Generator starts, automatic or manual, unless the start was the expected result of a controlled (documented) test or procedure.

8. Ice condenser lower inlet door opening as a result of unplanned mass or energy release into containment

- A. Door openings resulting from planned evolutions such as containment ventilation fan starts, personnel entries into containment, etc., **do not** constitute system actuations.

9. Combustible Gas Control in Containment

- A. Containment air return and hydrogen skimmer (VX) operation (UFSAR 6.2.5.2)

1. Any unanticipated system operation

- B. Hydrogen Recombiners (UFSAR 6.2.5)

- C. Hydrogen Purge (UFSAR 6.2.5)

- D. Hydrogen Igniters (UFSAR 6.2.5)

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

NOTE: This enclosure provides instruction for notifying state and county emergency preparedness management agencies (primary WP/EOCs) and EnergyQuest of **non-emergency** plant events by completing a Courtesy Notification Form (page 4 of 4) and faxing it to each agency, then verifying its receipt with a follow-up phone call. {PIP 0-C00-01689}

1. Complete the Courtesy Notification Form as follows:

_____ 1.1 Provide the time and date of:

- Notification
- Event

_____ 1.2 Mark the event(s) that describes the reason for the notification.

_____ 1.3 Describe the event briefly, especially any impact to the site (damage, impact on operations, and any requested support received from off-site agencies).

NOTE:

1. The confirmation code number is randomly assigned to each message. This provides a method for authenticating an offsite agency official that calls the site over normal phone lines requesting additional information about the reported event. Knowing the confirmation code number shall be the authorization for site personnel to provide information about the event to the caller.
2. Calls received over selective signal lines are considered to be secure and do not require knowledge of the confirmation code number to receive additional information about the event.

_____ 1.4 Assign a 2-digit confirmation code number to the notification form.

_____ 1.5 Print the name and title of the individual authorizing the notification.

2. Notification by Group Fax

NOTE: Step 2 sends a group fax and step 3 sends the fax to agencies individually.

_____ 2.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

NOTE: Performing steps 2.1.1 through 2.1.3 sends the Courtesy Notification Form (page 4 of 4) to multiple locations in sequence.

- _____ 2.1.1 Place the completed form (page 4 of 4) face down into the fax machine.
- _____ 2.1.2 Press the pre-programmed one-touch speed dial pushbutton for each of the following agencies:
 - _____ ☐ York Co WP/EOC
 - _____ ☐ Gaston Co. WP/EOC
 - _____ ☐ Meck Co. WP
 - _____ ☐ NC WP/EOC
 - _____ ☐ SC WP/EOC
 - _____ ☐ EnergyQuest
- _____ 2.1.3 Press START
- _____ 2.2 Verify by one of the following means that the form (page 4 of 4) was received by each of the agencies:
 - _____ ☐ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)
 - _____ ☐ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)
- _____ 2.3 Notify Community Relations duty person of the Courtesy Notification Form transmittal.
- _____ 2.4 **IF** any agency did not receive the group fax, then make the courtesy notification to the agency(s) by performing step 3.
- _____ 2.5 Fax a copy of the Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.
- _____ 2.6 Report any communications equipment failures to the duty Emergency Planner.

**Courtesy Notification to States and Counties
for a Non-emergency Plant Event**

3. Notification by Individual Fax

- _____ 3.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

NOTE: Performing steps 3.1.1 through 3.1.3 sends the Courtesy Notification Form (page 4 of 4) to individual agencies one at a time.

- _____ 3.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

NOTE: SC WP/EOC and EnergyQuest list two fax numbers. Use the fax number for sending Emergency Notifications.

- _____ 3.1.2 Enter the individual fax phone number (Enclosures 1.12 through 1.16 in the Emergency Response Phone Book) for the desired individual agency (WP/EOC). EnergyQuest fax number is listed in Enclosure 1.19, Emergency Response Telephone Directory.
- _____ 3.1.3 Press START.
- _____ 3.1.4 Repeat steps 3.1.1 through 3.1.3 until all of the desired agencies have been faxed the form (page 4 of 4).
- _____ 3.2 Verify by one of the following means that the form (page 4 of 4) was received by the agency(s):
- _____ ☐ Selective Signal (Encl 1.5, Emergency Response Telephone Directory)
- _____ ☐ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)
- _____ 3.3 Notify Community Relations duty person of the Courtesy Notification Form transmittal.
- _____ 3.4 Fax a copy of the completed Courtesy Notification Form (page 4 of 4) to Emergency Planning at 831-3151.
- _____ 3.5 Report any communications equipment failures to the duty Emergency Planner.

Courtesy Notification to States and Counties
for a Non-emergency Plant Event

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION

COURTESY NOTIFICATION FORM
NON-EMERGENCY EVENTS

Time/Date Of Notification: _____ / _____

Time/Date Of Event: _____ / _____

Event (X):

☐ Earthquake

☐ Toxic Gases

☐ Fatality

☐ Flood

☐ Civil Disturbance

☐ Fire Response by
Bethel/Newport

☐ Hurricane

☐ Bomb Threat

☐ Medical Response
by Ambulance

☐ Ice/Snow

☐ Vehicle Crash

☐ HazMat /Spill
Response

☐ Tornado

☐ Explosion

☐ Other Events

Description:

Confirmation Code Number: _____ (This number is authentication for any off-site
agency caller to be given information about the event.).

Confirmation Phone Number: (803) 831-8185

Reported By: _____ Title: _____

Enclosure 4.10
Safeguards ENS Event Report

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Date/Time of Notification _____

NRC Person Notified _____ NRC Report No. _____

State the following to the NRC Operations Center:

"This notification is made in accordance with 10CFR73.71. This is Duke Power Company's Catawba Nuclear Station in NRC Region II making the notification. "

My Name is: _____ My title is: _____

I can be reached at _____

"Your Name Please" _____

1. *Date of occurrence: _____

2. *Time of occurrence: _____

3. *Power level of units:

Unit 1 _____ Unit 2 _____

*If date and time of occurrence are not known, indicate the date and time of discovery.

4. Description of event: _____

5. Security response/compensatory measures established:

6. LLEA (Local Law Enforcement Agency) Notified? YES ____ NO ____

(If yes, name of organization and telephone number) _____

Enclosure 4.10
Safeguards ENS Event Report

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7. NRC Region II notified? YES ____ NO ____

(If yes, name of person notified) _____

8. Who to contact for more information:

9. Consequences at plant:

Description of Equipment Systems Affected _____

NOTE: After verbal transmission of this Enclosure, a copy should be sent by Fax to:
NRC Operations Center - 1-301-816-5151

APPROVED BY: _____ **TIME/DATE:** _____
OPERATIONS SHIFT MANAGER OR EMERGENCY COORDINATOR

Enclosure 4.11

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Event Notification Report

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S1 "THIS IS THE CATAWBA NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"				EN #	
NOTIFICATION TIME/DATE		UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-803-831-3920 (C/R) or 1-803-831-2674 (TSC)	NRC OPERATIONS OFFICER CONTACTED
NRC OPERATION TELEPHONE NUMBER: PRIMARY - 1-301-816-5100 or 1-800-532-3469; BACKUPS - [1st] 1-301-951-0550 or 1-800-449-3694; [2nd] 1-301-415-0550; and [3rd] 1-301-415-0553					
EVENT TIME & ZONE ____ Region II (time) (zone)		EVENT DATE	POWER/MODE BEFORE		POWER/MODE AFTER
EVENT CLASSIFICATIONS		1-HR NON-EMERGENCY 10CFR5072(b)(1)		8-HR NON-EMERGENCY	
GENERAL EMERGENCY		TS Deviation pursuant to 10 CFR 50.54(x)		(ii)(A) Degraded Condition	
SITE AREA EMERGENCY		Accidental Criticality or Loss/Theft of Material		(ii)(B) Unanalyzed Condition	
ALERT		Physical Protection of Plant or Materials		(iv)(A) Valid System Actuation	
UNUSUAL EVENT				(v)(A) Safe S/D Capability	
50.72 NON-EMERGENCY (see next columns)				(v)(B) RHR Capability	
PHYSICAL SECURITY (73.71)		4-HR NON-EMERGENCY 10 CFR 50.72(b)(2)		(v)(C) Control of Radiological	
TRANSPORTATION (10 CFR 20)		(i) TS Required S/D		(v)(D) Accident Mitigation	
MATERIAL/EXPOSURE (10 CFR 20)		(iv)(A) ECCS Discharge to RCS		(xii) Offsite Medical	
RETRACTION		(iv)(B) RPS Actuation when Rx is critical		(xiii) Lost ENS	
		(xi) Offsite Notification		(xiii) Lost Emergency Assessment	
				(xiii) Lost Offsite Communications.	
				(xiii) Emergency Siren Inoperable	
OTHER UNSPECIFIED REQUIREMENT (IDENTIFY)		60-DAY OPTIONAL 10CFR50.73(a)(1) Invalid Specified System Actuation		24 HOUR NON EMERGENCY	
				Radiological Exposure 10CFR20.2202	
				Fitness For Duty 10CFR26.73	
				Operating License Deviation	
EVENT DESCRIPTION (Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, PARs etc.)					
CATEGORY		INITIATION SIGNAL			
____ REACTOR TRIP		_____			
____ ESF ACTUATION		_____			
____ ECCS ACTUATION		_____			
____ SI FLOW		_____			
____ LCO		_____			
SYSTEM _____					
COMPONENT _____					
CAUSE: ____ MECHANICAL		____ ELECTRICAL			
____ PERSONNEL ERROR		____ OTHER			
Continue on Enclosures 4.11 page 2 of 2 if necessary.					
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain above)	
NRC RESIDENT					
STATE(s) NC SC				DID ALL SYSTEMS FUNCTION <input type="checkbox"/> YES <input type="checkbox"/> NO AS REQUIRED? (Explain above)	
LC York County Gaston County Mecklenburg County				MODE OF OPERATION UNTIL CORRECTED:	ESTIMATED RESTART DATE
OTHER GOV AGENCIES					
MEDIA/PRESS RELEASE					

Enclosure 4.11

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Event Notification Report

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RADIATION LOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following release information.
 IF the notification is due and the information is not available, mark "Not Available" and complete the notification.

	Releases Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

CIRCLE RAD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 26,27,28,29 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: _____ TIME _____	COOLANT ACTIVITY (Last Sample): PRIMARY SECONDARY-	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.11 Page 1 of 2)

ADDITIONAL INFORMATION MAY BE ATTACHED.

APPROVED BY: _____ TIME/DATE: _____ / /
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.12
ENS Notification Retraction

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In some cases, after an event or condition is reported to the NRC, it is subsequently determined that the event or condition is not reportable. The following guidance should be used when making an ENS Notification Retraction.

1. An ENS notification should be retracted via a phone call to the NRC Operations Center on the ENS telephone.
2. The retraction should include sound logical basis and explain the rationale used in determining that the event or condition is not reportable. Retractions should be reviewed by appropriate members of Operations Management, Regulatory Compliance, and/or Engineering before being transmitted to the NRC.
3. Retractions should be documented in Enclosure 4.11. Fill in the applicable sections of Enclosure 4.11. Ensure that under the "Event Classification" section the block next to "Retraction" is checked.
4. There is no set time limit for retractions. However, since most retractions occur following completion of an engineering and/or management review, it is expected that retractions would occur shortly after such review.
5. A retracted ENS report is retained in the NRC's ENS database along with the retraction.

Enclosure 4.13
Fitness for Duty Event Notification Report

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Fitness for Duty Reportable Event Report (Report # _____)

Date/Time of Notification _____ NRC Staff Notified _____

State the following information to the NRC Operations Center:

"This notification is being made in accordance with 10 CFR Part 26.73. This is Duke Power Company's Catawba Nuclear Station in NRC Region II making the notification."

My name is: _____

My title is: _____

I may be reached at: (_____) _____

DATE OF OCCURRENCE: _____

TIME OF OCCURRENCE: _____

Type of FFD Event:

- _____ Involves sale, use, or possession of illegal drugs with the protected area
- _____ Involves sale, use, or possession of a controlled substance
- _____ Involves use of alcohol with the protected area
- _____ Determination of unfitness of scheduled work due to the consumption of alcohol by a licensed operator or supervisory personnel
- _____ NRC employee believed to be under the influence of any substance or otherwise unfit for duty
- _____ Confirmed positive test by a licensed operator or supervisory personnel
- _____ False positive error on blind performance testing (administrative error)
- _____ Other / Explanation: _____

Individual involved:

- _____ Supervision assigned to perform duties within the scope of 10 CFR Part 26
- _____ Individual licensed under 10 CFR Part 55 to operate a power reactor
- _____ NRC employee
- _____ Other / Explanation: _____

Enclosure 4.13
Fitness for Duty Event Notification Report

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Type of substance:

_____ Alcohol
_____ Cocaine
_____ Marijuana
_____ Other (Specify): _____

Other Notifications:

	Date / Time
Site Vice President	_____/____
Station Manager	_____/____
Operations Shift Manager	_____/____
NRC Resident Inspector	_____/____
Site Nuclear Training	_____/____
Site Security	_____/____

Anticipated Questions from the NRC Operations Officer:

Facility Name _____

Caller's Name & Telephone Number _____

Date & Time of Occurrence _____

Job Function of personnel involved (e.g., Licensed Operator, SRO, Electrical Supervisor, etc.)

Type of offense (e.g., use, sale, or possession of drugs inside the protected area, use of alcohol with the protected area, confirmed positive test result on a licensed operator, SRO, or supervisory personnel, etc.) _____

How offense was discovered _____

Substance detected or involved _____

Evaluation of event (e.g., Did the substance abuse involve a failure in the individual's performance resulting in an actual or potential degradation of the level of the plant safety?) _____

Enclosure 4.13
Fitness for Duty Event Notification Report

RP/0/B/5000/013
Page 3 of 3

Initial Management Action(s) _____

Follow-up Management Action(s) (if known) _____

Other notifications made (e.g., local law enforcement agency, FBI, DEA, State, News Media, NRC Resident, etc.) _____

Current Plant Status, effect Event had on plant, and plant status one day prior to event _____

PROCEDURE PROCESS RECORD

Revision No. 019

PREPARATION

- (2) Station Catawba Nuclear Station
- (3) Procedure Title In-Plant Particulate and Iodine Monitoring Under Accident Conditions
- (4) Prepared By *[Signature]* Date 1-28-02
- (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 Douglas V. Benzinger (QR) Date 2/7/02
- Cross-Disciplinary Review By GARY L. MITCHELL (QR) NA 01-30-02
- Reactivity Mgmt. Review By NA (QR) NA 01-30-02 Date 2/7/02
- Mgmt. Involvement Review By NA (Ops. Supt.) NA 01-30-02 Date 2/7/02
- (7) Additional Reviews
- Reviewed By _____ Date _____
- Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
- By _____ (OSM/QR) Date _____
- By _____ (QR) Date _____
- (9) Approved By *[Signature]* Date 2-7-02

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:
- ☐ 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, if necessary)

<p>Duke Power Company Catawba Nuclear Station</p> <p>In-Plant Particulate and Iodine Monitoring Under Accident Conditions</p> <p>Information Use</p>	<p>Procedure No.</p> <p>HP/0/B/1009/007</p>
	<p>Revision No.</p> <p>019</p>
	<p>Electronic Reference No.</p> <p>CN005CVB</p>

In-Plant Particulate and Iodine Monitoring Under Accident Conditions

1. Purpose

This procedure provides a method of determining airborne radioiodine concentration in the presence of noble gas under accident or emergency conditions and provides alternative Count Room methods.

2. References

- 2.1 HP/0/B/1009/016 - Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release
- 2.2 HP/0/B/1001/018 - RP Compliance Sampling
- 2.3 SH/0/B/2000/004 - Taking, Counting and Recording Surveys
- 2.4 CNS Emergency Plan - Section I.2
- 2.5 Catawba Nuclear Station - Improved Technical Specifications
- 2.6 Catawba Nuclear Station - Selected Licensee Commitments
- 2.7 DPC-1229.00-00-0006, CNC-1229.00-00-0051 Estimated Sample Dose and CDAG Setpoint Calculations in Support of Pass Removal

3. Limits and Precautions

- CAUTION:**
- Collection of air samples may be required in hazardous locations with possibility of airborne contamination and high radiation levels.
 - **IF** containment sampling is necessary, CNC-1229.00-00-0051 Estimated Sample Dose and CDAG Setpoint Calculations in Support of Pass Removal, may be used for determining As Low As Reasonably Achievable (ALARA) sample shielding requirements.

4. Procedure

NOTE: IF Emergency Response Organization (ERO) is activated, sampling instructions will be from RP Supervision located in the Operations Support Center (OSC).

- 4.1 WHEN instructed by Radiation Protection Supervision, obtain air samples in potential high airborne contamination areas per SH/0/B/2000/004 (Taking, Counting and Recording Surveys).

NOTE: Emergency condition contingency samples may be for qualitative radio-analysis and are NOT intended to comply with requirements of Catawba Nuclear Station - Improved Technical Specifications or Selected Licensee Commitments

- 4.2 WHEN instructed by RP Supervision, obtain containment air samples per HP/0/B/1001/018 (RP Compliance Sampling) OR other sampling processes as directed by Supervision.
- 4.3 WHEN instructed by RP Supervision, ingest Potassium Iodide (KI) tablets per HP/0/B/1009/016 (Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release).

NOTE: Per CNS Emergency Plan - Section I.2, it may be necessary to arrange sample radio-analysis with other Duke radiological counting facilities.

- 4.4 IF Count Room analysis is not possible, contact RP Supervision to determine alternate sample counting location(s).
- Determine transport methods for in-plant sample to alternate counting facility (e.g., deliver air samples to a Field Monitoring Team (FMT) Sample Van for radioiodine analysis).
- 4.5 Report sample results to RP Supervision.
- Retain results for RP Supervisory review.
 - Retain sample(s) for additional Count Room analysis per RP Supervisory direction.

5. Enclosures

None

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. HP/0/B/1009/009

Revision No. 039

PREPARATION

- (2) Station Catawba Nuclear Station
- (3) Procedure Title Guidelines for Accident and Emergency Response
- (4) Prepared By *[Signature]* Date 1-28-02
- (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 *Douglas V. Basinger* (QR) Date 2/7/02
- Cross-Disciplinary Review By *GARY L Mitchell* (QR) NA Date 01-30-02
- Reactivity Mgmt. Review By (QR) NA *NA* Date 2/7/02
- Mgmt. Involvement Review By (Ops. Supt.) NA *NA* Date 2/7/02
- (7) Additional Reviews
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- Reviewed By Date
- (8) Temporary Approval (if necessary)
- By (OSM/QR) Date
- By (QR) Date
- Approved By *[Signature]* Date 2-7-02

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

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

COMPLETION

- (12) Procedure Completion Verification:
- ☐ 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, if necessary)

<div>Duke Power Company Catawba Nuclear Station</div> <div>Guidelines for Accident and Emergency Response</div> <div>Reference Use</div>	Procedure No. HP/0/B/1009/009
	Revision No. 039
	Electronic Reference No. CN005CVD

Guidelines for Accident and Emergency Response

1. Purpose

To provide guidance for notification/activation of Radiation Protection (RP) Emergency Response Organization (ERO) in event of an emergency situation.

2. References

- 2.1 HP/0/B/1001/018 - RP Compliance Sampling
- 2.2 HP/0/B/1009/003 - Radiation Protection Response Following a Primary to Secondary Leak
- 2.3 HP/0/B/1009/004 - Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of Catawba Nuclear Station
- 2.4 HP/0/B/1009/005 - Personnel/Vehicle Monitoring for Emergency Conditions
- 2.5 HP/0/B/1009/006 - Alternative Method for Determining Dose Rate Within the Reactor Building
- 2.6 HP/0/B/1009/007 - In-plant Particulate and Iodine Monitoring Under Accident Conditions
- 2.7 HP/0/B/1009/008 - Contamination Control During Transportation of Contaminated Injured Individuals
- 2.8 HP/0/B/1009/011 - EMF Loss
- 2.9 HP/0/B/1009/014 - Radiation Protection Actions Following an Uncontrolled Release of Liquid Radioactive Material
- 2.10 HP/0/B/1009/016 - Distribution of Potassium Iodine Tablets in the Event of a Radioiodine Release
- 2.11 HP/0/B/1009/021 - Abnormal Unit Vent Sampling
- 2.12 HP/0/B/1009/026 - On-Shift Offsite Dose Projections
- 2.13 RP/0/A/5000/010 - Conducting a Site Assembly or Preparing the Site for an Evacuation
- 2.14 RP/0/A/5000/020 - Technical Support Center (TSC) Activation Procedure

- 2.15 RP/0/B/5000/024 - OSC Activation Procedure
- 2.16 Nuclear Policy Manual NSD 114 - Site Assembly/Site Evacuation
- 2.17 CNS Emergency Plan

3. Limits and Precautions

None

4. Procedure

- 4.1 Activate Emergency Response Organization per CNS Emergency Plan.
- 4.2 Activate RP ERO using one or more of the following methods:
 - RP Management notification
 - Beeper Activation
 - Station Paging System

NOTE: IF a Site Assembly is announced RP work group assembles in the OSC per Nuclear Policy Manual NSD 114 (Site Assembly/Site Evacuation).

- 4.3 Activate RP ERO positions the in Operations Support Center (OSC) using RP/0/B/5000/024 (OSC Activation Procedure).
 - Contract personnel sponsored by RP (e.g., vendor RP Technicians) report to OSC RP Supervision for assignment, as necessary.
 - ERO personnel providing RP support (e.g., Drivers for Field Monitor Teams report to their assigned work group Site Assembly point per NSD 114 and then proceed to OSC for assignment and dispatch).
- 4.4 Activate RP ERO positions in the Technical Support Center (TSC) using RP/0/A/5000/020 (Technical Support Center (TSC) Activation Procedure).

NOTE: RP Duty Shift is responsible for on-site emergency response during backshifts, weekends and/or holidays until augmented by oncoming RP personnel.

- 4.5 Provide RP support to Operations Shift Supervisor/Emergency Coordinator.
- Use Enclosure 5.1 (Radiation Protection Initial/Continuing Emergency Response) as a guide for RP ERO response.
 - Use Enclosure 5.2 (Radiation Protection Assignment Log) as a guide for RP ERO assignments.
 - **IF** necessary, provide turnover to oncoming RP personnel.
- 4.6 Ensure ERO facilities and RP emergency equipment is restored to a state of operational readiness after termination of response.
- Notify Emergency Planning and/or RP Supervision if RP Emergency Kits, equipment or ERO facilities can not be restored or replaced to state of readiness within twenty four hours following termination of ERO activation.

5. Enclosures

- 5.1 Radiation Protection Initial/Continuing Emergency Response
- 5.2 Radiation Protection Assignment Log

Enclosure 5.1
Radiation Protection Initial/Continuing
Response

HP/0/B/1009/009
Page 1 of 5

- NOTE:**
- Enclosure steps may be implemented in any sequential order to provided radiological protection functions, based on severity of emergency conditions.
 - Multiple RP ERO team members may perform enclosure steps and the corresponding actions.

1. Recommend on-site protective action(s) for any assembled personnel and provide protective actions for those personnel with work duties in radiological areas.
2. Coordinate in-plant monitoring to support Control Room, Technical Support Center (TSC) and Operations Support Center (OSC).

NOTE: HP/0/B/1009/026 (On-Shift Offsite Dose Projections) is to be performed by RP Duty Shift prior to activation and availability of Emergency Response Organization (ERO) dose assessors normally located in the TSC or Emergency Operations Facility (EOF).

3. **IF** Operations Shift Manager (OSM) and/or On-Shift Emergency Coordinator notifies RP Duty Shift that a site Emergency Action Level (EAL) classification has been declared and notification to offsite agencies is required, perform offsite dose projection(s) using HP/0/B/1009/026.
4. Ensure the following items are available to OSC RP ERO personnel:
 - Respiratory Printout or computer access to respiratory issue software
 - Master keys for Extra High Rad areas
 - Radiation survey instruments (e.g., Gamma Alarm, extendable Teletector, Eberline RO-20, or equivalent type instruments)
5. Proceed to RP Site Assembly point in the OSC.

NOTE: **IF** computer method for personnel accountability) are not available per NSD 114 (Site Assembly/Site Evacuation), notify Security within 30 minutes of ERO activation for all RP personnel on Site.

6. **WHEN** ERO is activated begin accounting for RP personnel on site.
 - **IF** available, RP personnel on site report to Supervisor or lead person.
 - **IF** necessary, RP Lead Person or work group supervisor notify RP Shift or OSC RP Supervisor for the work group accountability.
 - **IF** necessary, Security can be contacted at any of the following phone numbers: 831 - 3254, 5364 or 2393.

Enclosure 5.1
Radiation Protection Initial/Continuing
Response

HP/0/B/1009/009
Page 2 of 5

NOTE: Notify OSC Coordinator of any RP work teams assigned prior to OSC activation, (e.g., Rescue and Repair Teams or Field Monitor Teams).

7. Use Enclosure 5.2 (Radiation Protection Assignment Log) as a guide for assigning RP ERO duties.

- List any RP personnel previously dispatched for ERO duties.

WARNING: Give consideration to the possibility that reactor conditions may be unstable and radiological conditions may be unknown.

8. **IF** necessary, provide immediate RP support for any of the following activities:

- Fire Brigade
- Contaminated medical injury response
- Emergency Rescue and Repair teams
- RP job coverage for chemistry sampling, plant operations and/or maintenance activities
- Other actions or mitigation strategies prescribed by ERO management

9. **IF** required, initiate emergency response procedures as necessary.

- **IF** necessary, initiate HP/0/B/1001/018 (EMF Sampling)
- **IF** necessary, initiate HP/0/B/1009/003 (Health Physics Response Following a Primary to Secondary Leak)
- **IF** necessary, initiate HP/0/B/1009/008 (Contamination Control During Transportation of Contaminated Injured Individuals)
- **IF** necessary, initiate HP/0/B/1009/011 (EMF Loss)
- **IF** necessary, initiate HP/0/B/1009/014 (Radiation Protection Actions Following an Uncontrolled Release of Liquid Radioactive Material)
- **IF** necessary, initiate HP/0/B/1009/021 (Abnormal Unit Vent Sampling)

Enclosure 5.1
Radiation Protection Initial/Continuing
Response

HP/0/B/1009/009
Page 3 of 5

10. **WHEN** available, assist OSC RP Supervision to identify RP technicians for OSC duties.
- **IF** necessary, assist RP Supervision complete Minimum Staffing Levels For RP OSC Personnel from RP/0/B/5000/024 (OSC Activation Procedure).
 - **IF** necessary, assign a person to verify respiratory qualifications of OSC personnel.
 - **IF** necessary, assist in completion of OSC Team Work Sheet from RP/0/B/5000/024 (OSC Activation Procedure).
 - **IF** necessary, assist RP Supervision with trending and recording of available radiological information to support RP OSC response.
 - **IF** necessary, assist RP Supervision interface with TSC and EOF.
 - **IF** necessary, assist RP Supervision coordinate RP shift rotation and augmentation of RP ERO personnel.
11. **IF** available, assist RP Supervision coordinate RP activities for OSC teams.
- Establish travel route to and from job to be performed.
 - Establish dose limits and/or dose rate limits during pre-job planning for high exposure jobs.
 - Manage planned emergency exposures using station procedures and CNS Emergency Plan.
 - Inform teams of known plant radiological conditions during RP job planning.
 - Prescribe protective clothing requirements to prevent the spread of contamination.
12. **IF** necessary, assist RP Supervision coordinate and dispatch Field Monitor Teams (FMT) from available OSC personnel per HP/0/B/1009/004 (Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of Catawba Nuclear Station).

- | | |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NOTE: | <ul style="list-style-type: none">• <u>IF</u> necessary, an on site survey team (e.g., Foxtrot Team) may be dispatched from OSC to perform radiation surveys inside the security protected area fence in addition to offsite FMT's under direction of TSC or EOF.• On-Site Survey Teams sent out from OSC report survey information back to OSC RP Supervision (e.g., on-site survey radiological results inside Protected Area Fence are to be reported to OSC ERO Management).• On-site survey results should be reported to TSC RP Support or Field Monitor Coordinator (FMC) as directed by OSC RP Supervision (e.g., use telephone to report on-site radioactive release information) to supplement offsite FMT survey results. |
|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Enclosure 5.1
Radiation Protection Initial/Continuing
Response

HP/0/B/1009/009
Page 4 of 5

13. **IF** necessary, assist RP Supervision implement contamination control requirements for the Site.
14. **IF** necessary, assist RP Supervision coordinate the set up and source check of radiological monitoring equipment in plant areas (e.g., portal monitor and/or portable frisking equipment).
 - Ensure that personnel monitoring equipment is available in the OSC, TSC and Control Room.
 - **IF** necessary, use page announcement to notify personnel of requirement for use of personnel monitoring equipment (e.g., portal monitors and frisker use).
 - Ensure contamination control methods are used according to station procedures.
15. **IF** necessary assist RP Supervision monitor dose rates in the OSC.
 - **IF** necessary, establish control methods for personnel radiation exposure.
 - **IF** necessary, limit personnel exposure to blanket dose extension levels.
 - **IF** necessary, initiate discussion with RPM on the need to evacuate the OSC if General Area dose rate approaches 5 mrem/hr and dose rate is expected to continue.
 - **IF** necessary, relocate Personnel Monitoring Teams to Low dose areas (< 5 mrem/hr), appropriate to site radiological conditions (e.g., plume directional movement).
16. Evaluate radioactive contamination in the OSC.
 - Direct contamination surveys appropriate to radiological conditions.
 - **IF** necessary, initiate decontamination of equipment and/or personnel.
17. **IF** necessary, assist RP Supervision request Commodities and Facilities (CMF) support for additional protective clothing, dosimetry, or other necessary emergency response equipment.
 - Use equipment and supplies available at normal issue points (e. g., ERO Emergency Kits).
18. **IF** necessary, assist RP Supervision coordinate radiological monitoring of food items supplied to OSC with assistance from CMF and Emergency Planning (EMP) representatives.
 - **IF** necessary, initiate "no eating or drinking" contamination control requirements when food items are brought into emergency response facilities.
 - Ensure contamination control methods are used according to station procedures.

Enclosure 5.1
Radiation Protection Initial/Continuing
Response

HP/0/B/1009/009
Page 5 of 5

19. **WHEN** necessary, assist RP Supervisor and/or Radiation Protection Manager (RPM) establish Count Room sample analysis priority based on need for isotopic results; (e.g., FMT, OSC, TSC and/or Chemistry sample results.
- **IF** necessary, assist RP Supervisor or RPM determine alternate sample counting location as a result of adverse Auxiliary Building RP Count Room conditions.

NOTE:

- Site Assembly areas specified in NSD 114 may be changed based on updated radiological assessments of plume directional movement and/or other radiological conditions per RP ERO management discretion.
- Non-essential personnel should be sent to appropriate staging area; (e.g., non-essential personnel may be sent to the Administrative Building) considering upwind directional movement of a plume, if such information is available from TSC Dose Assessor and/or Field Teams.

20. **IF** necessary, assist RP Supervision in movement of non-essential personnel per RP/0/A/5000/010 (Conducting a Site Assembly or preparing the Site for an Evacuation).
- **WHEN** moving non-essential personnel give consideration to declared pregnant women.
21. **IF** necessary, assist RP Supervision initiate emergency procedures.
- H/0/B/1009/006 (Alternative Method for Determining Dose Rate Within the Reactor Building)
 - HP/0/B/1009/007 (In-Plant Particulate and Iodine Monitoring Under Accident Conditions)
 - HP/0/B/1009/0016 (Distribution of Potassium Iodine Tablets in the Event of A Radioiodine Release)
22. **IF** required, identify RP personnel for personnel monitoring teams as they become available, for the following locations:
- On-site assembly areas identified in NSD 114
 - PAP Area
 - Evacuation Facility
23. **IF** necessary, initiate HP/0/B/1009/005 (Personnel/Vehicle Monitoring for Emergency Conditions).
24. Assist RP management restore equipment to a ready state condition after a drill or ERO activation event is terminated.

Enclosure 5.2
Radiation Protection Assignment Log

HP/0/B/1009/009
Page 1 of 1

- NOTE:**
- Personnel that may have consumed alcohol within the last 5 hours must have approval from a member of Station Management prior to assignment of ERO duties.
 - Personnel shall be Fit For Duty and clean shaven for OSC and FMT team assignments.

1. Assignment to the following positions is on an as needed basis with consideration of RP ERO qualifications and availability of RP personnel.
2. RP Technicians and drivers not assigned to Field Monitor Teams should remain available for ERO assignment and/or relief duties, as designated by RP Supervision (or RP Duty Shift).

FMT Sample Van # 1 RP Technician	_____
FMT Sample Van # 1 Driver	_____
FMT Sample Van # 2 RP Technician	_____
FMT Sample Van # 2 Driver	_____
FMT ALPHA Vehicle RP Technician	_____
FMT ALPHA Vehicle Driver	_____
FMT BRAVO Vehicle RP Technician	_____
FMT BRAVO Vehicle Driver	_____
FMT CHARLIE Vehicle RP Technician	_____
FMT CHARLIE Vehicle Driver	_____
FMT DELTA Vehicle RP Technician	_____
FMT DELTA Vehicle Driver	_____
OSC/RP Technician # 1	_____
OSC/RP Technician # 2	_____
OSC/RP Technician # 3	_____
OSC/RP Technician # 4	_____
OSC/RP Technician # 5	_____
OSC/RP Technician # 6	_____
OSC/RP Technician # 7	_____
OSC/RP Technician # 8	_____
OSC/RP Technician # 9	_____
OSC/RP Technician # 10	_____
OSC On-Site Team FOXTROT	_____
TSC RP Technician	_____

PHONE NUMBERS:

TSC RADIATION PROTECTION SUPPORT	831 - 5882 / 8182
OSC RADIATION PROTECTION MANAGER	831 - 5938
EOF FIELD MONITORING COORDINATOR	382 - 0736
EMERGENCY KIT ROOM	831 - 5634
SECURITY SHIFT SUPERVISOR	831 - 3253 / 2393 / 3254



Duke Power

Catawba Nuclear Station
4800 Concord Road
York, SC 29745
(803) 831-3000

February 14, 2002

To: CNS EPIP Manual Holders:

In accordance with the attached letter, please delete the following procedures from your Catawba Nuclear Station Emergency Plan Implementing Procedures Manual:

HP/1/B/1009/017, Post Accident Containment Air Sampling (Rev. 001)

HP/2/B/1009/017, Post Accident Containment Air Sampling (Rev. 000)

E. T. Beadle
Emergency Planning Manager

.....

Duke Power Company

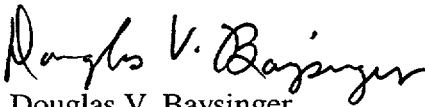
January 28, 2002

Mr. E.T. Beadle
Emergency Planning Manager
Catawba Nuclear Station

Mr. J.W. Foster
Radiation Protection Manager
Catawba Nuclear Station

Subject: Emergency Planning Implementing Procedure (EPIP) deletion

The Catawba Emergency Plan contains two EPIP procedures maintained by Radiation Protection which are used to operate the Post Accident Sample Panel. HP/1/B/1009/017 and HP/2/B/1009/017 titled Post Accident Containment Air Sampling. These two procedures are recommended for deletion and removal from the Catawba Emergency Plan. Deletion of these two procedures is in compliance with PIP C-01-04478. On September 11, 2001 the NRC issued License Amendments 193/185 for Catawba Units 1/2. These amendments eliminate the requirement to have and maintain the Post Accident Sampling System described in TS 5.5.4 and TS Bases 3.3.3. These license Amendments are effective as of the date of issuance (9/11/01) and shall be implemented with 180 days of issuance (3/10/02). The purpose of this procedure deletion is to implement activities associated with these amendments and the commitments made in Duke Energy letter to the NRC dated 7/2/01.


Douglas V. Baysinger
RP Staff Scientist

Cc: Catawba Document Management File No. 764.05

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Duke Power Company
**PROCEDURE PROCESS RECORD
 FOR STANDARD PROCEDURES**

(1) ID No. SH/0/B/2005/002Revision No. 002**PREPARATION**(2) Procedure Title: Protocol for the Field Monitoring CoordinatorDuring Emergency Conditions(3) Prepared By Isaiah Johnson Date 10-15-01

(4) Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5) Technical Advisor		<u>G. Terrell</u>	<u>C. V. May</u>
(6) Requires NSD 228	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicability Determination	YES = New procedure or reissue with major changes NO = Reissue with minor changes OR to incorporate previously approved changes		
(7) Review (QR)	By _____ Date _____	By <u>Robert E. Bechler</u> Date <u>1/15/02</u>	By <u>W. B. Jorgensen</u> Date <u>12/11/2001</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By _____ NA <u>R. E. B</u> Date <u>1/15/02</u>	By <u>Colin L. Mitchell</u> NA _____ Date <u>12/11/01</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By _____ NA <u>R. E. B</u> Date <u>1/15/02</u>	By _____ NA <u>W. B. J</u> Date <u>12/11/2001</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By _____ NA <u>R. E. B</u> Date <u>1/15/02</u>	By _____ NA <u>W. B. J</u> Date <u>2/12/2002</u>
(8) Additional Reviews	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By <u>K. L. Murray</u> Date <u>1-31-02</u>	By _____ (QA) Date _____ By _____ Date _____
(9) Approved	By _____ Date _____	By <u>Lance E. Loucks</u> Date <u>02-05-02</u>	By <u>J. W. Foster</u> Date <u>12-11-2001</u>
(10) Use Level	Reference Use		

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

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

COMPLETION

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☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (attach additional pages, if necessary)

**Duke Power Company
Standard Procedure for Catawba and McGuire
Nuclear Stations**

**Protocol for the Field Monitoring Coordinator
During Emergency Conditions**

Reference Use

Procedure No.

SH/0/B/2005/002

Revision No.

002

Electronic Reference No.

MP0070R4

Protocol for the Field Monitoring Coordinator During Emergency Conditions

1. Purpose

To describe a systematic field monitoring method for sampling and identifying airborne plumes or liquid effluents in order to obtain field data indicative of the radiation exposure to the general public following an unplanned release of radioactive material.

2. References

2.1 Site specific procedures for emergency environmental monitoring:

CNS - HP/0/B/1009/004, Environmental Monitoring for Emergency Conditions Within Ten Mile Radius of CNS

MNS - HP/0/B/1009/023, Environmental Monitoring for Emergency Conditions

2.2 EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents

2.3 Site specific emergency phone directories:

CNS - CNS Emergency Phone Directory

MNS - RP/0/A/5700/014, Emergency Telephone Directory

3. Limits and Precautions

3.1 Field Monitoring Team environmental sampling performed during emergency conditions does not replace or substitute for normally required environmental monitoring.

3.2 During any drill or emergency, personnel safety and safe operation of the vehicle is of primary concern.

3.3 Potassium Iodide (KI) tablets used for reducing radioiodine thyroid uptake are most effective if taken approximately two hours before an exposure is likely to occur. IF any member or members is likely to receive in excess of 25 rem thyroid dose (such as being in a 10 rem/hour iodine dose rate for 2.5 hours without a GMRI respirator) the Radiation Protection Manager (RPM) may direct field monitoring team personnel to ingest one KI tablet. This should concur with notification of Duke Power medical authority that KI is prescribed for emergency response individuals.

4. Procedure

4.1 Field Monitoring Team (FMT) Activation

- 4.1.1 Establish the number of survey teams that will be available for field monitoring.
- Contact the TSC to determine the status and availability of field teams.
- 4.1.2 **IF** the site has not activated field teams, discuss with the Dose Assessors the need for team activation.

NOTE: The Field monitoring Coordinator (FMC) may request additional survey vehicles if emergency conditions warrant. Designations for these vehicles are displayed in Enclosure 5.1.

- 4.1.3 **IF** emergency conditions dictate, notify personnel at an alternate station for additional field monitoring support.
- 4.1.4 **IF** possible, ensure that at least one Field Monitoring Team (FMT) member from the affected station is on each FMT.
- 4.1.5 Obtain an Emergency Planning map for the affected station.

4.2 Field Monitoring Team (FMT) Communications

- 4.2.1 Ensure the EOF Base Radio is set as follows:
- For MNS, Black Box Selector Switch to "A" **AND** Radio Line Selector to Position "1".
 - For CNS, Black Box Selector Switch to "D" **AND** Radio Line Selector to Position "2".
- 4.2.2 Establish radio communications with each available field team.
- 4.2.3 Maintain open radio communications with each FMT.

NOTE: Telephone numbers are displayed in Enclosure 5.2 (Telephone Numbers).

- 4.2.4 **IF** radio communications become inoperable, utilize telephone communications as a back-up.

- 4.2.5 Provide only pertinent, general information when using the radio.
- 4.2.6 Communicate over the radio during a drill or exercise by beginning each transmission with "THIS IS A DRILL, THIS IS A DRILL".

NOTE: The phonetic alphabet is displayed on Enclosure 5.5 (Phonetic Alphabet).

- 4.2.7 Transmit information using the phonetic alphabet.
- 4.2.8 Follow Federal Communications Commission (FCC) guidelines at all times when using the radio for communication with the FMTs.

4.3 Locating and Tracking the Plume

- 4.3.1 Form field monitoring teams to perform environmental plume surveys.
- 4.3.2 Dispatch FMTs after vehicles and equipment have been confirmed operational.
- 4.3.3 Estimate which meteorological sector or sectors may appear to be affected by the plume according to predominant wind direction AND wind speed.

NOTE: Major roadways delineate major territories surrounding the plant. Either all or a portion of the sections would be expected to be affected to some degree by radioactivity released from the plant. Major roadways are therefore utilized to provide access to suspected regions (outer edges, leading edge(s), centerline) of the plume as necessary.

- Major roadways on the EPZ map are identified by numerical designations and responsibility level (federal, state, county, or city) designations.
- Selected roadways on the EPZ map are identified by a specific name, rather than a numerical responsibility designation.
- Predetermined sampling locations are denoted by a red text oval on the EPZ map. The sampling point designator indicates the protective action zone the point is in and the mileage from the plant. For example, locations are designated in the format.

S - 10 - 2

Where:

S = Evacuation Zone

10 = Mile Radius

2 = Sample Point #2

- 4.3.4 Direct the FMTs to traverse the appropriate meteorological sector or sectors nearest the station, utilizing major roadways, selected roadways, or predetermined sampling locations, as appropriate.
- 4.3.5 Advise the survey teams to remain aware of terrain during air sampling or surveying (i.e. wind breaks formed by landscape or vegetation) which could inhibit acquiring a representative sample.
- 4.3.6 Advise the survey vehicles to report all dose rates above background.
- 4.3.7 Periodically ask the field team members to report their accumulated dose.
- 4.3.8 Direct each FMT to pre-determined sample locations, as appropriate.
 - Utilize local landmarks and street names to indicate desired sampling location when a pre-determined location is not available or suitable.
- 4.3.9 Advise the FMTs that when possible they should park vehicles completely off the road when sampling AND to use emergency flashers and the strobe if available while stopped.
- 4.3.10 Record each field vehicle's sampling history on Enclosure 5.3, OR in the Field Monitoring Coordinator ERO Facility Log.

- 4.3.11 Direct the field monitoring teams to systematically survey areas by obtaining air samples and/or beta/gamma measurements.
- 4.3.12 Request survey teams to report the maximum radiation level and location of the boundaries while enroute AND while at sampling locations.
- 4.3.13 Request FMT's report the location of plume edges based on instrument readings.
- 4.3.14 Direct the FMT to take an Iodine sample WHEN, but not limited to:
- Fuel rod gap activity release has occurred.
 - Waste gas decay tank rupture has occurred.
 - Any suspected iodine release has occurred.
 - The source of release is unknown AND the FMT is in the presence of measurable activity.
- 4.3.15 Use Enclosure 5.8 (I-131 Dose Calculation Methodology) to convert field team I-131 concentration to CDE thyroid dose rate.
- 4.3.16 Notify FMTs, as appropriate, of changing plant and meteorological conditions that may have an effect on environmental measurements.
- Record meteorological plant status information communicated to FMTs on Enclosure 5.4.
- 4.3.17 Notify FMTs of plant status as reported on the most recent Emergency Notification Form.

4.4 Special Sampling-

NOTE: Sample locations and sample collection methodologies are described in Reference 2.1.

- 4.4.1 **WHEN** plant conditions are considered to be stabilized, direct the field monitoring team to perform special sampling. Special sampling may include, but are not limited to:

NOTE: Do **NOT** take smear samples on automobile.

- Smears of surrounding areas (stationary, horizontal surfaces).
- .Vegetation
- Sediment
- Water
- Milk
- Integrated dose over time using TLDs

- 4.4.2 Instruct teams to exercise care to prevent sample cross contamination.

- 4.4.3 Direct the FMT to include (at minimum) the following information on the each sample container:

- Sample location.
- Sample reference date and time.
- Sample collected by.

4.5 Sample Analysis

- 4.5.1 Direct the field monitoring teams to retain the samples for analysis.

- 4.5.2 Consult with the RPM as to the best sample drop off and storage location.

NOTE: Normally, the samples will be analyzed at the ENRAD Laboratory. However, other laboratories may be used, including MNS, CNS, ONS, or other, as appropriate.

- 4.5.3 Work with the RPM and Laboratory Management to make appropriate arrangements for sample transport for analysis.

4.6 FMT Dose Tracking

- 4.6.1 **IF** conditions are such that any FMT member may receive 500 mrem or greater during the drill or emergency, use Enclosure 5.6 (Field Monitoring Team Radiation Exposure Record) to track the FMT's exposure.
- 4.6.2 Use Enclosure 5.7 as guidance for dose to workers providing emergency services.

4.7 FMT Turnover

- 4.7.1 Coordinate FMT shift relief with the TSC as appropriate.
- 4.7.2 Direct the FMTs to submit all data sheets to Emergency Planning Coordinator.
- 4.7.3 Direct the FMT members to report to a designated counting facility for a post-job whole body count, as appropriate.

5. Enclosures

- 5.1 Field Monitoring Vehicle Designations
- 5.2 Telephone Numbers
- 5.3 Field Monitoring Survey Data Sheet
- 5.4 Meteorological Update for Field Monitoring Teams
- 5.5 Phonetic Alphabet
- 5.6 Field Monitoring Team Radiation Exposure Record
- 5.7 Guidance on Dose Limits for Workers Performing Emergency Services
- 5.8 I-131 Dose Calculation Methodology

Enclosure 5.1
Field Monitoring Vehicle Designations

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Team Call Signs	No. of Members	Transportation
Sample Van 1	2	Emergency Van
Sample Van 2	2	Emergency Van
Alpha	2	Station Vehicle
Bravo	2	Station Vehicle
Charlie	2	Land Vehicle
Delta	2	Land Vehicle

- **IF** teams from both sites are being used, the team's call sign shall be designated with the station name (e.g., McGuire Sample Van 1, Catawba Sample Van 2, etc.)
- Form additional teams as necessary.

Enclosure 5.2
Telephone Numbers

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Field Vehicle / Location	Telephone Extension
Catawba Sample Van 1	803-372-9021
Catawba Sample Van 2	803-372-9022
Catawba Alpha Station Vehicle	803-372-9023
Catawba Bravo Station Vehicle	803-372-9024
McGuire Sample Van 1	704-534-1563
McGuire Sample Van 2	704-534-1564
Catawba RP Support	8-831-5882
Catawba TSC Dose Assessment	8-831-5881 or 831-8042
FMC at EOF (General Office)	704-382-0736
RP Support (Radio) Catawba TSC	8-831-8182
McGuire TSC Dose Assessment	8-875-4976
Dose Assessment Bridge Line	8-875-4980

- Catawba Emergency Phone Numbers are found in the "CNS Emergency Phone Directory".
- McGuire Emergency Phone Numbers are found in RP/0/A/5700/014, Emergency Telephone Directory.

Enclosure 5.3

Field Monitoring Survey Data Sheet

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[illegible]

Enclosure 5.4
Meteorological Update for Field
Monitoring Teams

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Date: _____ Time: _____

Classification: _____

Wind Speed: _____ mph

Wind Direction from: _____ °

Zones Affected: _____

Information From Emergency Notification Form # _____

Other: _____

Date: _____ Time: _____

Classification: _____

Wind Speed: _____ mph

Wind Direction from: _____ °

Zones Affected: _____

Information From Emergency Notification Form # _____

Other: _____

Date: _____ Time: _____

Classification: _____

Wind Speed: _____ mph

Wind Direction from: _____ °

Zones Affected: _____

Information From Emergency Notification Form # _____

Other: _____

Enclosure 5.5
Phonetic Alphabet

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A - Alpha
B - Bravo
C - Charlie
D - Delta
E - Echo
F - Foxtrot
G - Golf
H - Hotel
I - India
J - Juliett
K - Kilo
L - Lima
M - Mike
N - November
O - Oscar
P - Papa
Q - Quebec
R - Romeo
S - Sierra
T - Tango
U - Uniform
V - Victor
W - Whiskey
X - X-ray
Y - Yankee
Z - Zulu

Field Monitoring Team Radiation Exposure Record

TEAM NAME	Sample Van 1		Sample Van 2		Alpha FMT		Bravo FMT		Other FMTs	
Individual's Name										
TLD #										
Time _____ Current Deep Dose Equivalent (SRD or ED Reading)										
Time _____ Subsequent Deep Dose Equivalent (SRD or ED Reading)										
Cumulative Deep Dose at Time _____										
Time _____ Subsequent Deep Dose Equivalent (SRD or ED Reading)										
Cumulative Deep Dose at Time _____										
Total Deep Dose Equivalent For FMT Member										
(Total Deep Dose Equivalent) X (Committed Dose Equivalent SRD Correction Factor) ^a = Total Effective Dose Equivalent										

^a SRD Correction Factor is obtained from the Raddose Printout.

Enclosure 5.7
Guidance on Dose Limits for Workers
Performing Emergency Services

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Dose Limit ^a (rem)	Activity	Condition
5	all	
10	protecting valuable property	lower dose not practicable
25	life saving or protection of large populations	lower dose not practicable
>25	life saving or protection of large populations	only on a voluntary basis to persons fully aware of the risks involved (see Tables 2-3 and 2-4)

^a Sum of external effective dose equivalent and committed effective dose equivalent to nonpregnant adults from exposure and intake during an emergency situation. Workers performing services during emergencies should limit dose to the lens of the eye to three times the listed value and doses to any other organ (including skin and body extremities) to ten times the listed value. These limits apply to all doses from an incident, except those received in unrestricted areas as members of the public.

Source: EPA 400-R-92-001

Enclosure 5.8
I-131 Dose Calculation Methodology

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- I. To calculate the CDE Thyroid dose rate from the field team results, us the following formula:

$$\text{CDE Thyroid (mrem/hr)} = \mu\text{Ci/ml} * 1.3\text{E9} \frac{\text{mrem / hr}}{\mu\text{Ci / ml}}$$

Where:

$\mu\text{Ci/ml}$ = I-131 concentration from field team air sample results

1.3E9 = Dose conversion factor, I-131 conc. ($\mu\text{Ci/ml}$) to CDE
Thyroid (mrem/hr) per EPA-400-R-922-001, Table 5-2.