Duke Power®
A Duke Energy Company

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September 10, 2002

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

Subject: Duke Energy Corporation
Catawba Nuclear Station Units 1 and 2
Docket Nos. 50-413 and 50-414
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following Emergency Plan Implementing Procedures:

RP/0/A/5000/002,	Notification of Unusual Event (Rev. 036)
RP/0/A/5000/003,	Alert (Rev. 039)
RP/0/A/5000/004,	Site Area Emergency (Rev. 041)
RP/0/A/5000/005,	General Emergency (Rev. 041)
RP/0/A/5000/010,	Conducting a Site Assembly or Preparing the Site for an Evacuation (Rev. 016)
RP/0/A/5000/020,	Technical Support Center (TSC) Activation Procedure (Rev. 017)
RP/0/B/5000/026,	Site Response to Security Events (Rev. 004)

These revisions are being submitted in accordance with 10CFR 50.54(q) and do not decrease the effectiveness of the Emergency Plan Implementing Procedures or the Emergency Plan.

By copy of this letter, two copies of the above documents are being provided to the NRC, Region II.

A045

If there are any questions, please call Tom Beadle at 803-831-4027.

Very truly yours,

Gary R. Peterson

Attachments

xc (w/attachments):

L. A. Reyes
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
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(w/o attachments):

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DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 015)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 036)
RP/0/A/5000/003	Alert (Rev. 039)
RP/0/A/5000/004	Site Area Emergency (Rev. 041)
RP/0/A/5000/005	General Emergency (Rev. 041)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 014)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 014)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 021)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 020)
RP/0/A/5000/009	Collision/Explosion (Rev. 006)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 016)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 029)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 005)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 017)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 004)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 009)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 003)
RP/0/B/5000/026	Site Response to Security Events (Rev. 004)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 001)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 028)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 019)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 039)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 011)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Deleted
HP/2/B/1009/017	Deleted
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 003)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 001)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 002)
OP/0/A/6200/021	Deleted
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 003)
SR/0/B/2000/002	Standard Procedure for EOF Services (Rev. 002)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 009)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 005)

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/002

Revision No. 036

PREPARATION

(2) Station Catawba

(3) Procedure Title Notification of Unusual Event

(4) Prepared By E.T. Bradley Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By GARY L MITCHELL (QR) Date 8/26/02

Cross-Disciplinary Review By L Baumgarner (OPS) (QR) NA___ Date 8/27/02

Reactivity Mgmt. Review By _____ (QR) NA GLM Date 8/26/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA GLM Date 8/26/02

(7) Additional Reviews

Reviewed By W.D. Gross (SEC) Date 8/26/02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

Approved By Richard L Sweigart Date 8/28/02

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate"
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met"

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Notification of Unusual Event** **Reference Use**	Procedure No. RP/0/A/5000/002 Revision No. 036 Electronic Reference No. CN005GNL

Notification of Unusual Event

1. Symptoms

1.1 This condition exists when events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTES: 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Only the Emergency Coordinator can complete Item 16 of the Emergency Notification Form to approve message for transmission

___ **Notify off-site agencies within 15 minutes of Emergency declaration time** using Emergency Notification Form. Refer to the appropriate notification procedure:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- RP/0/A/5000/006B, "Notifications to States and Counties from the **Technical Support Center**"
- SR/0/B/2000/004, "Notifications to States and Counties from the **Emergency Operations Facility**"

___ IF there is an indication of a radioactive release AND the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

___ IF a radioactive release or hazardous material spill is occurring or has occurred AND the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. IF no answer, page 8-777-3333 which will page all Environmental Management personnel.

___ IF a Security Event exists, discuss the need to make the following announcement over the PA system with Security at extension 5364:

"This is the Operations Shift Manager. A Security Event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the SAS at extension 5765 or 5766." **Repeat announcement.**

NOTE:	Normally the Emergency Response Organization (ERO) is not activated at the Unusual Event (UE) classification; however, the Operations Shift Manager or Station Manager may decide to activate at the UE classification.

___ IF a decision is made to activate the Emergency Response Organization (ERO), consider the following prior to activating the ERO:

___ IF Security has closed access to the site, activate the ERO per RP/0/B/5000/026, Enclosure 4.4.

___ IF access to the site is permitted, activate the ERO per Enclosure 4.1 of this procedure.

___ Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

___ Notify Duty Station Manager (see current duty list).

___ Make Follow-up Notifications using applicable "Notifications to States and Counties" procedure.

___ IF Security Event announcement, discussed above, was made over the PA system, make the following announcement over the PA system after the Security Event has been terminated:

"This is the Operations Shift Manager. The Security Event has been terminated. Return to normal work activity." **Repeat announcement.**

___ Augment shift resources to assess and respond to the emergency situation as needed.

___ Assign the Emergency Planning Manager (or delegate) to close out the Emergency by a verbal summary to county and state authorities. Document this summary using Enclosure 4.2

___ Assign an individual to provide a written summary to state and county authorities within thirty days. This report could be an LER or written report if an LER is not required.

Person assigned responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Unusual Event Close Out Briefing with States and Counties

NOTES:
1. Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
2. Pager activation can be delayed up to 5 minutes depending on pager system status.

5. **IF** the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

6. Assure confirmation pagers are turned on.

7. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 7.1 Press the <EXIT> key to assure key pad is cleared.

_____ 7.2 Type "**ERO**"

_____ 7.3 Press <ENTER>

_____ 7.4 Press "M" (for Message)

_____ 7.5 **IF** activation is for an **actual emergency**, perform the following:

_____ 7.5.1 Type the following message:

"Catawba Emergency. An Unusual Event was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 7.5.2 Press "ENTER"

_____ 7.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 7.5.4 **IF** pager activation is successful, go to step 5.

_____ 7.6 **IF** activation is for an **ERO drill**, perform the following:

_____ 7.6.1 Type the following message:

"Catawba Drill. An Unusual Event was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 7.6.2 Press "ENTER"

_____ 7.6.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation

_____ 7.6.4 **IF** pager activation is successful, go to step 5.

8. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 8.1 **Dial 8-777-8376.**

_____ 8.2 When prompted, enter the numeric password **2580.**

_____ 8.3 When prompted, enter the activation code **6789.**

_____ 8.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 8.5 Go to Step 5.

NOTES: 1. Activation of the automatic dialing call back system is not required when activating only the TSC and OSC.
2. Back-up telephone number for Community Alert Network is 1-877-786-8478.

9. Activate Automatic Dialing Call Back System (Community Alert Network)

_____ 9.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 9.2 IF CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 9.3 IF CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Unusual Event Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina	_____	____/____
North Carolina	_____	____/____
York County	_____	____/____
Gaston County	_____	____/____
Mecklenburg County	_____	____/____

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/003

Revision No. 039

PREPARATION

(2) Station Catawba

(3) Procedure Title Alert

(4) Prepared By E. T. Bridges Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 8/26/02

Cross-Disciplinary Review By J Baumgarner (OPS) (QR) NA___ Date 8/27/02

Reactivity Mgmt. Review By _____ (QR) NA GM Date 8/26/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA GM Date 8/26/02

(7) Additional Reviews

Reviewed By W. D. Byers (SEC) Date 8/26/02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

Approved By Richard L Swigart Date 8/28/02

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Alert**	Procedure No. RP/0/A/5000/003
	Revision No. 039
Reference Use	Electronic Reference No. CN005GNM

Alert

1. Symptoms

1.1 Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

.NOTE: 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

_____ IF a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security Shift Supervisor at 5765 or 5766.

_____ IF site assembly and activation of the TSC/OSC are not feasible, refer to the following procedure enclosures for guidance and N/A the steps in this procedure under Immediate Actions concerning site assembly and ERO activation:

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.3 - Step 5 that evaluates taking protective action

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.4 - Activation of ERO during an Imminent Security Event

_____ IF the security event involves an insider threat, implement 2-person rule for access to all vital areas.

_____ Consider delaying other actions in this procedure that could endanger site personnel until the security threat is terminated.

_____ IF TSC, OSC and EOF have NOT been previously activated, notify the ERO to staff emergency response facilities by performing the following steps (A and B):

_____ A. Notify site personnel to activate the TSC and OSC by making the following announcement twice over public address system:

"This is the Operations Shift Manager. An Alert has been declared. Unit(s) ___ is (are) affected. Activate the TSC, OSC, and EOF."

_____ B. Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.

_____ Notify off-site agencies within 15 minutes of Emergency declaration time using an Emergency Notification Form. Refer to one of the following notification procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the Control Room"
- RP/0/A/5000/006B, "Notifications to States and Counties from the Technical Support Center"
- SR/0/B/2000/004, "Notifications to States and Counties from the Emergency Operations Facility"

_____ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

_____ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ Initiate Emergency Response Data System (ERDS) transmission by performing the following:

_____ Type "**ERDS**" or select "**Main**," then "**General**," then "**ERDS**" on a Control Room OAC workstation connected to the affected unit's OAC

_____ Initiate ERDS transmission by depressing **F1** or clicking "**Activate.**"

_____ **IF** ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE: Subsequent Actions are not required to be followed in any particular sequence.

_____ **IF** a security event has occurred, perform the following to account for site personnel:

_____ A. **WHEN** Security notifies the OSM that the security threat has been terminated, make the following announcement **twice** over the public address system:

"This is the Operations Shift Manager. The security event has been terminated. The security event has been terminated."

_____ B. Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Ensure RP has dispatched technicians for on-site monitoring/surveys per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response."

_____ Make Follow-up Notifications using applicable "Notifications to States and Counties" procedure.

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant public address system the current emergency classification level and summary of plant status.

_____ Assess emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in an Alert

OR

Escalate to a more severe emergency classification

OR

Reduce to a less severe emergency classification

(Refer to Enclosure 4.3)

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria)

- Announce any emergency classification level changes over the plant public address system, including a summary of plant status.

NOTE: Turnover of command and control to the TSC or EOF relieves the OSM/Emergency Coordinator of classification, notification and Protective Action Recommendation (PAR) responsibilities allowing a focused effort on plant response.

_____ Turnover the responsibility of command and control for the emergency as follows:

_____ Provide turnover to the TSC Emergency Coordinator per Enclosure 4.2.

_____ **IF** the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform a turnover. Refer to EOF Director Turnover Form in RP/0/A/5000/020, "Technical Support Center (TSC) Activation," Enclosure 4.1.

_____ **IF** neither facility can take turnover, maintain command and control until one of the facilities is capable of accepting turnover.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

_____ The EOF Director shall close out the emergency with a verbal summary to county and state authorities. Document this summary using Enclosure 4.4.

_____ The EOF Director shall assign an individual to provide a written report to county and state authorities within thirty days. This report could be an LER or a written report if an LER is not required.

Person assigned responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Emergency Coordinator Turnover Form

4.3 Criteria for Downgrading an Emergency Level

4.4 Alert Close Out Briefing with States and Counties

NOTES: 1. Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).

2. Pager activation can be delayed up to 5 minutes depending on pager system status.

1. IF the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "ERO"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "M" (for Message)

_____ 3.5 IF activation is for an actual emergency, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. An Alert was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press "ENTER"

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 IF pager activation is successful, go to step 5.

_____ 3.6 IF activation is for an ERO drill, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. An Alert was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "ENTER"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 IF pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 Dial 8-777-8376.

_____ 4.2 When prompted, enter the numeric password **2580**.

_____ 4.3 When prompted, enter the activation code **6789**.

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 IF CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 IF CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____ (Y/N)

4. Time Next Notification due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify _____)

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List _____)

   _____ Other (Specify_____)
   Y/N

7. Response Procedure In Progress:

   RP _____ RP_____ RP_____

8. Actions in Progress:

   _____

   _____

Enclosure 4.3

Criteria for Downgrading an Emergency Level

Date

Initial/Time

_____ 1. The probability that plant conditions will continue to improve is evident.

_____ 2. All emergency action level notifications have been completed.

_____ 3 Emergency response facility staffing may be reduced.

_____ 4. The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.

_____ 5. The event related release of radioactive material to the environment is terminated.

_____ 6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.

_____ 7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.

_____ 8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.

_____ 9. Emergency classification level downgraded to _____

_____

Enclosure 4.4

Alert Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina		
North Carolina		
York County		
Gaston County		
Mecklenburg County		

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/004

Revision No. 041

EPARATION

(2) Station Catawba

(3) Procedure Title Site Area Emergency

(4) Prepared By E.T. Bradley Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)

☐ No (Revision with minor changes)

☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L. Mitchell (QR) Date 8/26/02

Cross-Disciplinary Review By F Baumgarden (OPS) (QR) NA___ Date 8/27/02

Reactivity Mgmt. Review By _____ (QR) NA Glen Date 8/26/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA Glen Date 8/26/02

(7) Additional Reviews

Reviewed By W.J. Sly (SEC) Date 8/26/02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

Approved By Richard J Swenson Date 8/28/02

PERFORMANCE ***(Compare with control copy every 14 calendar days while work is being performed.)***

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Required enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Site Area Emergency** **Reference Use**	Procedure No. RP/0/A/5000/004 Revision No. 041 Electronic Reference No. CN005GNN

Site Area Emergency

1. Symptoms

1.1 Events are in process or have occurred which involve actual or likely major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

_____ IF a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security Shift Supervisor at 5765 or 5766.

_____ IF site assembly and activation of the TSC/OSC are not feasible, refer to the following procedure enclosures for guidance and N/A the steps in this procedure under Immediate Actions concerning site assembly and ERO activation:

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.3 - Step 5 that evaluates taking protective actions

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.4 - Activation of ERO during an Imminent Security Event

_____ IF the security event involves an insider threat, implement 2-person rule for access to all vital areas.

_____ Consider delaying other actions in this procedure that could endanger site personnel until the security threat is terminated.

_____ IF TSC, OSC and EOF have NOT been previously activated, notify the ERO to staff emergency response facilities by performing the following steps (A and B):

_____ A. Notify site personnel to activate the TSC and OSC by making the following announcement twice over public address system:

"This is the Operations Shift Manager. A Site Area Emergency has been declared. Unit(s) _____ is (are) affected. Activate the TSC, OSC, and EOF."

_____ B. Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.

_____ Notify off-site agencies within 15 minutes of Emergency declaration time using Emergency Notification Form. Refer to one of the following notification procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the Control Room"
- RP/0/A/5000/006B, "Notifications to States and Counties from the Technical Support Center"
- SR/0/B/2000/004, "Notifications to States and Counties from the Emergency Operations Facility"

_____ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

_____ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ **IF** Emergency Response Data System (ERDS) transmission has not been initiated (Alert classification), initiate ERDS within one hour of initial Alert or higher declaration by performing the following:

_____ Type "**ERDS**" or select "**Main**," then "**General**," then "**ERDS**" on a Control Room OAC workstation connected to the affected unit's OAC.

_____ Initiate ERDS transmission by depressing **F1** or clicking "**Activate**."

_____ **IF** ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

_____ **IF** a security event has occurred, perform the following to account for site personnel:

_____ A. **WHEN** Security notifies the OSM that the security threat has been terminated, make the following announcement **twice** over the public address system:

"This is the Operations Shift Manager. The security event has been terminated. The security event has been terminated."

_____ B. Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Ensure RP has dispatched On-Site and Off-Site Field Monitoring Teams with associated communications equipment per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response." Make follow-up notifications to state and county authorities:

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with an Emergency Management official from each individual agency

_____ Make follow-up Protective Actions on-site as needed.

- Consider evacuation of nonessential station personnel using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant public address system the current emergency classification level and summary of plant status

_____ Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in a Site Area Emergency

OR

Escalate to a more severe emergency classification

OR

Reduce to a less severe emergency classification (Refer to Enclosure 4.2)

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria).

- Announce any emergency classification level changes over the plant PA, including a summary of plant status.

NOTE: Turnover of command and control to the TSC or EOF relieves the OSM/Emergency Coordinator of classification, notification and Protective Action Recommendation (PAR) responsibilities allowing a focused effort on plant response.

_____ Turnover the responsibility of command and control for the emergency as follows:

——— Provide turnover to the TSC Emergency Coordinator per Enclosure 4.3.

——— IF the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform a turnover. Refer to EOF Director Turnover Form in RP/0/A/5000/020, "Technical Support Center (TSC) Activation," Enclosure 4.1.

——— IF neither facility can take turnover, maintain command and control until one of the facilities is capable of accepting turnover.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

_____ The EOF Director shall close out or recommend reduction of the emergency class by briefing of off-site authorities at the Emergency Operations Facility or by phone if necessary. Document the close out briefing using Enclosure 4.4.

_____ The EOF Director shall assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.

_____ Person Assigned Responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Criteria For Downgrading An Emergency Level

4.3 Emergency Coordinator Turnover Form

4.4 Site Area Emergency Close Out Briefing with States and Counties

NOTE:	1.	Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
	2.	Pager activation can be delayed up to 5 minutes depending on pager system status.

1. IF the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "ERO"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "M" (for Message)

_____ 3.5 IF activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. A Site Area Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press "ENTER"

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 IF pager activation is successful, go to step 5.

_____ 3.6 IF activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. A Site Area Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "ENTER"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 IF pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 **IF** CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 **IF** CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Criteria for Downgrading an Emergency Level

Date
Initial/Time

_____1. The probability that plant conditions will continue to improve is evident.

_____2. All emergency action level notifications have been completed.

_____3. Emergency response facility staffing may be reduced.

_____4 The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.

_____5. The event related release of radioactive material to the environment is terminated.

_____6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.

_____7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.

_____8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.

_____9. Emergency classification level downgraded to_____
_____

Enclosure 4.3

Emergency Coordinator Turnover Form

1. Plant Status:

Unit 1:_____

_____

Unit 2:_____

_____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____Injured Personnel
   Y/N

   _____Other (Specify _____)
   Y/N

6. Protective Actions in Progress:

   _____Site Assembly (Time Initiated _____)
   Y/N

   _____Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____Other (Specify _____)
   Y/N

7. Response Procedure In Progress: _____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

   _____

Enclosure No. 4.4

Site Area Emergency Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina	_____	_____ / _____
North Carolina	_____	_____ / _____
York County	_____	_____ / _____
Gaston County	_____	_____ / _____
Mecklenburg County	_____	_____ / _____

Comments/Questions from States and Counties:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/005

Revision No. 041

PREPARATION

Station Catawba

(3) Procedure Title General Emergency

(4) Prepared By E. T. Bradley Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

☒ Yes (New procedure or revision with major changes)

☐ No (Revision with minor changes)

☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 8/26/02

Cross-Disciplinary Review By L Baumgardner (OPS) (QR) NA___ Date 8/27/02

Reactivity Mgmt. Review By _____ (QR) NA Glen Date 8/26/02

Mgmt Involvement Review By _____ (Ops. Supt.) NA Glen Date 8/26/02

(7) Additional Reviews

Reviewed By W. J. Gy (SEC) Date 8/26/02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

Approved By Richard L Sweigart Date 8/28/02

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Required enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **General Emergency** **Reference Use**	Procedure No. RP/0/A/5000/005 Revision No. 041 Electronic Reference No. CN005GNO

General Emergency

1. Symptoms

1.1 Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2. Immediate Actions

NOTE: 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

_____ **IF** a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security Shift Supervisor at 5765 or 5766.

_____ **IF** site assembly and activation of the TSC/OSC are not feasible, refer to the following procedure enclosures for guidance and N/A the associated steps in this procedure under Immediate Actions concerning site assembly and ERO activation:

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.3 - Step 5 that evaluates taking protective action

_____ RP/0/B/5000/026, "Site Response to Security Events," Enclosure 4.4 - Activation of ERO during an Imminent Security Event

_____ **IF** the security event involves an insider threat, implement 2-person rule for access to all vital areas.

_____ Consider delaying other actions in this procedure that could endanger site personnel until the security threat is contained.

_____ **IF** TSC, OSC and EOF have **NOT** been previously activated, notify the ERO to staff emergency response facilities by performing the following steps (A and B):

_____ A. Notify site personnel to activate the TSC and OSC by making the following announcement **twice** over public address system:

"This is the Operations Shift Manager. A General Emergency has been declared. Unit(s) _____ is (are) affected. Activate the TSC, OSC, and EOF."

_____ B. Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.

_____ Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR) to be entered on Line 15 of the Emergency Notification Form. Determine PAR based on current lower tower wind speed (use upper tower wind speed if lower tower wind speed is not available) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1
AND
Shelter in place zones: A2, A3, B2, C2, D2, E2, F2, F3

OR

WIND SPEED GREATER THAN 5 MPH

Evacuate two mile radius **AND** all affected zones 5 miles downwind **AND** shelter in place remaining 10 mile EPZ as shown on Enclosure 4.2, page 2 of 2.

_____ Notify off-site agencies within 15 minutes of Emergency declaration time using an Emergency Notification Form. Refer to one of the following procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the Control Room"
- RP/0/A/5000/006B, "Notifications to States and Counties from the Technical Support Center"
- SR/0/B/2000/004, "Notifications to States and Counties from the Emergency Operations Facility"

_____ IF there is an indication of a radioactive release AND the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/26.

_____ IF a radioactive release or hazardous material spill is occurring or has occurred AND the TSC is not activated, contact Environmental Management (EM), ext. 3333, for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. IF no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Conduct a Site Evacuation using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ IF Emergency Response Data System (ERDS) transmission has not been initiated (Alert or SAE classification), initiate ERDS within 1 hour of initial Alert or higher declaration by performing the following:

_____ Type "**ERDS**" or select "**Main**," then "**General**," then "**ERDS**" on a Control Room OAC workstation connected to the affected unit's OAC.

_____ Initiate ERDS transmission by depressing **F1** or clicking "**Activate.**"

_____ IF ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

_____ IF a security event has occurred, perform the following to account for site personnel:

_____ A. WHEN Security notifies the OSM that the security threat has been terminated, make the following announcement twice over the public address system:

"This is the Operations Shift Manager. The security event has been terminated. The security event has been terminated."

_____ B. Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ Ensure RP has dispatched On-Site and Off-Site Field Monitoring Teams with associated communications equipment per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response."

_____ Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in previous notification. Refer to:

- Enclosure 4.3, page 1 of 3, Guidance for Subsequent Protective Actions, Subsequent Protective Action Recommendation Flowchart
- Enclosure 4.4, Evacuation Time Estimates for Catawba Plume Exposure EPZ.

_____ Make follow-up notifications to state and county authorities:

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with an Emergency Management official from each individual agency

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant public address system the current emergency classification level and summary of plant status.

_____ Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in a General Emergency

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria).

- Announce any emergency classification level changes over the plant public address system, including a summary of plant status.

NOTE: Turnover of command and control to the TSC or EOF relieves the OSM/Emergency Coordinator of classification, notification and Protective Action Recommendation (PAR) responsibilities allowing a focused effort on plant response.

_____ Turnover the responsibility of command and control for the emergency as follows:

——— Provide turnover to the TSC Emergency Coordinator per Enclosure 4.5.

——— IF the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform a turnover. Refer to EOF Director Turnover Form in RP/0/A/5000/020, "Technical Support Center (TSC) Activation," Enclosure 4.1.

——— IF neither facility can take turnover, maintain command and control until one of the facilities is capable of accepting turnover.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator is available to discuss/assist with the incident.

_____ EOF Director will terminate the emergency and recommend entry into Recovery by briefing the off-site authorities at the Emergency Operations Facility or if necessary by phone. Document the termination briefing using Enclosure 4.6.

_____ The EOF Director shall assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.

Person Assigned Responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables

4.3 Guidance for Subsequent Protective Actions

- Page 1 of 3, Subsequent Protective Action Recommendation Flowchart
- Page 2 of 3, Guidance for Determination of GAP Activity
- Page 3 of 3, Protective Action Guides For Large Fission Product Inventory Greater Than Gap Activity In containment

4.4 Evacuation Time Estimates for Catawba Plume Exposure EPZ

4.5 Emergency Coordinator Turnover Form

4.6 General Emergency Termination Briefing with States and Counties

.NOTE:	1.	Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
	2.	Pager activation can be delayed up to 5 minutes depending on pager system status.

1. IF the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "M" (for Message)

_____ 3.5 IF activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. A General Emergency was declared at ____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press <ENTER>

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 IF pager activation is successful, go to step 5.

_____ 3.6 IF activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. A General Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "ENTER"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 IF pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 IF CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

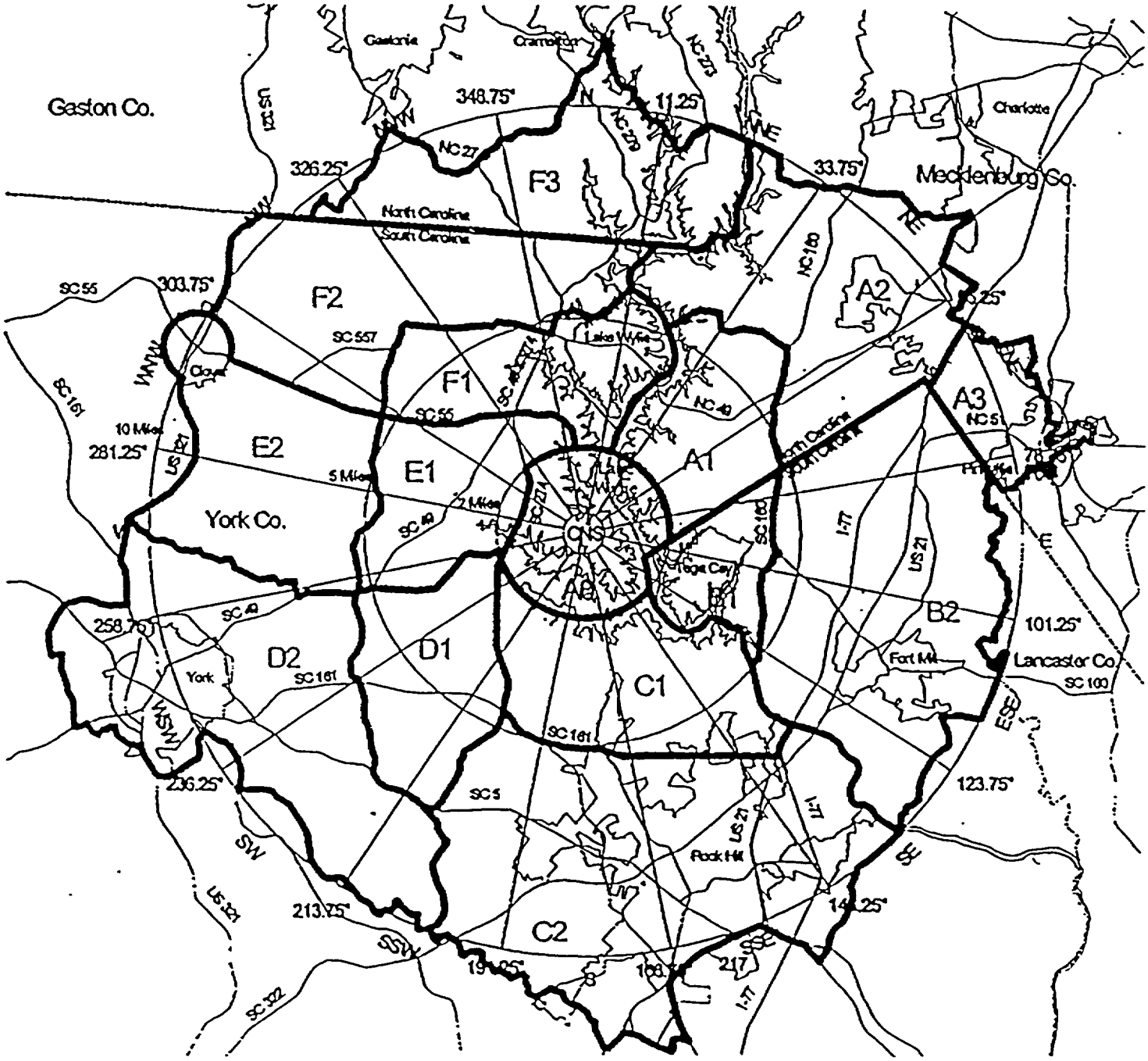
IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 IF CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

10 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables



Enclosure 4.2

10 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables

Use this table to determine the recommended zones for evacuation within the:
2 mile radius and 5 miles downwind, when the windspeed is greater than 5 mph.

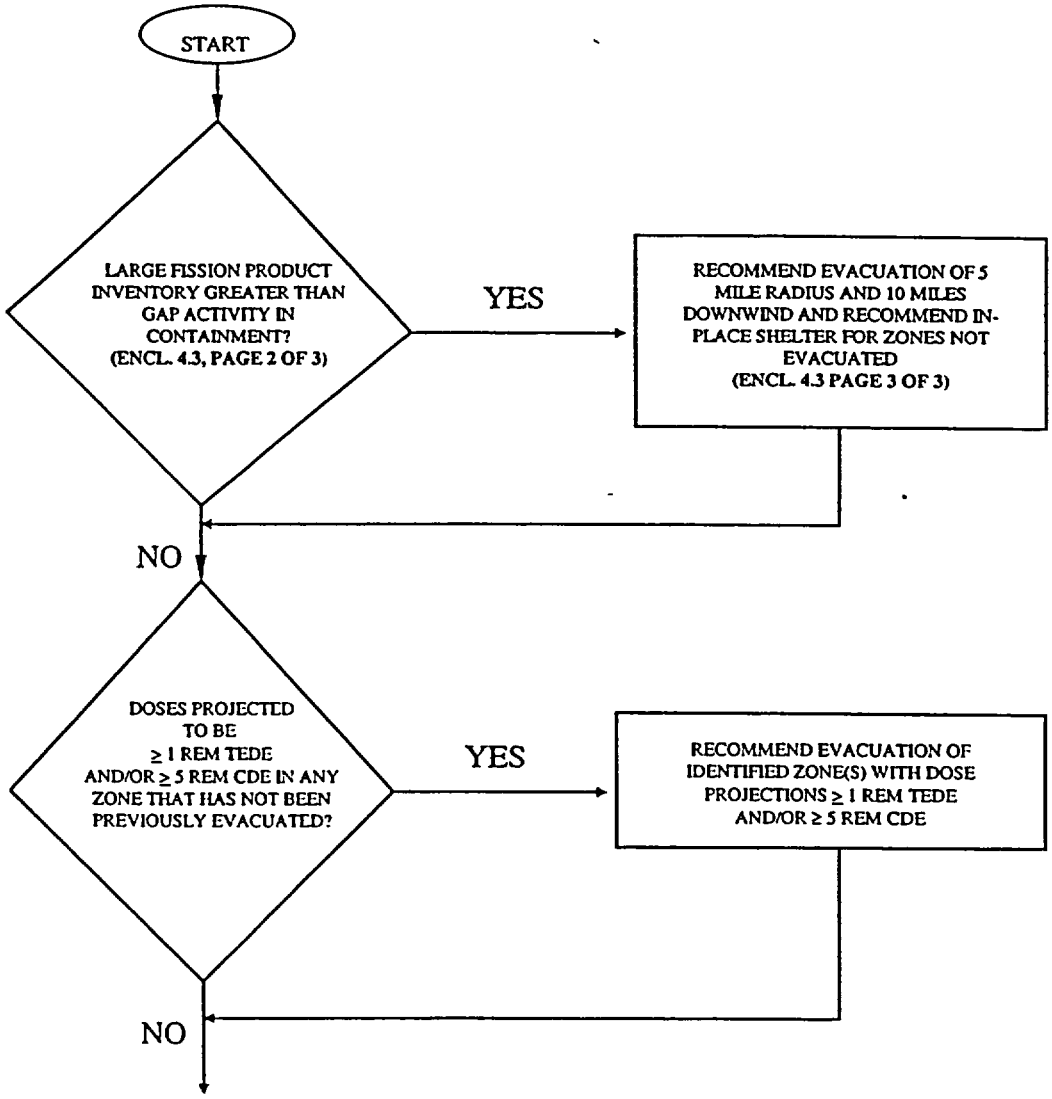
NOTE:
1. *Upper tower wind direction is preferred. If not available, use lower tower wind direction. Use wind direction from National Weather Service if site meteorological information is not available. NWS: Primary: 1-800-268-7785 Backup: 864-879-1085.*
2. *Wind direction indicator in Control Room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North*
3. *Subtract 360 from wind direction indications greater than 360 degrees to arrive at wind direction for table below.*

PROTECTIVE ACTION ZONES DETERMINATION TABLE

Wind Direction (Degrees from North) (See Notes 2 & 3)	2 Mile Radius - 5 miles Downwind *EVACUATE*	Remainder of EPZ *IN-PLACE SHELTER*
348.75 -11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 -33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 -56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 -78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 -101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 -123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 -146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 -168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
168.76 -191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
191.26 -213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 -236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 -258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 -281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 -303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 -326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 -348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

Enclosure 4.3

Guidance for Subsequent Protective Actions
Subsequent Protective Action Recommendation Flowchart



CONTINUE ASSESSMENT OF LARGE FISSION PRODUCT INVENTORY IN CONTAINMENT, DOSE PROJECTION CALCULATIONS, WIND SPEED AND WIND DIRECTION TO DETERMINE IF ADDITIONAL ZONES SHOULD BE RECOMMENDED FOR EVACUATION

NOTE CHANGES IN WIND SPEED AND/OR WIND DIRECTION MAY REQUIRE THAT ADDITIONAL ZONES BE RECOMMENDED FOR EVACUATION THESE ADDITIONAL RECOMMENDATIONS ARE BASED ON THE FOLLOWING

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT, RECOMMEND EVACUATION OF ZONES A0 A1 B1 C1 D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED FOR EVACUATION
- IF WIND SPEED IS GREATER THAN 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT, USE ENCLOSURE 4.2 PAGE 2 OF 2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT USE ENCLOSURE 4.3 PAGE 3 OF 3 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

Guidance for Determination of Gap Activity

Fission product inventory inside Containment is greater than gap activity if the containment radiation level exceeds the levels in the table below:

TIME AFTER SHUTDOWN (HOURS)	HIGH RANGE CONTAINMENT MONITOR READING - **EMF 53A and/or EMF 53B** *100 % Gap Activity Release*
0 - 2	864 R/Hr
2 - 4	624 R/Hr
4 - 8	450 R/Hr
>8	265 R/Hr

This Table Only Used For Large Fission Product Inventory Greater Than Gap Activity In Containment.

Use this table to determine the recommended zones for evacuation within the:

5 mile radius and 10 miles downwind for any windspeed.

NOTE: 1. *Upper tower wind direction is preferred. If not available, use lower tower wind direction. Use wind direction from National Weather Service if site meteorological information is not available. NWS: Primary: 1-800-268-7785 Backup: 864-879-1085.*

2 *Wind direction indicator in Control Room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North.*

3. *Subtract 360 from wind direction indications greater than 360 degrees to arrive at wind direction for table below.*

PROTECTIVE ACTION ZONES DETERMINATION TABLE		
Wind Direction (Degrees from North) (See Notes 2 & 3)	**5 Mile Radius - 10 miles Downwind** *EVACUATE*	**Remainder of EPZ** *IN-PLACE SHELTER*
348.75 -11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 -33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 -56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3,
56.26 -78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 -101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3,
101.26 -123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 -146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 -168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, E2
168.76 -191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 -213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 -236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 -258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 -281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 -303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 -326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D2, E2, F2, F3
326.26 -348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

Enclosure 4.4

Evacuation Time Estimates for Catawba Plume Exposure EPZ

Analysis Case	Approx. Distance (Miles)	Approx. Direction	Subareas Included	Evacuation Time (Minutes)[3] Fair Weather Winter Weekday	Fair Weather Winter Weeknight	Fair Weather Summer Weekend	Adverse Weather[4] Winter Weekday	Adverse Weather Winter Weeknight	Adverse Weather Summer Weekend
1	0 - 2	180°, E	A-0[1]	210	180	180	210	180	180
2	0 - 2	180°, W	A-0[2]	210	180	180	210	180	180
3	0 - 5	90°, NE	A-0[1], A-1	210	180	180	210	180	180
4	0 - 5	90°, SE	A-0[1], B-1, C-1	220	200	200	240	200	205
5	0 - 5	90°, NW	A-0[2], E-1, F-1	220	200	200	240	200	205
6	0 - 5	90°, SW	A-0[2], D-1	220	200	200	240	200	205
7	0 - 10	90°, NE	A-0[1], A-1, A-2, A-3	210	180	325	210	185	375
8	0 - 10	90°, SE	A-0[1], B-1, C-1, B-2, C-2	305	295	320	410	400	360
9	0 - 10	90°, NW	A-0[2], E-1, F-1, E-2, F-2, F-3	240	200	220	260	240	225
10	0 - 10	90°, SW	A-0[2], D-1, D-2	240	220	220	280	240	240
11	0 - 10	360°	Entire EPZ- A-0[1], A-0[2], A-1, B-1, C-1, A-2, B-2, C-2, D-1, E-1, F-1, D-2, E-2, A-3, F-3	305	295	325	415	400	375

[1]Mecklenburg County portion of Subarea A-0.
[2]York County portion of Subarea A-0.
[3]Includes times associated with notification, preparation and travel out of the EPZ area, rounded to nearest 5-minute interval.
[4]Reduction in roadway capacities and travel speeds of 20% for summer weekend conditions (rain), 30% for winter weekday and winter weeknight conditions (ice).
* Evacuation of outdoor transient facilities throughout the entire EPZ is included in all evacuation cases, per the offsite RERP's.

Enclosure 4.5

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify _)
   Y/N

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____ Other (Specify _____)
   Y/N

7. Response Procedure In Progress:_____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

Enclosure 4.6

General Emergency Termination Briefing with States and Counties

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____Injured Personnel
   Y/N

   _____Other (Specify _____)
   Y/N

6. Protective Actions in Progress:

   _____Site Assembly (Time Initiated _____)
   Y/N

   _____Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____Other (Specify _____)
   Y/N

7. Response Procedure In Progress: _____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

(R04-01)

Duke Power Company

(1) ID No. RP/0/A/5000/010

PROCEDURE PROCESS RECORD

Revision No. 016

PREPARATION

(2) Station Catawba

(3) Procedure Title Conducting a Site Assembly or Preparing the Site for an Evacuation

(4) Prepared By E. T. Beadle Date 8/20/02

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 8/21/02

Cross-Disciplinary Review By _____ (QR) NA ✓ Date 8/21/02

Reactivity Mgmt. Review By _____ (QR) NA ✓ Date 8/21/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA ✓ Date 8/21/02

(7) Additional Reviews

Reviewed By W D Gs (SEC) Date 8 26 02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Richard L Sweigart Date 8-27-02

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station	Procedure No. RP/0/A/5000/010
Conducting a Site Assembly or Preparing the Site for an Evacuation	Revision No. 016
Reference Use	Electronic Reference No. CN005GNW

1. Symptoms

1.1 A site assembly is an occurrence that warrants the accountability of all personnel on site for reasons of personnel safety or for dissemination of information.

- Alert, Site Area Emergency or General Emergency has been declared.
- Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an assembly.
- Radiation levels in unrestricted areas of the Auxiliary Building > 2 mr/hr (e.g., unlocked rooms, unposted areas, etc.).
- EMF-41 indicates Auxiliary Building Airborne Radiation Level (>1 x 10^6 cpm).

1.2 Relocation is a process that moves personnel from one on-site location to another on-site location to ensure personal safety or non-involvement of the personnel due to a hazardous situation.

1.2.1 Plant conditions that in the opinion of the Operations Shift Manager/Emergency Coordinator warrants the movement of personnel on site to avoid a hazardous situation:

- Fire
- HazMat
- Weather

1.2.2 Security requires the clearing of an area during a security response or in preparation for a security response.

1.3 A site evacuation is an occurrence that necessitates the evacuation of non-essential personnel and declared pregnant workers for reasons of safety.

- Site Area Emergency, if plant conditions are rapidly degrading.
- General Emergency.
- Other plant conditions that, in the opinion of the Operations Shift Manager/Emergency Coordinator, warrant an evacuation.

2. Immediate Actions

2.1 Select the guidance sequence for the desired action:

2.1.1 To conduct a site assembly, perform step 2.2.

2.1.2 To conduct a relocation of personnel, perform step 2.3.

NOTE: All personnel within the Protected Area are to be accounted as having identified their locations per NSD 114 or as being identified as missing with a search initiated within 30 minutes of the first site assembly announcement.

_____ 2.2 Conduct a site assembly.

NOTE: Security Procedure #201 initiates actions to patrol and evacuate the OCA in outlying areas such as the Catawba Park.

_____ 2.2.1 Contact Security immediately at extension 5765 or 5766 to inform them that a site assembly is being initiated and direct them to implement Security Procedure SP-201.

NOTE: The Site Assembly/Evacuation siren is activated only two times to initiate a site assembly.

2.2.2 The following step sequence (A then B) shall be performed by the Operations Shift Manager or his designee **twice**:

_____ A. Sound a 20 second blast of the Site Assembly/Evacuation alarm (pushbutton on MC-1).

- PRI-SITE ASSEM/EVAC

OR

- SEC-SITE ASSEM/EVAC

_____ B. Announce over the plant public address system:

"This is the Operations Shift Manager. This is a site assembly. This is a site assembly.
There is/are _____
(What)
in/at _____
(Where)
All personnel and visitors report to an assembly point. If you are inside the Protected Area and unsure of where to assemble, report to the High Rise Canteen or the Service Building Railroad Bay."

_____ 2.2.3 Repeat the announcement in Step 2.2.2 B at 5-minute intervals until notified that the site assembly has been completed.

_____ 2.2.4 **IF** personnel remain in site assembly after the initial accountability report, periodically assess the need for subsequent personnel accountability reports and site evacuation.

_____ 2.2.5 **WHEN** the decision is made to secure from a site assembly, the Operations Shift Manager shall make the following announcement **twice**:

"This is the Operations Shift Manager. Secure from site assembly. Secure from site assembly."

_____ 2.3 Conduct an on-site relocation of personnel.

2.3.1 Contact Security at 5765 or 5766 to discuss the relocation site for the affected personnel.

2.3.2 Make the following announcement over the plant public address system:

"This is the Operations Shift Manager. A _____
(incident)
in the _____ *requires the relocation of personnel in*
(incident location)
that area to _____. *Without delay, affected personnel*
(relocation site description)
move to the _____ *at this time."*
(relocation site)

2.3.3 Continue to assess the situation and relocate, assemble, or evacuate personnel as needed.

3. Subsequent Actions

NOTE: Site assembly shall precede site evacuation.

3.1 IF the decision is made to conduct site evacuation, the Operations Shift Manager OR the TSC Emergency Coordinator shall perform the following depending on the status of TSC activation:

_____ 3.1.1 IF the TSC is NOT activated, the Operations Shift Manager shall perform the following:

_____ A. Notify RP Shift Technician on duty (ext. 5572 or plant pager 778-2777) for assistance in assessing the radiological hazard associated with the evacuation.

_____ B. Select a site evacuation location using Enclosure 4.1.

_____ C. Determine which personnel on site are to be considered "essential" in preparation for site evacuation of non-essential personnel.

_____ D. Notify the Evacuation Coordinator (weekly Duty List) of the decision to evacuate the site by providing the following information/direction:

_____ 1. Evacuation site selection (Allen or Newport).

_____ 2. Implement RP/0/B/5000/022, Evacuation Coordinator's Procedure.

_____ 3. Report to the evacuation site.

NOTE: The Site Assembly/Evacuation siren is activated only two times to initiate a site evacuation.

E. Perform the following step sequence (1, then 2) twice:

_____ 1. Sound a 20-second blast of the Site Assembly/Evacuation alarm (pushbutton on 1MC-1).

- PRI-SITE ASSEM/EVAC

OR

- SEC-SITE ASSEM/EVAC

_____ 2. Announce over the plant public address system:

"This is the Operations Shift Manager. This is a site evacuation. This is a site evacuation. "All non-essential personnel and declared pregnant workers proceed to Site _____."

(Newport - Newport Tie Station; Allen - Allen Steam Station)

_____ F. Repeat Step 3.1.1 E.2 at 5-minute intervals until notified that the site evacuation has been completed.

_____ G. Notify the Evacuation Coordinator at the evacuation site when evacuated personnel can return to their work locations or can be released to go home.

- Site Newport (Newport Tie Station)
  - 8-909-2440 (Tie Station Office)
  - 8-909-2447 (Site Evacuation Building)
- Site Allen (Allen Steam Station)
  - 704-829-2350 (Switchboard)
  - 704-829-2360 (Control Room - after hours)

3.1.2 IF the TSC is activated, the TSC Emergency Coordinator shall perform the following:

_____ A. Inform the RP Manager/Supervisor, TSC Dose Assessor and RP Support as appropriate for assistance in assessing the radiological hazard, wind speed and direction associated with the evacuation.

_____ B. Select a site evacuation location using Enclosure 4.1.

_____ C. Determine which personnel on site are to be considered "essential" in preparation for site evacuation of non-essential personnel.

_____ D. Notify the Evacuation Coordinator (weekly duty list) of the decision to evacuate the site by providing the following information/direction:

_____ 1. Evacuation site selection (Allen or Newport).

_____ 2. Implement RP/0/B/5000/022, Evacuation Coordinator's Procedure.

_____ 3. Report to the evacuation site.

NOTE: The Site Assembly/Evacuation siren is activated only two times to initiate a site evacuation.

E. Direct the Control Room to perform the following step sequence **twice**:

_____ 1. Sound a 20-second blast of the Site Assembly/Evacuation alarm (pushbutton on 1MC-1).

- PRI-SITE ASSEM/EVAC

OR

- SEC-SITE ASSEM/EVAC

_____ 2. Announce over the plant public address system:

"This is the Operations Shift Manager. This is a site evacuation. This is a site evacuation. "All non-essential personnel and declared pregnant workers proceed to Site _____."

(Newport - Newport Tie Station; Allen - Allen Steam Station)

_____ F. Direct the Control Room to continue to make the announcement in Step 3.1.2 E.2 at 5 minute intervals until notified that the site evacuation has been completed.

_____ G. **WHEN** site evacuation has been completed, notify the Control Room to stop performing Step 3.1.2 F.

_____ H. Notify the Evacuation Coordinator at the evacuation site when evacuated personnel can return to their work locations or can be released to go home.

- Site Newport (Newport Tie Station)
  - 8-909-2440 (Tie Station Office)
  - 8-909-2447 (Site Evacuation Building)
- Site Allen (Allen Steam Station)
  - 704-829-2350 (Switchboard)
  - 704-829-2360 (Control Room - after hours)

4. Enclosure

4.1 Determination of Evacuation Site

NOTE: The key to Site Newport is kept at the Security PAP Badging Office.

1. Site Newport is located at the Duke Power, Newport Tie Station. This site is approximately 4.8 miles SW of the plant.

2. Site Allen is located at the Allen Steam Station in Belmont, N.C. This site is approximately 10 miles NNE of the plant.

NOTE: Wind Direction indicator in control room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North. To convert wind direction indication greater than 360 degrees to the standard 360 degree map (as above) you must subtract 360 from the indication.

3. Determine the evacuation site as follows:

   IF wind speed < 5 mph select Site Allen.

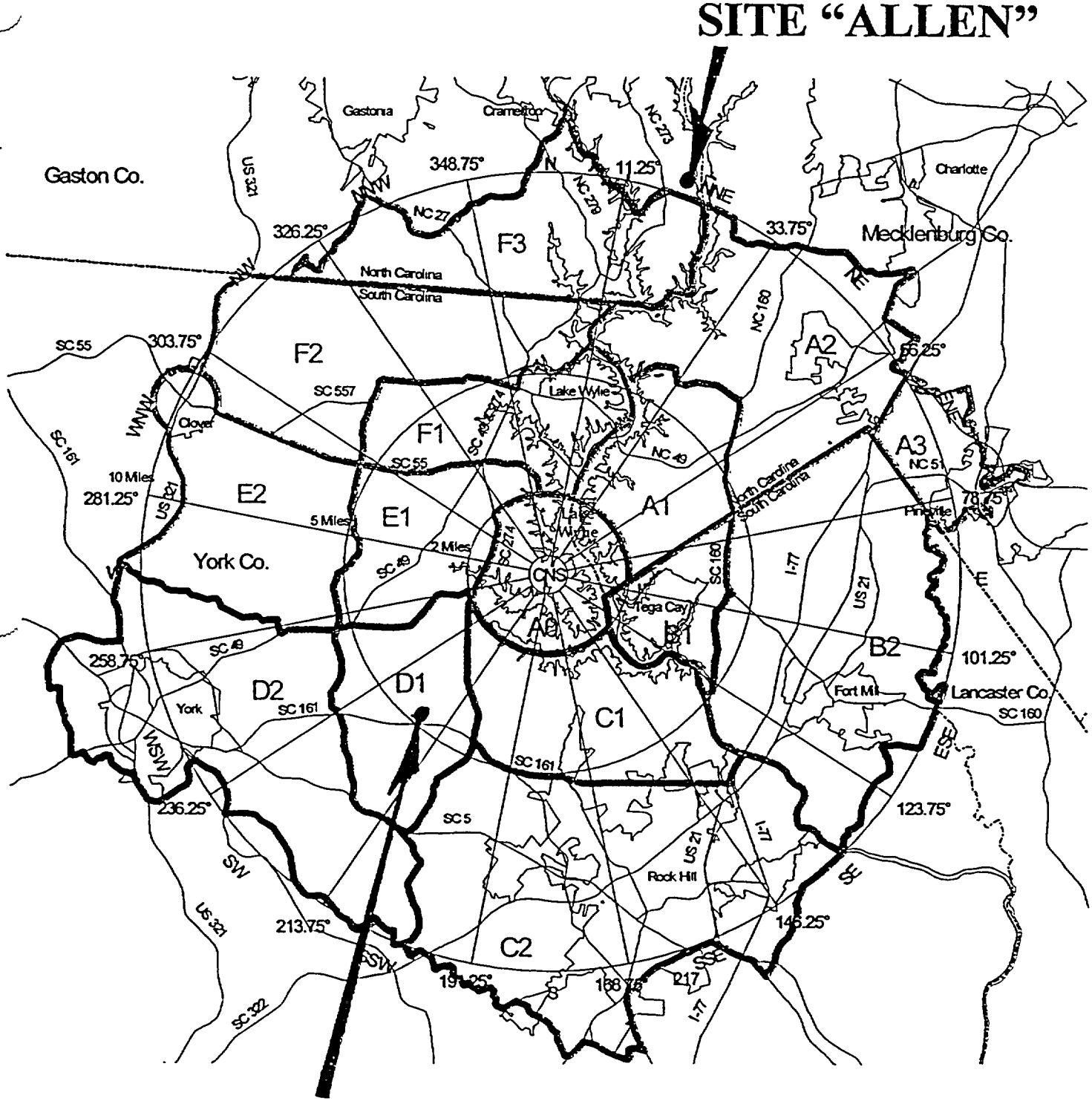
   OR

   IF wind speed ≥ 5 mph, use the table below to determine the appropriate evacuation site:

Wind Direction (Degrees from North)	**Evacuation Site**
0 – 144.9	ALLEN
145 – 255	NEWPORT
255.1 – 360	ALLEN

   OR

   The Emergency Coordinator may use judgement to select the evacuation site based on plant and/or meteorological conditions.


SITE "ALLEN"
Gaston Co.
Gastonia
Cramerton
Charlotte
Mecklenburg Co.
348.75°
11.25°
326.25°
33.75°
303.75°
56.25°
281.25°
258.75°
236.25°
213.75°
146.25°
123.75°
101.25°
78.75°
F1
F2
F3
A1
A2
A3
B1
B2
C1
C2
D1
D2
E1
E2
A0
10 Miles
5 Miles
2 Miles
North Carolina
South Carolina
Lake Wylie
York Co.
York
Clover
Rock Hill
Fort Mill
Lancaster Co.
Tega Cay
Pineville
SC 55
SC 557
SC 161
SC 49
SC 5
SC 160
SC 274
SC 322
NC 27
NC 279
NC 273
NC 160
NC 49
NC 51
US 321
US 21
I-77
NW
NNW
NE
ENE
E
ESE
SE
SSE
SW
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W
SITE "NEWPORT"
N

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/020

Revision No. 017

EPARATION

(2) Station Catawba

(3) Procedure Title Technical Support Center (TSC) Activation Procedure

(4) Prepared By E. T. Beadle Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 8/26/02

Cross-Disciplinary Review By W. J. Bo (SEC) (QR) NA___ Date 8/26/02

Reactivity Mgmt. Review By _____ (QR) NA GLM Date 8/26/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA GLM Date 8/26/02

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

Approved By Richard L Sweigart Date 8/27/02

PERFORMANCE ***(Compare with control copy every 14 calendar days while work is being performed.)***

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification.

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Technical Support Center (TSC) Activation Procedure** **Reference Use**	Procedure No. RP/**0**/A/5000/020 Revision No. 017 Electronic Reference No. CN005GNZ

1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

2. Immediate Actions

NOTE:
1. The TSC must be "ACTIVATED" within 75 minutes of the emergency classification time.
2. This procedure is not required to be followed in step-by-step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.
3. Specific telephone numbers are not provided in this procedure. Telephone numbers are located in the Emergency Response Telephone Directory. A hard copy of the Emergency Response Telephone Directory is located in the TSC. An electronic version of the Emergency Response Telephone Directory is available on the Catawba Nuclear Site Emergency Planning Web Page.

2.1 Upon notification to activate the TSC, Emergency Response Organization (ERO) personnel assigned to the TSC shall report to the TSC.

2.2 The Emergency Coordinator may initially report to the Control Room to discuss plant status with the Operations Shift Manager.

3. Subsequent Actions

3.1 Each represented group is responsible for ensuring their appropriate Checklist is completed (Enclosures 4.1 through 4.16) and for reviewing their Responsibilities.

3.2 The following definitions are applicable to the Emergency Notification Form:

3.2.1 IMPROVING - Emergency conditions are improving in the direction of a lower classification or termination of the event.

3.2.2 STABLE - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc. are operating as designed.

3.2.3 DEGRADING - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site protective action recommendations.

3.2.4 CRITICAL TASK – A task that must be completed as soon as possible and normally becomes the number one priority task. The Assessment and repair Team is dispatched immediately from the OSC. Examples include: SSF Startup, Fire Response, MERT or any task vital to protection of the reactor core.

3.2.5 ESSENTIAL PERSONNEL - Any personnel required to assist in the performance of assigned emergency response tasks. These personnel would not evacuate in the event of Site Evacuation

3.2.6 RELEASE - Any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs:

A. Reactor Building EMF monitors (38, 39 or 40) reading indicates an increase in activity

OR

EMF monitors 53A or 53B read greater than 1.5 R/hr

AND

Pressure inside the containment building is greater than Tech. Specs.

OR

An actual containment breach is determined.

B. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37

C. Steam generator tube leak monitored by EMF 33.

3.2.7 10CFR50.54(x) Action - Reasonable actions that depart from a license condition or Technical Specification may be performed in an emergency when this action is immediately needed to protect the health and safety of the public, and no action consistent with the license condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent. Deviation from the intent of an emergency procedure constitutes a 10CR50.54(x) action.

3.3 The following SDS Group Displays have been established for emergency response use. To access these group displays type, GD (space) Group Display Name, in the white box at the upper right portion of the screen.

	Group Display Name	Group Display Description
3.3.1	EROCONT	Selected values associated with Containment
3.3.2	EROCORE1	Incore temperature values
3.3.3	EROCORE2	Additional Incore temperature values
3.3.4	EROCORE3	Additional Incore temperature values
3.3.5	EROEMF	Selected EMF instantaneous values
3.3.6	EROEMF15	Selected EMF 15 minute average values
3.3.7	EROENV	Selected Meteorological values
3.3.8	EROINJCT	Selected Letdown/Charging values
3.3.9	EROPLEAK	Selected Primary to Containment Leakage Values

3.3.10	EROPRIM	Selected Primary system values
3.3.11	ERORD5	Selected Raddose V Dose Assessment Points
3.3.12	EROSAMG	Selected SAMG values
3.3.13	EROSECND	Selected Secondary system values
3.3.14	EROSLEAK	Selected Primary to Secondary Leakage Values
3.3.15	ERORXG	Selected values for the Reactor Engineer
3.3.16	ERDS1	ERDS Group 1
3.3.17	ERDS2	ERDS Group 2

3.4 Personnel with training deficiencies must be approved by the Emergency Coordinator prior to participating as an ERO member. This approval shall be documented in the TSC Log.

3.5 RP/0/B/5000/022, "Evacuation Coordinator Procedure," shall be used as the controlling procedure for the Evacuation Coordinator position.

3.6 Contact the TSC Data Coordinator for resolution of any computer hardware/software problems, or the OSC NSC Manager for resolution of other equipment problems.

3.7 Emergency Planning shall coordinate participation in a post-event critique with the states and counties to determine and document lessons learned.

4. Enclosures

4.1 Emergency Coordinator

4.2 TSC Dose Assessor

4.3 TSC Off-Site Agency Communicator

4.4 NRC Communicator

4.5 Operations Superintendent

4.6 Operations Engineer

4.7 Assistant Operations Engineer

4.8 Engineering Manager

4.9 Reactor Engineer

4.10 System Support Engineer

4.11 TSC Emergency Planner

4.12 TSC Logkeeper

4.13 TSC Data Coordinator

4.14 RP Support

4.15 Security Manager

4.16 Assistant Emergency Coordinator

4.17 TSC Operational Checklist

4.18 Commitments for RP/0/A/5000/020

Initial

Prepare to assume the position of TSC Emergency Coordinator

_____ Print your name and arrival time on the TSC sign-in board.

_____ Sign TSC roster as Emergency Coordinator.

_____ Obtain self-reading dosimeter at TSC entrance.

_____ Initiate a dose card for RWP #33.

_____ Establish 24-hour staffing for the TSC Emergency Coordinator position:

  _____ Determine a shift rotation from the available TSC Emergency Coordinators

  _____ Print the names of assigned shift TSC Emergency Coordinator and the 24-hour relief person on the TSC sign-in board

_____ Read the following definitions as they apply to the Emergency Notification Form (listed in Subsequent Actions):

- Improving
- Stable
- Degrading
- Release
- 10CRFR50.54(x)
- Critical Task

_____ Review the TSC Emergency Coordinator Task List

_____ IF a shift turnover is in progress, perform the following steps:

  _____ Review the events and actions taken by the shift on duty.

  _____ Verify the current status of the TSC, OSC and EOF.

  _____ Verify the time of the next off-site notification and which facility will perform it.

  _____ Assume the duty of TSC Emergency Coordinator.

  _____ Ensure the TSC and OSC are adequately staffed with essential personnel to continue emergency facility operations.

Perform the following actions based on the situation and progress in the event:

  _____ Activate the TSC and OSC.

  _____ Turn over command and control of the event to the EOF Director.

  _____ Execute actions identified on the TSC Emergency Coordinator Task List.

  _____ Implement Contingency Actions as necessary.

Initial

Activate TSC/OSC (Station Manager or designee assumes role of TSC Emergency Coordinator) **by completing the following steps:**

_____ A. Ensure Enclosure 4.17, "TSC Operational Checklist," is being completed:

_____ 1. Contact TSC Emergency Planner to determine status.

_____ 2. **IF** TSC Emergency Planner is not available, assign Enclosure 4.17 completion to a TSC Off-site Agency Communicator.

NOTE:	A job aid (Emergency Coordinator Update) is available in the position notebook for use in the preparation of announcements to be made over the public address system.

_____ B. Contact OSM to determine the current status of the emergency situation.

_____ C. Inform the TSC and OSC of the status of the emergency situation.

D. **WHEN** Public Affairs calls in on the Bell Line in preparation for the Public Spokesperson's media briefing, be prepared to:

_____ Discuss the details of the event.

_____ Provide requested information from the TSC and OSC staffs.

E. Conduct a pre-activation conference with the TSC staff and OSC Coordinator:

_____ 1. Ensure TSC is adequately staffed (minimum to activate).

_____ 2. Ensure OSC is adequately staffed (minimum to activate).

_____ 3. Ensure TSC Off-site Communicators are prepared to perform off-site notifications.

_____ F. Ensure Enclosure 4.17, "TSC Operational Checklist," is complete (Emergency Planner or Off-site Communicator).

NOTE:	1. The TSC Emergency Coordinator is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the EOF is operational. 2. Command and control of the event shall be transferred from the Control Room to the TSC in a manner that does not interfere with emergency response actions or notifications/recommendations to off-site agencies.

_____ G. **WHEN** conditions allow, contact the Operations Shift Manager (OSM) to take turnover of command and control by completing the "Emergency Coordinator Turnover Form."

_____ H. Declare TSC/OSC activated as of _____ hours.

_____ I. Inform the site of the TSC/OSC activation and the status of the emergency situation.

Turn over command and control of the event to the EOF Director by completing the following steps:

NOTE:
1. Command and control of the event shall be transferred from the TSC to the EOF in a manner that does not interfere with emergency response actions or notifications/ recommendations to off-site agencies.
2. The EOF Director is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the termination of the event or transfer of command and control back to the TSC.

_____ A. WHEN conditions allow, contact the EOF Director to give turnover of command and control by completing the "Emergency Coordinator Turnover Form" in this enclosure.

_____ 1. Complete the EOF Director Turnover Form in this enclosure.

_____ 2. Fax the completed Turnover Form to the EOF.

_____ 3. Conduct a verbal turnover with the EOF Director.

_____ B Announce to the TSC and OSC that the EOF is operational as of _____ hours.

_____ C. Ensure the NRC is notified (NRC Communicator) that the EOF is operational (taken the command and control function for the emergency).

Task List

Tasks performed upon TSC activation until EOF is declared operational:

_____ Declare emergency classifications (RP/0/A/5000/001).

_____ Approve Emergency Notification Forms (RP/0/A/5000/006B).

_____ Approve Protective Action Recommendations to off-site agencies (RP/0/A/5000/005).

_____ Evaluate the emergency situation for classification downgrade or termination (Emergency Classification Downgrade/Termination Criteria and RP/0/A/5000/006B).

Tasks performed upon TSC activation until the termination of the emergency:

_____ Set priorities for staff and work actions.

_____ Identify critical tasks (defined in step 3.2) and immediately inform the OSC Coordinator.

_____ IF the emergency involves one or more of the following specific events, consider implementing the Contingency Actions listed in this enclosure:

- Radiological Release
- Security Threat
- Severe Accident
- 10CFR50.54(x)
- Facility and Equipment Failures

_____ Approve NRC Notifications (RP/0/B/5000/013).

_____ Conduct TSC staff briefings to update ERF staffs (EOF, OSC, TSC) on a periodic and as-needed basis (30-60 minutes, depending on the change in status).

_____ Direct TSC Off-site Communicators to fax the completed TSC/OSC/EOF Update Briefing form to the OSC and EOF.

_____ Update site personnel on a periodic and as-needed basis over the public address system (a job aid, Emergency Coordinator Update, is available in the position notebook for use in the preparation of announcements to be made over the public address system).

_____ Authorize the evacuation of non-essential personnel (RP/0/A/5000/010).

_____ Establish Recovery Organization following emergency termination (RP/0/B/5000/025).

_____ Conduct a turnover of TSC Emergency Coordinator responsibilities with the oncoming shift.

Contingency Actions for Specific Events List

Radiological Events

_____ Discuss the consequences of any radiological release on site and off site with TSC Dose Assessors.

NOTE:	A decision to evacuate site personnel at Alert and Site Area Emergency should be based on avoided dose and the ability to functionally support plant operations.

_____ Evaluate the need to relocate personnel on site or conduct a site evacuation of non-essential personnel with the RP Manager (OSC) and the TSC staff.

_____ IF a decision is made to relocate personnel on site, notify the EOF Director of the planned action.

_____ IF a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel:

_____ TSC Emergency Planner

_____ EOF Director

_____ Off-site Agencies

_____ Evaluate the need to issue a blanket dose extension for the event with the RP Manager.

_____ IF a blanket dose extension is issued, announce the following to TSC and OSC staff:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). The RP Manager has approved a blanket dose extension for this event. If you have any questions concerning your dose limit, please contact RP in the OSC." (If a drill or exercise, announce **"This is a drill."**)

_____ IF emergency worker doses are expected to exceed the blanket dose extension limits, ensure the RP Manager implements RP/0/B/5000/018, "Emergency Worker Dose Extension."

_____ Ensure RP surveys the TSC and OSC for radioactive contamination prior to the delivery and consumption of food or drink.

_____ IF RP determines that eating and drinking is allowed in the TSC and OSC, make the following announcement:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). Eating and drinking are now allowed in the TSC and OSC." (If a drill or exercise, announce, **"This is a drill."**)

Contingency Actions for Specific Events List

Security Threat:

NOTE:	Security events attributed to an "insider" threat require securing all CAD doors to vital areas and implementation of the 2-person rule.

_____ Evaluate considerations listed in RP/0/B/5000/026 (Site Response to a Security Threat) with the Security Manager and TSC Emergency Planner.

_____ **IF** off-site power is lost, ensure the RN System is protected to support D/G operations.

NOTE:	A decision to evacuate site personnel at Alert and Site Area Emergency should be based on the security response plan and the ability to functionally support plant operations.

_____ Evaluate the need to shelter or relocate personnel on site or conduct a site evacuation of non-essential personnel with the Security Manager and the TSC Emergency Planner.

_____ **IF** a decision is made to locate and isolate a hostile force, make the following announcement to the site:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). A security event is in progress. Seek shelter in your current location and report suspicious activities to Security." (If a drill or exercise, announce, **"This is a drill."**)

_____ **IF** a decision is made to relocate personnel on site, notify the EOF Director of the planned action.

_____ **IF** a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel evacuated:

_____ TSC Emergency Planner

_____ EOF Director

_____ Off-site Agencies

_____ Ensure the Security Manager screens all information for Safeguards implications prior to releasing the information from the TSC.

Contingency Actions for Specific Events List

Severe Accident (SAMG):

_____ IF SACRG-1 or SACRG-2 is implemented by the Control Room, make the following announcement to the TSC and OSC:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). This is the TSC Emergency Coordinator. As of _____ hours the Control Room has entered SACRG-1(2). I am the Lead Decision Maker. Evaluate plant conditions using the SAMG Diagnostic Flow Chart and the Severe Challenge Status Tree." (If a drill or exercise, announce, **"This is a drill."**)

Use of 10CFR50.54(x) (defined in Subsequent Actions of this procedure):

_____ IF a decision to implement 10CFR50.54(x) is made, ensure as a minimum that a licensed SRO approves the intended action prior to taking the action.

_____ Ensure the following requirements are met within one hour of initiating an action justified by 10CFR50.54(x):

_____ Report the action to the NRC using RP/0/B/5000/013 (NRC Notification Requirements). {1}

_____ Document the action taken in the Reactor Operator's Logbook.

_____ Document the action taken in the TSC Log.

Facility and Equipment Failures

_____ IF video conferencing fails between the TSC and OSC, delegate a person to establish and maintain phone communications with the OSC.

_____ IF the TSC becomes uninhabitable, relocate the TSC staff to the Control Room or another location that is appropriate for plant and radiological conditions.

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1: _____

   _____

   Unit 2: _____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)
4. Time Next Notification Due: _____
5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify _____)
   Y/N

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____ Other (Specify _____)
   Y/N

7. Response Procedure In Progress: _____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

UNIT(S) AFFECTED: CATAWBA U1_____ U2_____ MCGUIRE U1 _____ U2_____

GENERAL

DATE: _____
TIME: _____

	POWER LEVEL	NCS TEMP	NCS PRESS
U-1			
U-2			

EMERGENCY CLASSIFICATION

NOUE DECLARED AT: _____
ALERT DECLARED AT: _____
SAE DECLARED AT: _____
G.E. DECLARED AT: _____

TSC ACTIVATED AT: _____
EOF ACTIVATED AT: _____

REASON FOR EMER. CLASS _____

SITE ASSEMBLY SITE EVACUATION

	YES	NO	TIME	LOCATION OR COMMENTS
SITE ASSEMBLY				
SITE EVAC. (NON-ESSEN.)				
SITE EVAC. (ESSENTIAL)				
OTHER OFFSITE AGENCY INVOLVEMENT				
MEDICAL				
FIRE				
POLICE				

RADIOLOGICAL

	NUMBER ASSEM.	NUMBER DEPLOYED
FIELD MON. TEAMS		

	ZONES EVAC	ZONES SHELTERED
PARS:		

	YES	NO
RELEASE IN PROGRESS		

RELEASE PATHWAY _____

CONTAINMENT PRESSURE _____ PSIG

WIND DIRECTION _____ WIND SPEED_____

OFFSITE COMMUNICATIONS

	NUMBER	TIME
LAST MESSAGE SENT:		
NEXT MESSAGE DUE:		

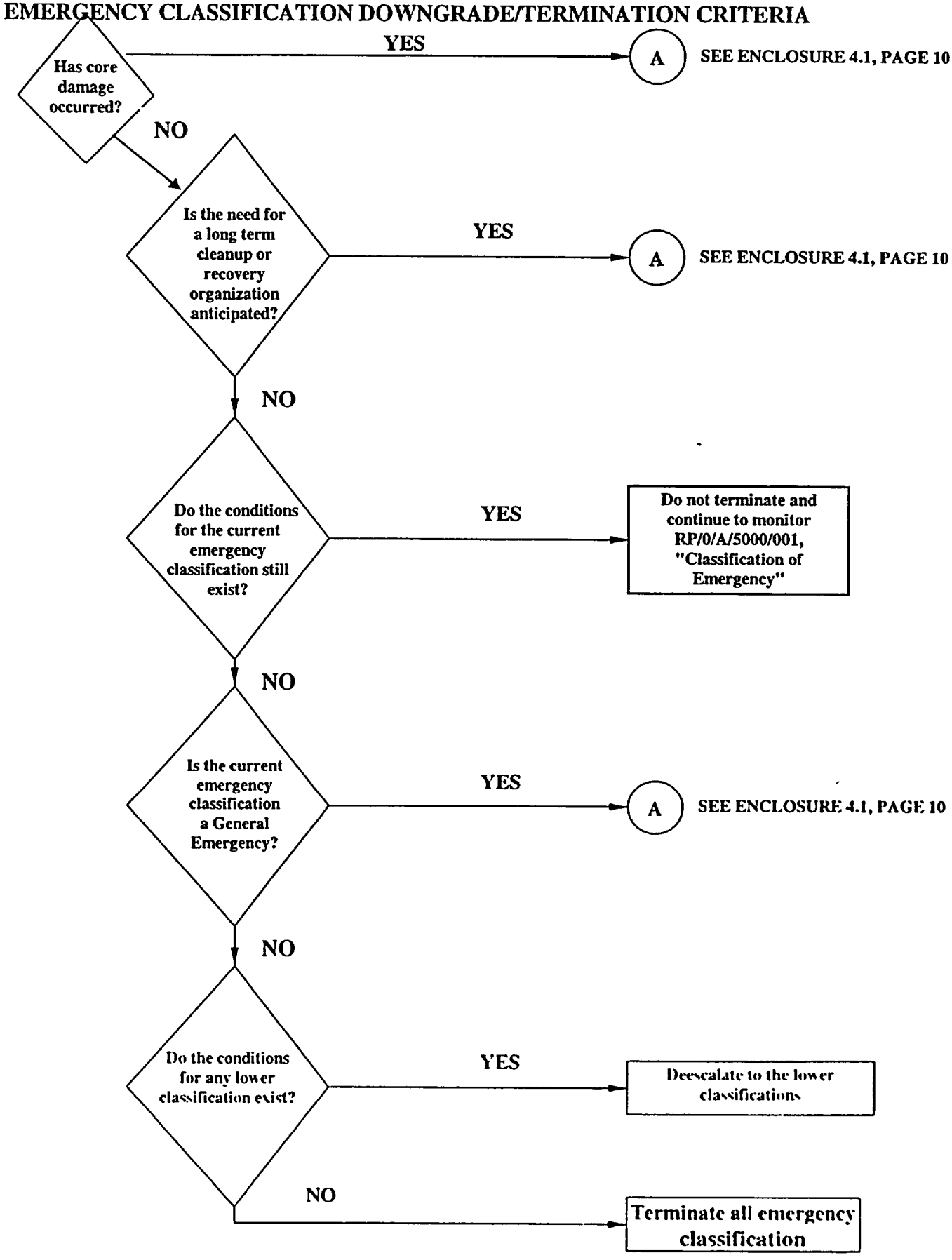
NOTE: FOR COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

_____

_____

EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA



EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA

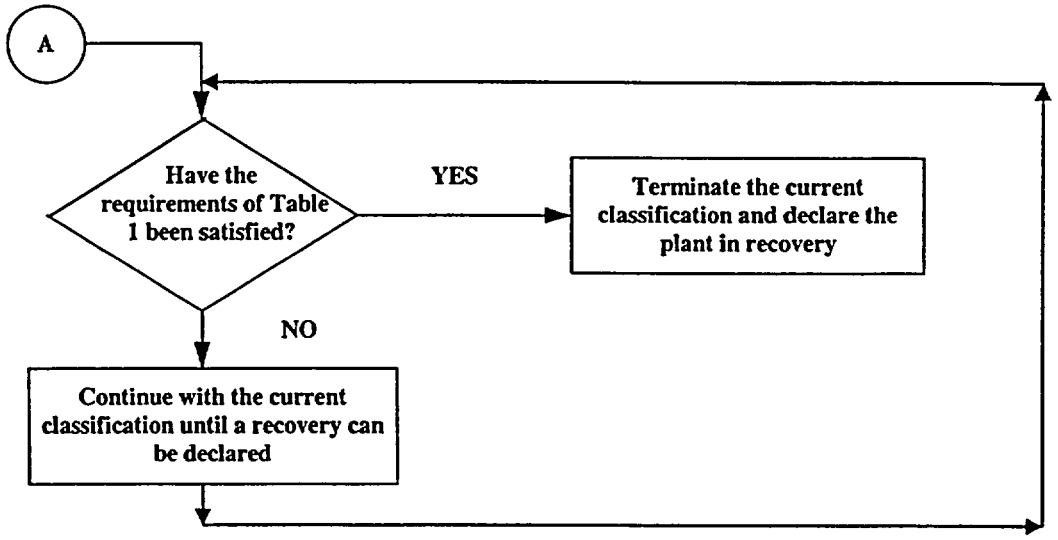


TABLE 1

Recovery Conditions

_____ No new evacuation or sheltering protective actions are anticipated.

_____ Containment pressure is less than design pressure

_____ Decay heat rejection to the ultimate heat sink has been established and either:

Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),

OR

No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection.

_____ The risks from recriticality are acceptably low

_____ Radiation Protection is monitoring access to radiologically hazardous areas

_____ Off-site conditions do not limit plant access

_____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.

_____ The recovery organization is ready to assume control of recovery operations:

- Catawba - RP/0/B/5000/025
- McGuire - RP/0/A/5700/024

PROCESSES/SITUATIONS	RP#	RESPONSIBILITY
PROCESSES		
Core Damage Assessment	RP/15	Reactor Engineer
Classification of Emergency	RP/01	Operations Superintendent
Emergency Classification Response	RP/02-NOUE RP/03-Alert RP/04-SAE RP/05-GE	Operations Engrs/OSM
Emergency Dose Extension	RP/18	Radiation Protection Mgr (OSC)
Emergency Notification Form/ Offsite Agency Notifications	RP/06B	Offsite Communicators, Operations, Dose Assessment, Emergency Planner
OSC Activation	RP/24	OSC Coordinator and OSC Staff
NRC Notifications	RP/13	NRC Communicator, Reg Compliance (on call)
Public Affairs and News Media Mgmt	RP/28	Community Relations (Media Mgr and Public Spokesperson)
Recovery and Re-entry	RP/25	EOF Director and TSC Emergency Coordinator
Site Assembly	RP/10, immediate actions	Security
Site Evacuation	RP/10, subsequent actions RP/22	Emergency Planner, Security, Radiation Protection, Evacuation Coordinator, Evacuation Coordinator
TSC Activation	RP/20	TSC Emergency Coordinator and TSC Staff
SITUATIONS		
Site Response to a Security Threat	RP/26	Operations Engrs/Environmental/ Emergency Planner
Collisions or Explosions	RP/09	Operations (Fire Bde)
Fire	RP/29	Operations (Fire Bde)
Medical Emergency	N/A	Security (MERT)
Natural Disasters (Tornado, Hurricane, Earthquake, Flooding, Low Lake Level)	RP/07	Operations OSM, Emergency Planner
Severe Weather Preparations (High Winds, Heavy Icing)	RP/30	All Site Groups
Spills/HAZMAT	RP/08	Operations (Fire Bde), HAZMAT, EH&S, NSC (OSC)

Initial

NOTE:
1. Off-site Agency Communicators will be contacting Dose Assessment to provide information for the Electronic Emergency Notification Form.
2. Procedure steps may be completed out of sequence at the discretion of the person performing this enclosure.

☐ Upon arrival in the TSC, perform the following:

- Print name and time arrived on TSC sign-in board.
- Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- Sign in on the TSC roster.
- Obtain self-reading dosimeter and dose card (RWP #33).
- Obtain and put on position badge.

☐ Establish a TSC Dose Assessor position log of activities (e.g., evolutions impacting this position, decisions made by this position, communications to/from other groups).

☐ Perform the following to start the TSC air monitoring:

EMF 55A	EMF 55B
☐ A. IF ON, press STOP button.	☐ A. IF ON, press STOP button.
☐ B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.	☐ B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.
☐ C. Wait 30 seconds before proceeding to start monitors.	☐ C. Wait 30 seconds before proceeding to start monitors.
☐ D. Start monitor by pressing start.	☐ D. Start monitor by pressing start.
☐ E. Acknowledge any alarms.	☐ E. Acknowledge any alarms.
☐ F. Wait 30 seconds.	☐ F. Wait 30 seconds.
☐ G IF the alarm or monitor fails to start, repeat steps A thru F.	☐ G. IF the alarm or monitor fails to start, repeat steps A thru F.
☐ H. IF the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.	☐ H. IF the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.
☐ I. IF necessary, initiate a work request for inspection/repair of EMF monitor.	☐ I. IF necessary, initiate a work request for inspection/repair of EMF monitor.

☐ Evaluate any protective actions that have been recommended.

☐ Power up both the Dose Assessment and Electronic Notification Form computers and LOGON to the Network per the following:

User Name: **CNSEP2**
Password: **CNSEP2**
Domain: **NAM**

☐ Initiate the following emergency response procedures, as necessary:

- SH/0/B/2005/001, "Emergency Response Offsite Dose Projections"
- HP/0/B/1009/014, "Radiation Protection Actions Following an Uncontrolled Release of Liquid Radioactive Material"
- HP/0/B/1009/006, "Alternative Method for Determining Dose Rate within the Reactor Building"

☐ Prepare to complete the Dose Assessment portion of the Electronic Notification Form by obtaining a copy of the TSC Dose Assessors Electronic Notification Form Instructions located in the TSC Dose Assessors Notebook.

☐ Ensure the NRC Health Physics Network (HPN) is activated.

NOTE: 1. EMF isolation or loss of sample flow can indicate invalid EMF readings.
2. Be aware of the effects of loss of power on critical EMFs.

☐ Calculate off-site dose projections approximately every fifteen minutes or at frequency intervals appropriate to plant conditions.

☐ **IF** necessary, contact OSC RP Supervisor to request radiation surveys inside the Protected Area fence.

NOTE: CNS bridge line and wireless phone instructions are located in the TSC Dose Assessor notebook.

☐ Establish communications with EOF Dose Assessment Team via the Dose Assessment bridge line.

☐ Perform the following as needed:

- Provide computer off-site dose projection results.
- Coordinate turnover to the EOF.
- Provide support to the EOF team after EOF activation as needed.
- Be prepared to resume dose assessment activities if EOF functions are transferred back to the TSC.

☐ Provide a listing of essential personnel for your position that should not leave the site during a site evacuation to RP Support.

NOTE: A job aid (TSC Update Briefing - Dose Assessor) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

☐ Consider the following items that may be applicable in order to provide the latest status to the Emergency Coordinator staff and ERO during TSC update briefings:

- Any potential release or release in progress (especially at the site boundary).
- Specific areas where off-site dose rates increasing
- Meteorological Data (wind speed and wind direction, measured Δ temperature, stability class, and precipitation)
- Dose projections based on changes in meteorological status
- Dose projections at site boundary
- Off-site dose projections that may be above or below normal operating limits
- Any release in progress, including dose rates
- Field Team Status/Data
- Analyzed source term
- Source Term Mitigation Strategies
- Special evaluation for off-site dose consequences in such cases as a containment loss of integrity or steam generator tube rupture
- Projected or changing plant conditions
- Increase or decrease of release path EMF readings
- Significant changes in radiological conditions
- On-site radiological concerns
- Radiological EAL criteria per RP/0/A/5000/001

NOTE:
1. Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.
2. Off-site dose assessment results, including projections, are to immediately follow the initial notifications.
3. The primary method of providing dose information to the Off-site Agency Communicators is via the Electronic Notification Form program, however, situations may dictate the use of the hard copy Emergency Notification Forms.

☐ Provide Off-site Agency Communicators with dose assessment information and other pertinent radiological information as requested utilizing the Electronic Notification Form program.

☐ Recommend off-site and on-site protective actions to the Emergency Coordinator (until TSC/EOF dose assessor turnover occurs and the EOF is activated).

☐ Perform the following to stop the TSC air monitoring upon securing from TSC activation:

EMF 55A	EMF 55B
☐ A. IF ON, press **STOP** button.	☐ A. IF ON, press **STOP** button.
☐ B. Acknowledge any alarms by pressing the **ACKNOWLEDGE** button.	☐ B. Acknowledge any alarms by pressing the **ACKNOWLEDGE** button.
☐ C. Verify monitors are **OFF** by confirming the **ON** light goes out and that the acknowledge and alarm lights are **ON.**	☐ C. Verify monitors are **OFF** by confirming the **ON** light goes out and that the acknowledge and alarm lights are **ON.**
☐ D. Repeat steps A, B and C as necessary.	☐ D. Repeat steps A, B and C as necessary.
☐ E. IF necessary, initiate a work request for inspection/repair of EMF monitor.	☐ E. IF necessary, initiate a work request for inspection/repair of EMF monitor.

☐ Restore dose assessor work area and all equipment to a ready state condition after a drill or event is terminated.

☐ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish a TSC Off-Site Agency Communicator position log that captures as a minimum:

A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

_____ Obtain a copy of RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."

_____ Execute RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."

_____ Verify all TSC clocks are synchronized with the Control Room satellite clock.

_____ Ensure off-site agency communicators in the EOF are aware of information affecting off-site agencies even after turnover has occurred (e.g., fire in the motor control center has been put out).

NOTE: A job aid (TSC Update Briefing - Off-site Communications) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

_____ Provide the status of off-site agency notifications to the Emergency Coordinator and staff during TSC update briefings.

_____ Provide the TSC Emergency Planner with a listing of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

NOTE: The NRC Communicator position is initially filled by shift personnel in the Control Room. This position transfers to the TSC upon TSC activation.

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC located at the TSC sign-in board.

_____ Obtain self-reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish an NRC Communicator position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

NOTE: RP/0/B/5000/013, "NRC Notification Requirements," provides primary and alternate phone numbers for the NRC Operations Center.

_____ Establish continuous communications with the NRC Operations Center upon request by the NRC.

Perform the following activities as necessary throughout the event:
_____ A. Inform the NRC of TSC/EOF activation/deactivation.
_____ B. Inform the NRC of plant conditions at all times.
_____ C. **IF** the Regulatory Compliance Engineer position is staffed, inform the RC Engineer of planned NRC activities.
_____ D. Inform the Logkeeper of all NRC notifications.

NOTE: Instructions for use of the OPS bridge line are provided in the Emergency Response Telephone Directory.

_____ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure the phone/headset is on mute.

_____ Provide the TSC OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish an Operations Superintendent position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

_____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.

_____ Perform the following as necessary throughout the event:

A. Provide technical expertise regarding solutions to operational problems to the TSC, Control Room, OSC and other members of the ERO as required.

B. Advise Emergency Coordinator on the anticipated course of the event.

C. Assist in making decisions on emergency classifications, mitigation strategies, and contingency plans.

D. Ensure each operating shift is staffed with adequate personnel to support all emergency situations, augmenting with additional resources as necessary.

E. Assist the TSC Off-Site Agency Communicators in completion of the Emergency Notification Forms using Step 3.2 for definitions associated with Emergency Notification Form.

Initial

____ Establish direct communications with OSM for the following conditions:

A. During all 10CFR50.54x discussions.
B. Anytime it is required to back-track in procedures.
C. Anytime the TSC recommends skipping procedure steps.
D. During all discussion of significant troubleshooting plans.
E. Anytime confusion, misunderstanding or disagreement exists between the Control Room and the TSC.

NOTE: A job aid (TSC Update Briefing - Operations) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

A. Provide the status of the following items as applicable to the Emergency Coordinator staff during update briefings.
   - Current Emergency Classification
   - Basis for Current Emergency Classification/Anticipated Changes to Emergency Classification
   - Current Mode
   - NC Temperature
   - NC Pressure
   - S/G Level
   - Current Plant Condition (Improving/Stable/Degrading)
   - Basis for Current Plant Condition
   - Key Problem Area/Recommended Priorities

B. Evaluate and prioritize requests for information from the TSC staff, EOF staff, NRC and others.
C. Evaluate and consult with Control Room personnel on suggested mitigation strategies.

____ Assist Emergency Coordinator as a Decision-maker upon entry into Severe Accident Management Guidelines.

____ Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

A. Complete the "Operations 24-Hour TSC Essential Staffing List"

B. Provide the TSC Logkeeper with the completed staffing list.

____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Operations 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - DESIRED		
Operations Superintendent	(1) _____ / _____	(1) _____
Operations Engineer	(1) _____ / _____	(1) _____
Assistant Operations Engineer	(1) _____ / _____	(1) _____
NRC Communicator	(1) _____ / _____	(1) _____
Control Room/TSC Communicator	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential OPS Personnel (as needed)	(1) _____ / _____ (2) _____ / _____ (3) _____ / _____ (4) _____ / _____ (5) _____ / _____ (6) _____ / _____ (7) _____ / _____ (8) _____ / _____	(1) _____ (2) _____ (3) _____ (4) _____ (5) _____ (6) _____ (7) _____ (8) _____

Enclosure 4.6

Operations Engineer Checklist

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish an Operations Engineer position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

_____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.

_____ Perform the following as necessary throughout the event:
A. Follow Response Procedures (RPs) and ensure completion of appropriate steps.
B. Maintain contact with Operations personnel in the Control Room, OSC and EOF.
C. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
D. Consult the EOF for possible solutions if procedural adequacy becomes a concern.
E. Provide information to Off-site Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions and protective action recommendations due to plant conditions using Step 3.2 for definitions associated with the Emergency Notification Form.

_____ Serve as Lead Evaluator upon entry into Severe Accident Management Guidelines

_____ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon TSC deactivation.

_____ Notify the shift SSA to restore the Operations TSC procedure files upon TSC deactivation.

Enclosure 4.7

Assistant Operations Engineer Checklist

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish an Assistant Operations Engineer position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

_____ Obtain a copy of RP/0/A/5000/001," Classification of Emergency," from the procedure cabinet.

_____ Obtain a copy of the current classification procedure and any applicable EOP.

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

_____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.

_____ Perform the following as necessary throughout the event:
A. Support Control Room and TSC with EOPs and RPs.
B. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
C. Assist the Operation Engineer in following Response Procedures (RPs) and ensure completion of appropriate steps.
D. Assist the Operations Engineer in providing back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.
E. Assist the Operations Engineer in preparing Control Room personnel of possible difficult points in the procedures by a look ahead.
F. Assist Operations Engineer in development of Severe Accident Management Guidelines Strategies.

_____ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Initial

_____ Print name and time arrived on TSC sign-in board

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

NOTE: The Engineering Manager's OAC computer screen is normally displayed on the large screen to the left of the TSC Emergency Coordinator.

_____ Ensure Engineering Manager PC is on and displaying plant status.

_____ Establish an Engineer Manager position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

_____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.

_____ Confirm that the System Support Engineer has verified the Technical Support Center Ventilation System to be operable (capable of operating in filter mode).

_____ Confirm that the System Engineer has verified the proper response of TSC computers (information displayed matches plant conditions).

_____ Obtain the following information from the System Support Engineer
A. System Initiating Event
B. System Fault
C. Equipment Out Of Service

_____ Establish verbal communications with TSC Dose Assessment personnel.

_____ Establish communications with OSC Equipment Engineer.

OSC Equipment Engineer Contacted:_____

_____ Establish communications with the Accident Assessment Manager in the EOF.

EOF Accident Assessment Manager Contacted:_____

Initial

____ Perform the following as necessary throughout the event:

A. Continually assess plant conditions and inform the TSC Emergency Coordinator of potential for changing conditions.

B. Provide the status of the following items to the Emergency Coordinator staff during update briefings. (Update briefings are conducted at approximately 30 minute intervals). The following page provides a sheet that may be used to note status information.

- Known system fault(s)
- Level of Core Damage
- Estimated time to core uncovery/core damage
- Shutdown Margin
- Subcooling Margin
- ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)
- Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)
- Reactor Vessel Integrity Status
- Manage overall site engineering effort and ensure adequate levels of engineering resources are available to support the TSC and OSC.
- Serve as point of contact for TSC Reactor Engineer, TSC Systems Support Engineer and OSC Equipment Engineer.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

____ A. Complete the "Engineering 24 Hour TSC Essential Staffing List."

____ B. Provide the TSC Logkeeper with the completed staffing list.

____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Engineering Manager Status Information

1. **Known system fault(s)**

2. **Level of Core Damage**

3. **Estimated time to core uncovery/core damage**

4. **Shutdown Margin (TIME/MARGIN)**

/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

5. **Subcooling Margin (TIME/MARGIN)**

/	/	/	/	/	/
/	/	/	/	/	/
/	/	/	/	/	/

6. **ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)**

7. **Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)**

8. **Reactor Vessel Integrity Status**

9. **Containment Integrity Status (including penetrations and intersystem flow paths)**

Engineering 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Reactor Engineer	(1) _____ / _____	(1) _____
75 MINUTE RESPONDERS - DESIRED		
Engineering Manager	(1) _____ / _____	(1) _____
Systems Support Engineer	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential Engineering Personnel (as needed)	(1) _____ / _____ (2) _____ / _____ (3) _____ / _____ (4) _____ / _____	(1) _____ (2) _____ (3) _____ (4) _____

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Turn on Reactor Engineer computer, log on LAN under ID with write privilege for NE-LIB and verify software.

_____ Establish a Reactor Engineer position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

_____ **IF** applicable, obtain a copy of and execute RP/0/A/5000/015, "Core Damage Assessment."

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

_____ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure that the phone/headset is on mute.

_____ Perform the following as necessary throughout the event:
A. Evaluate plant and reactor performance using available data in terms of:
- Level of core damage.
- Estimated time to core uncovery/core damage
- Shutdown margin
- Subcooling margin
- Trend appropriate parameters to monitor recovery

NOTE: The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.

B. Provide TSC Engineering Manager and/or TSC Operations Superintendent with information concerning any abnormal core conditions.
C. Ensure control and accountability of Special Nuclear Materials.
D. Exchange information with EOF Accident Assessment Group as requested.

_____ Provide the Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

TSC Engineering Manager Update Worksheet

Shutdown Margin

		MINIMUM TEMPERATURE FOR SHUTDOWN	
TIME	ESTIMATED BORON CONCENTRATION	WITH XENON	WITHOUT XENON

Core Status

TIME	CORE EXIT T/C 5 (HIGHEST) °F	PZR LEVEL	RVLIS LEVEL	SUBCOOLING MARGIN	EMF 53	CONTAINED H_2

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish a System Support Engineer position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

_____ Verify the proper response of TSC computers (information displayed matches plant conditions).

_____ Verify that the Technical Support Center Ventilation System is operable (capable of operating in filter mode).

_____ Provide the following information to the TSC Engineering Manager:

A. Initiating Event:

B. Primary Systems Equipment OOS:

C. Primary Systems Faults:

D. Secondary Systems Equipment OOS:

E. Secondary Systems Faults:

F. Electrical Systems Equipment OOS:

G. Electrical Systems Faults:

Initial

_____ Perform the following as necessary throughout the event:

NOTE:	The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.

A. Provide TSC Engineering Manager and/or TSC Operations Superintendent with the following information:
   - Known system fault(s)
   - ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability)
   - Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability)
   - Trend appropriate parameters to monitor recovery.

B. Advise TSC Engineering Manager on current systems status and accident mitigation strategies.

C. Exchange information with EOF Accident Assessment Group.

_____ Provide the TSC Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

TSC Engineering Manager Update Worksheet

TIME: _____

Known system fault(s): _____

ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability): _____

Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability):

Trend appropriate parameters to monitor recovery: _____

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Complete Enclosure 4.17, "TSC Operational Checklist," and provide completed enclosure to Emergency Coordinator for approval.

_____ Obtain a current copy of the qualified Catawba Nuclear Site Emergency Response Organization.

_____ Verify that all TSC and OSC positions are staffed by qualified Catawba Nuclear Site Emergency Response Organization personnel.

_____ Perform the following as necessary throughout the event:

A. Directly support the Emergency Coordinator providing:
   - Support for activation and operation of the TSC.
   - Emergency Plan information
   - Interface with NRC
   - Interface with state and county agencies
   - Any other support as requested by the Emergency Coordinator

B. Facilitate the operation of the TSC.

C. Assist Off-Site Agency Communicators in preparation of emergency notification forms.

D. Act as site evacuation point of contact for Emergency Coordinator **AND** serve as interface between Security Manager, Evacuation Coordinator and the Radiation Protection Manager for evacuation purposes.

E. **IF** a security event occurs, perform the following for the Emergency Planner bridge line:

   _____ Notify Community Relations to contact the TSC on the Emergency Planner bridge line.

   _____ Hang up the Community Relations speakerphone located to the left of the Emergency Coordinator's position.

   _____ Demand authentication from any person entering the bridge line.

   _____ Record the name and function of all persons on the bridge line.

   _____ Connect Security Manager to bridge line to ensure only appropriate information is discussed.

_____ Establish communications with the EOF Emergency Planner on the Emergency Planning bridge line.

_____ Establish communications with the Evacuation Coordinator and keep Evacuation Coordinator informed of site evacuation status.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

_____A. Complete the "Command and Special Staff 24 Hour TSC Essential Staffing List."

_____B. Provide the TSC Logkeeper with the completed staffing list.

_____ Assist the NRC Resident in setting up listen only communication on the OPS bridge line.

_____ **WHEN** the emergency event (or drill) is terminated, announce over the TSC/OSC public address system:

"Attention in the TSC and OSC. Gather all completed procedures and event log sheets. Give all documentation to Emergency Planning. A post event critique will be held at _____ hours on _____/_____/_____ in the TSC."

Command and Special Staff 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Emergency Coordinator	(1) _____ / _____	(1) _____
75 MINUTE RESPONDERS - DESIRED		
Assistant Emergency Coordinator	(1) _____ / _____	(1) _____
Security Manager	(1) _____ / _____	(1) _____
TSC Emergency Planner	(1) _____ / _____	(1) _____
TSC Off-site Agency Communicator	(1) _____ / _____	(1) _____
TSC Logkeeper	(1) _____ / _____	(1) _____
TSC Data Coordinator	(1) _____ / _____	(1) _____
Evacuation Coordinator	(1) _____ / _____	(1) _____
NRC Resident	(1) _____ / _____	(1) _____
ON CALL PERSONNEL		
Regulatory Compliance Engineer (as needed)	(1) _____ / _____	(1) _____

24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
ADDITIONAL ESSENTIAL PERSONNEL		
Additional Essential Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____
	(5) _____ / _____	(5) _____
	(6 _____ / _____	(6) _____
	(7) _____ / _____	(7) _____
	(8) _____ / _____	(8) _____
	(9) _____ / _____	(9) _____
	(10) _____ / _____	(10) _____
	(11) _____ / _____	(11) _____
	(12) _____ / _____	(12) _____
	(13) _____ / _____	(13) _____
	(14) _____ / _____	(14) _____
	(15) _____ / _____	(15) _____
	(16) _____ / _____	(16) _____
	(17) _____ / _____	(17) _____
	(18) _____ / _____	(18) _____
	(19) _____ / _____	(19) _____
	(20) _____ / _____	(20) _____

TSC Facility Post Event Checklist

Initial

_____ Obtain printed copy of TSC Log

_____ Retrieve:
- ____ Video Tapes
- ____ Completed Procedures
- ____ Notes

_____ Turn off:
- ____ Copier
- ____ Computers
- ____ PA System (Used for Critique)
- ____ OSC Video Conferencing System (Leave EOF Video Conference computer on)
- ____ Video Monitors

_____ Perform:
- ____ Supply Cabinet Inventory (PT/0/B/4600/004) Checklist
- ____ Clean Tables Off
- ____ Put all Trash in Containers
- ____ Erase Status Boards
- ____ Procedure Cabinet Inventory

  - ____ RP/0/A/5000/001 3 copies
  - ____ RP/0/A/5000/002 3 copies
  - ____ RP/0/A/5000/003 3 copies
  - ____ RP/0/A/5000/004 3 copies
  - ____ RP/0/A/5000/005 3 copies
  - ____ RP/0/A/5000/006B 2 copies
  - ____ RP/0/A/5000/007 2 copies
  - ____ RP/0/B/5000/008 2 copies
  - ____ RP/0/A/5000/009 2 copies
  - ____ RP/0/A/5000/010 2 copies
  - ____ RP/0/B/5000/013 2 copies
  - ____ RP/0/A/5000/015 2 copies
  - ____ RP/0/A/5000/018 2 copies

TSC Facility Post Event Checklist

NOTE: RP/0/A/5000/020 enclosure copies shall be attached to Procedure Process Record and main body of RP/0/A/5000/020

___ RP/0/A/5000/020 2 copies

- ___ Enclosure 4.1 1 copy
- ___ Enclosure 4.2 1 copy
- ___ Enclosure 4.3 1 copy
- ___ Enclosure 4.4 1 copy
- ___ Enclosure 4.5 1 copy
- ___ Enclosure 4.6 1 copy
- ___ Enclosure 4.7 1 copy
- ___ Enclosure 4.8 1 copy
- ___ Enclosure 4.9 1 copy
- ___ Enclosure 4.10 1 copy
- ___ Enclosure 4.11 1 copy
- ___ Enclosure 4.12 1 copy
- ___ Enclosure 4.13 1 copy
- ___ Enclosure 4.14 1 copy
- ___ Enclosure 4.15 1 copy
- ___ Enclosure 4.16 1 copy (Include a copy of Enclosure 4.1)
- ___ Enclosure 4.17 1 copy
- ___ Enclosure 4.18 1 copy

___ RP/0/B/5000/022 2 copies
___ RP/0/B/5000/025 2 copies
___ RP/0/B/5000/026 2 copies
___ RP/0/B/5000/029 2 copies
___ RP/0/B/5000/030 2 copies
___ HP/0/B/1009/001 2 copies
___ HP/0/B/1009/003 2 copies
___ HP/0/B/1009/004 2 copies
___ HP/0/B/1009/007 2 copies
___ HP/0/B/1009/009 2 copies
___ HP/0/B/1009/014 2 copies
___ HP/0/B/1009/016 2 copies
___ HP/0/B/1009/019 2 copies
___ HP/0/B/1009/024 2 copies
___ HP/0/B/1009/026 2 copies
___ SH/0/B/2005/001 5 copies

TSC Facility Post Event Checklist

___	SAMG Drill Strategy Sheets	5 copies
___	SAMG Emergency Strategy Sheets	5 copies
___	EG/1/A/CSAM/SACRG1	2 copies
___	EG/1/A/CSAM/SACRG2	2 copies
___	EG/2/A/CSAM/SACRG1	2 copies
___	EG/2/A/CSAM/SACRG2	2 copies
___	EG/0/A/CSAM/DFC	5 copies
___	EG/0/A/CSAM/SAG-1	5 copies
___	EG/0/A/CSAM/SAG-2	5 copies
___	EG/0/A/CSAM/SAG-3	5 copies
___	EG/0/A/CSAM/SAG-4	5 copies
___	EG/0/A/CSAM/SAG-5	5 copies
___	EG/0/A/CSAM/SAG-6	5 copies
___	EG/0/A/CSAM/SAG-7	5 copies
___	EG/0/A/CSAM/SCST	5 copies
___	EG/0/A/CSAM/SCG-1	5 copies
___	EG/0/A/CSAM/SCG-2	5 copies
___	EG/0/A/CSAM/SCG-3	5 copies
___	EG/0/A/CSAM/SCG-4	5 copies
___	EG/0/A/CSAM/SAEG-1	5 copies
___	EG/0/A/CSAM/SAEG-2	5 copies
___	SAAG File No: 428 - CA-1 through CA-7	5 sets

___ Copy of Qualified ERO Listing (TSC & OSC only) for procedure cabinet

___ ERO Position Specific Notebooks - attach the following enclosures to copy of Procedure Process Record and main body of Procedure RP/0/A/5000/020:

___	Enclosure 4.1	1 copy
___	Enclosure 4.2	1 copy (Include 2 copies of TSC Dose Assessor Electronic Notification Form Instructions [EP Group Manual Guideline 5.6.4, Encl. 5.1]
___	Enclosure 4.3	1 copy (Include 1 copy of RP/0/A/5000/006B and 5 copies of Emergency Notification Form)
___	Enclosure 4.4	1 copy
___	Enclosure 4.5	1 copy
___	Enclosure 4.6	1 copy
___	Enclosure 4.7	1 copy
___	Enclosure 4.8	1 copy
___	Enclosure 4.9	1 copy
___	Enclosure 4.10	1 copy
___	Enclosure 4.11	1 copy
___	Enclosure 4.12	1 copy
___	Enclosure 4.13	1 copy

TSC Facility Post Event Checklist

Initial

___ Enclosure 4.14 1 copy
___ Enclosure 4.15 1 copy
___ Enclosure 4.16 1 copy (Include a copy of Enclosure 4.1)
___ Enclosure 4.17 1 copy
___ Enclosure 4.18 1 copy

_____ Perform the following with regards to the TSC Ericsson phones:
___ Assure all TSC cell phones have been turned off
___ Remove battery from phone and place in charger

_____ Replenish:
____ Procedure cabinet
____ Supplies as necessary (Reseal Cabinets)

_____ Call:
____ Cleaning Crew
____ Southern Food (If items need to be picked up)

_____ Turn in to Emergency Planning:
____ Logs
____ Completed Procedures
____ Notes
____ Video Tapes
____ Supply Inventory Checklist

OSC Facility Post Event Checklist

Initial

_____ Print:
- ____ Copy of OSC Log
- ____ Team Task Sheets

_____ Retrieve:
- ____ Video Tapes
- ____ Completed Procedures
- ____ Notes

_____ Turn off:
- ____ Copier
- ____ Computers
- ____ PA System
- ____ Video Conferencing System Monitors (not computers)
- ____ Video Monitors

_____ Perform:
- ____ Supply Cabinet Inventory If Tamper Seal Is Broken (PT/0/B/4600/04) Checklist
- ____ Clean Tables Off
- ____ Put all Trash In Containers
- ____ Erase Status Boards
- ____ Procedure Cabinet Inventory
  - ____ RP/0/B/5000/008 2 copies
  - ____ RP/0/A/5000/010 2 copies
  - ____ RP/0/B/5000/029 2 copies
  - ____ RP/0/B/5000/030 2 copies
  - ____ RP/0/A/5000/024 1 copy
  - ____ HP/0/B/1000/006 2 copies
  - ____ HP/0/B/1009/001 2 copies
  - ____ HP/0/B/1009/003 2 copies
  - ____ HP/0/B/1009/005 2 copies
  - ____ HP/0/B/1009/006 2 copies
  - ____ HP/0/B/1009/007 2 copies
  - ____ HP/0/B/1009/008 2 copies
  - ____ HP/0/B/1009/009 4 copies
  - ____ HP/0/B/1009/014 2 copies
  - ____ HP/0/B/1009/016 2 copies

OSC Facility Post Event Checklist

Initial

_____ Replace: RP/0/A/5000/024 - 1 copy each
- ____ Equipment Engineer
- ____ Maintenance Manager
- ____ Radiation Protection Manager
- ____ Radiation Protection Supervisor
- ____ DRC Supervisor
- ____ Chemistry Manager
- ____ EH&S Manager
- ____ OSC Coordinator
- ____ OSC Operations Supervisor
- ____ OSC Log/Status Keeper
- ____ NSC Manager
- ____ Procedure Cabinet

_____ Replenish:
- _____ Procedures
- _____ Supplies as necessary (Reseal Cabinets)

_____ Call:
- _____ Cleaning Crew
- _____ Southern Foods if items need to be picked up

_____ Turn in to Emergency Planning
- _____ Logs
- _____ Team Task Sheets
- _____ Completed Procedures
- _____ Notes
- _____ Video Tapes
- _____ Supply Inventory Checklist (PT/0/B/4600/004)

Enclosure 4.12

TSC Logkeeper Checklist

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

NOTE: The TSC Log is normally displayed on the large screen to the right of the TSC Emergency Coordinator.

_____ Startup TSC Logkeeper Computer.

NOTE: Instructions for operating the electronic message board are displayed on the back of the electronic message board remote control.

_____ Verify that current Emergency Classification is displayed on electronic message board.

_____ Perform the following as necessary throughout the event:

NOTE: Incorrect log entries are corrected by a new entry in the log.

1. Provide logkeeping of the event for the Emergency Coordinator.
2. IF Autolog becomes inoperable, maintain log manually.
3. Ensure the electronic event classification status board is maintained with current emergency classification.
4. Coordinate data displays as requested by the Emergency Coordinator.
5. Ensure that emergency declaration times stated in the TSC Log are consistent with the emergency declaration times stated on the applicable Emergency Notification Form.

_____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Store the 24 Hour TSC Essential Staffing Lists for the following TSC functions:

- Command and Special Staff
- Operations
- Radiation Protection
- Engineering

_____ Provide a printed copy of the final TSC Log to Emergency Planning upon deactivation of the TSC.

Enclosure 4.13

TSC Data Coordinator Checklist

Initial

_____ Ensure TLD has been obtained.

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Obtain a copy of the Data Coordinator's Reference Manual located in the OAC Area of the TSC.

NOTE:
1. Emergency Response Data System (ERDS) transmission to the NRC is required to be initiated within one hour of declaring an actual Alert or higher Emergency Classification.
2. The Control Room normally initiates ERDS transmission.
3. ERDS transmission is simulated for drills/exercises.

_____ **IF** classification is Alert or higher, verify ERDS data transmission to the NRC has been established by the Control Room.

_____ **IF** ERDS data transmission has not been established, troubleshoot as necessary and initiate ERDS data transmission per Data Coordinator's Reference Manual.

_____ Perform the following as necessary throughout the event:

A. Verify that TSC and OSC electronic equipment is operating properly per the Data Coordinator's Reference Manual.
B. Establish contact with EOF Data Coordinator.
C. Ensure data is available in the TSC and OSC for use in accident mitigation.
D. Manage data gathering and dissemination by:
   - Maintaining IT hardware/software in the TSC and OSC.
   - Ensuring necessary software graphics and displays operate and meet the needs of the TSC and OSC.
   - Providing TSC and OSC hardware/software oversight.
   - Maintain ERDS transmission to the NRC.

_____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter from the TSC sign-in board area and complete applicable portion of a dose card using RWP #33.

_____ Establish an RP Support position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

Perform the following actions upon arrival at the TSC:
A. Open TSC Emergency Kit
B. Place portable instruments into service.
C. Provide TSC personnel Self Reading Dosimeters (SRDs) as necessary; (e.g., Pocket Dosimeters).
D. Provide Dose Cards to TSC personnel, as necessary.
E. Monitor TSC dose rates, as necessary.
F. Initiate contamination control requirements, as appropriate
G. Inform Emergency Coordinator when eating and drinking is permitted in the TSC and OSC.

_____ Set up personnel monitoring equipment based on contamination levels and site conditions; (e.g., TSC Portal Monitor, and frisker, as necessary).
A. Initiate personnel monitoring contamination control requirements, as necessary.
B. Establish a travel path for personnel entering the TSC, as necessary.
C. Establish a travel path for personnel exiting the TSC, as necessary.
D. Ensure personnel monitoring equipment is used by personnel in the TSC.

_____ Activate Field Monitoring Team (FMT) organization based on information from dose assessors and potential radiological releases.

NOTE:
1. Notify RP Supervisor and TSC Dose Assessor of any field teams assigned prior to OSC activation.
2. Field teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

A. Contact OSC RP Management (RP Supervisor or RP Duty Shift) for FMT support.
B. Request FMT support based on number of RP personnel available in OSC.
C. Request FMT support based on current meteorological conditions.
D. Request additional FMTs per notification by TSC Dose Assessor or EOF Field Monitor Coordinator, as appropriate.

Initial

_____ Contact Field Monitor Team members in Emergency Equipment Storage Room, as appropriate.
A. Determine personnel assignment to Field Monitor Teams.
B. Initiate HP/0/B/1009/019, "Emergency Radio System Operation Maintenance, and Communication"

_____ Update FMT personnel on plant radiological status.
A. Update FMT personnel on any previous or current off-site releases; (e.g., plume of radioactive material, liquid or gaseous activity that has been released).
B. Update FMT personnel on potential off-site release; (e.g., plume of radioactive material, liquid or gaseous activity that may be released).

_____ Obtain current meteorological information.
A. Assess initial plume movement based on meteorological information.

_____ Dispatch one or more Field Monitor Teams as follows:

Call Sign	Members	Transportation
Sample Van 1	2	Emergency Van
Sample Van 2	2	Emergency Van
Alpha	2	Land Vehicle
Bravo	2	Land Vehicle (as necessary)
Charlie	2	Land Vehicle (as necessary)
Delta	2	Land Vehicle (as necessary)

_____ Dispatch Field Monitor Teams based on stability class, wind direction, wind speed, and time of release, as follows:
A. Sample Van 1 to left side of the plume.
B. Sample Van 2 to right side of the plume.
C. Alpha Survey Team to the 0.5 mile site radius to traverse the plume at its estimated arc.
D. Bravo Survey Team in an attempt to intersect the leading edge of the plume.
E. Charlie and Delta Survey Teams to assist in defining any affected areas.

_____ Request field team to assess potential offsite radiological conditions; (e.g., dose rates from gaseous or liquid release).

_____ Instruct Emergency Sample Vans to obtain environmental samples as necessary per HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of Catawba Nuclear Station".

Initial

NOTE:
1. Changes in meteorological conditions may affect assembly points.
2. On site survey teams, inside the protected area, dispatched from OSC (e.g., Foxtrot Team) should report survey results to OSC RP Supervision.
3. TSC RP Support or EOF Field Monitor Coordinator are to be notified of on site survey results using telephone or radio, as appropriate.

_____ If necessary, assist EOF Field Monitoring Coordinator (FMC) direct field teams.

_____ Monitor radio communication between FMC/Radio Operator and field teams.

_____ Notify RPM and TSC Dose Assessor of plume directional movement as determined by field team surveys.
A. Communicate significant meteorological changes to RPM and TSC Dose Assessor.

_____ Monitor dose rates in TSC.
A. Initiate discussion with RPM on the need to evacuate TSC if General Area dose rate approaches 5 mrem/hr and dose rate is expected to continue.
B. Initiate discussions with RPM regarding need to provide dose extensions for Field Monitoring team members, when appropriate.

_____ Inform RPM and TSC Dose Assessor of any on-site or near site hazards.
A. Notify RPM of vehicle accidents.
B. Notify RPM of personnel accidents.
C. Notify RPM of safety incidents reported by the FMTs

_____ Maintain a 10 mile radius map in the TSC.
A. Confirm approximate plume shape and location using accumulated field team information.
B. Illustrate approximate plume shape and location on the map using accumulated field data.
C. Post current FMT locations.
D. Post latest instrument survey results for each field monitoring location.

_____ Assess field-monitoring strategies for plume assessment.
A. Review plant radiological status.
B. Review field data and meteorological information approximately every fifteen minutes for any changes.

_____ Advise TSC Dose Assessor of field monitoring results.

_____ Issue re-zeroed pocket dosimeters to TSC personnel when necessary.
A. Issue dose cards to TSC personnel when necessary.

Initial

_____ Maintain an organized file of sample results/data generated from FMT activities.

_____ Coordinate radiological monitoring of food items supplied to the TSC with Nuclear Supply Chain and Emergency Planning representatives.

_____ Provide radiological event information to Field Monitor Coordinator (FMC) at EOF, as necessary.

NOTE	TSC RP Support becomes functionally responsible to OSC RPM upon EOF activation.

_____ Restore RP Emergency Response Kit equipment to a ready state condition after a drill or event is terminated.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

_____ A. Complete the "Radiation Protection 24 Hour TSC essential Staffing List."

_____ B. Provide the TSC Logkeeper with the completed staffing list.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Radiation Protection 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Dose Assessors	(1) _____ / _____ (2) _____ / _____	(1) _____ (2) _____
75 MINUTE RESPONDERS - DESIRED		
RP Support	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential RP Personnel (as needed)	(1) _____ / _____ (2) _____ / _____ (3) _____ / _____ (4) _____ / _____	(1) _____ (2) _____ (3) _____ (4) _____

Enclosure 4.15

Security Manager Checklist

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain self reading dosimeter and complete applicable portion of a dose card using RWP #33.

> **NOTE:** Security has the lead role for locating unaccounted personnel identified during a Site Assembly.

_____ Provide OSC Radiation Protection Manager with the names and location of Security personnel not located at a designated site assembly.

_____ Establish a Security Manager position log that captures as a minimum:

A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

> **NOTE:** A job aid (TSC Update Briefing - Security) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

_____ Provide the status of Security operations to the Emergency Coordinator and staff during TSC update briefings.

_____ Provide site assembly status information to the Emergency Coordinator as soon as it is determined.

A. Number of unaccounted personnel inside the protected area
B. Evaluate the number of unaccounted personnel to determine if making an announcement by name for these personnel to re-swipe their badge in a site assembly card reader is feasible
C. Approximate number of personnel assembled inside and outside the protected area

_____ Notify the Emergency Coordinator when site assembly is completed.

_____ Serve as Security point of contact for:

A. Site Assembly Accountability
B. Site Evacuation
C. MERT Support
D. Security Plan Implementation

_____ Coordinate evacuation with Evacuation Coordinator and Emergency Planner.

A. Provide Emergency Coordinator with approximate number of site evacuees.
B. Ensure RP is preparing for appropriate evacuation site.
C. Inform the Emergency Coordinator when site evacuation has been completed.

_____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.16
Assistant Emergency Coordinator Checklist

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located in the TSC sign-in board area.

_____ Obtain self reading dosimeter and complete applicable portion of a dose card using RWP #33.

_____ Establish an Assistant Emergency Coordinator position log that captures as a minimum:
A. Evolutions impacting this position
B. Decisions made by this position
C. Communication to/from other work groups

_____ Obtain several copies of "Emergency Coordinator Update Form" for use as the event progresses.

_____ Review Enclosure 4.1, "Emergency Coordinator Checklist" and "Emergency Coordinator Responsibilities."

_____ Perform the following as necessary throughout the event:
A. Assist the Emergency Coordinator in activation of the Technical Support Center
B. Assist the TSC Off-Site Agency Communicator prepare Emergency Notification Forms.

NOTE: Job aids are available in this position's notebook to provide thoroughness and consistency in the preparation and delivery of updates to the site and emergency response facilities (TSC/OSC/EOF):
- Emergency Coordinator Site Update
- TSC/OSC/EOF Update Briefing

C. Prepare routine updates to the site and emergency response facilities for the Emergency Coordinator.
D. Fax a copy of each completed "TSC/OSC/EOF Update Briefing" form to the EOF Director.
E. Assist the Emergency Coordinator in turnover to the EOF
- Complete the "EOF Director Turnover Form" from Enclosure 4.1.
- Review the completed "EOF Director Turnover Form" with the Emergency Coordinator.
- Fax the "EOF Director Turnover Form" to the EOF for use by the EOF Director during turnover.

F. Act as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
G. Proactively seek information when the Emergency Coordinator is in a reactive mode.
H. Make face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
I. Serve as the Emergency Coordinator when needed.
J. Assist in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Initial

_____ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 45 minutes of the Emergency Declaration.

_____ TSC Dose Assessor

_____ Time arrived in TSC

NOTE: NRC Communicator position is filled by shift personnel. This position is initially located in the Control Room and transfers to the TSC upon TSC activation.

_____ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 75 minutes of the Emergency Declaration.

_____ Emergency Coordinator

_____ Time arrived in TSC

_____ TSC Off-Site Agency Communicator (2)

_____ Time arrived in TSC

_____ Time arrived in TSC

_____ Reactor Engineer (Core/Thermal Hydraulics)

_____ Time arrived in TSC

_____ Announce the following using the TSC/OSC Public Address:

A. **"Anyone who has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator or the OSC Coordinator."**

B. **"All personnel in the TSC and OSC must have on a TLD and a self-reading dosimeter. Assume areas are contaminated until surveyed by RP."**

C. **"No eating or drinking until the TSC and OSC are cleared by RP."**

_____ IF less than 30 minutes have elapsed since a site assembly was initiated, make the following announcement using the plant PA System:

"A site assembly is in progress. If you have not swiped your identification badge at a site assembly point card reader, swipe the card at this time."

Initial

_____ Contact Corporate Security at 382-1234 to ensure that they have been notified to unlock the EOF.

_____ Verify the Engineering Manager has determined the operability of the TSC Ventilation (pressurization and filter) System.

_____ **IF** TSC Ventilation System is inoperable, notify the Emergency Coordinator of the following available information:

A. Reason for inoperability _____

_____

B. Expected time duration for return service_____

C. Radiological hazard to TSC personnel _____

_____

_____ Verify the TSC Off-Site Agency Communicator is prepared to take over communications with state and local agencies:

A. Emergency Notification Forms are available.

B. Selective Signaling phone or outside lines are functional.

_____ TSC Operational Checklist complete at _____
(Time)

Enclosure 4.18

Commitments for RP/0/A/5000/020

{1} PIP 2-C96-0273

(R04-01)

Duke Power Company

PROCEDURE PROCESS RECORD

(1) ID No. RP/0B/5000/026

Revision No. 004

PREPARATION

(2) Station Catawba

(3) Procedure Title Site Response to Security Events

(4) Prepared By E.T. Burdette Date 8/26/02

(5) Requires NSD 228 Applicability Determination?

- ☒ Yes (New procedure or revision with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By GARY L Mitchell (QR) Date 8/26/02

Cross-Disciplinary Review By L Baumgarden (OPS) (QR) NA___ Date 8/27/02

Reactivity Mgmt. Review By _____ (QR) NA GM Date 8/26/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA GM Date 8/26/02

(7) Additional Reviews

Reviewed By W.J. Gy (SEC) Date 8-26-02

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Richard L Swaringit Date 8/28/02

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Site Response to Security Events** **Reference Use**	Procedure No. RP/0/B/5000/026 Revision No. 004 Electronic Reference No. CN005IV7

Site Response to Security Events

1. Symptoms

NOTE: 1. This procedure should be implemented whether or not an emergency is declared for the security threat condition.

2. Operational actions are provided as considerations in this procedure to allow the OSM/Emergency Coordinator sufficient flexibility to develop and implement a planned response with advance or no warning of a security event.

1.1 Reported or discovered security threat condition for Catawba Nuclear Station.

- Terrorist activity
- Bomb threat
- Civil disturbance

2. Immediate Actions

NOTE: Security events attributed to an "insider" threat require securing all CAD doors to vital areas. Access to vital areas will only be allowed with prior notification of Security and implementation of the 2-person rule.

_____ 2.1 Establish and maintain communications with Security until the security event is terminated.

_____ 2.2 IF the threat to the site is imminent (15 minutes) or in-progress, develop a site response by using Enclosure 4.3 to determine what appropriate actions to take are.

_____ 2.3 Determine the need for emergency declaration per RP/0/A/5000/001 (Classification of Emergency).

_____ 2.4 Determine NRC notifications per RP/0/B/5000/013 (NRC Notification Requirements).

_____ 2.5 IF NRC is NOT notified per RP/0/B/5000/013 (NRC Notification Requirements), notify the following duty personnel for assistance with threat response development and implementation:

- Station Manager
- Regulatory Compliance
- Emergency Planner
- Environmental, Health and Safety
- Community Relations

_____ 2.6 Coordinate with Security to determine the Safeguards actions to be taken.

_____ 2.7 Develop a site response from the considerations listed in Enclosure 4.1.

3. Subsequent Actions

_____ 3.1 Coordinate with SOC, Reactor and Electrical System Engineering and Work Control to verify the power operations plan.

_____ 3.2 Notify the NRC resident inspector of the planned actions due to the security threat condition.

_____ 3.3 IF an emergency has NOT been declared, notify York County Emergency Management about the event through the York County 911 Telecommunicator and as necessary, request emergency response support. {PIP 0-C00-01689}

> **NOTE:**
> 1. A request for emergency response support (except an ambulance) from an off-site agency requires a 4-hour notification of the NRC as an "Off-site Notification" per RP/0/B/5000/013 (NRC Notification Requirements).
> 2. A request for ambulance support for a "contaminated injury" is an 8-hour notification and the request for transport of a "clean injury" does not require a NRC notification.

_____ 3.4 IF emergency response support from York County Emergency Management is requested AND an emergency has NOT been declared, notify the NRC under the 4-hour notification requirement for off-site notifications.

_____ 3.5 IF an emergency has NOT been declared for this event AND the NRC has NOT been notified of the event, make a courtesy notification to the states and counties using Enclosure 4.2.

> **NOTE:** Termination of this procedure requires the concurrence of the Safety Assurance Manager or designee to ensure the proper interface between Security, Regulatory Compliance, Environmental Management and Emergency Planning has occurred.

3.6 WHEN Security and Regulatory Compliance have deemed it appropriate to terminate the security event, perform the following actions:

_____ 3.6.1 Obtain the concurrence of the Safety Assurance Manager or designee.

_____
(Name of Safety Assurance Manager or designee)

_____ 3.6.2 Notify site personnel that the security event has been terminated.

____ 3.6.3 Notify the NRC of the security event termination per RP/0/B/5000/013 (NRC Notification Requirements).

____ 3.6.4 Submit a copy of the completed procedure RP/0/B/5000/026 (Site Response to Security Events) to the following:

- NRC Resident Inspector - NRC mailbox in WCC
- Emergency Planning - CN01EP, office mail

____ 3.6.5 Submit the original copy of the completed procedure to Master File.

4 Enclosures

4.1 Considerations for Site Response

4.2 Courtesy Notification to States and Counties for a Non-emergency Plant Event

4.3 Considerations in Response to an Imminent Security Threat

4.4 Emergency Organization Activation with Imminent Security Threat

Enclosure 4.1
Considerations for Site Response

NOTE: The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

Priority	Selected Actions (Initials)	Consideration	Group	Status
		IF Security suspects an "insider" threat exists, implement the 2-person rule for access to vital areas.	OPS	
		Notify RP (5573/5811) to provide respirators with charcoal filters for all NLOs and WCC personnel. Biological and some chemical agents are removed by activated charcoal. These agents are most effective when dispersed inside a building away from wind and sunlight.	OPS	
		Determine a power operation plan and brief the shift.	OPS	
		Review the following procedures: AP/A/5500/07 (Loss of Normal Power) AP/A/5500/09 (Rapid Down Power) AP/A/5500/17 (Loss of Control Room) AP/A/5500/20 (Loss of Nuclear Service Water) AP/A/5500/22 (Loss of Instrument Air) AP/A/5500/23 (Loss of Condenser Vacuum) EP/A/5000/ECA-0 0 (Loss of All AC Power) OP/A/6100/13 (SSF Operations) RP/0/A/5000/001 (Classification of Emergency) RP/0/B/5000/013 (NRC Notification Requirements)	OPS	
		Issue handheld radios to NLOs and brief them on OPS bridge line use (3994).	OPS	
		Notify Chemistry to maximize water inventories in primary and secondary system storage tanks for extended operations from ASPs and SSF.	OPS	
		Check plant sumps to ensure sump pumps work to mitigate flooding due to firefighting efforts.	OPS	
		Ensure all functional D/Gs are available for operation	OPS	

NOTE: The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

Priority	Selected Actions (Initials)	Consideration	Group	Status
		Ensure SSF D/G is available for operation.	OPS	
		Determine the sequence of starting D/Gs (if manual starts are deemed appropriate).	OPS	
		Dispatch NLO with SCBA and radio to SSF to manually start D/G on command (OP/0/A/6100/013 [SSF Operations]).	OPS	
		Dispatch personnel with SCBA and radio to 1(2)ETB switchgear rooms (1 per unit) to manually start D/Gs and trip RN pump breakers (mitigate Auxiliary Building flooding, OP/0/A/6100/013 [SSF Operations, Security Event]) on command.	OPS	
		Dispatch NLOs with SCBA and radio to 1(2)ETA switchgear rooms (1 per unit) to transfer control to SSF and trip RN pump breakers (mitigate Auxiliary Building flooding, OP/0/A/6100/013 [SSF Operations, Security Event]) on command.	OPS	
		Start a main fire pump to charge the RF/RY headers.	OPS	
		Brief fire brigade members on the situation.	OPS	
		Brief HAZMAT members on the situation.	OPS	
		Augment shift staffing per RP/0/B/5000/027 (Augmentation of Shift Utilizing the Emergency Response Organization without Emergency Declaration).	OPS	
		Notify Work Window Manager to implement guidelines for work deferral during Security Level 3 conditions	OPS	
		Perform functional check of emergency communications systems per PT/0/B/4600/005A (Monthly Communication Verification)	EP	
		Notify Gaston County Emergency Management to take action to fill SCBA replacement bottles at Gaston College Fire Academy for transfer to Catawba	EP	

NOTE: The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.

Priority	Selected Actions (Initials)	Consideration	Group	Status
		Collect individual key staff cell phone numbers as back up to pager system.	EP	
		Coordinate preparations with MNS for both sites being in the same situation simultaneously.	EP	
		Notify corporate storm team of potential use of Emergency Operations Facility (EOF).	EP	
		Establish contact with Security Shift Supervisor to maintain awareness of security threat situation.	EP	
		Open Emergency Response Facilities (ERF) and energize equipment in preparation for use.	EP	
		Provide the states and counties with a courtesy notification of the planned actions and plant status.	EP	
		Make a recommendation to site management concerning early activation of ERO.	EP	
		Review Alternate TSC/OSC Activation.	EP	
		Request a "pumper" fire truck be placed in standby through York County Emergency Management. The truck will be used to charge the CNS fire header from Lake Wylie.	EP	
		Evaluate the potential for hazardous material spills due to sabotage.	EM	

NOTE: This enclosure provides instruction for notifying state and county emergency preparedness management agencies (primary WP/EOCs) and EnergyQuest of **non-emergency** plant events by completing a Courtesy Notification Form (page 4 of 4) and faxing it to each agency, then verifying its receipt with a follow-up phone call. {PIP 0-C00-01689}

1. Complete the Courtesy Notification Form as follows:

_____ 1.1 Provide the time and date of:

- Notification
- Event

_____ 1.2 Mark the event(s) that describes the reason for the notification.

_____ 1.3 Describe the event briefly, especially any impact to the site (damage, impact on operations, and any requested support received from off-site agencies).

NOTE:
1. The confirmation code number is randomly assigned to each message. This provides a method for authenticating an offsite agency official that calls the site over normal phone lines requesting additional information about the reported event. Knowing the confirmation code number shall be the authorization for site personnel to provide information about the event to the caller.
2. Calls received over selective signal lines are considered to be secure and do not require knowledge of the confirmation code number to receive additional information about the event.

_____ 1.4 Assign a 2-digit confirmation number to the notification form.

_____ 1.5 Print the name and title of the individual authorizing the notification.

2. Notification by Group Fax

NOTE: Step 2 sends a group fax and step 3 sends the fax to agencies individually.

_____ 2.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

NOTE:
1. Performing steps 2.1.1 through 2.1.3 sends the Courtesy Notification Form (page 4 of 4) to multiple locations in sequence.
2. Failure to press the pre-programmed buttons in a rapid sequence will result in sending the fax to only an individual agency.

_____ 2.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

2.1.2 Press the pre-programmed one-touch speed dial pushbutton for each of the following agencies in quick succession (i.e., press each button in ~1 second intervals until completed).

_____ ◻ York Co WP/EOC
_____ ◻ Gaston Co. WP/EOC
_____ ◻ Meck Co. WP
_____ ◻ NC WP/EOC
_____ ◻ SC WP/EOC
_____ ◻ EnergyQuest

_____ 2.1.3 Press START

2.2 Verify by one of the following means that the form (page 4 of 4) was received by each of the agencies in step 2.1.2.

_____ ◻ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)
_____ ◻ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)

_____ 2.3 IF any agency did not receive the group fax, go to step 3.

_____ 2.4 Fax a copy of the Courtesy Notification Form (page 4 of 4) to Emergency Planning at 3151.

_____ 2.5 Report any communications equipment failures to the duty Emergency Planner.

3. Notification by Individual Fax

_____ 3.1 Notify the states and county agencies (primary WP/EOCs) of a **non-emergency** plant event(s) by completing a Courtesy Notification Form (page 4 of 4) and transmitting it to the states and counties as follows:

> **NOTE:** Performing steps 3.1.1 through 3.1.3 sends the Courtesy Notification Form (page 4 of 4) to individual agencies one at a time.

_____ 3.1.1 Place the completed form (page 4 of 4) face down into the fax machine.

> **NOTE:** SC WP/EOC and EnergyQuest list two fax numbers. Use the fax number for sending Emergency Notifications.

_____ 3.1.2 Enter the individual fax phone number (Enclosures 1.12 through 1.16 in the Emergency Response Phone Book) for the desired individual agency (WP/EOC). EnergyQuest fax number is listed in Enclosure 1.19, Emergency Response Telephone Directory.

_____ 3.1.3 Press START.

_____ 3.1.4 Repeat steps 3.1.1 through 3.1.3 until all of the desired agencies have been faxed the form (page 4 of 4).

3.2 Verify by one of the following means that the form (page 4 of 4) was received by the agency(s):

_____ ◻ Selective Signal (Enclosure 1.5, Emergency Response Telephone Directory)

_____ ◻ Duke or Commercial Telephone (Enclosures 1.12 – 1.16, Emergency Response Telephone Directory)

_____ 3.3 Fax a copy of the completed Courtesy Notification Form (page 4 of 4) to Emergency Planning at 3151.

_____ 3.4 Report any communications equipment failures to the duty Emergency Planner.

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION

Time/Date Of Notification: _____ / _____

Time/Date Of Event: _____ / _____

Event (X):

__ Earthquake	__ Toxic Gases	__ Fatality
__ Flood	__ Civil Disturbance	__ Fire Response by Bethel/Newport
__ Hurricane	__ Bomb Threat	__ Medical Response by Ambulance
__ Ice/Snow	__ Vehicle Crash	__ HazMat /Spill Response
__ Tornado	__ Explosion	__ Other Events

Description:

_____
_____
_____
_____
_____
_____
_____

Confirmation Code Number: _____ (This number is authentication for any off-site agency caller to be given information about the event).

Confirmation Phone Number: (803) 831-8185

Reported By: _____ Title: _____

NOTE:
1. The purpose of this enclosure is to provide a list of actions to consider and implement as determined appropriate.
2. The Operations bridge line (831-3994) is a 12-caller conference line that is available except during TSC operations.

1. IF either Unit 1 or Unit 2 is in Mode 5, 6 or No Mode, ensure the following conditions exist to secure containment and protect residual heat removal:

_____ 1.1 Containment equipment hatch closed
_____ 1.2 Containment evacuation alarm activated
_____ 1.3 Containment airlock doors closed
_____ 1.4 1(2)KF-122 closed
_____ 1.5 All available and allowed (midloop limitations) residual heat removal (ND, KF, KC, RN) operating
_____ 1.6 NCS makeup initiated (as necessary)
_____ 1.7 VF System in filter mode
_____ 1.8 Containment equipment hatch missile barrier in place

_____ 2. IF the current situation is due to an "insider" threat, notify Security (5765 or 5766) for access to vital areas under the 2-person rule.

_____ 3. IF either Unit 1 or Unit 2 is in Mode 1-4, evaluate establishing remote control of the affected unit's operation from the Auxiliary Shutdown Panels and the Safe Shutdown Facility (SSF). Refer to the following procedures:

_____ • AP/1(2)/A/5500/017 (Loss of Control Room)
_____ • OP/0/A/6100/013 (SSF Operations)

_____ 4. Direct all Control Room operators to obtain a SCBA and be prepared to don the equipment - the best respiratory protection available.

_____ 5. Evaluate taking protective actions for site personnel based on Security's guidance:

_____ • Notify site personnel to remain at their current locations by announcing the following over the public address system:

"This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your current location until further notice. Report any suspicious activities to the SAS at extension 5765 or 5766."

_____ • Notify affected site personnel to relocate to another plant location by announcing the following over the public address system:

"This is the Operations Shift Manager. Personnel located in the _____ *(affected area)*
move immediately to _____ *(safe area) and remain at that location until further notice."*

_____ • Conduct a site assembly per RP/0/A/5000/010 (Conducting a Site Assembly or Preparing the Site for an Evacuation.)

_____ 6. Evaluate dispatching 3 NLOs with SCBA and radio to manually start D/Gs on command or trip RN pump breakers.

_____ • 1 ETB switchgear room (D/Gs 1A and 1B, and RN Pump 1B breakers)
_____ • 2 ETB switchgear room (D/Gs 2A and 2B, and RN Pump 2B breakers)
_____ • SSF

_____ 7. Evaluate dispatching 2 NLOs with SCBA and radio to transfer controls to the SSF or trip RN Pump breakers on command:

_____ • 1 ETA switchgear room (RN Pump 1A)
_____ • 2 ETA switchgear room (RN Pump 2A)

_____ 8. Evaluate activating the on-shift fire brigade per RP/0/B/5000/029 (Fire Brigade Response) with assembly at the Fire Brigade Building.

_____ 9. Evaluate starting a main fire pump to charge the RF/RY headers.

_____ 10. Evaluate placing VC/YC in one of the following alignments based on the situation:

_____ • Filter mode
_____ • Intakes closed
_____ • System shutdown

_____ 11. Evaluate closing the roll-up doors in turbine buildings on 594' and 568' elevations.

_____ 12. IF activation of the ERO is desired or required, refer to Enclosure 4.4, "Emergency Response Activation with Imminent Security Threat."

_____ 13. Determine the need for emergency declaration per RP/0/A/5000/001 (Classification of Emergency).

_____ 14. Coordinate with Security Shift Supervisor to notify the NRC of a security event per RP/0/B/5000/013 (NRC Notification Requirements).

NOTE: "Contained" means Security has the situation under control, though the event may still be in progress. Security makes this determination.

_____ 15. **WHEN** Security notifies the OSM that the threat has been contained, perform the following:

_____ 15.1 Notify the ERO to staff and activate the TSC/OSC. Refer to Enclosure 4.4.

_____ 15.2 Complete subsequent sections of this procedure. Go to step 3.3 of Subsequent Actions.

Emergency Organization Activation During an Imminent Security Event

NOTE:
1. Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
2. Pager activation can be delayed up to 5 minutes depending on pager system status.

1. **IF** the Quiktel key pads used in steps 3 and 4 are not available or do not function properly, immediately go to step 5.

2. Assure confirmation pagers are turned on.

3 Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "M" (for Message)

_____ 3.5 Type one of the following messages based on the status of plant staffing:

_____ • During normal working hours/days, delay activation of the TSC/OSC with:

"Catawba security event in progress. Activate EOF only. TSC/OSC personnel stand by for further guidance."

_____ • After normal working hours, assemble TSC/OSC staffs offsite with:

"Catawba security event in progress. Activate EOF only. TSC/OSC personnel assemble offsite and await further instructions."

_____ 3.6 Press <ENTER>

_____ 3.7 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.8 **IF** pager activation is **NOT** successful, go to step 5.

4. WHEN notified by Security that the security threat is contained, activate the ERO pagers at a Quiktel key pad as follows:

_____ 4.1 Press the <EXIT> key to assure key pad is cleared.

_____ 4.2 Type "ERO"

_____ 4.3 Press <ENTER>

_____ 4.4 Press "M" (for Message)

4.5 Type one of the following messages based on the status of plant staffing:

_____ • IF TSC/OSC staffs are standing by on site:

"Security threat is contained. Report to TSC/OSC and activate the facilities."

_____ • IF TSC/OSC staffs are assembled offsite:

"Security threat at Catawba is contained. Proceed to CNS and activate TSC/OSC."

_____ 4.6 Press <ENTER>

_____ 4.7 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.8 IF pager activation is NOT successful, go to step 6.

5. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 5.1 Dial 8-777-8376.

_____ 5.2 When prompted, enter the numeric password **2580**.

> **NOTE:** The following activation code is understood by the ERO to mean:
> "Catawba security event in progress. Activate EOF. Delay TSC/OSC activation and await further instructions."

_____ 5.3 When prompted, enter the activation code **678911**.

_____ 5.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

6. WHEN notified by Security that the security threat is contained, activate the ERO pagers using a Touch Tone phone as follows:

_____ 6.1 Dial 8-777-8376.

_____ 6.2 When prompted, enter the numeric password **2580**.

> **NOTE:** The following activation code is understood by the ERO to mean:
> "Security threat at Catawba is contained. Report to TSC/OSC and activate the facilities."

_____ 6.3 When prompted, enter the activation code **678900**.

_____ 6.4 Monitor the pager located the Quiktel key pad to verify proper ERO pager activation.