



South Texas Project Electric Generating Station P.O. Box 289 Wadsworth, Texas 77483

October 17, 2002
NOC-AE-02001418
STI: 31502935
FILE NO: Z18
ER 20020053
10CFR50.4(b)(5)
10CFR50 App E

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

STP NUCLEAR OPERATING COMPANY
Units 1 and 2
Docket Nos. STN 50-498; STN 50-499
Changes to Emergency Plan Implementing Procedures

In accordance with 10CFR50.4(b)(5) and 10CFR50, Appendix E, Section V, the STP Nuclear Operating Company hereby submits the attached revisions to four Emergency Plan Implementing Procedures.

If there are any questions regarding this matter, please contact either Mr. Morgan at (361) 972-7004 or me at (361) 972-8053.

A handwritten signature in black ink, appearing to read "P.L. Serra".

P. L. Serra
Manager, Plant Protection

CM/mk

Enclosure: Letter of Receipt
Description of Changes
OPGP05-ZV-0007, Prompt Notification System, Rev. 5
OPGP05-ZV-0012, Emergency Facility Inventories, Rev. 5
OPGP05-ZV-0014, Emergency Response Activities, Rev. 2
OPGP05-ZV-0016, Prompt Notification System Implementation Procedure, Rev. 0

A045

cc:
(paper copy)

Emergency Planning Coordinator (2 copies)
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U.S. Nuclear Regulatory Commission
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To: P. L. Serra
Manager, Emergency Response
STP Nuclear Operating Company
P. O. Box 289
Wadsworth, TX 77483

From: Emergency Planning Coordinator
Region IV Office of the Regional Administrator
U. S. Nuclear Regulatory Commission
611 Ryan Plaza Drive, Suite 400
Arlington, TX 76011-8064

Subject: Receipt Acknowledgment for Changes to STP
Emergency Plan Implementing Procedure

I hereby acknowledge having received changes to the STP Nuclear Operating Company's Emergency Plan Implementing Procedures transmitted by STP letter NOC-AE-02001418.

Signature

Date

DESCRIPTION OF CHANGES

These revisions do not reduce the effectiveness or change the intent of the Emergency Response Program.

1. Procedure OPGP05-ZV-0007, Prompt Notification System, Rev. 5

- Split the PNS procedure into two procedures OPGP05-ZV-0007, Prompt Notification System and OPGP05-ZV-0016, Prompt Notification System Implementing Procedure.
- Added 2.0 Limitations to the OPGP05-ZV-0007, Prompt Notification System procedure
- Revised the procedure section to reflect moving the administrative, testing and maintenance checklist to OPGP05-ZV-0016, Prompt Notification System Implementing Procedure.
- Added responsibilities for Facilities Management to perform 26 week maintenance to the 32 sirens including testing the battery on the DC siren (CCF, FM 1468 1.6 miles from SH 35).
- Removed Electrical Utility listings from the following sections 3.0 Definitions (3.1 Subsystem Administration, 3.4 Subsystem Distribution), and Section 4.0 Responsibilities, 4.1.1.1 and replaced it with in accordance with OPGP05-ZV-0014, Emergency Response Activities

2. Procedure OPGP05-ZV-0012, Emergency Facility Inventories, Rev. 5

- Removed typical from form titles.
- Page 4, step 4.10.4, defined N/A.
- Changed procedure usage from in hand forms only to in hand and identified usage of each section and form.
- Changed Wagner Hospital to Palacios Community Medical Center.
- Removed the following reasons for inventory: Instrument Change Out, Tamper Kit/Locker from forms.
- Page 4, step 4.10.4, defined N/A.
- Form 1 & 3, added SCBA Inspection Date.
- Form 11, Changed title to Site Ambulance/Transport Vehicle Inventory.
- Form 5, Removed items not needed in kits because they are normally stored in the area.
- Form 13, deleted state of Texas dosimeters.

DESCRIPTION OF CHANGES

3. Procedure OPGP05-ZV-0014, Emergency Response Activities, Rev. 2

- Changed Reliant Energy to Texas Genco LP.
- Page 3, step 4.2.3, Revised Electrical Utility listings with EPZ Alert Radio Distribution Database.
- Page 5, New step 4.6.6, generate an employee contact disk and distribute to the EOF and AEOF.
- Page 8, steps 4.18.2.3 & 4.18.2.4, changed from INPO to Nuclear Energy Institute (NEI).
- Page 9, new step 4.2.3, Added directions for documenting ER communications with the ERO.
- Page 18, deleted use of KI and headquarters support personnel from hospital objective.
- Page 31 & 32, Form 4, revised LOAs so they do not have to be written each year.
- Page 44, Form 12, added Emergency Contact Disk Revised/Distributed.
- Page 56, New Form 20, ERO Communications.

4. Procedure OPGP05-ZV-0016, Prompt Notification System Implementation Procedure, Rev. 0

- Separated procedure OPGP05-ZV-0007, Prompt Notification System into two procedures, the new procedure OPGP05-ZV-0016, Prompt Notification System Implementing Procedure will contain the notification system testing forms.

SOUTH TEXAS PROJECT ELECTRIC GENERATING STATION

D0527

STI 31472531	OPGP05-ZV-0007	Rev. 5 General	Page 1 of 7
Prompt Notification System			
Quality	Non-Safety-Related	Usage: AVAILABLE	Effective Date: 10/15/02
Joseph Enoch	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Prompt Notification System			

1.0 Purpose and Scope

- 1.1 This procedure provides overall guidance for the administration, maintenance, testing and distribution of the Prompt Notification System.
- 1.2 This procedure assigns responsibility for the administration, maintenance, testing and distribution of the alert radio subsystem of the Prompt Notification System.
- 1.3 This procedure assigns responsibility for the administration, maintenance and testing of the siren subsystem of the Prompt Notification System.
- 1.4 This procedure implements portions of the South Texas Project Electric Generating Station (STPEGS) Emergency Plan specific to general public notification of emergencies at the STPEGS.

2.0 Limitations

- 2.1 The following Federal Guidance and plant commitments shall be part of the Prompt Notification Implementing Procedures:
 - 2.1.1 Biweekly Poll Test shall be conducted from either the Emergency operations Facility or the Sheriff's Department on Wednesday.
 - 2.1.2 Quarterly Growl Test shall be conducted from the Sheriff's Department on Wednesday at approximately 12 noon.
 - 2.1.3 Annual Complete Cycle Tests shall be conducted from the Sheriff's Department on Wednesday at approximately 12 noon.
 - 2.1.4 The acceptance criteria for the complete cycle test shall include: siren sounds, siren rotates, and siren operates for approximately 3 minutes (CR 01-2004).
 - 2.1.5 Test back-up Emergency Alert system once a year during the annual complete cycle test from the Sheriff's Department at approximately 12 noon.
 - 2.1.6 Maintenance testing shall be conducted after corrective and/or preventative maintenance.
 - 2.1.7 Perform Poll Test after a severe weather condition is identified; additional maintenance and testing may be required if unsat test results are determined.

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- 2.1.8 Siren test shall not be performed outside the scheduled hours without the permission of the Supervisor, Emergency Response. The only exception is visual tests may be postponed one working day or until the severe weather subsides, if recommended by the Supervisor, Communications.
- 2.1.9 If greater than 50 percent of the sirens fail the poll test, the Technician shall notify the Control Room, and the Emergency Response Division Duty Manager. (This is a one-hour NRC reportable event).
- 2.1.10 The siren technician is permitted test/retest poll the sirens for 15 minutes. (The timeframe criteria is based on based on the Federal Emergency Management Agency guidance of notifying the public 15 minutes or in a timely manner).

3.0 Definitions

- 3.1 **SUBSYSTEM ADMINISTRATION:** Alert Radios - Updating, on a quarterly basis, the Emergency Planning Zone database in accordance with OPGP05-ZV-0014, Emergency Response Activities, followed by verifying the data with the use of an information card. Sirens - Defining the hardware requirements and testing frequency of the siren subsystem, as well as reviewing test results and submitting documentation to the State of Texas Division of Emergency Management and the Federal Emergency Management Agency (FEMA).
- 3.2 **SUBSYSTEM TESTING:** Alert Radios – Performing back-up Emergency Alert System testing from the Matagorda County Sheriff's Department on an annual basis.
- 3.3 **SUBSYSTEM MAINTENANCE:** Maintaining the hardware of the alert radio and siren subsystems in a state of readiness to support emergency response requirements.
- 3.4 **SUBSYSTEM DISTRIBUTION:** Providing alert radios to designated locations based on the Emergency Planning Zone database in accordance with OPGP05-ZV-0014, Emergency Response Activities. For residents only, verifying the data with the use of an information card.

4.0 Responsibilities

- 4.1 The Supervisor, Emergency Response, or designee, is responsible for:
 - 4.1.1 Administration of the alert radio subsystem.

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- 4.1.1.1 Overseeing the administration of the alert radios through quarterly database reviews in accordance with OPGP05-ZV-0014, Emergency Response Activities, and verifying the data through the use of information cards.
- 4.1.1.2 Purchasing alert radios in accordance with the established technical specifications.
- 4.1.1.3 Coordinating annual activation of the alert radios with Matagorda County officials and the lead Emergency Alert System radio station.
- 4.1.1.4 Establishing maintenance and operational testing of the alert radios in accordance with the manufacture's specifications and providing them to the Manager of the Metrology and Radiological Laboratory or designee.
- 4.1.2 Distribution of the Alert Radio
 - 4.1.2.1 Distributing alert radios in accordance with the FEMA approved REP-10 Addendum, "Prompt Notification System For The South Texas Project Electric Generating Station".
 - 4.1.2.2 Distributing alert radio to industrial locations, special facilities, and recreational areas within the 10-mile Emergency Planning Zone and residents located outside effective siren range, but within the 10-mile Emergency Planning Zone via mail-outs or individual delivery.
 - 4.1.2.3 Tracking alert radio distribution.
- 4.1.3 Administration of the Siren Subsystem.
 - 4.1.3.1 Establishing the hardware requirements for the siren subsystem and providing them to the Manager, Information Systems, or designee.
 - 4.1.3.2 Establishing the testing schedule of the siren subsystem, and providing it to the Manager, Information Systems, or designee in accordance with Addendum 1, "Siren and Alert Radio Subsystem Test Schedule".
 - 4.1.3.3 Reviewing the test results and submitting completed documentation to the Records Management System.

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- 4.1.3.4 Submitting Form 5, "Siren Subsystem Maintenance and Operability Report" as required per OPGP05-ZV-0002, "Emergency Response Activities Schedule" to Records Management System.
- 4.1.3.5 Coordinating activation of the siren system with Matagorda County officials, businesses and residents located within the 10 mile Emergency Planning Zone.
- 4.1.4 Developing and maintaining current alert radio and siren subsystem test procedures.
- 4.2 The Manager, Information Systems, or designee, is responsible for:
 - 4.2.1 Maintenance and testing of the back-up Emergency Alert System and siren subsystem.
 - 4.2.1.1 Performing an annual test of the back-up Emergency Alert System, located in the Matagorda County Sheriff's Department dispatch office in accordance with an approved schedule between STP Emergency Response Division, Matagorda County Sheriff's Department and the lead Emergency Alert System radio station.

NOTE

The lead radio station tests the primary Emergency Alert System, located at the radio station, in conjunction with the Federal Communication Commission's requirements.

- 4.2.1.2 Performing tests of the siren subsystem hardware as required in accordance with approved vendor specifications, and the test schedule in accordance with Addendum 1, "Siren and Alert Radio Subsystem Test Schedule".
- 4.2.1.3 Performing Poll (Silent) Tests, Growl Tests and visuals, as needed after a severe weather (e.g. thunderstorm, high wind, hurricane, etc.) incident (CR 99-2717).
- 4.2.1.4 Contacting the Supervisor, Emergency Response, or designee when the back-up Emergency Alert System or a siren(s) is or will be out of service.
- 4.2.1.5 Coordinating repair of the siren subsystem with Facilities Management or outside contractor as appropriate.

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- 4.2.1.6 Contacting Matagorda County Sheriff Dispatcher when a siren(s) is or will be out of service.
 - 4.2.1.7 Forwarding test results to the Supervisor, Emergency Response, or designee, for review and approval.
- 4.3 Supervisor, Metrology and Radiological Laboratories or designee, is responsible for:
 - 4.3.1 Performing operational tests on the alert radios as required in accordance with approved vendor specifications.
 - 4.3.2 Affixing a STPEGS identification tag on the alert radio for tracking purposes.
 - 4.3.3 Disposition of damaged or returned radios.
- 4.4 Supervisor, Communications and Public Affairs is responsible for:
 - 4.4.1 Notifying residents, special facilities, industrial locations and recreational areas within the 10-mile Emergency Planning Zone (EPZ) prior to any Complete Cycle Test via letter, newsletter or local news media.
- 4.5 Manager, Facilities Management Department is responsible for:
 - 4.5.1 Performing 26 week maintenance on the siren subsystem (32 sirens).

NOTE

CCF is the only DC siren in the system.

- 4.5.1.1 Testing the battery on direct current (DC) Siren CCF, FM 1468, 1.6 miles from SH 35. (CR 01-2821)

5.0 Procedure

- 5.1 Implement appropriate responsibilities using procedure OPGP05-ZV-0016, Prompt Notification System Implementing Procedures.

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5.2 The Supervisors or designees having responsibility to ensure completion of procedures and forms located OPGP05-ZV-0016, Prompt Notification System Implementing Procedures, are required to forward the completed ORIGINAL form(s) to the Supervisor, Emergency Response or designee for review and signature. The supervisor, Emergency Response or designee will forward the approved document(s) to Records Management System as a quality record.

6.0 References

- 6.1 STPEGS Emergency Plan
- 6.2 NUREG-0654/FEMA-REP-1, Criteria for Preparation and Evaluation of Radiological Emergency Plans and Preparedness in Support of Nuclear Power Plants
- 6.3 FEMA-REP-10, Guide for the Evaluation of Alert and Notification System for Nuclear Power Plants
- 6.4 Addendum, Prompt Notification System For the South Texas Project Electric Generating Station, FEMA-REP-10, April 1997
- 6.5 STPEGS Response Report to FEMA-REP-10, ST-HL-FD-198
- 6.6 Emergency Management Plan for Matagorda County, Bay City, and Palacios
- 6.7 OPGP05-ZV-0002, Emergency Response Activities Schedule
- 6.8 OPGP05-ZV-0014, Emergency Response Activities
- 6.9 OPGP05-ZV-0016, Prompt Notification System Implementing Procedure
- 6.10 Vendor Manual, Penetrator 10 and 15 Rotating Directional Siren
- 6.11 SPR 933336
- 6.12 CR 99-2717
- 6.13 CR 01-2821
- 6.14 CR 01-2004

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Emergency Facility Inventories			
Quality	Non Safety-Related	Usage: IN HAND	Effective Date: 10/15/02
Max Keyes	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Usage

1 - IN HAND

2 - REFERENCED

3 - AVAILABLE

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Emergency Facility Inventories			

1.0 Purpose and Scope

- 1.1 This procedure lists the emergency equipment and supplies stored in Emergency Response Facilities (ERFs) and/or emergency lockers.
- 1.2 Provides guidance on completing inventories and inspections.

2.0 Limitations and Precautions

- 2.1 This procedure is to be used in conjunction of OPGP05-ZV-0009, Emergency Facility Inventories and Inspections.

3.0 Responsibilities

- 3.1 Responsibilities for completing these Forms is addressed in procedure OPGP05-ZV-0009, Emergency Facility Inventories and Inspections.
- 3.2 Emergency Response Division shall forwarded approved forms to Records Management System as quality records.

4.0 Procedure

NOTE

Emergency lockers shall be locked or sealed utilizing a plastic seal, a break-away lock, or contained within a locked space, as needed to assure availability of stored equipment.

- 4.1 Utilize the applicable Facility Inventory form (Forms 1-13) from this procedure when performing inventories.
 - 4.1.1 Complete all required information on each form. Shaded areas are not applicable for that inventoried item.
 - 4.1.2 The COMMENTS section of the form may be used to document shortages, additions and deletions of equipment/supplies, other equipment, or explain abnormal conditions in inventory.
- 4.2 Replace any missing inventory items within 5 working days. For those items not in stock, a notation should be made in the comments section of the inventory sheet specifying an expected delivery date. A copy of the Purchase Requisition should be attached to the inventory sheet.
 - 4.2.1 If an instrument must be removed from an emergency locker for calibration/repair, it shall be replaced within 24 hours of removal.

Emergency Facility Inventories

- 4.2.2 Any emergency respiratory protection equipment used for an actual emergency or drill shall be inspected or replaced within 24 hours of the termination of the emergency or drill.
- 4.2.3 Equipment change-out in a sealed kit requires an inventory form to be completed.
- 4.3 Document replacement supplies on original form in comments section or perform new inventory if needed, to clarify actions taken.

NOTE

Instrument functional checks verify response to source, not instrument accuracy.

- 4.4 An instrument Functional Check shall be performed for those kits which have radiation detection instruments, utilizing the check sources located in the ERFs and/or emergency lockers.

NOTE

Operational checks verify physical capability by using AC or battery power and good battery condition.

- 4.5 An Operational Check shall be performed on applicable emergency supplies and equipment located in the ERFs and/or emergency lockers.
- 4.6 A copy of the inventory should be placed with each emergency locker.
- 4.7 For all discrepancies (missing inventory, expired inventory, equipment operational failure, etc.) inform an emergency response representative within one working day.
- 4.8 Forward the completed ORIGINAL form to the Supervisor, Emergency Response, for review and signature within two (2) working days.
- 4.9 Inventory Form Instruction:
- 4.9.1 If the inventory is being performed to meet the quarterly inventory requirement, place a check in the space following **Scheduled:** (May be checked if full inventory is performed for other reason during prescribed period).
- 4.9.2 Designate the reason inventory is being performed by marking the appropriate line. For reason other than specified, mark "**Other**" and specify reason. (seal broken, lock broken, supplies added, etc.)
- 4.9.3 If applicable, place the Unit number in the space following **Unit:** and circle the unit number below the space.

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- 4.9.4 N/A (NA, N.A.), abbreviation used for “not applicable”. Used to indicate performance of the action described is not applicable during performance of the Inventory.
- 4.9.5 In the first column headed **QTY: REQ/ACT.**, write the item quantity verified in an emergency locker or facility up to the required minimum. For those items in excess of minimum, denote the required minimum number followed by a plus (+) sign. Any discrepancies may be noted in the **Comments** section. Should packaged items/kits be found sealed from the previous inventory, the item may be signed off and documented as inventoried. For documenting purposes, the accounted inventory will be the same quantity as the required inventory.
- 4.9.6 If a partial inventory is required, document non-inventoried items/equipment by placing “N/A” in the **Qty: Req/Act.** column for the first incomplete inventory item/equipment and draw a line through the following non-inventoried items/equipment.
- 4.9.7 In the third column, on applicable inventory forms, provide the required information.
- **Functional Check or Operational Check**, mark SAT for proper response or UNSAT for improper response.
 - **Exp. Date** place the date (mm/dd/yy) provided on the equipment by the manufacturer. If multiple items within one category have different dates, list the date that is nearest to present date.
 - **Insp. Date**, place the date (mm/dd/yy) the respirator was inspected.
 - **Exp. Date**, place the date (mm/dd/yy) the cartridge expires. The AgX Cartridges expiration date depends upon whether the manufacturer's plastic bag is sealed or not. The expiration date is 5 years from manufacture or 1 year from the date found opened.
 - Any discrepancies may be noted in the **Comments** section (i.e., opened manufacturer’s bag, holes in manufacturer’s bag, etc.).
- 4.9.8 Indicate if the kit was found **Locked** or **Sealed** by circling applicable action and by placing a check after **Yes** or **No**. Indicate if the kit was left **Locked** or **Sealed** by circling the applicable action and by placing a check after **Yes** or **No**.
- 4.9.9 Person performing inventory should place their signature and print their name in the space following **Performed By:**.
- 4.9.10 Place the date (mm/dd/yy) the inventory is completed in the space after **Date**.

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4.9.11 The Supervisor, Emergency Response or person designated in writing will place, their signature in the **Reviewed By:** after reviewing for inventory completion and correctness.

4.9.12 Place the date (mm/dd/yy) the inventory is reviewed in the space after **Date.** (This is the date of record for use on RMS transmittal).

5.0 References

5.1 OPGP05-ZV-0009, Emergency Facility Inventories and Inspections

6.0 Support Documents

6.1 Addendum 1, E-Plan Kit Designators and Locations

6.2 Form 1, Control Room Inventory

6.3 Form 2, Technical Support Center Inventory

6.4 Form 3, Operations Support Center Inventory

6.5 Form 4, Emergency Operations Facility Inventory

6.6 Form 5, Support Hospital Inventory

6.7 Form 6, Offsite Survey Team Kit Inventory

6.8 Form 7, Environmental Sampling Kit Inventory

6.9 Form 8, Alternate Emergency Operations Facility Inventory

6.10 Form 9, Rad Van Inventory

6.11 Form 10, Offsite Ambulance Inventory

6.12 Form 11, Site Ambulance/Transport Vehicle Inventory

6.13 Form 12, Environmental Health Department (EHD) Inventory

6.14 Form 13, Matagorda County Sheriff's Office Inventory

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Addendum 1	E-Plan Kit Designators and Locations		Page 1 of 1

DESIGNATOR	DESCRIPTION	LOCATION
E01	Control Room Inventory	Control Room: U1
E02	Control Room Inventory	Control Room: U2
E03	Emergency Operations Facility Inventory	EOF
E04	Support Hospital Inventory	Matagorda General Hospital (MGH)
E05	Support Hospital Inventory	Palacios Community Medical Center (PCMC)
E06	Matagorda County Sheriff's Office Inventory	Matagorda County Sheriff's Office, Bay City
E07	Site Ambulance/Transport Vehicle Inventory	North of MOF/Outside East Gate House in OCA
E08	Alternate Emergency Operations Facility Inventory	Bay City Service Center
E09	Rad Van Inventory	EOF
E10	Operations Support Center Inventory	U1
E11	Technical Support Center Inventory	U1
E12	Technical Support Center Inventory	U2
E13	Offsite Ambulance Inventory	Gulf Coast EMS, Bay City & Palacios
E15	Offsite Survey Team "A" Inventory	EOF
E16	Offsite Survey Team "B" Inventory	EOF
E17	Environmental Sample Kit "A" Inventory	EOF
E18	Environmental Sample Kit "B" Inventory	EOF
E20	Operations Support Center Inventory	U2
E21	Environmental Health Department Inventory	County of Matagorda Annex Building, Bay City

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Emergency Facility Inventories			
Form 1	Control Room Inventory (E01/E02)	Page 1 of 1	
Group Performing Inventory: PLANT OPERATIONS		Unit: _____	
Scheduled: _____	Post Drill/Exercise: _____	Resp. Routine: _____	1 / 2
Other: _____			

QTY: REQ/ACT.	ITEM	
1 /	First Aid Kit, small	
5 /	Flashlights	
1 /	Tweezers	
1 /	Utility Knife w/blades	
2 /	Duct Tape, roll	
30 /	Plastic Bags (small, medium and large)	
* 5 /	0-5R Dosimeters	
* 15 /	0-200 mR Dosimeters	
5 /	Emergency Communications Directory (Including site directory)	
2 /	Step-off Pads	
5 /	Protective Clothing, sets **	
# 50 /	Spare SCBA bottles	
# 14 /	SCBAs	Insp. Date _____
20 /	Potassium Iodide, bottles	Exp. Date _____
20 /	"D" Batteries	Exp. Date _____
* 1 /	Dosimeter Charger	Operational Check _____
# 10 /	Respirator with particulate filter or canister: (1) small, (8) medium, (1) large; Store in a manner that does not cause distortion or distention (e.g., Do not stack. Lay with face piece lens down).	Insp. Date _____
1 /	Satellite Communication Briefcase (Unit 1 only)	Operational Check _____ To be performed by Licensed Operator Name: _____

* Maintained by Met Lab
Maintained by H P.
** Includes Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves.

Kit was Found: Locked/Sealed Yes _____ No _____

Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____

Is the housekeeping satisfactory? Yes _____ No _____

Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Performed By: _____ / _____ Date: _____
(Sign) (Print)

Reviewed By: _____ Date: _____

Shaded areas are not applicable to the associated item

This page, when completed, shall be retained as per the Document Type List (DTL).

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Form 2	Technical Support Center Inventory (E11/E12)		Page 1 of 2
Group Performing Inventory: HEALTH PHYSICS		Unit: _____	
Scheduled: _____ Post Drill/Exercise: _____		1 / 2	
Other: _____			

QTY: REQ/ACT.	ITEM	
6 /	Emergency Communications Directory (includes site directory)	
2 /	Quintron Console w/handset	
5 /	Flashlights	
1 /	Tweezers	
1 /	Utility Knife w/blades	
1 /	First Aid Kit	
100 /	Smears	
2 /	Air Sampler Filter Holder Assemblies with adequate O-Rings	
2 /	Duct Tape, roll	
2 /	Step-off Pads	
1 /	100' Extension Cord	
40 /	Plastic Bags (small, medium, large)	
20 /	Protective Clothing, sets **	
* 2 /	GM Probe w/cables	
20 /	Surgical Gloves, pr.	
* 10 /	0-5 R Dosimeters	
* 40 /	0-200 mR Dosimeters	
* 47 /	TLDs Control (2) Issue (45) – TLDs should be stored in the kit as far from the source as possible.	
# 20 /	Air Sample Particulate Filters	
# 1 /	Check Source, Cs-137, button	
* 2 /	Dosimeter Chargers	Operational Check _____
* 2 /	Alarm Ratemeter w/power cord (177 Series)	Functional Check _____
* 1 /	Air Sampler, Portable, AC Powered	Operational Check _____
50 /	Potassium Iodide, bottles	Exp. Date _____
2 /	"9V" Batteries	Exp. Date _____
20 /	"D" Batteries	Exp. Date _____
# 10 /	Sealed AgX Cartridges	Exp. Date _____

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Emergency Facility Inventories			
Form 3	Operations Support Center Inventory (E10/E20)		Page 1 of 2
Group Performing Inventory:		HEALTH PHYSICS	
Scheduled: _____	Post Drill/Exercise: _____	Resp. Routine: _____	Unit: _____ 1 / 2
Other: _____			

QTY: REQ/ACT.	ITEM	
2 /	Step Off Pads	
5 /	Plastic Bags, large	
10 /	Flashlights	
1 /	Duct Tape, roll	
6 /	Keys-Hot Tool Room (3), Bldg. 26 (1), Drawing Cabinet (2)	
2 /	Tool Kit, electrical	
2 /	Tool Kit, mechanical	
2 /	Tool Kit, I&C	
21 /	Telephones	
2 /	Proximity Suits	
5 /	Emergency Communication Directory (includes site directory)	
1 /	100' Extension Cord	
3 /	Rad Barrier Rope Stanchion	
1 /	100' Yellow and Magenta Rope	
3 /	Rad Signs w/inserts	
# 8 /	SCBAs	Insp. Date _____
** 10 /	Protective Clothing sets	
2 /	Lapel Cartridge Holder Assemblies	
50 /	Lapel Air Sample Particulate Filters	
50 /	Air Sample Particulate Filters	
* 40 /	TLDs Control (1) Issue (39) – TLDs should be stored in the kit as far from the source as possible.	
1 /	Facsimile Machine	
1 /	First Aid Kit	

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	OPGP05-ZV-0012	Rev. 5	Page 11 of 25
Emergency Facility Inventories			
Form 3	Operations Support Center Inventory (E10/E20)		Page 2 of 2
			Unit: <u>1 / 2</u>

QTY: REQ/ACT.	ITEM	
1 /	Quintron w/handset	
1 /	Shaving cream	
5 /	Razors	
# 10 /	Lapel AgX Cartridges, Sealed	Exp. Date _____
# 10 /	Sealed AgX Cartridges	Exp. Date _____
# 11 /	Respirator with particulate filter or canister: (1) small, (9) medium, (1) large; Store in a manner that does not cause distortion or distention (e.g., Do not stack. Lay with face piece lens down)	Insp. Date _____
60 /	Potassium Iodide, bottles	Exp. Date _____
40 /	"D" Batteries	Exp. Date _____
6 /	Lantern Batteries	Exp. Date _____
1 /	Polaroid Camera w/film	Exp. Date _____

* Maintained by Met Lab
 # Maintained by H.P.
 ** Includes Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves

Kit was Found. Locked/Sealed Yes _____ No _____
 Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
 Is the housekeeping satisfactory? Yes _____ No _____
 Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Performed By: _____ / _____ Date: _____
(Sign)
(Print)

Reviewed By: _____ Date: _____

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	OPGP05-ZV-0012	Rev. 5	Page 12 of 25
Emergency Facility Inventories			
Form 4	Emergency Operations Facility Inventory (E03)		Page 1 of 2
Group Performing Inventory: HEALTH PHYSICS Scheduled: _____ Post Drill/Exercise: _____ Other: _____			
QTY: REQ/ACT.	ITEM		
1 /	Binoculars		
5 /	Flashlights		
2 /	Duct Tape, rolls		
2 /	Rad Tape, rolls		
2 /	Shampoo, bottle		
4 /	Soap, bar		
5 /	Washcloths		
15 /	Emergency Communications Directory (includes site directory)		
1 /	Command Console/Radio		
1 /	Quintron Console w/handset		
3 /	Radiation Warning Sign w/inserts		
* 3 /	GM Probe w/cables		
20 /	Air Sample Particulate Filters		
2 /	Air Sample Filter Holder Assemblies with adequate O-rings		
# 1 /	Check Source, Cs-137, button		
40 /	Protective Clothing, sets **		
60 /	Plastic Bags		
* 10 /	0-5 R Dosimeters		
2 /	Step-off Pads		
* 160 /	TLDs Control (2) Issue (158) – TLDs should be stored in the kit as far from the source as possible		
* 1 /	Dosimeter Charger	Operational Check _____	
# 10 /	Sealed AgX Cartridges	Exp. Date _____	
* 1 /	Air Sampler, Portable, AC Powered	Operational Check _____	
* 3 /	Dose Rate Survey Meter (i.e., RSO5)	Functional Check _____	
* 3 /	Count Rate Survey Meter (i.e., LUD 3)	Functional Check _____	
100 /	Potassium Iodide, bottles	Exp. Date _____	
10 /	"9V" Batteries	Exp. Date _____	
40 /	"D" Batteries	Exp. Date _____	
1 /	Polaroid Camera w/film	Exp. Date _____	

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	OPGP05-ZV-0012	Rev. 5	Page 13 of 25
Emergency Facility Inventories			
Form 4	Emergency Operations Facility Inventory (E03)		Page 2 of 2

QTY: REQ/ACT.	ITEM	
1 /	100' Extension Cord	
40 /	Surgeons Gloves, pr.	
5 /	Shoes, pr.	
100 /	Smears	
50 /	Shoe Cover, pr.	
3 /	Fluorescent Light, Battery Powered	
2 /	Shaving Cream, can	
5 /	Razors, disposable	
1 /	Tweezers	
1 /	First Aid Kit	

* Maintained by Met Lab
 # Maintained by H P.
 ** Includes: Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves

Kit was Found: Locked/Sealed Yes _____ No _____
 Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____
 Is the housekeeping satisfactory? Yes _____ No _____
 Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Performed By: _____ / _____ Date: _____
(Sign) (Print)

Reviewed By: _____ Date: _____

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	OPGP05-ZV-0012	Rev. 5	Page 14 of 25
Emergency Facility Inventories			
Form 5	Support Hospital Inventory (E04/E05)	Page 1 of 2	
Group Performing Inventory: METROLOGY and RADIOLOGICAL LABORATORY MGH/PCMC Scheduled: _____ Post Drill/Exercise: _____ Other: _____			
QTY: REQ/ACT.	ITEM		
50 /	Radiation Labels or Tags		
* 22 /	TLDs-Issue (20) Control (2) – TLDs should be stored in the kit as far from the source as possible.		
8 /	Magnets, barrier rope		
4 /	Duct Tape, roll		
4 /	Masking Tape, roll		
1 /	Lead Shield (Pig)		
2 /	Double Sided Tape, rolls		
2 /	Rad Tape, rolls		
150 /	Rad Barrier Rope (ft.)		
4 /	Rope Stanchions ****		
12 /	Rad Barrier Signs w/inserts		
5 /	Step-off Pads		
25 /	Isolation Gowns, waterproof front or gown sets ** OR ER Gowns		
300 /	Smears		
10 /	Plastic Bags, small		
10 /	Plastic Bags, X-ray size		
10 /	Plastic Bags, large		
10 /	Masslin Cloths		
1 /	Masslin Mop		
2 /	Dress-Out Sign		
1 /	Hospital Setup Sign		
1 /	Art Portfolio		
1 /	Herculite, White, Roll		
1 /	Anatomical Diagram, Pad		
1 /	Dosimetry Issue Log, Pad		
1 /	Accident Information Form ***		
1 /	Matagorda County Hospital District Radiological Hospital Plan ***		
1 /	Emergency Communication's Directory ***		
2 /	Garbage Cans		
Decontamination Kit			
20 /	Swabs		
4 /	Pens, ink		
2 /	Scissors, pr.		
1 /	Tweezers		
2 /	Clippers, nail		
1 /	Hand Brush		
1 /	Abrasive Soap		

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Emergency Facility Inventories			
Form 6	Offsite Survey Team Kit Inventory (E15/E16)		Page 1 of 2
Group Performing Inventory: HEALTH PHYSICS		Kit: _____	
Scheduled: _____	Post Drill/Exercise: _____	Resp. Routine: _____	A / B
Other: _____			

QTY: REQ/ACT.	ITEM	
1 /	First Aid Kit, small	
1 /	Utility Knife w/ blades	
2 /	Maps, 10 mi. EPZ, full sets	
2 /	Tweezers	
* 1 /	GM Probe w/cables	
2 /	Air Sample Filter Holder Assemblies with adequate O-Rings	
50 /	Air Sample Particulate Filters	
# 1 /	Check Source, Cs-137, button	
1 /	Lapel Cartridge Holder Assembly	
2 /	Lapel Air Sample Particulate Filters	
** 2 /	Protective Clothing, sets	
100 /	Smears	
10 /	Plastic bags, 2" x 4"	
1 /	Duct Tape, roll	
* 2 /	0-200 mR Dosimeters	
* 2 /	0-5R Dosimeters	
10 /	Sampling Labels	
5 /	Plastic Bags, clear, medium for instruments	
1 /	Marinelli, 1 liter	
25 /	Surgeons Gloves, pr.	
1 /	Calculator	Operational Check _____
10 /	"D" Batteries	Exp. Date _____
10 /	"9V" Batteries	Exp. Date _____
* 1 /	Count Rate Survey Meter (i.e., LUD 3)	Functional Check _____
* 1 /	Dose Rate Survey Meter (i.e., RS05)	Functional Check _____
* 1 /	Air Sampler, Portable, DC Powered	Operational Check _____
# 5 /	Sealed AgX Cartridges	Exp. Date _____
2 /	Potassium Iodide, bottles	Exp. Date _____
* 1 /	Lapel Sampling Pump	Operational Check _____
# 2 /	Sealed AgX Lapel Cartridges	Exp. Date _____
# 2 /	Respirators with particulate filter or canister: (medium); Store in a manner that does not cause distortion or distention, (e.g., Do not stack. Lay with face piece lens down)	Insp Date _____
* 1 /	Dosimeter Charger	Operational Check _____

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Emergency Facility Inventories			
Form 9	Rad Van Inventory (E09)		Page 1 of 2
Group Performing Inventory: HEALTH PHYSICS Scheduled: _____ Post Drill/Exercise: _____ Other: _____			
QTY: REQ/ACT.	ITEM		
10 /	Lapel Air Sample Particulate Filters		
# 2 /	Lapel Cartridge Holder Assemblies		
* 1 /	Check Source, Cs-137, button		
300 /	Smears		
** 10 /	Protective clothing, sets		
6 /	Plastic Bags, medium (clear for instruments)		
100 /	Air Sample Particulate Filters		
20 /	Air Sample Labels		
4 /	Air Sampler Filter Holder Assemblies with adequate O-Rings		
* 2 /	GM Probe w/cables		
* 2 /	0-200 mR Dosimeters		
* 2 /	0-5R Dosimeters		
1 /	First Aid Kit		
1 /	Maps, 10 mi. EPZ., full set		
2 /	Calculator	Operational Check _____	
1 /	Cellular Telephone (kept in EOF)	Operational Check _____	
# 20 /	Sealed AgX Cartridges	Exp. Date _____	
20 /	"D" Batteries	Exp. Date _____	
4 /	"9V" Batteries	Exp. Date _____	
* 2 /	Count Rate Survey Meters (i.e , LUD 3)	Functional Check _____	
* 2 /	Dose Rate Survey Meters (i.e , RS05)	Functional Check _____	
# 10 /	Sealed AgX Lapel Cartridges	Exp Date _____	
* 1 /	Dosimeter Chargers	Operational Check _____	
2 /	Potassium Iodide, bottles	Exp. Date _____	
* 1 /	Air Sampler, Portable, DC Powered	Operational Check _____	
* 1 /	Lapel Sampling Pump	Operational Check _____	
* Maintained by Met Lab # Maintained by H P. ** Includes. Disposable or cotton coveralls with hood, plastic or cloth booties, rubber shoe covers, cotton glove liners, and rubber gloves			

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Emergency Facility Inventories			
Form 11	Site Ambulance/Transport Vehicle Inventory (E07)	Page 1 of 1	
Group Performing Inventory: HEALTH PHYSICS		Site Ambulance/Transport Vehicle	
Scheduled: _____		Post Drill/Exercise: _____ Other: _____	

QTY: REQ/ACT.	ITEM	
1 /	Carry Case	
20 /	Disposable Booties, pr.	
4 /	Disposable Coveralls, pr.	
20 /	Surgeon Gloves, pr.	
2 /	Herculite Fabric, 5' x 8'	
* 7 /	TLDs-Control (2) Issue (5)	

* Maintained by Met Lab

Kit was Found: Locked/Sealed Yes _____ No _____

Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____

Is the housekeeping satisfactory? Yes _____ No _____

Is the facility appearance satisfactory? Yes _____ No _____

Comments: _____

Performed By: _____ / _____ Date: _____

(Sign) (Print)

Reviewed By: _____ Date: _____

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Emergency Facility Inventories			
Form 12	Environmental Health Department (EHD) Inventory (E21)		Page 1 of 1
Group Performing Inventory: METROLOGY AND RADIOLOGICAL LABORATORY Scheduled: _____ Post Drill/Exercise: _____ Other: _____			
QTY: REQ/ACT.	ITEM		
* 137 /	TLDs-Control (7) Issue (130) – TLDs should be stored in the kit as far from the source as possible.		
# 1 /	Check Source, Cs-137, button		
* 50 /	0-200 mR Dosimeters		
* 6 /	Dosimeter Chargers	Operational Check _____	
* 10 /	Survey Meters (14C, Ludlum) with GM Probes and Cables	Operational Check _____	
20 /	Batteries, D	Exp. Date _____	
* Maintained by Met Lab # Maintained by H P.			
Kit was Found: Locked/Sealed Yes _____ No _____ Seal # _____ Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____ Is the housekeeping satisfactory? Yes _____ No _____ Seal # _____ Is the facility appearance satisfactory? Yes _____ No _____ Seal # _____			
Comments: _____ _____			
Performed By: _____ <div style="text-align: center;">(Sign)</div>		Date: _____ <div style="text-align: center;">(Print)</div>	
Reviewed By: _____		Date: _____	
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Emergency Facility Inventories			
Form 13	Matagorda County Sheriff's Office Inventory (E06)	Page 1 of 1	
Group Performing Inventory: METROLOGY AND RADIOLOGICAL LABORATORY Scheduled: _____ Post Drill/Exercise: _____ Other: _____			
QTY: REQ/ACT.	ITEM		
* 77 /	TLDs (75) Issue (2) Control – TLDs should be stored in the kit as far from the source as possible.		
* 40 /	0-200 mR Dosimeters		
1 /	Check Source, Lantern mantle		
* 100 /	0-200 mR Dosimeters – EquiStar (40), Celanese (60)		
* 40 /	0-20 R Dosimeters		
* 54 /	TLD – EquiStar (1) Control (22) Issue, Celanese (1) Control (30) Issue.		
* 6 /	Dosimeter Chargers	Operational Check _____	
* 2 /	Survey Meters (14C, Ludlum) with GM Probe and Cable	Operational Check _____	
20 /	"D" Batteries	Exp. Date _____	
100 /	Potassium Iodide, bottles	Exp. Date _____	
* 2 /	Dosimeter Chargers – EquiStar (1), Celanese (1)	Operational Check _____	
* Maintained by Met Lab Kit was Found: Locked/Sealed Yes _____ No _____ Kit was Left: Locked/Sealed Yes _____ No _____ Seal # _____ Is the housekeeping satisfactory? Yes _____ No _____ Is the facility appearance satisfactory? Yes _____ No _____ Comments: _____ _____ _____ Performed By: _____ / _____ Date: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (Sign) (Print) </div> Reviewed By: _____ Date: _____			
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Emergency Response Activities			
Quality	Non Safety-Related	Usage: Available	Effective Date: 10/15/02
Max Keys	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

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Emergency Response Activities**1.0 Purpose and Scope**

- 1.1 This procedure provides documentation forms for performing recurring test and assessment activities of the Emergency Response Program.

2.0 Limitations

- 2.1 This procedure shall be implemented as directed by OPGP05-ZV-0002, Emergency Response Activities Schedule.

3.0 Responsibilities

- 3.1 The responsible Supervisor or Manager identified in OPGP05-ZV-0002, Emergency Response Activities Schedule, shall return all Forms to the Supervisor, Emergency Response or designee upon completion.

4.0 Procedure**4.1 Quarterly Emergency Facility Inventories and Inspections**

- 4.1.1 Inventories and inspections of the emergency facilities shall be performed in accordance with OPGP05-ZV-0009, Emergency Facility Inventories and Inspections and OPGP05-ZV-0012, Emergency Facility Inventories.

4.2 Public Information

- 4.2.1 Annually, in accordance with Addendum 1, the Supervisor, Emergency Response or designee, shall provide written confirmation that the annual Telephone Book Emergency Public Information update has been completed. Written confirmation shall be documented on Form 8, Annual Telephone Book Public Emergency Information Verification.

NOTE

The Supervisor, Emergency Response or designee, may increase the distribution frequency as necessary at selected locations.

- 4.2.2 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall distribute the Public Emergency Information Brochure and verify all visible postings within the ten mile Emergency Planning Zone (EPZ) are intact. Written confirmation shall be provided to the Supervisor, Emergency Response or designee utilizing Form 9, Quarterly Visible Postings and Public Emergency Information Brochure Verification.

Emergency Response Activities

- 4.2.3 Verification of alert radio distribution within the ten mile EPZ by the Supervisor, Emergency Response or designee, shall be conducted as follows:
 - 4.2.3.1 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the EPZ Alert Radio Distribution Database to verify businesses, recreational areas, schools, and residents outside of siren range have been issued an alert radio. If issuance cannot be verified, attempts will be made to personally contact residents to confirm whether they have received a radio. A best effort attempt must be made to place an alert radio with those persons outside siren range. Confirmation of this quarterly review shall be completed and documented the month following the calendar quarter on Form 10, Quarterly Review of Alert Radio Distribution.
- 4.3 Annual STPEGS Emergency Plan Review/Revision
 - 4.3.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the STPEGS Emergency Plan.
 - 4.3.2 The review of the STPEGS Emergency Plan shall be documented on Form 13, STPEGS Emergency Plan Annual Review Checklist.
 - 4.3.3 Any revision of the STPEGS Emergency Plan shall be completed and documented in accordance with OPGP05-ZV-0010, Emergency Plan Revision.
- 4.4 Annual Review of the STPEGS Emergency Action Levels
 - 4.4.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall submit the STPEGS Emergency Action Levels (EALs) to State and County agencies for review, following the guidance in Form 16, State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels.
- 4.5 Annual Training Schedule
 - 4.5.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall issue an Emergency Response Training Schedule, documented on Form 1, Annual Training Schedule. The Annual Drill/Exercise Schedule will be included in the Annual Training Schedule.

Emergency Response Activities

- 4.6 Quarterly on-shift ERO, ERO Roster, Autodialer Call Out Roster Review, and CAN Roster Review
- 4.6.1 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the ERO Roster for accuracy of personnel and validity of each member's name, position, telephone number, pager number and qualifications. This review shall be completed and documented monthly following the calendar quarter on Form 12, Quarterly ERO Roster Review.
- 4.6.2 Supporting documentation for a review of on-shift ERO (e.g. verification documentation returned by site departments/divisions) shall be attached to Form 12.
- 4.6.3 Revision of the ERO Roster shall be accomplished in accordance with OPGP05-ZV-0003, Emergency Response Organization.
- 4.6.4 In conjunction with the quarterly ERO Roster review, the CAN Call-Out List shall be verified and revised as necessary, and documented on Form 12.
- 4.6.5 In conjunction with the quarterly ERO Roster review, obtain a printout of the latest Autodialer Roster and compare to the ERO Roster to verify names, positions, telephone numbers, pager numbers, and update as necessary. The Call-Out List shall be verified and revised as necessary and documented on Form 12.
- 4.6.6 Quarterly, update the employee contact disk of names, discipline, telephone numbers, and pager numbers. The disk shall be distributed to the Emergency Operations Facility (EOF) and Alternate Emergency Operations Facility (AEOF), and documented on Form 12.
- 4.7 Annual Emergency Response Procedures Review
- 4.7.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Emergency Response procedures, and document the review on Form 5, Annual Emergency Response Procedures Review.
- 4.7.2 This review shall include, at a minimum, any changes that may have occurred to the Emergency Plan, Emergency Response Facilities, support procedures, or organizational changes.
- 4.8 Annual Letters of Agreement Review
- 4.8.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Letters of Agreement between the STPEGS and the various offsite support organizations.

Emergency Response Activities

- 4.8.2 This review shall ensure all letters are current or are renewed as necessary.
- 4.8.3 The review shall be documented on Form 4, Annual Letters of Agreement Review.
- 4.9 Monthly/Quarterly/Annual Communications Test Schedule
 - 4.9.1 The Manager, Information Technology or designee shall perform Communications Tests in accordance with Addendum 1. Performance of communications equipment shall be documented on Form 3, Communications Tests. These tests may be conducted in conjunction with scheduled drills or exercises.
- 4.10 Annual Review/Revision of the Six-Year Exercise Master Plan
 - 4.10.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall review/revise the Six-Year Exercise Master Plan.
 - 4.10.2 This review/revision shall be documented on Form 2, Six-Year Exercise Master Plan.
- 4.11 Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification
 - 4.11.1 Quarterly, in accordance with the schedule in Addendum 1, the Manager, Information Technology or designee shall initiate a review of the telephone numbers contained in the Emergency Communications Directory and the emergency telephone numbers contained in Emergency Response procedures.
 - 4.11.2 Telephone numbers found to be incorrect in the Emergency Communications Directory and Emergency Response procedures shall be identified to the Supervisor, Emergency Response or designee for correction.
 - 4.11.3 The verification shall be documented on Form 11, Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification.
- 4.12 Annual Emergency Response Training Review
 - 4.12.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the Emergency Response Training Program. This review shall ensure changes to the Emergency Plan and implementing procedures have been completely and appropriately incorporated into the Emergency Response Training Program.
 - 4.12.2 The review shall be documented on Form 6, Annual Emergency Response Training Review.

Emergency Response Activities**4.13 Annual Offsite Training**

- 4.13.1 The Supervisor, Emergency Response or designee, shall annually review offsite training offered versus completed and document the results of this review on Form 7, Annual Emergency Response Offsite Training Review.

4.14 Prompt Notification System Siren Testing/Documentation

- 4.14.1 The Supervisor, Emergency Response or designee, shall review and document the siren test results in accordance with procedure OPGP05-ZV-0007, Prompt Notification System and OPGP05-ZV-0016, Prompt Notification System Implementing Procedure.
- 4.14.2 Quarterly, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall initiate a review of the operability of the Prompt Notification System sirens for the preceding quarter.
- 4.14.2.1 Results shall be transmitted with a cover letter to the Division of Emergency Management of the Texas Department of Public Safety with a copy to FEMA Region VI headquarters.

4.15 Backup Emergency Alert System (EAS)

- 4.15.1 Annual testing of the backup EAS shall be performed and documented in accordance with procedure OPGP05-ZV-0007, Prompt Notification System and OPGP05-ZV-0016, Prompt Notification System Implementing Procedure.

4.16 Self-Assessments

- 4.16.1 The Supervisor, Emergency Response or designee, shall consider directing a self assessment of various aspects of the Emergency Response Program based on Drill/Exercise results, Audit Report results, Industry Events, or other areas as deemed necessary, and documented in accordance with the Station Self Assessment Guideline.

4.17 Annual Letter of Certification to DEM

- 4.17.1 Annually, the Supervisor, Emergency Response or designee, shall issue the Letter of Certification to the Division of Emergency Management, Texas Department of Public Safety. This shall be documented on Form 14, Annual Letter of Certification Verification to DEM.

4.18 ERD Staff Training

- 4.18.1 Annually, the Supervisor, Emergency Response or designee, shall review the training received by individuals responsible for the planning effort. This shall be documented on Form 15, ERD Staff Training.

Emergency Response Activities

- 4.18.2 The following guidance should be used to assist in the evaluation of training received:
- 4.18.2.1 All Emergency Response Division personnel responsible for the planning effort should obtain and maintain necessary training and qualifications for unescorted entry into the Protected Area and the Radiologically Controlled Area.
 - 4.18.2.2 Emergency Response Division personnel who provide formal emergency preparedness training shall be certified as an Instructor.
 - 4.18.2.3 Entry level personnel in the Emergency Response Division who have limited or no experience in the emergency planning effort shall, in a timely manner, attend a training course for emergency planners similar in scope to the Nuclear Energy Institute (NEI) emergency planner training course.
 - 4.18.2.4 Experienced planners in the Emergency Response Division should annually accomplish tasks that broaden their understanding of emergency planning and emergency planning emergent issues. Such tasks, assigned by the Supervisor, Emergency Response Division may include:
 - a. Participating in utility assist visits as a member of an audit team, member of a mock NRC team during a utility exercise, observation of a utility exercise, etc.
 - b. Attending regional or national emergency response conferences or workshops.
 - c. Visiting a utility to obtain emergency response benchmark information that may better the methods employed at STPEGS.
 - d. Attending emergency response courses provided by NEI, FEMA, etc., which present topics outside of the planners normal discipline.
 - e. Annual Emergency Response Division Staff Training shall be documented as EPT-070. The comments section of the EPT-070 Attendance Record shall describe the activity.

Emergency Response Activities**4.19 Annual News Media Training**

- 4.19.1 Annually, in accordance with the schedule in Addendum 1, the Supervisor, Emergency Response or designee, shall invite local news media agencies to a session to acquaint them with the emergency plan, information concerning radiation, and points of contact for release of public information during an emergency. Document completion on Form 17, Annual News Media Training.

4.20 Extension of Emergency Response Activities

- 4.20.1 The Supervisor, Emergency Response, may reschedule or extend the due date of items as scheduled on Addendum 1 at his/her discretion.

4.21 Quarterly Computer Equipment Functional Testing

- 4.21.1 The Manager, Information Technology or designee, shall initiate a review of computer equipment in accordance with the schedule in Addendum 1.
- 4.21.2 All onsite Emergency Response Facility computer equipment shall be functionally tested quarterly. All offsite Emergency Response Facility computer equipment shall be functionally tested quarterly. Written confirmation shall be provided to the Supervisor, Emergency Response or designee utilizing Form 18, Quarterly Computer Functional Test.

4.22 Weekly/Monthly/Quarterly/Semi-Annual/Auto Dialer/Post Maintenance Tests

- 4.22.1 The Manager, Plant Protection or designee, shall normally initiate the Emergency Notification and Response System (ENRS) on Tuesday to signal a new duty team to Emergency Response Organization (ERO) personnel, unless otherwise directed by the Supervisor, Emergency Response or his designee.
- 4.22.2 The Supervisor, Emergency Response or designee, shall conduct and document ENRS tests in accordance with the requirements of Form 19, Autodialer Tests. These tests may be conducted in conjunction with scheduled drills or exercises.

4.23 Emergency Response Organization Communications

- 4.23.1 When emergency response industry events are identified, an evaluation shall be performed by the Supervisor, Emergency Response or designee for applicability to the South Texas Project Emergency Response Organization (ERO).
- 4.23.2 Industry Events deemed applicable to STP shall be disseminated to the ERO and documented using Form 20, Emergency Response Organization Communications.

5.0 References**5.1 STPEGS Emergency Plan**

Emergency Response Activities

- 5.2 0ERP01-ZV-IN02, Notifications to Offsite Agencies
- 5.3 0ERP01-ZV-IN03, Emergency Response Organization Notification
- 5.4 0ERP01-ZV-IN04, Assembly and Accountability
- 5.5 0ERP01-ZV-SH01, Shift Supervisor
- 5.6 0PGP05-ZV-0002, Emergency Response Activities Schedule
- 5.7 0PGP05-ZV-0003, Emergency Response Organization
- 5.8 0PGP05-ZV-0007, Prompt Notification System
- 5.9 0PGP05-ZV-0009, Emergency Facilities Inventories and Inspections
- 5.10 0PGP05-ZV-0010, Emergency Plan Revision
- 5.11 0PGP05-ZV-0012, Emergency Facility Inventories
- 5.12 0POP04-ZO-0004, Personnel Emergency
- 5.13 0PGP03-ZA-0106, Emergency Medical Response Plan

6.0 Support Documents

- 6.1 Addendum 1, Emergency Response Activities Schedule
- 6.2 Form 1, Annual Training Schedule
- 6.3 Form 2, Six-Year Exercise Master Plan
- 6.4 Form 3, Communications Tests
- 6.5 Form 4, Annual Letters of Agreement Review
- 6.6 Form 5, Annual Emergency Response Procedures Review
- 6.7 Form 6, Annual Emergency Response Training Review
- 6.8 Form 7, Annual Emergency Response Offsite Training Review
- 6.9 Form 8, Annual Telephone Book Emergency Public Information Verification
- 6.10 Form 9, Quarterly Visible Postings and Public Emergency Information Brochure Verification
- 6.11 Form 10, Quarterly Review of Alert Radio Distribution
- 6.12 Form 11, Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification
- 6.13 Form 12, Quarterly ERO Roster Review
- 6.14 Form 13, STPEGS Emergency Plan Annual Review Checklist

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- 6.15 Form 14, Annual Letter of Certification Verification to DEM
- 6.16 Form 15, ERD Staff Training
- 6.17 Form 16, State of Texas/Matagorda County Annual Review of the STPEGS Emergency
Action Levels
- 6.18 Form 17, Annual News Media Training
- 6.19 Form 18, Quarterly Computer Functional Test
- 6.20 Form 19, Autodialer Tests
- 6.21 Form 20, Emergency Response Organization Communications

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Addendum 1	Emergency Response Activities Schedule		Page 1 of 1

TYPICAL EMERGENCY RESPONSE ACTIVITIES												
ACTIVITY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Form 1, Annual Training Schedule										X		
Form 2, Six-Year Exercise Master Plan												X
Form 3, Communications Tests	X	X	X	X	X	X	X	X	X	X	X	X
Form 4, Annual Letters of Agreement Review											X	
Form 5, Annual Emergency Response Procedures Review						X						
Form 6, Annual Emergency Response Training Review	X											
Form 7, Annual Emergency Response Offsite Training Review	X											
Form 8, Annual Telephone Book Emergency Public Information Verification			X									
Form 9, Quarterly Visible Postings and Public Emergency Information Brochure Verification		X			X			X			X	
Form 10, Quarterly Review of Alert Radio Distribution	X			X			X			X		
Form 11, Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification			X			X			X			X
Form 12, Quarterly ERO Roster Review			X			X			X			X
Form 13, STPEGS Emergency Plan Annual Review Checklist						X						
Form 14, Annual Letter of Certification Verification to DEM	X											
Form 15, ERD Staff Training									X			
Form 16, State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels	*	*	*	*	*	*	*	*	*	*	*	*
Form 17, Annual News Media Training	*	*	*	*	*	*	*	*	*	*	*	*
Form 18, Quarterly Computer Functional Test	X			X			X			X		
Form 19, Autodialer Tests	X	X	X	X	X	X	X	X	X	X	X	X
Form 20, ERO Communications	As Needed											
Emergency Equipment & Supplies	As described in OPGP05-ZV-0009 & OPGP05-ZV-0012											
DEM/FEMA PNS Report (OPGP05-ZV-0016, Form 5)	X			X			X			X		
Backup EAS Test		As described in OPGP05-ZV-0007 & OPGP05-ZV-0016										

* Not scheduled for a specific month, however must occur during calendar year

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This is to certify that the Emergency Response Training Schedule for _____ has been completed and is attached. (year)

Completed: _____ Date _____
(Print/Sign)

Approved: _____ Date _____
Supervisor, Emergency Response
or designee (Print/Sign)

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<u>EXERCISE INITIATION REQUIREMENTS</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Involve the County and State government within the plume exposure pathway:		
a. Partial Participation	1	___ _
b. Full Participation	2	___ _
Involve the State within the ingestion exposure pathway EPZ.	6	___ _
Involve Federal emergency response agencies in an exercise.	6	___ _
Commence the exercise between 1800-0400.	6	___ _
Conduct the exercise in various weather conditions.	1	___ _
Conduct the exercise unannounced.	6	___ _
Conduct a Combined Functional Drill, Tabletop, or functional group workshop addressing SAMG implementation.	1	___ _
<u>INCIDENT ASSESSMENT AND CLASSIFICATION</u>		
Emergency organization's ability to do the following:		
Detect and assess the incident conditions	1	___ _
Determine which emergency action levels have been reached	1	___ _

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<u>EXERCISE NOTIFICATION REQUIREMENTS</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Demonstrate the ability to notify the station emergency organizations, via the Emergency Notification and Response System (ENRS) and/or alarm/PA System.	1	— — — — —
Notify onsite personnel using the station alarm/PA system.	1	— — — — —
Demonstrate the ability to notify State and Local governmental agencies within 15 minutes after declaring an emergency.	1	— — — — —
Demonstrate the ability to send follow-up notifications to offsite organizations after initial notification.	1	— — — — —
Demonstrate the ability of emergency organizations to communicate using the following equipment:		
Communication lines between station Emergency Response Facilities (ERFs)	1	— — — — —
Communication lines between ERFs and Texas Genco LP Corporate offices	1	— — — — —
Communication lines between ERFs and State and County emergency centers	1	— — — — —
Communication lines between ERFs and Federal emergency centers	1	— — — — —
Communication lines with Medical Support facilities	1	— — — — —
Radio communications between station ERFs and the Emergency Teams.	1	— — — — —
Backup communications systems	6	— — — — —

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<u>EXERCISE INITIATION REQUIREMENTS (Cont'd)</u>	<u>REQ'D FREQ (YRS)</u>	<u>YEAR</u>
Classify the incident in accordance with nuclear incident classification scheme and notify the NRC within one hour of concurrence.	1	— — — — —
Demonstrate the ability of station organizations to provide accurate and timely information to the Joint Information Center.	6	— — — — —
Demonstrate the ability to facilitate public rumor control.	6	— — — — —
<u>RADIOLOGICAL CONSEQUENCE ASSESSMENT</u>		
Demonstrate the ability of station emergency organization to perform initial assessment of the radiological consequences (including computer calculations and/or dose tables).	1	— — — — —
Demonstrate the ability of Radiological Manager to direct onsite Emergency Teams.	1	— — — — —
Demonstrate the ability of Radiological Director to direct offsite Emergency Teams.	1	— — — — —
Evaluate exposure control for emergency workers.	1	— — — — —
Demonstrate the ability of Emergency Teams to perform radiological surveys including soil, vegetation, and water sampling and report results.	1	— — — — —
Evaluate implementation of exposure guidelines for emergency workers.	1	— — — — —

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<u>RADIOLOGICAL CONSEQUENCE ASSESSMENT (Cont'd)</u>	<u>REQ'D FREQ (YRS)</u>	<u>YEAR</u>
Demonstrate the ability of station to assess Emergency Teams survey information and make appropriate recommendations concerning protective actions.	1	— — — — —
Demonstrate the ability to conduct onsite and offsite direct and airborne radiation field monitoring.	1	— — — — —
Evaluate on-site contamination control measures.	1	— — — — —
Demonstrate the ability to conduct post-accident coolant sampling and analysis.	1	— — — — —
Evaluate radiological monitoring of site evacuees.	1	— — — — —
Demonstrate the ability to determine the magnitude and impact of the particular source term components of a release.	1	— — — — —
Evaluate provisions for individual respiratory protection, use of protective clothing, and use of KI.	1	— — — — —
<u>EMERGENCY FACILITIES</u>		
Demonstrate the ability to activate the emergency response organization.	1	— — — — —
Demonstrate the ability to staff and activate the following station emergency response facilities:		
Control Room (Simulator)	1	— — — — —
Operations Support Center	1	— — — — —
Technical Support Center	1	— — — — —
Emergency Operations Facility	1	— — — — —
Joint Information Center	6	— — — — —

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<u>EMERGENCY FACILITIES (Cont'd)</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Use of emergency power in ERFs	6	— — — — —
Relocation to backup ERFs	6	— — — — —
<u>EMERGENCY DIRECTION AND CONTROL</u>		
Direction of emergency organization and implementation of the Emergency Plan and Emergency Response Procedures.	1	— — — — —
Demonstrate the ability to assess plant and radiological conditions and subsequently provide PARs to Local Authorities.	1	— — — — —
Ability to perform:		
Station evacuation (to onsite locations)	1	— — — — —
Station evacuation (to offsite locations)	6	— — — — —
Personnel assembly and accountability	6	— — — — —
Off-hours personnel assembly and accountability	6	— — — — —
Search and rescue	6	— — — — —
Onsite personnel administer emergency first aid to an injured, contaminated individual	6	— — — — —
Emergency personnel decontamination	1	— — — — —
Personnel monitoring	1	— — — — —
Use of protective clothing	1	— — — — —
High radiation area reentry and repair	1	— — — — —
Fire brigade	6	— — — — —
Onsite security and access control	6	— — — — —
Use of SCBAs for vital workers	1	— — — — —
Arrange for transportation of contaminated injured personnel from onsite to a specifically identified treatment facility offsite for treatment.	1	— — — — —

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<u>EMERGENCY DIRECTION AND CONTROL (Cont'd)</u>	REQ'D FREQ (YRS)	<u>YEAR</u>
Evaluate support by offsite organizations as delineated by letters of agreement.	1	— — — — —
<u>RECOVERY OPERATIONS</u>		
Describe criteria to be used to determine when following an accident reentry of the facility would be appropriate or when operation could be resumed.	6	— — — — —
Conduct a post accident recovery and re-entry seminar with Federal, State and local officials	6	— — — — —
Prepared By: _____ (Print/Sign)	Date _____	
Approved: _____ Supervisor, Emergency Response or designee (Print/Sign)	Date _____	

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1.0 INTRODUCTION

This Communication Test List was developed to provide a means of verifying communication links between the South Texas Project Electric Generating Station (STPEGS) Emergency Response Facilities and various County, State and Federal agencies. It also provides a means of documenting this verification or, in the case of unsuccessful verification, a means of deficiency detection.

2.0 OBJECTIVES

Communication tests at the STPEGS will be conducted to ensure the continuity of emergency communication capabilities.

The objectives of these tests are:

2.1 Annually

2.1.1 Verify communication links between EOF, State and County EOCs, and the JIC.

2.1.2 Document using Sections I, II, & III.

2.2 Monthly

2.2.1 Verify communication links with Federal Emergency Response Organizations. (ENS, HPN)

2.2.2 Verify communication links with State and County governments in the plume exposure pathway.

2.2.3 Document using Section I.

2.3 Quarterly

2.3.1 Offsite Emergency Response Facilities telephone communications verification.

2.3.2 Verify communication links between EOF and offsite field team vehicles.

2.3.3 Verify telecopy communication links with County, State, and Federal Emergency Response Organizations from each Emergency Response Facility.

2.3.4 Verify communication links in the TSC, OSC, EOF, and Control Room.

2.3.5 Document using Sections I & II.

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3.0 TELEPHONE MESSAGE

Telephone communication tests will be conducted utilizing the following message:

"This is a test. This is (name of test controller) at the South Texas Project Electric Generating Station conducting a communications verification test from (name of originating facility). Please acknowledge by stating your last name. (Enter this information on Form 3.) This test is terminated."

4.0 TELECOPY MESSAGE

Telecopy tests will be conducted using the following telecopy message:

"This is a test. This is a test of the emergency telecopy communication link at the South Texas Project Electric Generating Station from the (name of organization facility.) No response is required. This is a test."

5.0 EVALUATION

The individual performing the test shall complete the appropriate section of the evaluation checklist. The completed checklist will be utilized to document the test objectives set forth in Section 2.0 were addressed and any subsequent corrective action items are identified. These tests shall be conducted in conjunction with monthly communication surveillance's conducted by telecommunication personnel.

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6.0 <u>EVALUATION CHECKLIST</u>		Person Contacted	Date/Time	Initials
I. Monthly				
1. Telephone communications established with Federal, State, and County governments.	MOF	(State)	____ / ____	_____
<ul style="list-style-type: none"> • Perform test from the MOF Quintron Panel (Communications test console). • Verify all consoles are operational from the Main Quintron Cabinet. 		(County)	____ / ____	_____
a. Use dedicated telephones to contact Federal, State and County governments. If a circuit is inoperable, log this information, and verify a back-up circuit is available. Notify the U1 Shift Supervisor or Supervisor, Emergency Response, or designee, if any of the dedicated telephones are inoperable.	U1 CR	<u>Documented</u> (ENS)	in ____ / CR ____	logs _____
	U2 CR	<u>Documented</u> (ENS)	in ____ / CR ____	logs _____
b. <u>IF</u> an ENS or HPN telephone line is determined to be out of service and upon subsequent return to service, <u>THEN</u> notify the NRC Operations Center. (IEN 89-19)	U1 TSC	_____ (ENS)	____ / ____	_____
		_____ (HPN)	____ / ____	_____
	U2 TSC	_____ (ENS)	____ / ____	_____
		_____ (HPN)	____ / ____	_____
	EOF	_____ (ENS)	____ / ____	_____
		_____ (HPN)	____ / ____	_____

Attach to Form 3, Page 11.

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Person Contacted	Date/Time	Initials
II. Quarterly				
1.	Telephone communication verified at each Emergency Response Facility.	U1 CR	/	
		U1 TSC	/	
a.	Verify 25% of all extension numbers listed in the Emergency Communication Directory for each facility.	U1 OSC	/	
		U2 CR	/	
		U2 TSC	/	
		U2 OSC	/	
		EOF	/	
		AEOF	/	
		Matagorda Co. EOC	/	
		BRC Staging Area	/	
		McAllister Recep. Center	/	
		Palacios Recep. Center	/	
		Joint Info. Center	/	

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Message Confirmation	Date/Time	Initials
2.	Communications established between EOF and Offsite Field Team vehicles			
a.	Conduct test between Communication Console in Dose Assessment Room and vehicles.	Vehicle 1	Radio <u> / </u>	<u> </u>
			Phone <u> / </u>	<u> </u>
b.	Portable cellular telephones are stored in Health Physics equipment room in the EOF.	Vehicle 2	Radio <u> / </u>	<u> </u>
			Phone <u> / </u>	<u> </u>
		Rad Van	Radio <u> / </u>	<u> </u>
			Phone <u> / </u>	<u> </u>
3.	Communications established between EOF/BRC Offsite Field Teams.			
a.	Conduct test between Communication Console in BRC Room and Mobil Radio.	Radio	<u> / </u>	<u> </u>
4.	Telecopies successfully transmitted to all emergency broadcast facilities from Unit 1 Control Room.	<u> </u>	<u> / </u>	<u> </u>
		MCSO	<u> / </u>	<u> </u>
		MCSO Dispatcher	<u> / </u>	<u> </u>
a.	Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	<u> </u>	<u> / </u>	<u> </u>
		DPS-Pierce	<u> / </u>	<u> </u>
		BRC	<u> / </u>	<u> </u>
		DEM	<u> / </u>	<u> </u>
		DPS-Houston	<u> / </u>	<u> </u>
		EOF	<u> / </u>	<u> </u>
		U1 TSC	<u> / </u>	<u> </u>
		U2 TSC	<u> / </u>	<u> </u>
		U2 CR	<u> / </u>	<u> </u>
		Site PA	<u> / </u>	<u> </u>
		QSE Genco	<u> / </u>	<u> </u>

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Message Confirmation	Date/Time	Initials
		_____	____/____/____	_____
		QSE CPS	____/____	_____
		QSE AEP	____/____	_____
		QSE AE	____/____	_____
		Phone Cell	____/____	_____
		MCSO	____/____	_____
		MCSO Dispatcher	____/____	_____
5.	Telecopies successfully transmitted to all emergency broadcast facilities from Unit 2 Control Room.			
a.	Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.			
		DPS-Pierce	____/____	_____
		BRC	____/____	_____
		DEM	____/____	_____
		DPS-Houston	____/____	_____
		EOF	____/____	_____
		U1 TSC	____/____	_____
		U2 TSC	____/____	_____
		U1 CR	____/____	_____
		Site PA	____/____	_____
		QSE Genco	____/____	_____
		QSE CPS	____/____	_____
		QSE AEP	____/____	_____
		QSE AE	____/____	_____
		Phone Cell	____/____	_____

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Message Confirmation	Date/Time	Initials
6.	Telecopies successfully transmitted to all emergency broadcast facilities from Unit 1 TSC.	_____	____/____/____	_____
		MCSO	____/____/____	_____
		MCSO Dispatcher	____/____/____	_____
a.	Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	_____	____/____/____	_____
		DPS-Pierce	____/____/____	_____
		BRC	____/____/____	_____
		DEM	____/____/____	_____
		DPS-Houston	____/____/____	_____
		EOF	____/____/____	_____
		U1 CR	____/____/____	_____
		U2 CR	____/____/____	_____
		Site PA	____/____/____	_____
		QSE Genco	____/____/____	_____
		QSE CPS	____/____/____	_____
		QSE AEP	____/____/____	_____
		QSE AE	____/____/____	_____
		SIM CR	____/____/____	_____
		Phone Cell	____/____/____	_____
7.	Telecopies successfully transmitted to all emergency broadcast facilities from Unit 2 TSC.	_____	____/____/____	_____
		MCSO	____/____/____	_____
		MCSO Dispatcher	____/____/____	_____

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Message Confirmation	Date/Time	Initials
a.	Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received. Verification telephone numbers can be found in the Emergency Communication Directory.	_____	____/____	_____
		DPS-Pierce	____/____	_____
		BRC	____/____	_____
		DEM	____/____	_____
		DPS-Houston	____/____	_____
		EOF	____/____	_____
		U1 CR	____/____	_____
		U2 CR	____/____	_____
		Site PA	____/____	_____
		QSE Genco	____/____	_____
		QSE CPS	____/____	_____
		QSE AEP	____/____	_____
		QSE AE	____/____	_____
		SIM CR	____/____	_____
		Phone Cell	____/____	_____

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6.0	<u>EVALUATION CHECKLIST (cont'd)</u>	Message Confirmation	Date/Time	Initials
8.	Telecopies successfully transmitted to all emergency broadcast facilities from EOF.	_____	_____ / _____	_____
		MCSO	_____ / _____	_____
		MCSO Dispatcher	_____ / _____	_____
a.	Transmit telecopy test message from the facility transmit telecopy machine via the broadcast mode. If message confirmation was not received from all broadcast stations, call the missing station to determine if the message was received.	_____	_____ / _____	_____
	Verification telephone numbers can be found in the Emergency Communication Directory.	DPS-Pierce	_____ / _____	_____
		BRC	_____ / _____	_____
		DEM	_____ / _____	_____
		DPS-Houston	_____ / _____	_____
		U1 TSC	_____ / _____	_____
		U2 TSC	_____ / _____	_____
		U1 CR	_____ / _____	_____
		U2 CR	_____ / _____	_____
		QSE Genco	_____ / _____	_____
		QSE CPS	_____ / _____	_____
		QSE AEP	_____ / _____	_____
		QSE AE	_____ / _____	_____
		SIM CR	_____ / _____	_____
		Phone Cell	_____ / _____	_____
9.	Refurbish all Emergency Response Facilities hand-held radio batteries.		_____ / _____	_____

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6.0 EVALUATION CHECKLIST (cont'd)

		Person Contacted	Date/Time	Initials	
10. Radio communications established between Emergency Response Facilities	U1 OSC	Hand held Radio 1	/		
		Hand held Radio 2	/		
	a. Test the 10 hand held radios assigned for use by the OSC. These radios are stored in the MOF. Take half of the radios to the U1 OSC and the remainder to the U2 OSC.	U2 OSC	Hand held Radio 3	/	
			Hand held Radio 4	/	
			Hand held Radio 5	/	
			Hand held Radio 6	/	
			Hand held Radio 7	/	
			Hand held Radio 8	/	
			Hand held Radio 9	/	
			Hand held Radio 10	/	
11. Test all 800 MHz radios with the STP Coordinator located at the Qualified Scheduling Entity (QSE).	U1 CR-800 MHz		<u>Documented</u> QSE	<u>In CR/Log</u>	
	U2 CR-800 MHz		<u>Documented</u> QSE	<u>In CR/Log</u>	
	U1 TSC-800MHz	QSE	/		
	U2 TSC-800MHz	QSE	/		
	EOF-800 MHz	QSE	/		
	DPS-800MHz	QSE	/		
	MCSO-800MHz	QSE	/		

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Emergency Response Activities			
Form 3	Communications Tests		Page 11 of 12

6.0 <u>EVALUATION CHECKLIST (Cont'd)</u>			
III. Annual			
	Person Contacted	Date/Time	Initials
1. In conjunction with FEMA, verify the Prompt Notification System is effective in notifying people Within the 10-mile Emergency Planning Zone.	_____	____/____/____	_____
	_____	____/____/____	_____
2. Communications established between EOF, State and local EOCs and the JIC.	_____	____/____/____	_____
	_____	____/____/____	_____
	_____	____/____/____	_____

Attach to Form 3, Page 11.

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Emergency Response Activities			
Form 3	Communications Tests		Page 12 of 12

6.0 COMMENTS

Performed By: _____
(Print/Sign) _____ Date _____

Performed By: _____
(Print/Sign) _____ Date _____

Performed By: _____
(Print/Sign) _____ Date _____

Performed By: _____
(Print/Sign) _____ Date _____

Approved: _____
Supervisor, Emergency Response or designee (Print/Sign) _____ Date _____

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Emergency Response Activities			
Form 4	Annual Letters of Agreement Review		Page 1 of 2

The annual review of the STPEGS Emergency Plan Letters of Agreement for _____ has been completed. (year)

*Letter of Agreement	Date Reviewed	Change Required (Yes / No)
American Nuclear Insurers		
American Red Cross Matagorda County Chapter		
Bay City Independent School District		
Bay City Police Department		
Bay City Volunteer Fire Department		
Best Western Matagorda Hotel and Conference Center		
Celanese Chemicals		
City of Bay City		
City of Palacios Police Department		
City of Palacios Volunteer Fire Department		
Emergency Alert System Station KIOX FM, 96.9 Radio		
Emergency Alert System Station KMKS FM, 102.5 Radio		
EquiStar Chemicals, LP		
Framatome Enviromental Lab		
Gulf Coast Emergency Medical Services (EMS)		
Institute of Nuclear Power Operations (INPO)		
Matagorda County		
Matagorda County Environmental Health		

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Emergency Response Activities			
Form 5	Annual Emergency Response Procedures Review		Page 1 of 2

1. Do the Emergency Response procedures address:

- | | | | | |
|----|---|-----------------------------|------------------------------|------------------------------|
| a. | Written critiques and evaluations of drills and exercises? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| b. | Changes in key personnel involved in the Emergency Response Organization? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| c. | Changes in the organizational structure? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| d. | Changes in applicable Federal and State regulations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| e. | Changes in the function and capability of support organizations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| f. | Modifications to the station facilities, site or operating status that could affect emergency planning and preparedness? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| g. | Recommendations received from other organizations, such as Federal, State, or County authorities or private support groups? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| h. | Annual independent findings? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| i. | The requirement that the Station Emergency Plan including EALs used for classification of emergencies shall be submitted to the State and County for review. Comments from this review shall be discussed between the various organizations and incorporated in the STPEGS Emergency Plan and procedures as applicable? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |

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Emergency Response Activities			
Form 5	Annual Emergency Response Procedures Review		Page 2 of 2

2. The annual review of the Emergency Response Procedures for _____ has been completed. The following procedures were reviewed: _____ (year)

(List Procedure Numbers)

3. The following procedures require revisions:

Performed By: _____ (Print/Sign) _____ Date

Approved: _____ Supervisor, Emergency Response or designee (Print/Sign) _____ Date

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Emergency Response Activities			
Form 6	Annual Emergency Response Training Review		Page 1 of 1

The annual review of the Emergency Response Training Program for _____ has been completed.
(year)

Scheduled training was completed with the following exceptions:

(List course numbers and dates scheduled.)

_____	_____
_____	_____
_____	_____

Training designated for revised procedures was completed with the following exceptions:

_____	_____
_____	_____

A review of all Emergency Response Organization Training Course Lesson Plans as listed in 0PGP03-ZT-0139 has been completed. A list of discrepancies and/or required revisions is provided per attached summary.

Performed By: _____
(Print/Sign) _____
Date

Approved: _____
Supervisor, Emergency Response
or designee (Print/Sign) _____
Date

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Emergency Response Activities			
Form 7	Annual Emergency Response Offsite Training Review		Page 1 of 1

The annual review of the completed offsite Emergency Response Training Program has been accomplished for _____. Findings are attached.
(year)

Performed By: _____
(Print/Sign) _____
Date

Approved: _____
Supervisor, Emergency Response
or designee (Print/Sign) _____
Date

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification		Page 1 of 4

This is to certify that the quarterly distribution of the Public Emergency Information Brochure has been completed for the 1st 2nd 3rd 4th quarter, _____.

(Circle one) (Year)

Additionally, Visible Postings within the ten-mile EPZ are intact.

Locations checked shown on next page.

Comments: _____

Performed By: _____

(Print/Sign) Date

Approved: _____

Supervisor, Emergency Response
or designee (Print/Sign) Date

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification		Page 2 of 4

Instructions: Place a “Y” (Yes) or a “N” (No) in the appropriate box for “Brochures Stocked”, “Signs Intact (if applicable)” and “Alert Radio (if applicable).” Complete the “Comments” box with any additional information (i.e., needs brochure display, alert radio broke; etc.). Under “Initial”, the individual performing the verification should place their initials.

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
1. Bay City Chamber of Commerce		N/A	N/A		
2. Bay City Inn		N/A	N/A		
3. Cattleman’s Motel, Bay City		N/A	N/A		
4. Econo Lodge, Bay City		N/A	N/A		
5. Holiday Inn Express, Bay City		N/A	N/A		
6. Joint Information Center Store Room		N/A	N/A		
7. Matagorda Hotel & Conf. Center		N/A	N/A		
8. Rio Colorado Golf Shop		N/A			
9. Riverside Park					
10. South Texas Inn, Bay City		N/A	N/A		
11. FM 521 River Park	N/A		N/A		
12. Guffy’s Store, Wadsworth		N/A			
13. Wadsworth Post Office		N/A			
14. J & J’s, Wadsworth		N/A			
15. STP Visitor Center		N/A	N/A		

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification		Page 3 of 4

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
16. Allens Landing, River Road					
17. Bay City Public Library, Matagorda Branch		N/A			
18. C & R Drive-In, Matagorda					
19. Carla Courts Motel, Matagorda		N/A			
20. Colorado River Seafood, River Road		N/A			
21. Culver's Market & Fishing Center, Matagorda		N/A			
22. Fisherman's Motel, Matagorda		N/A			
23. Matagorda Beach Park	N/A		N/A		
24. Matagorda Motel		N/A			
25. Matagorda Harbor/Skipper's Bait And Tackle					
26. Matagorda Post Office		N/A			
27. Matagorda Shoppe		N/A			
28. Neon Palm Restaurant, Matagorda		N/A			
29. Rawlings Bait Camp, River Road					
30. River Bend Tavern & Marina, River Road					
31. Salty Dog, Matagorda		N/A			
32. Stanley's Grocery, Matagorda		N/A			
33. Waterfront Restaurant, Matagorda		N/A			

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Emergency Response Activities			
Form 9	Quarterly Visible Postings and Public Emergency Information Brochure Verification		Page 4 of 4

LOCATION	BROCHURES STOCKED	SIGNS INTACT (If Applicable)	ALERT RADIO (If Applicable)	COMMENTS	INITIAL
34. Chamber of Commerce, Palacios		N/A	N/A		
35. Collegeport Post Office		N/A			
36. Luther Hotel, Palacios		N/A	N/A		
37. Tres Palacios Boat Ramp	N/A		N/A		
38. Hitchin' Post Country Store, El Maton		N/A	N/A		
39. El Maton Post Office		N/A			

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Emergency Response Activities			
Form 10	Quarterly Review of Alert Radio Distribution		Page 1 of 1

This is to certify that verification of alert radio distribution has been completed for the

1st 2nd 3rd 4th quarter, _____.
 (Circle One) (Year)

Attached is a list of individuals/businesses who require an Alert Radio.

Performed By: _____
 (Print/Sign) Date

Approved: _____
 Supervisor, Emergency Response
 or designee (Print/Sign) Date

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Emergency Response Activities			
Form 11	Quarterly Emergency Communications Directory/Emergency Response Procedures Telephone Number Verification		Page 1 of 1

This is to certify the telephone numbers in the following have been verified as accurate for
1st 2nd 3rd 4th quarter, _____.
 (Circle One) (Year)

Emergency Communications Directory	_____
Procedure 0ERP01-ZV-IN02, Notifications to Offsite Agencies	_____
Procedure 0ERP01-ZV-IN03, Emergency Response Organization Notification	_____
Procedure 0ERP01-ZV-IN04, Assembly and Accountability	_____
Procedure 0ERP01-ZV-EF25, Site Public Affairs Coordinator	_____
Procedure 0ERP01-ZV-SH01, Shift Supervisor	_____
Procedure 0POP04-ZO-0004, Personnel Emergencies	_____
Procedure 0PGP03-ZA-0106, Emergency Medical Response Plan	_____
Procedure 0PGP05-ZV-0011, Emergency Communications	_____
Procedure 0PGP05-ZV-0003, Emergency Response Organization	_____

Performed By: _____
 (Print/Sign) Date

Approved: _____
 Supervisor, Emergency Response
 or designee (Print/Sign) Date

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Emergency Response Activities			
Form 12	Quarterly ERO Roster Review		Page 1 of 1

This is to certify that the Emergency Response Organization Roster, Autodialer call out roster, and CANs call out roster have been verified as correct for (1st, 2nd, 3rd, 4th) quarter, (Year)_____.

ERO Roster verification (name, position, telephone, pager) _____

Performed by (Print/Sign) _____

Date _____

* ERO Roster Qualification verification _____

Performed by (Print/Sign) _____

Date _____

* Onshift ERO Qualification verification _____

(* See attached documentation)

Autodialer call out roster verification _____

Performed by (Print/Sign) _____

Date _____

CAN call out roster verification _____

Performed by (Print/Sign) _____

Date _____

Emergency Contact Disk Revised/Distributed _____

Performed by (Print/Sign) _____

Date _____

* List Condition Report numbers for any personnel who expired during the quarter.

Approved by: _____

Supervisor, Emergency Response
or designee (Print/Sign)

Date _____

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Emergency Response Activities			
Form 13	STPEGS Emergency Plan Annual Review Checklist		Page 1 of 2

STPEGS Emergency Plan, Revision _____

1. Does the STPEGS Emergency Plan satisfy the applicable requirements of 10CFR50.47?

____NO ____YES If NO, describe the deviation: _____

2. Does the STPEGS Emergency Plan satisfy the applicable requirements of 10CFR50, Appendix E?
____NO ____YES(Consider if overall effectiveness of the Emergency Response Program will be reduced. Previously approved deviations do not require review and documentation.)

If NO, describe the deviation: _____

3. Does the STPEGS Emergency Plan satisfy the applicable recommendations of NUREG 0654/FEMA-REP-1?

____NO ____YES If NO, describe the deviation: _____

4. Does the STPEGS Emergency Plan satisfy the applicable facility requirements as described in NUREG-0696?

____NO ____YES If NO, describe the deviation: _____

5. Does the STPEGS Emergency Plan satisfy the applicable facility requirements as described in NUREG-0737, Supplement 1?

____NO ____YES If NO, describe the deviation: _____

6. If NO was answered to any of the previous questions, has the overall effectiveness of the Emergency Response Program been reduced?

____NO ____YES If YES, justify the reduction: _____

If NO, explain why there is no reduction in effectiveness: _____

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Emergency Response Activities			
Form 13	STPEGS Emergency Plan Annual Review Checklist		Page 2 of 2

7. Does the STPEGS Emergency Plan address:

- | | | | |
|--|-----------------------------|------------------------------|------------------------------|
| a. Written critiques and evaluations of drills and exercises? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| b. Changes in key personnel involved in the Emergency Response Organization? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| c. Changes in the organizational structure? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| d. Changes in applicable Federal and State regulations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| e. Changes in the function and capability of support organizations? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| f. Modifications to the station facilities, site or operating status that could affect emergency planning and preparedness? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| g. Recommendations received from other organizations, such as Federal, State, or County authorities or private support groups? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| h. Annual independent findings? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |
| i. The requirement that the Station Emergency Plan including EALs used for classification of emergencies shall be submitted to the State and County for review? Comments from this review shall be discussed between the various organizations and incorporated in the STPEGS Emergency Plan and procedures as applicable? | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> N/A |

Prepared by: _____
(Print/Sign)

Date: _____

- [☐] Approved
 [☐] Emergency Plan Revision Required
 [☐] Changes to Emergency Response Procedures Required
 [☐] Disapproved/Reason:

Supervisor, Emergency Response
or designee (Print/Sign)

Date

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Emergency Response Activities			
Form 14	Annual Letter of Certification Verification to DEM		Page 1 of 1

This is to certify that the Annual Letter of Certification has been submitted to the Division of Emergency Management, Texas Department of Public Safety for _____.
(Year)

Correspondence Number: _____

Date of Correspondence: _____

Performed By: _____
(Print/Sign) Date

Approved: _____
Supervisor, Emergency Response
or designee (Print/Sign) Date

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Emergency Response Activities			
Form 15	ERD Staff Training		Page 1 of 1

Name	P A. Access	RCA Access	Instr. Cert	Entry Level	Utility Assist	Conference	Benchmark	Cross- Discipline	Other

Notes:

Performed By: _____

(Print/Sign)

Date: _____

Approved: _____

Supervisor, Emergency Response Division
or designee (Print/Sign)

Date: _____

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Emergency Response Activities			
Form 16	State of Texas/Matagorda County Annual Review of the STPEGS Emergency Action Levels		Page 1 of 1

As per the directions in 10CFR50 Appendix E, (IV), (B), annually the STPEGS Emergency Action Levels (EALs) shall be reviewed with the State of Texas, Department of Health and Matagorda County Emergency Management Agency.

This Form documents the annual review with, and recommendations of, the State of Texas, Department of Health and Matagorda County Emergency Management Agency of the Emergency Action Levels.

Please check the organization you are representing:

State of Texas, Department of Health:

☐

Matagorda County Emergency Management Agency:

☐

Please check the appropriate answer:

I have performed the annual review of the Emergency Action Levels and find them adequate.

☐

I have performed the annual review of the Emergency Action Levels and do not find them adequate. (Please state reason below)

☐

I have performed the annual review of the Emergency Action Levels and find them adequate; however, I have the following issues.

☐

Name: _____ Date: _____
(Print/Sign)

Approved: _____ Date: _____
Supervisor, Emergency Response
or designee (Print/Sign)

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Emergency Response Activities			
Form 17	Annual News Media Training		Page 1 of 1

This is to certify annual emergency response media training has been offered to local news media agencies for _____.
(Year)

Completed By: _____
(Print/Sign)

Date _____

Approved: _____
Supervisor, Emergency Response
or designee (Print/Sign)

Date _____

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Emergency Response Activities			
Form 18	Quarterly Computer Functional Test		Page 1 of 1

This is to certify the quarterly functional testing of all Onsite (U1 TSC, U2 TSC; U1 OSC, U2 OSC, EOF, and MOF-3 laptops) Emergency Response Facility Computer Equipment has been completed for the _____ quarter _____.

(1st, 2nd, 3rd, 4th) (year)

This is to certify the quarterly functional testing of all Offsite (AEOF and JIC) Emergency Response Facility Computer Equipment has been completed for the _____ quarter, _____.

(1st, 2nd, 3rd, 4th) (year)

Comments: _____

Performed By: _____

(Print/Sign) Date

Approved By: _____

Supervisor, Emergency Response
or designee (Print/Sign) Date

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Emergency Response Activities			
Form 19	Autodialer Tests		Page 1 of 4

1.0 Introduction

This Emergency Notification and Response System (ENRS) test was developed to provide a means of verifying the ENRS software, global paging capability and message delivery system is performing as required. This test also provides a means of documenting the results, identifying, and correcting any deficiency with the system.

2.0 Objectives

The objectives of the tests are:

2.1 Once every Six years

- 2.1.1 Conduct and document an Off-Hours Call-Out of required ERO personnel. This test will verify the correct operation of the autodialer system and that the required Emergency Response Facility positions are filled in the required times.

2.2 Semi-Annual

- 2.2.1 Conduct an off-hours call-in only drill to verify the correct operation of the autodialer system and the validity of the roster including activation of the global page, message delivery, and report generation of the results.

2.3 Quarterly

- 2.3.1 Verify the Autodialer call out roster matches the Emergency Response Organization Roster as required by OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 4.6.
- 2.3.2 Verify the CAN call out roster matches the Emergency Response Organization Roster as required by OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 4.6.

2.4 Monthly

- 2.4.1 Verify the Emergency Notification and Response System (ENRS) is capable of performing its function, including activation of global page, message delivery system, and report generation of results.

2.5 Weekly

- 2.5.1 A weekly activation of the ENRS will be performed to signal the new duty team rotation to ERO personnel.

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Emergency Response Activities			
Form 19	Autodialer Tests		Page 2 of 4

2.6 Post Maintenance

- 2.6.1 Verify correct operation of the system after changes to an installed scenario or development of a new scenario. Correct operation would include activation of the correct pager response and code, delivery of correct verbal message, notification of the correct ERO positions, and report generation of the results.

3.0 Test Message

An appropriate test message will be used depending upon the test, which clearly begins and ends with the statement "This is only a Test." Drill messages will be similar but will depend upon the extent of play for the particular drill.

4.0 Evaluation

The individual performing the test shall complete the appropriate section of the evaluation checklist. The completed checklist along with the ENRS Communicator "Execution List Exception Report" shall be used as objective evidence of completion. The completed checklist utilized to document the test objectives set forth in OPGP05-ZV-0002, Emergency Response Activities Schedule, Section 2.0, Limitations, were addressed, and any subsequent corrective actions are identified.

5.0 Evaluation Checklist

5.1 Reason for Test:

- ☐ Monthly
☐ Semi-Annual
☐ Six Year
☐ Other _____

Test Date: _____
 Call-Out Start Time: _____

5.2 Test Coordinator completes this section:

- | | | |
|--|-----------------------|---|
| 1. Successful Activation of Autodialer
(0ERP01-ZV-IN03, Addendum 1) | _____ / _____
Time | _____ / _____
Verified by (Initials) |
| 2. Correct message initiated: | _____ / _____
Time | _____ / _____
Verified by (Initials) |
| 3. Autodialer Exception Report generated: | _____ / _____
Time | _____ / _____
Verified by (Initials) |

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Emergency Response Activities			
Form 19	Autodialer Tests		Page 3 of 4

4. Verify/List the Table C-1 positions filled within the specified time frames:

<u>60 Minute Responders</u>	<u>Yes</u>	<u>No</u>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
<u>75 Minute Responders</u>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

5. Table C-1 Positions filled within required times SAT/UNSAT/NA
 (Required for 6 year test, N/A for monthly pager test). (Circle one) Verified by
6. Verify personnel are available for each ERO position on the Exception Report.
 Document results in the Comments section.
7. Verify greater than 90% fill rate as indicated by the groups in the Exception Report.
 Document results in the Comments section.
8. Attach applicable Autodialer reports to this form for documentation retention.

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Emergency Response Activities			
Form 20	Emergency Response Organization Communications		Page 1 of 1

1.0 Reason for Communication:

- ☐ Operating Experience
 ☐ NEI Bulletin
 ☐ INPO
☐ NRC Information Notice
 ☐ Other _____

2.0 Method of Communication:

- ☐ Email
 ☐ Bulletin Board
 ☐ Training
☐ Drill/Exercise Briefing
 ☐ Other _____

3.0 Document communications using the Corrective Action Program Database.

- CR _____.

4.0 Comments:

Completed By: _____
(Print/Sign)

Date _____

Approved: _____
Supervisor, Emergency Response
or designee (Print/Sign)

Date _____

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Prompt Notification System Implementing Procedure			
Quality	Non-Safety-Related	Usage: IN HAND	Effective Date: 10/15/02
Joe Enoch	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

<u>Usage</u>	<u>Table of Contents</u>	<u>Page</u>
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Usage

1 - IN HAND

2 - REFERENCED

3 - AVAILABLE

Prompt Notification System Implementing Procedure**1.0 Purpose and Scope**

- 1.1 This procedure shall be used to implement the administration, maintenance, testing, and distribution of the Prompt Notification System.
- 1.2 This procedure implements the administration, maintenance, testing, and distribution of the alert radio subsystem of the Prompt Notification System.
- 1.3 This procedure implements the administration, maintenance, testing, and distribution of the siren subsystem of the Prompt Notification System.
- 1.4 This procedure implements portions of the South Texas Project Electric Generating Station (STPEGS) Emergency Plan specific to general public notification of emergencies at the STPEGS.
- 1.5 This procedure is implemented in conjunction with OPGP05-ZV-0007, Prompt Notification System.

2.0 Limitations

- 2.1 This procedure shall be implemented as directed by OPGP05-ZV-0007, Prompt Notification System.

3.0 Responsibilities

- 3.1 The responsible supervisor or Manager identified in OPGP05-ZV-0007, Prompt Notification System shall ensure the appropriate checklists and/or forms completed and returned to the Supervisor, Emergency Response or designee upon completion.

4.0 Procedure

- 4.1 The Supervisor, Emergency Response or designee performs the following:
 - 4.1.1 Quarterly updates Alert Radios in accordance with Addendum 1, Alert Radio Maintenance.
 - 4.1.2 Quarterly complete and forward Form 5, Siren Maintenance and Operability Report to the Division of Emergency Management (DEM).
 - 4.1.3 Coordinate the annual siren complete cycle test by performing the following:
 - a. Designate poll watchers for local observation of all sirens.
 - b. Coordinate test notification to the emergency planning zone residences, county officials, and station employees.

Prompt Notification System Implementing Procedure

- c. Direct poll watchers to document results using Form 4, Siren Complete Cycle Test Local Observation.
- 4.1.4 A successful Bi-Weekly (poll) test includes receiving positive polling data (RF-OK).
- 4.1.5 A successful Quarterly Growl test includes receiving positive polling data (RF-OK, RF-TEST_OK) and a positive visual growl inspection.
- 4.1.6 A successful Complete Cycle Test includes receiving positive polling data (RF_OK, RF-ACTIVE_OK) and a positive complete cycle observation.
- 4.2 The Manager, Information Systems, or designee, performs the following:
 - 4.2.1 Annually Back-up Emergency Alert System Test in accordance with Addendum 2, Back-up Emergency Alert System Test.
 - 4.2.2 Biweekly, perform the Siren Poll Test on Wednesdays in accordance with Addendum 3, Siren Poll Test.
 - 4.2.3 Quarterly perform a Siren Growl Test, on Wednesdays at approximately 12:00 Noon in accordance with Addendum 4, Siren Growl Test.
 - 4.2.4 Quarterly perform Siren Visual Inspections in accordance with Form 3, Siren Visual Inspection.
 - 4.2.5 Annually perform the Siren Complete Cycle Test, in accordance with Addendum 5, Siren Complete Cycle Test.
 - 4.2.6 Perform the following tests of all affected sirens after preventive and/or corrective maintenance:
 - a. Poll Test in accordance with Addendum 3, Siren Poll Test.
 - b. Visually inspect siren's in accordance with Form 2, Siren Maintenance Visual Inspection.
 - c. Growl Test in accordance with Addendum 4, Siren Growl Test.
 - 4.2.7 Perform the following tests of all affected sirens after Severe Weather:
 - a. Poll Test in accordance with Addendum 3, Siren Poll Test.
- 4.3 Siren tests shall not be performed outside these intervals without prior permission from the Supervisor, Emergency Response. The only exception is visual tests may be postponed one working day based upon severe weather if recommended by the Supervisor, Communications. (SPR 933336).

Prompt Notification System Implementing Procedure**5.0 References**

- 5.1 OPGP05-ZV-0007, Prompt Notification System.
- 5.2 OPGP05-ZV-0014, Emergency Response Activities

6.0 Documentation

- 6.1 Documents generated in the execution of this procedure shall be retained in the Records Management System in accordance with the Document Type List (DTL).

7.0 Support Documents

- 7.1 Addendum 1, Alert Radio Maintenance
- 7.2 Addendum 2, Back-up Emergency Alert System Test
- 7.3 Addendum 3, Siren Poll Test
- 7.4 Addendum 4, Siren Growl Test
- 7.5 Addendum 5, Siren Complete Cycle Test
- 7.6 Form 1, Siren Test or Inspection Results
- 7.7 Form 2, Siren Maintenance Visual Inspection
- 7.8 Form 3, Siren Visual Inspection
- 7.9 Form 4, Siren Complete Cycle Test Local Observation
- 7.10 Form 5, Siren Maintenance and Operability Report
- 7.11 Form 6, Back-up Emergency Alert System (EAS) Test Results

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Prompt Notification System Implementing Procedure			
Addendum 2	Back-up Emergency Alert System Test	Page 1 of 2	

As a step is completed place a check mark or similar notation in the column to the right.

Activity

Complete

NOTE

Do not conduct the test without the assistance of radio station personnel. Station officials will ensure the test is conducted off the air. Activation of the system without contacting radio station staff will result in live over the air broadcast.

- | | | |
|------|--|-------|
| 1.0 | Report to the Matagorda County Sheriff's Office and contact the lead Emergency Alert System radio station to conduct the Back-up Emergency Alert System Test. | _____ |
| 2.0 | Upon approval from lead Emergency Alert System radio staff, initiate the test. | _____ |
| 3.0 | Turn on the radio and ENDEC encoder before conducting the system test. | _____ |
| 4.0 | Perform the following steps on the ENDEC encoder: | |
| 4.1 | The display will read MENU in the lower left corner---Press ENTER. | _____ |
| 4.2 | The arrow should be pointing to ALERTS---Press ENTER. | _____ |
| 4.3 | The arrow should be pointing to ORIGINATE ALERT---Press ENTER. | _____ |
| 4.4 | To ensure password, press ENTER four times. | _____ |
| 4.5 | To select TEMPLATE---Press the button underneath TEMPLATE. | _____ |
| 4.6 | The display will read OUTGOING TEMPLATE KMKS---Press ENTER. | _____ |
| 4.7 | The display will read ADJUST TEMPLATE---Press the button underneath NO. | _____ |
| 4.8 | The display will read DURATION 1:00---Press ENTER. | _____ |
| 4.9 | The display will read KMKS---Press ENTER. | _____ |
| 4.10 | Upon completing the above steps, the radio should key up (red transmit light should illuminate) followed by a series of attention tones. This is the amount of time available to conduct the voice test. | _____ |

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Addendum 2	Back-up Emergency Alert System Test	Page 2 of 2	

Activity	Complete
4.11 Press the PTT button on the base of the microphone.	_____
4.12 Speak clearly approximately six inches away from the microphone.	_____
4.13 Start the announcements with, This is a test, this is only a test, this is a test of the back-up emergency alert system. End the announcements with, This has been a test of the back-up emergency alert system. This was only a test.	_____
4.14 Confirm test results with the radio station staff.	_____
4.15 Repeat test, if the initial test is unsuccessful.	_____
4.16 Upon completion of the test, turn off the radio and ENDEC encoder.	_____
5.0 Complete and forward Form 6, Back-up Emergency Alert System (EAS) Test Results, to the Emergency Response Division.	_____

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Prompt Notification System Implementing Procedure			
Addendum 3	Siren Poll Test		Page 1 of 2

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 Perform this test from either the Emergency Operations Facility or Matagorda County Sheriff's Office.	_____
2.0 Notify Matagorda County Sheriff's Office that STP will perform a poll test.	_____
3.0 Perform computer generated test:	
3.1 Verify the correct date and time is shown on the computer screen. If not, correct the date and time. (SPR 933336)	_____
3.2 Select CompuLert icon.	_____
3.3 Clear all previous siren status messages (initial test only).	_____
3.4 Select STATUS.	_____
3.5 Select POLL.	_____
3.6 Type ***.	_____
3.7 Select SEND.	_____
4.0 Verify RF-OK.	_____
5.0 If any siren does not poll RF-OK, the operator is permitted to Re-poll the affected siren(s) for fifteen minutes. The time stamp on the summary sheet will document test start and end times.	_____
6.0 Perform additional poll test(s), in accordance with Step 3.0, for sirens that do not respond RF-OK. (If all sirens perform, N/A this blank as Not Applicable.)	_____
7.0 Indicate siren as failed on Form 1, Siren Test or Inspection Results, if RF-OK not received after 15 minutes.	_____

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Prompt Notification System Implementing Procedure			
Addendum 3	Siren Poll Test		Page 2 of 2

Activity	Complete
8.0 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event.)	_____
9.0 Complete poll test paperwork.	
9.1 Select REPORT.	_____
9.2 Select NEW ACTIVITIES REPORT.	_____
9.3 Document test results on Form 1, Siren Test or Inspection Results.	_____
9.4 Attach computer printout to Form 1, Siren Test or Inspection Results.	_____
9.5 Obtain review signature of Supervisor, Communications.	_____
10.0 For all sirens that failed, perform visual inspection per Form 2, Siren Maintenance Visual Inspection.	_____
11.0 Forward completed Form(s) to the Emergency Response Division.	_____

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Prompt Notification System Implementing Procedure			
Addendum 4	Siren Growl Test		Page 1 of 2

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 Perform this test from either the Emergency Operations Facility or Matagorda County Sheriff's Office.	_____
2.0 Notify the Matagorda County Sheriff's Office of the test.	_____
3.0 Perform computer generated test.	
3.1 Select CompuLert icon.	_____
3.2 Clear all previous siren status messages.	_____
3.3 Select STATUS.	_____
3.4 Select TEST.	_____
3.5 Type *** (or select siren(s) to be growled by the appropriate siren code).	_____
3.6 Select SEND.	_____
3.7 Verify RF-OK TEST_OK.	_____
3.8 If any siren does not poll RF-OK TEST_OK RF-OK, the operator is permitted to growl/poll the affected siren(s) for fifteen minutes. The time stamp on the printout will document test start and end times.	_____
3.9 If RF-OK TEST_OK is not received, repeat on affected sirens only (If all sirens perform N/A this blank as Not Applicable).	_____
a. Select STATUS.	_____
b. Select TEST.	_____
c. Type xxx (or select siren(s) to be growled by the appropriate siren code).	_____
d. Verify RF-OK TEST_OK.	_____

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Prompt Notification System Implementing Procedure			
Addendum 4	Siren Growl Test		Page 2 of 2

Activity	Complete
<ul style="list-style-type: none"> e. If RF-OK TEST_OK is not received after 15 minutes, record a siren failure on Form 1 Siren Test or Inspection Results. 	_____
3.10 If RF-OK is not received, perform poll test again on affected sirens only. (If all sirens perform, N/A this blank as Not Applicable).	_____
<ul style="list-style-type: none"> a. Select STATUS. 	_____
<ul style="list-style-type: none"> b. Select POLL. 	_____
<ul style="list-style-type: none"> c. Type xxx (or select siren(s) to be poled by the appropriate siren code). 	_____
<ul style="list-style-type: none"> d. Verify RF-OK. 	_____
<ul style="list-style-type: none"> e. If RF-OK is not received after 15 minutes, indicate on Form 1 Siren Test or Inspection Results, siren failures. 	_____
3.11 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event).	_____
3.12 Complete growl test paperwork:	
<ul style="list-style-type: none"> a. Select REPORT. 	_____
<ul style="list-style-type: none"> b. Select ACTIVITIES REPORT. 	_____
<ul style="list-style-type: none"> c. Document siren failures and test results on Form, 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> d. Attach computer printout to Form 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> e. Obtain review signature of Supervisor, Communications on Form 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> f. Forward completed Form(s) to the Emergency Response Division. 	_____
3.13 Perform visual inspection per Form 3, Siren Visual Inspection.	_____
3.14 Perform visual quarterly inspection of siren poll using Form 3, Siren Visual Inspection.	_____

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Prompt Notification System Implementing Procedure			
Addendum 5	Siren Complete Cycle Test	Page 1 of 3	

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 The Siren Complete Cycle Test shall be conducted from the Matagorda County Sheriff's Office on a Wednesday at approximately 12:00 Noon.	
2.0 Key Activation of the Siren System:	
2.1 Insert key in the Siren Controller Model 860 control panel.	_____
2.2 Rotate the key clockwise. The ALERT, ATTACK, FIRE and CANCEL buttons will illuminate.	_____
2.3 Depress the ALERT button activating all 32 sirens. Depress the ALERT a second time to avoid radio interference. (Do not remove the key until activation is complete).	_____
2.4 If necessary, use the CANCEL button to abort the ALERT activation.	_____
3.0 Perform a Siren Poll Test in accordance Addendum 3, Siren Poll Test.	_____
4.0 If any siren does not poll RF-OK ACTIVATE_OK, or if the siren did not run, the operator is permitted to re-test/poll the affected siren(s) for fifteen minutes. The time stamp on the New Activities Report (printout) will document test start and end times.	_____
5.0 If RF-OK ACTIVATE_OK is not received, repeat on affected sirens only (If all sirens perform N/A this blank as Not Applicable).	
5.1 Select COMMAND	_____
5.2 Select ALERT.	_____
5.3 Type xxx (or select siren(s) to be run by the appropriate siren code).	_____
5.4 Verify RF-OK ACTIVATE_OK.	_____

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Addendum 5	Siren Complete Cycle Test		Page 2 of 3

Activity	Complete
5.5 If RF-OK ACTIVATE_OK is not received after 15 minutes, record a siren failure on Form 1, Siren Test or Inspection Results.	_____
6.0 Reset Sirens by performing the following:	
6.1 Select STATUS.	_____
6.2 Select RESET STATUS.	_____
6.3 Type ***.	_____
6.4 Press ENTER.	_____
7.0 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event).	_____
8.0 Complete annual siren complete cycle test paperwork.	
8.1 Select REPORT.	_____
8.2 Select NEW ACTIVITIES REPORT.	_____
8.3 Document siren failures and test results on Form1, Siren Test or Inspection Results.	_____
8.4 Attach computer printout to Form 1, Siren Test or Inspection Results.	_____
8.5 Obtain review signature of Supervisor, Communications on Form 1, Siren Test or Inspection Results.	_____
8.6 Forward completed Forms to the Emergency Response Division.	_____
9.0 For any siren that failed, perform visual inspection per Form 2, Siren Maintenance Visual Inspection.	_____

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Prompt Notification System Implementing Procedure			
Form 1	Siren Test or Inspection Results		Page 1 of 2

Select the type of test:

- ☐ Bi-weekly
 ☐ Quarterly Growl
 ☐ Siren Complete Cycle Test
 ☐ Severe Weather
 ☐ Post Maintenance

1. If the test is 100%, skip steps 2-8 and enter the outcome in the Results-Operability Calculation, if the test reveals siren failure(s) follow steps 2-8 and complete the Failures Table.

NOTE

Add additional forms if more space is required. N/A (Not Applicable) is not required on empty rows.

2. Enter siren code of each failed siren, e.g., ADA.
3. Enter the response received from the poll test, such as:
RF-ACTIVATE_NO POWER, AC FAIL, NO RESPONSE FROM POLL
4. Record Helpdesk Number received for failures.
5. Enter Yes or No in appropriate blanks after notification of Matagorda County Sheriff's Office (MCSO).
6. Enter Yes or No in appropriate blanks after notification of Emergency Response Division (ERD).
7. Complete the Results - Operability Calculation.
8. Attach computer printout.

FAILURES TABLE

Siren Code	Poll Response	Helpdesk Number	MCSO Notified	ERD Notified

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Form 1	Siren Test or Inspection Results		Page 2 of 2

RESULTS – OPERABILITY CALCULATION

$$\frac{^{(a)}\text{Total Sirens Tested} - ^{(b)}\text{Total Reported Failures}}{^{(c)}\text{Total Sirens Tested}} \times 100 = \% \text{ Operability}$$

$$\frac{^{(a)} - ^{(b)}}{^{(c)}} \times 100 = \% \text{ Operability}$$

Comments:

Test Completed By: _____ Date: _____
 (Print/Sign)

Results Reviewed By: _____ Date: _____
 Supervisor, Communications (Print/Sign)

Results Approved By: _____ Date: _____
 Supervisor, Emergency Response
 or designee (Print/Sign)

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Prompt Notification System Implementing Procedure			
Form 2	Siren Maintenance Visual Inspection		Page 1 of 1

CAUTION

Due to electrical shock hazard, all manual growl tests shall be conducted from the radio control box by pressing the TEST or GROWL button on the Control Panel.

Siren Address Code: _____ Location: _____

1. List any unusual problems or damage: _____
2. Unlock AC power disconnect and turn off power. Open Compulert box and analyze failure lights for problems.
3. Fix/report problems.
 - Blown fuse
 - No power (electrical, battery, power line down)
 - Broken antenna cable
 - Radio inoperable
 - If the problem is electrical, ensure Facilities Management is notified to fix the siren.
 - Other _____
4. Turn power back on and lock AC power disconnect.
5. Perform growl test on the affected siren(s).
6. Did this solve problem?

If yes, then

 - Ensure siren is secure the power is on.
 - Attach computer print out to this form.

If no, troubleshoot and resolve problem and retest.
7. If unable to resolve problem, describe problem found: _____
8. Document conditions in Siren Polling Data Information database.

Visual Inspection Performed by: _____ Date: _____
 (Print/Sign)

Results Reviewed By: _____ Date: _____
 Supervisor, Communications (Print/Sign)

Results Approved By: _____ Date: _____
 Supervisor, Emergency Response
 or designee (Print/Sign)

This page, when completed, shall be retained as per the Document Type List (DTL). File: Z18.01

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Form 3	Siren Visual Inspection		Page 1 of 2

Instructions or filling out form:

1. Mark in the boxes or siren components/tests, which fail the inspection. Do not mark the box of a component/test that works properly.
2. Note any problems that can not be fixed on the comments section of the form.
3. Sign and date this form.
4. Obtain signature of Supervisor, Communications.
5. Obtain the signature of the Emergency Preparedness Division designee.

SIREN CODE	SIREN LOCATION	Box Exteriors			Failure Lights			Tests Siren Motion Observed
		Fuse	Radio Control	Electronic Switch	AC Power Fail	Door Open	Other	
AAA	Wadsworth VFD							
ABA	Selkirk, North							
ABB	Selkirk, South							
ABC	Matagorda VFD							
ABD	Matagorda Beach							
ABE	FM 2668, 0.5 mi (S) of Riverside Park							
ABF	Selkirk VFD							
ADA	Markham VFD							
ADB	EL Maton @ FM 1095							
AEA	SH 35 @ SH 71							
AEB	Blessing VFD							
AEC	Tidewater Oaks @ FM 2853							
AED	Tres Palacios Oaks VFD							
AEE	Collegeport VFD							
BAA	FM 3057 @ FM 2668							
BAB	FM 2078 @ FM 2668							
BAC	CR 242							
BAD	River Bend Boat Access							
BBA	CR 222 @ SH 60							
BBB	Equistar Plant (SH 60)							
BBC	CR 259							

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Prompt Notification System Implementing Procedure			
Form 4	Siren Complete Cycle Test Local Observation		Page 1 of 1

1.0 Siren observer completes the following:

1.1 Siren Location: _____

1.2 Siren Sounds: ☐ YES ☐ NO

1.3 Siren Rotates (360°) ☐ YES ☐ NO

1.4 Siren Run Time (minutes): _____

1.5 Comments: _____

1.6 Return completed form to the Supervisor, Emergency Response or designee.

Observer (Print/Sign) Date: _____

2.0 Supervisor, Emergency Response or designee completes the following:

2.1 *Siren Test Results ☐ Sat ☐ Unsat

Supervisor, Emergency Response
or designee (Print/Sign) Date: _____

* The acceptance criteria for the siren complete cycle test shall include: siren sounds, siren rotates during the test, and siren operates for approximately three (3) minutes (CR 01-2004).

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Prompt Notification System Implementing Procedure			
Form 5	Siren Maintenance and Operability Report	Page 1 of 1	

1st 2nd 3rd 4th
 Circle Report Quarter

Report Date
Year

MONTH(S)	TOTAL NO. OF SIRENS VERIFIED	TOTAL NO. OF SIREN FAILURES	SIREN FAILURE LOCATION	NATURE OF EACH SIREN FAILURE	DATE FAILURE NOTED	DATE RESTORED TO SERVICE	OPERABILITY PERCENTAGE								
	_____ (SIRENS x WEEKS)						%								
	_____ (SIRENS x WEEKS)						%								
	_____ (SIRENS x WEEKS)						%								
FEMA REGION VI STATE OF TEXAS, DIVISION OF EMERGENCY MANAGEMENT <u>GENERAL INFORMATION</u> TOTAL SIRENS IN SYSTEM: 32 TESTING CYCLE -- BIWEEKLY			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 60%; text-align: right;"> AVERAGE = % </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> $\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures}}{\text{Total Sirens Tested}} \times 100$ </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div> </td> </tr> </table>						AVERAGE = %	$\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures}}{\text{Total Sirens Tested}} \times 100$		PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div>		APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div>	
	AVERAGE = %														
$\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures}}{\text{Total Sirens Tested}} \times 100$															
PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div>															
APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div>															

Note: N/A (Not Applicable) is not required for empty boxes.

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Prompt Notification System Implementing Procedure			
Form 6	Back-up Emergency Alert System (EAS) Test Results		Page 1 of 1

NOTE

Before conducting the test, contact the lead EAS radio station to ensure the staff have disabled the live over the air broadcast capability.

1. Test Type: _____ Test Date/Time: _____

2. Equipment functional:

- | | | |
|------------------------------|------------------------------|-----------------------------|
| a. Radio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. ENDEC Encoder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Microphone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Activation Card Available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. Back-up Emergency Alert System Test: ☐ Sat ☐ Unsat

Test Completed By: _____ Date: _____
(Print/Sign)

Results Reviewed By: _____ Date: _____
Supervisor, Communications
(Print/Sign)

Results Approved By: _____ Date: _____
Supervisor, Emergency Response
or designee (Print/Sign)

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Prompt Notification System Implementing Procedure			
Quality	Non-Safety-Related	Usage: IN HAND	Effective Date: 10/15/02
Joe Enoch	N/A	N/A	Emergency Response Division
PREPARER	TECHNICAL	USER	COGNIZANT ORGANIZATION

<u>Usage</u>	<u>Table of Contents</u>	<u>Page</u>
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Usage

1 - IN HAND

2 - REFERENCED

3 - AVAILABLE

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Prompt Notification System Implementing Procedure			

1.0 Purpose and Scope

- 1.1 This procedure shall be used to implement the administration, maintenance, testing, and distribution of the Prompt Notification System.
- 1.2 This procedure implements the administration, maintenance, testing, and distribution of the alert radio subsystem of the Prompt Notification System.
- 1.3 This procedure implements the administration, maintenance, testing, and distribution of the siren subsystem of the Prompt Notification System.
- 1.4 This procedure implements portions of the South Texas Project Electric Generating Station (STPEGS) Emergency Plan specific to general public notification of emergencies at the STPEGS.
- 1.5 This procedure is implemented in conjunction with OPGP05-ZV-0007, Prompt Notification System.

2.0 Limitations

- 2.1 This procedure shall be implemented as directed by OPGP05-ZV-0007, Prompt Notification System.

3.0 Responsibilities

- 3.1 The responsible supervisor or Manager identified in OPGP05-ZV-0007, Prompt Notification System shall ensure the appropriate checklists and/or forms completed and returned to the Supervisor, Emergency Response or designee upon completion.

4.0 Procedure

- 4.1 The Supervisor, Emergency Response or designee performs the following:
 - 4.1.1 Quarterly updates Alert Radios in accordance with Addendum 1, Alert Radio Maintenance.
 - 4.1.2 Quarterly complete and forward Form 5, Siren Maintenance and Operability Report to the Division of Emergency Management (DEM).
 - 4.1.3 Coordinate the annual siren complete cycle test by performing the following:
 - a. Designate poll watchers for local observation of all sirens.
 - b. Coordinate test notification to the emergency planning zone residences, county officials, and station employees.

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Prompt Notification System Implementing Procedure			

- c. Direct poll watchers to document results using Form 4, Siren Complete Cycle Test Local Observation.
- 4.1.4 A successful Bi-Weekly (poll) test includes receiving positive polling data (RF-OK).
- 4.1.5 A successful Quarterly Growl test includes receiving positive polling data (RF-OK, RF-TEST_OK) and a positive visual growl inspection.
- 4.1.6 A successful Complete Cycle Test includes receiving positive polling data (RF_OK, RF-ACTIVE_OK) and a positive complete cycle observation.
- 4.2 The Manager, Information Systems, or designee, performs the following:
 - 4.2.1 Annually Back-up Emergency Alert System Test in accordance with Addendum 2, Back-up Emergency Alert System Test.
 - 4.2.2 Biweekly, perform the Siren Poll Test on Wednesdays in accordance with Addendum 3, Siren Poll Test.
 - 4.2.3 Quarterly perform a Siren Growl Test, on Wednesdays at approximately 12:00 Noon in accordance with Addendum 4, Siren Growl Test.
 - 4.2.4 Quarterly perform Siren Visual Inspections in accordance with Form 3, Siren Visual Inspection.
 - 4.2.5 Annually perform the Siren Complete Cycle Test, in accordance with Addendum 5, Siren Complete Cycle Test.
 - 4.2.6 Perform the following tests of all affected sirens after preventive and/or corrective maintenance:
 - a. Poll Test in accordance with Addendum 3, Siren Poll Test.
 - b. Visually inspect siren's in accordance with Form 2, Siren Maintenance Visual Inspection.
 - c. Growl Test in accordance with Addendum 4, Siren Growl Test.
 - 4.2.7 Perform the following tests of all affected sirens after Severe Weather:
 - a. Poll Test in accordance with Addendum 3, Siren Poll Test.
- 4.3 Siren tests shall not be performed outside these intervals without prior permission from the Supervisor, Emergency Response. The only exception is visual tests may be postponed one working day based upon severe weather if recommended by the Supervisor, Communications. (SPR 933336).

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Prompt Notification System Implementing Procedure			

5.0 References

- 5.1 OPGP05-ZV-0007, Prompt Notification System.
- 5.2 OPGP05-ZV-0014, Emergency Response Activities

6.0 Documentation

- 6.1 Documents generated in the execution of this procedure shall be retained in the Records Management System in accordance with the Document Type List (DTL).

7.0 Support Documents

- 7.1 Addendum 1, Alert Radio Maintenance
- 7.2 Addendum 2, Back-up Emergency Alert System Test
- 7.3 Addendum 3, Siren Poll Test
- 7.4 Addendum 4, Siren Growl Test
- 7.5 Addendum 5, Siren Complete Cycle Test
- 7.6 Form 1, Siren Test or Inspection Results
- 7.7 Form 2, Siren Maintenance Visual Inspection
- 7.8 Form 3, Siren Visual Inspection
- 7.9 Form 4, Siren Complete Cycle Test Local Observation
- 7.10 Form 5, Siren Maintenance and Operability Report
- 7.11 Form 6, Back-up Emergency Alert System (EAS) Test Results

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Prompt Notification System Implementing Procedure			
Addendum 1	Alert Radio Maintenance		Page 1 of 1

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
----------	----------

- | | | |
|-----|---|-------|
| 1.0 | Maintain a current Emergency Planning Zone database composed of residents located outside effective siren range and within the 10-mile Emergency Planning Zone who have been provided an alert radio via a record compiled from electric utility listings and verified by the use of an information card. | |
| 2.0 | Maintain a current Emergency Planning Zone database composed of industrial locations, special facilities, and recreational areas within the South Texas Project 10-mile Emergency Planning Zone who have been provided an alert radio, via a record compiled from electric utility customer listings. | |
| 3.0 | Update the alert radio database: | |
| 3.1 | Determine new residents within the 10-mile Emergency Planning Zone, but outside effective siren range or if the special facilities, industrial location, or recreational areas are within the 10-mile Emergency Planning Zone. | _____ |
| 3.2 | Mail-out an information card to verify the resident's address and physical location. | _____ |
| 3.3 | Using the updated Emergency Planning Zone database and the returned information card, determine if the residents require an alert radio. | _____ |
| 3.4 | If an alert radio is required, mail-out the unit with a return receipt or deliver the unit to the resident's home. | _____ |
| 3.5 | Residents located outside effective siren range and all special facilities, industrial locations, and recreational facilities will receive an alert radio. | _____ |
| 3.6 | A written back up listing of radio recipients will be kept on file in the Emergency Response Division. | _____ |
| 4.0 | Maintain documentation (e.g., information card, date of distribution etc.,) of alert radios distributed in the Emergency Planning Zone Alert Radio Database. | _____ |
| 5.0 | Document results in accordance with procedure OPGP02-ZV-0014, Emergency Response Activities. | _____ |
| 6.0 | Send defective or broken radio to the Metrology Laboratory for repair or replacement. | _____ |

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Prompt Notification System Implementing Procedure			
Addendum 2	Back-up Emergency Alert System Test		Page 1 of 2

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
----------	----------

NOTE

Do not conduct the test without the assistance of radio station personnel. Station officials will ensure the test is conducted off the air. Activation of the system without contacting radio station staff will result in live over the air broadcast.

- | | | |
|------|--|-------|
| 1.0 | Report to the Matagorda County Sheriff's Office and contact the lead Emergency Alert System radio station to conduct the Back-up Emergency Alert System Test. | _____ |
| 2.0 | Upon approval from lead Emergency Alert System radio staff, initiate the test. | _____ |
| 3.0 | Turn on the radio and ENDEC encoder before conducting the system test. | _____ |
| 4.0 | Perform the following steps on the ENDEC encoder: | |
| 4.1 | The display will read MENU in the lower left corner---Press ENTER. | _____ |
| 4.2 | The arrow should be pointing to ALERTS---Press ENTER. | _____ |
| 4.3 | The arrow should be pointing to ORIGINATE ALERT---Press ENTER. | _____ |
| 4.4 | To ensure password, press ENTER four times. | _____ |
| 4.5 | To select TEMPLATE---Press the button underneath TEMPLATE. | _____ |
| 4.6 | The display will read OUTGOING TEMPLATE KMKS---Press ENTER. | _____ |
| 4.7 | The display will read ADJUST TEMPLATE---Press the button underneath NO. | _____ |
| 4.8 | The display will read DURATION 1:00---Press ENTER. | _____ |
| 4.9 | The display will read KMKS---Press ENTER. | _____ |
| 4.10 | Upon completing the above steps, the radio should key up (red transmit light should illuminate) followed by a series of attention tones. This is the amount of time available to conduct the voice test. | _____ |

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Prompt Notification System Implementing Procedure			
Addendum 2	Back-up Emergency Alert System Test	Page 2 of 2	

Activity	Complete
4.11 Press the PTT button on the base of the microphone.	_____
4.12 Speak clearly approximately six inches away from the microphone.	_____
4.13 Start the announcements with, This is a test, this is only a test, this is a test of the back-up emergency alert system. End the announcements with, This has been a test of the back-up emergency alert system. This was only a test.	_____
4.14 Confirm test results with the radio station staff.	_____
4.15 Repeat test, if the initial test is unsuccessful.	_____
4.16 Upon completion of the test, turn off the radio and ENDEC encoder.	_____
5.0 Complete and forward Form 6, Back-up Emergency Alert System (EAS) Test Results, to the Emergency Response Division.	_____

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Prompt Notification System Implementing Procedure			
Addendum 3	Siren Poll Test	Page 1 of 2	

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 Perform this test from either the Emergency Operations Facility or Matagorda County Sheriff's Office.	_____
2.0 Notify Matagorda County Sheriff's Office that STP will perform a poll test.	_____
3.0 Perform computer generated test:	
3.1 Verify the correct date and time is shown on the computer screen. If not, correct the date and time. (SPR 933336)	_____
3.2 Select CompuLert icon.	_____
3.3 Clear all previous siren status messages (initial test only).	_____
3.4 Select STATUS.	_____
3.5 Select POLL.	_____
3.6 Type ***.	_____
3.7 Select SEND.	_____
4.0 Verify RF-OK.	_____
5.0 If any siren does not poll RF-OK, the operator is permitted to Re-poll the affected siren(s) for fifteen minutes. The time stamp on the summary sheet will document test start and end times.	_____
6.0 Perform additional poll test(s), in accordance with Step 3.0, for sirens that do not respond RF-OK. (If all sirens perform, N/A this blank as Not Applicable.)	_____
7.0 Indicate siren as failed on Form 1, Siren Test or Inspection Results, if RF-OK not received after 15 minutes.	_____

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Prompt Notification System Implementing Procedure			
Addendum 3	Siren Poll Test		Page 2 of 2

Activity	Complete
8.0 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event.)	_____
9.0 Complete poll test paperwork.	
9.1 Select REPORT.	_____
9.2 Select NEW ACTIVITIES REPORT.	_____
9.3 Document test results on Form 1, Siren Test or Inspection Results.	_____
9.4 Attach computer printout to Form 1, Siren Test or Inspection Results.	_____
9.5 Obtain review signature of Supervisor, Communications.	_____
10.0 For all sirens that failed, perform visual inspection per Form 2, Siren Maintenance Visual Inspection.	_____
11.0 Forward completed Form(s) to the Emergency Response Division.	_____

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Prompt Notification System Implementing Procedure			
Addendum 4	Siren Growl Test		Page 1 of 2

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 Perform this test from either the Emergency Operations Facility or Matagorda County Sheriff's Office.	_____
2.0 Notify the Matagorda County Sheriff's Office of the test.	_____
3.0 Perform computer generated test.	
3.1 Select CompuLert icon.	_____
3.2 Clear all previous siren status messages.	_____
3.3 Select STATUS.	_____
3.4 Select TEST.	_____
3.5 Type *** (or select siren(s) to be growled by the appropriate siren code).	_____
3.6 Select SEND.	_____
3.7 Verify RF-OK TEST_OK.	_____
3.8 If any siren does not poll RF-OK TEST_OK RF-OK, the operator is permitted to growl/poll the affected siren(s) for fifteen minutes. The time stamp on the printout will document test start and end times.	_____
3.9 If RF-OK TEST_OK is not received, repeat on affected sirens only (If all sirens perform N/A this blank as Not Applicable).	_____
a. Select STATUS.	_____
b. Select TEST.	_____
c. Type xxx (or select siren(s) to be growled by the appropriate siren code).	_____
d. Verify RF-OK TEST_OK.	_____

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Prompt Notification System Implementing Procedure			
Addendum 4	Siren Growl Test	Page 2 of 2	

Activity	Complete
<ul style="list-style-type: none"> e. If RF-OK TEST_OK is not received after 15 minutes, record a siren failure on Form 1 Siren Test or Inspection Results. 	_____
3.10 If RF-OK is not received, perform poll test again on affected sirens only. (If all sirens perform, N/A this blank as Not Applicable).	_____
<ul style="list-style-type: none"> a. Select STATUS. 	_____
<ul style="list-style-type: none"> b. Select POLL. 	_____
<ul style="list-style-type: none"> c. Type xxx (or select siren(s) to be poled by the appropriate siren code). 	_____
<ul style="list-style-type: none"> d. Verify RF-OK. 	_____
<ul style="list-style-type: none"> e. If RF-OK is not received after 15 minutes, indicate on Form 1 Siren Test or Inspection Results, siren failures. 	_____
3.11 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event).	_____
3.12 Complete growl test paperwork:	
<ul style="list-style-type: none"> a. Select REPORT. 	_____
<ul style="list-style-type: none"> b. Select ACTIVITIES REPORT. 	_____
<ul style="list-style-type: none"> c. Document siren failures and test results on Form, 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> d. Attach computer printout to Form 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> e. Obtain review signature of Supervisor, Communications on Form 1, Siren Test or Inspection Results. 	_____
<ul style="list-style-type: none"> f. Forward completed Form(s) to the Emergency Response Division. 	_____
3.13 Perform visual inspection per Form 3, Siren Visual Inspection.	_____
3.14 Perform visual quarterly inspection of siren poll using Form 3, Siren Visual Inspection.	_____

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Prompt Notification System Implementing Procedure			
Addendum 5	Siren Complete Cycle Test	Page 1 of 2	

As a step is completed place a check mark or similar notation in the column to the right.

Activity	Complete
1.0 The Siren Complete Cycle Test shall be conducted from the Matagorda County Sheriff's Office on a Wednesday at approximately 12:00 Noon.	
2.0 Key Activation of the Siren System:	
2.1 Insert key in the Siren Controller Model 860 control panel.	_____
2.2 Rotate the key clockwise. The ALERT, ATTACK, FIRE and CANCEL buttons will illuminate.	_____
2.3 Depress the ALERT button activating all 32 sirens. Depress the ALERT a second time to avoid radio interference. (Do not remove the key until activation is complete).	_____
2.4 If necessary, use the CANCEL button to abort the ALERT activation.	_____
3.0 Perform a Siren Poll Test in accordance Addendum 3, Siren Poll Test.	_____
4.0 If any siren does not poll RF-OK ACTIVATE_OK, or if the siren did not run, the operator is permitted to re-test/poll the affected siren(s) for fifteen minutes. The time stamp on the New Activities Report (printout) will document test start and end times.	_____
5.0 If RF-OK ACTIVATE_OK is not received, repeat on affected sirens only (If all sirens perform N/A this blank as Not Applicable).	
5.1 Select COMMAND	_____
5.2 Select ALERT.	_____
5.3 Type xxx (or select siren(s) to be run by the appropriate siren code).	_____
5.4 Verify RF-OK ACTIVATE_OK.	_____

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Addendum 5	Siren Complete Cycle Test	Page 2 of 2	

Activity	Complete
5.5 If RF-OK ACTIVATE_OK is not received after 15 minutes, record a siren failure on Form 1, Siren Test or Inspection Results.	_____
6.0 Reset Sirens by performing the following:	
6.1 Select STATUS.	_____
6.2 Select RESET STATUS.	_____
6.3 Type ***.	_____
6.4 Press ENTER.	_____
7.0 If greater than 50% of the sirens fail the poll tests notify Unit One Control Room Shift Supervisor and the Emergency Response Duty Manager. (This is a one hour NRC reportable event).	_____
8.0 Complete annual siren complete cycle test paperwork.	
8.1 Select REPORT.	_____
8.2 Select NEW ACTIVITIES REPORT.	_____
8.3 Document siren failures and test results on Form1, Siren Test or Inspection Results.	_____
8.4 Attach computer printout to Form 1, Siren Test or Inspection Results.	_____
8.5 Obtain review signature of Supervisor, Communications on Form 1, Siren Test or Inspection Results.	_____
8.6 Forward completed Forms to the Emergency Response Division.	_____
9.0 For any siren that failed, perform visual inspection per Form 2, Siren Maintenance Visual Inspection.	_____

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Prompt Notification System Implementing Procedure			
Form 1	Siren Test or Inspection Results		Page 1 of 2

Select the type of test:

- ☐ Bi-weekly
 ☐ Quarterly Growl
 ☐ Siren Complete Cycle Test
 ☐ Severe Weather
 ☐ Post Maintenance

1. If the test is 100%, skip steps 2-8 and enter the outcome in the Results-Operability Calculation, if the test reveals siren failure(s) follow steps 2-8 and complete the Failures Table.

NOTE

Add additional forms if more space is required. N/A (Not Applicable) is not required on empty rows.

2. Enter siren code of each failed siren, e.g., ADA.
3. Enter the response received from the poll test, such as:
- RF-ACTIVATE_NO POWER, AC FAIL, NO RESPONSE FROM POLL
4. Record Helpdesk Number received for failures.
5. Enter Yes or No in appropriate blanks after notification of Matagorda County Sheriff's Office (MCSO).
6. Enter Yes or No in appropriate blanks after notification of Emergency Response Division (ERD).
7. Complete the Results - Operability Calculation.
8. Attach computer printout.

FAILURES TABLE

Siren Code	Poll Response	Helpdesk Number	MCSO Notified	ERD Notified

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Prompt Notification System Implementing Procedure			
Form 1	Siren Test or Inspection Results		Page 2 of 2

RESULTS – OPERABILITY CALCULATION

$$\frac{\text{(a) Total Sirens Tested} - \text{(b) Total Reported Failures}}{\text{(c) Total Sirens Tested}} \times 100 = \% \text{ Operability}$$

$$\frac{\text{(a)} \quad - \quad \text{(b)}}{\text{(c)}} \times 100 = \quad \% \text{ Operability}$$

Comments:

Test Completed By:	_____	Date: _____
	(Print/Sign)	
Results Reviewed By:	_____	Date: _____
	Supervisor, Communications (Print/Sign)	
Results Approved By:	_____	Date: _____
	Supervisor, Emergency Response or designee (Print/Sign)	

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Prompt Notification System Implementing Procedure			
Form 2	Siren Maintenance Visual Inspection		Page 1 of 1

CAUTION

Due to electrical shock hazard, all manual growl tests shall be conducted from the radio control box by pressing the TEST or GROWL button on the Control Panel.

Siren Address Code: _____ Location: _____

1. List any unusual problems or damage: _____
2. Unlock AC power disconnect and turn off power. Open Compulert box and analyze failure lights for problems.
3. Fix/report problems.
 - Blown fuse
 - No power (electrical, battery, power line down)
 - Broken antenna cable
 - Radio inoperable
 - If the problem is electrical, ensure Facilities Management is notified to fix the siren.
 - Other _____
4. Turn power back on and lock AC power disconnect.
5. Perform growl test on the affected siren(s).
6. Did this solve problem?

If yes, then

 - Ensure siren is secure the power is on.
 - Attach computer print out to this form.

If no, troubleshoot and resolve problem and retest.
7. If unable to resolve problem, describe problem found: _____
8. Document conditions in Siren Polling Data Information database.

Visual Inspection Performed by: _____ Date: _____
 (Print/Sign)

Results Reviewed By: _____ Date: _____
 Supervisor, Communications (Print/Sign)

Results Approved By: _____ Date: _____
 Supervisor, Emergency Response
 or designee (Print/Sign)

This page, when completed, shall be retained as per the Document Type List (DTL). File: Z18.01

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Prompt Notification System Implementing Procedure			
Form 3	Siren Visual Inspection		Page 1 of 2

Instructions on filling out form:

1. Mark in the boxes or siren components/tests, which fail the inspection. Do not mark the box of a component/test that works properly.
2. Note any problems that can not be fixed on the comments section of the form.
3. Sign and date this form.
4. Obtain signature of Supervisor, Communications.
5. Obtain the signature of the Emergency Preparedness Division designee.

SIREN CODE	SIREN LOCATION	Box Exteriors			Failure Lights			Tests Siren Motion Observed
		Fuse	Radio Control	Electronic Switch	AC Power Fail	Door Open	Other	
AAA	Wadsworth VFD							
ABA	Selkirk, North							
ABB	Selkirk, South							
ABC	Matagorda VFD							
ABD	Matagorda Beach							
ABE	FM 2668, 0.5 mi (S) of Riverside Park							
ABF	Selkirk VFD							
ADA	Markham VFD							
ADB	EL Maton @ FM 1095							
AEA	SH 35 @ SH 71							
AEB	Blessing VFD							
AEC	Tidewater Oaks @ FM 2853							
AED	Tres Palacios Oaks VFD							
AEE	Collegeport VFD							
BAA	FM 3057 @ FM 2668							
BAB	FM 2078 @ FM 2668							
BAC	CR 242							
BAD	River Bend Boat Access							
BBA	CR 222 @ SH 60							
BBB	Equistar Plant (SH 60)							
BBC	CR 259							

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Form 3	Siren Visual Inspection		Page 2 of 2

SIREN CODE	SIREN LOCATION	Box Exteriors			Failure Lights			Tests Siren Motion Observed
		Fuse	Radio Control	Electronic Switch	AC Power Fail	Door Open	Other	
CAA	FM 1468 (Railroad Tracks)							
CAB	FM 521, 1.0 miles (E) of SH 35							
CBA	CR 352 @ FM 1095							
CBB	FM 2853 @ FM 521							
CCA	FM 1095 @ Tin Top							
CCB	CR 385 @ FM 1095							
CCD	West Side of Reservoir (STP)							
CCE	East Side of Reservoir (STP)							
CCF	FM 1468, 1.6 miles from SH 35							
CDA	CR 378 @ CR 379							
CDB	CR 323 @ FM 2853							

Comments: _____

Visual Inspection Performed by: _____ Date: _____
 (Print/Sign)

Results Reviewed By: _____ Date: _____
 Supervisor, Communications (Print/Sign)

Results Approved By: _____ Date: _____
 Supervisor, Emergency Response
 or designee (Print/Sign)

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Prompt Notification System Implementing Procedure			
Form 4	Siren Complete Cycle Test Local Observation		Page 1 of 1

1.0 Siren observer completes the following:

1.1 Siren Location: _____

1.2 Siren Sounds: ☐ YES ☐ NO

1.3 Siren Rotates (360°) ☐ YES ☐ NO

1.4 Siren Run Time (minutes): _____

1.5 Comments: _____

1.6 Return completed form to the Supervisor, Emergency Response or designee.

Observer (Print/Sign)

Date: _____

2.0 Supervisor, Emergency Response or designee completes the following:

2.1 *Siren Test Results ☐ Sat ☐ Unsat

Supervisor, Emergency Response
or designee (Print/Sign)

Date: _____

* The acceptance criteria for the siren complete cycle test shall include: siren sounds, siren rotates during the test, and siren operates for approximately three (3) minutes (CR 01-2004).

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Prompt Notification System Implementing Procedure			
Form 5	Siren Maintenance and Operability Report		Page 1 of 1

Report Date

1st 2nd 3rd 4th
 Circle Report Quarter

Year

MONTH(S)	TOTAL NO. OF SIRENS VERIFIED	TOTAL NO. OF SIREN FAILURES	SIREN FAILURE LOCATION	NATURE OF EACH SIREN FAILURE	DATE FAILURE NOTED	DATE RESTORED TO SERVICE	OPERABILITY PERCENTAGE								
	(SIRENS x WEEKS)						%								
	(SIRENS x WEEKS)						%								
	(SIRENS x WEEKS)						%								
FEMA REGION VI STATE OF TEXAS, DIVISION OF EMERGENCY MANAGEMENT <u>GENERAL INFORMATION</u> TOTAL SIRENS IN SYSTEM: 32 TESTING CYCLE -- BIWEEKLY			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 60%; text-align: right;"> AVERAGE = % </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> $\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures} \times 100}{\text{Total Sirens Tested}}$ </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div> </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div> </td> </tr> </table>						AVERAGE = %	$\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures} \times 100}{\text{Total Sirens Tested}}$		PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div>		APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div>	
	AVERAGE = %														
$\% \text{ Operability} = \frac{\text{Total Sirens Tested} - \text{Total Reported Failures} \times 100}{\text{Total Sirens Tested}}$															
PREPARED BY: _____ <div style="text-align: right;">(Print/Sign)</div>															
APPROVED BY: _____ <div style="text-align: right;">Supervisor, Emergency Response or designee (Print/Sign)</div>															

Note: N/A (Not Applicable) is not required for empty boxes.

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Prompt Notification System Implementing Procedure			
Form 6	Back-up Emergency Alert System (EAS) Test Results		Page 1 of 1

NOTE

Before conducting the test, contact the lead EAS radio station to ensure the staff have disabled the live over the air broadcast capability.

1. Test Type: _____ Test Date/Time: _____

2. Equipment functional:

- | | | |
|---|------------------------------|--------------------------------|
| a. Radio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. ENDEC Encoder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Microphone | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Activation Card Available | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Back-up Emergency Alert System Test: | <input type="checkbox"/> Sat | <input type="checkbox"/> Unsat |

Test Completed By: _____
(Print/Sign)

Date: _____

Results Reviewed By: _____
Supervisor, Communications
(Print/Sign)

Date: _____

Results Approved By: _____
Supervisor, Emergency Response
or designee (Print/Sign)

Date: _____

From: Emily Garcia
To: Out of Office Memos
Date: 10/15/02 1:20PM
Subject: Delegation of Signature Authority

October 15, 2002
NOCNOC02007331
31506338
H05

Paul Serra will be out of the office October 16-18. During his absence and in accordance with Administrative Policy STP-201, Rick Maier will be responsible for the duties of the Plant Protection Manager, including signature authority.

This e-mail should be attached to any documents signed by Mr. Maier during this time.

CC: Broadwater, Terry; Brune, Donna; Maier, Richard; Mikus, Alan; Morgan, Aubrey; Serra, Paul