Duke Energy

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June 6, 2002

U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, D. C. 20555

Subject: Oconee Nuclear Station
Docket Nos. 50-269, -270, -287
Emergency Plan Implementing Procedures Manual
Volume C Revision 2002-05

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2002-05 June 2002.

This revision is being submitted in accordance with 10 CFR 50-54(q) and does not decrease the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures.

Any questions or concerns pertaining to this revision please call Mike Thorne, Emergency Planning Manager at 864-885-3210.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Very truly yours,

FOR

W. R. McCollum, Jr.
VP, Oconee Nuclear Site

xc: (w/2 copies of attachments)
Mr. Luis Reyes,
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission
61 Forsyth St., SW, Suite 24T23
Atlanta, GA 30303

w/copy of attachments
Mr. Steven Baggett
Rockville, Maryland

(w/o Attachments, Oconee Nuclear Station)
NRC Resident Inspector
M. D. Thorne, Manager, Emergency Planning

A045

June 6, 2002

OCONEE NUCLEAR SITE
INTRASITE LETTER

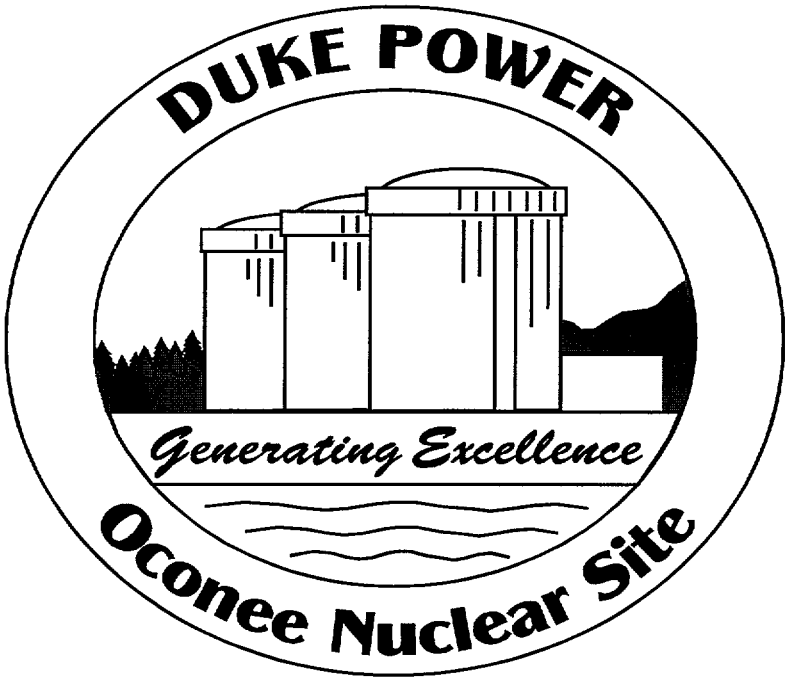
SUBJECT: Emergency Plan Implementing Procedures
Volume C, Revision 2002-05

Please make the following changes to the Emergency Plan Implementing Procedures Volume C by following the below instructions.

REMOVE	ADD
Cover Sheet - Rev. 2002-04	Cover Sheet Rev. 2002-05
Table of Contents, Page 1	Table of Contents, Page 1
RP/0/B/1000/017 - (11/30/00)	RP/0/B/1000/017 - (05/29/02)
RP/0/B/1000/019 - (12/05/01)	RP/0/B/1000/019 - (5/20/02)

DUKE POWER

EMERGENCY PLAN
IMPLEMENTING PROCEDURES
VOLUME C



APPROVED:

W W Foster

W. W. Foster, Manager
Safety Assurance

06/06/2002

Date Approved

06/06/2002

Effective Date

VOLUME C
REVISION 2002-05
JUNE 2002

VOLUME C
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Revision 2002-02
June 2002

INFORMATION ONLY

NSD 708 (Rev. 1)

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/B/1000/017
Revision No. 006

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Spill Response

(4) Prepared By Donice Kelley (Signature) Donice Kelley Date 05/28/2002

(5) Requires NSD 228 Applicability Determination?
- ☐ Yes (New procedure or revision with major changes)
- ☒ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Rodney Brown (QR) Date 05/28/02
Cross-Disciplinary Review By _____ (QR) NA JRB Date 05/28/02
Reactivity Mgmt Review By _____ (QR) NA JRB Date 05/28/02
Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

(7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____

Temporary Approval *(if necessary)*
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____

(9) Approved By M D Thome Date 5-29-02

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

(10) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:
☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?
- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Station Name **Spill Response** **Reference Use**	Procedure No. RP/0/B/1000/017 Revision No. -006 Electronic Reference No. OX002WPE

Spill Response

NOTE: This procedure is an Implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

1.1 An unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters has occurred or is occurring and has been reported to the Control Room.

1.1.1 A chemical or substance can include:

- Products with an MSDS or Chemical Fact Sheet
- Hazardous wastes
- Radionuclide releases in excess of Tech Spec or 10CFR20 limits
- Oil and petroleum products
- Insulation containing, or potentially containing asbestos
- Any of the above materials contained in or on plant equipment, systems or components such as RCW water, wet layup water, etc.

2. Immediate Actions

NOTE:
- **All** spills or releases reported to the control room should be documented on Enclosure 4.1, Spill Report Form.
- Steps 2.1 through 2.4 needs to be addressed before allowing caller to hang up the phone.

_____ 2.1 Obtain the specifics of the spill/release from the person reporting the spill/release.

Name _____ Date _____

Phone Ext. _____

Spill Location _____

Material Spilled _____

Phone ext. or pager # that person can be reached at a later time (This number will be entered on Line 1 of Enclosure 4.1, Spill Report Form) _____

Other Pertinent Information _____

_____

NOTE: Consult RP/0/B/1000/001, (Emergency Classification) whenever flammable or toxic gasses are detected/reported within or have the potential for entering the site area boundary.

_____ 2.2 **IF** the event involves a fire, explosion hazard, or a release of toxic gas such as ammonia, hydrazine or chlorine gas

THEN relocate/evacuate all personnel from the spill area and downwind areas.

_____ 2.2.1 Ask the switchboard operator to contact the Safety Duty Person for assistance in determining areas to be evacuated.

2.3 **IF** the spill can be secured

THEN perform the following:

_____ instruct the caller to secure the area of the spilll,

_____ warn others of any known danger,

_____ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

_____ 2.3.1 **IF** there is procedural guidance for handling a spill of this material and quantity

THEN instruct the caller to follow the procedure if it can be done safely.

_____ 2.4 **IF** the release is still in progress, continues to spread, or if there is no procedural guidance for handling releases of this material

THEN

_____ dispatch a Fire Brigade member to assess the event,

_____ warn others of any known danger

_____ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

_____ 2.4.1 **IF** the Fire Brigade requests site HAZMAT Team response **or** the event is a petroleum product that has reached water **or** is likely to reach water through floor drains, sumps or yard drains.

THEN page out the ONS HAZMAT Team, by having the switchboard operator activate the HAZMAT Team pagers.

_____ 2.4.1.1 Call the Security PAP and request them to post the following information in the Administrative Building hallway outside the PAP

- Incident Location
- Chemicals involved, if known
- Any other pertinent information that may be available for the site HAZMAT Team responders

NOTE:
- The request for offsite HAZMAT team assistance should be made simultaneous with the request for fire department assistance. Offsite HAZMAT teams will not respond unless the fire department is also responding.
- Request for assistance from the Oconee County HAZMAT Team must be made through the local Oconee County fire department.

_____ 2.5 **IF** conditions warrant assistance from the local county HAZMAT teams as determined by the Fire Brigade Leader or the HAZMAT Team Leader

THEN contact the appropriate County Rural Fire Department by calling the number listed in Section 8 of the Emergency Telephone Directory and request assistance of the County HAZMAT Team and local fire department.

- If the TSC is operational, the TSC Offsite Communicator can make this request.

_____ 2.6 **IF** the HAZMAT event is located at Keowee Hydro

THEN request assistance from the Pickens County HAZMAT Team through the local Pickens County fire department.

2.6.1 If the TSC is operational, contact the TSC Offsite Communicator and initiate the turnover of remaining procedure requirements to them.

2.6.1.1 Turnover should include information received from the caller,

- Actions taken
- Response of the Fire Brigade/HAZMAT Team
- Other known information

_____ 2.7 Complete steps 1-10 of Enclosure 4.1, (Spill Report Form) for all spills reported to the Control Room.

_____ 2.7.1 Immediately contact the Environmental Management Duty Person for all spills reported to the Control Room.

_____ 2.8 During normal day shift hours (0700-1730, Monday – Thursday) contact Environmental Management at ext. 4090 or applicable extension for Environmental Management personnel for reportability determination.

_____ 2.8.1 During back shift, weekends, or if Environmental Management personnel cannot be contacted, then page Environmental Management Duty person.

_____ 2.8.1.1 Provide the information from lines 2 through 10 on the Spill Report Form to the Duty Person and any other known details of the release.

NOTE: The Duty Person may have to research regulations or consult with others to determine if the release is reportable. During this time, completion of this procedure will be suspended. Request that the Duty Person inform you if it appears that the time required to make a determination of reportability will be longer than originally expected.

_____ 2.9 Ask the Duty Person if the release is reportable.

2.9.1 **IF** the release is not reportable

THEN perform the following:

_____ Go to the bottom of the Spill Report Form.

_____ Mark a line through "Approved for Release" and initial.

_____ Sign in the "Operations Shift Manager/Emergency Coordinator" space.

_____ Go to Section 3.0, Subsequent Actions, of this procedure.

_____ 2.10 **IF** the release is reportable

THEN perform the following:

_____ Request from the Duty Person the information that is required to complete line numbers 11 through 13 on the Spill Report Form.

_____ Have the Operations Shift Manager or Emergency Coordinator sign the "Approved For Release" space at the bottom of the form.

NOTE: Reportable releases require notification of off-site emergency and regulatory agencies. The telephone notification to the Nuclear Regulatory Commission in Step 2.12 must be made within 4 hours after Step 2.12 has begun.

_____ 2.11 Fax the approved form to the Oconee County Emergency Preparedness Agency at the fax number listed in the Emergency Telephone Directory, Section 4.

_____ 2.12 Fax the approved form to the Oconee County Law Enforcement Center to the fax number listed in Section 5 of the Emergency Telephone Directory.

_____ 2.12.1 Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5.

_____ 2.12.1.1 Write the contact information for the Oconee County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.13 **IF** the release is to Keowee River

THEN fax the form to the Pickens County Emergency Preparedness Agency at the fax terminal number listed in the Emergency Telephone Directory, Section 4.

_____ 2.13.1 Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

_____ 2.13.1.1 Write the contact information for the Pickens County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

NOTE: The 24-hour contact number for the S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) is State Emergency Response Commission. It may be necessary to wait for a return call from the BSHWM duty person. The State Emergency Response Commission's normal working hours are 0830 – 1700, after this time you will reach a recording.

_____ 2.14 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at **1-803-253-6488 or 1-888-481-0125**.

_____ 2.14.1 Write the contact information for the S.C. Bureau of Solid and Hazardous Waste Management in the appropriate spaces in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.14.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Response Form) to the BSHWM duty person.

_____ 2.14.3 Obtain the South Carolina Department of Health and Environmental Control file number from the BSHWM duty person and enter that file number in the appropriate space at the top of the Spill Report form.

_____ 2.15 Contact National Response Center at **1-800-424-8802**.

_____ 2.15.1 Write the contact information for the National Response Center in the 'National Response Center Contact" space in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.15.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Report Form) to the National Response Center duty person.

_____ 2.15.3 Obtain the National Response Center file number and enter the number in the "National Response Center File Number" space at the top of Enclosure 4.1, (Spill Report Form).

_____ 2.16 Make a Red Phone call to the Nuclear Regulatory Commission.

2.16.1 Provide all the information from Enclosure 4.1, (Spill Report Form) including the offsite agencies that were notified.

_____ 2.17 Notify the Regulatory Compliance Duty Person that an NRC four hour Red Phone call has been made.

2.17.1 Ask the Regulatory Compliance Duty Person to notify the NRC Resident Inspector on duty that a four hour Red Phone call has been made.

_____ 2.18 Notify the World of Energy Duty Person of any releases reported to offsite agencies.

_____ 2.19 Go to Section 3. Subsequent Actions, of this procedure.

3. Subsequent Actions

_____ 3.1 Telephone the person who reported the spill/release (from Line 1 of the yellow sheet/Spill Report form) for any information regarding the department/revision that is responsible for the spill.

_____ 3.1.1 Verify that this person can be reached at a later date at the telephone number listed on Line 1 of the Spill Report form.

_____ 3.1.2 Advise the spill reporter that it is no longer necessary for him/her to remain at the phone.

_____ 3.2 Initiate the Problem Investigation Process (PIP).

_____ 3.3 Record the information from lines 3-10 of the Spill Report form in the appropriate section of the Problem Identification portion of the PIP.

_____ 3.4 Write the PIP number in the appropriate space at the top of the Spill Report form.

_____ 3.5 Send the original approved Spill Report form to Environmental Management (ONO3EM) along with any additional notes or information that will assist Environmental Management in the problem investigation.

4. Enclosures

_____ 4.1 Spill Report Form

Spill Report

Enclosure 4.1

RP/0/B/1000/017
Page 1 of 1

PIP No._____ SCDHEC File No. _____ National Response Center File No. _____

Oconee County Law Enforcement Center Contact	Telephone	Date	Time
Pickens County Law Enforcement Center Contact	Telephone	Date	Time
State Emergency Response Committee (SCBSHWM) Contact	1-888-481-0125 1-803-253-6488 Telephone	Date	Time
National Response Center Contact	1-800-424-8802 Telephone	Date	Time

1. _____ _____ _____ _____
Name of Person Reporting Release to 4911 (Operations) | Telephone | Date | Time

2. This is _____ at Duke Power Company's Oconee Nuclear Site, Seneca, SC
The telephone number is (864)885-3312.

3. A release of _____ occurred at _____ on _____.
(Name of Product) (Time) (Date)

4. An estimated quantity of _____ of the substance was released for a duration of _____.
(lbs./gal.) (Hours/Minutes)
The release [is, is not] continuing. **(Circle one)**

5. The material was released to the _____ and covers an area of _____.
(Air/Water/Soil) (Length and Width)

6. The source of the release was _____ located at or from _____.
(Drum, Tank, Piping, etc.) (Unit, Building, Vehicle #, System, etc.)

7. It was attributed to _____.
(Cause of incident)

8. Corrective action being taken or planned: _____

_____.

9. There were _____ injuries and _____ fatalities related to the release.
(numbers) (numbers)

10. Extent of property damage was _____.

11. List the hazardous substances in the material and their respective statutory listing:

HAZARDOUS SUBSTANCE	CERCLA OR EHS LIST

12. Health risks associated with the release: _____

_____

_____

13. Recommendations for the public and the emergency response personnel: _____

_____

_____ _____ _____ _____
Emergency Planning/Environmental Management | Telephone | Date | Time

APPROVED FOR RELEASE: _____ _____ _____
Operations Shift Manager/Emergency Coordinator | Date | Time

NSD 703 (R04-01)

INFORMATION ONLY

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/019
Revision No. 011

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Technical Support Center Emergency Coordinator Procedure

(4) Prepared By Ray Waterman (Signature) Ray Waterman Date 04/22/02

(5) Requires NSD 228 Applicability Determination?

☐ Yes (New procedure or revision with major changes)
☒ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)

(6) Reviewed By Robert Taylor (QR) Date 4/23/02
Cross-Disciplinary Review By _____ (QR)NA RET Date 4/23/02
Reactivity Mgmt Review By _____ (QR)NA RET Date 4/23/02
Mgmt Involvement Review By _____ (Ops Supt) NA _____ Date _____

(7) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____

(9) Approved By M R Thom Date 5-20-02

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

(10) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Station	Procedure No. RP/0/B/1000/019
Technical Support Center Emergency Coordinator Procedure	Revision No. 011
Reference Use	Electronic Reference No. OX002WPG

Technical Support Center Emergency Coordinator Procedure

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

1.1 Conditions exist where events are in progress or have occurred which indicate a potential degradation in the level of safety of the plant and activation of the Emergency Response Organization has been initiated.

2. Immediate Actions

NOTE:
- Enclosure 4.2 contains listing of abbreviations/acronyms.
- Actions in Sections 2.0 and 3.0 **are NOT** required to be followed in any particular sequence.
- Place keeping aids: ☐ at left of steps may be used for procedure place keeping (☑). Major events are required to be documented in the TSC Emergency Coordinator Log.

☐ 2.1 Establish the Technical Support Center as operational by doing the following:

☐ 2.1.1 Use the attached Enclosure 4.3, (TSC Personnel Log Sheets) for sign-in by all personnel reporting to the TSC. Assign responsibility to the TSC Log Keeper.

☐ 2.1.2 Ensure **Names** are also listed on the TSC Personnel Status Board in the TSC

NOTE: The TSC **must** assume turnover from the Control Room within **75 minutes** of the initiating Emergency Classification time.

☐ 2.1.3 Determine the following minimum staff requirements for TSC activation.

	NAME
Emergency Coordinator	_____
Dose Assessment Liaison	_____
Nuclear Engineering	_____
Offsite Communicator	_____
Tech Assistant to EC	_____

☐ 2.1.4 Verify that the phone system is operational or make other provisions for communications.

☐ 2.1.5 Verify that the OSC is Operational.

☐ 2.1.6 Verify that a log of TSC actions and activities has been started.

☐ 2.1.7 **IF** Activation of the Alternate TSC is required prior to completion of turnover with the OSM.

THEN **REFER TO** Step 1.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).

☐ 2.2 Receive turnover from the Operations Shift Manager using Enclosure 4.1, (Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet)

TSC and OSC Activated Time _____

☐ 2.3 Determine the status of Site Accountability from the TSC Offsite Communicator.

☐ 2.3.1 Request the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC if personnel within the Protected Area have not been accounted for by their group.

☐ 2.4 Verify that the electronic status board is set up and that someone is available to maintain it.

☐ 2.5 Discuss any off-site radiological concerns with the TSC Dose Assessment Liaison.

☐ 2.6 Announce the following over the TSC/OSC Public Address System:

☐ 2.6.1 The current Emergency Classification level and plant status.

☐ 2.6.2 "Anyone who has consumed alcohol within the past five (5) hours notify either the Emergency Coordinator in the TSC or the OSC Manager in the OSC."

☐ 2.6.3 "Personnel should assume that areas are contaminated until surveyed by RP."

☐ 2.6.4 "No eating, drinking, or smoking until the TSC and OSC are cleared by RP."

☐ 2.7 Turn office page over ride switch **ON**, and dial **70** on the Emergency Coordinator's phone.

2.7.1 Announce the following information over the Plant Public Address System:

Drill Message:

Attention all site personnel. This is _____. I am the Emergency Coordinator.
(name)

This is a drill. This is a drill.

You have been assembled as a part of an emergency exercise. The simulated emergency conditions are _____

_____

_____

If this were a real emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. At this time, however, we will continue with the emergency exercise and you may now return to your normal work assignments. I repeat.... you may now return to your normal work assignments.

Thank you for your participation.

Emergency Message:

Attention all site personnel. This is _____. I am the Emergency Coordinator.
(name)

This is an emergency message.

At the present time we have a(n) _____ emergency classification. The plant status is as follows _____

_____

_____

Please remain at your site assembly location until you receive further instructions. Information will be provided to you as conditions change.

☐ 2.8 Contact the State Director Emergency Planning at the SEOC.

	NAME	TELEPHONE NUMBERS
SDEP	_____	1(803) 737-8500

2.8.1 Inform the TSC Offsite Communicator whenever the SEOC is activated.

2.8.2 **IF** The SEOC has not been activated,

THEN Contact the County Directors of Emergency Planning (CDEP) to discuss plant status.

Oconee CDEP	_____	1(864) 638-4200
Pickens CDEP	_____	1(864) 898-5943

☐ 2.9 Perform the following concurrently.

- Use Step 2.10 for emergency classification.
- Use Step 2.11 for turnover to the EOF Director.
- Use steps in 3.0 for tasks that must continue regardless of emergency classification.

(Step 2.10 on next page)

☐ 2.10 Review emergency classification and verify that it meets the criteria of RP/0/B/1000/001 (Emergency Classification).

- Discuss changing plant conditions with the Superintendent of Operations.
- Discuss emergency classification prior to making recommendations.

☐ 2.10.1 **IF** An **Unusual Event Classification** exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification.

NOTE:
- Remind the TSC NRC Communicator to complete the NRC Event Notification Worksheet and Plant Status Sheet prior to contacting the NRC.
- NRC should be notified immediately after notification of Offsite Agencies **but NOT** later than **one (1) hour** after declaration of the emergency.

☐ B. Notify NRC of event classification

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National weather service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County.

☐ C. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

☐ D. Discuss classification with SDEP and CDEP

	NAME	TELEPHONE NUMBERS
SDEP	_____	1(803) 737-8500
Oconee CDEP	_____	1(864) 638-4200
Pickens CDEP	_____	1(864) 898-5943

(Unusual Event Classification guidance continued on next page)

☐ E. **IF** An Unusual Event classification is being terminated

THEN **REFER TO** Enclosure 4.5, (Emergency Classification Termination Criteria) of this procedure for termination guidance.

NOTE: The EP Section shall develop a written report, for signature by Site Vice President, to the State Emergency Preparedness Agency, Oconee County EPD, and Pickens County EPD within 24 working hours of the event termination.

☐ 1. Notify Emergency Planning that the Unusual Event has been terminated.

☐ 2. Emergency Planning shall hold a critique following termination of the Unusual Event.

(Step 2.10.2, Alert Classification on next page)

☐ 2.10.2 **IF** An Alert Classification exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification

☐ B. Follow Up Notifications (updates) are required a minimum of every 60 minutes

- Significant changes in plant status should be communicated to offsite agencies as they occur

☐ C. Notify NRC of change in classification

☐ D. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ E. Discuss change in classification with the State Director of Emergency Preparedness (SDEP) and County Directors of Emergency Preparedness (CDEP)

	NAME	TELEPHONE NUMBERS
SDEP	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,

   THEN Contact the CDEP to discuss plant status.

   Oconee CDEP _____ 1(864) 638-4200

   Pickens CDEP _____ 1(864) 898-5943

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

☐ F. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.3, Site Area Emergency Classification on next page)

☐ 2.10.3 **IF** A Site Area Emergency Classification exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification

☐ B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15 (B) and (D):

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.

2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ C. Follow Up Notifications (updates) are required a minimum of every 60 minutes

1. Significant changes in plant status should be communicated to offsite agencies as they occur

☐ D. Notify NRC of change in classification

☐ E. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ F. Discuss change in classification with SDEP and CDEP

	NAME	TELEPHONE NUMBERS
SDEP	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,

THEN Contact the CDEP to discuss plant status.

Oconee CDEP	_____	1(864) 638-4200
Pickens CDEP	_____	1(864) 898-5943

☐ G. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN **REFER TO** Step 3.1.

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

☐ H. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.4, General Emergency Classification, on next page)

2.10.4 **IF** A **General Emergency Classification** exists,

THEN Initiate the following actions:

☐ A. Evacuate 2 mile radius and 5 miles downwind **unless** conditions make evacuation dangerous. Shelter all sectors not evacuated. Request the TSC Dose Assessment Liaison to determine the actual sectors affected.

☐ B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15B and D:

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.

2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ C. Notify counties/state within 15 minutes of event classification

☐ D. Follow Up Notifications (updates) are required a minimum of every 60 minutes

1. Significant changes in plant status should be communicated to offsite agencies as they occur

☐ E. Notify NRC of change in classification

☐ F. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ G. Discuss change in classification and Protective Action Recommendations with SDEP and/or CDEP. Provide any known information concerning conditions that would make evacuation dangerous.

	NAME	TELEPHONE NUMBERS
SDEP	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,

THEN Contact the CDEP to discuss plant status.

Oconee CDEP	_____	1(864) 638-4200
Pickens CDEP	_____	1(864) 898-5943

☐ H. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN **REFER TO** Step 3.1.

NOTE: Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

☐ I. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.11 on next page)

☐ 2.11 When notified by the EOF Director that the Emergency Operations Facility (EOF) is operational, notify the following TSC personnel to exchange information with their counterpart in the EOF.

TSC Dose Assessment Liaison
TSC Offsite Communicator
Control Room/EOF Liaison (Operations Network)

NOTE: EOF Director will notify the Emergency Coordinator when the information has been received and establish a time for turnover. Turnover should be initiated **as soon as possible**. A goal of 30 minutes should be used to complete turnover after the EOF is declared *Operational*. {1}

☐ 2.11.1 Obtain the current copy of the Emergency Notification Form and plant status. The EOF Director shall provide to the Emergency Coordinator the information he has been provided with in the following areas:

- Present Emergency Classification _____ Time ____

  Initial Emergency Classification _____ Time ____

- Initiating Condition/Unit affected

- Present status of affected unit(s), including significant equipment out of service

  Improving ____ Stable ___ Degrading ___

- Status of unaffected unit(s):

  Unit 1 shutdown at _____ or at ____% power

  Unit 2 shutdown at _____ or at ____% power

  Unit 3 shutdown at _____ or at ____% power

- Emergency Releases: NO _____

  Airborne ____ Liquid ____ Is occurring ____ Has occurred ____ Time _____
  Normal Operating Limits: Below ___ Above ___
  Protective Action Recommendations

- Site Evacuation NO ____ YES ____ If yes, location _____

  Time of evacuation _____

- Last Message Number ____ Next Message due at ___

☐ 2.11.2 Emergency Coordinator turnover to EOF Director complete.

EOF Activated _____ Time ____

☐ 2.11.3 Request NRC Communicator to notify the NRC EOC that the EOF is activated.

☐ 2.11.4 Make announcement to TSC/OSC that EOF is activated. {6}

3. Subsequent Actions

3.1 **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Perform the following actions:

☐ 3.1.1 Notify Hydro Central and provide information related to the event. Refer to Section 6 of the Emergency Telephone Directory. {4}

☐ 3.1.2 Relocate Keowee personnel to the Operational Support Center if events occur where their safety could be affected.

☐ 3.1.3 Notify Hydro Central if Keowee personnel are relocated to the OSC. {4}

NOTE: A loss of offsite communications capabilities (Selective Signaling and the WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **AS SOON AS POSSIBLE.**

☐ 3.1.4 **IF** The EOF **is NOT** activated,

THEN Notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer to Selective Signaling Section of the Emergency Telephone Directory (page 9).

☐ 3.1.5 Notify Security to alert personnel at the Security Track/Firing Range and Warehouse #5 to relocate to work areas inside the plant.

☐ 3.1.6 Relocate personnel at the following locations to the World of Energy/Operations Training Center:

NOTE: Plant access road to the Oconee Complex could be impassable within 1.5 hours if the Keowee Hydro Dam fails. A loss of the Little River Dam or Dikes A-D will take longer to affect this road.

____ Oconee Complex

____ Oconee Garage

____ Oconee Maintenance Training Facility

☐ 3.1.7 Ensure Operations has dispatched operators to the SSF and established communications.

☐ 3.2 Periodically evaluate with TSC personnel the need to conduct evacuation. Log the status of this action on the TSC Status Board.

NOTE:
- Twenty-four (24) hour staffing **must be** accomplished prior to personnel being evacuated from the site. RP/0/B/1000/010, (Procedure for Emergency Evacuation/Relocation of Site Personnel).
- Determine if personnel with special radiological exposure limits need to be evacuated (e.g.; declared pregnant women, personnel with radio-pharmaceutical limitations).

3.2.1 Consider the following for making Site Evacuation decisions:

- Alert - determined by actual plant conditions
- Site Area Emergency - consider evacuation/relocation of non-essential site personnel. World of Energy personnel should be evacuated at the same time as non-essential personnel.
- General Emergency - evacuate all non-essential personnel. Notify the EOF Director to evacuate the World of Energy.
- Notify the EOF anytime personnel are relocated on site or evacuated from the site.

WARNING: Use of the Outside Air Booster Fans during a Security Event may introduce incapacitating agents into the Control Room. {5}

☐ 3.3 Periodically evaluate the need to operate the outside air booster fans (Control Room Pressurization and Filter System - CRVS) with TSC personnel. Log status of this system on the TSC Status Board.

NOTE:
- Outside air booster fans are used to provide positive pressure in the Control Room/TSC/OSC to prevent smoke, toxic gas, or radioactivity from entering the area as required by NUREG 0737, Control Room Habitability.
- Chlorine Monitor Alarm will either stop the outside air booster fans **OR** will not allow them to start.

☐ 3.3.1 **IF** Smoke/toxic gas in the Turbine Building or Auxiliary Building is expected to reach the Control Room,

THEN Instruct the Control Room to turn **ON** the outside air booster fans.

Fans On ____ Time____

☐ A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

3.3.2 **IF** RIA-39 is in **Alarm**

THEN Verify that the Control Room has turned on the outside air booster fans.

☐ A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

☐ B. Request backup air sample from the OSC to verify RIA alarm

☐ C. **IF** Air sample determines that RIA-39 alarm is not valid,

THEN Secure outside air booster fans.

☐ D. **IF** Air sample determines that RIA-39 alarm is valid,

THEN Isolate the source of airborne contamination to the Control Room/TSC/OSC

☐ E. **IF** Dose levels in the Control Room/TSC/OSC are being increased by the addition of outside filtered air,

THEN Secure outside air booster fans.

Fans Off _____ Time _____

☐ 3.4 Periodically evaluate the need to activate the Alternate TSC and/or OSC.

3.4.1 **IF** Activation of the Alternate TSC and/or OSC is required,

THEN **REFER TO** Step 2.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).

3.4.2 Notify the EOF Director once relocation to the Alternate TSC is completed.

NOTE: The NRC will send a response team to the site at a Site Area or General Emergency Classification.

☐ 3.5 **IF** An NRC team is enroute,

THEN Perform the following steps:

☐ 3.5.1 Notify Alternate Emergency Coordinator to report to the TSC for an update on plant conditions.

A. Record Alternate Emergency Coordinator's name on Enclosure 4.4 (NRC Site Team Response Form).

B. Brief Alternate Emergency Coordinator on current plant conditions.

☐ 3.5.2 Provide Enclosure 4.4 (NRC Site Team Response Form), to the TSC NRC Communicator.

A. Instruct TSC NRC Communicator to complete Steps 1.2 – 1.5 of Enclosure 4.4 (NRC Site Team Response Form).

☐ 3.5.3 Notify OSC Manager and request RP Manager and Security to implement actions required to process NRC Site Team.

☐ 3.6 Provide periodic updates to the EOFD concerning plant status. Request the EOFD to provide dose assessment and field monitoring data to the TSC on a periodic basis.

3.6.1 **IF** Failed Fuel Condition Three (3) has been determined,

THEN Immediately notify the EOFD.

A. Failed Fuel Condition Three (3) requires additional Protective Action Recommendations.

☐ 3.7 Authorize exposure greater than normal operating limits for planned equipment repair missions and/or emergency lifesaving missions.

3.7.1 Approval may be either verbal or written.

3.7.2 This authority may be delegated to the RP Manager in the OSC.

☐ 3.8 Update TSC and OSC personnel approximately every 30 minutes on the Emergency Classification and plant status via the TSC/OSC public address system. (Timer is available in the Emergency Procedures Cart)

☐ 3.9 Establish twenty-four (24) hour staffing and have the Managers prepare as needed.

3.9.1 TSC Personnel Log Sheets (Enclosure 4.3) are to be used for this purpose.

NOTE: Long term use of the SFP as a makeup source will deplete the SFP inventory. Engineering has evaluated and approved the following method for refilling of the SFP with filtered lake water.

☐ 3.10 **IF** Offsite fire apparatus is needed to provide water to the Spent Fuel Pool,

THEN Request the EOFD to contact the Oconee CDEP to provide sufficient fire apparatus (at least 3 pumper trucks of 1000 gpm, or greater capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh, or Keowee Key Rural Volunteer Fire Departments should be requested to provide support).

☐ 3.10.1 Provide the OSC Manager with the following information and request support from the OSC:

- Fire apparatus is being dispatched from Oconee County to provide water to the Spent Fuel Pool
- Request Security Liaison to have Security Officers meet the fire apparatus at the determined site entrance
- Request Maintenance Manager to initiate MP/0/A/3009/012A (Emergency Plan For Refilling Spent Fuel Pool).

NOTE:
- 10CFR50.54(x) allows for reasonable actions that depart from a License Condition or Technical Specification to be performed in an emergency when this action is immediately needed to protect the health and safety of the public and no action consistent with the License Condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent.
- 10CFR50.54(y) requires approval of any 10CFR50.54(x) actions by a Licensed Senior Operator.
- Implementation of Oconee Severe Accident Guidelines (OSAG) requires the use of 10CFR50.54 (x) and (y) provisions.

☐ 3.11 **IF** Plant conditions require a decision to implement 10CFR50.54(x),

THEN Perform the following steps:

☐ 3.11.1 Obtain approval of a Licensed Senior Reactor Operator prior to taking any action.

☐ 3.11.2 Document decision and actions taken in the affected units log.

☐ 3.11.3 Document decision and actions taken in the Control Room Emergency Coordinator Log.

NOTE: NRC **must be** notified of any 10CFR50.54(x) decisions and actions within one (1) hour.

☐ 3.11.4 Request Control Room/TSC NRC Communicator to report decision and actions taken to the NRC.

NOTE: 10CFR50.72 requires NRC notification for specific plant conditions.

☐ 3.12 **IF** Plant conditions require NRC notification under 10CFR50.72,

THEN Request the Control Room/TSC NRC Communicator to provide this notification using the guidance in OMP 1-14, (Notifications).

☐ 3.13 **IF** A LOCA exists inside containment,

THEN Initiate the following actions:

3.13.1 Request the Operations Superintendent to have Operations personnel refer to OP/1,2,3/A/1102/023, (Operation Of Containment Hydrogen Recombiner System).

3.13.2 Request the Operations Superintendent to have Operations personnel refer to OP/0/A/1104/019 (Control Room Ventilation System) to verify proper operation of the Control Room Ventilation System. {3}

☐ 3.14 Announce SAMG transition to TSC/OSC/EOF personnel so proper signage can be displayed with current plant conditions. {6}

☐ 3.15 Establish a Recovery Organization (Section M of the ONS Emergency Plan, Volume A, located in the Operations Shift Manager's office) once the emergency has been terminated.

3.15.1 Request the OSC Manager to review Section M of the Emergency Plan (Volume 17A is located in Unit 3 Control Room) to begin preparation for recovery.

3.16 Emergency Planning Section shall be responsible for completing all Procedure Process Records of Emergency Plan Implementing procedures initiated by the TSC.

4. Enclosures

4.1 Operations Shift Manager to TSC Emergency Coordinator Turnover Sheet

4.2 Emergency Preparedness Acronyms

4.3 TSC Personnel Log

4.4 NRC Site Team Response Form

4.5 Emergency Classification Termination Criteria

4.6 Alternate TSC/OSC Activation

4.7 References

Enclosure 4.1

Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet

EMERGENCY CLASSIFICATION _____ TIME DECLARED _____

DESCRIPTION OF EVENT _____

_____

Unit One Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____
Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____
MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS_____

_____

Unit Two Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____

Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____

MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS_____

_____

Unit Three Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____
Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____
MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS_____

_____

Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet

Classification Procedure in Use:

RP/0/B/1000/002 Control Room Emergency Coordinator Procedure

Is RP/0/B/1000/003A, ERDS Operation, in use? Yes _____ No _____ If Yes, Unit No. _____

Step No. _____

Is RP/0/B/1000/007, (Security), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/016, (Medical), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/017, (Spill Response), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/022, (Fire/Flood), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/29, (Fire Brigade) in use? Yes _____ No _____ If Yes, Step No. _____

Is Step 5.4 of OMP 1-18 (Implementation Standard During Abnormal And Emergency Events) in use?* Yes _____ No _____

* If yes, implementation of emergency worker exposure limits must be announced over Public Address System. {3}

IF Condition A, Dam Failure, has been declared for Keowee Hydro Project,

THEN provide the following information to the TSC Emergency Coordinator:

- Status of Offsite Agency Notifications _____
- Recommendations made to offsite agencies _____
- Status of relocation of site personnel _____

What is the status of Site Assembly? (This question is only applicable for those times that the Emergency Response Organization is activated after hours, holidays, or weekends.)

_____

_____

Next message due to Offsite Agencies at Time: _____

Operations Shift Manager/CR _____ Time: _____

Emergency Coordinator/TSC _____ Time: _____

Enclosure 4.2

Emergency Preparedness Acronyms

CDEP	County Director of Emergency Preparedness
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operation, Facility Director
ETS	Emergency Telephone System
LEC	Law Enforcement Center
NRC	Nuclear Regulatory Commission
EOC	Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendation
SCC	State/County Communicator
SDEP	State Director of Emergency Preparedness
SEOC	State Emergency Operations Center
SWP	State Warning Point
TSC	Technical Support Center

TSC Personnel Log

DATE: _____

PRIMARY					RELIEF		
POSITION	**NAME (Last, First, MI)**	**SOCIAL SECURITY EMPLOYEE ID**	**TIME IN AT TSC**	**SHIFT SCHEDULE**	**NAME (Last, First, MI)**	**SOCIAL SECURITY EMPLOYEE ID**	**SHIFT SCHEDULE**
Emergency Coordinator**							
Offsite Communicator**							
Dose Assessment Liaison*							
Nuclear Engineering**							
Tech Assist to EC (Mech Engineer)**							
Operations Superintendent							
TSC/OSC Liaison							

*45 Minute Responder
** 75 Minute Responder

TSC Personnel Log

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	SOCIAL SECURITY EMPLOYEE ID	TIME IN AT TSC	SHIFT SCHEDULE	NAME (Last, First, MI)	SOCIAL SECURITY EMPLOYEE ID	SHIFT SCHEDULE
TSC/OSC Liaison Support							
Engineering Manager							
NRC Communicator (ENS)							
Dose Assessors							
Primary Systems Engineer							
Secondary Systems Engineer							
Emergency Planning							
Community Relations (WOE)							
Local I/T							

1. NRC Site Team Response Form

1.1 Alternate Emergency Coordinator _____
(name)

1.2 NRC Site Team Personnel Information:

NAME	SOCIAL SECURITY NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1.3 Estimated Time of Arrival (ETA): _____

1.4 Mode of Transportation: _____

Access Gate (Circle One): Hwy 130 - Main Station/WOE Entrance (Gate 1)

Hwy 183 - Intake Owner Controlled Area (OCA) Gate (Gate 3)

Hwy 183 - Complex/Branch OCA Gate (Gate 4)

1.5 Telecopy this form to the OSC and Security using Speed Dial Code 031 or One-Touch Dial Code 31.

1.6 GET and BBA Requirements Waived:

RP Manager _____ Date _____

Enclosure 4.5

Emergency Classification Termination Criteria

IF The following guidelines applicable to the present emergency condition have been met or addressed,

THEN An emergency condition may be considered resolved when:

☐ 1.1 Existing conditions no longer meet the existing emergency classification criteria and it appears unlikely that conditions will deteriorate further.

☐ 1.2 Radiation levels in affected in-plant areas are stable or decreasing to below acceptable levels.

☐ 1.3 Releases of radioactive material to the environment greater than Technical Specifications are under control or have ceased.

☐ 1.4 The potential for an uncontrolled release of radioactive material is at an acceptably low level.

☐ 1.5 Containment pressure is within Technical Specification requirements.

☐ 1.6 Long-term core cooling is available.

☐ 1.7 The shutdown margin for the core has been verified.

☐ 1.8 A fire, flood, earthquake, or similar emergency condition is controlled or has ceased.

☐ 1.9 Offsite power is available per Technical Specification requirements.

☐ 1.10 All emergency action level notifications have been completed.

☐ 1.11 The Area Hydro Manager has been notified of termination of Condition B for Keowee Hydro Project.

☐ 1.12 The Regulatory Compliance Section has evaluated plant status with respect to Technical Specifications and recommends Emergency Classification termination.

☐ 1.13 Emergency terminated. Request the TSC Offsite Communicator to complete an Emergency Notification Form for a Termination Message using guidance in RP/0/B/1000/015B, (Offsite Communications From The Technical Support Center), and provide information to offsite agencies.

Date/Time of Termination: _____/_____ Emergency Coordinator Initials: _____

- Return to Step 2.10.1.E.1

1. Activation of the Alternate TSC prior to completion of turnover with the OSM

☐ 1.1 Request OSC Manager/SPOC Supervisor to initiate steps to setup the Alternate TSC located in RP/0/B/1000/25 (OSC Manager Procedure).

☐ 1.2 Request TSC Logkeeper (or designee) to announce over the plant PA that the Alternate TSC is being activated.

☐ 1.3 Relocate TSC personnel, except for the following, to the Alternate TSC, Room 316 of the Oconee Office Building:

- ☐ 1.3.1 TSC Offsite Communicator (1)
- ☐ 1.3.2 TSC Logkeeper
- ☐ 1.3.3 Emergency Planning (if available)

☐ 1.4 Return to Step 2.2 of this procedure and complete turnover with the OSM.

- ☐ 1.4.1 Report to the Alternate TSC with remaining support personnel after completion of turnover.

2. Activation of the Alternate TSC/OSC

☐ 2.1 Direct the TSC/OSC Liaison to inform the OSC Manager of the need to relocate the following emergency response facilities:

_____ TSC

_____ OSC

_____ TSC and OSC

☐ 2.2 Provide guidance on best available route to personnel being relocated to the Alternate TSC.

2.2.1 **IF** A radiological release is in progress,

THEN Direct the TSC/OSC Liaison to request RP to determine the best available route to the Alternate TSC.

☐ 2.3 Direct the following TSC personnel to report to the Alternate TSC to assist with setup of the facility and establish communications with the TSC:

_____ (1) TSC Offsite Communicator

_____ (1) Dose Assessor

_____ Ops Superintendent Assistant

_____ TSC/OSC Liaison Technical Assistant

☐ 2.4 Direct the TSC NRC Communicator to inform the NRC that the Alternate TSC is being activated.

☐ 2.5 Direct the remaining TSC personnel to report to the Alternate TSC.

☐ 2.6 Inform the EOF Director that the Alternate TSC is being activated and that TSC personnel, including the Emergency Coordinator, are enroute to that facility.

☐ 2.7 Return to Step 3.4.2 of this procedure after reporting to the Alternate TSC.

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-01-01395
4. PIP O-01-03460
5. PIP O-01-03696
6. PIP O-02-00264