

MANUAL HARD COPY DISTRIBUTION

50-387/388

DOCUMENT TRANSMITTAL 2003-5456

USER INFORMATION:

[REDACTED] CA#: 0363

TRANSMITTAL INFORMATION:

[REDACTED] 02/06/2003

LOCATION: DOCUMENT CONTROL DESK,
FROM: NUCLEAR RECORDS DOCUMENT CONTROL CENTER
(NUCSA-2)

THE FOLLOWING CHANGES HAVE OCCURRED TO THE HARDCOPY
OR ELECTRONIC MANUAL ASSIGNED TO YOU:

113 - 113 - SECURITY COORDINATOR: EMERGENCY PLAN-
POSITION SPECIFIC PROCEDURE

REMOVE MANUAL TABLE OF CONTENTS DATE: 09/25/2002

ADD MANUAL TABLE OF CONTENTS DATE: 02/05/2003

CATEGORY: PROCEDURES TYPE: EP

ID: EP-PS-113

REPLACE: REV:8

REPLACE: REV:8

REMOVE: PCAF 2002-1242 REV: N/A

REMOVE: PCAF 2002-1563 REV: N/A

ADD: PCAF 2002-1242 REV: N/A

ADD: PCAF 2002-1563 REV: N/A

UPDATES FOR HARD COPY MANUALS WILL BE DISTRIBUTED
WITHIN 5 DAYS IN ACCORDANCE WITH DEPARTMENT
PROCEDURES. PLEASE MAKE ALL CHANGES AND
ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX UPON
RECEIPT OF HARD COPY. FOR ELECTRONIC MANUAL USERS,
ELECTRONICALLY REVIEW THE APPROPRIATE DOCUMENTS AND
ACKNOWLEDGE COMPLETE IN YOUR NIMS INBOX.

A045

CHECK-OFF LIST

TITLE: ACCOUNTABILITY		
ITEM CHECKED	YES	NO
1. NOTIFIED OF ACCOUNTABILITY A. Start "Accountability Control" program. This program starts the accountability process on the SSCS. SECURITY IS REQUIRED TO REPORT THE RESULTS OF THE ACCOUNTABILITY WITHIN 30 MINUTES OF THE OFFICIAL START (NOTE: ACCOUNTABILITY OFFICIALLY STARTS WITH STATION ALARM OVER THE PA)	<input type="checkbox"/>	<input type="checkbox"/>
2. ASSC/SCC WILL NOTIFY OF ACCOUNTABILITY A. Security Shift Supervisor/Assistant B. All posts and patrols	<input type="checkbox"/>	<input type="checkbox"/>
3. INITIATE AN ACCOUNTABILITY OF SECURITY PERSONNEL A. The SCC/ASSC will verify all on duty Security shift personnel are accounted for B. Direct the ACO to stop processing All Non-Essential Personnel and Vehicles 1) South Gatehouse 2) North Gatehouse (when open)	<input type="checkbox"/>	<input type="checkbox"/>
4. MONITOR THE PROGRESS OF THE ACCOUNTABILITY USING SSCS A. Using the accountability status window on the SSCS B. If the below listed work groups do not telephone their Accountability results into Security within 15 minutes – Security is required to call the work group(s) and request the status of their accountability 1) Operations – ext. 3907 2) Chemistry – ext. 3389 3) Health Physics – ext. 3371	<input type="checkbox"/>	<input type="checkbox"/>

CHECK-OFF LIST

TITLE: ACCOUNTABILITY		
ITEM CHECKED	YES	NO
8. Prior to 30 minutes from the start of Accountability report results to:	<input type="checkbox"/>	<input type="checkbox"/>
A. TSC not activated or in control – Notify Operations in the OSC @ ext. 3907 **Also notify TSC Security Coordinator if TSC is activated.	<input type="checkbox"/>	<input type="checkbox"/>
B. TSC activated and IN CONTROL – Notify the TSC Security Coordinator.	<input type="checkbox"/>	<input type="checkbox"/>
C. Fax the reports/lists of missing personnel to the TSC Security Coordinator (if TSC is activated) 8-1-570-759-4942	<input type="checkbox"/>	<input type="checkbox"/>
<u>MISSING PERSONNEL WILL BE DETERMINED FROM ACCOUNTABILITY ROSTER(S) RECEIVED THAT HAVE PERSONNEL IDENTIFIED AS BEING UNACCOUNTED FOR.</u>	<input type="checkbox"/>	<input type="checkbox"/>
NOTE: WHEN A ROSTER IS NOT RECEIVED FROM A GROUP, THAT GROUP WILL BE PRESUMED ACCOUNTED FOR OR NOT ON SITE.	<input type="checkbox"/>	<input type="checkbox"/>
9. Once an individual(s) is confirmed missing the SCC/ASCC Controllers need to reference the "Search and Rescue" check-off list.	<input type="checkbox"/>	<input type="checkbox"/>

CHECK-OFF LIST

TITLE: FIRE/EMERGENCY ACCESS		
ITEM CHECKED	YES	NO
SCC/ASCC CONTROLLER		
1. VERIFY INFORMATION OR REQUESTS FOR EMERGENCY ASSISTANCE OF OFF-SITE FIRE COMPANIES		
A. Call - Back Telephone # _____		
B. Dispatch Security Force member to scene		
C. Notify Operations Shift Supv./OSC or TSC (if activated)		
2. ASSESS NATURE OF REQUEST (SCC)		
A. Exact Location		
B. Type of assistance		
C. Nature of the incident		
D. If in contaminated/radiological controlled area		
1) Affected plant equipment		
2) Need for off-site response		
3) Fire		
4) Ambulance		
5) Need for additional Security Force members		
6) Determine with Security Shift Supervisor/Assistant if recall necessary		
3. ADVISED SECURITY FIRE BRIGADE MEMBERS AND SECURITY FORCE MEMBERS ARE OF:		
A. Location of the fire		
B. The nature of incident		
C. NAME and Location, of the Fire Brigade Leader		
D. Radio channel to contact the Fire Brigade Leader		
E. Radio channel determined by the Fire Brigade Leader		

CHECK-OFF LIST

TITLE: FIRE/EMERGENCY ACCESS		
ITEM CHECKED	YES	NO
7. NOTIFY APPROPRIATE PERSONNEL THAT A REQUEST FOR OFF-SITE EMERGENCY RESPONSE HAS BEEN MADE		
A. Notify all Security Force members		
B. Notify Gate 10 of Emergency Response Vehicles enroute to SSES.		
C. Operations Shift Supervisor/Emergency Director		
D. On-Call TSC Security Coordinator (if TSC Manned)		
E. LLEA 8-1-570-542-4117 or 8-1-570-542-4118		
F. Contact Safety		
1. Kurt Kehl Office: 3952 OR Home: 8-1-570-868-3963 Beeper: 8-1-888-550-3463 Cellular: 8-1-570-430-0842		
2. Mike Ziobro Office: 3212 OR Home: 8-1-570-822-0564 Beeper: 8-1-570-440-1635 Cellular: 8-1-570-594-9775		
3. Steve Walter Office: 3103 Home: 8-1-570-752-3763 Beeper: 8-1-888-550-3469 AND Cellular: 8-1-570-594-1626		
4. Site Fire Protection Engineer Office: 3915 Stan Davis*** Home: 8-1-570-477-3240 Beeper: 8-1-570-387-5308		
NOTE: IF OFF-SITE FIRE AGENCIES ARE REQUIRED TO UTILIZE SSES FIRE PROTECTION SYSTEMS TO FIGHT AN OFF-SITE FIRE, NOTIFY THE OPERATIONS SHIFT SUPERVISOR.		
*** INDICATES TO BE NOTIFIED OF ANY FIRE WHICH MAY OCCUR AT SSES TO INCLUDE ANY PPL PROPERTY ADJOINING THE SSES.		

CHECK-OFF LIST

TITLE: FIRE/EMERGENCY ACCESS		
ITEM CHECKED	YES	NO
G. Contact the Administrative Coordinator identified on the Emergency On-Call list.	<input type="checkbox"/>	<input type="checkbox"/>
H. Special Office of the President 3561 or 570-759-2281	<input type="checkbox"/>	<input type="checkbox"/>
1. For off-duty hours contact the PIM identified on the Emergency On-Call list.	<input type="checkbox"/>	<input type="checkbox"/>
8. DISPATCH A MOBILE PATROL OFFICER TO THE ACCESS ROAD AT ROUTE #11 TO ESCORT EMERGENCY VEHICLE TO SITE (if available)	<input type="checkbox"/>	<input type="checkbox"/>
A. Inform Vehicle Escort Officer which Gatehouse the Emergency Vehicle will enter (NGH or SGH)	<input type="checkbox"/>	<input type="checkbox"/>
9. NOTIFY APPROPRIATE ACCESS CONTROL OFFICER (NGH OR SGH)	<input type="checkbox"/>	<input type="checkbox"/>
A. Type and number of Emergency Vehicles responding to SSES (if known)	<input type="checkbox"/>	<input type="checkbox"/>
B. Number of responding personnel (if known)	<input type="checkbox"/>	<input type="checkbox"/>
C. Prepare for emergency access	<input type="checkbox"/>	<input type="checkbox"/>
D. Emergency response bag (keycards and dosimetry)	<input type="checkbox"/>	<input type="checkbox"/>
E. One radio per Fire Department	<input type="checkbox"/>	<input type="checkbox"/>
F. Ensure radios are on the correct channel	<input type="checkbox"/>	<input type="checkbox"/>
G. Inform fire company not to change radio channels unless directed by the Fire Brigade Leader	<input type="checkbox"/>	<input type="checkbox"/>
H. Emergency Response forms	<input type="checkbox"/>	<input type="checkbox"/>
I. Location the fire companies are to respond	<input type="checkbox"/>	<input type="checkbox"/>
10. ENSURE VEHICLE(S)/PERSONNEL ESCORTS ARE BRIEFED TO INCLUDE THE EXACT LOCATION OF THE EMERGENCY AND THE LOCATION OF THE EMERGENCY RESPONSE VEHICLE(S)/PERSONNEL ARE TO BE LOCATED	<input type="checkbox"/>	<input type="checkbox"/>
A. Ensure escorts are assigned and in place at the appropriate entry portal	<input type="checkbox"/>	<input type="checkbox"/>
B. Armed Vehicle Escort Officer	<input type="checkbox"/>	<input type="checkbox"/>
C. Armed Vehicle Search Officer	<input type="checkbox"/>	<input type="checkbox"/>

CHECK-OFF LIST

TITLE: FIRE/EMERGENCY ACCESS		
ITEM CHECKED	YES	NO
11. NOTIFY APPROPRIATE PERSONNEL OF EMERGENCY VEHICLE(S)/PERSONNEL ARRIVAL AT SSES		
A. Fire Brigade Leader		
B. Security Shift Supervisor/Assistant		
C. Security Force members		
D. Operations Shift Supervisor/Emergency Director		
E. TSC Security Coordinator (if TSC is manned)		
12. UPON DEPARTURE FROM SSES		
A. Ensure H.P. is contacted if fire equipment or personnel were in the controlled zone		
B. Ensure keycards and dosimetry are collected		
C. Ensure Emergency Response form(s) are completed		
D. Ensure Security Radio(s) are retrieved from fire companies		
13. COMPLETE A SECURITY INCIDENT REPORT		
A. Attach Emergency Response forms		
B. Forward to the Security Shift Supervisor/Assistant to review		
1. The Security Shift Supervisor/Assistant will forward completed reports to the Security Operations Supervisor		