



**Constellation  
Nuclear**

**Nine Mile Point  
Nuclear Station**

*A Member of the  
Constellation Energy Group*

June 18, 2002

United States Nuclear Regulatory Commission  
ATTN: Document Control Desk  
Washington, DC 20555

RE:           Nine Mile Point Unit 1  
              Docket No. 50-220  
                        DPR-63          

              Nine Mile Point Unit 2  
              Docket No. 50-410  
                        NPF-69          

Gentlemen:

Enclosed please find copies of the following procedure revisions for Nine Mile Point Nuclear Station:

• EPIP-EPP-20	Revision 13	Emergency Notifications
• EPMP-EPP-01	Revision 14	Maintenance of Emergency Preparedness

These procedure revisions are being submitted as required by Section V to Appendix E of 10 CFR Part 50. Should you have any questions, please feel free to contact Mr. James D. Jones, Director of Emergency Preparedness at (315) 349-4486.

Very truly yours,

  
John T. Conway  
Site Vice President

jtc/cr

Enclosure

pc: Mr. H. J. Miller, Regional Administrator, Region I (1 copy)  
Mr. G. K. Hunegs, Senior Resident Inspector (1 copy)  
Mr. P. S. Tam, Senior Project Manager, NRR (2 copies)  
EP PPF

A045

NINE MILE POINT NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-EPP-20

REVISION 13

EMERGENCY NOTIFICATIONS

TECHNICAL SPECIFICATION REQUIRED

Approved by:  
G. L. Detter

*William J. Givens*  
General Manager Support Services

*WJG*  
Date 5/29/02

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## 1.0 PURPOSE

To provide instructions for prompt initial notification and appropriate follow-up notification of emergency conditions at Nine Mile Point Nuclear Station (NMPNS) to offsite authorities, emergency response agencies, and selected NMPNS personnel.

## 2.0 RESPONSIBILITIES

2.1 Station Shift Supervisor/Emergency Director (SSS/ED) maintains overall control of emergency notifications until relieved by the Emergency Director/Recovery Manager (ED/RM).

2.2 Emergency Director/Recovery Manager (ED/RM) maintains control of notifications to offsite authorities at the Emergency Operations Facility.

2.3 The Technical Data Coordinator (TDC) ensures continuous communication with the NRC from the Technical Support Center.

## 3.0 PROCEDURE

### 3.1 Notifications of an Emergency Event From the Control Room (SSS/ED) Including Updates/Reclassifications

- NOTES:
1. Initial notifications to State and County officials shall be commenced within 15 minutes of event declaration.
  2. If a GENERAL EMERGENCY is declared, Protective Action Recommendations (PARs) shall be transmitted to offsite officials within 15 minutes.

3.1.1 The SSS/ED shall direct a Radwaste (Unit 1) or Auxiliary Operator to report to Control Room to act as Communications Aide.

3.1.2 The SSS/ED shall direct the Communications Aide to perform actions contained in the Communications Aide Flowchart (Attachment 2).

3.1.3 The SSS/ED shall:

- a. Complete Part I Notification Fact Sheet (Attachment IA) using the instructions on the back of the form.

**NOTE:** Notification must be started within 15 minutes from event declaration.

- b. Complete the Community Alert Network Form (Attachment 4E).

**NOTES:** 1. Notifications should be completed as soon as possible after Part I Notification Fact Sheets.

2. The Dose Assessment Advisor should be consulted to determine if Alternate Emergency Reporting Locations may be appropriate due to offsite doses.

1. Provide appropriate information in steps 2 and 4C of Attachment 4E.

2. If the site becomes inaccessible for any reason, and response is required, indicate response required to Alternate Emergency Duty Location (Volney Service Center, Howard Rd.).

3. Sign the CAN contact form.

4. Provide to Communications Aide.

- c. Complete the NRC Event Notification Worksheet (Attachment 6).

**NOTES:** 1. NRC shall be notified as soon as practical, but in all cases within 1 hour of event declaration.

2. If any Emergency Response Facility is less than 100% operational, then provide ERF status information in the event description block.

1. Complete all applicable sections.

2. Provide brief description.

3. Provide completed form to Communications Aide.

- 3.1.4 The SSS/ED should complete the Part I Notification Fact Sheet (Attachment 1A) every 30 minutes for as long as notifications remain in Control Room OR as requested by NY State Emergency Management Office and/or Oswego County Emergency management Office.
- 3.1.5 The SSS/ED shall ensure followup notifications are made to off-site officials (NYS and Oswego County) approximately every 30 minutes OR as requested by NY State Emergency Management Office and/or Oswego County Emergency management Office.
- 3.1.6 The SSS/ED shall ensure the Communications Aide:
- Completes turnover of communications duties to the EOF Communications Coordinator when directed by ED/RM.
  - Transfers ENS communications to the TSC when appropriate.
- 3.1.7 For termination of Unusual Events only, the SSS/ED shall complete the Part I - Notification Fact Sheet (Attachment 1A) through line 5 and:
- a. Sign where appropriate.
  - b. Provide to Communications Aide.
  - c. Direct Communications Aide to notify the NRC upon event termination.

### 3.2 Notifications for Transitory Event

- 3.2.1 Completing a Part 1 Notification Fact Sheet for a Transitory Event:
- a. IF a transitory event has occurred (as defined in EPIP-EPP-01 or 02), AND NO emergency classification currently exists, the SSS/ED shall:
    - 1) Complete a Part 1 Notification Fact Sheet, Items 1-5, and Item 8, using appropriate instructions on back of form.
    - 2) Circle the emergency classification met during the transitory event AND the "Emergency Terminated" selection on Item 4.
    - 3) Ensure RECS line notifications are completed within one hour in accordance with Attachment 2, Communications Aide Flowchart.

3.2.1 (Cont)

b. IF a transitory event has occurred (as defined in EPIP-EPP-01 or 02), AND emergency classification currently exists, the SSS/ED shall:

- 1) Complete a Part 1 Notification Fact Sheet (Attachment 1A) using instruction provided on back of form and;
  - On Item 4, circle the emergency classification that currently exists.
  - Note the emergency classification met during the transitory event and the time and date of termination in Item 8.
- 2) Implement emergency notifications in accordance with Step 3.1 of this procedure.

3.2.2 If appropriate, make notifications to the NRC in accordance with 10CFR50.72.

3.2.3 No other notifications are required for transitory events that do not result in a continued emergency classification.

3.3 Notifications of an Emergency Event From the EOF (ED/RM) Including Updates/Reclassifications

- NOTES:**
1. If emergency event is reclassified, State and County official notification shall be commenced within 15 minutes of each reclassification.
  2. If a GENERAL EMERGENCY is declared, Protective Action Recommendations (PARs) shall be transmitted to offsite officials within 15 minutes.

3.3.1 The ED/RM shall direct transfer of communications responsibilities from the Control Room to the EOF when the EOF Communications Coordinator is prepared to accept duties.

3.3.2 The ED/RM shall verify updates are made to offsite officials (NYS and Oswego County) approximately every 30 minutes.

**NOTE:** Initial notification should already have been completed from the control room.

3.3.3 The ED/RM shall ensure the EOF Communications Coordinator performs notifications specified on Communications Coordinator Checklist (Attachment 3).

- 3.3.4 The ED/RM shall ensure the following documents are provided to the EOF Communications Coordinator:
- a. Updated Part I - Notification Fact Sheet (Attachment 1A) from the EOF Administrator for every emergency classification upgrade and/or approximately every 30 minutes.
  - b. When appropriate, completed Part II - Dose Assessment Fact Sheet (Attachment 1B) from the ODAM.
  - c. Part III - Plant Status Board (Attachment 1C Unit 1 or Attachment 1D Unit 2) from Tech Assessment.

3.3.5 When the event is terminated, the ED/RM shall:

- a. Obtain a Part I Notification Fact Sheet from the EOF Administrator, completed through Line 5
- b. Sign where appropriate.
- c. Provide to the EOF Communications Coordinator.
- d. Direct TSC ENS Communicator to notify the NRC that event is terminated.

3.3.6 The ED/RM shall specify any specific or additional instructions for site facilities such as the Nuclear Learning Center (NLC), Energy Information Center (EIC), P Building, etc. to appropriate personnel (i.e. Security, Unaffected Control Room, Communications Coordinator, etc.).

#### 3.4 Notifications of an Emergency Event From the Technical Support Center (TSC) Including Updates/Reclassifications

3.4.1 The Technical Data Coordinator (TDC) shall assign a person from the Technical Assessment Group to act as Emergency Notification System (ENS) Communicator.

3.4.2 The TDC shall direct the ENS Communicator to:

- a. Activate the Unit 2 Emergency Response Data System (ERDS) per Attachment 5.

**NOTE:** For Unit 1, ERDS is activated by the Control Room

- b. Call the Communications Aide in the Control Room and transfer ENS communications from the Control Room to the TSC.
- c. Monitor ERDS every 60 minutes (If link is lost, restart per Attachment 5)
- d. Continuously staff the ENS telephone. If a backup phone is required because the ENS line (Red Phone) is inoperable, the NRC shall be notified (via commercial telephone) within 1 hour that the ENS line is inoperable.

3.4.3 For each emergency reclassification, The TDC shall complete the NRC Event Notification Worksheet (Attachment 6)

**NOTE:** NRC shall be notified as soon as practical, but in all cases, within 1 hour of event declaration.

3.4.4 The TDC shall direct the ENS Communicator to:

- a. Read NRC Event Notification Worksheet (Attachment 6) information to NRC Headquarters.
- b. Fax NRC Event Notification Worksheet (Attachment 6) to NRC Headquarters per Attachment 4, F.

3.4.5 The TDC shall ensure the Radiological Assessment Manager continuously staffs the Health Physics Network (HPN) telephone, as required.

### 3.5 RECS Line Notifications to the Control Room (incoming call)

3.5.1 Upon receipt of a notification on the RECS line (incoming call), the CSO (or designee) should:

- a. Complete a Part 1 Notification Fact Sheet (Attachment 1A) using the information provided.
- b. Inform the SSS/ED of the notification and provide the completed Part 1 Notification Fact Sheet (Attachment 1A).

3.5.2 The SSS/ED should:

- a. Review the information contained in the completed Part 1 Notification Fact Sheet (Attachment 1A).
- b. Evaluate any events or conditions against EPIP-EPP-01/02 and, if necessary, declare the emergency.
- c. If JAFNPP declares a General Emergency or initiates a site evacuation, implement EPIP-EPP-05C, "Exclusion Area Evacuation. (Unit 1 SSS/ED takes the lead.)
- d. If necessary, implement appropriate Emergency Plan Implementing Procedures.

## 4.0 DEFINITIONS

4.1 Community Alert Network (CAN) - An automated computer callout system used to assist with notification of NMPNS emergency response personnel.

- 4.2 NRC Emergency Telecommunication System (ETS) - A dedicated telephone system to communicate important plant information to the NRC during an emergency. This includes the Emergency Notification System (ENS) known as the "red phone", the Health Physics Network (HPN), and other lines for NRC use.
- 4.3 Normal Hours - Normal work hours between 0700 and 1530 Monday through Friday excluding holidays.
- 4.4 Off-Hours - All hours not considered normal hours.
- 4.5 Oswego County Warning Point - (Oswego County 911 Center). The communications center at the Oswego County 911 Center in Oswego, New York serves as a notification point for messages from the utilities to appropriate officials in the county. The center can communicate directly to the State Warning Point and also has a radio to communicate directly with the Nine Mile Point and James A. Fitzpatrick Nuclear Stations.
- 4.6 Radiological Emergency Communication System (RECS) - A dedicated telephone system used to provide initial notification of an emergency, and continuing emergency information to New York State, Oswego County, JAFNPP, and the unaffected unit Control Room.
- 4.7 State Warning Point (SWP) - New York State's center for receipt and dissemination of warnings of an attack upon the United States as well as actual or impending natural or man-made disasters. The SWP is located in Albany, New York.

## 5.0 REFERENCES AND COMMITMENTS

### 5.1 Technical Specifications

None

### 5.2 Licensee Documentation

Nine Mile Point Site Emergency Plan

### 5.3 Standards, Regulations, and Codes

- 5.3.1 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants
- 5.3.2 10CFR50.72, Immediate Notification Requirements for Operating Nuclear Power Reactors
- 5.3.3 10CFR50, Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities

#### 5.4 Policies, Programs, and Procedures

- 5.4.1 EPIP-EPP-01, Classification of Emergency Conditions at Unit 1
- 5.4.2 EPIP-EPP-02, Classification of Emergency Conditions at Unit 2
- 5.4.3 EPIP-EPP-05B, Protected Area Evacuation
- 5.4.4 EPIP-EPP-05C, Exclusion Area Evacuation
- 5.4.4 EPIP-EPP-18, Activation and Direction of Emergency Plans
- 5.4.5 EPIP-EPP-23, Emergency Personnel Action Procedures

#### 5.5 Commitments

<u>Sequence Number</u>	<u>NCTS Number</u>	<u>Description</u>
1	DER NM-2001-4708	To allow determination of % tech specs by any means available.
2	DER NM-2001-4714	To specify Part III is to be sent.
3	504473	NRC Order dated 2-25-2002

#### 6.0 RECORD REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

**NOTE:** This only applies if records are generated as the result of an actual declared emergency at the Nine Mile Point Nuclear Station.

- Attachment 1A NINE MILE POINT NUCLEAR STATION NOTIFICATION FACT SHEET - PART 1
- Attachment 1B NINE MILE POINT NUCLEAR STATION NOTIFICATION FACT SHEET - PART 2
- Attachment 1C PART III - UNIT 1 PLANT STATUS BOARD
- Attachment 1D PART III - UNIT 2 PLANT STATUS BOARD
- Attachment 2 CONTROL ROOM COMMUNICATIONS AIDE FLOWCHART
- Attachment 3 COMMUNICATIONS COORDINATOR CHECKLIST (EOF)
- Attachment 4 EMERGENCY CONTACT FORM
- Attachment 5 EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION
- Attachment 6 NRC EVENT NOTIFICATION WORKSHEET

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

**NOTE:** This only applies when records are not the result of an actual declared emergency. (Such as for training or drills)

- Attachment 1B NINE MILE POINT NUCLEAR STATION NOTIFICATION FACT SHEET - PART 2
- Attachment 1C PART III - UNIT 1 PLANT STATUS BOARD
- Attachment 1D PART III - UNIT 2 PLANT STATUS BOARD
- Attachment 2 CONTROL ROOM COMMUNICATIONS AIDE FLOWCHART
- Attachment 3 COMMUNICATIONS COORDINATOR CHECKLIST (EOF)
- Attachment 4 EMERGENCY CONTACT FORM
- Attachment 5 EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION

LAST PAGE

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**ATTACHMENT 1A: NINE MILE POINT NUCLEAR STATION  
NOTIFICATION FACT SHEET - PART 1**

*(Do not say items in italics)*

Sheet 1 of 5

**Pick up phone, press A\*, wait about 10 seconds, then say,  
"THIS IS / IS NOT (as appropriate) A DRILL . THIS IS TO REPORT AN INCIDENT AT NINE MILE POINT NUCLEAR  
STATION, STAND BY FOR ROLL CALL."**

*Conduct roll call to include the following:*

Notification No.	<input type="checkbox"/> New York State Warning Point	<input type="checkbox"/> Oswego County Warning Point	<input type="checkbox"/> JA Fitzpatrick Power Plant	<input type="checkbox"/> Unaffected 9MP Unit
------------------	---	--	---	--

**PART 1 - GENERAL INFORMATION** *(Read step number, and information, example: "number 1, This message...")*

1. This message is being transmitted on:  (Date) _____ at (Time) _____	VIA: A. RECS B. Other _____
--	--------------------------------

2. This is: A. <u>NOT</u> an Exercise      B. An Exercise	3. The facility providing this information is: D. Nine Mile Point Unit 1    E. Nine Mile Point Unit 2    F. J.A. Fitzpatrick
--	---

4. The Emergency Classification is:					
A. Unusual Event	C. Site Area Emergency	E. Emergency Terminated	F. Recovery	G. Transportation Incident	
B. Alert	D. General Emergency				

5. This Emergency Classification declared on:  (Date) _____ at (Time) _____
---

6. Release of Radioactive Materials due to the classified event.	A. No Release B. Release below federally approved operating limits <i>(Technical Specifications)</i> <input type="checkbox"/> To Atmosphere <input type="checkbox"/> To Water C. Release above federally approved operating limits <i>(Technical Specifications)</i> <input type="checkbox"/> To Atmosphere <input type="checkbox"/> To Water D. Unmonitored release requiring evaluation
--	--

7. Protective Action Recommendations:	
A. No need for Protective Actions outside the site boundary.	
B. EVACUATE the following ERPAs:	
1   2   3   4   5   6   7   8   9   10   11   12   13   14   15   16   17   18   19   20   21   22   23   24   25   26   27   28   29	
<u>AND</u> C. SHELTER all remaining ERPAs	

8. EAL #:	Additional Information _____
<div style="border: 2px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	_____ _____ _____

9. The Plant status is:	A. Stable	B. Improving	C. Degrading
-------------------------	-----------	--------------	--------------

10. Reactor Shutdown:	A. Not Applicable	B. (Date) _____ at: (Time) _____
-----------------------	-------------------	----------------------------------

11. Wind Speed: _____ Miles/hr at elevation _____ feet	12. Wind Direction: _____ (From) _____ Degrees at elevation _____ feet
--	--

13. Stability Class: A   B   C   D   E   F   G	14. Reported By: (Communicator Name) _____ at Tel. No. (315) _____
---	---

**Ask: "DOES OSWEGO COUNTY OR NEW YORK STATE NEED CLARIFICATION ON ANY INFORMATION?  
(Provide as appropriate)**

**THIS IS THE END OF THE MESSAGE. STANDBY FOR VERIFICATION ROLL CALL."**

Check those involved in termination roll call.	<input type="checkbox"/> New York State Warning Point	<input type="checkbox"/> Oswego County Warning Point	<input type="checkbox"/> JA Fitzpatrick Power Plant	<input type="checkbox"/> Unaffected 9MP Unit
--	---	--	---	--

*Then say, "NINE MILE POINT UNIT 1 OR 2 (as appropriate) OUT" AT TIME (24 hr clock): \_\_\_\_\_*

*Approved By (SSS/ED or ED/RM) \_\_\_\_\_*

**ATTACHMENT 1A INSTRUCTIONS**  
**COMPLETING THE NOTIFICATION FACT SHEET - PART 1**

Sheet 2 of 5

**NOTE: Complete all applicable sections.**

**BLOCK #            INSTRUCTIONS**

1. Communications Aide completes this block using date and time that number was dialed (A then \*).
2. Indicate not an exercise(real event) or exercise(drill) by circling as appropriate.
3. Indicate facility providing information by circling as appropriate.
4. Indicate by circling as appropriate the:
  - Classification Level, or
  - If event is terminated, or
  - If recovery is entered, or
  - If this is for a transportation accident
5. Indicate the date and time the event was classified.
6. Indicate the status of any releases of radioactive materials by circling as appropriate, request Chemistry Technician provide release information then indicate:

**NOTE:** (This section applies to release of radioactive materials that took place DUE to the classified event. IF a radioactive material release is taking place and it is unknown if it is related to the event, THEN assume the release is the result of the event)

  - a. **No Release:** Circle this selection if there is no release related to the declared event.
  - (C1) b. **Release below federally approved operating limits (Technical Specifications):** Circle this selection if a release is in progress due to the event AND the release rate has been determined (by any means available) to NOT exceed Technical Specifications.
  - (C1) c. **Release above federally approved operating limits (Technical Specifications):** Circle this selection if a release is in progress due to the event AND the release rate has been determined (by any means available) to exceed Technical Specifications.
  - d. **Unmonitored release requiring evaluation:** Circle this selection if evidence exists of a release from a pathway from which a release cannot be readily determined (examples: Emergency Condenser vents, blowout panels)
7. Indicate Protective Action Recommendations by circling as appropriate:
  - No need for protective actions
  - Evacuate the following ERPAs (indicate appropriate ERPAs as recommended by Dose assessment Advisor/ODAM)
  - If PARs are recommended, then circle SHELTER ALL REMAINING ERPAs.
8. Write the EAL # that the event was classified as in the box provided for Item #8. Under Additional Information examples information that should be provided include:
  - Do not repeat the EAL description here.
  - Other conditions if present that could have an effect on future classifications.
  - Other EALs that are applicable to present conditions, ie... if in more than one EAL has been met, indicate additional EAL numbers here.
  - If the EAL requires no additional explanation, the Additional Information section may be left blank.
9. Indicate the following by circling as appropriate:
  - Stable: No escalation in emergency classification expected. Plant conditions are not degrading.
  - Improving Plant conditions are such that mitigative actions have been successful and termination is likely.
  - Degrading: Plant conditions are such that mitigative actions have been unsuccessful, escalation of emergency classification is likely. If already at a General Emergency, release may be anticipated or is ongoing.
10. Indicate not applicable by circling as appropriate or indicate the time the reactor is shutdown (per EOP Definition).

**NOTES:**

  1. Meteorological Data to be recorded on the Part I Notification Fact Sheet is the 15 minute average data in accordance with EPIP-EPP-08.
  2. Meteorological Data need not be completed for initial notification if the data is not readily available.
11. Obtain 15 minute average meteorological data from the Dose Assessment Advisor and record.
12. Obtain 15 minute average meteorological data from the Dose Assessment Advisor and record.
13. Obtain 15 minute average meteorological data from the Dose Assessment Advisor and record
14. Communications Aide completes this block listing name and the commercial telephone they use.

**THEN:** Sign the Part 1 Notification Fact Sheet.

**AND:** Provide to Communications Aide.

**For termination of Unusual Events only,**

1. Complete Part I - Notification Fact Sheet (Attachment 1A) through Line 5 and:
  - a. Sign where appropriate
  - b. Provide to the Communications Aide

**ATTACHMENT 1B: NINE MILE POINT NUCLEAR STATION  
NOTIFICATION FACT SHEET - PART 2**

**RADIOLOGICAL ASSESSMENT DATA**

THIS IS / IS NOT A DRILL (circle appropriate)

**15. Message transmitted at:**

Date \_\_\_\_\_ Time \_\_\_\_\_ Location/Facility Transmitted From: \_\_\_\_\_

**16. General Release Information**

- A. Release > Tech Specs started: Date \_\_\_\_\_ Time \_\_\_\_\_
- B. Release > Tech Specs expected to end: Date \_\_\_\_\_ Time \_\_\_\_\_ OR  Unknown  Intermittent
- C. Release > Tech Specs ended: Date \_\_\_\_\_ Time \_\_\_\_\_
- D. Reactor Shutdown: N/A OR Date \_\_\_\_\_ Time \_\_\_\_\_
- E. Wind Speed: \_\_\_\_\_ miles/hour OR \_\_\_\_\_ meters/second at elevation \_\_\_\_\_ feet or meters (Circle one)
- F. Wind Direction from: \_\_\_\_\_ degrees at elevation \_\_\_\_\_ feet or meters (Circle one)
- G. Stability Class: PASQUIL A B C D E F G OR Other \_\_\_\_\_

**17. Atmospheric Release Information**

- A. Release from:  Ground  Elevated
- B. Iodine/Noble Gas Ratio \_\_\_\_\_
- C. Total Release Rate \_\_\_\_\_ Ci/sec
- D. Noble Gas Release Rate \_\_\_\_\_ Ci/sec
- E. Iodine Release Rate \_\_\_\_\_ Ci/sec
- F. Particulate Release Rate \_\_\_\_\_ Ci/sec

**18. Waterborne Release Information**

- A. Volume of Release \_\_\_\_\_ gal or liters
- B. Total Concentration \_\_\_\_\_  $\mu$ Ci/ml
- C. Radionuclides in Release \_\_\_\_\_
- D. Total Activity Released \_\_\_\_\_

**19. Dose Calculations (based on a release duration of \_\_\_\_\_ hours)**

Calculation is based on (circle one)    A. Inplant Measurements    B. Field Measurements    C. Assumed Source Term

Table below applies to (circle one)    A. Atmospheric Release    B. Waterborne Release

Distance	Dose	
	TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		
___ Miles		

**20. Field Measurements of Dose Rates or Surface Contamination/Deposition**

Mile/Sector OR Mile/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate OR Contamination (Include Units)

Approved By: (SSS/ED or ED/RM) \_\_\_\_\_

**ATTACHMENT 1C  
PART III - UNIT 1 PLANT STATUS BOARD**

Sheet 4 of 5

THIS IS / IS NOT A DRILL	Date (MM/DD/YY)	Time (24 Hour)
--------------------------	-----------------	----------------

<i>Parameter Description</i>	<i>Current Value</i>	<i>Units</i>	<i>Pint ID</i>
Main Steam Line Radiation Monitor 111		mR/Hr.	E469
Main Steam Line Radiation Monitor 121		mR/Hr.	E470
Main Steam Line Radiation Monitor 112		mR/Hr.	E471
Main Steam Line Radiation Monitor 122		mR/Hr.	E472
Reactor Feedwater Total Flow		K#/Hr.	G315
SPDS-APRM		%	H441
SPDS-IRM		%	H442
SPDS-SRM		CPS	H443
SPDS Wide Water Level		Feet	H446
SPDS Acurex FZWLM Level		Inches	H447
SPDS RPV Pressure		PSIG	H448
SPDS Drywell Pressure		PSIG	H449
SPDS Containment Oxygen Concentration		%	H452
SPDS Drywell Temperature		Degrees F	H453
SPDS Torus Water Temperature		Degrees F	H454
SPDS Torus Water Level		Feet	H455
SPDS Offgas Dose Rate		mR/Hr.	H457
SPDS Main Stack		μCi/Sec.	H458
SPDS Containment High Radiation Monitor		R/Hr.	H460
HPCI (No=FW not in HPCI mode; YES=FW in HPCI mode)		-----	W087

**ATTACHMENT 1D  
PART III - UNIT 2 PLANT STATUS BOARD**

Sheet 5 of 5

THIS IS / IS NOT A DRILL	Date (MM/DD/YY)	Time (24 Hour)
--------------------------	-----------------	----------------

<i>Parameter Description</i>	<i>Current Value</i>	<i>Units</i>	<i>Pint ID</i>
Condensate Storage Tank 1A - Level		KGAL	CNSLA100
Condensate Storage Tank 1B - Level		KGAL	CNSLA101
Reactor Feedwater Flow - Line A		KLBH	FWSFU100
Reactor Feedwater Flow - Line B		KLBH	FWSFU101
Reactor Core Isolation Cooling System Flow		GPM	ICSFA100
APRM - Reactor Power		%	SPDSA101
Drywell Temperature		Degrees F	SPDSA103
SRM Output		CPS	SPDSA105
Reactor Water Level		Inches	SPDSA107
Reactor Pressure		PSIG	SPDSA109
Drywell Pressure		PSIG	SPDSA111
Containment Oxygen Concentration		%	SPDSA113
Containment Hydrogen Concentration		%	SPDSA114
Suppression Pool Temperature		Degrees F	SPDSA115
Suppression Pool Water Level		Feet	SPDSA117
Main Stack Activity		μCi/S	SPDSA124
Reactor Building Vent Activity		μCi/S	SPDSA125
Off Gas Activity		μCi/cc	SPDSA126
Drywell High Radiation		R/Hr	SPDSA127
LPCI - A Flow		GPM	SPDSA136
LPCI - B Flow		GPM	SPDSA137
LPCI - C Flow		GPM	SPDSA138
LPSC Flow		GPM	SPDSA139
HPCS Flow		GPM	SPDSA140
Main Steam Radiation Monitor		mR/Hr	SPDSA141
Generator Power		MWE	SPGQA02
Drywell Loop A Pressure Elevation 293 Ft.		PSIG	CMSPA01
Drywell Loop A Pressure Elevation 261 Ft.		PSIG	CMSPA02
Drywell Area Temperature Elevation 307 Ft.		Degrees F	CMSTA01
Drywell Area Temperature Elevation 310 Ft.		Degrees F	CMSTA10

# ATTACHMENT 2: CONTROL ROOM COMMUNICATIONS AIDE FLOWCHART

## HOW TO USE THE RECS LINE

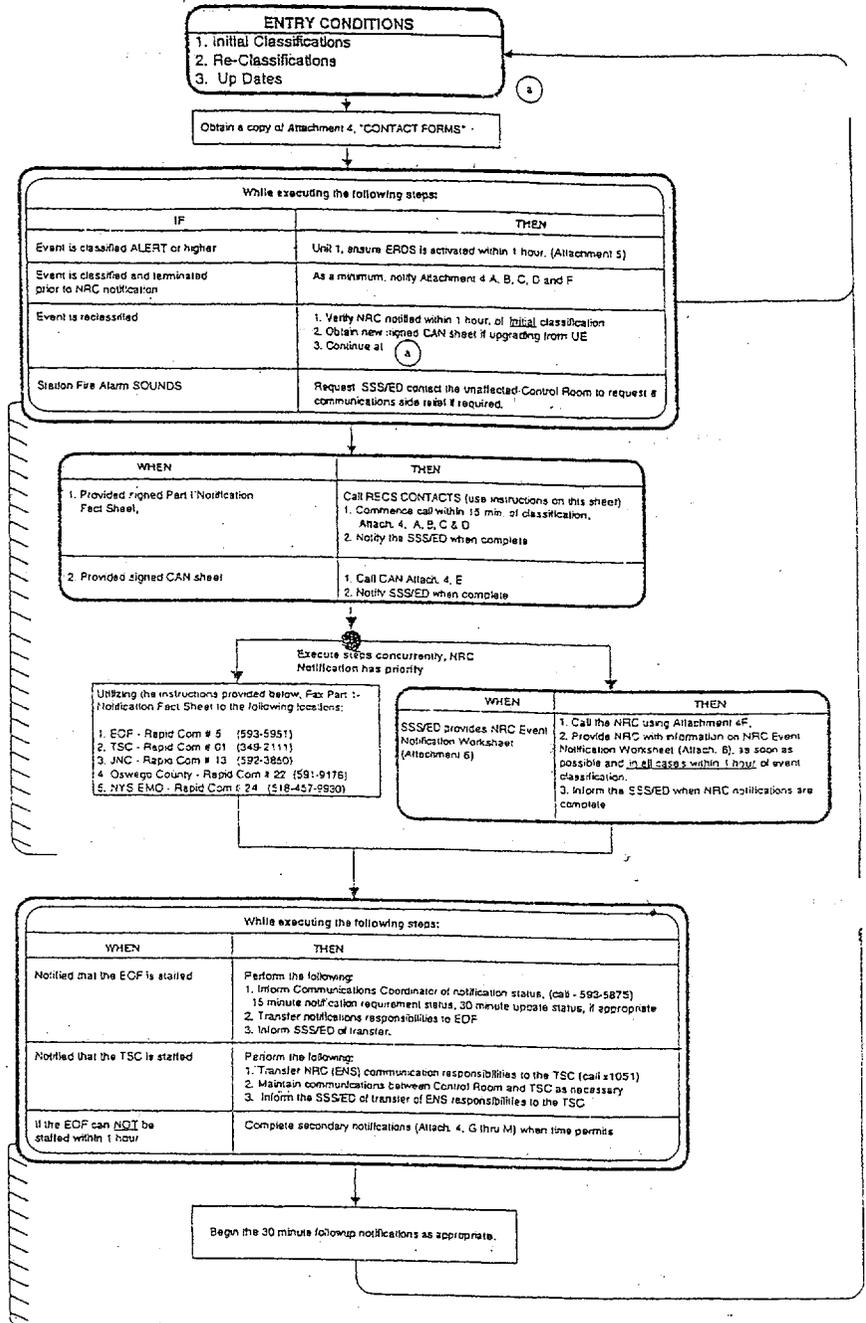
1. Ensure the Notification Fact Sheet - Part 1 is completed and the Emergency Director signature line is signed.
2. Obtain Emergency Contact Forms Packet (Attachment 4).
3. Provide the Part 1 data to agencies via the RECS line.
  - a. Lift the handset of RECS telephone (with yellow face plate) and press **A then \*** (example: like you dial a regular telephone, if you make a mistake, hang-up and re-dial correctly)
  - b. Wait about 10 seconds for all responders to answer. (If no answer, or are informed no light and/or ring was received, hang-up momentarily and re-dial)
  - c. Push button in the handset to talk.
  - d. State the following:  
 "THIS IS / IS NOT (as appropriate) A DRILL, THIS IS TO REPORT AN INCIDENT AT THE NINE MILE POINT NUCLEAR STATION, STANDBY FOR ROLL CALL....".
- NOTE: When each organization answers, they should identify themselves and wait for the Roll Call to begin, (they often do not, so don't wait)
- e. Pause to permit individuals to obtain their copies of forms on which they will record the information you will read to them.
4. Conduct a roll call by stating "Roll Call: New York State Warning Point" (wait to obtain an answer) then continue to include Oswego County Warning Point (pause) and James A. Fitzpatrick Nuclear Power Plant (pause), and unaffected Nine Mile Point Plant.
5. For parties that do not respond to call, state the following "recalling (Party) \_\_\_\_\_". If the party still does not respond, then call them using the backup method specified, after completion of RECS call. If a backup method is not specified, continue notifications and inform SSS/ED, ED/RM as soon as possible.
6. Upon completion of roll call, read the Notification Fact Sheet - Part -Do so by reading each line item number, and the associated information.
7. Upon completion of message state "This is the end of the message Standby For Verification Roll Call".
8. Conduct roll call (step 4).
9. Then ask if N. Y. State and Oswego County have received the message, provide corrected message information if necessary.
10. After all information is provided state "Nine Mile Point (Unit 1, Unit 2 or EOP) out at time \_\_\_\_\_".
11. Record the time that the notification is completed.

## FAXING DOCUMENTS

NOTE: If performing this portion of the procedure during a DRILL or EXERCISE, ensure the word "DRILL" is written across the form.

1. Insert document in FAX machine face down.
2. Flip over plastic cover to expose Rapid Com numbers 33-48
3. Press button number 48
4. This is equivalent to dialing the rapid com numbers below:
 

05	EOP	(593-5951)
01	TSC	(349-2111)
13	JNC	(592-3850)
22	Oswego County	(591-9176)
24	NYS EMO	(518-467-9930)
5. When the FAX machine provides printout:
  - a. Verify FAX was sent to all agencies listed in step 4 above
  - b. If not sent to all, re-send FAX to those missed.



(C3)

## Loss of Communications Capability from the Control Room

IF

- All communications systems have been disrupted,

THEN

- Obtain the emergency communications equipment kit,
- Perform required notifications using the instructions contained on Attachment 7.

**ATTACHMENT 3: COMMUNICATIONS COORDINATOR CHECKLIST (EOF)**

NAME:	DATE:	<input type="checkbox"/> UNIT 1 <input type="checkbox"/> UNIT 2
-------	-------	---

**NOTE:** A Log should be maintained detailing times notifications made, problems encountered, etc.

	<u>Check Complete</u>	<u>N/A</u>
1. Sign in on the Staffing Board .....	<input type="checkbox"/>	<input type="checkbox"/>
2. Obtain the Emergency Contact Forms (Attachment 4). .....	<input type="checkbox"/>	<input type="checkbox"/>
3. Verify EOF Plant Information Coordinator position is filled and ready to assume responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>
4. Verify Off-site Dose Assessment Manager (ODAM) position is filled and ready to assume responsibilities .....	<input type="checkbox"/>	<input type="checkbox"/>
5. Verify communications equipment/telephone lines operational .....	<input type="checkbox"/>	<input type="checkbox"/>
6. Inform EOF Administrator or ED/RM you are staffed and ready to assume communications duties .....	<input type="checkbox"/>	<input type="checkbox"/>
7. Contact Control Room Communications Aide: <u>U-1: 349-2841, 2842, 2843 U-2: 349-2173</u>		
a. Determine which required initial and follow-up notifications have been made .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Request a copy of latest Part I Notification from the Control Room .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Advise Control Room Communications Aide you are assuming emergency notification duties .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Document status of initial and follow-up notifications (complete as required) .....	<input type="checkbox"/>	<input type="checkbox"/>
8. Inform ED/RM when communications turn over is complete .....	<input type="checkbox"/>	<input type="checkbox"/>
9. Process Notification Fact Sheets (NFS) as follows:		
a. Obtain approved NFS as follows:		
• Part 1 NFS: Emergency Director or EOF Administrator .....	<input type="checkbox"/>	<input type="checkbox"/>
• Part 2 NFS: Emergency Director or ODAM .....	<input type="checkbox"/>	<input type="checkbox"/>
• Part 3 NFS: Fax in Tech Assessment Room .....	<input type="checkbox"/>	<input type="checkbox"/>
b. Transmit Part 1 NFS using the RECS line. (See CommAide flow chart for RECS instructions) .....	<input type="checkbox"/>	<input type="checkbox"/>
c. IF		
• All communications systems have been disrupted .....	<input type="checkbox"/>	<input type="checkbox"/>
THEN		
• Obtain the emergency communications equipment located in the NMP Plant Assessment Room .....	<input type="checkbox"/>	<input type="checkbox"/>
• Perform required notifications using the instructions contained on Attachment 7 .....	<input type="checkbox"/>	<input type="checkbox"/>
FAX NFS as follows:		
• Part 1 NFS: Speed dial #10 (Oswego County EOC, New York State EOC, Joint News Center, TSC, JAFNPP Control Room) .....	<input type="checkbox"/>	<input type="checkbox"/>
• Part 2 NFS: Speed dial #10 (Oswego County EOC, New York State EOC, Joint News Center, TSC, JAFNPP Control Room) .....	<input type="checkbox"/>	<input type="checkbox"/>
d. Request EOF clerical staff distribute copy of each new NFS to each EOF "in Basket" .....	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide copies of all transmitted NFS to Plant Information Coordinator for posting in the EOF .....	<input type="checkbox"/>	<input type="checkbox"/>
f. Maintain a legible copy of each NFS in a master file .....	<input type="checkbox"/>	<input type="checkbox"/>

ATTACHMENT 3 (Cont)

**Check  
Complete**    N/A

- (C2) 10. When requested by other EOF staff to distribute data to the State and/or county (e.g. Part III):
- Fax to speed dial #20 (Oswego County EOC, New York State EOC, Joint News Center, TSC) . . . . .
  - Maintain a legible copy of each fax in a master file . . . . .
11. Perform initial and follow-up notifications as required based on emergency classifications and previous notifications status using Attachment 4 (except NRC) . . . . .
12. Upon completion of initial and/or follow-up notifications, continue to make follow-up notifications at approximately 30 minute intervals as specified in Att 4 A, B, C, D . . . . .
13. Keep the ED/RM and EOF Administrator apprised of notification status, problems, and questions . . . . .
14. If the emergency is reclassified, recommence notification activities steps 10 through 14 . . . . .
15. When the emergency is terminated: communicate the Part I Notification Fact Sheet for termination to notify all other parties (Attachment 4) that the event is terminated by:
- a. Obtaining Part I from EOF Administrator . . . . .
  - b. Performing cursory review for completeness to Line 5 and ED/RM signature . . . . .
  - c. Performing notifications per Attachment 4 . . . . .











## ATTACHMENT 5: EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION

Sheet 1 of 2

**NOTES:** The ERDS shall be activated within one hour of the declaration of an alert or higher.

Unit 1 ERDS console is located in the Aux Control Room, Process Computer Room.

Unit 2 ERDS Console is located in the Tech Assessment Room of the TSC.

Step 7 is required only if ERDS System is powered down.

1. Turn on / verify on the following:

- Codex 2235 Modem
- Codex 2171 Modem
- ERDS PC (computer)
- VAX to ERDS PC Modem

Once turned on, after a short delay, the computer screen should display a screen similar to the following:

Nine Mile Point Unit 1 (2)  
Emergency Response Data System (ERDS)  
Authorized Access is Prohibited  
System name: erds 1 (2)  
Console Login:

2. Log on the ERDS computer by entering the following keystrokes:

- Type "erds"
- Depress the "Enter" key

3. When the password prompt appears:

- Type "erdsu1 for Unit 1, and erdsu2 for Unit 2, as appropriate
- Depress the "Enter" key

4. When the system prompt appears (\$), enter the following keystrokes

- Type "erds"

If performing a reconnection, enter the following keystrokes:

- Type "erds -r"

5. Verify the ERDS link is established by observing the following on the screen:

"Handshake complete. Beginning transmission"  
"Press DEL to terminate program manually"

6. Every 60 minutes after initial connection, verify that ERDS is still connected by time, date and sequence as displayed at the bottom center of the screen.
  - This information is contained at the end of the data packet, and should update every 60 seconds.
  - If reconnection is necessary, go to Step 4.
  
7. When it is necessary to terminate the ERDS program, press the "DEL" key. Do not turn any equipment off. Unit 1 ERDS must be always "on".

**TROUBLESHOOTING**

Problem	Solution
Loss of communications (after successful connection)	<ul style="list-style-type: none"> <li>• Reconnect using Steps 4, 5, 6</li> </ul>
NRC host computer busy	<ul style="list-style-type: none"> <li>• Contact NRC Duty Officer (NRC red phone) for instructions</li> </ul>
NRC request you use a different phone number to call ERDS	<ul style="list-style-type: none"> <li>• At Step 4 enter "erdst ######" (where the # represent the area code and telephone number given to you by the NRC).</li> </ul>
Following message appears "Timeout, remote host failed to respond within 1 minute" or "Remote host sent refused"	<ul style="list-style-type: none"> <li>• Wait about 5 minutes after one of these messages first appears (this will give ERDS time to establish a link on its own).</li> <li>• If no connection is made, contact the NRC Duty Officer (NRC red phone) for instructions.</li> </ul>
Loss of source data, <u>or</u> any NMPC ERDS hardware problems.	<ul style="list-style-type: none"> <li>• Inform NRC Duty Officer (NRC red phone) of problems.</li> <li>• Inform SSS/ED or ED/RM of problem.</li> <li>• Have SSS contact computer on call supervisor.</li> </ul>
Computer console locks up.	<ul style="list-style-type: none"> <li>• Reboot and restart. May be accomplished by turning power Off and then back On, or by depressing "Control", "Alt", and "Delete" keys simultaneously.</li> </ul>

Start all NRC notifications with: "This is to report an Incident at Nine Mile Point Unit 1 / 2(as appropriate)".

PAGE 1 OF 2

NRC FORM 361 (12-2000)		<b>REACTOR PLANT EVENT NOTIFICATION WORKSHEET</b>			U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER		
EN #							
NRC OPERATION TELEPHONE NUMBER: PRIMARY - 301-816-5100 or 800-532-3469*, BACKUPS - [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553 *Licensees who maintain their own ETS are provided these telephone numbers.							
NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #			
EVENT TIME & ZONE	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER				
<b>EVENT CLASSIFICATIONS</b>		<b>1-Hr. Non-Emergency 10 CFR 50.72(b)(1)</b>		(v)(A)	Safe S/D Capability	ANA	
GENERAL EMERGENCY	GEN/AEC	TS Deviation		(v)(B)	RHR Capability	ANB	
SITE AREA EMERGENCY	SIT/AEC	<b>4-Hr. Non-Emergency 10 CFR 50.72(b)(2)</b>		(v)(C)	Control of Rad Release	ANC	
ALERT	ALE/AEC	(i)	TS Required S/D	ASHU	(v)(D)	Accident Mitigation	AND
UNUSUAL EVENT	UNJ/AEC	(iv)(A)	ECCS Discharge to RCS	ACCS	(xii)	Offsite Medical	AMED
50.72 NON-EMERGENCY	(see next column)	(iv)(B)	RPS Actuation (scram)	AFPS	(xii)	Loss Comm/Asm/Resp	ACOM
PHYSICAL SECURITY (73.71)	DDDD	(x)	Offsite Notification	APRE	<b>60-Day Optional 10 CFR 50.73(a)(1)</b>		
MATERIAL EXPOSURE	B777	<b>8-Hr. Non-Emergency 10 CFR 50.72(b)(3)</b>		Invalid Specified System Actuation			ANV
FITNESS FOR DUTY	HFT	(ii)(A)	Degraded Condition	ADEG	<b>Other Unspecified Requirement (Identify)</b>		
OTHER UNSPECIFIED REQMT.	(see last column)	(ii)(B)	Unanalyzed Condition	ALNA			NONR
INFORMATION ONLY	NNF	(iv)(A)	Specified System Actuation	AESF			NONR
<b>DESCRIPTION</b>							
Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)							
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	<input type="checkbox"/> YES (Explain above)	<input type="checkbox"/> NO	
NRC RESIDENT							
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (Explain above)	
LOCAL							
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED:	ESTIMATED RESTART DATE:	ADDITIONAL INFO ON BACK	
MEDIA/PRESS RELEASE						<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL INFORMATION

PAGE 2 OF 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T. S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		*State release path in description		
	Release Rate (Ci/sec)	% T. S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T. S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						
	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER	
RAD MONITOR READINGS						
ALARM SETPOINTS						
% T. S. LIMIT (if applicable)						
RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)						
LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)						
LEAK RATE	UNITS: ppm/gpd	T. S. LIMITS	SUDDEN OR LONG-TERM DEVELOPMENT			
LEAK START DATE	TIME	COOLANT ACTIVITY AND UNITS:	PRIMARY	SECONDARY		
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL						
EVENT DESCRIPTION (Continued from front)						

**ATTACHMENT 7: LOSS OF COMMUNICATIONS CAPABILITY FROM THE CONTROL ROOM**

**OSWEGO COUNTY 800 MHZ RADIO**

**IF:** You are using this radio due to a complete loss of communications from the control rooms,  
**THEN:**

1. Move to an outdoors location.
2. Select System 7 (S button), Group 1 (G button).
3. Hold the talk button until you receive a beep; you are now clear to talk.
4. State "Nine Mile Point Unit \_\_\_\_ Control Room to Dispatch".
5. State that normal communications systems have been disrupted.
6. Provide information as directed.

**SATELLITE PHONE**

**IF:** You are using this satellite phone due to a loss of communications from the control rooms,  
**THEN:**

1. Move to an outdoors location.
2. Turn on the power using the RED button on the bottom left of the keypad.
3. Turn the antenna toward the sky and extend it.
4. Enter the PIN...1111 and press the OK button.
5. The screen will now indicate, Searching.
6. If it says Check Signal, turn off the phone and move to a different location and start over.
7. If it says Blocked (because the PIN was entered incorrectly 3 times) then,
  - A. Press the following key sequence: (\*),(\*), (0+), (5), (\*)
  - B. Enter the Unblocking code
    1. for Unit 1 - 9599 9661
    2. for Unit 2 - 1375 4571
    3. for EOF - 3428 9412
  - C. Enter the correct PIN code and press OK.
  - D. Re-enter the PIN code to verify
8. If it says Registered, wait for Iridium screen and dial out as follows:
  - A. To make all calls, hold 0 for approx. 2 seconds to get a plus sign (+), then 1, the area code, and the phone number, then press OK (there are no local call capabilities).
    - State that you are calling from Nine Mile Point Unit \_\_\_\_.
    - State that normal communications systems have been disrupted.
    - Provide information as directed.
  - B. To call other satellite phones, dial the satellite phone number, and then press OK.
    - Unit 1 Sat phone: 8816 3143 3584
    - Unit 2 Sat phone: 8816 3143 3583
    - EOF Sat phone: 8816 3143 3582

**Note:** *There will be a small delay from the time you speak to the time the other party will hear you.*

**NINE MILE POINT RADIO**

**IF:** You are using this radio due to a loss of normal communications from the control rooms,  
**THEN:**

1. Move to an outdoors location.
2. Select Channel 16, (County Admin Channel)
3. Hold the talk button and state "Nine Mile Point Unit \_\_\_\_ Control Room to 911 Center".
4. State that normal communications systems have been disrupted.
5. Provide information as directed.

NINE MILE POINT NUCLEAR STATION  
EMERGENCY PLAN MAINTENANCE PROCEDURE

EPMP-EPP-01

REVISION 14

MAINTENANCE OF EMERGENCY PREPAREDNESS

TECHNICAL SPECIFICATION REQUIRED

Approved by:  
G. L. Detter

*William Sykes for GLD*  
General Manager Support Services

*5/24/02*  
Date

Effective Date: *5-30-2002*

PERIODIC REVIEW DUE DATE: *SEPTEMBER, 2002*

LIST OF EFFECTIVE PAGES

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## 1.0 **PURPOSE**

To provide guidance in the scheduling of recurring emergency preparedness activities and instruction for the review and approval of emergency preparedness controlled documents and materials to ensure the effective maintenance of the Emergency Preparedness Program.

## 2.0 **RESPONSIBILITIES**

### 2.1 **Director Emergency Preparedness**

- Schedules all emergency preparedness activities within the required frequency to ensure that the Emergency Response Organization, facilities and equipment are maintained in a constant state of readiness.
- Ensures that emergency preparedness controlled documents and materials are developed, maintained, and revised in accordance with station document administrative requirements and Federal regulations and that the actions implemented by the document are consistent with the philosophy of the Emergency Preparedness Plan and Program.

### 2.2 **The Manager-Nuclear Training**

Ensures that personnel assigned to emergency plan duties receive appropriate emergency preparedness training and maintains exercise participant records as evidence of training received through active participation in an emergency exercise or drill.

### 2.3 **The Manager-Nuclear Communications and Public Affairs**

- Provides Emergency Preparedness with the support necessary to maintain the public information process, specifically:
  - a. The collection, coordination and development of public information.
  - b. The publication, distribution and historical documentation of public information.
  - c. The development and conduct of the information presentation to the news media.

## 3.0 **PROCEDURE**

### 3.1 **Scheduling of Emergency Preparedness Activities**

The Director Emergency Preparedness shall develop and maintain a Drill, Exercise and Objective Schedule and an Annual Emergency Preparedness Activities Schedule.

- 3.1.1 Schedules may include the activities and objectives listed in Attachments 1 and 2, EPMP-EPP-04 and any additional items deemed necessary to maintain the Emergency Preparedness Program.
- 3.1.2 Periodic requirements for the testing of emergency related systems and equipment may be demonstrated during a drill or exercise.
- 3.1.3 Schedules should be developed in cooperation and coordination with station and offsite organizations involved with the particular activity.
- 3.1.4 Documentation of each item completed on the Activities Schedule must be provided. This documentation may include Training Records, attendee lists, reports and/or letters to file indicating when and how the item was completed.

**3.2 Drill and Exercise Report Documentation**

The Director Emergency Preparedness shall ensure that drill reports are developed and issued in accordance with EPMP-EPP-04, "Emergency Exercise/Drill Procedure".

(C2) **3.3 Annual Recertification of the Nine Mile Point Emergency Preparedness Program**

- 3.3.1 The Director of Emergency Preparedness shall recertify the Emergency Preparedness program by performing the following actions on an annual basis:
  - a. Verify that any new formal commitments have been or are scheduled to be incorporated into the appropriate emergency preparedness documents.
  - b. Verify that drill, exercise, audit or assessment findings have been or are scheduled to be incorporated into the appropriate emergency preparedness documents.
  - c. Review current letters of agreement to ensure consistency with the Site Emergency Plan.
    - 1. This review should include verification of the continuity of scope and effective dates of each letter of agreement.
  - d. Verify that emergency plan implementing procedures have been periodically reviewed in accordance with NIP-PRO-02.
  - e. Verify the completion of all annual drill requirements.
  - f. Perform actions necessary to correct discrepancies found in executing Steps 3.3.1.a-e of this procedure

(C2) 3.4 **Annual Technical Specification Review of Emergency Preparedness Documents**

- NOTES:**
1. This review is performed to satisfy Unit 1 and Unit 2 Technical Specification 6.5.2.8.
  2. Qualified Technical Reviewers (QTRs) are considered plant supervisory staff.
  3. QTR review performed as part of a procedure revision shall suffice as the review required by Step 3.4.1 of this procedure ONLY if changes recommended as part of that review are processed in accordance with Step 3.4.2.

3.4.1 The following shall be reviewed by plant supervisory staff on an annual basis:

- Site Emergency Plan (SEP)
- Emergency Plan implementing procedures listed in Appendix C of the SEP
  - a. The procedure review shall be documented on an Administrative Procedure Control Form in accordance with NIP-PRO-02.

3.4.2 IF the review performed in accordance with Step 3.4.1 results in recommending changes, then:

- a. The changes shall be approved by the Plant Manager
- b. The revised documents shall be transmitted to the Vice President - Nuclear Generation and the Chairman of the Safety Review and Audit Board.

3.5 **Revision of Controlled Emergency Preparedness Documents**

3.5.1 Revision to the Site Emergency Plan, EIPs and EPMPs shall undergo an effectiveness review in accordance with Attachment 3 of this procedure.

3.5.2 Revisions to emergency action levels:

- a. shall have the concurrence of the State and County
- b. may be reviewed with J. A. FitzPatrick.

3.5.3 The Director Emergency Preparedness shall ensure distribution of all approved revisions to the Emergency Plan or Implementing procedures to the NRC within 30 days of the effective date as follows:

### 3.5.3 (Cont)

**NOTE:** "No change periodic review" (NCPR) does not constitute a procedure or plan change, therefore submittal to the NRC is NOT required.

- a. One copy of any procedure change with signed original letter to:  
  
Nuclear Regulatory Commission  
Document Control Desk  
Washington, D.C. 20555
- b. Two copies of any procedure change to NRC Region 1 office.
- c. One copy of any procedure change to NRC Resident Inspector.

### 3.6 Control and Use of Emergency Preparedness Job Aids

3.6.1 The Director Emergency Preparedness or designee shall review, approve and authorize use of all emergency preparedness job aids.

3.6.2 Personnel shall develop job aids on a suitable medium and ensure:

- Handwritten or drawn aids are avoided to the extent practicable.
- The information presented on the job aid is clear, legible and useable.
- If the proposed job aid provides any information that should be incorporated into the permanent procedures, initiator will provide a completed Procedure Change Evaluation (PCE) and not the job aid request.
- Job aid is not intended to bypass or reflect requirements of procedure(s).

3.6.3 Personnel requesting a job aid shall initiate an Emergency Preparedness Job Aid Form (Attachment 4) by completing the Originating Information section and submitting it to the Director Emergency Preparedness.

3.6.4 The Director Emergency Preparedness or designee shall review the request for the job aid document. If the request is rejected, inform the originator. If not, perform the following:

**NOTE:** Verify that the Job Aid content does not bypass the normal plant procedure change process. If a procedure change is appropriate, request the originator to complete a PCE and reject the job aid.

- a. Document approval by signing and dating the form.

3.6.4 (Cont)

- b. Assign a sequence number to the form using the Job Aid Index Log (Attachment 5).
- c. Complete the necessary information in the EP Job Aid Index Log.

3.6.5 Generate and post the job aid.

- a. Job aids shall be marked with the assigned job aid number, effective date and a reference to the originating/source document including its revision number, if applicable.
- b. Ensure that job aids are placed in close proximity to where they will be used and in a protective cover or lamination.

3.6.6 Requests to remove a posted job aid shall be submitted to the Director Emergency Preparedness by any one in the initiator organization.

3.6.7 The Director Emergency Preparedness or designee shall review to approve the removal of posted job aids or can remove any job aids, if required, by signing and dating the Removal Authorization section of the EP Job Aid Form (Attachment 4) and updating the EP Job Aid Index Log (Attachment 5).

3.6.8 The Director Emergency Preparedness shall ensure that the annual recertification review of open job aids is performed. Review includes the following:

- a. Assessment of open job aids for continued use.
- b. Verification that open job aids are current in content.
- c. Letter to file (with a copy of EP Job Aid Index Log) listing by number the Job Aids which were reviewed.

**3.7 Annual Training to Offsite Agencies**

3.7.1 On an annual basis, training should be offered to the following offsite agencies:

- New York State Emergency Management Office
- New York State Department of Health
- Oswego County Emergency Management

3.7.2 This training shall include:

- Review of NMP Site Emergency Plan or implementing procedures
- Classification of Emergencies/Emergency Action Levels
- Reporting Requirements
- Assessment and Protective/Corrective Actions
- Communication Networks

#### 4.0 DEFINITIONS

None

#### 5.0 REFERENCES AND COMMITMENTS

##### 5.1 Technical Specification

5.1.1 Unit 1 Technical Specifications Sections 6.5.2.8

(CTS) 5.1.2 Unit 2 Technical Specifications Sections 6.5.2.8

##### 5.2 Licensee Documentation

5.2.1 Nine Mile Point Site Emergency Plan

(ITS) 5.2.2 Nine Mile Point Unit 1 FSAR, Appendix B

##### 5.3 Standards, Regulations and Codes

5.3.1 10 CFR 50.4

5.3.2 10 CFR 50.47

5.3.3 10 CFR 50.54t

5.3.4 10 CFR 50 Appendix E

5.3.5 FEMA-REP-15, Radiological Emergency Preparedness Exercise Evaluation Methodology

5.3.6 NUREG-0654/FEMA REP-1, Criteria for preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

#### 5.4 Policies, Programs and Procedures

- 5.4.1 NDD-EPP, Emergency Preparedness
- 5.4.2 NIP-EPP-01, Emergency Response Organization Expectations and Responsibility
- 5.4.3 NIP-RMG-01, Records Management
- 5.4.4 EPMP-EPP-02, Emergency Equipment Inventories and Checklists
- 5.4.5 EPMP-EPP-03, EDAMS Program Maintenance
- 5.4.6 EPMP-EPP-04, Emergency Exercise/Drill Procedure
- 5.4.7 EPMP-EPP-05, Emergency Preparedness Program Self Assessment
- 5.4.8 EPMP-EPP-06, Emergency Response Organizations Notification Maintenance and Surveillance
- 5.4.9 EPMP-EPP-08, Maintenance, Testing and Operation of the Oswego County Prompt Notification System

#### 5.5 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
None	C1	DER C-98-0625: Proceduralize emergency medical services program maintenance and oversight functions.
None	C2	DER C-1999-0856: Periodic review and control of EP procedures misaligned with QATR/NDD-PRO/POL.
None	C3	DER C-2000-1074: NRC Performance Indicators
	C4	DER C-2000-0141: Conduct an off-hours unannounced ERO exercise requiring actual response to ERFs once every three years.
NCTS 504473	C5	NCTS 504473: NRC order dated 25-FEB-02

## 6.0 RECORDS REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant file in accordance with NIP-RMG-01, Records Management.

- Drill, Exercise and Objectives Schedule
- Annual Emergency Preparedness Activities Schedule
- Annual Independent Emergency Preparedness Program Review
- Annual Emergency Plan Recertification Review Report
- 10 CFR 50.54(q) Effectiveness Review
- Any documentation generated as a result of Step 3.1.4 of this procedure

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

- Emergency Preparedness Job Aid Form
- EP Job Aid Index Log

**LAST PAGE**

**ATTACHMENT 1: RECURRING EMERGENCY PREPAREDNESS ACTIVITIES**

Recurring activities are individually numbered and coded as 'BW' for Bi-weekly, 'M' for monthly, 'Q' for quarterly, 'S' for semi-annual, 'A' for annual, 'B' for biennial, 'D' for following drills and/or exercise, 'AR' for As Required.

A.	EP Program Items	Freq	Reference
1.	Develop and issue a drill report describing the scenario conducted and observations per EPMP-EPP-04	D	EPMP-EPP-04
2.	Verify telephone numbers contained in emergency procedures and revise as necessary per EPMP-EPP-02.	Q	NUREG-0654, P.10 EPMP-EPP-02
3.	Ensure an independent review of the Emergency Preparedness Program is performed.	A	10 CFR 50.54(t) NUREG-0654, P.9
4.	Ensure reviews of the Site Emergency Plan and Emergency Plan implementing procedure (listed in SEP Appendix C) in accordance with Step 3.4 of this procedure.	A	Tech Spec 6.5.2.8 EPMP-EPP-01
5.	Recertify the emergency plan in accordance with Step 3.3 of this procedure.	A	NUREG-0654, P.4 EPMP-EPP-01
6.	Ensure periodic reviews of Emergency Plan implementing procedures (listed in SEP Appendix C) are conducted in accordance with NIP-PRO-02 and NIP-PRO-03.	A	Site Emergency Plan
7.	Review the Emergency Action Levels with the State and county governmental authorities and document per EPMP-EPP-01.	A	10 CFR 50, Appendix E, Section IV, B EPMP-EPP-01
8.	Verify initial and annual requalification conducted for ERO personnel per NTP-TQS-202.	A	10 CFR 50, Appendix E, Section IV, F NUREG-0654, O.5 NTP-TQS-202
9.	Perform a recertification review of the Emergency Preparedness Job Aids.	A	EPMP-EPP-01
10.	Perform a coordinated dissemination of information to the public within EPZ to include the following: a) "Emergency Planning and You" booklet b) Telephone advertisement c) Transient population poster.	A	10 CFR 50, Appendix E, Section IV, D.2. NUREG-0654, G.1
11.	Verify performance of a familiarization of the media with the plans, radiation and points of contact for release of public information.	A	NUREG-0654, G.5
12.	Verify satisfactory completion of all required audits per EPMP-EPP-02.	M;Q and A	EPMP-EPP-02
13.	This step left intentionally blank.		
14.	Develop/maintain six year drill, exercise and objective schedule.	A	EPMP-EPP-01
15.	Develop an EP Activities Schedule.	A	EPMP-EPP-01

**ATTACHMENT 1 (Cont)**

<b>B. Periodic Tests of Facilities and Equipment</b>	<b>Freq</b>	<b>Reference</b>	
1. Verify the conduct of the bi-weekly silent test of the siren system.	M	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08	
2. Conduct a test of the communications with the State and County agencies within the plume EPZ per EPMP-EPP-02. (RECS test)	M	10 CFR 50, Appendix E Section IV.E.9.a NUREG-0654, N.2.a EPMP-EPP-02	
3. Conduct a test of the communications from the CR, TSC, and EOF to the NRC (ENS and HPN) per EPMP-EPP-02. (ENS test)	M	10 CFR 50, Appendix E, Section IV.E.9.d NUREG-0654, F.1.f EPMP-EPP-02	
4. Conduct a test of the ERO pager system.	Weekly	NUREG-0654, F.3 EPMP-EPP-06	
5. Conduct an inspection, inventory and operability test of all emergency equipment and instruments per EPMP-EPP-02.	AR	NUREG-0654, H.10 EPMP-EPP-02	
6. Verify the conduct a growl test of the siren system (performance is also required whenever maintenance has been performed) per EPMP-EPP-08.	Q	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08	
7. Verify the conduct of a test of the Unit 1 and Unit 2 ERDS surveillance.	Q	10 CFR 50, Appendix E, Section VI.1.	
8. Conduct a test of the communications between the CR, TSC and EOF per EPMP-EPP-02. (Dedicated Telephone test)	A	10 CFR 50, Appendix E Section IV.E.9.c. EPMP-EPP-02	
9. Conduct a test of the communications with the State and County EOCs and the Field Monitoring Teams from the EOF per EPMP-EPP-02. (RECS and Radio/Radio Console test)	A	10 CFR 50, Appendix E, Section IV.E.9.c. EPMP-EPP-02	
10. Conduct a test of the communications with Federal EROs per EPMP-EPP-02. (ENS Test)	A	10 CFR 50, Appendix E, Section IV.E.9.b. EPMP-EPP-02	
11. Verify the conduct of an "all-blow" test of the siren system per EPMP-EPP-08.	A	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08	
12. Verify collection/evaluations of emergency preparedness TLDs	Q	SEP 7.3.3.b.2 S-ENVSP-4.5 NUREG 0654 II.I.	
(C5)	13. Perform a visual inspection of the Emergency Communications Equipment in the Control Rooms and the EOF (i.e. ensure radios are in chargers, etc.)	M	Commitment C5
14. Purchase new batteries for all handheld Emergency Preparedness radios.	Every 4 years	None	

**ATTACHMENT 1 (Cont)**

**C. Miscellaneous Activities/Tasks**

1.	Perform CAN surveillance and testing: <ul style="list-style-type: none"> <li>• Perform CAN Test</li> <li>• Perform CAN Surveillance for Initial Responders</li> <li>• Send group rosters to responsible owners.</li> </ul>	Q	EPMP-EPP-06
2.	Develop Performance Indicators	AR	EPMP-EPP-05
3.	Distribute prompt notification system monthly summary to New York State (including year-to-date siren availability) per EPMP-EPP-08	M	EPMP-EPP-08 SEP section 6
4.	Distribute copy of annual QA/SRAB audit to State and County.	A	NUREG-0654, P.9
5.	Review all KI tablet supplies for expiration per EPMP-EPP-02.	A	SEP section 6 EPMP-EPP-02
6.	Verify completion of drill requirements via completion of required objectives, drills and reports.	A	EPMP-EPP-01 EPMP-EPP-04
7.	Update drill/exercise compliance matrix following each drill per EPMP-EPP-04	D	EPMP-EPP-04
8.	Provide annual training for State and County	A	10CFR50 Appendix E, Section F
9.	Perform surveillance of Tone Alert Radio distribution	A	EPMP-EPP-08
10.	Verify completion of TSC Ventilation Test (S-IPM-TSC-001)	Q	NUREG 0696
11.	Perform self assessment activities in accordance with EPMP-EPP-05	AR	EPMP-EPP-05
12.	Perform distribution of updates of SEP and EPIP to NRC	M	10CFR 50.4 EPMP-EPP-01
13.	Perform EDAMS surveillance in accordance with EPMP-EPP-03	A	EPMP-EPP-03
14.	Generate ERO Qualification List and: <ul style="list-style-type: none"> <li>• Generate list of delinquent personnel</li> <li>• Generate a list of personnel who will become delinquent before the next list is generated</li> <li>• Distribute the above to each emergency facility</li> <li>• Distribute the above to personnel in accordance with NIP-EPP-01</li> </ul>	Q	NIP-EPP-01

**ATTACHMENT 1 (Cont)**

**C. Miscellaneous Activities/Tasks (Cont)**

15.	Review PPF materials stored in temporary location for transfer to permanent location.	A	NIP-RMG-01
16.	Update Site and Emergency Telephone directories in all ERFs, including Unit 1 and Unit 2 Control Rooms and Simulators and send updated directories to Oswego County and NY State Emergency Operations centers.	Q	None
17.	Conduct surveillance of the content and frequency of training provided by Oswego County.	A	10CFR50 Appendix E Section F
18.	Verify conduct of New York State dial-up system surveillance.	Q	None
19.	Schedule the following activities: <ul style="list-style-type: none"> <li>• MS-1 training and drill dates for Oswego and University Hospitals</li> <li>• RP Familiarization and Plant Access training for offsite fire departments.</li> <li>• MS-1 training for Oswego Fire Department</li> </ul>	A	10CFR50 Appendix E Section F
20.	Service copiers and fax machines in TSC, OSC and JNC & film and microfiche readers in the OSC & EOF.	A	None
21.	Solicit changes to the following documents: <ul style="list-style-type: none"> <li>• New York State Public Health Law Article 30 and 30A</li> <li>• New York State CPR Title 10 Part 800</li> <li>• New York State Basic Life Support protocols</li> <li>• Central NY Basic EMT protocols.</li> </ul> IF needed, generate changes to NTP-TQS-402 and EPMP-EPP-02.	A	None Commitment C1
22.	Verify that all licensed SROs that may fulfill an SSS role AND whose drill participation requirement will expire within 6 months are scheduled to participate in an EP drill.	M	EPMP-EPP-05 Commitment C3
23.	Test or change all cordless headset batteries in TSC, OSC, EOF, JNC and Control Rooms.	A	None
24.	Update EP Department on-call list and distribute to: <ul style="list-style-type: none"> <li>• Control Rooms</li> <li>• Central Regional Control Center</li> <li>• Network Control Center</li> <li>• Oswego County Emergency Management</li> <li>• New York State Emergency Management</li> </ul>	S	None
25.	Conduct walkdown of emergency facilities using Attachment 6	M	None

**ATTACHMENT 1 (Cont)**

**C. Miscellaneous Activities/Tasks (Cont)**

26.	Assess ERO qualification status using Attachment 7 and the most recent ERO qualification report	M	None
27.	Verify accuracy of JNC Press Kit information	A	None
28.	Assess all actions and information in the Response Flowchart in the Significant Site Events binder (EOF) and update as needed.	A	None
29.	Update the Personnel Roster and Telephone list in the Significant Site Events binder (EOF).	M	None
30.	Assess any changes required for the RMC Manuals for the Oswego and University Hospitals.	B	None

**ATTACHMENT 2: PERIODIC REQUIREMENTS FOR DRILLS AND EXERCISES**

Reoccurring drills and exercises are individually numbered and coded as 'M' for monthly, 'Q' for quarterly, 'S' for semi-annual, 'A' for annual, 'B' for biennial, and 'C' for once in a cycle (every 6 years). 'AR' for As Required.

Periodic Drills and Exercises	Freq	Reference
1. Conduct a Health Physics (HP) drill involving response, monitoring, sampling and analysis activities.	S	NUREG-0654, N.2.e.(1)
2. Conduct a communications drill with the State and County EOCs and the Field Monitoring Teams from the EOF.	A	NUREG-0654, N.2.a EPMP-EPP-02
3. Conduct a medical emergency drill involving a simulated contaminated individual which contains provisions for participation by local support services agencies.	A	NUREG-0654, N.2.c
4. Conduct an environmental radiological monitoring drill involving onsite and offsite activities.	A	NUREG-0654, N.2.d
5. Conduct a Health Physics drill involving the analysis of liquid samples using PASS.	A	NUREG-0654, N.2.e.(2)
6. Conduct an exercise of the NMPNS Emergency Plan. Provide the opportunity for offsite authorities to participate in each exercise.	B	10 CFR 50, Appendix E, Section IV, F.2 & F.3.(f)
7. Conduct an exercise which involves a simulated release which would require a response by offsite authorities. Provide an opportunity for offsite authorities to fully participate in the exercise. At least partial participation is required of offsite authorities in every offsite exercise.	B	10 CFR 50, Appendix E, Section IV, F.3 NUREG-0654, N.1.a
8. Commence an exercise between 1800-0400.	C	NUREG-0654, N.1.b
9. Conduct exercises in various weather conditions (during different seasons).	C	NUREG-0654, N.1.b
10. Conduct an unannounced exercise (the knowledge of the exact date of the exercise is restricted to only non-players with a need to know).	AR	NUREG-0654, N.1.b FEMA GM, R1-TH-88-19
11. Conduct an Ingestion Pathway exercise. Provide the opportunity for the States to participate in the Ingestion Pathway exercise.	AR	10 CFR 50, Appendix E Section IV, F.3.(e)
12. Conduct an exercise which allows all State and local governments to fully participate together.	AR	10 CFR 50, Appendix E Section IV, F.3.(c)
13. Conduct an off hours, unannounced ERO exercise requiring actual response to Emergency Response Facilities	Once every three years	DER C-2000-0141

(C-4)

**ATTACHMENT 3: 10CFR50.54(Q) EVALUATION AND EFFECTIVENESS REVIEW**

Document Title: \_\_\_\_\_

Document Number: \_\_\_\_\_

Revision: \_\_\_\_\_

**Preliminary Evaluation:**

Does the proposed procedure/procedure change impact or alter:

- | <u>Yes</u>               | <u>No</u>                | <u>Item</u>   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The assignment of responsibilities to either principal or supporting organizations or the ability to respond initially or on a continuous basis.  |
| <input type="checkbox"/> | <input type="checkbox"/> | The staffing and/or responsibilities of on-shift personnel or initial activation and long term staffing of emergency response facilities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | The interface between onsite and offsite support response activities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | Arrangements for requesting and effectively using assistance or resources from offsite authorities or the accommodations for Federal, State, and/or Local staff at the Emergency Operations Facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Emergency Action Levels.  |
| <input type="checkbox"/> | <input type="checkbox"/> | * The periodicity of communications and emergency equipment tests.  |
| <input type="checkbox"/> | <input type="checkbox"/> | * Notification process to the station Emergency Response Organization or the Local, State, or Federal entities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | * Content of initial and follow-up messages.  |
| <input type="checkbox"/> | <input type="checkbox"/> | * Communications capability among principal response organizations to emergency personnel or the public.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Dissemination of coordinated information to the general or transient public including periodic information dissemination (brochures).   |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency facilities and support equipment, used in emergency response, provisions, or maintenance.   |
| <input type="checkbox"/> | <input type="checkbox"/> | * Methods, systems and/or equipment for the assessment and monitoring of actual or potential offsite radiological consequences.   |
| <input type="checkbox"/> | <input type="checkbox"/> | * Protective Actions developed for either the Plume or Ingestion Exposure Pathways including onsite protective actions.   |

\* Indicates a "risk significant" planning standard.

### ATTACHMENT 3 (Cont)

- Means for controlling emergency worker radiation exposures consistent with the guidelines established by the EPA.
- Arrangements for medical services for contaminated injured individuals.
- Plans for plant reentry and/or recovery organization operations.
- Periodicity of drills and/or exercises as well deficiency resolution.
- Training requirements for Emergency Response Organization or local site support personnel.
- Responsibilities for development, maintenance or review of the Plan as well as training requirements for personnel maintaining the Plan.
- Implementation of Federal regulations and requirements or Formal Emergency Preparedness commitments.

#### **Assessment of Impact:**

If any of the items of the preliminary evaluation are checked "Yes", then an effectiveness review analysis against the specific elements of 10 CFR 50.47(b), 10 CFR 50 Appendix E, other applicable regulations, requirements or commitments is required.

Documentation of the effectiveness review analysis and justification should be developed and attached to this form as follows:

Background and Scope Provides a description of the reason for and scope of the change.

Program Requirements A description of the regulation or commitment criteria, related to each change, for which the Emergency Preparedness Program must demonstrate compliance. This includes nonregulated elements described by the currently effective Emergency Plan.

Change Assessment A discussion of how each change degrades, does not affect or enhances the effectiveness and abilities of the Emergency Preparedness Program as it relates to the program requirements.

Justification A formal justification which describes reason the change is appropriate and necessary.

Change Matrix If practical, a comparison table showing both old and new wording, including step or section number references is developed. Changes which involve the incorporation of previously unaddressed elements shall mark the old wording as 'Not Applicable'. Changes which involve the deletion of an element shall mark the new wording as 'Removed from Document'.

**ATTACHMENT 3 (Cont)**

References Provides a list of references described in the analysis such as regulation numbers, guidance documents, information notices, inspection reports or other sources which contain criteria incorporated by the Emergency Plan.

Conclusion State the conclusion (decrease/no decrease in effectiveness) of the analysis.

**Statement of Conclusion:**

Does the change maintain the equivalent or establish an improved capability:

- | <u>Yes</u>               | <u>No</u>                | <u>N/A</u>               |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | To respond to an emergency or meet actions or other requirements described in the Emergency Plan.           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In protecting the health and safety of plant personnel and the general public in the event of an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In implementation of a Federal regulation or requirement or formal commitment.                              |

Based on this evaluation the proposed change (Circle One) **DOES / DOES NOT** decrease the effectiveness of the Emergency Plan.

The Plan, as changed, (Circle One) **CONTINUES / DOES NOT CONTINUE** to meet the standards of 10 CFR 50.47(b), the requirements 10 CFR 50 Appendix E, and all other applicable regulations, requirements, and commitments.

**Disposition:**

Application shall be made and approval obtained from the NRC for proposed changes that decrease the effectiveness of the Plan prior to implementation.

Evaluator (print/initial): \_\_\_\_\_

\_\_\_\_\_  
Date

Concurrence - EP (print/initial): \_\_\_\_\_

\_\_\_\_\_  
Date

**ATTACHMENT 4: EMERGENCY PREPAREDNESS JOB AID FORM**

(To be assigned by EP) Job Aid Number: \_\_\_\_\_

**Originating Information**

Name(Print): Last, First Initial	Branch/Dept:	Date:
TEL. EXT# _____	Pager# _____	
Intended Use and Justification: (Attach sample Job Aid)		
PCE # _____ If procedure change required. Attach a copy.		
Reference Source Document including Revision Number:		
Affected Position(s):		
Method and Location of Posting:		

**Approval Authorization**

Signature:	Expiry Date if assigned.	Date:
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**Removal Authorization**

Signature:	Date:
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ATTACHMENT 6: MONTHLY FACILITY INSPECTION CHECKLIST

Month \_\_\_\_\_ Year \_\_\_\_\_      \_\_\_\_\_ EOF      \_\_\_\_\_ JNC      \_\_\_\_\_ OSC      \_\_\_\_\_ TSC

- |  |   |
|--|---|
| <input type="checkbox"/> Facility cleanliness                            | <input type="checkbox"/> Hand/foot monitors (TSC)                         |
| <input type="checkbox"/> General maintenance (lights, furniture, phones) | <input type="checkbox"/> Procedures                                       |
| <input type="checkbox"/> Wall and or radio console clocks                | <input type="checkbox"/> EOPs (TSC/EOF)                                   |
| <input type="checkbox"/> Keys/break-away box                             | <input type="checkbox"/> PING (TSC)                                       |
| <input type="checkbox"/> Emergency ventilation (TSC)                     | <input type="checkbox"/> Portable Instrumentation (OSC/EOF)               |
| <input type="checkbox"/> Storage areas                                   | <input type="checkbox"/> Computers  |
| <input type="checkbox"/> Conference areas                                | <input type="checkbox"/> Previous month's deficiencies reviewed/corrected |

Corrective Actions	Assigned to	Date Completed

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

ATTACHMENT 7: ERO QUALIFICATION LIST SURVEILLANCE

Month: \_\_\_\_\_

Completed by: \_\_\_\_\_

**Instructions:** Using the most recently issued "ERO Training due Report and Qualification List", assess the following:

- 1. Verify that no personnel will expire due to lapsed "Drill Participation" requirements prior to the next drill
  - a. If a person will expire before the next drill, then write a DER and find a qualified replacement in anticipation of the loss
  - b. If a person must participate in the next drill in order to remain qualified, verify that persons planned participation by whatever means
- 2. Verify that all rosterized ERO positions have at least four qualified persons. If vacancies exist, verify that personnel are in the process of being qualified to accommodate the vacancies.
- 3. Verify that all non-rosterized ERO positions have sufficient numbers of qualified responders (use a ration of 5 qualified people for each required responder). If vacancies exist, verify that personnel are in the process of being qualified to accommodate the vacancies.
- 4. Verify that all non-qualified (lapsed qualification) responders are flagged as such and that DER's have been written.
- 5. Validate all responders in the report against the current CAN list and revise CAN or ERO database as required.

Detail actions taken for all unsat items:

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