

DISTRIBUTION CONTROL LIST

Document Name: EMER PLAN

CC_NAME	NAME	DEPT	LOCATION
1	PLANT MANAGER'S OFFICE	UNIT 3 (UNIT 3/IPEC ONLY)	45-3-B
2	EP/TRAINING ADMINISTRATOR	TRAINING (ALL EP'S)	#48
3	RES DEPARTMENT MANAGER	RES (UNIT 3/IPEC ONLY)	45-4-A
4	REFERENCE LIBRARY	REC/TRN (UNIT 3/IPEC ONLY)	45-3-F
9	JOINT NEWS CENTER	EMER PLN (ALL EP'S)	EOF
10	SHIFT MGR. (LUB-001-GEN)	OPS (UNIT 3/IPEC ONLY)	IP3
11	CONTROL ROOM & MASTER	OPS (3PT-D001/6 (U3/IPEC)	IP3 (ONLY)
14	EOF	E-PLAN (ALL EP'S)	EOF
16	AEOF/A.GROSJEAN (ALL EP'S)	E-PLAN (EOP'S ONLY)	WPO-12D
19	NUC ENGINEERING LIBRARY	DOC (UNIT 3/IPEC ONLY)	WPO/7A
21	TSC	RECORDS	45-3-F
22	RESIDENT INSPECTOR	US NRC (UNIT 3/IPEC ONLY)	45-2-B
23	SILK DAVID	NRC (ALL EP'S)	OFFSITE
24	SILK DAVID	NRC (ALL EP'S)	OFFSITE
25	DOCUMENT CONTROL DESK	NRC (ALL EP'S)	OFFSITE
28	AVRAKOTOS N	J A (UNIT 3/IPEC ONLY)	OFFSITE
29	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
30	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
31	BARANSKI J (VOLUME I ONLY)	ST. EMERG. MGMT. OFFICE	OFFSITE
32	SUTTON A - (VOLUME I ONLY)	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO N (VOLUME I ONLY)	EMERGENCY SERVICES	ROCKLAND
34	GREENE D (VOLUME I ONLY)	DISASTER & CIVIL DEFENSE	ORANGE
35	RAMPOLLA M (VOLUME I ONLY)	OFFICE OF EMERG MANAGE	PUTNAM
41	SIMULATOR	TRAIN (UNIT 3/IPEC ONLY)	48-2-A
107	QA MANAGER	QA (UNIT 3/IPEC)	TRL #2A
319	C. STELLATO (NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
354	L. GRANT (LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
376	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
424	J. CHIUSANO (OPS INSTR)	(UNIT 3/IPEC ONLY)	#48
510	L. GRANT (LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
511	L. GRANT (LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
512	C. STELLATO (NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
513	C. STELLATO (NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
517	PLANT MANAGER'S OFFICE	ADMIN/ (UNIT 2/IPEC ONLY)	IP2
518	DOCUMENT CONTROL	UNIT 2 (UNIT 2/IPEC ONLY)	IP2
520	CONTROL ROOM (UNIT 2)	OPS (UNIT 2 & IPEC ONLY)	IP2
521	SIMULATOR	TRAIN (UNIT 2/IPEC ONLY)	IP2
522	NRC RESIDENT	US NRC (UNIT 2/IPEC ONLY)	IP2
523	ROBERT VOGLE (UNIT 2)	TRAIN/LIB (ALL EP'S)	TODDVILLE
524	JOHN MCCANN (UNIT 2)	NUC SAFETY/LIC (ALL EP'S)	IP2

A045



Indian Point 3

AP-18.2
Revision 10

Attachment 1
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**CONTROLLED DOCUMENT
TRANSMITTAL FORM**

TO: DISTRIBUTION **DATE 2/19/2003** **TRANSMITTAL NO: 27688**
FROM: IP3 DOCUMENT CONTROL GROUP **EXTENSION: 2038**

The Document(s) identified below are forwarded for use. In accordance with AP-18.2, please review to verify receipt, incorporate the document(s) into your controlled document file, properly disposition superseded, void, or inactive document(s). Sign and return the receipt acknowledgement below within fifteen (15) working days.

AFFECTED DOCUMENT : EMERGENCY PLAN PROCEDURES: UNIT 3

DOC #	REV #	TITLE	INSTRUCTIONS
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*******FOLLOW ATTACHED INSTRUCTIONS*******

PLEASE NOTE EFFECTIVE DATES

RECEIPT OF THE ABOVE LISTED DOCUMENT(S) IS HEREBY ACKNOWLEDGED. I CERTIFY THAT ALL SUPERSEDED, VOID, OR INACTIVE COPIES OF THE ABOVE LISTED DOCUMENT(S) IN MY POSSESSION HAVE BEEN REMOVED FROM USE AND ALL UPDATES HAVE BEEN PERFORMED IN ACCORDANCE WITH EFFECTIVE DATE(S) (IF APPLICABLE) AS SHOWN ON THE DOCUMENT(S).

NAME (PRINT)

SIGNATURE

DATE

CC#

25

TO: Nuclear Regulatory Commission **25**

FROM: IPEC Emergency Planning **37688**

SUBJECT: Emergency Planning Document Update

Date: 2/19/03

Please update your controlled copy of the documents listed below as specified with the copy(s) attached.

Please sign this memo indicating that you have completed the update as specified and return to:

Entergy Nuclear
Indian Point Nuclear Generating Station
Records and Documents Department
Broadway & Bleakley Aves.
Buchanan, NY 10511
Attn: Document Custodian

Document #	Document Name	New Rev. #/ Date	Old Rev. #/ Date	Instructions
U3	Volume III Emergency Plan Implementing Procedures			
TOC	Table of Contents	2/03	12/16/02	Replace old with new
IP-1060	Personnel Radiological Check and Decontamination	Rev 12 2/19/03	Rev 11 2/98	Replace old with new

Update completed as specified:

Signature of Controlled Copy Holder

Date

ENTERGY NUCLEAR NORTHEAST
 INDIAN POINT NO. 3 NUCLEAR POWER PLANT
 EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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IP-1002	Post-Accident Monitoring of Noble Gas Concentration in Plant Vent	4	02/99
IP-1003	Obtaining Meteorological Data Replaced by IP-EP-510	VOID	N/A
IP-1004	Midas Computer System Replaced by IP-EP-510	VOID	N/A
<u>Environmental Monitoring</u>			
IP-1011	Offsite Monitoring/Site Perimeter Surveys	24	05/99
IP-1012	Emergency Airborne Activity Determination	4	02/99
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ENTERGY NUCLEAR NORTHEAST
 INDIAN POINT NO. 3 NUCLEAR POWER PLANT
 EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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CONTROLLED COPY #:

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EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1060 REV. 12

TITLE: PERSONNEL RADIOLOGICAL CHECK AND DECONTAMINATION

THIS PROCEDURE IS TSR ✓

THIS PROCEDURE IS NOT TSR

WRITTEN BY:

Dawn Weaver 2/19/03
SIGNATURE/DATE

REVIEWED BY:

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SIGNATURE/DATE

APPROVED BY:

Kenneth J. Jensen 2-19-03
SIGNATURE/DATE

EFFECTIVE DATE:

2/19/03

PROCEDURE USE IS

REFERENCE

PARTIAL REVISION

IP-1060

PERSONNEL RADIOLOGICAL CHECK AND DECONTAMINATION

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IP-1060

PERSONNEL RADIOLOGICAL CHECK AND DECONTAMINATION

1.0 PURPOSE

The purpose of this procedure is to describe the emergency methods of checking personnel for contamination and, when required, their subsequent decontamination.

2.0 RESPONSIBILITIES

- 2.1 Members of the Health Physics staff will determine personnel contamination levels, supervise personnel decontamination and subsequent checkout.
- 2.2 The Radiological Assessment Team Leader (RATL) will handle the resolution of problem cases.

3.0 REFERENCES

- 3.1 RE-UOE-14-05, "Personnel Decontamination"
- 3.2 10 CFR20.2003, "Limits for Discharge into a Sanitary Sewage System"
- 3.3 EP-Form #14, "Personnel Contamination Check"
- 3.4 EP-Form #15, "Skin Decontamination Record"

NOTE:

Decontamination facilities supplied with decontamination supplies are:

- * The Decontamination Room on the 4th floor of the Administration building, located at the Health Physics Control Point; and
- * The Emergency Operations Facility (EOF) building.

4.0 PROCEDURE

- 4.1 PERFORM decontamination in accordance with R.E.S. Health Physics Procedure RE-UOE-14-05, "Personnel Decontamination".
- 4.2.1 ONLY with medical supervision and/or while under the direction of a knowledgeable individual, PERFORM chemical decontamination.

NOTE:

"Clean" is considered to be less than 100 CPM above background.

- 4.3. MONITOR personnel for contamination at the following intervals:
- A. When leaving restricted areas;
 - B. When leaving areas of the plant that are suspected to be contaminated;
 - C. When in assembly areas (if suspected to be contaminated);
 - D. When re-assembling areas, as necessary.
- 4.4 Using Attachment 5.1, "EP-Form #14, Personnel Contamination Check", MAINTAIN records of personnel monitoring.
- 4.5 Using Attachment 5.2, "EP-Form #15, Skin Decontamination Record", MAINTAIN records of personnel decontamination.

NOTE:

"EP-Forms #14, Personnel Contamination Check" and "EP-Form #15, Skin Decontamination Record" are to be returned to the Watch H.P. or H.P. Team Leader (HPTL) in the OSC as applicable.

- 4.6 DOCUMENT all monitoring and decontamination activities. Direct documentation of these activities to the OSC HPTL for evaluation and retention.
- 4.7 PERFORM H.P. Control Point and Decontamination Facility decontamination in accordance with RE-UOE-14-05, "Personnel Decontamination".
- 4.8 PERFORM decontamination at the EOF:
- A. By using a frisker with an HP-210 G.M. tube or equivalent to check the individual, DETERMINE the contamination level category. The categories are as follows:
 - 1. Clean - less than 100 CPM above background;
 - 2. Low level - less than 10,000 CPM above background;
 - 3. High level - 10,000 CPM above background or greater.
 - B. For individuals contaminated in the Low Level category, USE the EOF locker room shower. This amount will not exceed the

limits specified in 10 CFR 20.2003 for discharge into a sanitary sewage system.

1. SHOWER using non-alkaline soap such as Phisoderm, if available, and lukewarm water. Keep contamination away from non-contaminated parts of the body. If practical, wash off higher levels of contamination first.
 2. AFTER shower, RECHECK individual. Levels less than 100 CPM above background are considered clean.
 3. If levels are still greater than 100 CPM above background, RE-SHOWER and then RE-CHECK the individual.
 4. If the individual remains contaminated (over 100 CPM above background) after 3 showers, CONSULT with the Radiological Assessment Team Leader (RATL).
- C. For individuals contaminated in the HIGH LEVEL category, USE the decontamination equipment located in the Medical Bureau Office at the EOF. The instructions for their use are included with the kits. The key is located in the Emergency Operations Center (EOF) key locker.
- D. AFTER decontamination efforts, use a 'frisker' with an HP-210 G.M. tube or equivalent to determine if a level less than 10,000 cpm above background has been attained. If the contamination level is less than 10,000 CPM and further decontamination efforts are required, direct the individual to the facility shower where further decontamination efforts can continue. If necessary, continue deconing the individual until less than 10,000 CPM is achieved. Then shower using the facility shower.
- E. If the individual remains contaminated consult with the Radiological Assessment Team Leader (RATL).

5.0 ATTACHMENTS

- 5.1 "EP-Form #14 - Personnel Contamination Check"
- 5.2 "EP-Form #15 - Skin Decontamination Record"

END OF TEXT

ATTACHMENT 5.1

EP-FORM #14

PERSONNEL CONTAMINATION CHECK

DATE: _____ INSTRUMENT MODEL: _____

H.P.: _____ INSTRUMENT SERIAL NO.: _____

INDIVIDUAL'S NAME	MAXIMUM FRISKER (CPM)	DESCRIPTION OF AREA WITH READING > 100 CPM	DISPOSITION OF INDIVIDUAL

NOTE: All personnel leaving restricted areas or other areas suspected to be contaminated should be surveyed. Using this form, record whether contaminated or not.

Return this form to the Watch H.P. or OSC H.P. Team Leader as applicable.

ATTACHMENT 5.2

EP-FORM #15

SKIN DECONTAMINATION RECORD

NAME: _____ SOCIAL SECURITY NO.: _____
 (LAST) (FIRST) (INITIAL)

DATE: _____ TIME OF CONTAMINATION: _____

H.P. TECHNICIAN: _____

DESCRIPTION/LOCATION OF INCIDENT: _____

MAX. INITIAL CONTAMINATION LEVELS: _____

WITH ANTI-C: _____ W/O Anti-C: _____

BODY ORIFICES/SWABS OR SMEARS/COUNTING INSTRUMENT USED (S/N): _____

	1		2		3		4		5	
	TIME	CPM	TIME	CPM	TIME	CPM	TIME	CPM	TIME	CPM
EYE										
EAR										
NOSE										
MOUTH										
OTHER										

TIME DECON BEGINS	SKIN AREA CONCERNED	DECON AGENTS USED	CONTAMINATION LEVEL AFTER DECONTAMINATION	SKIN CONDITION

TIME DECONTAMINATION COMPLETED: _____ DECONTAMINATION DONE BY: _____

Return this form to the Watch H.P. or OSC H.P. Team Leader as applicable.

EP-FORM #15

SKIN DECONTAMINATION RECORD

NAME: _____

SURVEYED BY: _____

DIRECTIONS: INDICATE LEVELS OF
CONTAMINATION ON THE
CORRESPONDING BODY PART.

TIME: _____ DATE: _____

METER TYPE: _____

SERIAL NO.: _____ CAL. DUE: _____

