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4	REFERENCE LIBRARY	RECORDS(TRNG BLDG)	#48
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10	SHIFT MGR.(LUB-001-GEN)	OPERATIONS	IP3
11	CONTROL ROOM & MASTER	OPS(3PT-D001-D006 ONLY)	IP3
14	EOF	E-PLAN	EOF
16	AEOF/A.GROSJEAN	E-PLAN (EOP'S ONLY)	WPO-12D
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24	MCNAMARA N	NRC	OFFSITE
25	DOCUMENT CONTROL DESK	NRC	OFFSITE
28	AVRAKOTOS N	J A FITZPATRICK	OFFSITE
29	E-PLAN STAFF	E-PLAN	EOF
30	E-PLAN STAFF	E-PLAN	EOF
31	BARANSKI J(VOLUME I ONLY)	ST. EMERG. MGMT. OFFICE	OFFSITE
32	MURPHY L -(VOLUME I ONLY)	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO N (VOLUME I ONLY)	EMERGENCY SERVICES	ROCKLAND
34	GREENE D (VOLUME I ONLY)	DISASTER & CIVIL DEFENSE	ORANGE
35	RAMPOLLA M(VOLUME I ONLY)	OFFICE OF EMERG MANAGE	PUTNAM
41	SIMULATOR	TRAINING	48-2-A
319	C.STELLATO	NRQ-OPS / TRAINING	#48
354	L.GRANT	LRQ-OPS / TRAINING	#48
376	E-PLAN STAFF	E-PLAN	EOF
424	OPS-INSTR (LL'S 1 COPY)	J. CHIUSANO/TRAINING	#48
510	L.GRANT	LRQ-OPS / TRAINING	#48
511	L.GRANT	LRQ-OPS / TRAINING	#48
512	C.STELLATO	NRQ-OPS / TRAINING	#48
513	C.STELLATO	NRQ-OPS / TRAINING	#48
517	PLANT MANAGER'S OFFICE	ADMIN/(IPEC ONLY)	IP2
518	DOCUMENT ROOM	TSC (IPEC ONLY)	UNIT 2
519	TSC	UNIT 2 (IPEC ONLY)	IP2
520	CONTROL ROOM (UNIT 2)	OPERATIONS (IPEC ONLY)	IP2
521	SIMULATOR (UNIT 2)	TRAIN/CENTER (IPEC ONLY)	48-2-A
522	NRC RESIDENT (UNIT2)	US NRC (IPEC ONLY)	IP2
523	ROBERT VOGLE (UNIT 2)	TRAINING LIBRARY	OFFSITE
524	JOHN MCCANN (UNIT 2)	NUC SAFETY/LICENSING	IP2

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Indian Point 3

AP-18.2
Revision 10

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DOC #	REV #	TITLE	INSTRUCTIONS

THE FOLLOWING PROCEDURES HAVE BEEN REVISED. REPLACE CURRENT COPIES WITH ATTACHED REVISED COPIES:

IP-1002 R/28, IP-1010 R/7, IP-1023 R/19, IP-1027 R/17, IP-1050 R/4

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Please update your controlled copy of the documents listed below as specified with the copy(s) attached. It is requested that the update be completed within 3 days of the effective date shown on the document cover page.

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Emergency Planning Department
Buchanan Service Center
Broadway & Bleakley Aves.
Buchanan, NY 10511
Attn: Document Custodian

Document #	Document Name	New Rev. #/ Date	Old Rev. #/ Date	Instructions
TOC	Emergency Plan Implementing Procedures Table of Contents	6/10/02	8/21/02	Replace entire document
IP-1002	Emergency Notifications	28 8/21/02	27 8/1/01	Replace entire document
IP-1010	Central Control Room	7 8/21/01	6 8/1/02	Replace entire document
IP-1023	Operations Support Center (OSC)	19 8/21/02	18 4/11/02	Replace entire document
IP-1027	Personnel Accountability	17 4/11/02	16 4/11/02	Replace entire document
IP-1050	Security	4 8/21/02	3 4/11/02	Replace entire document

Update completed as specified _____ _____
Signature of Controlled Copy Holder Date

Unit 2 Emergency Plan Implementing Procedures
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Procedure No.	Procedure Title	Rev. No.	Effective Date
IP-1001	Mobilization of Onsite Emergency Organization	13	5/25/01
IP-1002	Emergency Notification and Communication	28	8/21/02
IP-1003	Planned Discharge of Containment Atmosphere During Accident Conditions	7	4/16/01
IP-1004	Post Accident Offsite Environmental Surveys, Sampling and Counting	5	9/1/99
IP-1007	**Cancelled – Replaced by IP-EP-310**	-	-
IP-1008	Personnel Radiological Check and Decontamination	7	4/29/02
IP-1009	Radiological Check and Decontamination of Vehicles	7	9/1/99
IP-1010	Central Control Room	7	8/21/02
IP-1011	Joint News Center	7	6/402
IP-1012	Onsite Medical Emergency	10	5/25/01
IP-1013	**Cancelled – Replaced by IP-EP-410**	-	-
IP-1014	Radiological Check of Equipment Before It Leaves the Site	6	9/1/99
IP-1015	Radiological Surveys Outside the Protected Area (Title Change)	9	3/26/01
IP-1016	**Cancelled – Replaced by IP-EP-510**	-	-
IP-1019	Coordination of Corporate Response	10	9/6/01
IP-1020	Airborne Activity Determination	8	01/12/01
IP-1021	Manual Update, Readout and Printout of Proteus Plant Parameter Data	6	4/29/02
IP-1022	**Cancelled – Replaced by IP-EP-510**	-	-
IP-1023	Operations Support Center (OSC)	19	8/21/02
IP-1024	Emergency Classification	11	7/11/02
IP-1025	Cancelled	-	-
IP-1026	Emergency Data Acquisition	0	01/12/01
IP-1027	Personnel Accountability and Evacuation	17	8/21/02
IP-1030	Emergency Operations Facility (EOF)	6	7/11/02
IP-1033	**Cancelled – Replaced by IP-EP-520**	-	-

Unit 2 Emergency Plan Implementing Procedures
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Procedure No.	Procedure Title	Rev. No.	Effective Date
IP-1035	Technical Support Center (TSC)	16	2/20/01
IP-1036	**Cancelled – Replaced by IP-EP-620**	-	-
IP-1037	**Cancelled – Replaced by IP-EP-510**	-	-
IP-1039	Offsite Contamination Checks	9	01/12/01
IP-1045	**Cancelled – Replaced by IP-EP-251**	-	-
IP-1047	**Cancelled – Replaced by IP-EP-510**	-	-
IP-1048	**Cancelled – Replaced by IP-EP-610**	-	-
IP-1050	Security	4	8/21/02

Emergency Notification and Communication

	Print Name	Signature	Date
Prepared by:	C. Kelly Walker	C. Kelly	8/15/02
Technical Reviewer:	Steve Hook	S Hook	8/20/02
Reviewer:	JOHN LIJOI	John Lijoi	8-20-02
Reviewer:			
Reviewer:			

	Meeting Number	Signature Secretary	Date
SNSC Review:	PREVIOUS # 2836		5/17/01

	Print Name	Signature	Date
Approval:	Frank Inzirillo	Frank Inzirillo	8/21/02

Effective Date: 8/21/02

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Reference Use

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EMERGENCY NOTIFICATION AND COMMUNICATION

1.0 PURPOSE

To prescribe the responsibilities and methods for:

1.1 Initial notification and periodic updates made from the Central Control Room (CCR) in the event of a declared emergency at Indian Point Unit 1, 2 & 3.

1.2 Provides checklists for the performance of notifications and activation of the Emergency Response Organization.

2.0 DISCUSSION

2.1 The Shift Manager will assign a CCR Communicator. The CCR Communicator will have no other emergency duties.

2.2 The CCR Communicator shall perform his duties in the Control Room under the SM's direction. These duties shall entail implementing the notification checklists and use of RECS, radio, and other telephones (Section 4.0) to notify on-site personnel as well as the off-site authorities of the accident conditions and to pass along directions and recommendations as appropriate from the SM. The Communicator shall also maintain himself ready to supply updates to the offsite authorities.

2.3 Notifications made from the EOF are described in IP-1030, Emergency Operations Facility.

3.0 PRECAUTIONS AND LIMITATIONS

3.1 Initial and Upgrade notifications to the State and counties shall be initiated within 15 minutes of the emergency classification declaration or initial Protective Action Recommendations or modifications to the Protective Action Recommendations.

3.2 Periodic Update Notifications should be performed approximately every 30 minutes or more frequent when conditions change.

4.0 EQUIPMENT AND MATERIALS

4.1 Central Radio (System Operations) - see Addendum 1 for call letters.

4.2 Area Radio (Monitoring Teams) - see Addendum 1 for call letters.

4.3 Local Government Radio (LGR) - see Addendum 1 for call letters. For backup notifications IF RECS is out of service.

4.4 "Contingency" Phone - see Emergency Telephone Directory for unlisted number to be used only for receiving incoming calls from New York State AND the four EPZ counties.

4.5 Radiological Emergency Communications System (RECS) - party line phone for initial notification AND updates to NYS AND counties.

4.6 ENS Phone - dial-up telephone circuits used to contact NRC headquarters for initial notification of emergency AND continuing updates. (See Emergency Telephone Directory for listed numbers).

4.7 CR-EOF - direct line, with bell annunciation by means of push button.

4.8 CR-TSC direct line, automatic ringing phone.

4.9 Peekskill Police - direct line, automatic ringing phone.

4.10 NYS Police - direct line, automatic ringing phone.

4.11 Phone – Peekskill (914) 737 Exchange (see Emergency Telephone Directory).

4.12 Phone - Indian Point (914) 734 Exchange (see Emergency Telephone Directory).

4.13 Microwave (see Emergency Telephone Directory) - provides connection to the 212 exchange in NYC via microwave to the Empire State Building.

4.14 Dialogic Notification System - primary notification system to mobilize the ERO.

5.0 INSTRUCTIONS

NOTE:
All phone numbers not provided within this procedure can be found in the Emergency Telephone Directory.

5.1 Notification of Unusual Event (NUE) Initial Notification - CCR Communicator

5.1.1 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager. THEN

A. Review form for completeness.

B. Determine if the Shift Manager wants full ERO activation at the NUE level (not normally required).

C. ALWAYS refer to the form as NYS Radiological Emergency Data Form PART I when talking to the State and County authorities.

5.1.2 Start the initial notification roll call to state and counties within 15 minutes of the declaration of an Unusual Event.

5.1.3 Use a CCR NUE Notification Checklist, Addendum 2 (Form IP-1002-1) to make and document the initial notifications.

5.1.4 Once the CCR NUE Notification Checklist is complete, **IF** the SM requests additional staffing level **THEN** perform the following:

A. Contact the on-call Emergency Director (ED) (refer to the Emergency Response Team On-call Schedule for duty ED.)

B. Request the activation of desired portions of the Emergency Response Organization On-Call Team to provide plant support.

5.2 NUE Update Notifications - CCR Communicator

5.2.1 Make periodic updates approximately every 30 minutes throughout the event.

5.2.2 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager. THEN:

A. Review form for completeness.

B. ALWAYS refer to the form as Radiological Emergency Data Form PART I when talking to the State and County authorities.

5.2.3 Use a CCR NUE Notification Checklist, Addendum 2 (Form IP-1002-1) and perform **ONLY the circled items**, to make the periodic Update Notifications.

NOTE:

The CCR Alert/ SAE/GE Initial Notification Checklist, Addendum 3 (form IP-1002-2) is used only once. After notifications are completed using this form, all subsequent upgrade and update notifications shall be made using the Upgrade/Update Notification Alert/SAE/GE Checklist, Addendum 4 (form IP-1002-3)

5.3 Alert, Site Area Emergency AND General Emergency Initial Notification – CCR Communicator

5.3.1 Use a CCR Initial Notification Checklist Alert/SAE/GE, Addendum 3 (Form IP-1002-2) to make and document the initial notifications.

5.3.2 Obtain the completed and approved Radiological Emergency Data Form PART I from the Shift Manager.

A. Review form for completeness.

B. Verify that the Shift Manager wants the Assembly Alarm Sounded

C. ALWAYS refer to the form as Radiological Emergency Data Form PART I when talking to the State AND the county authorities.

5.3.3 Start the initial notification roll call to State and counties within 15 minutes of the declaration of an Alert, Site Area Emergency (SAE) or General Emergency (GE).

5.4 Alert / SAE / GE Upgrade/Update Notifications – CCR/EOF Communicator

5.4.1 Upgrade/Update notifications are made for EAL upgrades and for periodic updates during an Alert, Site Area Emergency (SAE) or General Emergency (GE).

5.4.2 Use an Upgrade/Update Notification Alert/SAE/GE Checklist, Addendum 4 (Form IP-1002-3) to make and document the emergency classification upgrade or update notifications.

5.4.3 Obtain the completed Radiological Emergency Data Form Part I (and Part II, if provided) from the Shift Manager/Emergency Director AND notify NY State and counties within 15 minutes of any emergency classification change or approximately every 30 minutes otherwise

6.0 REFERENCES

6.1 Development Documents

6.1.1 Emergency Plan for Indian Point Unit Nos. 1 & 2

6.1.2 SAO-804, "Emergency Response Organization"

6.2 Interface Documents

6.2.1 SOP-CG-7-1, "Notification During Nuclear Emergency Involving IP No. 2"

6.2.2 IP-1001, "Mobilization of Onsite Emergency Organization"

6.2.2 IP-1018, "Media Relations Mobilizing During Emergency"

6.2.4 IP-1027, "Personnel Accountability and Evacuation"

6.3 Commitments

NONE

7.0 ATTACHMENTS

NONE

8.0 8.0 ADDENDUM

8.1 Addendum 1, Indian Point Emergency Radio Systems

8.2 Addendum 2, CCR NUE Notification Checklist (Form IP-1002-1)

8.3 Addendum 3, CCR Initial Notification Checklist Alert/SAE/GE (Form IP-1002-2)

8.4 Addendum 4, Upgrade/Update Notification Alert/SAE/GE Checklist (Form IP-1002-3)

8.5 Addendum 5, Backup - ERO Activation Checklist (Form IP-1002-4)

8.6 Addendum 6, Primary - ERO Activation Checklist (Form IP-1002-5)

[Proprietary Information]

Addendum 1

INDIAN POINT EMERGENCY RADIO SYSTEMS

Sheet 1 of 1

Area Radio [Freq. 1 = 456.100 /Freq. 2 = 451.100/MHZ]

Base Station Location	Call Letters Freq. 1	Call Letters Freq. 2
CR 1-2	[WAY-744]	[WAY-424]
CR 3	[WAY-744]	[KGS-757]
EOF	[WAY-744]	[KYA-424]
AEOF	[KNEB-805]	[KYA-615]
CGH (SAS)	[WAD-498]	[KMF-617]
CAS	[WAD-498]	[KYA-424]

Mobile Station	Call Letters Freq. 1	Call Letters Freq. 2
Mobile 1	[KU-3575]	[KU-3575]
Mobile 2	[KU-3575]	[KU-3575]
Mobile 3	[KU-3575]	[KU-3575]

Central Radio [456.050 MHZ]

Base Station Location	Call Letters
CR 1-2	[WAE-277]
EOF	[WAE-277]
AEOF	[WGQ-993]

LOCAL GOVERNMENT RADIO [45.16 MHZ]

Base Station Location	Call Letters
CR, EOF, AEOF	[KNFM-394]
So. Dist. Office	[WZM-947]
Westchester W.P.	[WRU-873]
Orange W.P.	[WAU-720]
Rockland W.P.	[KRH-269]
Putnam W.P.	[KFC-781]
Peekskill W.P.	(NONE)

Addendum 2
CCR NUE Notification Checklist (Form IP-1002-1)
Sheet 1 of 2

CCR NUE Notification Checklist

Note: Perform only circled items for NUE periodic Update Notifications

Notify State and Counties:

1. Pick up the console handset and depress the "RECS" button THEN press the number "7" button on the keypad.
2. When you hear the message "*You have initiated a conference.*" state **"This is to report an incident at Indian Point 2. Standby for roll call"**
3. IF you did not hear the above message within 5 seconds of pressing the number "7" button THEN press "Clear" to hang up, wait 5 seconds and repeat steps 1 and 2.
4. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions on back) IF both RECS and LGR fail THEN contact listed locations one at a time via telephone, attempting to contact the Warning Point first (phone numbers on back).
5. Enter time you are starting the initial roll call in the space provided below
6. Initiate roll call by asking **"(*location title*) are you on the line?"** for each of the following stations, stopping after each name is read to allow station to identify itself Check off "Initial Roll Call" for each location as they answer the roll call

Time Initial Roll Call Started _____

Time Final Roll Call Completed _____

Location	Initial Roll Call	Final Roll Call
Westchester County	☐	☐
Peekskill City	☐	☐
Rockland County	☐	☐
Orange County	☐	☐
Putnam County	☐	☐
New York State	☐	☐

7. **SLOWLY** read all of the information from the completed and approved Radiological Emergency Data Form Part I After reading the form say **"Stay on line for final roll call"**
8. Perform a final roll call by asking **"(*location title*) did you copy?"** for each location. Check off "Final Roll Call" for each location as they answer the roll call IF any location did not copy the message THEN instruct them to call the State for clarification or, if requested, repeat the form information
9. End notification by saying **"Indian Point No. 2 out at (*time*)"**. Enter the time in the space provided above when final roll call is completed
10. IF any location did not answer the initial roll call THEN contact the missing location via telephone and direct them to either call the State to obtain the notification information or read them the information over the telephone. Record the location and time of this notification in the comment section of this form

Notify Unit 2 Emergency Response Organization: Time

11 Ask the Shift Manger (Emergency Director) if Emergency Response Organization mobilization is needed or if Emergency Response Organization should receive Event Notification only

IF Emergency Response Organization mobilization is needed, THEN use **Envelope B** "Unit 2 ERO Mobilization" envelop to mobilize the ERO (Form IP-1002-5, Primary – ERO Activation Checklist)

IF event notification only, THEN use **Envelope C** "Unit 2 ERO Event Notification" envelop to contact the appropriate ERO members to notify them of the event (Form IP-1002-5, Primary – ERO Activation Checklist)

IF Emergency Response Organization mobilization is needed for a Security Event, THEN use **Envelope F** "Station ERO Mobilization to Backup Locations" envelop to mobilize the ERO (Form IP-1002-5, Primary – ERO Activation Checklist)

Notify Media Relations: Time

12 Call Indian Point Communications Representative at 914-271-7031

Read the following statement to individual answering or into answering machine
"This is the Unit 2 Control Room, an Unusual Event was declared at _____ (time) on Emergency Action Level number _____" (EAL)

Obtain and enter name of individual contacted _____

Go to page 2 (back)

Addendum 2
CCR NUE Notification Checklist (Form IP-1002-1)
Sheet 2 of 2

CCR NUE Notification Checklist

Note: Perform only circled items for NUE periodic Update Notifications

Notify Security and Unit 3 :	Time
13 Call the Secondary Alarm Station at 734-5330 and provide them with Date/Time of NUE classification	
14 Contact the Unit No 3 Control Room (ext. 5059) and provide them with Date/Time of NUE classification, EAL # and brief description of event. Obtain and enter name of individual contacted _____	
Notify NRC:	**Time**
16 IF it is during normal working hours THEN notify the NRC Senior Resident Inspector at 914-739-9361 or x 5347 IF during off-hours THEN call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory Provide the Inspector with Date/Time of NUE classification, EAL # and brief description of event.	
(16) Contact NRC by calling main number listed on ENS phone (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or region 4 alternate number listed) Inform them that this is a 50 72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event	

(17) Record any Comments _____

(18) Date and sign this form

Date	Signature

(19) Inform the Shift Manager that you have completed NUE notifications

(20) Fax copies of the NYS Radiological Emergency Data Form, Part I to State, counties, TSC and EOF and provide originals to the Shift Manager.

Use of Local Government Radio

A Depress the "LGR" button on the communications console.
B Pickup the handset and depress the handset button
C Announce "**This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call**"
D Return to step 4 on page 1 of this checklist.

Warning Point and EOC phone numbers

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or -3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

Addendum 3

CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2)

Sheet 1 of 2

CCR Initial Notification Checklist - Alert/SAE/GE

Notify Protected Area & Unit 3 Personnel: Time

Note: **If a Security Event is in progress or the Shift Manager does not feel it is safe to relocate personnel at this time DO NOT sound the Site Assembly Alarm or call for personnel to report to the Energy Education Center.**

1. Contact Unit 3 CCR (ext 5059) has been contacted with time of emergency classification, EAL# and description of event
2. Sound the Site Assembly Alarm for 30 seconds (coordinate with Unit 3 CCR)
3. Announce the following message over the P A System three (3) times
   "Attention all personnel, a (*Alert / Site Area Emergency / General Emergency*) has been declared"
   "All Essential Personnel report to your assigned emergency facility"
   "All other personnel report to the Energy Education Center"

Notify Emergency Response Organization: Time

4. Request direction from Shift Manger (Emergency Director) as to ERO mobilization needed Unit 2, Unit 3 or Station activation (both Unit 2 and Unit 3) using From IP-1002-5 Primary – ERO Activation Checklist from the appropriate envelope
   - IF a Security Event, THEN use **Envelope F "Station ERO Mobilization to Backup Locations"** envelope to mobilize both EROs
   - IF both Unit 2 AND Unit 3 THEN use **Envelope A "Station ERO Mobilization"** envelope to mobilize both EROs
   - IF only Unit 2 ERO, THEN use **Envelope B "Unit 2 ERO Mobilization"** envelope to mobilize the Unit 2 ERO
   - IF only Unit 3 ERO, THEN use **Envelope D "Unit 3 ERO Mobilization"** envelop to mobilize the Unit 3 ERO

Notify State and Counties:

5. Pick up the console handset and depress the "RECS" button THEN press the number "7" button on the keypad
6. When you hear the message "*You have initiated a conference ..* " state
   "This is to report an incident at Indian Point 2 Standby for roll call"
7. IF you did not hear the above message within 5 seconds of pressing the number "7" button THEN press "Clear" to hang up, wait 5 seconds and repeat steps 5 and 6
8. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions on back)
   IF both RECS and LGR fail THEN contact listed locations one at a time via telephone, attempting to contact the Warning Point first (phone numbers on back)
9. Enter time you are starting the initial roll call in the space provided below
10. Initiate roll call by asking **"(*location title*) are you on the line?"** for each of the following stations, stopping after each name is read to allow station to identify itself Check off "Initial Roll Call" for each location as they answer the roll call

Time Initial Roll Call Started	Location	Initial Roll Call	Final Roll Call
	Westchester County	☐	☐
	Peekskill City	☐	☐
	Rockland County	☐	☐
Time Final Roll Call Completed	Orange County	☐	☐
	Putnam County	☐	☐
	New York State	☐	☐

11. SLOWLY read all of the information from the completed and approved Radiological Emergency Data Form Part I After reading form say **"Stay on line for final roll call "**
12. Perform a final roll call by asking **"(*location title*) did you copy?"** for each location. Check off "Final Roll Call" for each location as they answer the roll call IF any location did not copy the message THEN instruct them to call the State for clarification or, if requested repeat the information
13. End notification by saying **"Indian Point No. 2 out at (*time*)"** Enter the time in the space provided above when final roll call is completed
14. IF any location did not answer the initial roll call THEN contact the missing location via telephone and direct them to either call the State to obtain the notification information or read form information over the telephone Record the location and time of this notification in the comment section of this form

Go to page 2 (back)

Addendum 3

CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2)

Sheet 2 of 2

CCR Initial Notification Checklist Alert/SAE/GE

Notify Security and Media Relations:	Time
15 Call the Secondary Alarm Station at 734-5330 and provide them with the classification and Date/Time of emergency classification	
16 Call Indian Point Communications Representative at 914-271-7031 IF individual answers THEN read the following statement "This is the Unit 2 Control Room, a(n) (Alert, Site Area Emergency, General Emergency) (circle proper classification) was declared at _____ (time) on Emergency Action Level number _____ (EAL #) " Obtain and enter name of individual contacted _____ OR IF after 2-5 rings the machine picks up THEN read the above message into machine after beep	

Notify NRC:	Time
17 IF it is during normal working hours THEN notify the NRC Senior Resident Inspector at 914-739-9361 or x5347 IF during off-hours THEN call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory Provide the Inspector with Date/Time of emergency classification, EAL # and brief description of event	
18 Contact NRC by calling main number listed on ENS phone (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or region 4 alternate number listed) Inform them that this is a 50 72 notification and provide them with Date/Time of emergency classification EAL # and brief description of event.	

19 Record any Comments _____

20 Date and sign this form	Date	Signature

21 Inform the Shift Manager that you have completed emergency notifications

22 Fax copies of the NYS Radiological Data Form, Part I to State, counties, TSC and EOF and provide originals to the Shift Manager

Use of Local Government Radio

A Depress the "LGR" button on the communications console
B Pickup the handset and depress the handset button
C Announce **"This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call"**
D Return to step 7 on page 1 of this checklist.

Warning Point and EOC phone numbers

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or 995-3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

Addendum 4

Upgrade/Update Notification Alert/SAE/GE Checklist (Form 1002-3)

Sheet 1 of 2

Upgrade/Update Notification Alert/SAE/GE Checklist

Notes: Use the CCR Alert/SAE/GE Initial Notification Checklist (Form IP-1002-2) for upgrade from NUE to Alert.

Upgrade notifications shall be made within **15 minutes** of classification change. Periodic Update Notifications should be done approximately **every 30 minutes** or more frequent when conditions change.

Notify Protected Area Personnel and Emergency Response Organization

1. IF initial accountability has not been completed THEN Sound or have CCR sound the Site Assembly Alarm
2. IF the emergency classification changes THEN perform the following
   - A. Announce (or have the CCR announce) the applicable message over the P.A. System three (3) times

     "Attention all personnel, a (*Site Area Emergency / General Emergency*) has been declared"

     OR if emergency classification is terminated THEN announce

     "Attention all personnel, the emergency has been terminated"
   - B. Call the Unit 3 CCR (ext. 5059) and Secondary Alarm Station (734-5330) and inform them of the new classification

Notify State and Counties:

3. Pick up the console handset and depress the "RECS" button THEN press the number "7" button on the keypad
4. When you hear the message "*You have initiated a conference* ." state **"This is to report an incident at Indian Point 2. Standby for roll call."**
5. IF you did not hear the above message within 5 seconds of pressing the number "7" button THEN press "Clear" to hang up, wait 5 seconds and repeat steps 3 and 4
6. IF unable to contact any station via RECS THEN use Local Government Radio (LGR) (instructions on back). IF both RECS and LGR fail THEN contact listed locations one at a time via telephone, (phone numbers on back)
7. Enter time you are starting the initial roll call in the space provided below
8. Initiate roll call by asking **"(*location title*) are you on the line?"** for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call

Time Initial Roll Call Started	Location	Initial Roll Call	Final Roll Call
	Westchester County	☐	☐
	Peekskill City	☐	☐
	Rockland County	☐	☐
Time Final Roll Call Completed	Orange County	☐	☐
	Putnam County	☐	☐
	New York State	☐	☐

9. SLOWLY read all of the information from the completed and approved Radiological Emergency Data Form Part I (and Part II if required). After reading form say **"Stay on line for final roll call."**
10. Perform a final roll call by asking **"(*location title*) did you copy?"** for each location. Check off "Final Roll Call" for each location as they answer the roll call. IF any location did not copy the message THEN instruct them to call the State for clarification or, if requested, repeat the form information
11. End notification by saying **"Indian Point No. 2 out at (*time*)"**. Enter the time in the space provided above when final roll call is completed
12. IF any location did not answer the initial roll call THEN contact the missing location via telephone and direct them to either call the State to obtain the notification information or read them the form information over the telephone. Record the location and time of this notification in the comment section of this form

Go to page 2 (back)

Addendum 4

Upgrade/Update Notification Alert/SAE/GE Checklist (Form 1002-3)

Sheet 2 of 2

Upgrade/Update Notification Alert/SAE/GE Checklist

Note: Use the CCR Alert/SAE/GE Initial Notification Checklist for upgrade from NUE to Alert.

Notify Lafarge Gypsum:	Time
13. IF the emergency is classified as a Site Area or General Emergency THEN notify the plant manager of Lafarge Gypsum (Georgia Pacific) via telephone (numbers in Emergency Telephone Directory)	

Notify NRC:	Time
14 Contact NRC by calling main number listed on ENS phone (IF main number does not work THEN use 1st, 2nd or 3rd backup number, or region 4 alternate number listed) Inform them that this is a 50 72 notification and provide them with Date/Time of classification EAL # and brief description of event	

15 Record any Comments _____

16 Date and sign this form

Date	Signature

17 Inform the Shift Manager that you have completed emergency notifications

18 Fax copies of the Part I and II form (if completed) to State, counties, TSC and EOF and provide originals to the Shift Manager (or EOF Manger)

Use of Local Government Radio

A. Depress the "LGR" button on the communications console
B Pickup the handset and depress the handset button.
C Announce "This is KNFM394 to report an incident at Indian Point No. 2 - Standby for Roll Call"
D Return to step 7 on page 1 of this checklist

Warning Point and EOC phone numbers

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or 995-3027
Peekskill City	914-737-8000	914-737-8000
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Orange County	845-294-3303	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
New York State	518-457-2200 or 457-6811	518-457-9900

Addendum 5

Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)

Sheet 1 of 2

Backup - ERO Activation Checklist

A. Backup Notification System Activation:

1 Use the Backup Notification System ONLY if the Primary Dialogic system fails to activate

2 Verify Control Room Pagers are on

3 Call **9-1-866-521-7099**

4 Upon hearing the following message *"This is the DCC Service Bureau Please enter your company ID number followed by the pound (#) sign"*

5 **Enter Company ID** and **Press #** — **4732 #**

6 Upon hearing the following message *"Please enter Scenario Activation Password followed by the pound (#) sign."*

7. **Enter Activation Password** found in Dialogic Envelope and **Press #** — _ _ _ _ _ #

8 After entering the Activation Password you will hear the following message *"To start a scenario, enter the Scenario ID Number followed by the pound (#) sign, or press pound alone for more options"*

9 **Enter Scenario ID Number** found in Dialogic Envelope and **Press #** — _ _ _ _ _ #

10 After entering the Scenario ID Number you will hear the following message. *"To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#).* **Press** — **3 #**

NOTE: Press pound (#) to end the call

11. WHEN you hear the following message: "*Goodbye*" THEN Hang-up

12 Enter the time you completed Dialogic activation — **Time:**

NOTE: Continue on with offsite notifications while waiting for verification of pager activation

13 Verify the backup notification system successfully activated by either Control Room pager sounding IF the pager did not activate, THEN go to Part B

14 Inform the Shift Manager that you have completed ERO activation using the Backup System

15 Date and sign this form when complete: **Date:** | **Signature:**

Continue ONLY if Control Room Pagers Did Not Activate

16 Contact Security SAS at **734-5330** and ask if the Security pager activated.

17 IF Security pager activated THEN go to step 14

18 IF Security pager did not activate THEN repeat steps 3 through 11 one additional time

IF during the 2nd attempt, on step 10, you hear. *"The scenario is currently active Do you wish to stop the scenario"* THEN do not stop the scenario **Press: 6** You will then hear *"To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#)* **Press: #**

19 IF a Control Room or Security pager does not sound after the 2nd attempt THEN manually activate the Group Page using Part B of this form.

Addendum 5

Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)

Sheet 2 of 2

Backup - ERO Activation Checklist

B. Manual Group Page Activation:

1. Use the Manual Group Page Activation ONLY if the Primary AND Backup Dialogic systems both fail to activate.
2. Request direction from Shift Manger (Emergency Director) as to ERO mobilization needed: Unit 2, Unit 3 or Station activation (Unit 2 and Unit 3).
3. Depending on mobilization needed, call each Group Page phone number.
4. To Activate UNIT 2 ERO
   Dial Unit 2 Plant Group Page number: 9-1-917-457-8432
   Enter Event Code ___ ___ ___ (In Dialogic Envelop)
5. To Activate UNIT 3 ERO:
   Dial Unit 2 Plant Group Page number: 9-1-800-436-2732
   Enter PIN number 714 1973
   Enter Event Code ___ ___ ___ (In Dialogic Envelop)
6. To Activate JNC ERO (JNC is activated for either Unit 2 or Unit 3 Event):
   Dial JNC ant Group Page number: 9-1-917-649-1901
   Enter Event Code ___ ___ ___ (In Dialogic Envelop)
7. Upon hearing one or more beeps, enter the three digit Pager Event Code number found in the Dialogic Envelop. **Press:** ___ ___ ___ #
8. Upon entering the three digit Event Code you will hear a series of short, rapid beeps, indicating that the message has been sent. Hang up.
9. Enter time you completed activating pagers **Time:**
10. Verify that the correct message was sent by confirming the pager message received on the Control Room or Security pager is same as the three digit Event Code.
11. **IF** the Event Code is incorrect on the Control Room pager **THEN immediately** call the Group Page Phone Number (above) and send the "Disregard Last Message" code as listed below. **Press:** 999 #
12. Upon entering the three digit Event Code you will hear a series of short, rapid beeps, indicating that the message has been sent. Hang up
13. **IF** Control Room and Security pagers fail to activate **THEN** inform Shift Manager that you are unable to mobilize the ERO.

Addendum 6

Primary - Emergency Response Organization Activation Checklist (Form IP-1002-5)

Sheet 1 of 1

Primary - ERO Activation Checklist

Dialogic Notification Systems Activation:

1. Verify that Shift Manager has determined that ERO mobilization is needed
2. Verify Control Room Pagers are on.
3. Call: **9-788-7771**
4. You will hear: "*This is the remote activation module. Please enter scenario activation password followed by the pound (#) sign*"
5. **Enter Activation Password** and **Press #**: _ _ _ _ _ #
6. After entering the activation password you will hear the following message: "*To start a scenario, enter the scenario ID number followed by the pound (#) sign, or press pound alone to enter more options.*"
7. **Enter Scenario Number** and **Press #**: _ _ _ _ _ #
8. After entering the Scenario Number you will hear: "*The pager event code is* (three digit number). *Press 1 to change the pager event code. Press 2 to continue.*"

NOTE: Do NOT change the three digit event code regardless of what code is given. **Press:** 2

9. After entering "2" you will hear: "*To start the scenario, press 3, followed by the pound sign (#).*

Press: 3 #

10. **WHEN** you hear: "*Goodbye*" **THEN** Hang-up.
11. Enter the time you completed Dialogic activation. **Time:**

NOTE: Continue on with offsite notifications while waiting for verification of pager activation

12. Verify the notification system successfully activated by either Control Room pager sounding. **IF** neither pager activates within 3 minutes, **THEN** go to Step 15.
13. Inform the Shift Manager that you have completed ERO activation.
14. Date and sign this form when complete: **Date:** **Signature:**

Continue ONLY if Control Room Pagers Did Not Activate

15. Contact Security SAS at **734-5330** and ask if the Security pager activated.
16. **IF** Security pager activated **THEN** go to step 13.
17. **IF** Security pager did not activate **THEN** repeat steps 3 through 10 one additional time.

    IF during the 2nd attempt, on step 8, you hear: "*The scenario is currently active. Do you wish to stop the scenario.*" **THEN** do not stop the scenario. **Press: 6** You will then hear: "*To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#).* **Press: #**

18. **IF** a Control Room or Security pager does not sound after the 2nd attempt **THEN** activate the Backup Notification System per Form IP-1002-4, Backup - Emergency Response Organization Activation Checklist.

ENTERGY
INDIAN POINT STATION
EMERGENCY PLANNING

IP-1010
Rev. 7

CENTRAL CONTROL ROOM (CCR)

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Reference Use

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Effective Date: 8/21/02

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8 0 ADDENDUM

None

CENTRAL CONTROL ROOM (CCR)

1.0 PURPOSE

To describe emergency response activities and operations of the Central Control Room (CCR).

To provide guidance for the response to emergencies declared at Unit 3.

2.0 DISCUSSION

None

3.0 PRECAUTIONS AND LIMITATIONS

None

4.0 EQUIPMENT AND MATERIALS

The following types of equipment and materials are utilized for emergency response in the CCR:

4.1 PICS for accessing plant data.

4.2 MEANS Computer program for performing dose assessment, protective action recommendations and preparing Part I and II NYS Radiological Data Forms.

4.3 Plant Procedures

4.4 Plant Drawings

4.5 Emergency Communication Systems (in addition to normally available systems)

4.5.1 Emergency Management Hotline (SM-EPM-ED)

4.5.2 CCR/TSC/EOF 3-way Ring-down line (CCR-TSC Communicator)

4.5.3 Radiological Emergency Communications System (RECS)

4.5.4 FTS-2001 Emergency Notification System - (NRC)

4.5.5 Local Government Radio (backup to RECS)

4.5.6 Emergency Plan pre-programmed facsimile machine

5.0 INSTRUCTIONS

5.1 For a Unit 2 emergency, the Shift Manager (SM) shall follow the instructions outlined in Attachment 1, Shift Manager (Emergency Director) Checklist.

5.2 For a Unit 3 emergency, the Shift Manager (SM) shall follow the instructions outlined in Attachment 6, Unit 2 Response to a Unit 3 Emergency Checklist.

5.3 For a Security emergency, the Shift Manager (SM) shall follow the instructions outlined in Attachment 7, Shift Manager (Emergency Director) Security Event Checklist.

5.4 The CCR Communicator shall follow the instructions outlined in Attachment 2, CCR Communicator Checklist.

5.5 The CCR-TSC Communicator shall follow the instructions outlined in Attachment 3, CCR-TSC Communicator Checklist.

5.6 The CCR Data Logger shall follow the instructions outlined in Attachment 4, CCR Data Logger Checklist.

5.7 The Watch Health Physics Technician shall follow the instructions outlined in Attachment 5, Watch Health Physics Technician Checklist.

6.0 REFERENCES

6.1 IP-1001, "Mobilization of Onsite Emergency Organization"

6.2 IP-1002, "Emergency Notification and Communication

6.3 IP-1024 "Emergency Classification"

6.4 IP-1027 "Personnel Accountability and Evacuation"

6.5 IP-EP-310 "Dose Assessment"

6.6 IP-EP-410 "Protective Action Recommendations"

6.7 IP-EP-610 "Termination and Recovery"

7.0 ATTACHMENTS

7.1 Attachment 1, Shift Manager (Emergency Director) Checklist.

7.2 Attachment 2, CCR Communicator Checklist

7.3 Attachment 3, CCR-TSC Communicator Checklist

7.4 Attachment 4, CCR Data Logger Checklist

7.5 Attachment 5, Watch Health Physics Technician Checklist

7.6 Attachment 6, Unit 2 Response to a Unit 3 Emergency Checklist

7.7 Attachment 7, Shift Manager (Emergency Director) Security Event Checklist

8.0 ADDENDUM

NONE

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 1 of 9

Initial Responsibility/Activity	Notes
1.0 Classification of the Emergency	
Authority to classify and declare an emergency is reserved solely for the Emergency Director and may not be delegated. The SM in the role of Emergency Director makes the initial emergency classification.	
1.1 Classify the emergency condition in accordance with IP-1024 "Emergency Classification".	
1.2 IF a General Emergency is declared, THEN protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations.	
1.3 Declare the emergency and announce the classification to Control Room personnel.	
1.4 Ensure Unit 3 Control Room is notified of the emergency classification.	
1.5 At an Alert or higher classification, ensure the Unit 3 Site Assembly alarm is sounded (coordinate with Unit 3 CCR).	
2.0 Notification – Unusual Event	
State and local authorities shall be notified within 15 minutes of emergency declaration.	
2.1 IF the initial emergency classification is an Alert or higher THEN proceed to step 3.0.	
2.2 Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator.	
2.3 Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I."	
2.4 Direct notification of offsite authorities by providing the completed and signed NYS Radiological Data Form Part I to the CCR Communicator.	
2.5 Determine if Emergency Response Organization mobilization is needed or if Emergency Response Organization should receive event notification only:	
A. IF based on Shift Manager (Emergency Director) judgment the Emergency Response Organization should be activated, THEN direct the CCR Communicator use **Envelope B** "Unit 2 ERO Mobilization" envelope as indicated on Form IP-1002-1 "CCR NUE Notification Checklist."	
B. IF based on Shift Manager (Emergency Director) judgment the Emergency Response Organization should be called and notified only, THEN direct the CCR Communicator use **Envelope C** "Unit 2 ERO Event Notification" envelope as indicated on Form IP-1002-1 "CCR NUE Notification Checklist."	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 2 of 9

Initial Responsibility/Activity(cont.)	Notes
3.0 Notification & Mobilization - Alert, Site Area or General Emergency Once the EOF is activated, all offsite communications shall be performed by the EOF staff. The following steps are for initial classification at the Alert level or higher. State and local authorities shall be notified within 15 minutes of emergency declaration. 3.1 Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator. 3.2 Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I." **NOTE** -IP-1027 "Personnel Accountability and Evacuation" provides guidance for the suspension of personnel accountability under certain conditions. 3.3 IF personnel assembly is suspended, THEN inform the CCR Communicator prior to directing personnel mobilization and instruct him NOT to sound the site assembly alarm. **NOTE** IF adverse conditions exist onsite to an extent impacting safety of Emergency Response Organization personnel responding from outside the Protected Area, THEN consider having Security direct responding personnel to the Emergency Operations Facility rather than reporting directly to their assigned emergency facility. 3.4 Determine if this is a Unit 2 ERO mobilization or a Station ERO mobilization (both Unit 2 and Unit 3). 3.5 IF based on Shift Manager judgment the Emergency Response Organization is needed for both Unit 2 and Unit 3, THEN direct the CCR Communicator to use **Envelope A** "Station ERO Mobilization" envelope as indicated on Form IP-1002-2 "CCR Alert/SAE/GE Initial Notification Checklist". 3.6 IF based on Shift Manager judgment the Emergency Response Organization mobilization is needed for Unit 2, THEN direct the CCR Communicator to use **Envelope B** "Unit 2 ERO Mobilization" envelope as indicated on Form IP-1002-2 "CCR Alert/SAE/GE Initial Notification Checklist".	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 3 of 9

Initial Responsibility/Activity(cont.)	Notes
4.0 Establish Personnel Accountability	
NOTES Accountability rosters are located in the Shift Manager Position Binder. The Shift Manager may call for accountability to be completed any time conditions due to hazards in the plant such as fire, toxic gas, high radiation levels, earthquake etc. are present.	
4.1 IF a Site Area Emergency or General Emergency has been declared, and personnel accountability has not already been established, THEN initiate site personnel accountability per IP-1027, Personnel Accountability and Evacuation.	
4.2 Have all shift staff personnel (including Shift Watch HP and Chemistry) swipe their security badge through the CCR accountability card reader. Record the names, badge numbers and locations of any watch personnel located in the field on an Accountability Roster, Form IP-1027-1 and forward roster to the Lead Accountability Officer or OSC Manager (if OSC activated).	
4.3 IF any individuals are missing, THEN direct available personnel and Security to conduct search and rescue operations to locate the missing individuals.	
5.0 Assess Any Radiological Release	
The MEANS computer program is available for the performance of dose projections and the formulation of protective action recommendations.	
5.1 IF any indications exist of abnormal radiological release as a result of the emergency, THEN assess offsite consequences in accordance with IP-EP-310, Dose Assessment.	
5.2 IF dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines THEN declaration of a General Emergency is required. Evaluate the need to modify the General Emergency PARs as specified in Attachment 10.2 of IP-EP-410, Protective Action Recommendations.	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 4 of 9

Continuous Responsibility/Activity (Emergency Director)	Notes
NOTES **IF** while performing the Continuous Responsibility/Activity steps as Emergency Director, you are relieved of Emergency Director duties by the EPM or On-Call ED, **THEN** exit this section and enter the Continuous Responsibility/Activity (Shift Manager) section at step 11.0.	
6.0 Re-Classify the Emergency if Necessary	
6.1 **IF** plant conditions change or other events occur which may warrant upgrade of the emergency classification, **THEN** re-classify the emergency condition in accordance with IP-1024 "Emergency Classification".	
6.2 **IF** a General Emergency is declared, **THEN** protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations.	
6.3 Declare the emergency and announce the classification to Control Room personnel.	
6.4 Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I."	
6.5 Direct the CCR Communicator to perform notifications using Form IP-1002-3 "Upgrade/Update Notification Alert/SAE/GE Initial Notification Checklist".	
7.0 Establish Radiological Controls and Maintain Onsite Personnel Safety	
7.1 Keep the Security Supervisor at the Command Guard House informed of emergency classification, plant status and any radioactive releases which may effect Security Personnel.	
7.2 Once established, maintain personnel accountability.	
7.3 **IF** the potential for abnormal radiological conditions in-plant or onsite exists, **THEN**:	
A. Direct the Watch Health Physics Technician to establish radiological controls for the Central Control Room and initiate habitability monitoring for the Central Control Room.	
B. Evaluate the need to perform a site evacuation per IP-1027, Personnel Accountability and Evacuation.	
C. Authorize emergency exposure, if necessary, per Form IP-1023-6, Emergency Exposure Authorization.	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 5 of 9

	Continuous Responsibility/Activity (Emergency Director)	Notes
7.4	IF an on-site medical emergency occurs, THEN implement IP-1012, On-site Medical Emergency.	
8.0	**Perform Periodic Update Notifications**	
8.1	Periodic update notifications to offsite authorities should be made approximately every 30 minutes or more frequently when plant conditions change.	
8.2	For each update notification, complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I."	
8.3	IF there has been a radiological release to the environment, THEN complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Data Form, **Part II**.	
8.4	For periodic update notifications during an **Unusual Events**, direct the CCR Communicator to perform update notifications using Form IP-1002-1 "CCR NUE Notification Checklist".	
8.5	For periodic update notifications during an **Alert or higher** classifications, direct the CCR Communicator to perform update notifications using Form IP-1002-3 "Upgrade/Update Notification Alert/SAE/GE Initial Notification Checklist".	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 6 of 9

Continuous Responsibility/Activity (Emergency Director)	Notes
9.0 Turnover Emergency Director Responsibilities **NOTE:** For Unusual Events, the Shift Manager will normally maintain the Emergency Director responsibilities until the classification is terminated per IP-EP-610, Emergency Termination & Recovery. For Alert and higher classifications, the Emergency Plant Manager will relieve the Shift Manager of Emergency Director duties in the Control Room. The On-Call Emergency Director in the EOF at his discretion may assume Emergency Director duties directly from the Shift Manager via telephone turnover. 9.1 Provide a status briefing to the Emergency Plant Manager upon his arrival in the Central Control Room. The Emergency Plant Manager will request status on all of the information specified on Form IP-1035-2, Essential Information Checklist. 9.2 Provide copies of all completed NYS radiological Emergency Data forms to the Emergency Plant Manager. 9.3 Resume duties as Shift Manager and proceed to step 11.0 in the Continuous Responsibility/Activity (Shift Manager) section.	
10.0 Terminate the Emergency (Unusual Event Only) 10.1 When conditions warrant termination of the Unusual Event, enter IP-EP-610 Emergency Termination & Recovery and terminate the emergency per section 6.1 "Transition and Recovery Following an Unusual Event." 10.2 Exit this section after termination of the emergency and enter the Closeout Responsibility/Activity section at step16.0.	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 7 of 9

Continuous Responsibility/Activity (Shift Manager)	Notes
11.0 Evaluate Emergency Action Levels 11.1 Continue to evaluate current plant condition and events relative to the emergency action levels as specified in IP-1024, Emergency Classification. 11.2 Make recommendations to the Emergency Director and Emergency Plant Manager for upgrading of the emergency classification as appropriate.	
12.0 Maintain Communications with the Emergency Plant Manager and Emergency Director 12.1 Keep the Emergency Plant Manager and Emergency Director informed of current plant status and planned operations. 12.2 Discuss tasks and procedures the Control Room is currently performing and review priorities on a regular basis. 12.3 IMMEDIATELY inform the Emergency Plant Manager and Emergency Director of any plant condition or event that has the potential to change the emergency classification or affect radiological release status.	
13.0 Coordinate In-Plant Team Activities with the Operations Coordinator in the OSC **NOTE:** Once the OSC is activated, the dispatch of personnel into the field for emergency operations is controlled from the OSC. Communications and directions can be provided to the teams from the Control Room, however, the OSC must retain team control for personnel safety and continuous accountability. 13.1 Once the OSC is activated, coordinate the dispatch and control of NPOs assigned to perform in-plant operations with the Operations Coordinator located in the OSC.	Operations Coordinator telephone # in OSC: **734-5556**

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 8 of 9

Continuous Responsibility/Activity (Shift Manager)	Notes
13.2 For operations teams already dispatched and in the field prior to the OSC being activated, coordinate the transfer of team control to the OSC with the Operations Coordinator. 13.3 Direct requests for in-plant operational support IMMEDIATELY to the Operations Coordinator in the OSC to facilitate prompt response to Control Room needs. Keep the Emergency Plant Manager informed of all requests. 13.4 Re-enforce Control Room priorities and needs with the Emergency Plant Manager if in-plant team support is not being provided in a timely and effective manner.	
14.0 Request Technical Support as Needed to Mitigate the Emergency 14.1 Request the TSC Manager to provide forward-looking technical support as needed to assist the Control Room staff in responding to the emergency. 14.2 Provide the Emergency Plant Manager and TSC Manager with periodic briefs on current mitigation strategies and emergency procedures currently being implemented.	
15.0 Exit to Recovery Phase 15.1 Upon notification from the Emergency Director that the emergency has been terminated, exit this section and enter the Closeout Responsibility/Activity section at step 16.0.	

Attachment 1

Shift Manager (Emergency Director) Checklist

Sheet 9 of 9

Closeout Responsibility/Activity	Notes
16.0 Direct the Control Room staff to return all equipment utilized in the response to proper storage locations	
17.0 Review all documentation the Control Room staff generated during the emergency: 17.1 Ensure all logs, forms and other documentation are complete. 17.2 Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration. 17.3 Collect all computer printouts and strip charts.	
18.0 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 2

CCR Communicator Checklist

Sheet 1 of 4

Initial Responsibility/Activity	Notes
1.0 Assume the Duties of CCR Communicator State and local authorities shall be notified within 15 minutes of emergency declaration. 1.1 Upon being notified to fulfill the CCR Communicator role, IMMEDIATELY report to the Control Room. 1.2 IF site accountability has been directed, THEN swipe your security badge through the CCR accountability card reader. 1.3 Inform the Shift Manager (Emergency Director) and the Control Room staff that you have assumed the duties of CCR Communicator. 1.4 IF the emergency classification is an Unusual Event, THEN, proceed to step 2.0. 1.5 IF the emergency classification is an Alert or higher, THEN, proceed to step 3.0.	
2.0 Perform Initial Unusual Event Notifications 2.1 Obtain the completed NYS Radiological Emergency Data Form Part I from the Shift Manager. 2.2 Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature. 2.3 Using Form IP-1002-1, "CCR NUE Notification Checklist", start the initial roll call to State and counties within 15 minutes of the declaration of the Unusual Event. 2.4 Complete Section 1 of the NYS Radiological Data Form Part I, by recording the date and time the message is being transmitted as well as checking the appropriate communication method (RECS or Other). 2.5 Request direction from Shift Manger (Emergency Director) if Emergency Response Organization mobilization is needed or if Emergency Response Organization should receive event notification only. 2.6 Complete the remaining notifications as specified on the Form IP-1002-1 checklist.	Fax numbers can be found in the Emergency Telephone Directory

Attachment 2

CCR Communicator Checklist

Sheet 2 of 4

Initial Responsibility/Activity	Notes
2.7 **Fax copies** of the NYS Radiological Data Form to State/counties/ EOF.	Fax numbers can be found in the Emergency Telephone Directory
3.0 Perform Initial Alert/SAE/GE Notifications	
3.1 Determine if personnel accountability is being suspended from the Shift Manager.	
NOTE: Form IP-1002-2, CCR Alert/SAE/GE Initial Notification Checklist is used **only** once. After notifications are complete using this form, all subsequent upgrade and update notifications shall be made using Form IP-1002-3, Upgrade/Update Notification Alert/SAE/GE Checklist.	
3.2 Using Form IP-1002-2, CCR Alert/SAE/GE Initial Notification Checklist, initiate notification of personnel located in the Protected Area, Unit 3 CCR and the Emergency Response Organization.	
3.3 Obtain the completed NYS Radiological Emergency Data Form Part I from the Shift Manager. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature.	
3.4 Using Form IP-1002-2, CCR Alert/SAE/GE Initial Notification Checklist, start the initial roll call to State and counties within 15 minutes of the declaration of the Alert, SAE or GE.	
3.5 Complete Section 1 of the NYS Radiological Data Form Part I, by recording the date and time the message is being transmitted as well as checking the appropriate communication method (RECS or Other).	
3.6 Complete the remaining notifications as specified on the Form 1002-2 checklist.	Fax numbers can be found in the Emergency Telephone Directory
3.7 **Fax copies** of the NYS Radiological Data Form to State/counties/ EOF.	

Attachment 2

CCR Communicator Checklist

Sheet 3 of 4

Continuous Responsibility/Activity	Notes
4.0 Perform Periodic Update Notifications – Unusual Event **NOTE:** Periodic Update Notifications to offsite authorities shall be made approximately every 30 minutes or whenever conditions change. 4.1 Obtain the completed NYS Radiological Emergency Data Form Part I from the Shift Manager. A. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature. 4.2 Using Form IP-1002-1, CCR NUE Notification Checklist, perform **ONLY the circled items**, to make the periodic update notifications. 4.3 Complete Section 1 of the NYS Radiological Data Form Part I, by recording the date and time the message is being transmitted as well as checking the appropriate communication method (RECS or Other). 4.4 **Fax copies** of the NYS Radiological Data Form to State/counties/ EOF.	Fax numbers can be found in the Emergency Telephone Directory
5.0 Perform Periodic Update Notifications – Alert/SAE/GE **NOTE:** Periodic Update Notifications to offsite authorities shall be made approximately every 30 minutes or whenever conditions change. 5.1 Obtain the completed NYS Radiological Emergency Data Form Part I (Part II if a radiological release has occurred or is in progress) from the Shift Manager. A. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature. 5.2 Using Form IP-1002-3, Upgrade/Update Alert/SAE/GE Checklist, start the initial roll call to State and counties. 5.3 Complete Section 1 of the NYS Radiological Data Form Part I, by recording the date and time the message is being transmitted as well as checking the appropriate communication method (RECS or Other).	Fax numbers can be found in the Emergency Telephone Directory

Attachment 2

CCR Communicator Checklist

Sheet 4 of 4

	Continuous Responsibility/Activity	Notes
5.4	Complete the remaining notifications as specified on the Form 1002-3 checklist.	
6.0	**IE the Emergency Classification is Upgraded, THEN Perform Upgrade Notifications**	
6.1	Using Form IP-1002-3, Upgrade/Update Alert/SAE/GE Checklist, initiate notification of personnel located in the Protected Area, Unit 3 CCR and the Emergency Response Organization.	
6.2	Obtain the completed NYS Radiological Emergency Data Form Part I from the Shift Manager. A. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature.	
6.3	Using Form IP-1002-3, Upgrade/Update Alert/SAE/GE Checklist, start the initial roll call to State and counties within 15 minutes of upgrade of the emergency classification.	
6.4	Complete Section 1 of the NYS Radiological Data Form Part I, by recording the date and time the message is being transmitted as well as checking the appropriate communication method (RECS or Other).	Fax numbers can be found in the Emergency Telephone Directory
6.5	Complete the remaining notifications as specified on the checklist.	
7.0	**When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations**	
8.0	**Review all documentation the generated during the emergency:**	
8.1	Ensure all logs, forms and other documentation are complete.	
8.2	Collect all forms, logs and other documentation.	
9.0	**Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.**	

Attachment 3

CCR-TSC Communicator Checklist

Sheet 1 of 2

Initial Responsibility/Activity	Notes
1.0 Assume the Duties of CCR-TSC Communicator	
1.1 Upon being notified to fulfill the CCR-TSC Communicator role, IMMEDIATELY report to the Control Room.	
1.2 IF site accountability has been directed, THEN swipe your security badge through the CCR accountability card reader.	
1.3 Inform the Shift Manager and the Control Room staff that you are assuming the duties of CCR-TSC Communicator.	
1.4 If not already established, establish an open line of communications with the TSC Communicator and EOF (EOF may not always be on line) over the 3-way ring down phone:	
A. Remove handset from cradle (may use headset if available).	
B. Press button labeled "TSC-CCR-EOF"	
C. Press SIGNAL button to ring other locations.	
D. Listen to ensure other parties pick up (it may take additional time for the TSC Communicator to arrive in TSC)	
E. Inform other parties that you are establishing an open line from the CCR.	
F. Stay on line or inform other parties any time you will be offline.	
1.5 Inform the Shift Manager that you have established communications with the TSC and EOF.	
Continuous Responsibility/Activity	**Notes**
2.0 Maintain Communications with the TSC and EOF	
NOTE: The primary responsibility of the CCR-TSC Communicator is to provide an open line of communication between the CCR and TSC, however, the Technical Advisor to the Emergency Director in the EOF will periodically monitor the communications line or will request information from the CCR and TSC.	
2.1 Transmit information as requested by the TSC and EOF.	

Attachment 3

CCR-TSC Communicator Checklist

Sheet 2 of 2

Continuous Responsibility/Activity (cont.)	Notes
2.2 Use Form IP-1023-4, ERO Log Sheet, to maintain a log. A. Log the time when you assumed the duties of CCR-TSC Communicator B. Log significant communications pertaining to plant operations and emergency events.	
Closeout Responsibility/Activity	**Notes**
3.0 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations	
4.0 Review all documentation the generated during the emergency: 4.1 Ensure all logs, forms and other documentation are complete. 4.2 Collect all forms, logs and other documentation..	
5.0 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 4
CCR Data Logger Checklist
Sheet 1 of 3

Initial Responsibility/Activity	Notes
1.0 Assume the Duties of CCR-Data Logger 1.1 Upon being notified to fulfill the CCR-Data Logger role, IMMEDIATELY report to the Control Room. 1.2 IF site accountability has been directed, THEN swipe your security badge through the CCR accountability card reader. 1.3 Inform the Shift Manager and the Control Room staff that you are assuming the duties of CCR Data Logger.	
2.0 Initiate Data Acquisition 2.1 Begin manual data collection and entry into EDDS: A. Activate the manual overlay functions of EDDS as specified in Step 5.3.1 of IP-1026, Emergency Data Acquisition. B. Begin manual data collection and entry into EDDS as specified in Step 5.3.2 of IP-1026, Emergency Data Acquisition 2.2 IF EDDS is not functional, THEN: A. Begin collection and manual entry of plant parameter data into Proteus as specified in Step 5.1.5 of IP-1021, Manual Update, Readout and Printout of Proteus Plant Parameter Data. B. Begin manual collection of Form IP-1026-2, Equipment Status – 42B data for manual transmittal to the TSC. C. Completed Form 1026-2 should be faxed or physically delivered to the TSC. 2.3 IF BOTH EDDS AND Proteus are not functional, THEN begin manual collection of data for the following forms for manual transmission to the TSC: A. Form IP-1026-1, Plant Parameters – 42A B. Form IP-1026-2, Equipment Status – 42B C. Form IP-1026-3, Radiological Data – 42C Completed forms should be faxed or physically delivered to the TSC.	

Attachment 4
CCR Data Logger Checklist
Sheet 2 of 3

Continuous Responsibility/Activity	Notes
3.0 Maintain Up-to-Date Plant Data Transmissions **NOTE:** The primary responsibility of the CCR-Data Logger is to provide constant updates of manually acquired plant data for input into EDDS. If EDDS is not functional the CCR-Data Logger is responsible for manual acquisition and transmission of plant data as needed. However, additional requests for plant information may be made by the TSC or EOF. 3.1 Maintain EDDS manual input data up-to-date: A. Update manual data points at least every **15 minutes** and any time there is a significant change in value or status. B. If there is any important qualifying information that may be important or useful for the TSC or EOF to be aware of regarding data being manually entered into EDDS, pass that information on via the CCR-TSC Communicator. 3.2 IF EDDS is not functional, THEN continue manual data entry into Proteus and manual completion of Form IP-1026-2 as specified in Step 2.2. 3.3 IF **BOTH** EDDS **AND** Proteus are not functional, THEN continue manual collection of data for the following forms for manual transmission to the TSC: A. Form IP-1026-1, Plant Parameters – 42A B. Form IP-1026-2, Equipment Status – 42B C. Form IP-1026-3, Radiological Data – 42C Completed forms should be faxed or physically delivered to the TSC.	
4.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log. A. Log the time when you assumed the duties of CCR-TSC Communicator B. Log significant communications pertaining to plant operations and emergency events.	

Attachment 4

CCR Data Logger Checklist

Sheet 3 of 3

Closeout Responsibility/Activity		Notes
5.0	**When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations**	
6.0	**Review all documentation the generated during the emergency:**	
6.1	Ensure all logs, forms and other documentation are complete.	
6.2	Collect all forms, logs and other documentation..	
7.0	**Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.**	

Attachment 5

Watch Health Physics Technician Checklist

Sheet 1 of 3

Initial Responsibility/Activity	Notes
1.0 Assume the Duties of Watch Health Physics Technician	
1.1 Upon being notified of a classified emergency, IMMEDIATELY report to the Control Room.	
A. IF the declared emergency is an Alert or higher, THEN first proceed to HP1 and determine who has NOT signed out of the RCA by accessing the computer (Option 3 main menu, option 1 sub-menu).	
B. Report list of personnel still in RCA to the Shift Manager.	
1.2 IF site accountability has been directed, THEN swipe your security badge through the CCR accountability card reader.	
1.3 Inform the Shift Manager and the Control Room staff that you are assuming the duties of Watch Health Physics Technician.	
2.0 Establish Initial CCR Radiological Protection	
2.1 Evaluate the need and make a recommendation to establish radiological access control for the Control Room	
A. Ask the Shift Manager if there is potential for abnormal radiological conditions outside of the RCA.	
B. Evaluate PRM-ARM instrumentation.	
2.2 IF the Shift Manager directs that Control Room radiological controls be established, THEN:	
A. Set up step off pad (SOP) requiring shoe check and frisker at the entrance from the turbine floor to SFS Office and at the side entrance.	
B. Place SOPs in a position that does not preclude opening the door while standing on the SOP.	
C. Perform periodic contamination surveys on both sides of the SOP	
D. Perform periodic airborne contamination checks.	
E. Record results on applicable forms.	

Attachment 5
Watch Health Physics Technician Checklist
Sheet 2 of 3

Continuous Responsibility/Activity	Notes
3.0 Provide Radiological Protection **NOTE:** The actions and responsibilities listed in this procedure are intended to assist the Watch Health Physics Technician in the performance of his/her duties. While some items are performed once, others are repeated over the duration of the event. 3.1 Provide radiological support, such as issuance of dosimetry, determination of respiratory and protective clothing requirements, and performance of radiological surveys for the following activities, as directed by the Shift Manager: A. Search and rescue B. Repair and corrective actions C. Response to fires by Fire Brigade (includes survey /decontamination of Fire Department personnel and equipment) D. Personnel and equipment decontamination E. As requested by the Shift Manager 3.2 Conduct outside surveys per IP-1015, Radiological Surveys Outside the Protected Area as requested by the Shift Manager 3.3 Provide Radiological Support for Personnel Medical Emergencies A. Upon notification that a personnel medical emergency has occurred onsite, report to the scene with the HP Plant Medical Emergency Kit (stored in the HPT Office/Counting Room Area). B. Implement Step 5.4 of IP-1012, On-Site Medical Emergency.	
4.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log. A. Log the time when you assumed the duties of Watch Health Physics Technician. B. Log significant communications pertaining to personnel radiological conditions and actions.	

Attachment 5

Watch Health Physics Technician Checklist

Sheet 3 of 3

Continuous Responsibility/Activity (Cont)	Notes
5.0 Turnover to OSC Radiation Protection Coordinator 5.1 Once the OSC has been activated, upon direction from the Shift Manager, report to the OSC Radiation Protection Coordinator in the OSC.	
Closeout Responsibility/Activity	**Notes**
6.0 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations	
7.0 Review all documentation the generated during the emergency: 7.1 Ensure all logs, forms and other documentation are complete. 7.2 Collect all forms, logs and other documentation..	
8.0 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 6
Unit 2 Response to a Unit 3 Emergency Checklist

Sheet 1 of 4

Initial Responsibility/Activity	Notes
1.0 Notification of the Emergency Upon notification from Unit 3 Control Room that an event has been declared at Indian Point 3: A. Announce the information to Control Room personnel. B. Based upon the Unit 3 emergency conditions, evaluate the need to declare an emergency at Unit 2 in accordance with IP-1024. If you determine that an EAL is met for current Unit 2 conditions, notify the Emergency Director in Unit 3.	
2.0 Notification of ERO Personnel	
2.1 **UNUSUAL EVENT**	
2.1.1 Make an announcement providing information regarding the Unit 3 event and any additional information as required restricting access to Unit 3 areas affected by the emergency.	
2.1.2 Request direction from Unit 3 Shift Manger (Emergency Director) if Unit 3 ERO mobilization is needed or if Emergency Response Organization should receive event notification only.	
2.1.3 Ensure CCR Communicator to available. **IF** CCR Communicator is unavailable **THEN** direct a qualified individual to serve as CCR Communicator.	
2.1.4 **IF** based on Unit 3 Shift Manager (Emergency Director) judgment the Emergency Response Organization is needed, **THEN** direct the CCR Communicator to use **Envelope D** "Unit 3 ERO Mobilization" envelope to contact the Unit 3 ERO members.	
2.1.5 **IF** based on Unit 3 Shift Manager (Emergency Director) judgment the Emergency Response Organization should be notified only, **THEN** direct the CCR Communicator to use **Envelope E** "Unit 3 ERO Event Notification" envelope to contact the appropriate ERO members.	

Attachment 6
Unit 2 Response to a Unit 3 Emergency Checklist

Sheet 2 of 4

Initial Responsibility/Activity(cont.)	Notes
2.2. **ALERT**	
2.2.1 IF personnel are in jeopardy due to a Unit 3 emergency, THEN sound the Site Assembly Alarm for 30 seconds and instruct personnel to move to safety immediately.	
2.2.2 IF there is no hazard for Unit 2 personnel, THEN sound the Site Assembly Alarm for 30 seconds (coordinate sounding of the assembly alarm with the Unit 3 CCR) and make the following announcement 3 times over the public address system:	
"Attention all personnel, Attention all personnel, an Alert has been declared at Unit 3, all essential personnel report to your assigned emergency facility. All other personnel assemble at the Energy Education Center."	
2.2.3 Determine if this is a Unit 3 ERO mobilization or a Station ERO mobilization (both Unit 2 and Unit 3).	
2.2.4 Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator.	
2.2.5 IF the Emergency Response Organization is needed for both Unit 2 and Unit 3, THEN direct the CCR Communicator to use **Envelope A** "Station ERO Mobilization" envelope to contact Unit 2 and Unit 3 ERO.	
2.2.6 IF only the Unit 3 the Emergency Response Organization is needed, THEN direct the CCR Communicator to use **Envelope D** "Unit 3 ERO Mobilization" envelope to contact the Unit 3 ERO.	

Attachment 6
Unit 2 Response to a Unit 3 Emergency Checklist

Sheet 3 of 4

Initial Responsibility/Activity	Notes
2.3 **SITE AREA EMERGENCY or GENERAL EMERGENCY**	
2.3.1 IF personnel are in jeopardy due to a Unit 3 emergency, THEN sound the Site Assembly Alarm for 30 seconds and instruct personnel to move to safety immediately.	
2.3.2 IF there is no hazard for Unit 2 personnel, THEN sound the Site Assembly Alarm for 30 seconds (coordinate sounding of the assembly alarm with the Unit 3 CCR) and make the following announcement 3 times over the public address system:	
"Attention all personnel, Attention all personnel, a (Site Area Emergency / General Emergency) has been declared at Unit 3, All essential personnel report to your assigned emergency facility. All other personnel assemble at the Energy Education Center."	
2.3.3 Determine if this is a Unit 3 ERO mobilization or a Station ERO mobilization (both Unit 2 and Unit 3).	
2.3.4 Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator.	
2.3.5 IF the Emergency Response Organization is needed for both Unit 2 and Unit 3, THEN direct the CCR Communicator to use **Envelope A** "Station ERO Mobilization" envelope to contact the Unit 2 and Unit 3 ERO.	
2.3.6 IF only the Unit 3 the Emergency Response Organization is needed, THEN direct the CCR Communicator to use **Envelope D** "Unit 3 ERO Mobilization" envelope to contact the Unit 3 ERO.	
2.3.7 Perform Personnel Accountability per IP-1027.	
2.3.8 Direct all watch staff, including the Watch HP and Chemistry, to swipe their security badge through the CCR accountability card reader.	

Attachment 6
Unit 2 Response to a Unit 3 Emergency Checklist

Sheet 4 of 4

Initial Responsibility/Activity	Notes
3.0 Provide Support to Unit 3 3.1 Upon request from the Unit 3 Emergency Director, provide a Shift HP Technician to support Unit 3 response. 3.2 Upon request from the Unit 3 Emergency Director, call-out and dispatch Offsite Field Monitoring Teams to support Unit 3 field monitoring activities. Direct offsite monitoring personnel to report to the EOF and inform the Unit 3 Emergency Director of their availability. Refer to the Emergency Telephone Directory for names and telephone numbers of qualified individuals.	
Continuous Responsibility/Activity	**Notes**
4.0 Provide Support to Unit 3 as Requested Upon request from the Unit 3 Emergency Director, provide Unit 2 personnel, equipment and resources available to you.	
5.0 Provide updates to personnel in Unit 2 with information provided by the Unit 3 Emergency Director When information is provided to you, use the public address system to disseminate that information to the personnel within the Unit 2 fence line.	
6.0 Evaluate Emergency Action Levels Continue to evaluate current plant condition and events relative to the Emergency Action Levels as specified in IP-1024, "Emergency Classification."	

Attachment 7

Shift Manager (Emergency Director) Security Event Checklist

Sheet 1 of 9

Initial Responsibility/Activity		Notes
1.0	**Activating the Emergency Response Organization during a Security Event**	
1.1	IF an emergency is declared due to a security event, THEN the ERO will be mobilized to backup locations until conditions can be established for safe site access.	
1.2	Security and Operations will take steps as directed by Safeguard instructions to protect the safety of site employees and the integrity of plant equipment.	
1.3	Site access and egress will be controlled per Security procedures.	
2.0	**Classification of the Emergency**	
	Authority to classify and declare an emergency is reserved solely for the Emergency Director and may not be delegated. The SM in the role of Emergency Director makes the initial emergency classification.	
2:1	Classify the emergency condition in accordance with IP-1024 "Emergency Classification".	
2.2	IF a General Emergency is declared, THEN protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations.	
2.3	Declare the emergency and announce the classification to Control Room personnel.	
2.4	Ensure Unit 3 Control Room is notified of the emergency classification.	
2.5	If a Security Event is in progress, determine if Site Assembly alarm should be sounded based on what is best for the safety of onsite personnel. Notify Unit 3 to take the same actions.	
3.0	**Notification – Unusual Event**	
	State and local authorities shall be notified within 15 minutes of emergency declaration.	
3.1	IF the initial emergency classification is an Alert or higher THEN proceed to step 4.0.	
3.2	Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator.	
3.3	Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I."	
3.4	Direct notification of offsite authorities by providing the completed and signed NYS Radiological Data Form Part I to the CCR Communicator.	

Attachment 7

Shift Manager Security Event Checklist

Sheet 2 of 9

Initial Responsibility/Activity(cont.)	Notes
3.5 Determine if Emergency Response Organization mobilization is needed. IF based on Shift Manager (Emergency Director) judgment the Emergency Response Organization should be directed to report to backup locations, THEN direct the CCR Communicator to use **Envelope F** "Station ERO Mobilization to Backup Locations". 3.6 IF the ERO is not needed THEN notify the appropriate ERO of the event: A. IF the Unit 2 Emergency Response Organization should be notified only, THEN direct the CCR Communicator use **Envelope C** "Unit 2 ERO Event Notification." B. IF the Unit 3 Emergency Response Organization should be notified only, THEN direct the CCR Communicator use **Envelope E** "Unit 3 ERO Event Notification." C. IF the Unit 2 and Unit 3 Emergency Response Organizations should be notified, THEN direct the CCR Communicator use both **Envelope C** "Unit 2 ERO Event Notification" and **Envelope E** "Unit 3 ERO Event Notification."	
4.0 Notification & Mobilization - Alert, Site Area or General Emergency Once the EOF is activated, all offsite communications shall be performed by the EOF staff. The following steps are for initial classification at the Alert level or higher. State and local authorities shall be notified within 15 minutes of emergency declaration. 4.1 Ensure CCR Communicator to available. IF CCR Communicator is unavailable THEN direct a qualified individual to serve as CCR Communicator. 4.2 Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I." 4.3 IF personnel assembly is suspended, THEN inform the CCR Communicator prior to directing personnel mobilization and instruct him NOT to sound the site assembly alarm. 4.4 Direct the CCR Communicator to use **Envelope F** "Station ERO Mobilization to Backup Locations".	

Attachment 7

Shift Manager Security Event Checklist

Sheet 3 of 9

Initial Responsibility/Activity(cont.)	Notes
5.0 Establish Personnel Accountability	
NOTE IP-1027 "Personnel Accountability and Evacuation" provides guidance for the suspension of personnel accountability under certain conditions.	
CAUTION Security and Operations will take steps as directed by Safeguard Instructions to protect the safety of site personnel. Accountability should be suspended until conditions can be established for safe site access.	
NOTES Accountability rosters are located in the Shift Manager Position Binder. The Shift Manager may call for accountability to be completed any time conditions (hazards in the plant such as fire, toxic gas high radiation levels, earthquake etc.) are present where personnel safety may be in question.	
5.1 IF a Site Area Emergency or General Emergency has been declared, and personnel accountability has not already been established, THEN initiate site personnel accountability per IP-1027, Personnel Accountability and Evacuation.	
5.2 IF any individuals are missing, THEN direct available personnel and Security to conduct search and rescue operations to locate the missing individuals as conditions allow.	
6.0 Assess Any Radiological Release	
The MEANS computer program is available for the performance of dose projections and the formulation of protective action recommendations.	
6.1 IF any indications exist of abnormal radiological release as a result of the emergency, THEN assess offsite consequences in accordance with IP-EP-310, Dose Assessment.	

Attachment 7

Shift Manager Security Event Checklist

Sheet 4 of 9

Initial Responsibility/Activity(cont.)	Notes
6.2 IF dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines THEN declaration of a General Emergency is required. Evaluate the need to modify the General Emergency PARs as specified in Attachment 10.2 of IP-EP-410, Protective Action Recommendations.	
Continuous Responsibility/Activity (Emergency Director)	**Notes**
NOTES IF while performing the Continuous Responsibility/Activity steps as Emergency Director, you are relieved of Emergency Director duties by the EPM or On-Call ED, THEN exit this section and enter the Continuous Responsibility/Activity (Shift Manager) section at step 12.0. **7.0 Re-Classify the Emergency if Necessary** 7.1 IF plant conditions change or other events occur which may warrant upgrade of the emergency classification, THEN re-classify the emergency condition in accordance with IP-1024 "Emergency Classification". 7.2 IF a General Emergency is declared, THEN protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations. 7.3 Declare the emergency and announce the classification to Control Room personnel. 7.4 Complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I." 7.5 Direct the CCR Communicator to perform notifications using Form IP-1002-3 "Upgrade/Update Notification Alert/SAE/GE Initial Notification Checklist". **8.0 Establish Radiological Controls and Maintain Onsite Personnel Safety** 8.1 Keep the Security Supervisor at the Command Guard House informed of emergency classification, plant status and any radioactive releases which may effect Security Personnel. 8.2 Once established, maintain personnel accountability.	

Attachment 7

Shift Manager Security Event Checklist

Sheet 5 of 9

	Continuous Responsibility/Activity (Emergency Director)	Notes
8.3	IF the potential for abnormal radiological conditions in-plant or onsite exists, THEN: A. Direct the Watch Health Physics Technician to establish radiological controls for the Central Control Room and initiate habitability monitoring for the Central Control Room. B. Evaluate the need to perform a site evacuation per IP-1027, Personnel Accountability and Evacuation. C. Authorize emergency exposure, if necessary, per Form IP-1023-6, Emergency Exposure Authorization.	
8.4	IF an on-site medical emergency occurs, THEN implement IP-1012, On-site Medical Emergency.	
9.0	**Perform Periodic Update Notifications**	
9.1	Periodic update notifications to offsite authorities should be made approximately every 30 minutes or more frequently when plant conditions change.	
9.2	For each update notification, complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Emergency Data Form, Part I."	
9.3	IF there has been a radiological release to the environment, THEN complete (or have completed) and sign a Form IP-1030-1 "NYS Radiological Data Form, Part II.	
9.4	For periodic update notifications during an **Unusual Events**, direct the CCR Communicator to perform update notifications using Form IP-1002-1 "CCR NUE Notification Checklist".	
9.5	For periodic update notifications during an **Alert or higher** classifications, direct the CCR Communicator to perform update notifications using Form IP-1002-3 "Upgrade/Update Notification Alert/SAE/GE Initial Notification Checklist".	

Attachment 7

Shift Manager Security Event Checklist

Sheet 6 of 9

Continuous Responsibility/Activity (Emergency Director)	Notes
10.0 Turnover Emergency Director Responsibilities **NOTE:** For Unusual Events, the Shift Manager will normally maintain the Emergency Director responsibilities until the classification is terminated per IP-EP-610, Emergency Termination & Recovery. For Alert and higher classifications, the Emergency Plant Manager will relieve the Shift Manager of Emergency Director duties in the Control Room. However, the On-Call Emergency Director in the EOF may, at his discretion, assume Emergency Director duties directly from the Shift Manager via telephone turnover. 10.1 Provide a status briefing to the Emergency Plant Manager upon his arrival in the Central Control Room. The Emergency Plant Manager will request status on all of the information specified on Form IP-1035-2, Essential Information Checklist. 10.2 Provide copies of all completed NYS radiological Emergency Data forms to the Emergency Plant Manager. 10.3 Resume duties as Shift Manager and proceed to step 12.0 in the Continuous Responsibility/Activity (Shift Manager) section.	
11.0 Terminate the Emergency (Unusual Event Only) 11.1 When conditions warrant termination of the Unusual Event, enter IP-EP-610 Emergency Termination & Recovery and terminate the emergency per section 6.1 "Transition and Recovery Following an Unusual Event." 11.2 Exit this section after termination of the emergency and enter the Closeout Responsibility/Activity section at step 17.0.	

Attachment 7

Shift Manager Security Event Checklist

Sheet 7 of 9

Continuous Responsibility/Activity (Shift Manager)	Notes
12.0 Evaluate Emergency Action Levels 12.1 Continue to evaluate current plant condition and events relative to the emergency action levels as specified in IP-1024, Emergency Classification. 12.2 Make recommendations to the Emergency Director and Emergency Plant Manager for upgrading of the emergency classification as appropriate.	
13.0 Maintain Communications with the Emergency Plant Manager and Emergency Director 13.1 Keep the Emergency Plant Manager and Emergency Director informed of current plant status and planned operations. 13.2 Discuss tasks and procedures the Control Room is currently performing and review priorities on a regular basis. 13.3 IMMEDIATELY inform the Emergency Plant Manager and Emergency Director of any plant condition or event that has the potential to change the emergency classification or affect radiological release status.	
14.0 Coordinate In-Plant Team Activities with the Operations Coordinator in the OSC **NOTE:** Once the OSC is activated, the dispatch of personnel into the field for emergency operations is controlled from the OSC. Communications and directions can be provided to the teams from the Control Room, however, the OSC must retain team control for personnel safety and continuous accountability. 14.1 Once the OSC is activated, coordinate the dispatch and control of NPOs assigned to perform in-plant operations with the Operations Coordinator located in the OSC.	Operations Coordinator telephone # in OSC: **734-5556**

Attachment 7

Shift Manager Security Event Checklist

Sheet 8 of 9

Continuous Responsibility/Activity (Shift Manager)	Notes
14.2 For operations teams already dispatched and in the field prior to the OSC being activated, coordinate the transfer of team control to the OSC with the Operations Coordinator. 14.3 Direct requests for in-plant operational support IMMEDIATELY to the Operations Coordinator in the OSC to facilitate prompt response to Control Room needs. Keep the Emergency Plant Manager informed of all requests. 14.4 Re-enforce Control Room priorities and needs with the Emergency Plant Manager if in-plant team support is not being provided in a timely and effective manner.	
15.0 Request Technical Support as Needed to Mitigate the Emergency 15.1 Request the TSC Manager to provide forward-looking technical support as needed to assist the Control Room staff in responding to the emergency. 15.2 Provide the Emergency Plant Manager and TSC Manager with periodic briefs on current mitigation strategies and emergency procedures currently being implemented.	
16.0 Exit to Recovery Phase 16.1 Upon notification from the Emergency Director that the emergency has been terminated, exit this section and enter the Closeout Responsibility/Activity section at step 17.0.	

Attachment 7

Shift Manager Security Event Checklist

Sheet 9 of 9

Closeout Responsibility/Activity	Notes
17.0 Direct the Control Room staff to return all equipment utilized in the response to proper storage locations	
18.0 Review all documentation the Control Room staff generated during the emergency: 18.1 Ensure all logs, forms and other documentation are complete. 18.2 Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration. 18.3 Collect all computer printouts and strip charts.	
19.0 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.	

OPERATIONS SUPPORT CENTER

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Reference Use

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Effective Date: 8/21/02

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OPERATIONS SUPPORT CENTER (OSC)

1.0 PURPOSE

To describe the activation and operation of the Operations Support Center (OSC)

2.0 DISCUSSION

None

3.0 PRECAUTIONS AND LIMITATIONS

None

4.0 EQUIPMENT AND MATERIALS

4.1 The following type of equipment and materials are kept in the emergency lockers located in the stairwell at 53" elevation:

4.1.1 Protective Clothing

4.1.2 Respirators

4.1.3 KI Tablets

4.2 Portable radios and some radiation monitoring equipment is located in the TSC Lockers.

4.3 Keys for TSC Cabinets are contained in the TSC key locker. The key to the key locker is kept in the FSS Office. A backup key is located in a break glass container in the TSC.

5.0 INSTRUCTIONS

5.1 The OSC Manager shall follow the instructions outlined in Attachment 1, OSC Manager Checklist.

5.2 The Radiation Protection Coordinator shall follow the instructions outlined in Attachment 2, RP Coordinator Checklist.

5.3 The Maintenance Coordinator shall follow the instructions outlined in Attachment 3, Maintenance Coordinator Checklist.

5.4 The I&C Coordinator shall follow the instructions outlined in Attachment 4, I&C Coordinator Checklist.

5.5 The Team Coordinator shall follow the instructions outlined in Attachment 5, Team Coordinator Checklist.

5.6 The Operations Coordinator shall follow the instructions outlined in Attachment 6, Operations Coordinator Checklist.

5.7 The Accountability Clerk shall follow the instructions outlined in Attachment 7, Accountability Clerk Checklist.

6.0 REFERENCES

6.1 IP-1027, "Site Personnel Accountability and Evacuation"

6.2 IP-1035, "Technical Support Center"

6.3 IP-1041, "Use of the Triton to Monitor Radiogas"

6.4 IP-1020, "Airborne Iodine-131 Determination"

6.5 System Operating Procedure 11.1, Ventilation System Operation

7.0 ATTACHMENTS

7.1 Attachment 1, OSC Manager Checklist

7.2 Attachment 2, Rad Protection Coordinator Checklist

7.3 Attachment 3, Maintenance Coordinator Checklist

7.4 Attachment 4, I&C Coordinator Checklist

7.5 Attachment 5, Team Coordinator Checklist

7 6 Attachment 6, Operations Coordinator Checklist

7.7 Attachment 7, Accountability Clerk Checklist

7.8 Attachment 8, Search and Rescue

8.0 ADDENDUM

8.1 Addendum 1, OSC / TSC Complex Layout

8.2 Addendum 2, OSC / TSC Radiological Setup

8.3 Addendum 3, Task Assignment Log (Form IP-1023-1)

8.4 Addendum 4, Emergency Team Briefing Form (Form IP-1023-2)

8.5 Addendum 5, Individual Exposure Tracking Log (Form IP-1023-3)

8 6 Addendum 6, ERO Log Sheet (Form IP-1023-4)

8.7 Addendum 7, Emergency Radiation Work Permit (Form IP-1023-5)

8.8 Addendum 8, Emergency Exposure Authorization (Form IP-1023-6)

8.9 Addendum 9, Normal OSC Staffing (Form IP-1023-7)

8.10 Addendum 10, ERO Tracking Log (Form IP-1023-8)

8.11 Addendum 11, ERO Shift Rosters (Form IP-1023-9)

8.12 Addendum 12, OSC Guidelines (Form IP-1023-10)

8 13 Addendum 13, Sample Patient Package Insert for THRO-BLOCK Tablets

8.14 Addendum 14, Assembly Area Coordinator Instructions (Form IP-1023-11)

Attachment 1
OSC Manager Checklist
Sheet 1 of 10

Initial Responsibility/Activity	Notes
1.0 Initial Accountability IF The event has been classified as a Site Area Emergency or General Emergency **AND** Initial Accountability has not been performed **THEN** direct accountability be performed in accordance Section 6 of this checklist.	
2.0 Assume the duties of the OSC Manager. 2.1 Swipe your Security Badge at one of the Accountability card readers. 2.2 Sign in on the facility organization chart. 2.3 Review TSC/OSC status boards if available. 2.4 IF the OSC has not yet been activated **THEN** activate the OSC as follows: A. Receive a briefing from the EPM or the Shift Manager in the CCR on plant conditions and any Repair/Operations personnel currently in the field (not to delay facility activation). B. Verify that the following minimum staffing is available before activating: 1. OSC Manager 2. Team Coordinator 3. Rad Protection Coordinator 4. 1 HP Technician (may be in field at time of activation) C. IF the Team Coordinator is not present **THEN** assume the duties of the Team Coordinator per Attachment 5. D. Direct the Accountability Clerk or other personnel to monitor both Accountability card readers while ERO members are carding into the TSC/OSC. Direct them to verify badges are properly read by the Accountability card reader. Direct them to log the name and badge number on an Accountability Roster (Form IP-1027-1) of anyone having difficulty carding in. E. Designate an individual to report to the Energy Education Center and act as Assembly Area Coordinator. F. IF additional personnel are required **THEN** call or assign someone to call the Assembly Areas for additional personnel.	

Attachment 1
OSC Manager Checklist
Sheet 2 of 10

Initial Responsibility/Activity (cont.)	Notes
G. IF needed individuals are not available onsite THEN assign someone to call individuals at home using the Emergency Telephone Directory (Appendix A of Emergency Plan Implementing Procedures, Emergency Roster.)	
H. Determine when the OSC staff is prepared to assume primary functions of OSC (dispatching and accounting of operations, HP, maintenance Teams into the plant).	
I. When ready to activate the OSC, formally relieve the CCR of the responsibilities to track inplant teams as follows: 1. Call the EPM (Shift Manager if EPM not available) and request a complete listing of personnel currently performing tasks outside the CCR. 2. Inform the Shift Manager that you are now activating the OSC and assuming responsibility for accountability of all personnel inside the Protected Area and outside the CCR. 3. Inform the EPM that the OSC has been activated. 4. Make an announcement to the OSC, TSC, and inform the EOF that the OSC has been activated.	
J. Augment the OSC staff as necessary: 1. IF OSC staffing is less than that shown on Form IP-1023-7, Normal OSC Staffing THEN call for additional personnel per above steps. 2. Call in as many additional resources (in addition to that called for normal staffing) as needed for the event in progress.	
K. Direct Accountability Clerk to contact warehouse personnel to be available by: 1. IF during normal working hours THEN call the Material Control Storekeeper at Indian Point Stores and notify him/her of the emergency and direct him/her to arrange for continuous staffing of the warehouse until the emergency is terminated.	

Attachment 1
OSC Manager Checklist
Sheet 3 of 10

Initial Responsibility/Activity (cont.)	Notes
2 IF during off-hours THEN call in a Material Control Storekeeper.	
Note: OSC Guidelines (Form IP-1023-10) information should be provided to each OSC Technician.	
L. Conduct, or have the Team Coordinator conduct, a briefing for the OSC technicians:	
1. Provide a brief explanation of the event that caused the emergency.	
2. Inform personnel not to leave the TSC/OSC Complex without checking out with the OSC Team Coordinator.	
3. Inform personnel that they will be briefed by one of the OSC Coordinators prior to being sent into the field to perform a task.	
4. When briefed and dispatched by a Coordinator they **MUST** check out with the OSC Team Coordinator before they leave the TSC/OSC Complex.	
5. When returning from a mission they **MUST** check in with the OSC Team Coordinator and report any radiation exposure received while dispatched.	
2.5 IF relieving another OSC Manager THEN perform a formal turnover with the current OSC Manager.	
A. Review the OSC Manager's activity log.	
B. Obtain a briefing on the emergency and any actions that have been completed or are in progress.	
C. Make a formal announcement to OSC/TSC when the turnover takes place.	
2.6 IF relieving another OSC Manager AND there has been a shift change of OSC Technicians THEN brief the OSC Technicians per step 2.3.I above.	

Attachment 1
OSC Manager Checklist
Sheet 4 of 10

Continuous Responsibility/Activity	Notes
3.0 Inform EPM and OSC Coordinators when temporarily leaving the work area. 3.1 Direct the TSC Communicator or Clerk to answer your phone while you are away. 3.2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) THEN A. Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B. Inform the OSC Team Coordinator when you return. 2.3 Upon return, obtain a briefing from the EPM on any events which have occurred while away.	
4.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log 4.1 Log when OSC is activated or when there is a manager change. 4.2 Log major decisions and any important details of actions taken	
5.0 Supervise the activities of the OSC Coordinators and team personnel. 5.1 The EPM is responsible for overall control of the onsite emergency response. Obtain EPM concurrence prior to directing any actions that may affect the operability of a plant system. 5.2 Coordinate activities of operations personnel in the OSC with the Operations Coordinator and the Central Control Room. 5.3 Inform the EPM immediately of any operations teams requested to be dispatched from the OSC by the CCR. 5.4 Maintain adequate personnel and material resources for the onsite response. 5.5 IF any necessary materials or supplies are not available on site THEN request assistance in obtaining items from the Material Control Storekeeper and/or the Administrative and Logistics Director at the corporate offices.	

Attachment 1
OSC Manager Checklist
Sheet 5 of 10

Continuous Responsibility/Activity (cont.)	Notes
5.6 Ensure that priorities are consistent with the priorities established by the EPM A. Task fall into the following three general categories: 1. High (H): The task is necessary to protect the immediate health and safety of the public. Plant conditions are allowing the rapid deterioration of safety barriers, or barriers have already been broken such that a release is either occurring or is imminent 2 Medium (M): Any task that requires action by the OSC and should be worked on immediately, but does not fit the criteria of protecting the health and safety of the public. For example, there is a leak, or there is a secondary plant problem, and so forth. 3. Low (L): Any task which can be worked on when resources permit (for example, getting meals). B. Within each of the general categories (H, M or L), rank the priority of the tasks with numbers (1, 2, 3 etc.) when assigning tasks to the OSC Coordinators. 5.7 Assign task to OSC Coordinators. The OSC Manager's Task Assignment Log (Form IP-1023-1) may be used to track task assignments. 5.8 Keep the Coordinators, Team Leaders, and Team Members informed of the overall focus of the emergency, task priorities and existing radiological conditions. 5.9 Remind the Coordinators to maintain an awareness of the activities and concerns of OSC team members and team leaders. 5.10 Verify that the Mission Status Board is updated as new tasks are assigned, old tasks are completed, and as priorities are changed. 5.11 Obtain approval from the EPM prior to deviating from any existing plant procedure dealing with changing plant configuration or personnel safety. Also, obtain approval from the EPM prior to performing an action that would normally require a procedure but no procedure exists.	

Attachment 1
OSC Manager Checklist
Sheet 6 of 10

Continuous Responsibility/Activity (cont.)	Notes
6.0 Establish and Maintain ongoing accountability	
6.1 IF the emergency classification is changed to a Site Area Emergency or General Emergency OR if directed by the Emergency Plant Manager THEN establish or re-establish initial accountability as follows:	
NOTE: Initial Accountability shall be accomplished within approximately 30 minutes for events classified at the Site Area Emergency or General Emergency Accountability may be directed at the Alert classification (or any other time deemed necessary) at the direction of the Shift Manager or Emergency Plant Manager. Accountability is accomplished by assembly of all non-essential personnel outside the Protected Area and physically accounting for all individuals who remain within the IPEC Protected Area (Unit 2 and Unit 3).	
A. Non-essential personnel will leave the Protected Area and are removed from the list of onsite personnel automatically by the Security computer.	
B. All ERO members reporting to the TSC/OSC will report to the TSC/OSC and swipe their Security Badge at one of the Accountability card readers. TSC personnel should use the card reader located outside the door near the Team Coordinator (short hallway going toward the NRC office). OSC personnel should use the card reader outside the OSC command room door (long hallway).	
C. TSC/OSC Facility Leads should identify themselves and move to the front of the line to expedite facility activation.	
D. Control Room personnel will swipe their Security Badge at the Accountability card reader just inside the CCR door. The Shift Manager will account for any Operations personnel outside the CCR using Accountability Roster (Form IP-1027-1) to list of all watch individuals assigned to tasks in the field.	

Attachment 1
OSC Manager Checklist
Sheet 7 of 10

Continuous Responsibility/Activity (cont.)	Notes
6 2 The Lead Accountability Officer (LAO) will generate the list of missing persons. This list will be provided to the OSC Manager. The OSC Manager will notify the Emergency Plant Manager of any missing persons.	
NOTE: During plant shutdowns, when there may be large numbers of workers onsite and within the radiological control areas, a Health Physics computer printout may be used to assist in locating missing personnel within the radiological control area after accountability is completed.	
6.3 IF there are individuals who are missing for (Unit 2 or Unit 3) THEN verify that the Accountability Clerk:	
A. Sends an HP to obtain the Health Physics Computer Printout of individuals within the Radiological Control Area.	
B. Review HP Computer Printout for any missing individuals within the Radiological Control Area.	
C. Conduct search and rescue activities in accordance with Attachment 8, Search and Rescue.	
6.4 IF there has been a release of radioactive materials THEN direct the RP Coordinator to dispatch an HP Technician to the Energy Education Center to verify habitability.	
6.5 Inform the Emergency Plant Manager or Shift Manger of any habitability concerns in the Energy Education Center.	
Designate an individual to report to the Energy Education Center and act as Assembly Area Coordinator. Provide them with an copy of Assembly Area Coordinator Instructions (Addendum 14, Form IP-1023-11) and direct them to:	
A. Call the OSC Manager or Accountability Clerk and establish a communications path between OSC and Assembly Area. Another individual at the Assembly Area should be selected to act as a communicator.	

Attachment 1
OSC Manager Checklist
Sheet 8 of 10

Continuous Responsibility/Activity (cont.)	Notes
B. Have personnel stand-by in the Assembly Area until directed to leave the site or return to work. Inform the EPM immediately of any personnel are discovered missing C Coordinate movement of personnel to the Buchanan Service Center if required. **NOTE** Ongoing Accountability is required at the Site Area Emergency level, but may be relaxed by Emergency Plant Manager at the Alert level. 6.7 Direct OSC Staff to maintain accountability of all OSC personnel through the use of status boards, team assignments, Form IP-1023-3, Individual Exposure Tracking Log and Form IP-1023-8, ERO Tracking Log. 6.8 IF anyone is unaccounted for **THEN** A. Commence search and rescue operations using Attachment 8, Search and Rescue and OSC task and team assignment procedures. B. Instruct search and rescue teams not to move an incapacitated victim without a Medical Representative or qualified first responder **UNLESS** the potential harm from radiation or other hazards out weights the potential harm of moving the victim. 6.9 Coordinate release of personnel at the EEC with the Emergency Plant Manager, LAO and Assembly Area Coordinator.	
7.0 Inform the EPM of changing situations in the plant based on information received from teams out in the field.	
8.0 Participate in periodic briefings of TSC/OSC staff. 8.1 Update the Material Control Storekeeper on briefing items 8.2 Ensure personnel in the field are updated.	
9.0 Assist EPM and TSC Staff in developing ad hoc procedures and defining tasks to mitigate the emergency.	

Attachment 1
OSC Manager Checklist
Sheet 9 of 10

Continuous Responsibility/Activity (cont.)	Notes
10.0 Evaluate the need to evacuate the TSC/OSC and evacuate as necessary. **NOTE:** An organized evacuation of the TSC/OSC Complex should be started when the following radiological conditions occur: • Exposure rates > 80 mRem/Hr TEDE OR 500mRem/Hr TODE • Projected Whole Body Dose for a 12 hour period is > 1 Rem TEDE OR Thyroid Dose >5 Rem TODE • Airborne concentrations which may result in exceeding occupational limits for inhalation specified in 10CFR20, Appendix B, Table 1. Evacuation may be performed at rates below those listed based on plant conditions and response needs. 10.1 Determine a suitable alternate location should the recommendation to relocate the OSC be made by the RP Coordinator. 10.2 Determine the speed at which the relocation of personnel should occur giving consideration to the following items: A. The impact of immediate relocation vs. projects in progress. B. Current radiological conditions within the TSC/OSC C. Radiological conditions at the proposed relocated TSC/OSC. D. Radiological conditions en route. E. The adequacy of response from the alternate location. 10.3 Coordinate evacuation of the TSC/OSC with the EPM and TSC Manager. 10.4 Request that the EPM announce the decision to evacuate, times and new location over the Station PA system. 10.5 Inform the CCR and Material Control Storekeeper of the change in location of the OSC. 10.6 Notify Security to instruct incoming personnel to report to the alternate TSC/OSC. Direct that all equipment and materials needed for the alternate OSC be packaged and delivered to the new location.	

Attachment 1
OSC Manager Checklist
Sheet 10 of 10

Continuous Responsibility/Activity (cont.)	Notes
11.0 Set up second shift of Emergency Response Organization 11.1 Direct the Accountability Clerk to complete an ERO Shift Rosters (Form IP-1023-9). 11.2 Review the completed form with the TSC Manager to ensure all required individuals are identified. 11.3 Request the EPM to establish a shift turnover time with the ED 11.4 Direct Accountability Clerk to use the Emergency Telephone Directory to call a 2nd shift and notify them when to report to their assigned facility.	
Closeout Responsibility/Activity	**Notes**
12.0 Direct OSC personnel to return all equipment to proper storage locations.	
13.0 Review all documentation: 13.1 Verify that logs, forms and other documentation are complete 13.2 Verify that all repairs performed by OSC Teams that deviated from normal station procedures are properly documented so that necessary actions can be taken for continuous plant operations or plant recovery operations.	
14.0 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 1 of 7

Initial Responsibility/Activity	Notes
1.0 Assume the position of Rad Protection Coordinator.	
1 1 Swipe your Security Badge at one of the Accountability card readers	
1.2 Sign in on the facility organization chart.	
1.3 IF the OSC has not yet been activated THEN perform the following:	
A. Contact the Watch HP and receive a briefing of radiological conditions and status of any ongoing jobs.	
B. Determine if any personnel are currently in the field.	
C. Request the CCR to align the TSC/OSC ventilation system for incident operation per procedure SOP 11.1, Ventilation System Operation.	
D Direct a TSC/OSC habitability survey and that radiological controls be set up as shown in Addendum 2 if necessary.	
E. Establish contamination controls for the CCR if necessary.	
F. Assign an HP Technician to obtain TLDs and dosimeters from the Control Point for all OSC/TSC personnel.	
G. IF individuals have not been previously issued TLDs THEN have TLDs issued to them.	
1.4 Report readiness status to the OSC Manager when prepared to assume the Rad Protection Coordinator position.	
1.5 IF relieving another Rad Protection Coordinator THEN perform a formal turnover:	
A. Review the RP Coordinator's activity log.	
B. Obtain a briefing on the emergency, radiological conditions and any actions that have been completed or are in progress.	
C. Relieve current Rad Protection Coordinator	
1.6 Inform OSC staff that you are now the Rad Protection Coordinator.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 2 of 7

Continuous Responsibility/Activity	Notes
2.0 Establish and Maintain radiological habitability.	
2.1 Direct periodic monitoring of Emergency Response Facilities within the Protected Area and other occupied areas as necessary, particularly when a release of radioactive material into plant environments is in progress or suspected.	
A. At a minimum, verify habitability in the Main Control Room, TSC, OSC, and Security Building.	
B. IF the following conditions exist in the TSC/OSC or CCR **THEN** inform the EPM to implement restrictions on eating and drinking in the effected areas. • Contamination Levels above background • Airborne contamination levels above background	
C. Insure TSC/OSC personnel are aware of any restrictions in place.	
D. IF any of the following conditions exist **THEN** Inform the OSC Manager immediately to consider a planned evacuation of the TSC/OSC Complex: • TSC/OSC (or other occupied area) Dose rates > 80 mRem/Hr TEDE or 500 mRem/hr TODE. • Projected doses > 1 Rem TEDE or 5 Rem TODE over a 12 hour period • Airborne concentrations which may result in exceeding occupational limits for inhalation specified in 10CFR20, Appendix B, Table 1.	
2.2 IF any of the above limits are reached **THEN** Coordinate with the OSC/TSC Managers to survey alternate locations for habitability prior to relocation if possible.	
2.3 IF a chemical release is detected **THEN** direct Chemistry Technician or individual qualified in hazardous material response to assist in establishing chemical habitability prior to sending individuals into affected area.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 3 of 7

Continuous Responsibility/Activity (cont.)	Notes
3.0 Inform another OSC Coordinator and the OSC Manager when temporarily leaving the work area. 3 1 Request another OSC Coordinator to answer your phone while you are away. 3 2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) THEN A. Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B. Inform the OSC Team Coordinator when you return. 3.3 Upon return, obtain a briefing from another coordinator on any events which have occurred while away.	
4.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log. 4.1 Record the time you assume position of Rad Protection Coordinator. 4.2 Record any significant and unusual indications from the Plant RMS. 4.3 Record any significant changes in radiological conditions reported from field teams. 4.4 Record any communications outside the Protected Area Fence or significant communications to facilities outside the OSC. **NOTES:** Documentation on ERWPs and Team Briefing Forms may be deferred when immediate action is necessary to mitigate a situation that severely threatens plant or personnel safety. Documentation shall be finished as soon as possible after team dispatch. The HP Technician accompanying the team becomes a "Walking ERWP" and may determine what radiological precautions are appropriate for the situation. **5.0 Suspend normal RWP requirements for performing work in radiological controlled areas if necessary. Emergency Radiation Work Permits (ERWP) will then be used for team dispatch.**	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 4 of 7

Continuous Responsibility/Activity (cont.)	Notes
6.0 **Suspend radiological posting requirements, if necessary, for areas outside the RCA that are affected by the accident until the Recover Phase is entered.**	
7.0 **Document radiological readings taken by HP Technicians or other meter qualified individuals in the field on survey maps.**	
8.0 **Establish and maintain dosimetry, protective clothing, and other protective equipment requirements for onsite ERO personnel.** 8.1 Use ERWPs (Form IP-1023-5) to control radiological requirements for personnel sent into the plant. 8.2 Start ERWPs for anticipated activities in various plant areas. 8 3 If possible, based on your judgement, use normal criteria when establishing requirements for dosimetry, protective clothing, and respiratory protection equipment. 8.4 Verify the Team Coordinator is tracking individual exposure data on Individual Exposure Tracking Log (Form IP-1023-3) 8.5 Direct radiological control personnel to read TLDs for personnel whose exposure limits are approached.	
9.0 **Direct Health Physics Personnel in the following activities:** 9.1 Assign Radiation Control personnel to assist in emergency response support activities. 9.2 Use Form IP-1023-2, Emergency Team Briefing Form to prepare and document team assignments. Ensure each team dispatched has a copy of the Emergency Team Briefing Form. 9.3 Assign personnel to conduct in-plant radiological surveys as required to support ERO activities. 9.4 Assign HP Technicians to accompany Damage Control Teams requiring radiological support.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 5 of 7

Continuous Responsibility/Activity (cont.)	Notes
10.0 IF there are contaminated injured personnel THEN perform the following: 10.1 Provide radiological support for the assessment, treatment, and transportation of contaminated injured personnel. 10.2 Monitor patients for contamination and decontaminate as appropriate. 10.3 Make arrangements to pick up RP personnel at the hospital. 10.4 Follow proper procedures to retrieve radioactive waste from offsite treatment locations. 10.5 Obtain concurrence from the EPM prior to releasing the hospital's Radiological Emergency Room or the ambulance for uncontrolled use.	
NOTE Team Briefing Forms may be completed after team dispatch if time does not allow. Briefings shall still take place. **11.0 Ensure emergency team receive proper briefs on radiological conditions and requirements.** 11.1 Depending on conditions the ERWP should state who will give radiological brief to emergency teams 11.2 Request that the Team Coordinator attend briefings to ensure continuous accountability of dispatched Team personnel. 11.3 Use the ERWP to discuss dose limits, expected and maximum dose rates, and stay times. Advise team members to immediately contact or return to the OSC when dose rates or stay times approach the established limits. 11.4 Discuss dosimetry requirements. 11.5 Discuss protective clothing and respiratory protection requirements. 11.6 Discuss travel route requirements and if there are any releases in progress. 11.7 Advise team members on monitoring and decontamination procedures following mission completion.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 6 of 7

Continuous Responsibility/Activity (cont.)	Notes
NOTE: For events that do involve an increase in plant radiation levels above those found during normal plant operations, normal exposure controls may be used vs. implementation of emergency exposure controls **12.0 Maintain onsite emergency exposure controls as follows:** 12.1 IF emergency exposure controls are implemented THEN Maintain individual emergency exposures as follows: A. Request the EPM to authorize emergency exposures up to 1 Rem TEDE for all OSC and Operations Personnel. B. Track individuals doses to ensure no one receives more than 1 Rem TEDE during the emergency unless further exposure is authorized. C Request the EPM to authorize additional exposure 1 Rem at a time, up to 5 Rem. D. Notify and ensure the EPM authorizes any emergency radiation exposures expected to exceed 5 Rem TEDE or when entry into areas where exposure rates > 25 Rem/Hr may be encountered. E. With EPM authorization volunteers may receive up to 10 REM TEDE to protect valuable property OR 25 REM TEDE to save a life or protect large populations. 12.2 An HP Technician escort or qualified self-monitor is required for any team to be sent into an area where any of the following conditions present: A. Radiological conditions are unknown. Surveys or ARMs may be used to predict radiological conditions. B. Radiation field in access of 1 R/hr are expected. 12.3 Clearly state exposure limits on ERWPs.	

Attachment 2
Rad Protection Coordinator Checklist
Sheet 7 of 7

Continuous Responsibility/Activity (cont.)	Notes
13.0 IF individuals receive or are expected to receive large Radioiodine Uptakes (~25 REM) THEN: 13.1 Control the specified issuance of KI to onsite emergency workers as follows: A Get approval of the EPM for issuance of KI. B. Direct team members to read Patient Package Insert prior to taking KI (see Addendum 13 for sample). C. Administer KI. D. Record KI issuance information on Addendum 5, Individual Exposure Tracking Log. 13.2 Evaluate iodine uptakes for persons issued KI.	
14.0 Direct the decontamination efforts of personnel, equipment, and onsite areas as appropriate.	
15.0 Ensure adequate materials and supplies are available for assigned missions. 15.1 Obtain needed materials from normal station supply locations. 15.2 IF additional supplies are needed THEN request any materials, supplies, or personnel needs from the OSC Manager.	
Closeout Responsibility/Activity	**Notes**
16.0 IF radiological conditions allow THEN Direct HP Technicians: 16.1 To return emergency equipment to proper storage areas and restock supplies as needed. 16.2 Review radiological conditions in the plant and update postings as required. 16.3 Review any open RWPs to ensure conditions have not changed which may effect their use.	
17.0 Provide all logs and records to the OSC Manager upon termination of the emergency.	

Attachment 3
Maintenance Coordinator Checklist
Sheet 1 of 3

Initial Responsibility/Activity	Notes
1.0 Assume the position of Maintenance Coordinator.	
1.1 Swipe your Security Badge at one of the Accountability card readers.	
1.2 Sign in on the facility organization chart.	
1.3 Report readiness status to the OSC Manager when prepared to assume the Maintenance Coordinator position.	
1.4 IF relieving another Maintenance Coordinator THEN. perform a formal turnover:	
A Review the activity log.	
B Obtain a briefing on the emergency, radiological conditions and any actions that have been completed or are in progress.	
C. Relieve current Maintenance Coordinator	
1.5 Inform OSC staff that you are now the Maintenance Coordinator.	

Attachment 3
Maintenance Coordinator Checklist
Sheet 2 of 3

	Continuous Responsibility/Activity	Notes
2.0	**Inform another OSC Coordinator and the OSC Manager when temporarily leaving the work area.**	
2.1	Request another OSC Coordinator to answer your phone while you are away.	
2 2	IF you are leaving the TSC/OSC Complex (the restroom is within complex) **THEN** A. Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B. Inform the OSC Team Coordinator when you return.	
2.3	Upon return, obtain a briefing from another coordinator on any events which have occurred while away.	
3.0	**Use Form IP-1023-4, ERO Log Sheet, to maintain a log of activities:**	
3.1	Record the time you assume position of Maintenance Coordinator	
3.2	Record Maintenance Team activities undertaken with information on repairs performed and pending actions to ensure repairs are completed. (need not repeat items on team briefing forms)	
3.3	Record all communications outside the Protected Area Fence.	
4.0	**Assist OSC Manager is planning and preparing for any mechanical and/ or electrical maintenance activities needed to return the plant to a safe condition.**	

Attachment 3
Maintenance Coordinator Checklist
Sheet 3 of 3

Continuous Responsibility/Activity (cont.)	Notes
5.0 Participate in Team dispatch and field operations: 5.1 Choose maintenance personnel who are best qualified to conduct assigned tasks(s). 5 2 Use Form IP-1023-2, Emergency Team Briefing Form to prepare and document team assignments. Ensure each team dispatched has a copy of the Emergency Team Briefing Form. 5.3 Ensure Team is properly equipped to conduct repairs, including procedures, drawings, tools and repair parts. 5.4 Participate in Team briefings to ensure team members properly understand assigned task. 5.5 Work with the Team Coordinator while the team is in the field to answer any questions that may arise concerning task. NOTE: Ensure any deviations from Quality Control work practices are logged as part of the Team debriefings. 5.6 Debrief mechanical and electrical maintenance team members when they return and ensure actions are properly documented.	
Closeout Responsibility/Activity	**Notes**
6.0 Assist OSC personnel to return all equipment to proper storage locations.	
7.0 Review all documentation the Maintenance Coordinators maintained during the emergency: 7.1 Ensure logs, forms and other documentation are complete 7.2 Ensure all repairs performed by OSC Teams that deviated from normal station procedures are properly documented so that necessary actions can be taken for continuous plant operations and/or plant recovery operations.	
8.0 Provide all logs and records to the OSC Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 4
I&C Coordinator Checklist
Sheet 1 of 3

Initial Responsibility/Activity	Notes
1.0 Assume the position of I&C Coordinator.	
1.1 Swipe your Security Badge at one of the Accountability card readers.	
1 2 Sign in on the facility organization chart.	
1.3 Report readiness status to the OSC Manager when prepared to assume the I&C Coordinator position.	
1.4 IF relieving another I&C Coordinator THEN. perform a formal turnover:	
A. Review the activity log.	
B. Obtain a briefing on the emergency, radiological conditions and any actions that have been completed or are in progress.	
C. Relieve current I&C Coordinator	
1.5 Inform OSC staff that you are now the I&C Coordinator.	

Attachment 4
I&C Coordinator Checklist
Sheet 2 of 3

Continuous Responsibility/Activity	Notes
2.0 Inform another OSC Coordinator and the OSC Manager when temporarily leaving the work area. 2.1 Request another OSC Coordinator to answer your phone while you are away. 2.2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) THEN A. Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B. Inform the OSC Team Coordinator when you return. 2.3 Upon return, obtain a briefing from another coordinator on any events which have occurred while away.	
3.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log of activities. 3.1 Record the time you assume position of I&C Coordinator 3.2 Record I&C Team activities undertaken with information on repairs performed and pending actions to ensure repairs are completed. (you need not repeat information on team briefing forms.) 3.3 Record all communications outside the Protected Area Fence.	
4.0 Assist OSC Manager in planning and preparing for any I&C maintenance activities needed to return the plant to a safe condition.	

Attachment 4
I&C Coordinator Checklist
Sheet 3 of 3

Continuous Responsibility/Activity	Notes
5.0 Participate in Team dispatch and field operations:	
5 1 Choose I&C personnel who are best qualified to conduct assigned task(s)	
5.2 Use Form IP-1023-2, Emergency Team Briefing Form to prepare and document team assignments. Ensure each team dispatched has a copy of the Emergency Team Briefing Form.	
5.3 Ensure Team is properly equipped to conduct repairs, including procedures, drawings, tools and repair parts.	
5.4 Participate in Team briefings to ensure team members properly understand assigned task	
5.5 Work with the Team Coordinator while the team is in the field to answer any questions that may arise concerning task	
NOTE: Ensure any deviations from Quality Control work practices are logged as part of the Team debriefings.	
5.6 Debrief I&C maintenance team members when they return and ensure actions are properly documented.	
Closeout Responsibility/Activity	**Notes**
6.0 Assist OSC personnel to return all equipment to proper storage locations.	
7.0 Review all documentation the I&C Coordinators maintained during the emergency:	
7.1 Ensure logs, forms and other documentation are complete	
7.2 Ensure all repairs performed by OSC Teams that deviated from normal station procedures are properly documented so that necessary actions can be taken for continuous plant operations or recovery operations.	
8.0 Provide all logs and records to the OSC Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 5
Team Coordinator Checklist
Sheet 1 of 4

Initial Responsibility/Activity	Notes
NOTE If there is no OSC Manager present perform the steps in Attachment 1, OSC Manager Checklist in conjunction with this checklist.	
1.0 Assume the position of Team Coordinator.	
1.1 Swipe your Security Badge at one of the Accountability card readers.	
1.2 Sign in on the facility organization chart.	
1.3 Review TSC/OSC status boards if available.	
1.4 Inform the OSC Manager that you are ready to activate and assist in OSC activation as needed.	
1.5 Obtain a briefing from the OSC Manager on the status of any personnel or teams currently in the field.	
1.6 Coordinate taking control of personnel and/or teams by establishing communications with field personnel and informing them that they are now under the control of the OSC.	
1.7 IF relieving another Team Coordinator THEN perform a formal turnover with current Team Coordinator.	
A. Review the Team Coordinator activity log.	
B. Obtain a briefing on the emergency and any actions that have been completed or are in progress.	
C. Review field operations and take control of accountability for personnel in the field.	
D. Inform the TSC Manager you are now the Team Coordinator.	
E. Make a formal announcement to OSC Staff when relief takes place.	

Attachment 5
Team Coordinator Checklist
Sheet 2 of 4

Continuous Responsibility/Activity	Notes
2.0 Inform another OSC Coordinator and the OSC Manager when temporarily leaving the work area. 2.1 Request another OSC Coordinator to assume the Team Coordinator duties while you are away. 2.2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) THEN A Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B. Inform the OSC Team Coordinator when you return. 2.3 Upon return, obtain a briefing from acting Team Coordinator on any events which have occurred while away.	
3.0 Ensure ongoing accountability (unless directed otherwise) for TSC and OSC personnel. NOTE: A computer spreadsheet may be used in place of the ERO Tracking Log and Individual Exposure Tracking Log to keep records of teams sent into the field from the OSC IF the spreadsheet is used THEN printout copies often to maintain hard copy records of team activities. 3.1 Use Form IP-1023-2, Emergency Team Briefing Form to prepare and document team assignments. Ensure each team dispatched has a copy of the Emergency Team Briefing Form. 3.2 Track all individuals leaving TSC/OSC Complex on the ERO Tracking Log (Form IP-1023-8). 3.3 IF individuals are going to be receiving emergency radiation exposure THEN track radiation exposures on Individual Exposure Tracking Log (Form IP-1023-3). 3.4 Inform the OSC Manager immediately of any missing personnel. 3.5 IF anyone is unaccounted for THEN assist in search and rescue operations utilizing teams	

Attachment 5
Team Coordinator Checklist
Sheet 3 of 4

Continuous Responsibility/Activity (cont.)	Notes
4.0 Monitor the activities of the team personnel in the field.	
4.1 Keep informed on team mission priorities	
A. The OSC Manager will inform you which task is the number 1 priority and which are numbers 2 & 3.	
B. Place (or direct the Accountability Clerk to place) the priority number on the Mission Status board.	
C. Continually remind OSC personnel dispatched to perform task of current priorities and any changes to priorities.	
4.2 IF team tracking task allows the time THEN participate in team briefings to ensure you are aware of the teams assigned task and expected hazards.	
4.3 Maintain the Mission Status Board. Update as tasks are assigned, old tasks are completed, and as priorities are changed.	
4.4 Maintain communications with teams once they are dispatched from the OSC.	
4.5 Keep track of team radiation exposure while they are in the field using spreadsheet or manual forms (transfer information to Individual Exposure Tracking Log (Form IP-1023-3) when teams return.	
4.6 IF team tracking task allows the time THEN participate in Team Debriefings when they return to the OSC to keep informed on field conditions.	
4.7 Immediately update teams of any change in emergency classifications or changing conditions which may affect their safety, such as the start of a release.	
4.8 Immediately update RP Coordinator of any changing or unexpected conditions reported by teams in the field.	
5.0 Direct the Accountability Clerk to assist you in maintaining records as necessary.	

Attachment 5
Team Coordinator Checklist
Sheet 4 of 4

Continuous Responsibility/Activity (cont.)	Notes
6.0 Inform the OSC Manager and other OSC Coordinators of changing situations in the plant based on information received from dispatched teams. 6.1 Unexpected radiation levels. 6.2 Unreported hazardous conditions. 6.3 Important equipment status.	
Closeout Responsibility/Activity	**Notes**
7.0 Assist OSC personnel to return all equipment to proper storage locations.	
8.0 Review all documentation the OSC Team Coordinators maintained during the emergency: A. Ensure logs, forms and other documentation are complete B. Work with other OSC Coordinators to ensure all repairs performed by OSC Teams that deviated from normal station procedures are properly documented so that necessary actions can be taken for continuous plant operations or recovery operations.	
9.0 Provide all logs and records to the OSC Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 6
Operations Coordinator Checklist
Sheet 1 of 3

Initial Responsibility/Activity	Notes
1.0 Assume the position of Operations Coordinator.	
1.1 Swipe your Security Badge at one of the Accountability card readers.	
1.2 Sign in on the facility organization chart.	
1.3 Report readiness status to the Shift Manager and the OSC Manager when prepared to assume the Operations Coordinator position.	
1.4 IF relieving another Operations Coordinator THEN perform a formal turnover:	
A. Review the Operations Coordinator activity log.	
B. Obtain a briefing on the emergency, radiological conditions and any actions that have been completed or are in progress.	
C. Relieve the current Operations Coordinator	
1.5 Inform Shift Manager and OSC staff that you are now the Operations Coordinator.	

Attachment 6
Operations Coordinator Checklist
Sheet 2 of 3

Continuous Responsibility/Activity	Notes
2.0 Inform another OSC Coordinator and the OSC Manager when temporarily leaving the work area. 2.1 Request another OSC Coordinator to answer your phone while you are away. 2 2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) THEN A Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes) B Inform the OSC Team Coordinator when you return. 2.3 Upon return, obtain a briefing from another coordinator on any events which have occurred while away.	
3.0 Use Form IP-1023-4, ERO Log Sheet, to maintain a log of activities. 3.1 Record the time you assume position of Operations Coordinator. 3.2 Record Operations Team activities undertaken with information on plant operations performed and repairs performed. 3.3 Communications outside the OSC.	
4.0 Assist Control Room and OSC Manager in planning and preparing for any operations maintenance activities needed to return the plant to a safe condition. 4.1 Establish communications with the CCR. Keep the CCR informed of field team activities currently underway or that are planned. 4.2 Coordinate operations and repair activities with the CCR. 4.3 Provide operational guidance to other OSC Staff and inplant teams.	

Attachment 6
Operations Coordinator Checklist
Sheet 3 of 3

Continuous Responsibility/Activity (cont.)	Notes
5.0 Participate in Team dispatch and field operations: 5.1 Choose Operations personnel who are best qualified to conduct assigned task(s). NOTE: For urgent operations requirements – the Emergency Team Briefing Form may be completed after team dispatch. 5.2 IF you are the Lead Coordinator for a team THEN complete an Emergency Team Briefing Form (Form IP-1023-2) for the team dispatched from the OSC. Ensure each team dispatched has a copy of the Emergency Team Briefing Form. A Ensure Team is properly equipped to conduct assigned task, including procedures, drawings and tools. B Participate in Team briefings to ensure team members properly understand assigned task. 5.3 Keep the control room staff aware of all teams progress. 5.4 Work with the Team Coordinator while the team is in the field to answer any questions that may arise concerning task(s). NOTE: Ensure any deviations from Quality Control work practices are logged as part of the Team debriefings. 5.5 Debrief operations team members when they return and ensure actions are properly documented.	
Closeout Responsibility/Activity	**Notes**
6.0 Assist OSC personnel in returning all equipment to proper storage locations.	
7.0 Review all documentation the Operations Coordinators maintained during the emergency: A. Ensure logs, forms and other documentation are complete B. Ensure all activities performed by OSC Teams that deviated from normal station procedures are properly documented	
8.0 Provide all logs and records to the OSC Manager upon termination of the emergency and entry into the Recovery Phase.	

Attachment 7
Accountability Clerk Checklist
Sheet 1 of 4

Initial Responsibility/Activity	Notes
1.0 Initial Accountability	
1.1 Contact the Lead Accountability Officer and verify that the accountability card readers are active.	
1.2 IF the event has been classified as a Site Area Emergency or General Emergency **AND** Initial Accountability has not been performed **THEN IMMEDIATELY** perform accountability in accordance with section 4.0 of this checklist	
2.0 Assume the position of Accountability Clerk.	
2.1 Swipe your Security Badge at one of the Accountability card readers.	
2.2 Sign in on the facility organization chart.	
2.3 Report readiness to assume position to the OSC Manager.	
2.4 Direct personnel to monitor both Accountability card readers while ERO members are carding into the TSC/OSC. Direct them to verify badges are properly read by the Accountability card reader. Direct them to log the name and badge number on an Accountability Roster (Form IP-1027-1) of anyone having difficulty carding in.	
2.5 IF relieving another Accountability Clerk **THEN**. perform a formal turnover: A. Review the Team Coordinator's activity log. B. Obtain a briefing on the emergency, radiological conditions and current status of personnel accountability. C. Relieve the current Accountability Clerk.	
2.6 Inform OSC Manager that you are now the Accountability Clerk.	
Continuous Responsibility/Activity	**Notes**
3.0 Inform an OSC Coordinator when temporarily leaving the work area.	
Request another OSC Staff Member to answer your phone while you are away.	
3.2 IF you are leaving the TSC/OSC Complex (the restroom is within complex) **THEN**	

Attachment 7
Accountability Clerk Checklist
Sheet 2 of 4

Continuous Responsibility/Activity (con't)	Notes
A. Inform the OSC Team Coordinator when you leave, where you are going and when you expect to return. (for accountability purposes). B. Inform the OSC Team Coordinator when you return. 3.3 Upon return, obtain a briefing from an coordinator on any events which have occurred while away.	
4.0 Establish and Maintain ongoing accountability. 4.1 IF the emergency classification is changed to a Site Area Emergency or General Emergency OR if directed by the Emergency Plant Manager THEN establish or re-establish initial accountability as follows: **NOTE:** Initial Accountability shall be accomplished within approximately 30 minutes for events classified at the Site Area Emergency or General Emergency. Accountability may be directed at the Alert classification (or any other time deemed necessary) at the direction of the Shift Manager or Emergency Plant Manager. Accountability is accomplished by assembly of all non-essential personnel outside the Protected Area and physically accounting for all individuals who remain with the IP2 and IP3 Protected Area. A. Non-essential personnel will leave the Protected Area and are removed from the list of onsite personnel automatically by the Security computer. B. All ERO members reporting to the TSC/OSC will report to the TSC/OSC and swipe their Security Badge at one of the Accountability card reader . C. TSC/OSC Facility Leads should identify themselves and move to the front of the line to expedite facility activation. D. Control Room personnel will swipe their Security Badge at the Accountability card reader just inside the CCR door. The Shift Manager will account for any Operations personnel outside the CCR using Accountability Roster (Form IP-1027-1 to list of all watch individuals assigned to tasks in the field.	**LAO Ph#:** 736-8497 736-8070 **LAO Fax#:** 736-8496 **U2 TSC/OSC Fax#:** 739-7288 734-5078

Attachment 7
Accountability Clerk Checklist
Sheet 3 of 4

4.2 The Lead Accountability Officer (LAO) will generate the list of missing persons. This list will be provided to the OSC Manager. The OSC Manager will notify the Emergency Plant Manager of any missing persons..

> **NOTE:**
> During plant shutdowns, when there may be large numbers of workers onsite and within the radiological control areas, a Health Physics computer printout may be used to assist in locating missing personnel within the radiological control area after accountability is completed.

4.3 <u>IF</u> there are individuals who are missing for (Unit 2 or Unit 3) <u>THEN</u>:

A. Review Accountability Rosters (IP-1027-1) used to identify ERO members experiencing difficulty carding into the TSC/OSC to remove them from the Missing Persons List.

B. Send an HP to obtain the Health Physics Computer Printout of individuals within the Radiological Control Area.

C. Check off names of possible missing individuals who have left the Protected Area to narrow the list of actually missing persons and review HP Computer Printout for any missing individuals within the Radiological Control Area.

D. Coordinate with the OSC Manager to conduct search and rescue activities in accordance with Attachment 8, Search and Rescue.

> **NOTE**
> Ongoing Accountability is required at the Site Area Emergency level, but may be relaxed by Emergency Plant Manager at the Alert level.

4.4 Assist OSC Staff to maintain accountability of all OSC personnel through the use of status boards, team assignments, Form IP-1023-3, Individual Exposure Tracking Log and Form IP-1023-8, ERO Tracking Log.

4.5 Inform the OSC Manager immediately of any personnel are discovered missing during ongoing accountability.

LAO Ph#:
736-8497
736-8070
LAO Fax#:
736-8496
U2 TSC/OSC Fax#:
739-7288
734-5078

Attachment 7
Accountability Clerk Checklist
Sheet 4 of 4

Continuous Responsibility/Activity (cont.)	Notes
5.0 Work with the OSC Coordinators to maintain Continuing Accountability 5.1 Assist Team Coordinator in maintaining Individual Exposure Tracking Logs (Form IP-1023-3) and ERO Tracking Log (Form IP-1023-8). 5 2 Assist Team Coordinators in maintaining OSC Status boards.	
6.0 Develop Second Shift Rosters for ERO and contact second shift 6.1 Use ERO Shift Rosters (Form 1023-9) to list individuals currently on the first shift in the TSC and OSC. 6.2 Request EOF Clerical Staff to identify the current EOF personnel. 6.3 Work with TSC and OSC Managers to identify personnel to fill second shift and ensure all needed positions are identified and establish time second shift is to be called in. 6.4 Use Emergency Telephone Directory to identify and contact individuals to fill positions on second shift. TSC and EOF Clerical Staff may be used to assist in notifications. 6.5 Inform the OSC Manager when notifications are completed and if there are any problems filling required positions.	
Closeout Responsibility/Activity	**Notes**
7.0 Assist OSC personnel to return all equipment to proper storage locations.	

Attachment 8
Search and Rescue
Sheet 1 of 2

1.0 **INSTRUCTIONS**

1.1 Attempt to contact missing individuals using the following methods (these actions should be conducted in parallel by utilizing OSC pool personnel to assist)

1.1.1 Announce the individual's name(s) over the Unit Public Address System using; " (*name*) call (*phone number*) immediately."

a. IF there are multiple personnel missing, THEN use more than one call back number.

1.1.2 Call the Assembly Areas to determine if the individual(s) is present

1.1.3 Call the individual's office telephone

1.1.4 Initiate a page to the person's assigned pager

1.1.5 Contact Security to review security records for the individual's last known location.

1.1.6 Contact the individual's supervisor and co-workers in an effort to determine their last known location.

1.1.7 Call the individual's home

1.2 IF the individual(s) is not located through the above methods, THEN determine the number of Search and Rescue teams needed to conduct a search of the Protected Area.

NOTE:

Search and Rescue missions should attempt to locate anyone thought to be in the Radiological Control and damaged plant areas first AND Security and Operations personnel trained in first aid should be used if possible

1.3 Prior to dispatch of Search and Rescue Teams:

1.3.1 Choose team members – each team should be comprised of at least two personnel

Attachment 8
Search and Rescue
Sheet 2 of 2

1.3.2 Conduct a team briefing discussing the following items:

A. Projected Radiological Conditions

B. Safety issues such as:

(1) Toxic Gases
(2) Chemicals
(3) Fall Protection
(4) Ladders/Scaffolding
(5) Confined Spaces
(6) Emergency Lighting/Flashlights
(7) Use good judgement

1.3.2 ALARA

1.3.3 Best routes to search areas

1.3.4 Tools and/or keys needed to reach search areas

1.3.5 Maps of areas if available

1.3.6 Communications protocols and communication devices to use

1.3.7 Direct teams to call back immediately when the individuals are located.

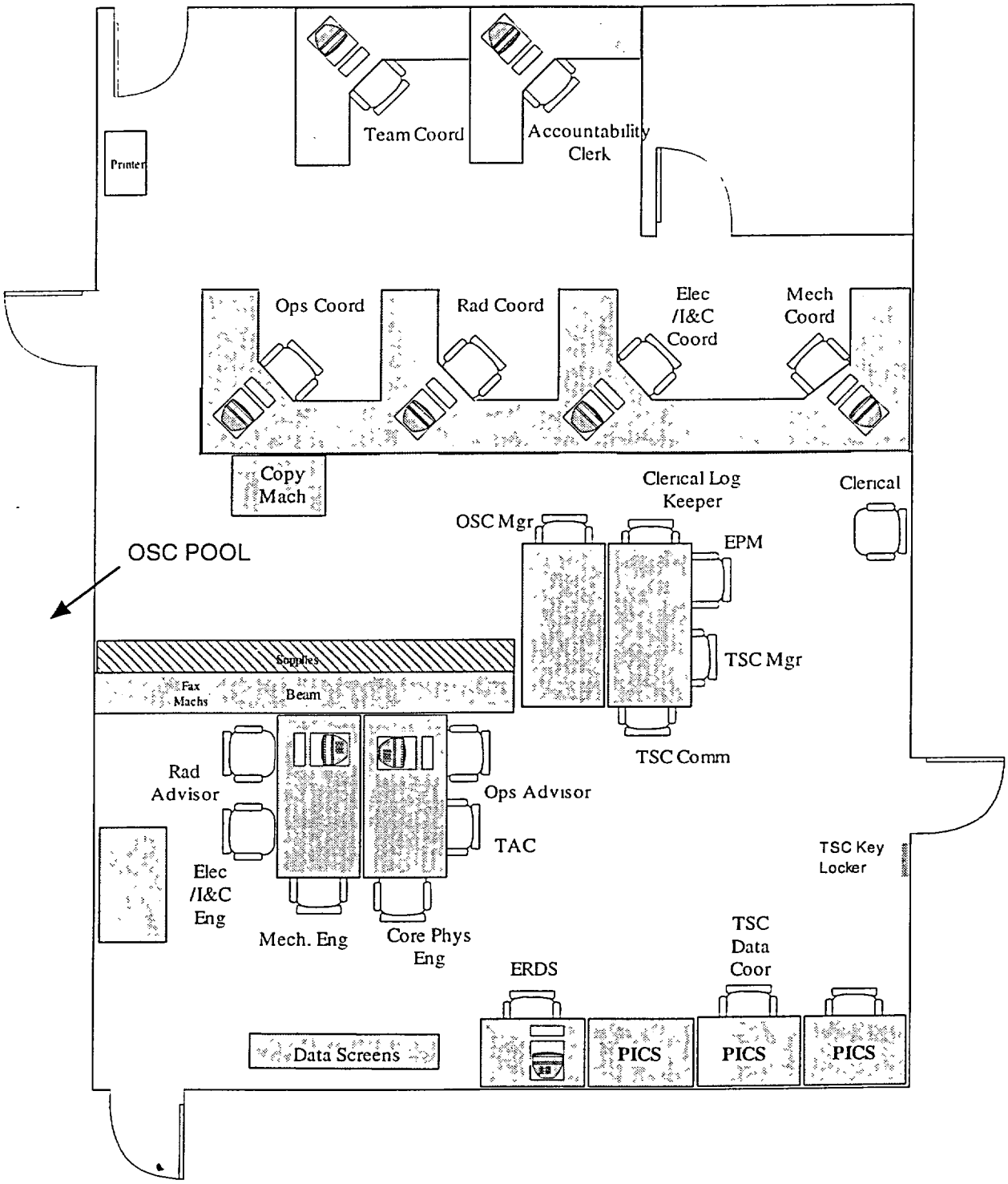
1.3.8 Direct teams to call back if they need assistance for rescue activities or medical assistance

1.4 Use the OSC team tracking mechanism to track Search and Rescue Teams

Addendum 1

TSC & OSC Layout

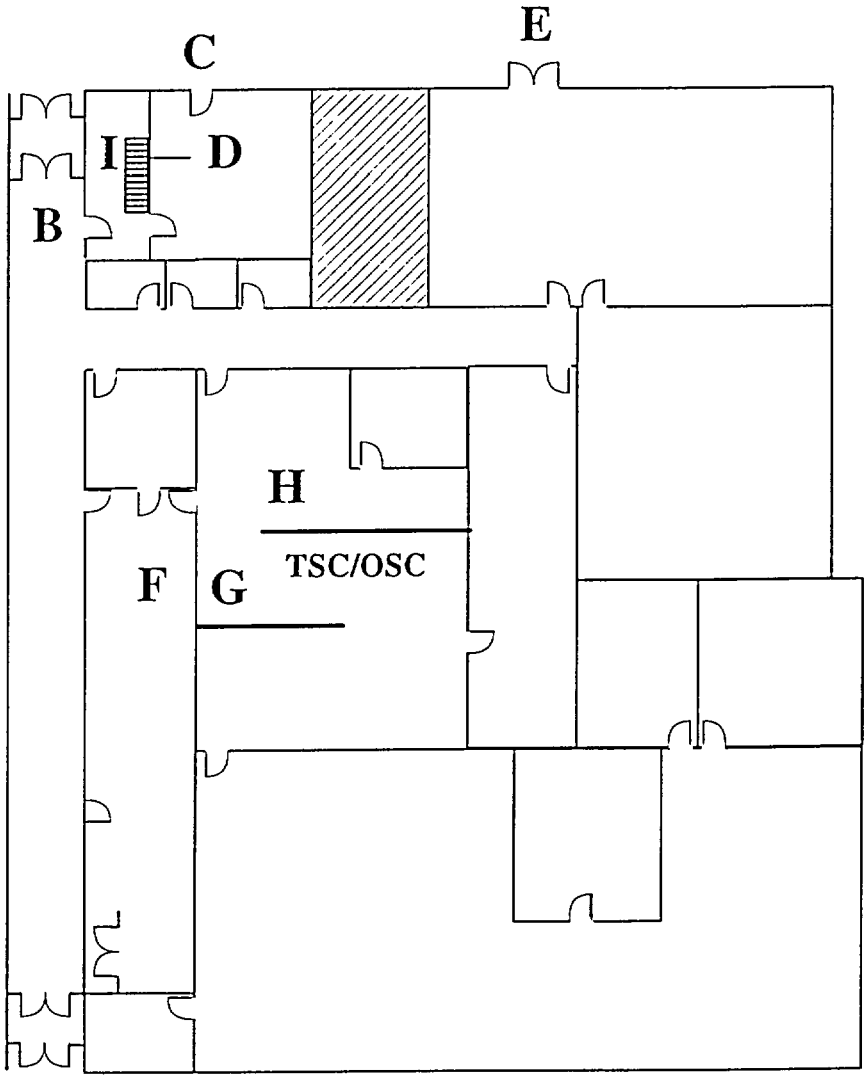
Sheet 1 of 1



Addendum 2

TSC / OSC Complex Radiological Setup

Sheet 1 of 1



If there is no indication of contamination outside the normal RCA the TSC/OSC Complex set up may be only the restricting of access and egress through point A and E.

If hallway contamination < 1000 dpm/100cm^2

A - No Entry / No Exit
B - Exit Only
C - Entry to TSC/OSC, No Exit, White Step Off Pad & Frisk shoes before stepping here sign
D - Nothing is installed here
E - No Entry / No Exit
F - HPT Station
G - Equipment Cabinet
H - OSC Coordinators
I - Place sign at top of the stairway no entry / no exit without permission from RPC

If hallway contamination > 1000 dpm/100cm^2

A - No Entry / No Exit
B - Exit Only
C - Entry to TSC/OSC, No Exit, White Step Off Pad & Frisk shoes before stepping here sign
D -White Step Off Pad & Frisk shoes before stepping here sign
E - No Entry / No Exit
F - HPT Station
G - Equipment Cabinet
H - OSC Coordinators
I - Place sign at top of the stairway no entry / no exit without permission from RPC

Addendum 3

Task Assignment Log (Form IP-1023-1)

Sheet 1 of 1

OSC Manager's Task Assignment Log

Task Description / Lead Coordinator		Date/ Time Assigned	Date/ Time Competed
Priority	Lead Coordinator		
Priority	Lead Coordinator		
Priority	Lead Coordinator		
Priority	Lead Coordinator		
Priority	Lead Coordinator		

Priorities

High (H): The mission is necessary to protect the immediate health and safety of the public

Medium (M) Any task that requires action by the OSC and should be worked on at the immediate time period, but does not fit the criteria of a health and safety of the public related mission

Low (L): Any mission which can be worked on when resources permit

Form IP-1023-1 Rev 0

Addendum 4

Emergency Team Briefing Form (Form IP-1023-2)

Sheet 1 of 2

Emergency Team Briefing Form

Team #:

Lead Coordinator: ☐ I&C ☐ Rad ☐ Main ☐ Ops	Date: _____ Time:	Location of Work:

Task _____

Attach any additional supporting documentation

Tools, Equipment and Supplies _____

Team Members * _____ _____

* Designate one member as the Team Leader

Technical Brief: ☐ Complete	Rad. Brief: ☐ Complete ☐ N/A ERWP ☐ N/A or #_____ Estimated Dose:	Team Number Assigned by Team Coordinator

Method(s) of Communications: ☐ Radio ☐ Phone ☐ Other:

Recommended Route to Work:

Status / Debrief Items: ☐ Completed _____

Page 1 of 2 Form IP-1023-2 Rev 1

Addendum 4
Emergency Team Briefing (Form IP-1023-2)
Sheet 2 of 2

Emergency Team Briefing Form

Team Dispatch Guidelines: (completed by Team Coordinator)

1. Have they received **Technical Briefing** ☐
2. Have they received **Radiological Briefing** ☐
3. Tell them their **Team Number** ☐
4. Do they know the **Location of Job and Route** ☐
5. Do they know the **Scope of Job & Approximate Duration** ☐
6. Do they have their **Tools** ☐
7. Do they have **HP Coverage** ☐
8. Tell them their **Available Dose** ☐
9. Give them Coordinators **Phone Numbers** ☐
10. Tell them to **Report Back Every 20 - 30 Minutes** ☐
11. Have them perform a **Radio Check** ☐

Team Check-In Guidelines: (completed by Team Coordinator)

1. Ensure **All Team Members Returned** ☐
2. Record **Dose Received** ☐
3. Ask about **Job Status** ☐
4. Have them **Return Radio to Charger** ☐
5. Tell them to **Report to Lead Coordinator for Debriefing** ☐

Team Debriefing Guidelines: (completed by Lead Coordinator) Yes

1. Are there any outstanding safety issues to address? ☐
2. Were any Non-Quality or Non-Standard Parts used? ☐
3. Were any Temporary Facility Changes made? ☐
4. Was any excess torque or force applied to components? ☐
5. Was any valve position or equipment status changed? ☐
6. Was any work performed which would normally require follow-up Testing ☐

ttach further details as needed to ensure outstanding issues can be addressed during Recovery Phase

Page 2 of 2 Form IP-1023-2 Rev 1

Addendum 5

Individual Exposure Tracking Log (Form IP-1023-3)

Sheet 1 of 1

Individual Exposure Tracking Log

Name:				TLD # _____ Employee #	
Location / Team / Times		Available Exposure (mrem)	Time of Reading	Dosimeter Reading	Emergency Exposure (mrem)
_____					
Team #:					
Time Out:					
Time In:					
_____					
Team #:					
Time Out:					
Time In:					
_____					
Team #:					
Time Out:					
Time In:					
_____					
Team #:					
Time Out:					
Time In:					
_____					
Team #:					
Time Out:					
Time In:					

NOTES

1 Use this form along with Team Briefing Form to account for ERO members dispatched from OSC/TSC and track individual's exposure

2 Initial Exposure Limit will be 1000 mrem for duration of emergency EPM may authorized more exposure

3 If Form is filled transfer Name, TLD # and remaining available exposure to new form and staple this completed form to it

Form IP-1023-3 Rev 0

Addendum 6

ERO Log Sheet (Form IP-1023-4)

Sheet 1 of 1

ERO Log Sheet

ERO Position: _____ Name:	Date: _____

Time	Significant Events, Information or Communications

Signature. _____

Form IP-1023-4 Rev 0

Addendum 7

Emergency Radiation Work Permit (Form IP-1023-5)

Sheet 1 of 1

Emergency Radiation Work Permit

ERWP Number: _____ Date:	Written By: _____ Approved By: _____ (RP Coordinator)

Work Area _____

_____

Radiation Readings: ☐ Based on recent survey (post emergency) SurveyTime: _____

☐ Based on Old Surveys & Plant Conditions (update as soon as possible)

High General Area Reading: _____ mR/Hr Updates: _____ mR/Hr _____ mR/Hr

High Equipment Contact Readings: _____/_____ mR/Hr On: _____

Surface Contamination Levels: _____ DPM/100CM^2 _____ DPM/100CM^2

Internal System Contamination Expected: ☐ Yes ☐ No Airborne Levels*: ☐ Yes ☐ No

* Attach Sample Results -- Consider giving KI prior to dispatching teams IF thyroid dose is expected to be > 25 Rem

Recommended Respirator Protection: _____

To be Worn When:

Dosimetry Required: ☐ TLD ☐ SRD Range(s) ☐ Alarming Set At:

Recommended Protective Clothing: _____

_____

Hold Radiation Limit: _____ mR/Hr _____ mrem

Turn Back Radiation Limit: _____ mR/Hr _____ mrem

RP Technician Required: ☐ No ☐ Until on location (survey)

☐ Self Monitoring ☐ Continuously ☐ To Open System

Other Instructions: _____

_____

Form IP-1023-5 Rev 0

Addendum 8

Emergency Exposure Authorization (Form IP-1023-6)

Sheet 1 of 1

Emergency Exposure Authorization

Emergency Exposure Guidelines

1 All Emergency Exposures shall be authorized by the Emergency Director or Emergency Plant Manager

2 All individuals may be authorized up to 5 Rem emergency exposure for a given emergency event. Historical occupational exposure is not totaled into this limit

3 Procedures allow for the Emergency Plant Manager to give a blanket authorization of up to 5 Rem emergency exposure for Alert or higher classifications

4 Any emergency exposure greater than 5 Rem Whole Body, 50 Rem Extremities or 50 Rem Skin of Whole Body, shall be authorized on a individual basis for a specific task

5 All emergency exposures are voluntary - For higher doses individuals over the age of 45 are preferable - Fertile women shall not be used, - Individuals should be briefed that these exposures may increase their chances of cancer during their lifetime

6 Volunteers may be authorized up to 10 Rem to protect valuable property

7 Volunteers may normally be authorized up to 25 Rem for life saving or the protection of large populations

8 Individuals may volunteer to receive greater than 25 Rem to save a life

9 For any expected or actual Thyroid Exposure > 25 Rem CDE, the issuance of KI should be considered

Task: _____	**Date:** _____
_____	**Time** _____

The following personnel have volunteered to perform the above task(s)
They are authorized to receive up to _____ **Rem**

Name	SSN	Received Briefing Signature

Approval Signature _____
Emergency Director or Emergency Plant Manager

Form IP-1023-6 Rev 0

Addendum 9
Normal OSC Staffing (Form 1023-7)
Sheet 1 of 1

Normal OSC Staffing

At least 2 individuals shall be members of the First Aid Team				
No.	**Positions**	**Number Present**	**Number Needed**	**Called**
1	OSC Manager			
1	Team Coordinator			
2	Accountability Clerks			
1	Rad Protection Coordinator			
1	Operations Coordinator			
1	Maintenance Coordinator			
1	I&C Coordinator			
1	I&C Planner			
1	I&C Supervisor			
2	I&C Technicians			
1	Chemistry Supervisor			
1	Chemistry Technician			
1	Electrical Planner			
1	Electrical Supervisor			
2	Electrical Technicians			
1	Mechanical Supervisor			
1	Mechanical Planner			
2	Mechanical Technicians			
1	HP Supervisor			
4	HP Technicians			
-	Operations Personnel			
-	Other			
27	Total number of individuals assigned to OSC			

OSC Manager should enter number of each positions needed based on event

Form IP-1023-7 Rev 1

Addendum 10

ERO Tracking Log (Form IP-1023-8)

Sheet 1 of 1

Team Coordinator: _____ **ERO Tracking Log** Date: _____

Team #	Location / Task	Time Out	Due Back	Time In	Team Member Name(s)	Avail. Exposure	Dose Rec.	New Avail. Exposure	Job Status
		Lead Coordinator							
		Lead Coordinator							
		Lead Coordinator							
		Lead Coordinator							
		Lead Coordinator							

NOTES:

1. Use this form to track individuals located outside the TSC/OSC Complex, CCR or Security Posts.
2. Individuals emergency exposures should be tracked on Individual Exposure Tracking Logs (IP-1023-3)

Form IP-1023-8 Rev 1

Addendum 11

ERO Shift Rosters (Form IP-1023-9)

Sheet 1 of 4

Onsite ERO Shift Rosters				
EOF POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
Emergency Director				
EOF Manager				
ORAD				
Dose Assessment HP				
ED Technical Advisor				
MIDAS Operator				
EOF Information Liaison				
EOF Communicator #1				
EOF Communicator #2				
EOF SAS Proteus Operator				
EOF Offsite Liaison				
State EOC Technical Liaison				
Westchester EOC Technical Liaison				
Putnam EOC Technical Liaison				
Rockland EOC Technical Liaison				
Orange EOC Technical Liaison				
Admin and Logistics Manager				
Offsite Monitoring Teams (4)				
Onsite Monitoring Team (2 HPs)				
EOF Clerical Staff (3)				

Page 1 of 4 Form IP-1023-9 Rev 2

Addendum 11
ERO Shift Rosters (Form IP-1023-9)
Sheet 2 of 4

Onsite ERO Shift Rosters				
TSC POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
Emergency Plan Manager				
TSC Manager				
Technical Assessment Coordinator				
Operations Advisor				
Radiological Advisor				
Core Physics Engineer				
Mechanical Engineer				
Elec / I&C Engineer				
TSC Data Coordinator				
TSC Communicator				
TSC Communicator CCR				
Data Processor CCR				
Document Controller				
TSC Clerical Staff (2)				
Others				

Addendum 11
ERO Shift Rosters (Form IP-1023-9)
Sheet 3 of 4

Onsite ERO Shift Rosters				
OSC POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
OSC Manager				
Team Coordinator				
Operations Coordinator				
RP Coordinator				
Maintenance Coordinator				
I&C Coordinator				
Accountability Clerk				
HP Supervisor				
HP Technicians				
Chemistry Supervisor				
Chemistry Technicians				
I&C Supervisor				
I&C Planner				
I&C Technicians				

Page 3 of 4 Form IP-1023-9 Rev 2

Addendum 11
ERO Shift Rosters (Form IP-1023-9)
Sheet 4 of 4

Onsite ERO Shift Rosters				
OSC POSITION	Shift 1 Individual(s)		Shift 2 Individual(s)	
Mechanical Supervisor				
Mechanical Planner				
Electrical Planner				
Mechanical / Electrical Technicians				
Material Storekeeper				
Others				

Notes

1. Call the EOF Clerical Staff and or Fax them the EOF Section of this form to obtain names of individuals filling EOF positions on the first shift
2. Call individuals filling Misc positions outside the EOF,TSC or OSC
3. With the Support of the facility clerical staffs use Emergency Telephone Book to call in individuals to fill second shift

Addendum 12
OSC Guidelines (Form IP-1023-10)
Sheet 1 of 1

OSC Guidelines

	General Guidelines	*BE CAREFUL*
1	Always ensure your name appears on an Accountability Roster when you arrive at the Operations Support Center.	
2	Maintain a quiet professional manner throughout the event	
3	Pay attention to the facility briefings and maintain awareness of conditions and events	
4	**DO NOT** leave the TSC/OSC Complex without checking out with the Team Coordinator or the Accountability Clerk **NOTE:** The restrooms at the top of the stairs are still within the TSC/OSC Complex, but you should inform a coworker when going there	
•	**Team Dispatch**	***WORK SAFE***
1	When selected to perform a task in the field, receive job briefing from the Lead Coordinator (Operations, Maintenance, I&C or Radiation Protection) for your assigned task **IF** the job involves possible radiological exposures **THEN** the Radiation Protection Coordinator or an HP Supervisor will provide a you with a radiological briefing *These briefs should be conducted in one of the briefing rooms.* The Lead Coordinator will give you the Team Briefing Form when you are being dispatched after completion of briefing.	
2	**ALWAYS** check out with the Team Coordinator prior to leaving TSC/OSC Complex to perform a task – Always take a radio and test it before going out into the field unless directed otherwise by the Team Coordinator. Give the Team Coordinator the Team Briefing Form when you are checking out.	
3.	Maintain communications with the Team Coordinator while in the field. Report any unexpected conditions or events immediately	
4	**ALWAYS** check in with the Team Coordinator and report any exposure you received IMMEDIATELY upon your return to the TSC/OSC Complex after performing a task. **REPORT** any safety concerns which may be important for future work or to teams currently in the field The Team Coordinator will return the Team Briefing Form to you after you have checked in with him/her.	
5	Report to the Lead Coordinator (Operations, Maintenance, I&C or Radiation Protection) for a de-briefing after you have completed checking in with the Team Coordinator. Report· Status of the assigned task Any deviations taken from normal work practices or quality control processes Any follow-up task(s) you feel are needed to ensure assignment goal is completed	
6	After the team de-briefing return to the pool area and await further assignment Brief other Technicians in the pool on tasks you performed and conditions in the field.	

Form IP-1023-10 Rev 0

Addendum 13

Sample Patient Package Insert for THYRO-BLOCK Tablets

Sheet 1 of 1

Information on use of Potassium Iodide
IOSAT™ Tablets

Potassium Iodide Tablets

- 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 NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE (SEE SIDE EFFECTS BELOW)

DIRECTIONS FOR USE

Use only when directed by Emergency Management, State, Local or Public Health Officials

DOSE

ADULTS AND CHILDREN ONE YEAR OF AGE OR OLDER

One (1) tablet once a day Crush for small children

BABIES UNDER ONE YEAR OF AGE.

One-half (1/2) tablet once a day Crush first

DOSAGE

Take for 10 days unless directed otherwise

Store your supply at room temperature between 59° F and 86° F Keep package dry and foil packets intact

KEEP YOUR SUPPLY OUT OF REACH OF CHILDREN

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 for 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).

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 public health authority

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 If this air is breathed or swallowed it may enter the thyroid and damage it The damage may not show itself for years Children are the most likely to have thyroid damage

If you take potassium iodide, it will fill up you thyroid gland This reduced the chances that radioactive iodine will enter your thyroid

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take tablets when directed to do so are people who know they are allergic to iodine Pregnant women, nursing women, children and babies may take this drug

HOW AND WHEN

Potassium Iodide should be taken as soon as possible after authorities tell you to take it

You should take one dose every 24 hours

MORE WILL NOT HELP YOU, AND WILL INCREASE THE CHANCES OF SIDE EFFECTS.

Continue to take the drug for 10 days

WHAT TO DO IF SIDE EFFECT OCCUR

STOP taking the drugs and contact a doctor or public health officials for instructions

DESCRIPTION AND USE

Each IOSATTM Tablet contains 130 mg of potassium iodide

Thyroid blocking in radiation emergency only

Addendum 14

Assembly Area Coordinator Instructions (Form IP-1023-11)

Sheet 1 of 1

Assembly Area Coordinator Instructions	
Instructions	**Notes**
1 Review any special instructions with OSC Manager and insure you have a full understanding of priorities Record OSC Manager Contact Number _____	
2 Assume the duties of the Energy Education Center (EEC) Assembly Area Coordinator. A Report to the EEC B Establish telephone communications with the OSC Manager, i Using the phone located under round access control desk in upper level EEC call the OSC Manager to inform them you are in place, provide them with phone number at your location ii Draft an individual to remain at phone and communicate messages to you as necessary iii. Set up, or direct assistance to set up, EEC PA System, stored in the security area behind the access control desk	
3 Draft at least 3 Management personnel to assist in controlling personnel located at the EEC Have them direct assembled personnel to form groups by disciplines and stand by for further information and instructions	
4 Do not allow personnel to leave the EEC until you have verified with the OSC Manager that there has been no release of Radioactive Materials	
5 Periodically (~every 30 min) contact the OSC Manager for brief overview of events and plant conditions	
6 Periodically (~every 30 min) brief personnel in the EEC on events and plant conditions	
7 Locate and dispatch additional personnel to respond inside the Protected Area or to the EOF as needed.	
8 When directed by the OSC Manager either A Dismiss Individuals from the Site B Release individuals back to work C. Direct individuals to a designate location (on or offsite)	
9 When all personnel have departed from the EEC Assembly Area A Return Portable PA System to it's storage location B Return Assembly Area Phone to it's storage location C Document any problems with equipment, personnel or procedures observed during event	

Page 1 of 1 Form IP-1023-11 Rev 0

Personnel Accountability and Evacuation

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Site Personnel Accountability and Evacuation

1.0 PURPOSE

1.1 To describe the method and procedures used to initially account for individuals within the Protected Area whenever the Site Assembly Alarm is sounded and/or accountability is called for.

1.2 To describe the method of handling continuing accountability during the emergency.

1.3 To describe method of conducting Site Evacuation.

2.0 DISCUSSION

2.1 Accountability Philosophy

2.1.1 Accountability is defined as accounting for (knowing the location of) all personnel within the Protected Area OR knowing they are within the Protected area but missing.

> **NOTE:**
> Once the Lead Accountability Officer has generated the missing persons list for both Unit 2 and Unit 3, accountability is **COMPLETE**. This list must be generated within 30 minutes of the initiation of Accountability.

2.1.2 For the purpose of this procedure the following groups of personnel are defined:

A. Essential Personnel individuals assigned to the Emergency Response Organization (ERO) and NRC. This includes:

(1) All members of the onshift watch (SROs, ROs, NPOs, Watch Engineer, Watch HP and Chemist)

(2) All members of the Security Force.

(3) All TSC/OSC ERO staff members,

(4) Non-Shift Operators within the Protected Area

(5) All Entergy Mechanics, Electricians, I&C Technicians, Chemistry Technicians and HP Technicians within the Protected Area.

B. Non-essential personnel all other personnel who are not assigned responsibilities in the ERO. This also includes all contractors, visitors and OCA badged personnel.

2.1.3 Accountability is accomplished by assembly of all non-essential personnel outside the Protected Area and physically accounting for all individuals who remain within the IPEC Protected Area (Unit 2 and Unit 3).

2.1.4 During plant shutdowns, when there may be large numbers of workers onsite and within the radiological control areas, a Health Physics computer printout may be used to assist in locating missing personnel within the radiological control area after accountability is completed.

2.1 5 Non-essential personnel will leave the Protected Area and are removed from the list of onsite personnel automatically by the Security computer

2 1.6 All ERO members reporting to the TSC/OSC will report to the TSC/OSC and swipe their Security Badge at one of the Accountability card reader. TSC personnel should use the card reader located outside the door near the Team Coordinator (short hallway going toward the NRC office). OSC personnel should use the card reader outside the OSC command room door (long hallway).

2.1.7 TSC/OSC Facility Leads should identify themselves and move to the front of the line to expedite facility activation.

2.1.8 Control Room personnel will swipe their Security Badge at the Accountability card reader just inside the CCR door.

2.1.9 Initial Accountability shall be accomplished within approximately 30 minutes for events classified at the Site Area Emergency or General Emergency. Accountability may be directed at the Alert classification (or any other time deemed necessary) at the direction of the Shift Manager or Emergency Plant Manager.

2.1.10 Search and Rescue missions shall be undertaken immediately to locate any missing personnel.

2 1.11 Accountability may be suspended or delayed by the Shift Manager, Emergency Plant Manager or Emergency Director if the movement of large numbers of personnel to an Assembly Area potentially places them in more danger than leaving them in place: Examples·

- Severe weather conditions onsite
- Toxic gases in Protected Area egress areas
- Armed intruders within the Protected Area or at the Command Guard House.

2.1.12 Should the Security computer fail, Search and Rescue sweeps will be conducted within the Protected Area to ensure areas are clear of personnel. Sweeps should be conducted in areas where personnel may be at the greatest risk first.

2.2 Assembly Area Locations

2.2.1 Within the Protected Area all personnel will assemble in one of six (6) pre-designated Assembly Areas: TSC/OSC Complex (Unit 2 or Unit 3), the Central Control Room (CCR)(Unit 2 or Unit 3), or the Command Guard House (Unit 2 or Unit 3).

2.2.2 Non-essential personnel who leave the Protected Area will assemble in the Energy Education Center (auditorium and large area outside auditorium) for those exiting Unit 2 and the Indian Point Training Center for those exiting Unit 3.

2.2.3 All personnel shall remain assembled onsite until released by the Emergency Director.

2.3 Release of Non-Essential Personnel from Site

2.3.1 Providing personnel can be released offsite without concern for radiological contamination or personnel safety, the Emergency Director will communicate with the Westchester County EOC prior to the release of assembled personnel

2 3 2 Once assembly and accountability have been completed, the Emergency Director may release all unneeded personnel assembled in the Energy Education Center and the Indian Point Training Center by notifying the Lead Accountability Officer (LAO). The LAO will then in turn, notify the Assembly Areas to release unneeded personnel.

2.4 Continuing Accountability

After initial accountability is complete, continuing accountability within the Protected Area shall be maintained for events classified as Site Area Emergencies or General Emergencies. If accountability was performed at an Alert the Emergency Plant Manager (EPM) may suspend accountability requirements based on plant conditions. The EPM may also suspend accountability during the later stages of higher classifications after plant conditions have stabilized and surveys have been completed in all habitable areas within the Protected Area verifying normal radiation levels.

2.5 Site Evacuation

2.5.1 Evacuation of all non-essential personnel from the site shall be at the direction of the Emergency Director at a Site Area Emergency or General Emergency. He/she may call for Site Evacuation prior to these emergency levels if deemed necessary.

2.5.2 The Emergency Director will communicate with the Westchester County EOC prior to the release of assembled personnel from the Site.

2.5.3 Personnel may evacuate using either their own vehicles or by company vehicles obtained for that purpose if personal vehicles are contaminated.

2.5.4 Evacuation and/or relocation of essential personnel will be at the direction of the Emergency Plant Manager for individuals within the Protected Area or the Emergency Director for onsite individuals outside the Protected Area

3.0 PRECAUTIONS AND LIMITATIONS

3.1 DO NOT direct movement of large groups of individuals IF the movement places them in more danger than keeping them in place.

3.2 Communication should be established with the Westchester County EOC prior to releasing non-essentials. Requests should be for traffic control assistance outside the plant exit points.

4.0 EQUIPMENT AND MATERIALS

None

5.0 INSTRUCTIONS

5.1 Decision to Perform Accountability

IF either:

An event has been classified as a Site Area Emergency or General Emergency

OR

The Shift Manager or Emergency Plant Manager determines a need to perform accountability at a lower classification.

THEN

Continue with accountability in accordance with this procedure

5.2 Suspension of Accountability

5.2.1 IF any of the following conditions are met:

- Severe weather conditions are present onsite
- A large amount of toxic gas has been released within or near the Protected Area
- A radiological release which would place non-essential personnel in danger in route to OR while at the Energy Education Center and/or Indian Point Training Center.
- Armed intruders are present within the Protected Area, near the Command Guard House or in or near the Energy Education Center and/or Indian Point Training Center.
- Any other condition which in the opinion of the Shift Manager, Control Room Supervisor, Emergency Plant Manager or Emergency Director would be a threat to the movement of personnel to the Energy Education Center and/or Indian Point Training Center.

THEN perform the following steps·

A. Suspend initial accountability AND inform the Control Room Communicator NOT to sound the Assembly Alarm or make an announcement for non-essential personnel to report to the Energy Education Center.

B. IF there is a condition in addition to the condition identified above that places onsite personnel in danger THEN take immediate actions to warn and protect personnel. Such as:

(1) Send Security, Operations and/or HP personnel to evacuate areas of most risk

(2) Call for outside rescue assistance (Fire, Hazmat Teams etc)

(3) Choose an Assembly Area within the Protected Area and have non-essential personnel assemble at chosen location. PA announcement and teams dispatched to alert personnel to assemble should be used to notify personnel.

C. Exit this procedure until conditions allow full accountability to be performed.

5.2.2 IF none of the above conditions exist **THEN** continue on with this procedure.

5.3 Initial Accountability

5.3.1 The Shift Manager or Control Room Supervisor shall:

NOTE:
Steps A and B, emergency notifications are performed in accordance with a checklist provided in IP-1002, Emergency Notification and Communication

A Sound the Site Assembly Alarm for at least 30 seconds.

B. Make a Public Address system announcement indicating:

(1) the emergency classification

(2) activation of Emergency Response Organization (if not already done at a lower classification)

(3) assembly of non-essential personnel outside Protected Area (Energy Education Center).

C. Account for CCR Personnel (or assign someone to account for)

(1) Control Room personnel (CCR Staff, NPOs, Watch Clerk, Watch HP and Chemistry Technicians) and non-watch Operations personnel assembled in the CCR will swipe their Security Badge at the Accountability card reader just inside the CCR door.

(2) Use an Accountability Roster (Form IP-1027-1) and develop a list of all watch individuals assigned to tasks in the field that have not swiped their security badge through the CCR card reader.

(3) Deliver the Accountability Roster to the OSC Manager or Accountability Clerk.

D. IF the OSC has not been activated AND personnel have been determined to be missing THEN coordinate search and rescue missions to locate missing persons within the Protected Area in accordance with IP-1023 Attachment 8, Search and Rescue.

NOTE:
Senior Management who are not assigned to the ERO but who are within the Protected Area at the time accountability is called for may report to the CCR or TSC/OSC Complex to be accounted for and then assist in emergency response.

5.3.2 All personnel within the Protected Area

WHEN the Site Assembly Alarm sounds and an announcement is made for activation of the ERO and relocation of the non-essential personnel THEN all personnel within the Protected Area shall:

NOTE:
Personnel within the Radiological Control Areas shall follow normal procedures to leave the area as quickly as possible and report to an Assembly Area.

A. IF you are a member of the onshift watch (SROs, ROs, NPOs, Watch Engineer, Watch HP, Watch Clerk or Chemist) THEN report to the CCR for accountability and swipe your Security Badge at the Accountability card reader just inside the CCR door.

B. IF you are a member of the ERO (TSC, OSC) THEN report to the TSC/OSC Complex for accountability and swipe your Security Badge at one of the Accountability card readers.

C. IF you are a member of the EOF ERO THEN identify yourself as a member of the EOF Staff and move to the front of the line to expedite egress from the Protected Area and report to the EOF.

D. IF you are a member of the JNC ERO THEN identify yourself as a member of the JNC Staff and move to the front of the line to expedite egress from the Protected Area and report to the JNC.

E. IF you are with the NRC THEN report to either the CCR or TSC/OSC Complex and swipe your Security Badge at one of the Accountability card readers.

F. IF you are non-essential to the ERO THEN exit the Protected Area as quickly as possible and report to the Energy Education Center if exiting Unit 2 and the Indian Point Training Center if exiting Unit 3. Stand by for further instructions.

5.3.3 The OSC Manager and Accountability Clerk shall follow steps per the assigned checklists provided in IP-1023, Operations Support Center, to assist the Lead Accountability Officer in conducting accountability.

5.3.4 The Unit 2 Security Shift Supervisor shall direct the Security Force to perform accountability actions in accordance with IP-1050, Security.

5 3.5 WHEN the on-call Emergency Plant Manager has assumed duties THEN he/she shall:

A. IF there is any habitability concerns with the Energy Education Center, THEN inform the Emergency Director at once and recommend a site evacuation in accordance with Section 5.5 of this procedure.

B. Request any additional personnel who have relocated to the Energy Education Center or the Indian Point Training Center to augment the ERO within the Protected Area before personnel are evacuated or released from Assembly Area.

C. Recommend to the Emergency Director that non-essential personnel assembled at the Energy Education Center and Indian Point Training Center be released from the site.

D. IF the Emergency Plant Manager elects to suspend continuing accountability THEN the Emergency Plant Manager shall:

(1) Consider if plant conditions could degrade to the point accountability is again required.

(2) Inform the Emergency Director of that decision and the reasons supporting the decision

(3) Make a formal announcement that accountability is no longer required. Log time decision is made in his/her position log.

(4) IF conditions again require accountability (such as declaration of higher classification) THEN direct initial accountability be performed in accordance with step 5.3 of this procedure.

5.4 Continuing Accountability

5.4.1 Unless otherwise directed by the Emergency Plant Manager, continuing accountability shall be maintained once initial accountability is completed.

5.4.2 Continuing Accountability shall be maintained by facility managers as directed in procedures IP-1023, Operations Support Center, IP-1035, Technical Support Center and IP-1050 Security.

5.5 Site Evacuation

5 5.1 The Emergency Plant Manager shall:

A. Review the current and second shift staffing requirements for ERO positions stationed within the Protected Area.

B. Determine if additional personnel should be added to the ERO **BEFORE** personnel are dismissed or evacuated from the site.

5.5.2 The Emergency Director shall:

A Review the current and second shift staffing requirements for ERO positions stationed outside the Protected Area.

B. Contact the Westchester County EOC and inform them of the impending release of non-essential personnel from the site.

C. Determine if additional personnel should be added to the ERO **BEFORE** personnel are dismissed or evacuated from the site.

D. **IF** a radiological release of a magnitude requiring declaration of a General Emergency is or may potentially occur **THEN** evacuate the site by calling the LAO and directing him/her to inform the Energy Education Center and Indian Point Training Center personnel to evacuate. Direct Security to do a sweep of all site areas inside the Owner Controlled Area to ensure all personnel are informed.

E. **IF** there has been a radiological release of a magnitude that requires declaration of a Site Area Emergency **THEN** after conferring with the Emergency Plant Manager:

(1) Direct the ORAD to have a random survey of personal vehicles onsite performed to determine if they are contaminated.

(2) **IF** vehicles are found to be contaminated **THEN** make arrangements for other vehicles to evacuate personnel from the site.

(3) Direct Security to do a sweep of site areas inside the Owner Controlled Area and inform personnel to report to the Buchanan Service Center.

(4) Relocate personnel from Energy Education Center to the Buchanan Service Center to be checked for contamination prior to release.

F. **IF** there has been **NO** radiological release of a magnitude that requires declaration of a Site Area Emergency **THEN** after conferring with the Emergency Plant Manager:

(1) Direct non-essential personnel be dismissed from the Energy Education Center and the Indian Point Training Center without any contamination checks.

(2) Direct Security to do a sweep of site areas outside the Protected Area and direct personnel to leave the site.

5.5.3 Security shall:

A. As directed by the Emergency Director perform sweeps of site areas outside the Protected Area directing personnel to relocate or leave site.

B. IF Site Evacuation has been called for THEN restrict site access, allowing only personnel authorized by the Emergency Director or the Emergency Plant Manager to enter the site

6.0 REFERENCES

6.1 IP-1002, "Emergency Notification and Communication"

6 2 IP-1023, "Operations Support Center"

6.3 IP-1035, "Technical Support Center"

6.4 IP-1050, "Security"

7.0 ATTACHMENTS

None

8.0 ADDENDUM

8 1 Addendum 1, Accountability Rosters (Form IP-1027-1)

8.2 Addendum 2, Site Map with Assembly Areas (Form IP-1027-2)

Addendum 1

Accountability Roster (Form IP-1027-1)

Sheet 1 of 1

Accountability Roster

Location ☐ TSC/OSC Complex ☐ Central Control Room ☐ Command Guard House

Security Badge #	Print Name (Last / First)	Location (If known)	Verified to be ok (√)

Accountability checked by _____ on _____ at _____
(Signature) (Date) (Time)

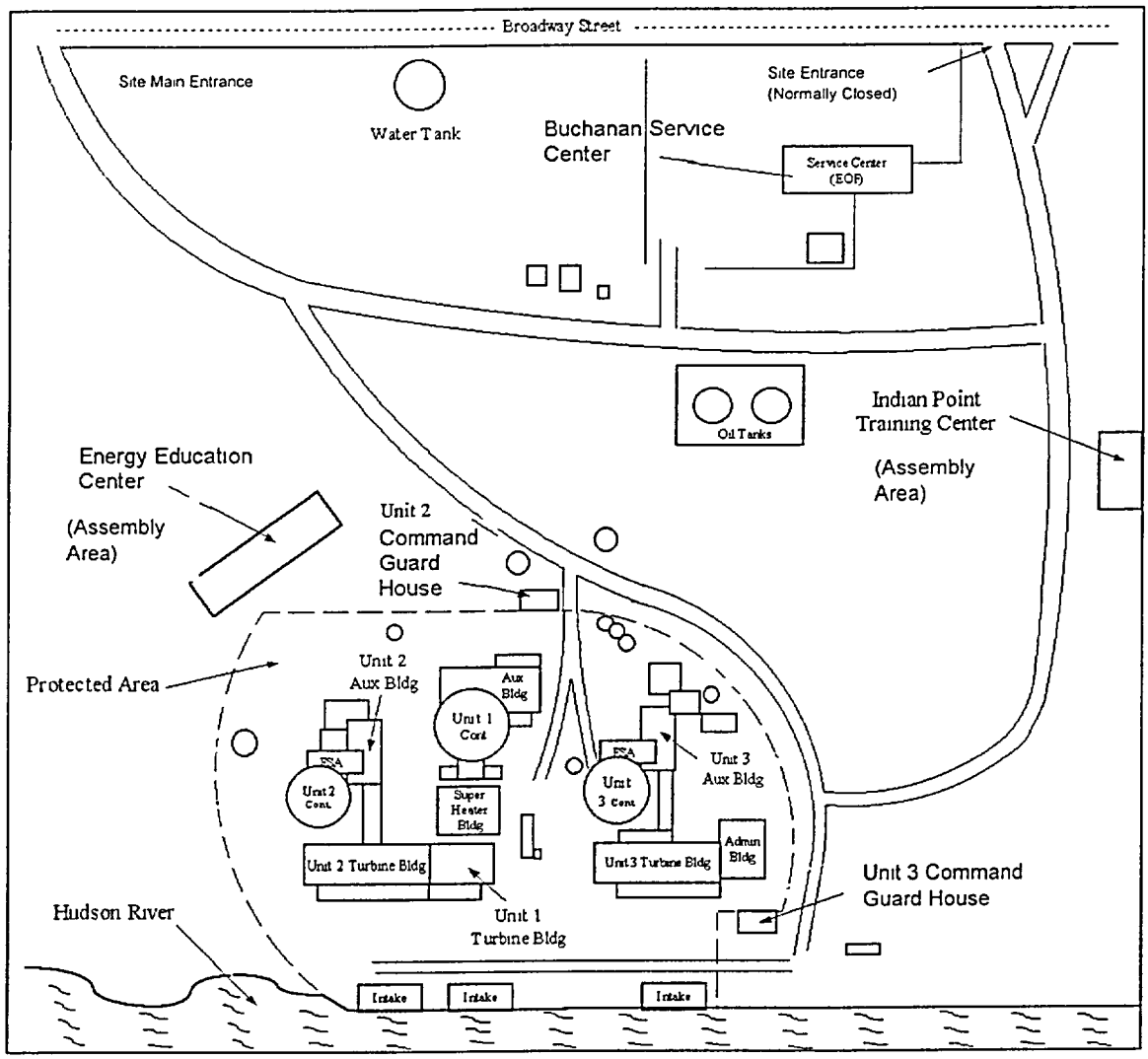
Form IP-1027-1 Rev 3

Addendum 2

Site Map with Assembly Areas (Form 1027-2)

Sheet 1 of 1

Site Map with Assembly Areas



Form IP-1027-2 Rev 2

Security

	Print Name	Signature	Date
Prepared by:	J.Hale		8/19/02
Technical Reviewer:	K.Walker		8/15/02
Reviewer:	D W. MITCHELL	DW Mitchell	8.19.02
Reviewer:			
Reviewer:			
SNSC Review:	PREVIOUS #2830 (Meeting Number)	Signature Secretary	4/12/01
Approval:	Frank Inzirillo		8/20/02

Reference Use

CONTROLLED COPY

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Effective Date: 8/21/02

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7.1 Attachment 1, Lieutenant Shift Supervisor (LSS) Checklist. 6

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7.3 Attachment 3, Command Guard House Checklist 13

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SECURITY

1.0 PURPOSE

To describe emergency response activities and operations of the Security Force during emergencies declared as an Alert, Site Area Emergency or General Emergency in accordance with the Emergency Plan for Indian Point Unit Nos. 1 & 2.

2.0 DISCUSSION

None

3.0 PRECAUTIONS AND LIMITATIONS

3.1 Normal Station Security procedures shall not be violated during the conduct of any Emergency Plan Drill, Exercises or Walkthrough

3.2 During an actual emergency the Shift Manager may direct the Security Force to deviate from normal security procedures.

4.0 EQUIPMENT AND MATERIALS

The following types of equipment and materials are utilized for emergency response by the Security Force.

4.1 Bull Horns and Security Patrols to perform site notifications.

4.2 Accountability Rosters

4.3 Plant Procedures

4.4 Radiological Equipment (EP-AD-05, Emergency Facilities and Equipment contains full list of this equipment.)

5.0 INSTRUCTIONS

5.1 Issuing Dosimetry to Fire Department Personnel

5.1.1 Obtain zeroed 0-5000 mR dosimeters and TLD badges, from the supply at the Command Guard House.

5.1.2 Issue a 0-5000 mR dosimeter and TLD badge to each Fire Department responder when they are admitted to the Protected Area. Instruct the responder to wear them underneath the bunker gear coat to protect them from water damage.

5.1.3 Allow the Fire Department responders to enter the RCA without wearing anti-C clothing.

5.2 Response During a Declared Emergency

5.2.1 The Lieutenant Shift Supervisor (LSS) (or the Security Shift Supervisor (SSS) if LSS is unavailable) shall follow the instructions outlined in Attachment 1, Lieutenant Shift Supervisor Checklist and Attachment 6 Owner Controlled Area Checklist.

> **Note:**
> If the Central Alarm Station (CAS) is unable to perform the steps in the checklist the steps may be performed by the Secondary Alarm Station (SAS).

5.2.2 The Central Alarm Station (CAS) Operator shall follow the instructions outlined in Attachment 2, Central Alarm Station Checklist.

5.2.3 The Command Guard House shall follow the instructions outlined in Attachment 3, Command Guard House Checklist.

5.2.4 EOF Security shall follow the instructions outlined in Attachment 4, EOF Security Checklist.

5.2.5 Instructions for site (outside the Protected Area) security control are outlined in Attachment 5 Owner Control Area Security Checklist.

5.2.6 Security at the JNC shall follow the instructions outlined in Attachment 23 of IP-1011, Joint News Center.

6.0 REFERENCES

6.1 IP-1001, "Mobilization of Onsite Emergency Organization"

6.2 IP-1002, "Emergency Notification and Communication

6.3 IP-1024, "Emergency Classification"

6.4 IP-1027, "Personnel Accountability and Evacuation"

6.5 IP-1030, "Emergency Operations Facility"

7.0 ATTACHMENTS

7.1 Attachment 1, Lieutenant Shift Supervisor (LSS) Checklist.

7.2 Attachment 2, Central Alarm Station (CAS) Checklist.

7.3 Attachment 3, Command Guard House Checklist.

7.4 Attachment 4, EOF Security Checklist.

7.5 Attachment 5, Owner Controlled Area Security Checklist.

8.0 ADDENDUM

8.1 Addendum 1, Emergency Exposure Record (Form IP-1050-1)

8.2 Addendum 2, EOF Security Sign In Log (Form IP-1050-2)

8.3 Addendum 3, Security Route Alerting (Form IP-1050-3)

8.4 Addendum 4, EOF Areas in which to Maintain Access Control

Attachment 1

Lieutenant Shift Supervisor (LSS) Checklist

Sheet 1 of 6

Initial Responsibility/Activity	Notes
1.0 Notification of the Emergency Response Organization 1.1 Insure all members of the Security Force are made aware of the Emergency Classification. 1.2 **WHEN** directed by the Central Control Room **THEN** use (or direct Sergeant to use) a Primary - Emergency Response Organization Activation Checklist (Form IP-1002-5) to call out the Emergency Response Organization. 1.3 **IF** the Dialogic System fails to sound the pagers **THEN** use a Backup - Emergency Response Organization Activation Checklist (Form IP-1002-4)	
2.0 Initial Accountability **NOTES:** Sounding of the Site Assembly Alarm starts the Accountability process. Steps may be repeated as Emergency Classifications change and some steps may not be necessary if already performed at a lower classification and non-essential personnel have not been allowed access to the Protected Area since steps were last performed. **WHEN** the Site Assembly Alarm is sounded **OR IF** directed by the Central Control Room or Emergency Plant Manager **THEN** direct or perform the following steps to establish initial accountability: 2.1 Stop all ingress to the Protected Area, with the exception of Emergency Response Organization personnel. 2.2 Expedite the egress of non-essential personnel from the Protected Area by ensuring the "Delay Barrier" vehicle gate is opened and all Command Gate House (Old and New) turnstiles are used. 2.3 Direct Protected Area patrols to perform route alerting using instructions on the Security Route Alerting form (Form IP-1050-3).	

Attachment 1
Lieutenant Shift Supervisor (LSS) Checklist

Sheet 2 of 6

Initial Responsibility/Activity	Notes
2.4 Verify that the CAS Operator develops a Security Accountability Roster when all Security personnel have been accounted for.	
2.5 Ensure that the CAS Operator has added to the list any individuals that have been manually given access (not carded in).	
2.6 Have the Security Accountability Roster (with security force names and badge numbers) delivered immediately to Lead Accountability Officer (LAO).	
2.8 Maintain Continuing Accountability, including Security personnel, until directed otherwise as follows: A. **ONLY** allow Emergency Response Organization personnel access to the Owner Controlled and Protected Areas, **OR** individuals authorized by the OSC Manager, Emergency Plant Manager, Emergency Director, or Shift Manager. B. **WHEN** individuals enter the Protected Area, **THEN** report the name(s) of the individual(s) to the Unit 2 OSC Manager and the Lead Accountability Officer.	

Attachment 1

Lieutenant Shift Supervisor (LSS) Checklist

Sheet 3 of 6

Initial Responsibility/Activity(cont.)		Notes
3.0	**Establish security at the Emergency Operations Facility**	
3.2	Contact the Emergency Director or EOF Manager and determine if EOF security is required.	
4.2	IF EOF security is required, send security officer(s) to the EOF to establish a security checkpoint at the EOF in accordance with Attachment 4 of this procedure, EOF Security Checklist	
3.0	**Establish security at the Joint News Center**	
4.1	Send (or call in from offsite) two officers and one supervisor to the Joint News Center (JNC) (they should use personal vehicles as transportation to JNC, the JNC is located at the Westchester County Airport at exit 2 of Hwy I-684).	
4.2	Direct them to report to the JNC Administrative Manager and establish security checkpoints at the JNC.	

Attachment 1

Lieutenant Shift Supervisor (LSS) Checklist

Sheet 4 of 6

Initial Responsibility/Activity(cont.)	Notes
5.0 Establish Owner Controlled Area Security Controls	
NOTE Owner Controlled Area security controls should be estabished immediately for emergency classified at a Site Area Emergency or a General Emergency. At an Alert it may be delayed for up to 2 hours.	
5.1 Notify the Main Gate to allow only Emergency Response Orgainzation personnel entry to the site. Emergency Response Organization personnel include: A. Indian Point personnel who are assigned to the Emergency Response Organization. B. Federal, State and County officials who are reporting to the site to support emergency operations. C. Anyone authorized by the Emergency Director, OSC Manager, Shift Manager, or Emergency Plant Manager. D. When directed by the Emergency Director or Emergency Plant Manager, dispatch Security Officer(s) to conduct a sweep and evacuation of the Owner Controllec Area, per Attachment 6.	
5.2 Inform Unit 3 Security of the emergency and request they limit access to the site.	

Attachment 1

Lieutenant Shift Supervisor (LSS) Checklist

Sheet 5 of 6

Initial Responsibility/Activity(cont.)	Notes
6.0 Establish Fitness for Duty Controls 6.1 IF personnel are being called who were not scheduled to be at the station **THEN** call in technicians to perform breath test as needed. Refer to SAO 103, Fitness For Duty for implementation of program.	
7.0 Issue Dosimetry to Security Force NOTES: Issue Dosimetry upon hearing the site assembly alarm (rapid pulsing sound for 30 seconds duration) OR upon notification of a Site Area or General Emergency from Control Room personnel, Security Force Personnel's exposure should be kept As Low As Reasonably Achievable. Relocate individuals to low exposure areas where possible, contact the Radiation Protection Coordinator in the Operations Support Center for information on radiological conditions. 7.1 Issue all Security Force personnel a TLD badge AND a zeroed low range dosimeter IF they have not already been issued a dosimeter for that day. 7.2 Record the individual's name on a Emergency Exposure Record (Form IP-1050-1), TLD badge number, date, time, initial reading and supervisor's initials. Use a separate form for each individual. 7.3 Contact the Shift Manager or the Emergency Plant Manager for instructions on the following: 7.3.1 The need to use high range (0-5000) dosimeters 7.3.2 The need to have members of the Security Force take Potassium Iodine tablets 7.3.3 The need to wear respirators in any area of the plant 7.4 Record issuance of any of the above listed items on the individual's Security Force Exposure Record.	

Attachment 1

Lieutenant Shift Supervisor (LSS) Checklist

Sheet 6 of 6

	Ongoing Responsibility/Activity	Notes
7.5	Instruct Security Personnel to read the dosimeters frequently and report when the reading approaches 75% of full scale.	
7.6	Record dosimeter readouts on the Security Force Exposure Record and keep a running total of individual exposures.	
7.7	IF any individual's exposure reaches 1000 millirem THEN Inform the Emergency Plant Manager	
8.0	**Maintain Emergency Site and Protected Area Security Controls**	
8.1	Until directed otherwise by the Emergency Director or Emergency Plant Manager, allow only Emergency Response Organization personnel access to the Owner Controlled and Protected Areas.	
8.2	Maintain Continuous Accountability by ensuring the Command Guard House informs the Unit 2 OSC Manager and Lead Accountability Officer of all personnel entering the Protected Area	
8.3	Keep all members of the security Force informed of the emergency conditions.	
9.0	**Continue to monitor Security Force radiological exposures as outlined in step 7.0**	
10.0	**Direct the Security Force to return all equipment utilized in the emergency response to proper storage locations**	
10.1	TLDs should be picked up by Dosimetry Personnel to be read.	
11.0	**Review all documentation the Security Force generated during the emergency:**	
11.1	Ensure all logs, forms and other documentation are complete.	
11.2	Debrief members of the force and gather information on any problems which arose during the emergency.	
12.0	**Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.**	

Attachment 2

Central Alarm Station (CAS) Checklist

Sheet 1 of 2

	Initial Responsibility/Activity	Notes
1.0	**Notify members the Security Force of declaration of the Emergency**	
2.0	**Initial Accountability**	
	WHEN the Site Assembly Alarm is sounded **OR IF** directed by the Lieutenant (or Security) Shift Supervisor **THEN**:	
2.1	Mark the time the Site Assembly Alarm sounded: _____.	
2.2	Conduct a radio check with each Security Force member to assure that they are accounted for.	
2.3	Call for a member of the Security Force to report to CAS OR **IF** no security personnel are available **THEN** call the Operations Support Center to have someone stand by outside CAS.	
2.4	Account for all Security Force personnel by completing an Accountability Roster (Form 1027-1) of the Security Force personnel contacted during the radio check.	
2.5	Add to the list any individuals that may have been manually given Protected Area access (not carded in).	
2.6	Have the completed Security Accountability Roster (with security force names and badge numbers) delivered immediately to the Lead Accountability Officer. The Security Accountability Roster should be delivered to the Lead Accountability Officer within 15 minutes of the sounding of the Site Assembly Alarm.	

Attachment 2

Central Alarm Station (CAS) Checklist

Sheet 2 of 2

Ongoing Responsibility/Activity	Notes
3.0 Keep Members of the Security Force informed on Emergency Conditions. 3.1 Inform them of changes in Emergency Classification 3.2 Inform them of any hazardous conditions you become aware of.	
4.0 Return all emergency equipment utilized in the emergency response to proper storage locations	
5.0 Review all documentation CAS Operators generated during the emergency: 5.1 Ensure all logs, forms and other documentation are complete. 5.2 Provide records to Security Shift Supervisor	

Attachment 3

Command Guard House Checklist

Sheet 1 of 2

Initial Responsibility/Activity	Notes
1.0 Initial Accountability **WHEN** the Site Assembly Alarm is sounded **OR IF** directed by the Security Shift Supervisor **THEN**: 1.1 Open up second guard house turnstiles to expedite egress from the Protected Area. 1.2 Open the "Delay Barrier" vehicle gate to expedite egress from the Protected Area. 1.3 Only allow Essential Personnel to enter the Protected Area. Essential personnel are: A. Members of the Emergency Response Organization. B. Additional personnel authorized by the Shift Manager, OSC Manager, Emergency Director, or Emergency Plant Manager. 1.4 **WHEN** the majority of non-essential individuals have left the Protected Area **THEN** close the second command guard house turnstiles.	

Attachment 3

Command Guard House Checklist

Sheet 2 of 2

Ongoing Responsibility/Activity	Notes
2.0 Ongoing Accountability 2.1 Only allow Essential Personnel to enter the Protected Area. Essential personnel are: A. Members of the Emergency Response Organization. B. Additional personnel authorized by the Shift Manager, OSC Manager, Emergency Director, or Emergency Plant Manager. 2.2 Provide the names of all individuals who enter the Protected Area to: A. Before the OSC is Activated to the Shift Manager and Lead Accountability Officer **OR** B. After the OSC is activated to the OSC Manager and Lead Accountability Officer.	
3.0 Return all emergency equipment utilized in the emergency response to proper storage locations	
4.0 Review all emergency documentation developed in the Command Guard House during the emergency: 4.1 Ensure all logs, forms and other documentation are complete. 4.2 Provide records to Security Shift Supervisor.	

Attachment 4

EOF Security Checklist

Sheet 1 of 2

Initial Responsibility/Activity	Notes
1.0 Establish Security Controls at the Emergency Operations Facility (EOF).	
1.1 Set up a Security Checkpoint at the entrance to the EOF (see attached drawing for location of security checkpoint and area to control.)	
NOTES: IF there is any question if an individual should be allowed to enter the EOF THEN request clearance from the Emergency Director or the EOF Manager. Individuals entering the EOF during emergencies must be screened in accordance with SAO-103, Fitness for Duty. The Emergency Director may authorize individuals not meeting these requirements into the EOF.	
1.2 Allow only the following personnel into the EOF A. Indian Point Emergency Response Organization Personnel. B. Indian Point Corporate Officers. C. State and County Officials D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency E. Individuals authorized by the Emergency Director or the EOF Manager.	
NOTE: IF individuals are only going to another room within the Buchanan Service Center THEN it is not necessary to log them in and out each time they leave the EOF.	
1.3 Maintain a "EOF Security Sign in Log" (form IP-1050-2) complete with names of all personnel within the EOF.	

Attachment 4

EOF Security Checklist

Sheet 2 of 2

Ongoing Responsibility/Activity	Notes
2.0 Maintain access control to the EOF area 2.1 Continue to allow only authorized individuals into the EOF and maintain Security Sign in Log.	
3.0 Return all emergency equipment utilized in the emergency response to proper storage locations	
4.0 Review all emergency documentation developed in the Command Guard House during the emergency: 4.1 Ensure all logs, forms and other documentation are complete. 4.2 Provide records to Security Shift Supervisor	

Attachment 5

Owner Controlled Area Security Checklist

Sheet 1 of 1

Initial Responsibility/Activity	Notes
1.0 Establish Owner Controlled Area Security **NOTE:** Owner Controlled Area security should be established immediately for emergency classified at a Site Area Emergency or a General Emergency. At an Alert it may be delayed for up to 2 hours **WHEN** directed by the Security Shift Supervisor **THEN** perform the following: 1.1 Restrict access to the plant to the following individuals: A. Indian Point Emergency Response Organization Personnel. B. Indian Point Corporate Officers. C. State and County Officials D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency E. Individuals authorized by the Emergency Plant Manager, Emergency Director or the EOF Manager.	
Ongoing Responsibility/Activity	**Notes**
2.0 Continue to control access to the site.	
Closeout Responsibility/Activity	
3.0 WHEN directed THEN return site access control to normal	

Attachment 6

Security Sweep / Evacuation of Owner Controlled Area

Sheet 1 of 3

Initial Responsibility / Activity	Notes
1.0 Conduct Security Sweep and Evacuation of the Owner Controlled Area (OCA). **WHEN** directed by the Security Shift Supervisor, **THEN** perform the following: **NOTE: Using the OCA Security Sweep Checklist, make frequent stops near or in wooded areas, in parking lots, and in or around buildings and trailers.** 2.0 Proceed to the location in the OCA as directed by the Security Shift Supervisor and begin a systematic sweep of the area. Complete the OCA Security Sweep Checklist, noting the time the sweep of each area is completed. Portable or vehicle mounted public address equipment shall be utilized to make the following announcement in a calm voice, with direct authority: **"ATTENTION ALL PERSONNEL"** **"ATTENTION ALL PERSONNEL"** **"There is an event at Indian Point that requires all personnel with OCA Badges to exit the site. Use your personal vehicle to exit the site through the main gate"** **"Do NOT rush, speed or endanger others"** **"All Emergency Response Personnel Report To Your Assigned Emergency Response Facility"** 3.0 Repeat the above announcement as the OCA sweep is being conducted. Make frequent stops near or in wooded areas, in parking lots, and in and around buildings and trailers. 4.0 As required, provide additional instructions to individuals regarding the route to the nearest exit point. 5.0 Complete and turn in to the Security Shift Supervisor the attached checklist indicating a sweep has been completed for each portion of the OCA.	

Attachment 6

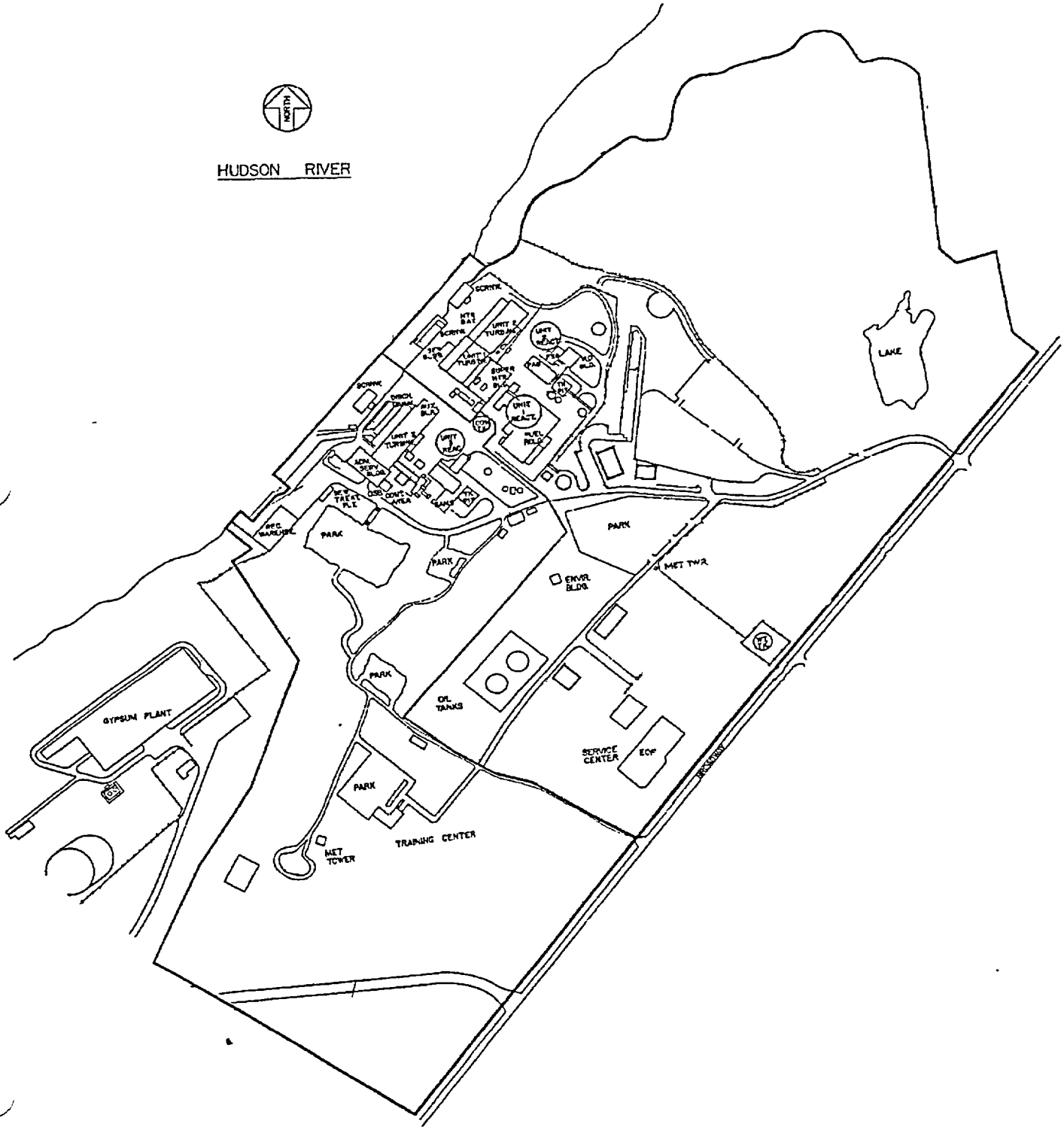
OCA Security Sweep Checklist

		Date:	
Area*	**Description**	**Time Sweep Completed**	**Comments**
1	Northeast section of the OCA from Broadway to the Hudson River, bordered on the Northeast by the OCA fence and on the Southeast by interarea fencing.		
2	Area of the OCA from the Hudson River on the Northwest to Southeast past the Energy Education Center and Unit 2 Simulator Building including Lower Parking Lots.		
3	Area of the OCA that is bordered on the Southeast by Broadway, Northeast by the main entrance, Northwest by the Backup Met Tower and South by the Service Center.		
4	Area in the vicinity of the Emergency Operations Facility (EOF) and Service Ceneter, including Trailers and parking lots.		
5	Area bordered by the Upper Level Parking Lot on the Northeast, including the Environmental Building and Oil Tanks to the Southwest.		
6	Area bordered on the South by Broadway, on the Northeast by the Unit 3 entrance road, on theSouthwest by the OCA fence, including the Training Center, parking lots and Met Tower and OCA fence to the West.		
7	Area bordered by the Hudson River on the West from the Unit 3 Receiving Warehouse, the Unit 3 Protected Area fence to the Northeast, including all parking lots, the Sewage Treatment Plant, to interarea fencing West of the Oil Tanks and the Enviornmental Building.		
8	Area to the immediate left and right of the main entrance road from the parking lot at the Unit 3 Admin. Services Building to the IPEC Main Entrance Security Post		

***NOTE:** **Refer to OCA Map on next page**

Attachment 6

Security Sweep / Evacuation of Owner Controlled Area Map



Addendum 1

Emergency Exposure Record (Form IP-1050-1)

Sheet 1 of 1

Emergency Exposure Record

Name:			
Social Security Number:			
TLD Badge Number:			
KI Issued:	☐ No	☐ Yes	Time:
Respirator Issued:	☐ No	☐ Yes	Time:

Date	Time	Dosimeter Read		Mrem Received	Running Total Mrem	Supv. Initial (Security Use)	Remarks
		Start (mr)	End (mr)				

Form IP-1050-1 Rev 0

Addendum 2

EOF Security Sign In Log (Form IP-1050-2)

Sheet 1 of 1

EOF Security Sign In Log

Security Officer: (print name)		Date:	

Print Name	Time In / Out	Time In / Out	Organization
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
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			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
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			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other
			☐ Indian Pt. ☐ State ☐ County ☐ NRC ☐ FEMA ☐ Other

Form IP-1050-2 Rev 0

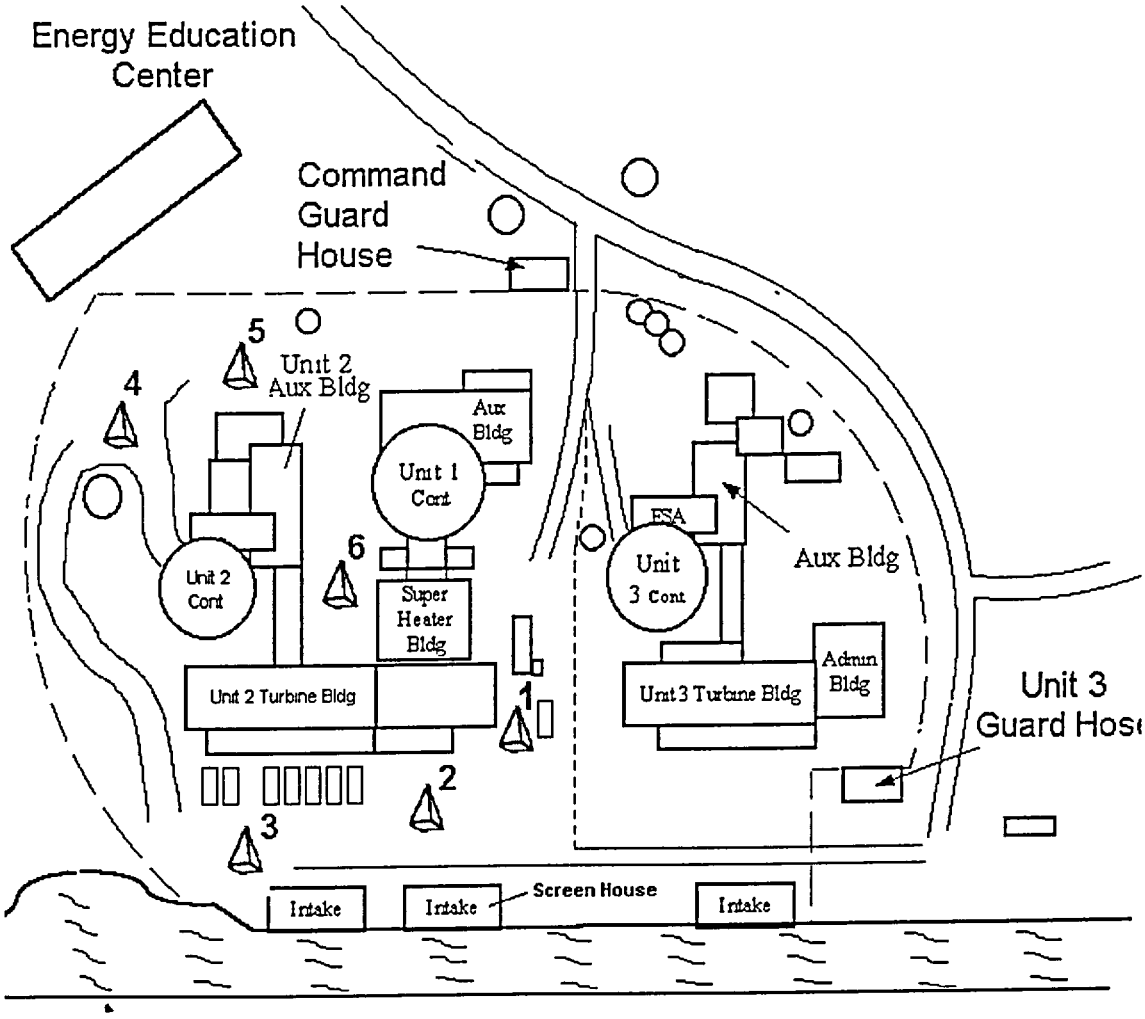
Addendum 3
Security Route Alerting (Form IP-1050-3)
Sheet 1 of 1

Security Route Alerting

Security Patrol should go to each marked Location and make the following announcement , twice.

"Attention all personnel, Attention all personnel, an emergency has been declared"
"All essential personnel report to your emergency facility"
"All other personnel report to the Energy Education Center"

Then proceed to next location and repeat the announcement, until all six locations have been notified.

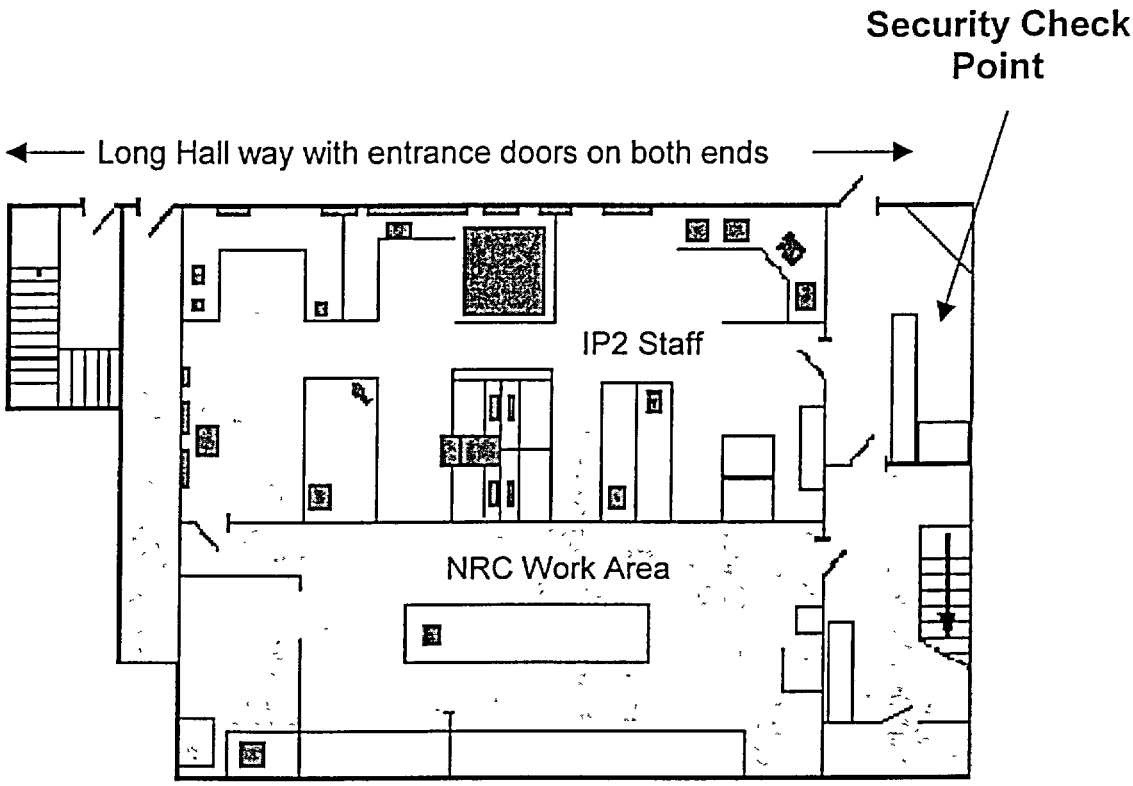


Form IP-1050-3 Rev. 0

Addendum 4

EOF Areas in which to Maintain Access Control

Sheet 1 of 1



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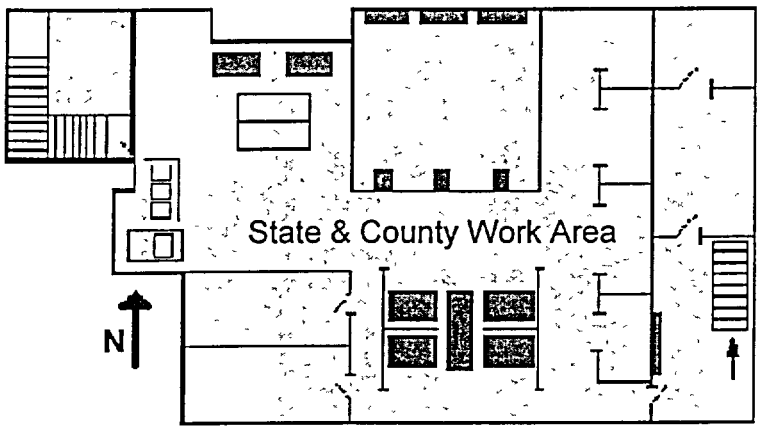

EOF Upper Level