DETROIT EDISON - FERMI 2
AUTOMATED RECORD MANAGEMENT
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EP App. A

EP 29001 - 29007

Please destroy or mark all revised, superseded, or cancelled documents as such. CONTROLLED stamps must be voided by lining through and initialing.

Detroit Edison EF2, C/O Info Mgmt 140 NOC, 6400 North Dixie Highway, Newport MI 48166. (734) 586-4338 OR (734) 586-4061 for questions or concerns.

Ref: cb3461

A045

EMERGENCY NOTIFICATIONS

Revision Summary

1) Added Use References in Section 2.0.
2) Added "initial" in step 4.1.
3) Added step 4.3.2 regarding de-escalation or termination requirements.
4) Added step 4.6.2.1 to address NRC Operations Center point of contact.
5) Added step 4.6.3 to address NRC Operations Center notifications.
6) Deleted note before step 4.15.
7) Revised Section 5.1 to reference Enclosures A and B.
8) Revised step 6.1.2 to address use of Enclosure C.
9) Moved commitment before step 6.1.3 to before step 4.6.2.
10) Revised step 7.1.1 to address use of Enclosure C.
11) Revised Section 7.2 regarding NRC Notifications.
12) Deleted former step 7.4.2.
13) Added step 7.4.2.1.a to clarify meteorological data placement.
14) Added step 7.4.4.1 to clarify message numbering system.
15) Changed Attachments to stand-alone forms and updated procedure text to reflect this change.
16) Clarified Information Requirements in Enclosures A and B.
17) Made minor editorial changes throughout procedure. No revision bars used to mark these changes.
18) Added Enclosures C and D. Former Enclosure C is now Enclosure E.

Implementation Plan

1) This procedure goes into effect upon issuance.

Attachments - None

Enclosures

A	100802	Nuclear Plant Event Notification Form Information Sources and Requirements
B	100802	Nuclear Plant Event Technical Data Form Information Sources and Requirements
C	100802	Initial Notifications Flowchart
D	100802	Follow-up Notifications Flowchart
E	100802	ECOS Activation

Information and Procedures				
DSN EP-290	**Revision** 40	**DCR #** 02-1515	**DTC** TPEPT	**File #** 1703.10
IP Code I	**Date Approved** 11-18-02	**Released By** M. Struck /s/	**Date Issued** 11-25-02	**Recipient** 935

CONTROLLED

1.0 PURPOSE

To provide instructions for performing emergency notifications at Fermi 2

2.0 USE REFERENCES

2.1 EP-101, Classification of Emergencies

2.2 EP-102, Unusual Event

2.3 EP-103, Alert

2.4 EP-104, Site Area Emergency

2.5 EP-105, General Emergency

2.6 EP-402, Responsibilities of the Recovery Organization

2.7 EP-545, Protective Action Recommendations

2.8 20.000.22, Plant Fires

2.9 Appendix A, RERP Forms

3.0 ENTRY CONDITIONS

3.1 An emergency has been classified in accordance with EP-101

or

3.2 Offsite emergency support has been requested

4.0 GENERAL INFORMATION

4.1 **Offsite Authorities** must receive **within 15 minutes**: Initial Notifications of an emergency declaration, any escalation in emergency classification, initial Protective Action Recommendations (PARs), or any change in PARs. Offsite Authorities are:

4.1.1 Monroe County

4.1.2 Wayne County

4.1.3 State of Michigan

4.2 Offsite Authorities, Canada, and the NRC Operations Center shall be notified of emergency conditions at Fermi 2 using the Nuclear Plant Event Notification Form (ENF) (EP290001). It is permissible to limit the verbal notification to the declared emergency class and any protective action recommendations provided a facsimile of the ENF is immediately transmitted.

4.3 **Initial Notifications** for all **classifications** and **changes to PARs** shall include completing the ENF.

4.3.1 Any Initial Notifications communicating either a classification or a change in PAR **due to dose calculations** requires completing a Nuclear Plant Event Notification Form (ENF) (EP290001), **and** Nuclear Plant Event Technical Data Form (TDF) (EP290002), as **one** message.

4.3.2 Any event **de-escalation** or termination requires completing forms EP290001 **and** EP290002 as one message. This message must be completed as soon as practical.

NOTE: To ensure the timeliness of Follow-up Notifications, Fermi 2 should provide updates to the State of Michigan (and to Monroe and Wayne Counties prior to state EOC activation) every 30 minutes (or longer if approved by the State) using the TDF.

4.4 **Follow-up Notifications** are updates made to Offsite Authorities, NRC Operations Center, and Nuclear Information when more information becomes available or as the situation changes. All Follow-up Notifications require completing the TDF (EP290002).

4.5 Dose Assessment results must be copied onto a TDF.

4.6 The **Nuclear Regulatory Commission** (NRC) shall be notified immediately following the offsite authorities and not later than 1 hour after the emergency declaration.

4.6.1 The Shift Manager/Emergency Director ensures required NRC notifications are completed by a knowledgeable member of the plant staff.

CM

4.6.2 Notifications to the NRC shall be made from the **Control Room** throughout the emergency, until transfer to the Technical Support Center (TSC) is ordered by the Emergency Director (ED). The ENF or TDF should be used to facilitate notifications to the NRC throughout the emergency.

1. Notifications should be performed by a knowledgeable person who can respond to questions without significant delay.

4.6.3 Notifications to the NRC are normally accomplished using the FTS-2001, Emergency Notification System (ENS). The phone numbers are listed on the NRC Operations Center telephone numbers sticker on each ENS phone and in the RERP Emergency Telephone Directory.

4.7 Province of Ontario (Canada)

4.7.1 Canada is contacted immediately after the NRC Operations Center notification.

4.7.2 Canada shall receive all **initial** notification messages.

4.7.3 The State of Michigan will provide **Follow-up** Notifications to Canada.

4.8 The Control Room (CR) initially performs the Communicator actions required by this procedure. As additional emergency facilities become **functional**, responsibility for Communicator actions is transferred from the CR upon direction by the Facility Manager:

NOTE: Communicators shall complete all notifications in progress before transferring this responsibility to another facility.

4.8.1 To the **Technical Support Center** (TSC) when the Emergency Director (ED) declares the TSC functional

4.8.2 To the **Emergency Operations Facility** (EOF), when the Emergency Officer declares the EOF functional

4.9 Requests for **hospital, offsite fire, or ambulance/paramedic support** shall be made by the **Control Room** staff unless otherwise ordered by the ED (see Section 6.2).

4.10 Enclosures A and B may be used to assure accuracy of the information for each line item on an ENF or TDF.

4.11 The Emergency Notification Facsimile Log (EP290007) should be used to document all facsimile transmittals.

4.12 The 10 Meter Meteorological Tower instruments are the preferred meteorological tower information source for an ENF or TDF.

4.13 Avoid the use of jargon, abbreviations, or notes whenever possible to help ensure clarification of communications.

4.14 Complete all hand-written forms in blue or black ink.

4.15 When performed, all electronically generated ENFs/TDFs shall use the standard electronic signature, name then "/s/".

5.0 IMMEDIATE ACTIONS

5.1 Emergency Declaration

NOTE: All notification forms (ENFs and TDFs) must be complete, numbered sequentially, and signed by the Emergency Director/Emergency Officer prior to communication.

5.1.1 Complete the applicable notification form(s) (ENF and TDF, as needed) for an Initial Notification using Enclosures A and B, as applicable.

6.0 PROCEDURE

6.1 Unusual Event, Alert, Site Area Emergency, or General Emergency Event Declaration or PAR Changes

6.1.1 Shift Manager (or delegate) Action

NOTE: Activation of the ECOS is at the discretion of the Emergency Director at the Unusual Event level.

1. Activate ECOS in accordance with Enclosure E.

6.1.2 Communicator Actions

1. Perform Initial Notifications using Enclosure C.

6.1.3 Nuclear Information Actions

1. Obtain emergency information from the communicator.

2. Perform notifications and generate information releases as required by Corporate Communications.

6.2 Offsite Emergency Support Required

6.2.1 If fire, ambulance/paramedic, or hospital support is required, use the Fire Department Support Request Form (EP290003), Ambulance/Paramedic Support Request Form (EP290004), or Hospital Support Request Form (EP290005) to make the request. The correct phone numbers are listed on the individual form and in the RERP Emergency Telephone Directory.

6.2.2 Follow any request for offsite emergency support with a notification to Security at the Secondary Alarm Station using the Secondary Alarm Station Report (EP290006).

7.0 FOLLOW UP ACTIONS

7.1 Follow-up Notifications

NOTE: Notifications to Nuclear Information are discontinued after the JPIC is functional.

7.1.1 Complete a TDF using Enclosure B when more information becomes available or as plant conditions change.

7.1.2 Perform Follow-up Notifications using Enclosure D.

7.2 NRC Notifications

7.2.1 Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC.

7.2.2 Respond to information requests from the NRC as needed.

1. Document all requests in the narrative log.

7.2.3 Inform the NRC of any changes in plant conditions and status of emergency response efforts on and off site.

7.3 Industry Notifications

NOTE: These notifications are follow-up actions and are normally performed by the TSC/EOF Communicators.

7.3.1 Following any Alert, Site Area Emergency, General Emergency declaration, or upgrade in emergency classification, contact the following using the phone numbers listed in the RERP Emergency Telephone Directory:

1. INPO

2. Nuclear Insurers (ANI/MAELU)

7.3.2 Make an entry in the TSC or EOF Communicator Log documenting content and time of completed notification.

7.4 Notification of Event De-escalation or Termination

7.4.1 A notification of de-escalation, termination, or recovery should be communicated as an **initial** notification.

7.4.2 The individual making the notification shall:

NOTE: When an ENF (EP290001) and TDF (EP290002) are used together as one message the approval and notification documentation should be completed on the ENF.

1. Complete both an ENF **and** TDF using the same message number on each form.

   a. Repeated information on the TDF, specifically meteorological data, should state "see page one."

2. Write a summary of the plant status that permits the de-escalation, termination, or recovery of the event in the "Reactor Information" section of the TDF. Use EP-102, "Unusual Event;" EP-103, "Alert;" EP-104, "Site Area Emergency;" EP-105, "General Emergency;" or EP-402, "Responsibilities of the Recovery Organization," as a guide.

3. Communicate the information on the ENF and TDF to the offsite authorities, NRC Operations Center, Province of Ontario, Nuclear Information (or JPIC if functional), and NRC Resident Inspector.

7.4.3 Nuclear Information shall:

1. Obtain emergency information from the Communicator.

2. Perform notifications and generate information releases as required by Corporate Communications.

7.4.4 At event termination, the Emergency Director/Emergency Officer shall forward completed ENFs and TDFs to the Supervisor, RERP for disposition.

1. After termination of the event, any new event should initiate a new series of messages starting with message number one.

8.0 RECORDS

8.1 The following are required records and shall be retained or dispositioned in accordance with established requirements:

8.1.1 All completed ENFs (EP290001)

8.1.2 All completed TDFs (EP290002)

8.1.3 All completed support request forms (EP290003), (EP290004), (EP290005)

8.1.4 All completed Secondary Alarm Station Notification forms (EP290006)

8.1.5 All completed Emergency Notification Facsimile Log(s) (EP290007)

END OF TEXT

NUCLEAR PLANT EVENT NOTIFICATION FORM INFORMATION SOURCES AND REQUIREMENTS

Information Sources

Section	Control Room	TSC	EOF
Current Classification	ED	ED	EO
Reason for Classification	ED	ED	EO
Plant Status	ED	ED	EO
Radiological Release in Progress Due to Event	STA/SE	RPA	RPC
Protective Action Recommendations	ED	ED	EO
Meteorological Data	STA/SE	RPA	RPC

Information Requirements

Top of Form	Check "Actual Event" or "Drill," as applicable.
Plant Contact Information	Identify the facility calling from, message number and the "call-back" number.
Current Classification	Identify the current classification, date, and time (in military format).
Reason for Classification	Identify the IC number, as applicable.
Plant Status	Item selected should be based on an evaluation of reactor water level and core cooling capability, fission product barrier status, ECCS operation and availability, and projected success path.
Radiological Release in Progress Due to Event	Check "Yes" if greater than or equal to any of the Unusual Event abnormal radiological release (AU1) limits.
Protective Action Recommendations	Check all that apply. "Other" may be used for AdHoc PARs or weather forecasts. Check "none" for Unusual Event, Alert, or Site Area Emergency. Check appropriate "Area(s)" block for any General Emergency or PAR changes.
Meteorological Data	10m meteorological instruments are the preferred information source.

NUCLEAR PLANT EVENT TECHNICAL DATA FORM INFORMATION SOURCES AND REQUIREMENTS

Information Sources

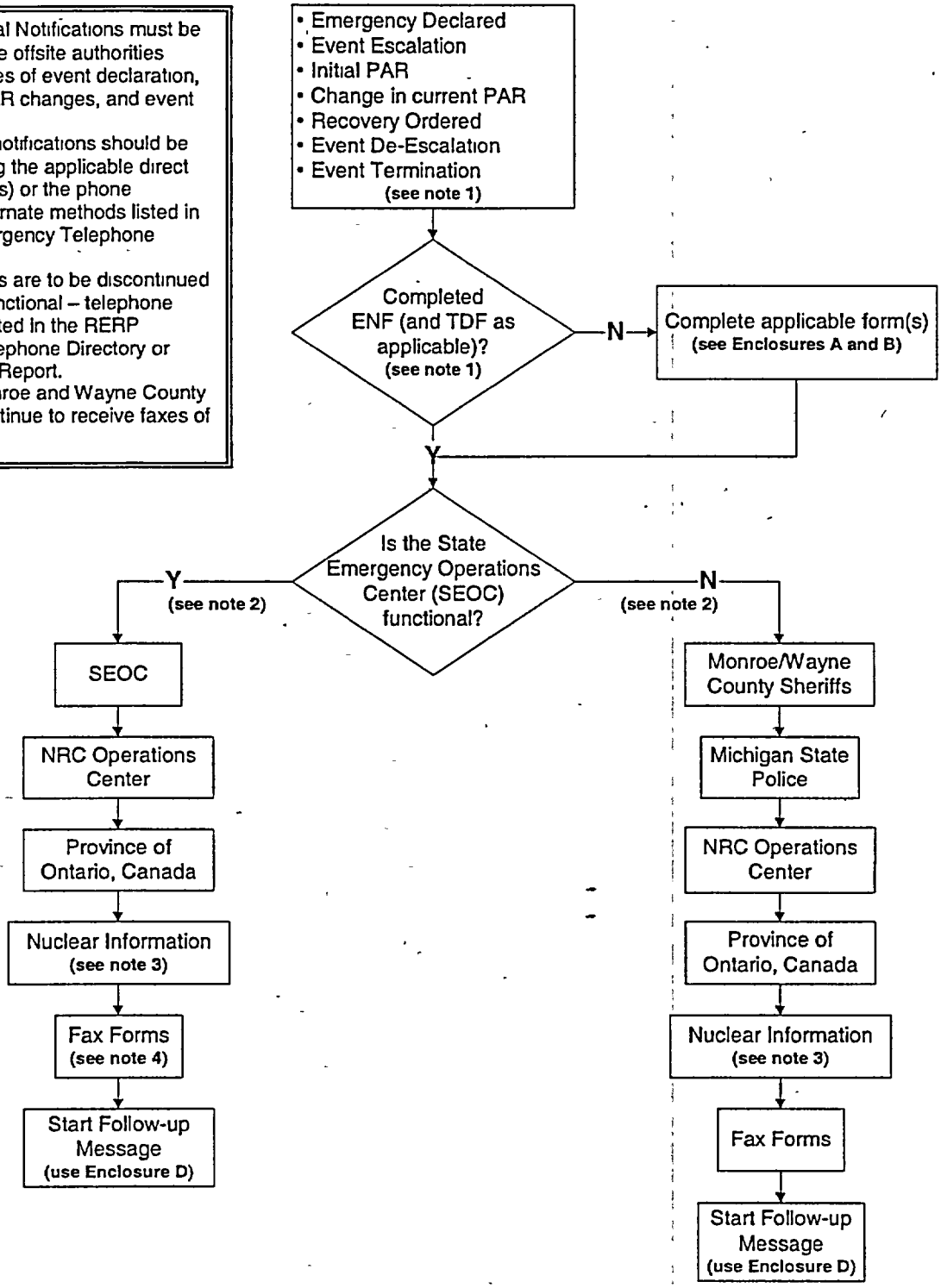
Section	Control Room	TSC	EOF
Meteorological Data	STA/SE	RPA	RPC
Reactor Information	ED	ED	EO
Release/Offsite Dose Data	STA/SE	RPA	RPC
Measured Offsite Radiation Levels	RET Leader	RPA	RPC

Information Requirements

Top of Page 1	Check "Actual Event" or "Drill," as applicable.
Plant Contact Information	Identify the facility calling from, message number and the "call-back" number.
Meteorological Data	10m meteorological instruments are the preferred information source.
Reactor Information	Should include relevant additional information to the classification. Reactor shutdown? Are all rods in or is hot shutdown boron weight injected? Consider communicating other potential classifiable plant conditions, status of fission product barriers and ECCS or offsite assistance. Check "N/A" for Page 2 information if there is no dose assessment results or off-site radiological surveys. Do not send Page 2 if "N/A" is marked.
Release/Offsite Dose Data	Identify type of release as airborne or waterborne and the expected duration. If release type is "airborne," transfer data from dose report(s) onto form. Identify if using "Actual" or "Potential" data results.
Measured Offsite Radiation Levels	Measured offsite Radiological Emergency Team (RET) data only.

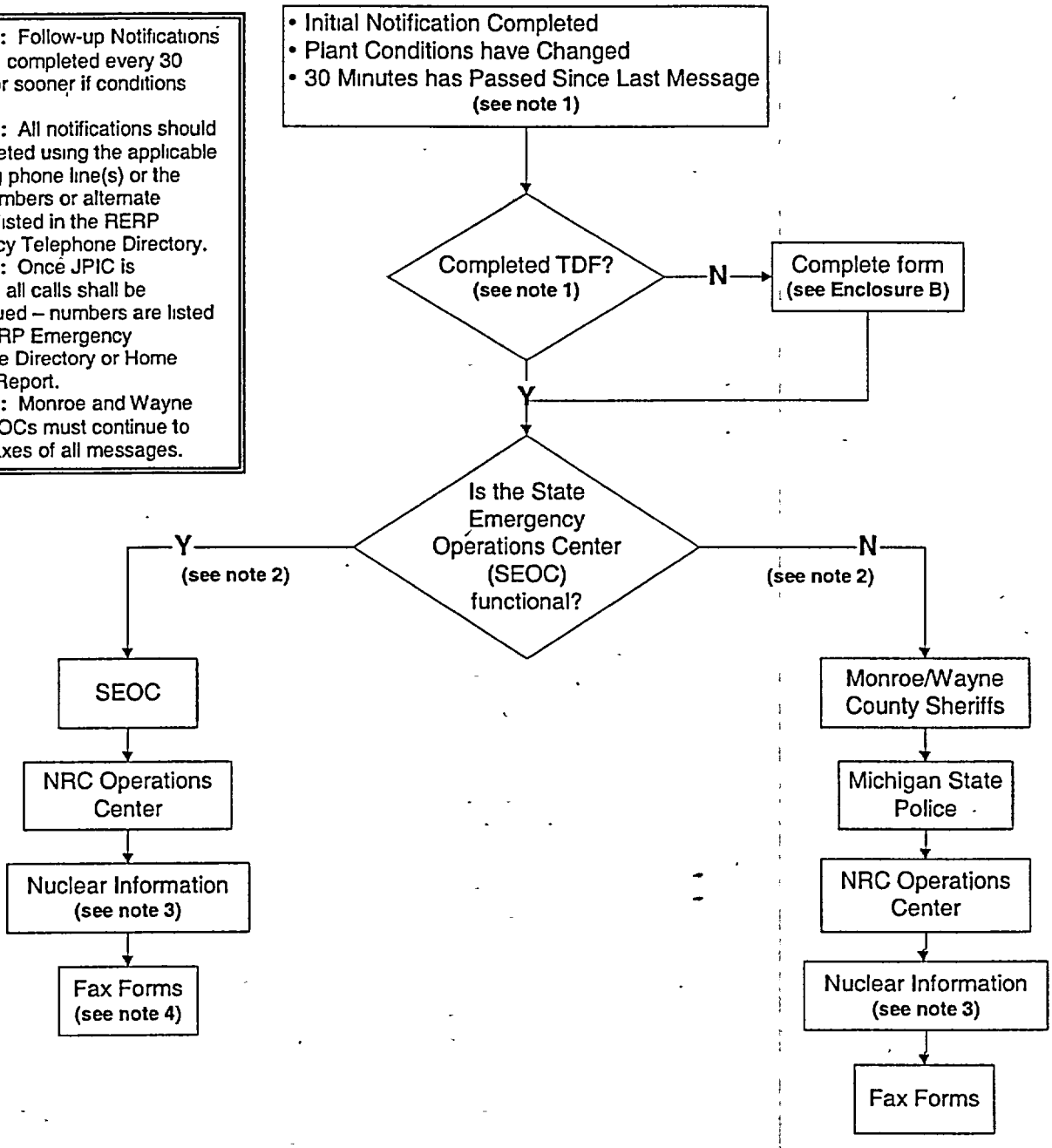
INITIAL NOTIFICATIONS FLOWCHART

NOTE (1): Initial Notifications must be completed to the offsite authorities within 15 minutes of event declaration, initial PARs, PAR changes, and event escalation.
NOTE (2): All notifications should be completed using the applicable direct ring phone line(s) or the phone numbers or alternate methods listed in the RERP Emergency Telephone Directory.
NOTE (3): Calls are to be discontinued once JPIC is functional – telephone numbers are listed in the RERP Emergency Telephone Directory or Home Address Report.
NOTE (4): Monroe and Wayne County EOCs must continue to receive faxes of all messages.



FOLLOW-UP NOTIFICATIONS FLOWCHART

NOTE (1): Follow-up Notifications should be completed every 30 minutes or sooner if conditions change.
NOTE (2): All notifications should be completed using the applicable direct ring phone line(s) or the phone numbers or alternate methods listed in the RERP Emergency Telephone Directory.
NOTE (3): Once JPIC is functional all calls shall be discontinued – numbers are listed in the RERP Emergency Telephone Directory or Home Address Report.
NOTE (4): Monroe and Wayne County EOCs must continue to receive faxes of all messages.



ECOS ACTIVATION

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Shift Manager (or delegate) Actions

1. Read steps 2 and 3 completely before proceeding.

2. Activate the Emergency Call Out System (ECOS).

   a. Dial 6-1900 or 9-1-734-586-1900.

   b. When the ECOS answers, immediately enter the current password.

   c. Respond to ECOS prompts.

3. Verify proper ECOS Operation.

   a. The ECOS is programmed to immediately call 586-5235 at the Shift Manager's desk.

   b. Answer the call and when prompted for a Detroit Edison ID number, enter 11111.

   c. When asked if you are able to report to your emergency response facility, press 9 for yes and respond to the remaining prompts.

   d. If a call to 586-5235 is not received within 2 minutes:

      1) Call the ECOS at 6-1900 or 9-1-734-586-1900.

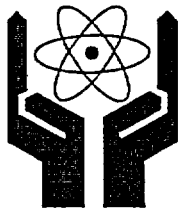
      2) Enter the password.

      3) Respond to prompts to suspend the scenario if activated, or activate if it is currently suspended or completed.

      4) If you suspended the scenario in the above step, call 6-1900 or 9-1-734-586-1900, enter the password, and reactivate the scenario. Repeat step 3.

   e. If all attempts to activate the ECOS fail, enter EP-292, "Emergency Call Out – Backup Method."

END

Detroit Edison	Fermi 2 RERP Implementing Procedure Appendix A Revision 0 FORMS	

Revision Summary

1) This is a new procedure.

Implementation Plan

1) This appendix goes into effect upon issuance.

Information and Procedures				
DSN RERP APP A	Revision 0	DCR # 02-1517	DTC TPEPT	File # 1703.10
IP Code 1	Date Approved 11-18-02	Released By M. Struck /s/	Date Issued 11-25-02	Recipient 935

CONTROLLED

FORMS

Form No.	Title
EP290001	Nuclear Plant Event Notification Form (ENF)
EP290002	Nuclear Plant Event Technical Data Form (TDF)
EP290003	Fire Department Support Request Form
EP290004	Ambulance/Paramedic Support Request Form
EP290005	Hospital Support Request Form
EP290006	Secondary Alarm Station Report
EP290007	Emergency Notification Facsimile Log
EP540001	Controller/Evaluator Comment Form
EP540002	Technical Support Center (TSC) Lead Controller Comment Form
EP540003	Emergency Operations Facility (EOF) Lead Controller Comment Form
EP540004	Operational Support Center (OSC) Lead Controller Comment Form
EP540005	Drill/Exercise Critique Summary
EP540006	Drill/Exercise Component Checklist
EP540007	Drill/Exercise Authorization
EP540008	NRC Performance Indicator (RERP) Documentation Form
EP540009	Scenario Implementation Log
EP540010	Drill/Exercise Feedback Form

END

NUCLEAR PLANT EVENT NOTIFICATION FORM

☐ Actual Event (Initial Notifications) ☐ Drill

Plant Contact Information

Nuclear Power Plant: Fermi 2

Plant Communicator: _____

Calling From: ☐ Control Room ☐ TSC ☐ EOF ☐ Other _____

Call Back Telephone Number: 3 1 3 2 5 6 - 4 _____

Plant Message Number

Current Classification

☐ Unusual Event ☐ Alert ☐ Site Area Emergency ☐ General Emergency ☐ Termination *(TDF Required)*

This classification was declared as of: Date: _____ Time: _____

Reason for Classification

☐ Abnormal Rad Level/Radiological Effluents ☐ Fission Product Barrier Degradation

☐ Hazards and Other Conditions Affecting Plant Safety ☐ System Malfunction

Fermi IC Number: _____

Plant Status

☐ Stable ☐ Degrading ☐ Improving ☐ Recovery *(TDF Required)*

Radiological Release in Progress Due to Event

☐ Yes -> AU1 Limits ☐ No

Protective Action Recommendations

☐ None

Evacuation of Area(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

In-Place Shelter of Area(s): ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

PAR based on: ☐ Dose Calculations (TDF Required) ☐ Security Event

☐ Plant Status ☐ Other _____

Meteorological Data

NOTE: 10 m Met Tower Data is preferred.

Wind Direction (degrees): From _____ To _____ Wind Speed (MPH): _____

Stability Class: _____ Precipitation: ☐ Yes ☐ No

Approved: _____ / _____ Time: _____

Signature Print Name

Notifications	Time Contacted	Name	Telephone No. or Select Auto-Dial
Monroe County Sheriff			☐ Auto-Dial
Wayne County Sheriff			☐ Auto-Dial
Michigan State Police			☐ Auto-Dial
NRC Operations Center			
Province of Ontario (Canada)			☐ Auto-Dial
Nuclear Information			

NUCLEAR PLANT EVENT TECHNICAL DATA FORM

☐ Actual Event ☐ Drill

Plant Contact Information

Nuclear Power Plant: Fermi 2

Plant Communicator: _____

Calling From: ☐ Control Room ☐ TSC ☐ EOF ☐ Other _____

Call Back Telephone Number: 3 1 3 2 5 6 - 4 _____

Plant Message Number

Meteorological Data

NOTE: 10 m Met Tower Data is preferred. ☐ See attached Event Notification Form

Wind Direction (degrees): From _____ To _____ Wind Speed (MPH): _____

Stability Class: _____ Precipitation: ☐ Yes ☐ No

Reactor Information

Is the reactor shut down? ☐ Yes ☐ No

Additional Comments (if needed):

Release/Offsite Dose Data: ☐ N/A ☐ See Page 2

Approved: _____ / _____ Time: _____

Signature Print Name

Notifications	Time Contacted	Name	Telephone No. or Select Auto-Dial
Monroe County Sheriff			☐ Auto-Dial
Wayne County Sheriff			☐ Auto-Dial
Michigan State Police			☐ Auto-Dial
NRC Operations Center			
Nuclear Information			

NUCLEAR PLANT EVENT TECHNICAL DATA FORM

Release/Offsite Dose Data

Plant Message Number

Release Pathway: ☐ Airborne ☐ Waterborne

Projected Release Duration (hrs): _____

☐ Actual ☐ Potential Time of Calculation: _____

Release Rates	
Noble Gas (Ci/sec)	
Equivalent I - 131 (Ci/sec)	
Particulate (Ci/sec)	

Based On: ☐ Monitor (in plant) ☐ Sample (in plant) ☐ Back Calculation of Field Data ☐ Other Plant Conditions

Projected Dose		
Distance	TEDE (mrem)	Thyroid CDE (mrem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		

Projected Dose		
Distance	TEDE (mrem)	Thyroid CDE (mrem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		

Measured Offsite Radiation Levels

Distance	Time	Highest Reading (mR/hr)	Iodine Cartridge (Net CPM)	Sector
Site Boundary				
Miles				
Miles				
Miles				

FIRE DEPARTMENT SUPPORT REQUEST FORM

Monroe County Central Dispatch - Frenchtown Fire Department: 734-241-2727

1. This is:

   Name: _____

   Title _____

   Telephone Number _____

   calling from Fermi 2. There is a fire onsite. Frenchtown Fire Department assistance is requested immediately.

2. Use the Pointe Aux Peaux Road access gate.

3. Basic information on the fire:

   3.1 Type of Fire _____

   3.2 Take the following precautions

4. Determine the following information from Central Dispatch and relay this information to the SAS Operator using EP290006.

   4.1 Number of vehicles expected to arrive _____

   4.2 Number of personnel expected to arrive _____

5. Complete SAS notification.

AMBULANCE/PARAMEDIC SUPPORT REQUEST FORM

1. Select required medical response:

   NOTE: Make one call only.

   ☐ For Ambulance Only - 734-241-1111

   ☐ For both Frenchtown Fire Department Paramedics and Ambulance - 734-241-2727

2. This is:

   Name: _____

   Title _____

   Telephone Number _____

   calling from Fermi 2. There are injured personnel onsite and your assistance is required immediately.

3. Number of injured personnel: _____

4. Injuries to personnel:

5. Number of potentially contaminated personnel: _____

6. Use the Fermi Drive access gate.

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Southshore Medical Center only if conditions prevent the use of Mercy Memorial Hospital.

7. Transport the victim(s) to: ☐ Mercy Memorial Hospital ☐ Oakwood Southshore Medical Center

8. Take the following precautions:

9. Determine the following information from Central Dispatch and relay this information to the SAS operator using EP290006.

   9.1 Number of vehicles expected to arrive _____

   9.2 Number of personnel expected to arrive _____

10. Complete SAS notification.

HOSPITAL SUPPORT REQUEST FORM

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Southshore Medical Center only if conditions prevent the use of Mercy Memorial Hospital.

Mercy Memorial Hospital: 734-242-6500
Oakwood Southshore Medical Center: 734-671-3883 or 734-671-3800

1. This is:

   Name: _____

   Title _____

   Telephone Number _____

   calling from Fermi 2. There are injured personnel onsite and the ambulance service has been contacted to transport the victims to you.

2. Number of injured personnel: _____

3. Injuries to personnel:

4. Number of potentially contaminated personnel: _____

5. Number of personnel suffering from excessive radiation exposure: _____

6. **If there are potentially contaminated personnel state the following:**

   "You are requested to implement your radiological emergency response plan."

7. Complete SAS notification.

SECONDARY ALARM STATION REPORT

Secondary Alarm Station: Control Room - Security Direct Line or 6-5215

1. Support organization contacted:
   - ☐ Fire/Paramedics
   - ☐ Ambulance
   - ☐ Hospital (which one?) _____
   - ☐ Other _____

2. Number of personnel reporting onsite, if known: _____

3. Number of vehicles reporting onsite, if known: _____

4. Owner-controlled area access gate to be used:
   - ☐ Pointe Aux Peaux
   - ☐ Fermi Drive

5. Location of emergency (If rescue/ambulance, where the vehicles should attend to the victim):

Date: _____

Facility: _____

Page _____ of _____

EMERGENCY NOTIFICATIONS FACSIMILE LOG

Message No.	Type (Initial, Follow-up or Other)	Time	Originator (CR, TSC, EOF or Alternate facility)	Locations Sent or Program Button Used