

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-EPP-32

REVISION 00

RESOURCE AND COMMUNICATIONS CONTINGENCY GUIDELINES

TECHNICAL SPECIFICATION REQUIRED

Approved by:
G. L. Detter

WC Byrd
Manager Security and Emergency Preparedness

1/13/03
Date

Effective Date: 03/14/2003

PERIODIC REVIEW DUE DATE JANUARY 2004

LIST OF EFFECTIVE PAGES

<u>Page No.</u>	<u>Change No.</u>	<u>Page No.</u>	<u>Change No.</u>	<u>Page No.</u>	<u>Change No.</u>
Coversheet .					
i					
ii					
1					
2					
3					
4					
5					
6					

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE.....	1
2.0 RESPONSIBILITIES	1
3.0 PROCEDURE	1
3.1 SSS/ED or ED/RM	1
3.2 TLAM.....	1
4.0 DEFINITIONS	2
5.0 REFERENCES AND COMMITMENTS	2
6.0 RECORD REVIEW AND DISPOSITION	3
ATTACHMENT 1: RESPONSE TO SIGNIFICANT SITE EVENT	4
ATTACHMENT 2: CONTACT NUMBERS.....	5

1.0 PURPOSE

To establish a protocol to be used during a significant site event which requires resources beyond the capability of local agencies.

2.0 RESPONSIBILITIES

2.1 Station Shift Supervisor/Emergency Director (SSS/ED) or Emergency Director/Recovery Manager (ED/RM)

- 2.1.1 Determines if the event is a significant site event.
- 2.1.2 Directs actions in accordance with Ops, SOPs, EOPs, SAPs, and DRPs as necessary.
- 2.1.3 Implements the necessary actions to assure resources adequate to the need are requested.

2.2 Technical Liaison Advisory Manager (TLAM)

- 2.2.1 Obtains resources as directed by the SSS/ED or ED/RM.

3.0 PROCEDURE

3.1 SSS/ED or ED/RM

NOTE: This procedure shall only be used following the:

- 1. Determination that a significant site event (SSE) has taken place.
- 2. Receipt of a report from credible sources that an SSE will occur.

3.1.1 Upon determination that an SSE has or will occur, the SSS/ED or ED/RM shall:

- a. Using Attachment 1, Response to Significant Site Events Flowchart, complete or direct actions as necessary.

3.2 TLAM

- 3.2.1 As directed by the SSS/ED or ED/RM, obtain resources as necessary using guidance contained on Attachment 1.

4.0 DEFINITIONS

- 4.1 **Significant Site Event-** Any event that occurs such that local, available, resources may be insufficient to cope with the event.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

Nine Mile Point Site Emergency Plan

5.3 Standards, Regulations, and Codes

5.3.1 NUREG-0654, FEMA-REP-1, Rev. 1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants, November 1980

5.3.2 NRC Letter dated 2/25/02, Security ICMs.

5.4 Policies, Programs, and Procedures

5.4.1 EPIP-EPP-10, Security Contingency Events

5.4.2 EPIP-EPP-18, Activation and Direction of Emergency Plan

5.4.3 EPIP-EPP-22, Damage Control

5.4.4 EPIP-EPP-23, Emergency Personnel Action Procedures

5.4.5 N1-SOP-33, External Security Threats

5.4.6 N2-SOP-76, External Security Threats

5.4.7 N1-DRP-OPS-001, Emergency Damage Repair

5.4.8 N2-DRP-OPS-001, Emergency Damage Repair

5.5 Commitments

<u>Sequence Number</u>	<u>Number</u>	<u>Commitment Description</u>
----------------------------	---------------	-----------------------------------

None

6.0 RECORD REVIEW AND DISPOSITION

The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

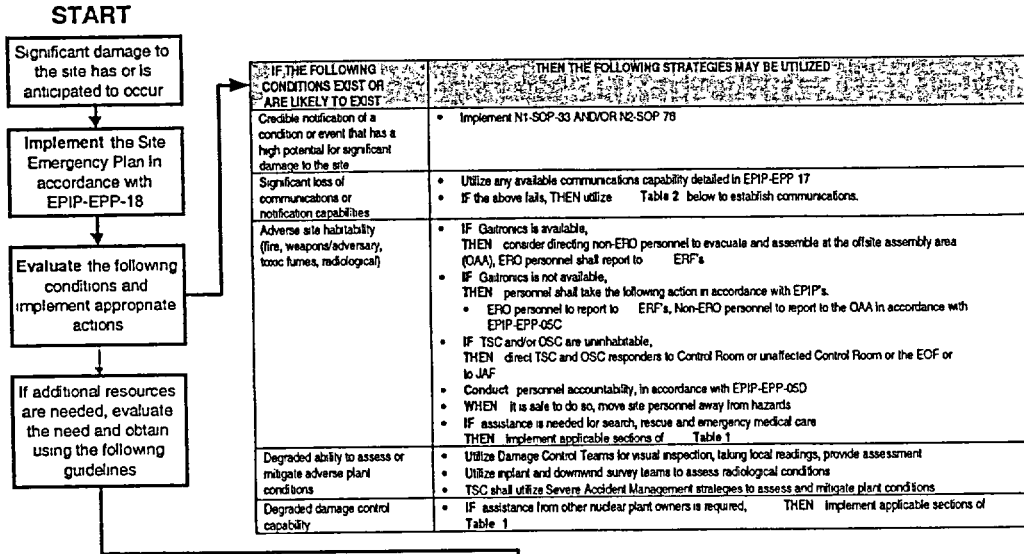
None

The following records generated by this procedure are not required for retention in the Permanent Plant File:

None

LAST PAGE

ATTACHMENT 1: RESPONSE TO SIGNIFICANT SITE EVENT



REQUIRED RESOURCE If You Need	SPECIFIC AVAILABLE RESOURCES	RESOURCE PROVIDER	CONTACT DETAILS
Personnel	<ul style="list-style-type: none"> NMP personnel not assigned to the ERO 	<ul style="list-style-type: none"> NMP 	<ul style="list-style-type: none"> Utilize NMP Personnel Roster and telephone list (in binder)
Personnel (non-NMP) OPS, DCT, RP, Eng or support	<ul style="list-style-type: none"> Locally available nuclear plant personnel (FitzPatrick, Ginna) Nationally available nuclear plant personnel 	<ul style="list-style-type: none"> Other Nuclear Plant owners (through letters of agreement) INPO 	<ul style="list-style-type: none"> Call plant control rooms or SECC <ul style="list-style-type: none"> JAFNPP 349-6668 Ginna NPP (716) 771-3235 Provide contact with "Response to NMP Info Sheet" (in binder) Call INPO (EPIP-EPP-20) or SECC
Firefighting/equipment	<ul style="list-style-type: none"> mobile apparatus (tanker/ pumps, engines, aerials) SCBA Foam Fire suppression aircraft Rescue/entrainment equipment Trained firefighters/rescuers 	<ul style="list-style-type: none"> Oswego County (mutual aid) 	Call Oswego County 911 or Oswego County EOC or SECC provide details of event, extent of fire/casualties, and what assistance is needed
Medical assistance	<ul style="list-style-type: none"> Medically trained personnel Medical equipment and supplies Transport capability (ambulances) Mortuary/morgue services 	<ul style="list-style-type: none"> New York State (mutual aid) - for large incidents 	
Fission Product Scrubbing	<ul style="list-style-type: none"> Elevated Spray capability Extreme Elevated Spray capability Water Drops Fx Bldg elevated spray using deck gun water nozzle 		See Attachment 2 for equipment available and contact numbers
Communications Capability	<ul style="list-style-type: none"> Temporary telephone bank Radio Amateur Civil Emergency Service (RACES) Additional fixed and portable radios 	<ul style="list-style-type: none"> Venzon Oswego County NMP Emergency Prep 	<ul style="list-style-type: none"> Request NMP IT contact Venzon Call Oswego County 911 or Oswego County EOC or SECC Call NMP EP
Radiological Monitoring assistance	<ul style="list-style-type: none"> Site hazard characterization Monitoring capability Mobile/fixed lab facilities 	<ul style="list-style-type: none"> DOE SECC JAF, Ginna 	<ul style="list-style-type: none"> Call DOE or SECC (EPIP-EPP-20) Call plant control rooms or SECC <ul style="list-style-type: none"> JAFNPP 349-6668 Ginna NPP (716) 771-3235 Provide contact with "Response to NMP Info Sheet" (in binder)
Law enforcement	<ul style="list-style-type: none"> personnel forensic resources plant security 	<ul style="list-style-type: none"> NYS Police FBI National Guard 	<ul style="list-style-type: none"> Call Oswego County 911 or Oswego County EOC or SECC
Power Supplies	<ul style="list-style-type: none"> Cabling Power packs Portable Generators Portable Battery Charger 	<ul style="list-style-type: none"> NMP and vendors 	<ul style="list-style-type: none"> See Attachment 2 for equipment available and contact numbers

TABLE 2 ALTERNATE COMMUNICATIONS METHODS
Utilize any of the following methods to establish communications if there is a loss of communications capability For Onsite Communications. <ol style="list-style-type: none"> ANY surviving communications capability (TSC, buildings outside the PA) Runners (may be equipped with portable radio comm) Talkaround frequencies on portable radios (channels 9 through 12 on site radio) Relays using talkaround frequencies on portable radios For Offsite Communications use Emergency Comm Equipment Kits (Refer to EPIP-EPP-20 Attachment 7 for Instructions). <ol style="list-style-type: none"> Satellite phones Portable radios on NMP or County offsite channels County portable radios WHEN communication is established with Oswego County relay comm requirements

ATTACHMENT 2: CONTACT NUMBERS

RESOURCE NEEDED	PROVIDER / CAPABILITY	CONTACT NUMBER
ELEVATED Water Spray on building vertical surface	<ul style="list-style-type: none"> Alcan Fire Department 100 FT 	Coordinate through Oswego County 911 as needed or call (315)-343-1313
	<ul style="list-style-type: none"> Oswego City Fire Department 100 FT 	
	<ul style="list-style-type: none"> Brewerton Volunteer Fire Department 100 FT 	
	<ul style="list-style-type: none"> Pulaski Volunteer Fire Department 100 FT 	
	<ul style="list-style-type: none"> City of Syracuse Fire Department 135 FT 	
EXTREME ELEVATED Water Spray to Reactor Building roof	<ul style="list-style-type: none"> Verplank Fire Department 	(914)-737-9668
	<ul style="list-style-type: none"> Fredonia Fire Department 	(716)-672-2123
	<ul style="list-style-type: none"> New York Power Authority – 185 Bronto 	(315)-764-0226 or (315)-724-8186
	<ul style="list-style-type: none"> E-ONE through Jerome Fire Equipment 	(800)-699-4533
	<ul style="list-style-type: none"> Saulsbury Fire Apparatus 	(315)-238-8909
WATER DROPS On affected building	<ul style="list-style-type: none"> New York State Police 	Coordinate through Oswego County 911 as needed or call (315)-343-1313
	<ul style="list-style-type: none"> Onondaga County Sheriff 	
	<ul style="list-style-type: none"> JBH Helicopters, Pembroke, New Hampshire 	(603)-225-3134
CRANE SUPPORT Reactor building elevated water spray using crane and deck gun nozzle	<ul style="list-style-type: none"> JPW Riggers, Syracuse, NY 	(800)-724-0937
	<ul style="list-style-type: none"> ABET Crane & Rigging Corp, East Syracuse, NY 	(315)-466-8888
	<ul style="list-style-type: none"> Action BTS Inc., Brewerton, NY 	(315)-699-5395
	<ul style="list-style-type: none"> Rauli & Sons Inc., Syracuse, NY 	(315)-479-6693

ATTACHMENT 2 (Cont)

RESOURCE NEEDED		PROVIDER / CAPABILITY	CONTACT NUMBER
POWER SOURCES/SUPPLIES	Cabling	• DCT lockers in Unit 1 storeroom	NA
		• Auburn Armature Inc.	(800)-333-0519
	25KVA Power Packs	• On site	NA
	Portable Generators	• 60 KW located Bldg 008 in level B storage	NA
		• Cummins ONAN Power Generating Systems	(315)-437-2751
		• PENN Power Systems	(315)-451-3838
		• Syracuse Supply	(315)-476-9981
		• AGGREKO Rental Inc.	(518)-235-9604
	Portable Battery Chargers	• 100A 125 VDC • 150A 125 VDC	Onsite

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE


EPMP-EPP-01

REVISION 16

MAINTENANCE OF EMERGENCY PREPAREDNESS

TECHNICAL SPECIFICATION REQUIRED

Approved by:
G. L. Detter



Manager Security and Emergency Preparedness

2/25/03
Date

Effective Date: 02/28/2003

PERIODIC REVIEW DUE DATE: SEPTEMBER 2003

LIST OF EFFECTIVE PAGES

<u>Page No.</u>	<u>Change No.</u>	<u>Page No.</u>	<u>Change No.</u>	<u>Page No.</u>	<u>Change No.</u>
Coversheet .		19			
i		20			
ii		21			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE.....	1
2.0 RESPONSIBILITIES	1
3.0 PROCEDURE	1
3.1 Scheduling of Emergency Preparedness Activities	1
3.2 Drill and Exercise Report Documentation	2
3.3 Annual Recertification of the Nine Mile Point Emergency Preparedness Program	2
3.4 Annual Technical Specification Review of Emergency Preparedness Documents	3
3.5 Revision of Controlled Emergency Preparedness Documents	3
3.6 Control and Use of Emergency Preparedness Job Aids	4
3.7 Annual Training to Offsite Agencies	5
4.0 DEFINITIONS	6
5.0 REFERENCES AND COMMITMENTS	6
6.0 RECORDS REVIEW AND DISPOSITION	8
ATTACHMENT 1: RECURRING EMERGENCY PREPAREDNESS ACTIVITIES	9
ATTACHMENT 2: PERIODIC REQUIREMENTS FOR DRILLS AND EXERCISES	14
ATTACHMENT 3: 10CFR50.54(Q) EVALUATION AND EFFECTIVENESS REVIEW	15
ATTACHMENT 4: EMERGENCY PREPAREDNESS JOB AID FORM	18
ATTACHMENT 5: EP JOB AID INDEX LOG	19
ATTACHMENT 6: MONTHLY FACILITY INSPECTION CHECKLIST	20
ATTACHMENT 7: ERO QUALIFICATION LIST SURVEILLANCE	21

1.0 PURPOSE

To provide guidance in the scheduling of recurring emergency preparedness activities and instruction for the review and approval of emergency preparedness controlled documents and materials to ensure the effective maintenance of the Emergency Preparedness Program.

2.0 RESPONSIBILITIES

2.1 Director Emergency Preparedness

- Schedules all emergency preparedness activities within the required frequency to ensure that the Emergency Response Organization, facilities and equipment are maintained in a constant state of readiness.
- Ensures that emergency preparedness controlled documents and materials are developed, maintained, and revised in accordance with station document administrative requirements and Federal regulations and that the actions implemented by the document are consistent with the philosophy of the Emergency Preparedness Plan and Program.

3.0 PROCEDURE

3.1 Scheduling of Emergency Preparedness Activities

The Director Emergency Preparedness shall develop and maintain a Drill, Exercise and Objective Schedule and an Annual Emergency Preparedness Activities Schedule.

- 3.1.1 Schedules may include the activities and objectives listed in Attachments 1 and 2, EPMP-EPP-04 and any additional items deemed necessary to maintain the Emergency Preparedness Program.
- 3.1.2 Periodic requirements for the testing of emergency related systems and equipment may be demonstrated during a drill or exercise.
- 3.1.3 Schedules should be developed in cooperation and coordination with station and offsite organizations involved with the particular activity.
- 3.1.4 Documentation of each item completed on the Activities Schedule must be provided. This documentation may include Training Records, attendee lists, reports and/or letters to file indicating when and how the item was completed.

3.2 Drill and Exercise Report Documentation

The Director Emergency Preparedness shall ensure that drill reports are developed and issued in accordance with EPMP-EPP-04, "Emergency Exercise/Drill Procedure".

(C2) 3.3 Annual Recertification of the Nine Mile Point Emergency Preparedness Program

3.3.1 The Director of Emergency Preparedness shall recertify the Emergency Preparedness program by performing the following actions on an annual basis:

- a. Verify that any new formal commitments have been or are scheduled to be incorporated into the appropriate emergency preparedness documents.
- b. Verify that drill, exercise, audit or assessment findings have been or are scheduled to be incorporated into the appropriate emergency preparedness documents.
- c. Review current letters of agreement to ensure consistency with the Site Emergency Plan.
 1. This review should include verification of the continuity of scope and effective dates of each letter of agreement.
- d. Verify that emergency plan implementing procedures have been periodically reviewed in accordance with NIP-PRO-02.
- e. Verify the completion of all annual drill requirements.
- f. Perform actions necessary to correct discrepancies found in executing Steps 3.3.1:a-e of this procedure

(C2) 3.4 **Annual Technical Specification Review of Emergency Preparedness Documents**

NOTES:

1. This review is performed to satisfy Unit 1 and Unit 2 Technical Specification 6.5.2.8.
2. Qualified Technical Reviewers (QTRs) are considered plant supervisory staff.
3. QTR review performed as part of a procedure revision shall suffice as the review required by Step 3.4.1 of this procedure ONLY if changes recommended as part of that review are processed in accordance with Step 3.4.2.

3.4.1 The following shall be reviewed by plant supervisory staff on an annual basis:

- Site Emergency Plan (SEP)
- Emergency Plan implementing procedures listed in Appendix C of the SEP
 - a. The procedure review shall be documented on an Administrative Procedure Control Form in accordance with NIP-PRO-02.

3.4.2 IF the review performed in accordance with Step 3.4.1 results in recommending changes, then:

- a. The changes shall be approved by the Plant Manager
- b. The revised documents shall be transmitted to the Vice President - Nuclear Generation and the Chairman of the Safety Review and Audit Board.

3.5 **Revision of Controlled Emergency Preparedness Documents**

3.5.1 Revision to the Site Emergency Plan, EIPs and EPMPs shall undergo an effectiveness review in accordance with Attachment 3 of this procedure.

3.5.2 Revisions to emergency action levels:

- a. shall have the concurrence of the State and County
- b. may be reviewed with J. A. FitzPatrick.

3.5.3 The Director Emergency Preparedness shall ensure distribution of all approved revisions to the Emergency Plan or Implementing procedures to the NRC within 30 days of the effective date as follows:

3.5.3 (Cont)

NOTE: "No change periodic review" (NCPR) does not constitute a procedure or plan change, therefore submittal to the NRC is NOT required.

- a. One copy of any procedure change with signed original letter to:

Nuclear Regulatory Commission
Document Control Desk
Washington, D.C. 20555
- b. Two copies of any procedure change to NRC Region 1 office.
- c. One copy of any procedure change to NRC Resident Inspector.

3.6 Control and Use of Emergency Preparedness Job Aids

3.6.1 The Director Emergency Preparedness or designee shall review, approve and authorize use of all emergency preparedness job aids.

3.6.2 Personnel shall develop job aids on a suitable medium and ensure:

- Handwritten or drawn aids are avoided to the extent practicable.
- The information presented on the job aid is clear, legible and useable.
- If the proposed job aid provides any information that should be incorporated into the permanent procedures, initiator will provide a completed Procedure Change Evaluation (PCE) and not the job aid request.
- Job aid is not intended to bypass or reflect requirements of procedure(s).

3.6.3 Personnel requesting a job aid shall initiate an Emergency Preparedness Job Aid Form (Attachment 4) by completing the Originating Information section and submitting it to the Director Emergency Preparedness.

3.6.4 The Director Emergency Preparedness or designee shall review the request for the job aid document. If the request is rejected, inform the originator. If not, perform the following:

NOTE: Verify that the Job Aid content does not bypass the normal plant procedure change process. If a procedure change is appropriate, request the originator to complete a PCE and reject the job aid.

- a. Document approval by signing and dating the form.

3.6.4 (Cont)

- b. Assign a sequence number to the form using the Job Aid Index Log (Attachment 5).
- c. Complete the necessary information in the EP Job Aid Index Log.

3.6.5 Generate and post the job aid.

- a. Job aids shall be marked with the assigned job aid number, effective date and a reference to the originating/source document including its revision number, if applicable.
- b. Ensure that job aids are placed in close proximity to where they will be used and in a protective cover or lamination.

3.6.6 Requests to remove a posted job aid shall be submitted to the Director Emergency Preparedness by any one in the initiator organization.

3.6.7 The Director Emergency Preparedness or designee shall review to approve the removal of posted job aids or can remove any job aids, if required, by signing and dating the Removal Authorization section of the EP Job Aid Form (Attachment 4) and updating the EP Job Aid Index Log (Attachment 5).

3.6.8 The Director Emergency Preparedness shall ensure that the annual recertification review of open job aids is performed. Review includes the following:

- a. Assessment of open job aids for continued use.
- b. Verification that open job aids are current in content.
- c. Letter to file (with a copy of EP Job Aid Index Log) listing by number the Job Aids which were reviewed.

3.7 Annual Training to Offsite Agencies

3.7.1 On an annual basis, training should be offered to the following offsite agencies:

- New York State Emergency Management Office
- New York State Department of Health
- Oswego County Emergency Management

3.7.2 This training shall include:

- Review of NMP Site Emergency Plan or implementing procedures
- Classification of Emergencies/Emergency Action Levels
- Reporting Requirements
- Assessment and Protective/Corrective Actions
- Communication Networks

4.0 **DEFINITIONS**

None

5.0 **REFERENCES AND COMMITMENTS**

5.1 **Technical Specification**

5.1.1 Unit 1 Technical Specifications Sections 6.5.2.8

(CTS) 5.1.2 Unit 2 Technical Specifications Sections 6.5.2.8

5.2 **Licensee Documentation**

5.2.1 Nine Mile Point Site Emergency Plan

(ITS) 5.2.2 Nine Mile Point Unit 1 FSAR, Appendix B

5.3 **Standards, Regulations and Codes**

5.3.1 10 CFR 50.4

5.3.2 10 CFR 50.47

5.3.3 10 CFR 50.54t

5.3.4 10 CFR 50 Appendix E

5.3.5 FEMA-REP-15, Radiological Emergency Preparedness Exercise Evaluation Methodology

5.3.6 NUREG-0654/FEMA REP-1, Criteria for preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

5.4 Policies, Programs and Procedures

- 5.4.1 NDD-EPP, Emergency Preparedness
- 5.4.2 NIP-EPP-01, Emergency Response Organization Expectations and Responsibility
- 5.4.3 NIP-RMG-01, Records Management
- 5.4.4 EPMP-EPP-02, Emergency Equipment Inventories and Checklists
- 5.4.5 EPMP-EPP-03, EDAMS Program Maintenance
- 5.4.6 EPMP-EPP-04, Emergency Exercise/Drill Procedure
- 5.4.7 EPMP-EPP-05, Emergency Preparedness Program Self Assessment
- 5.4.8 EPMP-EPP-06, Emergency Response Organizations Notification Maintenance and Surveillance
- 5.4.9 EPMP-EPP-08, Maintenance, Testing and Operation of the Oswego County Prompt Notification System

5.5 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
None	C1	DER C-98-0625: Proceduralize emergency medical services program maintenance and oversight functions.
None	C2	DER C-1999-0856: Periodic review and control of EP procedures misaligned with QATR/NDD-PRO/POL.
None	C3	DER C-2000-1074: NRC Performance Indicators
	C4	DER C-2000-0141: Conduct an off-hours unannounced ERO exercise requiring actual response to ERFs once every three years.
NCTS 504473	C5	NCTS 504473: NRC order dated 25-FEB-02
None	C6	DER NM 2002-3982: Verify 24-hour EAS capability on an annual basis.

6.0 RECORDS REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant file in accordance with NIP-RMG-01, Records Management.

- Drill, Exercise and Objectives Schedule
- Annual Emergency Preparedness Activities Schedule
- Annual Independent Emergency Preparedness Program Review
- Annual Emergency Plan Recertification Review Report
- 10 CFR 50.54(q) Effectiveness Review
- Any documentation generated as a result of Step 3.1.4 of this procedure

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

- Emergency Preparedness Job Aid Form
- EP Job Aid Index Log

LAST PAGE

ATTACHMENT 1: RECURRING EMERGENCY PREPAREDNESS ACTIVITIES

Recurring activities are individually numbered and coded as 'BW' for Bi-weekly, 'M' for monthly, 'Q' for quarterly, 'S' for semi-annual, 'A' for annual, 'B' for biennial, 'D' for following drills and/or exercise, 'AR' for As Required.

A.	EP Program Items	Freq	Reference
1.	Develop and issue a drill report describing the scenario conducted and observations per EPMP-EPP-04	D	EPMP-EPP-04
2.	Verify telephone numbers contained in emergency procedures and revise as necessary per EPMP-EPP-02.	Q	NUREG-0654, P.10 EPMP-EPP-02
3.	Ensure an independent review of the Emergency Preparedness Program is performed.	A	10 CFR 50.54(t) NUREG-0654, P.9
4.	Ensure reviews of the Site Emergency Plan and Emergency Plan implementing procedure (listed in SEP Appendix C) in accordance with Step 3.4 of this procedure.	A	Tech Spec 6.5.2.8 EPMP-EPP-01
5.	Recertify the emergency plan in accordance with Step 3.3 of this procedure.	A	NUREG-0654, P.4 EPMP-EPP-01
6.	Ensure periodic reviews of Emergency Plan implementing procedures (listed in SEP Appendix C) are conducted in accordance with NIP-PRO-02 and NIP-PRO-03.	A	Site Emergency Plan
7.	Review the Emergency Action Levels with the State and county governmental authorities and document per EPMP-EPP-01.	A	10 CFR 50, Appendix E, Section IV, B EPMP-EPP-01
8.	Verify initial and annual requalification conducted for ERO personnel per NTP-TQS-202.	A	10 CFR 50, Appendix E, Section IV, F NUREG-0654, O.5 NTP-TQS-202
9.	Perform a recertification review of the Emergency Preparedness Job Aids.	A	EPMP-EPP-01
10.	Perform a coordinated dissemination of information to the public within EPZ to include the following: a) "Emergency Planning and You" booklet b) Telephone advertisement c) Transient population poster	A	10 CFR 50, Appendix E, Section IV, D.2. NUREG-0654, G.1
11.	Verify performance of a familiarization of the media with the plans, radiation and points of contact for release of public information.	A	NUREG-0654, G.5
12.	Verify satisfactory completion of all required audits per EPMP-EPP-02.	M;Q and A	EPMP-EPP-02
13.	This step left intentionally blank.		
14.	Develop/maintain six year drill, exercise and objective schedule.	A	EPMP-EPP-01
15.	Develop an EP Activities Schedule.	A	EPMP-EPP-01

ATTACHMENT 1 (Cont)

B. Periodic Tests of Facilities and Equipment	Freq	Reference
1. Verify the conduct of the bi-weekly silent test of the siren system.	M	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08
2. Conduct a test of the communications with the State and County agencies within the plume EPZ per EPMP-EPP-02. (RECS test)	M	10 CFR 50, Appendix E Section IV.E.9.a NUREG-0654, N.2.a EPMP-EPP-02
3. Conduct a test of the communications from the CR, TSC, and EOF to the NRC (ENS and HPN) per EPMP-EPP-02. (ENS test)	M	10 CFR 50, Appendix E, Section IV.E.9.d NUREG-0654, F.1.f EPMP-EPP-02
4. Conduct a test of the ERO pager system.	Weekly	NUREG-0654, F.3 EPMP-EPP-06
5. Conduct an inspection, inventory and operability test of all emergency equipment and instruments per EPMP-EPP-02.	AR	NUREG-0654, H.10 EPMP-EPP-02
6. Verify the conduct a growl test of the siren system (performance is also required whenever maintenance has been performed) per EPMP-EPP-08.	Q	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08
7. Verify the conduct of a test of the Unit 1 and Unit 2 ERDS surveillance.	Q	10 CFR 50, Appendix E, Section VI.1.
8. Conduct a test of the communications between the CR, TSC and EOF per EPMP-EPP-02. (Dedicated Telephone test)	A	10 CFR 50, Appendix E Section IV.E.9.c. EPMP-EPP-02
9. Conduct a test of the communications with the State and County EOCs and the Field Monitoring Teams from the EOF per EPMP-EPP-02. (RECS and Radio/Radio Console test)	A	10 CFR 50, Appendix E, Section IV.E.9.c. EPMP-EPP-02
10. Conduct a test of the communications with Federal EROs per EPMP-EPP-02. (ENS Test)	A	10 CFR 50, Appendix E, Section IV.E.9.b. EPMP-EPP-02
11. Verify the conduct of an "all-blow" test of the siren system per EPMP-EPP-08.	A	NUREG-0654, Appendix 3, Section C.3.h.(1) EPMP-EPP-08
12. Verify collection/evaluations of emergency preparedness TLDs	Q	SEP 7.3.3.b.2 S-ENVSP-4.5 NUREG 0654 II.I.
(C5) 13. Perform a visual inspection of the Emergency Communications Equipment in the Control Rooms and the EOF (i.e. ensure radios are in chargers, etc.)	M	Commitment C5
14. Purchase new batteries for all handheld Emergency Preparedness radios.	Every 4 years	None

ATTACHMENT 1 (Cont)

C. Miscellaneous Activities/Tasks

1.	Perform CAN surveillance and testing: <ul style="list-style-type: none">• Perform CAN Test• Perform CAN Surveillance for Initial Responders• Send group rosters to responsible owners.	Q	EPMP-EPP-06
2.	Develop Performance Indicators	AR	EPMP-EPP-05
3.	Distribute prompt notification system monthly summary to New York State (including year-to-date siren availability) per EPMP-EPP-08	M	EPMP-EPP-08 SEP section 6
4.	Distribute copy of annual QA/SRAB audit to State and County.	A	NUREG-0654, P.9
5.	Review all KI tablet supplies for expiration per EPMP-EPP-02.	A	SEP Section 6 EPMP-EPP-02
6.	Verify completion of drill requirements via completion of required objectives, drills and reports.	A	EPMP-EPP-01 EPMP-EPP-04
7.	Update drill/exercise compliance matrix following each drill per EPMP-EPP-04	D	EPMP-EPP-04
8.	Develop and conduct training for offsite agencies in accordance with NTP-TQS-202.	A	SEP Section 8.1.1
9.	Perform surveillance of Tone Alert Radio distribution	A	EPMP-EPP-08
10.	Verify completion of TSC Ventilation Test (S-IPM-TSC-001)	Q	NUREG 0696
11.	Perform self assessment activities in accordance with EPMP-EPP-05	AR	EPMP-EPP-05
12.	Perform distribution of updates of SEP and EPIP to NRC	M	10CFR 50.4 EPMP-EPP-01
13.	Perform EDAMS surveillance in accordance with EPMP-EPP-03	A	EPMP-EPP-03
14.	Generate ERO Qualification List and: <ul style="list-style-type: none">• Generate list of delinquent personnel• Generate a list of personnel who will become delinquent before the next list is generated• Distribute the above to each emergency facility• Distribute the above to personnel in accordance with NIP-EPP-01	Q	NIP-EPP-01

ATTACHMENT 1 (Cont)

C. Miscellaneous Activities/Tasks (Cont)

15.	Review PPF materials stored in temporary location for transfer to permanent location.	A	NIP-RMG-01
16.	Update Site and Emergency Telephone directories <ul style="list-style-type: none">• in all ERFs,• Unit 1 and Unit 2 Control Rooms and Simulators• send updated directories to Oswego County and NY State Emergency Operations centers.	Q	None
17.	Conduct surveillance of the content and frequency of training provided by Oswego County.	A	10CFR50 Appendix E Section F
18.	Verify conduct of New York State dial-up system surveillance.	Q	None
19.	Schedule the following activities: <ul style="list-style-type: none">• MS-1 training and drill dates for Oswego and University Hospitals• RP Familiarization and Plant Access training for offsite fire departments.• MS-1 training for Oswego Fire Department	A	10CFR50 Appendix E Section F
20.	Service copiers and fax machines in TSC, OSC and JNC & film and microfiche readers in the OSC & EOF.	A	None
21.	Solicit changes to the following documents: <ul style="list-style-type: none">• New York State Public Health Law Article 30 and 30A• New York State CPR Title 10 Part 800• New York State Basic Life Support protocols• Central NY Basic EMT protocols. IF needed, generate changes to NTP-TQS-402 and EPMP-EPP-02.	A	None Commitment C1
22.	Verify that all licensed SROs that may fulfill an SSS role AND whose drill participation requirement will expire within 6 months are scheduled to participate in an EP drill.	M	EPMP-EPP-05 Commitment C3
23.	Test or change all cordless headset batteries in TSC, OSC, EOF, JNC and and Control Rooms.	A	None
24.	Update EP Department on-call list and distribute to: <ul style="list-style-type: none">• Control Rooms• Central Regional Control Center• Network Control Center• Oswego County Emergency Management• New York State Emergency Management	S	None
25.	Conduct walkdown of emergency facilities using Attachment 6	M	None

ATTACHMENT 1 (Cont)

C. Miscellaneous Activities/Tasks (Cont)

26.	Assess ERO qualification status using Attachment 7 and the most recent ERO qualification report	M	None
27.	Assess and revise as necessary <ul style="list-style-type: none">• JNC press kit• Media Manual	A	None
28.	Assess all actions and information in the Response Flowchart in the Significant Site Events binder (EOF) and update as needed.	A	None
29.	Update the Personnel Roster and Telephone list in the Significant Site Events binder (EOF).	Q	None
30.	Assess any changes required for the RMC Manuals for the Oswego and University Hospitals.	B	None
31.	Perform semi-annual Emergency Preparedness Health Indicators	S	EPMP-EPP-05
32.	Surveillance OCA boundary signs <ul style="list-style-type: none">• Verify wording is current• Verify that the number and position of signs is sufficient to describe the OCA boundary	A	NRC IN 2002-14
33.	Perform the following <ul style="list-style-type: none">• Preventative maintenance on the JNC intrusion detection system including replacement of motion sensor and control box batteries• Preventative maintenance on the JNC and EOF keypad entry system	A	None
C6 34.	Assess 24-hour EAS capability	A	DER NM 2002-3982

ATTACHMENT 2: PERIODIC REQUIREMENTS FOR DRILLS AND EXERCISES

Reoccurring drills and exercises are individually numbered and coded as 'M' for monthly, 'Q' for quarterly, 'S' for semi-annual, 'A' for annual, 'B' for biennial, and 'C' for once in a cycle (every 6 years). 'AR' for As Required.

Periodic Drills and Exercises	Freq	Reference
1. Conduct a Health Physics (HP) drill involving response, monitoring, sampling and analysis activities.	S	NUREG-0654, N.2.e.(1)
2. Conduct a communications drill with the State and County EOCs and the Field Monitoring Teams from the EOF.	A	NUREG-0654, N.2.a EPMP-EPP-02
3. Conduct a medical emergency drill involving a simulated contaminated individual which contains provisions for participation by local support services agencies.	A	NUREG-0654, N.2.c
4. Conduct an environmental radiological monitoring drill involving onsite and offsite activities.	A	NUREG-0654, N.2.d
5. Conduct a Health Physics drill involving the analysis of inplant liquid samples.	A	NUREG-0654, N.2.e.(2)
6. Conduct an exercise of the NMPNS Emergency Plan. Provide the opportunity for offsite authorities to participate in each exercise.	B	10 CFR 50, Appendix E, Section IV, F.2 & F.3.(f)
7. Conduct an exercise which involves a simulated release which would require a response by offsite authorities. Provide an opportunity for offsite authorities to fully participate in the exercise. At least partial participation is required of offsite authorities in every offsite exercise.	B	10 CFR 50, Appendix E, Section IV, F.3 NUREG-0654, N.1.a
8. Commence an exercise between 1800-0400.	C	NUREG-0654, N.1.b
9. Conduct exercises in various weather conditions (during different seasons).	C	NUREG-0654, N.1.b
10. Conduct an unannounced exercise (the knowledge of the exact date of the exercise is restricted to only non-players with a need to know).	AR	NUREG-0654, N.1.b FEMA GM, R1-TH-88-19
11. Conduct an Ingestion Pathway exercise. Provide the opportunity for the States to participate in the Ingestion Pathway exercise.	AR	10 CFR 50, Appendix E Section IV, F.3.(e)
12. Conduct an exercise which allows all State and local governments to fully participate together.	AR	10 CFR 50, Appendix E Section IV, F.3.(c)
13. Conduct an off hours, unannounced ERO exercise requiring actual response to Emergency Response Facilities	Once every three years	DER C-2000-0141

(C-4)

ATTACHMENT 3: 10CFR50.54(Q) EVALUATION AND EFFECTIVENESS REVIEW

Document Title: _____

Document Number: _____

Revision: _____

Preliminary Evaluation:

Does the proposed procedure/procedure change impact or alter:

- | <u>Yes</u> | <u>No</u> | <u>Item</u> |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | The assignment of responsibilities to either principal or supporting organizations or the ability to respond initially or on a continuous basis. |
| <input type="checkbox"/> | <input type="checkbox"/> | The staffing and/or responsibilities of on-shift personnel or initial activation and long term staffing of emergency response facilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | The interface between onsite and offsite support response activities. |
| <input type="checkbox"/> | <input type="checkbox"/> | Arrangements for requesting and effectively using assistance or resources from offsite authorities or the accommodations for Federal, State, and/or Local staff at the Emergency Operations Facility. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Emergency Action Levels. |
| <input type="checkbox"/> | <input type="checkbox"/> | * The periodicity of communications and emergency equipment tests. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Notification process to the station Emergency Response Organization or the Local, State, or Federal entities. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Content of initial and follow-up messages. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Communications capability among principal response organizations to emergency personnel or the public. |
| <input type="checkbox"/> | <input type="checkbox"/> | Dissemination of coordinated information to the general or transient public including periodic information dissemination (brochures). |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency facilities and support equipment, used in emergency response, provisions, or maintenance. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Methods, systems and/or equipment for the assessment and monitoring of actual or potential offsite radiological consequences. |
| <input type="checkbox"/> | <input type="checkbox"/> | * Protective Actions developed for either the Plume or Ingestion Exposure Pathways including onsite protective actions. |

* Indicates a "risk significant" planning standard.

ATTACHMENT 3 (Cont)

- ☐ ☐ Means for controlling emergency worker radiation exposures consistent with the guidelines established by the EPA.
- ☐ ☐ Arrangements for medical services for contaminated injured individuals.
- ☐ ☐ Plans for plant reentry and/or recovery organization operations.
- ☐ ☐ Periodicity of drills and/or exercises as well deficiency resolution.
- ☐ ☐ Training requirements for Emergency Response Organization or local site support personnel.
- ☐ ☐ Responsibilities for development, maintenance or review of the Plan as well as training requirements for personnel maintaining the Plan.
- ☐ ☐ Implementation of Federal regulations and requirements or Formal Emergency Preparedness commitments.

Assessment of Impact:

If any of the items of the preliminary evaluation are checked "Yes", then an effectiveness review analysis against the specific elements of 10 CFR 50.47(b), 10 CFR 50 Appendix E, other applicable regulations, requirements or commitments is required.

Documentation of the effectiveness review analysis and justification should be developed and attached to this form as follows:

Background and Scope Provides a description of the reason for and scope of the change.

Program Requirements A description of the regulation or commitment criteria, related to each change, for which the Emergency Preparedness Program must demonstrate compliance. This includes nonregulated elements described by the currently effective Emergency Plan.

Change Assessment A discussion of how each change degrades, does not affect or enhances the effectiveness and abilities of the Emergency Preparedness Program as it relates to the program requirements.

Justification A formal justification which describes reason the change is appropriate and necessary.

Change Matrix If practical, a comparison table showing both old and new wording, including step or section number references is developed. Changes which involve the incorporation of previously unaddressed elements shall mark the old wording as 'Not Applicable'. Changes with involve the deletion of an element shall mark the new wording as 'Removed from Document'.

ATTACHMENT 3 (Cont)

References Provides a list of references described in the analysis such as regulation numbers, guidance documents, information notices, inspection reports or other sources which contain criteria incorporated by the Emergency Plan.

Conclusion State the conclusion (decrease/no decrease in effectiveness) of the analysis.

Statement of Conclusion:

Does the change maintain the equivalent or establish an improved capability:

- | <u>Yes</u> | <u>No</u> | <u>N/A</u> | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | To respond to an emergency or meet actions or other requirements described in the Emergency Plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In protecting the health and safety of plant personnel and the general public in the event of an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | In implementation of a Federal regulation or requirement or formal commitment. |

Based on this evaluation the proposed change (Circle One) **DOES / DOES NOT** decrease the effectiveness of the Emergency Plan.

The Plan, as changed, (Circle One) **CONTINUES / DOES NOT CONTINUE** to meet the standards of 10 CFR 50.47(b), the requirements 10 CFR 50 Appendix E, and all other applicable regulations, requirements, and commitments.

Disposition:

Application shall be made and approval obtained from the NRC for proposed changes that decrease the effectiveness of the Plan prior to implementation.

Evaluator (print/initial): _____

Date

Concurrence - EP (print/initial): _____

Date

ATTACHMENT 4: EMERGENCY PREPAREDNESS JOB AID FORM

(To be assigned by EP) Job Aid Number: _____

Originating Information

Name(Print):		Branch/Dept:	Date:
Last, First	Initial		
TEL. EXT# _____ Pager# _____			
Intended Use and Justification: (Attach sample Job Aid)			
PCE # _____ If procedure change required. Attach a copy.			
Reference Source Document including Revision Number:			
Affected Position(s):			
Method and Location of Posting:			

Approval Authorization

Signature:	Expiry Date if assigned.	Date:

Removal Authorization

Signature:	Date:

ATTACHMENT 5: EP JOB AID INDEX LOG

[illegible]

ATTACHMENT 6: MONTHLY FACILITY INSPECTION CHECKLIST

Month _____ Year _____ EOF JNC OSC TSC

- | | |
|--|---|
| <input type="checkbox"/> Facility cleanliness | <input type="checkbox"/> Hand/foot monitors (TSC) |
| <input type="checkbox"/> General maintenance (lights, furniture, phones) | <input type="checkbox"/> Procedures |
| <input type="checkbox"/> Wall and or radio console clocks | <input type="checkbox"/> EOPs (TSC/EOF) |
| <input type="checkbox"/> Keys/break-away box | <input type="checkbox"/> PING (TSC) |
| <input type="checkbox"/> Emergency ventilation (TSC) | <input type="checkbox"/> Portable Instrumentation (OSC/EOF) |
| <input type="checkbox"/> Storage areas | <input type="checkbox"/> Computers |
| <input type="checkbox"/> Conference areas | <input type="checkbox"/> Previous month's deficiencies reviewed/corrected |

Corrective Actions	Assigned to	Date Completed

Comments _____

Completed by: _____ Date: _____

ATTACHMENT 7: ERO QUALIFICATION LIST SURVEILLANCE

Month: _____

Completed by: _____

Instructions: Using the most recently issued "ERO Training due Report and Qualification List", assess the following:	<u>SAT</u>	<u>UNSAT</u>																																				
1. Verify that no personnel qualifications will expire due to lapsed "Drill Participation" requirements prior to the next drill a. If a person's qualification will expire before the next drill, then write a DER and find a qualified replacement in anticipation of the loss. b. If a person must participate in the next drill in order to remain qualified, verify that person's planned participation by whatever means.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																				
2. Verify that all rosterized ERO positions have at least four qualified persons and they are still on the ERO. If vacancies exist, verify that personnel are in the process of being qualified to accommodate the vacancies.	<input type="checkbox"/>	<input type="checkbox"/>																																				
3. Verify that all non-rosterized ERO positions have sufficient numbers of qualified responders (use a ratio of 5 qualified people for each required responder). If vacancies exist, verify that personnel are in the process of being qualified to accommodate the vacancies.	<input type="checkbox"/>	<input type="checkbox"/>																																				
4. For the following positions, verify that there has not been greater than a 10% decrease in personnel qualified for that discipline for the previous two months:	<input type="checkbox"/>	<input type="checkbox"/>																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"></th> <th style="width: 20%;">Mo. before last (#)</th> <th style="width: 20%;">Last Mo. (#)</th> <th style="width: 35%;">Current Mo. (#)</th> </tr> </thead> <tbody> <tr><td>Communication Aides</td><td></td><td></td><td></td></tr> <tr><td>Fire Brigade</td><td></td><td></td><td></td></tr> <tr><td>RP Technicians</td><td></td><td></td><td></td></tr> <tr><td>Chemistry</td><td></td><td></td><td></td></tr> <tr><td>Electrical Maintenance</td><td></td><td></td><td></td></tr> <tr><td>I&C Maintenance</td><td></td><td></td><td></td></tr> <tr><td>Mechanical Maintenance</td><td></td><td></td><td></td></tr> <tr><td>Clerical Staff</td><td></td><td></td><td></td></tr> </tbody> </table>		Mo. before last (#)	Last Mo. (#)	Current Mo. (#)	Communication Aides				Fire Brigade				RP Technicians				Chemistry				Electrical Maintenance				I&C Maintenance				Mechanical Maintenance				Clerical Staff				Explain below, any actions taken for resolution of consistent decreases	
	Mo. before last (#)	Last Mo. (#)	Current Mo. (#)																																			
Communication Aides																																						
Fire Brigade																																						
RP Technicians																																						
Chemistry																																						
Electrical Maintenance																																						
I&C Maintenance																																						
Mechanical Maintenance																																						
Clerical Staff																																						
5. Verify that all non-qualified (lapsed qualification) responders are flagged as such and that DERs have been written.	<input type="checkbox"/>	<input type="checkbox"/>																																				
6. Validate all responders in the report against the current CAN list and revise CAN or ERO database as required.	<input type="checkbox"/>	<input type="checkbox"/>																																				

Detail actions taken for all unsat items:

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE

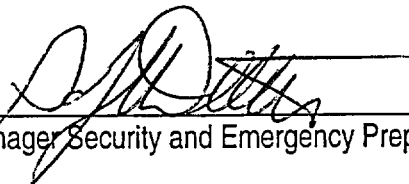
EPMP-EPP-03

REVISION 04

EDAMS PROGRAM MAINTENANCE

TECHNICAL SPECIFICATION REQUIRED

Approved by:
G. L. Detter



Manager Security and Emergency Preparedness

2/25/03
Date

Effective Date: 02/28/2003

PERIODIC REVIEW DATE: FEBRUARY 2004

LIST OF EFFECTIVE PAGES

Page No. Change No.

Page No. Change No.

Page No. Change No.

Coversheet .

i

ii

1

2

3

4

5

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE.....	1
2.0 PRIMARY RESPONSIBILITIES	1
3.0 PROCEDURE	1
3.1 Updating EDAMS Software	1
3.2 Software Surveillance.....	2
3.3 Documentation	2
4.0 DEFINITIONS	2
5.0 REFERENCES AND COMMITMENTS	2
6.0 RECORDS REVIEW AND DISPOSITION.....	3
ATTACHMENT 1: INSTALLING EDAMS	4
ATTACHMENT 2.....	5

1.0 PURPOSE

To provide guidance on the updating of EDAMS software.

2.0 PRIMARY RESPONSIBILITIES

2.1 Emergency Preparedness should obtain updated versions of EDAMS software, install updated software, edit user modifiable files and verify EDAMS operability after software changes.

2.2 NMPNS Software Development should maintain the most recent controlled copy of EDAMS software and its associated documentation.

3.0 PROCEDURE

3.1 Updating EDAMS Software

NOTE: Step 3.1 should be performed upon receipt of any revision to EDAMS software.

3.1.1 Load revised software into EDAMS computer in accordance with Attachment 1.

3.1.2 Verify or modify the edams.ini file for the location and modem used in accordance with Attachment 2.

3.1.3 Reboot the computer.

3.1.4 Perform the following:

- a. Verify that the correct version number appears on the title screen.
- b. Verify proper acquisition of meteorological data by logging on to the system and obtaining most recent data.
- c. Verify proper operation of Raddose portion of EDAMS by running Raddose with simulated data and observing for proper output.
- d. Verify proper operation of the printer by printing results from any of the above steps.

3.2 Software Surveillance

Emergency Preparedness should perform Step 3.1.4 on an annual basis for the following EDAMS computers:

- Unit 1 Control Room
- Unit 2 Control Room
- Unit 1 Simulator
- Unit 2 Simulator
- EOF Dose Assessment Computer #1
- EOF Dose Assessment Computer #2
- Oswego County Dose Assessment Computer #1
- Oswego County Dose Assessment Computer #2

3.3 Documentation

Documentation of the performance of this procedure should be done via "memo to file".

4.0 DEFINITIONS

EDAMS - (Emergency Dose Assessment Modeling System) A PC - based dose assessment and meteorological data acquisition system used during emergencies.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specification

None

5.2 Licensee Documentation

5.1.1 EDAMS System Design Specification Manual

5.1.2 EDAMS Detailed Design Manual

5.1.3 EDAMS Operator Manual

5.3 Standards, Regulations and Codes

None

5.4 Policies, Programs, and Procedures

EPMP-EPP-01, Maintenance of Emergency Preparedness

6.0 RECORDS REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

- Memos to File documenting completion of this procedure.

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

- None

LAST PAGE

ATTACHMENT 1: INSTALLING EDAMS

1. Boot computer normally.
2. Verify you are at the Windows desktop.
3. Close any open programs before starting the installation process.
4. Place EDAMS disk #1 in the A: drive.
 - a. For Windows NT (or equivalent), click "Start" and "Run", then type "a:\setup" at "Open" prompt and click "OK".

OR

- b. For Windows 3.x, click "File" and "Run", then type "a:\setup" for the command line and click "OK".
5. Follow the prompts to insert disks #2 and #3 to complete installation.
6. Verify/Modify the edams.ini file per table in Attachment 2 of this procedure as applicable.

ATTACHMENT 2

Location	"c:\RD5\edams.ini" Contents
Control Room	<pre> ; Port Settings for a Modem [Port_NMPModem] Comm Port=2 Settings=115200,N,8,1 DTREnable=-1 RTSEnable=-1 Handshaking=3 Echo(Duplex)=0 ; Local Modem Settings [Modem_NMPModem] ModemNumber=206 ModemName=Edams Compatible HighestBaud=115200 ; hayes InitString=AT M1 L0 W1 &D0 &C0 X4 &Q5 &K3 ^M ; us robotics ; InitString=AT M1 L0 &D0 &C1 X4 &M4 &K1 S32=98 ^M Connect=CONNECT Attention=AT Hangup=ATH Z &C1 ^M Reset=ATZ^M Answer=ATA^M Dial=ATDT Busy=BUSY ; Port Settings for Direct Connect [Port_NMPDirect] Comm Port=1 Settings=9600,N,8,1 DTREnable=-1 RTSEnable=-1 Handshaking=0 Echo(Duplex)=0 [Codex_Modems] ModemPrompt= ModemPassword= DialSuffix=,,,,,829^0 DialPrefix= </pre>
EOF	<pre> ; Port Settings for a Modem [Port_NMPModem] Comm Port=2 Settings=115200,N,8,1 DTREnable=-1 RTSEnable=-1 Handshaking=3 Echo(Duplex)=0 ; Local Modem Settings [Modem_NMPModem] ModemNumber=206 ModemName=Edams Compatible HighestBaud=115200 ; us robotics InitString=AT M1 L0 &D0 &C1 X4 &M4 &K1 S32=98 ^M ; hayes ; InitString=AT M1 L0 W1 &D0 &C0 X4 &Q5 &K3 ^M Connect=CONNECT Attention=AT Hangup=ATH Z &C1 ^M Reset=ATZ^M Answer=ATA^M Dial=ATDT Busy=BUSY ; Port Settings for Direct Connect [Port_NMPDirect] Comm Port=1 Settings=9600,N,8,1 DTREnable=-1 RTSEnable=-1 Handshaking=0 Echo(Duplex)=0 [Codex_Modems] ModemPrompt= ModemPassword= DialSuffix=,,,,,829^0 DialPrefix=9,349 </pre>

NINE MILE POINT NUCLEAR STATION
EMERGENCY PLAN MAINTENANCE PROCEDURE

EPMP-EPP-08

REVISION 09

MAINTENANCE, TESTING AND OPERATION OF THE
OSWEGO COUNTY PROMPT NOTIFICATION SYSTEM

TECHNICAL SPECIFICATION REQUIRED

Approved by:
G. L. Detter

 G.L. DETTER 3/5/03
Manager Security and Emergency Preparedness Date

Effective Date: 03/07/2003

PERIODIC REVIEW DUE DATE: JUNE 2003

LIST OF EFFECTIVE PAGES

Page No. Change No.

Page No. Change No.

Page No. Change No.

Coversheet .

22

i

23

ii

24

iii

25

1

26

2

27

3

28

4

29

5

30

6

31

7

32

8

33

9

34

10

35

11

36

12

37

13

38

14

39

15

40

16

17

18

19

20

21

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE	1
2.0 PRIMARY RESPONSIBILITY	1
3.0 PROCEDURE	2
3.1 Director - Emergency Preparedness	2
3.2 M&T Communications Group (NGRID)	2
3.3 Central Region Station Maintenance Group (NGRID)	3
3.4 Central Regional Operators (NGRID)	3
3.5 Oswego County Emergency Management Office (OCEMO)	3
3.6 National Weather Service (NWS)	4
3.7 Nine Mile Point Computer Group	4
3.8 Oswego Line/Fulton Line (NGRID)	4
4.0 DEFINITIONS	4
5.0 REFERENCES AND COMMITMENTS	5
6.0 RECORD REVIEW AND RETENTION	6
ATTACHMENT 1: SYSTEM DESCRIPTION	7
ATTACHMENT 1.1: SIREN LOCATIONS	9
ATTACHMENT 1.2: CIRCUIT IDENTIFICATION FOR SIREN SITES	11
ATTACHMENT 2: BI-WEEKLY TEST	12
ATTACHMENT 2.1: BI-WEEKLY SILENT TEST CHECKLIST	13
ATTACHMENT 2.2: BI-WEEKLY TEST LOG	15
ATTACHMENT 2.3: SIREN ADDRESS CODES (INTRAC)	17
ATTACHMENT 3: QUARTERLY TESTING	18
ATTACHMENT 3.1: QUARTERLY TEST ACTIONS	19
ATTACHMENT 3.2: QUARTERLY SIREN TESTING LOG	21
ATTACHMENT 4: ANNUAL FULL SYSTEM TEST	23
ATTACHMENT 4.1: ANNUAL TEST ACTIONS	24
ATTACHMENT 4.2: ANNUAL PNS TEST RESULTS LOG	26
ATTACHMENT 4.3: SIREN ACTIVATION REPORT	28
ATTACHMENT 5: ANNUAL <u>PROMPT NOTIFICATION SYSTEM SIREN PREVENTATIVE</u> <u>MAINTENANCE - MECHANICAL/ELECTRICAL</u>	29

TABLE OF CONTENTS (Cont)

<u>SECTION</u>	<u>PAGE</u>
ATTACHMENT 5.1: ANNUAL PROMPT NOTIFICATION SYSTEM SIREN PREVENTATIVE MAINTENANCE-COMMUNICATIONS	32
ATTACHMENT 5.2: PNS PROGRAM OVERSIGHT FOR TESTING AND MAINTENANCE . . .	33
ATTACHMENT 5.3: PNS PROGRAM OVERSIGHT FOR TESTING AND MAINTENANCE OBSERVATION FORM	34
ATTACHMENT 5.4: PRE AND POST MAINTENANCE TESTING	35
ATTACHMENT 5.5: PRE AND POST MAINTENANCE TEST PLAN	36
ATTACHMENT 6: RECORDKEEPING	37
ATTACHMENT 6.1: SIREN OUT-OF-SERVICE REPORT	38
ATTACHMENT 6.2: SIREN SITE MAINTENANCE LOG	39
ATTACHMENT 6.3: MONTHLY PNS SUMMARY FORM	40

1.0 PURPOSE

To describe the operation, testing and maintenance of the Oswego County Prompt Notification System (PNS).

2.0 PRIMARY RESPONSIBILITY

2.1 Director - Emergency Preparedness

Has overall responsibility for the operation, testing and reporting of the PNS and its activities.

2.2 M&T Communication Group (NGRID)

Coordinates and participates in testing and repair of the PNS sirens.

2.3 Central Region Station Maintenance Group (NGRID)

Assists in testing, repair and maintenance of the PNS sirens.

2.4 Central Regional Operators (NGRID)

Assists in monitoring and problem notification of the PNS.

2.5 Oswego County Emergency Management Office (OCEMO)

Conducts tests and assists in resolution of problems and activation of the PNS.

2.6 National Weather Service (NWS)

Conducts tests and activation of the PNS Tone Alert System.

2.7 Nine Mile Point Computer Group

Provides maintenance for the SAMS computers as needed.

2.8 NMPC Oswego/Volney Line (NGRID)

Provides siren circuit identifications as needed.

3.0 PROCEDURE

3.1 Director - Emergency Preparedness

- a. Coordinate scheduling of PNS activities in accordance with EPMP-EPP-01.
- b. Complete monthly PNS Summary Form using Attachment 6.3 or equivalent, and send to New York State.
- c. Verify all required notifications to the public have been made for all tests requiring siren activations for testing.
- d. Verify bi-weekly tests are conducted in accordance with Attachment 2.
- e. Verify quarterly tests are conducted in accordance with Attachment 3.
- f. Verify annual test is conducted in accordance with Attachment 4.
- g. Verify appropriate oversight of siren activities, including observation of testing and maintenance activities. Attachment 5.2 and 5.3 should be used as guidance.
- h. Maintain siren out of service reports (Attachment 6.1).
- i. Verify completion of annual maintenance. Attachment 5 may be used to document this activity.
- j. Verify conduct of pre and post maintenance siren testing. Attachments 5.4 and 5.5.
- k. Verify appropriate review and documentation of Operating Experience (OE) activities as they pertain to the PNS.

3.2 M&T Communications Group (NGRID)

- a. Coordinate quarterly and annual testing of outdoor warning sirens.
- b. Ensure personnel are available to support tests.
- c. Maintain manuals and technical literature as appropriate.
- d. Provide maintenance crews to respond to siren problems as needed.
- e. Assist in performing quarterly tests in accordance with Attachment 3.
- f. Assist in performing annual tests in accordance with Attachment 4.
- g. Perform annual preventive maintenance on PNS siren system communications equipment. Attachment 5.1 may be used for preventive maintenance.

3.3 Central Region Station Maintenance Group (NGRID)

- a. Perform corrective and annual preventative maintenance on the Outdoor Warning Siren System. Attachments 5 and 5.5 may be used for preventative maintenance.
- b. Forward inspection and maintenance data to Director Emergency Preparedness.
- c. Maintain manuals and technical literature as appropriate.
- d. Maintain Siren Site Maintenance Log.
- e. Provide maintenance crews to respond to siren problems as needed.
- f. Complete an Out-of-Service Report on becoming aware of sirens requiring repair and forwards to Emergency Preparedness.
- g. Forward inspection and maintenance data to Emergency Preparedness.
- h. Provide Station Maintenance Field Teams to participate in quarterly and annual siren tests.

3.4 Central Regional Operators (NGRID)

- a. Monitor circuits providing electrical power to sirens.
- b. Make appropriate notifications when sirens may not be operational.

3.5 Oswego County Emergency Management Office (OCEMO)

- a. Coordinate Oswego County efforts regarding the PNS.
- b. Provide PNS materials to the general public in Oswego County.
- c. Maintain knowledge of sirens out of service.
- d. Conduct biweekly silent tests of sirens. May use Attachment 2.
- e. Distribute tone alert radios to appropriate persons within the 10 Mile Emergency Planning Zone.
- f. Distribute batteries annually to people issued tone alert radios.
- g. Provide special notification to appropriate persons regarding PNS testing.
- h. Conduct annual testing of the Oswego County Emergency Alert System radio stations.
- i. Forward monthly, a list of tone alert radio activations to the Director Emergency Preparedness.

3.5 (Cont)

- j. Activate sirens, as needed.
- k. Ensure notification of siren testing is made via news media and advertisements.
- l. Provide Oswego County PNS mailings and brochures to the general public.
- m. Conduct quarterly siren tests. May use Attachment 3.
- n. Conduct annual siren tests. May use Attachment 4.

3.6 National Weather Service (NWS)

- a. Activate the tone alert radios on a weekly basis for testing purposes and for drills and actual incidents.
- b. Forward monthly a list of Tone Alert Radio Activations to OCEDO.

3.7 Nine Mile Point Computer Group

Perform maintenance on SAMS computers, as needed.

3.8 Oswego Line/Fulton Line (NGRID)

- a. Confirm circuit identification when requested and/or if they become aware of a change to siren circuit identifications.
- b. Notify the Director - Emergency Preparedness when there is a planned line outage that would affect one or more of the sirens.

4.0 DEFINITIONS

4.1 Emergency Alert System (EAS)

A system of radio stations organized to permit designated government officials to issue expedient emergency information and instructions in threatened or actual emergencies.

4.2 Growl Test

A test in which the siren is activated via Intrac in the Alert Mode, then immediately canceled. In effect, the siren sounds for a portion of one-cycle.

4.3 Motorola System (Intrac)

The Motorola Intrac 2000 Radio Alarm and Control System. This is a "send only" system.

4.4 Oswego County Prompt Notification System (PNS)

The system used for alerting and warning the population of Oswego County through use of sirens and tone alert radios. The alerted population may turn to designated radio stations of the EAS for emergency information and instruction.

4.5 Outdoor Warning Sirens

Outdoor warning sirens located in heavily populated areas within the 10 Mile Emergency Planning Zone (EPZ) designed to alert the general population.

4.6 Siren Activation and Monitoring System (SAMS)

This system monitors system status and activation, and activates sirens.

4.7 Tone-Alert Radio System

A radio receiver system used to alert low density population areas (residential and commercial buildings) in an emergency situation.

5.0 REFERENCES AND COMMITMENTS

5.1 Technical Specifications

None

5.2 Licensee Documentation

5.2.1 Nine Mile Point Site Emergency Plan

5.3 Standards, Regulation, and Codes

5.3.1 10CFR50.72, Immediate Notification Requirements for Operating Nuclear Power Reactors

5.3.2 NUREG 0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

5.3.3 NUREG 1022, Supplement 1, Licensee Event Report System, Description of System and Guidelines for Reporting Events

5.3.4 FEMA REP-10, Standard Guide for the Evaluation of Alert Notification Systems for Nuclear Power Plants

5.4 Policies, Programs, and Procedures

5.4.1 Oswego County Emergency Alert System Procedures

5.4.2 EPMP-EPP-01, Maintenance of Emergency Preparedness

5.4.3 EPIP-EPP-30, Prompt Notification System Problem Response

5.5 Commitments

<u>Sequence Number</u>	<u>Commitment Number</u>	<u>Description</u>
----------------------------	------------------------------	--------------------

None

6.0 RECORD REVIEW AND RETENTION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

Attachment 2.2
Attachment 3.2
Attachment 4.2
Attachment 5
Attachment 5.1
Attachment 5.3
Attachment 5.5
Attachment 6.1
Attachment 6.3

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

Attachment 4.3
Attachment 5.2
Attachment 5.4
Attachment 6.2

LAST PAGE

ATTACHMENT 1: SYSTEM DESCRIPTION

1.0 SYSTEM COMPONENTS

- Sirens
- Tone Alert Radios
- Emergency Alert System

2.0 SYSTEM COMPONENT DESCRIPTION

2.1 Sirens

- a. There are 37 sirens within the 10 mile EPZ. Their purpose is to notify the public of an incident at NMPNS or JAFNPP within 15 minutes.
- b. They are primarily located within a 5 mile radius of the site, along the lakeshore, and in heavily populated areas.
- c. Siren locations are contained in Attachment 1.1. Circuit identification for sirens is contained in Attachment 1.2.
- d. Sirens are tested as follows:
 - Bi-weekly siren test (Attachment 2)
 - Quarterly full-cycle test (Attachment 3)
 - Annual full-cycle test (Attachment 4)
- e. Sirens are serviced annually in accordance with Attachment 5, and as-needed to maintain operability.
- f. Activation of the sirens is via either of the following:
 1. Motorola Intrac System. This consists of a receiver at each siren, and a control/sending unit at the County EOC. The control/sending unit utilizes a VHF transmitter. Additionally, a receiver at the County EOC indicates the successful transmission of a siren "all-call". The capability exists to activate sirens individually, or all at once.

OR

ATTACHMENT 1 (Cont)

2.1.f (Cont)

2. Siren Activation and Monitoring System (SAMS) gives near real-time status of each siren, and provides for the verification of actual siren activation for incidents and testing as well as activation capability. The system consists of a receiver/transmitter at each siren and at the County EOC and County Warning Point (911 Center), and a computer/visual display at the County EOC and Warning Point. The system monitors electrical power, system tampering, siren audio output and (where applicable) rotation.

- g. The siren system meets the design criteria required in FEMA-REP-10.

2.2 Tone Alert Radios

- a. Tone alert radios are distributed to people in the 10 mile EPZ who are outside the acoustical range of sirens, and to schools and industrial facilities as needed.
- b. The tone alerts receive transmission from the National Weather Service (NWS) on 162.55 MHz. They remain muted until the receipt of a tone transmitted by the NWS, for either testing or alert. The radios have a battery back-up.
- c. The transmitter is located on Onondaga Hill, near Syracuse. the site is equipped with emergency power. A dedicated telephone link connects the transmitter to the broadcast console in the NWS office, in Binghamton, NY.
- d. The system purpose is identical to that of the sirens.
- e. Oswego County monitors new eligible residents. New tone alerts are distributed as needed.

2.3 Emergency Alert System

- a. This system is comprised of EAS stations and encoders/decoders.
- b. EAS is notified by Oswego County, and provided with a message for dissemination to the public. The EAS stations then transmit an alert signal (encodes), and then re-broadcast the message.
- c. Detailed EAS testing and operations procedures are maintained by Oswego County and New York State.

1. Approximately 0.9 miles west of Energy Center driveway
2. End of Lake Road East - junction of Nine Mile Point Road
3. Pleasant Pt. Road (Co. Rt. 44) off North Road (Co. Rt. 1) toward lake, access by wooden gate
4. Co. Rt. 1 east of Co. Rt. 6 near Dempster Beach
5. Butterfly Road - off North Road (Co. Rt. 1) where North Road and 104B meet
6. Mexico Point Road west of 104B (past the marina on right)
7. Ramona Beach Rd. off Route 3, south of golf course
8. Co. Rt. 51A east of Co. Rt. 29 by radio towers
9. Corner of 104 West and Fred Haynes Boulevard
10. Utica Street and Third Avenue - Oswego Gas Dist. Yard
11. E. Schuyler St. & E. Ninth St., behind ice rink
12. Burt Street off W. Third St. past Paloma Sub
13. Gardenier Road - off Co. Rt. 7
14. Co. Rt. 20 off West Fifth St. Rd (Co. Rt. 25)
15. Alcan west entrance, off Co. Rt. 1, .5 mile down dirt road
16. Co. Rt. 1A, 3 miles west of NMP site
17. Co. Rt. 1, between Lakeview Rd and Co. Rt. 29
18. Co. Rt. 29 - Lycoming Fire Barn
19. Middle Road, .5 mile east of Co. Rt. 63
20. Route 104 East and Creamery Road

21. Duke Road, between 104 and Co. Rt. 51A
22. City Line Road - Oswego - South of Speedway by Wine Creek Inn
23. Dutch Ridge Road, off Co. Rt. 4
24. Old Rt. 57 across from Riverside Cemetery
25. Benson Avenue (Co. Rt. 25 by Minetto Fire Barn)
26. Old Rt. 57 between March Rd. and Co. Rt. 45
27. March Road between Kingdom Road and 481
28. Middle Rd., east of Co. Rt. 29
29. Co. Rt. 1 (North Road) - east of Shore Oaks Drive
30. Intersection of 104 and 104B (New Haven)
31. Vermillion, Sundown Rd, off Co. Rt. 35
32. Co. Rt. 16 - Flat Rock Camp Site - south of 104B and Texas
33. 104 and Lincoln Avenue, Mexico (Mexico Sub)
34. 104 East - by Leatherstocking Gun Club approximately, 1.2 mi. east of 104B
35. O'Connor Road east of Co. Rt. 29 just west of power lines
36. Corner of West Utica and 6th Street, Oswego
37. Corner of Co. Rt. 8 and Doolittle Road

ATTACHMENT 1.2: CIRCUIT IDENTIFICATION FOR SIREN SITES

SIREN #	LINE ID #	SUBSTATION/ CIRCUIT NAME	FEEDER #	BREAKER #
1	3	Lake Road	29951	R510
2	3	New Haven	25653	R530
3	5	New Haven	25653	R530
4	41	New Haven	25653	R530
5	5	New Haven	25653	R530
6	22	New Haven	25653	R530
7	33	Pulaski	6868	R680
8	11	New Haven	25653	R530
9	6	West Oswego	20909	R690
10	49	West Oswego	20907	R670
11	139	Wine Creek	28352	R520
12	69	Paloma	25458*	R580
13	37	West Oswego	20909	R690
14	2	Paloma	25456*	R560
15	40	Wine Creek	28354	R540
16	3	Wine Creek	28354	R540
17	1	Wine Creek	28354	R540
18	4	Wine Creek	28354	R540
19	5	Wine Creek	28354	R540
20	7	Wine Creek	28354	R540
21	11	New Haven	25653	R530
22	61	Wine Creek	28353	R530
23	12	Wine Creek	28354	R540
24	17	Seneca Hill	20668	R680
25	4	Seneca Hill	20668	R680
26	1	Seneca Hill	20668	R680
27	11	Seneca Hill	20668	R680
28	5	New Haven	25653	R530
29	5	New Haven	25653	R530
30	3	New Haven	25653	R530
31	10	New Haven	25652	R520
32	18	New Haven	25653	R530
33	1	Mexico	4362	R620
34	3	New Haven	25653	R530
35	23	Wine Creek	28354	R540
36	13	Varick	20703*	R25
37	5	Granby Center	29351	R510

*Supervisory Control by Central Regional Control

ATTACHMENT 2: BI-WEEKLY TEST

1.0 PURPOSE

To verify proper operation of siren control circuitry, Intrac and SAMS receivers and transmitters.

2.0 PROCEDURE

- 2.1 Oswego County performs the Bi-weekly test in accordance with Attachment 2.1.
- 2.2 All results are sent to the Nine Mile Point Director of Emergency Preparedness at the end of the month.

ATTACHMENT 2.1: BI-WEEKLY SILENT TEST CHECKLIST

1. OCEMO Actions

a. Notify County Warning Point (CWP) that bi-weekly test is to be performed.

b. Verify that printer is on and has sufficient paper.

NOTE: Up to 3 polls are permitted for satisfactory results. If >3 polls are required, then Acceptance Criteria Met = N.

c. Perform Intrac test as follows:

1. Send a Test/Enable signal to all sirens using Intrac. Attachment 2.3 contains required codes.

2. Initiate an "All Poll" on SAMS.

3. Record results on Attachment 2.2.

4. Acceptance criteria for the test is each siren indicating, "Intrac:Enabled" on the SAMS monitor.

d. Perform SAMS test as follows:

1. Send an "ARM" signal via SAMS for each siren individually or activate a group of sirens.

2. Query each siren via SAMS to verify receipt of "ARM" signal by each siren.

3. Record results on Attachment 2.2.

4. Acceptance criteria for the test is each siren indicating "Siren:Arm" on the SAMS monitor.

e. Notify the CWP to conduct the bi-weekly test from their location.

2. CWP (911 Center) Actions

NOTE: The purpose of this test is to verify operability of the SAMS equipment at the 911 Center.

a. Send an "ARM" signal to any siren via SAMS.

b. Query the siren via SAMS to verify receipt of "ARM" signal.

c. Inform OCEMO of the test results.

ATTACHMENT 2.1: (Cont)

3. OCEMO follow up actions

- a. If the above test results indicate the need for repair or investigation, then
 1. Contact Central Regional Control Center (460-2421) or ~~NGRID~~ M&T Communications (460-2379) for repair, AND
 2. Inform Nine Mile Point Emergency Preparedness (EP) of the problem.
- b. Fax the completed Attachment 2.2 to Nine Mile Point EP at 349-4874.

ATTACHMENT 2.2: BI-WEEKLY TEST LOG

Completed by: _____ Location: ☐ EOC ☐ 911 Center Date Conducted: _____

SIREN #	INTRAC ACCEPTANCE CRITERIA MET?		SAMS ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	Y	N	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (each column)					

ATTACHMENT 2.2 (Cont)

SIREN #	INTRAC ACCEPTANCE CRITERIA MET?		SAMS ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	Y	N	
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (Each column. Include previous page)					

***NOTE:** For Intrac Only: Up to 3 polls are permitted for satisfactory results. If >3 polls are required, then Acceptance Criteria Met = N.

CWP Acceptance Criteria met? ☐ Yes ☐ No

☐ No need for repair or investigation

☐ Repair or investigation needed. Action taken:

EP USE ONLY

Total number of siren tests performed _____

Total number of sirens successfully passing the bi-weekly tests _____

ATTACHMENT 2.3: SIREN ADDRESS CODES (INTRAC)

SIREN SITE NO.	STATION CALL (Activates Individual Siren)
1	41A
2	42A
3	20A
4	21A
5	22A
6	1A
7	2A
8	23A
9	60A
10	61A
11	62A
12	63A
13	64A
14	65A
15	43A
16	44A
17	45A
18	46A
19	47A
20	51A
21	52A
22	66A
23	53A
24	67A
25	71A
26	10A
27	11A
28	54A
29	24A
30	25A
31	12A
32	3A
33	5A
34	26A
35	55A
36	72A
37	73A
All Sirens	40A

ATTACHMENT 3: QUARTERLY TESTING

1.0 PURPOSE

- 1.1 To verify proper operation of siren control circuitry, mechanicals, sensors and Intrac and SAMS receivers and transmitters.

2.0 PROCEDURE

- 2.1 Oswego County performs the quarterly test in accordance with Attachment 3.1.
- 2.2 NMPNS Coordinates the performance of surveillance and repair functions as needed.
- 2.3 All results are sent to the Nine Mile Point Director of Emergency Preparedness.

ATTACHMENT 3.1: QUARTERLY TEST ACTIONS

NOTE: Portions of the quarterly tests may be conducted from CWP.

1. OCEMO notifies CWP that test is to be performed.
2. Verify readiness of **NGRID** siren repair (Station Maintenance or Communications Group).
3. When requested by **NGRID** siren repair, activate the siren via SAMS as follows:
 - a. Activate the siren in the "Alert" mode.
 - b. Observe results on SAMS monitor.
 - c. Record results on Attachment 3.2.
 - d. Acceptance criteria for the test is each siren sounding for 3 minutes, rotating (where applicable) and shutdown at the end of the 3 minute cycle.

NOTE: Performance of the feedback functions of SAMS are NOT applicable to this test. That is, failures of audible, rotation, AC power or other SAMS sensors shall NOT affect whether the test met acceptance criteria.

4. When requested by **NGRID** siren repair, growl test the siren via Intrac (from OCEMO only) as follows:

NOTE: Up to 3 attempts are permitted for satisfactory results. If >3 attempts are required, then Intrac Growl Acceptance Criteria Met = N.

- a. Send a "Test/Enable" via Intrac.
- b. Send an "Alert".
- c. Immediately follow with a "Cancel".
- d. Record results on Attachment 3.2.
- e. Acceptance criteria for the test is each siren briefly sounding, as indicated by the **NGRID** siren repair.

ATTACHMENT 3.1 (Cont)

5. If the above test results indicate the need for repair or investigation, then:
 - a. Contact Central Regional Control Center (460-2421) or **NGRID** Radio (460-2379) for repair, AND
 - b. Inform Nine Mile Point EP of the problem.
6. Attach computer printout associated with the test to Attachment 3.2.
7. Fax the completed Attachment 3.2 and associated computer printout to Nine Mile Point EP at 349-4874.

ATTACHMENT 3.2: QUARTERLY SIREN TESTING LOG

Completed by: _____

Date Conducted: _____

SIREN #	SAMS ACTIVATION ACCEPTANCE CRITERIA MET?		INTRAC GROWL ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	Y	N	
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (each column)					

ATTACHMENT 3.2: (Cont)

Completed by: _____

Date Conducted: _____

SIREN #	SAMS ACTIVATION ACCEPTANCE CRITERIA MET?		INTRAC GROWL ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	Y	N	
26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (Each column. Include previous page)					

NOTE: Intrac Growl Only: Up to 3 attempts are permitted for satisfactory results. If >3 attempts are required, then Acceptance Criteria Met = N.

An asterisk* next to the siren number indicates that the test originated from the 911 Center

- ☐ No need for repair or investigation
- ☐ Repair or investigation needed. Action taken:

EP USE ONLY

Total number of siren tests performed _____

Total number of sirens successfully passing the quarterly tests _____

ATTACHMENT 4: ANNUAL FULL SYSTEM TEST

1.0 PURPOSE

- 1.1 To verify proper operation of siren control circuitry, mechanicals, sensors and Intrac and SAMS receivers and transmitters.
- 1.2 To verify coordination between all components of the PNS (i.e. - sirens, Tone Alert and EAS).

2.0 PROCEDURE

- 2.1 Oswego County Emergency Management Office performs the annual test in accordance with Attachment 4.1
- 2.2 NMPNS Emergency Preparedness provides overall test coordination in accordance with this procedure.
- 2.3 ~~NGRID~~ Station Maintenance or Communications Group performs surveillance and repair functions as needed.
- 2.4 All results are sent to the Nine Mile Point Director of Emergency Preparedness.

Description of Actions

One week prior to test:

1. Verify with OCEMO director that all public notifications have been performed.

Prior to test:

NOTE: If any sirens are known to have inoperative SAMS before the test, an observer shall be placed at that siren, and the test results recorded on Attachment 4.3, Siren Activation Report.

1. Verify proper operation of SAMS terminal and printer. Ensure proper printer paper supply.
2. Place EAS station on standby.
3. Place National Weather Service (NWS) on standby.
4. Notify County Fire Control and Sheriff of impending activation.
5. Establish open phone lines with EAS Station and NWS.

At activation time, the following actions are to occur:

1. SAMS operator to send an "Alert" signal to all sirens using OCEMO procedure.
2. EAS Station activates the EAS system.
3. NWS activates the Tone Alert system.

After all sirens have reported back in:

1. Record results onto Attachment 4.2, "Annual PNS Test Results Log" using printout from SAMS printer.

2. Send an individual "Cancel" signal to any sirens suspected of not having silenced.
3. Note the EAS and Tone Alert test results on Attachment 4.2.
4. Acceptance Criteria
 - a. Siren Functions Properly - Yes = A 3 minute (\pm 30 sec) activation with rotation (if applicable) with siren shutdown at the end of the 3 minute cycle. This may be verified by:
 1. Actual observation (document with Attachment 4.3)
 2. Use of SAMS indication (document with SAMS printout)
 - b. Siren Functions Properly - No = Any deviation from the above.
 - c. EAS Test Successful:
Yes = Timely activation of EAS stations and transmission of the correct message.
 - d. Tone Alert Test Successful:
Yes = Timely activation of tone alert (or substitute) with transmission of the correct message.
5. If the above test results indicate the need for repair or investigation, then:
 - a. Contact Central Regional Control Center (460-2421) or **NGRID** M&T Communications for repair, to siren system.
 - b. Inform Nine Mile Point EP of the problem.
6. Fax the completed Attachment 4.2 and any associated paperwork (such as computer printouts or Attachment 4.3) to Nine Mile Point EP at 349-4874.

ATTACHMENT 4.2: ANNUAL PNS TEST RESULTS LOG

Completed by: _____

Activation Date/Time _____

SIREN #	SAMS ACTIVATION ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	
15	<input type="checkbox"/>	<input type="checkbox"/>	
16	<input type="checkbox"/>	<input type="checkbox"/>	
17	<input type="checkbox"/>	<input type="checkbox"/>	
18	<input type="checkbox"/>	<input type="checkbox"/>	
19	<input type="checkbox"/>	<input type="checkbox"/>	
20	<input type="checkbox"/>	<input type="checkbox"/>	
21	<input type="checkbox"/>	<input type="checkbox"/>	
22	<input type="checkbox"/>	<input type="checkbox"/>	
23	<input type="checkbox"/>	<input type="checkbox"/>	
24	<input type="checkbox"/>	<input type="checkbox"/>	
25	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (each column)			

ATTACHMENT 4.2: (Cont)

Completed by: _____

Date Conducted: _____

SIREN #	SAMS ACCEPTANCE CRITERIA MET?		COMMENTS (include sensor failures, multiple tries, communication failures, etc)
	Y	N	
26	<input type="checkbox"/>	<input type="checkbox"/>	
26	<input type="checkbox"/>	<input type="checkbox"/>	
27	<input type="checkbox"/>	<input type="checkbox"/>	
28	<input type="checkbox"/>	<input type="checkbox"/>	
29	<input type="checkbox"/>	<input type="checkbox"/>	
30	<input type="checkbox"/>	<input type="checkbox"/>	
31	<input type="checkbox"/>	<input type="checkbox"/>	
32	<input type="checkbox"/>	<input type="checkbox"/>	
33	<input type="checkbox"/>	<input type="checkbox"/>	
34	<input type="checkbox"/>	<input type="checkbox"/>	
35	<input type="checkbox"/>	<input type="checkbox"/>	
36	<input type="checkbox"/>	<input type="checkbox"/>	
37	<input type="checkbox"/>	<input type="checkbox"/>	
Total Number (Each column. Include previous page)			

EAS Activate Properly? ☐ Yes ☐ No

Tone Alert Activate Properly? ☐ Yes ☐ No

☐ No need for repair or investigation

☐ Repair or investigation needed. Action taken:

 _____ EP USE
 ONLY

Total number of siren tests performed _____

Total number of sirens successfully passing the annual tests _____

ATTACHMENT 4.3: SIREN ACTIVATION REPORT

NOTE: This form only to be used during Annual PNS Test for sirens whose SAMS is not communicating properly.

Observers Name: _____ Siren # _____

Activation Time: _____ Activation Date: _____

Activation Duration: _____

Horn Rotation: ☐ YES ☐ NO ☐ N/A

Comments: _____

Signature: _____

ATTACHMENT 5: ANNUAL PROMPT NOTIFICATION SYSTEM SIREN
PREVENTATIVE MAINTENANCE-MECHANICAL/ELECTRICAL

Sheet 1 of 3

SITE # _____ INSPECTION BY: _____ DATE INSPECTED _____

"CONTROL BOX AND SAMS BOX"

Initials/Date

Check all circuit breakers _____ / _____

Check incoming AC voltage _____ / _____

Check amps on blower _____ / _____

Check amps on rotator _____ / _____

Check all electrical connections _____ / _____

Check all mechanical connections _____ / _____

After leads have been lifted (Intrac only):

Check alert mode _____ / _____

Check cancel mode _____ / _____

Clean interior of both control box and SAMS box _____ / _____

Check tamper switches _____ / _____

Check counter operation _____ / _____

Check heaters and thermostats _____ / _____

Check for moisture and bugs (clean if needed) _____ / _____

Check receptacle _____ / _____

"BLOWER PLATFORM (where applicable)"

Check for nests _____ / _____

Check belt condition and alignment _____ / _____

ATTACHMENT 5: ANNUAL PROMPT NOTIFICATION SYSTEM SIREN
PREVENTATIVE MAINTENANCE-MECHANICAL/ELECTRICAL

Sheet 2 of 3

SITE # _____ INSPECTION BY: _____ DATE INSPECTED _____

"BLOWER PLATFORM (where applicable)"

Initials/Date

Check and oil blower relief valve	____/____
Grease blower (3 phase motors where applicable)	____/____
Check oil level in blowers and change if needed	____/____
Check capacitors in single phase motors	____/____
Check air intake screens on blower	____/____
Check hoses on blower	____/____
Check electrical connectors	____/____
Check mechanical connections	____/____

"TOP OF POLE"

Check screens	____/____
Check and adjust if necessary: foot pounds on horn rotation	____/____
Check belts on rotator	____/____
Check oil level in gear reducer	____/____
Check capacitor on rotator motor	____/____
Check rotation sensor and magnets	____/____
Check antenna and spray connection	____/____
Check solenoid slide valves on fire sirens	____/____
Check and lubricate gears if needed	____/____
Check brushes on STH10 and 3T 22B models	____/____
Check and fill grease cups	____/____

ATTACHMENT 5: ANNUAL PROMPT NOTIFICATION SYSTEM SIREN
PREVENTATIVE MAINTENANCE-MECHANICAL/ELECTRICAL

Sheet 3 of 3

SITE # _____ INSPECTION BY: _____ DATE INSPECTED _____

"TOP OF POLE"

Initials/Date

Bounce chopper and check bearings

____/____

Check all electrical connections

____/____

Check all mechanical connections

____/____

"CONTROL BOX"

Check timer settings

____/____

Check automatic switch settings

____/____

Check blower/chopper lead replacement

____/____

Counter readings when left T/E _____ alert _____ attack _____ motor _____

COMMENTS:

**ATTACHMENT 5.1: ANNUAL PROMPT NOTIFICATION SYSTEM
PREVENTATIVE MAINTENANCE-COMMUNICATIONS**

SITE # _____ **DATE** _____ **TECHNICIAN(S)** _____

ANNUAL CHECK ☐ **OTHER MAINTENANCE** ☐

Fill in all that apply:

1) SAMS EQUIPMENT

a) Compuert III

Check: 1. Processor Clock _____ 2. Connections _____

3. Battery _____
(Replace 5yrs max.)

4. Zerust _____ Battery Replacement
Date: _____

b) 900 mhz Darcom Radio

Check: TX 1. Power Out _____ 2. Reflected _____

3. Freq. Error _____ 4. Modulation _____

5. TX Level _____

RX 1. 12 dB Sinad _____ 2. RSSI _____

3. RX Level _____

2) INTRAC EQUIPMENT

Check: RX 1. 10dBQ _____ 2. 12 dB SINAD _____

3. Decoder _____ 4. Control Box _____

5. Antenna _____

EOC Encoder:

1. Battery _____ (Test under load/Replace 5yrs max)
Battery Replacement
Date: _____

2. Power Supply _____ (Battery float voltage)

COMMENTS/OBSERVATIONS:

ATTACHMENT 5.2: PNS PROGRAM OVERSIGHT FOR TESTING AND MAINTENANCE

1.0 Purpose

- 1.1 To provide appropriate oversight of the Prompt Notification System testing and maintenance programs.**

2.0 Procedure

- 2.1 Nine Mile Point Emergency Preparedness (NMP EP) staff will observe the conduct of bi-weekly siren testing from Oswego County Emergency Management Office (OCEMO) a random basis. Document observations on Attachment 5.3.**
- 2.2 NMP EP staff will observe the conduct of quarterly siren testing from both OCEMO and the Oswego County 911 Center. Document observations on Attachment 5.3.**
- 2.3 NMP EP staff will observe the conduct of siren testing at randomly selected siren locations during the course of quarterly siren testing. Document observations on Attachment 5.3.**
- 2.4 NMP EP staff will observe the conduct of annual siren testing from OCEMO. Document observations on Attachment 5.3.**
- 2.5 NMP EP staff will observe annual maintenance activities at randomly selected siren locations as conducted by NGRID Station Maintenance and NGRID Communications Group. Document observations on Attachment 5.3.**

**ATTACHMENT 5.3: PNS PROGRAM OVERSIGHT FOR TESTING AND MAINTENANCE
OBSERVATION FORM**

Name: _____ Date: _____

Observation: ☐ Bi-weekly test ☐ Quarterly test ☐ Annual test
☐ Annual maintenance ☐ Special test ☐ Other

Location:

Observation details:	Sat	Unsat	N/A
• Appropriate procedure(s) used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Post-Maintenance test developed/used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Material condition of computers, printers, keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Material condition of sirens - exterior:			
• Paint, platform, screens, nests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Material condition of sirens - interior:			
• Belts, electrical connections, mechanical connections, no jumpers installed, nests, cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

ATTACHMENT 5.4: PRE AND POST MAINTENANCE TESTING

1.0 Purpose

1.1 To provide for the conduct and documentation of pre and post-maintenance testing of the siren system.

1.2 Pre and post-maintenance test plan should be developed and used following notification of a siren system problem and prior to any work being performed.

2.0 Procedure

2.1 Nine Mile Point Emergency Preparedness (NMP EP) staff will ensure development of a pre or post-maintenance testing (PMT) plan, using Attachment 5.5.

2.2 EP staff should coordinate the development of the test with NMP Central Maintenance and NGRID Communications Group as appropriate.

2.3 Where possible, EP staff should observe the conduct of the PMT.

2.4 Pre or post maintenance tests shall be forwarded to Nine Mile Point Emergency Preparedness for inclusion in EP PPF.

ATTACHMENT 5.5: PRE AND POST MAINTENANCE TEST PLAN

Name: _____ Date: _____

Test Type: ☐ Pre-maintenance test ☐ Post-maintenance test ☐ Other

Reason for test:

Test Plan:

Acceptance Criteria:

Test Results: ☐ Sat ☐ Unsat
Comments:

ATTACHMENT 6: RECORDKEEPING

1.0 PURPOSE

- 1.1 To provide the required tracking and reporting of PNS activities.

2.0 PROCEDURE

- 2.1 A siren out of service report (Attachment 6.1) should be completed any time a siren is incapable of being activated.
- 2.2 A Siren Site Maintenance Log Sheet (Attachment 6.2) may be completed for all major siren maintenance or repair activities. This should be limited to those incidents that remove a siren from service or have the potential to do so.
- 2.3 Nine Mile Point Director of Emergency Preparedness shall direct completion of Monthly PNS Summary Form (Attachment 6.3), and verify its transmission to New York State Emergency Management Office.

The report shall contain the monthly and yearly availability, calculated as follows:

$$\text{Monthly availability (\%)} = \frac{[(37 \text{ sirens} \times 24 \text{ hrs} \times \# \text{ days in month}) - (\# \text{ hrs out of service for all sirens})]}{(37 \text{ sirens} \times 24 \text{ hrs} \times \# \text{ days in month})} \times 100$$

$$\text{Yearly availability (\%)} = \frac{[\text{sum of 12 monthly availabilities}]}{12}$$

NOTE: The design criteria is that yearly availability must remain >90%.

ATTACHMENT 6.1: SIREN OUT-OF-SERVICE REPORT

Siren Site No. _____ Date of Report ____/____/____

Date and Time Siren Out _____

Date and Time Siren In _____

Description of Failure: _____

Corrective Actions Taken: _____

Form completed by _____
Signature

cc: Oswego County Emergency Management Office
Supervisor, Central Regions Communications Group **NGRID**
Supervisor, Station Maintenance **NGRID**
Director - Emergency Preparedness, Nine Mile Point Nuclear Station

ATTACHMENT 6.2: SIREN SITE MAINTENANCE LOG

Site # _____

Date

Remarks

ATTACHMENT 6.3: MONTHLY PNS SUMMARY FORM

	MONTHLY SUMMARY OF TESTING AND MAINTENANCE OF THE OSWEGO COUNTY PROMPT NOTIFICATION SYSTEM	Month/Year /
--	---	-----------------

Outdoor Siren System	Location Initiated	Date(s) Occurred	Expected
Polling	<input type="checkbox"/> Emergency Management Office <input type="checkbox"/> Other: _____		Daily
Silent Test	<input type="checkbox"/> Fire Control <input type="checkbox"/> Emergency Management Office <input type="checkbox"/> Other: _____		Biweekly
Quarterly Test	<input type="checkbox"/> Fire Control <input type="checkbox"/> Emergency Management Office <input type="checkbox"/> Other: _____		Quarterly
Full System Test	<input type="checkbox"/> Fire Control <input type="checkbox"/> Emergency Management Office		Annually

Tone Alert Radios

Tone Activation	<input type="checkbox"/> National Weather Service <input type="checkbox"/> Other _____		Weekly
-----------------	---	--	---------------

EAS

Tone Activation	<input type="checkbox"/> Emergency Management Office <input type="checkbox"/> Other _____		Annually
-----------------	--	--	----------

Brief description of any problems found and resolution of such problems:

Monthly Siren Availability (%):	Year-to-Date Siren Availability (%):

NINE MILE POINT NUCLEAR STATION

NUCLEAR INTERFACE PROCEDURE

NIP-EPP-01

REVISION 13

EMERGENCY RESPONSE ORGANIZATION EXPECTATIONS AND RESPONSIBILITIES

TECHNICAL SPECIFICATION REQUIRED

Approved by:
J. T. Conway

J. T. Conway
Vice President Nine Mile Point
CONTROLLED

3/9/03
Date

Effective Date: 03/14/2003

PERIODIC REVIEW DUE DATE: AUGUST 2003

TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE</u>
1.0 PURPOSE.....	1
2.0 PRIMARY RESPONSIBILITIES	1
3.0 PROCEDURE	1
3.1 ERO Composition, Structure, and Maintenance	1
3.2 ERO Qualification and Expectations	2
3.3 ERO Maintenance	3
3.4 ERO Response Time	3
4.0 DEFINITIONS	4
5.0 REFERENCES AND COMMITMENTS	4
6.0 RECORDS REVIEW AND DISPOSITION	5
ATTACHMENT 1: EMERGENCY RESPONSE ORGANIZATION	6
ATTACHMENT 2: ERO CHANGE REQUEST	10

1.0 **PURPOSE**

To describe the composition, structure, expectations and maintenance of the Emergency Response Organization (ERO).

2.0 **PRIMARY RESPONSIBILITIES**

- 2.1 **Nuclear Division Managers and Supervision** assign qualified individuals to the ERO, assign personnel to perform emergency equipment surveillances and inventories, support the training, drill and emergency response functions required to maintain emergency preparedness.
- 2.2 **Director - Emergency Preparedness** maintain the ERO with qualified individuals in sufficient quantity to meet the requirements of the Site Emergency Plan (SEP).
- 2.3 **ERO Initial Responders** maintain qualifications and meet expectations associated with the position being filled.
- 2.4 **ERO Secondary Responders** maintain qualifications and meet expectations associated with the position being filled.
- 2.5 **Other ERO Members** respond to the emergency as directed by supervision.

3.0 **PROCEDURE**

3.1 **ERO Composition, Structure, and Maintenance**

3.1.1 The Director of Emergency Preparedness:

- a. Shall ensure that personnel are assigned to staff the ERO in accordance with Attachment 1, "Emergency Response Organization."
- b. Shall maintain the staffing of positions in Attachment 1 using NUREG-0654 Table B-1 as a guide.
- c. Shall, on at least a quarterly basis, generate a training due report, and provide this to Emergency Directors/Recovery Managers, and for secondary responders, the appropriate Branch Managers. The training due report should contain:
 - When each responder is due for training.
 - A summary of any responders currently delinquent.
 - Any responders that will be delinquent prior to the next revision of the training list.
- d. Maintain a notification system for all responders.

3.2 ERO Qualification and Expectations

3.2.1 ERO Responders shall become qualified and maintain qualifications in accordance with NTP-TQS-202, Emergency Preparedness Training.

3.2.2 ERO Initial and Secondary Responders should:

- a. Comply with Fitness for Duty requirements when responding to emergencies, in accordance with NIP-FFD-01. This shall be accomplished by:
 1. Persons in on-call ERO positions shall limit consumption of alcohol during their duty week, such that they maintain a blood alcohol level of less than 0.04% BAC.
 2. All responders shall report consumption of alcohol to Security personnel or their emergency facility lead, if consumed within five hours of the emergency call-out.
 3. Responders who are not fit for duty should not respond.
- b. Report to their designated emergency response facility when notified of an emergency, in accordance with Step 3.4.

NOTE: ERO Responders should respond to an emergency, if notified, regardless of what team is on duty.

- c. Report for all training, drills, and associated activities (such as briefings or critiques) when notified to do so, unless other arrangements have been made in accordance with 3.2.3.
- d. Respond to notification drills by completing Attachment 3, Notification Drill Response Form, from EPMP-EPP-06.
- e. Report any changes in home telephone numbers to Emergency Preparedness.
- f. Observe and evaluate during their "on-deck" week for the duty team during scheduled drills and exercises as designated, unless other arrangements have been made in accordance with 3.2.3.
- g. Clerical personnel shall report to the EOF upon notification of an emergency.

3.2.3 Initial and secondary responders shall arrange for qualified relief if they are not available for any reason during their duty week, or as required in Steps 3.2.2.c and 3.2.2.d of this procedure.

a. Personnel who arrange for relief should inform the appropriate facility leader:

- EOF : Emergency Director/Recovery Manager
- TSC : TSC Manager
- OSC : OSC Coordinator
- JNC : JNC Director

3.2.4 ERO Initial Responders should inform their supervisor or facility lead of the inability to perform their ERO duty due to long-term absence or job change.

3.2.5 ERO Secondary Responders should inform their immediate supervisor of the inability to perform their ERO duties due to absence or job change.

3.3 ERO Maintenance

3.3.1 Managers and Supervisors should complete "Attachment 2" for any changes to initial and secondary responders and forward to Emergency Preparedness. This includes telephone number changes, qualification lapses, job change or termination.

3.3.2 The Director EP shall solicit replacement ERO members as needed.

a. Changes to the ERO should be processed in accordance with EPMP-EPP-06, ERO Notification, Maintenance and Surveillance.

3.3.3 Nuclear Division supervisors and managers should assess impact of the loss of any secondary responder due to illness, leaving the company, etc., and inform the Director of Emergency Preparedness as necessary.

3.3.4 Managers and Supervisors shall assist EP in maintaining the notification database when requested.

3.3.5 Initial responders may develop secondary responder duty rosters, provided that such duty rosters are consistent with this NIP.

3.4 ERO Response Time

3.4.1 ERO Initial and Secondary Responders should report to their designated emergency response facility:

- a. Within 30 minutes of being notified during normal work hours for the TSC and OSC.
- b. Within 60 minutes of being notified during normal work hours for the EOF and JNC.
- c. Within 60 minutes of being notified during off-hours for all emergency response facilities.

4.0 DEFINITIONS

4.1 Emergency Response Organization (ERO) Member

Any person having designated emergency response duties in one of the Emergency Response Facilities. This may include, but is not limited to:

- ERO Initial and Secondary Responders
- Operators/Operations Department Personnel
- Mechanical Maintenance Personnel
- Electrical Maintenance Personnel
- Instrument and Calibration Technicians
- Radiation Protection Technicians
- Staff as assigned by individual supervisors
- Security Personnel actively assigned shift functions

Staff assigned to each of the above departments may not be considered ERO members unless they are specifically assigned. Other personnel are considered Non-Essential.

4.2 Initial Responder. An individual assigned to fill a key position designated in the ERO per Attachment 1.

4.3 Secondary Responder. An individual who supports an initial responder in the emergency preparedness program per Attachment 1.

4.4 Facility Lead. The functional leader of an emergency response facility.

5.0 REFERENCES AND COMMITMENTS

5.1 Licensee Documentation

None

5.2 Standards, Regulations, and Codes

5.2.1 10CFR50 Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities

5.2.2 NUREG-0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants

5.2.3 NUREG-0696, Functional Criteria for Emergency Response Facilities

5.3 Policies, Programs, and Procedures

5.3.1 Site Emergency Plan

5.3.2 NDD-EPP, Emergency Preparedness

5.4 Commitments

None

6.0 RECORDS REVIEW AND DISPOSITION

6.1 The following records generated by this procedure shall be maintained by Records Management for the Permanent Plant File in accordance with NIP-RMG-01, Records Management:

None

6.2 The following records generated by this procedure are not required for retention in the Permanent Plant File:

- Attachment 2, ERO Change Form

LAST PAGE

ATTACHMENT 1: EMERGENCY RESPONSE ORGANIZATION

Sheet 1 of 4

CONTROL ROOM ORGANIZATION

<i>Title/Position</i>	<i>Secondary Responder</i>
Station Shift Supervisor (SSS) who is the Emergency Director (ED)	NONE in the Control Room
Assistant SSS (ASSS) ¹	
Shift Technical Advisor (STA)	
Chief Shift Operator (CSO)	
Nuclear Operator "E"	
Nuclear Auxiliary Operator "B" or "C" (minimum of 2) ²	
Radwaste Operator	
Chemistry Technician	
Fire Brigade (minimum of 2)	
Radiation Protection Tech. ³	
Communications Aide ⁴	

¹ASSS may also fulfill STA function if qualified.

²Can perform basic mechanical and electrical maintenance functions.

³Additional RP Tech available from unaffected unit.

⁴Performed by on-shift Radwaste Operator or Nuclear Auxiliary Operator.

EMERGENCY OPERATIONS FACILITY (EOF)	
<i>Initial Responder</i>	<i>Secondary Responder</i>
Emergency Director (1)	None
Off-Site Dose Assessment Manager (ODAM) (1)	Environmental Survey Sample Team Coordinator (1)
	Dose Assessment Staff (1)
	Meteorological Advisor (1)
	Rad Pro Tech (1)
Security Director (1)	None
Administrative Logistics Manager (1)	Clerical Staff (14) (for all facilities)
Technical Liaison Advisory Manager (1)	None
EOF Administrator (1)	Tech Staff (1/Unit)
	EOF Communicator (1/Unit)
	Plant Information Coordinator (1)
	County Liaison (1)
	State Liaison (1) (Staffed by unaffected Unit EOF Communicator)
Communications Coordinator (1)	None
EOF/JNC Liaison (1)	None

Minimum number of responders are noted in parenthesis.

ATTACHMENT 1 (Cont)

Sheet 3 of 4

TECHNICAL SUPPORT CENTER (TSC) ORGANIZATION	
<i>Initial Responder</i>	<i>Secondary Responder</i>
TSC Manager (TSCM) (1)	None
Technical Data Coordinator (min 1 per Unit)	Technical Staff (minimum of 2 per Unit)
	Emergency Notification System (ENS) Communicator (min of 1)
	TSC Communicator (min of 1 per Unit)
	Control Room Communicator (min 1 per Unit)
Reactor Analyst (1)	None
Maintenance Coordinator (1)	None
Radiological Assessment Manager (RAM) (1)	Rad Support Staff (as needed)
	Health Physics Network (HPN) Communicator (min of 1)
	Chemistry Technician or On-Call Chemistry Supervisor (minimum of 1)
Security Liaison (1)	None
Nuclear Engineering & Design (NED) , Coordinator (1)	(NED) Engineering Staff: Mechanical (min of 1 per Unit) Electrical (min of 1 per Unit) Nuclear Fuel (min of 1)

Minimum number of responders are noted in parenthesis

OPERATIONS SUPPORT CENTER (OSC) ORGANIZATION	
<i>Initial Responder</i>	<i>Secondary Responder</i>
OSC Coordinator (1)	None
OSC Communicator (1)	None
Radiation Protection Team Coordinator (1)	Radiation Protection Technician: Downwind Survey Teams (minimum of 6 technicians) In-Plant Survey Teams (minimum of 3 technicians) Damage Control Team Support (minimum of 3 technicians)
Damage Control Team Coordinator (1 per Unit)	Damage Control Teams Mechanical (minimum of 3) Electrical (minimum of 3) Instrument & Control (minimum of 3)
	Fire Brigade (per Site requirements)
⁴ Personnel Accountability Coordinator	None

Minimum number of responders as noted in parenthesis.

⁴May report to the Security Tactical Operations Center (STOC)

JOINT NEWS CENTER (JNC) ORGANIZATION	
<i>Initial Responder</i>	<i>Secondary Responder</i>
JNC Director (1)	JNC Radiological Briefer (minimum 1)
	JNC Technical Briefer (minimum 1)
	JNC Admin Manager (1)
	JNC Writer (1)
Rumor Control Coordinator (1)	Media Response (minimum 2)
	Rumor Control (minimum 1)
JNC Spokesperson (1)	None

Minimum number of responders as noted in parenthesis.

ATTACHMENT 2: ERO CHANGE REQUEST

Name of affected person: _____ Work ext: _____

Affected ERO Position: _____ ☐ Unit 1 ☐ Unit 2 ☐ N/A

Description of Change: (☐ Add ☐ Delete ☐ Change) Description/Reason:

If addition: Home Phone: _____ Pager #: _____ or ☐ doesn't have one yet or ☐ N/A

This form completed by:

Name (print/initial/date): _____ Work ext: _____

Approved (Branch Manager or above): (print/initial/date): _____

Fax completed form to EP at # 4874

Emergency Preparedness use only

☐ Approve ☐ Reject

Reason:

Completed by: Name (print/initial/date) _____

Initiate ERO changes in accordance with EPMP-EPP-06