

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

OFFSITE NOTIFICATIONS
EAP-1.1
REVISION 46

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

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APPROVED BY:

[Signature]
RESPONSIBLE PROCEDURE OWNER

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REVISION SUMMARY SHEET

REV. NO.

- 46
- Added wording to the communications aid flow chart in attachment 15: "using: EDAMS, Plant Parameters from any network PC, Shift Chem Tech X-6730, Nine Mile 349-2841 or 349-2168, National Weather Service 716-565-0014" added SAS as a place to make notifications from
 - Changed Authority Headquarters to WPO through out the procedure.
 - Added steps 1 and 2 to 4.2.1.A.
 - Changed Security Guard to Security Officer through out the procedure.
 - In section 4.2.1.B, changed EAP-17 attachment 5 to 4, added words to #1 "and time declared", and in #2 added words "a limited listing of".
 - Added sections 4.2.1.A.1 & 2, and added info to contact SSS at certain extensions.
 - 4.2.2.j - added words TSC, or SSS office.
 - In section 4.2.2.C. - added information for Attachment 13 of AOP-43.
 - In section 4.2.3 deleted words "from the Control Room.
 - In section 4.4.4.F deleted reference to section 3.1.1 and changed attachment 9 to 5.
 - On attachment 3, 7, and 8 changed NGDO to RSGM.
 - On attachment 10 added the words "or 911" to #3 and added the words "or inside handset" to #4.
 - Added 2nd page to attachment 13 - partially completed

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1.0 PURPOSE

The purpose of this procedure is to provide detailed instructions for the prompt notification of offsite authorities, offsite emergency response agencies and onsite personnel.

NOTE: Additional telephone numbers which may be of use are listed in Attachment 7.

2.0 REFERENCES

2.1 Performance References

- 2.1.1 IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST
- 2.1.2 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.1.3 EAP-4, DOSE ASSESSMENT CALCULATIONS
- 2.1.4 EAP-17, EMERGENCY ORGANIZATION STAFFING
- 2.1.5 EAP-42, OBTAINING METEOROLOGICAL DATA

2.2 Developmental References

- 2.2.1 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.2.2 I&E Information Notice No. 85-78: "Event Notification"
- 2.2.3 EAP-42, OBTAINING METEOROLOGICAL DATA

3.0 INITIATING EVENTS

The Emergency Director has declared an emergency condition at the JAFNPP in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS.

4.0 PROCEDURE

NOTE: Forms generated during an actual emergency are considered "Quality Records" and must be maintained to be added to the plant records system. (This includes Part 1, 2 and 3 forms and the NRC Event Notification Worksheet detailed in this procedure. Other forms or data will be determined to be plant records by review by the Emergency Planning Coordinator.) Therefore, all forms, calculations, etc. shall be directed to the Emergency Planning Coordinator for review after an actual event.

The Emergency Director or his designee shall implement this procedure.

The Shift Manager/Emergency Director is the only individual authorized to declare an emergency or recommend protective actions to offsite agencies. A designated individual may, however, relay this information.

4.1 Responsibilities

4.1.1 Shift Manager

- A. Assumes the role of Emergency Director, until properly relieved.
- B. Initiates the classification and reclassification of emergency conditions based on available information (IAP-2).
- C. Designates a Control Room Communications Aide to initiate and maintain communications with offsite authorities until the TSC or EOF is staffed.
- D. Designates an individual to make plant announcements.
- E. Normally designates a security officer (at ext. 3456) to contact Plant personnel in accordance with EAP-17, EMERGENCY ORGANIZATION STAFFING. Pagers should be activated during normal working hours AND off hours. Pagers should be activated at the NUE and once again at the ALERT or higher classification. CAN should be activated during off hours and at other times as appropriate.

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- F. Approves emergency notification forms until relieved as Emergency Director.
- 4.1.2 Control Room Communications Aide (as assigned by Shift Manager)
- A. As directed by SM, initiates and maintains communications with offsite authorities until responsibility is transferred to TSC or EOF.
 - B. Continues to maintain communications with TSC following its activation.
- 4.1.3 Emergency Director
- A. Relieves Shift Manager of overall responsibility for plant emergencies.
 - B. Initiates or verifies classification and reclassification of emergency conditions.
 - C. Initiates or continues communications with offsite authorities through TSC Communications and Records Coordinator, EOF Manager, or designee.
 - D. Directs security to reactivate pagers, and CAN if necessary, if the emergency escalates from an NUE to an Alert or higher classification. This is to ensure all facilities are activated.
 - E. Makes announcements as necessary.
 - F. Recommends protective actions to offsite agencies. Prior to the issuance of protective action recommendations from the EOF, the Emergency Director should discuss these actions with state and local liaisons.
 - G. Approves emergency notification forms.
 - H. When appropriate the Control Room Emergency Director shall formally turn over the Emergency Director function to a qualified Emergency Director who will normally be located in the TSC. (This function may be transferred directly to the EOF if the situation warrants.) The turn over may be verbal, and will include the status of the plant.

4.1.4 TSC Communications and Records Coordinator and EOF Manager

- A. As directed by the Emergency Director, initiates or maintains communications with offsite agencies.
- B. Acts as prime interface with Emergency Director for information dissemination to and from offsite authorities, WPO and other groups as required.

4.2 Control Room Procedure

NOTE: Transmittal of Part 1 form, Notification Fact Sheet (Attachment 1), is required within 15 minutes of emergency declaration, reclassification, initial PARs or PAR changes. Updates are required approximately every 30 minutes unless an agreement is reached with NYS and Oswego County that 30 minute updates are not necessary. **IF** updates are suspended, **THEN** a part 1 form transmittal will be made upon reclassification, PAR changes, significant plant condition changes and/or event termination.

Transmittal of NRC Event Notification Worksheet (Attachment 6) is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

4.2.1 The Shift Manager/Emergency Director shall:

A. Designate one person to serve as Control Room Communication Aide:

1. Assign an available operations individual

OR

2. During AOP-43 Control Room Evacuation, assign the Security Shift Supervisor (SSS) by calling SAS at extension 3456 or the SSS at 6424 or 6422.

NOTE: At the discretion of the Shift Manager/Emergency Director, pagers and/or CAN may not be activated if doing so could jeopardize the safety of ERO personnel responding to Emergency Response Facilities.

B. Designate one person to contact plant Emergency Response Organization personnel using EAP-17. This will normally be the SAS Security Officer (ext. 3456). Provide the following information to the designated individual using the Facility Activation and Pager Code Matrices for guidance.

NOTE: IF Pagers and/or CAN are to be activated, AND activation cannot be accomplished by the SAS Security Officer, THEN Control Room Staff should activate pagers and CAN as per EAP-17, Attachment 4.

1. Emergency classification and time declared
2. Facilities to be activated:

NOTE: JAF list is a limited listing of Security personnel

"Group 1" for CR/TSC/OSC/JAF, or

"Group 2" for CR/TSC/OSC/JAF and EOF/JNC, or

3. Selected: CR TSC OSC EOF JNC JAF
4. Activate pagers (yes or no);
 - a. IF YES, THEN provide three digit pager code
3. Activate CAN (yes or no);
4. CAN message to be used:
 - a. Message 1 for actual emergencies
OR
 - b. Message 2 for drills/exercise
OR
 - c. Message 3 for call-out TESTS

FACILITY ACTIVATION REQUIREMENTS

NOTE: IF potential routing hazards exist for facility activation, **THEN** include the routing hazards in an announcement.

Facility	Unusual Event (0700-1530)	Unusual Event (After 1530, Weekends, Holidays)	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X ⁽¹⁾	X	X	X
OSC	ED Decides	X ⁽¹⁾	X	X	X
EOF	ED Decides	ED Decides	X	X	X
JNC	ED Decides	ED Decides	X	X	X

⁽¹⁾ TSC and OSC must be activated at the Unusual Event classification during off-hours UNLESS the ED is confident that the emergency will not escalate.

(Facility activation may be modified by the Emergency Director if the safety of incoming personnel may be jeopardized by a security event or other event hazardous to incoming personnel.)

NOTE: Pagers should be activated at the NUE and once again at the ALERT or higher classification.

PAGER ACTIVATION MATRIX

FIRST DIGIT	SECOND DIGIT	THIRD DIGIT
INFORMATION	CLASSIFICATION	FACILITY ACTIVATED
1 = Actual Event	1 = NUE	1 = Report to CR/OSC/TSC
2 = Drill or Exercise	2 = Alert	2 = Report to CR/OSC/TSC/EOF/JNC
9 = Pager/On-call TEST only	3 = SAE	3 = On duty only report to CR/OSC/TSC/EOF/JNC
	4 = GE	7 = Personnel assigned a pager call CAN 800-205-5175 (respond to CAN prompts as directed)
	9 = None	8 = All personnel report to EOF for further instructions.
		9 = No response required

- C. Designate an individual to sound the Station Alarm and make the following announcement. (twice)

"Attention, Attention, a ____ (specify class of emergency) ____ has been declared at the James A. FitzPatrick Nuclear Power Plant. Activate the (specify the facilities to be activated)."

- D. Determine and make Protective Action Recommendations (PARs) to offsite authorities (using procedure EAP-4, Attachment 1).
- E. Review and approve Part 1 form prior to transmittal to offsite authorities. During AOP-43, this may mean contacting the SSS at extension 3456,6424 or 6422.
- F. Review NRC Event Notification Worksheet prior to transmittal to NRC. During AOP-43, this may mean contacting the SSS at extension 3456,6424 or 6422.
- G. Review IAP-1 checklist upon classification and reclassification of an emergency.
- H. Designate an individual to maintain communications with the TSC, OSC and EOF using the 4-way hotline, or by conference call, if appropriate, when any of those facilities are staffed.

4.2.2 The Control Room Communications Aide shall initiate notifications as directed by the Emergency Director using the following (or by using Attachment 14, Control Room Notification Flowchart) or Attachment 15, Control Room Notification Flowchart For Use in Control Room Evacuation per AOP-43. (Attachment 15 should only be used when a Control Room evacuation has been ordered):

- A. State and County notifications using Part 1 form via the RECS phone/digital sender:

1. Prepare Part 1 form:
 - a. Obtain meteorological data. (Guidance may be obtained using procedure EAP-42, OBTAINING METEOROLOGICAL DATA.)
 - b. Complete Part 1 form.
 - c. Obtain Emergency Director signature.

2. Transmit Part 1 form within 15 minutes of the emergency declaration, reclassification, initial PARs or PAR changes:
 - a. **IF** digital sender is available, **THEN** use the digital sender to transmit the part 1 form and verify receipt using the RECS phone.
 - b. **IF** digital sender is **NOT** available, **THEN** transmit the part 1 form using the RECS phone.
3. To activate RECS phone:
 - a. Pick up handset.
 - b. Press A then * on the touch tone keypad to initiate ring.
 - c. Wait approximately 10 seconds before starting to transmit. This will allow time for other parties to pick up their phones.
 - d. Press button on underside of handset to talk.
 - e. Read Part 1 form introductory announcement and roll call.
 - f. When roll call is completed:
 - 1) **IF** the part 1 form was sent by digital sender, **THEN** verify that each party received the form.
 - 2) **IF** the part 1 form was **NOT** sent by digital sender **THEN** read "General Information" portion of form. Fill out Line 1 at this time.
 - g. Perform final roll call as indicated at bottom of Part 1 form.
 - h. Sign off by stating: "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
 - i. Hang up the phone.

NOTE: IF the RECS line is out of service, THEN, using backup methods, notify the State first followed by the County, then Nine Mile Point.

- j. IF the RECS telephone is inoperable, OR any parties did not respond to roll call, THEN contact these agencies using a regular telephone. Refer to Attachment 14, Control Room Notification Flowchart, for phone numbers.

IF regular telephone service is not available, THEN use the cellular phone extension (labeled cellular phone) in the Shift Manager's office, TSC, or SSS office. This phone is operated in the same manner as any phone not connected to the plant switch. (Do not dial "9" for an outside line.)

The radio may be used as a back-up communications path to contact Oswego County. Request that the Oswego County E-911 (Warning Point) relay the information to the State and NMPC using RECS or other means if RECS is not available from E-911. Refer to Attachment 10 for instructions regarding contacting Oswego County via radio.

NOTE: Transmittal of Part 1 form Notification Fact Sheet (Attachment 1) is required within 15 minutes of emergency declaration, reclassification, initial PARs or PAR changes. Updates are required approximately every 30 minutes unless an agreement is reached with NYS and Oswego County that 30 minute updates are not necessary. IF updates are suspended, THEN a Part 1 form transmittal will be made upon reclassification, PAR changes, significant plant condition changes and/or event termination.

Transmittal of NRC Event Notification Worksheet (Attachment 6) is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

- k. Perform notification updates as required by this procedure.
- B. NRC notification using Event Notification Worksheet and ENS phone:
 - 1. Prepare Event Notification Worksheet
 - a. Request assistance from Control Room staff.
 - b. Ensure that SM/ED reviews completed Event Notification Worksheet prior to transmittal.
- C. Transmit Event Notification Worksheet immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency.

Instruct the designated communicator to transmit the Event Notification Worksheet (Attachment 6), or Attachment 13 for AOP-43, over the ENS telephone in accordance with this section, as follows:

- 1. Dial the first telephone number found on the colored sticker on the Emergency Notification System (ENS) phone.
- 2. Read information from the Event Notification Worksheet and answer any questions.
- 3. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
- 4. Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC. A log should be maintained to provide continuity of data. The log should include questions asked by the NRC and the answers provided. This log should be transferred from the Control Room.

5. Attempt to complete and transmit the Event Notification Worksheet on an hourly basis unless questions from the NRC prevent this.

- a. **IF** ENS phone is not operable, **THEN** use a commercial phone and dial the numbers on the colored sticker on the ENS telephone **OR** Event Notification Worksheet. Additional information regarding the ENS is provided in Attachment 9. Alternate telephone numbers are listed in Attachment 5.

D. Notification of NRC Resident Inspector:

1. Dial appropriate phone number from Attachment 14, Control Room Notification Flowchart, using a regular telephone.
2. Report information using Part 1 form and other sources as requested.

E. Complete the Control Room Notification Checklist (Attachment 4).

F. Transfer completed forms and checklists to the Communications and Records Coordinator or designee in the TSC when requested.

4.2.3 Continue to perform offsite notifications until relieved of that function by the TSC or EOF.

4.2.4 IF qualified personnel are available to perform communications in the TSC, **THEN** the notification functions may be performed in the TSC as directed by the ED.

4.3 Technical Support Center Procedure

4.3.1 When the TSC is operational, the Emergency Director normally delegates communications responsibilities to the Communications and Records Coordinator through the TSC Manager.

4.3.2 **IF** the emergency escalates from an NUE to an Alert or higher classification, **THEN** the Emergency Director should direct Security to reactivate the pagers and, if appropriate, CAN. This is to ensure all facilities are activated.

- 4.3.3 The Emergency Director shall review and approve all Part 1, 2 and 3 forms (Attachment 1, Attachment 2 and Attachment 3) prior to transmittal from the TSC.
- 4.3.4 The Emergency Director (or TSC Manager, when the Emergency Director has relocated to the EOF) shall review all NRC Event Notification Worksheets (Attachment 6) prior to transmittal from the TSC.
- 4.3.5 The Communications and Records Coordinator shall:
- A. Designate a qualified communicator to prepare and transmit Part 1 forms to offsite agencies within 15 minutes of emergency declaration, reclassification, initial PARs or PAR changes. Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary. **IF** updates are suspended, **THEN** a Part 1 form transmittal will be made upon reclassification, PAR changes, significant plant condition changes and/or event termination.

CAUTION

Verify that the Emergency Director has approved the Part 1 form prior to transmittal.

- B. Instruct the designated communicator to transmit Part 1 form:
1. **IF** digital sender is available, **THEN** use the digital sender to transmit the part 1 form and verify receipt using the RECS phone.
 2. **IF** digital sender is **NOT** available, **THEN** transmit the part 1 form using the RECS phone.
 3. Pick up RECS handset.
 4. Press A then * on the touch tone keypad to initiate ring.
 5. Wait approximately 10 seconds. This will allow time for other parties to pick up their phones.
 6. Press button on the underside of handset to talk.
 7. Read Part 1 form introductory announcement and roll call.

8. When roll call is completed:
 - a. **IF** the part 1 form was sent by digital sender, **THEN** verify that each party received the form.
 - b. **IF** the part 1 form was **NOT** sent by digital sender **THEN** read "General Information" portion of form. Fill out Line 1 at this time.
9. Perform final roll call as indicated at bottom of Part 1 form.
10. Sign off by stating "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
11. Hang up the phone.

NOTE: **IF** the RECS line is out of service, **THEN**, using backup methods, notify the State first followed by the County, then Nine Mile Point.

12. **IF** the RECS telephone is inoperable, or if any parties did not respond to roll call, **THEN** contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC Backup Communications Checklist, for phone numbers.

IF regular telephone service is not available, **THEN** use the cellular phones provided in the TSC. These phones are labeled as cellular phones. These phones are dialed in the same manner as any phone not connected to the plant switch. (Do not dial "9" for an outside line.) A satellite phone is also available in the TSC. (Dial 1-area code-7 digit number, then press "send".)

The radio may be used as a back-up communications path to contact Oswego County. Request that the Oswego County E-911 (Warning Point) relay the information to the State and NMPC using RECS or other means if RECS is not available from Fire Control.

Refer to Attachment 10 for instructions regarding contacting the Sheriff's Department via radio.

13. Perform notification updates as required by this procedure.

NOTE: Consider providing a Part 2 form to alleviate off-site organization concerns regarding radiological issues during abnormal releases below Federally Approved Limits (Technical Specifications).

C. **IF** a release greater than the Technical Specifications has occurred, **THEN** perform the following:

1. Instruct the Rad Support Coordinator, via the TSC Manager, to complete a Part 2 form (Attachment 2). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.
2. Instruct the Rad Support Coordinator to provide Oswego County and New York State with actual isotopic mix of the release as soon as it is available.
3. **IF** requested by the NRC, **THEN** instruct the Rad Support Coordinator to designate an individual to transmit information via the Health Physics Network (HPN) phone. Refer to Attachment 9, Section 2, for dialing instructions.

D. Instruct the Technical Coordinator, via the TSC Manager, to complete a Part 3 form (Attachment 3). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.

CAUTION

Verify that the Emergency Director has approved all Part 1, 2 and 3 forms prior to transmittal.

E. Designate an individual to fax completed Part 1, 2 and 3 forms to New York State and Oswego County plus the EOF, JNC and ENN Corporate Offices as required.

F. Designate a qualified communicator (normally the NRC Communicator) to prepare and transmit the Emergency Notification Worksheet (Attachment 6) using copies of the prepared Part 1, 2 and 3 forms. Assistance may be requested from TSC staff (eg. the Rad Support Coordinator and staff can provide release rate information in accordance with EAP-4). NRC notification is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

NOTE: ENS notification will normally remain a TSC function unless agreed upon by TSC manager and the EOF Manager.

NOTE: The Emergency Director (or TSC Manager, when the Emergency Director has relocated to the EOF) shall review all NRC Event Notification Worksheets (Attachment 6) prior to transmittal from the TSC.

G. Instruct the designated communicator to transmit the Event Notification Worksheet (Attachment 6) over the ENS telephone in accordance with this section, as follows:

1. Dial the first telephone number found on the colored sticker on the Emergency Notification System phone.
2. Read information from the Event Notification Worksheet and answer any questions.
3. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
4. Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC. A log should be maintained to provide continuity of data. The log should include questions asked by the NRC and the answers provided. This log should be transferred from the Control Room.

5. Attempt to complete and transmit the Event Notification Worksheet on an hourly basis unless questions from the NRC prevent this.
6. **IF** ENS phone is not operable, **THEN** use a commercial phone and dial the numbers on the colored sticker on the ENS telephone **OR** the numbers on the top of the Event Notification Worksheet. Additional information regarding the ENS is provided in Attachment 9. Alternate telephone numbers are listed in Attachment 5.

NOTE: Attachment 8 may remain a TSC function if agreed upon by the TSC Manager and EOF Manager.

- H. Designate a communicator to complete the TSC/EOF Emergency Notification Checklist, Attachment 8. Relay relevant information from the Part 1 form in accordance with this procedure as follows:
1. Ensure that notifications have been made to organizations listed on Attachment 8, items #1-5.
 2. Contact organizations listed on Attachment 8 (items #6-11) as directed using the TSC auto dialer telephone or commercial telephone.
 3. **IF** party does not answer after a reasonable number of rings (eg. 10), **THEN** proceed to next party.
 4. Upon completion of checklist, attempt to contact bypassed parties. Use other means such as relay through another party if necessary.
 5. Make reasonable effort to answer questions that may be asked and are not on the Part 1 form but do not allow these requests to delay the overall notification process.
- I. Insure TSC status boards are updated to reflect the most current information. Displayed information should be consistent with other Emergency Response Facilities. The communicators on the 4-way hotline should assure this. (The 4-way hotline communicators should be Licensed SROs, if possible.)

- 4.3.6 Announcements over the plant public address system should be made reflecting plant status.
- 4.3.7 The Emergency Director Aide shall explain and discuss Part 1, 2 and 3 forms with the New York State and Oswego County representatives in the EOF. This information should be available from the TSC or EOF. (The Emergency Director Aide will provide this information through all phases of an emergency.)
- 4.3.8 No press releases shall be made prior to completion of initial notifications. Press releases shall only be made by the plant Manager of Communications or other authorized public information representative.
- 4.3.9 No information shall be provided to outside individuals or organizations except as designated by this procedure. Any such callers should be referred to the plant Manager of Communications at 342-3840 extension 6681 or the Joint News Center at 592-3700, as appropriate.
- 4.3.10 Offsite agency contacts shall be transferred to the EOF when the EOF is operational and ready to assume this function. This transfer shall consist of a turnover from the TSC to the EOF Manager.

4.4 Emergency Operations Facility Procedure

- 4.4.1 When the EOF is operational, the Emergency Director normally delegates communications responsibilities to the EOF Manager.
- 4.4.2 The Emergency Director shall review and approve all Part 1, 2 and 3 forms (Attachments 1, 2 and 3) prior to transmittal from the EOF.
- 4.4.3 **IF** the emergency escalates from an NUE to an Alert or higher classification, **THEN** the Emergency Director should direct Security to reactivate the pagers and, if appropriate, CAN. This is to ensure all facilities are activated.

4.4.4 The EOF Manager shall:

- A. Designate a qualified communicator (normally the RECS Communicator) to prepare and transmit Part 1 forms to offsite agencies within 15 minutes of emergency declaration, reclassification, initial PARs or PAR changes. Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary. **IF** updates are suspended, **THEN** a Part 1 form transmittal will be made upon reclassification, PAR changes, significant plant condition change and/or event termination.

CAUTION

Verify that the Emergency Director has approved the Part 1 form prior to transmittal.

- B. Instruct the designated communicator transmit Part 1 form:
- a. **IF** digital sender is available, **THEN** use the digital sender to transmit the part 1 form and verify receipt using the RECS phone.
 - b. **IF** digital sender is **NOT** available, **THEN** transmit the part 1 form using the RECS phone.
1. Pick up RECS handset.
 2. Press A then * on the touch tone keypad to initiate ring.
 3. Wait approximately 10 seconds. This will allow time for other parties to pick up their phones.
 4. Press button on the underside of handset to talk.
 5. Read Part 1 form introductory announcement and roll call.
 6. When roll call is completed:
 - a. **IF** the part 1 form was sent by digital sender, **THEN** verify that each party received the form.

b. **IF** the part 1 form was **NOT** sent by digital sender **THEN** read "General Information" portion of form. Fill out Line 1 at this time.

7. Perform final roll call as indicated at bottom of Part 1 form.

8. Sign off by stating "James A. FitzPatrick Nuclear Power Plant out at (date, time)."

9. Hang up the phone.

NOTE: **IF** the RECS line is out of service, **THEN**, using backup methods, notify the State first followed by the County, then Nine Mile Point.

10. **IF** the RECS telephone is inoperable, or if any parties did not respond to roll call, **THEN** contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC Backup Communications Checklist, for phone numbers. (Oswego County Warning Point may be contacted using the EOF radio as a backup if the phone systems are inoperative.)

11. Perform notification updates as required by this procedure.

NOTE: Consider providing a Part 2 form to alleviate off-site organization concerns regarding radiological issues during abnormal releases below Federally Approved Limits (Technical Specifications).

C. **IF** a release greater than the Technical Specifications has occurred, **THEN** perform the following:

1. Instruct the Rad Support Coordinator to complete a Part 2 form (Attachment 2). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.

2. Instruct the Rad Support Coordinator to provide Oswego County and New York State with actual isotopic mix of the release as soon as it is available.
 3. **IF** requested by the NRC, **THEN** instruct the Rad Support Coordinator to designate an individual to transmit information via the Health Physics Network (HPN) phone. Refer to Attachment 9, Section 2, for dialing instructions.
- D. Instruct the Technical Liaison to complete a Part 3 form (Attachment 3). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.

CAUTION

Verify that the Emergency Director has approved all Part 1, 2 and 3 forms prior to transmittal.

- E. Designate an individual to fax completed Part 1, 2 and 3 forms to New York State and Oswego County plus the TSC, JNC and ENN Corporate Offices as required.
- F. **IF** it is determined that monitoring of the ENS phone is necessary, **THEN** designate a communicator to establish a JAF/EOF ENS phone link in accordance with Attachment 9, Section 2.3. Attachment 6 (NRC Event Notification Worksheet) may be used to record data. (**IF** the NRC cannot be contacted via the ENS phone, **THEN** establish a conference call using the alternate commercial phone number listed in Attachment 5.
- G. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
- NOTE:** Attachment 8 may remain a TSC function if agreed upon by the TSC Manager and EOF Manager.
- H. Designate a communicator to complete the TSC/EOF Emergency Notification Checklist, Attachment 8. Relay relevant information from the Part 1 form in accordance with this procedure as follows:

1. Ensure that notifications have been made to organizations listed on Attachment 8, items #1-5.
 2. Contact organizations listed on Attachment 8 (items #6-11) as directed using commercial telephone.
 3. **IF** party does not answer after a reasonable number of rings (eg. 10), **THEN** proceed to next party.
 4. Upon completion of checklist, attempt to contact bypassed parties. Use other means such as relay through another party if necessary.
 5. Make reasonable effort to answer questions that may be asked and are not on the Part 1 form but do not allow these requests to delay the overall notification process.
- I. Ensure EOF status boards are updated to reflect the most current information. Displayed information should be consistent with other Emergency Response Facilities. The communicators on the 4-way hotline should assure this. (The 4-way hotline communicators should be Licensed SROs, if possible.)
- 4.4.5 Announcements over the EOF public address system should be made reflecting plant status. To access the EOF paging system, dial "5899" using any EOF phone.
- 4.4.6 The Emergency Director Aide shall explain and discuss Part 1, 2 and 3 forms with the New York State and Oswego County representatives in the EOF. This information should be available from the TSC or EOF. (The Emergency Director Aide will provide this information through all phases of an emergency.)
- 4.4.7 No press releases shall be made prior to completion of initial notifications. Press releases shall only be made by the plant Manager of Communications or other authorized public information representative.

- 4.4.8 No information shall be provided to outside individuals or organizations except as designated by this procedure. Any such callers should be referred to the plant Manager of Communications at 342-3840 extension 6681 or the Joint News Center at 592-3700, as appropriate.

5.0 ATTACHMENTS

1. PART 1 GENERAL INFORMATION
2. PART 2 RADIOLOGICAL ASSESSMENT DATA
3. PART 3 PLANT PARAMETERS
4. CONTROL ROOM NOTIFICATION CHECKLIST
5. RECS/NRC BACKUP COMMUNICATIONS CHECKLIST
6. NRC EVENT NOTIFICATION WORKSHEET
7. ADDITIONAL TELEPHONE NUMBERS WHICH MAY BE OF USE
8. TSC/EOF EMERGENCY NOTIFICATION CHECKLIST
9. NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)
10. OPERATION OF RADIO FOR BACKUP COMMUNICATIONS
11. INSTRUCTIONS FOR REPORTING RECS PROBLEMS
12. QUESTIONS TO BE EXPECTED BY NRC DURING EMERGENCIES
13. PART 1 GENERAL INFORMATION (PARTIALLY COMPLETED)
14. CONTROL ROOM NOTIFICATION FLOWCHART
15. CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATION PER AOP-43

JAFNPP FORM EAP-1.1.1

☐ Outgoing from FitzPatrick☐ Incoming from Nine Mile Point Nuclear Site

Sequence Number _____ Emergency Director Approval: _____

New York State **PART I** Form **NOTIFICATION FACT SHEET**

"This is to report an incident at the James A. FitzPatrick Power Plant. Standby for confirmation." (Conduct roll call to include the following stations:) ☐ New York State Warning Point ☐ Oswego County Warning Point ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2
Upon completion of roll call, ask each party if the form was received electronically and are there any questions or provide information as outlined below:

GENERAL INFORMATION (Note: ☐ When Checked Indicates change in status)

☐ 1. Message transmitted on: (Date) _____ at (Time) _____ ☐ AM ☐ PM Via: A. RECS B. Other

☒ 2. This Is A. NOT An Exercise B. An Exercise

☐ 3. Facility Providing Information: D. NMP #1 E. NMP #2 F. FitzPatrick

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

☐ 5. This Emergency Classification Declared on: (Date) _____ at (Time) _____ ☐ AM ☐ PM

☐ 6. Release of Radioactive Materials Due to The Classified Event

A. NO Release

B. Release BELOW federally approved operating limits (Technical Specification)

☐ To Atmosphere ☐ To Water

C. Release ABOVE federally approved operating limits (Technical Specification)

☐ To Atmosphere ☐ To Water

D. Unmonitored release requiring evaluation

☐ 7. Protective Action Recommendations: (Circle all that apply)

A. NO Need for Protective Actions Outside The Site Boundary

B. EVACUATE the following ERPA's: (Circle Appropriate ERPA's)

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

C. SHELTER all remaining ERPAs.

☐ 8. EAL Number _____ Brief Event

Description _____

☐ 9. Plant Status: A. Stable B. Improving C. Degrading D. Hot Shutdown E. Cold Shutdown

☐ 10. Reactor Shutdown: A. Not Applicable B. (Date) _____ at (Time) _____ ☐ AM ☐ PM

☐ 11. Wind Speed _____ Miles/Hour at elevation _____ feet.

☐ 12. Wind Direction (From) _____ degrees at elevation _____ feet.

☐ 13. Stability Class (Pasquil) A B C D E F G

☐ 14. Reported By: Name _____ Phone Number (315)- _____

*(Name of Agency), did you copy?"

☐ New York State Warning Point☐ Oswego County Warning Point☐ Nine Mile Point Unit #1☐ Nine Mile Point Unit #2

"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

JAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State PART 2 Form RADIOLOGICAL FACT SHEET
Radiological Assessment Data (Use 24 hour clock for times)

15. Message transmitted at (Date) _____ (Time) _____

Facility Transmitted From: FitzPatrick at location _____

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: _____ Mile/hour at elevation _____ feet.

F. Wind Direction from: _____ degrees at elevation _____ feet.

G. Stability Class: PASQUIL A B C D E F G

17. Atmospheric Release Information

A. Release from: ☐ Ground ☐ Elevated D. Noble Gas Release Rate _____ Ci/sec

B. Iodine/Noble Gas Ratio _____ E. Iodine Release Rate _____ Ci/sec

C. Total Release Rate _____ Ci/sec F. Particulate Release Rate _____ Ci/sec

Waterborne Release Information

A. Volume of Release _____ gallons or liters C. Radionuclides in Release _____ (or attach)

B. Total Concentration _____ µCi/ml D. Total Activity Released _____

19. Dose Calculations (based on an assumed release duration of _____ hours)

Calculation 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 at Dose Rates or Surface Contamination/Deposition

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

JAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State **PART 3** Form **PLANT PARAMETERS**

APRM REACTOR POWER	_____	%
IRM REACTOR POWER	_____	%
SRM REACTOR POWER	_____	CPS
RPV LEVEL	_____	Inch TAF
RPV PRESS	_____	PSIG
FEEDWATER FLOW	_____	MLB/HR
HPCI PUMP FLOW	_____	GPM
RCIC PUMP FLOW	_____	GPM
LPCI A FLOW	_____	GPM
LPCI B FLOW	_____	GPM
"A" CORESPRAY FLOW	_____	GPM
"B" CORESPRAY FLOW	_____	GPM
DRYWELL PRESSURE	_____	PSIG
DRYWELL TEMPERATURE	_____	Deg F
DRYWELL SUMP LEVEL	_____	Feet
DRYWELL H2 CONC	_____	%
DRYWELL O2 CONC	_____	%
TORUS WATER AVG TMP	_____	Deg F
TORUS WATER LEVEL	_____	Feet
CST LEVEL	_____	Inch
STACK GAS RAD	_____	μCi/s
STACK HI RANGE RAD	_____	Ci/s
RX BLDG VENT RAD	_____	μCi/s
REFUEL FLR VENT RAD	_____	μCi/s
DRYWELL RAD Monitor	_____	R/Hr
HIGHEST MSL RAD MON	_____	mR/Hr
TB BLDG VENT RAD	_____	μCi/s
TB BLD HI RANGE RAD	_____	Ci/s
RW BLDG VENT RAD	_____	μCi/s
RW BLD HI RANGE RAD	_____	Ci/s
OFFGAS RAD	_____	mR/Hr
SERVICE WATER RAD	_____	μCi/ml

Verify that the following notifications have been made:

1. New York State Warning Point ☐ RECS ☐ Other _____
(Ref. Attachment 5)
2. Oswego County Warning Point ☐ RECS ☐ Other _____
(Ref. Attachment 5)
3. Nine Mile Point Unit #1 ☐ RECS ☐ Other _____
(Ref. Attachment 5)
4. Nine Mile Point Unit #2 ☐ RECS ☐ Other _____
(Ref. Attachment 5)
5. NRC Operations Center ☐ ENS ☐ Other _____
(Ref. Attachment 5)
6. NRC Resident Inspector ☐ Phone ☐ Pager
(Ref. Attachment 14)
7. Security Call-outs of Plant ☐ Completed ☐ Not Required
Staff using procedure EAP-17,
EMERGENCY ORGANIZATION STAFFING,
if call-outs are required.

**NOTE: IF Pagers have NOT been activated
per Step 6 above, THEN notify:**

8. Recovery Support Group Manager (RSGM) ☐ Completed
Pager No. 718-4040.
(If pagers were not
activated ensure NGDO
is notified.)

To Activate RSGM Pager:

- Dial 7243 (on JAF phone connected to the Entergy tie lines)
- Follow prompt: then enter 718-4040
- After you hear the quick tones enter the telephone number you want the RSGM to call you back on, including the area code. (315-XXX-XXXX)

Time _____

Communicator
Signature _____

Date: _____

1)

New York State Warning Point

(Name of Person Contacted)/(Notification Time)

NYSWP
(State Emergency Management Office)
518/457-2200

2)

Oswego County Warning Point

(Name of Person Contacted)/(Notification Time)

(Oswego County Emergency Management Office)
Normal Duty Hours (0830 - 1630) Mon - Fri
315/591-9150 or
315/591-9189

(Oswego County E-911)
Non-Duty Hours
911

3)

Nine Mile Point Nuclear Power
Station, Control Room

(Name of Person Contacted)/(Notification Time)

NOTE: Manned 24 hours a day.

NMPNPS Unit #1 CR
349-2841 or
349-2842 or
349-2843

(Name of Person Contacted)/(Notification Time)

NOTE: Manned 24 hours a day.

NMPNPS Unit #2 CR
349-2168 or
349-2169
349-2170

4)

(Name of Person Contacted)/(Notification Time)

NOTE: Manned 24 hours a day.

NRC Operations Center
primary: 301-816-5100
backup: 301-951-0550

Time _____

Communicator

Signature _____

Date _____

PAGE 1 OF 2

NRC FORM 381
(12-2000)U.S. NUCLEAR REGULATORY COMMISSION
OPERATIONS CENTERREACTOR PLANT
EVENT NOTIFICATION WORKSHEET

EN #

NRC OPERATION TELEPHONE NUMBER: PRIMARY - 301-816-5100 or 800-532-3489*, 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	
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		
GENERAL EMERGENCY	GEN/AAEC	TS Deviation	ADEV	(v)(A) Safe S/D Capability AINA
SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		(v)(B) RHR Capability AINB
ALERT	ALC/AAEC	(i) TS Required S/D	ASHU	(v)(C) Control of Rad Release AINC
UNUSUAL EVENT	UNU/AAEC	(iv)(A) ECCS Discharge to RCS	ACCS	(v)(D) Accident Mitigation AIND
50.72 NON-EMERGENCY (see next column)		(iv)(B) RPS Actuation (scram)	ARPS	(xi) Offsite Medical AMED
PHYSICAL SECURITY (73.71)	DDDD	(id) Offsite Notification	APRE	(xii) Loss Comm/Asmt/Resp ACOM
MATERIAL/EXPOSURE	B7??	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		60-Day Optional 10 CFR 50.73(a)(1)
FITNESS FOR DUTY	HFT	(ii)(A) Degraded Condition	ADEG	Invalid Specified System Actuation AINV
OTHER UNSPECIFIED REOMT. (see last column)		(ii)(B) Unanalyzed Condition	AUNA	Other Unspecified Requirement (Identify)
INFORMATION ONLY	NINF	(iv)(A) Specified System Actuation	AESF	NONR
NONR				

DESCRIPTION

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

NRC FORM 381 (12-2000)

PRINTED ON RECYCLED PAPER

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OFFSITE NOTIFICATIONS

ATTACHMENT 6

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NRC EVENT NOTIFICATION WORKSHEET

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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: gpm/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)

EAP-1.1

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OFFSITE NOTIFICATIONS

ATTACHMENT 6

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Agency/Individual	Telephone Number	Agency/Individual	Telephone Number
American Nuclear Insurers	860/561-3433	Niagara Mohawk Customer Service. NMP-1 Control Room. NMP-2 Control Room.....	315/343-0162 315/349-2841 315/349-2168
Dr. David O'Brien Home Office	315/343-4348 315/343-2484	Oswego County Emergency Management Office	315/591-9150
EA Engineering, Science and Technology Dr. Steven Jinks	914/565-8100	Oswego County Sheriff R. Todd	315/343-5490
Emergency Operations Facility.	315/593-5700	Oswego Hospital Administrator Corte J. Spencer.	315/349-5520
Emergency Planning Coordinator Nicholas Avrakotos (home). Kurt Szeluga (home)	Ext. 6773 315/342-5257 315/343-5312	Radiation Management Consultants, Inc Emergency 24 Hours Primary	215/243-2990 215/824-1300
Energy Information Center	315/342-4117	Radiation Safety Officer Dr. C.C. Chamberlain	315/464-6510
INPO Emergency Response Duty Officer	800/321-0614	Rochester Gas and Electric Co. R.E. Ginna NPP	716/546-2700 315/524-4446
JAF Manager of Communications Bonnie Bostian (home)	Ext. 6681 315/343-7592	SUNY Health Science Center at Syracuse VP Hospital Affairs Thomas J. Campbell	315/464-4240
JAF Training Center Accountability Officer	ext. 6410 or 6495	U.S. Coast Guard - Buffalo	716/843-9500 or 716/843-9525
JAF Joint News Center	592-3700	U.S. Coast Guard - Oswego	315/343-1551
National Center for Earthquake Engineering Research	716/645-3391	U.S. Department of Energy Rad Assistance Program	631/282-2200
National Weather Service	315/455-1214	U.S. NRC Resident Inspector Office Plant Extension Office Outside Line	6667 315/342-4907 or 315/342-4908
Recovery Support Group Manager Beeper Dial 7243, wait for prompt, then: 718-4040		Doug Dempsey (home) Pager....1-800-944-2337 Richard Rasmussen (home) Pager....1-800-944-2337	315/342-6985 Pager PIN # 51082 315/635-6949 Pager PIN # 50882
WPO Public Relations Laurence Gottlieb	(914) 272-3360 (Office) (877) 681-9682 (Pager) (914) 747-3836 (Home)	U.S. NRC Operations Center Fax	301/816-5151
New York State Bureau of Radiation Control Director Dr. Ramawi	518/402-7550	U.S. NRC Emergency Telecommunications System	(Please Refer to Attachment 9)
New York State Emergency Management Office James Baranski Division of Military & Naval	518/457-8916 518/786-4500		

TSC/EOF EMERGENCY NOTIFICATION CHECKLIST

Page 1 of 2

- 1) New York State, Oswego County and Nine Mile Point have been contacted in accordance with Sections 4.3.5.A and 4.3.5.B of this procedure. ☐ RECS ☐ Other _____
- 2) NRC has been contacted in accordance with Section 4.3.5.F and 4.3.5.G of this procedure. ☐ ENS ☐ Other _____
- 3) Security call-outs of plant staff have been completed using procedure EAP-17, EMERGENCY ORGANIZATION STAFFING, if call-outs are required. ☐ Completed ☐ Not Required

NOTE: A current revision of EAP-17, Emergency Plan On-Call Employee Call-out is posted at the Security SAS desk. During off-hours, contact Security to verify that the notifications have been made.

- 4) WPO Recovery Support Group Manager has been contacted via EAP-17, Attachment 3. ☐ Completed
- 5) Notify Marcy Energy Control Center (ECC). dial (315)797-8271 OR (315) 792-8225. ☐ Completed

- 6) _____/_____
(Name of Person Contacted)/(Notification Time)
- INPO (Institute of Nuclear Power Operations) Emergency Response
- NOTE: DO NOT NOTIFY FOR AN UNUSUAL EVENT.
- Duty Officer
800/321-0614

- 7) _____/_____
(Name of Person Contacted)/(Notification Time)
- Department of Energy Radiological Assistance Program
516/282-2200
- NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE EMERGENCY DIRECTOR.

Message: Give details as presented on initial and follow-up notification forms. Request assistance if needed and directed by Emergency Director.

8)

Oswego County Sheriff
315/343-5490
or radio

-----/-----
(Name of Person Contacted)/(Notification Time)

NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.

Message: This is the JAFNPP. We are in a _____ (state class of emergency). Please assign deputies to block off the site at the east and west boundaries on Lake Road to keep all unauthorized personnel out.

9)

General Electric

-----/-----
(Name of Person Contacted)/(Notification Time)
NOTE: DO NOT NOTIFY UNLESS DIRECTED
TO DO SO BY THE E.D.

Richard Rossi- Account Manager
(630) 573-3930 (work)
(630) 585-5945 (home)
(888) 378-8190 (beeper)

Message: This is the JAFNPP. We are
in a _____ (state class of
emergency). This is _____
(name), at phone number 315/_____,
Extension _____ (one being used).
Give a summary of the situation and
request assistance, if necessary.

BWR Emergency Support Program
408/971-1038

10)

American Nuclear Insurers
860/561-3433

-----/-----
(Name of Person Contacted)/(Notification Time)

NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.

Message: This is the JAFNPP. We are in a _____ (state class of emergency). This
is _____ (name), at phone number 315/_____, Extension _____
(one being used). Give a summary of the situation and request assistance, if necessary.

11)

Radiation Management Consultants
215/824-1300
215/243-2990

-----/-----
(Name of Person Contacted)/(Notification Time)

NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.

Message: This is the JAFNPP. We are in a _____ (state class of
emergency). This is _____ (name), at phone number 315/_____,
Extension _____ (one being used). Give a summary of the situation and
request assistance, if necessary.

1.0 The NRC Emergency Telecommunications System (ETS) is part of the Federal Telecommunications System (FTS)

1.1 The ETS at the JAFNPP site consists of the following circuits:

JAF SITE / Scriba (Verizon)

NRC Circuit Designation	Local ETS No.	Old AT&T No.	Old Verizon No.	New MCI No.	New Verizon No.	Location
Emergency Notification System (ENS)	700-371-5321	KBLJ957178	36LHGS154309 NY	VABD9YJN0001	36.LHGS.59242 3..NY	TSC NRC Communica tor/CR/SA S
Health Physics Network (HPN)	700-371-6773	KBLJ955405	36LHGS153554 NY	VABD99DG0001	36.LHGS.59241 3..NY	TSC RSC Desk
Reactor Safety Counterpart Link (RSCL)	700-371-5319	KBLJ957177	36LHGS154308 NY	VABD9Y280001	36.LHGS.59242 2..NY	TSC NRC Office
Protective Measures Counterpart Link (PMCL)	700-371-5322	KBLJ957175	36LHGS154306 NY	VABD9CT80001	36.LHGS.59242 5..NY	TSC NRC Office
Emergency Response Data System (ERDS)	700-371-6270	KBLJ955423	36LHGS153574 NY	VABD98VC0001	36.LHGS.59241 4..NY	TSC MD&S Room

1.2 The ETS at the EOF consists of the following circuits:

EOF / Volney (Alltel)

NRC Circuit Designation	Local ETS No.	Old AT&T No.	Old Alltel No.	New MCI No.	New Alltel No.	Location
Emergency Notification System (ENS)	700-371-0064	KBLJ957676	36LHGS154379 NY	VABFL39C0001	36LHGS592544 NY	Fed & Comm Rms
Health Physics Network (HPN)	700-371-6299	KBLJ955406	36LHGS153702 NY	VABFL4CX0001	36LHGS592552 NY	Fed & Dose Assmt Rms
Reactor Safety Counterpart Link (RSCL)	700-371-0063	KBLJ957678	36LHGS154383 NY	VABFL3960001	36LHGS592543 NY	Federal Room & Main Floor
Protective Measures Counterpart Link (PMCL)	700-371-0062	KBLJ957675	36LHGS154381 NY	VABFL3790001	36LHGS592545 NY	Federal Room & Main Floor
Management Counterpart Link (MCL)	700-371-0060	KBLJ957673	36LHGS154382 NY	VABFL4F00001	36LHGS592548 NY	Federal Room & Main Floor
Local Area Network Access (LAN)	700-371-0061	KBLJ957674	36LHGS154380 NY	VABFL3610001	36LHGS592538 NY	Federal Room & Main Floor
Spare	700-371-0065	N/A	N/A	VABFL4D30001	36LHGS592546 NY	Communicat ions Room

2.0 Instructions for Operating ETS Phones

- 2.1 Lift the receiver on the telephone instrument and listen for dial tone.
- 2.2 After receiving dial tone, dial first number listed on the colored sticker located on the telephone instrument using all ten (11) digits. (Telephone numbers to NRC Operations Center are also located in procedure EAP-1.1 on Attachment 5, Item 4.) If the first number is busy, proceed on with the second, etc.
- 2.3 A conference call connecting JAF and EOF ENS phones may be initiated by calling the NRC Operations Center as above.

3.0 Instructions for Reporting ETS Problems

- 3.1 Initiate repairs by reporting problems to the NRC Operations Center at one of the following numbers:

- 3.1.1 Using ETS Network or commercial line

- 1-301-816-5100
 - 1-301-951-0550

4.0 Essential Emergency Communication Functions

- 4.1 Emergency Notification System (ENS) - Initial notification by the licensee, as well as ongoing information on plant systems, status and parameters.
- 4.2 Health Physics Network (HPN) - Communication with the licensee on radiological conditions (in-plant and offsite) and meteorological conditions as well as their assessment of trends and need for protective measures onsite and offsite.
- 4.3 Reactor Safety Counterpart Link (RSCL) - Established initially with the base team and then with the NRC site team, representatives once they arrive at the site, to conduct internal NRC discussions on plant and equipment conditions separate from the licensee, and without interfering with the exchange of information between the licensee and NRC. This is the channel by which the NRC Operations Center supports NRC reactor safety personnel at the site. In addition, this link may also be used for discussion between the Reactor Safety Team Director and licensee plant management at the site.
- 4.4 Protective Measures Counterpart Link (PMCL) - Established initially with the base team, and then with the NRC site team representatives once they arrive at the site, to conduct internal NRC discussions on radiological releases and meteorological conditions, and the need for protective actions separate from the licensee and without interfering with the exchange of information between the licensee and NRC. This is the channel by which the NRC Operations Center support NRC protective measures personnel at the site. In addition, this link may also be used for discussion between the Protective Measures Team Director and licensee plant management at the site.
- 4.5 Emergency Response Data System (ERDS) Channel - This is the channel over which the raw reactor parametric data is transmitted from the site.
- 4.6 Management Counterpart Link (MCL) - Established for any internal discussions between the Executive Team Director or Executive Team members and the NRC Director of Site Operations or top level licensee management at the site.
- 4.7 Local Area Network (LAN) Access - Established with the base team and the NRC site team for access to any of the product or services provided on the NRC Operations Center's local area network. This includes technical projections, press releases, status reports, E-Mail, and various computerized analytical tools.

OPERATION OF RADIO FOR BACKUP COMMUNICATIONS AND
BACKUP PHONE INFORMATION

Page 1 of 1

Instructions for Contacting Oswego County Using Radio

1. Turn radio on (adjust volume control).
2. Select Channel 1.
3. Select "P/L B" or "Sheriff" or "911" (light should be next to "P/L B" or "Sheriff" or "911" - push button if necessary)
4. Push transmit on microphone or inside handset to transmit and release to receive.

Backup Phone Information

Handset Location	Telephone Equipment Location	Phone Number
TSC cellular near RECS phone operator	TSC outer office #1	315-591-0473
TSC satellite * near ED Desk	TSC outer office #3	800-988-7278
TSC cellular at ED's desk	TSC outer office #4	315-591-0479
TSC cellular near Radio Dispatcher	TSC outer office #2	315-591-0476
CR cellular Shift Manager's office	TSC outer office #3	315-591-0482
OSC cellular OSC Manager's desk	TSC outer office #2	315-593-4757

- * When making calls to 315 area code (including Oswego) dial 1-315 prior to entering 7 digit number.

Call New York State Warning Point at (518) 457-2200 and give the following information.

- . Location of RECS phone
- . Trouble description
- . Your name and telephone contact number

1. Is there any change to the classification of the event? If so, what is the reason?
2. What is the ongoing/imminent damage to the facility, including affected equipment and safety features?
3. Have toxic or radiological releases occurred or been projected, including changes in the release rate? If so, what is the projected onsite and offsite release, and what is the basis of assessment?
4. What are the health effect/consequences to onsite/offsite people? How many onsite/offsite people are/will be affected and to what extent?
5. Is the event under control? When was control established, or what is the planned action to bring the event under control? What is the mitigative action underway or planned?
6. What on site protective measures have been taken or planned?
7. What offsite protective actions have been recommended to State/local officials?
8. What is the status of State/local/other Federal agencies' responses, if known?
9. If applicable, what is the status of public information activities, such as alarm, broadcast, or press releases (regulate/State/local/other Federal agencies)? Has a Joint Information Center been activated?

PART 1 GENERAL INFORMATION (PARTIALLY COMPLETED)

JAFNPP FORM EAP-1.1.1

☐ Outgoing from FitzPatrick☐ Incoming from Nine Mile Point Nuclear Site

Sequence Number _____ Emergency Director Approval: _____

New York State **PART I** Form **NOTIFICATION FACT SHEET**

"This is to report an incident at the James A. FitzPatrick Power Plant. Standby for confirmation." (Conduct roll call to include the following stations:) ☐ New York State Warning Point ☐ Oswego County Warning Point ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2
Upon completion of roll call, ask each party if the form was received electronically and are there any questions or provide information as outlined below:

GENERAL INFORMATION (Note: ☐ When Checked Indicates change in status)

☒ 1. Message transmitted on: (Date) _____ at (Time) _____ ☐ AM ☐ PM Via: A. RECS B. Other

☐ 2. This Is **A. NOT An Exercise** B. An Exercise

☐ 3. Facility Providing Information: D. NMP #1 E. NMP #2 **F. FitzPatrick**

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

☐ 5. This Emergency Classification Declared on: (Date) _____ at (Time) _____ ☐ AM ☐ PM

☐ 6. Release of Radioactive Materials Due to The Classified Event

A. NO Release

B. Release BELOW federally approved operating limits (Technical Specification)

☐ To Atmosphere ☐ To Water

C. Release ABOVE federally approved operating limits (Technical Specification)

☐ To Atmosphere ☐ To Water

D. Unmonitored release requiring evaluation

☐ 7. Protective Action Recommendations: (Circle all that apply)

A. NO Need for Protective Actions Outside The Site Boundary

B. EVACUATE the following ERPA's: (Circle Appropriate ERPA's)

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

C. SHELTER all remaining ERPAs.

☐ 8. EAL Number 7.2.2 Brief Event Description

Control Room evacuation per AOP-43, "Shutdown from Outside the Control Room", Emergency Director is establishing control of reactor from remote shutdown panels

☐ 9. Plant Status: A. Stable B. Improving **C. Degrading** D. Hot Shutdown E. Cold Shutdown

☐ 10. Reactor Shutdown: **A. Not Applicable** B. (Date) _____ at (Time) _____ ☐ AM ☐ PM

☐ 11. Wind Speed _____ Miles/Hour at elevation _____ feet.

☐ 12. Wind Direction (From) _____ degrees at elevation _____ feet.

☐ 13. Stability Class (Pasquil) A B C D E F G

☐ 14. Reported By: Name _____ Phone Number (315)- _____

"(Name of Agency), did you copy?"

☐ New York State Warning Point ☐ Oswego County Warning Point ☐ Nine Mile Point Unit #1 ☐ Nine Mile Point Unit #2
"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

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OFFSITE NOTIFICATIONS

ATTACHMENT 13

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AOP-43 OFFSITE NOTIFICATION FORMS (PARTIALLY COMPLETED)
NRC NOTIFICATION WORKSHEET (PARTIALLY COMPLETED)

Page 2 of 2

PAGE 1 OF 2

NRC FORM 361 (12-2000)		REACTOR PLANT EVENT NOTIFICATION WORKSHEET				U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER	
						EN #	(Get this from NRC)
NRC OPERATION TELEPHONE NUMBER: PRIMARY – 301-816-5100 or 800-532-3489*, BACKUPS – [1st] 301-951-0550 or 800-449-3694*, [2nd] 301-415-0550 and [3rd] 301-415-0553 <small>*Licensees who maintain their own ETS are provided these telephone numbers.</small>							
NOTIFICATION TIME	FACILITY OR ORGANIZATION James A. FitzPatrick	UNIT 1	NAME OF CALLER		CALL BACK #		
EVENT TIME & ZONE <div align="center">Eastern</div>	EVENT DATE	POWERMODE BEFORE <div align="center">[SM]</div>		POWERMODE AFTER <div align="center">[SM]</div>			
EVENT CLASSIFICATIONS		1-Hr. Non-Emergency 10 CFR 50.72(b)(1)		(v)(A) Safe S/D Capability AINA			
<input type="checkbox"/> GENERAL EMERGENCY	GEN/AAEC	TS Deviation ADEV		(v)(B) RHR Capability AINB			
<input type="checkbox"/> SITE AREA EMERGENCY	SIT/AAEC	4-Hr. Non-Emergency 10 CFR 50.72(b)(2)		(v)(C) Control of Rad Release AINC			
<input checked="" type="checkbox"/> ALERT	ALE/AAEC	(i) TS Required S/D ASHU		(v)(D) Accident Mitigation AIND			
<input type="checkbox"/> UNUSUAL EVENT	UNU/AAEC	(iv)(A) ECCS Discharge to RCS ACCS		(vi) Offsite Medical AMED			
<input type="checkbox"/> 50.72 NON-EMERGENCY (see next columns)		(iv)(B) RPS Actuation (scram) ARPS		(vii) Loss Comm/Asm/Resp ACOM			
<input type="checkbox"/> PHYSICAL SECURITY (73.71)	DDDD	(d) Offsite Notification APRE		60-Day Optional 10 CFR 50.73(a)(1)			
<input type="checkbox"/> MATERIAL/EXPOSURE	B7??	8-Hr. Non-Emergency 10 CFR 50.72(b)(3)		Invalid Specified System Actuation AINV			
<input type="checkbox"/> FITNESS FOR DUTY	HFTT	(E)(A) Degraded Condition ADEG		Other Unspecified Requirement (Identify)			
<input type="checkbox"/> OTHER UNSPECIFIED RECMT. (see last column)		(d)(B) Unanalyzed Condition AUNA					
<input type="checkbox"/> INFORMATION ONLY	NINF	(iv)(A) Specified System Actuation AESF					
DESCRIPTION							
<small>Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continue on back)</small> <div style="font-size: 1.2em;"> <p>The control room is being evacuated. The reactor is being shut down from outside the control room per AOP-43.</p> <p>ALERT declared per EAL-7.2.2</p> </div>							
NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?		[SM]	
NRC RESIDENT			<input checked="" type="checkbox"/>	<input type="checkbox"/> YES (Explain above) <input type="checkbox"/> NO			
STATE(s)	<input checked="" type="checkbox"/>			DID ALL SYSTEMS FUNCTION AS REQUIRED?		[SM]	
LOCAL	<input checked="" type="checkbox"/>			<input type="checkbox"/> YES <input type="checkbox"/> NO (Explain above)			
OTHER GOV AGENCIES		<input checked="" type="checkbox"/>		MODE OF OPERATION UNTIL CORRECTED 4		ESTIMATED RESTART DATE N/A	
MEDIA/PRESS RELEASE			<input checked="" type="checkbox"/>			ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

NRC FORM 361 (12-2000)

PRINTED ON RECYCLED PAPER

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ATTACHMENT 14 CONTROL ROOM NOTIFICATION FLOWCHART

Start

Determine & declare Emergency EVENT CLASSIFICATION per IAP-2

Determine INITIAL PROTECTIVE ACTIONS per EAP-4 if required.

Determine Facility Activation Requirements using TABLE 1. Delegate Actions.

CAUTION!
Consider directing personnel to the EOF if security or other event could jeopardize the safety of those coming to the site.

Activate those Emergency Facilities by contacting plant personnel per EAP-17

Sound station alarm and make the following announcement, "Attention, Attention, A (specify event classification) has been declared at the James A. FitzPatrick Nuclear Power Plant. Activate the (specify facilities TSC/OSC/EOF/JNC)."

Complete OSWEGO COUNTY, NEW YORK STATE, NINE MILE POINT and NRC Notifications. Delegate Actions.

CAUTION!
Notification of OSWEGO COUNTY, and NEW YORK STATE MUST be completed within 15 minutes of event declaration, PAR change, or change of event classification.
Notification of the NRC MUST be complete as soon as possible within 1 hour of event declaration or change of event classification. (10CFR50.72)

Prepare Form EAP-1.1 Attachment 1 (Part 1 General Information) obtain data from Emergency Director, and indicators as needed. Part 1 form REQUIRES Emergency Director Approval

Using the prepared Form EAP-1.1 Attach. 1 notify the Oswego Co. Warning Point, NY State Warning Point, and Nine Mile Point Sites using the Digital Sender and/or RECS Telephone in the CR or TSC.

Use the digital sender and then verify using the RECS that the 3 parties have received the transmission. If the digital sender is not available then just read the form to the 3 parties using RECS or listed communication devices. The RECS (Radiological Emergency Communications System) phone is activated by picking up the handset and pressing A and then * on the keypad. All parties are activated simultaneously on the same line. After approximately 10 seconds read the Part 1 form, if needed. Press the button on the handset to talk.
If the RECS is not available then use one of the following:

1. Commercial Phones (conference call) (TABLE 2)
2. Cellular or Satellite (TSC) Phone (TABLE 2)
(For the satellite, enter number and press send button. When using satellite phone always dial the area code.)
3. Radio in CR or TSC or Security CAS/SAS(Only contacts Oswego Co.) *

*Refer to EAP1.1 Attachment 10 for operating instructions.

Prepare Form EAP-1.1 Attachment 6 (NRC Event Notification Worksheet) obtain data from Emergency Director, and indicators as needed. NRC form REQUIRES Emergency Director review

Using the prepared Form EAP-1.1 Attachment 6 notify the NRC Operations Center using the ENS Telephone in the CR or TSC.
Dial any of the following numbers:
✦ 1-301-816-5100
✦ 1-301-951-0550

(The ENS (Emergency Notification System) phone is operated like a normal dial up phone and requires the number "1" to be dialed.)

If The ENS is not available then use a Commercial, Cellular or Satellite Phone and dial any numbers listed above or ENS phone colored sticker.

The NRC may request that the ENS line be manned continuously after any notification. If this occurs request the Shift Manager/Emergency Director provide additional assistance to allow for the remaining steps to be completed.

Using the prepared Form EAP-1.1 Attachment 1 notify one of the following NRC Resident Inspectors at one of the following numbers:

Office Plant Extension ✦ 6667
Office Outside Line ✦ 342-4907 or 342-4908
Home (R. Rasmussen) ✦ 635-6949
Pager ✦ 1-800-944-2337, pager 50882
Auto ✦ 440-6715
Home (Doug Dempsey) ✦ 342-6985
Pager ✦ 1-800-944-2337, pager 51082

Update Form EAP-1.1 Attachment 1 and notify OSWEGO COUNTY, NEW YORK STATE, and NINE MILE POINT approximately every 30 minutes (or as agreed upon by those parties), or within 15 minutes of event classification change, PAR change or event termination until TSC or EOF is activated.

Update Form EAP-1.1 Attachment 6 and notify the NRC Operations Center within 1 hour of an event classification change or termination until the TSC or EOF is activated

Turnover Notification duties to TSC or EOF when staffed or operational. Prepare Form EAP-1.1 Attachment 4 (Control Room Notification Checklist). Transfer the checklist and copies of forms completed to TSC or EOF (fax if necessary) as well as verbal turnover.

Establish and maintain verbal communications with the TSC, OSC, and EOF using the 4 way Hot Line or by conference call.

RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

	Shift Manager/Emergency Director
	Control Room Communications Aide
	Operator
	Security Officer

TABLE 1 FACILITY ACTIVATION REQUIREMENTS

Facility	Unusual Event (0700-1530)	Unusual Event After 1530, Weekends, Holidays	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X [1]	X	X	X
OSC	ED Decides	X [1]	X	X	X
EOF	ED Decides	ED Decides	X	X	X
JNC	ED Decides	ED Decides	X	X	X

[1] TSC and OSC must be activated at the Unusual Event classification during off hours UNLESS the ED is confident that the emergency will not escalate.

TABLE 2 AGENCY PHONE NUMBERS

	New York State Warning Point	Oswego County Warning Point	Nine Mile Point Sites
08:30 to 16:30 M - F	NY State Emergency Management Office @ 518-457 2200	Emergency Mgmt. Office @ 315-591-9189 or 315-591-9150	Unit 1 @ 315-349-2841 or 315-349-2842 or 315-349-2843
Off Hours		E911 Center @ 911	Unit 2 @ 315-349-2168 or 315-349-2169 or 315-349-2170

Conference call instructions: 1. Place first call 2. Press switch hook (or flash button) 3. Get dial tone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO

USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

1. Use radio in either the CR, TSC, CAS or SAS.
2. Turn Radio on if needed.
3. Adjust volume control as needed.
4. Select Channel 1
5. Select "P/L B" or "Sheriff" or "911" (light should be next to P/L B or sheriff or 911- push button if necessary).
6. Push Transmit on microphone to transmit and release to receive.
7. Inform the Sheriff that normal offsite communications are unavailable.
8. Provide the information form EAP-1.1 attachment 1.
9. Request that Oswego County staff rebroadcast via RECS or commercial phone to Nine Mile Point and NY State Warning Point.

TABLE 4 PAGER ACTIVATION MATRIX

FIRST DIGIT INFORMATION	SECOND DIGIT CLASSIFICATION	THIRD DIGIT FACILITY ACTIVATED
1 = Actual Event	1=NUE	1 = Report to CR/OSC/TSC
2 = Drill or Exercise	2= Alert	2 = Report to CR/OSC/TSC/EOF/JNC
9 = Pager/On-call test only	3=SAE	3 = On duty team only report to CR/OSC/TSC/EOF/JNC
	4=GE	7 = Personnel assigned a pager call CAN 800-205-5175 (respond to CAN prompts as directed)
	9=None	8 = All personnel report to EOF for further instruction
		9 = No response required

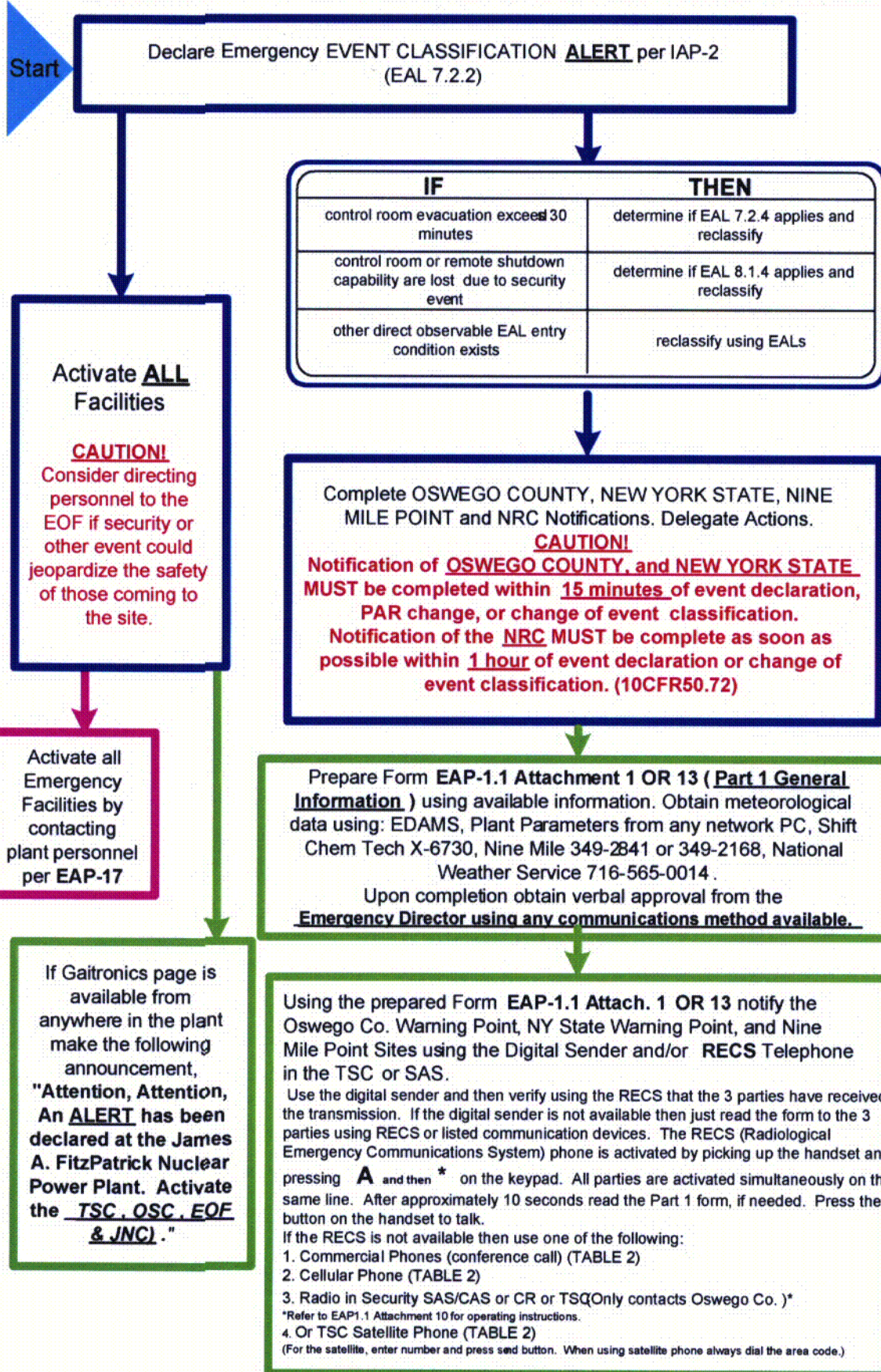
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COI

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ATTACHMENT 15 CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATIONS PER AOP-43



Prepare Form **EAP-1.1 Attach. 6 (NRC Event Notification Worksheet)** using available information. Upon completion obtain verbal approval from the **Emergency Director using any communications method available.**

Using the prepared Form **EAP-1.1 Attach. 6** notify the NRC Operations Center using the **ENS** Telephone in Security SAS or TSC.
Dial any of the following numbers:
1-301-816-5100
1-301-951-0550

(The ENS (Emergency Notification System) phone is operated like a normal dial up phone and requires the number "1" to be dialed)

If The ENS is not available then use a Commercial Phone or Cellular Phone and dial any number listed above or ENS phone colored sticker.

The NRC may request that the ENS line be manned continuously after any notification. If this occurs request the Shift Manager/Emergency Director provide additional assistance to allow for the remaining steps to be completed.

Update Form **EAP-1.1 Attach. 1** and notify OSWEGO COUNTY, NEW YORK STATE, and NINE MILE POINT approximately every 30 minutes (or as agreed upon by those parties), or within 15 minutes of event classification change, PAR change, or event termination until TSC or EOF is activated.

Update Form **EAP-1.1 Attach. 6** and notify the NRC Operations Center within 1 hour of an event classification change or termination until the TSC or EOF is activated.

Turnover Notification duties to TSC or EOF when staffed or operational.
Prepare Form **EAP-1.1 Attachment 4 (Control Room Notification Checklist)**. Transfer the checklist and copies of forms completed to TSC or EOF (fax if necessary) as well as verbal turnover.

Establish and maintain verbal communications with the TSC, OSC, and EOF using the 4 way Hot Line or by conference call.

RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

	Shift Manager/Emergency Director
	Control Room Communications Aide
	Operator
	Security Officer

TABLE 2 AGENCY PHONE NUMBERS

	New York State Warning Point	Oswego County Warning Point	Nine Mile Point Sites
08:30 to 16:30 M - F	NY State Emergency Management Office @518-457 2200	Emergency Mgmt. Office @ 315-591-9189 or 315-591-9150	Unit 1 @ 315-349-2841 or 315-349-2842 or 315-349-2843 Unit 2 @ 315-349-2168 or 315-349-2169 or 315-349-2170
Off Hours		E911 Center @911	

Conference call instructions: 1. Place first call 2. Press switch hook (or flash button) 3. Get dial tone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

1. Use radio in either the CR, TSC, CAS or SAS.
2. Turn Radio on if needed.
3. Adjust volume control as needed.
4. Select Channel 1
5. Select "P/L B" or "Sheriff" or "911" (light should be next to P/L B or sheriff or 911 - push button if necessary).
6. Push Transmit on microphone to transmit and release to receive.
7. Inform the Sheriff that normal offsite communications are unavailable.
8. Provide the information from EAP-1.1 attachment 1.
9. Request that Oswego County staff rebroadcast via RECS or commercial phone to Nine Mile Point and NY State Warning Point.

TABLE 4 PAGER ACTIVATION MATRIX

FIRST DIGIT INFORMATION	SECOND DIGIT CLASSIFICATION	THIRD DIGIT FACILITY ACTIVATED
1 = Actual Event	1=NUE	1 = Report to CR/OSC/TSC
2 = Drill or Exercise	2= Alert	2 = Report to CR/OSC/TSC/EOF/JNC
9 = Pager/On-call test only	3=SAE	3 = On duty team only report to CR/OSC/TSC/EOF/JNC
	4=GE	7 = Personnel assigned a pager call CAN 800-205-5175 (respond to CAN prompts as directed)
	9=None	8 = All personnel report to EOF for further instruction
		9 = No response required

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ATTACHMENT 15

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ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PERSONNEL INJURY
EAP-2
REVISION 25

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

[Signature]
RESPONSIBLE PROCEDURE OWNER

DATE: 7/18/02

EFFECTIVE DATE: August 2, 2002

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

*
* INFORMATIONAL USE *
*

*
* ADMINISTRATIVE *
*

*
* TSR *
*

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* CONTROLLED COPY # 34 *
*

PERIODIC REVIEW DUE DATE: FEBRUARY 2003

REVISION SUMMARY SHEET

REV. NO.

- 25
 - In Section 4.2.2.D it should direct you to 4.2.2.P not O.
 - Added section 2.2.10 as a result of the NRC order dated 02/25/02
 - Added section 4.2.2.B.2
 - Added Cell number 315-746-0121 in section 4.2.2.J.
 - Added plant address to attachment 1
 - Changed the number of Operators and deleted Security Guard as people who make up the First Aid Team
- 24
 - Added reference to 10CFR50.72 in section 2
 - Changed 4 hours to 8 hours in step 4.2.2B
 - Changed NYPA to Entergy Nuclear Northeast
- 23
 - Changed Rx Control Room to Main Control Room.
 - Changed section 4.2.2.I and 4.2.2.R to reflect Microsoft access database instead of rolodex in OHN's office.
 - Removed action steps from 4.2.2.C note.
 - Replaced the references to RES Technician with RP / Chem Technician in Sections 4.2.2.G, 4.2.2.H, 4.2.2.I, 4.2.3.I, 4.2.4, 4.2.4.I and in Attachment 3 per memo JGMS-00-004.
 - For consistency the word victim was replaced with injured in Sections 4.2.2.M, 4.2.2.S, 4.2.3, 4.2.4.1, 4.2.4.4, 4.2.4.F, 4.2.5.F.1, and 4.2.4.F.4.
 - Added section 4.2.2.U to provide an option if staffing levels fall below minimum.
 - Changed the Agency code on the Pre-hospital Care Report form from 3776 to 9018.
 - Changed the Oswego Hospital Pre-Registration form to Pre-Hospital Care Report NYS DOH 3283 (9-92).

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1.0 PURPOSE

This procedure provides instructions necessary to assure that medical attention is promptly administered to individuals injured or stricken at the JAFNPP while limiting the unnecessary spread of contamination, limiting personnel exposure, and providing for appropriate off-site notifications. The composition of the First Aid Team is specified in Attachment 2.

2.0 REFERENCES

2.1 Performance References

- 2.1.1 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT
- 2.1.2 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL

2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.2.2 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at SUNY Health Science Center, Syracuse
- 2.2.4 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.5 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT
- 2.2.6 RADIATION PROTECTION PROCEDURES
- 2.2.7 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.2.8 Pre-Hospital Care Report, NYS DOH 3283 (9-92)
- 2.2.9 10 CFR 50.72, Immediate Notification Requirements For Operating Nuclear Power Reactors
- 2.2.10 10 CFR PART 72 - Licensing requirements for the independent storage of spent nuclear fuel and high-level radioactive waste.

3.0 INITIATING EVENTS

A person has been injured or has become ill and is potentially contaminated.

AND/OR

The Shift Manager/Emergency Director determines that implementation of this procedure is necessary.

4.0 PROCEDURE

NOTE: For a minor injury/illness, implement Section 4.1.

For an injury/illness that requires immediate attention, implement Section 4.2.

4.1 Minor Injury/illness

4.1.1 The injured/ill individual should report to the Occupational Health Nurse's office or contact the Shift Manager for assistance.

4.1.2 The Occupational Health Nurse or other individual qualified to administer first aid in accordance with TP-4.02, FIRE AND RESCUE TRAINING, shall evaluate the injury/illness to determine if it can be treated onsite.

4.1.3 The injury/illness shall be treated using standard first aid techniques.

4.1.4 If the individual is contaminated assure that contamination is not spread.

4.1.5 Monitor and decontaminate the individual in accordance with RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT and Radiation Protection procedures.

4.2 Injuries/illnesses That Require Immediate Attention

4.2.1 Person who discovers the injured/ill individual, or the individual, immediately contacts the Control Room for first aid assistance.

4.2.2 Shift Manager shall

(Actions are performed with 4.2.3)

- A. Instruct the Control Room operator to sound the Station Alarm and make the following announcement: (twice)

ATTENTION, ATTENTION: AN INJURY HAS OCCURRED (location of injured). THE FIRST AID TEAM SHALL REPORT TO (location of injured) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.

- B. If radiological survey information from the first aid team, step 4.2.3.F, indicates that the individual is contaminated and will not be decontaminated prior to treatment and the contaminated individual requires transport to an offsite medical facility for treatment
1. Notify the NRC in accordance with 10CFR50.72 as soon as practical and within eight (8) hours of the occurrence.
 2. **IF** the injury involves spent fuel, High Level Waste (HLW), or reactor-related Greater Than Class "C" (GTCC) waste **THEN** Notify the NRC in accordance 10 CFR 72.75 as soon as practical no later than four (4) hours of the occurrence.
- C. **IF** injured/ill individual is found to be contaminated, **THEN** perform steps 4.2.2.E through 4.2.2.N of this procedure.
- D. **IF** injured/ill individual is NOT contaminated, **THEN** perform steps 4.2.2.P through 4.2.2.S of this procedure.

E. IF the injured/ill individual is contaminated or potentially contaminated, then complete Attachment 1, THEN do the following:

1. Call Oswego County E-911 Center at:

911

and report the following messages:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

2. Call the receiving hospital at:

Oswego Hospital

(315) 349-5522

OR

SUNY Health Science Hospital

Center in Syracuse at

(315) 464-5611

and report the following message.

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Receiving Hospital.

F. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured). PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs, SURGEONS GLOVES, HERCULITE.

-
- G. Assign a RP/Chem Technician to accompany the ambulance to the hospital. This will normally be the technician who responds as a part of the First Aid Team.
 - H. Assign a second RP/Chem technician to perform the following:
 - 1. Meet the ambulance at the designated building entry point.
 - 2. Ensure that ambulance attendants have been issued DRDs and TLDs.
 - 3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.
 - I. Direct an individual to obtain and provide the First Aid Team member accompanying the ambulance (RP/Chem Technician) with the personnel medical history information if available at the JAFNPP Occupational Health Nurse's Office (Ext. 6411). The key to the Occupational Health Nurse's Office is located in the Rad Protection Office. Located in the Occupational Health Nurse's office is a database (Microsoft Access) containing the following information:
 - 1. Allergies, if any,
 - 2. Pre-existing medical problems,
 - 3. Medications currently being taken,
 - 4. Employee's last physical exam,
 - 5. Who to contact in the event of an emergency.
- ** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

-
- J. Contact the radiological emergency physician
Dr. David O'Brien for medical assistance.

Office (315) 343-4348

Cell (315) 746-0121

Home (315) 343-2484

Summer (315) 342-4479

Inform him of the situation and ask him to
report to the receiving hospital.

- K. Perform internal notifications as required by
Plant Standard STD-3.120.
- L. Direct the on-call RP Supervisor meet the
ambulance at the receiving hospital.
- M. Obtain the name of the injured person and
request that the Public Information Officer
contact the individual designated in the
injured 's medical file for emergency
information.
- N. Hospital personnel may request additional
information as necessary. This information may
be relayed back using the following Emergency
Room phone numbers:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5611

O. If the "contaminated" individual is found not to be contaminated or is decontaminated do the following:

1. Call the Oswego County E-911 Center at:

911

and give the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

2. Call the Receiving Hospital at:

Oswego Hospital (315)349-5522

OR

SUNY Health Science
Center at Syracuse (315)464-5611

and report the following messages:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

P. If the injured/ill individual is not contaminated then complete Attachment 1, then call Oswego County E-911 Center at:

911

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS <u>NOT</u> CONTAMINATED. I REPEAT <u>NOT</u> CONTAMINATED. (State specifically that the individual is <u>NOT</u> CONTAMINATED.)
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

Q. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured).

If it is anticipated that ambulance attendants will enter the RCA, direct Security to: PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs AND SURGEONS GLOVES

R. Direct an individual to obtain and provide the personnel medical history information to the ambulance crew, if available. A database (Microsoft Access), containing medical history information is available in the Occupational Health Nurse's Office (Ext. 6411); key located in the Rad Protection Office) and contains the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

S. Obtain the name of the injured individual and request the Public Information Officer to contact the individual designated in the injured's medical file for emergency information.

- T. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

SUNY Health Science
Center at Syracuse (315) 464-5611

- U. Consider contacting the On-Call RP and/or Chemistry Supervisor(s) to call out replacement shift technicians if staffing levels fall below minimum.

4.2.3 First Aid Team shall:

CAUTION

Precautions should be taken to avoid exposure to blood or body fluids per OSHA bloodborne pathogen standard.

NOTE: If the injured is NOT contaminated, perform only the steps in this section needed for appropriate care of the injured.

- A. Upon hearing the announcement of injury/illness over the PA system, report to the specified location with a trauma kit and stretcher. Trauma kits are located in the following areas:

1. Occupational Health Nurse's Office
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

- B. Upon reaching the injured individual, perform the following:

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.

3. Assess radiological conditions, and implement EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL, if necessary.
4. Report radiological status of injured to the Control Room.
5. Provide medical treatment.

NOTE: When making decisions concerning the disposition of the injured, the injured's well-being and need for medical attention shall always take precedence over decontamination efforts.

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.
 7. Use standard contamination control techniques to remove the individual from a contaminated area.
- C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).
 - D. Complete personnel and clothing contamination forms from RP-OPS-03.04. Report the contamination levels to the Shift Manager or designee.
 - E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.
 - F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with RP-OPS-03.04 PERSONNEL DECONTAMINATION AND ASSESSMENT. As the injuries permit continue attempts to:
 1. Remove any protective clothing.
 2. Place the injured on a stretcher.

-
3. Wrap the injured and the stretcher in a clean blanket.
- G. If the individual has been successfully decontaminated, notify the Shift Manager immediately.
 - H. If the individual is not contaminated or has been successfully decontaminated, inform the ambulance attendants that no special hospital procedures need to be implemented.
 - I. If the individual is contaminated, have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be a RP/Chem Technician. This team member should be provided with the completed RP-OPS-03.04 forms and any available medical history information to be utilized at the hospital.
 - J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
 - K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
 - L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.
 - M. First Aid Team Leader and/or Occupational Health Nurse shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed Attachment 3.
 - N. Complete a Pre-Hospital Care Report, an example is shown in Attachment 3. Forms are available in all trauma kits.

- 4.2.4 First Aid Team Members (RP/Chem Technicians) assigned to accompany and follow the contaminated individual to the hospital shall:
- A. Meet the ambulance at the designated building entry point.
 - B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
 - C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
 - D. Assist ambulance attendants as required.
 - E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
 - F. The RP/Chem Technician who rides in the ambulance with the injured person shall:
 - 1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
 - 2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
 - 3. If the ambulance is diverted from Oswego Hospital to SUNY Health Science Center while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.
 - 4. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
 - G. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
 - H. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.

I. The RP/Chem Technician arriving in a separate vehicle shall:

1. Assist hospital personnel as requested.
2. Request additional assistance from plant, if needed.
3. Survey, decontaminate, and release the ambulance and attendants as soon as practicable. Collect dosimetry from ambulance attendants for return to Rad Protection.
4. Assist in monitoring and decontamination of hospital areas.

J. When no longer needed at the hospital, collect all dosimetry issued to hospital and ambulance personnel and report back to the plant with any radwaste generated. Report to plant supervisory personnel for debriefing.

K. TLD results and dosimetry readings will be provided to hospital and ambulance personnel by Radiation Protection personnel in accordance with Radiation Protection procedures.

5.0 ATTACHMENTS

1. CHECKLIST FOR OSWEGO COUNTY E-911 DISPATCHER
2. FIRST AIDE TEAM COMPOSITION
3. PRE-HOSPITAL CARE REPORT

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

The Oswego County E-911 Dispatcher will receive the initial notification telephone call from the nuclear station of impending patient(s) arrival.

Initial Notification Data

Date/Time of Call _____

Person Calling:

Name _____

Address James A. FitzPatrick Nuclear Power Plant
268 East Lake Road, Oswego, NY.

Telephone Number 349-6664 or 349-6665 or 349-6666

Accident Information:

Location _____

Date & Time _____

of Injured Patients _____

of Contaminated/Injured Patients _____

Description of Injuries:

NOTE: Specify if heart attack is suspected!

Remarks: _____

ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

- Control Room Supervisor or Senior Nuclear Operator
- (2) Operators
- (1) RP/Chem Technician

(The RP/Chem Technician on-shift should respond unless another technician is designated by supervision.)

NOTE: As available, in addition to the First Aid Team at the JAFNPP, the Occupational Health Nurse and/or Safety Supervisor shall report to the specified injury/illness location. The Occupational Health Nurse should direct medical treatment upon reporting to the accident scene.

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

PAGE 1 OF 2

Prehospital Care Report

3- 3152800

DATE: <input type="text"/> TIME: <input type="text"/>		AGENCY: <input type="text"/>		CALL REC'D: <input type="text"/>	
NAME: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		COMPLETE FOR TRANSFERS ONLY: <input type="text"/>	
ADDRESS: <input type="text"/>		DISPATCH INFORMATION: <input type="text"/>		IN ROUTE: <input type="text"/>	
CITY: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		ARRIVED AT SCENE: <input type="text"/>	
STATE: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		FROM SCENE: <input type="text"/>	
ZIP: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		AT DESTIN: <input type="text"/>	
MECHANISM OF INJURY: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		IN SERVICE: <input type="text"/>	
CHIEF COMPLAINT: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		QUARTERS: <input type="text"/>	
SUBJECTIVE ASSESSMENT: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		PATIENT: <input type="text"/>	
PRESENTING PROBLEM: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		STATUS: <input type="text"/>	
PAST MEDICAL HISTORY: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		SKIN: <input type="text"/>	
OBJECTIVE PHYS: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		STATUS: <input type="text"/>	
COMMENTS: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		STATUS: <input type="text"/>	
TREATMENT: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		STATUS: <input type="text"/>	
DISPOSITION: <input type="text"/>		CALL TYPE AS REC'D: <input type="text"/>		STATUS: <input type="text"/>	

ATTACHMENT 3 PRE-HOSPITAL CARE REPORT

PAGE 2 OF 2

NON-HOSPITAL DISPOSITION CODES

NURSING HOME 001
 OTHER MEDICAL FACILITY 002
 RESIDENCE 003
 TREATED BY THIS UNIT, TRANSPORTED
 BY ANOTHER UNIT 004
 REFUSED MEDICAL AID OF
 TRANSPORT 005
 CANCELLED 006
 STANDBY ONLY (NO PATIENT) 007
 NO PATIENT FOUND 008
 OTHER 009

THE RULE OF NINES

Estimation of Burned
Body Surface
(PERCENT)

9
18 (Front)
18 (Back)

9

9

9

18 (Back)

INFANT

Hospital Record / Patient
COMPLETE COPY OF REPORT

REFUSAL OF TREATMENT
VERIFICATION

EXPOSICION DE LA PERSONA

COMPLETILLO
ILLO UNO
EMERGENCY COPY ONLY
(COPIA DE LA AGENCIA)

This report is to be used for the purpose of determining the extent of the injury and the need for medical attention. It is not to be used for the purpose of determining the extent of the injury and the need for medical attention. It is not to be used for the purpose of determining the extent of the injury and the need for medical attention.

The patient is to be transported to the nearest medical facility. The patient is to be transported to the nearest medical facility. The patient is to be transported to the nearest medical facility.

Signed _____
Firm _____

Witness _____
Testigo _____

Signature _____

Glasgow Coma Scale

Eye	5	4	3	2	1	
Verbal	5	4	3	2	1	
Motor	6	5	4	3	2	1
Patient's Best Verbal Response						
Patient's Best Motor Response						

Total GCS Score 3-15

ICD DIAGNOSTIC CODE

WAS THIS A WORKERS' COMPENSATION INJURY ☐ YES ☐ NO INSURANCE CODE

PATIENT'S EMPLOYER _____ PHONE _____

EMPLOYER'S ADDRESS _____

RESPONSE REPORT _____

ADDRESS _____

ENERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

FIRE
EAP-3
REVISION 23

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

[Signature]
RESPONSIBLE PROCEDURE OWNER

DATE:

7/18/02

EFFECTIVE DATE:

August 2, 2002

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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INFORMATIONAL USE

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ADMINISTRATIVE

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PERIODIC REVIEW DUE DATE: AUGUST 2005

REVISION SUMMARY SHEET

REV. NO.

- 23
 - In section 4.2 deleted NCO after Control Room Operator
 - On attachment 1 changed the number of Operators from 2 to 4 and deleted 2 Security Guards
- 22
 - Changed the cover sheet to reflect the Company name change.
 - Added section 2.2.17 "SAP-2 emergency equipment inventory"
 - Relocated note on page 11 to above 4.4.12 and added section 4.4.13.
 - Removed developmental reference "Figure EAP-3.1, Fire Brigade Composition"
- 21
 - Added section for clarification of radiation protection responsibilities
 - Added AP-07.01 to developmental reference
 - Re-worded step 4.4.9 to have brigade leader notify Radiation Protection
 - Re-worded 4.3.6 and 4.3.9 for clarification.
 - In section 4.3.6, updated phone numbers - editorial.
 - In section 4.3.9, deleted paragraph stating pager instructions - redundant. This is already mentioned in the section prior.
 - In section 4.3.9, inserted updated title "Fire/Safety Coordinator/Fire Chief and".

TABLE OF CONTENTS

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1. <u>FIRE BRIGADE COMPOSITION</u>	12

1.0 PURPOSE

This procedure provides the instructions necessary to assure that personnel fighting fires on the site during a declared emergency have access to the necessary equipment and procedures, and are protected from unnecessary radiological exposure, and that off-site assistance is summoned to aid in fire fighting if needed.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST
- 2.1.2 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.1.3 EAP-2, PERSONNEL INJURY
- 2.1.4 EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING
- 2.1.5 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY
- 2.1.6 EAP-9, SEARCH AND RESCUE OPERATIONS
- 2.1.7 EAP-10, PROTECTED AREA EVACUATION
- 2.1.8 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
- 2.1.9 AP-07.01, RADIATION WORK PERMIT PROGRAM

2.2 Developmental References

- 2.2.1 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS
- 2.2.2 EAP-2, PERSONNEL INJURY
- 2.2.3 EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING
- 2.2.4 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY
- 2.2.5 EAP-8, PERSONNEL ACCOUNTABILITY
- 2.2.6 EAP-9, SEARCH AND RESCUE OPERATIONS
- 2.2.7 EAP-13, DAMAGE CONTROL

-
- 2.2.8 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL
 - 2.2.9 Fire Protection and Prevention Procedures, James A. FitzPatrick Nuclear Power Plant
 - 2.2.10 Security Implementing Procedure 5.1.4, Access Control and Security Procedures
 - 2.2.11 Radiation Protection Procedures and Programs
 - 2.2.12 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT
 - 2.2.13 TP-4.02, FIRE AND RESCUE TRAINING
 - 2.2.14 TP-1.01, TRAINING RECORDS
 - 2.2.15 AP-07.01 RWP PROGRAM
 - 2.2.16 SAP-2 EMERGENCY EQUIPMENT INVENTORY
- 3.0 **INITIATING EVENTS**
- 3.1 A fire at an on-site location has been reported to the Control Room or to the Technical Support Center (TSC), **OR**
 - 3.2 An annunciator or instrument (on the Fire Protection Panel - FPP, or other panel) in the Control Room indicates smoke or fire in the Plant verified by an operator, **OR**
 - 3.3 There is physical evidence of a fire on-site to personnel in the Control Room or TSC.

4.0 PROCEDURE

4.1 Person Discovering Fire shall:

4.1.1 Immediately report the fire to the Control Room, providing the following details if known:

- A. Location of the fire.
- B. Extent of the fire.
- C. Type of material involved (i.e., wood, paper, oil, and electrical fire).

4.1.2 Take all necessary precautions to protect oneself, including leaving the immediate area. If possible, remain in the general area and communicate with the Control Room until the fire brigade arrives.

4.2 Control Room Operator or designee shall:

4.2.1 Determine the following from the person reporting the fire:

- A. Location of the fire.
- B. Extent of the fire.
- C. Type of material involved (i.e., wood, paper, oil, and electrical fire).

4.2.2 Sound the fire alarm and make the following announcement (twice):

ATTENTION, ATTENTION: THERE IS A FIRE (location of fire). THE FIRE BRIGADE SHALL REPORT TO (location, as determined by SM/ED) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.

NOTE: If the OSC has been activated, the fire brigade shall assemble there and be dispatched with a radiation protection technician.

4.2.3 Provide information relating to the fire to the Fire Brigade Leader and Shift Manager.

4.3 Shift Manager/Emergency Director shall:

- 4.3.1 Take action in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS, as appropriate.

NOTE: If an emergency is declared, then implement procedure IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST.

- 4.3.2 If requested by the Fire Brigade Leader:

A. Ensure the Oswego County E-911 Center is notified by calling: 911

and delivering the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THERE IS A FIRE AT THE SITE AND YOUR ASSISTANCE IS REQUESTED. (SPECIFY TYPE AND QUANTITY OF ASSISTANCE, FIRE PREPLAN NUMBER AND ANSWER QUESTIONS CONCISELY IF KNOWN).

B. Call Security and deliver the following message:

FIRE FIGHTING EQUIPMENT IS ENROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE CHIEF, ASSISTANT CHIEF, FIRE FIGHTERS AND APPARATUS. GET THE TLDs AND DRDs FROM THE SECURITY BUILDING EMERGENCY KIT FOR ISSUE. COUNT THE NUMBER OF FIRE CHIEFS, FIRE FIGHTERS AND APPARATUS IN ACCORDANCE WITH SECURITY IMPLEMENTING PROCEDURE, 5.1.4, ACCESS CONTROL AND SEARCH PROCEDURES.

- 4.3.3 Consider implementing procedure EAP-10, PROTECTED AREA EVACUATION, as applicable.
- 4.3.4 Consider implementing procedure EAP-9, SEARCH AND RESCUE OPERATIONS, as applicable.
- 4.3.5 Observe ARMs, CAMs and effluent monitors for increased levels.

- 4.3.6 Notify The Plant Fire Protection/Safety Coordinator/Fire Chief of the conditions as follows:

Page via Gai-tronics, call extension 6766, or call beeper pager number via a touch-tone telephone; Dial PAGE (7243), enter 713-6766 or using an outside line dial 341-1253.

- 4.3.7 In addition to the Fire Protection Supervisor/Fire Chief, during nights or weekends, notify the On-Call Duty Fire Protection Department Deputy Fire Chief as follows:

Call beeper pager number via a touch-tone telephone; per the weekly plant On-Call list schedule.

- 4.3.8 Consider reclassification or termination of the event in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS in response to escalation or suppression of the fire.

- 4.3.9 **IF**, the fire event is reclassified as escalated, **THEN**, notify the Fire/Safety Coordinator/Fire Chief and Fire/Safety Specialist/Deputy Fire Chief of the conditions.

4.4 Fire Brigade Leader shall:

- 4.4.1 Upon hearing the fire alarm and announcement, contact the Emergency Director/Shift Manager for details of the fire, if necessary.

- 4.4.2 Consult the appropriate preplan(s) to obtain specific information regarding physical layout and rescue potential, if necessary.

4.4.3 Obtain protective gear as necessary or as directed from the following Fire Brigade Locker locations:

- A. Old Administration Building, Elevation 272,
Near OSC Roll Up Door
- B. Administration and Support Building, Elevation 272, Center Hallway across from Men's Locker Room
- C. Old Administration Building, Elevation 272, Hallway between Turbine Building and Reactor Building Entrances
- D. Screenwell, Elevation 272, Northeast

4.4.4 Assemble the Fire Brigade in accordance with reference 2.2.9, Fire Protection and Prevention Procedures.

NOTE: If the OSC has been activated, the fire brigade shall assemble in the OSC and be dispatched with a radiation protection technician, if radiological conditions warrant.

4.4.5 Determine the plan of attack and direct the Fire Brigade observing the necessary criteria from EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL.

4.4.6 Obtain and activate additional onsite fire fighting equipment needed to fight the fire including, as required, ladders, hoses, fire cart and foam cart.

4.4.7 Evaluate the fire and provide for the following information to the Emergency Director/Shift Manager, as applicable:

- A. Need for offsite assistance - If required, specify type, fire preplan number, and scope of assistance needed.
- B. Report how long the fire has been burning.
- C. Report if safety systems are threatened.
- D. Report any potential for radioactive contamination due to the fire.

- 4.4.8 In the event of injury to a fire fighter or worker take action in accordance with EAP-2, PERSONNEL INJURY.
- 4.4.9 Notify Radiation Protection via Gai-tronics, extension 6733 or 6754 and apprise them of the location and nature of the fire.
- 4.4.10 Advise the off-site fire companies activated and coordinate the efforts of all fire fighters to control and extinguish the fire.
- 4.4.11 Notify the Control Room once the fire is under control (i.e., the fire will not extend and can be extinguished with the resources at the scene. This period includes overhaul).
- NOTE:** Do not allow fire fighters to leave the site until decontamination criteria are met.
- 4.4.12 After the fire is extinguished assure that all personnel and equipment involved are surveyed and, if necessary, decontaminated in accordance with Radiation Protection Procedures.
- 4.4.13 Ensure that all equipment used by the Fire Brigade is returned to service following real events or drills.
- 4.4.14 Initiate a report of the incident in accordance with Fire Protection Procedures.

4.5 Fire Brigade shall:

- 4.5.1 Upon hearing the fire alarm and announcement, proceed to the location specified in the announcement.
- NOTE:** If the OSC has been activated, the fire brigade shall assemble there and be dispatched with a radiation protection technician.
- 4.5.2 Notify the Emergency Director/Shift Manager if the possibility exists that persons may be endangered by the fire, or need to be rescued.

CAUTION: In areas of CO₂ and Halon flooding fire suppression equipment, rescue operations must be carried out immediately using self-contained breathing apparatus.

4.6 Security shall, if directed by the Emergency Director/Shift Manager:

- 4.6.1 Ensure that all persons allowed to enter are part of the Fire Company.
- 4.6.2 Permit immediate entry of fire chief, fire fighters, and apparatus.
- 4.6.3 Provide the fire fighters with TLDs and DRDs from the Security Building Emergency Kit.
- 4.6.4 Direct and, if necessary, escort the fire fighter(s) to the location of the fire.
- 4.6.5 Count and log the number of fire chiefs, fire fighters, and apparatus admitted to the Protected Area, in accordance with Access Procedure.
- 4.6.6 Process departing fire chiefs, fire fighters, and apparatus in accordance with Access Procedure.

4.7 Radiation Protection (RP) shall:

- 4.7.1 As time permits, upon hearing the fire alarm and announcement **OR** as directed by Operations personnel, proceed to the assembly location specified.
- 4.7.2 As time permits, provide assistance to the fire brigade leader as requested.
- 4.7.3 Perform radiological monitoring in accordance with EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY, or EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING, as necessary.
- 4.7.4 For incidents involving entries into the Radiologically Controlled Area (RCA), ensure RWP documentation is completed in accordance with AP-07.01, RADIATION WORK PERMIT PROGRAM.

5.0 ATTACHMENTS

1. FIRE BRIGADE COMPOSITION

ATTACHMENT 1

FIRE BRIGADE COMPOSITION

The Fire Brigade shall be composed of (as a minimum) the following individuals:

- Control Room Supervisor or Senior Nuclear Operator
- 4 Operators

The JAFNPP Training Manager shall maintain an updated list of personnel who are qualified as members of the Fire Brigade. Fire Brigade qualifications and drill requirements are described in TP-4.02, FIRE AND RESCUE TRAINING. The JAFNPP Training Manager shall also make available the list of qualified personnel to the JAFNPP Fire Protection Supervisor for the purposes of scheduling of drills for Fire Brigade members. Documentation of Fire Brigade member qualifications shall be maintained in accordance with TP-1.01, TRAINING RECORDS.