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10 CFR 50, Appendix E

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

SHEARON HARRIS NUCLEAR POWER PLANT
DOCKET NO. 50-400/LICENSE NO. NPF-63
CHANGE TO EMERGENCY PLAN IMPLEMENTING PROCEDURE

Dear Sir or Madam:

In accordance with 10 CFR 50, Appendix E, Carolina Power & Light Company is transmitting one copy of a recently revised Harris Nuclear Plant Emergency Plan implementing procedure. The enclosure to this letter identifies the revised emergency plan implementing procedure and the effective date.

Questions regarding this submittal may be referred to Mr. J. R. Caves at (919) 362-3137.

Sincerely,

James Holt
Manager, Support Services
Harris Nuclear Plant

MGW

Enclosures

c: Mr. J. B. Brady (NRC Senior Resident Inspector, HNP)
Mr. J. M. Goshen (NRR Project Manager, HNP)
Mr. L. A. Reyes (NRC Regional Administrator, Region II) two copies of procedure

A045

Enclosure to
SERIAL: HNP-02-095
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CHANGE TO EMERGENCY PLAN IMPLEMENTING PROCEDURE

<u>PROCEDURE NUMBER</u>	<u>TITLE</u>	<u>EFFECTIVE DATE</u>
PEP-350 Revision 5	Protective Actions	05/31/02

CAROLINA POWER & LIGHT COMPANY
SHEARON HARRIS NUCLEAR POWER PLANT
PLANT OPERATING MANUAL
VOLUME 2
PART 5

PROCEDURE TYPE: Plant Emergency Procedure
NUMBER: PEP-350
TITLE: Protective Actions

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1.0 PURPOSE

1. The purpose of this procedure is to partially implement Section 2.4 and Section 4.6 of the Emergency Plan, PLP-201, which is a regulatory commitment.
2. This procedure provides instructions for implementing Personnel Accountability; a Site and/or the Exclusion Area Evacuation; Search and Rescue; and First Aid and Medical Care.
3. This procedure is primarily directed at situations initiated by an emergency declaration. The basic actions contained in this PEP also apply, where appropriate, to situations related to contaminated injuries or habitability hazards, such as toxic gases, fire, or natural phenomena when no emergency has been declared. When this is the case normal supervision replaces the emergency titles.

2.0 INITIATING CONDITIONS

One or both of the following conditions has occurred:

1. An Alert, Site or General Emergency has been declared.
2. An contaminated injury or habitability hazard has occurred at the site.

3.0 PROCEDURE STEPS

3.1 Accountability

NOTE: Hazardous conditions (such as radiological releases, severe weat her, toxic gas) may preclude immediate implementation of a site assembly. In such cases, nonessential personnel should be moved to better locations if the movement can be performed safely to reduce the hazardous exposure.

1. Upon notification of the declaration of a Site Emergency, or General Emergency, personnel who are members of the ERO should report to their designated emergency response facility. All other personnel exit the Protected Area and report to the Admin Building 2nd floor Conference Room 228, and await instructions. All visitors, nonessential contract personnel, declared pregnant females and handicapped personnel please leave the site.
2. Personnel on site shall place their work area in a safe condition and report as instructed when instructions to assemble are announced.

3.1 Accountability

3. Personnel escorting visitor(s) shall report to the Security turnstiles and ensure that the visitors leave the Protected Area.

CAUTION

Any personnel who must exit the Radiation Control Area, or enter or exit security areas to get to their designated Assembly Area or emergency facility, shall do so in accordance with normal security and/or health physics procedures.

4. Upon arrival at their Assembly Area, personnel shall report to the Administration Building Assembly Area Leader.

NOTE: If the bar code reader is not working, request an Assembly Area Log Printout from Security by calling extension 3114 or 2980 and follow the directions on Attachment 1 to perform a manual accountability for the Assembly Area.

5. When directed by the Site Emergency Coordinator (SEC), the Plant Operations Director (POD) in the Main Control Room (MCR), the Emergency Repair Director (ERD) in the OSC, the Security Director (SD) in the TSC and the senior on-site member of the Security organization (or other persons designated to perform accountability) shall perform accountability in accordance with Attachment 2.
6. The senior on-site member of the Security organization shall report all personnel accounted for or the names of any visitors and the names and possible locations of missing personnel, if any, to the SD via telephone at extension 3037. This report shall be made within 25 minutes or sooner after the announcement to perform accountability has been given.
7. The SD shall report the results of personnel accountability to the SEC within 30 minutes of the start of a Site Area Emergency or a General Emergency.
8. The SEC-TSC shall direct the POD to implement Section 3.4, "Search and Rescue," if any personnel are missing. If the TSC is not yet activated the SEC-MCR shall direct the First Aid Team to perform this step.

3.1 Accountability

9. Accountability shall be maintained by each assembly area at all times when a Site or General Emergency is in effect.
10. A sector report may be requested from the SD to assist each assembly area. Accountability is to be verified after each shift change.
11. Based on recommendations from the Radiological Control Director (RCD), the SEC decides what protective actions (if any) to implement for personnel in the Administrative Building Assembly Area. If on-site sheltering is implemented, personnel shall remain in the Assembly Areas. If no protective actions are necessary and conditions in their work area permit, personnel may be allowed to return to work.
12. Directors/Coordinators/Team Leaders are responsible to maintain accountability of personnel assigned to them.
13. Missing personnel shall be reported to the SD.

3.2 Site Evacuation

CAUTION

Evacuations should be accomplished either before or after the passage of a release, and the evacuation route should be chosen that leads personnel away from the path of the plume. Direction from the Dose Projection Team or the Radiological Control Director is needed to obtain this information.

1. The Site Evacuation Alarm shall be sounded and PA announcements to evacuate shall be made, when a Site or General Emergency is declared.
2. All individuals in the Protected Area, who are not ERO personnel, shall expeditiously exit through the Security Building and leave site.
3. An RC Team member is dispatched to monitor radiological controls at the Security Building during evacuation, if necessary.

NOTE: If Wake County is establishing (or has established) traffic control measures, personnel will be directed by local law enforcement agencies to follow established evacuation routes.

4. Personnel shall evacuate the site with transportation that was used to arrive at the site.
5. Personnel without transportation shall arrange for a ride with other evacuating personnel.

3.3 Exclusion Area Evacuation

Whenever the State of North Carolina or Wake County has initiated the evacuation of Emergency Planning Subzone A, the SD shall assist in warning members of the general public within the Exclusion Area.

3.4 Search and Rescue

1. Upon discovery of an individual needing rescue and/or medical assistance, the discoverer should:
 - a. Initiate rescue and/or provide medical assistance if qualified to do so.
 - b. Report the discovery of the victim to the MCR (X5555) and provide what is known of the following:
 - (1) Number of injured personnel and cause.
 - (2) Location of the injured personnel.
 - (3) Nature and severity of injuries.
 - (4) Whether life sustaining actions are needed, whether they are being performed, and/or whether the caller is capable of performing them.
 - (5) Approximate radiological conditions where the injured are located.
 - (6) Any complications affecting rescue and/or first aid efforts.
 - (7) Name of caller and name(s) of injured (if known).
2. The Security Director (SD) shall attempt to determine the possible location of the missing individuals. If the individual(s) remains unaccounted for, the SEC shall be notified and the following information provided:
 - a. Name(s) and badge numbers of individual(s) missing
 - b. Summary of efforts performed to locate the individual(s)
 - c. Last known location(s) of the individual(s)
3. The SEC-TSC contacts the POD in the Main Control Room to activate the Search and Rescue Team.

3.4 Search and Rescue

CAUTION

Premature or unnecessary movement of the injured could increase the severity of an injury. If an injury is severe, radiological conditions are considered secondary to immediate medical treatment unless acute radiation hazard for the injured exceeds the injury hazard.

4. Upon receipt of a report that an individual is missing or requires rescue, the MCR shall direct the search and rescue effort as follows:

- a. Direct an announcement over the PA system:

*** EXAMPLE MESSAGE ***

ATTENTION ALL PLANT PERSONNEL. THE FOLLOWING INDIVIDUAL(S) IS/ARE MISSING WITHIN THE PLANT (Name Individual(s)). PERSONNEL KNOWING HIS/HER/THEIR WHEREABOUTS PLEASE CONTACT THE CONTROL ROOM AT EXTENSION 5555.

or

ATTENTION ALL PLANT PERSONNEL. AN INDIVIDUAL(S) (NAME) IS/ARE MISSING/TRAPPED/DISABLED WITHIN (specify location).

and

SEARCH AND RESCUE PERSONNEL ASSEMBLE AT THE OPERATIONAL SUPPORT CENTER (or other specified location).

- b. Have the announcement repeated at least once.
5. The MCR shall determine from the Search and Rescue Team Leader what personnel are available and shall select the team.
 6. The MCR shall consult with the Radiological Control Director (RCD) or Radiological Control Coordinator (RCC) to determine whether an Emergency Radiation Work Permit (ERWP) is required.
 7. The MCR shall provide available information to the Search and Rescue Team Leader. He may use Attachment 4, "Search and Rescue Team Briefing Form", as guidance. Some of the things that are discussed if known and if appropriate are:

- a. Muster location for the Search and Rescue Team (preferably in the OSC unless the MCR indicates a more suitable location).
- b. Whether or not an ERWP will be required.
- c. Data on the individual:
 - (1) Name and badge number.
 - (2) Probable location or last known location.
 - (3) Physical description of individual.
- d. Any known complications that might affect the search such as:
 - (1) Fire, smoke, or toxic chemicals.
 - (2) Gas, steam, water, or other fluid releases.
 - (3) Wreckage.
 - (4) Equipment damage.
 - (5) Radiological conditions.
- e. Search areas or routes.
- f. Rescue equipment.

NOTE: If potassium iodide is administered to team members or the injured it should be in accordance with PEP-330.

- 8. The Search and Rescue Team Leader shall:
 - a. Assemble his team.
 - b. Brief his team.
 - c. Identify protective equipment, rescue equipment, and first aid supplies to be taken.

NOTE: The team may be augmented with security, maintenance or operations personnel.

3.4 Search and Rescue

9. If a search pattern has not been given to the Search and Rescue Team Leader, he shall determine a pattern. If the team has to deviate from a predetermined pattern the team leader and the POD, or MCR shall be notified so that the team can be advised if there may be any problems as a result of the change of pattern.
10. If the missing individual is located and is trapped or injured, go to Step 3.4.11. If he is not trapped or injured, proceed as follows:
 - a. Based upon the radiological conditions of the area(s) where the individual has been, and other appropriate circumstances, he is escorted (or directed) to the proper location (such as, Radiation Control access control point, OSC, Security Building) for dosimetry checks, debriefing, and so forth.
 - b. The Search and Rescue Team Leader notifies the MCR and the SD of:
 - (1) The name and badge number of the individual and where he was found.
 - (2) The location where he is being escorted or directed to report.
 - (3) Whether the team is returning to the OSC (or other location).
 - (4) Whether the team is continuing to search and the locations that will be searched.
 - c. If the search is discontinued, the team:
 - (1) Returns to the OSC or other area as directed by the MCR.
 - (2) Completes dose information and turns in the briefing form, if used, to the Emergency Repair Director (ERD).
 - (3) Discontinues the use of this Section.
 - d. If the search is continued, return to Step 3.4.10.
11. The Team Leader, (or medically trained individual) evaluates:
 - a. The injuries and physical condition of each person found.

3.4 Search and Rescue

- b. The radiological hazards affecting each person and the rescuers (based on information provided by the RC team member).
- c. Other conditions affecting the rescue (fire, smoke or wreckage).

CAUTION

If an injury is severe, radiological conditions are considered secondary to immediate medical treatment unless acute radiation hazard exceeds the injury hazard. For life saving purposes, the maximum planned exposure allowed to the rescuers shall not exceed 75 rem TEDE. The casualty should also be limited to 75 rem TEDE if possible.

- 12. The Search and Rescue Team Leader specifies the course of action to be taken and directs the team or requests additional support from the MCR.
- 13. Life sustaining first aid is given to the individual in the affected area, if necessary, as per Section 3.5, "First Aid and Decon".
- 14. The Team Leader notifies the MCR, and provides the following information:
 - a. Name(s) and badge number(s) of trapped or injured personnel.
 - b. Location of trapped or injured personnel.
 - c. Extent of injuries and potential cause.
 - d. Radiological conditions.
 - e. Whether additional support (doctor's assistance, an ambulance or helicopter) is needed.
- 15. Remove the injured person to the closest safe area (or first aid room if conditions permit) and perform first aid or medical treatment. If the person is likely to be contaminated, decontaminate if appropriate, prior to the injured leaving the site.
- 16. If there are other missing personnel, the team leader may assign team members to care for the injured or turn the injured over to other medically qualified personnel and continue the search.

3.4 Search and Rescue

17. The Team Leader shall close out the incident by:
 - a. Reporting of events after the victim leaves the site (if he is accompanied to a hospital for treatment).
 - b. Assisting Regulatory Compliance in the description of events for report to NRC, if required.

NOTE: Not all of the following steps need to be performed and some may be performed out of order if it appears to be in the best interest of the injured person.

NOTE: If the degree of contamination of the patient is unknown or cannot be definitively determined assume the injured is contaminated.

3.5 First Aid and Decontamination

1. The MCR dispatches a First Aid Team to the scene of the injury.
2. The First Aid Team:
 - a. Assesses the injury(ies).
 - b. Requests additional assistance and equipment if needed.
 - c. Requests the RC Team member to perform radiological monitoring if the injured is in the Radiation Controlled Area.

NOTE: The First Aid Team normally performs any immediate first aid. If the injured is located in an area that is life threatening due to fire, toxic gas, water, steam or high radiation level, first aid personnel may move him prior to performing immediate first aid.

If the injured is in a contaminated area, and if conditions permit, First Aid Team or RC Team personnel remove the contaminated protective clothing and wrap the injured in a clean sheet (or blanket).

3.5 First Aid and Decontamination

- d. Determines if the injured should be sent directly to the hospital without checking for contamination and/or decontaminating.
 - e. Determines if site personnel can perform any additional first aid and decontamination likely to be needed.
 - f. Determines if consultation with, or on-site assistance from, the agreement physician is needed for treatment.
3. The First Aid Team notifies the MCR of the initial evaluation.
 4. The First Aid Team performs first aid consistent with their training.
 5. The First Aid Team/RC Team Member prepares the injured for transportation as follows:
 - a. Spread an open blanket or sheet over the stretcher.

NOTE: Plastic sheets or tarps should not be used since this could overheat the injured person.

- b. Place the injured on top of the blanket or sheet and wrap the injured.
- c. Transport the injured to:
 - (1) The First Aid Room located on the ground level of the Waste Processing Building;
 - (2) The Decontamination Room if the injured is contaminated and the injuries are not life threatening;
 - (3) Directly to the ambulance pickup point or helicopter landing zone (if there is no contamination or the injuries are life threatening).

NOTE: If the injured will receive no other treatment at the plant, go to Section 3.6 or 3.7; otherwise, continue with Step 6.

6. The First Aid Team notifies the MCR of the disposition of the injured.

NOTE: In most cases the individual should be taken in an ambulance or a CP&L vehicle for diagnosis by a medical professional prior to being released to minimize health and liability problems.

7. Depending upon the injured's condition, as determined by the First Aid Team (or the agreement physician), the injured's supervisor is notified by the MCR and the injured is:

3.5 First Aid and Decontamination

- a. Taken to the hospital for diagnosis or treatment.
 - b. Taken to see their own physician or specialist for diagnosis and treatment.
 - c. Given other instructions as may be appropriate.
8. If an ambulance or helicopter is to be used, continue with Section 3.6 or 3.7.

3.6 Transporting Injured Personnel - Ambulance

NOTE: In the event of an airborne radioactive release, the following steps may be performed at any Protected Area gate.

NOTE: If the TSC is not yet activated, the SEC - Control Room approves requests for ambulance transport and makes the call or has any available personnel make the call requesting ambulance transport.

1. If the injured meets the criteria for a contaminated or potentially contaminated patient, the MCR requests that the Security Director (SD) notify the senior member of the security force (or Central Alarm Station operator) at the Security Building.
2. Security personnel perform the following:
 - a. The CAS Operator or Security Shift Supervisor notify the MCR of the ambulance arrival.
 - b. The Security Officer at the entry gate conducts a pat down search of ambulance crew for prohibited items.
 - c. Ensure that each individual is provided an Escort Required (Visitor) Badge and dosimetry devices if the crew need to enter the Radiation Control Area. The Radiological Control Coordinator (RCC) or HP Supervisor should provide a person (if one is available) to assist with dosimetry issuance at the Security Building.
 - d. Provide the ambulance kit (if directed by the MCR).
 - e. Provide an armed escort while onsite.

3.6 Transporting Injured Personnel - Ambulance

NOTE: If the contamination on the injured is covered, the RC Team may decide Step 3 is not necessary.

3. If the injured is contaminated, the ambulance crew and/or the RC Team may install the precut material from the ambulance kit to protect the ambulance.
4. The First Aid Team reports to the ambulance crew:
 - a. The extent of the injuries;
 - b. First aid measures taken;
 - c. Whether the person was contaminated, is potentially contaminated or is still contaminated; and 4) the injured's current medical status.

NOTE: If the ambulance crew determines that the injured requires transport by helicopter, see Section 3.7.

5. The First Aid Team shall inquire to which agreement hospital the injured is being transported. This information will then be relayed to the MCR.
6. The injured is transferred to the ambulance.
7. The MCR should designate a person to accompany the injured to the hospital either in the ambulance or in a separate vehicle, if the injured is not contaminated.
8. An RC Team member accompanies the contaminated injured in the ambulance bringing any radiological records on the injured along with the appropriate radiological instrumentation.

NOTE: Additional personnel may be sent separately to the medical facility to assist with contamination control and liaison with medical personnel.

9. The First Aid Team reports to the MCR the name of the person who is to accompany the injured and their estimated time of arrival at the hospital.

If the injured meets the criteria for a contaminated patient, the MCR notifies the SEC. The Emergency Communicator - Control Room (EC-CR) is then instructed to notify the hospital per PEP-310 and request them to initiate the hospital plan for handling contaminated patients.

3.7 Transporting Injured Personnel - Helicopter

NOTE: Duke Life Flight will not transport chemically or radioactively contaminated patients.

NOTE: The S-SO or SEC-Control Room approves requests for helicopter transport, prior to facility activation and makes the call or has any available personnel make the call requesting helicopter transport.

10. If the First Aid Team or ambulance crew determines that the injured requires transport by helicopter, the First Aid Team shall contact the MCR and request helicopter transport.
11. MCR personnel inform the POD, who authorizes the request for helicopter transport.
12. The POD requests the SD to provide security support for the transport of the injured to the Helicopter Landing Zone (HLZ) (see Attachment 9) and for the arriving helicopter.
13. The SD ensures that the route to the HLZ is clear to allow rapid transport of the injured.
14. The SD also ensures that the HLZ is clear of obstructions and provides personnel to guide the helicopter into the HLZ.

NOTE: The following sections only apply for contaminated or potentially contaminated individuals.

NOTE: If the TSC and OSC are not yet activated, the following sections are implemented as necessary by on-duty HP and Operations personnel.

3.7 Initial Actions at the Hospital

1. The RC Team member, that accompanies the injured to the hospital, performs the following actions upon arrival:

NOTE: If there is a change in the condition of the injured which requires switching to another agreement hospital while en route, upon arrival at the hospital the RC Team Member will notify the RCC or HP Supervisor of the change.

- a. Ensures that the ambulance personnel go to the proper unloading point for access to the Radiological Emergency Area at the appropriate hospital. (See Attachment 5 for Rex Hospital, Attachment 6 for Wake Medical Center and Attachment 7 for Western Wake Medical Center).

3.8 Initial Actions at the Hospital

- b. Complete the Contaminated Injured Personnel Log (Attachment 8). Return this form to the RCC or HP Supervisor.
- c. Informs the attending physician of the patient's initial radiological status and any radiological hazards that may be encountered. Use the units counts per minute (cpm) to convey contamination levels.
- d. Requests that the ambulance or helicopter personnel return to their vehicle and remain with it until cleared by the RC Team Member or other RC personnel.
- e. Verifies with the attending physician, hospital Radiation Safety Officer or Emergency Room nurse that the hospital plan to handle contaminated patients is being implemented and provides any requested assistance.
- f. Notifies the RCC or HP Supervisor of arrival at destination and of any additional requirements (that is, monitoring and decontamination for ambulance or helicopter personnel).

NOTE: The use of saran wrap or surgeons gloves covering of an instrument is an acceptable practice for the control of contamination.

- g. Provides ongoing recommendations and assistance to the attending physician, upon request, with regard to the contamination of the patient and other radiological hazards.
- h. Monitors ambulance or helicopter personnel for contamination and, as time permits, monitors and arranges for decontamination of the ambulance, helicopter and/or personnel, if necessary. Radioactive material generated during this process, if any, shall be bagged, surveyed and tagged for return to HNP.
- i. Remove and record ambulance crew's dosimetry prior to release from the site. Leave dosimetry with security for retrieval by HP.
- j. When approval from the RCC or HP Supervisor is received, notify the hospital Radiation Safety Officer or his designee prior to releasing the ambulance or helicopter.

3.8 Initial Actions at the Hospital

2. Any additional RC Team Members shall identify themselves clearly to hospital security personnel by:
 - a. Displaying their HNP Security Badges.
 - b. Stating that they are from HNP Health Physics and are available to provide assistance.
3. RC Team members should provide radiological assistance to the hospital staff as requested.

3.8 Hospital Decontamination

When the contaminated patient(s) has been adequately decontaminated and removed from the hospital's Radiological Emergency Area, the RC Team member(s) shall perform the following accountability and decontamination actions:

1. Collect applicable records and CP&L dosimetry which was used.
2. Perform radiological surveys of hospital areas and equipment, in coordination with the hospital staff. Arrange for the control and decontamination of areas/equipment, in coordination with the hospital staff.
3. Collect the contaminated materials, then arrange for packaging and return to the Harris Nuclear Plant (see Section 3.10).
4. Notify the RCC or HP Supervisor when the Radiological Emergency Room is decontaminated and ready to be reopened, or if the hospital decides to secure the room and delay decontamination.
5. Return dosimetry devices and applicable records concerning injuries, contamination and exposures to the RCC or HP Supervisor, as appropriate.

3.9 Transport of Radioactive Material

1. After the hospital facility has been decontaminated the RC Team member(s) shall:
 - a. Survey the radioactive material and attach a completed radioactive material tag to each bag or container.
 - b. Determine the physical volume of the material.

3.10 Transport of Radioactive Material

- c. Contact the RCC with the volume of the material and the survey results.
 - d. Place the radioactive material under the hospital's control in an appropriate storage area.
2. The RCC shall arrange for appropriate personnel to assess, characterize, and classify the radiological and biohazard aspects of the material, and transport any HNP radioactive material being stored at the hospital.

4.0 GENERAL

1. In cases of severe injury, life-saving first aid or medical treatment shall take precedence over personnel decontamination. The order of medical treatment will be:
 - a. Care of severe physical injuries.
 - b. Personnel decontamination.
 - c. First aid to other injuries.
 - d. Definitive medical treatment and subsequent therapy as required.
2. Any injury of contaminated personnel which would not normally require hospitalization would be treated at the plant site. Medical treatment of contaminated personnel should normally be performed at the plant First Aid Room by medical personnel called to the site.
3. If emergency medical treatment cannot be handled adequately at the plant site by medical personnel called to the site, or if it appears that the patient's life may be endangered, move the patient to the agreement hospital or other facility advised by competent medical authority.
4. The Search and Rescue Team should normally be composed of:
 - a. First Aid Team member who is trained to perform the following procedures should be the Search and Rescue Team Leader:
 - (1) Search for unaccounted personnel.
 - (2) Rescue injured and/or trapped personnel.

4.0 GENERAL

- b. A member of the Security force (if available).
 - c. A Radiological Control Team member.
5. Since Search and Rescue personnel may receive increased exposure, they should do so only on a voluntary basis and with full awareness of the risks involved, including the numerical levels of dose at which acute effects of radiation will be incurred and numerical estimates of the risk of delayed effects (PEP-330).
6. Team personnel should establish and maintain constant communications with the team leader.

5.0 REFERENCES

5.1 Emergency Plan References

Section 2.4, "Assignment of Responsibilities"

Section 4.6, "Protective Actions for On-Site Personnel"

5.2 Referenced Plant Emergency Procedures

PEP-330, "Radiological Consequences"

PEP-310, "Notifications and Communications"

6.0 DIAGRAMS/ATTACHMENTS

See Table of Contents

Manual Personnel Accountability Form

Location: _____ Date: _____

Announcement Time: _____ Completion Time: _____

1. All personnel on-site will be accounted for within 30 minutes of the declaration of a Site Area Emergency or General Emergency.
2. All personnel listed on printout but not actually present in Assembly Area shall be listed under Personnel Missing. If all personnel are accounted for in accordance with the printout, check the block designated All Personnel Accounted For. All persons actually located in the Assembly Area but not shown on printout shall be listed as Visitor(s) Present.
3. As soon as the Personnel Accountability Form is completed, notify the Security Director of the results by calling extension 3037. Following this, obtain permission from the Radiological Control Coordinator at extension 3023 or 3024, then dispatch someone to deliver the Assembly Area Log Printout and this form to the Security Director in the Technical Support Center.

ALL PERSONNEL ACCOUNTED FOR

PERSONNEL MISSING

<u>Name</u>	<u>Badge #</u>	<u>Name</u>	<u>Badge #</u>

VISITOR(S) PRESENT

<u>Name</u>	<u>Badge #</u>	<u>Name</u>	<u>Badge #</u>

Use of Bar Code Reader for Accountability

TO SCAN BADGES USING THE HAND HELD BAR CODE READER:

1. Remove the hand held unit from the docking station.
2. Press the **on-off** button to turn the hand held scanner on.

NOTE: Edit an incorrect entry using **[bksp]** key, clear scanner using F4.

3. If the utility menu is not displayed, press the **F4** button until **- UTILITY MENU -** is shown in the display.

NOTE: Enter **ASAP** (using Capital letters) as the password any time if it is requested and press **enter**.

4. Press **F1** until **CP&L EVAC MGMT** appears in the display.
5. Press **F1** again.
6. Press **enter** if the current date is correct or enter the correct date in the format, as follows:
(mm/dd/yy - press and release the **alt** button and press **S** for the /)
7. Press **enter** if the current time is correct or enter the correct time in the format, as follows:
(hh:mm:ss - press and release the **alt** button and press **X** for the :).
8. When **SCAN BADGE** appears in the display hold the scanner, point the trigger away from your eyes and scan the bar code on **your security badge**, you will hear a beep when it has accepted the badge. This will enter you as the operator. If scanner is not working, manually enter **your social security number** on the keypad, SSN is displayed briefly, and press **enter**. This will enter you as the operator.
9. When **LOCATION/AREA** appears in the display enter the code for the Assembly area (1, 2, and so forth) from the list below and press **enter**.

ASSEMBLY AREA	BLDG.- ELEV.	AREA	PERSONNEL
1	Security - 261'	Admin. Area	Security Personnel
2	WPB - 261'	OSC	OSC ERO Personnel
3	RAB - 305'	MCR/AO Corral	Operations Personnel
4	"K" BLDG. - 324'	TSC	TSC ERO Personnel
5	Admin. Bldg. CR 228		Non-ERO

10. Scan **your badge again** and each individuals badge in the Assembly Area for which you are responsible. A colored label (or other available "mark") may be attached to the individual's badge to show that they have been accounted for. If an individual is not in the facility, manually enter the social security number and press **enter** after establishing voice contact.

Use of Bar Code Reader for Accountability (continued)

11. When the badges have been scanned or social security numbers entered press **F4** 3 times until CP&L EVAC MGMT appears in the display.
12. Insert the hand held scanner into the docking station attached to the computer. The **Ready** light on the docking station will come on.

TO SEND SCANNED INFORMATION TO SECURITY IN THE CENTRAL ALARM STATION (CAS) USING A COMPUTER:

NOTE: In order to send the scanned information to Security for processing, ensure the computer is linked to the LAN and at the Windows desktop with all applications closed.

CAUTION

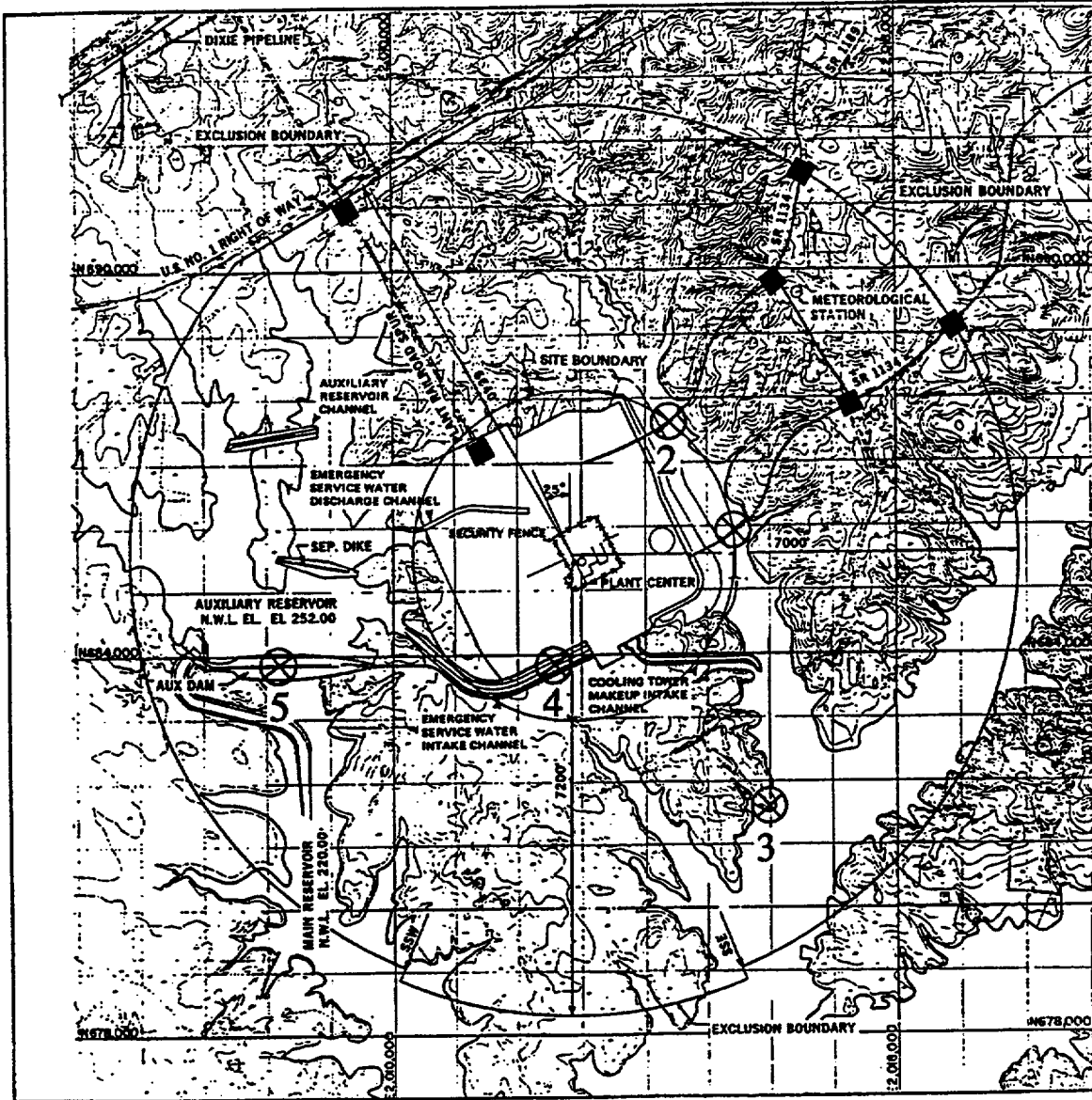
If the LAN is not operating carry the hand held scanner to the Central Alarm Station in the Security Building. The hand held scanners can be individually down loaded in the security computer docking station.

-
1. On the Windows desktop in the facility, go to **START, PROGRAMS, OPERATIONS, HNP, IASSETRAC** and select your facility to upload software.

NOTE: The next two steps are performed on the hand held scanner keypad while it is in the docking station.

2. On the hand held scanner press **F2** to get to the **-- SEND MENU --**.
3. Contact the CAS (ext. 3114 or 2980) to ensure that the import data from the Security computer has been loaded.
3. On the hand held scanner press **F1** to send data to the computer in the CAS.
4. **RECEIVING DATA** should flash at the top of the PC screen.
5. On the hand-held scanner, if data transfer is not successful the scanner message will read 'Computer Didn't Respond. Check the PC electrical cords and connections. Retry by entering **Y**. If unsuccessful select **N**, turn the scanner off and bring the scanner to the CAS for downloading.
6. Upon completion of the data transfer, call the CAS at extension 31 14 or 2980 and report download of data completed for your assembly area.
7. When scanned report is displayed appears press **File** and then **Exit** to get back to the Windows desktop.
8. On the handheld scanner press the **on-off** button to turn the scanner off.

Site and Exclusion Area Boundaries



■ - Gate, Barrier or Warning Sign

⊗ - Warning Point

Diagram of Rex Hospital Facilities

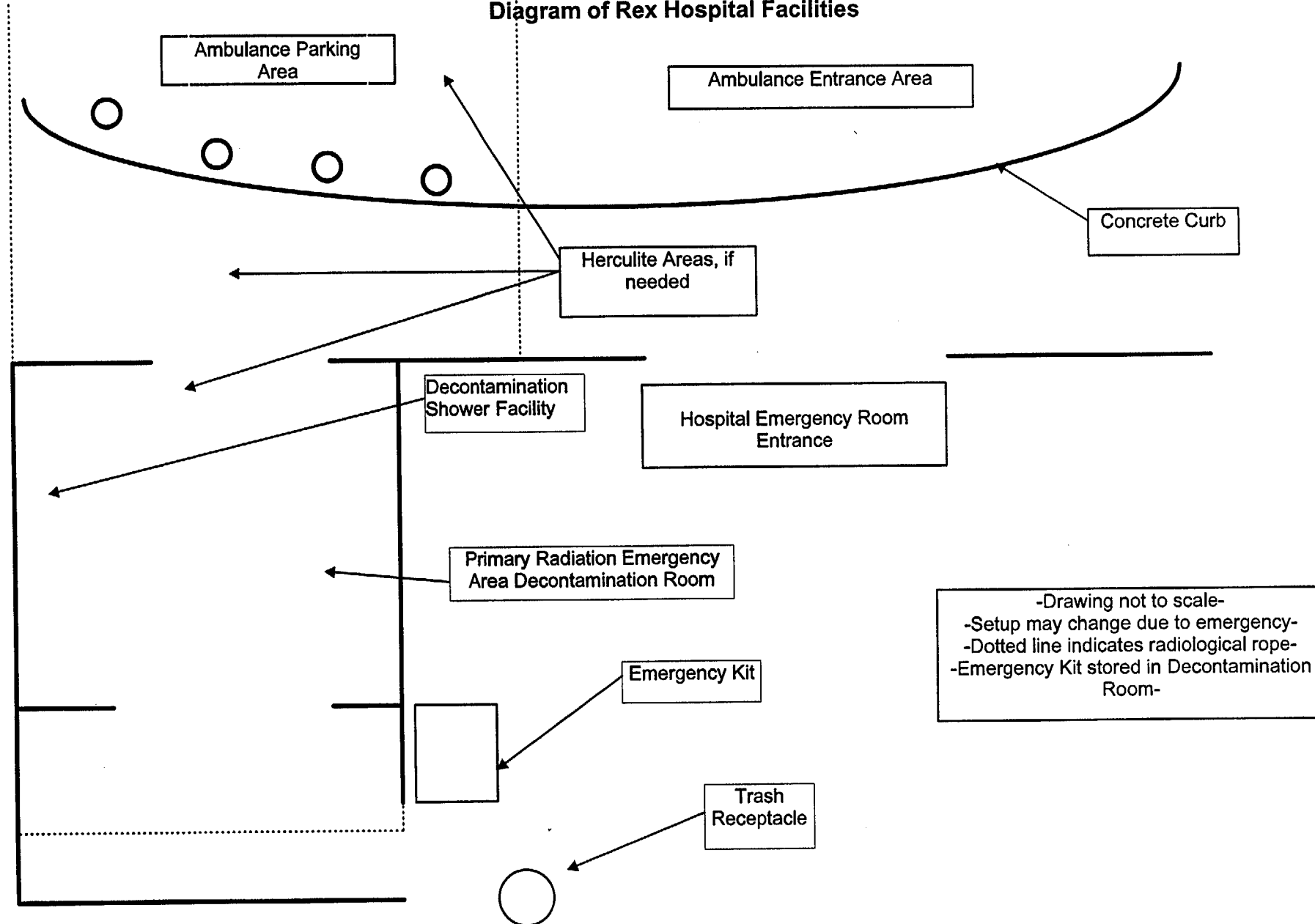


Diagram of Wake Medical Center Facilities

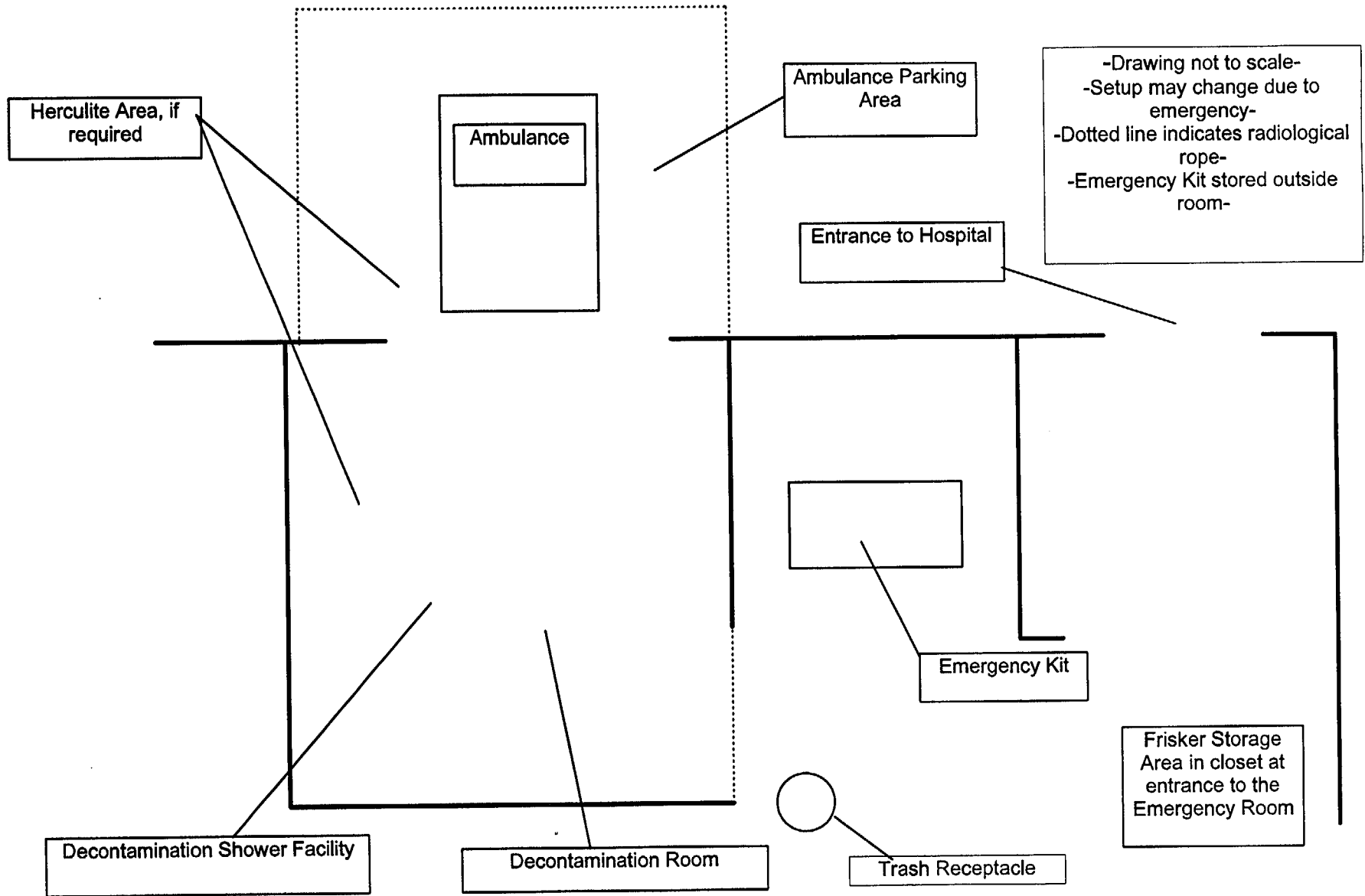
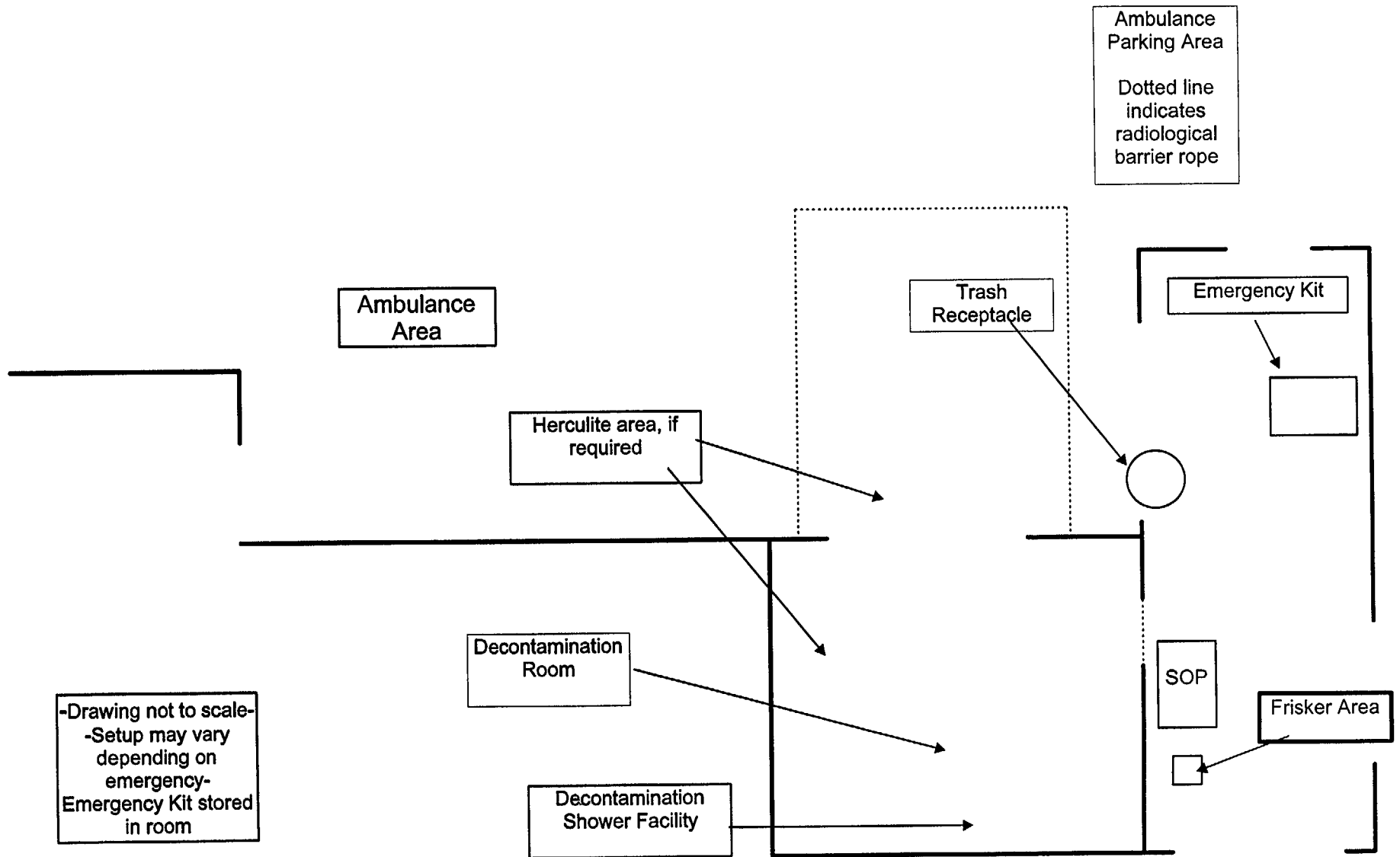


Diagram of Western Wake Center Facilities



Contaminated Injured Personnel Log

Date: _____ Time: _____

Injured Person(s): _____

Transporting person(s): _____

(Ambulance driver, CP&L driver, and so forth)

Accompanying person(s): _____

(Radiological Control Team Member)

Vehicle Number: _____

(License #, CP&L NO., and so forth)

Persons Involved in Treatment

Name	Exposure (SRPD or ED)

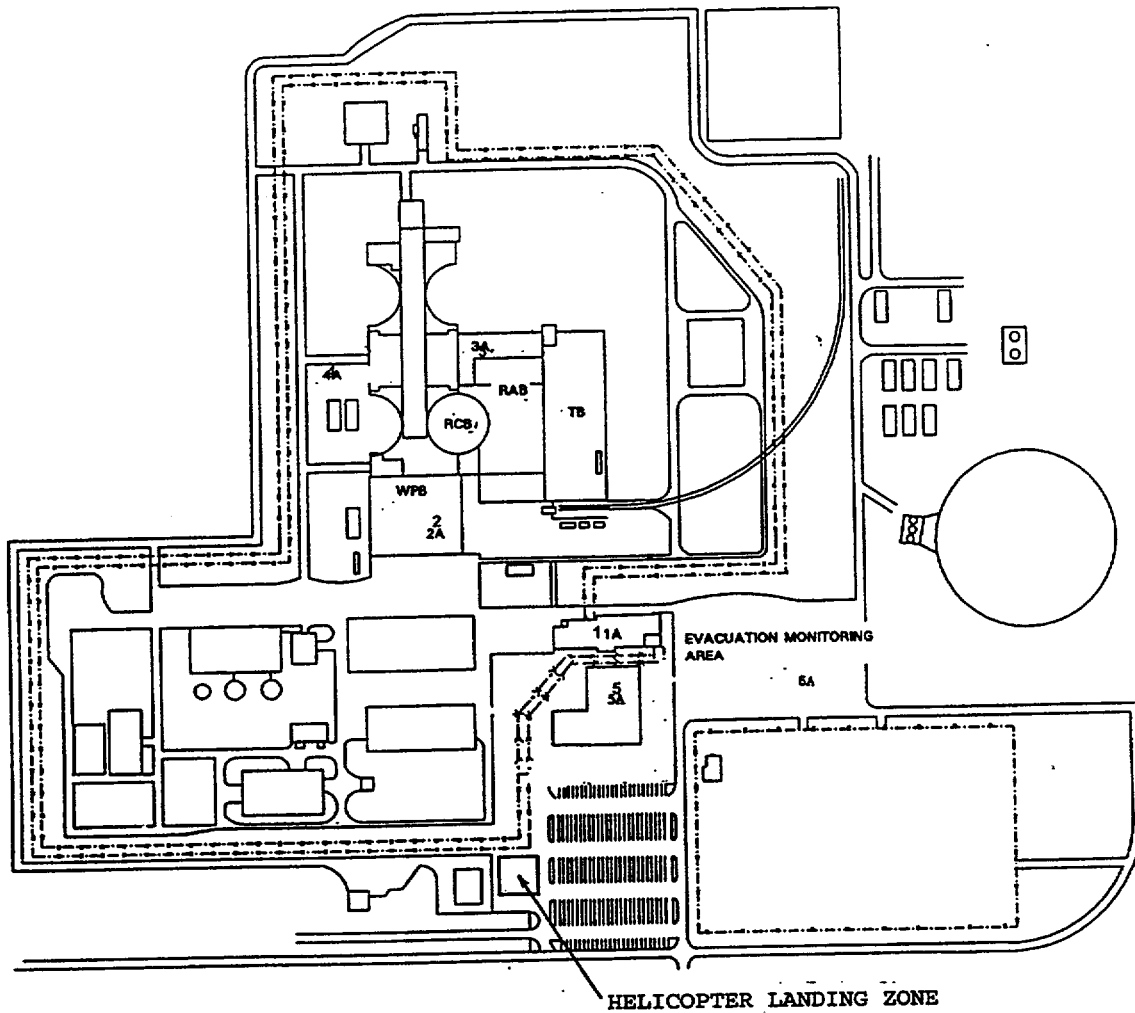
The Transportation Vehicle has been monitored, decontaminated (if necessary), and released.

_____ / _____ / _____

Signature / Date / Time

Comments:

Helicopter Landing Zone



Revision Summary for PEP-350, Rev 5

This revision of PEP-350 includes updates to the Trakker use as a result of user feedback. Updates in the site evacuation process were included as a result of OPEX 20231-03 Indian Point Operating Experience response for continuous accountability. Removed dispatch location for the First Aid Team. Assembly for the team will be from the MCR both in an emergency and non-emergency situation. Added HP Supervisor to statements for RCC for use in both non-emergency and emergency situations. The assembly area locations have been updated to removed the parking lot, Assembly Area 6A. and to change Admin Bldg 261' with CR 228, to align with a previous revision of the Plan. Inclusion of the 8/28/01 medical drill guidance on the use of ambulance crew dosimetry, cpm, etc. as procedure clarifications.

Section Changes

Title page Added Information Use

All Removed 'continued' from page break headings as a result of AP-005 changes and removed form numbers from forms.

Section 3.1 Revised 3.1.1

Upon notification of the declaration of an Alert, Site Emergency, or General Emergency, personnel who are members of the ERO should report to their designated emergency response facility. All other personnel exit the Protected Area and report to the Admin Building 2nd floor Conference Room 228, and await instructions. All visitors, all nonessential contract personnel, all declared pregnant females and all handicapped personnel please leave the site. To Upon notification of the declaration of a Site Emergency, or General Emergency, personnel who are members of the ERO should report to their designated emergency response facility. All other personnel exit the Protected Area and report to the Admin Building 2nd floor Conference Room 228, and await instructions. All visitors, nonessential contract personnel, declared pregnant females and handicapped personnel please leave the site.

3.1.3 Revised 3.1.3 and move to 3.1.2 Personnel on site who are not members of the ERO assigned to emergency duties or members of the Security organization, shall place their work area in a safe condition and report to their designated Assembly Area when instructions to assemble are announced. To Personnel on site shall place their work area in a safe condition and report to as instructed when instructions to assemble are announced.

3.1.4 Revised

Upon arrival at their Assembly Area, contractor personnel shall report to their supervisor, and all others to the Administration Building Assembly Area Leader. To Upon arrival at their Assembly Area, personnel shall report to the Administration Building Assembly Area Leader.

3.1.7 Revised 3.1.7. The SD shall report the results of personnel accountability to the SEC within 30 minutes after the announcement to perform accountability is made, to The SD shall report the results of personnel accountability to the SEC within 30 minutes of the start of a Site Area

Section	Changes
	Emergency or a General Emergency.
3.1.8	Revised Accountability shall be maintained at all times when a Site or General Emergency is in effect, to Accountability shall be maintained at all times by each assembly area when a Site or General Emergency is in effect.
3.1.10	Added A sector report may be requested from the SD to assist each assembly area. Accountability is to be verified after each shift change.
3.5	Removed dispatch location from procedure. The First Aid Team personnel: Assemble at the OSC upon activation. Check out their equipment. Inform the Plant Operations Director (POD) of their readiness. Added /RC Team Members to Step 5 to indicate the assistance of the RC team member Revised Note to Step 6 from 7 as a result of removal of dispatch location
3.6	Added Security Director to Step 1 to clarify SD Added Radiological Control Coordinator (RCC) or HP Supervisor to Step 2.c. to clarify position title and differences in title in emergency and non-emergency situations Added along with the appropriate radiological instrumentation to Step 3.6.8.
3.8	Added or HP Supervisor to clarify position title and differences in title in emergency and non-emergency situations Added Use the units counts per minute (cpm) to convey contamination levels to Step 3.8.c. Changed HP to RC in Step 3.8.d. the RC Team Member or other RC personnel. Added NOTE: The use of saran wrap or surgeons gloves covering of an instrument is an acceptable practice for the control of contamination. Added Step 3.8.1.i Remove and record ambulance crew's dosimetry prior to release from the site. Leave dosimetry with security for retrieval by HP.
Att 1	Revised 1. Accountability shall be performed within 25 minutes (or sooner if possible) after accountability is ordered to All personnel on-site will be accounted for within 30 minutes of the declaration of a Site Area Emergency or General Emergency.
Att 2	Replaced Admin Bldg 261' with CR 228 Removed Assembly Area 6A, removed 'A' from the other assembly area designations Removed '& unassigned ERO personnel' from assembly area 5. Revised Att 2 to clarify user instructions

Section	Changes
	Added clear scanner using F4 to <u>NOTE</u> : Edit an incorrect entry using [bksp] key, clear scanner using F4.
Att 5, 6, 7	Updated drawings of the hospitals were included