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PRC SECG-ATT.09 000	19	A	1	H	129294
PRC SECG-SECG-TOC 000	35	A	1	H	129376
PRC SECG-ATT.06 000	20	A	1	H	129253
PRC SECG-SECT.11.6 000	1	A	1	H	129417
PRC SECG-SECT.11.7 000	3	A	1	H	129458
PRC SECG-ATT.16 000	2	A	1	H	129335

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MC N04

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A045

SALEM GENERATING STATION
EVENT CLASSIFICATION GUIDE
February 28, 2002
CHANGE PAGES FOR
REVISION #35

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The Table of Contents (T.O.C.) forms a general guide to the current revision of each section and attachment of the Salem ECG. The changes that are made in this T.O.C. Revision #35 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
<u>Pages</u>	<u>Description</u>	<u>Rev.</u>	<u>Pages</u>	<u>Description</u>	<u>Rev.</u>
ALL	T.O.C.	35	ALL	T.O.C.	34
All	Section 11.6	01	All	Section 11.6	00
All	Section 11.7	03	All	Section 11.7	02
All	Attachment 6	20	All	Attachment 6	19
All	Attachment 9	19	All	Attachment 9	18
All	Attachment 16	02	All	Attachment 16	01

NOTE:

Attachment 5 rev 02 is included for insertion. The original copy issued was not clear. No change has been made to Attachment 5.

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T.O.C.	Table of Contents/Signature Page	35	5	02/28/02
i	Introduction and Usage	02	11	12/14/00
ii	Glossary of Acronyms & Abbreviations	00	6	01/21/97
iii	Critical Function Status Trees (CFSTs), Unit 1	21	7	04/16/98
	Critical Function Status Trees (CFSTs), Unit 2	23	6	08/19/97
1.0	Fuel Clad Challenge	00	1	01/21/97
2.0	RCS Challenge	00	1	01/21/97
3.0	Fission Product Barriers (Table)	00	1	01/21/97
4.0	EC Discretion	00	1	01/21/97
5.0	Failure to TRIP	00	1	01/21/97
6.0	Radiological Releases/Occurrences			
	6.1 Gaseous Effluent Release	00	4	01/21/97
	6.2 Liquid Effluent Release	00	1	01/21/97
	6.3 In Plant Radiation Occurrences	00	1	01/21/97
	6.4 Irradiated Fuel Event	00	2	01/21/97
7.0	Electrical Power			
	7.1 Loss of AC Power Capabilities	00	2	01/21/97
	7.2 Loss of DC Power Capabilities	00	1	01/21/97
8.0	System Malfunctions			
	8.1 Loss of Heat Removal Capability	00	2	01/21/97
	8.2 Loss of Overhead Annunciators	00	1	01/21/97
	8.3 Loss of Communications Capability	00	1	01/21/97
	8.4 Control Room Evacuation	00	1	01/21/97
	8.5 Technical Specifications	00	1	01/21/97
9.0	Hazards - Internal/External			
	9.1 Security Threats	01	1	02/01/02
	9.2 Fire	00	1	01/21/97
	9.3 Explosion	00	1	01/21/97
	9.4 Toxic/Flammable Gases	00	2	01/21/97
	9.5 Seismic Event	00	1	01/21/97
	9.6 High Winds	00	1	01/21/97
	9.7 Flooding	00	1	01/21/97
	9.8 Turbine Failure/Vehicle Crash/ Missile Impact	00	1	01/21/97
	9.9 River Level	00	1	01/21/97
10.0	Reserved for future use	N/A		
WC	Salem ECG Charts (Located In ERFs)	01	2	02/01/02
SGS				

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Licensing is responsible for the Reportable Action Level (Section 11) and associated Attachments (marked by "L")

11.0 Reportable Action Levels (RALs)

11.1	Technical Specifications	01	3	01/23/01
11.2	Degraded or Unanalyzed Condition	01	1	01/23/01
11.3	System Actuation	02	1	01/23/01
11.4	Personnel Safety/Overexposure	01	2	01/23/01
11.5	Environmental/State Notifications	01	2	01/23/01
11.6	After-the-Fact	01	1	02/28/02
11.7	Security/Emergency Response	03	1	02/28/02
	Capabilities			
11.8	Public Interest	01	1	01/23/01
11.9	Accidental Criticality/ Special Nuclear Material/ Rad Material Shipments - Releases	02	2	01/23/01
11.10	Voluntary Notifications	01	1	01/23/01

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Licensing is responsible for the Reportable Action Level (Section 11)
and associated Attachments (marked by "L")

<u>ATTACHMENT</u>	<u>TITLE</u>	<u>REV #</u>	<u>PAGES</u>	<u>DATE</u>
1	UNUSUAL EVENT	03	2	02/29/00
2	ALERT	03	2	02/29/00
3	SITE AREA EMERGENCY	03	2	02/29/00
4	GENERAL EMERGENCY	04	5	02/29/00
5	L NRC Data Sheet Completion Reference	02	7	01/23/01
6	Primary Communicator Log	20	8	02/28/02
7	Primary Communicator Log (GE)	deleted		02/29/00
8	Secondary Communicator Log	07	9	01/23/01
9	L Non-Emergency Notifications Reference	19	3	02/28/02
10	L 1 Hr Report - NRC Regional Office	01	3	01/23/01
11	L 1 Hr Report (Common Site) Security/Safeguards	01	3	01/23/01
12	L 1 Hr Report - NRC Operations	01	3	01/23/01
13	L 4 Hr Report - Contaminated Events Outside Of The RCA	01	7	01/23/01
14	L 4 Hr Report - NRC Operations	02	3	01/23/01
15	L Environmental Protection Plan	02	3	01/23/01
16	L Spill / Discharge Reporting	02	12	02/28/02
17	L 4 Hr Report - Fatality or Medical Emergency	02	4	03/15/01
18	L 4 Hr Report - Radiological Transportation Accident	02	4	01/23/01
19	L 24 Hr Report - Fitness For Duty (FFD) Program Events	02	3	01/23/01
20	L 24 Hr Report - NRC Regional Office	01	3	01/23/01
21	L Reportable Event - LAC/ Memorandum Of Understanding (M.O.U.)	01	2	01/23/01
22	L T/S Required Engineering Evaluation	01	2	01/23/01
23	Reserved			
24	UNUSUAL EVENT (Common Site)	05	3	02/29/00
25	8 Hr Report (Common Site) - Major Loss of Emergency Assessment, Offsite Response, <u>OR</u> Communications Capability	02	3	05/02/01
26	L 8 Hr Report - NRC Operations	00	3	01/23/01
27	L 8 Hr Report - Medical Emergency – Transport of Contaminated Person	01	4	03/15/01
28	L Boiler and Pressure Vessel Reporting	00	3	01/23/01

REVISION SUMMARY

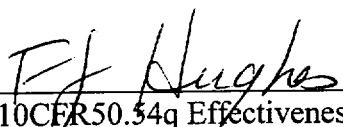
Biennial Review Performed: Yes X No

- RAL 11.6.1 and Technical Basis - revised after-the-fact reporting to conform to the guidance in the ECG Introduction
- RAL 11.7.1.b and Technical Basis - revised to state that loss of all met data for a single parameter (temperature, wind speed or direction) is reportable.
- ATTACHMENT 16 - reformatted and expanded to include more detailed guidance for spill and discharge reporting.


SIGNATURE PAGE

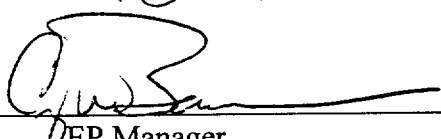
Prepared By: Paul Duke 01/17/02
(If Editorial Revisions Only, Last Approved Revision) Date

Section/Attachments Revised Section 11.6, 11.7 & Att 16 _____
(List Non Editorial Only - Section/Attachments) Date

Reviewed By:  1/17/02
10CER50.54q Effectiveness Reviewer Date

Reviewed By:  2/3/02
Department Manager Date

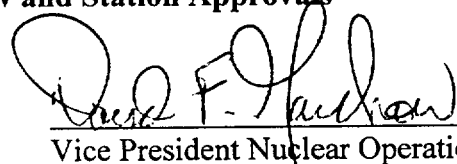
Reviewed By:  1/28/02
Manager - Licensing Date
(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By:  1/30/02
EP Manager Date

Reviewed By: N/A _____
Manager - Quality Assessment - NBU Date
(If Applicable)

SORC Review and Station Approvals

N/A
Mtg. No. Salem Chairman


Vice President Nuclear Operations

Date 2/12/02
Date

Effective Date of this Revision: 2-28-02
Date

11.0 Reportable Action Levels

11.6 After-the-Fact

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Initiating
Condition

MODE

RAL #

R
E
P
O
R
T
I
N
G

A
C
T
I
O
N

L
E
V
E
L
S

Action
Required

EMERGENCY CONDITIONS DISCOVERED
AFTER-THE-FACT

All

11.6.1

IF

Discovery of events or conditions that had
previously occurred (event was NOT ongoing at the time
of discovery) which EXCEEDED an Emergency Action
Level (EAL) and was NOT declared as an emergency

AND

More than ONE HOUR has elapsed since the condition
occurred

AND

There are currently NO adverse consequences
in progress as a result of the event

THEN

Refer to Attachment 12
1 Hour Report

11.0 Reportable Action Levels

11.7 Security / Emergency Response Capabilities

Initiating
Condition

MODE
RAL #

R
E
P
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R
T
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N
G

A
C
T
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L
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V
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S

Action
Required

SAFEGUARDS EVENTS THAT ARE DETERMINED TO BE NON-EMERGENCIES, BUT ARE REPORTABLE TO THE NRC WITHIN ONE HOUR [10CFR73.71(b)(1)]

All

11.7.1.a

IF

Any Non-Emergency safeguards event that is reportable in accordance with 10CFR73.71 as determined by Security (SCP-15)

THEN

Refer to Attachment 11
1 Hour Report (Common Site)

MAJOR LOSS OF EMERGENCY ASSESSMENT CAPABILITY, OFFSITE RESPONSE CAPABILITY, OR OFFSITE COMMUNICATIONS CAPABILITY [10CFR50.72(b)(3)(xiii)]

All

11.7.1.b

IF

OS/EC determines that an event (excluding a scheduled test or preplanned maintenance activity) has occurred that would impair the ability to deal with an accident or emergency as indicated by the Loss of ANY one of the following:

- Nuclear Emergency Telecommunications System (NETS) for >1 hr
- ENS for >1 hr in the Control Room, TSC, and EOF
(N/A if reported by the NRC)
- More than 17 Offsite Sirens for > 1 hr
- Use of the EOF for > 8 hrs
- All Meteorological data (Salem AND Hope Creek) for one parameter for > 8 hrs
- Site access due to Acts of Nature (snow, flood, etc.)

THEN

Refer to Attachment 25
8 Hour Report (Common Site)

All

11.7.1.c

IF

- P250 or Aux Annunciator System for > 24 hrs
- SPDS for > 8 hrs (> 2 CFSTs Inop, not due to plant conditions)
- Use of the TSC for > 8 hrs
- ALL Plant vent radiation effluent monitors with no alternate method of monitoring for > 72 hrs
- More than 75% OHA's
- Concurrent multiple accident or emergency condition indicators which in the judgement of the OS significantly impairs assessment capabilities

Refer to Technical Basis 11.7.1.c for ERDS

THEN

Refer to Attachment 26
8 Hour Report

ATTACHMENT 6
PRIMARY COMMUNICATOR LOG

Table of Contents

Pages

- 1 - 3 Notifications & Incoming Calls
- 4 Termination
- 5 - 8 Communications Log

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Emergency Classification: (circle)	UE	ALERT	SAE	GE
Name: _____ (Print)		Position: CM1 /TSC1/ EOF1 (Circle)		

A. NOTIFICATIONS

NOTE

A new Attachment 6 is required to be implemented if the classification or protective action recommendation (PAR) changes.

CAUTION

Fifteen-minute clock for notification starts at time event was declared.

Initials

1. CALL each Organization or Individual identified on the Communications Log (Pgs. 5 - 8) and READ the ICMF.

CM1/TSC1/EO

2. IF required to activate an individual's pager,
THEN PERFORM the following:

- a. DETERMINE a non-NETS phone number for the pager holder to call back on and note it here.

Call Back #: 856-339-_____

- b. DIAL the pager number of the individual you are trying to contact.

Initials

- c. WHEN you hear "Beep, Beep, Beep,"
THEN ENTER the Call Back #.
- d. HANG UP the phone and CONTINUE making other notifications per Step 1.

CM1/TSC1/EOF1**B. TURNOVER**

1. WHEN CONTACTED by the TSC (or EOF) in preparing for notification responsibilities,
THEN PROVIDE the following information:
- Organizations/Individuals notified.
 - Phone numbers or locations of Individuals for updates or changes in status.
2. WHEN the EC function transfers to the oncoming facility,
THEN contact the oncoming communicator and COMPLETE turnover.

CM1/TSC1CM1/TSC1**C. INCOMING CALLS****NOTE**

Initial Notifications take priority over incoming calls.

STATE OFFICIALS

1. IF Notifications authority has transferred,
THEN DIRECT the caller to contact the TSC (or EOF if activated).
2. WHEN contacted by any State Agency Officials (listed here),

CM1/TSC1

DEMA - Delaware Emergency Management Agency
AAAG - Delaware Accident Assessment Advisory Group
BNE - NJ Bureau of Nuclear Engineering
DEP - NJ Dept. of Environmental Protection
OEM - NJ Office of Emergency Management

C. INCOMING CALLS (cont'd)

Initials

PERFORM the following:

- () a. OBTAIN and RECORD

AgencyCaller's NamePhone #

- () b. READ the latest EC approved SSCL.

- () c.
- IF
- caller is NJ-BNE, DEMA, or AAAG,
-
- THEN
- also READ the approved NRC Data Sheet Event
-
- Description information.

CM1/TSC1/EOF1NEWS MEDIA**CAUTION****Communicators are NOT authorized to release any information to the News Media.**

- 3.
- WHEN
- contacted by any News Media representative,
-
- READ the appropriate message below:

- () a.
- IF
- the ENC is
- not
- activated (Unusual Event), say

**"You are requested to contact the Nuclear Communications Office
at the following number: 856-339-1186."**

- () b.
- IF
- the ENC is activated (ALERT or higher), say;

**"You are requested to contact the Media Information Operator at
any of the following numbers: 856-273-0188, -0282, -0386, -0479,
or -0586."**CM1/TSC1/EOF1

Initials

D. CONTINUOUS DUTIES

1. ASSIST the CM2 gathering and faxing operational data. _____
CM1
2. ASSIST the TSC2 (or EOF2) in maintaining facility status boards _____
TSC1/EOF1
3. IF the telecopier is NOT working correctly,
THEN CALL the TSC - Emergency Preparedness Advisor (EPA) for assistance. _____
CM1/TSC1/EOF1
4. IF required to provide continuous communication with the NRC,
LOCATE the CM1 headset and establish communications with the NRC. _____
CM1

E. TERMINATION/REDUCTION

1. WHEN the Emergency has been terminated or reduced in classification,
THEN;
 - a. OBTAIN the EC approved EMERGENCY TERMINATION/
REDUCTION FORM. _____
CM1/TSC1/EOF1

NOTE

Time limits for notifications of Emergency Termination only apply to the NRC (as soon as possible, but < 60 minutes).

- b. CALL each Organization or Individual identified on the Communications Log and READ the message. _____
CM1/TSC1 EOF1
2. WHEN the emergency is terminated,
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM). _____
CM1/TSC1/EOF1

COMMUNICATIONS LOG		INITIAL NOTIFICATIONS		EVENT REDUCTION	
TIME LIMIT	CLASSIFICATION: (UE/A/SAE/GE) ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	DATE /TIME	CALLER	NAME OF CONTACT /TIME
15 MIN.	DELAWARE STATE POLICE/DEMA		TIME _____ DATE _____		
	Initial contact: Primary: (SP) NETS 5406 Secondary: 302-659-2341 Backup: NAWAS When DEMA calls back to report acceptance of emergency responsibilities (approx. 1 hour after initial notification) then contact numbers become:	Call Back:	TIME _____ DATE _____		
	Primary: (DEMA) NETS 5407 Secondary: 302-659-2251, -2256 BACKUP: NAWAS				
	NOTES: IF DELAWARE IS CONTACTED, PROCEED WITH NEW JERSEY. IF NOT, THEN CONTACT BOTH COUNTIES IN DELAWARE.				
	NEW CASTLE COUNTY Primary: NETS 5408 Secondary: 302-738-3131		TIME _____ DATE _____		
	KENT COUNTY Primary: NETS 5409 Secondary: 302-678-9111		TIME _____ DATE _____		
15 MIN.	NEW JERSEY STATE POLICE/OEM		TIME _____ DATE _____		
	Primary: NETS 5400 Secondary: 609-882-4201 BACKUP: EMRAD (not in TSC)	Call Back:			
	NOTES: IF NEW JERSEY IS CONTACTED, THEN PROCEED WITH THE NEXT PAGE. IF NOT, THEN CONTACT ALL OF THE FOLLOWING:				
	SALEM COUNTY Primary: NETS 5402 Secondary: 769-2959		TIME _____ DATE _____		
	CUMBERLAND COUNTY Primary: NETS 5403 Secondary: 455-8770		TIME _____ DATE _____		
	U.S. COAST GUARD (Speak Only to Duty Desk) Primary: 215-271-4800 Secondary: 215-271-4940		TIME _____ DATE _____		

COMMUNICATIONS LOG		INITIAL NOTIFICATIONS			EVENT REDUCTION
TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	DATE /TIME	CALLER	NAME OF CONTACT /TIME
30 MIN.	LAC TOWNSHIP Primary: NETS 5404 Secondary: 856-935-7300		TIME DATE		
	<p align="center"><u>NRC OPS CENTER COMMUNICATIONS INSTRUCTIONS</u></p> <ol style="list-style-type: none"> <u>OBTAIN</u> the approved NRC Data Sheet. <u>IF</u> time permits, <u>FAX</u> NRC Data sheet to NRC at 9-1-301-816-5151. <u>READ</u> both the ICMF and NRC Data Sheet. <u>IF</u> the NRC Data Sheet is <u>NOT</u> obtainable within 60 minutes of emergency declaration, <u>THEN</u> read only the ICMF. This constitutes official notification of the NRC. Follow up with Data Sheet when obtained. <u>DOCUMENT</u> the notification below. <u>IF</u> the NRC requests additional information concerning the event, <u>THEN</u> OBTAIN assistance from CR (TSC/EOF) Staff to ENSURE it is accurate and EC approved. <u>IF</u> the NRC requests an open line be maintained, <u>THEN</u> OBTAIN assistance in completing any remaining calls. (See Note below) 				
60 MIN.	NRC OPERATIONS CENTER <input type="checkbox"/> ICMF <input type="checkbox"/> NRC Data Sheet Primary:(ENS) 301-816-5100 First back-up: 301-951-0550 Second back-up: 301-415-0550 FAX 9-1-301-816-5151		TIME DATE		

NOTE

An additional communicator (preferably an RO or SRO) may be assigned to provide continuous updates to the NRC under the following circumstances;

- NRC requests an open line be maintained.
- Additional qualified communicator is available **AND** is not required for actions to mitigate the emergency (higher priority activities) in the judgment of the EC.

COMMUNICATIONS LOG		INITIAL NOTIFICATIONS		EVENT REDUCTION	
TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	DATE /TIME	CALLER	NAME OF CONTACT /TIME
70 MIN.	EMERGENCY DUTY OFFICER (EDO) Primary: Refer to Roster Secondary: (Contact One) Kevin Davison Office: 1149 Home: 856-769-9604 Pager: 866-682-5245 Car: 609-217-9911 Jay Laughlin Office: 5136 Home: 856-935-8545 Pager: 877-593-7110 Car: 609-230-7995 Jim Webster Office: 2985 Home: 856-935-7678 Pager: 877-657-5014 Car: 609-230-7304 Steve Mannon Office: 1129 Home: 856-227-7568 Pager: 877-690-3569 Car: 609-230-5623	NOTE 1 NOTIFY EDO for Unusual Events ONLY.	TIME _____ DATE _____		
70 MIN.	PUBLIC INFORMATION MANAGER NUCLEAR (Contact One) Skip Sindoni Office: 1002 Home: 856-478-4364 Pager: 877-722-7510 Jim Clancy Office: 3144 Home: 856-455-9110 Pager: 877-716-2766 Karissa Laur Office: 1003 Home: 302-655-8432 Pager: 877-743-5435	NOTE 2 After ENC activation, NOTIFY the ENC Lead Tech Advisor NETS -5303 Or DID 273-0695	TIME _____ DATE _____		

COMMUNICATIONS LOG		INITIAL NOTIFICATIONS		EVENT REDUCTION	
TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	DATE /TIME	CALLER	NAME OF CONTACT /TIME
75 MIN.	NRC RESIDENTS (Contact One) Ray Lorson Office: 1019 Or 856-935-3850 Or 856-935-5151 Home 856-478-9554 Pager: 800-730-8314 Fred Bower Office 1074 Or 856-935-3850 Or 856-935-5151 Home 610-925-3564 Pager 800-730-2571		TIME _____ DATE _____		
90 MIN.	EXTERNAL AFFAIRS (Contact One) Ross Bell Office: 1239 Home: 856-455-7435 Pager: 877-502-5863 Ed Johnson Office: 1486 Home: 856-678-2257 Pager: 877-735-2508	NOTE 3 Not required to notify External Affairs After the EOF is activated.	TIME _____ DATE _____		
90 MIN.	AMERICAN NUCLEAR INSURERS (ANI) 860-561-3433	NOTE 4 Not required to notify ANI for Unusual Events	TIME _____ DATE _____		

ATTACHMENT 9
NON-EMERGENCY NOTIFICATIONS REFERENCE
(SALEM)

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I. INSTRUCTIONS

NOTE

This attachment is the source of the names and telephone numbers for making Non-Emergency reports as directed by the ECG Attachment in effect at this time.

NOTE

The Operations Superintendent (OS) may direct a communicator to make the required notification calls. The responsibility to ensure completion of each step outlined in the ECG attachment and to ensure notification information is accurate remains with the OS.

- A. REFER to Section II of this Attachment and NOTIFY the required Individuals/Organizations IAW the ECG Attachment in effect.
- B. IF required to activate an individual's pager,
THEN PERFORM the following:
 - 1. DETERMINE a non-NETS phone number for the pager holder to call back on and MAKE a note of the full call back phone number.
 - 2. DIAL the pager number of the individual you are trying to contact listed in the Communications Log.
 - 3. WHEN you hear "Beep, Beep, Beep,"
THEN ENTER the call back phone number.
 - 4. HANG UP the phone.
 - 5. CONTINUE making other notifications per Step A.

II. TELEPHONE NUMBER REFERENCE**NOTE**

NOTIFY ONLY those individuals by title required by the particular ECG Attachment in effect at this time.

TITLES/NAMES	WORK#	HOME#	PAGER#	CAR#
<u>OPERATIONS MGR</u>				
Kevin Davison	1149	856-769-9604	866-682-5245	609-217-9911
Frank Soens	5176	856-769-2649	866-688-7636	609-230-9950
<u>VP - OPERATIONS</u>				
Dave Garchow	3250	610-274-3250	877-673-7639	609 230-5894
Kevin Davison	1149	856-769-9604	866-682-5245	609-217-9911

GOVERNMENT AGENCY	PRIMARY#	SECONDARY#
LAC DISPATCHER	NETS x5404	856-935-7300 856-935-8127 (FAX)
NRC OPERATIONS CENTER	(ENS) 301-816-5100 301-415-0550 301-415-0553	301-951-0550 9-1-301-816-5151(FAX)
NRC REGION ONE OFFICE	610-337-5000	

TITLES/NAMES	WORK#	HOME#	PAGER#
<u>NRC RESIDENTS</u>			
Ray Lorson	1019 or 935-3850	856-478-9554	800-730-8314
Fred Bower	1074 or 935-3850	610-925-3564	800-730-2571
Joe Schoppy (HC)	1078 or 935-3850	856-384-1365	800-730-2702
NRC Office	2962 or 935-5151 Fax 935-3741		

II. TELEPHONE NUMBER REFERENCE (cont'd)

TITLES/NAMES	WORK#	HOME#	PAGER#
<u>PUBLIC INFO MGR</u>			
Skip Sindoni	1002	856-478-4364	877-722-7510
Jim Clancy	3144	856-455-9110	877-716-2766
Karissa Laur	1003	302-655-8432	877-743-5435
<u>EMERG PREP REPRESENTATIVE</u>			
Craig Banner	1157	856-728-5043	877-696-9131
Jim Schaffer	1575	856-935-5606	877-828-6607
Bill Weckstein	1558	856-455-3237	877-747-5956
<u>EXTERNAL AFFAIRS</u>			
Ross Bell	1239	856-455-7435	877-502-5863
Ed Johnson	1486	856-678-2257	877-735-2508
<u>RADIOLOGICAL SUPPORT REPRESENTATIVE</u>			
John Russell	2410	856-241-1350	877-722-3616
Bob Gary	3578	856-678-4718	877-755-4016
Bill Weckstein	1558	856-455-3237	877-742-5956
<u>RADIATION PROTECTION MANAGER</u>			
Kevin O'Hare	2682	856-358-7272	877-653-9511
Bill Hunkele	2617	856-455-1583	877-727-7045
Dave Ruyter	2625	856-299-9487	866-213-3835
<u>NUCLEAR LICENSING</u>			
DUTY PAGER HOLDER	-----	-----	877-456-8512
John Nagle	3171	610-527-5913	877-798-5662
Gabe Salamon	5296	610-274-2297	866-680-3503
<u>ENVIRONMENTAL LICENSING (contact one)</u>			
Jim Eggers	1339	609-953-9075	866-691-0143
Dave Hurka	1275	302-325-9476	866-691-2722

ATTACHMENT 16
SPILL/DISCHARGE REPORTING

CAUTION

**15-minute notification to the NJDEP Hot Line is required for a discharge directly to the river as identified in Section II Steps 2 and 3 OR if clean up requires more than 24 hours as described in Step 6.
2 or 24-hour notification may be required for chemical discharge as described in Section II Step 4.**

INSTRUCTIONS (SALEM OS or Designee)

- A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of individuals and phone numbers.
- B. INITIAL each indicated step when completed; use NA for steps that do not apply.
- C. Implemented by: _____ Date: _____

ECG CLASSIFICATION AND APPLICABLE RALs

IF the spill has passed through Engineered Fill and INTO the ground water, then RAL 11.5.2.a applies.

IF the spill has entered into a storm drain or has resulted in a discharge to the Delaware River from ANY source, then RAL 11.5.2.b applies.

I. REPORT INFORMATION

NOTE

Collection of the following information should be done as expeditiously as possible. DO NOT delay mitigation activities and notifications to complete all sections below; add data as they become available. Accurate, timely information is critical to proper clean up, classification and notification. Information with asterisks should be placed on the SPILL/DISCHARGE NJDEP NOTIFICATION FORM (FORM-1).

- 1. Name of person reporting spill/discharge _____
- 2. Date/time called received _____ / _____
- 3. Call received by/title _____ / _____
- 4*. Time spill/discharge started _____. If unknown, what is caller's best estimate of time that spill/discharge started? _____
- 5*. Brief description of event _____

6*. Material spilled/discharged, include concentration for chemical spills/discharges _____

7*. Has spill/discharge been terminated? () Yes () No

8*. What actions are being taken to terminate discharge and/or contain spill? _____

9*. Quantity _____

10*. EXACT location of spill/discharge _____

11. Distance to nearest storm drain _____

12. Did material enter storm drain? () Yes () No

13. Description of substrate material where spill occurred (concrete, asphalt, dirt, grass, stones, etc.) _____

14. Other information from caller (Was anyone else notified, etc.) _____

II. NOTIFICATIONS

Initials

____ 1. IMMEDIATELY DISPATCH **Loss Prevention** to the location of the Spill/Discharge:

_____ notified at _____ hours
name time

- () a. **DIRECT Loss Prevention** to COORDINATE containment and clean up of the spilled material.
- () b. IF OIL is observed ON THE RIVER (more than just a sheen), THEN **DIRECT Loss Prevention** to position oil booms around the affected water intakes to limit uptake into plant systems (i.e. - prevent heat exchanger fouling) and **DIRECT LOSS PREVENTION** to notify the National Response Center.
- () c. **DOCUMENT** clean-up actions and plans on FORM 2, SPILL CLEAN UP & REMEDIATION LOG.

Initials

- ____ 2. **IF** OIL has been discharged to the Delaware River through either a permitted outfall, overland or via some other conveyance and has produced a sheen on the river,

THEN the spill is REPORTABLE to NJDEP.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM-1)

IMMEDIATELY (within 15 minutes) notify **NJDEP** (phone numbers are on form)

- () a. INFORM Environmental Licensing about status of 15 minute NJDEP call:

() Call was made within 15 minutes of discovery/confirmation.

() Call was NOT made within 15 minutes, but was made within _____ minutes of discovery/confirmation.

_____ notified at _____ hours
name time

- () b. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

- () c. Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

- () d. Record reportability recommendation

NRC () Yes, within _____ hours () No

NJDEP () Yes, within _____ hours () No

Other (specify, e.g. National Response Center, USCG, etc.) _____

() Yes, within _____ hours () No

IF YES, continue with spill assessment and clean up and make notifications in accordance with Steps 10 and 11.

IF NO, **GO TO** Section III, Event Documentation.

NOTE

Continue with spill assessment while awaiting return phone calls.

Initials

_____ 3. **IF** a chemical discharge was made **DIRECTLY** to the Delaware River and did NOT discharge through a NJPDES permitted outfall

THEN the spill is REPORTABLE to **NJDEP**.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM-1)

IMMEDIATELY (within 15 minutes) notify **NJDEP** (phone numbers are on form)

() a. INFORM Environmental Licensing about status of 15 minute NJDEP call:

() Call was made within 15 minutes of discovery/confirmation.

() Call was NOT made within 15 minutes, but was made within _____ minutes of discovery/confirmation.

_____ notified at _____ hours
name time

() b. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

() c. Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

() d. Record reportability recommendation

NRC () Yes, within _____ hours () No

NJDEP () Yes, within _____ hours () No

Other (specify, e.g. National Response Center, USCG, etc.) _____

() Yes, within _____ hours () No

IF YES, continue with spill assessment and clean up and make notifications in accordance with Steps 10 and 11.

IF NO, **GO TO** Section III, Event Documentation.

NOTE

Continue with spill assessment while awaiting return phone calls.

Initials

_____ 4. **IF** a chemical discharge was made to the Delaware River through a NJPDES permitted outfall,

THEN the spill may be REPORTABLE as a 2 OR 24 hour phone call to NJDEP.

- () a. CONTACT **Environmental Licensing** to assist in determination of reportability.

_____ notified at _____ hours
name time

- () b. Record reportability recommendation

NRC () Yes, within _____ hours () No

NJDEP () Yes, within _____ hours () No

Other (specify, e.g. National Response Center, USCG, etc.) _____

() Yes, within _____ hours () No

IF YES, continue with spill assessment and clean up and make notifications in accordance with Steps 10 and 11.

IF NO, GO TO Section III, Event Documentation.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM-1) if required.

Notify **NJDEP** within the time frame determined by Environmental Licensing (phone numbers are on form).

- () c. INFORM Environmental Licensing after NJDEP call is made:

_____ notified at _____ hours
name time

- () d. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

- () e. Obtain additional direction from Environmental Licensing concerning recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

_____ notified at _____ hours
name time

Initials

- ____ 5. **IF** the spill was:
- into a secondary containment,
 - **OR** onto the ground,
 - **OR** onto an impervious surface;
- AND** the material CAN BE completely cleaned up within 24 hours;
THEN the spill is not reportable to NJDEP.
- () CONTINUE assessment and coordination of cleanup; and document on FORM-2, Spill Clean-Up & Remediation Log.
- () **WHEN** cleanup is complete, **GO TO** Section III, EVENT DOCUMENTATION.
- () **IF** spill is NOT cleaned up within 24 hours, **GO TO** Step 6.

NOTE

Failure to complete clean up within 24 hours requires a 15-minute report to the NJDEP Hot Line. This report can be made at anytime within the 24-hour clean-up period when it is realized that the clean-up will not be complete within 24 hours.

- ____ 6. **IF** the material can not be cleaned up within 24 hours
THEN contact Environmental Licensing and
COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM-1)
IMMEDIATELY (within 15 minutes) notify **NJDEP** (phone numbers are on form)

- ____ notified at ____ hours
Environmental Licensing name time
- () a. Record reportability recommendation
- NRC () Yes, within ____ hours () No
- NJDEP () Yes, within ____ hours () No
- Other (specify, e.g. National Response Center, USCG, etc.) _____
- () Yes, within ____ hours () No

IF YES, continue with spill assessment and clean up and document on FORM-2, Spill Clean-Up & Remediation Log; make notifications in accordance with Steps 10 and 11.

IF NO, **GO TO** Section III, Event Documentation.

Initials

_____ 7. **IF** the material was:

- ☐ sewage,
- ☐ **OR** sanitary waste;

AND it **DID NOT** enter a storm drain or water body;

THEN the spill is not reportable to **NJDEP**.

- ☐ CONTINUE assessment and coordination of cleanup; document on FORM-2, Spill Clean-Up & Remediation Log.
- ☐ WHEN cleanup is complete, GO TO Section III, Event Documentation.

NOTE

Chemical spills within a building or structure may result in a toxic atmosphere. Refer to ECG Section 9.4, Toxic/Flammable Gases, to ensure RALs are not met or exceeded.

_____ 8. **IF** the material was completely contained within a plant structure (spill or discharge was directed to a building drain or sump which is wholly contained or treated prior to discharge),

THEN the spill is not reportable to **NJDEP**.

- ☐ CONTINUE assessment and coordination of cleanup; document on FORM-2, Spill Clean-Up & Remediation Log.
- ☐ WHEN cleanup is complete, GO TO Section III, Event Documentation.

_____ 9. **IF** Environmental Licensing determines that the spill/discharge is reportable, obtain guidance on reportability and time limitations.

_____ notified at _____ hours
name time

☐ a. Record reportability recommendation

NRC ☐ Yes, within _____ hours ☐ No

NJDEP ☐ Yes, within _____ hours ☐ No

Other (specify, e.g. National Response Center, USCG, etc.) _____

☐ Yes, within _____ hours ☐ No

Initials

____ 10. **IF Environmental Licensing** determines that the spill/discharge is reportable to the NRC

() IF NOT done previously,

THEN NOTIFY the **Operations Manager (OM)**.

____ notified at ____ hours
name time

() NOTIFY **Salem OS** and provided description of event.

____ notified at ____ hours
name time

() Complete NRC Data Sheet, ECG Attachment 5.

() Notify the **NRC Operations Center** within 4 hours.

____ notified at ____ hours
name time

() NOTIFY **LAC Dispatcher** within 4 hours.

____ notified at ____ hours
name time

() Notify the **NRC Resident Inspector**.

____ notified at ____ hours
name time

() NOTIFY **Public Information Manager (PIM) - Nuclear**.

____ notified at ____ hours
name time

() NOTIFY **Nuclear Licensing**.

____ notified at ____ hours
name time

() NOTIFY **External Affairs**.

____ notified at ____ hours
name time

() FAX the NRC Data Sheet to BOTH **Public Information** and **Licensing** using the programmed numbers on the telecopier.

Initials

- _____ 11. **IF Environmental Licensing** determines that the spill/discharge is reportable to any other agency
() Contact other agencies as directed by Environmental Licensing.
Agency Name/Phone Number _____ / _____
_____ notified at _____ hours
name time
- _____ 12. When notifications are complete and clean-up is done, **GO TO** Section III, Event Documentation.

III. EVENT DOCUMENTATION

- _____ 1. ENSURE that a Notification (NOTIF) is written
OS
NOTIF # _____
- _____ 2. FORWARD this attachment, along with the NRC Data Sheet and OS any supporting documentation to the Operations Manager (OM).
OS
- _____ 3. REVIEW this ECG attachment, the NOTIF and any other relevant OM information for correct classification of event and corrective action taken.
OM
- _____ 4. CONTACT the LER Coordinator (LERC) and request that the required written reports be prepared. Provide this attachment and any other supporting documentation received from the OS.
OM
- _____ 5. PROVIDE Environmental Licensing with a copy of this attachment including the spill/discharge notification report received from the OS.
LERC
- _____ 6. PREPARE LER if required. If an LER is prepared, contact Environmental Licensing and ensure that the information on the LER and on the NJDEP Confirmation Report are consistent.
LERC
Report or LER Number _____
- _____ 7. FORWARD this attachment to the Manager – Nuclear Safety & Licensing (MNSL).
LERC
- _____ 8. ENSURE that offsite (state and local) reporting requirements have been met.
MNSL
- _____ 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.
MNSL

DEFINITION OF TERMS

Spill – “Spill” is synonymous with leak AND “leak” is defined as:

"Leak" or "leakage" means any escape of a hazardous substance from the ordinary containers employed in the normal course of storage, transfer, processing or use, into a secondary containment or diversion system or onto a surface from which it is cleaned up and removed prior to its escape into the waters or onto the lands of the State.

Discharge –

"Discharge" means any intentional or unintentional action or omission, unless pursuant to and in compliance with the conditions of a valid and effective Federal and State Permit, resulting in the releasing, spilling, pumping, pouring, emitting, emptying or dumping of a hazardous substance into the waters or onto the lands of the State or into waters outside the jurisdiction of the State when damage may result to the lands, waters or natural resources within the jurisdiction of the State. This term does not include "leak."

**SPILL/DISCHARGE NJDEP NOTIFICATION FORM
FORM-1**

Primary phone number to NJDEP (DCPP Hot Line): 1-877-927-6337
Backup phone number to NJSP: 1-609-882-2000

1. Contact the NJDEP Operator using the above phone numbers.
2. WHEN PROMPTED by the voice answering machine,
THEN SELECT 5 for reporting non-emergency releases and an Operator will take the report
3. RECORD NOTIFICATION TIME: _____
4. PROVIDE the following information: _____

"This is notification of a Spill/Discharge"

This is (name) _____, from Salem Generating Station.

My call back phone # is 856-339-5200 or 856-339-_____.

The Spill/Discharge location is (provide specific location) _____

at Salem Generating Station located at End of Alloway Creek Neck Road, Hancocks Bridge, Lower Alloways Creek Township in Salem County.

The Common name for the spilled/discharged substance is _____ and we estimated the quantity spilled to be _____ and the substance (HAS) or (HAS NOT) been contained.

The spill/discharge began at: _____ time on _____ date

The spill/discharge was discovered at: _____ on _____

The spill/discharge ended at: _____ on _____

A description of the incident is: _____

Ongoing actions to contain/clean up the spill are: _____

33 ft. Wind Direction from: _____ degrees. Wind Speed: ____ mph (use MET Computer)

If the spill is NOT PSEG Nuclear's responsibility, THEN PROVIDE the following info:

Responsible person(s): _____

Company Name, Address and Phone #: _____

May I have your Operator Number please? _____

May I have our CASE Number please? _____

**SPILL CLEAN-UP & REMEDIATION LOG
FORM-2**

Spill Location: _____

Material: _____ Date of spill: ____ / ____ / ____

Time	Action	Point of Contact	Result

ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

ECG
ATT 5
Pg. 1 of 7
PSE&G
CONTROL
COPY #

SEC 60101

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (i.e., each change in classification or new event, begin again)
- B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.
 1. The following paragraphs briefly describe the type of information expected by the NRC when making notifications.
 2. Event Description Instructions from the NRC Data Sheet state:
"Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational."
 - a) ***Include systems affected...***
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.

Common information should be the response of available systems, (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.
 - b) ***...actuations and their initiating signals, causes...***
Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC.

When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor trip or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant,...***

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how the parameters are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or SG level is being maintained by the Aux. Feed water system)

d) ***...actions taken or planned,...***

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

f) ***Indicate systems and safety related equipment that are not operational.***

Description: All non-operational safety related equipment should be provided. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

3. NRC Event Update Instructions from the NRC Data Sheet state:
“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes).”

- a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x). Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.
- b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1 hour time limit.

II. NRC DATA SHEET FORM

- A. The following two page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of ____) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.
- C. (Page 2 of ____) may or may not be applicable as determined by the Emergency Coordinator (EC).
- D. (Page ____ of ____) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of __)

NOTIFICATION TIME	FACILITY SALEM GENERATING STATION	UNIT	CALLER'S NAME
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)	POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *()	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *()	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):			<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *()		

* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.
Note anything unusual or not understood. Indicate systems and safety -related equipment that are not operational.

(Use a continuation page if more room is needed)

RCS/TUBE LEAK DATA

(Complete only if event includes an RCS or SG tube leak)

LOCATION OF LEAK (e.g. SG, VALVE, PIPE etc.): _____

TIME & DATE LEAK STARTED: _____ ON _____ DATE _____

LEAK RATE: _____ gpm or gpd T/S LEAK LIMITS: _____

LAST KNOWN COOLANT ACTIVITY: PRIMARY (DEI - uCi/cc) _____ SECONDARY (gbg - uCi/cc) _____

WAS THIS LEAK A SUDDEN OR LONG - TERM DEVELOPMENT? _____

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED: _____				ESTIMATED RESTART DATE: _____				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications:
Reportable Action Level (RAL #) 11. _____.

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of __)

NOTIFICATION DATE/TIME: _____

RADIOLOGICAL RELEASE DATA: (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check ☒ **ALL** correct statements and provide to the NRC.

- ☐ There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = $2.42E+05$ uCi/sec).
☐ There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine -131 = $2.10E+01$ uCi/sec).
☐ There is/was a liquid release above Tech Spec limits in progress.
☐ The release is ongoing (still above Tech Specs) at this time.
☐ The release was terminated (no longer above Tech Specs) at _____ hrs.
☐ The release was planned and can be isolated.
☐ The release pathway is monitored by the Radiation Monitoring System.
☐ Areas evacuated onsite due to release concerns are: _____
☐ Station personnel have received exposure above 10CFR20 limits.
☐ Station personnel have been contaminated to an extent requiring offsite assistance to decon.

SPECIFIC RADIOLOGICAL PARAMETERS: (Provide current values) Current Time: _____ hrs.
Total Release Rate Noble Gas (from SSCL) is: _____ uCi/sec.
Total Release Rate Iodine - 131 (from SSCL) is: _____ uCi/sec.

RELEASE PATHWAY MONITORS: (Provide readings and alarm setpoints only for those below listed monitors
In Alarm or that are included in the release pathway).

MONITOR #	NAME	CURRENT READING	ALARM SETPOINT
1(2)R41D	NOBLE GAS EFFLUENT	_____ uCi/sec	2.00E+04 uCi/sec
1(2)R46	HIGHEST STEAM LINE (R46A thru D)	_____ mR/hr	1.00E+01 mR/hr
1(2)R15	CONDENSER AIR EJECTOR	_____ cpm	_____ cpm
1(2)R19	HIGHEST S/G BLOWDOWN	_____ cpm	_____ cpm

OTHER PERTINENT INFORMATION: (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page __ of __)

NOTIFICATION DATE/TIME: _____

EVENT DESCRIPTION (Continued):

OTHER PERTINENT INFORMATION (Continued):

NRC EVENT UPDATE (Document additional information to NRC due to their request or as a result of Plant / event status changes):

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

ATTACHMENT 5

NRC DATA SHEET COMPLETION REFERENCE

PSE&G
ATT 5
CONTROL
COPY #
REG 1 OF 7
SEC 60101

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. OBTAIN a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (i.e., each change in classification or new event, begin again)
- B. COMPLETE the NRC Data Sheet with reference to the following information and guidance, as needed.
 1. The following paragraphs briefly describe the type of information expected by the NRC when making notifications.
 2. Event Description Instructions from the NRC Data Sheet state:
"Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational."
 - a) ***Include systems affected...***
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.

Common information should be the response of available systems, (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.
 - b) ***...actuations and their initiating signals, causes...***
Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC.

When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor trip or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) ***...effect of event on plant,...***

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how the parameters are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or SG level is being maintained by the Aux. Feed water system)

d) ***...actions taken or planned,...***

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) ***Note anything unusual or not understood.***

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

f) ***Indicate systems and safety related equipment that are not operational.***

Description: All non-operational safety related equipment should be provided. Also provide non-operational plant equipment that may be important to event response or assessment.

Common information should be equipment that was inoperable prior to the event that is safety related, non safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

3. NRC Event Update Instructions from the NRC Data Sheet state:
“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes).”
 - a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x). Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.
 - b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1 hour time limit.

II. NRC DATA SHEET FORM

- A. The following two page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of ____) should always be completed as thoroughly as possible prior to notifying the NRC, but in no case should notifications be delayed because of missing information.
- C. (Page 2 of ____) may or may not be applicable as determined by the Emergency Coordinator (EC).
- D. (Page ____ of ____) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of __)

NOTIFICATION TIME	FACILITY SALEM GENERATING STATION	UNIT	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)		POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *()	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *()	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):			<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *()		

* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.
Note anything unusual or not understood. Indicate systems and safety -related equipment that are not operational.

(Use a continuation page if more room is needed)

RCS/TUBE LEAK DATA

(Complete only if event includes an RCS or SG tube leak)

LOCATION OF LEAK (e.g. SG, VALVE, PIPE etc.):

TIME & DATE LEAK STARTED: _____ ON _____ DATE _____

LEAK RATE: _____ gpm or gpd TIME _____ DATE _____

LAST KNOWN COOLANT ACTIVITY: PRIMARY (DEI - uCi/cc) _____ T/S LEAK LIMITS: _____
SECONDARY (gbg - uCi/cc) _____
WAS THIS LEAK A SUDDEN OR LONG - TERM DEVELOPMENT? _____

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED: _____				ESTIMATED RESTART DATE: _____				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications:
Reportable Action Level (RAL #) 11. _____

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of __)

NOTIFICATION DATE/TIME: _____

RADIOLOGICAL RELEASE DATA: (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check ☒ **ALL** correct statements and provide to the NRC.

- ☐ There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = $2.42\text{E}+05$ uCi/sec).
☐ There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine -131 = $2.10\text{E}+01$ uCi/sec).
☐ There is/was a liquid release above Tech Spec limits in progress.
☐ The release is ongoing (still above Tech Specs) at this time.
☐ The release was terminated (no longer above Tech Specs) at _____ hrs.
☐ The release was planned and can be isolated.
☐ The release pathway is monitored by the Radiation Monitoring System.
☐ Areas evacuated onsite due to release concerns are: _____
☐ Station personnel have received exposure above 10CFR20 limits.
☐ Station personnel have been contaminated to an extent requiring offsite assistance to decon.

SPECIFIC RADIOLOGICAL PARAMETERS: (Provide current values) Current Time: _____ hrs.

Total Release Rate Noble Gas (from SSCL) is: _____ uCi/sec.
Total Release Rate Iodine - 131 (from SSCL) is: _____ uCi/sec.

RELEASE PATHWAY MONITORS: (Provide readings and alarm setpoints only for those below listed monitors In Alarm or that are included in the release pathway).

MONITOR #	NAME	CURRENT READING	ALARM SETPOINT
1(2)R41D	NOBLE GAS EFFLUENT	_____ uCi/sec	$2.00\text{E}+04$ uCi/sec
1(2)R46	HIGHEST STEAM LINE (R46A thru D)	_____ mR/hr	$1.00\text{E}+01$ mR/hr
1(2)R15	CONDENSER AIR EJECTOR	_____ cpm	_____ cpm
1(2)R19	HIGHEST S/G BLOWDOWN	_____ cpm	_____ cpm

OTHER PERTINENT INFORMATION: (Document additional information related to any radiological release).

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page __ of __)

NOTIFICATION DATE/TIME: _____

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

EVENT DESCRIPTION (Continued):

OTHER PERTINENT INFORMATION (Continued):

NRC EVENT UPDATE (Document additional information to NRC due to their request or as a result of Plant / event status changes):

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT