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5) 02224 E T BEADLE CN01EP 6) 03044 MCG DOC CNTRL MISC MAN MGOSDM 7) 03283 MNS RP - MG01RP 8) 03744 OPS TRNG MGR. MG03OT 9) 04102 E M KUHR EC05O 10) 04375 R L HASTY MG03TD 11) 04809 MCG PLANT ENG LIBR MG05SE 12) 05606 J C MORTON MG01EP 13) 05848 NUCLEAR FACILITY PLANNER 14) 05849 NUCLEAR FACILITY PLANNER, NC 15) 08047 EMERG. PLAN MANAG 0N03EP		EN	CGUIRE NU MERGENCY ROCEDURES	CLEAR ! PLAN IN		N	NG			A	CKNOW E F I I I	DR OTHER ACKNOWLEDGEMENT REQUIRED, PLEASE DWLEDGE RECEIPT BY RETURNING THIS FORM TO Duke Power Company P O. Box 12700 Document Management MG01S2 Hagers Ferry Road Huntersville, N C. 28078								
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EMERGENCY PLAN IMPLEMENTING PROC. EPIP COVERSHEET EPIP INDEX PAGES 1-3 RP/0/A/5700/001	NA NA NA	033 10/01/0 033 10/01/0 033 10/01/0 017 10/01/0)2)2	195	V1	V1	V1	V1	V1	V1	V1	V1	V1	V1	V1	V2	V1	V1	V1	16

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REMARKS: PLEASE UPDATE YOUR MANUAL ACCORDINGLY

D M JAMIL

VICE PRESIDENT

MCGUIRE NUCLEAR STATION

BY:

J C MORTON MG01EP

JCM/CMK

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: Bywlf Jour SAFETY ASSURANCE MANAGER

DATE APPROVED 10/28/0~

EPIP Index Page 1 EPIP Index Page 2 EPIP Index Page 3	Dated 10/1/2002 Dated 10/1/2002 Dated 10/1/2002	
RP/0/A/5700/001 RP/0/A/5700/002 RP/0/A/5700/003 RP/0/A/5700/004 RP/0/A/5700/011 RP/0/A/5700/012 RP/0/A/5700/020 RP/0/B/5700/023	Rev. 017 Dated Rev. 017 Dated Rev. 017 Dated Rev. 006 Dated Rev. 021 Dated Rev. 013 Dated	10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002, 10/1/2002,

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE #	TITLE	REVISION NUMBER
RP/0/A/5700/000	Classification of Emergency	Rev. 008
RP/0/A/5700/001	Notification of Unusual Event	Rev. 017
RP/0/A/5700/002	Alert	Rev. 017
RP/0/A/5700/003	Site Area Emergency	Rev. 017
RP/0/A/5700/004	General Emergency	Rev. 017
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 009
RP/0/A/5700/007	Earthquake	Rev. 007
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 004
RP/0/A/5700/009	Collisions/Explosions	Rev. 002
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 013
_RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 006
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 021
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DÉLETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 011
RP/0/A/5700/019	Core Damage Assessment	Rev. 004
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 013
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 002
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 002
P/0/B/5700/023	Public Affairs Emergency Response Plan	Rev. 003
OP/0/B/6200/090	PALSS Operation for Accident Sampling	DELETED

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE #	TITLE	REVISION NUMBER
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 004
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 006
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 006
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 003
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 003
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 005
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 006
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002 -	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 002
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 003
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	. Rev. 002
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 009
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 005

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE#	TITLE		REVISION NUMBER
McGuire Site Directive 280	Site Assembly Evacuation	/Accountability and Evacuation/Containment	DELETED
EP Group Manual	Section 1.1	Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1	Accident and Emergency Response	DELETED
	Section 18.2	Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3	Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4	Planned Emergency Exposure	DELETED
PT/0/A/4600/088	Functional Ch	eck of Emergency Vehicle and Equipment	Rev. 007

(R04-01)

Duke Power Company PROCEDURE PROCESS RECORD

(i) ID No. R<u>P/0/A/5700/001</u> Revision No. <u>017</u>

/REPARATION (2) Station MCGUIRE NUCLEAR STAY	rion		1
	ITUN		
(3) Procedure Title Notification of Unusual Event			
		Date _	7-22-02
(5) Requires NSD 2/28 Applicability Determination?			
Yes (New procedure or revision with major changes)	•		
 □ No (Revision with minor changes) □ No (To incorporate previously approved changes) 			
(6) Reviewed By	(OD)		01-107
Cross Dissipling D	(QR)	Date	9/5/02
	(QR) NA	Date Date	915/02
Reactivity Mgmt. Review By	(QR) NA _	Date	7/5/02
	(Ops Supt.) NA	Date Date	9/5/02
(7) Additional Reviews Reviewed By		_	
Davieur J D.			
Reviewed By		Date	
(8) Temporary Approval (if necessary)	(00)	·	
		QR) Date	
By		Date	1
(9) Approved By K. J. Munay			
PERFORMANCE (Compare with Control Copy overy 14 (10) Compared with Control Copy		_	đ.)
Community Control C			
Commercial with Control Con-			
•••		Date	
(11) Date(s) Performed			· · · · · · · · · · · · · · · · · · ·
Work Order Number (WO#)			
COMPLETION (12) Procedure Completion Verification			
☐ Yes ☐ NA Check lists and/or blanks initialed, sign	ed dated or filled in NA as an	oropriote?	
☐ Yes ☐ NA Required enclosures attached?	ou, autou, or interin terr, as app	propriate:	
☐ Yes ☐ NA Data sheets attached, completed, dated,			
☐ Yes☐ NA Charts, graphs, etc. attached dated, ider☐ Yes☐ NA Procedure requirements met?	tified, and marked?		
•		•	
		Date	-
1		Date	
(14) Remarks (Attach additional pages, if necessary)			

Duke Power Company	Procedure No.
McGuire Nuclear Station	RP/ 0 /A/5700/001
	Revision No.
Notification of Unusual Event	017
Reference Use	Electronic Reference No.
ixelef effect use	MC0048M4

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Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a <u>potential</u> degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE:	1.	Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and not on providing a follow-up just to meet follow-up deadline. IF a follow-up is due and an upgrade in classification is declared, THEN the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
	2	Enclosure 4.4 has instructions for completion and transmission of follow-up

- 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.
- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
 - Every four hours until the emergency is terminated

<u>OR</u>

- If there is any significant change to the situation

OR

- As agreed upon with <u>each</u> individual agency. Documentation shall be maintained for any agreed upon schedule change.
- 2.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

	3.2	Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
	NOTE:	A TSC preprogrammed fax button is available on the control room fax machine.
		IF a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}
	3.3	<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one of the following to facilitate turnover:
	 	Hand deliver turnover sheet to the TSC Emergency Coordinator.
		• Fax turnover sheet to the TSC.
	3.4	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
/		_ 3.4.1 Remain in an Unusual Event.
	 .	_ 3.4.2 Escalate to a more severe class.
		_ 3.4.3 Terminate the emergency.
	3.5	Termination Notifications
	NOTE:	Enclosure 4.5 has instructions for completion and transmission of termination notifications.
		_ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
		_ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.
		_ 3.5.3 <u>IF</u> the Technical Support Center was <u>not</u> activated, <u>THEN</u> notify the NRC Operations Center that the event has been terminated using the ENS.
		NRC Operations Officer Contacted Date Time

1			
) -		_3.6	Assign an individual from the Emergency Planning Staff to follow up with an LER, or written summary to the State and County authorities within 30 days.
			Person assigned responsibility
	4.	Encl	osures
		4.1	Emergency Notification Form
		4.2	Initial Notification Completion/Transmission
		4.3	NRC Event Notification Worksheet
		4.4	Follow-up Notification Completion/Transmission

- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

Termination Notification Completion/Transmission

4.5

- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

RP/0/A/5700/001 Page 1 of 2

EMERGENCY NOTIFICATION

1. 1.	THIS IS A DRILL BAC McGuire Nuclear S	TUAL EMERGENCY INITI	AL FOLLOW-UP	MESSAGE NUMBER	I
э. TR	ANSMITTAL TIME/DATE:	(Eastern) mm dd yy	CONFIRMATION PHONE N	UMBER: (704) 875-	-6044
4. AU	THENTICATION (II Required)	(Number)	(Codeword)		
5. E	MERGENCY CLASSIFICATION	₹:			
<u> </u>					DGENERAL EMERGENCY
6. A	Emergency Declaration At:	B Termination At: TIME/DAT	E:	_//_(If B, go	to ilem 16.)
7. EM	ERGENCY DESCRIPTION/REI	MARKS:	(castern) mi	n dd yy	
8. PL	ANT CONDITION: AIMPR	OVING BSTABLE CDEGI	RADING	•	
9. RE	ACTOR STATUS: A SHUTE	DOWN: TIME/DATE:	tern) mm / dd / yy [B% POWE	
10EI	MERGENCY RELEASE(S):				
	A NONE (Go to item 14.)	BPOTENTIAL (GO TO ITEM	14.) CIS OCCURRING [DHAS OCCURRED	
**11.	TYPE OF RELEASE:	ELEVATED GROUND LEVE	EL .		
		:/		Time (Eastern)	
	BLIQUID: Started	Time (Eastern)		Time (Eastern)	
		CURIES PER SEC. CURIE		LIMITS- TRELOW	MARONG.
	A NOBLE GASES				
					
**13.	ESTIMATE OF PROJECTED C	FFSITE DOSE: NEW	UNCHANGED	PRO JECTION	TIME-
	•	TEDE	Thyroid CDE	HOULDHON	(Eastern)
	SITE BOUNDARY	mrem	mrem	ESTIMATED D	URATION:HRS.
	2 MILES				
	5 MILES _				
**14.	METEOROLOGICAL DATA:	AWIND DIRECTION (fr	om)•	Eleptin (mah)	·
					N (type)
15. Ti	RECOMMENDED PROTECTIV			[D] I NEOF I MIO	w (type)
		ED PROTECTIVE ACTIONS			
		E			
(/		Emergency		
J. AP	PROVED BY:	(Name)	Coordinator	_ TIME/DATE:	, ,
٠.	<u>.</u>	(HAIIZ)	(Title)	(Eas	tem) mm dd yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

Information may not be available on initial notifications.

<u>-</u> ار		GOVERNMENT AGENCIES	NOTIFIED
		Record the name, date, time and agen	cies notified:
1.	(name)		
	(dale)	· (time)	NC State (agency) EOC Set Sig. 314 EOC Bell Line (919) 733-3943
2.	(name)		200 bell Line (919) 733-3943
	(date)	(time)	Mecklenburg County
3.	·	<i>terror</i>	(agency) WP Sel. Sig. 116 WP Bell line 943-6200
	(name)		
÷	(date)	(time)	(agency) WP Sel. Sig112 WP Bell Line (704) 866-3300
4.	(name)		
	(date)		Lincoln County
/		(time)	(agency) WP Sel. Sig. 113 WP Bell line (704) 735-8202
5.	(name)		
	(date)		Iredell County
	(duic)	(time)	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
6.	(name)		
	(date)	(time)	Catawba County
7.	, ,	. (une)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
-	(name)	•	
•	(date)	(time)	Cabarrus County (agency) WP Sel. Sig. 119
			WP Bell line (704) 788-3108

Form 34888 (F11-94)

Initial Notification Completion/Transmission Page 1 of 9

1. Cor	npletion of the Emergency Notification Form				
NOTE:	ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.				
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:				
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.				
	Item 1				
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}				
NOTE:	REPORTED BY: is the Communicator's name.				
	_ Item 2 Write in the unit(s) AND Communicator's name.				
NOTE:	Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.				
	_ Item 3 Write in the transmittal time AND date.				
	_ Item 4 Write in appropriate number <u>AND</u> codeword.				

Check A for NOTIFICATION OF UNUSUAL EVENT.

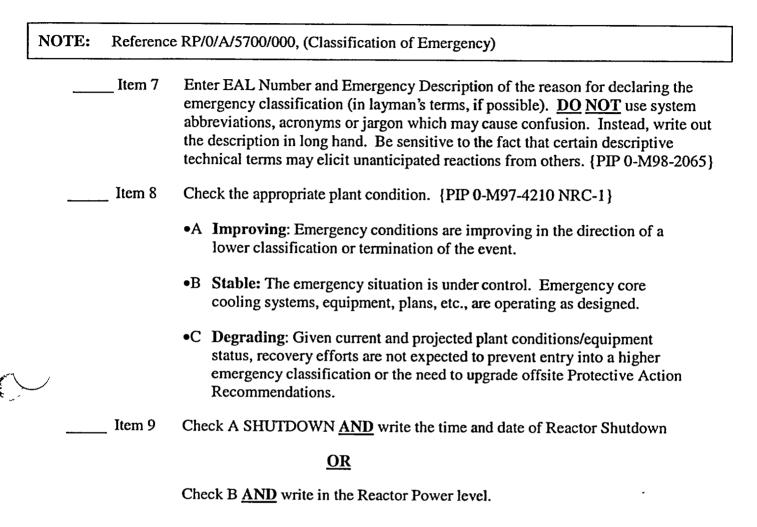
Check A for Emergency Declaration At: <u>AND</u>
Write the time <u>AND</u> date the classification was declared.

Item 5

____ Item 6

Initial Notification Completion/Transmission

Page 2 of 9



Initial Notification Completion/Transmission

Page 3 of 9

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

<u>OR</u>

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr

<u>AND</u>

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B **POTENTIAL:** discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Initial Notification Completion/Transmission Page 4 of 9

	Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
	Item 16 Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
2. TR	ANSMISSION OF THE EMERGENCY NOTIFICATION FORM
NOTE:	1. All initial notifications are verbal. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
	2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
	3. Refer to page 5 of 9 and 6 of 9 of this enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.
2.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
2.2	IF an upgrade in classification occurs while transmitting any message, THEN:
	a) Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
	b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
2.3	Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
2.4	<u>IF</u> Selective Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
NOTE:	The time when the first party is contacted should be recorded on Line 3.
2.5	As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. Proceed with the notification promptly following an attempt to get missing agencies on the line.
2.6	Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
2.7	Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

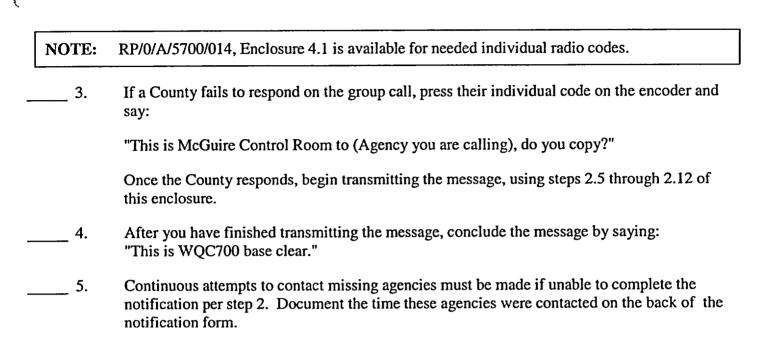
RP/0/A/5700/001

Initial Notification Completion/Transmission Page 5 of 9

2.8	Read the complete message <u>slowly</u> , line by line, beginning with Item # 1, allowing ample time to copy.			
NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.			
2.9	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.			
2.10	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.			
2.11	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this enclosure for FAX operation.			
2.12	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.			
	COUNTY EMERGENCY RESPONSE RADIO			
OTE:	COUNTY EMERGENCY RESPONSE RADIO This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.			
Group Ca	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.			
	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.			
Group Ca	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.			
Group Ca	This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State. Il: Press 20 to activate all County radio units.			
Group Ca	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State. Il: Press 20 to activate all County radio units. When the ready light comes on, press the bar on the transmitter microphone and say:			

Initial Notification Completion/Transmission

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Initial Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Initial Notification Completion/Transmission

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OPERATION OF THE FAX

A. **GROUP FAX**

NOTE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
	2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
	1.	Insert the Emergency Notification Form face down into the FAX.
	2.	Press "GROUP FAX" button.
	3.	Press "SEND/RECEIVE" button.
B. <u>INDI</u>	VID	<u>PUAL FAX</u>
	1.	Insert the Emergency Notification Form face down into the FAX.
•	2.	Select location(s) to receive the fax:
<i></i>		Press News Group.
		• Press TSC.
		Press State of North Carolina EOC.
		Press Mecklenburg County Warning Point.
		Press Gaston County Warning Point.
		Press Lincoln County Warning Point.
		Press Iredell County Warning Point.
-		Press Catawba County Warning Point.
		Press Cabarrus County Warning Point.
		• Press EOF.
		• Press JIC.
J	3.	. WHEN the appropriate individual location is selected, THEN press the "SEND/RECEIVE" button.

Page 9 of 9

Initial Notification Completion/Transmission

NO	TE	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C.	То	send a FAX to a single location dialing manually:
	1.	Insert the document face down into the FAX.
	2.	Using the keypad, dial the number that you wish to call.
	3.	Press "SEND/RECEIVE" button.

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NRC Event Notification Worksheet

Page 1 of 2

STATE: "THIS IS THE McGUI	RE NUCLEAR ST	E IN NRC REG	ION 2 MAKI	NG AN EVENT NOTIFICAT	ION RI	EPORT"			
NOTIFICATION			R'S NAME	CALLBACK TELEPHON			ATIONS	OFFICER CONTACTED	
TIME/DATE	"			ENS 1-888-270-0173					
	1	1		or (704) - 875-6044		1			
EVENT TIME & ZONE		EVENT	DATE	POWER/MODE BEFORE	T	POWER/MODE AFTER			
Region II									
(time) (zone)									
					40.00				
EVENT CLASSIFICATIONS		1-Hr Non-Emer			8-1	Hr Non-Emergen			
GENERAL EMERGENCY		(50.72 b1 (I)(B))	TS Deviation		(50.72 b3 (II)(A		Degraded Condition	
SITE AREA EMERGENCY						(50.72 b3 (II)(E		Unanalyzed Condition	
ALERT		CALLY, at the consequence of the call of t		And the second of the second o	Communication of the Communica	(50.72 b3 (IV)(Valid Actuation of System listed in Encl. 4.3.	
UNUSUAL EVENT						(50.72 b3 (V)(A		Safe S/D Capability	
50.72 NON-EMERGENCY	I Nav	1 Hr Non-E	mergency			(50.72 b3 (V)(I		RHR Capability	
PHYSICAL SECURITY (73	3.71)			cidental Criticality		(50.72 b3 (V)(C		Control of Rad Release	
1	4.7			OR	144			İ	
		(72.74) (a)		ss or theft of SNM	:45 - -				
TRANSPORTATION (10 C	AND THE PARTY OF T	(50.36)		a safety limit	1.12. a.,	(50.72 b3 (V)(I		Accident Mitigation	
MATERIAL/EXPOSURE (10 CFR 20)	MNS Facili	ity Operating	License Conditions		(50.72 b3 (X)(1		Lost ENS	
OTHER	L.,					(50.72 b3 (X)(I		Lost Other Assess/Comms	
						(50.72 b3 (X)(I		Emergency Siren INOP	
The state of the s					S EPEAL)	(50.72 b3 (XII))	Offsite Medical	
								The state of the s	
		4-Hr Non-Emer	gency 10 CF	R 50 72(b)(2)				The state of the s	
		(50.72 b2 (Required S/D	24	-Hr. Non-Emerg			
		(50.72 b2 (IV)(A) EC	CCS Discharge to RCS		McGuire Facili	ty Operat	ing License Conditions	
1		(50 72 b2 (I		PS Actuation - critical scram	7875	Material/Expos	ure (10Cl	FR20)	
		(50 72 b2 (fsite Notification		26.73 Significant events involving fitness for duty.			
		(72.75)(b1)	Rac	l exposure & release action		(72.75)(c1) Contamination event restrictions.			
			imp	airment.					
		(72 75)(b2)		iel Storage SSC defect.	idalija Idana	(72.75)(c2) Fu	el Storage	e equipment failure.	
		(72 75)(b3)		el Storage degradation.	physikalidja i apji s				
		(72.75)(b4)		rage License deviation.					
	and the state of t	(72.75)(b5)		rage related offsite medical				A CONTRACTOR OF THE CONTRACTOR	
		(72.75)(b6)	Fire/Exp	losion damage to Spent				and the second s	
			Fuel St	orage.					
- 10 mm - 10 m									
			EVEN	T DESCRIPTION	.515. 1.15. 1			Andrew Lawrence Committee of the Committ	
Include: Systems affected, actua	tions & their initiati	no signale cauce			nlanned	etc			
morode. Oysiems arrected, actua	aons ex micif miliali	ng arguais, cause	3, CHECK OF C	rem on plant, actions taken of	Pianiica	, ele.			
						Continue on	Enclosure	e 4.3 page 2 of 2 if necessary.	
			1.00	The second secon					
NOTIFICATIONS	YES NO		ANYTHE	NG UNUSUAL OR NOT UNI	DERST	DOD? 🗖 YES	3	□ NO	
NDC DECIDENTS	 	BE	-						
NRC RESIDENT	 		(Explain a					1 110	
STATE(s)				SYSTEMS FUNCTION AS	Y	ES 🗆		1 NO	
LOCAL	 	 	REQUIRE	עצ				(Cumtain at	
·	 		MODEC	CODED ATION	Dom .	DECTABT	4555	(Explain above)	
OTHER GOV AGENCIES MFD APRESS RELEASE	 		-	F OPERATION		RESTART		FIONAL INFOR ON BACK	
WILL VEKESS KELEASE	<u> </u>	L	I UNTIL CO	ORRECTED	DATE	<u>: </u>		YES D NO	
APPROVED BY:				TIME/DATE			,	,	
AFFROVED B1:	Operations Shift N	lanager/Emercen	cv Coordinat	INVEDATE	(easte		/ mm	dd yy	
-	operations suff N	ianagen Emergen	cy Coordinai	ioi	(casi)	111111	dd yy	

RP/0/A/5700/001

NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES	CHECK OR FILL I	N APPLICABLE ITE	MS (specific	details/explanations sh	ould be covered in	event descr	iption)
LIQUID RELEASE GASEOUS RELEASE		UNPLANNED RELEASE		PLANNED RELEA	ASE ONGO	DING	TERMINATED
MONITORED UNMONITORED		OFFSTE RELEA	ASE	T.S. EXCEEDED	RM A	LARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR	CONTAMINATED	OFFSITE PROTI	ECTIVE AC	TIONS RECOMMEND	ED State relea	se path in de	escription
Section of the sectio	หนึ่ง ประกับและสมระบบกับการที่หลังของ	1905 (September 19 erg er endige	visitiska.	And the second section of the second section of the	n gravely (** 1008) dec 180	Grand Carlo	
<u>IF</u> the notificatio	n Protection Shift to obt on is due and the information Available" and compl	ation is not available,	ormation				
	se Rate (Ci/sec) %		OO GUIDE	Total Activity (C1) % T S	. LIMIT	HOO GUIDE
Noble Gas			0.1 Cı/sec				1000 Ci
lodine			10 uCi/sec				0 01 Ci
Particulate			1 uCi/sec				1 mCı
Liquid (excluding tritium & dissolved noble gases)		1	0 uCı/min				0 1 Ci
Liquid (tritium)		(0 2 Ci/min				5 Ci
Total Activity						-	
Demonstration of a section of			e e e e e e e e				
RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	(UNII	IN STEAM LINE 1 1-EMF 24,25,26,27 2-EMF 10, 11, 12,13)	SG BLOWD (EMF 34		OTHER
R NITOR READINGS: SETPOINTS: TRIP II							
% T.S. LIMIT (If applicable)		NOT APPLICABLE			NOT APPLIC	ABLE	
	HECK OR FILL IN AF	PLICABLE ITEMS	(specific det	ails/explanations should	be covered in even	t description	n)
LOCATION OF THE LEAK (e.g. s				•			
LEAK RATE: gpm/gpd		T.S. LIMITS EXCEE	EDED:	SUDDEN OR LON	IG TERM DEVEL	OPMENT:	
LEAK START DATE:			OOLANT ACTIVITY: PRIMARY SECONDARY ast Sample) Xe eqmCi/ml Xe eqmCi/ml lodine eqmCi/ml lodine eq mCi/ml				
LIST OF SAFETY RELATED EQ		ATIONAL:		iodii	<u> </u>	Ci/ml Io	dine eqmCi/ml
·····································		NT DESCRIPTION ((Continued f	from Enclosure 4.3 page	1 of 2)		
<u> </u>							

Follow-Up Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE:	If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".						
1.1	Complete Enclosure 4.1 (Emergency Notification Form as follows):						
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.						
	_ Item 1 Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.						
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}						
NOTE:	REPORTED BY: is the Communicator's name.						
	Item 2 Write in the unit(s) AND Communicator's name.						
NOTE:	Transmittal time is the time you FAX the form to the agencies.						
-	Item 3 Write in the transmittal time AND date.						
-	_ Item 4 Authentication is not required when faxing.						
·	_ Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.						
-	_ Item 6 Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.						

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Follow-Up Notification Completion/Transmission

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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). <u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

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Follow-Up Notification Completion/Transmission

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Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
 •A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
 •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans; etc., are operating as designed.
 •C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
 Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown

Check B AND write in the Reactor Power level.

Follow-Up Notification Completion/Transmission

Page 4 of 6

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

<u>OR</u>

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

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Follow-Up Notification Completion/Transmission

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	1.2		v-up notification is due and information for Items 11 through 14 cannot be obtained shift, <u>THEN</u> mark each item "Not Available" and go to Item 15.
		_ Item 11	Check GROUND LEVEL AND Check A for AIRBORNE OR B for LIQUID AND Write in the time AND date the release started AND stopped if available.
		Item 12	Check CURIES PER SECOND <u>AND</u> Check BELOW <u>OR</u> ABOVE normal operating limits <u>AND</u> Check the appropriate blocks A, B, C, D <u>AND</u> write in the value(s).
NO	TE:	If unchan	ged from the previous notification, the information does not have to be repeated.
,		Item 13	Check NEW OR UNCHANGED AND Write in the projection time AND Write in the estimated duration AND Write in the TEDE and Thyroid CDE values.
		Item 14	Check A, B, C, D AND provide values for each.
		Item 15	Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
		Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.

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Follow-Up Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
_	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
_	2.3	Press "SEND/RECEIVE" button.
_	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
	_ 2.5	Ensure the State and Counties received the FAX by calling them.
_	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

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Termination Notification Completion/Transmission

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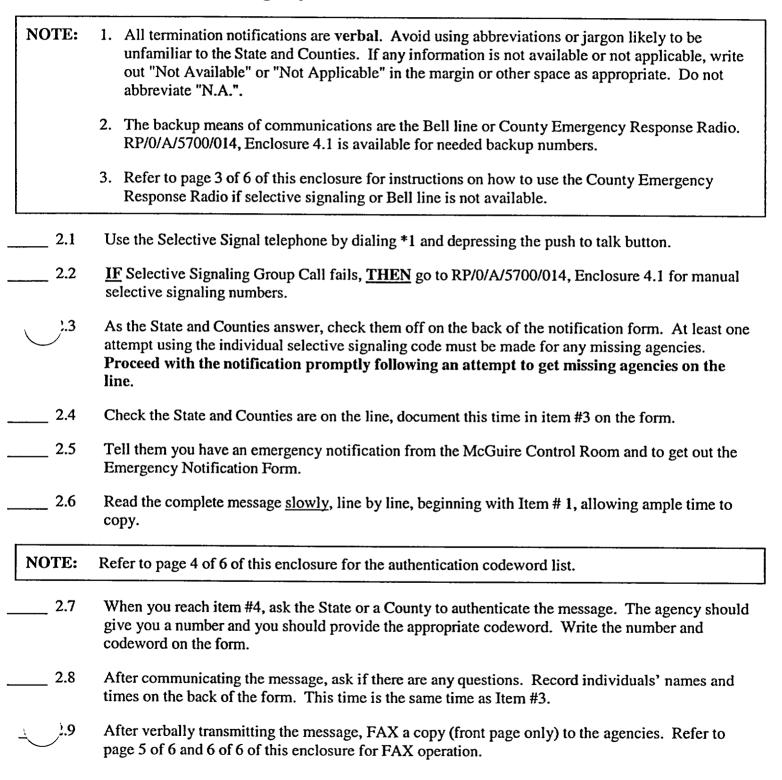
NOTE:	A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.				
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:				
•	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.			
NOTE:	Enclosure 4.3 (Security Event Plant Safety) fr	could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and s) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting rom RP/0/A/5700/000, (Classification of Emergency). Consider this when completing nation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}			
NOTE:	REPORTED BY: is the Communicator's name.				
,	_ Item 2	Write in the unit(s) AND Communicator's name.			
NOTE:	Information for Form.	r Items 3 and 4 will be completed during transmission of the Emergency Notification			
	_ Item 3	Write in the transmittal time AND date.			
	_ Item 4	Write in appropriate number AND codeword.			
	Item 5	Check A for NOTIFICATION OF UNUSUAL EVENT.			
	_ Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.			
-	_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.			

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Termination Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form



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Termination Notification Completion/Transmission

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2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

	COUNTY EMERGENCY RESPONSE RADIO				
NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.				
Group Call:					
1.	Press 20 to activate all County radio units.				
2.	When the ready light comes on, press the bar on the transmitter microphone and say: "This is McGuire Control Room to all Counties, do you copy?"				
	Once all Counties respond, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.				
-,\	Proceed with the notification promptly following an attempt to get missing agencies on the air.				
NOTE:	RP/0/A/5700/014, enclosure 4.1 is available for needed individual radio codes.				
3.	If a County fails to respond on the group call, press their individual code on the encoder and say:				
	"This is McGuire Control Room to (Agency you are calling), do you copy?"				
	Once the County responds, begin transmitting the message using steps 2.3 through 2.10 of this enclosure.				
4.	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."				

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

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Termination Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Termination Notification Completion/Transmission

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OPERATION OF THE FAX

1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after

A. GROUP FAX

NOTE:

			completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
	– 1.	Inser	t the Emergency Notification Form face down into the FAX.
	_ 2.	Press	s "GROUP FAX" button.
	_ 3.	Press	s "SEND/RECEIVE" button.
E	. <u>IN</u>	DIVI	DUAL FAX
	_ 1.	Inser	t the Emergency Notification Form face down into the FAX.
	2 .	Selec	ct location(s) to receive the fax:
	ノ —	• P	ress News Group.
-		• P	ress TSC.
-		• P	ress State of North Carolina EOC.
-		. • P	ress Mecklenburg County Warning Point.
-		• P	ress Gaston County Warning Point.
-		. • P	ress Lincoln County Warning Point.
	<u> </u>	• P	ress Iredell County Warning Point.
		• P	ress Catawba County Warning Point.
-		_ • P	ress Cabarrus County Warning Point.
-		• P	ress EOF.
		_ • P	ress JIC.
_	<u>/</u> 3.	<u>WH</u>	EN the appropriate individual location is selected, THEN press the "SEND/RECEIVE" button.

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Termination Notification Completion/Transmission

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NOT	E: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C. 7	Γο send a FAX to a <u>single</u> location dialing manually:
1	. Insert the document face down in the FAX.
2	2. Using the keypad, dial the number that you wish to call.
3	3. Press "SEND/RECEIVE" button.

RP/0/A/5700/001

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

Page 1 of 1

UNIT(S) AFFECTED:		U1	U2 .			{PIP-M-99-3800}
GENERAL	DATE:		POWER LEVEL	NCS TEMP	NCS PRESS	(FIF-M-99-3600)
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT:		
(' ')TE ASSEMBLEY	SITE ASSEMBLY SITE EVAC. (NON-ESSEN.) SITE EVAC. (ESSENTIAL) OTHER OFFSITE AGENCY INVOLVEMENT MEDICAL FIRE POLICE				LOCATION OR COMM	
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY CONTAINMENT PRESSURE WIND DIRECTION	YES	NUMBER DEPLOYED NO	WIND SPEED	ZONES SHELTERED	_
OFFSITE COMMUNICATION	LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION TES RELATED TO THE ACCIDENT.					
<u>-</u>						

OSM Immediate and Subsequent Actions

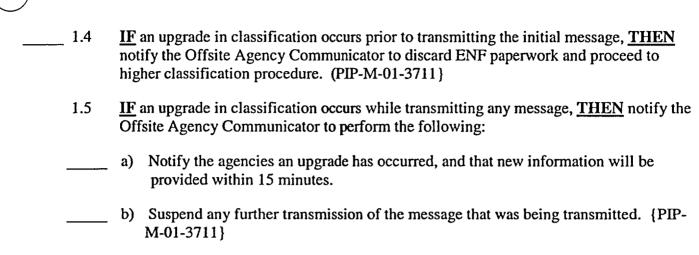
Page 1 of 2

1. Immediate Actions

	Initial				
	1.1	The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:			
		_ 1.1.1 Turn on the outside page speakers.			
	NOTE:	• For drill purposes, state "This is a drill. This is a drill."			
		 Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545} 			
		1.1.2 Dial 710; pause, dial 80. Following the beep, announce "an Unusual Event has been declared". Provide a brief description of the event (may be written below).			
/					
		_ 1.1.3 Repeat the preceding announcement one time.			
		_ 1.1.4 Turn off the outside page speakers.			
	1.2	IF valid trip II alarm occurs on any one of the following:			
		1 <u>OR</u> 2 EMF36(L)			
		1 EMF24, 25, 26, 27			
		2 EMF10, 11, 12, 13			
		<u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).			
	1.3	<u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).			

OSM Immediate and Subsequent Actions

Page 2 of 2



2. Subsequent Actions

NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher
	declaration. Site assembly for a Notification of Unusual Event is optional due to
	conditions and not expected as for an Alert or higher classification.

- 2.1 Refer to RP/0/A/5700/011, Conducting a Site Assembly, Site Evacuation or Containment Evacuation, to evaluate and initiate a site assembly.
- _ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.3 GO TO step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

RP/0/A/5700/001

WCC SRO Immediate and Subsequent Actions

Page 1 of 1

1. Immediate Actions

	Initia	1	
	NOT	E:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
			Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.
	1	1.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
	1	.2	IF an upgrade in classification occurs while transmitting an any message, THEN:
			 Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
J			b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
_	1	.3	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
	1	.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.
	2. 8	Subse	equent Actions
	2	2.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
_	2	2.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

STA Immediate and Subsequent Actions

Page 1 of 2

1.	Immediate Actions
No	one
2.	Subsequent Actions

		_			
	Initial				
	2.1	Notify o	one of the NRC Resident 1	Inspectors using RP/0/A/5700/014, Enclosure 4.2.	
	2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.			
2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any or problems.			and 2.2 have been completed, reporting any deficiencies		
,	NOTE:	For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated.			
_	2.4	For a se	curity event, go to steps 2	2.6, 2.7, and 2.8.	
_	2.5	Support	Center, <u>THEN</u> activate t	e the Technical Support Center and the Operations he TSC/OSC by contacting Security via the ringdown ension 2688 or 4900 and issue the following message:	
		_ 2.5.1	For a Drill	"Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at (time)."	
		_ 2.5.2	For an Emergency	"Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at (time)." AND "Activate the CAN system."	

STA Immediate and Subsequent Actions

Page 2 of 2

	2.6	instructi phone to	ions to report to the TSC of the CAS/SAS, or at extended to the E/OSC, according to the E	ists and offsite ERO staging is desired before giving and OSC, <u>THEN</u> contact Security via the ringdown ension 2688 or 4900, and give instructions to activate emergency Response Pager Instructions for a security
_	2.7 For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desire before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instruction activate the TSC/OSC, according to the Emergency Response Pager Instructions for security event emergency.			
	2.8	When the go to ste	ne security event is stabiliep 2.5.	zed to the point that ERO members can come on site,
	NOTE:	For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are <u>not</u> normally activated.		
<u>/</u>	2.9 <u>IF</u> the decision is made to activate the Emergency Operations Facility, <u>THEN</u> at the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at ex 2688 or 4900 and issue the following message:			ia the ringdown phone to the CAS/SAS, or at extension
		_ 2.9.1	For a Drill	"Activate the EOF pagers, McGuire Delta, Unusual Event declared at (time)."
		_ 2.9.2	For an Emergency	"Activate the EOF pagers, McGuire Echo, Unusual Event declared at (time)." AND "Activate the CAN system"

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. R<u>P/0/A/5700/002</u> Revision No. <u>017</u>

REPARATION Station MCGUIRE NUCLEAR STAT	ION			
	IUN			
(3) Procedure Title Alert				
(4) Prepared By In Cooke			Date _	7-19-02
(5) Requires NSD 228 Applicability Determination?				
Yes (New procedure or revision with major changes) □ No (Revision with minor changes) □ No (To incorporate previously approved changes)				
(6) Reviewed By	(QR)	_	Date	7/22/07
Cross-Disciplinary Review By	(QR)	NA IN	_ Date	7/22/02
Reactivity Mgmt. Review By	(QR)	NA M	_ Date	7/22/02
Mgmt. Involvement Review By	(Ops Supt.)	NA 9 1	_ Date	7/22/02
(7) Additional Reviews				
Reviewed By			_ Date	
Reviewed By			_ Date	
(8) Temporary Approval (if necessary)				
Ву		(OSM/QR)	Date	
		(QR)	Date	-
(9) Approved By K. L. Mundy			_ Date	10-1-02
PERFORMANCE (Compare with Control Copy every 14 c.	alendar days while w	ork is being p	erforme	d.)
(10) Compared with Control Copy			_ Date	-
Compared with Control Copy		 · · · · · · · · · · · · · · · · ·	_ Date	
Compared with Control Copy			_ Date	
(11) Date(s) Performed				
Work Order Number (WO#)				
COMPLETION				
(12) Procedure Completion Verification				
☐ Yes ☐ NA Check lists and/or blanks initialed, signed ☐ Yes ☐ NA Required enclosures attached?	d, dated, or filled in Na	A, as appropri	ate?	
☐ Yes ☐ NA Data sheets attached, completed, dated, a	and signed?			
☐ Yes ☐ NA Charts, graphs, etc. attached dated, ident	ified, and marked?			
☐ Yes ☐ NA Procedure requirements met?				
Verified By			_ Date	
(13)Procedure Completion Approved			_ Date	
l) Remarks (Attach additional pages, if necessary)				

Duke	Power Company	Procedure No.
McGui	re Nuclear Station	RP/ 0 /A/5700/002
		Revision No.
	Alert	017
Ref	ference Use	Electronic Reference No.
		MC0048M5

Alert

1. Symptoms

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

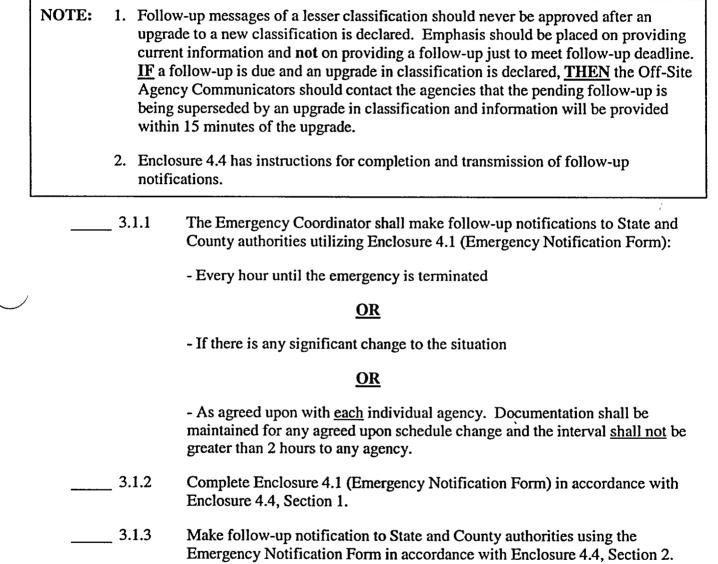
2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.9 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



3.2	Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.				
NOTE:	A TSC preprogrammed fax button is available on the Control Room fax machine.				
	<u>IF</u> a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}				
3.3	<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one of the following to facilitate turnover:				
	Hand deliver turnover sheet to the TSC Emergency Coordinator.				
	<u>OR</u>				
	Fax turnover sheet to the TSC.				
3.4	_ 3.4 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Ale or higher emergency declaration), the supervisor must consider and establish whether not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.				
3.5	Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:				
	_ 3.5.1 Remain in an Alert.				
	3.5.2 Escalate to a more severe class.				
	_ 3.5.3 Reduce the Emergency Class.				
	_ 3.5.4 Terminate the emergency.				
-					

3.6 Termination Notifications

NOTE:	NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.			
	_ 3.6.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.		
	_ 3.6.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.		

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

RP/0/A/5700/002 Page 1 of 2

EMERGENCY NOTIFICATION

1. A THIS IS A DRILL BACTUAL EMERGENCY INITIAL	FOLLOW-UP MESSAGE NUMBER
2. McGuire Nuclear Site UNIT:	
TANSMITTAL TIME/DATE:(Eastern)//	FIRMATION PHONE NUMBER:
4. AUTHENTICATION (II Required):	(Codeword)
5. EMERGENCY CLASSIFICATION:	
A NOTIFICATION OF UNUSUAL EVENT BALERT	C SITE AREA EMERGENCY DGENERAL EMERGENCY
6. A Emergency Declaration At: B Termination At: TIME/DATE:	(Eastern) mm / dd / yy (li B, go to item 16.)
7. EMERGENCY DESCRIPTION/REMARKS:	
8. PLANT CONDITION: AIMPROVING BSTABLE CDEGRADIN	G .
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern)	
10. EMERGENCY RELEASE(S):	
ANONE (Go to item 14.) BPOTENTIAL (GO TO ITEM 14.)	CIS OCCURRING DHAS OCCURRED
**11. TYPE OF RELEASE:	—.
A]AIRBORNE: Started://	Stopped:/
BLIQUID: Started://	Stopped: / Date / Date
RELEASE MAGNITUDE: CURIES PER SEC. CURIES	NORMAL OPERATING LIMITS: BELOW ABOVE
A NOBLE GASES	
C PARTICULATES	OTHER
**13. ESTIMATE OF PROJECTED OFFSITE DOSE:	UNCHANGED PROJECTION TIME:
TEDE mrem SITE BOUNDARY	Thyroid CDE mrem ESTIMATED DURATION: HRS.
2 MILES	
10 MILES	
**14. METEOROLOGICAL DATA: AWIND DIRECTION (from)	
C STABILITY CLASS	DPRECIPITATION (type)
15. RECOMMENDED PROTECTIVE ACTIONS:	
ANO RECOMMENDED PROTECTIVE ACTIONS	
BEVACUATE	
C SHELTER IN-PLACE	
DOTHER	
16. AT PROVED BY:	Emergency Coordinator TIME/DATE:
(Name)	COORDINATOR TIME/DATE: / / / / / / / / / / / / / /

<sup>If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
Information may not be available on initial notifications.</sup>

(agency) WP Sel. Sig 119 WP Bell line (704) 788-3108

			Page 2 of 2
_	<i></i>	GOVERNMENT AGENCIES NOTIFIED	
		Record the name, date, time and agencies notified:	
1.	(name)		
	(date)	(lime)	NC State
		·	EOC Sel. Sig. 314 EOC Bell Line (919) 733-3943
2.	(name)		
	(date)	(time)	Mecklenburg County
		,	(agency) WP SeL Sig. 116 WP Bell line 943-6200
3.	(name)	·	
	(date)	(time)	Gaston County
	-	• •	(agency) WP Sel. Sig. 112 WP Bell Line (704) 866-3300
4.	(name)		
	/(date)	(time)	Lincoln County
_			(agency) WP Sel. Sig. 113 WP Bell line (704) 735-8202
5.	(name)		
	(date)	N-N	Iredell County
	()	(time)	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
6.	(name)		
	(dale)		Catawba County
	-	, (time)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
7.	(name)		
	(date)		.Cabarrus County
	,,	(time)	(agency)

RP/**0**/A/5700/002

Initial Notification Completion/Transmission

Page 1 of 9

✓ 1. Completion of the Emergency Notification Form

NOTE:	ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.						
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:						
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.						
	_ Item 1 Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.						
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}						
NOTE:	REPORTED BY: is the Communicator's name.						
	_ Item 2 Write in the unit(s) AND Communicator's name.						
NOTE:	Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.						
	_ Item 3 Write in the transmittal time AND date.						
	_ Item 4 Write in appropriate number <u>AND</u> codeword.						
<u> </u>	_ Item 5 Check B for ALERT.						
	_ Item 6 Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.						

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Initial Notification Completion/Transmission

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency) Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065} Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1} •A Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event. •B Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed. •C Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations. Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown OR

Check B AND write in the Reactor Power level.

Initial Notification Completion/Transmission

Page 3 of 9

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

				Enclosure 4.2	RP/ 0 /A/5700/002
				Initial Notification Completion/Transmission	Page 4 of 9
			_ Item 15	Check A, NO RECOMMENDED PROTECTIVE	ACTIONS.
			Item 16	Have the Emergency Coordinator approve the me Write in the time AND date the message was appropriate the message was approximated to the message was approxima	~
	2.	TRA	NSMISSIO	N OF THE EMERGENCY NOTIFICATI	ON FORM
	NO'	TE:	unfamiliar applicable	notifications are verbal. Avoid using abbreviations to the State and Counties. If any information is not write out "Not Available" or "Not Applicable" in topropriate. Do not abbreviate "N.A.".	available or not
			2. The backu Response I numbers.	p means of communications are the Bell line or Co Radio. RP/0/A/5700/014, Enclosure 4.1 is available	unty Emergency for needed backup
			-	age 5 of 9 and 6 of 9 of this enclosure for instruction nergency Response Radio if selective signaling or I	
_		2.1		e in classification occurs prior to transmitting the in paperwork and proceed to higher classification proc	
		2.2	IF an upgrade	e in classification occurs while transmitting any me	ssage, <u>THEN</u> :
			A.	Notify agencies that an upgrade has occurred, and will be supplied within 15 minutes.	I that new information
			B.	Suspend any further transmission of the message transmitted. {PIP-M-01-3711}	that was being
_		2.3	Use the Select button.	tive Signaling telephone by dialing *1 and depressi	ng the push to talk
_		2.4		Signaling Group Call fails, <u>THEN</u> go to RP/0/A/57 lective signaling numbers.	00/014, Enclosure 4.1
	NO'	TE:	The time when	the first party is contacted should be recorded on	Line 3.
		2.5	At least one a missing agence	and Counties answer, check them off on the back of tempt using the individual selective signaling code cies. Proceed with the notification promptly follocies on the line.	must be made for any

Check the State and Counties are on the line, document this time in item #3 on the form.

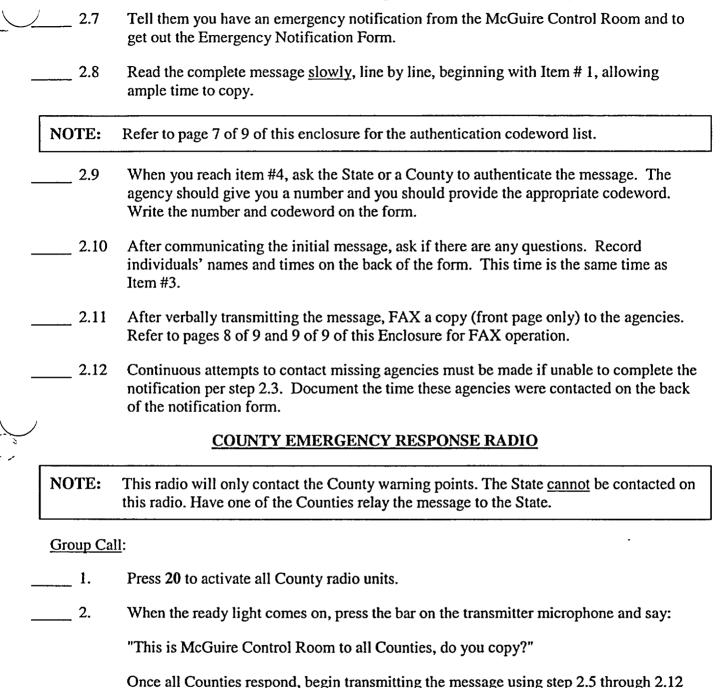
This time should not exceed 15 minutes from the time of declaration (Item # 6).

2.6

RP/**0**/A/5700/002

Initial Notification Completion/Transmission

Page 5 of 9



Proceed with the notification promptly following an attempt to get missing agencies

of this enclosure.

on the air.

Enclosure 4.2 Initial Notification Completion/Transmission

RP/**0**/A/5700/002 Page 6 of 9

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

______ 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.5 through 2.12 of this enclosure.

______ 4. After you have finished transmitting the message, conclude by saying:

"This is WQC700 base clear."

5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of

the notification form.

Initial Notification Completion/Transmission

RP/**0**/A/5700/002

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AUTHENTICATION CODEWORD LIST

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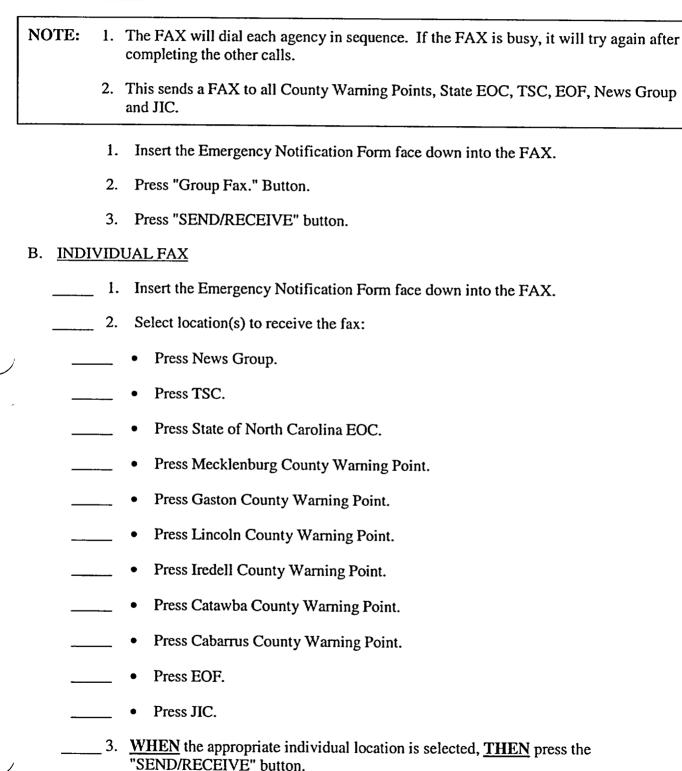
RP/**0**/A/5700/002

Initial Notification Completion/Transmission

Page 8 of 9

OPERATION OF THE FAX

A. GROUP FAX



Initial Notification Completion/Transmission

RP/**0**/A/5700/002 Page 9 of 9

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.

- C. To send a FAX to a single location dialing manually:
 - 1. Insert the document face down into the FAX.
 - 2. Using the keypad, dial the number that you wish to call.
 - 3. Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

RP/**0**/A/5700/002

Page 1 of 2

ST. THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT'									
N' FICATION			LLER'S NA		CALLBACK TELEPHON			TIONS	OFFICER CONTACTED
/DATE				ŀ	ENS 1-888-270-0173				
					or (704) - 875-6044				
EVENT TIME & ZONE		EV	ENT DATE	PC	OWER/MODE BEFORE		POW	ER/MO	DE AFTER
Region II		i		1					
(time) (zon-									
	过去的各种的。行程和 对	學學學的學	是都是使的特殊	4.00	2000年的新兴产生的1000	A Company	in the terminal section is		
EVENT CLASSIFICATIONS		1-Hr Non-l	Emergency I	0 CFR 5	0 72(b)(1)	8-H	r Non-Emergenc	y 10CFF	R 50.72(b)3
GENERAL EMERGENCY		(50.72	b1 (I)(B))	TS	Deviation		(50.72 b3 (II)(A)		Degraded Condition
SITE AREA EMERGENC	Y						(50.72 b3 (II)(B))	Unanalyzed Condition
ALERT	194 27 - 2 27 - 2 28 - 2 28 - 3			100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm 100 mm		o o vi	(50.72 b3 (IV)(A		Valid Actuation of System isted in Encl. 43
UNUSUAL EVENT							(50.72 b3 (V)(A)		Safe S/D Capability
50.72 NON-EMERGENC	7	1 Hr N	Non-Emerger	ncy			(50.72 b3 (V)(B)		RHR Capability
PHYSICAL SECURITY ((3.71)	(70 52	(a) and (b)	Accide	ntal Criticality		(50.72 b3 (V)(C)		Control of Rad Release
	5.40			OR					
		(72.74			r theft of SNM				
TRANSPORTATION (10		(50.36) Violati	on of a sa	ifety limit		(50.72 b3 (V)(D)		Accident Mitigation
MATERIAL/EXPOSURE	(10 CFR 20)	MNS	Facility Ope	rating Lic	ense Conditions		(50.72 b3 (X)(III		Lost ENS
OTHER	-16-3						(50.72 b3 (X)(III		ost Other Assess./Comms
							(50.72 b3 (X)(III)) 1	Emergency Siren INOP
record of the control		ari y eggs el		1 1 1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>			(50 72 b3 (XII))		Offsite Medical
September 1997 Augustus 1997		4-Hr Non-l	Emergency 1	0 CFR 5	0 72(b)(2)	2 - 4 - 34			
and the Control of th		(50.72	2 b2 (l))	TS Rec	quired S/D	24-	Hr. Non-Emerger	icy	
		(50.72	2 b2 (IV)(A))	ECCS	Discharge to RCS				ing License Conditions
		(50.72	2 b2 (IV)(B))	RPS	Actuation - critical		Material/Exposu	re (10CF	·R20)
				scran	1		•	•	Ť
		(50.72	2 b2 (XI))	Offsit	Notification		26 73 Significant	events	involving fitness for duty.
		(72.75	(b1)	Rad ex	posure & release action		(72.75)(c1) Con	tamınatı	on event restrictions.
建				impain					
		(72.75			Storage SSC defect.		(72.75)(c2) Fuel	Storage	equipment failure.
		(72.75	(b3) Sp	ent Fuel S	Storage degradation.	133.7			e filifaagi ole faabu saa kara k
		(72.75)(b4) Fu	el Storage	License deviation.				
	April 1 April 1 California	(72.75	(b5) Fu	el Storage	related offsite medical.				
		(72.75	()(b6) Fir	e/Explos	on damage to Spent				
		1,,,,,,		uel Storag		1. Jun 17			
gan, in the massace of the end to the first term. Galactic and in the growth		e sinji si ugu	i ar galger i i a i i						
🗱 high it is in jury in the in									
Bakara garatan									
			F	EVENT D	ESCRIPTION				
Include: Systems affected, actu	ations & their initial	ing signals.				planned	etc.		
,		00			p,	r			
							Continue on E	nclosure	4.3 page 2 of 2 if necessary.
i in Markokokokokokokokokokokokokokokokokokoko				e waalie z	Negative and an experience of the	a + + ± <u>z</u>		. 1	
NOTIFICATIONS	YES N		la la la la la la la la la la la la la l	YTHING	UNUSUAL OR NOT UNI	DERSTO	OD' D YES		□ NO
		BE							
RESIDENT	_			lain abov					
S.afE(s)					STEMS FUNCTION AS	YE	s 🗆		NO
			REQ	QUIRED					
LOCAL									(Explain above)
OTHER GOV AGENCIES			MO	DE OF O	PERATION	EST. R	ESTART	ADDIT	IONAL INFOR ON BACK
MEDIA/PRESS RELEASE	_(UNI	TIL COR	RECTED	DATE:		ר ם	
-						_			
APPROVED BY					TIME/DATE				
	Operations Shift	Manager/Em	ergency Coo	ordinator	-	(easter	m)	mm	dd yy
1		*							• •

NRC Event Notification Worksheet

RP/**0**/A/5700/002 Page 2 of 2

PANIOLOGICAL RELEAS	SES	CHECK OR FIL	L IN APPLICABL	E ITEM:	S (specific	details/explanations sh	ould be o	covered in event de	scription)	
JQUID RELEASE	GASEOUS RELEASE UNPLANNED RELE			LEASE	PLANNED RELE	ASE	ONGOING	TERMIN	NATED	
MONITORED	UN	MONITORED	OFFSITE F	RELEAS	E	rs exceeded		RM ALARMS	AREAS	EVACUATEI
PERSONNEL EXPOSE	D OR	CONTAMINATEL	OFFSITE F	ROTEC	TIVE ACT	TONS RECOMMEND	ED	State release path in	description	
<u>IF</u> the not	adiation	Protection Shift to	o obtain the followin ormation is not avail	ig inform lable,		BECOMPLETE STATE		Santana (Santana)	1836 (100 Kampionis	erradus errajonis
	Release	Rate (Ci/sec)	% T.S LIMIT	HOC	GUIDE	Total Activity (Cı)	% T.S LIMIT	НОС	GUIDE
loble Gas					Cı/sec	,	,			000 C1
odine				10	uCi/sec				0	01 Ci
articulate			-	Ιι	ıCi/sec				1	mCı
iquid (excluding tritium dissolved oble gases)				10	uCı/min				0	1 Ci
iquid (tritium)				02	Cı/min					5 Cı
Total Activity										
Almenia de la company	. "	e e e de esta servici.		7500 Da.			11 22 3			
RECORD MONITORS PLANT STACK IN ALARM (EMF 35, 36, 37)) AIR EJECT	AIR EJECTOR (UN		IN STEAM LINE SG BLOWDOWN 1-EMF 24,25,26,27 2-EMF 10, 11, 12,13) (EMF 34)		o	THER	
RAD MONITOR READING										
AL ^ * SETPOINTS TRIP II										
MIT (If applicable)		NOT APPLIC				!	TAPPLICABLE			
OR SG TUBE LEAKS	· C					ls/explanations should				
OCATION OF THE LEAD										
EAK RATE: gpm/gpd			T.S. LIMITS E.	XCEED	ED.	SUDDEN OR LON	IG TERM	M DEVELOPMENT	Γ.	
EAK START DATE:		TIME	<u> </u>			OLANT ACTIVITY: st Sample)		MARY mCı/ml	SECOND Xe eq	
IST OF SAFETY RELATI	ED EOI	HOMENIT NOT O	DEPATIONAL.		l_	lodir	ne eq	mCi/ml	lodine eq	mCi/ml
	ED EQ	JI MENT NOT O	FERATIONAL							
t torrers asset¶u v v — —		F.	VENT DESCRIPT	TON (C	ontinued fr	om Enclosure 4.3 page	1 of 2)	and the second	7. 1.11.	
		L	VENT DESCRITT	1011 (C	Milmucu III	om Enclosure 4.5 page	1 01 2)			
. ~										
_										

RP/0/A/5700/002

Follow-Up Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.". 1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows): NOTE: Message #'s should be sequentially numbered throughout the drill/emergency. Item 1 Check A for Drill OR B for Actual Emergency AND Check FOLLOW-UP AND Write in message number. NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638} NOTE: REPORTED BY: is the Communicator's name. Item 2 Write in the unit(s) AND Communicator's name. Transmittal time is the time you FAX the form to the agencies. NOTE: Item 3 Write in the transmittal time AND date. Item 4 Authentication is not required when faxing. Item 5 Check B for ALERT. Item 6 Check A for Emergency Declaration At: AND

Write the time AND date the classification was declared.

Follow-Up Notification Completion/Transmission

Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible).

<u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

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Follow-Up Notification Completion/Transmission

Page 3 of 6

Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1}
 •A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
 •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 •C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
 Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown

<u>OR</u>

Check B AND write in the Reactor Power level.

Follow-Up Notification Completion/Transmission

Page 4 of 6

NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10

Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

RP/0/A/5700/002

Follow-Up Notification Completion/Transmission

Page 5 of 6

	1.2		-	notification is due and information for Items 11 through 14 cannot be RP shift, <u>THEN</u> mark each item "Not Available" and go to Item 15.
	_	<u>-</u>	Item 11	Check GROUND LEVEL <u>AND</u> Check A for AIRBORNE <u>OR</u> B for LIQUID <u>AND</u> Write in the time <u>AND</u> date the release started <u>AND</u> stopped if available.
	_		Item 12	Check CURIES PER SECOND <u>AND</u> Check BELOW <u>OR</u> ABOVE normal operating limits <u>AND</u> Check the appropriate blocks A, B, C, D <u>AND</u> write in the value(s).
NOTE: If unchanged f repeated.				rom the previous notification, the information does not have to be
			Item 13	Check NEW <u>OR</u> UNCHANGED <u>AND</u> Write in the projection time <u>AND</u> Write in the estimated duration <u>AND</u> Write in the TEDE and Thyroid CDE values.
/			Item 14	Check A, B, C, D AND provide values for each.
	all controlled		Item 15	Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
	_		Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.

Follow-Up Notification Completion/Transmission

Page 6 of 6

2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
_	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
	2.3	Press "SEND/RECEIVE" button.
_	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
ئر	2.5	Ensure the State and Counties received the FAX by calling them.
_	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

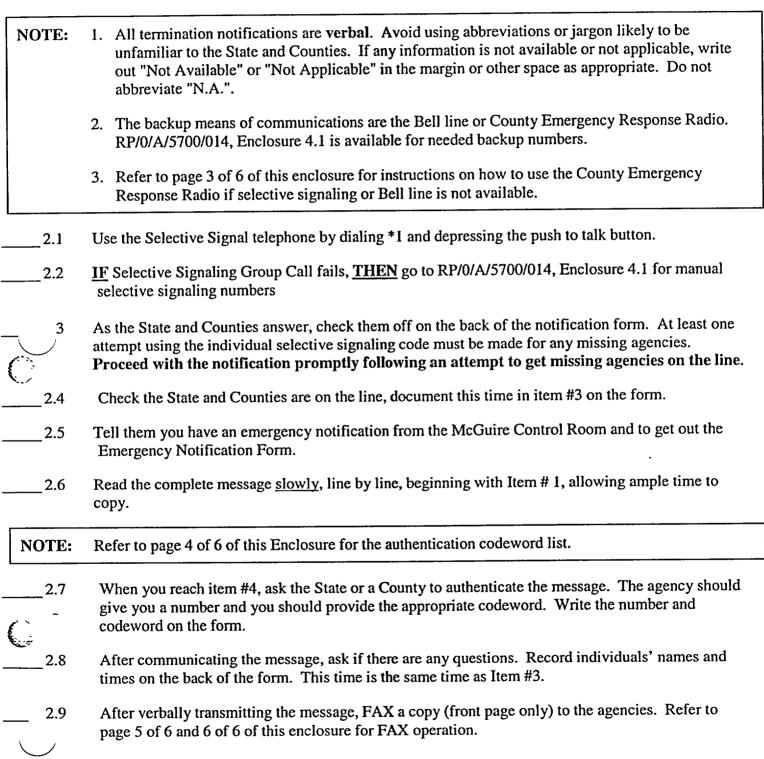
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. Completion of the Emergency Notification Form

NOTE:	A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.						
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:						
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.					
NOTE:	Enclosure 4.3 (Security Event Safety) from R	could occur at the plant site such that both units are affected. These may include: (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and s) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant P/0/A/5700/000, (Classification of Emergency). Consider this when completing the on" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}					
NOTE:	REPORTED E	BY: is the Communicator's name.					
	_ Item 2	Write in the unit(s) AND Communicator's name.					
MOTE:	Information fo Form.	r Items 3 and 4 will be completed during transmission of the Emergency Notification					
	_ Item 3	Write in the transmittal time AND date.					
	_ Item 4	Write in appropriate number AND codeword.					
	_ Item 5	Check B for ALERT.					
	_ Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.					
	_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.					

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2. Transmission of the Emergency Notification Form



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2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form. COUNTY EMERGENCY RESPONSE RADIO NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State. Group Call: Press 20 to activate all County radio units. 1. 2. When the ready light comes on, press the bar on the transmitter microphone and say: "This is McGuire Control Room to all Counties, do you copy?" Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure. Proceed with the notification promptly following an attempt to get missing agencies on the air. Æ: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes. 3. If a County fails to respond on the group call, press their individual code on the encoder and say: "This is McGuire Control Room to (Agency you are calling), do you copy?" Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure. After you have finished transmitting the message, conclude the message by saying:

> Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

4.

5.

"This is WQC700 base clear."

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

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OPERATION OF THE FAX

A. GROUP FAX

NOTE:		1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.							
		2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.							
	1.	Insert the Emergency Notification Form face down into the FAX.							
	2.	Press Group Fax.							
	3.	Press "SEND/RECEIVE".							
В.	INDI	VIDUAL FAX							
		1. Insert the Emergency Notification Form face down into the FAX.							
		2. Select location(s) to receive the fax:							
	ノ _	Press News Group.							
	_	• Press TSC.							
		Press State of North Carolina EOC.							
		Press Mecklenburg County Warning Point.							
		Press Gaston County Warning Point.							
		Press Lincoln County Warning Point.							
		Press Iredell County Warning Point.							
		Press Catawba County Warning Point.							
		Press Cabarrus County Warning Point.							
		• Press EOF.							
		• Press JIC.							
	— —ر	3. WHEN the appropriate individual location is selected, THEN press the "SEND/RECEIVE" button.							

Enclosure 4.5 Termination Notification Completion/Transmission

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	<u>OPERATION OF THE FAX</u>					
NOTE:		RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.				
	C. To se	end a FAX to a single location dialing manually:				
	1.	Insert the document face down in the FAX.				
	2.	Using the keypad, dial the number that you wish to call.				
	3.	Press "SEND/RECEIVE" button.				

Enclosure 4.6 Emergency Coordinator/Emergency Operations Facility Director Turnover Checklist

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			POWER LEVEL	NCC TEMP	(PIP-M-99-3800 NCS PRESS
	ATE:	U-1		NCS TEMP	NCS PRESS
1	IME:	U-2			
NO NO	NOUE DECLARED AT:			TSC ACTIVATED AT:	
ATI	ALERT DECLARED AT: SAE DECLARED AT:			EOF ACTIVATED AT:	
ETC	G.E. DECLARED AT:				
CLASSIFICATION	REASON FOR EMER CLASS:				
		YES	NO	TIME	LOCATION OR COMMENTS
ļ	SITE ASSEMBLY				
z	SITE EVAC. (NON-ESSEN.)	····			
UATIO	SITE EVAC. (ESSENTIAL)				
EVACUATION	OTHER OFFSITE AGENCY INVOLVEMENT				
À	MEDICAL				···
\mathcal{T}	FIRE				
	POLICE				
		NUMBER	NUMBER		
	FIELD MON. TEAMS	ASSEM.	DEPLOYED		
		ZONES			ZONES
		EVAC			SHELTERED
	PARS:	VEC	NO.	-	
	RELEASE IN PROGRESS	YES	NO		
,	RELEASE PATHWAY				
	CONTAINMENT PRESSURE		. PSIG		
	WIND DIRECTION		-	WIND SPEED	
		NUMBER	TIME		
اخ	LAST MESSAGE SENT:				
[5]	NEXT MESSAGE DUE:			•	
[3]	NOTE: EOF COMMUNICATION		OULD BE COMPLE	- የድክ ወወ፤ብ <u>ው ም</u> ብ ል <i>ር</i> ተ፣ህልጥ	ING THE FOR
COMMUNICATIV	NOTE. EOF COMMUNICATION	one crosn	COLD DE COMPLE	ILD I RIOR TO BUILTAI	INO AME DOES
ī	OTES RELATED TO THE ACCIDENT	/EVENT/PLAN	T EQUIPMENT FAI	LED OR OUT OF SERVIC	E

OSM Immediate and Subsequent Actions

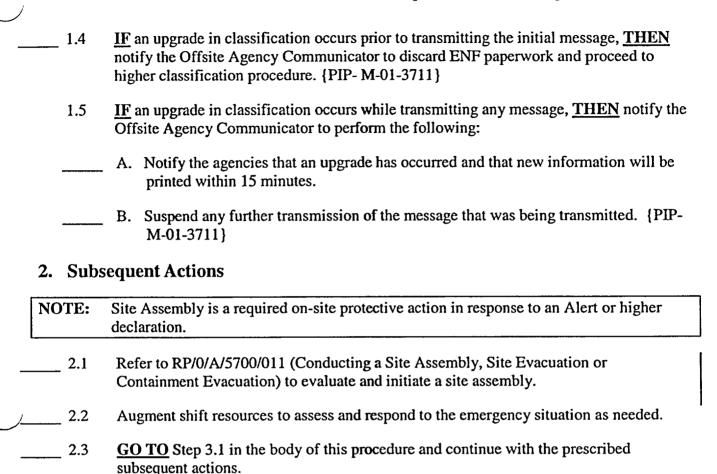
Page 1 of 2

1. Immediate Actions

	Initial		
	1.1	-	erations Shift Manager or designee SHALL ANNOUNCE the event over the A. system by performing the following:
		_ 1.1.1	Turn on the outside page speakers.
	NOTE:	• For c	Irill purposes, state "This is a drill. This is a drill."
			plant phone in the Control Room horse shoe area or extension 4021 is rammed to access 710, site all call. {PIP 0-M98-2545}
		_ 1.1.2	Dial 710, pause, dial 80. Following the beep, announce <u>"an Alert has been declared"</u> . Provide a brief description of the event (may be written below) and announce <u>"Activate the TSC/OSC and EOF"</u> .
/			
		_ 1.1.3	Repeat the preceding announcement one time.
	-	_ 1.1.4	Turn off the outside page speakers.
_	1.2	<u>IF</u> valid	trip II alarm occurs on any one of the following:
		1 <u>OR</u> 2	EMF36(L)
		1 EMF	24, 25, 26, 27
		2 EMF	10, 11, 12, 13
-			immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial see On-Shift Dose Assessment).
	1.3	(EMER	C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (GENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is d, THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

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WCC SRO Immediate and Subsequent Actions

Page 1 of 1

1. Immediate Actions

	Initial	
	NOTE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
		2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.
_	2.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
	2.2	IF an upgrade in classification occurs while transmitting any message, THEN:
		A. Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.
,		B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
ノ _	2.3	Complete items 1-10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
	2.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.
	3. Sub	sequent Actions .
_	3.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
	3.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Enclosure 4.9 STA Immediate and Subsequent Actions

RP/0/A/5700/002 Page 1 of 2

1. Immediate Actions

Initial	
TILLIAL	

	NOTE:	For a Dri	ill, the Community Alei	rt Network (CAN) is not activated.
	1.1	For a security event, go to steps 1.4, 1.5, and 1.6.		
_	1.2	Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:		
		_ 1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at (time)."
		_ 1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at (time)." AND "Activate the CAN system."
/	NOTE:	• ERD SDS	S can only be activated access. These are loca	Response Data System (ERDS) is not activated. I deactivated from designated computer terminals with ted in the Shift Work Manager's office, the Data SC and all within the Control Room horseshoe area.
_	1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:			
		_ 1.3.1	Ensure SDS is runni	ng on the selected terminal.
		_ 1.3.2	Click on MAIN.	
		_ 1.3.3	Click on GENERAL	
		_ 1.3.4	Click on ERDS.	
	<u></u>	_ 1.3.5	Click on ACTIVAT	Е.
		1.3.6	Record the time and $\frac{\int_{mm}^{d} \int_{dd}^{d}}{yy}$	date ERDS was activated. TIME/DATE
		_ 1.3.7	Inform the OSM tha	t ERDS was activated.
		1.3.8		ctivate after five (5) attempts, <u>THEN</u> have an Offsite ator notify the NRC via ENS or other available means.

Enclosure 4.9 STA Immediate and Subsequent Actions

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,	
1.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
1.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
1.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2. Sub	sequent Actions
2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
2.3	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. R<u>P/0/A/5700/003</u> Revision No. <u>017</u>

'REPARATION

MCGUIRE NUCLEAR STATION				
(3) Procedure Title Site Area Emergency				
				
(4) Prepared By 4 M Cooke		Date _	7-19-02	
(5) Requires NSD 228 Applicability Determination?				
Yes (New procedure or revision with major changes)				
□ No (Revision with minor changes) □ No (To incorporate previously approved changes)				
□ No (To incorporate previously approved changes) (6) Reviewed By	(OD)			
	_ (QR)	Date	7/22/02	
Cross-Disciplinary Review By	(QR) NA (QR)	Date _	7/22/02	
Reactivity Mgmt. Review By			7/22/02	
Mgmt. Involvement Review By	_ (Ops Supt.) NA <u>9</u> n/	Date	7/22/62	
(7) Additional Reviews				
Reviewed By		_ Date		
Reviewed By		Date		
(8) Temporary Approval (if necessary)				
Ву		Date		
✓ By	(QR)	Date		
(9) Approved By K. L. Munay		_ Date	10.1.02	
PERFORMANCE (Compare with Control Copy every 14 calenda	r days while work is being _l	performe	d.)	
(10) Compared with Control Copy		Date		
		_ Date		
Compared with Control Copy		Date		
(11) Date(s) Performed				
Work Order Number (WO#)				
COMPLETION				
(12) Procedure Completion Verification				
 ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated ☐ Yes ☐ NA Required enclosures attached? 	l, or filled in NA, as appropr	iate?		
☐ Yes ☐ NA Data sheets attached, completed, dated, and sign	ned?			
☐ Yes ☐ NA Charts, graphs, etc. attached dated, identified, at				
☐ Yes ☐ NA Procedure requirements met?				
Verified By		_ Date		
(13)Procedure Completion Approved Date				
14) Remarks (Attach additional pages if necessary)				

	Duke Power Company	Procedure No.
()	McGuire Nuclear Station	RP/ 0 /A/5700/003
,		Revision No.
	Site Area Emergency	017
	Reference Use	Electronic Reference No.
	Reference Osc	MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve <u>actual</u> or <u>potential</u> major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- ___ 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.10 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1.3

3.1 Follow-up Notifications

NOTE: 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and not on providing a follow-up just to meet follow-up deadline. IF a follow-up is due and an upgrade in classification is declared, THEN the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade. 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications. 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form): - Every hour until the emergency is terminated - If there is any significant change to the situation - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency. 3.1.2 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.

Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.



3.2	Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.			
NOTE:	A TSC preprogrammed fax button is available on the Control Room fax machine.			
	<u>IF</u> a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}			
3.3	<u>WHEN</u> TSC Emergency Coordinator is ready to receive turnover, <u>THEN</u> perform one of the following to facilitate turnover:			
•	_ • Han	d deliver turnover sheet to the TSC Emergency Coordinator.		
	<u>OR</u>			
	Fax turnover sheet to the TSC.			
In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in or higher emergency declaration), the supervisor must consider and establish we not a for cause drug/alcohol screen is required. The FFD Program Administrated designee is available to discuss/assist with the incident.				
3.5	Protectiv	ve Actions On-site		
	_ 3.5.1	Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).		
	3.5.2 <u>IF</u> a situation which is immediately hazardous to life or valuable prope exists, <u>THEN</u> evaluate potential dose rates by one of the following me			
	a. Contact RP Shift at Ext. 4282b. Assess area monitors			
	2.5.3 Complete Enclosure 4.7 (Request for Emergency Exposure), prior to dispation of emergency workers if emergency situation precludes documentation.			

	3.6	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition		
		3.6.1	Remain in a Site Area Emergency.	
		3.6.2	Escalate to a more severe class.	
	 	3.6.3	Reduce the Emergency Class.	
		3.6.4	Terminate the emergency.	
	3.7	Termina	tion Notifications	
NO	TE:	Enclosure notification	e 4.5 has instructions for completion and transmission of termination ons.	
		3.7.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.	
		3.7.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.	
4.	Encl	osures		
	4.1	Emergen	ncy Notification Form	
	4.2	Initial No	otification Completion/Transmission	
	4.3	NRC Ev	ent Notification Worksheet	
	4.4	Follow-u	p Notification Completion/Transmission	
	4.5	Termina	tion Notification Completion/Transmission	
	4.6	Emergen	cy Coordinator / Emergency Operations Facility Director Turnover Checklist	
	4.7	Request	for Emergency Exposure	
	4.8	OSM Im	mediate and Subsequent Actions {PIP 0-M97-4638}	
	4.9	WCC SR	O Immediate and Subsequent Actions {PIP 0-M97-4638}	
	4 10	STA Immediate and Subsequent Actions (PIP 0-M07-4638)		

EMERGENCY NOTIFICATION

2. McGuire Nuclear Sile Unit: REPORTED BY: A AUTHERTICATION (If Required): Description of the Number of the Numbe	1. ATHIS IS A DRILL BACTUAL EMERGENCY INITIAL	FOLLOW-UP MESSAGE NUMBER
4. AUTHENTICATION (If Required): (Number) (Schools) 5. EMERGENCY CLASSIFICATION: A NOTIFICATION OF UNUSUAL EVENT BALERT CISTIE AREA EMERGENCY DIGENERAL EMERGENCY 6. A Emergency Deckration At: B Termination At: TIME/DATE: (Leaters) - new / - of / - yy (If B, po to Item 16.) 7. EMERGENCY DESCRIPTION/REMARKS: 8. PLANT CONDITION: A IMPROVING B STABLE CIDEGRADING 9. REACTOR STATUS: A SCHUTDOWN: TIME/DATE: (Extens) - new / - of / - yy (If B, po to Item 16.) 7. EMERGENCY RELEASE(S): A NONE (Go to Rem 14.) B POTENTIAL (GO TO ITEM 14.) C IS OCCURRING DHAS OCCURRED ***11. TYPE OF RELEASE: LELEVATED GROUND LEVEL A AIRBORNE: Started: (new (Leaters) / Dat/ Stopped: new (Leaters) / Dat/ Stop	2. McGuire Nuclear Site UNIT:	REPORTED BY:
5. EMERGENCY CLASSIFICATION: A NOTIFICATION OF UNUSUAL EVENT B ALERT C SITE AREA EMERGENCY D GENERAL EMERGENCY 6. A Emergency Declaration At: B Itermination At: TIME/DATE: (KASHRI) (MI B, go to Hem 16.) 7. EMERGENCY DESCRIPTION/REMARKS: 8. PLANT CONDITION: A INJURPOVING B STABLE C DEGRADING 9. REACTOR STATUS: A SHAULT CONDITION: A INJURPOVING B STABLE C DEGRADING 9. REACTOR STATUS: A NOWE (Go to Hem 14.) B POTENTIAL (GO TO HEM 14.) B POTENTIAL (GO TO HEM 14.) B POTENTIAL (GO TO HEM 14.) B OCCURRING D HAS OCCURRED ***11. TYPE OF RELEASE(S): A ALRBORNE: A ALRBORNE: B LIOUID: STATE LEVATED GROUND LEVEL A ALRBORNE: A NORMAL OPERATING LIMITS: B LOW ABOVE A NORMAL OPERATING LIMITS: B COMMENDED OFFSITE DOSE: NORMAL OPERATING LIMITS: B COMMENDED OFFSITE DOSE: Thyroid CDE MIES ***13. ESTIMATE OF PROJECTION TIME: STEE BOUNDARY 2 MILES 5 MILES 10 MILES ***14. METEOROLOGICAL DATA: A WIND DIRECTION (from) C STABILITY CLASS D PRECIPITATION (bype) 15. RECOMMENDED PROTECTIVE ACTIONS B EVACUATE C SHELTER IN-PLACE D OTHER ETTICIPED TIME(DATE: C OVED BY: C COORDINATE TIME(DATE: A NORMAL DEPARTING LIMITS: B SPEED (riph) C STABILITY CLASS D PRECIPITATION (bype) TIME(DATE: A COVED BY: C COORDINATE TIME(DATE: A COVED BY: C COORDINATE TIME(DATE: A COVED BY: C COORDINATE TIME(DATE: A COVED BY: C COORDINATE TIME(DATE: A COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME(DATE: C COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME(DATE: C COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME(DATE: C COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME(DATE: C COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME DATE: C STABILITY CLASS TIME(DATE: C STABILITY CLASS TIME(DATE: C COVED BY: C COORDINATE TIME(DATE: C STABILITY CLASS TIME DATE: C STABILITY CLASS TO COVED BY: C COVED BY: C C COORDINATE TIME DATE: C STABILITY	ANSMITTAL TIME/DATE:	FIRMATION PHONE NUMBER: (704) 875-6044
A NOTIFICATION OF UNUSUAL EVENT B ALERT C SITE AREA EMERGENCY D GENERAL EMERGENCY	4. AUTHENTICATION (If Required):(Number)	(Codeword)
6. A Emergency Declaration At: Elemination At: TIME/DATE:		
8. PLANT CONDITION: AIMPROVING B STABLE C DEGRADING 9. REACTOR STATUS: ASHUTDOWN: TIME/DATE: (1251007)	L	
8. PLANT CONDITION: AIMPROVING B STABLE C DEGRADING 9. REACTOR STATUS: ASHUTDOWN: TIME/DATE: (1251007)	6. A Emergency Declaration At: B Termination At: TIME/DATE:	(Eastern) / / (If B, go to item 16.)
9. REACTOR STATUS: ASHUTDOWN: TIME/DATE: (Exition) mm		
9. REACTOR STATUS: ASHUTDOWN: TIME/DATE: (Exition) mm	<u> </u>	
9. REACTOR STATUS: ASHUTDOWN: TIME/DATE: (Exition) mm		
10. EMERGENCY RELEASE(S): ANONE (Go to fiem 14.) BPOTENTIAL (GO TO ITEM 14.) CIS OCCURRING DHAS OCCURRED **11. TYPE OF RELEASE: ELEVATED GROUND LEVEL Alarborne: Started: Time (Esstern)		
10. EMERGENCY RELEASE(S): ANONE (Go to fiem 14.) BPOTENTIAL (GO TO ITEM 14.) CIS OCCURRING DHAS OCCURRED **11. TYPE OF RELEASE: ELEVATED GROUND LEVEL Alarborne: Started: Time (Esstern)	9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern)	mm / dd / w B % POWER
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CPARTICULATES DOTHER ***13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: (Eastern) TEDE MITEM Thyroid CDE MITEM ESTIMATED DURATION: HRS. SITE BOUNDARY 2 MILES 5 MILES 10 MILES 10 MILES 10 MILES 10 MILES 10 MILES 10 MILES ***14. METEOROLOGICAL DATA: AWIND DIRECTION (from) OBSPEED (mph) CISTABILITY CLASS DIPRECIPITATION (type) 15. RECOMMENDED PROTECTIVE ACTIONS BEVACUATE CISHELTER IN-PLACE DOTHER Emergency COORDINATE: A METEOROLOGICAL DATE: A METEOROLOGICAL DATE: A METEOROLOGICAL DATA: TIME/DATE: A METEOROLOGICAL DATA: A METEOROLOGICAL DAT		
**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW UNCHANGED PROJECTION TIME: (Eastern) TEDE MIREM THYROID CDE MIREM ESTIMATED DURATION: HRS. SITE BOUNDARY 2 MILES 5 MILES 10 M		
TEDE mrem Thyroid CDE mrem ESTIMATED DURATION: HRS. SITE BOUNDARY 2 MILES 5 MILES 10 MILES ***14. METEOROLOGICAL DATA: AWIND DIRECTION (from) BSPEED (mph) CISTABILITY CLASS DPRECIPITATION (type) 15. RECOMMENDED PROTECTIVE ACTIONS BEVACUATE CISHELTER IN-PLACE DOTHER Emergency Coordinator TIME/DATE:	**13. ESTIMATE OF PROJECTED OFFSITE DOSE:	UNCHANGED PROJECTION TIME:
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10 MILES **14. METEOROLOGICAL DATA: AWIND DIRECTION (from) • BSPEED (mph) CSTABILITY CLASS DPRECIPITATION (type) 15. RECOMMENDED PROTECTIVE ACTIONS: ANO RECOMMENDED PROTECTIVE ACTIONS BEVACUATE CSHELTER IN-PLACE DOTHER Emergency Coordinator TIME/DATE: // //		
CSTABILITY CLASS DPRECIPITATION (type) 15. RECOMMENDED PROTECTIVE ACTIONS: ANO RECOMMENDED PROTECTIVE ACTIONS BEVACUATE		
15. RECOMMENDED PROTECTIVE ACTIONS: AND RECOMMENDED PROTECTIVE ACTIONS BEVACUATE CSHELTER IN-PLACE DOTHER Emergency 16 40VED BY: COORdinator TIME/DATE:	**14. METEOROLOGICAL DATA: A WIND DIRECTION (from)	• BSPEED (mph)
ANO RECOMMENDED PROTECTIVE ACTIONS BEVACUATE CSHELTER IN-PLACE DOTHER Emergency Coordinator TIME/DATE:	C STABILITY CLASS	DPRECIPITATION (type)
BEVACUATE	15. RECOMMENDED PROTECTIVE ACTIONS:	
©SHELTER IN-PLACE	A NO RECOMMENDED PROTECTIVE ACTIONS	
Emergency 16 40VED BY: Coordinator TIME/DATE:	Bevacuate	
Emergency Coordinator TIME/DATE:	CSHELTER IN-PLACE	
16 OVED BY: Coordinator TIME/DATE:	DOTHER	
	1	
	1F(Name)	THRETURIE.

Information may not be available on initial notifications.

^{*} If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

	GOVERNMENT AGENCIE	S NOTIFIED
	Record the name, date, time and ag	gencies notified:
1. (name)		
		- NC State
(date)	. (time)	(agency) EOC Sel. Sig. 314
		EOC Bell Line (919) 733-39
2		
(name)		
-,,	<u> </u>	Mecklenburg County
(date)	(time)	(agency) WP Sel, Sig. 116 WP Bell line 943-6200
_		*** Delinie 943-6200
(name)		
		Gaston County
(date)	(time)	(agency) WP Sel. Sig. 112
		WP Bell Line (704) 866-330
4		
(name)		
/ (date)		Lincoln County
(Gale)	(time)	(agency) WP Sel. Sig. 113 WP Bell line (704) 735-820
		2011.110 (704) 135020
(name)		
		. Iredell County = -
(date)	(time)	(agency) WP Sel-Sig. 114
	-	WP Bell line (704) 878-300
5.	•	
(name)		-
		[*] Catawba County
(date)	. (time)	(agency) WP Set Sig. 118
		WP Bell line (828) 464-3112
7. - (name)		
- Grancol	•	······································
(date)	(time)	Cabarrus County
,,	(unit-)	(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3109

Form 34888 (R1-94)

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1. Completion of the Emergency Notification Form

NOTE:		ONLY Items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.							
1.1	Complet	e Enclosure 4.1 (Emergency Notification Form) as follows:							
NOTE:	Message	#'s should be sequentially numbered throughout the drill/emergency.							
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.							
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}								
YE:	REPORTED BY: is the Communicator's name.								
	_ Item 2	Write in the unit(s) AND Communicator's name.							
NOTE:	Informati Form.	on for Items 3 and 4 will be completed during transmission of the Emergency Notification							
	_ Item 3	Write in the transmittal time AND date.							
	_ Item 4	Write in appropriate number AND codeword.							
	_ Item 5	Check C for SITE AREA EMERGENCY.							
	_ Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.							

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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency) Item 7 Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065} Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1} •A Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event. •B Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed. •C Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations. Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

<u>OR</u>

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

_ Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

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$\overline{}$	
•	Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
	Item 16 Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
2. TR	ANSMISSION OF THE EMERGENCY NOTIFICATION FORM
NOTE:	1. All initial notifications are verbal. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
	 The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Enclosure 4.1 is available for needed backup numbers.
	3. Refer to page 6 of 9 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.
2.1	IF an upgrade in classification occurs prior to transmitting the initial message, THEN discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
2.2	IF an upgrade in classification occurs while transmitting any message, THEN:
4. gi ² .	A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
	B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
2.3	Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
2.4	<u>IF</u> Selective Signaling Group Call fails, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
NOTE:	The time when the first party is contacted should be recorded on Line 3.
2.5	As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. Proceed with the notification promptly following an attempt to get missing agencies on the line.
2.6	Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item #6).

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Initial Notification Completion/Transmission

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	\bigvee	
-	2.7	Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
_	2.8	Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.
	NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.
_	2.9	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
_	2.10	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
_	2.11	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
_	2.12	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

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COUNTY EMERGENCY RESPONSE RADIO

NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
Group Ca	<u>ll</u> :
1.	Press 20 to activate all County radio units.
2.	When the ready light comes on, press the bar on the transmitter microphone and say:
	"This is McGuire Control Room to all Counties, do you copy?"
	Once all Counties respond, begin transmitting the message using step 2.5 through 2.12 of this enclosure.
	Proceed with the notification promptly following an attempt to get missing agencies on the air.
E:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
تري ک 3.	If a County fails to respond on the group call, press their individual code on the encoder and say:
	"This is McGuire Control Room to (Agency you are calling), do you copy?"
	Once the County responds, begin transmitting the message using step 2.5 through step 2.12 of this enclosure.
4	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."
5.	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

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Initial Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

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Initial Notification Completion/Transmission

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OPERATION OF THE FAX

A. **GROUP FAX**

NOTE:		1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
		_ 1.	Insert the Emergency Notification Form face down into the FAX.
		_ 2.	Press "GROUP FAX." button.
		_ 3.	Press "SEND/RECEIVE" button.
B.	INDI	VID	<u>UAL FAX</u>
		1.	Insert the Emergency Notification Form face down into the FAX.
		2.	Select location(s) to receive the fax:
	_		Press News Group.
	-		• Press TSC.
			Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
		_	• Press EOF.
		.	• Press JIC.
	/	_3.	WHEN the appropriate individual location is selected, THEN press the "SEND/RECEIVE" button.

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Initial Notification Completion/Transmission

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NO	OTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.	
C.	To se	end a FAX to a single location dialing manually:	
	_ 1.	Insert the document face down into the FAX.	
	_ 2.	Using the keypad, dial the number that you wish to call.	
	_ 3.	Press "SEND/RECEIVE" button.	

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NRC Event Notification Worksheet

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TE "THIS IS THE McGUIRE NUCLEA	R SITE IN	NRC REGION 2	MAKIN	G AN EVENT NOTIFICA	TION P	EPOPT"		
NOTIFICATION	UNIT	CALLER'S NA		CALLBACK TELEPHO			ATION	S OFFICER CONTACTED
TIME/DATE		0	25	ENS 1-888-270-0173	/! \L #.	TINC OIL	CATION	3 OTTICER CONTACTED
	1			or (704) - 875-6044		i		
EVENT TIME & ZONE		EVENT DATE	. 1	OWER/MODE BEFORE		PC	WER/N	ODE AFTER
Region II								
(time) (zone)								
g proposition and the field that the contract property of great resistant								THE CONTRACTOR OF THE PROPERTY AND ADDRESS.
EVENT CLASSIFICATIONS		Non-Emergency			8-	Hr Non-Emerge		
GENERAL EMERGENCY		(50 72 b1 (I)(B))	T	'S Deviation		(50 72 b3 (II)(Degraded Condition
SITE AREA EMERGENCY						(50 72 b3 (II)(Unanalyzed Condition
ALERT					Service .	(50 72 b3 (IV)	(A))	Valid Actuaiton of System
UNUSUAL EVENT					- 111	(50.72.12.(11)	433	listed in Encl 4.3
50 72 NON-EMERGENCY		1 Hr Non-Emerge	ncv.		- 65	(50.72 b3 (V)((50.72 b3 (V)(Safe S/D Capability
PHYSICAL SECURITY (73.71)		(70.52) (a) and (b)		lental Criticality	-	(50.72 b3 (V)(RHR Capability Control of Rad Release
(,5,,,,)		(10.52) (a) and (b)		R		(30.72 03 (4)(C))	Control of Rad Release
	2-2	(72.74) (a)		or theft of SNM				
TRANSPORTATION (10 CFR 20)				safety limit		(50 72 b3 (V)(D))	Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)		MNS Facility Ope				(50 72 b3 (X)		Lost ENS
OTHER						(50 72 b3 (X)(Lost Other Assess / Comms
						(50 72 b3 (X)(111))	Emergency Siren INOP
		geragai salah dari da	7			(50.72 b3 (XII		Offsite Medical
							iliza Bar	
	4-Hr	Non-Emergency				Masal sa sa Lumaka yan 10		
		(50 72 b2 (I))		lequired S/D	24	-Hr. Non-Emerg		
		(50 72 b2 (IV)(A)		S Discharge to RCS		McGuire Facil	ity Oper	ating License Conditions
		(50 72 b2 (IV)(B)		Actuation - critical		Material/Expo	sure (10	CFR20)
			scra					
		(50 72 b2 (XI))		te Notification		26.73 Significa	ant even	ts involving fitness for duty
		(72.75)(b1)		exposure & release action airment.		(72.75)(c1) C	ontamina	ation event restrictions
		(72.75)(b2) Spo		Storage SSC defect.		(32.75)(-2) E	1 C1	
				Storage degradation	السامة	(72.73)(C2) Pt	iei Stora	ge equipment failure.
				e License deviation	-			
				e related offsite medical.				
				ion damage to Spent Fuel				
			orage.	non daniage to open i uci				
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		managaman ang managaman ang managaman ang managaman ang managaman ang managaman ang managaman ang managaman an				
								The first state of the second
	19.15	to provide and more	6 kg 1 kg 1 1 1 1 1 1 1					
				DESCRIPTION				
Include: Systems affected, actuations & their in	itıatıng sig	mals, causes, effec	t of ever	nt on plant, actions taken or	planned	, etc.		
						Continue on	Enclosu	re 4.3 page 2 of 2 if necessary.
NOTIFICATIONS YES	NO	WILL AN	THING	UNUSUAL OR NOT UN	DERST	OOD? YES	;	□ NO
		BE						
NRC RESIDENT			lain abo					
STATE(s)				STEMS FUNCTION AS	Y	es 🗆		□ NO
LOCAL		REC	UIRED					
LOCAL OTHER COV ACENCIES		 -					•	(Explain above)
OTHER GOV AGENCIES MEDIA (PRESS PEL FASE)				PERATION	L	RESTART		ITIONAL INFOR ON BACK
MEDIA/PRESS RELEASE		ראַט ן	IL COR	RECTED	DATE	:		YES D NO
ADDDOVED BY				ED 10 D 1				
APPROVED BY:	ift Manage	r/Emergency Coo	rdinata-	_ TIME/DATE				/
Sperations 311	un managt	Lineigency Coo	dinator		(easte	an)	mm	dd yy

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NRC Event Notification Worksheet

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KADIOLOGICAL RELEASE	S: CHECK OF	FILL IN	N APPLICABLE	ITEMS	(specific	details/explanat	ions sho	ould be	covered in event de	scription)	
LIQUID RELEASE GASEOUS RELEASE			UNPLANNED RELEASE			PLANNED RELEASE			ONGOING	TERM	INATED
MONITORED	MONITORED UNMONITORED			OFFSITE RELEASE					RM ALARMS	AREA	S EVACUATED
PERSONNEL EXPOSED	OR CONTAMINA	TED	OFFSITE PR	OTEC	TIVE AC	TIONS RECOM	MEND	ED	State release path is	n description	
Windship Toppin in a finite of							a ava	ş jar-ciş çü	y africa i soften sag sau e livel beheep		againg the stay of properties of the
NOTE: Contact Rad	liation Protection Sh	iit to obt	ain the following	intorm	ation.						
	cation is due and the k "Not Available" ar										
	elease Rate (Ci/sec)	%	T.S. LIMIT		GUIDE	Total Ac	tivity (C1)	% T.S LIMIT	но	OO GUIDE
Noble Gas					C1/sec						1000 Ci
lodine					uCi/sec						0.01 Cı
Particulate				1 u	Ci/sec						1 mCı
Liquid (excluding tritium & dissolved noble gases)				10 ι	ıCı/min						0.1 C ₁
Liquid (tritium)				02	Cı/min						5 Cı
Total Activity			·			_				_	
The state of the s	S. P. Artis		publikas arabaya (j.	niany .				y isolar i	<u> </u>		
RECORD MONITORS IN ALARM	PLANT ST (EMF 35, 3		AIR EJECTOR (UR		(UNIT	IN STEAM LINE SO 1-EMF 24,25,26,27 2-EMF 10, 11, 12,13)		G BLOWDOWN (EMF 34)		OTHER	
RAT ONITOR READING:	s		(EMI 33) OMI 2				, , , , , ,				
AL ETPOINTS: TRIP	11	-									
3 LIMIT (If applicable)			NOT APPLICABLE				NOT APPLICABLE				
RCS OR SG TUBE LEAKS:		I. IN AF	PLICARLE ITE	MS (sp	ecific deta	uls/explanations	should	he cove	red in event descrip		and the second s
LOCATION OF THE LEAK			- I DICTIBLE TIE				3110010		rea in event descrip		
LEAK RATE, gpm/gpd			T.S. LIMITS EX	CEED	en.	EUDDEN C	ND I OX	C TED	M DEVELOPMEN	т.	
J. J.			I.S. LIVIIIS EA					O IEK	M DEVELOPMEN	1.	
LEAK START DATE:	Т	IME.				OOLANT ACTI ast Sample)		PRI e eq	MARY mCi/ml	SECOI Xe eq	NDARY mCi/ml
					<u>ר</u>	ast Sample)				•	
LIST OF SAFETY RELATE	D EQUIPMENT NO	T OPER	ATIONAL				Iodin	e eq.	mCi/ml	lodine eq_	mCi/ml
EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)											
							- L-0.	-/			
	· · · · · · · · · · · · · · · · · · ·										

Follow-Up Notification Completion/Transmission

Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.". 1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows): NOTE: Message #'s should be sequentially numbered throughout the drill/emergency. Item 1 Check A for Drill **OR** B for Actual Emergency **AND** Check FOLLOW-UP AND Write in message number. NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638} NOTE: REPORTED BY: is the Communicator's name. Item 2 Write in the unit(s) AND Communicator's name. NOTE: Transmittal time is the time you FAX the form to the agencies. Item 3 Write in the transmittal time AND date. Item 4 Authentication is not required when faxing. Item 5 Check C for SITE AREA EMERGENCY. Item 6 Check A for Emergency Declaration At: AND

Write the time AND date the classification was declared.

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Follow-Up Notification Completion/Transmission

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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible).

<u>DO NOT</u> use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be <u>considered</u> for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

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Follow-Up Notification Completion/Transmission

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Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- •A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
- •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- •C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

<u>OR</u>

Check B AND write in the Reactor Power level.



Follow-Up Notification Completion/Transmission

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

Follow-Up Notification Completion/Transmission

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	1.2		v-up notification is due and information for Items 11 through 14 cannot be from RP shift, <u>THEN</u> mark each item "Not Available" and go to Item 15.
		_ Item 11	Check GROUND LEVEL <u>AND</u> Check A for AIRBORNE <u>OR</u> B for LIQUID <u>AND</u> Write in the time <u>AND</u> date the release started <u>AND</u> stopped if available.
		_ Item 12	Check CURIES PER SECOND AND Check BELOW OR ABOVE normal operating limits AND Check the appropriate blocks A, B, C, D AND write in the value(s).
	NOTE:	If unchan repeated.	ged from the previous notification, the information does not have to be
,		_ Item 13	Check NEW <u>OR</u> UNCHANGED <u>AND</u> Write in the projection time <u>AND</u> Write in the estimated duration <u>AND</u> Write in the TEDE and Thyroid CDE values.
		_ Item 14	Check A, B, C, D AND provide values for each.
		_ Item 15	Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
		Item 16	Have the Emergency Coordinator approve the message AND Write in the time AND date the message was approved.

Follow-Up Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form

	NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
_	2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
_	2.2	Press "GROUP FAX" button.
_	2.3	Press "SEND/RECEIVE" button.
_	2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
, -	2.5	Ensure the State and Counties received the FAX by calling them.
ノ -	2.6	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

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Termination Notification Completion/Transmission

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1. Completion of the Emergency Notification Form

NOTE:	A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.						
1.1	Complete Enclosure 4.1 (Emergency Notification Form) as follows:						
	_ Item I	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.					
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}						
NOTE:	REPORTED BY: is the Communicator's name.						
	_ Item 2	Write in the unit(s) AND Communicator's name.					
NOTE:	Information form.	or Items 3 and 4 will be completed during transmission of the Emergency Notification					
	_ Item 3	Write in the transmittal time AND date.					
	_ Item 4	Write in appropriate number AND codeword.					
	_ Item 5	Check C for SITE AREA EMERGENCY.					
	_ Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.					
	- Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.					

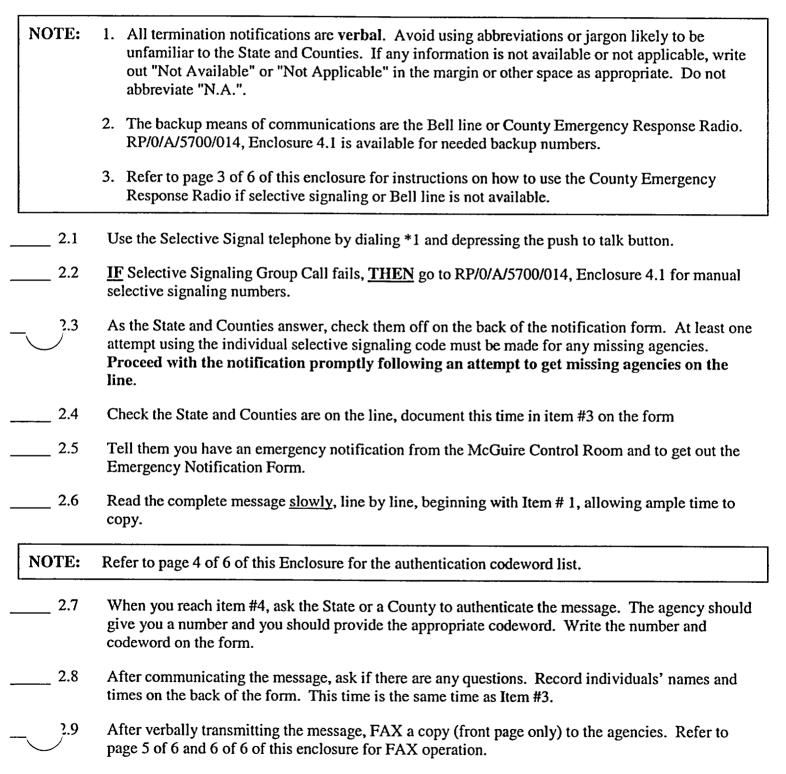


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Termination Notification Completion/Transmission

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2. Transmission of the Emergency Notification Form



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Termination Notification Completion/Transmission

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2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO	
NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
Group Call:	
1.	Press 20 to activate all County radio units.
2.	When the ready light comes on, press the bar on the transmitter microphone and say: "This is McGuire Control Room to all Counties, do you copy?"
	Once all Counties respond, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
<u> </u>	Proceed with the notification promptly following an attempt to get missing agencies on the air.
NOTE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
3.	If a County fails to respond on the group call, press their individual code on the encoder and say:
	"This is McGuire Control Room to (Agency you are calling), do you copy?"
	Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.
4.	After you have finished transmitting the message, conclude the message by saying: "This is WQC700 base clear."
<u>5</u> .	Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the

notification form.

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Termination Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

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Termination Notification Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

NOTE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
	2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
1.	In	sert the Emergency Notification Form face down into the FAX.
2.	Pı	ress "GROUP FAX" button.
3.	Pı	ress "SEND/RECEIVE" button.
B. <u>IND</u>	IVID	<u>UAL FAX</u>
	_ 1.	Insert the Emergency Notification Form face down into the FAX.
	_ 2.	Select location(s) to receive the fax:
		Press News Group.
€, > —		• Press TSC.
_		Press State of North Carolina EOC.
		Press Mecklenburg County Warning Point.
_		Press Gaston County Warning Point.
		Press Lincoln County Warning Point.
_		Press Iredell County Warning Point.
		Press Catawba County Warning Point.
		Press Cabarrus County Warning Point.
		• Press EOF.
		• Press JIC.
	_3.	<u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

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Termination Notification Completion/Transmission

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OPERATION OF THE FAX

NO	TE:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C.	To sei	nd a FAX to a single location dialing manually:
	1.	Insert the document face down in the FAX.
	2.	Using the keypad, dial the number that you wish to call.
	3.	Press "SEND/RECEIVE" button.

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Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

i(S) AFFECTED:	U1	U2 _			{PIP-M-99-3800}
GENEKAL	DATE:	U-1 U-2	POWER LEVEL	NCS TEMP	NCS PRESS	(111 1117) 3000)
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT:		
SITE ASSEMBLEY TE EVACUATION	SITE ASSEMBLY SITE EVAC. (NON-ESSEN.) SITE EVAC. (ESSENTIAL) OTHER OFFSITE AGENCY INVOLVEMENT MEDICAL		NO	TIME	LOCATION OR COMM	ENTS
	FIRE POLICE					
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY	ZONES EVAC	NUMBER DEPLOYED 	-	ZONES SHELTERED	
	CONTAINMENT PRESSURE WIND DIRECTION		PSIG	WIND SPEED		
OFFSITE COMMUNICATION	- LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION	CHECKS SHO	TIME	ED PRIOR TO ACTIVAT	, ING THE EOF.	
ОТГ	NOTES RELATED TO THE ACCIDENT	T/EVENT/PLAN	F EQUIPMENT FAII	LED OR OUT OF SERVIC	E	

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Request for Emergency Exposure (a)

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Activity	Total Effective Dose Equivalent (TEDE)	Lens of Eye	Other Organs (b)
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, acknowledge this planned Emergency Exposure (RPM or designee, signature or note of verbal authorization)	Date/Time	
I, approve this planned Emergency Exposure at (Emergency Coordinator or EOF Director, signature or not of verbal authorization)	Date/Time	

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20 ppy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

Page 1 of 2

1.	Immediate	Actions

Initi	al		
	1.1		rations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. y performing the following:
		_ 1.1.1	Turn on the outside page speakers.
NO	TE:	• For di	rill purposes, state "This is a drill. This is a drill."
			plant phone in the Control Room horse shoe area or extension 4021 is programmed to s 710, site all call. {PIP 0-M98-2545}
		_ 1.1.2	Dial 710; pause, dial 80. Following the beep, announce "A Site Area Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".
تممر		_ 1.1.3	Repeat the preceding announcement one time.
		_ 1.1.4	Turn off the outside page speakers.
	1.2	<u>IF</u> valid	trip II alarm occurs on any one of the following:
	1	<u>OR</u> 2 EM	F36(L)
	1	EMF24, 2	5, 26, 27
	2	EMF10, 1	1, 12, 13
-	_		ediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Assessment).
	1.3	RELEA	C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY SE) on Enclosure 4.1 (Emergency Notification Form) is checked, <u>THEN</u> immediately RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose nent).

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OSM Immediate and Subsequent Actions

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- 1.4 <u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- 1.5 <u>IF</u> and upgrade in classification occurs while transmitting any message, <u>THEN</u> notify the Offsite Agency Communicator to perform the following:
 - A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

actions.

NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
2.1	<u>IF</u> a site assembly has not already been initiated, <u>THEN</u> refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
2.2	Augment shift resources to assess and respond to the emergency situation as needed.
2.3	GO TO Step 3.1 in the body of this procedure and continue with the prescribed subsequent

WCC SRO Immediate and Subsequent Actions

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1. Immediate Actions

Initial	
NOTE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
	2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.
1.1	<u>IF</u> an upgrade in classification occurs prior to transmitting the initial message, <u>THEN</u> discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
1.2	IF an upgrade in classification occurs while transmitting any message, THEN:
	A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
	B. Suspend any further transmission of the message that was being transmitted. {PIP-0-M01-3711}
1.3	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.2, Section 1.
1.4	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, Section 2.
2. Subs	sequent Actions
2.1	Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
2.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

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STA Immediate and Subsequent Actions

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1. Immediate Actions

Initial

NOTE:	For a Dri	For a Drill, the Community Alert Network (CAN) is not activated.				
1.1	For a sec	For a security event, go to steps 1.4, 1.5, and 1.6.				
1.2		Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:				
	to the Ca	AS/SAS, of all extension 2	2008 of 4900 and issue the following message.			
	_ 1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at (time)."			
	_ 1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at(time)." AND "Activate the CAN system."			
			Activate the CAN system.			
NOTE:	• For a	Drill, the Emergency Re	sponse Data System (ERDS) is not activated.			
	acces	ss. These are located in the	deactivated from designated computer terminals with SDS ne Shift Work Manager's office, the Data Coordinators' room in atrol Room horse shoe area.			
1.3			mergency Response Data System (ERDS) as soon as possible, he emergency declaration per the following:			
	_ 1.3.1	Ensure SDS is running	on the selected terminal.			
	_ 1.3.2	Click on MAIN.				
	1.3.3	Click on GENERAL.				
	_ 1.3.4	Click on ERDS.				
	1.3.5	Click on ACTIVATE.				
<u></u>	_ 1.3.6	Record the time and de	ate ERDS was activated. TIME/DATE			
	1.3.7	Inform the OSM that I	ERDS was activated.			
	1.3.8		vate after five (5) attempts, <u>THEN</u> have an Offsite Agency			

RP/0/A/5700/003

STA Immediate and Subsequent Actions

Page 2 of 2

1	.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
1	.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
1	.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2 6	Suba	oquent Astions

2. Subsequent Actions

- 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
 - 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company PROCEDURE PROCESS RECORD

(1)	ID No.	RP/0/A/	5700/004
	Revisi	on No	017

	e Nuclear Station		
(3) Procedure Title General E	mergency		
(A) Branarad Bu A M	Manker		
(4) Prepared By		_Date	7-3-02
(5) Requires NSD 228 Applicat	ollity Determination? r revision with major changes)		
No (Revision with min	· • • • • • • • • • • • • • • • • • • •		
	eviously approved changes)		
(6) Reviewed By	C/-B (QR)	Date	7/24/0
Cross-Disciplinary Review B	•		7/24/6
Reactivity Mgmt. Review By	(QR) NA _9v/	Date	7/24/0
Mgmt. Involvement Review B	y (Ops.Supt.) NA	Date	7/24/0-
Davidson d Do	·	Date	
Davidson d.D.		Date	
(8) Temporary Approval (if ned			
Ву	(OSM/QR)	Date	
<i></i> ву	(QR)	Date	
(9) Approved By	Munay	Date	10-1-0
•	ith Control Copy every 14 calendar days while work is being perform	_	
(10) Compared with Control Co	ру	Date	
Compared with Control Cop			•
Compared with Control Cop			
(11) Date(s) Performed			
Work Order Number (WO#)			
COMPLETION			
(12) Procedure Completion Verifi	cation		
☐ Yes ☐ N/A Check li	sts and/or blanks initialed, signed, dated or filled in NA, as appropri	iate?	
- - _	d enclosures attached?		
☐ Yes ☐ N/A Require			
	eets attached, completed, dated and signed?		
☐ Yes ☐ N/A Data sho	· · · · · · · · · · · · · · · · · · ·		
☐ Yes ☐ N/A Data sho	eets attached, completed, dated and signed? graphs, etc. attached, dated, identified, and marked? re requirements met?		
☐ Yes ☐ N/A Data sho ☐ Yes ☐ N/A Charts,	graphs, etc. attached, dated, identified, and marked?	Date	

Duke Power Company	Procedure No.
McGuire Nuclear Station	RP/ 0 /A/5700/004
	Revision No.
General Emergency	017
Reference Use	Electronic Reference No.
	MC0048M7

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General Emergency

1. Symptoms

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

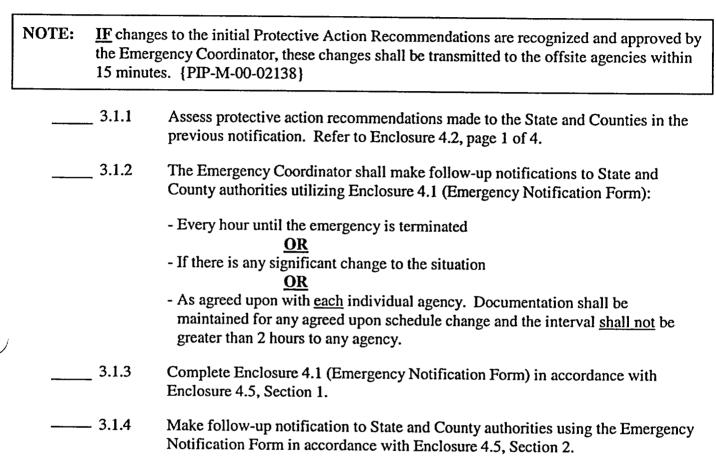
2. Immediate Actions

NOTE: • The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- 2.1 The following Enclosures should be given to the appropriate personnel:
 - The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.11 (STA Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications



Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.		
A TSC pr	reprogrammed fax button is available on the Control Room fax machine.	
turnover,	es to the initial Protective Action Recommendations are recognized during the the turnover should not be completed until the Control Room transmits this on to the offsite agencies. {PIP-M-0-00541}	
	TSC Emergency Coordinator is ready to receive turnover <u>THEN</u> perform one of the g to facilitate turnover:	
	d deliver turnover sheet to the TSC Emergency Coordinator. OR	
• Pax	turnover sheet to the TSC	
substanti higher er for cause	e event that a worker's behavior or actions contributed to an actual or potential antial degradation of the level of safety of the plant (incidents resulting in an Alert or emergency declaration), the supervisor must consider and establish whether or not a suse drug/alcohol screen is required. The FFD Program Administrator or designee is able to discuss/assist with the incident.	
Protectiv	ve Actions Onsite	
_ 3.5.1	Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).	
_ 3.5.2	<u>IF</u> a situation which is immediately hazardous to life or valuable property exists, <u>THEN</u> evaluate potential dose rates by one of the following methods:	
	a. Contact RP Shift at Ext. 4282b. Assess area monitors	
3.5.3	Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.	
	Facility responsi A TSC process IF chang turnover, notificati WHEN followin • Han • Fax In the even substantial higher endor cause available protective 3.5.1 3.5.2	

	3.6	Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:	
		3.6.1	Remain in a General Emergency,
			<u>OR</u>
		3.6.2	Terminate the emergency. <u>REFER TO</u> RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.
	3.7	Terminat	tion Notifications
NO	TE:	Enclosure	4.6 has instructions for completion and transmission of termination notifications
	•	3.7.1	Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.
•		3.7.2	Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.
4.	Encl	osures	
	4.1	Emergen	cy Notification Form.
	4.2	Guidance	e for Offsite Protective Actions
	4.3	Initial Notification Completion/Transmission	
	4.4	NRC Eve	ent Notification Worksheet
	4.5	Follow-u	p Notification Completion/Transmission
	4.6	Terminati	ion Notification Completion/Transmission
	4.7	Emergeno	by Coordinator / Emergency Operations Facility Director Turnover Checklist
	4.8	Request f	or Emergency Exposure
	4.9	OSM Imr	nediate and Subsequent Actions {PIP 0-M97-4638}
	4.10	WCC SR	O Immediate and Subsequent Actions {PIP 0-M97-4638}
į	4.11	STA Imm	nediate and Subsequent Actions {PIP 0-M97-4638}

RP/0/A/5700/004 Page 1 of 2

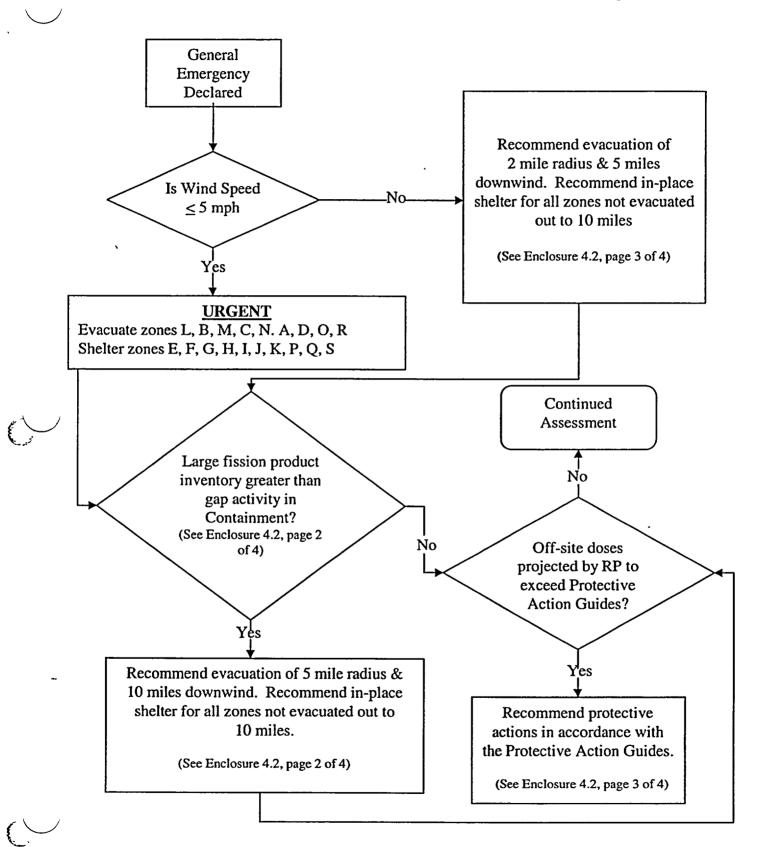
EMERGENCY NOTIFICATION

1 IIS IS A DRILL BACTUAL EMERGENCY INITIAL MCGuire Nuclear Site UNIT:	FOLLOW-UP MESSAGE NUMBER
3. TRANSMITTAL TIME/DATE:(Eastern)//CONF	IRMATION PHONE NUMBER: (704) 875–6044
4. AUTHENTICATION (If Required):(Number)	(Codeword)
5. EMERGENCY CLASSIFICATION:	
A NOTIFICATION OF UNUSUAL EVENT BALERT	
6. A Emergency Declaration At: B Termination At: TIME/DATE:	
7. EMERGENCY DESCRIPTION/REMARKS:	(castern) mm dd yy
•	
	•
8. PLANT CONDITION: AIMPROVING BSTABLE CDEGRADING	•
9. REACTOR STATUS: A SHUTDOWN: TIME/DATE: (Eastern)	mm / dd / w B POWER
10. EMERGENCY RELEASE(S):	
ANONE (Go to item 14.) BPOTENTIAL (GO TO ITEM 14.)	DIS OCCURRING DHAS OCCURRED
**11. TYPE OF RELEASE:	
AAIRBORNE: Started:/	Stopped:/
RILIONIO. OLIVI	Stopped:/
**12. RELEASE MAGNITUDE: CURIES PER SEC. CURIES	IORMAI OPERATING LIMITS: DEL COM COLOR
A NOBLE GASES	BIODINES
C PARTICULATES	
**13. ESTIMATE OF PROJECTED OFFSITE DOSE: NEW	UNCHANGED PROJECTION TIME: (Eastern)
	hyroid CDE (Eastern)
SITE BOUNDARY	mrem ESTIMATED DURATION:HRS.
2 MILES 5 MILES	
10 MILES	
**14. METEOROLOGICAL DATA: A WIND DIRECTION (from)	
CSTABILITY CLASS	DPRECIPITATION (type)
15. RECOMMENDED PROTECTIVE ACTIONS:	
A NO RECOMMENDED PROTECTIVE ACTIONS	
BEVACUATE	
C SHELTER IN-PLACE	
DOTHER	
Tr. APPROVED BY.	Emergency Coordinator TIME DATE:
(Name)	(Mile) TIME/DATE: (Eastern) mm / dd / yy

If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

^{••} Information may not be available on initial notifications.

	GOVERNMENT AGENCIES NOTIF	TED
_	Record the name, date, time and agencies notified	d:
1. (name)		•
(date)	. (time)	NC State
2	•	(agency) EOC Set. Sig. 314 EOC Bell Line (919) 733-39
(name)		
(date)	(time)	. Mecklenburg County
3. (name)		(agency) WP Set Sig. 116 WP Bell line 943-6200
(date)	(time)	Gaston County
	(unite)	(agency) WP Sel. Sig. 112 WP Bell Line (704) 866-3300
(name)		· · · · · · · · · · · · · · · · · · ·
(date)	(time)	Lincoln County
		(agency) WP Sel. Sig. 113 WP Bell line (704) 735-8202
(name)		
(date)	(time)	Iredell County
(name)	·	(agency) WP Sel. Sig. 114 WP Bell line (704) 878-3039
, ,		Cotombo County
(date)	_ (time)	(agency) WP Sel. Sig. 118 WP Bell line (828) 464-3112
(name)		
(date)	(time)	Cabarrus County
		(agency) WP Sel. Sig. 119 WP Bell line (704) 788-3108



RP/**0**/A/5700/004

Guidance for Off-site Protective Actions

Page 2 of 4

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

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

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC Unit 2 OAC

M1A0829 1EMF51A M2A0829 2EMF51A M1A0835 1EMF51B M2A0835 2EMF51B

TIME AFTER CONTAINMENT MONITOR READING (R/HR)

SHUTDOWN (HOURS) EMF 51A or 51B (100% GAP Activity Release)

0 2,340 0-2 864 2-4 624 4-8 450 > 8 265

Protective Action Zones Determination

Protective Action Zones Determination				
For Containment Radiation Levels Exceeding GAP Activity				
Wind Direction (deg from N)				
Chart Recorder 1EEBCR9100				
Point # 8 Average Upper Wind	Evacuate			
Direction	5 Mile Radius-10 Mile Downwind	Shelter		
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q		
22.6 – 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P		
45.1 – 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P		
67.6 – 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K		
90.1 – 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J		
112.6 – 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J		
135.1 – 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S		
157.6 – 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S		
180.1 – 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S		
202.6 – 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S		
225.1 – 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S		
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S		
270.1 – 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S		
292.6 – 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S		
315.1 – 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S		
337.6 – 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q		

Enclosure 4.2 Guidance for Off-site Protective Actions

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Protective Action Zones Determination

Trocetive Retion Zones Determination			
Wind Speed Greater than 5 Miles per Hour			
Wind Direction (deg from N)			
Chart Recorder 1EEBCR9100			
Point # 8 Average Upper Wind	Evacuate		
Direction	2 Mile Radius-5 Mile Downwind	Shelter	
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
22.6 – 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
45.1 – 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S	
67.6 – 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S	
90.1 – 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S	
112.6 – 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S	
135.1 – 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S	
157.6 – 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S	
180.1 – 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S	
202.6 – 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S	
225.1 – 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
247.6 – 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
270.1 – 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
292.6 – 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S	
315.1 – 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S	
337.6 – 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S	

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs

(Projected Dose)

(110)000	cu Dosc)	
Total Effective	Committed Dose	
Dose Equivalent	Equivalent (CDE)	
(TEDE)	Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, <u>Manual of Protective Action Guides and Protective Actions for Nuclear Incidents</u>.

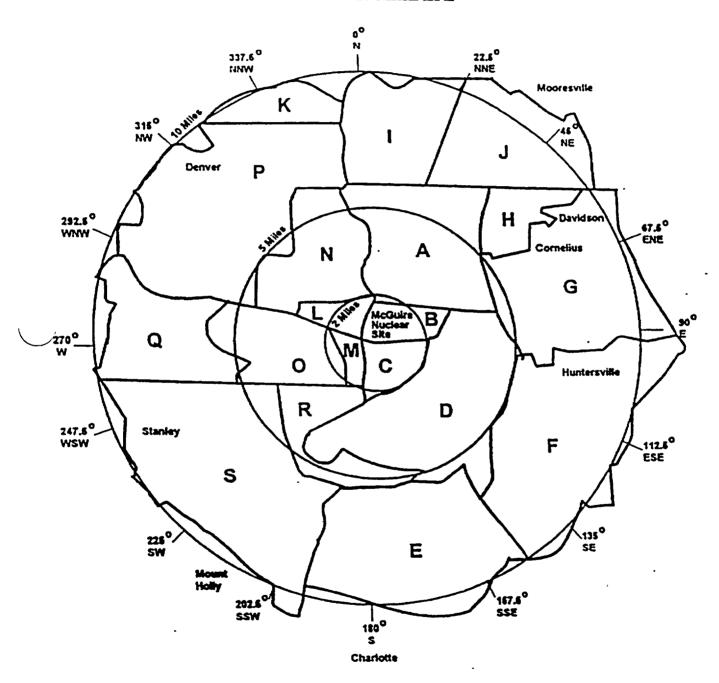


Guidance for Off-site Protective Actions

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McGUIRE PROTECTIVE ACTION ZONES (2 and 5 mile radius, inner circles)

10 MILE EPZ



Initial Notification Completion/Transmission

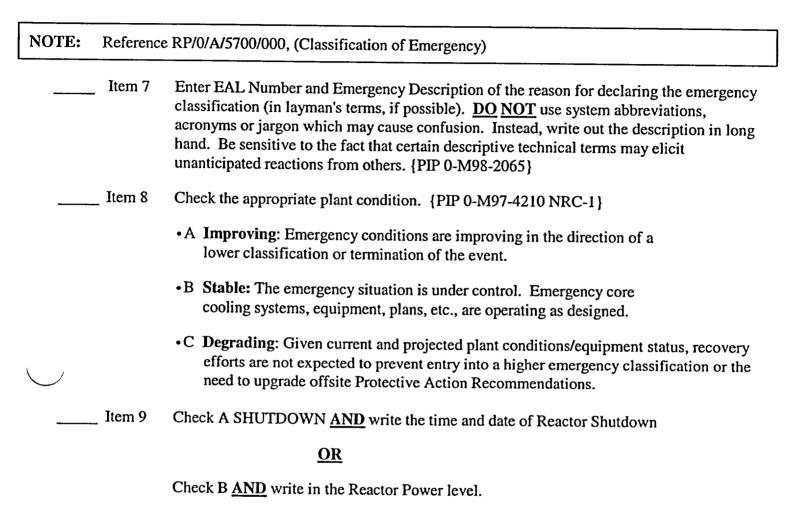
RP/**0**/A/5700/004 Page 1 of 9

1. Completion of the Emergency Notification Form

NOTE:	Items 11 - 14 may be skipped.			
1.1	Complete	e Enclosure 4.1 (Emergency Notification Form) as follows:		
NOTE:	Message ‡	s should be sequentially numbered throughout the drill/emergency.		
	– Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check INITIAL <u>AND</u> Write in message number.		
NOTE:	Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}			
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	REPORTED BY: is the Communicator's name.			
	- Item 2	Write in the unit(s) AND Communicator's name.		
NOTE:	Information Form.	on for Items 3 and 4 will be completed during transmission of the Emergency Notification		
	- Item 3	Write in the transmittal time AND date.		
	- Item 4	Write in appropriate number AND codeword.		
	- Item 5	Check D for GENERAL EMERGENCY.		
-	– Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.		

Initial Notification Completion/Transmission

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Initial Notification Completion/Transmission

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

<u>AND</u>

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.



Initial Notification Completion/Transmission

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\bigcirc		
	_ Item 15	Check B AND write affected zones for evacuation AND
		Check C AND write the letter designation for all other zones not evacuated.
	_ Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.
2. TRA	ANSMISSION	N OF THE EMERGENCY NOTIFICATION FORM
NOTE:	the State an	notifications are verbal . Avoid using abbreviations or jargon likely to be unfamiliar to nd Counties. If any information is not available or not applicable, write out "Not or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate
	2. The backup RP/0/A/57	o means of communications are the Bell line or County Emergency Response Radio. 00/014, Enclosure 4.1 is available for needed backup numbers.
	3. Refer to pa Response I	ge 6 of 9 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.
_2.1	Use the Select	ive Signaling telephone by dialing *1 and depressing the push to talk button.
2.2	IF Selective S selective signa	ignaling Group Call fails, THEN go to RP/0/A/5700/014, Enclosure 4.1 for manual aling numbers.
NOTE:	The time when	the first party is contacted should be recorded on Line 3.
2.3	attempt using	nd Counties answer, check them off on the back of the notification form. At least one the individual selective signaling code must be made for any missing agencies. Proceed ication promptly following an attempt to get missing agencies on the line.
2.4	Check the Stat should not exc	te and Counties are on the line, document this time in item #3 on the form. This time teed 15 minutes from the time of declaration (Item #6).
2.5	Tell them you Emergency No	have an emergency notification from the McGuire Control Room and to get out the otification Form.

Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to

- 2.6

сору.

Initial Notification Completion/Transmission

RP/**0**/A/5700/004 Page 5 of 9

NOTE:	Refer to page 7 of 9 of this enclosure for the authentication codeword list.
2.7	When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
2.8	After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
2.9	After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 8 of 9 and 9 of 9 of this Enclosure for FAX operation.
2.10	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.



Initial Notification Completion/Transmission

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COUNTY EMERGENCY RESPONSE RADIO

NOTE:	This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.
Group Ca	<u>ll</u> :
<u> </u>	Press 20 to activate all County radio units.
2.	When the ready light comes on, press the bar on the transmitter microphone and say:
	"This is McGuire Control Room to all Counties, do you copy?"
	Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.
	Proceed with the notification promptly following an attempt to get missing agencies on the air.
E:	RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.
3.	If a County fails to respond on the group call, press their individual code on the encoder and say:
	"This is McGuire Control Room to (Agency you are calling), do you copy?"
	Once the County responds, begin transmitting the message using step 2.3 through 2.10 of this enclosure.
4	After you have finished transmitting the message, conclude by saying: "This is WQC700 base clear."
5 .	Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Initial Notification Completion/Transmission RP/**0**/A/5700/004 Page 7 of 9

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

RP/**0**/A/5700/004 Page 8 of 9

Initial Notification Completion/Transmission

OPERATION OF THE FAX

A. **GROUP FAX**

NC	TE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
		1.	Insert the Emergency Notification Form face down into the FAX.
		2.	Press GROUP FAX button.
		3.	Press "SEND/RECEIVE" button.
В.	INDI	VID	<u>UAL FAX</u>
		1.	Insert the Emergency Notification Form face down into the FAX.
		2.	Select location(s) to receive the fax:
	ノ		Press News Group.
	•		• Press TSC.
			Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
			• Press EOF.
			• Press JIC.
		3.	<u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

Initial Notification Completion/Transmission

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NO	re:	RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C.	To s	send a FAX to a single location dialing manually:
	1.	Insert the document face down into the FAX.
	2.	Using the keypad, dial the number that you wish to call.
<u>_</u>	3.	Press "SEND/RECEIVE" button.

NRC Event Notification Worksheet

RP/**0**/A/5700/004

Page 1 of 2

THIS IS THE McGI	JIKE NUCLEAR	SITE IN	NRC REGION	2 MAKII	NG AN EVENT NOTIFIC	ATION RE	PORT"		
ME/DATE		UNIT	CALLER'S	NAME	CALLBACK TELEP ENS 1-888-270-0173 or (704) - 875-6044	HONE #.		RATION	S OFFICER CONTACTED
EVENT TIME & ZONE			EVENT DA	TE	POWER/MODE BEFOR		PC	OWER/M	IODE AFTER
Region II			ĺ	Ì		1			
(time) (zon	e)	O 20 2 25 25	ACRES FOR LOS AND AND AND AND AND AND AND AND AND AND						
							OGENINATEDA S		Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Marie Ma
EVENT CLASSIFICATIONS		1-Hr	Non-Emergen	cy 10 CFI	R 50 72(b)(1)	8-	Hr Non-Emerge	ency 10C	FR 50 72(b)3
GENERAL EMERGENCY			(50.72 Ы (І)(В	(1)	TS Deviation		(50 72 b3 (II)	(A))	Degraded Condition
SITE AREA EMERGENO	Y					40 m (13)	(50 72 b3 (II)	(B))	Unanalyzed Condition
ALEKI					The second secon	Parkanian (A)	(50 72 b3 (IV)(A))	Valid Actuaiton of System
UNUSUAL EVENT		at A Tradition Stemment areas			Annual III annual Annual III annu				listed in Encl. 4.3.
50 72 NON-EMERGENC	v		Us Non E-				(50 72 b3 (V)		Safe S/D Capability
PHYSICAL SECURITY (Hr Non-Eme	rgency	idental Criticality	_8_	(50.72 b3 (V)		RHR Capability
	3.71)		70.32) (a) and		OR	25	(50.72 b3 (V)	(C))	Control of Rad Release
			(72.74) (a)		ss or theft of SNM				
TRANSPORTATION (10	CFR 20)				a safety limit		(50.72 h2 (V)	(D))	
MATERIAL/EXPOSURE	(10 CFR 20)		MNS Facility (Onerating	License Conditions	-8-	(50.72 b3 (V)		Accident Mitigation
OTHER				speracing_	Electise Conditions		(50 72 b3 (X)		Lost ENS
a taken a taken a taken a taken a taken a taken a taken a taken a taken a taken a taken a taken a taken a taken									Lost Other Assess / Comms
			CASCALA CASCAL	V			(50 72 b3 (X) (50.72 b3 (X)		Emergency Siren INOP
					de de la laculation de la constant d	and the control of	(30.72 b3 (X)	.))	Offsite Medical
The second secon		4-Hr	Non-Emergeno	v 10 CFR	50.72(b)(2)				######################################
The state of the second of the		1	50 72 b2 (I))		Required S/D	24	-Hr Non-Emer	CARCU	and the second project of the state of the second of the s
					CS Discharge to RCS		McGure Facel	lity Ones	ating License Conditions
The board of the control of the cont		(50.72 b2 (IV)(B)) RF	S Actuation - critical		Material/Expo	sure (100	TER 20)
The state of the s	And the second s			scr			material Expo	Suit (100	CI N20)
		(50 72 b2 (XI))	Off	site Notification		26 73 Signific	ant event	s involving fitness for duty
A SECTION OF THE SECT		(72.75)(b1)	Rac	exposure & release action	n Hill	(72.75)(c1) C	ontamina	tion event restrictions.
				im	pairment.				or one rosultions.
			72.75)(b2)		Storage SSC defect		(72.75)(c2) Fr	uel Storag	ge equipment failure.
			72.75)(b3)		el Storage degradation.	450			en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co
					age License deviation.				
			72.75)(b5)	Fuel Stor	age related offsite medical				
The second secon			72.75)(b6)	Fire/Expl	osion damage to Spent	111111111			
			17, 22 oc. 1, 1, 1, 1, 1, 1, 1, 2, 1	Fuel Stor	age.	120 Jan 11 1			
					Propries				
				EVENT	DESCRIPTION				en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de
Include: Systems affected, actu	ations & their init	iating sign	nals, causes, ef	fect of eve	ent on plant actions taken	or planned			
•			, cabses, cr	icci oi evi	ant on plant, actions taken	or planned	i, etc		
The section is the second of t							Continue on	Enclosur	e 4 4 page 2 of 2 if necessary.
NOTIFICATIONS		NO		13 /rem 275 to	7.77	the service of			
	1,50		BE A	NATHING	G UNUSUAL OR NOT U	NDERSTO	OD? D YES		□ NO
NRC RESIDENT	 			ivalaia ab	aa)				
STATE(s)	 			xplain ab	YSTEMS FUNCTION AS	3	70 5		
				EQUIREI		S YE	es 🗆	E	J NO
LOCAL	 -		 ^'	-von/er	•				(F)
OTHER GOV AGENCIES	1		м	ODF OF	OPERATION	DOT I	ESTART	455	(Explain above)
MF ESS RELEASE			1 4*1	~~~~	~ PIVU I I/VII	C EST R	ESTAKI	I ADDI	TIONAL INFOR ON BACK
MIL ESS RELEASE]]			NTII. COI					
ESS RELEASE	<u></u>			NTIL CO	RRECTED	DATE			YES D NO
APPROVED BY			U		RRECTED TIME/DATE				
	Operations Shift	t Manager	U		RRECTED TIME/DATE				

NRC Event Notification Worksheet

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DIOLOGICAL RELE	ASES.	CHECK OR FT	LL IN	APPLICABLE	ITEMS	Sepecific	details/explanations sh	ould be				
LIQUID RELEASE GASEOUS RELEASE				UNPLANNED RELEASE								
MONITORED				OFFSITE RELEASE			PLANNED RELEASE T.S EXCEEDED		ONGOING		MINATED	
PERSONNEL EXPO	11		<u>D</u>				TIONS RECOMMENI		RM ALARMS		AS EVACUATED	
The state of the s			- 1						State release path i			
NOTE: Contact IF the r	t Radiat notificat	tion Protection Shift tion is due and the in Not Available" and c	to obt forma	ain the following	g infori able,	mation.						
	Rele	ase Rate (Ci/sec)	%	T.S LIMIT	нос	O GUIDE	Total Activity	(Cr)	% T.S LIMIT	T I	IOO GUIDE	
Noble Gas						C ₁ /sec	Total richtry (CI)		70 1.5 EE4111		1000 Ci	
lodine					10	uCi/sec					0 01 Ci	
Particulate Particulate					1 1	uC1/sec					1 mCı	
Liquid (excluding tritium & dissolved noble gases)					10	uCı/mın					0.1 Ci	
Liquid (tritium)					02	Cı/min				-	5 Ci	
Total Activity									<u> </u>			
RECORD MONITORS IN ALARM RAD MONITOR READI		PLANT STACK (EMF 35, 36, 37)		AIR EJECTOR (UNI		AIN STEAM LINE S Γ 1-EMF 24,25,26,27 2-EMF 10, 11, 12,13)		G BLOWDOWN (EMF 34)		OTHER		
Al ETPOINTS: TI			-						·			
// // // (If applicat			-	NOT ADDLICA	DIE							
ум (паррисал				NOT APPLICABLE			NOT APPLICABLE					
RCS OR SG TUBE LEAR					AS (spe	cific detai	ls/explanations should	be cover	ed in event descript	ion)	t and the first program	
LOCATION OF THE LEA								_				
LEAK RATE: gpm/gpd			Ī	'S LIMITS EX	CEEDI	ED.	SUDDEN OR LON	G TERM	M DEVELOPMENT	ī:		
LEAK START DATE: TIME:			<u>.</u> :				OCLANT ACTIVITY: ast Sample)	MARY mCi/ml				
LIST OF SAFETY RELAT	TED EC	DUIPMENT NOT OF	PERA	TIONAL:			lodu	ne eq _	mCi/ml	Iodine eq	mCı/ml	
And the first contract of the second of the												
-		E	ven]	T DESCRIPTIO	ON (Co	ntinued fr	om Enclosure 4 4 page	1 of 2)				

Follow-Up Notification Completion/Transmission

RP/**0**/A/5700/004 Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE:	and Count	- 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State ties. If any information is not available or not applicable, write out "Not Available" or licable" in the margin or other space as appropriate. Do not abbreviate "N.A.".									
1.1	Complete Enclosure 4.1 (Emergency Notification Form as follows):										
NOTE:	Message #'s should be sequentially numbered throughout the drill/emergency.										
	- Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.									
NOTE:	Security E Plant Safet	ents could occur at the plant site such that both units are affected. These may include: 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and vents) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting ty) from RP/0/A/5700/000, (Classification of Emergency). Consider this when g the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-									
	REPORTE	ED BY: is the Communicator's name.									
	- Item 2	Write in the unit(s) AND Communicator's name.									
NOTE:	Transmitta	I time is the time you FAX the form to the agencies.									
	- Item 3	Write in the transmittal time AND date.									
	- Item 4	Authentication is not required when faxing.									
,	- Item 5	Check D for GENERAL EMERGENCY.									
	_ Item 6	Check A for Emergency Declaration At: <u>AND</u> Write the time <u>AND</u> date the classification was declared.									

Follow-Up Notification Completion/Transmission

RP/**0**/A/5700/004 Page 2 of 6

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

Item 7

Enter EAL Number and Emergency Description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
 - Loss of Offsite Power
- / Core Uncovery
 - Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Follow-Up Notification Completion/Transmission

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---- Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- A. Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.
- •B. Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C. Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

<u>OR</u>

Check B AND write in the Reactor Power level.

Follow-Up Notification Completion/Transmission

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NOTE:

- 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
- 2. Notify the OSM if box C or box D is checked.
- 3. Base the determination of emergency release on:
 - EMF readings,
 - containment pressure and other indications,
 - field monitoring results,
 - knowledge of the event and its impact on systems operation and resultant release paths.
- 4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:
 - <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OF

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Item 10 Check the appropriate box for emergency release.

- A NONE: clearly no emergency release is occurring or has occurred.
- B POTENTIAL: discretionary option for the EC or EOFD.
- C IS OCCURRING: meets the specified conditions.
- D HAS OCCURRED: previously met the specified conditions.

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Follow-Up Notification Completion/Transmission

\bigcup		Completion/Transmission
1.2 <u>II</u>	E follow-up P shift, <u>TH</u>	notification is due and information for Items 11 through 14 cannot be obtained from EN mark each item "Not Available" and go to Item 15.
	Item 11	Check GROUND LEVEL AND Check A for AIRBORNE OR B for LIQUID AND Write in the time AND date the release started AND stopped if available.
	Item 12	Check CURIES PER SECOND <u>AND</u> Check BELOW <u>OR</u> ABOVE normal operating limits <u>AND</u> Check the appropriate blocks A, B, C, D <u>AND</u> write in the value(s).
NOTE: If	unchanged:	from the previous notification, the information does not have to be repeated.
	Item 13	Check NEW <u>OR</u> UNCHANGED <u>AND</u> Write in the projection time <u>AND</u> Write in the estimated duration <u>AND</u> Write in the TEDE and Thyroid CDE values.
	Item 14	Check A, B, C, D AND provide values for each.
<u></u>	Item 15	Check B AND write affected zones for evacuation
		AND
		Check C AND write the letter designation for all other zones not evacuated.
	Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.

Follow-Up Notification Completion/Transmission

RP/**0**/A/5700/004 Page 6 of 6

2. Transmission of the Emergency Notification Form

NOTE:	For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.
2.1	Insert the Emergency Notification Form (front page only) face down into the FAX.
2.2	Press "GROUP FAX button.
2.3	Press "SEND/RECEIVE" button.
2.4	<u>IF</u> programmed functions fail, <u>THEN</u> go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.
2.5	Ensure the State and Counties received the FAX by calling them.
<u> </u>	Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Termination Notification Completion/Transmission

RP/**0**/A/5700/004 Page 1 of 6

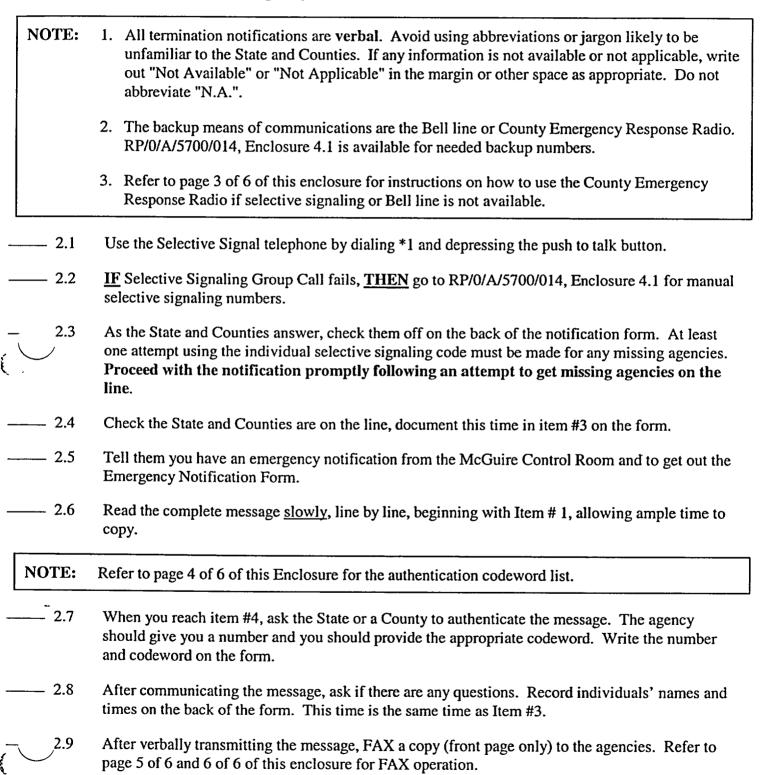
1. Completion of the Emergency Notification Form

NOTE:	A termination	message should be marked as FOLLOW-UP on the Emergency Notification Form.
1.1	Complete En	closure 4.1 (Emergency Notification Form) as follows:
	_ Item 1	Check A for Drill <u>OR</u> B for Actual Emergency <u>AND</u> Check FOLLOW-UP <u>AND</u> Write in message number.
NOTE:	Enclosure 4.3 Security Even Plant Safety) f	could occur at the plant site such that both units are affected. These may include: (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and ts) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting from RP/0/A/5700/000, (Classification of Emergency). Consider this when a "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-
	REPORTED I	BY: is the Communicator's name.
<u> </u>	- Item 2	Write in the unit(s) AND Communicator's name.
NOTE:	Information for Form.	or Items 3 and 4 will be completed during transmission of the Emergency Notification
	- Item 3	Write in the transmittal time AND date.
 	- Item 4	Write in appropriate number AND codeword.
	- Item 5	Check D for GENERAL EMERGENCY.
	- Item 6	Check B for Termination At: <u>AND</u> Write the time <u>AND</u> date the classification was terminated.
	_Item 16	Have the Emergency Coordinator approve the message <u>AND</u> Write in the time <u>AND</u> date the message was approved.

Termination Notification Completion/Transmission

RP/**0**/A/5700/004 Page 2 of 6

2. Transmission of the Emergency Notification Form



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Termination Notification Completion/Transmission

2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press 20 to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message using step 2.3 through 2.10 of this enclosure.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Enclosure 4.1 is available for needed individual radio codes.

— 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message using step 2.3 through step 2.10 of this enclosure.

— 4. After you have finished transmitting the message, conclude by saying:

"This is WQC700 base clear."

Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Termination Notification Completion/Transmission

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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

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Termination Notification Completion/Transmission

OPERATION OF THE FAX

A. GROUP FAX

NO	TE:	1.	The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
		2.	This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.
		- 1.	Insert the Emergency Notification Form face down into the FAX.
		- 2.	Press "GROUP FAX" button.
		_ 3.	Press "SEND/RECEIVE" button.
В.	INDI	VID	<u>UAL FAX</u>
		_ 1.	Insert the Emergency Notification Form face down into the FAX.
		_2.	Select location(s) to receive the fax:
	·		Press News Group.
		-	• Press TSC.
			Press State of North Carolina EOC.
			Press Mecklenburg County Warning Point.
			Press Gaston County Warning Point.
			Press Lincoln County Warning Point.
			Press Iredell County Warning Point.
			Press Catawba County Warning Point.
			Press Cabarrus County Warning Point.
			• Press EOF.
	-	_	• Press JIC.
	/ 	_ 3.	<u>WHEN</u> the appropriate individual location is selected, <u>THEN</u> press the "SEND/RECEIVE" button.

Termination Notification Completion/Transmission

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OPERATION OF THE FAX

NOTE	: RP/0/A/5700/014, Enclosure 4.1 is available for needed manual FAX numbers.
C. To	send a FAX to a single location dialing manually:
1.	Insert the document face down in the FAX.
2.	Using the keypad, dial the number that you wish to call.
3.	Press "SEND/RECEIVE" button.

Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

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UNIT(S) AFFECTED:		U1	U2 .			
GENERAL	DATE: TIME:		POWER LEVEL	NCS TEMP	NCS PRESS	(PIP-M-99-3800)
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: ALERT DECLARED AT: SAE DECLARED AT: G.E. DECLARED AT: REASON FOR EMER CLASS:			TSC ACTIVATED AT: EOF ACTIVATED AT:		
TE ASSEMBLEY TYACUATION	FIRE					
RADIOLOGICAL	FIELD MON. TEAMS PARS: RELEASE IN PROGRESS RELEASE PATHWAY CONTAINMENT PRESSURE WIND DIRECTION	YES		WIND SPEED	ZONES SHELTERED	
OFFSITE	LAST MESSAGE SENT: NEXT MESSAGE DUE: NOTE: EOF COMMUNICATION NOTES RELATED TO THE ACCIDENT	CHECKS SHOT	ULD BE COMPLET			

Enclosure 4.8 Request for Emergency Exposure (a)

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<u>Activity</u>	Total Effective Dose Equivalent (TEDE)	Lens of Eye	Other Organs (b)
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I,	acknowledge this planned Emergency Exposure (RPM or designee, signature or note of verbal authorization	Date/Time	
I,	approve this planned Emergency Exposure at (Emergency Coordinator or EOF Director, signature or note of verbal authorization	Date/Time	

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

OSM Immediate and Subsequent Actions

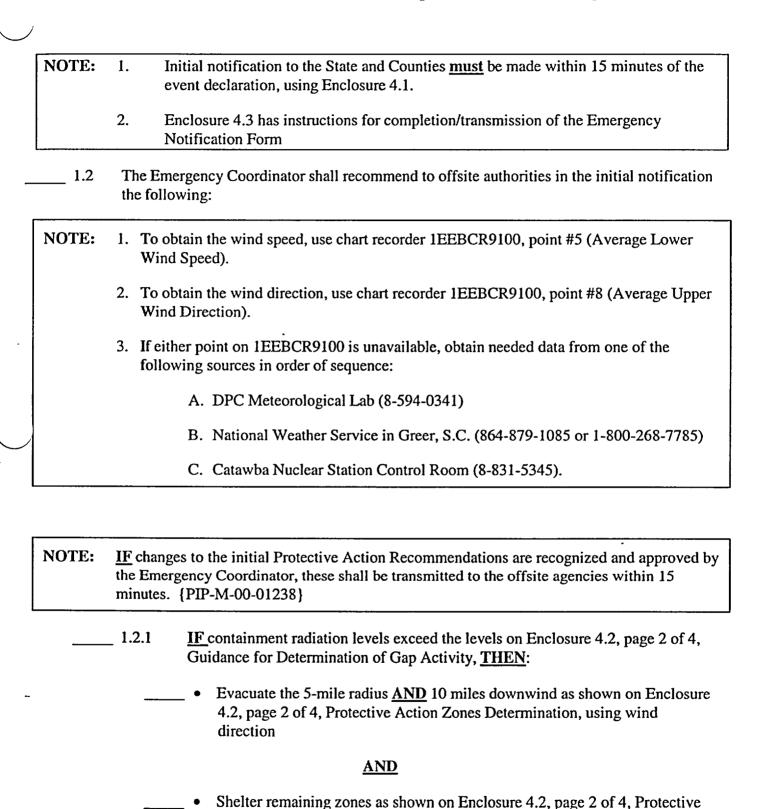
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1. Immediate Actions

_			
	Initial		
	1.1	The Op P.A. sy	erations Shift Manager or designee SHALL ANNOUNCE the event over the plant stem by performing the following:
		_ 1.1.1	Turn on the outside page speakers.
	NOTE:	• For	drill purposes, state "This is a drill. This is a drill."
			plant phone in the Control Room horse shoe area or extension 4021 is programmed cess 710, site all call. {PIP 0-M98-2545}
		_ 1.1.2	Dial 710; pause, dial 80. Following the beep, announce <u>"a General Emergency has been declared"</u> . Provide a brief description of the event (may be written below) and announce <u>"Activate the TSC/OSC and EOF"</u> .
J	-	_ 1.1.3	Repeat the preceding announcement one time.
		1.1.4	Turn off the outside page speakers.

Enclosure 4.9 OSM Immediate and Subsequent Actions

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Action Zones Determination, using wind direction.

OSM Immediate and Subsequent Actions

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	1.2.2 <u>If</u> containment radiation levels <u>DO NOT</u> exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, <u>THEN</u> perform one of the following:
	IF wind speed less than or equal to 5 MPH, THEN:
	Evacuate zones L, B, M, C, N, A, D, O, R
	AND
	• Shelter zones E, F, G, H, I, J, K, P, Q, S.
	<u>OR</u>
	IF wind speed greater than 5 MPH, THEN:
	 Evacuate the 2-mile radius <u>AND</u> 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction
	AND
	 Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.
1.3	IF valid trip II alarm occurs on any one of the following:
	1 <u>OR</u> 2 EMF36(L)
	1 EMF24, 25, 26, 27
	2 EMF10, 11, 12, 13
	THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).
1.4	<u>IF</u> box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, <u>THEN</u> immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

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2. Subsequent Actions

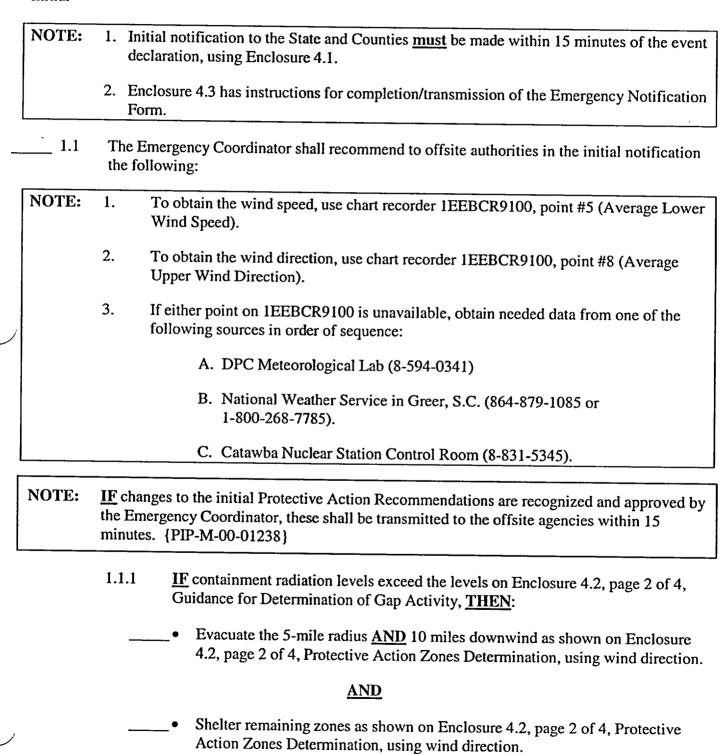
NOTE:	Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
2.1	<u>IF</u> a site assembly has not already been initiated, <u>THEN</u> refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
2.2	Augment shift resources to assess and respond to the emergency situation as needed.
2.3	GO TO Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

WCC SRO Immediate and Subsequent Actions

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1. Immediate Actions

Initial



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WCC SRO Immediate and Subsequent Actions

1.1.2

If containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page

	2 of 4, Guidance for Determination of Gap Activity, <u>THEN</u> perform one of the following:
	IF wind speed less than or equal to 5 MPH, THEN:
	• Evacuate zones L, B, M, C, N, A, D, O, R
	AND
	• Shelter zones E, F, G, H, I, J, K, P, Q, S.
	<u>OR</u>
	IF wind speed greater than 5 MPH, THEN:
	 Evacuate the 2-mile radius <u>AND</u> 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction
	AND
	 Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.
1.2	Complete items 1 -10, 15 and 16 on Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.3, Section 1.
1.3	Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, Section 2.
2. Subs	sequent Actions
2.1	Notify the NRC Operations Center by completing Enclosure 4.4 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Enclosure 4.2.
2.2	Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

STA Immediate and Subsequent Actions

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1. Immediate Actions

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Γ	NOTE:	For a Drill, the Community Alart Naturals (CANI) is not active at					
L	11011.	For a Drill, the Community Alert Network (CAN) is not activated.					
	1.1	For a sec	a security event, go to steps 1.4, 1.5, and 1.6.				
	1.2	Activate phone to	e the Emergency Response Organization by contacting Security via the ringdown to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:				
		1.2.1	For a Drill	"Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at (time)."			
		_ 1.2.2	For an Emergency	"Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at(time)." AND "Activate the CAN system."			
_							
	NOTE:	• For a	Drill, the Emergency F	Response Data System (ERDS) is not activated.			
		 ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area. 					
	1.3	For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:					
		1.3.1	Ensure SDS is running on the selected terminal.				
		_1.3.2	Click on MAIN.				
		_1.3.3	Click on GENERAL	-			
		_1.3.4	Click on ERDS.				
	-	_1.3.5	Click on ACTIVATE	Ξ.			
		1.3.6	Record the time and	date ERDS was activated. TIME/DATE//_ Eastern mm dd yy			
		_1.3.7	Inform the OSM that	ERDS was activated.			
J		_1.3.8	IF ERDS failed to ac Communicator notify	tivate after five (5) attempts, <u>THEN</u> have an Offsite Agency the NRC via ENS or other available means.			

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STA Immediate and Subsequent Actions

		SIX Immodition
<u> </u>	1.4	For a drill, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event drill.
	1.5	For an actual emergency, <u>IF</u> a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, <u>THEN</u> contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC, according to the Emergency Response Pager Instructions for a security event emergency.
	1.6	When the security event is stabilized to the point that ERO members can come on site, go to step 1.2.
2.	Sub	sequent Actions
	2.1	Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
	_ 2.2	Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
<u></u>	22	Inform the OSM when this enclosure has been completed, reporting any deficiencies or

problems.