

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE No. EPIP 1-11

REV NO. 27

SURVEY CENTER ACTIVATION



RESPONSIBLE MANAGER

08/30/02
EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 10 PAGES

EPIP Rev. 27-11

SURVEY CENTER ACTIVATION**1.0** **PURPOSE:**

The purpose of this procedure is to designate duties for individuals who report to the Survey Center.

2.0 **RESPONSIBILITY:**

2.1 The first person to arrive is responsible for implementing this procedure.

2.2 The Survey Center Manager or the Assistant Survey Center Manager is responsible for activation of the Survey Center upon arrival.

3.0 **REFERENCES:**

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 EPIP 2-11, Onsite Surveys

3.2.2 EPIP 2-12, Offsite Surveys

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

3.2.4 EPIP 3-3, Immediate Entry

3.2.5 EPIP 5-7, Emergency Organization

3.2.6 EPIP 1-18, Discretionary Actions for Emergency Conditions

3.2.7 RP-SUR-PER-DECON, Personnel, Decontamination

3.2.8 RP-JC-AMS-4, Routine Operation of the Eberline AMS-4 Air Monitor System

3.2.9 RPA-RW-SHIP-MTL, Shipment of Radioactive Material-General Guidance

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 Emergency Coordinator has requested that the Survey Center be activated.

6.0 ACTIONS:

NOTE: SELECTED PROCEDURES ARE LOCATED IN A BINDER INSIDE THE SURVEY CENTER. ADDITIONAL PROCEDURES THAT MAY BE NEEDED CAN BE OBTAINED FROM THE NUCLEAR TRAINING RESOURCE CENTER.

6.1 ARRIVING PERSONNEL

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

6.1.1 Sign in under appropriate position on the Survey Center sign in board and obtain position I.D. badge if applicable. Refer to instructions on tag board or procedure EPIP 5-7.

6.1.1.1 Survey Team instructions are located in EPIP 2-11 and EPIP 2-12.

6.1.2 During normal working hours, bring your assigned TLD with you to the Survey Center. During off hours, obtain an emergency TLD from the Survey Center Manager if your normal TLD is not available.

6.1.3 Log in on Dosimetry Log (Attachment 2) and obtain Dosimetry. Refer to EPIP 2-11 and EPIP 2-12 for dosimeter ranges for Survey Team members. Survey Center personnel obtain 0-1500 mr dosimeters.

6.2 SURVEY CENTER MANAGER OR ASSISTANT:

6.2.1 Notify Emergency Coordinator (Ext. 3503) of your arrival.

6.2.2 Obtain Survey Center Keys and unlock equipment storage area door.

6.2.3 Ensure area monitor is operating and note reading. A reading of 1mR/hr or greater should be brought to the attention of the TSC Dose Assessment Manager so that a relocation plan can be formulated.

6.2.3.1 If radiation levels exceed 1 mR/hr, an audible and visual alarm is activated. Silence the audible alarm. The visual alarm stays lit until the alarm condition clears.

6.2.3.2 If radiation level exceeds 50 mR/hr., an audible and visual alarm is activated. Silence the audible alarm. The visual alarm stays lit until the alarm condition clears.

6.2.4 Ensure both Deskron II radios are ON and the volume is turned UP in the Survey Center.

CAUTION

IF DOSE RATES EXCEED 50 MREM/HR, ADVISE EMERGENCY COORDINATOR AND PREPARE FOR RELOCATION AFTER DISPATCH OF SURVEY TEAMS.

- 6.2.6 Conduct radiation survey of survey center and reception areas of both training buildings and the simulator and exterior building areas. Periodically, conduct contamination and radiation surveys of all training areas.
- 6.2.7 Place AMS-4 Air Monitor in operation, per RP-JC-AMS-4.
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CAUTION

IF AIRBORNE IODINE ACTIVITY IS GREATER THAN 1E-8 $\mu\text{Ci/cc}$, INFORM THE EMERGENCY COORDINATOR.

- 6.2.8 Take an air sample and analyze in accordance with EPIP 2-13.
- 6.2.9 If the Survey Center is not deemed habitable, the Survey Center Manager should inform the Dose Assessment Manager, and suggest relocation to an alternate survey team staging area such as: Warehouse west end of parking lot; Station 13A; Station 204 on Route 104; White house by the entrance to the plant access road; Manor House; RG&E Service Center on Plank Road just west of Route 250; Substation #230 - Atlantic Avenue, Walworth; and the Ontario Fire Department Exempt Hall on Route 104 between Route 350 and Knickerbocker Road.
- 6.2.10 If the Survey Center is to be relocated, contact the Maintenance Assessment Manager (at ext. 3628) to make arrangements to move the equipment to the alternate location. The equipment should include, but is not limited to:
- Radiological Survey Meters
 - Air Samplers and filters
 - TLD's
 - Dosimeters
 - Survey Maps
 - Radios
 - Cellular Phones
 - Procedures
 - Survey Team Boxes
- 6.2.11 Notify a Personnel Coordinator, from EPIP 5-7, that the Survey Center has been activated and to perform a personnel accountability as listed in Step 6.3.3.
- 6.2.12 Organize the Survey Teams:
- a. To assist in briefing the Survey Teams obtain the most current copy of the NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Part I) from the Survey Center fax machine (ext. 3612).

- b. If the NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Part I), is not available, contact the TSC and obtain the following information to assist in briefing the survey teams.
1. Wind speed and direction.
 2. Release in progress or has occurred.
 3. Event classification.
 4. Plant conditions.
- c. Post the event classification and weather data on the information board.
- d. Maintain a log of all Survey Center activities.
- e. Ensure arriving personnel sign in as Survey Team members, Communicator or Assistant Survey Center Managers.
- f. Assist the Survey Teams to prepare for dispatch.
- g. Ensure that the briefing covers the following items:
- Team identification
 - Communications equipment and channel
 - 3-way communications and use of phonetic alphabet
 - Protective equipment (including use of KI)
 - Authorized doses
 - Survey instructions
 - Survey equipment
 - Type of data required
 - Job safety including use of safety vests and yellow beacon (for offsite teams)
- h. Collect Survey Team Equipment/Team Data forms (Attachment 3) from Survey Teams and insure data is transferred to the appropriate attachments located in EPIP procedures (e.g., Survey Center Dosimetry Log, EPIP 1-11, Attachment 2; EPIP Instrument Response Check, EPIP 2-11, Attachment 16 or EPIP 2-12, Attachment 21).
- i. Notify the TSC Dose Assessment Manager when the Survey Teams are ready to be dispatched.
- j. Fax a list of the members of each Survey Team and their cellular phone numbers to the TSC Dose Assessment Manager.
- 6.2.13 Confirm with TSC Dose Assessment Manager the need to frisk evacuees. If it decided to frisk evacuees, allow personnel who need to respond to the EOF or JENC to have front of the line privilege.
- 6.2.14 If arriving personnel are required to staff the TSC assist personnel requiring site access by referring to EPIP 3-3, Immediate Entry.
- a. Notify Security at Secondary Alarm Station (Ext. 3267) of TSC members (by name) who will need access to the site.
 - b. Advise those going to the TSC of dose rates in the area.

- c. Provide directions for site access route and safety precautions.
- 6.2.15 Ensure decontamination facilities are set up.
- a. Switch the decontamination shower and deep sink drains from the sewer system to the holding tank by shutting and locking valve "S" and unlocking and opening valve "T" located to the right of the shower.
 - b. Set up receptacles, step-off pads and barriers to route traffic through the facility.
 - c. Operate the decontamination facility with RP section guidance in accordance with RP-SUR-PERS-DECON.

NOTE: PERIODICALLY, CHECK THE WATER LEVEL IN THE TANK BY LIFTING THE TANK COVER TO ENSURE THAT THE TANK IS NOT OVERFILLED WHILE IN USE.

- d. When the holding tank high level alarm sounds (local alarm 1-1/2 feet from top of tank) notify the RP/Chemistry Manager or his designee.

CAUTION

ENSURE THAT THE DECONTAMINATION SHOWER AND DEEP SINK ARE NOT USED DURING SAMPLING AND /OR PUMPING. HANG "DO NOT USE" SIGNS ON SHOWER AND DEEP SINK.

- e. After a tank sample has been taken and analyzed, the RP/Chemistry Manager or his designee will determine if the tank will be pumped to the sewer system through a manhole located approximately 50 feet west of the holding tank or transferred to the Ginna radioactive waste system by tanker truck.

CAUTION

THE SURVEY CENTER MANAGER SHOULD NOTIFY THE SIMULATOR BUILDING OCCUPANTS IF OCCUPIED OR SEND SOMEONE TO THE SIMULATOR BUILDING DURING THE PUMPING OPERATION TO THE SEWER SYSTEM TO CHECK THE SUMP PUMPS ARE OPERATING PROPERLY TO HANDLE THE ADDITIONAL WATER BEING PUMPED FROM THE DECON SHOWER HOLDING TANK.

- f. After the holding tank has been pumped, restore decontamination operations.
- g. After decontamination activities have been completed and the shower and deep sink have been smear-surveyed clean and released, restore the drain lineup to the sewer system. Shut and lock valve "T" and unlock and open valve "S".
- h. Ensure all evolutions have been entered in the Survey Center Manager's log.

- 6.2.16 Notify TSC Administration/Communication Manager of accountability.
- 6.2.17 Inform the RP/Chemistry Manager (Ext. 3507) that the Environmental Laboratory should be set up to process samples collected by the survey teams. Have RP personnel set up lab using Attachment 1.
- 6.2.18 Segregation of samples
- a. When survey teams return have them drop their samples off in the roped off area outside the Survey Center.
 - b. Insure all sample labels are filled out and legible.
 - c. Perform a survey of each sample returned. Place a label on the sample with the dose rate measured.
 - d. Segregate the samples into samples that read:
 - (a) greater than or equal to 200mR/hr
 - (b) less than 200mR/hr

NOTE: INITIAL SAMPLES THAT ARE COLLECTED THAT HAVE ACTIVITY SHOULD BE ANALYZED USING THE RP COUNT EQUIPMENT.

- e. Notify the RP/Chemistry Manager that samples need to be counted or to make arrangements to ship them to a contact counting facility.

Place these samples in an area that will not contribute to the exposure of personnel in the Survey Center.

- 6.2.19 Conduct post-job brief when Survey Teams return to the Survey Center and document in the log.
- 6.2.20 Following termination of event, ensure the Dosimetry Log (Attachment 2) is forwarded to Dosimetry for entry into the RADOSE Dose Management System (RDMS).
- 6.3 PERSONNEL COORDINATOR:**
- 6.3.1 Notify Survey Center Manager of your arrival.
- 6.3.2 Establish a means of constant communications with the Survey Center Manager.

- 6.3.3 Assure accountability of personnel outside the plant fence; but on company property, such as:

NOTE: GROUND CREW CAN ASSIST IN NOTIFICATIONS OF PERSONNEL ON COMPANY PROPERTY OUTSIDE THE FENCE. CALL KEITH MERKEL (PAGER: 525-5772) OR NORM BURKETT (PAGER: 528-9513) FOR ASSISTANCE. INFORM THEM TO OBTAIN DOSIMETRY FROM THE SURVEY CENTER PRIOR TO SWEEPING GROUNDS.

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|----|---|----|--|
| a. | Simulator Building
(ext. 6668, 6646 or 6641) | d. | Manor House (ext. 3744) |
| b. | Training Center (ext. 6600) | e. | Offsite Warehouse
(ext. 3292 or 3288) |
| c. | Grounds Crew
(White House 315-524-5309) | f. | Station 13A Area |

- 6.3.4 Report completion of accountability to the Survey Center Manager.
- 6.3.5 Notify personnel outside the plant fence, but on company property to the emergency classification level, and direct them to standby for further instructions.
- 6.3.6 Direct evacuating personnel to appropriate assembly areas as required or as directed by Emergency Coordinator or Survey Center Manager.
- 6.3.7 Release evacuating personnel from assembly areas as required or as directed by Emergency Coordinator or Survey Center Manager.
- 6.3.8 Maintain control of evacuated personnel and additional personnel throughout the emergency.

7.0 ATTACHMENTS:

1. Environmental Laboratory Operations.
2. Survey Center Dosimetry Log.

ENVIRONMENTAL LABORATORY OPERATIONS
(To be performed by Radiation Protection Personnel)

Preparing the Environmental Laboratory to receive samples:

1. Samples will be transported from the Survey Center to the Environmental Laboratory. Place radioactive materials signs on the doors to the Environmental Laboratory and the count room. Rope off the west end of the Environmental Laboratory for sample storage. Remove any environmental samples stored in that area to prevent cross contamination.
2. Consult with the Survey Center Manager to determine the best route to transport the samples:
 - a. If samples are transported inside thru the building, personnel may be exposed by the samples or contamination may be spread in the building. A route should be cleared prior to transport and surveyed for contamination afterwards.
 - b. If samples are transported outside, there may be snow or rain to degrade the samples or there may be contamination deposited on the ground from a release. Place step-off pads down where personnel will re-enter the building. Perform surveys at that point to ensure that contamination has not been brought into the building.

Transport of the samples from the Survey Center to the Environmental Laboratory.

1. Ensure that the personnel transporting the samples are wearing dosimetry.
2. Place the samples to be transported into a clean plastic bag to prevent the spread of contamination.
3. Move the samples to the Environmental Laboratory.
4. Perform a survey of the route (smears or direct frisk) to ensure that contamination was not spread.

Analyzing samples in the Environmental Laboratory

1. Laboratory operations should be conducted using the appropriate Radiation Protection procedures for the Environmental Laboratory.
2. Inform the RP/Chemistry Manager when results are available from the Gamma Spectroscopy System. The TSC/EOF personnel can view the results from the facilities via modem.

3. If data needs to be faxed to the TSC/EOF use the fax machine in the Survey Center.

Moving the samples to an offsite laboratory.

1. Ensure that the samples are properly packaged, labeled and marked for activity in accordance with procedure RPA-RW-SHIP-MTL.
2. Laboratory operations at the offsite laboratory should be conducted using their procedures for analyzing samples.

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-18

REV. NO. 5

DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS



RESPONSIBLE MANAGER

08/30/02

EFFECTIVE DATE

Category 1.0

This procedure contains 18 pages

EPIP 1-18**DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS****1.0 PURPOSE**

- 1.1 The purpose of this procedure is to provide additional measures to be considered along with those pre-planned actions that are identified in the NERP and Implementing Procedures. This procedure can be implemented due to severe weather, HAZMAT events, security events or any other unforeseen event where actions need to be taken to protect employees or equipment.

2.0 RESPONSIBILITY

- 2.1 Emergency Planning will be available to assist in coordinating recommendations to the Nuclear Operations Group (NOG).
- 2.2 The Shift Supervisor, Management or TSC responders can implement this procedure.

3.0 REFERENCES**3.1 Developmental References**

- 3.1.1 Effect of Hurricane Andrew on the Turkey Point Nuclear Generating Station from August 20-30, 1992 - NRC/INPO.
- 3.1.2 Industry Guidance for Responding to the NRC's October 6, 2001, Safeguards Advisory - NEI, dated November 16, 2001.

3.2 Implementing References

- 3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification.
- 3.2.2 EPIP 1-5, Notifications
- 3.2.3 EPIP 1-6, Site Evacuation
- 3.2.4 EPIP 1-7, Accountability of Personnel
- 3.2.5 EPIP 1-8, Search and Rescue Operations
- 3.2.6 EPIP 1-9, TSC Activation
- 3.2.7 EPIP 1-11, Survey Center Activation

- 3.2.8 EPIP 3-1, EOF Activation
- 3.2.9 EPIP 3-3, Immediate Entry
- 3.2.10 EPIP 4-7, Public Information Organization Staffing
- 3.2.11 EPIP 5-7, Emergency Organization
- 3.2.12 ER-SC.9 , Security Event Plan
- 3.2.13 SAG-4, Inject Into Containment
- 3.2.14 SAG-5, Reduce Fission Product Release
- 3.2.15 SAG-6, Control Containment Conditions
- 3.2.16 SAG-7, Reduce Containment Hydrogen
- 3.2.17 S-9 Series Procedures (relative to the Spent Fuel Pool)

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

- 5.1 Events which pose a threat, or possible threat, of hazardous conditions to employee or public safety are imminent or in progress.

6.0 ACTIONS

NOTE: THE RECOMMENDATIONS ARE POSSIBLE ACTIONS TO BE TAKEN. SINCE EACH EVENT IS UNIQUE, NOT ALL RECOMMENDATIONS HAVE TO BE IMPLEMENTED.

6.1 Notifications

- 6.1.1 To staff the facilities, notify Emergency Preparedness per EPIP 1-5, Attachment 6, to contact the appropriate responders.
- 6.1.2 For events involving offsite assistance (e.g., fire, law enforcement, EMS, HAZMAT), notifications will be made using EPIP 1-5, Attachment 5.

6.2 Communications

- 6.2.1 Internal

- 6.2.1.1 Use the plant page to inform the plant employees of conditions.
- 6.2.1.2 Refer to EPIP 1-5 "Notifications" for notifications of NERP responders, offsite notifications and specialized notifications.
- 6.2.1.3 Refer to EPIP 1-6 for "Site Evacuation" notifications.
- 6.2.1.4 Use Lotus Note (email) to inform specific groups (e.g., G-Ops, NOG Dist, Nuclear Emergency Responders) of events or conditions.
- 6.2.1.5 Responders with Alpha Pagers (Operations Management, Emergency Preparedness) can also be notified via Lotus Notes.
- 6.2.1.6 Use the RG&E telephone directory, Ginna telephone directory and E-Plan telephone directory to assist in contacting various responders, management and support personnel.
- 6.2.1.7 Fax machines can also be used to relay information to groups of individuals at specific locations (e.g. TSC, EOF, JENC)
- 6.2.1.8 Radio communication from the Control Room can be used to contact the TSC, EOF, Survey Center, Operators, Security and the Fire Brigade. Additional radio communications are available through local law enforcement, fire departments or ambulance companies.
- 6.2.1.9 If radio communications to the Energy Control Center (ECC) is the only means to communicate outside Ginna, have the ECC notify Emergency Preparedness per EPIP 1-5, Attachment 6, and have EP conduct notifications.
- 6.2.1.10 Alternate communication is available in the TSC, Survey Center and EOF via radio, commercial phone, cell phone and Corporate Desktop.
- 6.2.1.11 Alternate notification methods can be delegated EP personnel, managers) who carry copies of EPIP 1-5, 5-7, 4-7 and laminated "emergency contact cards".
- 6.3 External
- 6.3.1 EPIP 1-5 "Notifications" provides instruction for notification to Wayne County, Monroe County, New York State and the NRC. Actions taken are normally coordinated from the Control Room via RECS line or commercial telephone (including fax).
- 6.3.2 Alternate external communication systems are available in the TSC, Simulator, Survey Center and EOF via RECS line, commercial phone and cell phone.

6.3.3 Alternate notification methods can be delegated to EP personnel who carry copies of EPIP 1-5 and laminated "emergency contact cards". Information to contacted personnel should also include specific contacts for fire and emergency services support and reporting location (in coordination with Security and Fire/Safety).

6.4 Assembly/Accountability Process

6.4.1 Consider implementing EPIP 1-6 "Site Evacuation", to evacuate employees from the site. Security will implement EPIP 1-7 "Accountability" to ensure that all employees are accounted for.

6.4.2 If employees need to be moved off plant property, notify the Wayne County 911 Dispatcher at (315) 946-5304 to contact the Ontario Fire Chief. They will make available the Ontario Fire Dept Exempt Hall located on Route 104 between Route 350 and Knickerbocker Road.

6.4.3 If hazardous conditions prevent employees and emergency responders from responding directly to the site, direct them to respond to the Ontario Fire Dept Exempt Hall. It is located on Route 104 between Route 350 and Knickerbocker Road. After assembling at the Exempt Hall, TSC assessment functions can be directed to the EOF if the site will be inaccessible for a long period of time.

6.4.3.1 When the situation is stable and it is safe for responders to report to the site, personnel at the staging area (Ontario Fire Department Exempt Hall) should contact the EOF for direction.

6.4.3.2 Consider reporting to the Survey Center and initiate EPIP 3-3, Immediate Entry, to access the site.

6.4.4 Consider designation of alternate supervision to perform accountability if Security is unable to perform this function due to the event.

6.5 Command and Control

6.5.1 Refer to EPIP 1-9 "TSC Activation" and EPIP 3-1 "EOF Activation" for facility activation and transfer of command and control.

6.5.2 A near-site incident "command post" may need to be established to allow coordination of onsite response activities such as communications, accident assessment/mitigation, accountability, search and rescue, coordination with fire and medical services, and staging should the Control Room, TSC, OSC or other facilities become inaccessible.

6.5.3 Wayne county Emergency Management has a mobile command post that may be utilized.

6.5.4 If a near-site incident "command post" is established, communication with the EOF should be established to provide resources to the site.

6.5.5 Access to the plant protected area is described in procedure EPIP 3-3, "Immediate Entry".

6.6 Search and Rescue

6.6.1 Implement EPIP 1-8, "Search and Rescue Operations" to find missing individuals.

6.7 Plant Assessment and Mitigation

6.7.1 Consider the following procedures to address assessment and mitigation of an event:

- AP-CR.1
- EOPs
- ER-Fire series
- ER-SC series
- EIPs
- SAMGs

6.7.2 Remote accident assessment may depend upon the availability of PPCS data and/or communication with the site. Computer terminals are located in the following areas to assist with assessment:

- Training Center
- Warehouse
- EOF
- JENC

6.7.3 Consider the use of fax machines located in various RG&E locations as well as town offices, fire halls, ambulance halls and local businesses.

6.8 Dose Assessment/PARs

6.8.1 EPIP 2-series procedures provide instruction for obtaining meteorological data from multiple sources for performing dose assessment and protective action recommendations.

6.8.2 Dose Assessment can be performed in the CR, TSC or EOF with support from environmental survey teams deployed from the Survey Center or EOF.

6.8.3 Consider staging survey team personnel at the designated staging area (e.g., Ontario Fire Dept Exempt Hall, 89 East Avenue) if the Survey Center is unavailable.

6.9 **Exposure control and distribution of KI for emergency responders**

6.9.1 TLD's and Self-Reading dosimetry for on site Security is maintained in the guardhouse and is obtained at the beginning of each shift.

6.9.2 Ginna Security, National Guard and NYS Police will be issued self-reading dosimeters and TLD's at the Alert level.

6.9.3 TLD's and Self-Reading dosimetry for offsite agencies assigned to the site is maintained in the Owner Controlled Area Checkpoint and will be obtained at the Alert level.

NOTE: The Emergency Coordinator will consult with NYS and County Emergency Management via the EOF prior to issuing KI to offsite agency personnel assigned to Ginna Station (National Guard, NYS Police, Fire, EMS, etc).

6.9.4 Refer to EPIP 2-9, Administration of Potassium Iodide (KI) for distribution of KI to all emergency responders (offsite agency and Ginna).

6.9.5 Additional supplies of KI are located in the Technical Support Center and Survey Center

6.9.6 Radiation Protection will determine the type of dosimetry to be issued and supply it to unassigned Local Law Enforcement, Fire and EMS upon their arrival to Ginna Station during an emergency.

6.9.7 Decontamination of emergency responders, vehicles and equipment should be accomplished at Ginna Station if conditions allow. If decontamination must be performed away from the site, County facilities such as Emergency Worker Personnel Monitoring Facilities are available by coordinating with County Representatives in the EOF and County EOC's.

6.9.8 Rochester General or Newark Wayne Community hospital also have decontamination rooms that may be utilized as necessary. Refer to A-7 for notification to the hospital should decontamination be required at their facility.

6.9.9 The following table describes exposure control considerations for emergency workers at Ginna Station.

Emergency Response Exposure Control Considerations

	TLD's Provided	SRD's Provided	Dosimetry Inventory	KI Distribution
Ginna Security Guards	YES	YES	Some within protected area Some in OCA Checkpoint	EC Decision Consult with State and County's
National Guard	YES	YES	OCA Checkpoint	EC Decision Consult with State and County's
State Police	YES	YES	OCA Checkpoint	EC Decision Consult with State and County's
Coast Guard	Responsible for their own dosimetry	Responsible for their own dosimetry	Responsible for their own dosimetry	
Law Enforcement	YES EPIP 1-18 Supply upon entry if time permits	Escort will monitor SRD if the situation allows	Available from RP Department	Same policy as public policy
Fire	YES EPIP 1-18 Supply upon entry	Escort will monitor SRD	Available from RP Department	Same policy as public policy
EMS	YES EPIP 1-18 Supply upon entry	Escort will monitor SRD	Available from RP Department	Same policy as public policy

6.10 Public Information

- 6.10.1 EPIP 4-series procedures provide instruction on Joint Emergency News Center (JENC) operation and Public Information.
- 6.10.2 Security will be further pressured by media requests to approach the site. Offsite agencies will be required to restrict access to plant area. Public Relations and government agencies are to stress the JENC as the central clearinghouse for public information.
- 6.10.3 Consider activation of the Public Inquiry and Media Monitoring portion of the JENC. Provide information to the JENC to provide information to the public and spouses of RG&E/Ginna personnel.

6.11 Relocation

- 6.11.1 Consider the establishment of alternate work locations for "non-essential" site personnel (e.g., 89 East Avenue, West Avenue, Eastern Monroe).
- 6.11.2 Contact Corporate Information Services (IS) to provide communications to the newly established work locations.
- 6.11.3 Consider relocation of Survey Team Equipment, in accordance with EPIP 1-11, to the Ontario Fire Department Exempt Hall or EOF if the Survey Center is unuseable. Contact a Maintenance Assessment Manager listed in EPIP 5-7 to make arrangements to transport equipment to the alternate location.
- 6.11.4 Each NOG department should consider identification of business critical information and equipment needed for recovery such as drawings, procedures, vendor manuals, survey equipment.

6.12 Alternate AC and DC Power

- 6.12.1 Implement existing ER series procedures to the extent practical to restore power.
- 6.12.2 Technical Assessment Manager refer to Attachment 1, Alternate AC and DC Power Supplies and Table 1, Equipment Ratings.
- 6.12.3 Technical Assessment Manager and Operations Assessment Manager discuss options and impact on 10CFR50.54(x).
- 6.12.4 Provide recommendations to the Emergency Coordinator for implementation.

6.13 Back-up Mechanical Pump Capability

- 6.13.1 Implement existing ER series procedures to the extent possible to restore equipment.
- 6.13.2 Implement existing SC series procedures to the extent possible to respond to the event and enlist offsite support.
- 6.13.3 Technical Assessment Manager refer to Table 1, Equipment Ratings, and Table 2, Back-up Mechanical Pump Capability.
- 6.13.4 Technical Assessment Manager and Operations Assessment Manager discuss options for use of onsite vs. Offsite pumping capabilities and the impact on 10CFR50.54(x).
- 6.13.5 Provide recommendations to the Emergency Coordinator for implementation.

6.14 Fission Product Scrubbing from a Failed Containment

- 6.14.1 Reference existing Severe Accident Management Guidelines (SAMGs) SAG-4, SAG-5, SAG-6 and SAG-7 to the extent practical.
- 6.14.2 Technical Assessment Manager refer to Attachment 2, Fission Product Scrubbing From A Failed Containment, and Table 2, Back-up Mechanical Pump Capability.
- 6.14.3 Technical Assessment Manager and Operations Assessment Manager discuss options, reactivity monitoring requirements and the impact on 10CFR50.54(x).
- 6.14.4 Provide recommendations to the Emergency Coordinator for implementation.

6.15 Emergency Spent Fuel Pit Cooling

- 6.15.1 Implement existing S-9 series procedures to the extent practical to restore SFP cooling.
- 6.15.2 Technical Assessment Manager refer to Attachment 3, Emergency Spent Fuel Pool Cooling.
- 6.15.3 Technical Assessment Manager and Operations Assessment Manager discuss options and impact on 10CFR 50.54(x).
- 6.15.4 Provide recommendations to the Emergency Coordinator for implementation.

6.16 **Emergency Containment Cooling**

6.16.1 Implement existing S-23.2.3, Containment Mini Purge System Operation, or AP-SW.1 or AP-SW.2 to the extent possible to restore containment cooling. If unable to restore containment cooling, then continue with the following steps.

6.1.6.2 Technical Assessment Manager, refer to Attachment 6, Emergency Containment Cooling.

6.16.3 Technical Assessment Manager and Operations Assessment Manager, discuss options and impact on 10 CFR 50.54(x).

6.16.4 Provide recommendations to the Emergency Coordinator for implementation.

7.0 **Attachments**

1. Alternate AC and DC Power Supplies
2. Fission Product Scrubbing From A Failed Containment
3. Emergency Spent Fuel Pool Cooling
4. Table 1, Equipment Ratings
5. Table 2, Back-up Mechanical Pump Capability
6. Emergency Containment Cooling

ALTERNATE AC AND DC POWER SUPPLIES

Following is a list of possible first response actions that could be taken to mitigate loss of power to equipment on site. Level of response varies depending on the magnitude of the loss of existing on-site power supplies, availability of distribution equipment (buses, panels, etc.), and what equipment needs to be supplied.

At this time, contacts have been made with outside suppliers (RG&E or otherwise) to determine potential availability, but no arrangements have been made with them to provide the backup equipment. An evaluation of the timeliness of our needs must be completed, and then we can recommend specific actions to put a plan in place. Costs associated with having generators, cable, and transformers available on demand can be determined at that time, and those costs will vary with response time required.

Alternate AC Power Supplies:

1. Diesel Generators can be cross-tied between systems depending on where the need is and what is available. Cable to run directly to motor loads or buses, again depending on condition and need, would be taken from our warehouse or brought from Jefferson Road facility. Attached equipment data provides equipment ratings of existing generators, and the requirements of loads that may need to be supplied.
- b. 480 volt power may be supplied from the 12 kv overhead distribution line that comes onto the site from the east. A small transformer exists (300 kva rating) near the steam generator building, and a separate transformer could be brought on-site from RG&E transmission and distribution group to provide power if the line was still energized.
- c. Bring separate diesel generator(s) on site, and connect at buses or directly to loads as conditions and needs warrant. A 1000 kw size is assumed to be adequate for a first response action, which would allow a combination of loads as selected by Operations from the attached list. Portable units can be made available on short notice, depending on immediate availability from: Wegmans (1300 kw unit), Aggreko out of Albany, Penn-Detroit out of Syracuse. Wegmans, if available, could be here in an hour or two, Aggreko or Penn would take up to eight hours.
- d. For 120 VAC instrument loads, portable generators of 5 kw available at local retail stores would be adequate to power up individual instrument buses, racks, or the ABELIP and IBELIP racks locally if needed. This would supply a minimum amount of instrumentation to monitor shutdown parameters.

Alternate DC Power Supplies:

1. Using existing on-site DC, capability to cross-tie to TSC battery/TSC battery charger. However, condition of interties or SR DC distribution system may preclude this. Cables can be run from TSC batteries to required loads or load centers.
2. Use of Security UPS battery is not recommended as it should be reserved for security systems.

ALTERNATE AC AND DC POWER SUPPLIES (Continued)

3. Portable DC power supplies used by maintenance are AC powered and can provide enough DC to supply individual panels locally.
4. Larger DC power supplies, or battery chargers, can be obtained from substations, fossil-hydro stations, or suppliers and set up where needed, assuming 480 VAC supply power available.
5. Movement of a 125 VDC battery string of adequate size would most likely be impractical. However, such batteries exist and would be available from substations or Russell Station, could be moved here in approximately 8 hours as a last resort.

Other Equipment:

Valves can be hand operated. It would not normally be reasonable to run power to individual valves. If a panel or MCC can be picked up, then the valve would be powered.

Offsite Power Equipment Supplier Contacts:**480 Volt Diesel Generators**

Wegmans 1300 kw generator
Contact: Mike Adams, RG&E - Account Manager for Wegmans - 724-8462

Aggreko, Inc. (Albany area) 1250 kw - 1750 kw
Contact: Randy Curtis - (518) 235-9604

Penn-Detroit Diesel 60 kw - 1400 kw
Contact: Kurt Schultz - (315) 451-3840

120 VAC Power

Grounds Maintenance 5kva generator
Contact: Keith Merkel

Chase Pitkin Webster 2.5 kva - 10 kvs portable generators
872-4010

125 VDC Power Supplies

JM Schaeffer (Syracuse)
Contact: Carl Phillips - (315) 463-5223

Cable or Transformers not on-site

Contact RG&E Energy Control Center

Prepared By: Paul Swift 10/31/01

FISSION PRODUCT SCRUBBING FROM A FAILED CONTAINMENT

With respect to fission product scrubbing from a failed containment, SAMGs SAG-4, SAG-5, SAG-6 and SAG-7 provide instructions to inject into containment, reduce releases, control conditions and reduce hydrogen. If they unsuccessful, then an external pump and water source, such as a fire truck, will be used but it is not always prudent to spray water into an area if the core has melted. In addition, if the core hasn't melted but there is a loss of cooling accident (LOCA), you're now spraying unborated water into the sump, which may cause reactivity issues.

The TSC Technical Assessment Manager will provide some guidance for Scrubbing A Failed Containment, with increased monitoring of reactivity.

- For the scenario where there is a hole in the outside of containment and an accident (LOCA) going on inside, we would want the pumper truck to cover the opening with a "light rain type" of spray pattern similar to what comes out of the containment spray nozzles. We would not want just a concentrated stream directed at the opening.
- If guidance on drop size is desired, UFSAR 6.2.2.2.6 specifies 1000 microns or about .04" diameter drops.
- Depending on the hole size and orientation on the structure, we would like to aim the spray to minimize to the extent practical direct water entry into the containment so as not to potentially cause sump boron concentration concerns.

EMERGENCY SPENT FUEL POOL COOLING

NOTE: IF ACCESS IS LIMITED INTO THE AUXILIARY BUILDING AND EMERGENCY MAKE-UP WATER INTO THE SPENT FUEL POOL (SFP) IS DESIRED, THE FOLLOWING STEPS WILL SUPPLY FIRE WATER INTO THE SFP VIA THE SFP SKIMMER PIPING LOCATED IN THE INTERMEDIATE BUILDING HOT SIDE.

NOTE: USE OF THE FOLLOWING METHOD OF MAKE-UP TO THE SFP IS FOR EMERGENCY CONDITIONS ONLY. IT HAS THE POTENTIAL TO VIOLATE ITS LCO 3.7.12 REQUIREMENTS AND, HENCE, 10CFR505.54(X) SHOULD BE CONSIDERED IF TAKING THIS ACTION.

1. Notify fitters to supply fittings to connect 1-1/2" fire hose to a 2" - 150 pound flange.
2. Ensure SFP skimmer pump is secured.
3. Close V-788B.
4. Remove blank flange from piping immediately upstream of V-788B (IB Hot Side near door to Auxiliary Building).
5. Connect the fire hose from an available supply (Hose Reel 21 on the North wall of the Primary Sample Room is preferred if available) to flange immediately upstream of V-788B using fittings previously obtain by fitters.
6. Open fire water supply valve (V-5199T if using Hose Reel 21) slowly to supply water to SFP.
7. Verify fire water pump running.
8. If possible, visually verify water make-up to SFP directly or via security camera 30.
9. Monitor available remote SFP indication (i.e., R-5, AR-K-29).

TABLE 1 - EQUIPMENT RATINGS

Diesel Generator A and B 1950 KW (Continuous)
(480 Volt) 2250 KW (2 hours)
2300 KW (½ hour)

TSC Diesel Generator 260 KW
(480 Volt)

Security Diesel Generator 135 KW
(480 Volt)

Motor	Rated HP	Max. Loading	KW
Safety Injection Pumps	350 HP	368 HP	291
RHR Pumps	200	173	139
Containment Fans	300	256	205
Service Water Pumps	300	308	246
Containment Spray Pumps	200	220	183
CCW Pumps	150	150	124
Aux. Feedwater Pumps	250	280	223
Standby AFW Pumps	300	300	249
Charging Pumps	150	150	124
Spent Fuel pool Pump B	100	100	75
Spent Fuel Pool Pump Spare Skid (600 gpm @ 65# D/P)	50	57	42

120 VAC Instrument Power

Equipment	Rating	Max. Load
Instrument Bus feed (Inverters, CVTs)	7.5 kva	6.4 kw
Twinco Panels (fed from Twinco CVTs)	2 kva	1.7 kw

TABLE 1 - EQUIPMENT RATINGS
(Continued)

Equipment	Capacity	Normal Load A	Normal Load B
Battery Charges A1, B1	200 amps	55 amps	50 amps
Battery Chargers A2, B2	150 amps	50 amps	30 amps
TSC Battery Charger	500 amps	95 amps	
Vital Batteries BYCA, BYCB	1495 amp-hrs	N/A	
TSC Battery	2880 amp-hrs	N/A	
Security Battery	250 amp-hrs	N/A	

TABLE 2 - BACK-UP MECHANICAL PUMP CAPABILITY

UTILIZATION & DEMAND								
Source	GPM	TDAFWP Oil Hx (GPM)	SBAFWP (GPM)	Containment Recirc Fan (GPM)	Spent Fuel Pool Hx "A" (GPM)	CCW Hx (GPM)	D/G Hx (GPM)	Fission Product Scrubbing (GPM)
Onsite Fire Pump (3)	2,000	25	200	1,050	600	3,500 (2)	277/400 (1)	500/1,000 (onsite monitor nozzles)
Ontario Water Authority (D/G back-up)	1,500	(1) DA-ME-98-138 (2) Maximum flow as per design basis. Actual GPM may be significantly less. (3) Assumption both pumps in service (1) one dedicated for fire suppression only.						
Available through Wayne County 911 Center Refer to SC-3.3.2, Attachment C, for complete resource list								
Fire Dept. Drafting Discharge Canal (limited to one pumper)	1,250							
Portable Pumps (discharge canal)	500							
Tanker Truck Relay portable Pond	1,250							
Portable Hydrant/Relay	1,000							

EMERGENCY CONTAINMENT COOLING

NOTE: THE FOLLOWING IS GUIDANCE FOR THE TSC. IF THIS CONTINGENCY IS REQUIRED, SPECIFIC DIRECTION WILL BE CASE DEPENDENT AND PROVIDED BY THE TSC.

ALIGNMENT OF THE EAST SW HEADER

NOTE: THIS WILL ALIGN COOLING WATER TO EITHER THE A OR THE B CNMT RECIRC FAN AND TDAFW PUMP SUCTION.

1. Isolate east header y closing valves 4623, 4627, 4628, 4625 and 4756
2. Have fitters remove 16" diameter blind flange on east side and drain header.
3. Have fitters install pre-staged flange, in IB sub-basement, to the east header.
4. Run hose(s) from either the S-15 drain connection, if fire trucks are hooked up to the building connections, or directly from trucks. The hose(s) can be run down the hatch near the MDAFW pumps. Hook hose(s) to connections on flange (2 - 2 ½" connections available.)
5. Pressurize lines and line up an available fan cooler. (Opening V-4627 will give you flow to the A CNMT recirc fan. Opening V4628 will give you flow to the B CNMT recirc fan.) Trip open 4561 or 4562.

ALIGNMENT OF THE WEST SW HEADER

NOTE: THIS WILL ALIGN COOLING WATER TO EITHER THE C OR D CNMT RECIRC FAN.

1. Isolate west header by closing valves 4626, 4639, 4663, 4664, 4640, 4642 and 4641.
2. Have fitters remove 16" diameter blind flange on west side and drain header.
3. Have fitters install a pre-staged flange, in IB sub-basement, to the west header.
4. Run hose(s) from either the S-15 drain connection, if fire trucks are hooked up to the building connections, or directly from the trucks. The hose(s) can be run down the hatch near the MDAFW pumps. Hook hose(s) to connection on flange (2 - 2½" connections.)
5. Pressurize lines and line up an available fan cooler. (Opening V-4641 will give you flow to the C CNMT recirc fan. Opening V-4642 will give you flow to the D CNMT recirc fan.) Trip to open 4561 or 4562.

ROCHESTER GAS AND ELECTRIC CORPORATION

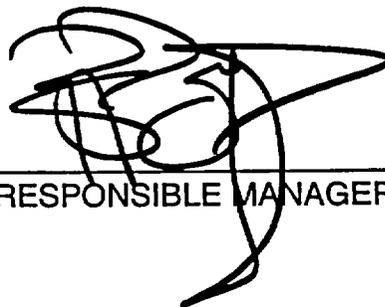
GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 2-9

REV. NO. 6

ADMINISTRATION OF POTASSIUM IODIDE (KI)

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

RESPONSIBLE MANAGER

08/30/02

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 5 PAGES

EPIP 2-9**ADMINISTRATION OF POTASSIUM IODIDE (KI)****1.0 PURPOSE**

This procedure is to provide guidelines for the administration and use of potassium iodide (KI).

2.0 RESPONSIBILITY

- 2.1 The Dose Assessment Manager or the Radiation Protection and Chemistry Manager is responsible for determining the need for potassium iodide(KI).
- 2.2 The administration of potassium iodide shall be performed only after the approval of the Emergency Coordinator.

3.0 REFERENCES**3.1 Developmental References**

- 3.1.1 NCRP Report No. 55 "Protection of the Thyroid Gland in the Event of Releases of Radioiodine."
- 3.1.2 Federal Register Vol. 47 28158, June 29, 1982.
- 3.1.3 THYROBLOCK, Instruction Sheet, Wallace Laboratories.
- 3.1.4 Nuclear Emergency Response Plan
- 3.1.5 New York State Radiological Emergency Preparedness Plan.

3.2 Implementing References

None.

4.0 PRECAUTIONS

- 4.1 The use of KI should be considered in conjunction with other available protective options, including respiratory protective devices and limited stay-times.
- 4.2 The use of potassium iodide (KI) is voluntary.

- 4.3 KI should not be administered to personnel who know they are allergic to iodide or have dermatitis herpetiformis or hypocomplementemic vasculitis.
- 4.4 Individuals with multinodular goiter, grave's disease and autoimmune thyroiditis should be treated with caution especially if dosing extends beyond a few days.
- 4.5 An important factor in obtaining satisfactory blockage of acute radioiodine uptakes is the time of iodide administration after exposure to radioiodine. It is preferable to administer KI before or shortly after the start of exposure to achieve blockage of 90 percent or more. A substantial benefit (e.g. a block of 50%) is attainable only during the first 3 - 4 hours after the start of exposure. However, since the majority of radioiodine has entered the thyroid gland by 10 -12 hours after exposure, little benefit may be expected by blocking beyond this time.
- 4.6 For chronic radioiodine exposure, KI will, of course, be useful at any time during the exposure and hence should still be administered even if the drug was not given shortly before or after the release of radioactivity.
- 4.7 Do not administer KI which has passed its expiration date. Check expiration date prior to issuance.
- 4.8 Distribution of KI to the general public is the responsibility of New York State, and will only be issued to the general public if approved by the New York State Department of Health.

5.0 **PREREQUISITES**

- 5.1 Any of the following conditions exist:
- 5.1.1 Thyroid dose to an individual(s) is projected to be greater than 10 rem.
- 5.1.2 Plant conditions indicate the potential for a large release of radioiodine.

6.0 **ACTIONS**

- 6.1 KI Determination
- 6.1.1 Dose Assessment Manager or Radiation Protection and Chemistry Manager:
- a. Determine projected thyroid dose by using the Thyroid Graph (Attachment 1).
 - b. If thyroid dose is greater than 10 rem, obtain authorization from the Emergency Coordinator.

CAUTION

DO NOT ADMINISTER KI WITHOUT THE APPROVAL OF THE EMERGENCY COORDINATOR.

c. A supply of KI tablets is available at the following locations:

- 1. Technical Support Center
- 2. Control Room
- 3. Survey Center
- 4. Emergency Operations Facility

6.2 KI Administration

6.2.1 Use Thyro-Block Instructions (Attachment 2) as guidance.

6.2.2 Advise all personnel that the use of KI is voluntary.

CAUTION

THE ONLY PEOPLE WHO SHOULD NOT TAKE KI ARE PEOPLE WHO KNOW THEY ARE ALLERGIC TO IODIDE.

DO NOT ADMINISTER KI WHICH HAS PASSED ITS EXPIRATION DATE PRIOR TO ISSUANCE.

6.2.3 Notify the EOF Recovery Manager of the decision to Administer KI if EOF activated.

6.2.4 The Emergency Coordinator shall consult with New York State and County emergency management via the EOF prior to issuing KI to offsite agency personnel assigned to Ginna Station (National Guard, New York State Police, Fire, EMS, etc.)

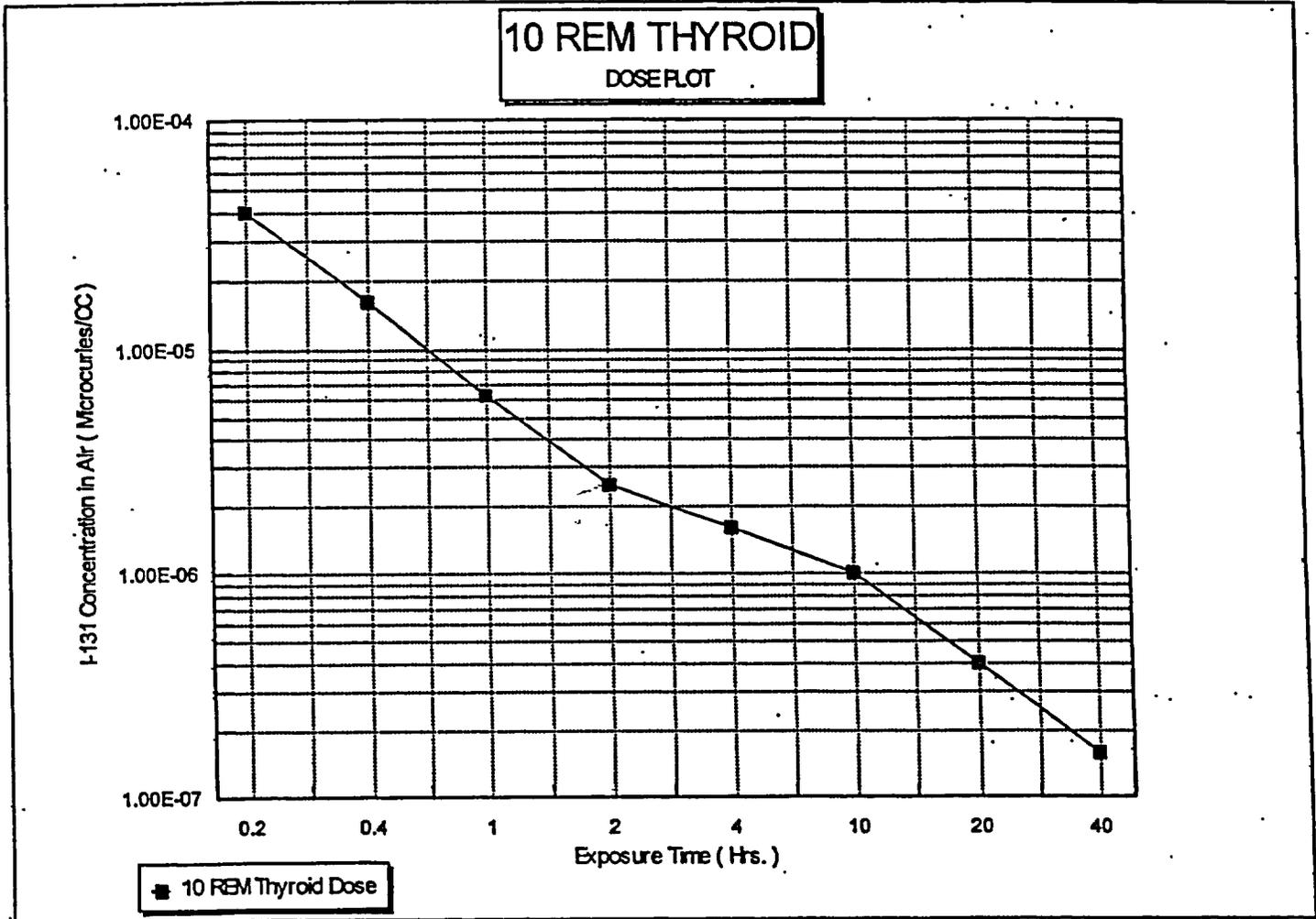
6.2.5 Administer one KI tablet (130 mg. tablet) to each person.

6.2.6 Notify the RG&E Medical Services if KI tablets have been issued, and request assistance in follow-up administration of KI and personnel thyroid evaluations. Consider contacting Radiation Management Consultants at (215) 243-2990 for additional medical expertise.

7.0 ATTACHMENTS

- 1. Thyroid Graph.
- 2. Thyro-Block Instructions.

THYROID GRAPH



THYRO-BLOCK INSTRUCTIONS

**THYRO-BLOCK®
TABLETS
(POTASSIUM IODIDE TABLETS, USP)
(Pronounced poe-TASS-e-um EYE-oh-dyed)
(Abbreviated: KI)**

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. *DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE.* (SEE SIDE EFFECTS BELOW.)

INDICATIONS

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

DIRECTIONS FOR USE

Use only as directed by State or local public health authorities in the event of a radiation emergency.

DOSE

Tablets: **ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER:** One (1) Tablet once a day. Crush for small children.

BABIES UNDER YEAR OF AGE: One-half (1/2) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (50° to 85°F). Keep container tightly closed and protect from light.

WARNING

Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

DESCRIPTION

Each white, round, scored, monogrammed THYRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, and sodium thiosulfate.

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

Potassium iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amount of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

SIDE EFFECTS

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth, and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECTS OCCUR

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions.

HOW SUPPLIED

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) are white, round, one side scored, other side debossed 472 WALLACE, each containing 130 mg potassium iodide. Available in bottles of 14 tablets (NDC 0037-0472-20).

WALLACE LABORATORIES
Division of
CARTER-WALLACE
Cranbury, New Jersey 08512

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 5-1

REV. NO. 26

OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS



RESPONSIBLE MANAGER

08/30/02

EFFECTIVE DATE

Category 1.0

Reviewed by: _____

This procedure contains 16 pages

EPIP 5-1OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENTPERIODIC INVENTORY CHECKS AND TESTS**1.0 PURPOSE**

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made quarterly, monthly, or, as required by Technical Specifications and after each drill or use.

2.0 RESPONSIBILITY

The Corporate Nuclear Emergency Planner (CNEP) or designee is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.

3.0 REFERENCES**3.1 Developmental References****3.1.1 Nuclear Emergency Response Plan****3.1.2 Tech. Specs, Table 4.1-1 Minimum frequencies for checks, calibrations and test of instrument channels****3.2 Implementing References****3.2.1 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks.****3.2.2 EPIP 2-12, Offsite Surveys****3.2.3 EPIP 2-2, Obtaining Meteorological Data and Forecasts and Their Use in Emergency Dose Assessment****3.2.4 RP-JC-AIRSAMPLE, Attachment 1, Air Sample Job Coverage Record****3.2.5 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators**

3.2.6 RP-RES-M-RESP, Maintenance, Inspection and Repair of Scottoramic Respirators**4.0 PRECAUTIONS**

This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 PREREQUISITES

Obtain current copies of applicable procedures of RP-JC-DAILY-SRC-CHKS

6.0 ACTIONS**6.1 Inspection and/or testing of Equipment**

6.1.1 Inspect and/or test each location using Attachments 1 through 4.

6.1.2 Send completed attachments to the CNEP for review.

6.1.3 Inspection of EOF main area, Administrative area, Communications Room and Offsite Dose Assessment Area.

- a. Check Center for general equipment and communications, Attachment 1.
- b. Checks will be done monthly.

6.1.4 Inspection of Joint Emergency News Center

- a. Check Joint Emergency News Center for general equipment and communications, Attachment 2.
- b. All equipment shall be tested quarterly.

6.2 Reporting Discrepancies

6.2.1 If any discrepancies are found, the CNEP or designee will make a note on the emergency equipment monthly inspection log, Attachment 5. If there are no discrepancies, enter none for each location.

6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Log sheet.

7.0 **ATTACHMENTS**

1. General Equipment in EOF
2. Joint Emergency News Center Equipment Check List
3. Nuclear Emergency Offsite Response Radio Operation Procedure
4. Mobile Cellular Telephone Equipment Check
5. Emergency Equipment Monthly Inspection Log

GENERAL EQUIPMENT IN EOF

Main Room

- 1. Clocks (operating and set to present time; min. 1 unit) _____
- 2. RTC, Wayne and NOG E-Plan Telephone Directories (current revision) at each manager position. _____
- 3. Wayne, Monroe and New York State positions have a copy of their Emergency Plans at their position. _____
- | 4. Observe operation of PPCS by checking clock time. _____
- 5. PPCS Projector - check "status" light on projector. Change bulb if status light is on. _____
- 6. Check that there are a minimum of 5 copies of each EPIP in the drawer. _____

| **Offsite Dose Assessment Area**

- 1. Clock (operating and set to present time; min. 1 unit) _____
- 2. Sufficient RTC, Wayne and NOG E-Plan Telephone Directories _____
- 3. Personal Computers (min. 2 units); check operability by contacting primary met tower, back-up met tower and MIDAS _____
- | 4. Observe operation of PPCS by checking clock time. _____
- 5. Verify radio operation (Attachment 3, step 1.1) _____
- 6. Technical Support Center (Dose Assessment) Direct Line - Monthly Test. (Contact TSC to assist in answering phone.)
 - a. Verify operation by ringing TSC and performing a callback to the EOF. _____

GENERAL EQUIPMENT IN EOF
(Continued)

89 East Avenue Lobby-Security Desk/Frisking Station

1. Ensure RM-14 Frisker with pancake probe or equivalent is set up and ready for use. Perform battery check, calibration check, response check and document using RP-JC-DAILY-SRC-CHKS. Serial No. _____ Exp. _____

Communications Room

1. RECs Line - Monthly Test
 - a. Pick up handset and depress "A" then "*" for all call. _____
 - b. After ten seconds, depress "Push to talk" base on handset and state that "THIS IS A TEST. THIS IS THE GINNA STATION EMERGENCY OPERATIONS FACILITY CALLING THE STATE AND COUNTY WARNING POINTS. PLEASE STAND BY FOR ROLL CALL." _____

NOTE: RELEASE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

- c. Then announce the following roll call:

Wayne County Warning Point

Monroe County Warning Point

New York State Warning Point
- d. Recall warning points, if necessary, until they answer roll call. _____
- e. At completion of test, state "THIS IS THE END OF THE TEST. GINNA EMERGENCY OPERATIONS FACILITY OUT", depress "A" then "#". _____
- f. Report any problems to the New York State Warning Point at (518) 457-2200.

GENERAL EQUIPMENT IN EOF

(Continued)

- | 2. Test Fax Machine by faxing a test message to New York State, Wayne County, Monroe County, TSC and Survey Center. _____
- 3. NRC ENS and Commercial Telephone System - Monthly Test
 - a. (ENS) Call 301-816-5100 - state to operator, "This is a communications check". Request a call back to ensure operation. _____
 - b. From the ENS phone call the other FTS2000 extensions. _____

Reactor Safety Counterpart Link	585-724-8423
Management Safety Counterpart Link	585-771-6126
Protective Measures Counterpart Link	585-771-6127
Local Area Network	585-724-8424
Emergency Notification System	585-771-6128
Health Physics Network	585-724-8422

Information Cabinet

- 1. Ginna procedures needed for EOF/Recovery Center _____
- 2. Ginna UFSAR _____
- 3. Ginna Technical Specifications _____

| **Administrative Support Room**

- | 1. Test Fax Machines by faxing a test message from one machine to the other. _____
- 2. Clock (operating and set to present time; min. 1 unit) _____
- 3. RTC, Wayne and NOG E-Plan Telephone Directory (current revision) (min. 1) _____

GENERAL EQUIPMENT IN EOF
(Continued)

Survey Team Storage

- 1. Survey team boxes - EOF-1, EOF-2. If seal is unbroken, assume equipment is intact. Inventory boxes and change batteries in January and July. _____

- 2. Survey meters. Battery check, check calibration date, response check and document using RP-JC-DAILY-SRC-CHKS. _____

- Low range,
RM-14 with pancake probe or equivalent (min. 2 units) _____
- Serial # _____ Exp. _____
- Serial # _____ Exp. _____

- Bicron Micro-R or equivalent (min. 2 units) _____
- Serial # _____ Exp. _____
- Serial # _____ Exp. _____

- High range, Eberline RO-20 or equivalent (min. 2 units) _____
- Serial # _____ Exp. _____
- Serial # _____ Exp. _____

- 3. Dosimeter charger, battery operated - check operation (min. 1 unit) _____

- 4. Self-reading Pocket Dosimeters - check check calibration _____
- 0-1500 mr (min. 4 units) Exp. _____
- 0-10R (min. 4 units) Exp. _____

- 5. Thermoluminescent dosimeters (TLDs) (min 6-units*) Exp. _____

* Four TLDs are assigned to personnel; two are for background purposes.

GENERAL EQUIPMENT IN EOF
(Continued)

Survey Team Storage (Con't)

- 6. Air samplers. Check calibration. Run samplers for several minutes to check operation. Ensure filters **ARE NOT** left in holders. _____

Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 2 units)

Serial # _____ Exp. _____

Serial # _____ Exp. _____

RADECO H 809 C. Run for 1 minute (min. 2 units) _____

Serial # _____ Exp. _____

Serial # _____ Exp. _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST"

- 7. Motorola GM300 Mobile Portable Radios

Turn on each radio (2) and conduct operability test with Security portable radio. See Attachment 3 for Radio Operation Instructions. _____

- 8. Antenna, magnetic car mount (min. 2 units) _____

- 9. Cellular phones. Check operation of each unit by performing Attachment 4. (min. 2 units). _____

- 10. Full Face Respirators (min. 4 units) _____

GENERAL EQUIPMENT IN EOF
(Continued)

- 11. Inspect and label per RP-RES-M-RESP. _____
- 12. Respiratory Charcoal Filters (min. 4 units) _____
Expiration date: _____
- 13. Air Sample Job Coverage Record for SCOTT A
Respirators per RP-JC AIRSAMPLE,
ATT.1 (min. 10 copies) _____
- 14. Mask Qualification List - check for current copy (min. 1 copy) _____

Performed by _____

Date _____

EMERGENCY EQUIPMENT FOR SURVEY TEAM BOXES - EOF

TEAM BOX _____

NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY. IF BOX IS SEALED, INVENTORY IS NOT REQUIRED. BOXES SHALL BE OPENED IN JANUARY AND JULY FOR BATTERY CHANGE AND INVENTORY.

- | | | |
|----|--|-------|
| 1. | Protective Clothing (min. 2 units each) | _____ |
| | Coveralls, disposable | _____ |
| | Hood, disposable | _____ |
| | Gloves, disposable (min. 12 units) | _____ |
| | Booties, disposable | _____ |
| | Hood, rain | _____ |
| | Coat, rain | _____ |
| | Boots, rain | _____ |
| | Orange Safety Vest (min. 1 unit) | _____ |
| 2. | Flashlight with batteries. Change batteries in January (min. 1 unit) | _____ |
| 3. | Plastic bags (min. 2 units) | _____ |
| 4. | Tape, masking. Replace in January (min. 2 units) | _____ |
| 5. | Stationary supplies | |
| | Pencils/pens (min. 2 units) | _____ |
| | Pencil sharpener (min. 1 unit) | _____ |
| | Tablet, writing (min. 1 unit) | _____ |
| | Clipboard (min. 1 unit) | _____ |
| | Ruler, scale in inches (min. 1 unit) | _____ |
| | Scissors (min. 1 unit) | _____ |
| 6. | Survey route maps (min. 2 units) | _____ |

EMERGENCY EQUIPMENT FOR SURVEY TEAM BOXES - EOF

TEAM BOX _____ (Con't)

- 7. Air sampler filters
 - Particulate (min. 5 units) _____
 - Silver Zeolite (min. 5 units) Expiration: _____
- 8. Air Sample Envelopes (min. 10 units) _____
- 9. Smears (min. 1-box) _____
- 10. Thyroid block tablets. Check expiration date
(min. 3 units) Exp. _____
- 11. Tools
 - Hammer (min. 1 unit) _____
 - Nails (min. 10 units) _____
 - Trowel, garden (min. 1 unit) _____
- 12. Tags with wire ties (min. 10 units) _____
- 13. Quarters for phone calls (min. 10) _____
- 14. 250 ml Poly bottles for liquid samples (min 2-units) _____
- 15. Tweezers _____
- 16. 12 volt yellow beacon _____

Performed by _____

Date _____

**JOINT EMERGENCY NEWS CENTER
EQUIPMENT CHECK LIST**

NOTE: CODE = 2-4-1 FOR JENC ACCESS.

County/State Room

- 1. Clock (operating and set to the present time) _____
- 2. RTC, Wayne and NOG E-Plan Telephone Directories (current revision) at each manager's position. _____
- 3. Fax Machines (Min. 3) - correct date and time
Test operability by sending a test fax to both fax machines. _____

RG&E Room

- 1. Clocks (Min. 2) _____
- 2. RTC, Wayne and NOG E-Plan (current revision) Telephone Directories (1 each) _____
- 3. Computer Terminals (Min. 2 terminals) - Turn on, launch any new corporate software upgrades and Test Print Page verified. _____

Public Inquiry Room

- 1. Clock - set to present time _____
- 2. RTC, Wayne and NOG E-Plan (current revision) Telephone Directories at each position _____

Media Monitoring Room

- 1. Computer Terminals (Min 2 terminals) - Turn on, launch any new corporate software upgrades and Test Print Page verified _____

Performed by _____

Date _____

RADIO OPERATION PROCEDURE**1.0 INSTRUCTIONS****1.1 EOF Dose Assessment Desk Set Radio**

1.1.1 Check that radio power converter is plugged into a 110 volt AC power source and that miniature red light is on Channel F1.

1.1.2 Check that frequency switch on right side of desk set is in the desired position as follows:

- a. Position 1 General Maintenance Frequency, 153.53 MHz
- b. Position 2 Rad Monitor, 153.59 MHz
- c. Position 3 for Fire Brigade Frequency, 153.50 MHz

1.1.3 Turn radio volume knob clockwise for proper volume.

NOTE: WHEN HANDSET IS PICKED UP FROM THE DESK SET, SPEAKER IS CUT OUT AND INCOMING VOICE COMMUNICATION IS THROUGH THE HANDSET ONLY.

| 1.1.4 Call ext. 3108 and ask for a test from the TSC on the Radiation Monitor channel.

1.1.5 Pick-up and depress switch on handset to transmit. Release switch to receive.

1.1.6 Make communications check with another station using time and date.

1.2 Motorola GM300 Mobile Radios

1.2.1 Check that frequency switch on unit is in the desired position as follows:

- a. Position 1 General Maintenance
- b. Position 2 for Rad Monitor Teams
- c. Position 3 for Fire Brigade

1.2.2 Place selector on Channel 1.

NUCLEAR EMERGENCY OFF-SITE RESPONSE
RADIO OPERATION PROCEDURE
(Cont'd)

- 1.2.3 Plug unit into transformer
- 1.2.3.1 Test radio with EOF Security portable radio.
- 1.2.3.2 Turn radio and transformer off and unplug radio from transformer.

CELLULAR TELEPHONE EQUIPMENT CHECK

NOTE: IT MAY BE NECESSARY TO MOVE TO THE ELEVATOR AREA OR EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE EFFECTIVELY.

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call.
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

	<u>DISCREPANCIES NOTED</u>		<u>DISCREPANCIES CORRECTED</u>	
<u>EOF Main Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Survey Team Equipment</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Offsite Dose Assessment Area</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Communications Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Administrative Support Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Joint Emergency New Center</u>	Date_____	Initials_____	Date_____	Initials_____

One copy of the completed Attachment 8 Emergency Equipment Monthly Inspection Log provided to Corporate Nuclear Emergency Planner (Ginna Training Center)

SUBMITTED BY: _____ DATE: _____

CNEP REVIEW: _____ DATE: _____

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 5-2

REV. NO. 29

ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS



RESPONSIBLE MANAGER

08/30/02

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 32 PAGES

EPIP 5-2**ONSITE EMERGENCY RESPONSE FACILITIES AND
EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS****1.0 PURPOSE**

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made monthly. After each drill or use, inventory Survey Team Boxes, Survey Center, Warehouse, TSC, OSC, and Control Room lockers to ensure equipment has been returned and is available for emergency use. (Only those boxes or lockers which were opened should be inventoried.)

2.0 RESPONSIBILITY

- 2.1 The Corporate Nuclear Emergency Planner (CNEP), is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.
- 2.2 The Ginna Radiation Protection Section usually performs the onsite inventories.

3.0 REFERENCES

- 3.1 Developmental References
 - 3.1.1 Nuclear Emergency Response Plan
- 3.2 Implementing References
 - 3.2.1 RP-INS-C-EFF, Efficiency Calibration of Alpha and Beta Counters
 - 3.2.2 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks
 - 3.2.3 SC-3.16.15, Charging of SKA-PAK, II, IIA, 300 Cubic Feet Cylinder Compressor or Cascade Method
 - 3.2.4 SC-3.16.15.1, Charging of 4.5 Units Using the Breathing Air Compressor
 - 3.2.5 SC-3.15.7, Inspection Of Self Contained Breathing Apparatus Scott 4.5 and Cascade System Charging Equipment
 - 3.2.6 EPIP 2-11, Onsite Surveys
 - 3.2.7 RP-JC-AIRSAMPLE, ATT 1, Air Sample Job Coverage Record
 - 3.2.8 A-1.8, Radiation Work Permits
 - 3.2.9 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators

- 3.2.10 EPIP 2-12, Offsite Surveys
- 3.2.11 EPIP 2-14, Post Plume Environmental Sampling
- 3.2.12 RP-INS-CAM-OPS, Constant Air Monitor Operation

4.0 **PRECAUTIONS**

- 4.1 This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 **PREREQUISITES**

- 5.1 Obtain current copies of applicable procedures of RP-JC-AIRSAMPLE, A-1.8, SC-3.16.15 and SC-3.16.15.1
- 5.2 Each individual environmental TLD shall be sealed in plastic before being stored.

6.0 **ACTIONS**

6.1 Inspection of Equipment

- 6.1.1 Inspect each location using Attachments 1 through 6. These inspections are performed by initialing the blank space if minimum requirement is met on the Attachments.
 - a. Survey Center - Attachments 1 and 2.
 - b. Control Room - Attachment 3.
 - c. Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building per Attachment 4.
 - d. Technical Support Center - Attachment 5.
 - e. Warehouse and Security Access Control Area (Guardhouse) - Attachment 6.
 - f. Engineering Support Center - Attachment 7
- 6.1.2 Notify Control Room (3235) and Corporate Nuclear Emergency Planner (6772) prior to initiating Survey Center and TSC communication checks to ensure confirmation of equipment operation.
- 6.1.3 Send completed attachments to the Onsite Emergency Planner for review.

6.2 Reporting Discrepancies

- 6.2.1 If any discrepancies are found, the person performing the inventory will make a note on the Emergency Equipment Monthly Inspection Log, Attachment 9. If there are no discrepancies, enter none for each location.
- 6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Emergency Equipment Monthly Inspection Log, Attachment 9.
- 6.2.3 Any equipment calibration that will expire prior to the end of the next inventory month should be recalibrated or replaced with equipment whose calibration will not expire prior to the next inventory.
- 6.2.4 Send a signed copy of completed Attachment 9, Emergency Equipment Monthly Inspection Log, to the Onsite Emergency Planner for review and forwarding to Central Records.
- 6.2.5 Send signed copy of completed Attachment 10, Equipment Calibration Expiration Notification, to the Lead Technician-RP Instruments/TLDs.

7.0 ATTACHMENTS

1. Emergency Equipment in Survey Center
2. Emergency Equipment Per Survey Box - Survey Center
3. Emergency Equipment in Control Room
4. Emergency Equipment in Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building
5. Emergency Equipment in Technical Support Center
6. Emergency Equipment in Warehouse and Security Access Control Area (Guard House) and Owner Controlled Area Checkpoint
7. Emergency Equipment in the Engineering Support Center
8. Cellular Mobile Telephone Equipment Check
9. Emergency Equipment Monthly Inspection Log
10. Equipment Calibration Expiration Notification

EMERGENCY EQUIPMENT IN SURVEY CENTER

1.0 **Assignment tag board - all tags in place** _____

NOTE: **PERFORM INVENTORY ON SURVEY TEAM, BOXES IN
JANUARY AND JULY OR IF SEAL HAS BEEN BROKEN.**

NOTE: **CHANGE BATTERIES IN JANUARY AND JULY OR IF THE
EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DATE
THAT THE INVENTORY IS PERFORMED.**

2.0 **Survey team boxes - Onsite East, Onsite West,
Offsite East, Offsite West, Spare 1, Spare 2.**

2.1 **Perform inventory on each survey team box in accordance
with Attachment 2. N/A this step and Attachment 2, if not
required at this time.** _____

3.0 **Survey Meters. Battery check, check calibration date,
source check and document using RP-JC-DAILY-SRC-CHKS.**

3.1 **Low range. RM-25 with Pancake Probe or equivalent
(min. 8-units)
Expiration Date:** _____

3.2 **High range, Eberline RO-20 or equivalent (min. 8-units)
Expiration Date:** _____

4.0 **Scaler, BC-4 or equivalent. Check calibration
date and document using RP-JC-DAILY-SRC-CHKS,
(min. 1-unit)
Expiration Date:_____** _____

5.0 **Dosimeter Chargers**

5.1 **110V AC power operated - check operation
(min. 1-unit)** _____

5.2 **Battery operated - check operation
(min. 2-units)** _____

6.0 Self-Reading Pocket Dosimeters - check calibration

NOTE: RECORD EARLIEST DATE FOR ASSOCIATED EQUIPMENT.

6.1 0-1500 mr (min. 44-units) Expiration Date: _____

6.2 0-10R (min. 22 units) Expiration Date: _____

NOTE: EACH INDIVIDUAL ENVIRONMENTAL TLD SHALL BE HEAT-SEALED IN PLASTIC AND PACKAGED 9 TO A PACKAGE IN A PLASTIC BAG.

7.0 TLDs

7.1 Thermoluminescent dosimeters (TLDs) - Anneal TLDs and check ECF's in January, April, July and October. (Min. - 100) _____

7.2 Environmental TLDs - Anneal TLDs and check ECF's in January, April, July and October (4 packages of 9 each) _____

NOTE: RECORD EARLIEST DATE FOR THE ASSOCIATED EQUIPMENT. RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

8.0 Air Sample Equipment

8.1 Low volume, Gilian or equivalent with air sampling heads. Ensure units are plugged into charger after test. (min. 10-units) Expiration Date: _____

8.2 RADECO H 809 B2. Run for 90 minutes (min. 2-units) Expiration Date: _____

8.3 RADECO H 809 C. Run for 1 minute (min. 4-units) Expiration Date: _____

9.0 Battery charger

9.1 Check operation. Disconnect after testing is complete. (min. 1-unit) _____

10.0 Respiratory Equipment

- 10.1 Respirators, full face. Inspect and label per RP-RES-M-RESP. (min. 22-units) _____
- 10.2 Respirator filters, charcoal. (min. 22-units) Expiration Date: _____
- 10.3 Voice emitters for respirators. Check operation. (min. 13-units) _____
- 10.4 Ensure batteries for voice emitters are replaced annually (in July). _____
- 10.5 Local mask use sheets for Scott A Respirators RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-copies) _____
- 10.6 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries. _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

11.0 Communications Equipment

- 11.1 Portable radios (min. 4 units) _____
- 11.1.1 Radio check with Security
- 11.2 Motorola GM 300 Mobile Radio (min. 6-units) _____
- 11.2.1 Magnetic or mount antennas (min. 3 units) _____
- 11.2.2 Radio check with Security _____
- 11.3 Deskon II, stationary. (min. 2-units) _____
- 11.4 Intercom "A". Call Control Room at ext. 3509 and have them plug in the Control Room Intercom "A" and perform communication check with Survey Center. (min. 1-unit) _____
- 11.5 **Cellular Phone checks**
- 11.5.1 Check operation of each unit by performing Attachment 8. (min. 6 units) _____

NOTE: VERIFY PHONE BOOKS ARE UP-TO-DATE.

11.6 Telephone Books

11.6.1 Rochester (min. 1 unit) _____

11.6.2 Wayne County (min. 1 unit) _____

11.6.3 Verify NOG E-Plan Directories are current (latest revision) _____

11.7 FAX MACHINE

11.7.1 Test fax machine by faxing a test message to the TSC (ext. 3927). _____

12.0 **AMS-4** Calibration due date: _____

13.0 Radiation monitor

13.1 Perform operational check in accordance with RP-JC-DAILY-SRC-CHKS and check .
Calibration Due Date: _____

14.0 Decon Shower

14.1 Ensure that decon shower area is free from debris and that decon supplies (RMC Kit) are available. _____

14.2 Verify Test Tank Alert Alarm System for the decon shower holding tank functions properly by performing the following steps.

14.2.1 Ensure horn/silent slide switch is in "Horn" position. _____

14.2.2 Verify "T" valve is "Locked Shut". _____

14.2.3 Verify "S" valve is "Open". _____

14.2.4 Momentarily depress "To Test" Push button and verify the warning light red and horn activate. _____

NOTE: CHANGE BATTERIES IN JANUARY AND JULY. CHANGE BATTERIES IF EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DAY INVENTORY IS PERFORMED.

15.0 Batteries (alkaline)

15.1 AAA (min. 12-units) _____

15.2 D-Cell (min. 10-units) _____

15.3	9V (min. 12-units)	_____
16.0	RADIATION PROTECTION SUPPLIES	
16.1	Air sampler filters	
16.1.1	Particulate (min. 100-units)	_____
16.1.2	Silver Zeolite (min. 50-units) Expiration Date: _____	_____
16.2	Air Sample Envelopes (min. 100-units)	_____
16.3	Smears (min. 10-boxes)	_____
16.4	Planchets (min. 1-bag)	_____
16.5	Anti-contamination clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min 25 units)	_____
16.6	Plastic bags	
16.6.1	Poultry (min. 1 box)	_____
16.6.2	Large, clear (min. 20 units)	_____
16.6.3	Large, Radioactive Material, yellow (min. 1 roll)	_____
16.7	Radiation rope (min. 1 roll)	_____
16.8	Radiation hazard signs with inserts (min. 10 each)	_____
16.8.1	RADIATION AREA	_____
16.8.2	HIGH RADIATION AREA	_____
16.8.3	CONTAMINATED AREA	_____
16.8.4	RADIOACTIVE MATERIAL AREA	_____
16.8.5	RESTRICTED AREA	_____
16.8.6	RWP Required	_____
16.8.7	Contact RP prior to entry	_____
16.9	Step off pads	

- 16.9.1 Remove protective clothing before stepping here (10-units) _____
- 16.10 Contaminated waste/clothing containers, 55 gallon drums
(min. 2-units) _____
- 16.11 Stanchions for radiological barriers (min. 6) _____
- NOTE: PERFORM INVENTORY IN JANUARY OR JULY, IF SEAL
IS BROKEN, PER ENCLOSED PROCEDURE.**
- 16.12 Decontamination kits, RMC (1-case) _____
- 16.13 Thyroid Block Tablets (min. 25-units)
Expiration Date: _____
- 16.14 Survey Team Maps - (min. 15-each) _____
- 17.0 Administrative Supplies**
- 17.1 Pens and pencils (min. 10-each) _____
- 17.2 Extension cords (min. 3-units) _____
- 17.3 Scissors (min. 1-pair) _____
- NOTE: REPLACE MASKING TAPE IN JANUARY.**
- 17.4 Masking Tape (min. 4-rolls). _____
- 18.0 Backpacks (min. 6-units)** _____
- 19.0 Survey Team Foul Weather Locker**
- 19.1 Rain Hoods (min. 6-units) _____
- 19.2 Rain coats (min. 6-units) _____
- 19.3 Rain boots (min. 6-units) _____
- 19.4 Cold weather coveralls (Carhart - type) (min. 3-units) _____

Performed by: _____ Date: _____

Reviewed by: _____ Date: _____

EMERGENCY EQUIPMENT PER SURVEY BOX - SURVEY CENTER

TEAM BOX _____

NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY.

1.0 Radiation Protection Supplies

1.1 Protective Clothing

1.1.1 Inner Gloves (2 pair) _____

1.1.2 TYVEC Suit (min. 2-units) _____

1.1.3 TYVEC Hood (min. 2-units) _____

1.1.4 Work Gloves (2 pair) _____

1.1.5 Booties (2 pair) _____

1.1.6 Disposable Gloves (12 Pair) _____

**1.1.7 Orange Safety Vests (2)
(Offsite and spare boxes only) _____**

1.1.8 12 Volt Yellow Beacon (Offsite Boxes and Spare boxes) _____

1.2 Survey Route Maps (min. 2-units) _____

1.3 Air Sample Filters/Envelopes

1.3.1 Particulate (min. 5-units) _____

**1.3.2 Silver Zeolite (min. 5-units)
Expiration Date: _____**

1.3.3 Air Sample Filter Envelopes (min. 10-units) _____

**1.3.4 Environmental Air Sample Envelopes
(ONSITE AND SPARE BOXES ONLY) (min. 5-units) _____**

1.4 Smears (min. 20-units) _____

**1.5 Thyroid Block Tablets (min. 3-units)
Expiration Date: _____**

1.6 Tweezers (min. 1-unit) _____

**2.0 Equipment bag with belt
(ONSITE AND SPARE BOXES ONLY) _____**

NOTE: CHANGE BATTERIES IN JANUARY AND JULY. IF BATTERIES ARE DATED AND IT IS AT LEAST 6 MONTHS PRIOR TO EXPIRATION, REPLACEMENT IS NOT NECESSARY.

3.0 Flashlight with Batteries (min. 1-unit) _____

3.1 Spare D Cell Batteries (min. 2-units) Expiration Date: _____

4.0 Plastic Bags (min. 2-units) _____

5.0 Administrative Supplies

5.1 Pencils/pens (min. 2-units) _____

5.2 Pencil sharpener (min. 1-unit) _____

5.3 Tablet, writing (min. 1-unit) _____

5.4 Clipboard (min. 1-unit) _____

5.5 Ruler, scale in inches (min. 1-unit) _____

5.6 Tags with wire ties (min. 10-units) _____

5.7 Quarters for phone calls. (OFFSITE AND SPARE BOXES ONLY) (min. 10-units) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

5.8 Masking tape (min. 1-roll) _____

5.9 Scissors (min. 1-unit) _____

6.0 Respirator Hip Pouch (ONSITE AND SPARE BOXES ONLY) (min. 2-units) _____

7.0 Tools

7.1 Hammer (OFFSITE AND SPARE BOXES ONLY) (min. 1-unit) _____

7.2 Nails (OFFSITE AND SPARE BOXES ONLY) (min. 10-units) _____

7.3 Trowel, garden (min. 1-unit) _____

7.4 Screwdrivers, packet (min. 1-unit) _____

7.5 250ml Poly bottles for liquid samples (OFFSITE AND SPARE BOXES ONLY) (min 2-units) _____

NOTE: PLACE NEW PROCEDURES IN BOXES IN JANUARY AND JULY AND WHEN SEAL HAS BEEN BROKEN.

- 8.0 Procedures
- 8.1 EPIP 2-11, Onsite Surveys (ONSITE AND SPARE BOXES ONLY) _____
- 8.2 EPIP 2-12, Offsite Surveys (OFFSITE AND SPARE BOXES ONLY) _____
- 8.3 EPIP 2-14, Post Plume Environmental Sampling (ALL BOXES) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN CONTROL ROOM

1.0 Respiratory Equipment

1.1 Scott Air Pack (SCBA). Perform monthly m inspection per SC-3.15.7 on each unit. (Verify min. 5-units) _____

1.2 Voice Emitters for SCBA units. Check operation (one per unit). _____

1.3 Ensure batteries for voice emitters are replaced annually (in July). _____

1.4 Local Mask use sheets for SCBA, Attachment "A" from REP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-units) _____

1.5 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries. _____

2.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHECKS. _____

2.1 Low Range RM-25 with Pancake Probe or equivalent (min. 1-unit) Expiration Date:_____

2.2 High Range, Eberline RO-20 or equivalent (min. 1-unit). Expiration Date:_____

3.0 Dosimeter charger

3.1 Battery operated - check operation (min. 1-unit) _____

4.0 Self-Reading Pocket Dosimeters - check calibration.

4.1 0-500 mr (min. 12 units) Expiration Date:_____

4.2 0-5 R or 0-10 R (min. 12 units) Expiration Date:_____

5.0 Air sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

5.1 Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 1-unit). Expiration Date:_____

- 5.2 RADECO "Gooseneck" high volume air sampler. Run for 5 minutes. (min. 1-unit) Expiration Date:_____
- 6.0 Radiation Protection Supplies**
- 6.1 Air Sampler Filters
- 6.1.1 Particulate (min. 3-units)
- 6.1.2 Silver Zeolite (min. 3-units)
Expiration Date: _____
- 6.2 Air Sample Envelopes (min. 10-units)
- 6.3 Smears (min. 1-box)
- 6.4 Plant survey maps (min. 3-sets)
- 6.5 RWP Daily Exposure Record sheets, Figure 2 from A-1.8 (min. 5-units)
- 6.6 Anti-contamination clothing -sets are to consist of inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets)
- NOTE: REPLACE MASKING TAPE IN JANUARY.**
- 6.7 Masking Tape.(min. 1-roll)
- 6.8 Hewlett Packard calculator. Turn on to check batteries. (min. 1-unit)
- 6.9 Thyroid block tablets (min. 10 units)
Expiration Date:_____
- 7.0 Batteries, alkaline**
- 7.1 AA (min. 4-units)
- 7.2 D (min. 2-units)
- 8.0 Communication Equipment**
- 8.1 Electrosound II Headset (1)
- 8.1.1 Electrosound II Headset Cord (1)
- 8.1.2 Telex Headset (1)

8.2 Telephone Checks

8.2.1 New York State Hotline (RECs) Monthly Test

8.2.1.1 Pick up handset and depress "A" then "*" for All Call. _____

8.2.1.2 After ten seconds, depress the "Push to talk" bar on the handset and state "THIS IS A TEST. This is the Ginna Station Control Room calling the State and County warning points. Please stand by for roll call." _____

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

8.2.1.3 Then announce the following roll call: _____

WAYNE COUNTY WARNING POINT

MONROE COUNTY WARNING POINT

NEW YORK STATE WARNING POINT

8.2.1.4 Recall warning points, if necessary, until they answer roll call. _____

8.2.1.5 At completion of test, state "THIS IS THE END OF THE TEST." Depress "A" then "#". Report any problems to the Onsite Emergency Planner. _____

8.3 FAX MACHINE

8.3.1 Test fax machine by faxing a test message using button on fax machine for RECS notifications to the TSC. _____

8.4 Telephone Books

8.4.1 Rochester (min. 1 unit) _____

8.4.2 Wayne County (min. 1 unit) _____

8.4.3 Verify NOG E-Plan Phone Directories are current (latest revision) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

**EMERGENCY EQUIPMENT IN OPERATIONAL SUPPORT CENTER,
RADIATION PROTECTION OFFICE, PASS (in Hot Shop)
AND INTERMEDIATE BUILDING (SPING LOCKER)**

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JULY OR IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEPS 1.0 INCLUSIVE.

1.0 Operational Support Center Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.2 Masking Tape (min. 1-roll) _____

1.1.3 Air Sample Envelopes (min. 50-units) _____

1.1.4 Air Sample Filters

1.1.4.1 Particulate (min. 50-units) _____

**1.1.4.2 Silver Zeolite (min. 10-units)
Expiration Date:_____** _____

**1.5 Thyroid Block Tablets (min. 15-units)
Expiration Date: _____** _____

1.2 Respiratory Equipment

1.2.1 Full Face Respirator (min. 6-units) _____

1.2.1.1 Inspect and label per RP-RES-M-RESP. _____

**1.2.2 Respirator Charcoal Filters (min. 6-units)
Expiration Date:_____** _____

1.2.3 Local Mask use sheets for Scott A Respirators, RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 6-copies). _____

1.2.4 Current Mask Qualification List _____

1.3 Air Sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

1.3.1 Low volume Gilian or equivalent (min. 3-units)
Expiration Date:_____

1.3.1.1 Ensure units are plugged into charger following test.

1.4 Stationary Supplies

1.4.1 Clipboards with pens (min. 4-units)

1.4.2 Pens (min. 5-units)

1.5 Portable Flood Lights

1.5.1 Minimum 2-flood lights

1.5.2 Verify satisfactory operation of each light.

1.6 Telephone Books

1.6.1 Verify NOG E-Plan Phone Directories are current (latest revision)

2.0 OSC Satellite Locker in Boiler Room by Maintenance Conference Room

2.1 Spool of rope (1-unit)

2.2 Barrier ropes with clips (2-units)

2.3 7 Radiation signs with 4 pockets each. 7 inserts including Restricted Area, Contamination Area, Locked High Rad Area, Radiation Area, Full Anti-C's Required, Contact RP Prior to Entry

2.4 Charcoal Cartridges (10-units)

2.5 Particulate filters (1 box)

2.6 Air Sample envelopes (50-units)

2.7 Radiation Material labels (20-units)

2.8 Planchetes (1 bag)

2.9 Smears (1 box)

2.10 Duct Tape (1 roll)___

NOTE: REPLACE MASKING TAPE IN JANUARY.

- 2.11 Masking Tape (1 roll) _____
- 2.12 Disposable Gloves (1 box) _____
- 2.13 Markers (1 box) _____
- 2.14 Clipboard (1-unit) _____
- 2.15 Pens (3-units) _____
- 2.16 "Removable Protective Clothing" Step Off Pads (3-units) _____
- 3.0 Access Control Desk Equipment**
- 3.1 Scott Air Packs (SCBA) and spare bottles
- 3.1.1 Perform Monthly Inspection Per SC-3.15.7 on each unit.
(min. 3-units) _____
- 3.2 SCBA Voice Emitters (one per SCBA)
- 3.2.1 Ensure batteries for voice emitters are replaced
annually (in July). _____
- 3.2.2 Verify operation of each SCBA Voice Emitter _____
- 4.0 Post Accident Sample System Panel Area (Hot Shop)**
- 4.1 Cascade Manifold and Cylinder
- 4.1.1 Verify Hydrostatic Test on Cascade Cylinder has been performed
within last 5 years. _____
- 4.1.2 Open cylinder valve and verify pressure >4000 psig. _____
- 4.1.3 Close cylinder valve and bleed off manifold pressure. _____
- 4.1.4 Verify there are two (50' x 3/8") hoses to connect SCBA to
cascade manifold. _____

5.0 Intermediate Building North

5.1 SPING Iodine Cartridge Holder

5.1.1 Verify a SPING Iodine Cartridge Holder with silver zeolite cartridge heat sealed in plastic is located at sping unit.
Expiration Date: _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JUNE OR, IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEP 1.0 INCLUSIVE.

1.0 TSC Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 25-sets)

1.1.2 Surgeons Gloves (1-box)

1.1.3 Step Off Pads (min. 10-units)

1.1.4 Large Radioactive Material Plastic Bags (min. 5-units)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 4-rolls)

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units)

1.1.6.2 "RADIATION AREA" INSERT (10)

1.1.6.3 "HIGH RADIATION AREA" INSERT (10)

1.1.6.4 "CONTAMINATION AREA" INSERT (10)

1.1.6.5 "RADIOACTIVE MATERIAL AREA (10)

1.1.6.6 "RESTRICTED AREA" (10)

1.1.7 Radiation Rope (1-roll)

1.1.8 Radiation Marker Tape (min. 2-rolls)

1.1.9 Alkaline Batteries

1.1.9.1 AA (min. 24-units)

1.1.9.2 D Cell (min. 2-units)

- 1.1.10 Smears (min. 1-box) _____
- 1.1.11 Air Sample Envelopes (min. 50-units) _____
- 1.1.12 Air Sample Filters _____
- 1.1.12.1 Particulate (min. 4-units) _____
- 1.1.12.2 Silver Zeolite (min. 4-units)
Expiration Date:_____ _____
- 1.1.13 Thyroid Block Tablets (min 25-units)
Expiration Date:_____ _____
- 1.2. Headset Equipment
- 1.2.1 Electrosond II Headset (2) _____
- 1.2.2 Electrosond II Headset Cord (2) _____
- 1.2.3 Telex Headsets(4) _____
- 1.3 Respiratory Equipment
- 1.3.1 Full Face Respirators (min. 10-units) _____
- 1.3.1.1 Inspect and label per RP-RES-M-RESP. _____
- 1.3.2 Respiratory Charcoal Filters (min. 10-units)
Expiration Date:_____ _____
- 1.3.3 Local Mask use sheets for Scott A Respirators
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 10-copies) _____
- 1.3.4 Shaving kit with razor, blades, shaving cream, beard trimmer,
and two (2) AA batteries. _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

2.0 Communications Equipment

2.1 Portable radios (min. 2 units) _____

2.1.1 Verify portable radios are on charge and that status lights are illuminated. _____

2.1.2 Perform Radio Check with Security _____

2.2 Telephone Checks

2.2.1 NRC Emergency Notification System (ENS).
Call (301) 816-5100, tell party "This is Ginna Station TSC Communications check". Request a return call to verify check. _____

2.2.2 New York State Hotline - (RECS) Monthly Test.

2.2.2.1 Pick up handset and depress "A" then "*" for All Call. _____

2.2.2.2 After ten seconds, depress the "Push to talk" bar on the handset and state that "THIS IS A TEST. THIS IS THE GINNA STATION TECHNICAL SUPPORT CENTER CALLING THE STATE AND COUNTY WARNING POINTS. STANDBY FOR ROLL CALL." _____

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

2.2.2.3 Then announce the following roll call: _____

Wayne County Warning Point

Monroe County Warning Point

New York State Warning Point

2.2.2.4 Recall warning points, if necessary, until they answer roll call. _____

2.2.2.5 At the completion of the test, state "THIS IS THE END OF THE TEST." Depress "A" then "#". Report problems to Onsite Emergency Planner. _____

NOTE: SHOULD ANY OF THE NRC EMERGENCY TELEPHONES BE INOPERABLE, INITIATE A MAINTENANCE WORK REQUEST TO HAVE THE PHONE REPAIRED AND NOTIFY THE NRC OPERATIONS CENTER AT (301) 951-0550.

2.2.3 From any FTS-2000 telephone system, call the other extensions and verify satisfactory communication. _____

TSC Phone Locations:

Emergency Notification System (ENS)
716-771-6783 _____

Administration Area

- Health Physics Network (HPN)
716-771-6784 _____

Technical Assessment Area

- Reactor Safety Counterpart Link (RSCL)
716-724-8695 _____

Dose Assessment Area

- Protective Measures Counterpart
Link (PMCL) 716-724-8696 _____

NRC Office Phone Locations:

- Reactor Safety Counterpart Link (RSCL)
716-724-8695 _____

- Health Physics Network (HPN)
716-771-6784 _____

- Emergency Notification System (ENS)
716-771-6783 _____

2.3 FAX Machines

2.3.1 Test each fax machine by faxing a test message using button on fax machine for RECS notification. _____

NOTE: NOG E-PLAN PHONE DIRECTORIES ARE LOCATED AT VARIOUS DESKS AS WELL AS IN THE BACK OF EACH MANAGER'S PROCEDURE BOOK (COPY 17).

2.4 Telephone Books

2.4.1 Rochester (min. 1 unit) _____

2.4.2 Wayne County (min. 1 unit) _____

2.4.3 Verify NOG E-Plan Phone Directories are current (latest revision) _____

3.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low Range RM-14 with Pancake Probe or equivalent (min. 2-units) Expiration Date: _____

3.2 Area Radiation Monitor (min. 1-unit) Expiration Date: _____

4.0 Air Sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

4.1 RADECO "Gooseneck" High Volume Air Sampler (min. 1-unit) Expiration Date: _____

4.2 AMS - 4 Calibration Due Date: _____

5.0 Computer Checks

5.1 Obtain and perform EPIP 2-6, Section 6.2, Use of MIDAS Computer Program, to determine if computer program is operating properly. _____

5.1.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately and make note of problem on the discrepancy sheet. _____

5.2 Obtain and perform EPIP 2-2, Sections 6.2.2 and 6.2.3. _____

5.2.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately. _____

6.0 Emergency Coordinator Portable Loudspeaker _____

NOTE: CHECK BATTERIES IN JANUARY AND JULY.

6.1 Check operability of unit. _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

**EMERGENCY EQUIPMENT IN WAREHOUSE
AND SECURITY ACCESS CONTROL AREA (GUARDHOUSE)**

- 1.0 Warehouse Emergency Equipment Locker**
- 1.1 Radiation Protection Supplies
 - 1.1.1 Anti-Contamination Clothing - Sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 10-sets) _____
 - 1.1.2 Step Off Pads (min. 5-units) _____
 - 1.1.3 Large Radioactive material plastic bags (1-roll) _____
 - 1.1.4 Stanchions (min. 3-units) _____
- NOTE: REPLACE MASKING TAPE IN JANUARY.**
- 1.1.5 Masking Tape (min. 2-rolls) _____
- 1.1.6 Radiation Hazard Signs with Inserts
 - 1.1.6.1 Signs (min. 10-units) _____
 - 1.1.6.2 "RADIATION AREA" (10) _____
 - 1.1.6.3 "CONTAMINATED AREA" (10) _____
 - 1.1.6.4 "RADIOACTIVE MATERIAL AREA" (10) _____
- 1.1.7 Radiation Rope (1-roll) _____
- 1.1.8 Survey Center Dosimetry Log, EPIP 1-11, Attachment 2 (min. 5-units) _____
- 1.2 Self Reading Pocket Dosimeters
 - 1.2.1 0-1500mr (min. 40-units)
Expiration Date:_____ _____
 - 1.2.2 Battery Operated Dosimeter Charger - check operation (min. 1-unit) _____
 - 1.2.3 AC Operated Dosimeter Charger - check operation (min. 1-unit) _____

- 1.3 TLD's
 - 1.3.1 Thermoluminescent Dosimeters (TLD) - anneal TLD's and check ECF's in January, April, July and October. (min. 40-units) _____
- 1.4 Survey Meters - Battery Check, check calibration, date, source check and document using RP-JC-DAILY-SRC-CHKS.
 - 1.4.1 Low Range RM-14 with Pancake Probe or equivalent (min. 1-unit) Expiration Date: _____
 - 1.4.2 High Range Eberline RO-20 or equivalent (min. 2-units) Expiration Date: _____
Expiration Date: _____
- 2.0 **Security Access Control Area**
 - 2.1 Self Reading Pocket Dosimeters
 - 2.1.1 0-1500 mr (min. 12-units) Expiration Date: _____
 - 2.1.2 Battery operated Dosimeter Charger - check operation (min. 1-unit) _____
- 3.0 **Owner Controlled Area (OCA) Checkpoint**
 - 3.1 Self-Reading Pocket Dosimeters
 - 3.1.1 0-1500mR (min-12 units) Expiration Date: _____
 - 3.1.2 Battery operated dosimeter charger (min.-1 unit) - check operation _____
 - 3.1.3 AC operated dosimeter charger (min.-1 unit) - check operation _____
 - 3.2 Thermoluminescent Dosimeters (TLD) (min.-12 units) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

- | | | | |
|-----|--|-----------------------|-------|
| 1.0 | Radiation Monitors | | |
| 1.1 | Survey Meters - Battery check, response check and document on RP-JC-DAILY-SRC-CHCKS. | | _____ |
| 1.2 | RM-14SA or Equivalent (0ne) | Calibration due _____ | _____ |
| 1.3 | XETEX 501A or Equivalent (one) | Calibration due _____ | _____ |
| 1.4 | Air Monitoring System (AMS-4) | Calibration due _____ | _____ |
| 2.0 | Protective Clothing | | |
| 2.1 | Shoe covers (min. 12-units) | | _____ |
| 2.2 | Surgeon gloves (min. 12-units) | | _____ |
| 3.0 | Consumable Supplies | | |
| 3.1 | Survey Maps | | _____ |
| 3.2 | Smears (min. 50-units) | | _____ |
| 3.3 | Air Sample Envelopes (min. 5-units) | | _____ |
| 3.4 | Iodine Filters (min. 5-units) | | _____ |
| 4.0 | Radiological Posting | | |
| 4.1 | Radiation Boundary Rope (min. 1-unit) | | _____ |
| 4.2 | Radiation Hazard Signs (min. 2-units) with the following inserts (min. 2 each): | | _____ |
| | - "Restricted Area" | | |
| | - "Radioactive Material Area" | | |
| | - "Contaminated Area" | | |
| | - "Radiation Area" | | |
| | - "Frisk Hands & Feet to Enter" | | |
| 4.3 | Miscellaneous Signs (non-radiological) (min. 3-units) | | _____ |
| | - "Enter at East (basement) Door" | | |
| 4.4 | Step Off Pad ("Remove Protective Clothing") (min. 2-units) | | _____ |
| 5.0 | Extension Cord (min. 1-unit) | | _____ |

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

(Continued)

- | | | |
|------|--|-------|
| 6.0 | Ginna Technical Specifications (one copy) | _____ |
| 7.0 | Ginna UFSAR (one copy) | _____ |
| 8.0 | Rochester, Wayne and RG&E Phone Directories | _____ |
| 9.0 | Test fax machine by sending fax to TSC fax machine at ext. 3927. | _____ |
| 10.0 | Ginna P&ID's (one set) | _____ |

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

CELLULAR MOBILE TELEPHONE EQUIPMENT CHECK

NOTE: IT MAY BE NECESSARY TO EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE EFFECTIVELY.

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call..
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

DISCREPANCIES NOTED

DISCREPANCIES CORRECTED

Survey Center Date _____ Initials _____

Date _____ Initials _____

Survey Boxes Date _____ Initials _____
Survey Center

Date _____ Initials _____

Control Room Date _____ Initials _____

Date _____ Initials _____

Technical Date _____ Initials _____
Support
Center

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

DISCREPANCIES NOTED

DISCREPANCIES CORRECTED

Access Control
Desk Date _____ Initials _____

Date _____ Initials _____

Operational
Support Center Date _____ Initials _____

Date _____ Initials _____

Warehouse Date _____ Initials _____

Date _____ Initials _____

Engineering
Support Center Date _____ Initials _____

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EQUIPMENT CALIBRATION EXPIRATION NOTIFICATION

LOCATION OF EQUIPMENT	EQUIPMENT/ INSTRUMENT TYPE	S/N	DUE DATE	COMMENTS

FORWARD A COPY OF THIS ATTACHMENT TO THE LEAD TECHNICIAN RP INSTRUMENTS / TLD's.

Technician: _____

Onsite Emergency Planner: _____

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 5-7

REV. NO. 38

EMERGENCY ORGANIZATION



RESPONSIBLE MANAGER

08/30/02

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 147 PAGES

EPIP 5-7EMERGENCY ORGANIZATION1.0 PURPOSE

The purpose of this procedure is to provide a method to define and implement the Emergency Organization and to describe functions and responsibilities of each position.

2.0 RESPONSIBILITY

2.1 It is the responsibility of each responder to review and implement their checklist for the position being filled.

3.0 REFERENCES

3.1 0-9.3, NRC Immediate Notification

3.2 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.3 EPIP 1-5, Notification

3.4 EPIP 1-7, Accountability of Personnel

3.5 EPIP 1-8, Search and Rescue Operations

3.6 EPIP 1-9, Technical Support Center Activation

3.7 EPIP 1-10, Operational Support Center (OSC) Activation

3.8 EPIP 1-11, Survey Center Activation

3.9 EPIP 2-11, Onsite Surveys

3.10 EPIP 2-12, Offsite Surveys

3.11 EPIP 3-4, Emergency Termination and Recovery

3.12 CH-PASS-ACCIDENT, Post Accident Sampling at the PASS - Accident Conditions

3.13 A-52.14, Fitness For Duty Verification for Unscheduled Work Tours

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

None.

6.0 ACTIONS

6.1 The Emergency Organizations defined in Attachment 1 represent the minimum level of activation that will be initiated for each of the levels of Emergency Classification defined in EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.2 The Shift Supervisor, or Emergency Coordinator, will activate the minimum required organization, as follows:

6.2.1 Unusual Event - the organization defined in Figure 1-1, which is the normal Control Room organization, will respond to an Unusual Event per procedure EPIP 1-1. The Shift Supervisor has the position and authority of Emergency Coordinator until relieved by qualified TSC Director, normally the Plant Manager.

The management personnel will respond per organization Figure 1-2 to support the Control Room with Technical Operational Assessment needs. The Duty Public Information Officer will be notified and ensure Public Affairs are being addressed.

6.2.2 Alert or Higher - the organization defined in Figure 1-3 is the Technical Support Center Emergency Response Organization. At this level, the Shift Supervisor remains Emergency Coordinator until relieved by the TSC Director, who now assumes the responsibility of Emergency Coordinator. When relieved of Emergency Coordinator Duties, the Shift Supervisor should communicate to the TSC through the Operations Assessment Manager.

The EOF Emergency Response and Support Organization are defined in Figures 1-12 and 1-13. Activation is mandatory at Alert or higher. The Emergency Coordinator communicates with the EOF through the EOF/Recovery Manager.

6.2.3 At an Alert or higher, all emergency facilities are activated. Each position within these facilities, with the exception of those positions listed below, are staffed by one qualified responder.

<u>Title</u>	<u>Number Contacted</u>
TSC Radiation Protection Technician	3
Survey Team Members	12
TSC Dose Assessment Support	3
EOF Survey Team Members	2
EOF Dose Assessment Support	7

EOF Technical Representative	2
EOF Administrative Support	3

Qualified personnel are listed in the position checklists found in the body of this procedure.

- 6.2.4 Qualified individuals meet the training requirements of TRC.22, "Nuclear Emergency Response Plan Training Program". This list of qualified individuals shall be reviewed and updated, at a minimum, after the completion of annual training.
- 6.2.5 Qualified individuals identified as primary responders can only be primary responders for a single position. Individuals may be back-up responders on more than one list.
- 6.2.6 Responders shall meet the Fitness For Duty requirements in A-52.14.
- 6.3 The Severe Accident Management (SAM) Team will activate when SAMG implementation is requested or entered by the Control Room. The SAM Team is composed of:
- Decision Maker - TSC Emergency Coordinator
 - Evaluators - TSC Operations Manager, TSC Technical Manager, and TSC Nuclear Assessment Manager
 - Implementers - Control Room Personnel

The definition of these functions are:

- Decision Maker - In the Emergency Response Organization (ERO), the Decision Makers are designated to assess and select the strategies to be implemented.
- Evaluators - Responsible for assessing plant symptoms in order to determine the plant damage condition(s) of interest and potential strategies that may be utilized to mitigate an event.
- Implementers - Responsible for performing those steps necessary to accomplish the objectives of the strategies (e.g., hands-on control of valves, breakers, controllers and special equipment).

7.0 ATTACHMENTS

1. Organizational Charts
2. Emergency Positions - Functions and Responsibilities

<u>PROCEDURE</u>	<u>PAGE</u>		
<u>NUMBER</u>	<u>FIGURE</u>	<u>EMERGENCY ORGANIZATION CHARTS</u>	
9	1	Symbol Definitions	
10	1-1	Unusual Event Emergency Response Organization	
11	1-2	Unusual Event/TSC Communication Support Organization	
12	1-3	Alert Emergency Response Organization	
13	1-4	Alert Level Emergency Support Dose Assessment Organization	
14	1-5	Alert Level Emergency Support Administrative/Communication Organization	
15	1-6	Alert Level Emergency Support Radiation Protection/Chemistry Organization	
16	1-7	Alert Level Emergency Support Plant Technical Assessment Organization	
17	1-8	Alert Level Emergency Support Plant Maintenance Assessment Organization	
18	1-9	Alert Level Emergency Support Plant Operations Assessment Organization	
19	1-10	Alert Level Emergency Support Survey Center Organization	
20	1-11	EOF Emergency Response Organization	
21	1-12	EOF Emergency Support Organization	
22	1-13	Severe Accident Management Organization	
23		Emergency Positions - Functions and Responsibilities	

EMERGENCY POSITIONS - FUNCTIONS AND RESPONSIBILITIES

<u>PROCEDURE PAGE NUMBER</u>	<u>ONSITE POSITIONS</u>
24-25	Emergency Coordinator
26-27	Technical Assistant to the Emergency Coordinator
28	Shift Supervisor
29	Control Room Communicator
30	Shift Technical Advisor
31-33	On-Shift Radiation Protection Technician
34	Head Control Operator/Control Room Foreman/Control Operator
35	Auxiliary Operator(s)
36	TSC Director (Unusual Event)
37-38	Operations Assessment Manager (Unusual Event)
39	Technical Assessment Manager (Unusual Event)
40-41	Operations Assessment Manager
42	Operations Phone Talker
43-45	Technical Assessment Manager
46-47	Nuclear Assessment
48-49	I&C/Electrical Assessment
50-51	Mechanical/Hydraulic Assessment
52-53	TSC Security Manager
54-57	Security Manager Administrative Support
58-59	Administrative/Communications Manager

EMERGENCY POSITIONS - FUNCTIONS AND RESPONSIBILITIES (Cont'd.)**PROCEDURE PAGE**
NUMBER**ONSITE POSITIONS** (Continued)

60-62	TSC Communicator
63-64	Administrative Support
65	Status Board Keepers
66-67	Computer Analyst
68-69	TSC Dose Assessment Manager
70-71	TSC Dose Assessment Support
72-73	TSC Survey Team Coordinator
74-76	Survey Center Manager
77	Assistant Survey Center Manager
78-79	Personnel Coordinator
80	Survey Center Communicator
81-83	Ginna Survey Team Members
84-87	Radiation Protection/Chemistry Manager
88-91	RP/Chemistry Technicians
92-93	Maintenance Assessment Manager
94	OSC Director
95-96	Discipline Planners
97-98	Manager of OSC Satellite
99	Maintenance Personnel
100	Inventory Control Support Personnel

OFFSITE POSITIONS

101-102	EOF/ Recovery Manager
---------	-----------------------

EMERGENCY POSITIONS - FUNCTIONS AND RESPONSIBILITIES (Cont'd)

<u>PROCEDURE PAGE NUMBER</u>	<u>OFFSITE POSITIONS</u> (Continued)
103-105	Secretary, EOF/Recovery Manager
106-107	Nuclear Operations Manager (NOM)
108-109	Technical Assistant to the NOM
110-111	Administrative Assistant to the NOM
112-114	Engineering Manager
115-116	Engineering Support Center Manager
117	ESC Nuclear Assessment
118-119	ESC I&C/Electrical Assessment
120-121	ESC Mechanical/Hydraulic Assessment
122-123	Offsite Agency Liaison
124	Monroe County Liaison
125-127	Technical Representative Liaison
128-129	Facilities and Personnel Manager
130	EOF/JENC Security Manager
131	Energy Distribution Liaison
132-133	Dose Assessment Manager
134-135	EOF Dose Assessment Support
136-137	EOF Dose Assessment Liaison
138	EOF Survey Team Members
139-140	Clerical Supervisor
141-144	Clerical Staff
145-147	EOF Communicators/Status Board Keepers

ATTACHMENT 1

ORGANIZATIONAL CHARTS

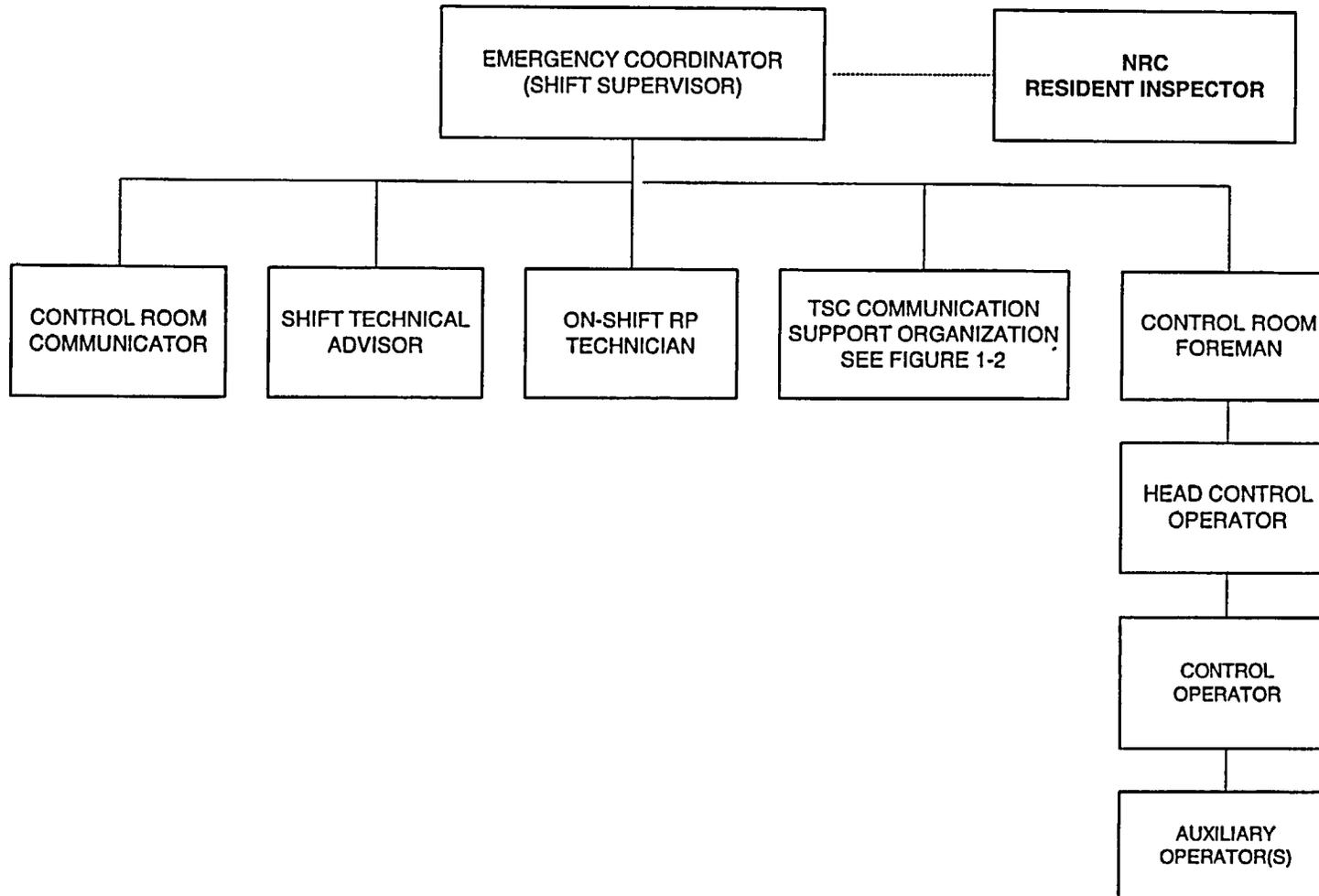
Figure 1
SYMBOL DEFINITION

- 1.  Indicates a line of supervision and communication.

- 2.  Indicates a line of communication only.

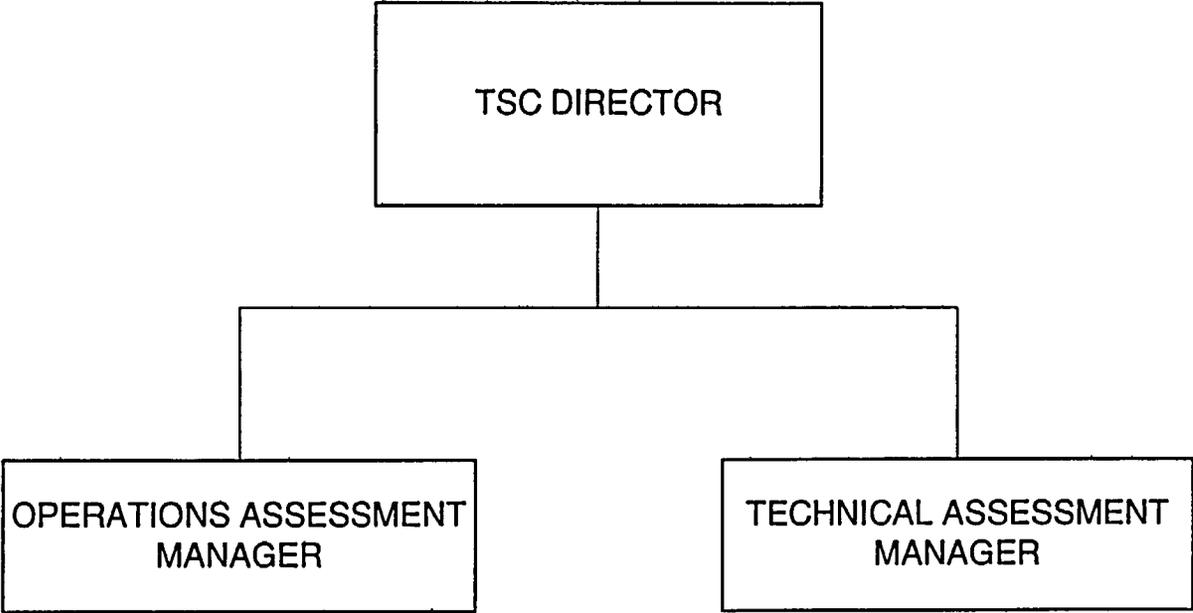
- 3.  Indicates a defined RG&E Emergency Response function.

- 4.  Indicates a defined Offsite Agency Emergency Response function.



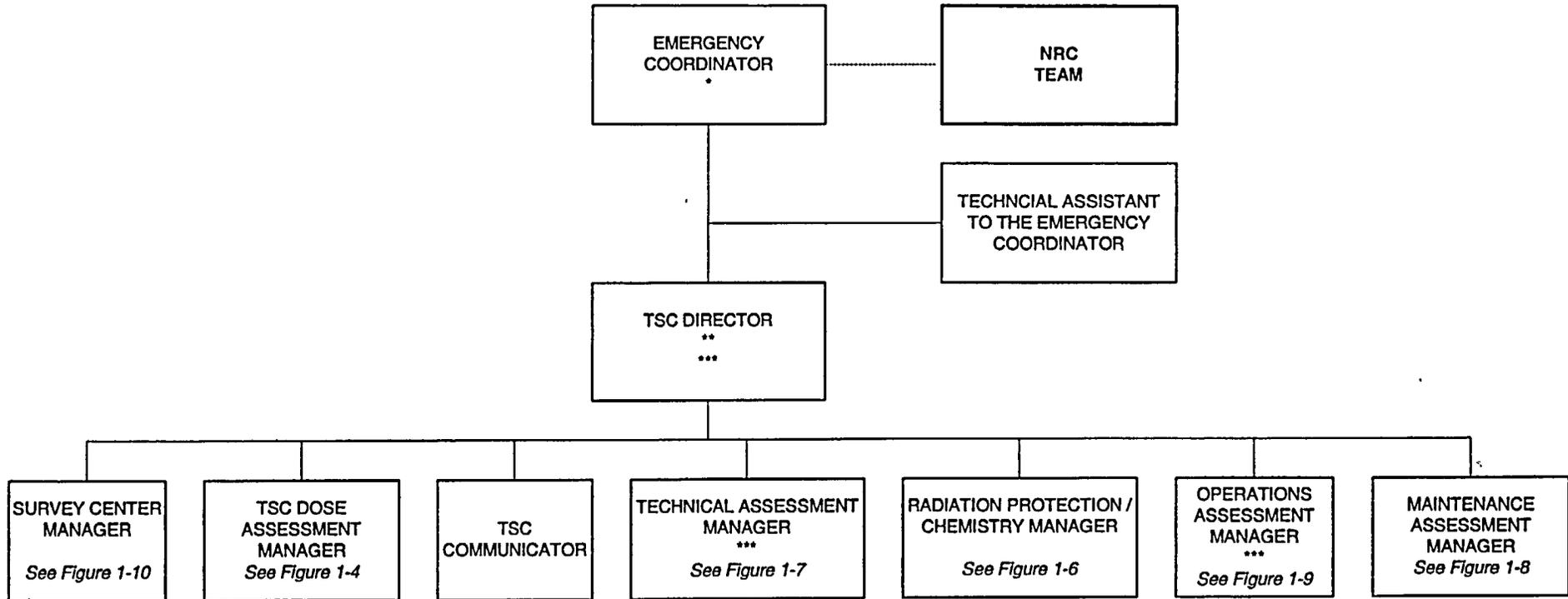
UNUSUAL EVENT EMERGENCY RESPONSE ORGANIZATION

Figure 1-1



UNUSUAL EVENT / TSC COMMUNICATION SUPPORT ORGANIZATION

Figure 1-2



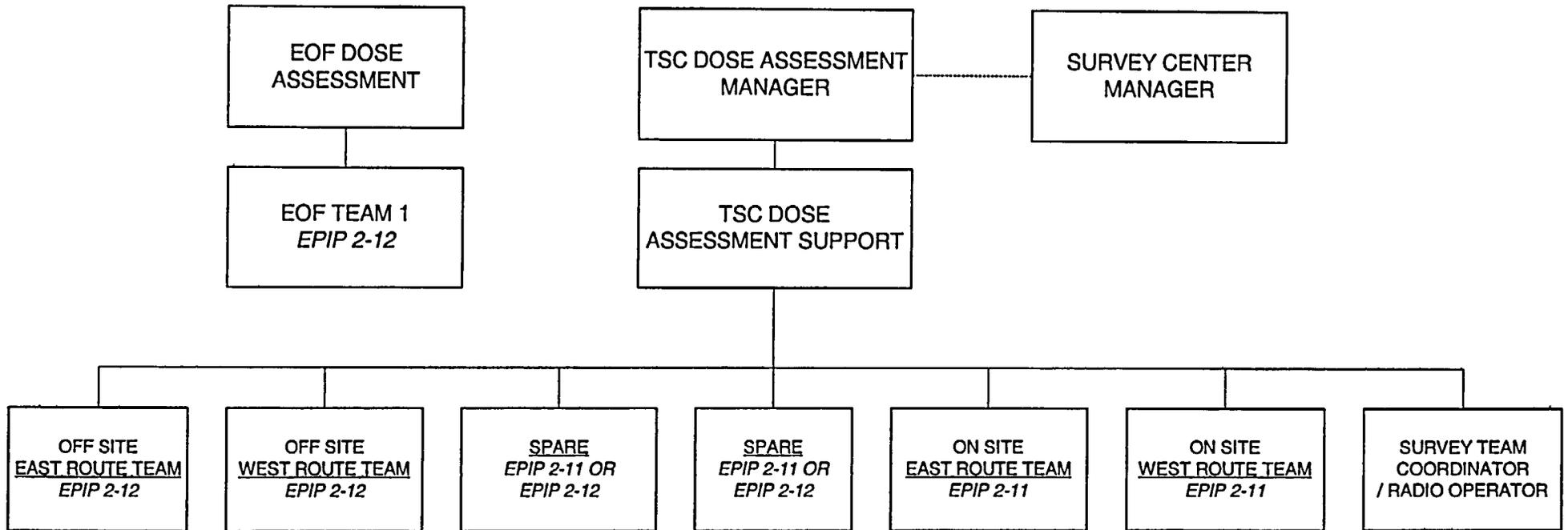
* Emergency Coordinator may be Shift Supervisor or TSC Director depending on staffing.

** TSC Director position is not required when Emergency Coordinator is in the TSC for Alert Organization or higher.

*** Severe Accident Management Team Member when SAMGs are implemented.

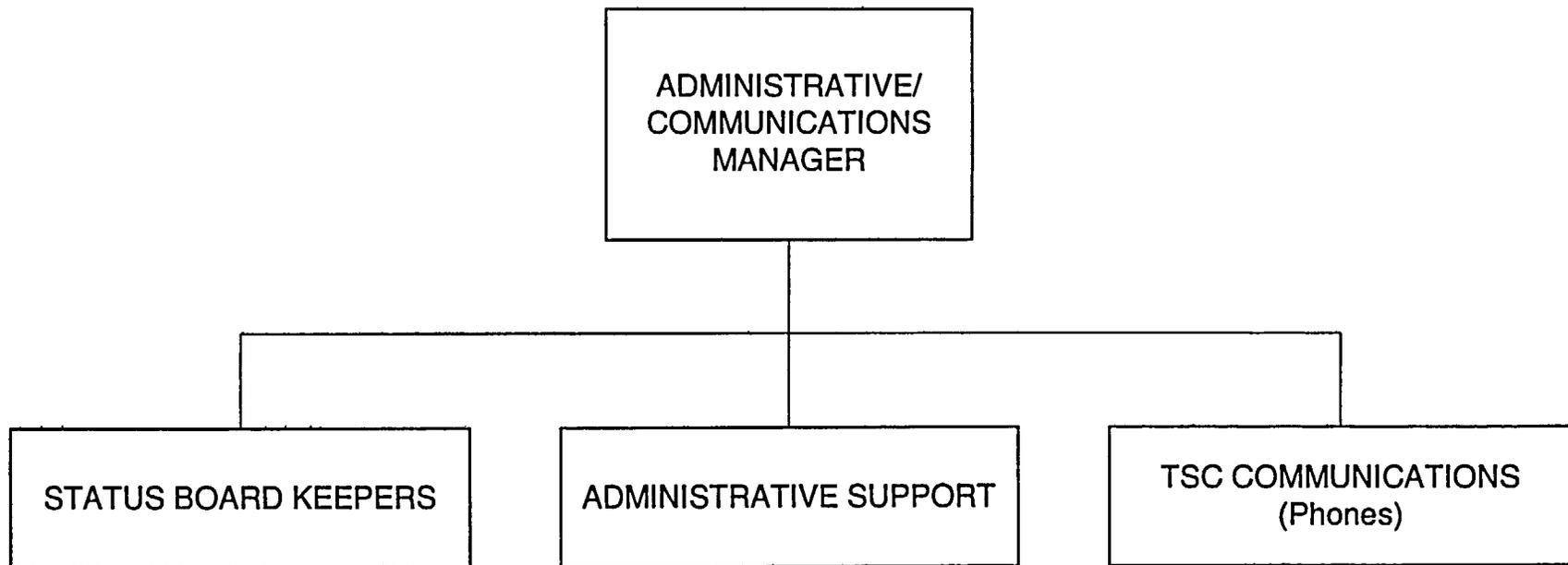
ALERT EMERGENCY RESPONSE ORGANIZATION

Figure 1-3



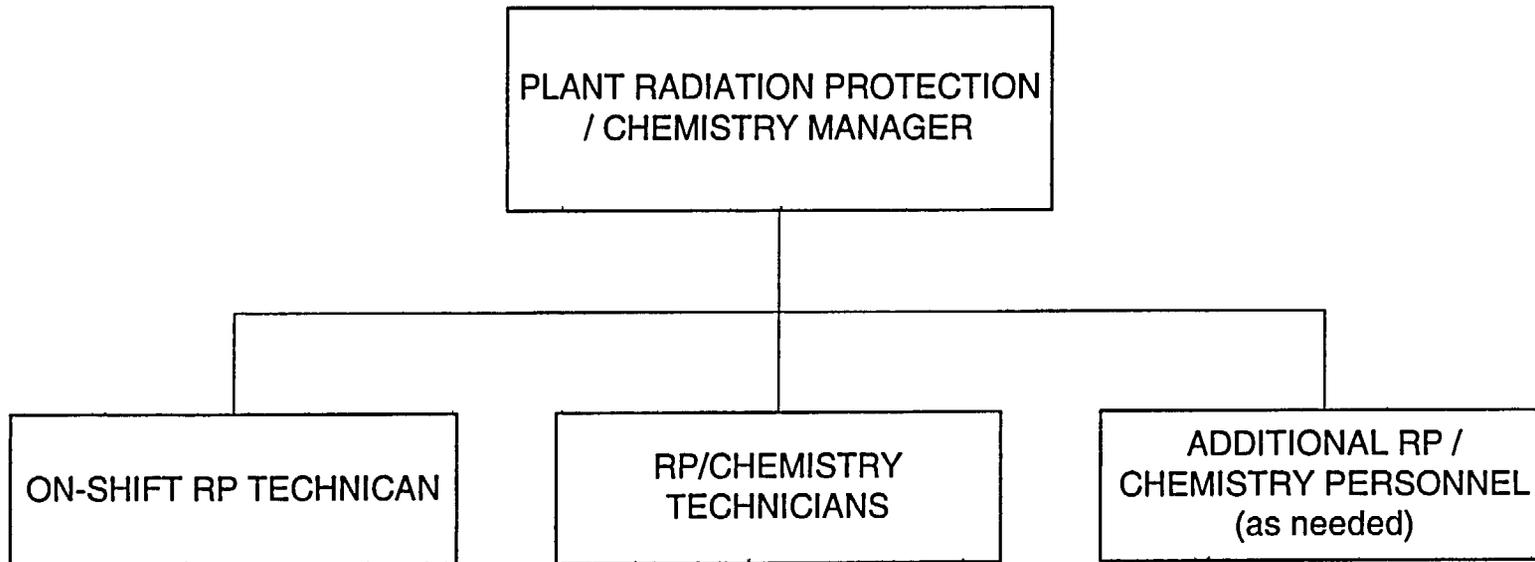
ALERT LEVEL EMERGENCY SUPPORT DOSE ASSESSMENT ORGANIZATION

Figure 1-4



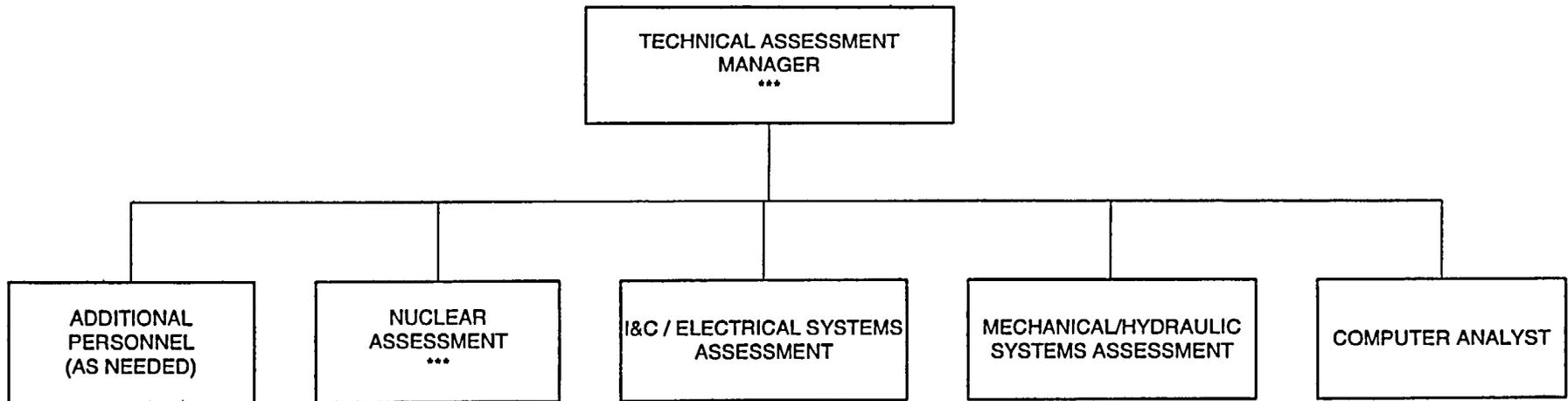
ALERT LEVEL EMERGENCY SUPPORT ADMINISTRATIVE / COMMUNICATIONS ORGANIZATION

Figure 1-5



ALERT LEVEL EMERGENCY SUPPORT RADIATION PROTECTION / CHEMISTRY ORGANIZATION

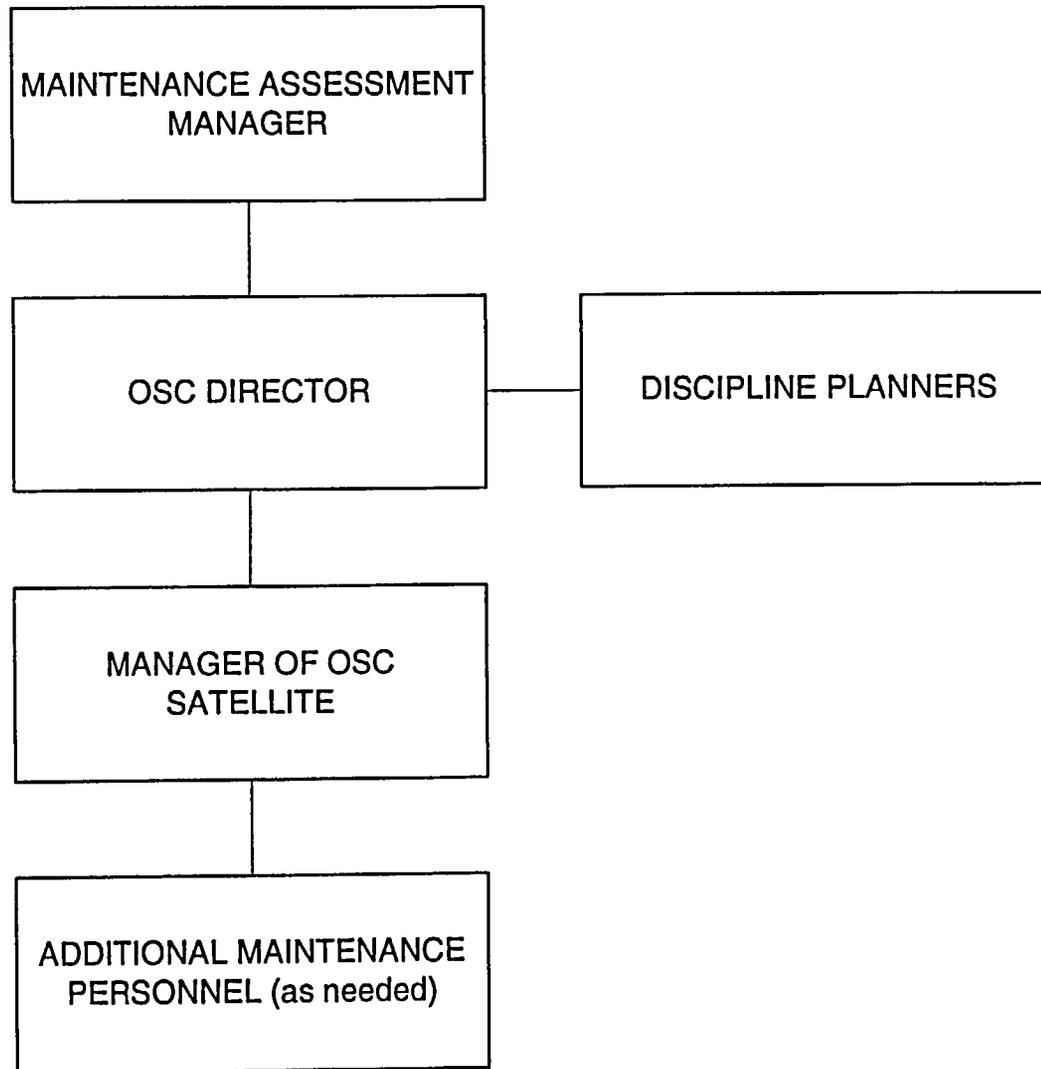
Figure 1-6



*** Severe Accident Management Team Member when SAMGs are implemented.

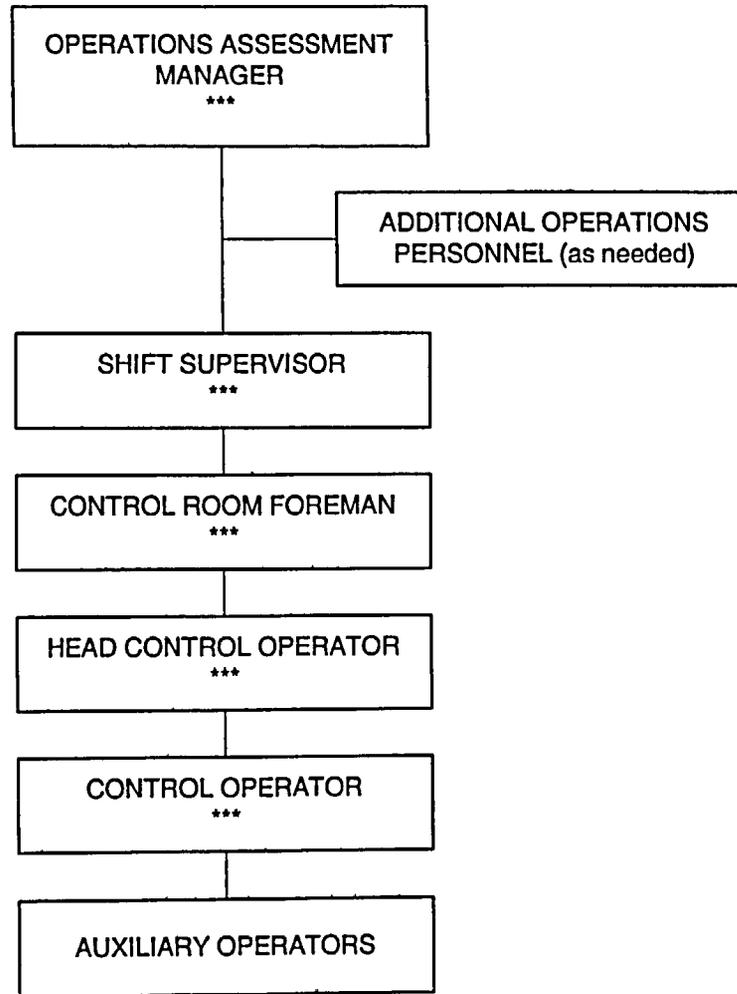
ALERT LEVEL EMERGENCY SUPPORT PLANT TECHNICAL ASSESSMENT ORGANIZATION

Figure 1-7



ALERT LEVEL EMERGENCY SUPPORT PLANT MAINTENANCE ASSESSMENT ORGANIZATION

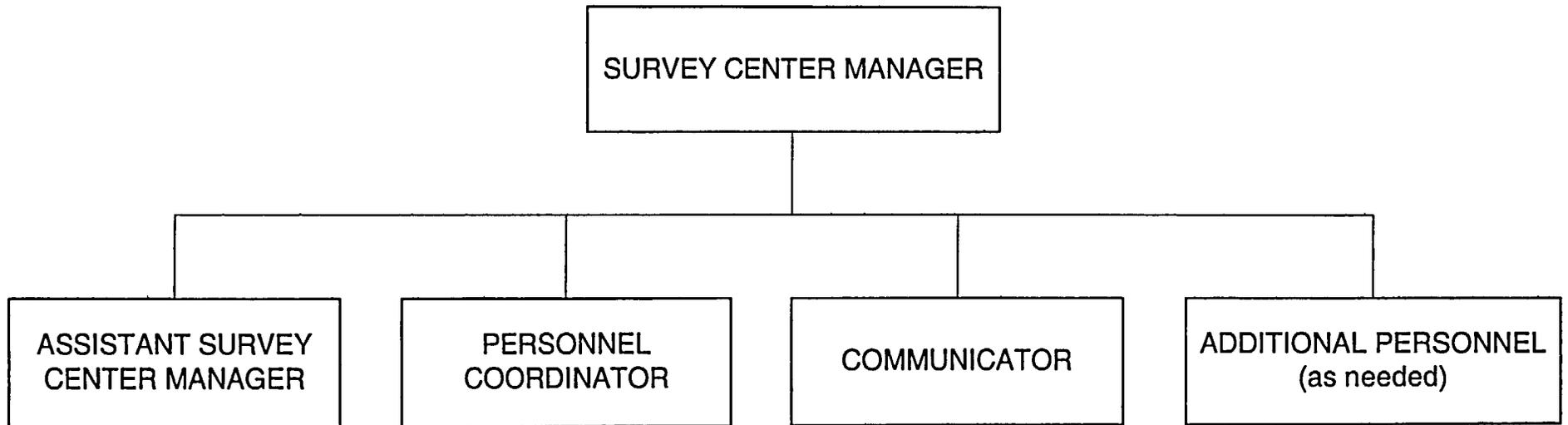
Figure 1-8



*** Severe Accident Management Team Member when SAMGs are implemented.

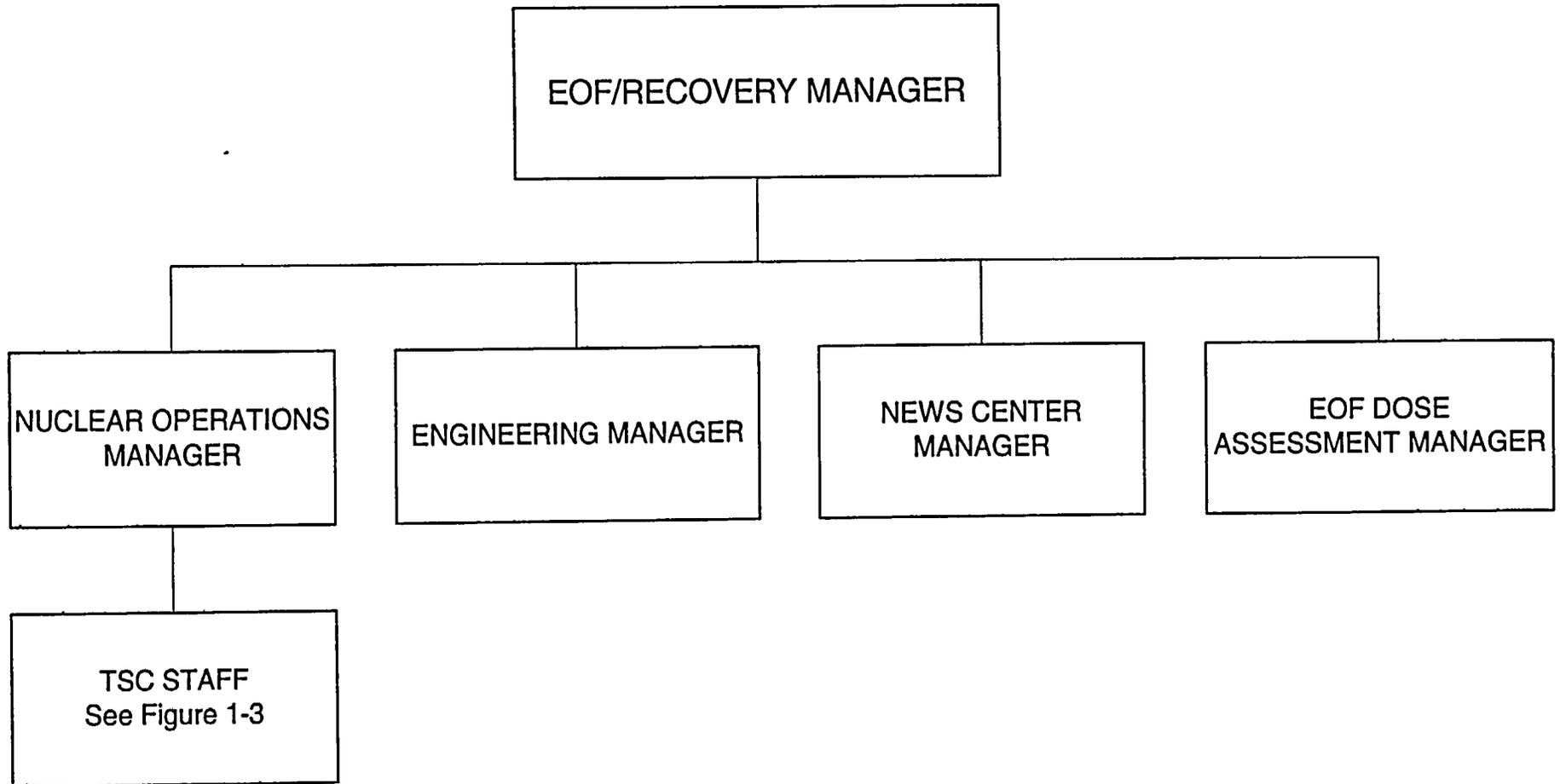
ALERT LEVEL EMERGENCY SUPPORT PLANT OPERATIONS ASSESSMENT ORGANIZATION

Figure 1-9



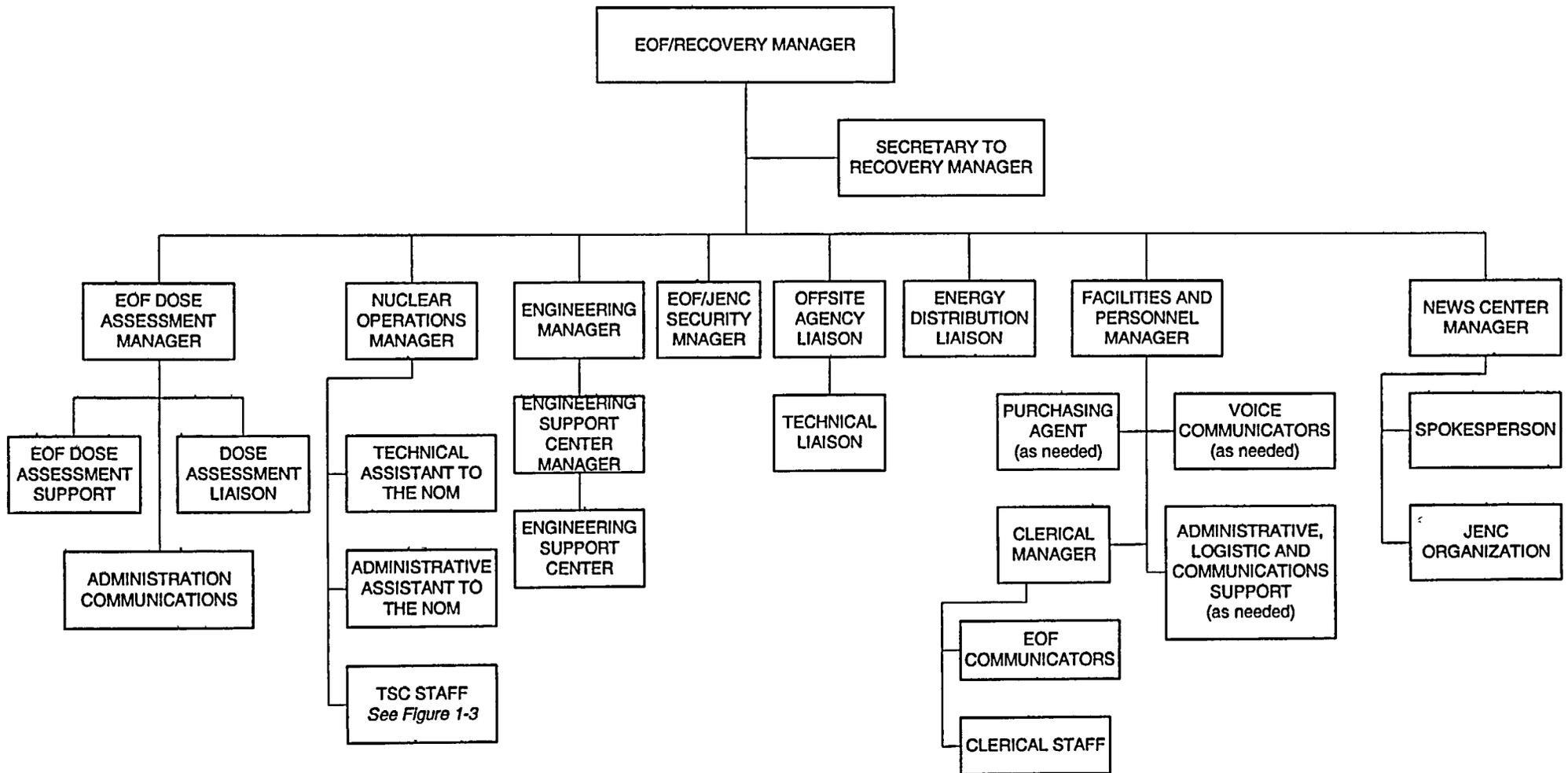
ALERT LEVEL EMERGENCY SUPPORT SURVEY CENTER ORGANIZATION

Figure 1-10



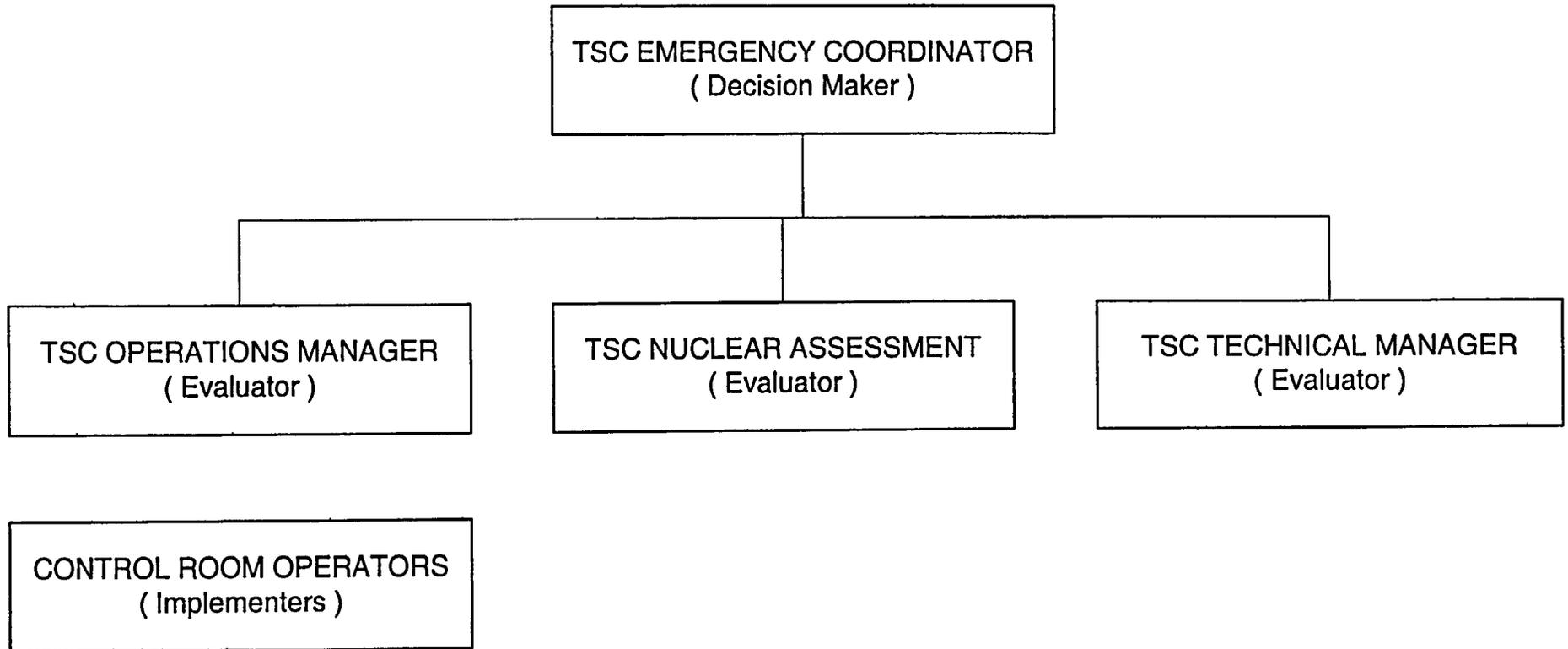
EOF EMERGENCY RESPONSE ORGANIZATION

FIGURE 1-11



EOF EMERGENCY SUPPORT ORGANIZATION

Figure 1-12



SEVERE ACCIDENT MANAGEMENT ORGANIZATION

Figure 1-13