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August 9, 2002

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555
Attn: Mr. Robert Clark (Mail Stop O-8-E9)
Project Directorate I-1

Subject: Revision to Emergency Plan Implementing Procedures
R.E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

In accordance with 10 CFR 50.4(b)(5), enclosed are revisions to Ginna Station Emergency Plan Implementing Procedures (EPIP).

We have determined, per the requirements of 10 CFR 50.54(q), that the procedure changes do not decrease the effectiveness of our Nuclear Emergency Response Plan.

Very truly yours,

Richard J. Watts
Manager, Nuclear Training Department

Enclosures

xc: USNRC Region 1 (2 copies of letter and 2 copies of each procedure)
Resident Inspector, Ginna Station (1 copy of letter and 1 copy of each procedure)
RG&E Nuclear Safety and Licensing (1 copy of letter)
Dr. Robert C. Mecredy (2 copies of letter only)

PSP/jtw

A045

<u>PROCEDURE</u>	<u>REVISION NUMBER</u>
EPIP 1-5	50
EPIP 1-6	14
EPIP 1-10	11
EPIP 2-7	11
EPIP 2-10	4
EPIP 3-2	10

REPORT NO. 01
REPORT: NPSP0200
DOC TYPE: PREPIP

GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

08/09/02 PAGE: 1

PARAMETERS: DOC TYPES - PREPIP

STATUS: EF

5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-1-0	GINNA STATION EVENT EVALUATION AND CLASSIFICATION	028	05/15/02	05/15/02	05/15/07	EF
EPIP-1-1	UNUSUAL EVENT	003	11/02/01	11/02/01	11/02/06	EF
EPIP-1-2	ALERT	004	11/02/01	11/02/01	11/02/06	EF
EPIP-1-3	SITE AREA EMERGENCY	005	12/09/96	01/23/98	01/20/03	EF
EPIP-1-4	GENERAL EMERGENCY	005	11/02/01	11/02/01	11/02/06	EF
EPIP-1-5	NOTIFICATIONS	050	08/09/02	08/09/02	08/09/07	EF
EPIP-1-6	SITE EVACUATION	014	08/09/02	08/09/02	08/09/02	EF
EPIP-1-7	ACCOUNTABILITY OF PERSONNEL	009	11/02/01	11/02/01	11/02/06	EF
EPIP-1-8	SEARCH AND RESCUE OPERATION	005	12/20/01	12/20/01	12/20/06	EF
EPIP-1-9	TECHNICAL SUPPORT CENTER ACTIVATION	021	12/20/01	12/20/01	12/20/06	EF
EPIP-1-10	OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION	011	08/09/02	08/09/02	08/09/02	EF
EPIP-1-11	SURVEY CENTER ACTIVATION	026	05/15/02	05/15/02	05/15/07	EF
EPIP-1-12	REPAIR AND CORRECTIVE ACTION GUIDELINES DURING EMERGENCY SITUATIONS	009	12/20/01	12/20/01	12/20/06	EF
EPIP-1-13	LOCAL RADIATION EMERGENCY	003	08/04/95	01/23/98	01/23/03	EF
EPIP-1-15	USE OF THE HEALTH PHYSICS NETWORK HPN	005	04/24/96	03/03/99	03/03/04	EF
EPIP-1-16	RADIOACTIVE LIQUID RELEASE TO LAKE ONTARIO OR DEER CREEK	004	02/13/98	02/13/98	02/13/03	EF
EPIP-1-17	PLANNING FOR ADVERSE WEATHER	002	06/21/00	06/21/00	06/21/05	EF
EPIP-1-18	DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS	003	06/11/02	06/11/02	06/11/07	EF
EPIP-2-1	PROTECTIVE ACTION RECOMMENDATIONS	019	06/04/01	06/04/01	06/04/06	EF
EPIP-2-2	OBTAINING METEOROLOGICAL DATA AND FORECASTS AND THEIR USE IN EMERGENCY DOSE ASSESSMENT	012	07/01/02	07/01/02	07/01/07	EF
EPIP-2-3	EMERGENCY RELEASE RATE DETERMINATION	015	07/01/02	07/01/02	07/01/07	EF
EPIP-2-4	EMERGENCY DOSE PROJECTIONS - MANUAL METHOD	013	07/20/01	07/20/01	07/20/06	EF
EPIP-2-5	EMERGENCY DOSE PROJECTIONS PERSONAL COMPUTER METHOD	014	05/15/02	05/15/02	05/15/07	EF
EPIP-2-6	EMERGENCY DOSE PROJECTIONS - MIDAS PROGRAM	011	06/21/00	06/21/00	06/21/05	EF

REPORT NO. 01
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GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

08/09/02 PAGE: 2

PARAMETERS: DOC TYPES - PREPIP

STATUS: EF

5 YEARS ONLY:

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-2-7	MANAGEMENT OF EMERGENCY SURVEY TEAMS	011	08/09/02	08/09/02	08/09/02	EF
EPIP-2-8	VOLUNTARY ACCEPTANCE OF EMERGENCY RADIATION EXPOSURE	005	05/16/00	05/16/00	05/16/05	EF
EPIP-2-9	ADMINISTRATION OF POTASSIUM IODIDE (KI)	005	05/15/02	05/15/02	05/15/07	EF
EPIP-2-10	INPLANT RADIATION SURVEYS	004	08/09/02	08/09/02	08/09/02	EF
EPIP-2-11	ONSITE SURVEYS	019	05/15/02	05/15/02	05/15/07	EF
EPIP-2-12	OFFSITE SURVEYS	022	05/15/02	05/15/02	05/15/07	EF
EPIP-2-13	IODINE AND PARTICULATE ACTIVITY DETERMINATION FROM AIR SAMPLES	008	07/27/99	07/27/99	07/27/04	EF
EPIP-2-14	POST PLUME ENVIRONMENTAL SAMPLING	014	12/04/00	12/04/00	12/04/05	EF
EPIP-2-15	POST PLUME EVALUATION OF OFFSITE DOSES DUE TO DEPOSITION	005	02/06/02	02/06/02	02/06/07	EF
EPIP-2-16	CORE DAMAGE ESTIMATION	012	07/01/02	07/01/02	07/01/07	EF
EPIP-2-17	HYPOTHETICAL (PRE-RELEASE) DOSE ESTIMATES	007	03/01/02	03/01/02	03/01/07	EF
EPIP-2-18	CONTROL ROOM DOSE ASSESSMENT	014	05/15/02	05/15/02	05/15/07	EF
EPIP-3-1	EMERGENCY OPERATIONS FACILITY (EOF) ACTIVATION AND OPERATIONS	017	08/31/01	08/31/01	08/31/06	EF
EPIP-3-2	ENGINEERING SUPPORT CENTER (ESC)	010	08/09/02	08/09/02	08/09/02	EF
EPIP-3-3	IMMEDIATE ENTRY	008	12/20/01	12/20/01	12/20/06	EF
EPIP-3-4	EMERGENCY TERMINATION AND RECOVERY	008	03/12/01	03/12/01	03/12/06	EF
EPIP-3-7	SECURITY DURING EMERGENCIES	009	11/16/99	11/16/99	11/16/04	EF
EPIP-4-1	PUBLIC INFORMATION RESPONSE TO AN UNUSUAL EVENT	006	02/13/98	02/13/98	02/13/03	EF
EPIP-4-3	ACCIDENTAL ACTIVATION OF GINNA EMERGENCY NOTIFICATION SYSTEM SIRENS	010	07/01/02	07/01/02	07/01/07	EF
EPIP-4-6	JOINT EMERGENCY NEWS CENTER ACTIVATION	009	08/31/01	08/31/01	08/31/06	EF
EPIP-4-7	PUBLIC INFORMATION ORGANIZATION STAFFING	020	06/11/02	06/11/02	06/11/07	EF
EPIP-5-1	OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	025	07/01/02	07/01/02	07/01/07	EF
EPIP-5-2	ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS	027	04/24/02	04/24/02	04/24/07	EF

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GINNA NUCLEAR POWER PLANT
PROCEDURES INDEX
EMERGENCY PLAN IMPLEMENTING PROCEDURE

08/09/02 PAGE: 3

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PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-5-5	CONDUCT OF DRILLS AND EXERCISES	014	07/01/02	07/01/02	07/01/07	EF
EPIP-5-6	ANNUAL REVIEW OF NUCLEAR EMERGENCY RESPONSE PLAN (NERP)	004	05/28/99	05/28/99	05/28/04	EF
EPIP-5-7	EMERGENCY ORGANIZATION	037	07/15/02	07/15/02	07/15/07	EF
EPIP-5-9	TESTING THE OFF HOURS CALL-IN PROCEDURE AND QUARTERLY TELEPHONE NUMBER CHECK	006	05/28/99	05/28/99	05/28/04	EF
EPIP-5-10	EMERGENCY RESPONSE DATA SYSTEM (ERDS)	006	03/28/02	03/28/02	03/28/07	EF
NERP	GINNA STATION NUCLEAR EMERGENCY RESPONSE PLAN	020	03/21/01	03/21/01	12/09/04	EF
TOTAL FOR PREPIP	53					

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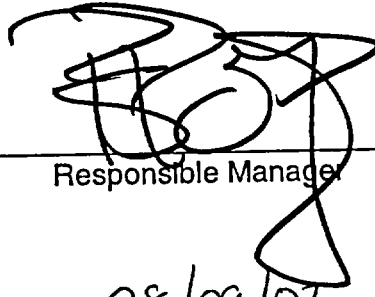
GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-5

Revision Number 50

NOTIFICATIONS



Responsible Manager

08/09/02

Effective Date

Category 1.0

This procedure contains 24 pages

EPIP 1-5**NOTIFICATIONS****1.0 PURPOSE**

The purpose of this procedure is to specify the means by which notifications are made to station personnel for all emergency action levels, to expedite the notification of selected RG&E personnel to augment the emergency response organization and notify offsite agencies.

2.0 RESPONSIBILITY

- 2.1 The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager is responsible for making the decision to notify offsite agencies.
- 2.2 Ginna Station Control Room personnel are responsible for implementing this procedure.
- 2.3 Community Alert Network (CAN) is responsible for activating the onsite/offsite responders.
- 2.4 The Corporate Nuclear Emergency Planner is responsible for maintaining the station call lists up to date on a quarterly basis.

3.0 REFERENCES

- 3.1 Developmental References
 - 3.1.1 Nuclear Emergency Response Plan
- 3.2 Implementing References
 - 3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification
 - 3.2.2 EPIP 2-1, Protective Action Recommendations (PARs)
 - 3.2.3 O-9.3, NRC Immediate Notification
 - 3.2.4 10 CFR 26, Fitness for Duty Programs
 - 3.2.5 P-9, Radiation Monitoring System
 - 3.2.6 EPIP 2-2, Obtaining Meteorological Data and Forecasts and their use in Emergency Dose Assessment
 - 3.2.7 ER-SC.9, Security Event Plan

3.2.8 EPIP 4-7, Public Information Organization Staffing

3.2.9 EPIP 5-7, Emergency Organization

4.0 PRECAUTIONS

4.1 New York State, Wayne and Monroe Counties must be notified of all Emergency Classifications within 15 minutes of a declaration.

4.2 The Licensee should notify the USNRC immediately after notification of the appropriate State and local agencies but the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes.

4.3 Attachment 4 is a specialized list of resources that are available during an emergency.

5.0 PREREQUISITES

An Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification or offsite assistance has been requested by RG&E personnel.

6.0 ACTIONS

6.1 Shift Supervisor, Emergency Coordinator, EOF/Recovery Manager

6.1.1 Ensure that notifications of all emergency declarations to New York State, Wayne and Monroe Counties are made within 15 minutes of declaring an emergency, in accordance with Attachment 3.

6.1.2 The licensee should notify the USNRC immediately after notification of the appropriate State or local agencies and the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes using procedure O-9.3 "NRC Immediate Notification".

6.1.3 If Control Room is unable to complete notifications, notify Emergency Preparedness representative.

Peter Polfleit	Business	6772
	Home	315-524-7101
	Pager	585-527-2207
	Cellular	585-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	585-527-3650
	Cellular	585-315-1277

OR

OR	Tim Laursen	Business	6185
		Home	585-396-1149
		Pager	585-528-5982
		Cellular	585-315-1854
OR	Richard Watts	Business	8706
		Home	585-425-2644
		Pager	585-527-3749
		Cellular	585-315-1204
OR	Jill Willoughby	Business	4033
		Home	585-787-9075
		Pager	585-528-3295
		Cellular	585-315-1205

6.1.4 Upon notification of an Unusual Event at Ginna Station, direct the control room personnel to implement section 6.2.1 of this procedure. If the event is an Alert or higher, implement section 6.2.2.

6.1.5 If additional assistance is required, refer to the NOG E-Plan phone list (in the RG&E telephone directory) in the Control Room and all Emergency Response Facilities, for phone numbers of emergency response personnel.

6.2 Control Room Personnel

6.2.1 Unusual Event - Go to Attachment 1

6.2.2 Alert Classification or Higher - Go to Attachment 2

6.2.3 When offsite assistance has been requested - Go to Attachment 5

7.0 ATTACHMENTS

1. Unusual Event Notifications
2. Alert or Higher Notifications
3. Instructions for New York State Radiological Emergency Data Form
 - 3a. New York State Radiological Emergency Data Form (Part I)
 - 3b. New York State Radiological Emergency Data Form (Part II)
 - 3c. Instructions for Event 1 and Event 2 Printouts and Plant Status Report
 - 3d. Event 1 Supplemental Information Form
 - 3e. Plant Status Report (PPCS not available)

7.0

ATTACHMENTS (Cont'd.)

4. Specialized Resource List
5. Notifications When Offsite Assistance Has Been Requested
6. Emergency Planning Contingency Notification
6. Management Notification Roster
(This attachment is controlled by Nuclear Emergency Preparedness.
It is not included as part of the distributed procedure)

UNUSUAL EVENT NOTIFICATIONS

1. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a**. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.
2. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification
3. Activate the following positions by stating the following:

"We have an UNUSUAL EVENT at Ginna Station based on

(Initiating Condition)

Please report to the Technical Support Center. The event was declared at _____ hrs. We need to remind you of the Fitness for Duty Requirements. Are you available to report for Duty at this time? If not, we are requesting that you standby so you can be notified for the next call in shift".

A TSC Manager: Report to the TSC to support the Control Room with offsite communications.

Joe Widay	Business	3250	Will Report (YES/NO)
	Home	585-586-2679	
	Pager	585-528-3977	
	Cellular	585-315-0343	

OR

Dick Marchionda	Business	3699	Will Report (YES/NO)
	Home	315-926-0324	
	Pager	585-464-4403	
	Cellular	585-315-0344	

OR

Jack St. Martin	Business	3641	Will Report (YES/NO)
	Home	585-586-5676	
	Pager	585-464-5287	
	Cellular	585-315-0803	

UNUSUAL EVENT NOTIFICATIONS**B. Technical Assessment Manager: Report to the TSC to support the Control Room with offsite communications.**

Ron Ploof	Business	3673	Will Report (YES/NO)
	Home	585-381-9379	
	Pager	585-921-1722	
	Cellular	585-315-0551	

OR Brian Flynn	Business	3734	Will Report (YES/NO)
	Home	585-293-1565	
	Pager	585-464-5134	
	Cellular	585-315-0550	

OR Peter Bamford	Business	3832	Will Report (YES/NO)
	Home	585-924-0490	
	Pager	585-528-3166	
	Cellular	585-315-1242	

C. Operations Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Terry White	Business	3667	Will Report (YES/NO)
	Home	585-346-2575	
	Pager	585-464-7382	
	Cellular	585-315-0345	

OR Pete Sidelinger	Business	3314	Will Report (YES/NO)
	Home	585-671-3198	
	Pager	585-463-9830	

OR Bill Everett	Business	3812	Will Report (YES/NO)
	Home	315-589-8156	
	Pager	585-527-7461	
	Cellular	585-315-0359	

D. NRC Resident Inspector: Informational call only

Chris Welch	Business	3265	
	Home	(585) 425-2613	
	Pager	1-800-944-2337 (then dial personal ID# 54797)	

OR Ken Kolaczyk	Business	3265	
	Home	585-924-5187	
	Pager	1-800-944-2337 (then dial personal ID# 53133)	

UNUSUAL EVENT NOTIFICATIONS

- E. Corporate Nuclear Emergency Planner: Inform government officials, public relations, PSC and financial department of the event.

Peter Polfleit Business 6772
 Home 315-524-7101
 Pager 585-527-2207
 Cellular 585-315-1201

OR

Frank Cordaro Business 3108
 Home 315-524-2924
 Pager 585-527-3650
 Cellular 585-315-1277

OR

Tim Laursen Business 6185
 Home 585-396-1149
 Pager 585-528-5982
 Cellular 585-315-1854

OR

Richard Watts Business 8706
 Home 585-425-2644
 Pager 585-527-3749
 Cellular 585-315-1204

OR

Jill Willoughby Business 4033
 Home 585-787-9075
 Pager 585-528-3295
 Cellular 585-315-1205

4. If the Unusual Event lasts greater than one (1) hour, report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center each hour from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

ALERT OR HIGHER NOTIFICATIONS

1. Contact Community Alert Network (CANs) at 9-1-800-552-4226 (or at their back-up number of 9-1-877-786-8478). Inform the CAN operator of the following information to activate the system:
 - a. This is _____. I am the Ginna Control Room Communicator at RG&E.
(your name)
 - b. My password is: Brookwood
 - c. My callback number is: _____
 - d. This is (circle one): an Actual Event a Drill
 - e. This Emergency Classification declared at: _____
(Time from RECS form)
 - f. Message to deliver (circle one):

Drill
Alert
Site Area Emergency
General Emergency
 - g. Ginna responders report to (circle one):

Normal locations
Ontario Fire Department Exempt Hall
 - h. My current time is: _____. Please start notifications now.
2. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a**. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.
3. Notify Nuclear Emergency Preparedness.

 Emergency Preparedness will verify actuation of the emergency response organization notification. Emergency Preparedness will refer to Attachment 6 for contingency notifications of one hour responders.

Peter Polfleit	Business	6772
	Home	315-524-7101
	Pager	585-527-2207
	Cellular	585-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	585-527-3650
	Cellular	585-315-1277

ALERT OR HIGHER NOTIFICATIONS (Continued)

OR

Tim Laursen	Business	6185
	Home	585-396-1149
	Pager	585-528-5982
	Cellular	585-315-1854

OR

Richard Watts	Business	8706
	Home	585-425-2644
	Pager	585-527-3749
	Cellular	585-315-1204

OR

Jill Willoughby	Business	4033
	Home	585-787-9075
	Pager	585-528-3295
	Cellular	585-315-1205

4. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification

5. NRC Resident Inspector: Informational call only

Chris Welch	Business	3265
	Home	585-425-2613
	Pager	1-800-944-2337 (then dial personal ID# 54797)

OR

Ken Kolaczyk	Business	3265
	Home	585-924-5187
	Pager	1-800-944-2337 (then dial personal ID# 53133)

6. If the Alert of higher lasts greater than 30 minutes report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County every 30 minutes from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.
7. Notify Energy Operations (8944) that Ginna has an emergency and to implement procedures to increase reliability of power to Ginna.
8. If requested by the TSC or EOF, the Control Room will fax the Event 1 Supplemental Information Form, Attachment 3d to the TSC and EOF.

NOTE: EVENT 1 AND EVENT 2 PRINTOUTS SHOULD NOT BE TRANSMITTED BY THE CONTROL ROOM, BUT SHOULD BE FAXED BY THE TSC ADMINISTRATIVE/COMMUNICATIONS STAFF WHEN IT IS SUFFICIENTLY STAFFED TO DO SO.

9. Refer to Attachment 3c for Event 1 and Event 2 instructions.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM

1. The New York State Radiological Emergency Data Form, (Part I) Attachment 3a should be filled out with the assistance of the Emergency Coordinator or EOF/Recovery Manager and Radiation Protection personnel.
 2. At the upper right hand corner of the form, number each notification form sequentially.
 3. When information has changed from the previous notification, check the box for that item.
 4. For training and drills/exercise, circle "B" - An Exercise. For actual events, circle "A" - NOT An Exercise.
 5. Fill out the form using the following instructions:
-

Block 1 Fill in the date and time that the message is transmitted. Select A or B, depending on the method the RECS will be transmitted.

WHEN THE FORM IS COMPLETED, report the information on the completed **New York State Radiological Emergency Data Form (Part I), Attachment 3a**, to New York State, Wayne and Monroe Counties within 15 minutes of declaring the emergency using the RECS line.

- a. Pick up the receiver and depress "A" then "*" for all call. Wait 5 seconds then depress the "Push to Talk" bar on the handset and state:

"This is Ginna Station. Please standby for roll call."
"New York State" (wait for response)
"Monroe County" (wait for response)
"Wayne County" (wait for response)
- b. Report the information by reading the statement number and the statement including the designation letter (e.g., "Item four, Classification "A" Unusual Event").
- c. Upon completion of transmitting the information perform roll call. Reset the system by depressing "A" then "#".
- d. Hang up receiver.

If the RECS line is Out Of Service (OOS) and OTHER is selected, note the method (phone) and perform the following:

Call Wayne County at 9-1-315-946-9711 (Wayne County Warning Point). Inform Wayne County "This is a Ginna Emergency. Please hold while we connect Monroe County and New York State". Press the conference button on the telephone.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS (Cont'd.)

Monitor	No Release	Release BELOW federally approved operating limits	Release ABOVE federally approved operating limits*
R-18	Not on Alarm	On Alarm and <1.80E+05 cpm	$\geq 1.80\text{E}+05$ cpm
R-20A	Not on Alarm	On Alarm and <2.04E+04 cpm	$\geq 2.04\text{E}+04$ cpm
R-20B	Not on Alarm	On Alarm and <2.60E+03 cpm	$\geq 2.60\text{E}+03$ cpm
R-21	Not on Alarm	On Alarm and <2.50E+04 cpm	$\geq 2.50\text{E}+04$ cpm
R-22	Not on Alarm	On Alarm and <4.60E+04 cpm	$\geq 4.60\text{E}+04$ cpm
R-31	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	$\geq 1.00\text{E}-01$ mRad/hr
R-32	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	$\geq 1.00\text{E}-01$ mRad/hr

* Release rate limit in procedure P-9.

- **Unmonitored release requiring evaluation** - select this if there is an unmonitored release and it has not been quantified.

NOTE: PROTECTIVE ACTION RECOMMENDATIONS ARE ONLY REQUIRED AT A GENERAL EMERGENCY CLASSIFICATION.

Block 7 Circle the appropriate PAR. The Emergency Coordinator and/or the EOF Recovery Manager will use EPIP 2-1, Protective Action Recommendations (PAR's). PAR's only reflect RG&E's recommendations, **NOT THE ACTIONS IMPLEMENTED BY OFFSITE COUNTY OFFICIALS.**

Block 8 Fill in the EAL # from EPIP 1-0 that the Emergency Classification is based on. The Emergency Coordinator and/or EOF Recovery manager can provide that information, if necessary.

If declaring an event due to ER-SC.9, include a brief explanation of the event.

Block 9 Determine plant status and circle the appropriate condition.

Block 10 Select A, Not Applicable, if the reactor is **NOT SHUTDOWN** or select B and fill in the date and time if the **REACTOR WAS SHUTDOWN**. Reactor shutdown time is the time the reactor trip breakers are opened. When the reactor trips, a red "Event" message appears next to the time in the upper right hand corner of the screen. To find the reactor trip time, click on SPDS in the upper left hand corner of the screen. Select "normal ops" and the trip time is displayed.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

Block 11 Determine wind speed preferably at 33 foot level.

NOTE: THE WIND SPEED INDICATOR AT THE 33 FOOT LEVEL IS DESIGNED TO MEASURE ONLY TO 50 MILES PER HOUR.

Obtain wind speed using the plant process computer (PPCS).

OR

If the PPCS is not available, use the Control Room wind speed indication on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 12 Determine wind direction preferably at 33 foot level as it was taken from PPCS and/or Control Room weather data instrumentation and fill in the wind direction and elevation.

Obtain wind direction using the plant process computer (PPCS)

OR

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 13 Fill in temperatures from the 250 foot and 33 foot levels and calculate stability class. Circle the appropriate stability class (Unstable, Neutral, Stable).

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 14 If Ginna responders are responding to the Ontario Fire Department Exempt Hall, check the box to notify Wayne County to have the Ontario Fire Department open the Exempt Hall.

Fill in the name of the communicator reporting the information. Fill in the call back area code and telephone number. Return to BLOCK 1 and report information via RECS or other means, as necessary.

-
6. The communicator will initial the "prepared by" line at the bottom of the form. The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager will approve the form at the bottom prior to transmission. The communicator will ensure all forms are sent to the Corporate Nuclear Emergency Planner (CNEP) at the conclusion of the event.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

7. Data in items 15 through 20 of the **New York State Radiological Emergency Data Form (Part II), Attachment 3b**, should be filled out by the TSC/EOF Dose Assessment group and transmitted by fax as information becomes available from the TSC/EOF. The form is transmitted via fax after there has been a release above release limits (see Attachment 3a, Block 6).
8. Fax all **New York State Radiological Emergency Data Forms** to the following using the instructions on the fax machine:

Wayne County	9-1-315-946-9721
Monroe County	9-256-6355
New York State	9-1-518-457-9942
TSC	3927
EOF	9-262-5788
Survey Center	3612
Engineering Support Center	3774
Joint Emergency News Center	6771
9. When a County or the State request to be notified only if conditions change or when the event is terminated, check with the State/County warning points to see if they agree. If they all agree, note this in section 8 of the next Part I Form notification. The facility with command and control will inform the other RG&E response facilities of the status of notifications. Perform a notification when conditions change or the event is terminated.

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART I)

RECS message number _____

"This is Ginna Station. Please stand by for roll call." "New York State" ☐ "Monroe County" ☐ "Wayne County" ☐

1. Message transmitted at: Date _____ Time _____ Via: A. RECS B. Other _____		2. This is: A. NOT an exercise B. An exercise	
3. Facility providing information: C. Ginna			
4. Classification: <input type="checkbox"/> check box if information has changed <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> A. UNUSUAL EVENT B. ALERT </div> <div style="width: 30%;"> C. SITE AREA EMERGENCY D. GENERAL EMERGENCY </div> <div style="width: 30%;"> E. EMERGENCY TERMINATED F. RECOVERY </div> </div>			
5. Classification Time: <input type="checkbox"/> check box if information has changed This Emergency Classification declared at: Date _____ Time _____			
6. Release of Radioactive Materials due to the Classified Event: <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> A. No Release B. Release BELOW federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water C. Release ABOVE federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water D. Unmonitored release requiring evaluation </div>			
7. Protective Action RECOMMENDATIONS: (Refer to EPIP 2-1) <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> A. No need for Protective Actions outside the site boundary B. Evacuate the following ERPAs <div style="display: flex; justify-content: space-between; margin-top: 5px;"> W1 W2 W3 W4 W5 W6 W7 M1 M2 M3 M4 M5 M6 M7 M8 M9 </div> C. Shelter all remaining ERPAs </div>			
8. Brief Event Description: <input type="checkbox"/> check box if information has changed EAL # _____			
9. Plant Status: <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> A. Stable C. Degrading E. Cold Shutdown B. Improving D. Hot Shutdown </div>		10. Reactor Shutdown: (subcritical) <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> A. Not Applicable B. Date _____ Time _____ </div>	
11. Wind Speed: <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> A. _____ Miles/hour at elevation _____ feet </div>		12. Wind Direction: <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> From: _____ degrees at elevation _____ feet </div>	
13. Stability Class: <input type="checkbox"/> check box if information has changed <div style="margin-top: 10px;"> Unstable, Neutral, Stable </div>	<div style="border: 1px solid black; padding: 5px;"> DO NOT REPORT Stability Class Work Sheet <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Temperature at 250 feet _____ °F Temperature at 33 feet _____ °F Temperature Difference _____ °F <div style="display: flex; justify-content: space-around; margin-top: 5px;"> -1.74 -0.65 </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Unstable Neutral Stable </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> -3 -2 -1 0 1 </div> </div> <div style="width: 45%; text-align: right;"> Temperature Difference </div> </div> </div>		
14. Reported By: <div style="margin-top: 10px;"> Name _____ Area Code _____ Number _____ </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Check box TO WAYNE COUNTY ONLY Please contact the Ontario Fire Department and have them open the Exempt Hall for the Ginna responders. </div>			

"New York State copy?" ☐ "Monroe County copy?" ☐ "Wayne County copy?" ☐

FOR RG&E USE ONLY:

Time Prepared: _____
 Prepared By: _____

Time Approved: _____
 Approved By: _____

Completed form sent
 to EP - Ginna Training _____

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART II)

Telefax this data form to: ☐ New York State ☐ Monroe County ☐ Wayne County

15. Message transmitted at: Date _____ Time _____ Location/Facility Transmitted From: _____			
16. General Release Information A. Release > Tech Specs started: Date _____ Time _____ B. Release > Tech Specs expected to end: Date _____ Time _____ OR <input type="checkbox"/> Unknown C. Release > Tech Specs ended: Date _____ Time _____ D. Reactor Shutdown: N/A OR Date _____ Time _____ E. Wind Speed: _____ miles/hour at elevation _____ feet F. Wind Direction from: _____ degrees at elevation _____ feet G. Stability Class: PASQUILL A B C D E F G OR Other _____			
17. Atmospheric Release Information A. Release from: <input type="checkbox"/> Ground <input type="checkbox"/> Elevated B. Iodine/Noble Gas Ratio _____ C. Total Release Rate _____ Ci/sec D. Noble Gas Release Rate _____ Ci/sec E. Iodine Release Rate _____ Ci/sec F. Particulate Release Rate _____ Ci/sec			
18. Waterborne Release Information A. Volume of Release _____ gal or liters B. Total Concentration _____ µCi/ml C. Radionuclides in Release _____ D. Total Activity Released _____			
19. Dose Calculations (based on a release duration of _____ hours) Calculation is based on (circle one) A. Inplant Measurements B. Field Measurements C. Assumed Source Term			
Table below applies to (circle one) A. Atmosphere Release B. Waterborne Release			
Distance		Xu/Q	
		Dose	
		TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
_____ Miles			
20. Field Measurements of Dose Rates or Surface Contamination/Disposition			
Miles/Sector OR Miles/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate OR Contamination (Include Units)

FOR RG&E USE ONLY: Time Prepared: _____
 By: _____

Time Approved: _____
 By: _____

Completed form sent to EP - Ginna Training _____

INSTRUCTIONS FOR EVENT 1 AND EVENT 2 PRINTOUTS AND PLANT STATUS REPORT

1. Assure the Plant Process Computer System (PPCS) is operational. If PPCS is not operational, go to step 5.

NOTE: OBTAIN EVENT 1 AND EVENT 2 PRINTOUTS FROM THE COMPUTER ANALYST IF THAT POSITION IS STAFFED, OTHERWISE PERFORM THE FOLLOWING STEP.

2. From the top menu:
Select "Emergency Plan Menu".
Select "Group Event 1".
Select "Report".
Select "File" then "Print" or select the printer icon.

From the top menu:
Select "Emergency Plan Menu".
Select "Group Event 2".
Select "Report".
Select "File" then "Print" or select the printer icon.

Place printout in the Event 1 & 2 group trend log book

NOTE: EVENT 1 AND EVENT 2 GROUP TREND (GTLOG) SHOULD BE PRINTED EVERY 15 MINUTES.

3. Verify with the TSC computer analyst that the PPCX (plant computer data) is being transmitted to New York State, Wayne County and Monroe County via computer modem. If the PPCX (plant computer data) to offsite agencies is unavailable, perform step 2 and fax the printout to New York State, Wayne County and Monroe County.
4. If the PPCS is unavailable, the Plant Status Report (Attachment 3e) must be completed by the Control Room and faxed to the TSC for distribution to New York State, Wayne County, Monroe County and EOF.
5. When completing Attachment 3e, if the parameter is measurable (e.g. pressurizer level) use the numerical value. When the parameter is not measurable, the condition of any deviation from normal should be noted (e.g. core circulation - forced or natural).

EVENT 1 SUPPLEMENTAL INFORMATION FORM

61	Aux Feedwater System	_____Inservice	_____Standby	_____OOS
62	Safety Injection System	_____Inservice	_____Standby	_____OOS
63	Diesel Generators	_____Inservice	_____Standby	_____OOS
64	Containment Fan Cooler System	_____Inservice	_____Standby	_____OOS
65	Service Water System	_____Inservice	_____Standby	_____OOS
66	Post Accident Charcoal Filters	_____Inservice	_____Standby	_____OOS
67	Containment Spray Pumps	_____Inservice	_____Standby	_____OOS
68	Component Cooling System	_____Inservice	_____Standby	_____OOS
69	DC System	A_____v	B_____v	
70	NaOH Tank Level	_____%		

Time Completed: _____

Completed By: _____

PLANT STATUS REPORT (PPCS NOT AVAILABLE)

Plant Parameters		Plant Parameters		Radiation Monitoring	
Reactor Shutdown	YES/NO TIME	Auxiliary Feedwater System	_____ Inservice _____ Standby _____ OOS	R-1 Control Room	mRem/hr
RCS Pressure	PSIG	Safety Injection	_____ Inservice _____ Standby _____ OOS	R-2 Containment	mRem/hr
PRZR Level	%	Diesel Generators	_____ Inservice _____ Standby _____ OOS	R-9 Letdown	mRem/hr
Core Circulation	Forced/Natural	Service Water System	_____ Inservice _____ Standby _____ OOS	R-10 "A" Containment Iodine	CPM
Subcooled	°F	Cnmt Fan Coolers System	_____ Inservice _____ Standby _____ OOS	R-11 Containment Particulate	CPM
"A" S/G Level	%	Post Acc. Charcoal Filter	Damper Open / Damper Closed	R-12 Containment Gas	CPM
"B" S/G Level	%	Cnmt. Spray Cnmt. Spray Pumps	_____ Inservice _____ Standby _____ Inservice _____ Standby _____ OOS	R-10 "B" Plant Vent Iodine	CPM
"A" S/G Pressure	PSIG	Comp. Cooling System	_____ Inservice _____ Standby _____ OOS	R-13 Plant Vent Particulate	CPM
"B" S/G Pressure	PSIG	D.C. System	/ Volts	R-14 Plant Vent Gas	CPM
Safeguard	Train B (16/17) EDG/Turbine/Offsite	NaOH Tank Level	%	R-29 Containment High Range	R/hr
Offsite Power	Available/Unavailable	RWST Level	%	R-30 Containment High Range	R/hr
Cnmt Pressure	PSIG	B.A. Tank Level	%	R-15 Air Ejector Gas	CPM
Sump "A" Level	FT	Wind Speed	MPH	*R-12A SPING Containment Gas	µCi/cc
Sump "B" Level	IN	Wind Direction (From)	Degrees	*R14A SPING Plant Vent Gas	µCi/cc
RCS Temp	°F	Temperature 33 FT	°F	*R-15A SPING Air Ejector Gas	µCi/cc
RVLIS	%	Temperature 250 FT	°F	R-31 Steam Line "A"	mRem/hr
CET	°F			R-32 Steam Line "B"	mRem/hr

R/hr = Roentgen/Hour
 µCi/cc = Microcuries/Cubic Centimeter
 mRem/hr = millirem/Hour

*SPING Unit readings may be deleted if radiation monitors R-12 and R-14 onTime scale.

Date _____
 Completed _____
 Completed By _____

SPECIALIZED RESOURCE LIST

Department Of Energy

- | | | |
|----|---|--------------|
| 1. | Radiation Assistance Program
Brookhaven Group Office | 631-344-2200 |
|----|---|--------------|

Other

- | | | |
|----|---|--|
| 1. | Plant Protection Department
Kodak Park | 9-722-2122 |
| 2. | National Weather Service (Buffalo) | 9-1-800-462-7751 |
| 3. | Helgeson Nuclear Services Inc | 9-1-415-846-3453 |
| 4. | Institute of Nuclear Power Operations | 9-1-800-321-0614 |
| 5. | American Nuclear Insurers | 9-1-203-677-7305 |
| 6. | Emergency Preparedness Canada | Phone 9-1-613-991-7000
Fax 9-1-613-996-0995 |

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED**1. When offsite assistance has been requested activate:**

- Security
- Nuclear Management
- Emergency Planning

Examples of initiating events that could require offsite assistance are:

- Fire
- Medical Emergency
- Security Event
- HAZMAT Incident
- Natural Events (such as flooding, earthquakes or severe weather)

2. Security

Contact Security at 3210, so that they can make preparations for the arrival of the emergency vehicles and personnel.

3. Nuclear Management

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from _____. Can you be the Nuclear Management contact for this event? Your duties are (a) act as the RG&E lead for this event and (b) act as the liaison between the Control Room and the corporation."

Nuclear Management (One person required to respond)

	Joe Widay	Business	3250	Available (YES/NO)
		Home	585-586-2679	
		Pager	585-528-3977	
		Cellular	585-315-0343	
OR	Robert Popp	Business	3645	Available (YES/NO)
		Home	585-671-6818	
		Pager	585-527-7881	
		Cellular	585-315-0351	
OR	John Smith	Business	3525	Available (YES/NO)
		Home:	315-524-5340	
		Pager	585-463-9716	
		Cellular	585-315-0353	
OR	Bob Mecredy	Business	8069	Available (YES/NO)
		Home	585-381-6430	
		Pager	585-783-4900	
		Cellular:	585-315-0813	

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED (Cont'd.)

The nuclear management representative may call other nuclear managers or members of the Ginna leadership team.

4. Emergency Planning

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from _____. Can you be the Emergency Planning contact for this event? Your duties are (a) activate Public Relations and (b) act as the liaison between the Control Room and government agencies. _____ is acting as the Nuclear Management lead for this event. He can be reached at _____."

Nuclear Emergency Preparedness (One person required to respond)

OR	Peter Polfleit	Business	6772
		Home	315-524-7101
		Pager	585-527-2207
		Cellular	585-315-1201
OR	Frank Cordaro	Business	3108
		Home	315-524-2924
		Pager	585-527-3650
		Cellular	585-315-1277
OR	Tim Laursen	Business	6185
		Home	585-396-1149
		Pager	585-528-5982
		Cellular	585-315-1854
OR	Richard Watts	Business	8706
		Home	585-425-2644
		Pager	585-527-3749
		Cellular	585-315-1204
OR	Jill Willoughby	Business	4033
		Home	585-787-9075
		Pager	585-528-3295
		Cellular	585-315-1205

The Emergency Planning representative will call the duty public information officer (PIO) via the ECC at 771-2233, and inform them of the event. The duty PIO will determine if a media announcement is warranted. The Emergency Planning representative will also contact Wayne County, Monroe County and New York State officials to brief them on offsite resources being used

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

5. Contact the NRC resident inspector

Chris Welch Business 3265
 Home 585-425-2613
 Pager 1-800-944-2337 (then dial personal ID# 54797)

OR

Ken Kolaczyk Business 3265
 Home 585-924-5187
 Pager 1-800-944-2337 (then dial personal ID# 53133)

EMERGENCY PLANNING CONTINGENCY NOTIFICATION

1. Ensure verification of the Community Alert Network System or Group Page for one hour response positions. If the pagers do not activate or notifications are not completed, begin manual notification process.
2. Notify other Nuclear Emergency Preparedness staff members to request their assistance with contingency notifications.
3. The following one hour response positions should be filled by contacting a minimum of one responder for each position by individual page or by home, office or cellular phone number. Refer to EPIP 4-7, Public Information Organization Staffing, and EPIP 5-7, Emergency Organization.
 - TSC Emergency Coordinator
 - Operations Assessment Manager
 - Technical Assessment Manager
 - Communicator
 - TSC Dose Assessment Manager
 - RP/Chemistry Manager
 - Maintenance Assessment Manager
 - Survey Center Manager

 - EOF Recovery Manager
 - Nuclear Operations Manager
 - Engineering Manager
 - EOF Dose Assessment Manager

 - News Center Manager
4. Inform the responder of the current emergency classification and instruct them to report to the appropriate emergency duty location immediately. Inform them of the fitness for duty requirements.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-6

REV. NO. 14

SITE EVACUATION


RESPONSIBLE MANAGER

08/09/02
EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 5 PAGES

EPIP 1-6SITE EVACUATION**1.0** **PURPOSE:**

To provide the guidance to personnel in the event it becomes necessary to evacuate the plant because of a fire, chemical hazard, radiation related incident, or other situation which threatens the health and/or safety of personnel on site.

2.0 **RESPONSIBILITY:**

- 2.1 The Shift Supervisor or TSC Emergency Coordinator is responsible for implementing this procedure.
- 2.2 Essential personnel are responsible for their actions defined in section 6.2 of this procedure.
- 2.3 Evacuating personnel are responsible for their actions defined in section 6.3 of this procedure.

3.0 **REFERENCES:**

- 3.1 Developmental References
 - 3.1.1 Nuclear Emergency Response Plan
 - 3.1.2 10 CFR Part 20
- 3.2 Implementing References
 - 3.2.1 GS-330, Security Personnel Actions During Emergency Plan Activation
 - 3.2.2 EPIP 1-7, Accountability of Personnel
 - 3.2.3 EPIP 1-18, Discretionary Actions for Emergency Conditions

4.0 **PRECAUTIONS:**

None.

5.0 PREREQUISITES:

- 5.1 A Site Area Emergency or higher has been declared in accordance with EPIP 1-0, Ginna Station Evaluation and Classification.

It has become necessary to evacuate the plant because of a fire, chemical hazard, radiation related incident, or other situation which threatens the health and/or safety of personnel onsite.

6.0 ACTIONS:

Section 6.1 Shift Supervisor or Emergency Coordinator Actions

Section 6.2 Essential Personnel Actions

Section 6.3 Evacuating Personnel

6.1 Shift Supervisor or Emergency Coordinator

- 6.1.1 If a Site Area Emergency or higher has been declared, the site should be evacuated.
- 6.1.2 The evacuation may be delayed if it is determined that there is a greater health and safety risk to plant personnel by performing a site evacuation, such as"
- a. a security event is in progress, or
 - b. the site is experiencing hazardous weather conditions (i.e., blizzard, tornado)
- 6.1.3 At the Emergency Coordinator's discretion, plant staff who are needed for immediate response to equipment and operation problems may be contacted by the Control Room and held onsite during the evacuation.
- 6.1.4 Determine the preferred offsite assembly area (e.g. Training Center, Offsite Warehouse) based on weather conditions. Use the following as a guide:

Wind direction from	Affected Areas	Assembly Area
0 - 120	Parking lot, Guardhouse, Offsite Warehouse	Training Center
120 - 250	Lake Ontario	Training Center
250 - 360	Training Center, Manor House	Offsite Warehouse

- 6.1.5 If it is determined by the Emergency Coordinator that personnel must be immediately removed off plant property. Contact the Wayne County 911 Center (315-946-6862) and have the notify the Ontario Fire Department to open the Exempt Hall.
- 6.1.6 Contact Security. Inform them of the impending evacuation, and direct them to implement GS-330, Security Personnel Actions During Emergency Plan Activation, upon page announcement. Have Security activate the TSC accountability card reader if the TSC is activated.
- 6.1.7 Contact the Survey Center. If activated (x3331), inform them of the impending evacuation and direct them to prepare for evacuating personnel upon page announcement.
- 6.1.8 Direct an operator to make one of the following announcements over the Plant page system, followed by sounding the Plant Evacuation Alarm:
 - To evacuate personnel from inside the plant security fence:

"Attention all personnel. We are initiating a plant evacuation. All personnel with emergency duties report to your duty locations. All other personnel proceed to the Training Center (or alternate location). No eating, drinking or smoking until further notice."
 - To evacuate personnel immediately from plant property:

"Attention all personnel. We are initiating a plant evacuation. All personnel with emergency duties report to your duty locations. All other personnel proceed to the Ontario Fire Department Exempt Hall located on Route 104 between Ontario Center Road and Knickerbocker Road. No eating, drinking or smoking until further notice."
- 6.1.9 Maintain contact with security during the evacuation at regular intervals.
- 6.1.10 Implement EPID 1-7, Accountability of Personnel.

CAUTION

THE EMERGENCY COORDINATOR SHALL NOTIFY DIRECTOR, WAYNE COUNTY EMERGENCY MANAGEMENT OFFICE, PRIOR TO RELEASING PLANT EVACUEES FROM THE GINNA TRAINING CENTER (OR ALTERNATE ASSEMBLY AREA).

- 6.1.11 Prior to releasing personnel from the Training Center (or alternate assembly area), contact the Director, Wayne County Emergency Management Office (315-946-5665). Provide an estimate of the number of staff to be released, and request preferred evacuation routes. Also request any offsite support needed to facilitate evacuation of station personnel from the Ginna property.

6.2 Essential Personnel Actions

- 6.2.1 Upon hearing the Plant Evacuation alarm, essential personnel shall take the following actions:
- a. The on duty Operators, Shift Supervisor, Shift Technical Advisor, and Radiation Protection Shift Technician will report to the Control Room.
 - b. A Radiation Protection Technician not on shift will be directed to pick up survey instruments and report to the Survey Center Manager to assist in personnel monitoring/decontamination. This technician will also assist the Survey Center Manager in recording the readings from the electronic dosimeters of personnel who evacuated from radiologically controlled areas. These exposures will be phoned to the RP/Chemistry Manager in the TSC.
 - c. Security personnel will perform functions as required in GS-330, Security Personnel Actions During An Emergency Plan Activation.
 - d. Those personnel with assigned functions for a Site Area Emergency will report to their appropriate Duty station.

6.3 Evacuating Personnel

NOTE: GUIDES ASSIGNED TO VISITORS ARE RESPONSIBLE FOR INSURING THE VISITOR IS ESCORTED TO THE TRAINING CENTER AUDITORIUM UNLESS DIRECTED TO AN ALTERNATE ASSEMBLY AREA SUCH AS THE OFFSITE WAREHOUSE.

- 6.3.1 Non-essential personnel will evacuate the plant and proceed to the Training Center Auditorium or alternate assembly area as announced over the page system.
- 6.3.2 Non-essential personnel shall use the following guidelines when evacuating:
- a. Secure any potentially hazardous devices such as power tools and equipment, grinders, welders, cutting torches, etc.

- b. Personnel who are outside of buildings shall WALK by the most direct route to the guard house or other designated exit point.
- c. Personnel who are inside of buildings but NOT in Restricted Areas shall exit the building by the most convenient door and WALK by the most direct route to the guard house.

NOTE: IT WILL NOT BE NECESSARY TO SIGN OUT ON THE WORK PERMIT OR TO BE FRISKED AT THE PERSONNEL CONTAMINATION MONITOR.

- d. Personnel in a Restricted Area and NOT wearing protective clothing shall Go to the nearest exit. (If possible, use the normal controlled access door #65.) Be sure that no shoe covers or gloves are worn when exiting the building and walk to the Guard House.
- e. Personnel in a Restricted Area and wearing protective clothing should remove their shoe covers and gloves at the step-off pad, if exiting a contaminated area. Proceed to the nearest exit. (If possible, use the normal controlled access door #65.) Walk to the guard house or other designated exit point.
- f. Personnel shall exit the site through the guard house, retain their personnel dosimetry, deposit their Ginna photo ID card key at the guard house, and WALK to the Training Center Auditorium or alternate assembly area.
- g. Personnel who did not remove their protective clothing and perform a Personnel Survey when leaving the Restricted Area will proceed around the outside of Training Center to the Training Center Basement entrance for removal of their protective clothing and personnel survey or other designated evacuation assembly area.

7.0

ATTACHMENTS:

None.

ROCHESTER GAS & ELECTRIC CORPORATION

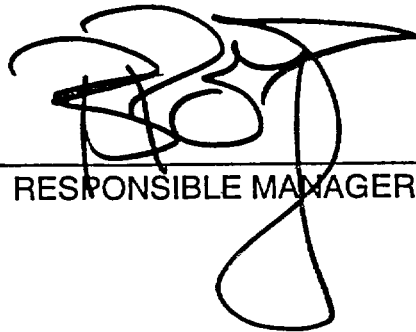
GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-10

Revision Number 11

OPERATIONS SUPPORT CENTER (OSC) ACTIVATION



Handwritten signature of the Responsible Manager, consisting of stylized initials and a surname, written over a horizontal line.

RESPONSIBLE MANAGER

08/09/02
EFFECTIVE DATE

Category 1.0

Reviewed By: _____

This procedure contains 4 pages

EPIP 1-10**OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION****1.0 PURPOSE**

- 1.1 The purpose of this procedure is to designate actions and responsibility of individuals who would report to the Operational Support Center and Satellite OSC upon a decision to activate the facility.
- 1.2 The OSC is used by the maintenance organization to plan jobs and interface with the other managers. The Satellite OSC is used to assemble maintenance assessment and repair teams.

2.0 RESPONSIBILITY

- 2.1 The first qualified person to arrive is responsible for initiating this procedure.
- 2.2 The Maintenance Assessment Manager is responsible for activation of the OSC upon arrival.

3.0 REFERENCES

- 3.1 Developmental References
 - 3.1.1 Nuclear Emergency Response Plan
 - 3.1.2 NUREG-0654 "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants".
- 3.2 Implementing References
 - 3.2.1 EPIP 1-0 Ginna Station Event Evaluation and Classification
 - 3.2.2 EPIP 1-8 Search and Rescue Operations
 - 3.2.3 EPIP 1-12 Repair and Corrective Action Guidelines During Emergency Situations
 - 3.2.4 EPIP 3-3 Immediate Entry
 - 3.2.5 EPIP 5-7 Emergency Organization

4.0 PRECAUTIONS

As noted in this procedure.

5.0 PREREQUISITES

- 5.1 An Alert, Site Area Emergency or a General Emergency has been declared in accordance with EPIP 1-0.
- 5.2 The OSC could be activated anytime at the discretion of the Maintenance Assessment Manager.

6.0 ACTIONS**6.1 ARRIVING PERSONNEL**

- 6.1.1 Personnel arriving during normal working hours go to step 6.2 for OSC activation or step 6.3 for Satellite OSC activation.
- 6.1.2 During off duty hours, individuals will be called to report to Ginna Station unless a hazardous conditions prevents normal site access (e.g., release of radioactivity, security event, HAZMAT). Responders may be directed to report to the Ontario Fire Department Exempt Hall (located on Route 104 between Route 350 and Knickerbocker Road) or, upon arrival to the site, informed by Security to report to the Survey Center or designated location. Refer to EPIP 3-3, "Immediate Entry", for site access.
- 6.1.3 Personnel may report to the OSC using normal entrance procedure or they may be directed to the Survey Center where they shall:
- a. Obtain a TLD and Pocket Dosimeter.
 - b. Sign in under the appropriate position on the Survey Center Sign in board.
 - c. Follow instructions of the Dose Assessment Manager in the TSC, Survey Center Manager or Shift Supervisor in the Control Room.
 - d. Refer to EPIP 3-3, "Immediate Entry" for additional guidance.

6.2 OSC Activation and Operations.

NOTE: DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL, PERFORM STEPS CONCURRENTLY TO MINIMIZE ACTIVATION TIME.

- 6.2.1 Place your name under the appropriate emergency position on the magnetic organization chart.
- 6.2.2 If you leave the TSC, contact the RP/Chemist Manager to determine if an electronic dosimeter is required.

- 6.2.3 Have OSC personnel perform responsibilities as described in EPIP 5-7, Emergency Organization, for their position.
- 6.2.4 Maintain log book for documentation of events.
- 6.2.5 Ensure that the OSC is adequately staffed with planning personnel and that the OSC staging area is adequately staffed with maintenance personnel.
- 6.2.6 Notify the TSC Director/Emergency Coordinator of personnel present in the OSC and Satellite when they are operational.
- 6.2.7 Direct the implementation of the following as needed:
 - a. EPIP 1-12 Repair and Corrective Action Guidelines During Emergency Situations
 - b. EPIP 1-8 Search and Rescue Operations.
 - c. EPIP 3-3 Immediate Entry
- 6.2.8 Ensure accountability of all maintenance personnel is performed by the Maintenance Assessment Manager and reported to Security.

6.3 Satellite OSC Activation and Operations

NOTE: DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL, PERFORM STEPS CONCURRENTLY TO MINIMIZE ACTIVATION TIME.

- 6.3.1 Get supplies out from storage location and set up the satellite OSC by performing the following:
 - a. Close the roll up door outside of the satellite OSC to prevent any contamination from entering the satellite OSC.
 - b. Have the RP technician stage a frisker and step off pad at the entrance to the satellite OSC. This will be used if there is a release of radioactive material.
 - c. Remove portable radios from EPIP locker and test.
 - d. Remove box with supplies from EPIP locker and distribute as necessary.
 - e. Designate a person to maintain the satellite OSC log book.
 - f. Set up overhead projector for dissemination of plant status and information to OSC Satellite personnel.

g. Test the fax machine by sending a message to the TSC.

- 6.3.2 Contact the Maintenance Manager in the TSC at ext 3628 and inform him that the satellite OSC is being set up. Obtain a briefing on plant conditions from the Maintenance Assessment Manager.

CAUTION: IF THE DOSE RATES EXCEEDS 50 mR/hr OR AIR SAMPLE RADIOIODINE ACTIVITY IS GREATER THAN $1\text{E-}8 \mu\text{Ci/cc}$, CONSIDER RELOCATION OF THE SATELLITE OSC TO THE TSC.

- 6.3.3 Contact the RP/Chemistry Manager in the TSC at ext. 3507 and request a RP Technician report to the satellite OSC to perform habitability surveys.

- 6.3.4 If it becomes necessary to evacuate the OSC Satellite, as determined by the RP/Chemistry Manager, essential maintenance personnel will report to the Maintenance Assessment Manager in the TSC. All other personnel will report to the Survey Center or alternate assembly area.

- 6.3.5 Have personnel sign in on the attendance sheet.

- 6.3.6 When all personnel have signed in on the attendance sheet, fax the attendance sheet to the Maintenance Assessment Manager at ext. 3927.

- 6.3.7 Brief all maintenance personnel in satellite OSC on plant conditions and component problems as information becomes available.

- 6.3.8 Assure personnel are properly briefed prior to leaving the OSC Satellite including such topics as:

- Safe route to the destination
- Personal safety and radiological hazards to be aware of
- Protective clothing and dosimetry requirements

In addition to this briefing, for most activities, an additional briefing will be provided in the TSC in accordance with EPIP 1-12.

- 6.3.9 When requested assemble and send assessment or repair teams to the OSC to obtain a pre-job briefing.

7.0 **ATTACHMENTS**

None.

ROCHESTER GAS AND ELECTRIC CORPORATION

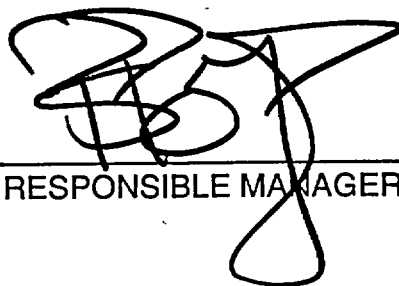
GINNA STATION

CONTROLLED COPY NUMBER 03

PROCEDURE NO. EPIP 2-7

REV. NO. 11

MANAGEMENT OF EMERGENCY SURVEY TEAMS



RESPONSIBLE MANAGER

08/09/02
EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 6 PAGES

EPIP 2-7**MANAGEMENT OF EMERGENCY SURVEY TEAMS****1.0 PURPOSE**

The purpose of this procedure is to provide guidance for the Dose Assessment Manager or his designee to efficiently manage the survey teams in the collection of environmental information.

2.0 RESPONSIBILITY

2.1 The Dose Assessment Manager or his designee is responsible for implementing this procedure.

2.1.1 Rochester Gas & Electric, Wayne County and Monroe County have agreed to work together to better exchange offsite survey data when a release of radioactive materials occurs from the Ginna Nuclear Plant and to better allocate our resources to obtain more survey data information.

2.1.2 To achieve this goal, the three organizations have decided to follow a strategy that splits the 10-mile emergency planning zone (EPZ) into 3 areas of responsibility. Rochester Gas & Electric will be responsible for deploying survey teams and obtaining data within 5 miles of the plant. Wayne and Monroe Counties will be responsible for surveys in the areas between 5 and 10 miles from the plant in each of the respective counties.

2.1.3 Each organization has pre-determined survey routes. These routes will normally be run by the teams. However, once a release has started, the routes may be modified to obtain more data in the plume area.

2.1.4 Each of the RG&E teams will be designated as A, B, C, D and so forth using the phonetic alphabet (i.e., alpha, bravo, charlie, delta, etc.). As teams are assembled, members' names will be associated with a team name and route responsibility. As additional teams are assembled, continuation of phonetic alphabet will be used to designate team names (e.g., shift change, environmental sampling, etc.).

NOTE: IF POSITIVE COMMUNICATION WITH SURVEY TEAMS CANNOT BE ESTABLISHED OR MAINTAINED, TSC AND EOF DOSE ASSESSMENT WILL RESOLVE HOW COMMAND AND CONTROL OF SURVEY TEAMS WILL BE CONDUCTED.

2.1.5 Control of and direction to survey teams will be provided accordingly:

- Ginna Onsite Survey Teams - TSC Dose Assessment
- Ginna Offsite Survey Teams - Whichever Dose Assessment group is in command and control
- EOF Survey Team - EOF Dose Assessment

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 ETIP 2-14, Post Plume Environmental Sampling

3.2.2 ETIP 2-11, Onsite Surveys

3.2.3 ETIP 2-12, Offsite Surveys

3.2.4 ETIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure

3.2.5 ETIP 2-9, Administration of Potassium Iodide (KI)

3.2.6 ETIP 1-11, Survey Center Activation

3.2.7 ETIP 5-7, Emergency Organization

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

None.

6.0 ACTIONS

NOTE: ENSURE SURVEY TEAMS AND SURVEY CENTER MANAGER ARE KEPT INFORMED OF SIGNIFICANT CHANGES THAT TAKE PLACE IN RESPONSE TO THE EVEN (E.G., PLANT STATUS CHANGE, RADIOACTIVE RELEASE START OR END, WEATHER CHANGES, CHANGE IN COMMAND AND CONTROL, ETC.)

6.1 Directing Teams Prior to Release

6.1.1 Identify survey team members and log their names under the appropriate team designation on the Ginna Survey Team Status Board in the TSC and/or EOF.

6.1.2 Obtain exposure histories for team members.

6.1.3 Ensure communications are established between survey teams, Survey Center and TSC/EOF. Radio communication will be transmitted on the General Maintenance frequency; however, if interference on this channel is excessive, another channel may be used. Use Attachment 1 to document Survey Team information.

- 6.1.4 Upon notification that teams are staffed and ready, direct teams to perform primary survey routes as described in EPIP 2-11, EPIP 2-12, or EPIP 2-14.
- 6.1.5 Position teams downwind at different distances from the plant for possible release. This might be at one, three or five miles. Have teams survey back and forth across the area where the plume would be expected if a release occurred.
- 6.1.6 Inform teams of the projected location of the center-line of the plume and the wind speed and direction.
- 6.1.7 Receive data from survey teams and process in accordance with step 6.5.

NOTE: THIS SECTION WOULD BE FOLLOWED TO RAPIDLY DEPLOY DESIGNATED SURVEY TEAM MEMBERS TO GATHER PRELIMINARY PLUME INFORMATION WHILE OTHER SURVEY TEAMS ARE BEING READIED FOR DEPLOYMENT.

6.2 Rapidly Deploying A Survey Team

- 6.2.1 Dose Assessment Manager identifies a need to rapidly deploy a survey team.
- 6.2.2 Inform Survey Center Manager to staff a rapid deployment survey team in accordance with EPIP 2-12 if designated members (refer to checklist in EPIP 5-7) are available.
- 6.2.3 Evaluate the need for anti-contamination clothing, KI tablets, and respirator use in the field and communicate this information to the Survey Center Manager for team brief and preparation.
- 6.2.4 Upon notification that the rapid deployment team is staffed and ready, direct team to perform radiation survey at specified location(s) downwind of the plant.
- 6.2.5 Recall rapid deployment team to the Survey Center when other survey teams are staffed and deployed to designated routes.
- 6.2.6 Debrief rapid deployment team when they return to the Survey Center.
- 6.2.7 Process survey team data in accordance with step 6.5.

6.3 Directing Teams During a Release

- 6.3.1 Inform teams when a release begins, their location in relation to the plume centerline, wind direction and speed, and the projected dose rates at the plume centerline.
- 6.3.2 Inform teams of the need for respiratory protection in accordance with EPIP 2-8.
- 6.3.3 If potassium iodide (KI) is necessary, direct team to take KI, per EPIP 2-9.
- 6.3.4 Position teams downwind at different distances from the plant. This might be at one, three or five miles. Have teams survey back and forth across the area where the plume would be expected during a release.

- 6.3.5 Direct teams to do a profile of the plume after it arrives. They should be directed to drive across the plume to determine the width and the maximum reading (centerline), and record dose rates as they traverse the plume. More profiles of the plume are made as necessary to provide an accurate picture of the plume location on the dose assessment map.

NOTE: INITIAL SAMPLES THAT ARE COLLECTED THAT HAVE ACTIVITY SHOULD BE RETURNED TO THE SURVEY CENTER TO BE ANALYZED USING THE RP COUNTING EQUIPMENT.

- 6.3.6 Direct teams to take an air sample (approximately 6 minutes) at the plume centerline.
- 6.3.7 Obtain dosimeter reading from the team members and track exposures during the event.
- 6.3.8 If teams need relief for meals, etc., relieve one team at a time on a rotating basis.
- 6.3.9 Teams on standby should be located in low background areas.
- 6.3.10 Receive data from survey teams and process in accordance with step 6.5.

6.4 Directing Teams After Release Termination

NOTE: IF RELEASE TERMINATED BEFORE SURVEY TEAMS ARE DISPATCHED, GIVE THOUGHT TO DELAYING THE START OF PRIMARY ROUTE. INSTEAD, SEND TEAM TO DOWNWIND AREAS TO OBTAIN SAMPLES IN THE PLUME BEFORE THE PLUME DISSIPATES.

- 6.4.1 Direct plume sampling teams to continue mission until relief can be arranged.
- 6.4.2 When dose rates indicate the plume has passed or dissipated, perform the following:
- a. Establish plan for environmental monitoring with TSC and/or EOF Dose Assessment staff.
 - b. Environmental monitoring should include the following types of samples (contained in EPIP 2-14):
 - 1. Air Samples
 - 2. TLDs
 - 3. Onsite Environmental Sampling
 - 4. Water
 - 5. Milk
 - 6. Snow
 - 7. Ground contamination
 - 8. Grass
 - 9. Non-grassy (soil)
 - 10. Vegetation
- 6.4.3 Implement environmental sampling plan as approved by the Dose Assessment Manager/designee.

6.4.4 Ensure an area is prepared for receipt of environmental samples. Samples should be grouped according to radiation levels per EPIP 1-11.

6.4.5 If assistance from outside agencies is necessary (e.g.; DOE fly-over or state assistance), contact the Emergency Coordinator or EOF Recovery Manager for approval and coordination, as appropriate.

6.4.6 Arrange for the analysis of all samples for preparation of post accident report (e.g.; population dose, dose from ingestion/vegetation, etc.).

6.4.7 When environmental surveying is completed, direct individuals to return for monitoring, and decontamination if needed, in accordance with EPIP 2-11, EPIP 2-12 or EPIP 2-14.

6.4.8 Process survey team data in accordance with step 6.5.

6.5 Processing Survey Team Data

6.5.1 To exchange the survey team data, each organization will fax data sheets to the others. When one organization receives data from its survey teams, it will review the data and fax it to the other organizations.

6.5.2 If an organization can not obtain the data from any other organization, they are not limited to the survey routes or EPZ coverage strategies outlined above. The routes are a planning tool to help provide complete coverage of the 10-mile EPZ. Any organization may deploy its teams to any location within the EPZ as deemed necessary.

7.0 ATTACHMENTS

1. RG&E Emergency Survey Team Data Sheet

1. DATA FROM:	<input type="checkbox"/> RG&E	<input type="checkbox"/> WAYNE COUNTY	<input type="checkbox"/> MONROE COUNTY
2. A. DATE: _____ B. TIME: _____ C. DATA SHEET NO.: _____			
D. TEAM: _____			
E. LOCATION: _____			
3. A. SURVEY UNITS: (CIRCLE ONE) CPM MICRO-R/HR MR/HR R/HR			
B. SURVEY METER: (CIRCLE ONE) CDV-700 CDV-715 EBERLINE RO-20 BICRON			
4. WAIST LEVEL (3 FEET) READINGS:			
A.. OPEN WINDOW _____		B. CLOSED WINDOW _____	
5. GROUND LEVEL (3 INCHES) READINGS:			
A.. OPEN WINDOW _____		B. CLOSED WINDOW _____	
6. AIR SAMPLING COLLECTION TIMES:			
A. TIME ON: _____		B. TIME OFF: _____	
C. MINUTES RUN: _____			
7. AIR SAMPLING FLOWRATES:			
A. LPM START: _____		B. LPM END: _____	
C. LPM AVERAGE: _____			
8. PARTICULATE CPM:			
A. CONTACT: _____		B. 1" _____	
9. IODINE CPM:			
A. CONTACT: _____		B. 1" _____	
10. BACKGROUND CPM:			

11. COMMENTS AND ADDITIONAL DATA:			

THIS IS NOT A DRILL

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

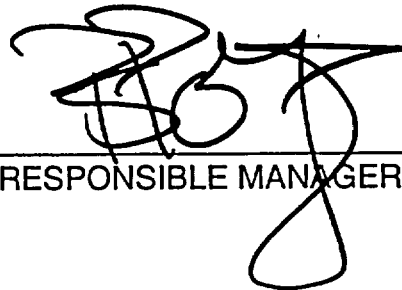
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PROCEDURE NO. EPIP 2-10

REV. NO. 4

INPLANT RADIATION SURVEYS

TECHNICAL REVIEW



RESPONSIBLE MANAGER

08/09/02

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 8 PAGES

EPIP 2-10**EPIP 2-10 INPLANT RADIATION SURVEYS****1.0 PURPOSE:**

To describe the guidelines to be followed for the conduct of inplant radiation survey and monitoring by emergency personnel.

2.0 RESPONSIBILITY:

2.1 The Health Physics and Chemistry Manager/designee is responsible for briefing, dispatch, and control (Section 6.1 and 6.2) of the inplant survey team.

2.2 In the absence of the Health Physics and Chemistry Manager designee, The Emergency Coordinator may brief, dispatch and control inplant radiation survey teams, and evaluate the radiological consequences of the activity.

2.3 The inplant survey team is responsible for implementing sections 6.3, 6.4 and 6.5 of this procedure.

3.0 REFERENCES:**3.1 Developmental References**

None.

3.2 Implementing References

3.2.1 EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure.

3.2.2 EPIP 2-9, Administration of Potassium Iodide (KI).

3.2.3 EPIP 2-13, Iodine and Particulate Activity Determination from Air Samples.

3.2.4 HP-6.3, Personnel Monitoring, Decontamination and Dose Assessment

3.2.5 A-1, Radiation Control Manual

4.0 PRECAUTIONS

4.1 Entry into areas for radiation surveys, air or liquid sampling and similar functions should not result in exposures in excess of the limits in procedure A-1, "Radiation Control Manual".

4.2 The personnel performing the task should not exceed normal plant dose guidelines (less than 4 REM (TEDE)). If this limit is being approached, the task should be terminated until an assessment is made and the necessity is ascertained for receiving emergency exposure(s) up to emergency guidelines. These guidelines are as follows:

4.2.1 Entry into radiation areas to control fires, terminate a radioactive release or to prevent further degradation of equipment important to safety should not result in a whole body dose greater than 25 REM TEDE.

4.2.2 Entry into a radiation area to save a person's life should not result in a whole body dose greater than 75 REM TEDE.

5.0 PREREQUISITES

None.

6.0 ACTIONS

6.1 Team Assembly/Pre-survey activities

6.1.1 Select a radiation survey and monitoring team to perform the activity. Ensure at least two people are assigned to the team. Select the most qualified personnel available for the task and alternates such that should additional assistance be required, manpower will have been considered.

6.1.2 Evaluate the radiological consequences of the activity by performing an estimate of the total dose required to perform the radiation survey.

6.1.3 Select a qualified individual to perform the radiation protection functions for the team.

6.1.4 Select the proper equipment for the activity. Consider the following:

- a. Radiation dosimetry equipment
- b. Radiation survey equipment
- c. Protective clothing
- d. Respiratory protective equipment
- e. Contamination survey equipment
- f. Communication equipment

6.1.5 Evaluate the exposure history for personnel selected for the activity. Consider the following:

- a. Current annual exposure.
- b. Total lifetime exposure.
- c. Potential exposure authorization required.

6.2 Team Briefing

6.2.1 Conduct a briefing with the personnel involved in the radiation survey and monitoring activity. This briefing should address all hazards and actions to be taken during the activity. Document briefing in RP/Chemistry Manager's Logbook. Consider the following:

A. Task Expectations

1. Verify that all appropriate personnel are in attendance
2. Describe the job to be performed.
 - a. The briefing should start with a statement of the job title and objective of the task.
3. Discuss the sequence of the job and the expected plant/equipment response, limits and precautions.
 - a. Discuss the job evolution and goals.
4. Discuss the procedure and any support procedures to be used.
 - a. Using the procedure or work instructions as a guide, discuss precautions and limitations, initial conditions, sequence of events, flow paths and any other job specific details.
 - b. This does not necessarily mean a step by step review of the procedure.
5. Assign job functions, personnel required and responsibilities.
 - a. Ensure that all appropriate personnel attend the briefing, this should include support groups such as RP, QC, etc.
 - b. Designate a team leader and assign job positions.

- c. The assignment of team member positions ensures each member knows how they fit together and how their responsibilities for job completion interrelates.
 - d. Establish each team member's responsibility.
 - 6. Discuss the method and means of communicating during the job, including three way communications.
 - a. Use clear concise communication techniques (repeat backs, phonetic alphabet, names).
 - 7. Complete all paperwork, ensure documentation of "as found" and "action taken" are complete and concise.
- B. Safety:
- 1. Discuss any safety precautions (such as heat stress, any chemicals that may be encountered, fall hazards, electrical shock hazards, confined space hazards, safety equipment to be worn).
- C. Permits
- 1. Confined Space Permit, Chemical Control permit, Hot Work Permit, Combustible Materials Permit
 - 2. RWP - RWP requirements, review of ED alarm setpoints, other requirements, dosimetry placement, extremity badge, etc.
- D. Contamination levels
- E. Dose rates
- F. Airborne activity
- G. Protective equipment
- H. Plant and/or equipment status in the area
- I. Potential Unexpected Results:
- 1. Discuss potential problems with the job What contingencies must be taken if they should occur?

- a. Discuss contingency actions in the event of a plant transient or other unexpected response.
 - b. Consider the resources and actions necessary if an emergency occurs.
 2. Discuss the need to stop the job when unexpected conditions arise or unexpected plant/equipment behavior is experienced.
 - a. Significant work delays should be followed by a verification that the necessary initial conditions still exist before resuming work.
 3. Discuss the need to capture/illustrate any unusual conditions with photos, drawings or notification of supervision, engineering, operations, etc.
- J. Worker Experience
1. Verify worker qualification for the task.
 2. Confirm experience level of person performing the job is appropriate.
 3. Confirm comfort level of person performing the job is appropriate.
 - a. Solicit input, questions and concerns from all team members.
- K. Were there any unexpected aspects or occurrences?
1. Were there any surprises?
 2. Was the task completed with expected results?
- L. What lessons learned were noted?
1. Is this the way the job should be performed in the future?
 2. Were any lessons learned from this job that should be recorded and passed on to others?
-

M. Were there any radiological deficiencies?

1. Electronic dosimeter dose alarm?
2. Personnel contaminations?
3. Unanticipated generation of airborne radioactivity?
4. Higher person rem accumulated than planned?

6.2.2 If exposure is required in excess of administrative limits, implement EPIP 2-8, Voluntary Acceptance of Emergency Radiation Exposure.

6.2.3 If potassium iodide (KI) may be necessary, implement EPIP 2-9, Administration of Potassium Iodide (KI).

6.2.4 Determine with individuals involved, the tools and equipment required for the activity including where they can be obtained.

6.2.5 Determine procedures needed for the survey, and if necessary, arrange for development of needed procedures.

6.3 Team Equipment Check

6.3.1 Assemble the necessary survey and protective equipment.

6.3.2 Perform equipment checks in accordance with applicable station procedures.

6.3.3 Perform a communications check.

6.3.4 Inform the Health Physics and Chemistry Manager, Designee or Emergency Coordinator, that the Inplant Survey Team is starting its mission.

6.4 Survey

6.4.1 Proceed to area to be surveyed. While en route to the survey area, keep the survey instrument on.

CAUTION

**MAINTAIN REGULAR COMMUNICATIONS CONTACT WITH THE
HEALTH PHYSICS AND CHEMISTRY MANAGER/DESIGNEE. REPORT
DOSIMETRY READINGS WHEN REQUESTED.**

- 6.4.2 Record on a survey map any abnormal events or conditions which you observe.

CAUTION

DO NOT PROCEED IF ENTRY PLUS EXIT EXPOSURES WOULD EXCEED THE ALLOWABLE EXPOSURE LIMITS. CONTACT THE HEALTH PHYSICS AND CHEMISTRY MANAGER FOR INSTRUCTIONS.

- 6.4.3 Estimate exposure accumulation during entry assuming that exposure during egress will equal 1/2 of the exposure accumulated during entry.

- 6.4.4 Make entry and perform continuous dose rate surveys. If there are two or more possible routes to the area of interest, check routes for lowest dose accumulation.

CAUTION

DURING SAMPLER RUN TIME, CONTINUE MONITORING THE AREA. IF TIME REQUIRED FOR THE AIR SAMPLER IS LONGER THAN SURVEY MEMBERS CAN REMAIN IN THE AREA, LEAVE THE SAMPLER (AND SAMPLE ENVELOPE) FOR A LATER SURVEY TEAM TO PICK UP.

- 6.4.5 If air sampling is required, perform air sampling in accordance with Iodine and Particulate Activity Determination from Air Samples EPIP 2-13.

- 6.4.6 When mission is completed, return to the nearest local access control point for personal contamination check.

6.5 Decontamination/Sample Return/Debriefing

- 6.5.1 At the local control point, follow normal Health Physics procedures for exiting radiologically controlled areas.

- 6.5.2 Record survey Dose Rate readings on the survey map.

- | 6.5.3 Take any samples with copies of data sheet to the Onsite Count Room or an environmental for analysis.

- 6.5.4 If necessary, perform decontamination in accordance with HP-6.3, Personnel Monitoring, Decontamination and Dose Assessment.

6.5.5

Perform a survey debriefing with the Health Physics and Chemistry Manager or designee. Document in the RP/Chemistry Manager's Logbook. The discussion should include:

- a. Dose received by personnel of the survey team
- b. Accountability of personnel of the survey team
- c. Functions accomplished
- d. Parts used and needing replacement
- e. Procedures completed
- f. Air activity survey results obtained
- g. Radiation survey results obtained
- h. Contamination survey results obtained
- i. Observation of damage
- j. Controls to limit access to the areas
- k. Controls to limit radiation exposure
- l. Controls to limit contamination
- m. Any other activities performed while on the mission.

7.0

ATTACHMENTS

None

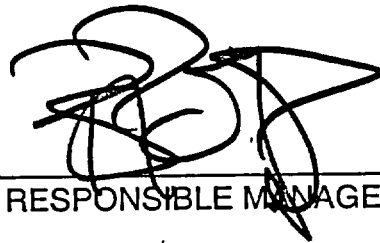
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PROCEDURE NO. EPIP 3-2

REV. NO. 10

ENGINEERING SUPPORT CENTER ACTIVATION (ESC)



RESPONSIBLE MANAGER

08/09/02
EFFECTIVE DATE

Category 1.0

This procedure contains 6 pages

EPIP 3-2**ENGINEERING SUPPORT CENTER (ESC) ACTIVATION****1.0 PURPOSE**

The purpose of this procedure is to designate actions and responsibilities of individuals who would report to the Engineering Support Center upon a decision to activate at an Alert level or greater.

2.0 RESPONSIBILITY

- 2.1 The first qualified person to respond is responsible for initiating this procedure.
- 2.2 The Engineering Support Center Manager is responsible for establishing and directing the activities in the Engineering Support Center (ESC).

3.0 REFERENCES**3.1 Developmental References****3.1.1 Nuclear Emergency Response Plan****3.2 Implementing References****3.2.1 EPIP 5-7, Emergency Organization****3.2.2 EPIP 3-3, Immediate Entry****3.2.3 EPIP 1-0, Ginna Station Event Evaluation and Classification****4.0 PRECAUTIONS**

None.

5.0 PREREQUISITES

- 5.1 An Alert, Site Area Emergency or General Emergency has been declared in accordance with EPIP 1-0.
- 5.2 The ESC could be activated anytime, at the discretion of the Engineering Manager.

6.0 ACTIONS

6.1 Arriving Personnel

- 6.1.1 Personnel shall report to the ESC using normal security site access procedures.
- 6.1.2 If a hazardous condition prevents normal site access (i.e., release of radioactivity, security event, HAZMAT), responders may be directed by Community Alert Network to report to the Ontario Fire Department Exempt Hall (located on Route 104 between Route 350 and Knickerbocker Road) or, upon arrival to the site, informed by Security to report to the Survey Center or designated location. Refer to EPIP 3-3, Immediate Entry, for site access.

6.2 ESC Activation and Operations

**NOTE: DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL,
PERFORM STEPS CONCURRENTLY TO MINIMIZE
ACTIVATION TIME.**

- 6.2.1 Log in on the Engineering Support Center log (Attachment 1).
- 6.2.2 Contact TSC Dose Assessment Manager or RP/Chemistry Manager to assign RP Technician to the Engineering Support Center for establishing radiological protective measures.
- 6.2.3 Electronic dosimetry will be provided via the Technical Support Center. Setpoints are established from the emergency response RWP.
- 6.2.4 Log onto ESC dosimeter log (Attachment 2) when issued dosimetry.
- 6.2.5 Have ESC personnel perform responsibilities for their position as described in EPIP 5-7, Emergency Organization.
- 6.2.6 Set up the ESC by performing the following:
 - 6.2.6.1 Ensure all doors to the R.E. Smith Engineering Building are closed to minimize the entry of contamination in the event of radiological release. Place signs on the doors to direct personnel to the EAST (basement) entrance.
 - 6.2.6.2 Stage a frisker and step off pad near the entrance to the Technical Library and elevator (basement of Smith building). RP/Chemistry Manager will notify ESC when barriers should be placed and personnel should begin frisking.
 - 6.2.6.3 Test ESC fax machine by sending a test fax to the TSC at ext. 3927.

- 6.2.6.4 Contact the Engineering Manager in the EOF on ext. 8229 or 262-5780 and obtain a briefing on plant conditions.
- 6.2.7 Log all engineering activities associated with the event in the Engineering Support Center Manager's book.
- 6.2.8 Obtain administrative supplies as needed from the supply cabinet located on the north wall, upper level or in the cabinet on the south wall labeled "supplies".

6.3 Engineering Support Center Manager

- 6.3.1 Request that all Nuclear Engineering Services Department Discipline Managers activate (as needed) their personnel and provide direction on assignments.
- 6.3.2 Perform an accountability of ESC personnel and fax a completed ESC Accountability Log (Attachment 1) to the Engineering Manager at 262-5788 and the TSC Security Manager at ext. 3297.

CAUTION

IF THE DOSE RATES EXCEED 50 mR/HR OR AIR SAMPLE RADIOIODINE ACTIVITY IS GREATER THAN $1\text{E-}8\mu\text{ Ci/cc}$, CONSIDER RELOCATION OF THE ESC TO THE TSC.

- 6.3.3 If it becomes necessary to evacuate the ESC, essential engineering support center personnel, as determined by the ESC Manager, will report to the Technical Assessment Manager in the TSC. All other personnel will report to the Survey Center or alternate assembly area. An RP escort will be required for movement outside the R.E. Smith Engineering building. Contact the RP/ Chemistry Manager at ext. 3507 for an RP Tech.
- 6.3.4 Establish contact with the Engineering Manager in the EOF on ext. 8229 or 262-5780 and obtain a briefing on plant conditions.
- 6.3.5 Notify architect/engineers, consultants and vendors as necessary.
- 6.3.6 Brief engineering personnel on the event status as necessary.
- 6.3.7 Shift turnover
- 6.3.7.1 If the ESC will be activated for more than 12 hours, establish a schedule for continuous staffing and fax it to the Engineering Manager in the EOF at fax number 262-5788.

- 6.3.7.2 When the responders for the next shift have arrived, have them perform a detailed turnover with the person that they are relieving. Have them log the turnover in their log book.
- 6.3.7.3 When the individual turnovers are complete, have the on-coming crew perform a briefing for each other using the standard meeting agenda (Attachment 2). The off-going crew should also be at the briefing to ensure that the information that is shared is correct and complete.
- 6.4 After the event, ensure the ESC is returned to its normal configuration/and ESC dosimeter log is forwarded to dosimetry.

7.0 ATTACHMENTS

- 7.1 ESC Accountability Log
- 7.2 ESC Dosimetry Log

[illegible]

ESC DOSIMETRY LOG

[illegible]

RWP#: _____

DOSE ENTERED: _____

NOTE: FORWARD TO DOSIMETRY FOLLOWING AN EVENT.