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## Duke Power Company DOCUMENT TRANSMITTAL FORM

### REFERENCE

MCGUIRE NUCLEAR STATION  
EMERGENCY PLAN IMPLEMENTING  
PROCEDURES

Page 1 of 1

DOCUMENT NO	QA COND	REV #/ DATE	DISTR CODE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	TOTAL
EMERGENCY PLAN IMPLEMENTING PROC.	NA	033 10/01/02	MADM-195	V1	V1	V1	V1	V1	V1	V1	V1	V1	V1	V1	V2	V1	V1	V1	16
EPIP COVERSHEET	NA	033 10/01/02																	
EPIP INDEX PAGES 1-3	NA	033 10/01/02																	
RP/0/A/5700/001	NA	017 10/01/02																	
RP/0/A/5700/002	NA	017 10/01/02																	
RP/0/A/5700/003	NA	017 10/01/02																	
RP/0/A/5700/004	NA	017 10/01/02																	
RP/0/A/5700/011	NA	006 10/01/02																	
RP/0/A/5700/012	NA	021 10/01/02																	
RP/0/A/5700/020	NA	013 10/01/02																	
RP/0/B/5700/023	NA	003 10/01/02																	

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: *Bryan J. Bolan*  
SAFETY ASSURANCE MANAGER

DATE APPROVED 10/28/02

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

# EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
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	DELETE
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
RP/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

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
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

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation	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 Check of Emergency Vehicle and Equipment	Rev. 007

Duke Power Company  
**PROCEDURE PROCESS RECORD**

(1) ID No. RP/0/A/5700/001Revision No. 017**REPARATION**(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Notification of Unusual Event(4) Prepared By J M Cozke Date 7-22-02

(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 [Signature] (QR) Date 9/5/02Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA 9/5/02 Date 9/5/02Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA 9/5/02 Date 9/5/02Mgmt. Involvement Review By \_\_\_\_\_ (Ops Supt.) NA 9/5/02 Date 9/5/02

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By R. L. Murray Date 10-1-02**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

(12) Procedure Completion Verification

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

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

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

Duke Power Company  
McGuire Nuclear Station

**Notification of Unusual Event**

**Reference Use**

Procedure No.

RP/0/A/5700/001

Revision No.

017

Electronic Reference No.

MC0048M4

## Unusual Event

### 1. Symptoms

Events are in process or have occurred which indicate a potential 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 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
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.
- \_\_\_\_\_ 3.1.2 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 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

\_\_\_\_ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

**OR**

\_\_\_\_ • 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 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

\_\_\_\_\_  
NRC Operations Officer Contacted

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

- \_\_\_\_\_ 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. 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}

## EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☒ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_

McGuire Nuclear Site

UNIT: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

## 5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT

☐ ALERT

☐ SITE AREA EMERGENCY

☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy ☐ \_\_\_\_\_ % POWER

## 10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

\*\*11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

☐ LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

\*\*12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES \_\_\_\_\_

☐ IODINES \_\_\_\_\_

☐ PARTICULATES \_\_\_\_\_

☐ OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED

PROJECTION TIME: \_\_\_\_\_ (Eastern)

SITE BOUNDARY  
2 MILES \_\_\_\_\_  
5 MILES \_\_\_\_\_  
10 MILES \_\_\_\_\_

TEDE  
mrem

Thyroid CDE  
mrem

ESTIMATED DURATION: \_\_\_\_\_ HRS.

\*\*14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) \_\_\_\_\_ °

☐ SPEED (mph) \_\_\_\_\_

☐ STABILITY CLASS \_\_\_\_\_

☐ PRECIPITATION (type) \_\_\_\_\_

## 15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE \_\_\_\_\_

☐ SHELTER IN-PLACE \_\_\_\_\_

☐ OTHER \_\_\_\_\_

3. APPROVED BY: \_\_\_\_\_ (Name)

Emergency  
Coordinator  
(Title)

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 NOTIFIED**

Record the name, date, time and agencies notified:

1. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
NC State  
(agency) 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) \_\_\_\_\_ (time) \_\_\_\_\_  
Iredell County  
(agency) WP Sel. Sig. 114  
WP Bell line (704) 878-3039
6. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
Catawba County  
(agency) WP Sel. Sig. 118  
WP Bell line (828) 464-3112
7. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
Cabarrus County  
(agency) WP Sel. Sig. 119  
WP Bell line (704) 788-3108

## 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 OR B for Actual Emergency AND  
Check INITIAL 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:** 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 AND codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

Item 6 Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.

**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.

- 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:
    - Either 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.



## 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 AND  
Write in the time AND date the message was approved.

**2. TRANSMISSION 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 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:
- \_\_\_\_ 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 IF Selective Signaling Group Call fails, THEN 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.

## Initial Notification Completion/Transmission Page 5 of 9

- \_\_\_\_\_ 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.

**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:**

- \_\_\_\_\_ 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 2.5 through 2.12 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 2.5 through 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.

**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**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. INDIVIDUAL FAX**

- \_\_\_\_\_ 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.

**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

Page 1 of 2

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ Region II (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	

## EVENT CLASSIFICATIONS

GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

## 1-Hr Non-Emergency 10 CFR 50.72(b)(1)

(50.72 b1 (I)(B)) TS Deviation

## 1 Hr Non-Emergency

(70.52) (a) and (b) Accidental Criticality  
OR  
(72.74) (a) Loss or theft of SNM  
(50.36) Violation of a safety limit  
MNS Facility Operating License Conditions

## 8-Hr Non-Emergency 10CFR 50.72(b)3

(50.72 b3 (II)(A))	Degraded Condition
(50.72 b3 (II)(B))	Unanalyzed Condition
(50.72 b3 (IV)(A))	Valid Actuation of System listed in Encl. 4.3.
(50.72 b3 (V)(A))	Safe S/D Capability
(50.72 b3 (V)(B))	RHR Capability
(50.72 b3 (V)(C))	Control of Rad Release
(50.72 b3 (V)(D))	Accident Mitigation
(50.72 b3 (X)(III))	Lost ENS
(50.72 b3 (X)(III))	Lost Other Assess./Comms
(50.72 b3 (X)(III))	Emergency Siren INOP
(50.72 b3 (XII))	Offsite Medical

## 4-Hr Non-Emergency 10 CFR 50.72(b)(2)

(50.72 b2 (I) )	TS Required S/D
(50.72 b2 (IV)(A)	ECCS Discharge to RCS
(50.72 b2 (IV)(B))	RPS Actuation - critical scram
(50.72 b2 (XI))	Offsite Notification
(72.75)(b1)	Rad exposure & release action impairment.
(72.75)(b2)	Spent Fuel Storage SSC defect.
(72.75)(b3)	Spent Fuel Storage degradation.
(72.75)(b4)	Fuel Storage License deviation.
(72.75)(b5)	Fuel Storage related offsite medical
(72.75)(b6)	Fire/Explosion damage to Spent Fuel Storage.

## 24-Hr. Non-Emergency

McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

## EVENT DESCRIPTION

Include: Systems affected, actuations &amp; their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

## NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
R MONITOR READINGS:					
SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

**RCS OR SG TUBE LEAKS:** CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq _____ mCi/ml	SECONDARY Xe eq _____ mCi/ml
	Iodine eq _____ mCi/ml	Iodine eq _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)



**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 A for NOTIFICATION OF UNUSUAL EVENT.

\_\_\_\_\_ Item 6      Check A for Emergency Declaration At: **AND**  
Write the time **AND** date the classification was declared.

**Follow-Up Notification  
Completion/Transmission**

<b>NOTE:</b> 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**

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

OR

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:**
    - Either 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

Page 5 of 6

\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** 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 **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

<b>NOTE:</b> If unchanged 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 **AND**  
Write in the time **AND** 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 **IF** programmed functions fail, **THEN** 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.

Termination Notification  
Completion/Transmission

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 Enclosure 4.1 (Emergency Notification Form) as follows:

\_\_\_\_ 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:** 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 AND codeword.

Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

\_\_\_\_ Item 6 Check B for Termination At: AND  
Write the time AND date the classification was terminated.

\_\_\_\_ Item 16 Have the Emergency Coordinator approve the message AND  
Write in the time AND date the message was approved.

**Termination Notification  
Completion/Transmission**

Page 2 of 6

**2. Transmission of the Emergency Notification Form**

- NOTE:**
1. All termination 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 3 of 6 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 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- \_\_\_\_\_ 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- \_\_\_\_\_ 2.3 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.**
- \_\_\_\_\_ 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- \_\_\_\_\_ 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- \_\_\_\_\_ 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 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 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 page 5 of 6 and 6 of 6 of this enclosure for FAX operation.



**Termination Notification  
Completion/Transmission**

Page 3 of 6

- 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:**

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.

**Termination Notification  
Completion/Transmission**

Page 4 of 6

**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Termination Notification  
Completion/Transmission**

Page 5 of 6

**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. INDIVIDUAL FAX**

- \_\_\_\_\_ 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.

**Termination Notification  
Completion/Transmission**

Page 6 of 6

**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

Page 1 of 1

UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
		U-2 _____	_____	_____
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 ASSEMBLY EVACUATION		YES	NO	TIME
				LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED	
	FIELD MON. TEAMS	_____	_____	
		ZONES EVAC		ZONES SHELTERED
	PARS:	_____	_____	_____
		YES	NO	
	RELEASE IN PROGRESS	_____	_____	
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____	PSIG	
	WIND DIRECTION	_____	WIND SPEED	_____
OFFSITE COMMUNICATION		NUMBER	TIME	
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.			
OTI	NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE			
_____				
_____				
_____				

## 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.

<b>NOTE:</b>	<ul style="list-style-type: none"><li>• For drill purposes, state "This is a drill. This is a drill."</li><li>• 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}</li></ul>
--------------	--

\_\_\_\_\_ 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 **OR** 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).

\_\_\_\_\_ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** 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

- \_\_\_\_\_ 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** 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**

<p><b>NOTE:</b> 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.</p>
---

- \_\_\_\_\_ 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.

WCC SRO Immediate and Subsequent  
Actions

Page 1 of 1

**1. Immediate Actions**

## Initial

- NOTE:** 1. Initial notification to the State and Counties must 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 **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}
- 1.2 **IF** an upgrade in classification occurs while transmitting an any message, **THEN**:
- \_\_\_\_\_ 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}
- \_\_\_\_\_ 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. Subsequent 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.



## STA Immediate and Subsequent Actions

Page 1 of 2

**1. Immediate Actions**

None

**2. Subsequent Actions**

Initial

- \_\_\_\_\_ 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 steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

**NOTE:** For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- \_\_\_\_\_ 2.4 For a security event, go to steps 2.6, 2.7, and 2.8.
- \_\_\_\_\_ 2.5 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 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."

- \_\_\_\_\_ 2.6 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** 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.
- \_\_\_\_\_ 2.7 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** 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.
- \_\_\_\_\_ 2.8 When the security event is stabilized to the point that ERO members can come on site, go to step 2.5.

**NOTE:** For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- \_\_\_\_\_ 2.9 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- \_\_\_\_\_ 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. RP/0/A/5700/002Revision No. 017

## REPARATION

(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Alert(4) Prepared By J 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)

(6) Reviewed By [Signature] (QR) Date 7/23/02Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA 9/1 Date 7/23/02Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA 9/1 Date 7/23/02Mgmt. Involvement Review By \_\_\_\_\_ (Ops Supt.) NA 9/1 Date 7/23/02

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By K. L. Murray Date 8-1-02

## PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

## COMPLETION

(12) Procedure Completion Verification

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

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(1) Remarks (Attach additional pages, if necessary)

**Duke Power Company  
McGuire Nuclear Station**

**Alert**

**Reference Use**

Procedure No.

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

Revision No.

017

Electronic Reference No.

MC0048M5

## Alert

### 1. Symptoms

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

### 2. Immediate Actions

**NOTE:** 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 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

**OR**

- If there is any significant change to the situation

**OR**

- 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.

\_\_\_\_\_ 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 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- \_\_\_\_\_ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

**OR**

- \_\_\_\_\_ • Fax turnover sheet to the TSC.

- \_\_\_\_\_ 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 Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

- 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:** 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}



## EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_2. McGuire Nuclear Site UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

## 5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: \_\_\_\_\_ (Eastern) mm / dd / yy (If B, go to item 16.)7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: \_\_\_\_\_ (Eastern) mm / dd / yy ☐ \_\_\_\_\_ % POWER

## 10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED\*\*11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL☒ AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

☐ LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE☒ NOBLE GASES \_\_\_\_\_☐ IODINES \_\_\_\_\_☐ PARTICULATES \_\_\_\_\_☐ OTHER \_\_\_\_\_\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: \_\_\_\_\_ (Eastern)TEDE  
mremThyroid CDE  
mrem

ESTIMATED DURATION: \_\_\_\_\_ HRS.

SITE BOUNDARY

2 MILES

5 MILES

10 MILES

\*\*14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) \_\_\_\_\_ ° ☐ SPEED (mph) \_\_\_\_\_☒ STABILITY CLASS \_\_\_\_\_ ☐ PRECIPITATION (type) \_\_\_\_\_

## 15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS☐ EVACUATE \_\_\_\_\_☐ SHELTER IN-PLACE \_\_\_\_\_☐ OTHER \_\_\_\_\_

16. APPROVED BY: \_\_\_\_\_ (Name) Emergency Coordinator \_\_\_\_\_ (Title) 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 NOTIFIED**

Record the name, date, time and agencies notified:

1. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **NC State**  
EOC Sel. Sig. 314  
EOC Bell Line (919) 733-3943
2. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Mecklenburg County**  
WP Sel. Sig. 116  
WP Bell line 943-6200
3. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Gaston County**  
WP Sel. Sig. 112  
WP Bell Line (704) 866-3300
4. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Lincoln County**  
WP Sel. Sig. 113  
WP Bell line (704) 735-8202
5. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Iredell County**  
WP Sel. Sig. 114  
WP Bell line (704) 878-3039
6. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Catawba County**  
WP Sel. Sig. 118  
WP Bell line (828) 464-3112
7. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_ (agency) **Cabarrus County**  
WP Sel. Sig. 119  
WP Bell line (704) 788-3108

**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 OR B for Actual Emergency AND  
Check INITIAL 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:** 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 AND codeword.

\_\_\_\_\_ Item 5 Check B for ALERT.

\_\_\_\_\_ Item 6 Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.

**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.

- 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:
    - Either 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.

- \_\_\_\_\_ 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.

## 2. TRANSMISSION 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 **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**:

\_\_\_\_\_ 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 **IF** Selective Signaling Group Call fails, **THEN** 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.

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.

### 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:

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.**

**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.



**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

OPERATION OF THE FAXA. 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. INDIVIDUAL FAX

- \_\_\_\_\_ 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.

**Enclosure 4.2**  
**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.

**Enclosure 4.3**  
**NRC Event Notification Worksheet**

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

ST. <b>THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT*</b>				
NOTIFICATION /DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #. ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED

EVENT TIME & ZONE _____ (time)                      (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
--	------------	-------------------	------------------

<b>EVENT CLASSIFICATIONS</b>	<b>1-Hr Non-Emergency 10 CFR 50.72(b)(1)</b>	<b>8-Hr Non-Emergency 10CFR 50.72(b)3</b>
GENERAL EMERGENCY	(50.72 b1 (I)(B))      TS Deviation	(50.72 b3 (II)(A))      Degraded Condition
SITE AREA EMERGENCY		(50.72 b3 (II)(B))      Unanalyzed Condition
ALERT		(50.72 b3 (IV)(A))      Valid Actuation of System listed in Encl. 4 3
UNUSUAL EVENT		(50.72 b3 (V)(A) )      Safe S/D Capability
50.72 NON-EMERGENCY		(50.72 b3 (V)(B))      RHR Capability
PHYSICAL SECURITY (73.71)		(50.72 b3 (V)(C))      Control of Rad Release
TRANSPORTATION (10 CFR 20)		(50.72 b3 (V)(D))      Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)		(50.72 b3 (X)(III))      Lost ENS
OTHER		(50.72 b3 (X)(III))      Lost Other Assess./Comms
		(50.72 b3 (X)(III))      Emergency Siren INOP
		(50 72 b3 (XII))      Offsite Medical

<b>4-Hr Non-Emergency 10 CFR 50.72(b)(2)</b>
(50.72 b2 (I) )      TS Required S/D
(50.72 b2 (IV)(A))      ECCS Discharge to RCS
(50.72 b2 (IV)(B))      RPS Actuation - critical scram
(50.72 b2 (XI))      Offsite Notification
(72.75)(b1)      Rad exposure & release action impairment
(72.75)(b2)      Spent Fuel Storage SSC defect.
(72.75)(b3)      Spent Fuel Storage degradation.
(72.75)(b4)      Fuel Storage License deviation.
(72.75)(b5)      Fuel Storage related offsite medical.
(72.75)(b6)      Fire/Explosion damage to Spent Fuel Storage.

<b>24-Hr. Non-Emergency</b>
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26 73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

<b>EVENT DESCRIPTION</b>
Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.
Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
RESIDENT				(Explain above)
SITE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED      YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION      EST. RESTART      ADDITIONAL INFOR ON BACK
MEDIA/PRESS RELEASE				UNTIL CORRECTED      DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY. \_\_\_\_\_ TIME/DATE \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

**Enclosure 4.3**  
**NRC Event Notification Worksheet**

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

RADIOLOGICAL RELEASES      CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			State release path in description	

**NOTE:**      Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS TRIP II					
% MIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

**FOR SG TUBE LEAKS:**      CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.):

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED.	SUDDEN OR LONG TERM DEVELOPMENT.
LEAK START DATE:                      TIME:	COOLANT ACTIVITY:      PRIMARY                      SECONDARY (Last Sample)      Xe eq _____ mCi/ml      Xe eq _____ mCi/ml Iodine eq _____ mCi/ml      Iodine eq _____ mCi/ml	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

**EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)**

**Follow-Up Notification  
Completion/Transmission****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 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). **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**

\_\_\_\_\_ 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

OR

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:
    - Either 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**

\_\_\_\_\_ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** 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 **AND**  
Check BELOW **OR** ABOVE normal operating limits **AND**  
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

<b>NOTE:</b> If unchanged 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 **AND**  
Write in the time **AND** 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 IF programmed functions fail, THEN 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.

**Enclosure 4.5-  
Termination Notification  
Completion/Transmission**

RP/0/A/5700/002  
Page 1 of 6

**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 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:** 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 AND codeword.

\_\_\_\_ Item 5      Check B for ALERT.

\_\_\_\_ Item 6      Check B for Termination At: AND  
Write the time AND date the classification was terminated.

\_\_\_\_ Item 16      Have the Emergency Coordinator approve the message AND  
Write in the time AND date the message was approved.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
Page 2 of 6

## 2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination 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 3 of 6 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 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.

2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers

3 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.**

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

2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.

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

**NOTE:** Refer to page 4 of 6 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 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 page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Enclosure 4.5  
Termination Notification  
Completion/Transmission**

RP/0/A/5700/002  
Page 3 of 6

- 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:**

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.

**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 step 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.

**Enclosure 4.5  
Termination Notification  
Completion/Transmission**

RP/0/A/5700/002  
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**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Enclosure 4.5**  
**Termination Notification**  
**Completion/Transmission**

RP/0/A/5700/002  
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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".

**B. INDIVIDUAL FAX**

\_\_\_\_\_ 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.



**Enclosure 4.5  
Termination Notification  
Completion/Transmission**

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

**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.

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

**UNIT(S) AFFECTED:**

**U1** \_\_\_\_\_ **U2** \_\_\_\_\_

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____ U-2 _____	_____	_____
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 ASSEMBLY EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM. _____	NUMBER DEPLOYED _____	
		ZONES EVAC _____		ZONES SHELTERED _____
	PARS:	_____	_____	
		YES _____	NO _____	
	RELEASE IN PROGRESS	_____	_____	
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____ PSIG		
	WIND DIRECTION	_____	WIND SPEED _____	
OFFSITE COMMUNICATION	NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				
01	NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE			

## 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 Alert has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

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\_\_\_\_\_ 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 **OR** 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).

\_\_\_\_\_ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** 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

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

**2. Subsequent Actions**

<b>NOTE:</b> Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
---

- \_\_\_\_\_ 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.

WCC SRO Immediate and Subsequent  
Actions

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**1. Immediate Actions**

Initial

**NOTE:** 1. Initial notification to the State and Counties must 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 **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**:

\_\_\_\_\_ 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 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. Subsequent 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.

## 1. Immediate Actions

Initial

**NOTE:** For a Drill, the Community Alert 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:**

- For a Drill, the Emergency 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.
- \_\_\_\_ 1.3.6 Record the time and date ERDS was activated. TIME/DATE \_\_\_\_\_  
mm dd yy Eastern
- \_\_\_\_ 1.3.7 Inform the OSM that ERDS was activated.
- \_\_\_\_ 1.3.8 IF ERDS failed to activate after five (5) attempts, THEN have an Offsite Agency Communicator notify the NRC via ENS or other available means.

**Enclosure 4.9**  
**STA Immediate and Subsequent Actions**

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

- \_\_\_\_\_ 1.4 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** 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, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** 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. 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/5700/003Revision No. 017**REPARATION**(2) Station MCGUIRE NUCLEAR STATION(3) Procedure Title Site Area Emergency(4) Prepared By J 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)(6) Reviewed By J. M. Cooke (QR) Date 7/22/02Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA gnd Date 7/22/02Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA gnd Date 7/22/02Mgmt. Involvement Review By \_\_\_\_\_ (Ops Supt.) NA gnd Date 7/22/02

(7) Additional Reviews

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (*if necessary*)

By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By K. L. Murray Date 10-1-02**PERFORMANCE** (*Compare with Control Copy every 14 calendar days while work is being performed.*)

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

(12) Procedure Completion Verification

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

Verified By \_\_\_\_\_ Date \_\_\_\_\_

(13) Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

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



**Duke Power Company  
McGuire Nuclear Station**

**Site Area Emergency**

**Reference Use**

Procedure No.

**RP/0/A/5700/003**

Revision No.

017

Electronic Reference No.

MC0048M6

## Site Area Emergency

### 1. Symptoms

Events are in process or have occurred which involve actual or potential 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 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
  - OR**
  - If there is any significant change to the situation
  - OR**
  - 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.
- \_\_\_\_\_ 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 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- \_\_\_\_\_ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

**OR**

- \_\_\_\_\_ • Fax turnover sheet to the TSC.

- \_\_\_\_\_ 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 Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective 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 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
- b. Assess area monitors

- \_\_\_\_\_ 3.5.3 Complete Enclosure 4.7 (Request for Emergency Exposure), prior to dispatch 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 Termination Notifications

<b>NOTE:</b> Enclosure 4.5 has instructions for completion and transmission of termination notifications.
---

\_\_\_\_\_ 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. 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 Request for Emergency Exposure

4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

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

4.10 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

## EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_

2. McGuire Nuclear Site UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy ☐ \_\_\_\_\_ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

\*\*11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

☐ LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES \_\_\_\_\_

☐ IODINES \_\_\_\_\_

☐ PARTICULATES \_\_\_\_\_

☐ OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: \_\_\_\_\_ (Eastern)

TEDE  
mrem

Thyroid CDE  
mrem

ESTIMATED DURATION: \_\_\_\_\_ HRS.

SITE BOUNDARY

2 MILES

5 MILES

10 MILES

\*\*14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) \_\_\_\_\_ ° ☐ SPEED (mph) \_\_\_\_\_

☐ STABILITY CLASS \_\_\_\_\_ ☐ PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE \_\_\_\_\_

☐ SHELTER IN-PLACE \_\_\_\_\_

☐ OTHER \_\_\_\_\_

16. APPROVED BY: \_\_\_\_\_ (Name) Emergency Coordinator \_\_\_\_\_ (Title) 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 NOTIFIED**

Record the name, date, time and agencies notified:

1. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
NC State  
(agency) 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) \_\_\_\_\_ (time) \_\_\_\_\_  
Iredell County  
(agency) WP Sel. Sig. 114  
WP Bell line (704) 878-3039
6. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
Catawba County  
(agency) WP Sel. Sig. 118  
WP Bell line (828) 464-3112
7. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
Cabarrus County  
(agency) WP Sel. Sig. 119  
WP Bell line (704) 788-3108

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 OR B for Actual Emergency AND  
Check INITIAL 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:** 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 AND codeword.

\_\_\_\_\_ 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.



Initial Notification  
Completion/Transmission

Page 2 of 9

**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:
    - Either 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.

Initial Notification  
Completion/Transmission

- \_\_\_\_\_ 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.

**2. TRANSMISSION 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 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**:

\_\_\_\_\_ 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 **IF** Selective Signaling Group Call fails, **THEN** 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).

**Initial Notification  
Completion/Transmission**

- \_\_\_\_\_ 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.

<b>NOTE:</b> 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.

**Initial Notification  
Completion/Transmission****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:**

- \_\_\_\_\_ 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.**

**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 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.

**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. INDIVIDUAL FAX

- \_\_\_\_\_ 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.

**Initial Notification  
Completion/Transmission**

**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

Page 1 of 2

TE "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE ____ (time) _____ Region II (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	

<b>EVENT CLASSIFICATIONS</b>
GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

<b>1-Hr Non-Emergency 10 CFR 50.72(b)(1)</b>
(50.72 b1 (I)(B)) TS Deviation

<b>1 Hr Non-Emergency</b>
(70.52) (a) and (b) Accidental Criticality OR
(72.74) (a) Loss or theft of SNM
(50.36) Violation of a safety limit
MNS Facility Operating License Conditions

<b>4-Hr Non-Emergency 10 CFR 50.72(b)(2)</b>
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment.
(72.75)(b2) Spent Fuel Storage SSC defect.
(72.75)(b3) Spent Fuel Storage degradation
(72.75)(b4) Fuel Storage License deviation
(72.75)(b5) Fuel Storage related offsite medical.
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

<b>8-Hr Non-Emergency 10 CFR 50.72(b)3</b>
(50.72 b3 (II)(A)) Degraded Condition
(50.72 b3 (II)(B)) Unanalyzed Condition
(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl 4.3
(50.72 b3 (V)(A)) Safe S/D Capability
(50.72 b3 (V)(B)) RHR Capability
(50.72 b3 (V)(C)) Control of Rad Release
(50.72 b3 (V)(D)) Accident Mitigation
(50.72 b3 (X)(III)) Lost ENS
(50.72 b3 (X)(III)) Lost Other Assess./Comms
(50.72 b3 (X)(III)) Emergency Siren INOP
(50.72 b3 (XII)) Offsite Medical

<b>24-Hr. Non-Emergency</b>
McGuire Facility Operating License Conditions
Material/Exposure (10 CFR 20)
26.73 Significant events involving fitness for duty
(72.75)(c1) Contamination event restrictions
(72.75)(c2) Fuel Storage equipment failure.

## EVENT DESCRIPTION

Include: Systems affected, actuations &amp; their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: \_\_\_\_\_ TIME/DATE \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

## NRC Event Notification Worksheet

Page 2 of 2

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification.

	Release Rate (Ci/sec)	% T.S. LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RADIATION MONITOR READINGS					
ALARM SETPOINTS: TRIP II					
; LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)			
LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)			
LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:	
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample)	SECONDARY
		Xe eq. _____ mCi/ml	Xe eq. _____ mCi/ml
		Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

**Follow-Up Notification  
Completion/Transmission****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.

Follow-Up 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}

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**

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

OR

Check B AND write in the Reactor Power level.

**Follow-Up Notification  
Completion/Transmission**

- 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:
    - Either 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

- 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** 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 AND  
Check BELOW OR ABOVE normal operating limits AND  
Check the appropriate blocks A, B, C, D AND write in the value(s).

<b>NOTE:</b> If unchanged 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 AND  
Write in the time AND 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 IF programmed functions fail, THEN 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.



**Termination Notification  
Completion/Transmission**

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 Enclosure 4.1 (Emergency Notification Form) as follows:

\_\_\_\_\_ 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:** 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 AND codeword.

\_\_\_\_\_ Item 5      Check C for SITE AREA EMERGENCY.

\_\_\_\_\_ Item 6      Check B for Termination At: AND  
Write the time AND date the classification was terminated.

\_\_\_\_\_ Item 16      Have the Emergency Coordinator approve the message AND  
Write in the time AND date the message was approved.

Termination Notification  
Completion/Transmission

## 2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination 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 3 of 6 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 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- 2.3 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.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 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 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 page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Termination Notification  
Completion/Transmission**

Page 3 of 6

- 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:**

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.

**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."

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.

**Termination Notification  
Completion/Transmission**

**Page 4 of 6**

**AUTHENTICATION CODEWORD LIST**

This page is left intentionally blank.

**Termination Notification  
Completion/Transmission**

Page 5 of 6

**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. INDIVIDUAL FAX**

- \_\_\_\_\_ 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.

**Termination Notification  
Completion/Transmission**

**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

Page 1 of 1

U. (S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____ U-2 _____	_____	_____
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 ASSEMBLY EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY _____ SITE EVAC. (NON-ESSEN.) _____ SITE EVAC. (ESSENTIAL) _____ OTHER OFFSITE AGENCY INVOLVEMENT _____ MEDICAL _____ FIRE _____ POLICE _____			
RADIOLOGICAL	NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS _____ ZONES EVAC _____ PARS: _____ YES _____ NO _____ RELEASE IN PROGRESS _____ RELEASE PATHWAY _____ CONTAINMENT PRESSURE _____ PSIG WIND DIRECTION _____ WIND SPEED _____		ZONES SHELTERED _____	
OFFSITE COMMUNICATION	NUMBER	TIME		
	LAST MESSAGE SENT: _____ NEXT MESSAGE DUE: _____ NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.			
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____				

## Request for Emergency Exposure (a)

Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
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
- copy to Individual's Exposure History File



## 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 "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".

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ 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 **OR** 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).

\_\_\_\_\_ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10 (EMERGENCY RELEASE)** on Enclosure 4.1 (Emergency Notification Form) is checked, **THEN** 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

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- 1.5 **IF** and upgrade in classification occurs while transmitting any message, **THEN** 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

<b>NOTE:</b> Site Assembly is a required on-site protective action in response to an Alert or higher declaration.
---

- \_\_\_\_\_ 2.1 **IF** a site assembly has not already been initiated, **THEN** 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

Page 1 of 1

**1. Immediate Actions**

Initial

- NOTE:** 1. Initial notification to the State and Counties must 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 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** 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. Subsequent 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.

## 1. Immediate Actions

Initial

**NOTE:** For a Drill, the Community Alert 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, 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."

**NOTE:** • For a Drill, the Emergency 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 horse shoe 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.

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.

1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

## STA Immediate and Subsequent Actions

Page 2 of 2

- 1.4 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** 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, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** 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. 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

Revision No. 017

**PREPARATION**

(2) Station McGuire Nuclear Station

(3) Procedure Title General Emergency

(4) Prepared By J M Cooke Date 7-3-02

(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 [Signature] (QR) Date 7/24/02

Cross-Disciplinary Review By \_\_\_\_\_ (QR) NA gnd Date 7/24/02

Reactivity Mgmt. Review By \_\_\_\_\_ (QR) NA gnd Date 7/24/02

Mgmt. Involvement Review By \_\_\_\_\_ (Ops.Supt.) NA gnd Date 7/24/02

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

(8) Temporary Approval (if necessary)

By \_\_\_\_\_ (OSM/QR) Date \_\_\_\_\_

By \_\_\_\_\_ (QR) Date \_\_\_\_\_

(9) Approved By K.L. Murray Date 10-1-02

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

(10) Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

Compared with Control Copy \_\_\_\_\_ Date \_\_\_\_\_

(11) Date(s) Performed \_\_\_\_\_

Work Order Number (WO#) \_\_\_\_\_

**COMPLETION**

(12) Procedure Completion Verification

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

☐ Yes ☐ N/A Required enclosures attached?

☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?

☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ N/A Procedure requirements met?

Verified By \_\_\_\_\_ Date \_\_\_\_\_

Procedure Completion Approved \_\_\_\_\_ Date \_\_\_\_\_

(14) Remarks (attach additional pages, if necessary)

**Duke Power Company  
McGuire Nuclear Station**

**General Emergency**

**Reference Use**

Procedure No.

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

Revision No.

017

Electronic Reference No.

MC0048M7

## General Emergency

### 1. Symptoms

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

### 2. Immediate Actions

**NOTE:** • 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

**NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

- \_\_\_\_\_ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.
- \_\_\_\_\_ 3.1.2 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
  - OR**
  - If there is any significant change to the situation
  - OR**
  - 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.
- \_\_\_\_\_ 3.1.3 Complete Enclosure 4.1 (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- \_\_\_\_\_ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

- \_\_\_\_\_ 3.2 Ensure completion of Enclosure 4.7 (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** changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

- 3.3 **WHEN** TSC Emergency Coordinator is ready to receive turnover **THEN** perform one of the following to facilitate turnover:

\_\_\_\_\_ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

**OR**

\_\_\_\_\_ • Fax turnover sheet to the TSC

- \_\_\_\_\_ 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 Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.5 Protective 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 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
- a. Contact RP Shift at Ext. 4282
  - b. 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.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

\_\_\_\_\_ 3.6.1 Remain in a General Emergency,

OR

\_\_\_\_\_ 3.6.2 Terminate the emergency. REFER TO RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.7 Termination Notifications

<b>NOTE:</b> 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. Enclosures

4.1 Emergency Notification Form.

4.2 Guidance for Offsite Protective Actions

4.3 Initial Notification Completion/Transmission

4.4 NRC Event Notification Worksheet

4.5 Follow-up Notification Completion/Transmission

4.6 Termination Notification Completion/Transmission

4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.8 Request for Emergency Exposure

4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.11 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

## EMERGENCY NOTIFICATION

1. ☒ IS A DRILL ☒ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER \_\_\_\_\_  
 SITE: McGuire Nuclear Site UNIT: \_\_\_\_\_ REPORTED BY: \_\_\_\_\_

3. TRANSMITTAL TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): \_\_\_\_\_ (Number) \_\_\_\_\_ (Codeword)

5. EMERGENCY CLASSIFICATION:  
☒ NOTIFICATION OF UNUSUAL EVENT ☒ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Eastern) mm dd yy ☐ \_\_\_\_\_ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

\*\*11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

☐ LIQUID: Started: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date Stopped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time (Eastern) Date

\*\*12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES \_\_\_\_\_ ☐ IODINES \_\_\_\_\_

☐ PARTICULATES \_\_\_\_\_ ☐ OTHER \_\_\_\_\_

\*\*13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: \_\_\_\_\_ (Eastern)

SITE BOUNDARY TEDE mrem Thyroid CDE mrem ESTIMATED DURATION: \_\_\_\_\_ HRS.

2 MILES \_\_\_\_\_  
 5 MILES \_\_\_\_\_  
 10 MILES \_\_\_\_\_

\*\*14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) \_\_\_\_\_ ° ☐ SPEED (mph) \_\_\_\_\_  
☒ STABILITY CLASS \_\_\_\_\_ ☐ PRECIPITATION (type) \_\_\_\_\_

15. RECOMMENDED PROTECTIVE ACTIONS:  
☒ NO RECOMMENDED PROTECTIVE ACTIONS  
☐ EVACUATE \_\_\_\_\_  
☐ SHELTER IN-PLACE \_\_\_\_\_  
☐ OTHER \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ (Name) Emergency Coordinator 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.

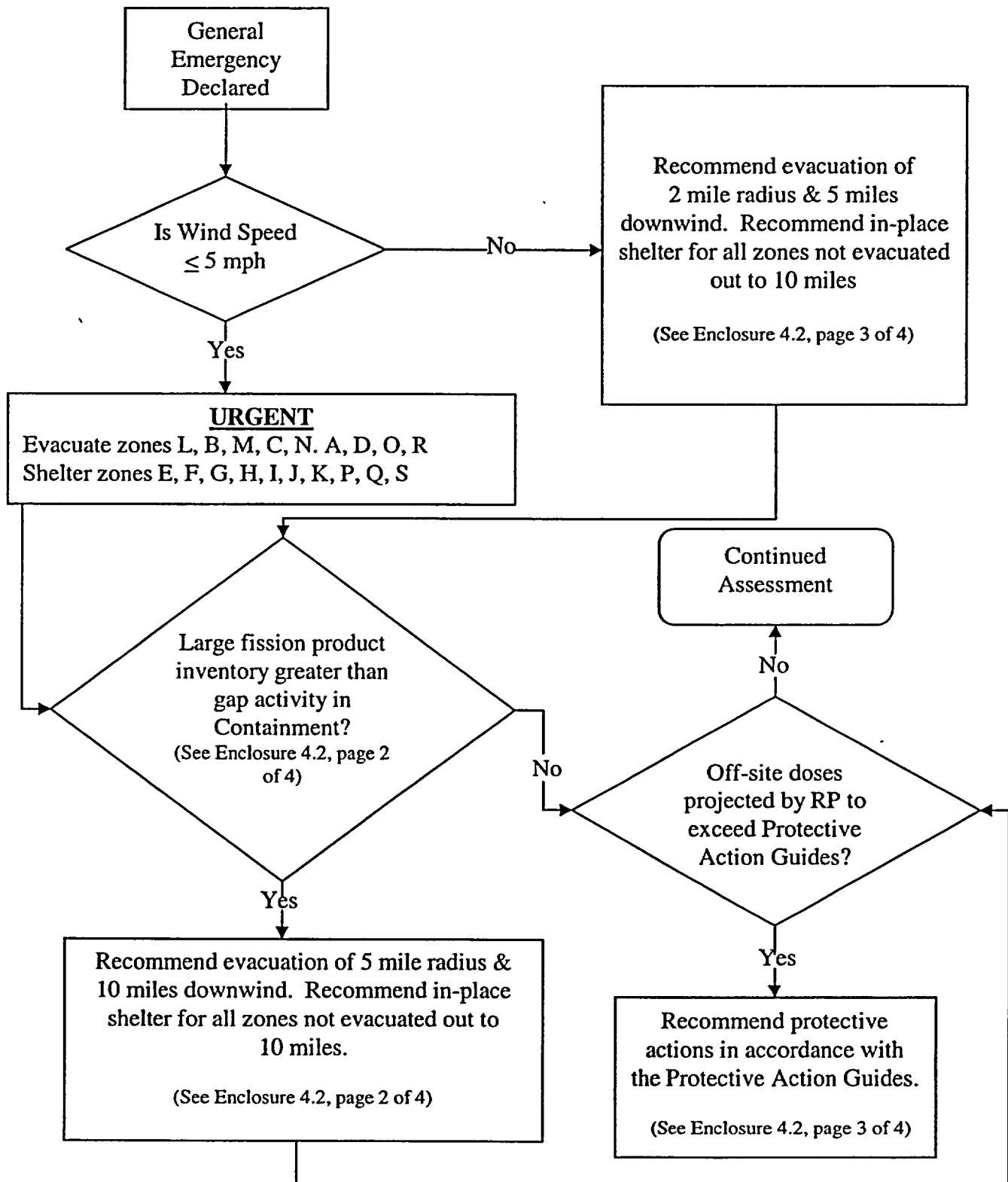
**GOVERNMENT AGENCIES NOTIFIED**

Record the name, date, time and agencies notified:

1. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **NC State**  
EOC Sel. Sig. 314  
EOC Bell Line (919) 733-3943
2. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Mecklenburg County**  
WP Sel. Sig. 116  
WP Bell line 943-6200
3. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Gaston County**  
WP Sel. Sig. 112  
WP Bell Line (704) 866-3300
4. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Lincoln County**  
WP Sel. Sig. 113  
WP Bell line (704) 735-8202
5. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Iredell County**  
WP Sel. Sig. 114  
WP Bell line (704) 878-3039
6. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Catawba County**  
WP Sel. Sig. 118  
WP Bell line (828) 464-3112
7. (name) \_\_\_\_\_  
(date) \_\_\_\_\_ (time) \_\_\_\_\_  
(agency) **Cabarrus County**  
WP Sel. Sig. 119  
WP Bell line (704) 788-3108

Enclosure 4.2  
Guidance for Off-site Protective Actions

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## Guidance for Off-site Protective Actions

## 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  
M1A0829 1EMF51A  
M1A0835 1EMF51B

Unit 2 OAC  
M2A0829 2EMF51A  
M2A0835 2EMF51B

TIME AFTER  
SHUTDOWN (HOURS)

CONTAINMENT MONITOR READING (R/HR)  
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

## For Containment Radiation Levels Exceeding GAP Activity

Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 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

## Protective Action Zones Determination

## Wind Speed Greater than 5 Miles per Hour

Wind Direction (deg from N) Chart Recorder IEEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 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)

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) 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, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

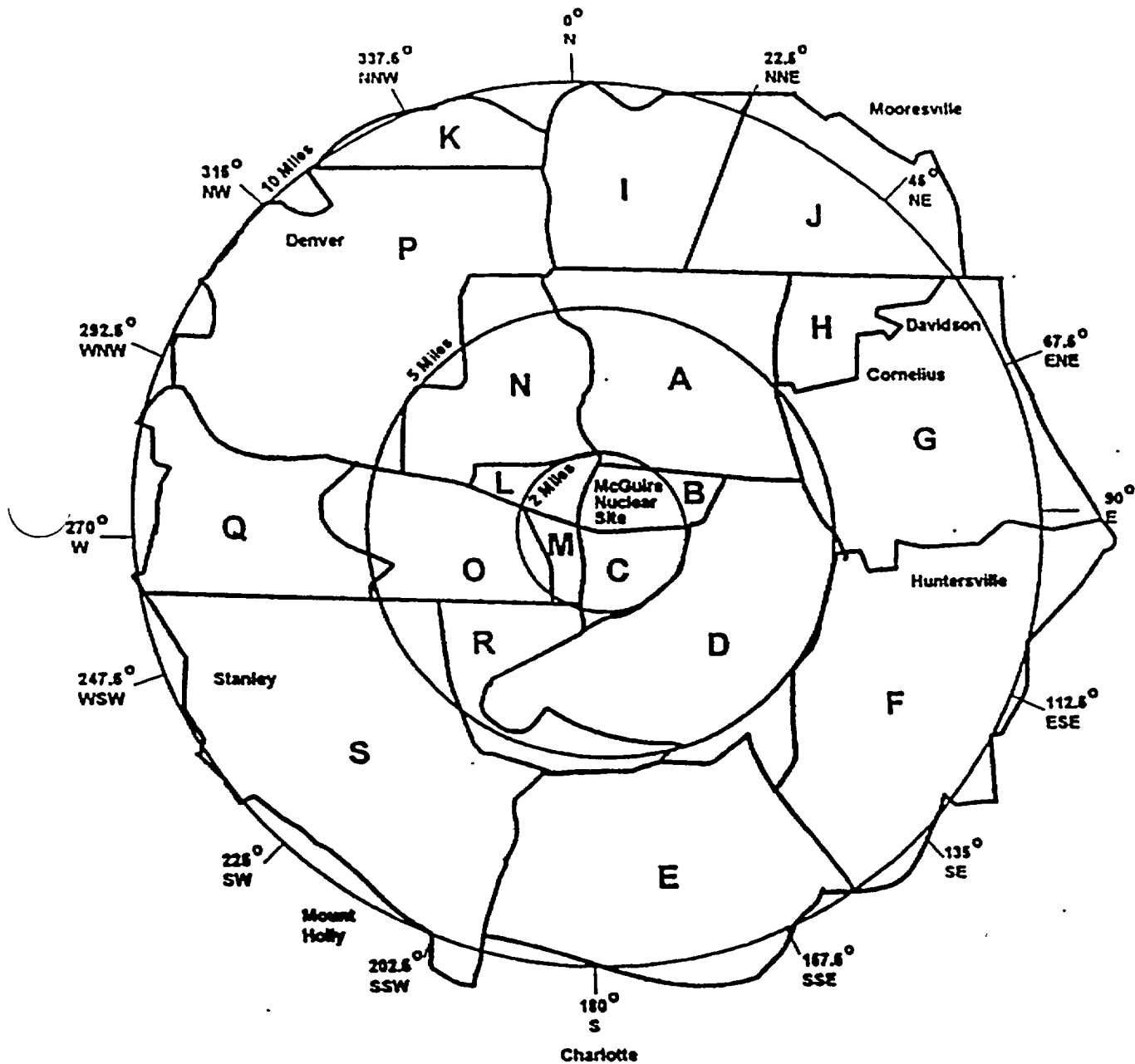


Enclosure 4.2  
Guidance for Off-site Protective Actions

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

10 MILE EPZ



**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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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 OR B for Actual Emergency AND  
Check INITIAL 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}

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 AND codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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<b>NOTE:</b> 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.

**Enclosure 4.3**  
**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:
    - Either 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 4.3  
Initial Notification  
Completion/Transmission

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- \_\_\_\_\_ 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 AND  
                                 Write in the time AND date the message was approved.

## 2. TRANSMISSION 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 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      Use the Selective Signaling telephone by dialing \*1 and depressing the push to talk button.
- \_\_\_\_\_ 2.2      **IF** Selective Signaling Group Call fails, **THEN** 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.

- \_\_\_\_\_ 2.3      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.**
- \_\_\_\_\_ 2.4      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).
- \_\_\_\_\_ 2.5      Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- \_\_\_\_\_ 2.6      Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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<b>NOTE:</b> 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.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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

- 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.**

**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.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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**AUTHENTICATION CODEWORD LIST**

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Enclosure 4.3  
Initial Notification  
Completion/Transmission

RP/0/A/5700/004  
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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. INDIVIDUAL FAX

- \_\_\_\_\_ 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.

**Enclosure 4.3**  
**Initial Notification**  
**Completion/Transmission**

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

**Enclosure 4.4**  
**NRC Event Notification Worksheet**

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

THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT\*

NOTIFICATION NAME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #. ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ Region II (time) (zone)		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER

<b>EVENT CLASSIFICATIONS</b>
GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

<b>1-Hr Non-Emergency 10 CFR 50.72(b)(1)</b>	
(50.72 b1 (I)(B))	TS Deviation
<b>1 Hr Non-Emergency</b>	
(70.52) (a) and (b)	Accidental Criticality OR
(72.74) (a)	Loss or theft of SNM
(50.36)	Violation of a safety limit
MNS Facility Operating License Conditions	

<b>8-Hr Non-Emergency 10CFR 50.72(b)3</b>	
(50.72 b3 (II)(A))	Degraded Condition
(50.72 b3 (II)(B))	Unanalyzed Condition
(50.72 b3 (IV)(A))	Valid Actuation of System listed in Encl. 4.3.
(50.72 b3 (V)(A))	Safe S/D Capability
(50.72 b3 (V)(B))	RHR Capability
(50.72 b3 (V)(C))	Control of Rad Release
(50.72 b3 (V)(D))	Accident Mitigation
(50.72 b3 (X)(III))	Lost ENS
(50.72 b3 (X)(III))	Lost Other Assess./Comms
(50.72 b3 (X)(III))	Emergency Siren INOP
(50.72 b3 (XII))	Offsite Medical

<b>4-Hr Non-Emergency 10 CFR 50.72(b)(2)</b>	
(50.72 b2 (I) )	TS Required S/D
(50.72 b2 (IV)(A))	ECCS Discharge to RCS
(50.72 b2 (IV)(B))	RPS Actuation - critical scram
(50.72 b2 (XI))	Offsite Notification
(72.75)(b1)	Rad exposure & release action impairment.
(72.75)(b2)	Spent Fuel Storage SSC defect
(72.75)(b3)	Spent Fuel Storage degradation.
(72.75)(b4)	Fuel Storage License deviation.
(72.75)(b5)	Fuel Storage related offsite medical
(72.75)(b6)	Fire/Explosion damage to Spent Fuel Storage.

<b>24-Hr Non-Emergency</b>	
McGuire Facility Operating License Conditions	
Material/Exposure (10CFR20)	
26.73 Significant events involving fitness for duty	
(72.75)(c1)	Contamination event restrictions.
(72.75)(c2)	Fuel Storage equipment failure.

**EVENT DESCRIPTION**

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc

Continue on Enclosure 4.4 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
ME				EST RESTART DATE
ESS RELEASE				ADDITIONAL INFO ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY \_\_\_\_\_ TIME/DATE \_\_\_\_\_  
Operations Shift Manager/Emergency Coordinator (eastern) mm / dd / yy

**Enclosure 4.4**  
**NRC Event Notification Worksheet**

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

**BIOLOGICAL RELEASES. CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)**

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description	

**NOTE:** Contact Radiation Protection Shift to obtain the following information.

**IF** the notification is due and the information is not available,  
**THEN** mark "Not Available" and complete the notification

	Release Rate (Ci/sec)	% T.S LIMIT	HOO GUIDE	Total Activity (Ci)	% T.S LIMIT	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS: TRIP II					
MIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

**RCS OR SG TUBE LEAKS. CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)**

LOCATION OF THE LEAK (e.g. SG#, valve, pipe, etc.)

LEAK RATE: gpm/gpd	T.S LIMITS EXCEEDED.	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq _____ mCi/ml	SECONDARY Xe eq _____ mCi/ml
	Iodine eq _____ mCi/ml	Iodine eq _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

**EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)**

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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}

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 D for GENERAL EMERGENCY.

—— Item 6      Check A for Emergency Declaration At: AND  
Write the time AND date the classification was declared.

Enclosure 4.5  
Follow-Up Notification  
Completion/Transmission

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

<b>NOTE:</b> 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.

**Enclosure 4.5**  
**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

OR

Check B AND write in the Reactor Power level.

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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:
    - Either 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 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
Page 5 of 6

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** 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 AND  
Check BELOW OR ABOVE normal operating limits AND  
Check the appropriate blocks A, B, C, D AND write in the value(s).

<b>NOTE:</b> If unchanged 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 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 AND  
Write in the time AND date the message was approved.

**Enclosure 4.5**  
**Follow-Up Notification**  
**Completion/Transmission**

RP/0/A/5700/004  
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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 **IF** programmed functions fail, **THEN** 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.
- Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

**Enclosure 4.6**  
**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 Enclosure 4.1 (Emergency Notification Form) as follows:

- 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}

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 AND codeword.
- Item 5      Check D for GENERAL EMERGENCY.
- Item 6      Check B for Termination At: AND  
Write the time AND date the classification was terminated.
- Item 16      Have the Emergency Coordinator approve the message AND  
Write in the time AND date the message was approved.

Enclosure 4.6  
Termination Notification  
Completion/Transmission

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

## 2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination 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 3 of 6 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 Use the Selective Signal telephone by dialing \*1 and depressing the push to talk button.
- 2.2 **IF** Selective Signaling Group Call fails, **THEN** go to RP/0/A/5700/014, Enclosure 4.1 for manual selective signaling numbers.
- 2.3 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.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the complete message slowly, line by line, beginning with Item # 1, allowing ample time to copy.

**NOTE:** Refer to page 4 of 6 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 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 page 5 of 6 and 6 of 6 of this enclosure for FAX operation.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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Page 3 of 6

- 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:**

- 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."
- 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.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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**AUTHENTICATION CODEWORD LIST**

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Enclosure 4.6  
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. Insert the Emergency Notification Form face down into the FAX.
- \_\_\_\_\_ 2. Press "GROUP FAX" button.
- \_\_\_\_\_ 3. Press "SEND/RECEIVE" button.

B. INDIVIDUAL FAX

- \_\_\_\_\_ 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.

**Enclosure 4.6**  
**Termination Notification**  
**Completion/Transmission**

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

**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.



# Enclosure 4.7

## Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

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UNIT(S) AFFECTED:

U1 \_\_\_\_\_ U2 \_\_\_\_\_

{PIP-M-99-3800}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS	
	TIME: _____	U-1 _____ U-2 _____	_____	_____	
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 ASSEMBLY EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM. _____	NUMBER DEPLOYED _____		
		ZONES EVAC		ZONES SHELTERED	
	PARS:	_____	_____	_____	
		YES	NO		
	RELEASE IN PROGRESS	_____	_____		
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.					
NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE					
_____					
_____					
_____					

**Enclosure 4.8**  
**Request for Emergency Exposure (a)**

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<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
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

Enclosure 4.9  
OSM Immediate and Subsequent Actions

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**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 "a General Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

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\_\_\_\_\_ 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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- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
  2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form

\_\_\_\_\_ 1.2 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
  2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
  3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
    - A. DPC Meteorological Lab (8-594-0341)
    - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)
    - C. Catawba Nuclear Station Control Room (8-831-5345).

**NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

\_\_\_\_\_ 1.2.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- \_\_\_\_\_ • Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction

**AND**

- \_\_\_\_\_ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

**Enclosure 4.9**  
**OSM Immediate and Subsequent Actions**

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- 1.2.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** 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.

**OR**

**IF** wind speed greater than 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate the 2-mile radius **AND** 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 **OR** 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 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from Item 10 (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

## 2. Subsequent Actions

**NOTE:** Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- 2.1 **IF** a site assembly has not already been initiated, **THEN** 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.

**Enclosure 4.10**  
**WCC SRO Immediate and Subsequent**  
**Actions**

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## 1. Immediate Actions

Initial

- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
  2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
  2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
  3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
    - A. DPC Meteorological Lab (8-594-0341)
    - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
    - C. Catawba Nuclear Station Control Room (8-831-5345).

- NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

- 1.1.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

AND

- Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

**Enclosure 4.10**  
**WCC SRO Immediate and Subsequent**  
**Actions**

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- 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, **THEN** 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.

**OR**

**If** wind speed greater than 5 MPH, **THEN**:

- \_\_\_\_\_ • Evacuate the 2-mile radius **AND** 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. Subsequent 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.



Enclosure 4.11  
STA Immediate and Subsequent Actions

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## 1. Immediate Actions

Initial

**NOTE:** For a Drill, the Community Alert 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, 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 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.
- \_\_\_\_ 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.
- \_\_\_\_ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

## STA Immediate and Subsequent Actions

- 1.4 For a drill, IF a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, THEN 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, IF a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, THEN 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. 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.