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PSEG NUCLEAR LLC
EOF IMPLEMENTING PROCEDURES
March 14, 2002

CHANGE PAGES FOR
REVISION #09

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The Table of Contents forms a general guide to the current revision of each section of the EOF EPIP. The changes that are made in this TOC Revision #09 are shown below. Please check that your revision packet is complete and remove the outdated material listed below:

ADD			REMOVE		
Page	Description	Rev.	Page	Description	Rev.
All	T.O.C.	09	All	T.O.C.	08
All	NC.EP-EP.ZZ-0403	03	ALL	NC.EP-EP.ZZ-0403	02
All	NC.EP-EP.ZZ-0601	04	ALL	NC.EP-EP.ZZ-0601	03
All	NC.EP-EP.ZZ-0701	05	ALL	NC.EP-EP.ZZ-0701	04

**PSEG NUCLEAR LLC EMERGENCY PLAN
EOF IMPLEMENTING PROCEDURES
TABLE OF CONTENTS
March 14, 2002**

**PSEG
CONTROL
COPY #**

EP/PO59

EMERGENCY OPERATIONS FACILITY (EOF) PROCEDURES

EMERGENCY COORDINATOR RESPONSE:		<u>Revision Number</u>	<u>Number of Pages</u>	<u>Effective Date</u>
NC.EP-EP.ZZ-0401(Q)	Emergency Preparedness Coordinator Response	02	6	02/06/2002
NC.EP-EP.ZZ-0402(Q)	Site Support Manager Team Response – EOF	02	6	02/06/2002
NC.EP-EP.ZZ-0403(Q)	Public Information Liaison (PIL) – EOF	03	4	03/14/2002
NC.EP-EP.ZZ-0404(Q)	Protective Action Recommendations (PARS) Upgrades	01	10	09/14/2000
NC.EP-EP.ZZ-0405(Q)	Emergency Termination/ Reduction/Recovery	01	22	02/29/2000
ENGINEERING RESPONSE (EOF):				
NC.EP-EP.ZZ-0501(Q)	EOF – Integrated Engineering Response	01	6	02/06/2002
RADIATION PROTECTION RESPONSE (EOF):				
NC.EP-EP.ZZ-0601(Q)	Radiological Support Manager And Radiological Assessment Staff Response	04	29	03/14/2002
NC.EP-EP.ZZ-0602(Q)	EOF Radiological Dose Assessment	01	24	05/24/2001
NC.EP-EP.ZZ-0603(Q)	Field Monitoring	04	49	02/06/2002
NC.EP-EP.ZZ-0604(Q)	Helicopter Plume Tracking	01	10	05/24/2001
ADMINISTRATIVE SUPPORT RESPONSE (EOF):				
NC.EP-EP.ZZ-0701(Q)	Administrative Support - EOF	05	16	03/14/2002

USE CATEGORY: **II**

REVISION SUMMARY:

Biennial Review Performed x Yes No

All section substeps have had the step number removed to all for work process to flow. The changes do not effect procedure useage and are considered editorial. The steps in any subsection are performed in parallel and should not have step numbers.

Changed reference to Manager - EP & IT to EP Manager

IMPLEMENTATION REQUIREMENTS

Effective Date 3-14-02

APPROVED: _____


EP Manager

3/1/02
Date

APPROVED: _____

N/A
Vice President - Operations

Date

PUBLIC INFORMATION LIAISON (PIL) - EOF**TABLE OF CONTENTS**

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1.0 PURPOSE

Provides direction for the Public Information Liaison during a declared emergency.

2.0 PREREQUISITES**2.1 Prerequisites to be Followed Prior to Implementation:**

2.1.1 Implement this procedure at:

- The discretion of the ERM.
- Upon staffing of the EOF.

2.1.2 Utilize Form-1, Emergency News Center (ENC) – Plant Status Form as a guideline for the information needed by the ENC Staff

3.0 PRECAUTIONS AND LIMITATIONS

None.

4.0 EQUIPMENT REQUIRED

As found in the EOF.

5.0 PROCEDURE**5.1 Prior To EOF Activation, the PIL should:**

- **NOTIFY** Emergency Response Manager (ERM)/Site Support Manager (SSM) of arrival. _____
- **SETUP** area. _____
- **INITIATE** and **MAINTAIN** a chronological log of PIL activities/ events. _____
- **VERIFY** operation of telephone lines [including links to the Emergency News Center(ENC)]. _____
- **NOTIFY** the ENC Manager of your arrival at the EOF. _____
- **REPORT** any problems to the Administrative Support Manager (ASM). _____
- **OBTAIN/VALIDATE** information at the EOF from the ERM & SSM and **PROVIDE** to the ENC. _____

- **NOTIFY** the ERM when the ENC is activated. _____
- **REVIEW** press bulletins and feed any comments back to the ENC within approximately 10 minutes of receipt. **IF** the ERM has requested to review bulletins then **ENSURE** they are provided and reviewed within 10 minutes of receipt. _____

5.2 Upon Activation of the EOF, the PIL should:

- **OBTAIN/VALIDATE** information at the EOF from the ERM & SSM and **PROVIDE** to the ENC. _____
- **OBTAIN** technical information and briefings from the SSM/Staff. _____
- **NOTIFY** the ERM of all key ENC Activities. _____
- **ANSWER** questions about plant status for the ENC staff.
(ENC – Plant Status Form-1 may be used as a guide) _____
- **REVIEW** press bulletins and feed any comments back to the ENC within approximately 10 minutes of receipt. **IF** the ERM has requested to review bulletins then ensure they are provided and reviewed within 10 minutes of receipt. _____

5.3 Upon Event Termination, the PIL should:

- **RESTORE** work station to original state. _____
- **ASSIST** with restoration of the facility to its original state. _____

6.0 RECORDS

FORWARD all completed EPEPs/Forms/Attachments to the EP Manager.

7.0 REFERENCES

7.1 References

None

7.2 Cross References

7.2.1 NC.EP-WB.ZZ-0001 (Z), EP Phone Number Directory.

7.2.2 NC.EP-EP.0204(Q)(S/H)/EPIP 204(S/H), ERO Callout.

7.2.3 PSEG Nuclear Emergency Plan

FORM - 1
NC.EP-EP.ZZ-0403 - 1

EMERGENCY NEWS CENTER - PLANT STATUS

Number _____ Date _____ Time _____

Emergency Classification (Time):

Unusual Event _____ Site Area Emergency _____
 Alert _____ General Emergency _____

Reason for Classification: _____

Station Involved: _____

Hope Creek ☐ Salem U/I ☐ Salem U/II ☐

Release of Radioactive Material: Yes ☐ No ☐ Amount _____

If Yes, Location/Source _____

Personnel Injuries: Yes ☐ No ☐ How Many _____ Type _____

Site Assembly: Started _____ Completed _____

Site Accountability: Started _____ Completed _____

Site Evacuation: Started _____ Completed _____

Operational Status of Units (Power Level or Mode):

Hope Creek _____ Salem U/I _____ Salem U/II _____

Emergency Response Facilities Activated:

OSC _____ TSC _____ EOF _____ ENC _____

Delaware EOC _____ New Jersey EOC _____

Barrier Status: Fuel Cladding _____
 Reactor Vessel _____
 Primary Containment _____

Core Cooling Maintained By: _____

Major Equipment Damage: Yes ☐ No ☐ What _____

Actions Being Taken to Mitigate Event: _____

Met Data: Wind Dir. From _____ Wind Speed _____ Precipitation _____

Protective Actions: Delaware _____

New Jersey _____

Sirens Sounded: Delaware _____

New Jersey _____

PSEG NUCLEAR LLC**NC.EP-EP.ZZ-0601 (Q) - REV. 04****RADIOLOGICAL SUPPORT MANAGER AND RADIOLOGICAL ASSESSMENT STAFF
RESPONSE****USE CATEGORY: II**

PSE&G


CONTROL

COPY # EPIR059**REVISION SUMMARY:**

1. This revision satisfies the requirement for a biennial review.
2. Clarified step 1.1.3 and added step 1.1.4 of Attachment 3, to clarify when and how to update the EOF State personnel of changes in the radiological monitoring, plant vent effluent, and meteorological data.
3. Added Form – 5, MIDAS Data Form, to ensure the necessary plant vent effluent and meteorological information for performing dose assessment is given to the EOF State personnel.

IMPLEMENTATION REQUIREMENTSImplementation Date: 3-14-02

APPROVED: _____


Emergency Preparedness Manager3/1/02
Date

APPROVED: _____


Vice President - Operations3/2/02
Date

RADIOLOGICAL SUPPORT MANAGER AND RADIOLOGICAL ASSESSMENT STAFF RESPONSE

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1.0 PURPOSE

To outline and describe the Radiological Support Manager's (RSM) duties during a declared emergency

2.0 PREREQUISITES**2.1 Prerequisites To Be Followed Prior To Implementing This Procedure**

Implement this procedure at:

- The discretion of the ERM.
- Upon staffing of the EOF.

3.0 PRECAUTIONS AND LIMITATIONS**3.1 Precaution and Limitations To Be Followed Prior To Implementing This Procedure**

- 3.1.1 Medical care takes priority over any radiological conditions unless the radiological conditions are life threatening.
- 3.1.2 It is recommended that initials be used in the place keeping sign-offs, instead of checkmarks, if more than one person may implement this procedure.
- 3.1.3 Personnel who implement this procedure shall be trained and qualified IAW the Emergency Plan.
- 3.1.4 All steps listed in this procedure may be implemented at users discretion.

4.0 EQUIPMENT REQUIRED

As provided in the EOF.

5.0 PROCEDURE

5.1 RSM Duties

5.1.1 REPORT to the ERM to receive a briefing of the current status of the emergency. _____

5.1.2 UPDATE the ERM of changing radiological conditions, as appropriate. _____

5.1.3 IMPLEMENT Attachment 1, Pre-activation RSM Checklist. _____

6.0 RECORDS

Return completed procedure and any information or data thought to be pertinent to the EP Manager

7.0 REFERENCES

7.1 References

None

7.2 Cross References

7.2.1 NC.EP-EP.ZZ-0602(Q) Radiological Dose Assessment

7.2.2 NC.EP-EP.ZZ-0603(Q) Field Team Monitoring

7.2.3 NC.EP-AP.ZZ-1014(Q, Emergency Preparedness Classroom Training Administration

7.2.4 PSEG Nuclear Emergency Plan

ATTACHMENT 1

Page 1 of 2

PRE-ACTIVATION RSM CHECKLIST

1.0 **PRE-ACTIVATION RSM CHECKLIST**1.1 **RSM Should Ensure The Following Items are Performed:**

1.1.1 INITIATE the RSM log. _____

1.1.2 CONTACT the RAC for a current briefing of the on/offsite radiological conditions. _____

1.1.3 ASSIGN the Radiological Assessment Staff Members (D2's) functions are as follows:

• **Dose Assessment**

(Refer to NC.EP-EP.ZZ-0602(Q), Radiological Dose Assessment):

(Name) / (Name)• **Habitability, EOF Emergency Ventilation and Environmental Sampling Issues**

(Refer to Attachment 4, Habitability, EOF Emergency Ventilation and Maplewood Lab Instructions):

(Name) / (Name)• **RMS and Meteorological (MET) Trending and Forecast**

(Refer to Attachment 3, State Liaison and RMS Trending Instructions):

(Name) / (Name)• **Coordinating and Tracking Offsite Field Teams Location and Sampling**

(Refer to NC.EP-EP.ZZ-0603 (Q), Field Monitoring):

(Name) / (Name)• **State Liaison**

(Refer to Attachment 3, State Liaison and RMS Trending Instructions):

(Name) / (Name)

1.1.4 ENSURE the Radiological Assessment Staff is staffed to perform the D2 tasks as outlined above, as thought appropriate. _____

1.1.5 ASSIGN personnel to fill each appropriate function and designate an Assistant RSM. _____

ATTACHMENT 1
Page 2 of 2

1.1.6 VERIFY the following tasks are performed:

- IF a General Emergency has been declared, THEN Perform EOF habitability every 30 minutes IAW Attachment 4, if thought appropriate. _____
- EOF Radiological Assessment equipment is functioning properly. _____
- AMS is turned on and the alarm set for 2 times the current background. _____
- Dose Assessment can be performed IAW NC.EP-EP.ZZ-0602(Q), Radiological Dose Assessment. _____
- Offsite Field Monitoring Teams are functional or in the process of becoming functional. _____
- Current and forecast meteorological data has been acquired or is in the process of being acquired. _____

1.1.7 CONTACT the RAC prior to activation of the EOF to receive an update of the Inplant and Onsite radiological conditions. _____

1.1.8 IMPLEMENT Attachment 2, RSM Checklist:

- Upon completion of Attachment 1. _____
- As thought appropriate by the RSM. _____

ATTACHMENT 2

Page 1 of 3

RSM CHECKLIST

NOTE

- The order that these steps may be performed at the RSM's discretion. Asterisk (*) steps may NOT be delegated.
- Mark steps that are not applicable N/A and explain why the step is N/A on Attachment 8, Completion Sign-off Sheet.

RSM's Name: _____ / _____ / _____
(Print) (Sign) (Date)

1.0 RSM CHECKLIST

1.1 The RSM Should Ensure The Following Items are Performed:

- 1.1.1 CONTINUE keeping the RSM log.
- 1.1.2 ENSURE Offsite Radiological Dose Projections are being performed IAW NC.EP-EP.ZZ-0602(Q), Radiological Dose Assessment, and the SSCL Page 2 is being produced every 30 minutes.

NOTE

Medical care takes priority over any radiological conditions unless the radiological conditions are life threatening.

- 1.1.3 COORDINATE the transportation of any contaminated injured person offsite with the RAC.

ATTACHMENT 2**Page 2 of 3**

- 1.1.4 *AUTHORIZE issuance of KI as appropriate IAW NC.EP-EP.ZZ-305(Q), Stable Thyroid Blocking. _____
- 1.1.5 BRIEF EOF Radiological Assessment Staff as changing conditions warrant. _____
- 1.1.6 ASSIST with Event Classification. _____
- 1.1.7 *PROVIDE Protective Action Recommendations (PARs), as appropriate, IAW NC.EP-EP.ZZ-0404(Q), Protective Action Recommendations (PAR). _____

NOTE

A radiological release is in progress when the Noble Gas (NG) Offsite Dose Calculation Manual (ODCM)/Federal Limits are met or exceeded.

Hope Creek ODCM Limits = $1.20\text{E}+04$ uCi/sec.

Salem NG ODCM Limits = $2.42\text{E}+05$ uCi/sec.

- 1.1.8 ENSURE Maplewood Lab is contacted by assigned personnel IAW Attachment 4, Instructions For Habitability, EOF Emergency Ventilation, and Maplewood Labs. _____
- 1.1.9 PERFORM the following applicable steps if a **RADIOLOGICAL RELEASE** is in progress:
- INFORM the ERM immediately when it is known a radiological release is in progress. _____
 - OBTAIN frequent briefings concerning the Offsite Field Team's assignments from Offsite Team Coordinator (OTC) reports. _____
 - CONSIDER moving essential equipment from the Guard House and the Processing Center. _____
 - OBTAIN ERM approval for the Coast Guard or Helicopter assistance in tracking the plume, if thought necessary. _____
 - INITIATE Contamination Controls IAW Step 1.1.10, Part A, of this Attachment. _____

ATTACHMENT 2**Page 3 of 3**

- **DIRECT** the setup of a vehicle decon area, IAW NC,EP-EP.ZZ-0308(Q)/EPIP 308S(H), Personnel/Vehicle Survey and Decontamination, if necessary. _____
- **COORDINATE** with the RAC and recommend travel routes, modes of transportation, and appropriate controls in/out of Salem and Hope Creek Stations for all vehicles and personnel. _____

1.1.10 **PERFORM** the following applicable steps upon the declaration of a **GENERAL EMERGENCY**, if thought appropriate:

- A. **IMPLEMENT** Contamination Controls. _____
 - No Eating, Drinking, or Smoking.
 - Setup Step Off Pads (SOP). _____
 - Establish Radiological Postings. _____
- B. **ENSURE** habitability is being performed every 30 minutes IAW Attachment 4 of this procedure. _____
- C. **ENSURE** Emergency Ventilation is turned on IAW Attachment 4 of this procedure, if:
 - A radiological release is in progress and the current or forecast meteorological conditions show a radiological plume will enter the Sector that the EOF is located (NNE).
- D. **PLACE** SRDs at the front and rear entrances of the Nuclear Training Center, Room 50 (Admin Support Area), and in the EOF proper. Log all SRDs on Form – 1, EOF SRD Log. _____

ATTACHMENT 3

Page 1 of 2

STATE LIAISON AND RMS TRENDING INSTRUCTIONS**1.0 STATE LIAISON****1.1 The State Liaison Should Perform The Following:**

- 1.1.1 ESTABLISH communications with the representatives from the States of New Jersey, Delaware, and the NRC, upon their arrival at the EOF. _____
- 1.1.2 PROVIDE State personnel 15 minute updates of RMS data when radiological monitors are in warning, alarm, or as thought appropriate. _____
- 1.1.3 IF no radiological release is in progress,
THEN PROVIDE Delaware Emergency Management Agency (DEMA) and New Jersey Bureau of Nuclear Engineering (NJ – BNE) EOF personnel 30 minute updates of radiological plant vent effluent and meteorological data using Form – 5, MIDAS Data Form, every 30 minutes. _____
(This data can be obtained from the EOF dose assessors)
- 1.1.4 IF a radiological release is in progress,
THEN PROVIDE DEMA and NJ - BNE EOF personnel 15 minute updates of radiological plant vent effluent and meteorological data using Form – 5, MIDAS Data Form, every 15 minutes. _____
(This data can be obtained from the EOF dose assessors)
- 1.1.5 REFER State and Federal personnel to the RMS Status Board for current and trended RMS data. _____
- 1.1.6 REFER State and Federal personnel to appropriate contacts in the EOF, when applicable. _____

2.0 RMS AND MET TRENDING**2.1 Perform The Following To Trend RMS And MET Data:**

- 2.1.1 OBTAIN radiological data from the following sources:
- (HOPE CREEK ONLY) VAX LA120 (Refer to Attachment 6, Operation of VAX LA120 Terminal). _____
 - (SALEM UNITS 1 & 2 ONLY) SPDS Radiation Monitoring Screens (Refer to Attachment 7, instructions For SPDS Displays). _____

ATTACHMENT 3

Page 2 of 2

- Control Room FAX from a Radiation Protection Technician.

A. INFORM the RSM immediately, **INCLUDING INTERRUPTING MEETINGS**, and then the State Liaison, if any of the High Range Containment or Effluent Monitors indicate the following values.

(HOPE CREEK ONLY)

- DAPA "A" or DAPA "B" = ≥ 5000 R/hr. (indication fuel clad barrier has been lost)
- NPV, SPV, FRVS, or HTV = $\geq 1.20E+04$ uCi/sec. (NG TS limits)

(SALEM UNITS 1 & 2 ONLY)

- R44 "A" or R44 "B" = > 300 R/hr. (indication fuel clad and RCS barriers have been lost)
- R41 "D" = $2.42E+05$ uCi/sec. (NG TS limits)

2.1.2 OBTAIN MET data from one of the following sources:

- A. VAX LA120
- B. Salem or Hope Creek TSC
- C. Salem or Hope Creek Control Room
- D. National Weather Service (609-261-6604) or 609-261-6602)

2.1.3 ENSURE the RMS data is being recorded and updated on the RMS Status Board approximately every 15 minutes, or as instructed by the RSM.

2.1.4 INFORM the RSM if current meteorological data is within three degrees of another sector, if a PAR has been or is being made.

2.1.5 REFER to Attachment 5, RMS Quick Reference, for information on Effluent and Area Radiation Monitors at Hope Creek and Salem.

2.1.6 REFER to the Salem RMS Manual and Hope Creek Procedure HC.RP-AR.SP-0001(Q), Radiation Monitoring System Alarm Response, for more detailed RMS information.

ATTACHMENT 4

Page 1 of 3

HABITABILITY, EOF EMERGENCY VENTILATION AND MAPLEWOOD LAB
INSTRUCTIONS1.0 HABITABILITY1.1 Habitability Should Be Performed In The Following Manner:

- 1.1.1 PERFORM EOF Habitability every 30 minutes, if a GENERAL EMERGENCY is declared. _____
- 1.1.2 LOG results on Form 3, EOF Habitability Log. _____
- 1.1.3 REFER to the following steps for appropriate actions to be taken:
- External dose equivalent (EDE) dose rates are > 500 mR/hr. within the facility, immediate evacuation should be considered. _____
 - EDE dose rates are > 250 mR/hr. within the facility, evacuation within (1) hour should be considered. _____
 - The EDE dose rates are ≥ 50 mR/hr., but ≤ 250 mR/hr. within the facility, evacuation within (2) hours should be considered. _____
- 1.1.4 PERFORM a survey of areas inside and outside the Nuclear Training Center, as thought appropriate by the RSM, and log on Form – 3, EOF Habitability Log. _____
- 1.1.5 SETUP the AIR Monitoring Sampler and set background to 2 times current background. _____

2.0 EOF Emergency Ventilation2.1 Place the EOF Ventilation In Service By:

- 2.1.1 ENTER the Mechanical Room (Room 46). _____
- 2.1.2 LOCATE the EOF Bypass Switch #1 on the right hand wall. _____

ATTACHMENT 4**Page 2 of 3**

2.1.3 POSITION the Bypass Switch to the "ON" position. _____

2.1.4 LOCATE the DP Gauge next to the Lead's Conference Room. _____

2.1.5 PRINT the DP Gauge value on the indicated line below. _____

_____ (W.C.)

(DP GAUGE VALUE)

2.1.6 NOTIFY the RSM if the value indicates < 0.025 inches. _____

3.0 EOF VENTILATION MAINTENANCE

3.1 Perform The Following Maintenance On The EOF Ventilation:

3.1.1 IF the following conditions exist, THEN perform the following maintenance/ALARA tasks on the EOF Emergency Ventilation HEPA Units.

- If the EOF is in the plume path, ensure the HEPA is dose rated every hour after it is started. _____
- If the contact dose rate is ≥ 500 mR/hr., ensure that consideration is given to changing out the HEPA units. _____

NOTE

Contact the Radiation Protection Supervisor – Offsite, for additional technical support (people, advice concerning handling, storage, etc.) in changing out the HEPA filters, if necessary.

3.1.2 IF any of the following occurs, THEN ensure the HEPA units are changed out IAW NC.EP-EP.ZZ-1016(Z)/EPIP 1016, Test Procedures for Backup Generator Vent System and HVAC Filter Replacement.

- Dose rates are > 1000 mR/hr. on contact of the HEPA units. _____
- At a high DP. _____
- At the RSM's discretion. _____

ATTACHMENT 4

Page 3 of 3

4.0 **MAPLEWOOD LABS****NOTE**

Maplewood Labs phone number may be obtained from Admin. Support.

4.1 **Contact Maplewood Research and Testing Lab If:**

- A radioactive release is thought to be likely. _____
- A radioactive release is in progress. _____

4.2 **Request Personnel From Maplewood Labs To Perform The Following**

- 4.2.1 ASSEMBLE emergency environmental sampling personnel. _____
- 4.2.2 CONSIDER the change out of air samples and TLDs in the downwind sector from the radioactive plume and two sectors to each side. _____
- 4.2.3 REQUEST the coordinator from Maplewood Labs to come to the EOF, if environmental sampling is going to occur. _____

ATTACHMENT 5

Page 1 of 4

RMS QUICK REFERENCE

1.0 Salem RMS (Unit 1 and 2)

R2 is an Area Radiation Monitor (ARM) located in Containment on the 130' elevation.
Ranges: 1E-01 to 1E+04 mR/hr.

R7 is an ARM located in Containment on the 100' elevation, adjacent to the Seal Table Room.
Ranges: 1E-01 to 1E+04 mR/hr.

R10A is an ARM located in Containment on the 100' elevation next to the personnel airlock.
Ranges: 1E-01 to 1E+04 mR/hr.

R10B is an (ARM) located in Containment on the 130' elevation next to the personnel airlock.
Ranges: 1E-01 to 1E+04 mR/hr.

R16 Plant Vent Stack is located in the Plant Vent duct at 194' elevation and monitors what is going out the Plant Vent stack.
Ranges: 1E+01 to 1E+06 CPM

R34 is an ARM located in the Mechanical Penetration across from the 100' elevation Containment personnel Airlock.
Ranges: 1E-01 to 1E+06 mR/hr.

R44A is a High Range or Accident Area Radiation Monitor (HARM) located in Containment on the 130' elevation close to the personnel airlock.
Ranges: 1E+00 to 1E+07 R/hr.

R44B is a (HARM) located in Containment on the 100' elevation between the R10A and R7 ARMs.
Ranges: 1E+00 to 1E+07 R/hr.

R47 is an ARM located in the 78' Electrical Penetration. The PASS lines are located in the overhead. The skid and PASS lines may be the source of any increase in this area. This Penetration has its own ventilation flow path and will vent directly into the atmosphere. There is a potential for an unmonitored release from this Penetration.
Ranges: 1E-01 to 1E+07 mR/hr

ATTACHMENT 5

Page 2 of 4

NOTE

- All emergency Grab Samples (Noble Gas, Iodine and Particulate) should be taken from the R45 Skid located in the R45 Shed.
- Only one of the following Effluent Monitors (R41A, R41B, R41C, R45B or R45C) readings should be used in MIDAS Manual Mode.

R41A is the Low Range Noble Gas Monitor and is located on the R41 Sample Skid on the 122' elevation of the Auxiliary Building next to the door to the stairs.

Ranges: 1E-07 to 1E-01 uCi/cc

R41B is the Mid Range Noble Gas Monitor and is located on the R41 Sample Skid on the 122' elevation of the Auxiliary Building next to the door to the stairs.

Ranges: 1E-04 to 1E-02 uCi/cc

R41C is the High Range Noble Gas Monitor and is located on the R41 Sample Skid on the 122' elevation of the Auxiliary Building next to the door to the stairs.

Ranges: 1E-01 to 1E+05 uCi/cc

R41D is the Effluent Noble Gas Monitor and is located on the R41 Sample Skid on the 122' elevation of the Auxiliary Building next to the door to the stairs.

Ranges: 0E+00 to 1E+13 uCi/Sec

(The R41D should not be used in MIDAS to perform manual dose assessment calculations)

R45B is the "Backup" Mid Range Noble Gas Monitor and is located in the R45 Shed behind the Fuel Handling Building. This monitor should not be used unless the R41 monitors are inoperable.

Ranges: 1E-03 uCi/cc to 1E+01 uCi/cc

R45C is the "Backup" High Range Noble Gas Monitors and is located in the R45 Shed behind the Fuel Handling Building. This monitor should not be used unless the R41 monitors are inoperable.

Ranges: 1E-01 uCi/cc to 1E+05 uCi/cc

ATTACHMENT 5

Page 3 of 4

2.0 Hope CreekNOTE

All ARM's in the Reactor Building have maximum ranges of $1.00\text{E}+04$ mR/hr, except for the Inner Tip Room Monitor (9RX699). The Inner Tip Room Monitor's maximum range is $1.00\text{E}+07$ mR/hr.

DAPA A and DAPA B (9RX635 and 9RX636) are high range ARMs in the Drywell. DAPA A is approximately twice as high as DAPA B under normal operating conditions. During a LOCA in the Drywell the two monitors should start to trend closer together due to the atmospheric conditions in the Drywell affecting both monitors equally. Increases on both of these monitors while DAPA A's reading stays about twice of what DAPA B is reading, would be an indication of fuel damage.
Ranges: $1.00\text{E}+00$ to $1.00\text{E}+08$ R/hr.

Tip Room Inner ARM (9RX699) is located on 102' elevation of the Reactor Building inside the Tip Room. This monitor has the highest range of any ARM in the Reactor Building and could give an idea of what the dose rates in the Reactor Building are after the other ARMs peg out high.
Ranges: $1.00\text{E}+00$ to $1.00\text{E}+07$ mR/hr

Main Steam Line A - D monitors (9RX509-512) are four ARMs located in the ceiling of the Main Steam Tunnel. Increases in these monitors would be an indication of fuel damage. These monitors could increase due to shine from the Reactor Building, after a radiological release.
Ranges: $1.00\text{E}+00$ to $1.00\text{E}+06$ mR/hr

Safeguard Instrument Room Monitor (9RX704) is an ARM located on 77' elevation of the Reactor Building. An increase on this monitor when the reactor SCRAMs with fuel damage could be due to shine from the Torus.
Ranges: $1.00\text{E}-01$ to $1.00\text{E}+04$ mR/hr

ATTACHMENT 5

Page 4 of 4

FRVS Effluent monitor (9RX680) monitors what is going out the FRVS Plant Vent. Under normal operating conditions Reactor Building ventilation would vent through the South Plant Vent. Under accident conditions or when manually initiated, Reactor Building Ventilation isolates and the Reactor Building will vent through the FRVS. FRVS is always a ground release. Values $\geq 1.20\text{E}+04$ uCi/Sec would be an indication that a radiological release is in progress.

Ranges: $1.00\text{E}+00$ to $1.00\text{E}+12$ uCi/Sec

North Plant Vent Effluent (NPV) monitor (9RX590) monitors Offgas and the chemistry lab fume hoods. NPV could be a ground or elevated release depending on the time of year and wind speed. Values $\geq 1.20\text{E}+04$ uCi/Sec would be an indication that a radiological release is in progress.

Ranges: $1.00\text{E}+00$ to $1.00\text{E}+12$ uCi/Sec

South Plant Vent Effluent (SPV) monitor (9RX580) monitors Service Radwaste Building, Turbine Building and the Reactor Building (if FRVS hasn't been initiated). Values $\geq 1.20\text{E}+04$ uCi/Sec would be an indication that a radiological release is in progress.

Ranges: $1.00\text{E}+00$ to $1.00\text{E}+12$ uCi/Sec

Hardened Torus Vent Effluent (HTV) monitor (9RX518) would be used to vent the Drywell to relieve pressure. The path it would take would be through the Torus and take advantage of the scrubbing properties of the Torus water, but the release would be considered to be an unfiltered release. Iodines and particulates could be a major concern. Control Room operators would have to open a valve to use this release path. Sampling from the PASS Torus Gas Space should be performed to provide information as to what is being released. Values $\geq 1.20\text{E}+04$ uCi/Sec would be an indication that a radiological release is in progress.

Ranges: $0.00\text{E}+00$ to $2.09\text{E}+12$ uCi/Sec

ATTACHMENT 6

Page 1 of 3

OPERATION OF THE VAX LA120 TERMINAL

1.0 **Meteorological Data**1.1 **Perform The Following to Obtain Current 15 Minute Average Meteorological Data:**

1.1.1 DEPRESS the RETURN key. (USERNAME should be displayed). _____

1.1.2 ENTER MET and depress the RETURN key _____

NOTE

The most current meteorological data should be printed out followed by the Main Meteorological Menu. If no other keys are depressed, the current 15 minute average data will be printed out every 15 minutes

1.1.3 ENTER Option 3 (Disable Automatic Display of MET Data Every 15 minutes) and depress the RETURN key to STOP the VAX LA120 from printing out meteorological data every 15 minutes. _____

1.1.4 ENTER Option 1 (Display Current Meteorological Data) and depress the RETURN key to receive the current 15 meteorological data print out and assume having the current 15 minute MET data printout automatically. _____

1.2 **Perform The Following Steps to Obtain Archived Meteorological Data:**

1.2.1 DEPRESS the RETURN key. (USERNAME should be displayed) _____

1.2.2 ENTER MET and depress the RETURN key. ((The most current meteorological data should be printed out followed by the Main Meteorological Menu). _____

1.2.3 ENTER Option 2 (Display Meteorological Data From Data Base) and depress the RETURN key. (Current system Date and Time will be displayed). _____

1.2.4 IF this is the data you want, THEN depress the RETURN key. (Your option will be printed out). _____

1.2.5 IF you want data from another date and time, THEN go to Step 1.2.6. _____

ATTACHMENT 6

Page 2 of 3

- 1.2.6 ENTER start date and time as shown below and depress the RETURN key. (For December 27, 1989 at 0130 enter 27-DEC-1989 "depress the space bar once" and enter 01:30). _____
- 1.2.7 ENTER "Y" if the information is correct or "N" if the information is not correct and reenter it as shown in Step 1.2.6. _____
- 1.2.8 ENTER the end date and time as shown below and depress the RETURN key. (For December 28, 1989 at 0230 enter 28-DEC-1989 "depress the space bar once" and enter 02:30). _____
- 1.2.9 ENTER "Y" if the information is correct or "N" if the information is not correct and re-enter it as shown in Step 1.2.6. _____

2.0 **RMS AND MET DATA (FOR HOPE CREEK ONLY)**2.1 **Perform The Following Steps to Obtain Current Instantaneous RMS and MET Data:**

- 2.1.1 DEPRESS the RETURN key. (USERNAME should be displayed). _____
- 2.1.2 ENTER the letters EOF and depress the RETURN key. (A prompt should be displayed asking for PASSWORD). _____
- 2.1.3 ENTER EOFUSER and depress the RETURN key. (The EOF Plant Menu should be displayed.) _____
- 2.1.4 SELECT Option 1 for Hope Creek. _____
- 2.1.5 DEPRESS the RETURN key. (The EOF Report Options Menu will be displayed). _____
- 2.1.6 ENTER Option 1 (Current RMS Status) and depress the RETURN key. (The most current instantaneous RMS and 15 minute MET data will be printed out.) _____

2.2 **Perform The Following Steps to Obtain 15 Minute Average RMS Data:**

- 2.2.1 DEPRESS the RETURN key. (USERNAME should be displayed). _____
- 2.2.2 ENTER EOF and depress the RETURN key. (A prompt should be displayed asking for PASSWORD). _____
- 2.2.3 ENTER EOFUSER and depress the RETURN key. (The EOF Plant Menu should be displayed). _____

ATTACHMENT 6

Page 3 of 3

- 2.2.4 SELECT option 1 for Hope Creek. _____
- 2.2.5 DEPRESS the RETURN key. (The EOF Report Options Menu should be displayed). _____
- 2.2.6 SELECT and enter option number 6 (15 Minute Historical Data). (Current system date and time should be displayed. A prompt should be displayed for start date and time) _____
- 2.2.7 IF this is the data you want, THEN depress the RETURN key. (Your option will be printed out). _____
- 2.2.8 IF you want data from another date and time, THEN go to Step 2.2.9. DEPRESS the RETURN key for 15 minute average RMS and MET data. (Your selection will be printed). _____
- 2.2.9 ENTER start date and time as shown below and depress the RETURN key. (For December 27, 1989 at 0130 enter 27-DEC-1989 "depress the space bar once" and enter 01:30). _____
- 2.2.10 ENTER "Y" if the information is correct or "N" if the information is not correct and reenter it as shown in Step 2.2.9. _____
- 2.2.11 ENTER the end date and time as shown below and depress the RETURN key. (For December 28, 1989 at 0230 enter 28-DEC-1989 "depress the space bar once" and enter 02:30). _____
- 2.2.12 ENTER "Y" if the information is correct or "N" if the information is not correct and re-enter it as shown in Step 2.2.9. _____

ATTACHMENT 7

Page 1 of 4

INSTRUCTIONS FOR SALEM SPDS DISPLAYS

NOTE

Values in Red with "HH" displayed are in HIGH HIGH ALARM.
Values in YELLOW with "H" displayed are in HIGH ALARM.

1.0 SALEM 1 & 2 SPDS RADIOLOGICAL SCREEN INSTRUCTIONS**1.1 Follow The Steps Below In The Listed Order, To Display SPDS Radiological Screens.**

1.1.1 DEPRESS the UNIT MASTER MENU Key _____

1.1.2 DEPRESS and hold the "SHIFT" key, while depressing the number 5 key. (Radiation Monitor Screen 1 will be displayed. This screen (Radiation Monitor Screen 1 will be displayed. This screen consists of instantaneous values for the RMS monitors listed below). _____

- R46A-E Main Steam Line Mon
- R44A/B Containment Post LOCA Rad Mon
- R11A Containment Particulate
- R12A Containment Noble Gas
- R12B Containment Iodine
- R44A/B Integ Dose Containment Post LOCA Rad Mon

1.1.3 DEPRESS and hold the "SHIFT" key, while depressing the number 2 key. (Radiation Monitor Screen 2 will be displayed. This screen consists of RMS instantaneous monitor values listed below). _____

- R45B Plant Vent Accident Mon (Medium Range Noble Gas)
- R45C Plant Vent Accident Mon (High Range Noble Gas)
- R16 Plant Vent Gas Eff
- R41A Low Range Noble Gas
- R41B Mid Range Noble Gas
- R41C High Range Noble Gas
- R43 Aux Building Roof Mon
- Unit 1 or 2 Noble Gas Release Rate
- Combined Noble Gas Release Rate

ATTACHMENT 7**Page 2 of 4**

1.1.4 DEPRESS and hold the "SHIFT" key, while depressing the number 3 key. (Radiation Monitor Screen 3 will be displayed. This screen consists of RMS 15 minute average monitor values listed below). _____

- R46A-E Main Steam Line Mon
- R44A/B Containment Post LOCA Rad Mon
- R11A Containment Particulate
- R12A Containment Noble Gas
- R12B Containment Iodine

1.1.5 DEPRESS and hold the "SHIFT" key, while depressing the number 4 key. (Radiation Monitor Screen 4 will be displayed. This screen consists of RMS 15 minute average monitor values listed below). _____

- Plant Vent Airflow to Atmosphere (Plant Vent Flow Rate)
- R45B Plant Vent Accident Mon (Medium Range Noble Gas)
- R45C Plant Vent Accident Mon (High Range Noble Gas)
- R16 Plant Vent Gas Eff
- R41A Low Range Noble Gas
- R41B Mid Range Noble Gas
- R41C High Range Noble Gas
- R43 Aux Building Roof Mon

1.1.6 RECORD RMS values on Log 4, SPDS RMS Log. _____

2.0 **SALEM 1 & 2 SPDS RADIOLOGICAL SCREEN TRENDING INSTRUCTIONS**

2.1 **Perform The Steps Listed Below In The Listed Order, To Trend SPDS Radiological Monitors.**

2.1.1 DISPLAY the screen that lists the monitor you want to trend. _____

2.1.2 DEPRESS the "DATA ENTRY FORWARD" key to move the cursor to the radiation monitor that is to be trended. _____

2.1.3 DEPRESS the "TREND" key. _____

2.1.4 DEPRESS the "Page Down" key to display the trending of the monitor. _____

2.1.5 DEPRESS the "Page Up" key to return to Radiation Monitor Screen 1. _____

ATTACHMENT 7

Page 3 of 4

3.0 RML SCREEN INSTRUCTIONS

DEPRESS The RML Key To Display The Dome Screen. _____

4.0 RML SCREEN INSTRUCTIONS

DEPRESS The RM Key To Display Any Abnormal Releases In Progress. _____

5.0 INSTRUCTIONS FOR CHANGING UNIT DISPLAYED ON SPDS**5.1 Perform The Following to Select Salem Unit 1 On All 4 SPDS Monitors:**

5.1.1 DEPRESS the RCL key located on the monitor switch. _____

5.1.2 ENTER the number 1. _____

5.1.3 DEPRESS the ENT key. _____

5.1.4 DEPRESS the ENT key. _____

5.2 Perform The Following to Select Salem Unit 2 On All 4 SPDS Monitors:

5.2.1 DEPRESS the RCL key located on the monitor switch. _____

5.2.2 ENTER the number 2. _____

5.2.3 DEPRESS the ENT key. _____

5.2.4 DEPRESS the ENT key. _____

5.3 Perform The Following to Select Hope Creek On All 4 SPDS Monitors:

5.3.1 DEPRESS the RCL key located on the monitor switch. _____

5.3.2 ENTER the number 3. _____

5.3.3 DEPRESS the ENT key. _____

5.3.4 DEPRESS the ENT key. _____

5.4 Perform The Following to Select Different Units On SPDS Monitors:

5.4.1 DEPRESS the CON key located on the monitor switch. _____

ATTACHMENT 7**Page 4 of 4**

5.4.2 ENTER a number to select appropriate Unit as shown below:

- Number 1 for Salem Unit 1. _____
- Number 2 for Salem Unit 2. _____
- Number 3 for Hope Creek. _____

5.4.3 DEPRESS the ENT key. _____

5.4.4 ENTER a number to select appropriate monitor as shown below: _____

- Number 1 for the Dose Assessment monitor. _____
- Number 2 for the Site Support Staff monitor. _____
- Number 3 for the EP Coordinator Monitor _____
- Number 4 for the NJ Bureau of Nuclear Engineering monitor. _____

5.4.5 Press the ENT key two times. _____

FORM – 1

Page 1 of 1

EOF DOSIMETRY LOG

NAME	SRD NUMBER	SOCIAL SECURITY NUMBER	ISSUED DATE	RTN DATE	INITIAL VALUE (mRem)	END VALUE (mRem)	TOTAL DOSE (mRem)

FORM – 2

Page 1 of 1

TLD ISSUE LOG

Name _____

Date _____

TLD Number _____ Badge Number _____

To the best of my knowledge, my current annual exposure is _____ mrem.

Signature _____

Date _____

Name _____

Date _____

TLD Number _____ Badge Number _____

To the best of my knowledge, my current annual exposure is _____ mrem.

Signature _____

Date _____

Name _____

Date _____

TLD Number _____ Badge Number _____

To the best of my knowledge, my current annual exposure is _____ mrem.

Signature _____

Date _____

FORM – 3

Page 1 of 1

EOF HABITABILITY LOG

DATE:

LOCATION	TIME	DOSE RATE (mR/hr)	CONTAMINATION (CPM)	INITIALS

FORM - 4

Page 1 of 1

SPDS RMS LOG

Date/Time: ____ - ____ - ____ / ____ : ____

Salem Unit ____

Location on SPDS	Monitor Number	Description of Monitor	Value of Monitor	Units
Screen 1/3	R46A	Main Steam Line Mon	_____	mR/hr
Screen 1/3	R46B	Main Steam Line Mon	_____	mR/hr
Screen 1/3	R46C	Main Steam Line Mon	_____	mR/hr
Screen 1/3	R46D	Main Steam Line Mon	_____	mR/hr
Screen 1/3	R46E	Main Steam Line Mon	_____	mR/hr
Screen 1/3	R44A	CNTMT Post LCOA Mon	_____	R/hr
Screen 1/3	R44B	CNTMT Post LOCA Mon	_____	R/hr
Screen 1/3	R11A	CNTMT Particulate Mon	_____	cpm
Screen 1/3	R12A	CNTMT Noble Gas Mon	_____	cpm
Screen 1/3	R12B	CNTMT Iodine Mon	_____	cpm
Screen 4	R16	Plant Vent Gas Mon	_____	cpm
Screen 2/4	R41A	Low Range Noble Gas Mon	_____	uCi/cc
Screen 2/4	R41B	Mid Range Noble Gas Mon	_____	uCi/cc
Screen 2/4	R41C	High Range Noble Gas Mon	_____	uCi/cc
Screen 2/4	R45B	Plant Vent Accident Mon (Min Range Noble Gas Back-up)	_____	uCi/cc
Screen 2/4	R45C	Plant Vent Accident Mon (High Range Noble Gas Back-up)	_____	uCi/cc

FORM - 5

Page 1 of 1

MIDAS DATA FORM**SALEM UNIT 1 / 2 RELEASE CONCENTRATION AND PLANT VENT FLOW RATE**
(CIRCLE ONE)

TIME	Monitor R41A (uCi/cc)	Monitor R41B (uCi/cc)	Monitor R41C (uCi/cc)	Monitor OTHER (uCi/cc)	PLANT VENT FLOW RATE (cfm)

HOPE CREEK RELEASE CONCENTRATION AND PLANT VENT FLOW RATE

TIME	MONITOR FRVS (uCi/cc)	MONITOR SPV (uCi/cc)	MONITOR NPV (uCi/cc)	MONITOR OTHER (uCi/cc)	FRVS VENT FLOW RATE (cfm)	NPV VENT FLOW RATE (cfm)	SPV VENT FLOW RATE (cfm)	OTHER VENT FLOW RATE (cfm)

METEOROLOGICAL DATA

TIME	WIND SPEED 33 FOOT (mph)	WIND SPEED 300 FOOT (mph)	WIND DIR. 33 FOOT - FROM - (degrees)	WIND DIR. 300 FOOT - FROM - (degrees)	300 - 33 STABILITY CLASS (degree C)	AMBIENT TEMPERATURE (degrees C)	RAIN (inches)

PSE&G
CONTROL
COPY # EP1P059

USE CATEGORY: **II**

REVISION SUMMARY:

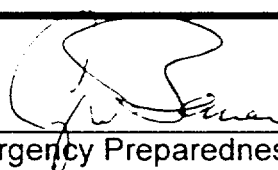
Biennial Review ☒ Yes ☐ No

Added an additional step in 5.2.1 in setting the digital wall clock according to Safety Parameter Display System (SPDS) time. Set the clock in the Admin Support area AND MAKE AN ANNOUNCEMENT TO THE ERO MEMBERS IN THE FACILITY.

IMPLEMENTATION REQUIREMENTS

Effective Date: 3-14-02

APPROVED: _____


Emergency Preparedness Manager

3/1/02
Date

APPROVED: _____

N/A
Vice President – Operations

N/A
Date

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1.0 PURPOSE

To provide direction for the emergency actions of the Administrative Support Manager (ASM) and Administrative Support Team in the Emergency Operations Facility (EOF).

2.0 PREREQUISITES

This procedure should be implemented:

2.1 Upon the discretion of the Emergency Response Manager (ERM).

2.2 Upon staffing of the Emergency Operations Facility (EOF)

3.0 PRECAUTIONS AND LIMITATIONS**3.1 Emergency Staffing / Relief**

3.1.1 The ASM, the Administrative Support Supervisor (ADMSS) in the Technical Support Center (TSC) and the Emergency News Center (ENC) Operations Supervisor in the ENC should coordinate the assessment and completion of minimum staffing of the Emergency Response Facilities (ERFs).

3.1.2 After completion of initial staffing, the ASM, ENC Operations Supervisor and ADMSS should begin to assess and arrange relief staffing in order to continue 24-hour minimum staffing of ERFs.

3.2 Emergency Documentation / Records Control

3.2.1 All written communications and documentation produced during an emergency are important for recording actions taken and reconstruction of events.

3.2.2 The ASM should ensure that EOF Administrative Support Team captures and controls all faxed material (both received and generated) throughout the emergency on Form 1 Telecopy Log Form .

4.0 EQUIPMENT REQUIRED

Telephones and Telecopiers
Reprographics Equipment
Stationery Supplies

5.0 PROCEDURE

5.1 Administrative Support Manager/Staff

- 5.1.1 **INITIATE AND MAINTAIN** a chronological log of activities and events. _____
- 5.1.2 **INFORM** Emergency Response Manager (ERM) of arrival and when prepared to assume functional duties. _____
- 5.1.3 **DIRECT** staff to verify operation of the following: _____
- Telephone lines _____
 - Telecopiers _____
 - Reprographics equipment _____
- 5.1.4 **DIRECT** the Information Technology (IT) Support Supervisor to implement Attachment 2 of this procedure. _____
- 5.1.5 **DIRECT** any communications, data transmission, and computer problems to the IT Support Supervisor for resolution. _____
- 5.1.6 **COORDINATE** mobilization of additional personnel at all Emergency Response Organization (ERO) locations as required. _____

5.2 Prior to Activation of Facility

- 5.2.1 **SET** the digital wall clock according to Safety Parameters Display System (SPDS) time (large screens). **SET** the clock in the Admin Support area. **Announce** to the members in the facility this has been done. _____
- 5.2.2 **COVER** the clock in Conference Room 47. This clock cannot be set locally. _____
- 5.2.3 **RUN** test copy through copy machine **AND MAKE** copies of any data sheets found in telecopier tray for distribution. _____
- 5.2.4 **ENSURE** data sheets are properly date-stamped and initialed prior to distribution. _____
- 5.2.5 **RUN** telecopier test to ensure proper operation of equipment. _____

5.2.6 **DESIGNATE** Administrative Support Team members to perform the following duties:

- **PERFORM** telecopier and copy machines duties (i.e., receive and stamp incoming forms and make sufficient copies for distribution).
- **UTILIZE** Form 1, Telecopy Log, to keep track of all documents received and sent.
- **PLACE** a sequential log number on the Form 1 AND on the upper left-hand corner of each page of each form.
- **MAINTAIN** original as the record copy placed face down in the incoming basket in Admin Support work area, in sequential order.
- **DISTRIBUTE** copies to staff by placing a copy in each burgundy in-basket.
- **ASSIST** in updating key status boards and electronic status boards.
- **PLACE** signs (8) on outer parameters of the EOF locked doors, stating emergency/drill in progress.
- **OBTAIN** additional administrative supplies as needed from anywhere in the Nuclear Training Center (NTC).

5.2.7 **ESTABLISH** contact with the Administrative Support Supervisor (ADMSS) in the TSC and the ENC Operations Supervisor.

5.2.8 **DIRECT** Personnel Supervisor to perform the following:

- A. **LOCATE** the Emergency Callout System Staffing Report on the fax machine in your area.
- B. **REVIEW** the staffing report to ensure all response positions have been filled. Refer to Section 5.4 for additional instructions on Initial Staffing.

5.2.9 **IF** EOF area does not appear to be setup correctly, **THEN COORDINATE** area setup as per EOF layout in Attachment 3.

5.3 Post Activation of Facility

5.3.1 **IF** directed by ERM to initiate/plan-for shift relief, **THEN ESTABLISH** 24-hour personnel coverage (Two 12-hour shifts)/personnel recall for all Emergency Response Facilities (ERFs) as follows: _____

- **DIRECT** Personnel Supervisor to implement Section 5.6 Shift Relief
OR
- **DIRECT** Personnel Supervisor to implement a manual callout, which may be used in place of the automated callout. EOF Shift Relief Schedule/Manning Chart, Attachment 4, may be used to aid in manning. Manual callout should be completed in accordance with Attachment 5, Emergency Callout Instructions. Assist/Coordinate manual callout with the ADMSS and ENC Operations Supervisor in performing a manual callout as needed for their reliefs.

5.3.2 **DESIGNATE** Administrative Support Team members to continue to perform the following duties: _____

- A. **PERFORM** telecopier and copy machines duties (i.e., receive and stamp incoming forms and make sufficient copies for distribution). _____
- B. **UTILIZE** Form 1, Telecopy Log, to keep track of all forms received and sent. _____
- C. **PLACE** a sequential log number on the Form 1 AND on the upper left-hand corner of each page of each form. _____
- D. **MAINTAIN** original as the record copy placed face down in the incoming basket in Admin Support work area, in sequential order. _____
- E. **DISTRIBUTE** copies to staff by placing a copy in each burgundy in-basket. _____
- F. **ASSIST** in updating key status boards and electronic status boards. _____

5.3.3 **DETERMINE** the needs for food, lodging, equipment, and transportation for EOF/Emergency News Center (ENC) personnel **AND COORDINATE** any similar needs for onsite facilities with the Administrative Support Supervisor at the TSC. _____

5.3.3.1 **IF** catering services are not available during emergencies/severe weather conditions

- **THEN DISTRIBUTE** as needed, emergency food packets which are stored in the food bin lockers located in Room 50. Keys to unlock the food bin lockers are located in the red lock box outside the EOF.

5.3.4 **IF** there is a serious injury or fatality of a PSEG Nuclear employee

- **THEN NOTIFY** the employee's department manager and direct the department manager to coordinate notification of the employee's family.
- **ENSURE** that the Public Information Liaison (PIL) does not provide information concerning the name of the subject employee to the ENC before it is certain that the employee's family has been notified.

5.3.5 **COORDINATE** the support items listed on Attachment 1 for the Station Emergency Response Team using EOF purchasing representative in the EOF.

NOTE

Reference EP Phone directory (Emergency Personnel Phone Lists) for additional/alternate telephone numbers.

5.3.6 **IF** the emergency is classified a Site Area Emergency or higher

THEN CONTACT one of the Claims Department personnel listed in the PSEG Support Department list in the EP Phone directory.
INFORM the individual there is an emergency at PSEG Nuclear which will require the Claims Department to prepare for property insurance claims and mobilization.

5.4 **Emergency Callout System Instructions - Initial Staffing**

5.4.1 **LOCATE** the Callout System Staffing Report on the fax machine in your area.

NOTE

The Staffing Report is by position in alphabetical order.

5.4.2 **REVIEW** the staffing report to ensure all response positions have been filled **AND MAKE NOTE** of any unfilled positions. _____

5.4.3 **IF** all positions are filled _____

THEN ADVISE the ERM that all positions are filled **AND** proceed to step 5.6 when shift relief is required. _____

5.4.4 **IF** any positions are identified as unfilled _____

THEN immediately **INFORM** the ERM. **ADVISE** the ERM that the callout system will generate a Staffing Report every 30 minutes from the time of system activation. If the report is ≥ 60 minutes, proceed to section 5.5.1. _____

5.5 Emergency Callout System Instructions - Unfilled Positions Only

5.5.1 **ADVISE** ERM that you will initiate manual callout for all remaining unfilled positions IAW "Confidential Emergency Personnel Directory." _____

A. **REFER** to the Staffing Report **AND CREATE** a list of all unfilled positions. _____

B. **OBTAIN** from file cabinet in Room 50, the "Confidential Emergency Personnel Directory" for the effected Station **AND CROSS-REFERENCE** names that correspond with the unfilled positions identified in Step 5.4.2/5.6.5 if performing this step for shift relief. _____

5.5.2 **IF** the emergency is taking place during normal work hours Monday through Friday _____

THEN UTILIZE office extensions and pagers listed in the "Confidential Emergency Personnel Directory". _____

5.5.3 **IF** plant page support is required _____

THEN REQUEST the ADMSS to coordinate contacting personnel who may be on site. _____

5.5.4 **IF** the emergency is taking place during off hours, weekends, or holidays, _____

THEN CONTACT appropriate personnel at their home telephone number or pager listed in the "Confidential Emergency Personnel Directory" maintained in file cabinet in Room 50 in accordance with Attachment 5, Emergency Callout Instructions. _____

5.6 Emergency Callout System Instructions - Shift Relief

5.6.1 IF shift relief is required

CONFER with ERM and Radiological Support Manager (RSM) to determine if shift relief personnel should report directly to their ERFs or if an alternate destination should be selected/required due to radiological or environmental conditions. Mark the decision with an "X" below and **Record** alternate destination in space provided in Step 5.6.3.: _____

_____ NORMAL DESTINATION _____ ALTERNATE DESTINATION

THEN if normal destination is desired contact the EPA (TSC) or the EPC (EOF) and request that he/she activate the Emergency Callout System for an Emergency using the confidential envelop in the work files marked EPC. All facilities should make an announcement that the Emergency Callout System is about to be activated for shift relief and personnel in the facilities should not respond when their pager activates. _____

5.6.2 **INSTRUCT** the EPC to contact you immediately if there is a failure detected in the system - provide your telephone number to the EPC. _____

THEN Implement Attachment 1 of EPIP 204 S/H. _____

5.6.3 IF "Alternate Destination" is selected

THEN DETERMINE the exact destination and implement Attachment 1 of EPIP 204 S/H. Examples of Alternate Destinations follow: _____

Holiday Inn, Bridgeport, New Jersey

Nuclear Training Center Salem, New Jersey

Record "Alternate Destination" and/or Special instructions: _____

5.6.4 IF all relief positions are filled

THEN ADVISE the ERM that all positions are filled. _____

5.6.5 IF any relief positions are identified as unfilled

THEN immediately **INFORM** the ERM. If the report \geq 60 minutes refer back to Step 5.5.1. _____

5.6.6 **WHEN** relief staffing is complete,

ADVISE ERM that staffing is complete. _____

5.6.7 Before ERO shift relief commences, **RECOMMEND** to the ERM that all personnel in all ERFs being relieved of duty receive a report back time to their facility (12 hours after shift turnover). _____

5.7 **Event Termination/Closeout**

5.7.1 **RESTORE** the Facility to its original state and implement NC.EP-DG.ZZ-0002(Z) – Maintenance of Emergenc Response Facilities, Attachment 2. _____

5.7.2 **VERIFY** that there are five (5) copies of each procedure and attachment in each file. _____

5.7.3 **REMOVE** all signs placed on EOF doors. _____

5.7.4 **ENSURE** that the EOF is made ready for another emergency before leaving the facility. _____

5.7.5 **ATTACH** any referenced or completed EIPs and attachments. _____

5.7.6 **FORWARD** all completed documents to the Manager – EP. _____

6.0 **RECORDS**

EP Manager to ensure that procedure is retained as a record.

7.0 **REFERENCES**

7.1 **References**

7.1.1 PSEG Nuclear LLC Emergency Plan

7.2 **Cross References**

7.2.1 Emergency Response Callout/Personnel Recall EPIP 204H

7.2.2 Emergency Response Callout/Personnel Recall EPIP 204S

ATTACHMENT 1
Page 1 of 1
Support Items List

Personnel

- a. Clerical
- b. Custodial
- c. Labor Manpower

Lodging/Transportation

- a. Motel/Hotel
- b. Transports from airports
- c. Rental Cars
- d. Reservations - air, etc.

Equipment

- a. Furniture – desks, etc.
- b. Audio/Visual equipment
- c. Office supplies

Office Services

- a. Reprographics
- b. Word processing
- c. Typing

Administrative Services

- a. Labor Relations

Food

- a. Meals for 24-hour operation
- b. Bottled water

Communications

- a. Telephones
- b. Beepers
- c. Mobile Units

Procurement/Purchasing

- a. Onsite Supplies/Equip.

Fiscal Services

- a. Petty Cash
- b. Expense Accounts
- c. Payroll

Facilities

- a. Sanitary
- b. Trailers - mobile offices

ATTACHMENT 2
Page 1 of 1
IT Support Supervisor Checklist

The IT Support Supervisor should perform the following:

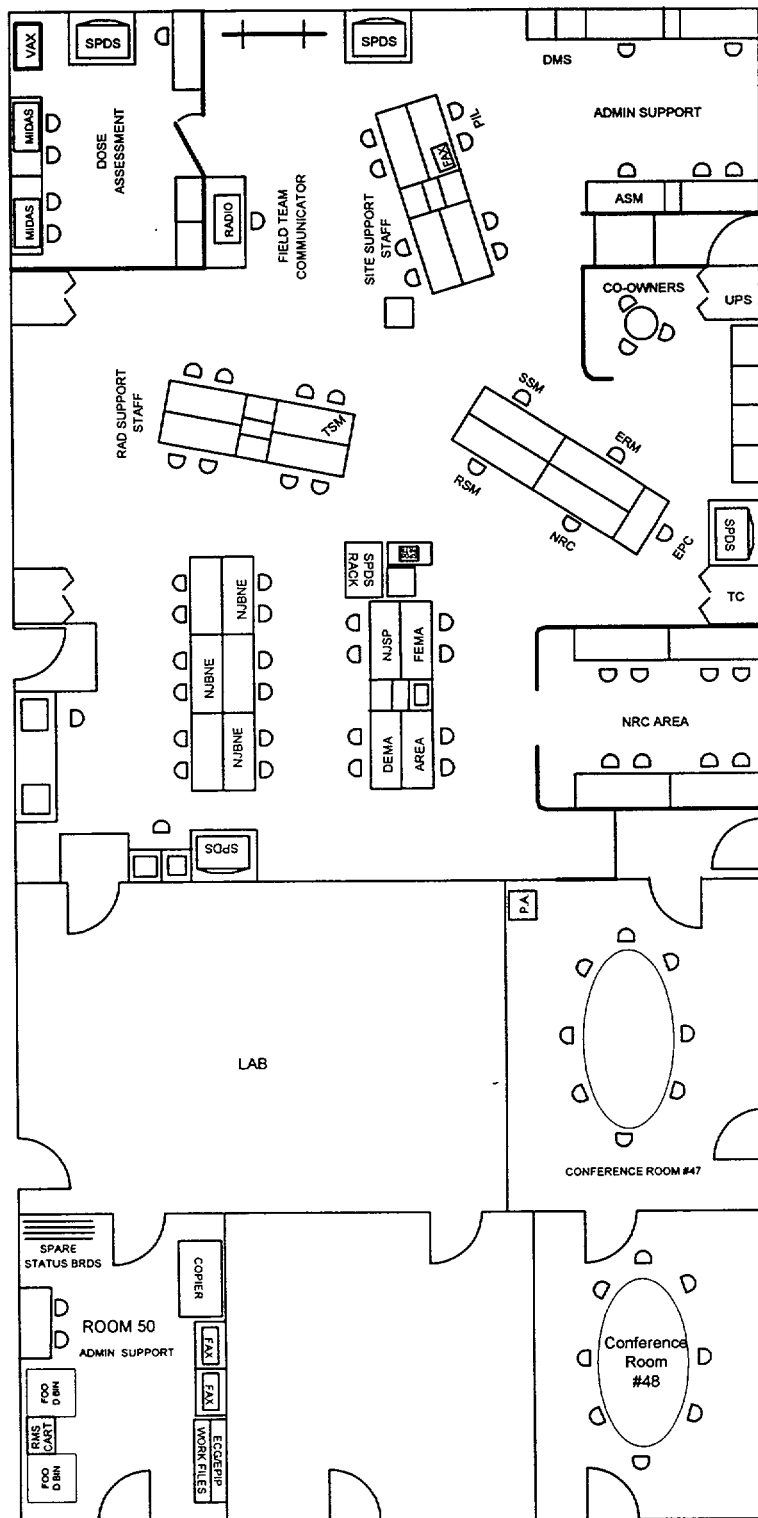
- REPORT to the ASM to receive a briefing on the emergency status. _____
- INITIATE log of activities. _____
- UPDATE the ASM on changing telecommunication system status. _____
- IMPLEMENT ND.IN-TS.ZZ-4006 (Z), Information Technology Disaster Recovery procedure as needed. _____
- VERIFY operability of communications equipment. _____
- CHECK status of IT infrastructure/facilities. _____
- NOTIFY 24-hour IT Operations Staff in Newark and as needed obtain their support/assistance. _____
- COMPARE any IT problems to IT outage schedule. _____
- EVALUATE with EOF staff assistance if emergency has any IT impacts. _____
- ANTICIPATE the loss of power to IT aux. buildings and ENSURE equipment vital to continued operation and emergency response remain stable. _____
- ENSURE backup tapes and other important data storage media are ready and available if needed. _____

CAUTION

Personnel reporting to the site (outside of the Protected Area) must be cleared through the RSM in the EOF and continuously accounted for to ensure their safety. Personnel reporting within the protected area must be cleared through the Radiological Assessment Coordinator (RAC) in the TSC and report to the Operations Support Center (OSC) for briefing prior to dispatch to the work location.

- COORDINATE additional IT support personnel callout with the ASM. _____
- FORWARD all completed forms to the ASM upon termination. Attach any referenced or completed procedures and attachments. _____

EMERGENCY OPERATIONS FACILITY LAYOUT



ATTACHMENT 4
Page 1 of 1
EOF SHIFT RELIEF SCHEDULE/MANNING CHART

Date: _____

Time: _____

POSITION	TITLE	SHIFT #1	SHIFT #2
A-01	Emer Response Manager		
A-05	Emer Prep Coord		
G-13	Public Info Liaison		
D-01	Rad Support Manager		
D-02A	Rad Assess Duty Tm		
D-02A	Rad Assess Duty Tm		
D-02B	Rad Assess Supt Tm		
D-02C	Rad Assess Supt Tm		
D-03	Offsite Team Coordinator/Field Team Communicator		
D-04A	Offsite Tm RP Monitor		
D-04A	Offsite Tm RP Monitor		
D-04B	Offsite Tm Driver		
D-04B	Offsite Tm Driver		
F-09	Tech Support Manager		
J-01	Admin Support Manager		
J-02A	Personnel Supervisor		
J-02B	Purchasing Support		
J-02D	Admin Support		
J-02D	Admin Support		
J-02D	Admin Support		
J-02D	Admin Support		
J-02E	IT Support Supervisor		
A-02	Site Support Manager		
I-05A	SSM Staff Ops Advisor		
I-05	SSM Staff – EOF Comm 1		
I-05	SSM Staff – EOF Comm 2		
I-04	Security Force Member *		

*Coordinate shift relief with Security

ATTACHMENT 5
Page 1 of 1
Emergency CALLOUT Instructions

All personnel being called out to respond to an emergency should be asked the following:

- a. "Have you refrained from the consumption of alcohol in the past five (5) hours?"

YES

NO

- b. "Do you feel that you are fit for duty and able to report?"

YES

NO

If response to question a and b is YES, continue with callout message or instructions.

If response to question a or b is NO, inform personnel that no further action is required and they may be called at a later time for shift relief callout. Continue with additional callout until the position is filled.

When staffing is complete, advise ERM and continue with other duties as required.

Always refer back to this attachment when calling out additional support for the emergency response for any reason.

FORM 1
NC.EP-EP.ZZ-0701-1
Telecopy Log Form

STATION/UNIT: _____

PAGE ____ OF ____

DATE: _____

No.*	Time	Rec'd (R) Sent (S)	Subject (Refer to Legend)	Initials

*Assign a sequential number to all documents except for test transmittals.

LEGEND:

ARR = Activity Report Roster
 ERFR = Integrated ERF Roster
 MEES = Major Equip. & Elec Status
 OPS = Operational Status Board
 RADS = Radiological Assessment Data Sheet
 SRS = Shift Relief Schedule (2 pgs.)

DADS = Dose Assessment Data Sheet
 ICMF = Initial Contact Message Form
 NRCD = NRC Data Sheet (2 pgs.)
 PDL = Plant Display Locations (2 pgs.)
 RE = Reduction in Event
 SSCL = Station Status Checklist (2 pgs.)