

# PREAPPROVED LPC FORM

## PART 1 - Initiation

☐ Converted to Admin. Revision #

LPC No: /

A. Procedure No.: OP 3533	Current Revision #: 6	Title: Post Accident Sampling of Rx Coolant
B. Description of Change: Typo - VYOPF 3533.01 - The reference to the number of pages in the footer is incorrect. It should read 1 of 4 not 1 of 3.		
C. Reason for Change: <input type="checkbox"/> Result of Design Change, Minor Mod, EDCR _____ <input type="checkbox"/> Related ER No. _____ - _____ <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Editorial		
D. Duration: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> One Time Only	I. Originator (Print/Sign/Date) (Use AP 0096, App. A as a reference) (Complete & attach AP 0096 App. C, unless editorial)	
E. Surveillance Database Change? <input type="checkbox"/> Yes, change submitted <input checked="" type="checkbox"/> No	Audra Williams 3/14/03 <i>Audra Williams</i>	
F. Procedure Type: <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Admin. (AP,PP)		
G. AP 0091, Risk Assessment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H. Page(s) affected: VYOPF 3533.01 page 1 of 4		

## PART 2 - Review/Approval (Refer to LPC Criteria of Appendix A)

A. Technical Verification Review (Print/Sign/Date) (Use AP 0096, Appendix B as a reference) <input checked="" type="checkbox"/> N/A	B. Cross-Discipline Review(s) (Print/Sign/Date) <input checked="" type="checkbox"/> N/A
(May perform Qualified Review) (N/A if editorial change)	
C. Qualified Review (Print/Sign/Date) (Use AP 0096, Appendix D, as a reference) <input checked="" type="checkbox"/> N/A	D. 50.59 review completed type: <input type="checkbox"/> AD/Screen <input type="checkbox"/> Evaluation <input checked="" type="checkbox"/> N/A (N/A if editorial change) <input type="checkbox"/> 50.54(q) (EPIP only)
E. RPO Approval (Print/Sign/Date) <i>Brian M. Frin</i> <i>Brian M. Frin</i> 3/19/03	F. IF 50.59 Evaluation: <input checked="" type="checkbox"/> N/A PORC Mtg. Date:
G. Plant Manager (Print/Sign/Date) (SPs only) N/A	
H. Training: (Required for Admin Procedures, unless editorial) <input checked="" type="checkbox"/> N/A	
I. Effective Date: 4/2/03	

CDS Initials *J.A.G.*

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

**OP 3533**

**REVISION 6**

**POST ACCIDENT SAMPLING OF REACTOR COOLANT**

USE CLASSIFICATION: CONTINUOUS

LPC No.	Effective Date	Affected Pages
1	04/02/03	VYOPF 3533.01 Pg 1 of 4

**Implementation Statement: N/A**

Issue Date: 09/27/02

REACTOR COOLANT PASS DATA/ANALYSIS  
(For Use with Appendix B and D)

SAMPLE DATA: Date \_\_\_\_\_ Time \_\_\_\_\_ By \_\_\_\_\_

DILUTION WATER VOL: \_\_\_\_\_ ml

GAS: High (Cyl B and C) OR Low Activity (Cyl B) (CIRCLE ONE)

\*\*\*\*\*

I. GASEOUS Analyses from PASS RV System:

A. Gas Sample correction factor when diluting with carrier gas (CIRCLE ONE):

1. If App. B. Step F.3.a.1) is performed (high activity, Cyl B and C) CF=29

OR

2. If App. B. Step F.3.a.2) is performed (low activity, Cyl B only) CF=7.2

BASIS: 
$$\frac{\text{Vol}_B + \text{Vol}_C}{\text{Mass}_A} = \text{CF}$$

$\text{Vol}_B = 329 \text{ cc}$   
 $\text{Vol}_C = 1005 \text{ cc}$   
 $\text{Mass}_A = 46 \text{ g}$

B. Hydrogen Concentration

Input Needed: 1) Hydrogen concentration \_\_\_\_\_ H<sub>2</sub>conc  
(from analysis as decimal)

2) Gas Sample CF (from I.A) \_\_\_\_\_ CF

1. Calculate H<sub>2</sub> concentration in Reactor Coolant:

$$14 \times \text{H}_2\text{conc} \times \text{CF} = \text{Coolant Hydrogen Concentration in Coolant}$$

\*14 = volume of offgas vial in cc

$$\text{_____} \times \text{_____} \times \text{_____} = \text{_____ cc H}_2 \text{ per g. Rx Coolant}$$

2. Attach printouts to this form.

ILPC1

### 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3533, Rev. 6, LPC #1, Post Accident Sampling of Reactor Coolant

#### A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |     |    |
|---|-----|----|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES | NO |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES | NO |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES | NO |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES | NO |
| (5) Notification Methods and Procedures   | YES | NO |
| (6) Emergency Communications among principal response organizations and the public                | YES | NO |
| (7) Public Education and Information  | YES | NO |
| (8) Adequacy of Emergency Facilities and Equipment  | YES | NO |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES | NO |
| (10) Plume exposure pathway EPZ protective actions  | YES | NO |
| (11) Emergency Worker Radiological Exposure Control   | YES | NO |
| (12) Medical Services for contaminated injured individuals  | YES | NO |
| (13) Recovery and Reentry Plans   | YES | NO |
| (14) Emergency response periodic drills and exercises   | YES | NO |
| (15) Radiological Emergency Response Training   | YES | NO |
| (16) Plan development, review and distribution  | YES | NO |

10 CFR 50.54(q) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |     |                                     |
|---|-----|-------------------------------------|
| (1) Section IV. A - Organization                          | YES | <input checked="" type="radio"/> NO |
| (2) Section IV. B - Assessment Actions                    | YES | <input checked="" type="radio"/> NO |
| (3) Section IV. C - Activation of Emergency Organizations | YES | <input checked="" type="radio"/> NO |
| (4) Section IV. D - Notification Procedures               | YES | <input checked="" type="radio"/> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | YES | <input checked="" type="radio"/> NO |
| (6) Section IV. F - Training                              | YES | <input checked="" type="radio"/> NO |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES | <input checked="" type="radio"/> NO |
| (8) Section IV. H - Recovery                              | YES | <input checked="" type="radio"/> NO |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50 N/A of Section A above, this change (DOES/DOES NOT) decrease the effectiveness of the Emergency Plan and (DOES/DOES NOT) continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

Editorial change only. Page numbering in the footer was incorrect.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☒ This change does not affect any other documents.
- ☐ This change does affect other documents.

Document(s) affected: \_\_\_\_\_

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By:

Christina M. Candy Christina M. Candy Date: 3/31/03  
(Print/Sign)

Reviewed By:

Andrea Williams Andrea Williams Date: 3-31-03  
(Emergency Plan Coordinator) (Print/Sign)

# REVISED PROCEDURE CONTROL FORM

## PART 1 - Initiation

<b>A. Procedure No.</b> OP 3504	<b>New Revision</b> No. 36	<b>Title</b> Emergency Communications	
<b>B. Review Criteria:</b> <input type="checkbox"/> Partial <input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Complete		<b>C. Periodic Review Cycle:</b> <input checked="" type="checkbox"/> 2 Year (Event Driven) <input type="checkbox"/> N/A	
<b>D. List DIs &amp; LPCs:</b> 1, 2, 3			
<b>E. Description and Reasons for Procedure/Changes:</b> <ul style="list-style-type: none"> <li>Updated Figures 4,5,6, and 11.</li> <li>Updated Table 3 and VYOPF 3504.02 to reflect name change of Joint News Center.</li> <li>Changed location of UHF Radio from sprinkler room to Room 123. in EoF</li> </ul>			
<b>F. Originator Name:</b> (App. A was used as references to create this revision, App. C is completed and attached unless Part 1.B above is "Editorial".) (Print/sign/date) Audra Williams <i>Audra Williams</i> 3/11/03			<b>Telephone Extension:</b> x4177

## PART 2 - Reviews

<b>A. Walk-Through Validation:</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Field Walk-Through <input type="checkbox"/> Table-Top <input type="checkbox"/> Simulator Validation		<b>B. Technical Verification Reviewer</b> <input type="checkbox"/> N/A (App. B used as a reference) (Print/Sign/Date) <i>Loei A. Tkaczuk</i> <i>Loei Tkaczuk</i> 3/26/03	
<b>C. Cross-Discipline Reviews:</b> <input checked="" type="checkbox"/> N/A			
<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>D. 50.59 Review Per AP 6002, Preparing 50.59 Evaluations</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 50.59 AD previously performed and documented in the text of this procedure and is still applicable. <input type="checkbox"/> 50.59 Applicability Determination completed and attached; 50.59 Screening NOT required. <input type="checkbox"/> 50.59 Review Screening completed and attached, 50.59 Evaluation NOT required. <input type="checkbox"/> 50.59 Evaluation completed and attached.			
<b>E. QUALIFIED REVIEWER:</b> Use App. D as a reference (May perform 50.59 Applicability Determination) (Part 2.D) (Print/Sign/Date) Audra Williams <i>Audra Williams</i> 3.26.03			
<b>F. ORIGINATOR:</b> <input checked="" type="checkbox"/> Comments Resolved <input checked="" type="checkbox"/> Re-verify All DIs & LPCs Considered <input checked="" type="checkbox"/> Sent for Final Type (CDS or STC (SPs only)) Initial/Date <i>AMH</i> 3/25/03 <input checked="" type="checkbox"/> Proofread after Final Type (Print/Sign/Date) Audra Williams <i>Audra Williams</i> 3.26.03			

### PART 3 - Training/Notification Requirements

A. Indicate training or notifications required to implement procedure: (Required for Administrative Procedures)

☐ Include in formal training (TCR submitted):

☒ E-Mail notification: Trainersoft Module

☐ Crew Briefings:

☐ Other:

☐ N/A

### PART 4 - PORC

Plant Operation Review Committee: ☐ Required ☒ N/A

Meeting No:

PORC Secretary:

Date:

Plant Manager:

### PART 5 - Approval

A. Responsible Procedure Owner: (Print/Signature/Date)

Brian M. Finn *Brian M. Finn* 3/26/03

B. Plant Manager (Print/Sign/Date) (For SPs Only)

N/A

C. Special Instructions: ☐ N/A

☐ Approved for Training

☒ Issue on DATE: 04/02/03

☐ Submit Surveillance Database Change per AP 4000

☐ Other:

### PART 6 - Issuance

Procedure Change No.: 2/15/03

Date procedure issued:

~~4/3~~ 4/2/03

Notes:

Am 4



# 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3504, Rev. 36, Emergency Communications

## A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

### 1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |     |                                     |
|---|-----|-------------------------------------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES | <input checked="" type="radio"/> NO |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES | <input checked="" type="radio"/> NO |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES | <input checked="" type="radio"/> NO |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES | <input checked="" type="radio"/> NO |
| (5) Notification Methods and Procedures   | YES | <input checked="" type="radio"/> NO |
| (6) Emergency Communications among principal response organizations and the public                | YES | <input checked="" type="radio"/> NO |
| (7) Public Education and Information  | YES | <input checked="" type="radio"/> NO |
| (8) Adequacy of Emergency Facilities and Equipment  | YES | <input checked="" type="radio"/> NO |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES | <input checked="" type="radio"/> NO |
| (10) Plume exposure pathway EPZ protective actions  | YES | <input checked="" type="radio"/> NO |
| (11) Emergency Worker Radiological Exposure Control   | YES | <input checked="" type="radio"/> NO |
| (12) Medical Services for contaminated injured individuals  | YES | <input checked="" type="radio"/> NO |
| (13) Recovery and Reentry Plans   | YES | <input checked="" type="radio"/> NO |
| (14) Emergency response periodic drills and exercises   | YES | <input checked="" type="radio"/> NO |
| (15) Radiological Emergency Response Training   | YES | <input checked="" type="radio"/> NO |
| (16) Plan development, review and distribution  | YES | <input checked="" type="radio"/> NO |

10 CFR 50.54(q) Evaluation Checklist (Continued)

- | 2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| (1) Section IV. A - Organization                          | YES                                  | <input checked="" type="radio"/> NO |
| (2) Section IV. B - Assessment Actions                    | YES                                  | <input checked="" type="radio"/> NO |
| (3) Section IV. C - Activation of Emergency Organizations | YES                                  | <input checked="" type="radio"/> NO |
| (4) Section IV. D - Notification Procedures               | YES                                  | <input checked="" type="radio"/> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| (6) Section IV. F - Training                              | YES                                  | <input checked="" type="radio"/> NO |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES                                  | <input checked="" type="radio"/> NO |
| (8) Section IV. H - Recovery                              | YES                                  | <input checked="" type="radio"/> NO |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50.47(b) (8) & Appendix E, Section IV. E of Section A above, this change DOES NOT decrease the effectiveness of the Emergency Plan and DOES continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

The changes to the Facility Layouts were to correct room names, delete phone designations that were no longer part of the E-Plan, add room numbers and correct the phone designations in the Conf. Rooms in the EOF/JNC. All of these changes were enhancements to the procedure and do not decrease the effectiveness of the Emergency Plan and continue to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☒ This change does not affect any other documents.
- ☐ This change does affect other documents.

Document(s) affected: \_\_\_\_\_

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By: Audra Williams *Audra Williams* Date: 03/11/03  
(Print/Sign)

Reviewed By: Lori A. Tkaczuk *Lori A. Tkaczuk* Date: 3/24/03  
(Emergency Plan Coordinator) (Print/Sign)

This change was incorporated into Rev. 36  
~~PREAPPROVED LPC FORM~~ NO LPC was issued AmH

PART 1 – Initiation

☐ Converted to Admin. Revision #

LPC No:

A. Procedure No.: OP 3504	Current Revision #: 35	Title: Emergency Communications
B. Description of Change: Add paging capabilities for the Power Uprate Building.		
C. Reason for Change: <input checked="" type="checkbox"/> Result of Design Change, Minor Mod, EDCR <u>TM 2003-003</u> <input type="checkbox"/> Related ER No. _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Editorial		
D. Duration: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> One Time Only	I. Originator (Print/Sign/Date) (Use AP 0096, App. A as a reference) (Complete & attach AP 0096 App. C, unless editorial) Scott Lyford 3-17-03 <i>Scott Lyford</i>	
E. Surveillance Database Change? <input type="checkbox"/> Yes, change submitted <input checked="" type="checkbox"/> No		
F. Procedure Type: <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Admin. (AP,PP)		
G. AP 0091, Risk Assessment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
H. Page(s) affected: 7		

PART 2 – Review/Approval (Refer to LPC Criteria of Appendix A)

A. Technical Verification Review (Print/Sign/Date) (Use AP 0096, Appendix B as a reference) <input type="checkbox"/> N/A <i>Lori A. Thayer Lori A. Thayer 3/17/03</i> (May perform Qualified Review) (N/A if editorial change)	B. Cross-Discipline Review(s) (Print/Sign/Date) <input checked="" type="checkbox"/> N/A
C. Qualified Review (Print/Sign/Date) (Use AP 0096, Appendix D, as a reference) <input type="checkbox"/> N/A <i>Audra Williams 3.17.03</i> (N/A if editorial change) <i>Audra Williams</i>	D. 50.59 review completed type: <input type="checkbox"/> AD/Screen <input type="checkbox"/> Evaluation <input type="checkbox"/> N/A (N/A if editorial change) <input checked="" type="checkbox"/> 50.54(q) (EPIP only)
E. RPO Approval (Print/Sign/Date) <i>Brian M. Finn Brian M. Finn 3/17/03</i>	F. IF 50.59 Evaluation: <input checked="" type="checkbox"/> N/A PORC Mtg. Date:
G. Plant Manager (Print/Sign/Date) (SPs only) N/A	
H. Training: (Required for Admin Procedures, unless editorial) <input type="checkbox"/> N/A COPY PROVIDED TO OPS FOR INCLUSION IN NIGHT ORDERS	
I. Effective Date: <u>3-26-03</u>	

CDS Initials \_\_\_\_\_

## 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3504, Rev 35, LPC # , Emergency Communications

### A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |            |           |
|---|------------|-----------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES        | <u>NO</u> |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES        | <u>NO</u> |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES        | <u>NO</u> |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES        | <u>NO</u> |
| (5) Notification Methods and Procedures   | <u>YES</u> | NO        |
| (6) Emergency Communications among principal response organizations and the public                | YES        | <u>NO</u> |
| (7) Public Education and Information  | YES        | <u>NO</u> |
| (8) Adequacy of Emergency Facilities and Equipment  | <u>YES</u> | NO        |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES        | <u>NO</u> |
| (10) Plume exposure pathway EPZ protective actions  | YES        | <u>NO</u> |
| (11) Emergency Worker Radiological Exposure Control   | YES        | <u>NO</u> |
| (12) Medical Services for contaminated injured individuals  | YES        | <u>NO</u> |
| (13) Recovery and Reentry Plans   | YES        | <u>NO</u> |
| (14) Emergency response periodic drills and exercises   | YES        | <u>NO</u> |
| (15) Radiological Emergency Response Training   | YES        | <u>NO</u> |
| (16) Plan development, review and distribution  | YES        | <u>NO</u> |

10 CFR 50.54(q) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |               |
|---|---------------|
| (1) Section IV. A - Organization                          | YES <u>NO</u> |
| (2) Section IV. B - Assessment Actions                    | YES <u>NO</u> |
| (3) Section IV. C - Activation of Emergency Organizations | YES <u>NO</u> |
| (4) Section IV. D - Notification Procedures               | <u>YES</u> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | <u>YES</u> NO |
| (6) Section IV. F - Training                              | YES <u>NO</u> |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES <u>NO</u> |
| (8) Section IV. H - Recovery                              | YES <u>NO</u> |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50.47(b) (5) & (8), Appendix E, Section IV. D & Section IV. E of Section A above, this change DOES NOT decrease the effectiveness of the Emergency Plan and DOES continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

This change is being made due to the construction of a new building: Power Uprate Building (PUB) located within the OCA, North of the PSB. Notification methods for an emergency are required in this building and this change reflects the new method and number for paging the PUB. The current x3999 number will now page both the PSB and PUB and will not increase the amount of time it takes Security to page those buildings during an event. Two additional numbers have been established to be able to page each building individually if needed. This change does not decrease the effectiveness of the Plan and continues to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☐ This change does not affect any other documents.
- ☒ This change does affect other documents.

Document(s) affected: OP 3508, OP 3531

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By: Audra Williams *Audra Williams* Date: 1/28/03  
(Print/Sign)

Reviewed By: Lori A. Tkaczyk *Lori A. Tkaczyk* Date: 1/28/03  
(Emergency Plan Coordinator) (Print/Sign)

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

OP 3504

REVISION 36

**EMERGENCY COMMUNICATIONS**

USE CLASSIFICATION: REFERENCE

LPC No.	Effective Date	Affected Pages

Implementation Statement: N/A

Issue Date: 04/02/03



## TABLE OF CONTENTS

PURPOSE .....	3
DISCUSSION .....	3
ATTACHMENTS .....	3
REFERENCES AND COMMITMENTS .....	4
A. Nuclear Alert System .....	5
B. Commercial Telephone System (AT/T Definity System) .....	6
C. Utility Microwave .....	7
D. Utility Radio .....	8
E. Special NRC Phones (FTS) .....	9
F. Mobile UHF Radio System .....	12
G. Three-Part Message and Reply Form .....	17
H. Plant Parameter Form .....	17
I. Facsimile .....	18
J. Dedicated Gai-Tronics .....	18
K. Personnel Paging System .....	18
L. Tri-State Fire Mutual Aid (Shelburne Control) and Southwest NH Mutual Aid Fire (SWNHMA) Radio .....	19
M. General Electric Company - BWR Emergency Support Program .....	20
N. Primary and Alternate Auto Ring Down (PARD & AARD) Telephone Circuits .....	21
O. Off-Site Telephone Capability Determination .....	23
FINAL CONDITIONS .....	23

## PURPOSE

This procedure describes the available communications equipment, the location of this equipment, and the procedures for communicating with on-site and off-site support groups including Federal and State authorities. The procedure also includes the forms to be utilized for recording and transmitting information during an emergency.

## DISCUSSION

The plant staff has available to it various types of communications equipment, which when properly used, allow for effective communications with off-site groups. Basic off-site communications channels are graphically illustrated in Figure 1, "Basic Off-Site Emergency Communications Channels".

Table 3, "Vermont Yankee Emergency Communications Capabilities", summarizes the available means of communication when calling from Vermont Yankee Emergency Response Facilities to off-site and on-site response organizations and teams.

Required notification of off-site groups is accomplished as outlined in the Unusual Event, Alert, Site Area and General Emergency Procedures. Initial notification is the responsibility of the Plant Emergency Director, with assistance from Operations or other technically competent personnel when so requested. Responses from those off-site groups notified or on-site groups who may become involved are channeled through the Site Recovery Manager or the TSC Coordinator, the basic philosophy being to minimize outside distractions to the Plant Emergency Director so that the individual can devote full attention toward maintaining control of the plant emergency situation.

During an Alert, Site Area or a General Emergency, Communications Assistants assist the TSC and EOF Coordinators by handling all incoming and outgoing telephone, Gai-Tronics and radio messages.

In accordance with AP 6002, Preparing 50.59 Evaluations, the results of an Applicability Determination (AD) has determined that an AD is not required for future changes provided the scope of the procedure or program is not revised to include a different type of activity. The basis for this conclusion is that this document is an Emergency Implementing Procedure and is subject to 10CFR50.54(q) to determine if the changes decrease the effectiveness of the Emergency Plan and if they have the potential to affect our ability to meet the standards of 10CFR50.47(b) and the requirements of 10CFR50 Appendix E.

## ATTACHMENTS

- |    |               |  |
|----|---------------|--|
| 1. | VYOPF 3504.01 | Deleted  |
| 2. | VYOPF 3504.02 | Plant Parameters                                     |
| 3. | VYOPF 3504.03 | Deleted  |
| 4. | Table 1       | Deleted  |
| 5. | Table 2       | Deleted  |
| 6. | Table 3       | Vermont Yankee Emergency Communications Capabilities |
| 7. | Figure 1      | Basic Off-Site Emergency Communications Channels     |

8.	Figure 2	Deleted
9.	Figure 3	Control Room - Communications Arrangement
10.	Figure 4	Technical Support Center - Communications Arrangement
11.	Figure 5	Operations Support Center - Communications Arrangement
12.	Figure 6	Emergency Operations Facility/Recovery Center - Communications Arrangement
13.	Figure 7	Determination of Vernon Off-Site Telephone Capability and Alternate Means to Utilize
14.	Figure 8	Determination of Brattleboro Off-Site Telephone Capability and Alternate Means to Utilize
15.	Figure 9	Nuclear Alert System (NAS)
16.	Figure 10	EOF UHF Backup Base Radio Configuration
17.	Figure 11	Joint News Center – Communications Arrangement
18.	Appendix A	Nuclear Alert Station Numbers
19.	Appendix B	Off-Site Emergency Telephone Number List
20.	Appendix C	Deleted
21.	Appendix D	Deleted
22.	Appendix E	Deleted
23.	Appendix F	Deleted
24.	Appendix G	Power Fail Phones

## REFERENCES AND COMMITMENTS

1. Technical Specifications and Site Documents
  - a. VY Emergency Plan
2. Codes, Standards, and Regulations
  - a. None
3. Commitments
  - a. INF97005\_02
4. Supplemental References
  - a. NRC IE Information Notice No. 86-97 - Emergency Communications System
  - b. YA-NOG-9101, Procedure for the Operation of the Nuclear Alert System (NAS),  
Rev. No. 2, June 21, 1995
  - c. AP 3125, Emergency Plan Classification and Action Level Scheme
  - d. OP 3506, Emergency Equipment Readiness Check
  - e. OP 3508, Onsite Medical Emergency Procedure
  - f. OP 3510, Offsite and Site Boundary Monitoring
  - g. OP 3511, Offsite Protective Action Recommendations
  - h. OP 3513, Evaluation of Offsite Radiological Conditions
  - i. OP 3531, Emergency Call-In Method
  - j. OP 3540, Control Room Actions During an Emergency

- k. OP 3541, Activation of the Technical Support Center (TSC)
- l. OP 3542, Operation of the Technical Support Center (TSC)
- m. OP 3544, Operation of the Operations Support Center (OSC)
- n. OP 3545, Activation of the Emergency Operations Facility/Recovery Center (EOF/RC)
- o. OP 3546, Operation of the Emergency Operations Facility/Recovery Center (EOF/RC)
- p. OP 3547, Security Actions During an Emergency
- q. AP 6807, Collection, Temporary Storage and Retrieval of QA Records

## PROCEDURE

### NOTE

Any failures of the Emergency Communication Equipment require an immediate notification to the Control Room, Emergency Planning Manager, the initiation of an Event Report (AP 0009) and any necessary compensatory measures to be taken.

#### A. Nuclear Alert System

##### 1. Description

The Nuclear Alert System (NAS-"Orange Phone") which is a dedicated microwave system, is used for initial notification and as a continuing communications link to off-site agencies. See Figure 9 for an overall view of the system. Group calls to VT/NH/MA State Police or VT/NH/MA Emergency Operations Centers can be made. See Appendix A for telephone numbers.

The Nuclear Alert System orange phone is located in the following locations:

- Control Room on the table in front of the Shift Supervisor's desk, next to the NRC FTS ENS phone (see Figure 3),
- Site Recovery Manager's office in the EOF/RC (see Figure 6), and,
- State Assembly Room in EOF/RC (see Figure 6).

##### 2. Usage Instructions

- a. Refer to the Nuclear Alert System Station Numbers List, Appendix A, and key punch the desired number.

**NOTE**

No audible ringing is heard when making a call. The phone of the party being contacted rings until it is picked up.

**B. Commercial Telephone System (AT/T Definity System)**

**1. Description**

Vermont Yankee uses an AT/T Definity System at Vernon and Brattleboro to provide access to the commercial telephone system. This system is used as the primary means of communications among the Vermont Yankee emergency response facilities and with other off-site support agencies (see Appendix B).

The locations, extension numbers, and features of the telephones for the Control Room, TSC, OSC, and EOF/RC are presented in Figures 3 through 6, respectively. As noted in Figures 3 through 6, some extensions have the optional feature of being directly accessed from off-site, without going through the switchboard, by dialing 258 plus the extension.

The Vermont Yankee phone system uses a combination of local, long distance and other commercial lines to ensure diverse communication capabilities.

**2. Power Fail Telephones**

**NOTE**

Local off-site commercial telephone capability must exist to use Power Fail Phones.

In the event that power is lost to either the Vernon or Brattleboro Definity System Phone Systems, or the systems fail for any reason, there are designated wall and desk telephones (black housing, gray faceplate (desk-type only), and a red handset) in either location to allow off-site commercial telephone capability. See Appendix G for locations and assigned telephone numbers. During a power fail condition or a Definity System failure, these phones are used in a manner similar to off-site commercial phones (i.e., dialing a "9" before the telephone number being called is not necessary). These phones are useable (in a manner similar to non-power fail phones) during non-power fail conditions, and will automatically become operational when a power fail condition is detected by the system.

**3. Off-hours Answering**

Auto Attendant answers all incoming telephone calls.

#### 4. Paging Instructions

##### a. Vernon

The primary paging capability exists within the Gai-Tronics System. A paging capability (through the Gai-Tronics System) does exist within the AT/T Definity System at Vernon.

##### b. Brattleboro

All areas of the Training/Corporate Buildings can be paged by dialing x4699.

##### c. PSB

All areas of the PSB can be paged by dialing x3997, or x3999 (common to PSB and PUB).

##### d. Power Uprate Building (PUB)

All areas of the PUB can be paged by dialing x3998 or x3999 (common to PSB and PUB)

#### C. Utility Microwave

##### 1. Description

Vermont Yankee is linked into National Grid's Shared-Microwave Network. This system provides a dedicated telephone link via microwave channel.

##### 2. Usage Instructions

- a. Find the extension number you want to call in the appropriate telephone directory.
- b. On an AT/T Definity System phone (Vernon or Brattleboro), dial the appropriate microwave access code and extension number.

##### 3. Dedicated Microwaves

These lines appear in the Control Room and are operated as follows:

- a. On one of the two 6-button keysets in the Control Room, push the button labeled ISO or VELCO.
- b. Pick up the phone and press any digit key. It will ring automatically at selected location (ISO or VELCO).

## D. Utility Radio

### 1. Description

If the Utility Microwave (see Section C) is out of service, the Utility Radio (which is mounted at the base of the old 150-ft. meteorological tower) can be used to contact REMVEC and VELCO in an emergency. The handset and control for the radio are in the Control Room with an auxiliary handset at the radio.

### 2. Usage Instructions

#### NOTE

There is no need to use the call letters again during the conversation until you sign off.

Pick up the handset, located in the Control Room under the computer console, and call REMVEC in the following manner:

"This is Vermont Yankee (WDF 89) calling Westboro (WDF 83). Over."

### 3. Failure of Utility Radio

Following are steps to be used in the event of a failure of the Utility Radio:

- a. Notify VELCO of problem at 802-773-9161
- b. Immediately notify Emergency Planning Manager.
- c. Initiate an Event Report (AP 0009).
- d. Initiate any necessary compensatory measures.

E. Special NRC Phones (FTS)

1. Description

VY and the NRC utilize the Federal Telecommunications System (FTS) which provides a separate government network for all of the essential communication functions, and avoids the potential Public Switch Network (PSN) blockage which could occur during an emergency.

The following NRC Essential Emergency Communication Functions are handled by the FTS service:

**Emergency Notification System (ENS):** Facilitates VY's notification of an off-normal incident affecting the plant, and provides information concerning the operation and status of the plant to the NRC Operations Center.

**Health Physics Network (HPN):** Provides the NRC Operations Center with health physics and environmental information in the event of an emergency.

**Reactor Safety Counterpart Link (RSCL):** The channel by which NRC reactor safety personnel at Vermont Yankee support the NRC Operations Center, without interfering with the exchange of information between VY and NRC.

**Protective Measures Counterpart Link (PMCL):** The channel by which NRC protective measures personnel at Vermont Yankee support the NRC Operations Center, without interfering with the exchange of information between VY and NRC.

**Management Counterpart Link (MCL):** The channel which provides the means for any internal discussions between the NRC Executive Team Director (or Executive Team members) at Vermont Yankee and top level VY management (or the NRC Director of Site Operations).

**Local Area Network (LAN) Access:** The channel by which NRC personnel at Vermont Yankee access any of the products or services (i.e., technical projections, press releases, status reports, E-mail, and various computerized analytical tools) provided on the NRC Operations Center's local area network.

**Emergency Response Data System (ERDS):** The channel over which raw reactor parametric data are transmitted from plant.

Any of the aforementioned channels can be accessed by dialing a specific 10-digit number.

The locations of the phones associated with the aforementioned channels and their assigned 10-digit numbers, are shown in Figures 3, 4, and 6.



2. Usage Instructions - FTS ENS & HPN Phones

- a. Lift the receiver on the telephone and listen for a dial tone.
- b. After receiving a dial tone, dial the first number listed below, using all 11 digits. If the first number is busy, use the second, etc.

1-301-816-5100  
1-301-951-0550  
1-301-415-0550

3. Failure of FTS ENS or FTS HPN Phones

Following are steps to be used in the event of a failure of FTS ENS or HPN Phones:

- a. Use the commercial telephone system and call one of the following numbers in the order listed:  
  
1-301-816-5100  
1-301-951-0550  
1-301-415-0550
- b. Upon reaching the NRC, remember to inform them of the problem with the FTS ENS or HPN phones.

4. Failure of All FTS Phones and Commercial Telephone System

In the event that all the FTS Phones and the commercial telephone system have failed, the Utility Microwave Network (See Section C) can be used (if operable) to contact the NRC Operations Center (301-816-5100) through ISO - New England.

**NOTE**

If an NRC classified emergency notification (above an Unusual Event) is being initiated, the NRC will most likely request a continuous open line with Vermont Yankee. The ISO - New England link should be utilized for this purpose.

a. ISO - New England Link

**NOTE**

This link may be established with VELCO via the dedicated microwave line from the Control Room if ISO - New England is not available.

- 1) Contact ISO - New England via the dedicated microwave line from the Control Room.
- 2) Advise them of the telephone failures, and that they will be utilized to establish a link between the NRC Operations Center and the Vermont Yankee Control Room, utilizing their conference call mode.
- 3) Request ISO - New England to call the NRC Operations Center in Rockville, MD (1-301-816-5100), and advise the NRC that VY is utilizing ISO - New England to establish a communications link between the Vermont Yankee Control Room and the NRC Operations Center because of degraded communications capability at VY.
- 4) After making the appropriate notification to the NRC, inform the NRC that to contact the Vermont Yankee Control Room, the NRC must first contact the ISO - New England Control Room at 413-535-4384, who will then establish a link between the VY Control Room and the NRC via their conference mode.

## F. Mobile UHF Radio System

### 1. Description

This system is utilized by all emergency teams and consists of a 100 watt repeater with its high gain antenna mounted on top of the old 150-foot meteorological tower and a 100 watt repeater with its high gain antenna mounted on top of the 330 foot meteorological tower. These repeaters are actuated by six base radio stations located in the following:

- Control Room,
- Gate 1,
- Gate 2,
- Secondary Alarm Station,
- TSC Computer Users Room, and
- EOF/RC.

Five Mobile two-way radio sets are available at Gatehouse 2 for use by off-site monitoring teams.

These radios provide improved range and performance over the portable radios.

Portable radios are available at Gate 2.

### 2. Frequency Settings

The portable units actuate one repeater on the F1 position of the frequency switch and the other repeater on the F3 position of the frequency switch.

#### NOTE

All emergency teams utilize the F3 position of the frequency switch.

In the event that the F3 channel fails, switch to the F1 position of the frequency switch. If both F1 and F3 channels fail, use the F2 channel. This channel provides a "talk around" (the repeaters) and allows continued communications between portable radios at 4 watt output.

The call signs for the three frequencies are as follows:

- F1 - KZX 728,
- F2 - KZX 728, and
- F3 - WPTN 688.

**NOTE**

In the event that messages of a routine nature are occupying the radio channel and it is necessary to transmit an urgent message, depress the microphone button and announce "Break, Break, Break - Urgent Message". When the channel is cleared of traffic, proceed with the urgent message.

3. Unit Designations

Unit designations used during conversation are as follows:

Control Room	Control Room
Emergency Operations Facility/ Recovery Center	EOF
Technical Support Center	TSC
Security - Gate 1	Gate 1
Security - Gate 2	Gate 2
Security - Secondary Alarm Station	SAS
On-Site Assistance 1, 2, etc.	On-Site Assistance 1, 2, etc.
Site Boundary	Site Boundary Team
Green Team	Green Team
Blue Team	Blue Team
Black Team	Black Team

4. Usage Instructions

a. EOF UHF Base Radio Station

- 1) The primary EOF base station is a self-contained unit located in OSMT Communications Area (Room 123).

**NOTE**

There is a backup EOF base radio station system stored with the primary system. Its configuration is depicted in Figure 10.

- 2) Plug the antenna cable (running from the "RF OUT" port of the RF Power Amplifier) into the antenna wall jack (#77), located in Room 123.
- 3) Plug power cords from the power supply unit into nearest available outlets.

- 4) Ensure that the base radio station and power supply unit are on and set the squelch about halfway.
- 5) Depress microphone switch, marked with a lightning bolt, when transmitting; release for receiving.
- 6) Initiate call to Gate 2 on channel 1: "This is EOF to Gate 2. Over." (Use the + and - signs to change channels.)
- 7) When acknowledged by Gate 2 that they read you loud and clear (10-2), ask them to call you back on channel 3.
- 8) Change to channel 3 and wait for their call.
- 9) Confirm receipt to Gate 2 and state "This is EOF. Clear."

b. TSC Base Radio Station

- 1) Ensure both base radio station and power supply are on.
- 2) Rotate the radio squelch control to the maximum counterclockwise position and set the radio volume control to a comfortable listening level.
- 3) Place squelch control into PL mode.
- 4) Depress microphone switch when transmitting; release for receiving.

**NOTE**

If a drill, state "This is a drill".

- 5) Initiate call by saying "This is (unit calling) to (unit called). Over".
- 6) When acknowledged, carry out conversation.
- 7) The party completing the conversation should end with "This is (unit designation). Clear."

c. Portable Radios

**NOTE**

Portable radios are not to be used in the following areas:

- Behind the Control Room panels (use of radios in the front panel area is acceptable),
- In the vicinity of the electronic pressure regulator panel near the head of the stairs to the feed pump room,
- Analog trip cabinets located in the Reactor Building at elevation 232 ft, Northwest corner (use of radios at elevation 213 ft - RCIC room or at elevation 252 ft, Northwest corner is acceptable),
- In the vicinity of the recirc flow transmitters in the Southeast corner room, RHR B at elevation 232 ft of the Reactor Building,
- Analog trip cabinets located at racks 25-5 and 25-6 in the Reactor Building, elevation 280 ft, East side and,
- The Switchgear Ante Room (area in between the west single access switchgear room door and hallway door, in the vicinity of the switchgear room fire panels).
- In the vicinity of #27 off-gas rack; elevation 252 ft. of the Turbine Building in the area between the Diesel Day Tank Room and MCC10B.
- In the vicinity of the main steam line radiation monitor lines; elevation 272.5 ft. of the Turbine Building in the HVAC Room.
- The AOG Building

- 1) Rotate the volume control one-half turn clockwise to turn radio ON.
- 2) Place the squelch switch in its OFF position.
- 3) Rotate the radio squelch control to the maximum counterclockwise position and set radio volume control to a comfortable listening level.
- 4) Place squelch control into PL mode.

- 5) Set the frequency select switch to the desired channel for monitoring.
- 6) Place the squelch switch in the ON position after monitoring.
- 7) To transmit, depress the push to talk switch and speak normally with mouth about 6 inches from the grille.

d. Vehicle Communications Radio

**NOTE**

The vehicle ignition switch must be on to permit the radio to transmit or receive, and for the battery charging circuitry to operate.

- 1) Plug the radio into the vehicle cigarette lighter, or other power point.
- 2) Rotate the radio volume control one-half turn clockwise to turn the radio ON. This also turns on the night light which illuminates the radio controls. The night light is also turned on when the ignition switch is turned on.
- 3) Rotate the squelch control to the maximum counterclockwise position and set volume of console volume control to a comfortable listening level.
- 4) Place squelch control into the PL mode.
- 5) Set the frequency selector switch to the desired channel for monitoring (F1 - back-up, F2 - talkaround, and F3 - emergency response and security).

**NOTE**

The red transmitter indicator glows when the transmitter is on the air.

- 6) To transmit, ensure the ignition switch is on. Depress the push to talk switch (on the microphone) and speak normally with mouth about two inches from the grille of the microphone.

5. Failure of UHF Radio System

Following are steps to be used in the event of a failure of the UHF Radio System:

- a. Immediately notify Control Room.
- b. Immediately notify Emergency Planning Manager.
- c. Initiate an Event Report (AP 0009).
- d. Initiate any necessary compensatory measures.

G. Three-Part Message and Reply Form

1. Description

Messages and replies which are sent among emergency response personnel at the emergency response facilities are documented on three-part message and reply forms (per instructions on form). If using this type of form, the following steps should be followed:

- a. Outgoing messages and replies should be documented with a date and time.
- b. If a reply is requested, the appropriate part of the form should be retained as a "tickler" to ensure a reply is made within a timely manner.
- c. "Urgent" messages should be so designated in the upper left corner under "To".

H. Plant Parameter Form

1. Description

A current display of data specified on VYOPF 3504.02 can be obtained through ERFIS by performing the following steps:

- a. Depress the "Group Pt Display" key.
- b. Tab down the list to "TSC/EOF" by using the field key.
- c. Depress "enter" key to access form.

If ERFIS is not operational, the TSC Coordinator or designee obtains and records specified information on VYOPF 3504.02, and communicates plant parameter data to the EOF/RC and ESC via the facsimile machines (see Section I).



I. Facsimile

1. Description

The facsimile machines provide the capability to transmit and receive documents. The facsimile machines can automatically answer an incoming call, print out the received copies and return the unit to standby. No operator assistance is required.

Facsimile machine locations for the TSC, OSC, and EOF/RC are shown in Figures 4, 5, and 6, respectively.

J. Dedicated Gai-Tronics

1. Description

At the plant during an Unusual Event, Alert, Site Area, or General Emergency, Channel 4 of Gai-Tronics is reserved for use by the following three parties:

- Control Room,
- Technical Support Center, and
- Operations Support Center.

K. Personnel Paging System

1. Description

Vermont Yankee has the capability of paging Vermont Yankee personnel outside of the VERNON/BRATTLEBORO paging systems.

2. Usage Instructions

a. Initiate Group Call

The Security Shift Supervisor initiates Group Calls per OP 3531.

b. Initiate Single Person Call - Numeric Message

- 1) Dial Individual Pager number.
- 2) Leave a message.
- 3) Hang up.

L. Tri-State Fire Mutual Aid (Shelburne Control) and Southwest NH Mutual Aid Fire (SWNHMA) Radio

1. Description

Located in the Control Room, this radio is utilized if all off-site channels of communications fail. Tri-State is based in Shelburne, MA, at Mass State Police Barracks and SWNHMA is based in Keene, NH, at the Keene Fire Department.

- a. Tri-State Mutual Aid is known as Shelburne Control.
- b. SWNHMA is call sign KCE 579.
- c. KCP 596 is Vernon Volunteer Fire Department, Remote 2 is the radio-telephone in the Control Room on their frequency, 33,540.

2. Usage Instructions

- a. On the Plectron control unit, located on the right side, vertical, of Shift Engineer's desk, pick up the handset and depress the switch on it and establish radio contact as follows:

- 1) For SWNHMA:  
"KCE 579, this is KCP 596, Remote 2. Over."
- 2) For Tri-State:  
"Shelburne Control, this is KCP 596, Remote 2. Over."

- b. Give message and make sure message is properly acknowledged.

3. Failure of Tri-State Fire Mutual Aid (Shelburne Control) and Southwest NH Mutual Aid Fire (SWNHMA) Radio

Following are steps to be used in the event of a failure of the Radio:

- a. Immediately notify Control Room.
- b. Immediately notify Emergency Planning Manager.
- c. Initiate an Event Report (AP 0009).
- d. Initiate any necessary compensatory measures.

**NOTE**

Security also has the capability to contact via radio the Windham County Sheriff Dispatcher and any State Police vehicle in proximity to the plant. [INF97005\_02]

M. General Electric Company - BWR Emergency Support Program

1. Description

General Electric has established an emergency support program that utilizes the full resources of the service engineering organization in San Jose and the field personnel in the local districts to support utilities during major plant emergencies.

General Electric provides dedicated telephone communications coverage 24 hours a day. The contact telephone number is monitored continuously by the Security Operations Center at GE Nuclear Energy, San Jose, CA. The dispatcher will contact a GE Emergency Support Program Duty Manager who will then call Vermont Yankee back at the number provided by Vermont Yankee to the dispatcher.

**NOTE**

Upon initial contact with the GE Duty Manager, the scope of assistance and associated logistics will be discussed and determined at that time.

2. Usage Instructions

- a. Dial telephone number listed in Appendix B under "GE Emergency Support Assistance".
- b. State your name.
- c. State BWR plant name.
- d. Request that you would like to speak to the GE Emergency Support Program Duty Manager.
- e. Provide telephone number at which you can be reached.

N. Primary and Alternate Auto Ring Down (PARD & AARD) Telephone Circuits

1. Description

The Primary Auto Ring Down (PARD) circuit and the Alternate Auto Ring Down (AARD) circuit are dedicated telephone circuits that connect the EOF/RC with the Main Control Room (MCR), TSC, OSC, and Simulator Control Room (SCR) for simultaneous communications. The telephone circuits are only accessible by telephones on their respective circuits.

The PARD goes through the AT&T Definity System both in Vernon and Brattleboro. The AARD does not. Consequently, if the Definity System is not functional (at either location), the PARD is not functional.

The AT&T Definity System enhances the transmission quality between Vernon and Brattleboro when more than one phone is off hook at one location.

2. Establishing the Primary Auto Ring Down Telephone Circuit

**NOTE**

If the AT&T Definity System is not functional (at either Vernon or Brattleboro), the PARD is not functional.

- a. The TSC must first establish the circuit by picking up the receiver on the Primary Ring Down phone and dialing or pushing the button for the location being called.
- b. Inform the person called that the TSC is establishing the Ring Down phone, so please stand by.
- c. Push the conference button once.
- d. Dial or push the button for the next location to be connected. Inform the person called that the TSC is establishing the Ring Down phone, so please stand by.
- e. Push the conference button twice.
- f. Repeat Steps 2.d and 2.e until all locations have been called.
- g. After connection to the last location is established, push the conference button once and all parties will be on the line.

**NOTE**

For the locations using a speaker box and are monitoring (not transmitting) conversations at the other facilities, ensure that the microphone switch light is not lit (mute button is depressed).

- h. If any PARD phone hangs up, the TSC can re-establish communications without all other PARD phones hanging up.

3. Establishing the Alternate Auto Ring Down Telephone Circuit

**NOTE**

Initiation from Brattleboro is preferred; however, either location (Brattleboro or Vernon) can initiate the AARD.

- a. Brattleboro or Vernon can establish the AARD circuit by picking up the receiver from the black phone without the rotary dial labeled ALTERNATE RING DOWN (or pressing the on/off button on the speakerphone),

**NOTE**

The AARD phones in the location which initiates the call do not ring. All the AARD phones in the location being contacted ring until one of the phones in this location is picked up or the on/off button on the speaker is depressed.

- b. The AARD phone which picks up first at the contacted location should inform the other AARD phones at that location by alternate telephone extensions that they should pick up the AARD phone.
- c. The AARD phone in the location which initiated the call should inform the AARD phones at that location by alternate telephone extensions that they should pick up the AARD phone.
- d. Any AARD phone can hang up and re-establish communications without all other AARD phones hanging up.

**NOTE**

If all the AARD phones at the same location hang up, then the AARD circuit is broken and must be re-established by beginning with the first step.

- e. To activate the mute button on the speaker, depress the mute button and the red light comes on. Your voice is not transmitted, but the voices from the other AARD phones are still heard.

O. Off-Site Telephone Capability Determination

If there are indications that off-site telephone capability is lost, refer to Figure 7 (for Vernon) or Figure 8 (for Brattleboro) as an aid to quickly assess whether off-site telephone capability is lost, and if so, what alternate means could be used.

**FINAL CONDITIONS**

- 1. Retain records per AP 6807.

## PLANT PARAMETERS

UNUSUAL EVENT \_\_\_\_\_ (time) ALERT \_\_\_\_\_ (time) SITE AREA \_\_\_\_\_ (time) GENERAL \_\_\_\_\_ (time)  
 Date \_\_\_\_\_

INFO Current at:		TIME					
PTID	REACTOR PARAMETER						
C203	Power (%) CRP 9-5						
C201	Level (in) CRP 9-5						
C202	Pressure (psig) CRP 9-5						
	LEVEL CONTROLLED BY:						
	FW, CS, HPCI, LPCI or RCIC						
	REACTIVITY CONTROL						
	Rods - ARI or SLC						
	CONTAINMENT PARAMETER						
C204	Drywell - Pressure (psig) CRP 9-25						
C211	Drywell/Torus Hydrogen Concen. (%)						
C212	Drywell/Torus Oxygen Concen. (%)						
M092	Drywell - Air Temperature (Deg. F)						
M093	TI16-19-30B TR16-19-45(30A) CRP 9-25						
C207	Torus - Water Temperature (Deg. F)						
	TI16-19-33A & C CRP 9-3						
	SIGNIFICANT PARAMETERS						

Distribution: - Within TSC: TSC Coord., OSC Coord., Ad Hoc Engineering Group, NRC Main Office Fax, Rad Protection Mgr., Status Bd. Keeper  
 - TSC Coordinator to EOF Communications Ass't. and ESC  
 - EOF Communications Ass't. to EOF Coordinator, SRM, EOF Rad. Ass't., and Media Advisor  
 - SRM to NRC, VT/NH/MA, and JNC

# PLANT PARAMETERS (Continued)

Date \_\_\_\_\_

INFO Current at:		TIME					
PTID	RAD. PARAMETERS						
M001 U013	Stack Gas Monitor I/II (cpm) CRP 9-2	/	/	/	/	/	/
U014	Stack High Range Monitor (mR/hr) CRP 9-2						
	Containment Air Mon. Gas/Particulate (cpm) CRP 9-2						
M124 M125	Drywell High Range Rad. Monitor Channel A/B (R/hr) CRP 9-2	/	/	/	/	/	/
	Rx Bldg Vent Mon. Gas/Particulate (cpm) CRP 9-2						
M126 M127	Rx Bldg Vent Exhaust Rad Channel A/B (mR/hr) CRP 9-2	/	/	/	/	/	/
M120- M123	Main Steam Line Monitor (mR/hr) CRP 9-10						
M002	Off Gas CH-A & B Rad Monitor (mR/hr) CRP 9-10						
M043	Torus Catwalk (mR/hr) CRP 9-11						
M000	252 Foot Elevator Entrance (mR/hr) CRP 9-11						
M052	252 Foot Railroad Airlock Access (mR/hr) CRP 9-11						
M053	Tip Room High Range Mon. (mR/hr) CRP 9-11						
M051	Elevator Entrance - 280 Foot (mR/hr) CRP 9-11						
M060	Control Rod Drive Repair Room (mR/hr) CRP 9-11						
M067	Elevator Entrance - 303 Foot (mR/hr) CRP 9-11						
M068	Elevator Entrance - 318 Foot (mR/hr) CRP 9-11						
M078	Elevator Entrance 345 Foot (mR/hr) CRP 9-11						

Distribution: - Within TSC: TSC Coord., OSC Coord., Ad Hoc Engineering Group, NRC Main Office Fax, Rad Protection Mgr., Status Bd. Keeper  
 - TSC Coordinator to EOF Communications Ass't. and ESC  
 - EOF Communications Ass't. to EOF Coordinator, SRM, EOF Rad. Ass't., and Media Advisor  
 - SRM to NRC, VT/NH/MA, and JNC



TABLE 3

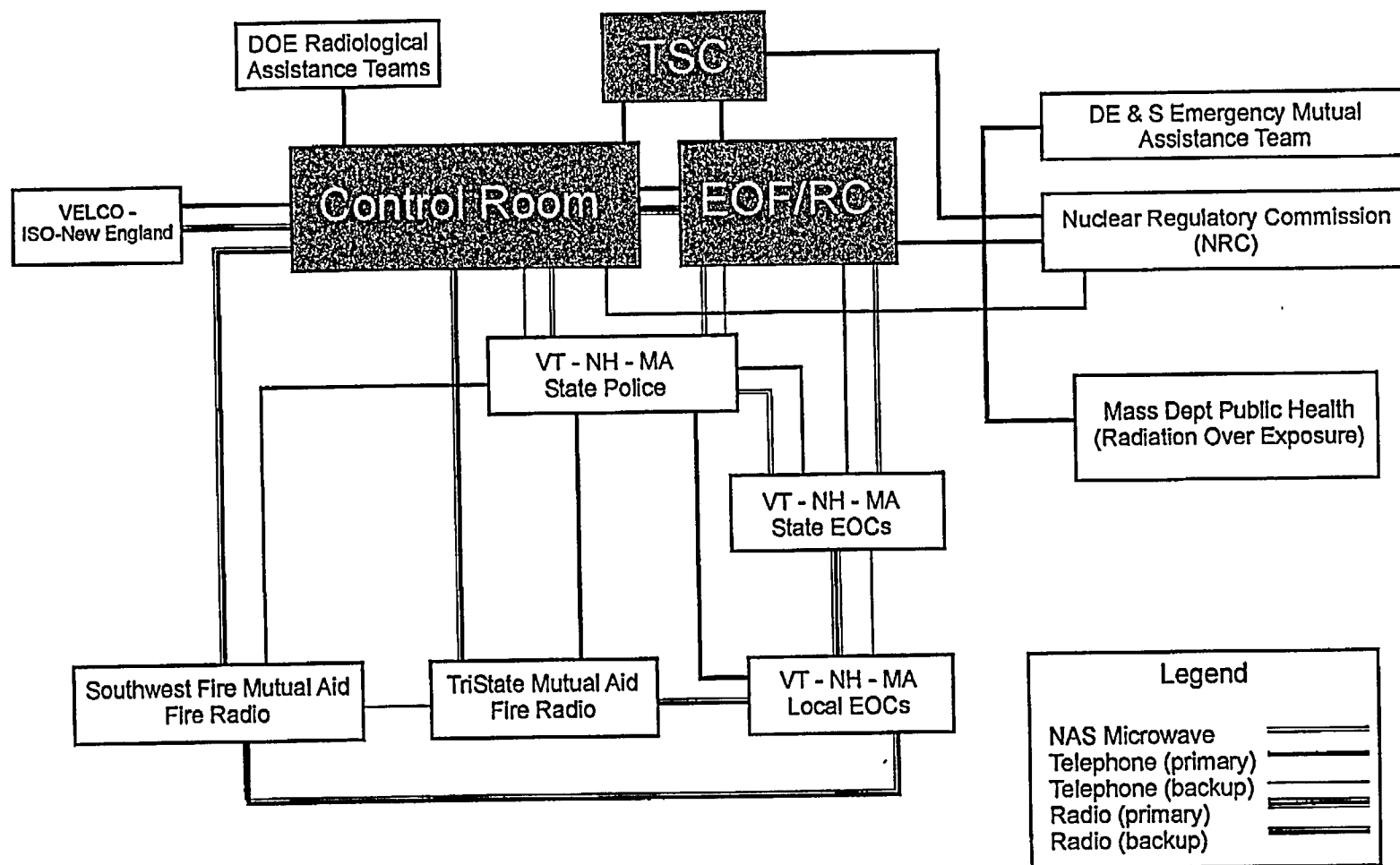
VERMONT YANKEE EMERGENCY COMMUNICATIONS CAPABILITIES  
(Emergency Plan Table 7.1)

<u>CALLING TO</u>	<u>CALLING FROM</u>				
	<u>CR</u>	<u>TSC</u>	<u>OSC</u>	<u>EOF</u>	<u>JNC</u>
Technical Support Center	1,4,5,7	-	-	-	-
Operations Support Center (OSC)	1,7	1,7	-	-	-
Emergency Operations Facility (EOF)	1,2,4	1,4,10	1	-	-
Joint News Center (JNC)	1	1,10	1	1,10	-
Offsite and Site Boundary Monitors	1,4	1,4	1	1,4	1
Nuclear Regulatory Commission	1,5	1,5,6	1	1,5,6	1
State Police Dispatch (VT, NH, MA)	1,2	1	1	1,2	1
State EOCs (VT, NH, MA)	1,2,9	1	1	1,2,9,10	1
Vermont Yankee Plant Security	1,4,7	1,4,7	1,7	1,4,7	1
Vermont Yankee Emergency Response Personnel	1,8	1,8	1,8	1,8	1,8

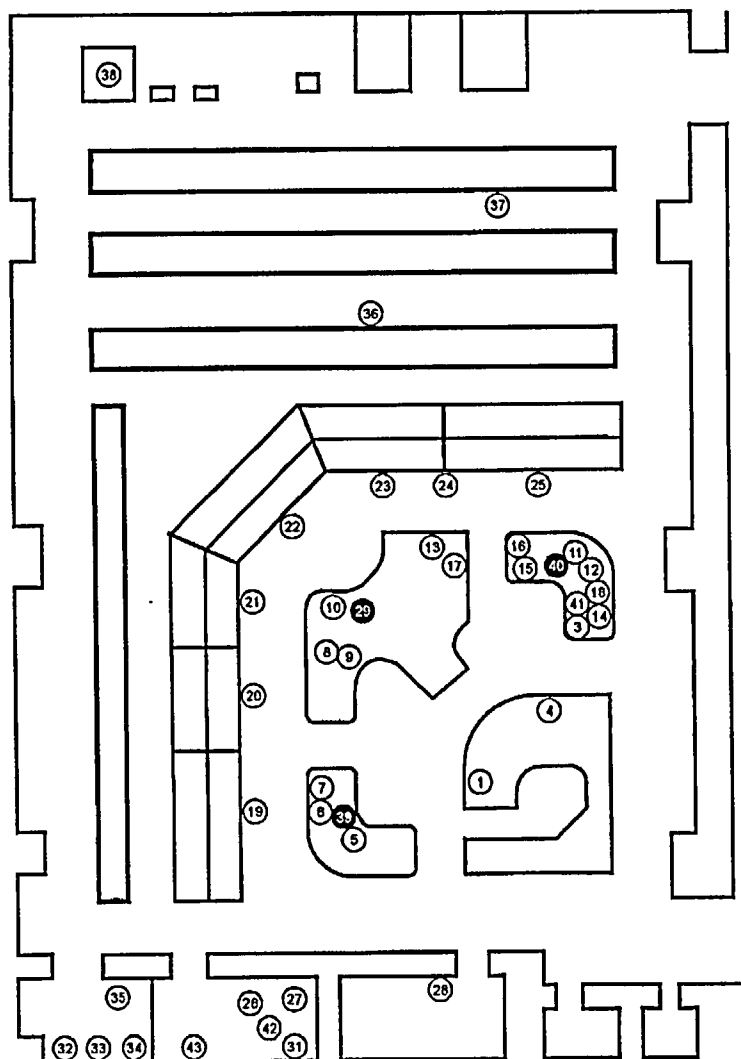
## KEY

- |                                    |                 |
|------------------------------------|-----------------|
| 1 - Commercial Telephone System    | (See Section B) |
| 2 - Nuclear Alert System           | (See Section A) |
| 3 - Utility Microwave              | (See Section C) |
| 4 - Utility Radio                  | (See Section D) |
| 5 - Emergency Notification System  | (See Section E) |
| 6 - Health Physics Network         | (See Section E) |
| 7 - Plant Intercom System          | (See Section J) |
| 8 - Personnel Pager System         | (See Section K) |
| 9 - Tri-State/Southwest Fire Radio | (See Section L) |
| 10 - Facsimile Transmission        | (See Section I) |

**FIGURE 1**  
**BASIC OFF-SITE EMERGENCY COMMUNICATIONS CHANNELS**



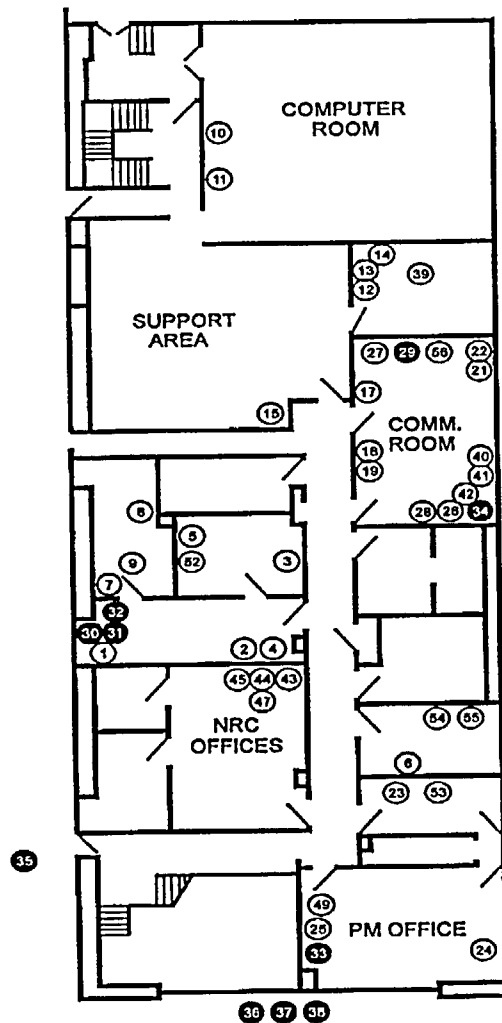
**FIGURE 3**  
**CONTROL ROOM – COMMUNICATIONS ARRANGEMENT**



NO.	TELECOMMUNICATIONS DESCRIPTION	EXTENSION
1	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5101
2	(Deleted)	---
3	NAS ORANGE PHONE (CH. 123)	---
4	GAI-TRONICS	---
5	EXTENSION TELEPHONE	5438 •
6	MICROWV. TEL. (VELCO/VERNON/NFLD/ISO)	---
7	GAI-TRONICS	---
8	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5100
9	GAI-TRONICS	---
10	EXTENSION TELEPHONE	5439 •
11	UHF RADIO SYSTEM	---
12	UTILITY COMMAND 3760 RADIO (REMVEC)	---
13	GAI-TRONICS	---
14	GAI-TRONICS	---
15	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5102* (5016)
16	ALT. AUTO RINGDOWN (EOF TO TSC/CR/OSC)	---
17	MICROWV. TEL. (VELCO/VERNON/NFLD/ISO)	---
18	TRI-STATE MUTUAL AID RADIO	---
19	GAI-TRONICS	---
20	GAI-TRONICS	---
21	GAI-TRONICS	---
22	GAI-TRONICS	---
23	GAI-TRONICS	---
24	GAI-TRONICS	---
25	GAI-TRONICS	---
26	EXT. TELEPHONE/SPKR PHONE	5122
27	PHONE TO SIMULATOR (HOT LINE)	5124
28	(Deleted)	---
29	EXTENSION TELEPHONE	5205
30	(Deleted)	---
31	GAI-TRONICS	---
32	MULT. LINE EXT. TELEPHONE (SECURITY)	5783 •
33	UHF RADIO SYSTEM	---
34	JOHNSON RADIO (LOCAL POLICE/SHERIFF)	---
35	GAI-TRONICS	---
36	GAI-TRONICS	---
37	GAI-TRONICS	---
38	EXTENSION TELEPHONE (SECURITY)	5125
39	EXTENSION TELEPHONE	5206
40	EXTENSION TELEPHONE	5207
41	VY-USE ENS PHONE (FTS)	700-681-4323
42	EXTENSION TELEPHONE	5103
43	FAX MACHINE	5400

■ - POWER FAIL PHONE  
 • - OPTIONAL DIRECT OFF-SITE ACCESS USING 258-XXXX  
 \* SET INCLUDES PRIMARY AUTO RINGDOWN

**FIGURE 4**  
**TECHNICAL SUPPORT CENTER - COMMUNICATIONS ARRANGEMENT**

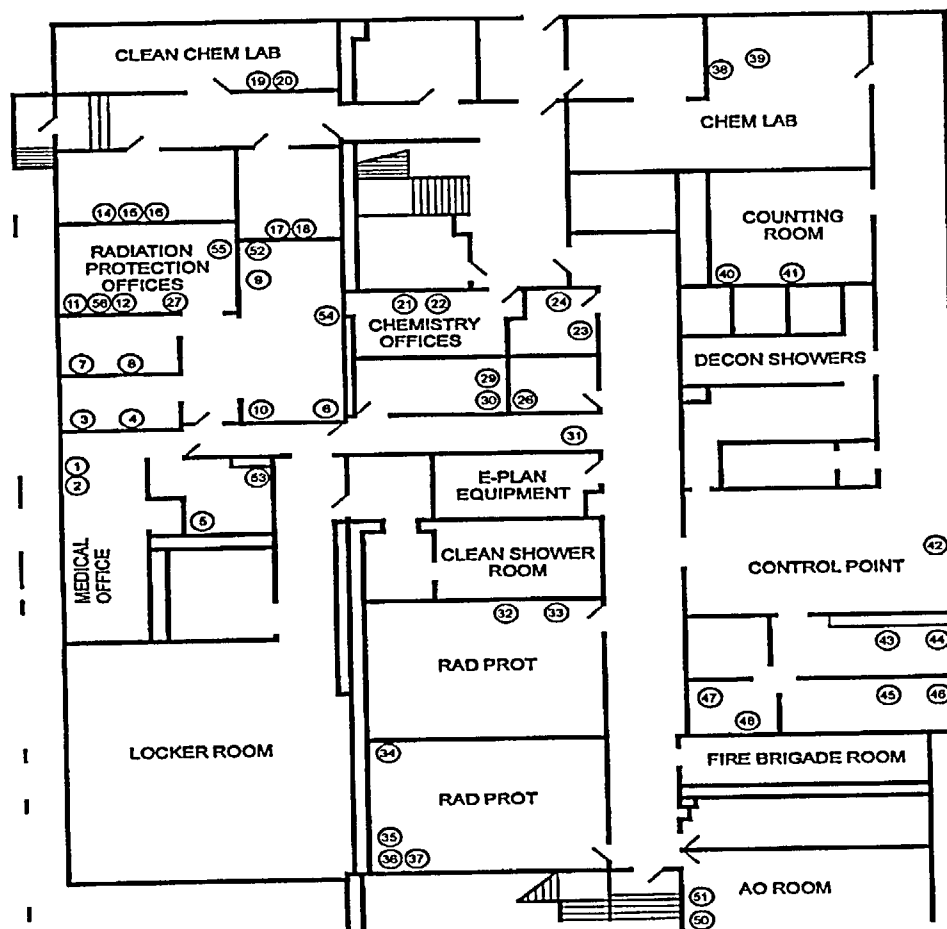


NO.	TELECOMMUNICATIONS DESCRIPTION	EXTENSION
1	SWITCHBOARD	"0"
2	GAI-TRONICS	
3	EXTENSION TELEPHONE	5541 *
4	EXTENSION TELEPHONE	5145
5	GAI-TRONICS	
6	EXTENSION TELEPHONE & FAX MACHINE (INCOMING)	5440 *
7	EXTENSION TELEPHONE	5550 *
8	EXTENSION TELEPHONE	5540 *
9	GAI-TRONICS	
10	EXTENSION TELEPHONE	5511
11	GAI-TRONICS	
12	GAI-TRONICS	
13	EXTENSION TELEPHONE	5425
14	EXTENSION TELEPHONE	6423
15	UHF RADIO SYSTEM	
16	(Deleted)	
17	GAI-TRONICS	
18	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5531 *
19	GAI-TRONICS	
20	(Deleted)	
21	ALT. AUTO RINGDOWN (EOF TO TSC/CR/OSC)	
22	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5014 ▲
23	MULTIPLE LINE EXTENSION TELEPHONE	5403 *
24	MULT. LINE EXT. TELEPHONE/SPKR PHONE	5421 *
25	GAI-TRONICS	
26	EXTENSION TELEPHONE	5212
27	EXTENSION TELEPHONE	5214
28	EXTENSION TELEPHONE	5211
29	EXTENSION TELEPHONE	5209
30	EXTENSION TELEPHONE	5201
31	EXTENSION TELEPHONE	5202
32	EXTENSION TELEPHONE	5203
33	EXTENSION TELEPHONE	5200
34	EXTENSION TELEPHONE	5208
35	EXTENSION TELEPHONE (OPS. SUPT'S OFFICE)	5204
36	EXTENSION TELEPHONE (GATE 2)	5201
37	EXTENSION TELEPHONE (GATE 2)	5202
38	EXTENSION TELEPHONE (GATE 2)	5203
39	VY-USE NRC HPN PHONE (FTS)	700-861-4319
40	NRC HPN PHONE (FTS)	700-861-4319
41	VY-USE NRC ENS PHONE (FTS)	700-861-4323
42	NRC PROTECTIVE MEASURES CNTRPRT LINK (FTS)	700-861-4321
43	NRC PROTECTIVE MEASURES CNTRPRT LINK (FTS)	700-861-4321
44	NRC ENS PHONE (FTS)	700-861-4323
45	NRC HPN PHONE (FTS)	700-861-4319
46	(Deleted)	
47	NRC REACTOR SAFETY CNTRPRT LINK (FTS)	700-861-4324
48	(Deleted)	
49	EXTENSION TELEPHONE	5850 *
50	(Deleted)	
51	(Deleted)	
52	EXTENSION TELEPHONE	5877 *
53	FAX MACHINE	5544
54	FAX MACHINE (OUTGOING)	5995
55	EXTENSION TELEPHONE	5157
56	CORDLESS PHONE	5017

■ - POWER FAIL PHONE  
 ♦ - OPTIONAL DIRECT OFF-SITE ACCESS USING 258-XXXX  
 ▲ - SET INCLUDES PRIMARY AUTO RINGDOWN

Figure 4  
 OP 3504 Rev. 36  
 Page 1 of 1

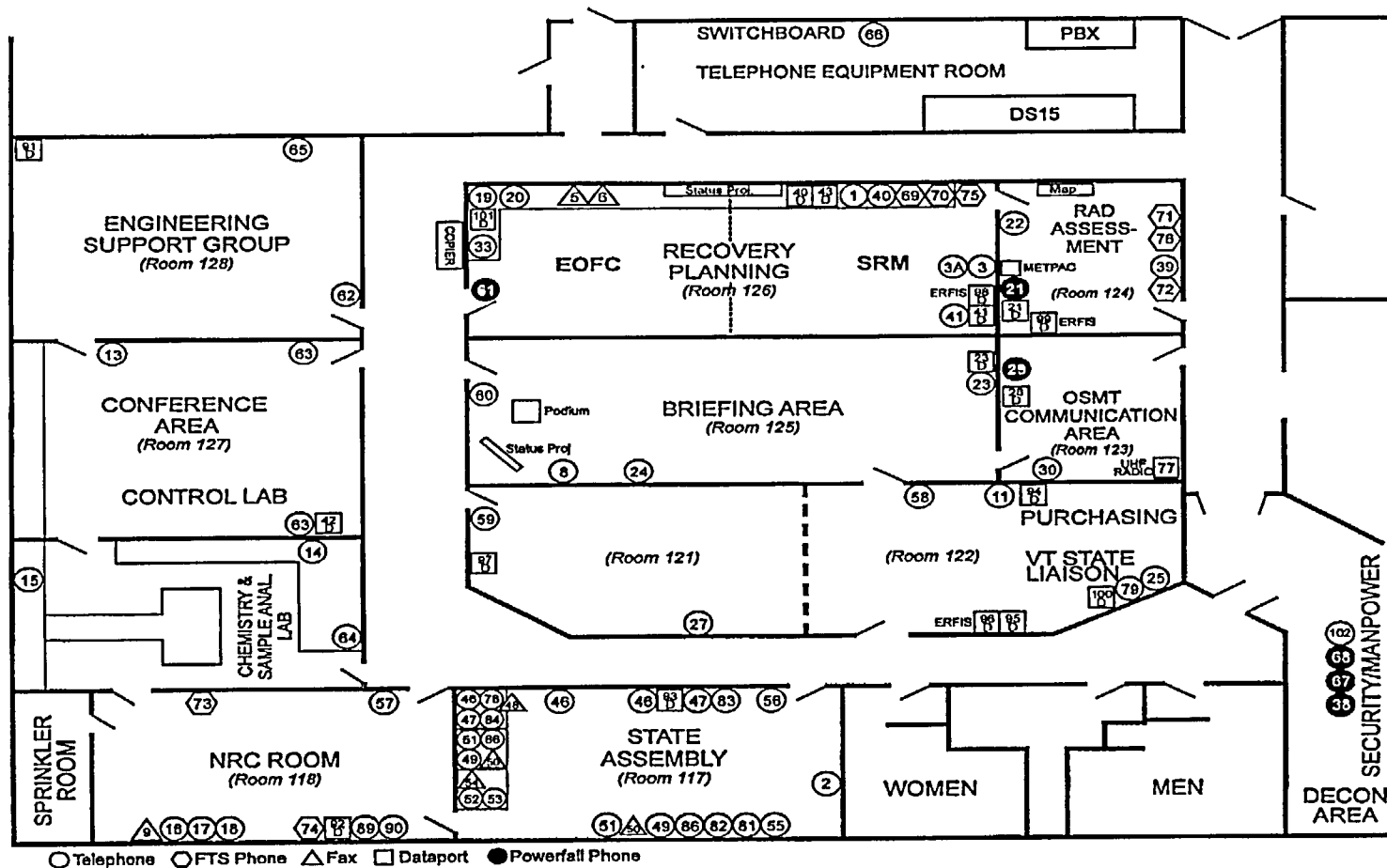
**FIGURE 5**  
**OPERATIONS SUPPORT CENTER - COMMUNICATIONS ARRANGEMENT**



NO.	TELECOMMUNICATIONS DESCRIPTION	EXTENSION
1	EXTENSION TELEPHONE	5520 •
2	GAI-TRONICS	---
3	EXTENSION TELEPHONE	5472 •
4	GAI-TRONICS	---
5	MULTIPLE LINE EXTENSION TELEPHONE	5495 •
6	GAI-TRONICS	---
7	EXTENSION TELEPHONE	5518 •
8	GAI-TRONICS	---
9	GAI-TRONICS	---
10	MULTIPLE LINE EXTENSION TELEPHONE	5480 •
11	MULT. LINE EXT. TELEPHONE (AUTO R/D)	5405 ▲ (5015)
12	GAI-TRONICS	---
13	(Deleted)	---
14	EXTENSION TELEPHONE	5663 •
15	GAI-TRONICS	---
16	EXTENSION TELEPHONE	5563 •
17	EXTENSION TELEPHONE	5480 •
18	GAI-TRONICS	---
19	EXTENSION TELEPHONE	5661 •
20	GAI-TRONICS	---
21	EXTENSION TELEPHONE	5502 •
22	GAI-TRONICS	---
23	EXTENSION TELEPHONE	5504 •
24	GAI-TRONICS	---
25	(Deleted)	---
26	GAI-TRONICS	---
27	ALT. AUTO RINGDOWN (EOF TO TSC/CR/OSC)	---
28	(Deleted)	---
29	EXTENSION TELEPHONE	5503 •
30	GAI-TRONICS	---
31	GAI-TRONICS	---
32	EXTENSION TELEPHONE	5120
33	GAI-TRONICS	---
34	EXTENSION TELEPHONE	5485 •
35	EXTENSION TELEPHONE & FAX MACHINE	5489 •
36	EXTENSION TELEPHONE	5479 •
37	GAI-TRONICS	---
38	EXTENSION TELEPHONE	5506 •
39	GAI-TRONICS	---
40	EXTENSION TELEPHONE	5129
41	GAI-TRONICS	---
42	GAI-TRONICS	---
43	EXTENSION TELEPHONE	5483 •
44	GAI-TRONICS	---
45	EXTENSION TELEPHONE	5906 •
46	GAI-TRONICS	---
47	EXTENSION TELEPHONE	5192
48	GAI-TRONICS	---
49	(Deleted)	---
50	EXTENSION TELEPHONE	5252
51	GAI-TRONICS	---
52	EXTENSION TELEPHONE	5481 •
53	GAI-TRONICS	---
54	GAI-TRONICS	---
55	EXTENSION TELEPHONE	5468 •
56	OSC	5210

- ▲ SET INCLUDES PRIMARY AUTO RINGDOWN
- OPTIONAL DIRECT OFF-SITE ACCESS USING 256-XXXX

**FIGURE 6**  
**EMERGENCY OPERATIONS FACILITY/RECOVERY CENTER - COMMUNICATIONS ARRANGEMENT**



**FIGURE 6 (Continued)**  
**EMERGENCY OPERATIONS FACILITY/RECOVERY CENTER - COMMUNICATIONS ARRANGEMENT**

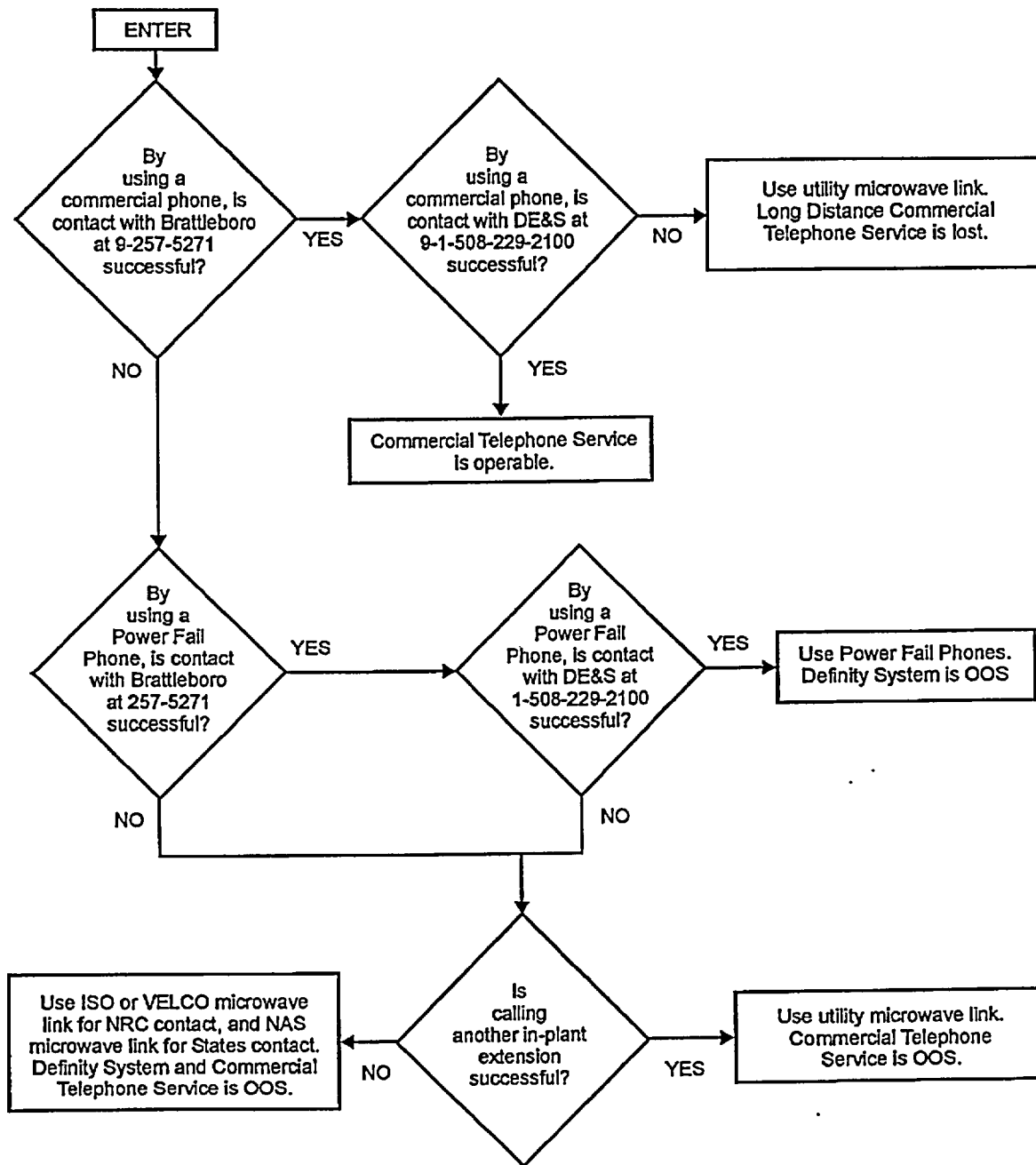
NO.	TELECOMMUNICATIONS DESCRIPTION	LOCATION	EXTENSION
1	NAS PHONE	SRM OFFICE	-----
2	NAS PHONE	STATE ASSEMBLY	-----
3	PRIMARY AUTO RINGDOWN	SRM OFFICE	4802
3A	ALTERNATE AUTO RINGDOWN	SRM OFFICE	-----
5	FAX MACHINE (INCOMING)	RECOVERY PLANNING	4867
6	FAX MACHINE (OUTGOING)	RECOVERY PLANNING	4868
7	(Deleted)		
8	INTERNAL TO JNC	BRIEFING AREA	4266
9	NRC FAX MACHINE	NRC	4268 •
10	(Deleted)		
10A	(Deleted)		
11	PURCHASING COORD	ROOM 122	4872
12	(Deleted)		
13	CONFERENCE ROOM	CONFERENCE ROOM	4873
14	SAMPLE ANALYSIS	CHEM LAB	4871
15	SAMPLE ANALYSIS	CHEM LAB	4870
16	NRC	NRC	4269 •
17	NRC	NRC	2190 •
18	NRC	NRC	4270 •
19	EOF COORDINATOR	RECOVERY PLANNING	4884
20	EOF COORDINATOR	RECOVERY PLANNING	4883
21	RAD ASSESSMENT	RAD ASSESSMENT	4882
21D	MODEM	RAD ASSESSMENT	4878
22	RAD ASSESSMENT	RAD ASSESSMENT	4881
23		BRIEFING AREA	4885
23D	DATA	BRIEFING AREA	DATA
24		BRIEFING AREA	4866
24D	(Deleted)		
25	VT NUCLEAR ENGINEER	ROOM 122	4267 •
26D	(Deleted)		
27	SPARE	ROOM 121	4869
28D	RAD ASSESSMENT - DECNET	OSMT AREA	DATA
29	RAD ASSESSMENT - NRC	OSMT AREA	4253 •
30	COMMUNICATIONS	OSMT AREA	4880
33	MEDIA ADVISOR	RECOVERY PLANNING	4272 •
38	SECURITY/MANPOWER	LOBBY	4875
39	NRC/RAD ASSESSMENT	NRC/RAD ASSESSMENT	2190 •
40	SITE RECOVERY MANAGER	RECOVERY PLANNING	4874
40D	LM8 TO DATA SWITCH	RECOVERY PLANNING	DATA
41	RECOVERY PLANNING	RECOVERY PLANNING	4254 •
41D	RECOVERY PLANNING DATA	RECOVERY PLANNING	DATA
42D	LAB 127	CONTROL LAB	DATA
43D	DATA	RECOVERY PLANNING	DATA
44D	(Deleted)		
45	(Deleted)		
46	MA PHONE	STATE ASSEMBLY	4281 •
47	MA PHONE	STATE ASSEMBLY	4277 •
48	MA FAX MACHINE	STATE ASSEMBLY	4278 •
49	NH PHONE	STATE ASSEMBLY	4275 •
50	NH FAX MACHINE	STATE ASSEMBLY	4276 •
51	NH PHONE	STATE ASSEMBLY	4280 •
52	VT PHONE	STATE ASSEMBLY	4279 •
53	VT PHONE	STATE ASSEMBLY	4273 •
54	VT FAX MACHINE	STATE ASSEMBLY	4274 •
55	NH PHONE	STATE ASSEMBLY	2191
56	WALL PHONE	STATE ASSEMBLY	4858
57	WALL PHONE	NRC	4857
58	WALL PHONE	ROOM 122	4856
59	WALL PHONE	ROOM 121	4855

NO.	TELECOMMUNICATIONS DESCRIPTION	LOCATION	EXTENSION
60	WALL PHONE	BRIEFING AREA	4854
61	WALL PHONE	RECOVERY PLANNING	4853
62	WALL PHONE	ENGINEERING SUPPORT	4852
63	WALL PHONE	CONFERENCE/CONTROL LAB	4850
64	WALL PHONE	CHEM LAB	4851
65	ENGINEERING SUPPORT GROUP	ENGINEERING SUPPORT	4271 •
66	SWITCHBOARD	PBX TELEPHONE ROOM	4299 •
67	SECURITY/MANPOWER	LOBBY	4876 •
68	SECURITY/MANPOWER	LOBBY	4877
69	NRC REACTOR SAFETY		
	COUNTERPART LINK	RECOVERY PLANNING (FTS)	700-661-4330
70	NRC ENS PHONE	RECOVERY PLANNING (FTS)	700-661-4329
71	NRC HPN PHONE	RAD ASSESSMENT (FTS)	700-661-4328
72	NRC PROTECTIVE MEASURES		
	COUNTERPART LINK	RAD ASSESSMENT (FTS)	700-661-4327
73	NRC MANAGEMENT COUNTERPART LINK	NRC (FTS)	700-661-4326
74	NRC LOCAL ACCESS NETWORK	NRC (FTS)	700-661-4325
75	VY-USE NRC ENS PHONE	SRM OFFICE (FTS)	700-661-4329
76	VY-USE NRC HPN PHONE	RAD ASSESSMENT (FTS)	700-661-4328
77	UHF RADIO SYSTEM	OSMT AREA	-----
78	MA PHONE	STATE ASSEMBLY	4291 •
79	SPARE	ROOM 122	4292
80	(Deleted)		
81	EXT. PHONE	STATE ASSEMBLY	4831
82	EXT. PHONE	STATE ASSEMBLY	4832
83	EXT. PHONE	STATE ASSEMBLY	4833
84	MA PHONE	STATE ASSEMBLY	4834
85	(Deleted)		
86	EXT. PHONE	STATE ASSEMBLY	4293
87	(Deleted)		
88	(Deleted)		
89	EXT. PHONE	NRC	4280
90	EXT. PHONE	NRC	4281
91D	DATA	ENGINEERING SUPPORT	DATA
92D	DATA	NRC	DATA
93D	DATA	STATE ASSEMBLY	DATA
94D	DATA PURCHASING	ROOM 122	DATA
95D	DATA	ROOM 122	DATA
96D	ERFIS	ROOM 122	DATA
97D	DATA	ROOM 121	DATA
98D	ERFIS	RECOVERY PLANNING	DATA
99D	ERFIS	RAD ASSESSMENT	DATA
100D	DATA	ROOM 122	DATA
101D	DATA	RECOVERY PLANNING	DATA
102	SWITCHBOARD	LOBBY	DATA

☐ - POWER FAIL PHONE

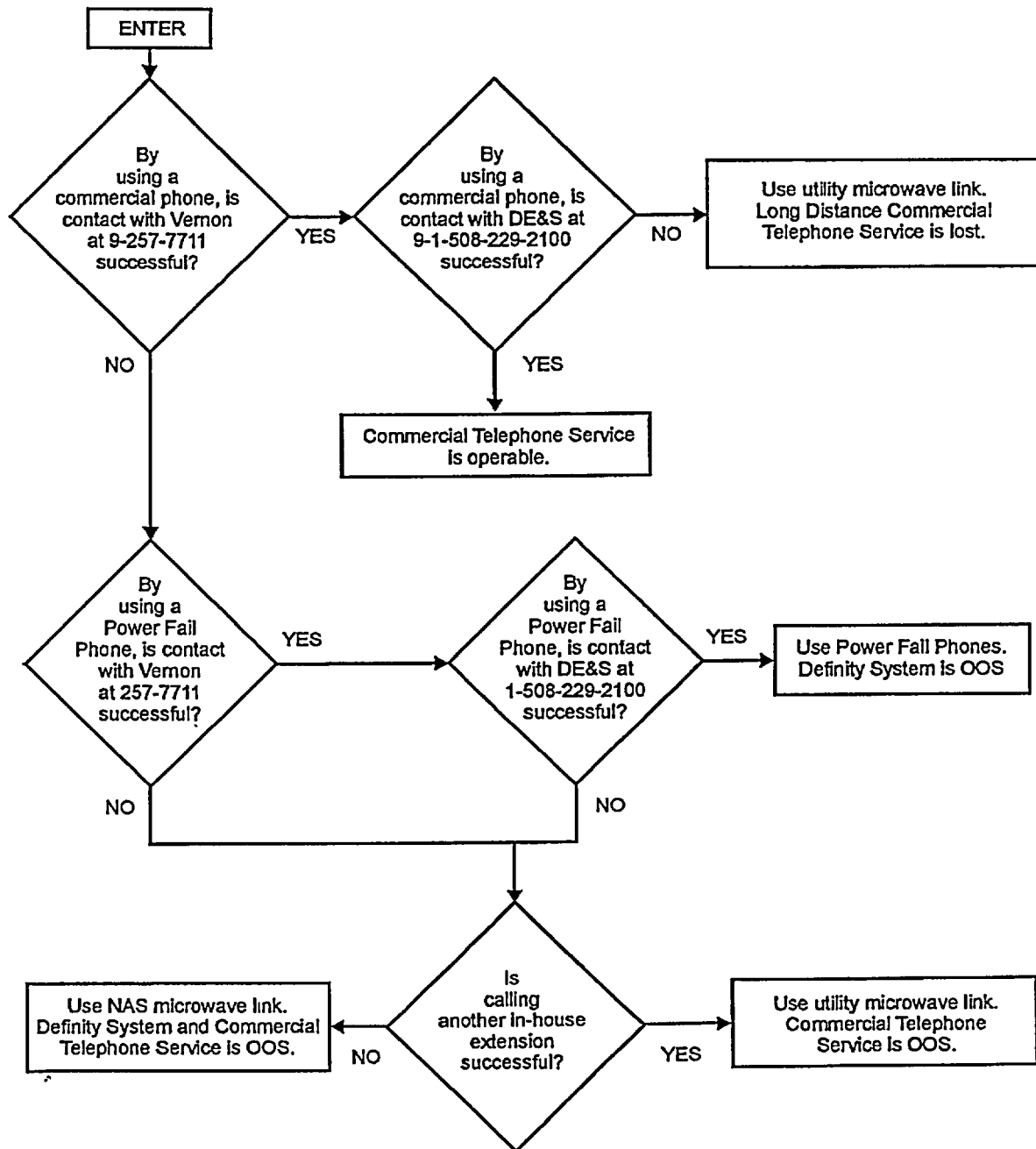
• - OPTIONAL DIRECT OFF-SITE ACCESS USING 258-XXXX

**FIGURE 7**  
**DETERMINATION OF VERNON OFF-SITE TELEPHONE CAPABILITY**  
**AND ALTERNATE MEANS TO UTILZE**





**FIGURE 8**  
**DETERMINATION OF BRATTLEBORO OFF-SITE TELEPHONE CAPABILITY**  
**AND ALTERNATE MEANS TO UTILZE**



**FIGURE 9**  
**NUCLEAR ALERT SYSTEM (NAS)**

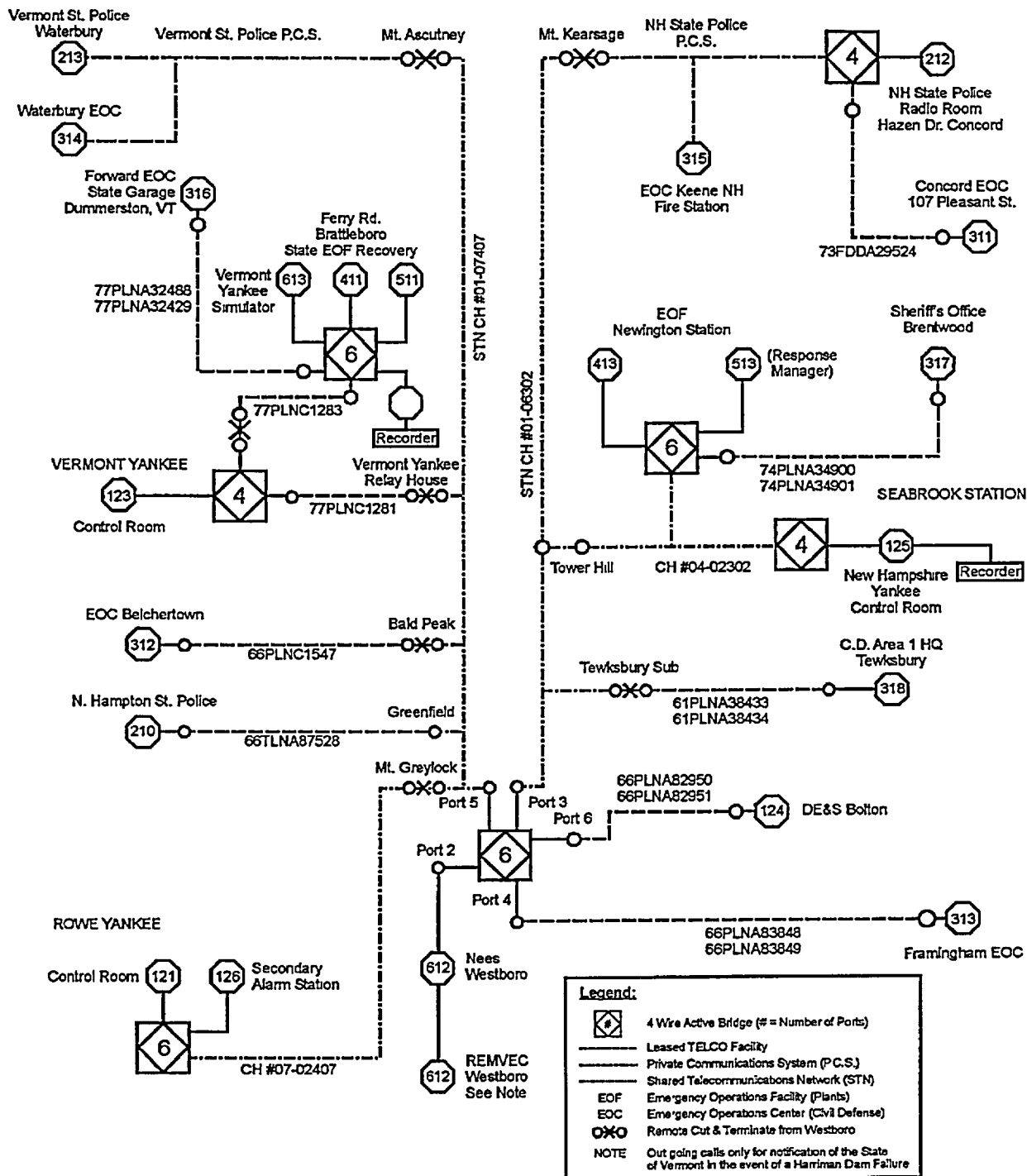
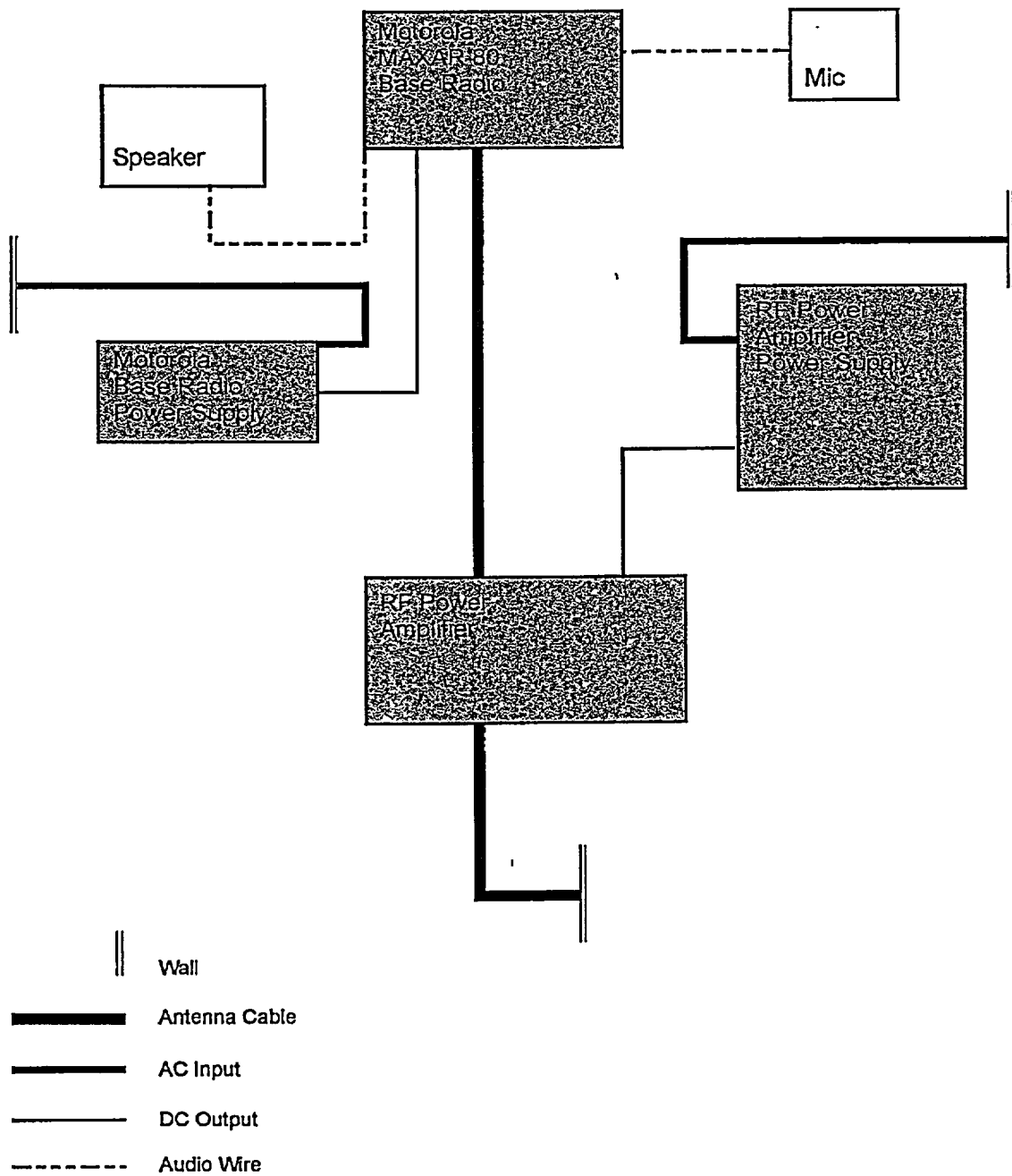
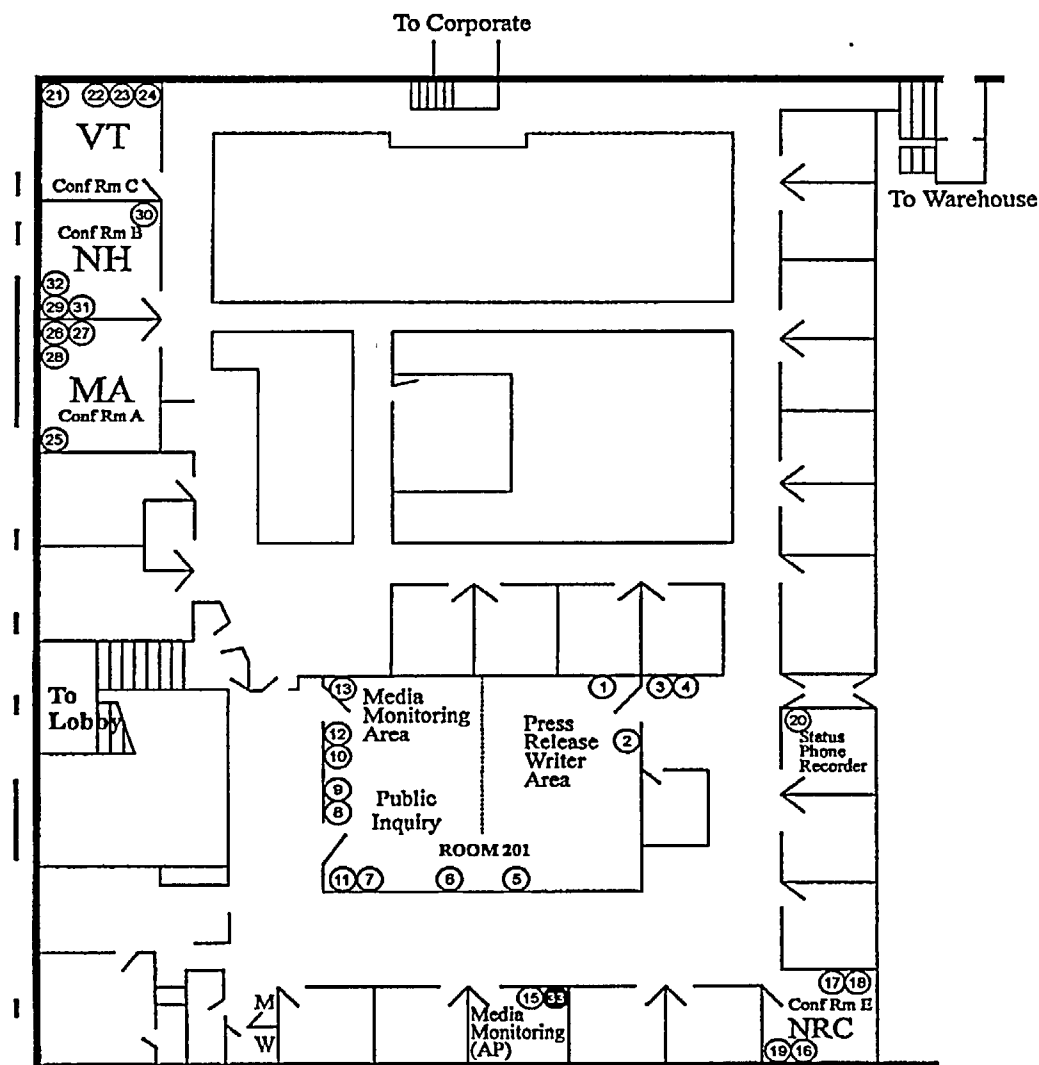


FIGURE 10

EOF UHF BACKUP BASE RADIO CONFIGURATION



**FIGURE 11**  
**JOINT NEWS CENTER – COMMUNICATIONS ARRANGEMENT**



<u>NO.</u>	<u>TELECOMMUNICATIONS DESCRIPTION</u>	<u>EXTENSION</u>
1	PRESS RELEASE WRITER (SPEAKERPHONE)	4645
2	EXTENSION TELEPHONE	2186
3	FAX DISTRIBUTION FAX #1	2192
4	FAX DISTRIBUTION FAX #2	4287
5	EXTENSION TELEPHONE	2147
6	EXTENSION TELEPHONE	2195
7	PUBLIC INQUIRY	4879
8	PUBLIC INQUIRY	4880
9	PUBLIC INQUIRY	4881
10	PUBLIC INQUIRY	4882
11	PUBLIC INQUIRY	4883
12	PUBLIC INQUIRY	4885
13	EXTENSION TELEPHONE	4887
15	MEDIA MONITORING (L. TKACZYK OFFICE)	4160
16	NRC	4290
17	NRC	2188
18	NRC	2189
19	NRC FAX	4251
20	STATUS PHONE RECORDER (J. BENGSTON OFFICE)	4211
21	VEMA - CONFERENCE ROOM C	4250
22	VEMA - CONFERENCE ROOM C	2183
23	VEMA - FAX MACHINE	2182
24	VEMA - SPARE EXTENSION	2126
25	MEMA - CONFERENCE ROOM A	4247
26	MEMA - CONFERENCE ROOM A	2186
27	MEMA - FAX MACHINE	2187
28	MEMA - SPARE EXTENSION	2122
29	NHOEM - CONFERENCE ROOM B	2185
30	NHOEM - CONFERENCE ROOM B	4248
31	NHOEM - FAX MACHINE	2184
32	NHOEM - SPARE EXTENSION	2124
33	POWER FAIL PHONE	5470
34	EXTENSION TELEPHONE	4249

APPENDIX A  
NUCLEAR ALERT STATION NUMBERS

<u>STATION</u>	<u>INDIVIDUAL NUMBERS</u>
<u>CONTROL ROOMS</u>	
Yankee Rowe .....	121
Vermont Yankee .....	123
Seabrook Station (Unit 1) .....	125
<u>STATE POLICE</u>	
Massachusetts State Police - Troop B – Northampton .....	210
New Hampshire State Police – Concord .....	212
Vermont State Police – Waterbury .....	213
<u>EMERGENCY OPERATING CENTERS (State)</u>	
Belchertown, MA .....	312
Framingham, MA .....	313
Tewksbury, MA .....	318
Dummerston, VT .....	316
Waterbury, VT .....	314
Brentwood, NH .....	317
Concord, NH .....	311
Keene, NH .....	315
<u>EMERGENCY OPERATION FACILITIES (Plant)</u>	
Vermont Yankee (States Area) .....	411
Vermont Yankee (Recovery Manager) .....	511
Seabrook Station (NH Area) .....	413
Seabrook Station (MA Area) .....	414
Seabrook Station (Response Manager) .....	513
<u>MISCELLANEOUS</u>	
Engineering Support Center (Marlborough) .....	124
Secondary Alarm Station (Yankee Rowe) .....	126
National Grid Mux Room .....	612
Simulator Room (Vermont Yankee) .....	613

VERMONT YANKEE GROUP CALLS

<u>STATION</u>	<u>GROUP NUMBERS</u>
Station Police (MA)(Troop "B") (Northampton) .....	111
State Police (NH)(Concord) .....	111
State Police (VT)(Waterbury) .....	111
Emergency Operations Center (Massachusetts) .....	333
Emergency Operations Center (New Hampshire) .....	333
Emergency Operations Center (Vermont) .....	333

## APPENDIX B

### OFF-SITE EMERGENCY TELEPHONE NUMBER LIST (In Alphabetical Order)

	TELEPHONE NUMBER
American Nuclear Insurers (ANI)	860-561-3433
AT&T (NOAA radio phone lines to Ames Hill)	800-413-5410 (prompt 4)
Brattleboro Memorial Hospital Emergency Room (Ref. OP 3508)	802-257-8222
CAN - Operations Manager (Ref. OP 3531) to verify operator and callback #'s	800-992-2331 800-552-4226 or 877-786-8478 800-739-9023(in-dial) 800-794-5826in-dial 518-862-0987 (Admin.)
Central Vermont Communications (Ref. OP 3531)	800-696-6474 802-775-8400 (pager)
Consultation:	
Dave E. Drum, MD, Radiation Safety Officer (Ref. OP 3508)	617-732-5656 Page 11161 ██ 617-323-7700 5939 Voice Mail
Department of Energy (DOE) Radiological Assistance, Brookhaven Lab	631-344-2200
Framatome ANP, Marlborough, MA (Main Switchboard) (Ref. OP 3504, OP 3510, OP 3531)	508-229-2100
Framatome ANP Pagers (Ref. OP 3531)	800-366-2337
Franklin Medical Center (Ref. OP 3508)	413-772-0211
GE Emergency Support Assistance	408-971-1038
INPO	
Main Switchboard	770-644-8000
Emergency Network Telephone	800-321-0614
ISO - New England (Ref. OP 3504, OP 3506)	413-535-4384
Keene Dispatch (Ref. OP 3506)	603-352-1100 (Primary) 603-352-1291 (Backup)
Maine Yankee - Wiscasset (Ref. OP 3504)	207-882-6321

## APPENDIX B (Continued)

Massachusetts Emergency Management Agency - (State EOC) (Ref. OP 3504, OP 3506, OP 3540, OP 3546)	508-820-2075 (Direct Line) 508-820-2000 (Switchboard) 508-875-2517 (Fax) 508-820-2030 (Fax)
Massachusetts State Police - Troop B, Northampton (Ref. OP 3504, OP 3540, OP 3542, OP 3546)	413-584-3000 413-587-5675 (Fax) 413-587-5740 (Fax)
National Weather Service, Albany, NY (Ref. OP 3504, OP 3513, OP 3540)	518-435-9574 (Primary) 800-833-9880 (Backup)
National Grid - Westboro (Ref. OP 3504) MUX Room (Ref. OP 3506)	508-389-2000 508-389-2104
New Hampshire Office of Emergency Management - (State EOC) (Ref. OP 3504, OP 3506, OP 3540, OP 3546)	603-223-3662 (Direct Line) 603-271-2231 (Switchboard) 603-225-7341 (Fax)
New Hampshire State Police (Ref. OP 3504, OP 3540, OP 3542, OP 3546)	603-271-3636 603-271-1153 (Fax)
North Atlantic Energy Services Company - Seabrook (Ref. OP 3504)	603-474-9521
New York State Emergency Management Coordination Ctr. (Ref. OP 3506)	518-457-2200 or 518-457-2201 518-457-6811 (Backup)
NRC Operations Center (24 hours), Rockville, MD (Ref. OP 3504, OP 3506, OP 3540)	301-816-5100 301-951-0550 (Backup) 301-415-0550 (Backup) 301-816-5151 (Fax)
NRC, Region I	800-432-1156 or 610-337-5000
Public Service of New Hampshire - Manchester (Ref. OP 3504)	603-669-4000

# APPENDIX B (Continued)

## Radiation Overexposure Treatment Assistance (Ref. OP 3508)

Aaron B. Brill, MD  
U Mass Medical Center or Vanerbilt  
(NIAT Physician)

[REDACTED]  
615-343-7152 (work)

615-322-3190 (work)

Mr. Robert Walker  
(MDPH)

617-727-6214 (work)

Mr. Robert Gallagher

617-727-6214 (work)

Mr. Thomas Matthews  
(MDPH)

617-727-6214 (work)

Rescue Inc. (Ref. OP 3508)

802-254-2010 or 911

Shelburne Dispatch (Ref. OP 3506)

413-625-8200

Southwest Mutual Fire Aid

603-352-1100 or 603-352-1291

Tri-State Mutual Fire Aid

413-625-8200

National Weather Service (Burlington, VT)  
Forecasts

802-862-9883

VELCO Dispatcher (Rutland Office notification)

802-773-9161 (Switchboard)

802-770-6261 (Dispatch)

Vermont Department of Health

802-865-7730

Vermont Emergency Management Agency - (State EOC)  
(Ref. OP 3504, OP 3506, OP 3540, OP 3546)

802-241-5476 (Direct Line)

802-244-8721 (Switchboard)

800-347-0488

802-241-5556 (Fax)

Vermont State Police  
(Ref. OP 3504, OP 3540, OP 3542, OP 3546)

Primary - Waterbury

802-244-8727

802-244-7814 (Backup)

802-241-5552 (Fax)

Alternate - Rockingham

802-257-7101 or

802-875-2112

802-875-2176 (Fax)

VY Physician (Ref. OP 3508)

George Idelkope, MD

603-336-5948 (Work)

Vernon Hydro (Wilder Station) (Ref. OP 3547)

802-291-8000

Yankee Rowe (Ref. OP 3504)

413-424-5261



# APPENDIX G

## POWER FAIL PHONES

### VERNON

<u>Location</u>	<u>Current Extension</u>	<u>Assigned Telephone No.</u>
Main Office	5201	257-7711 **
	5202	257-7712 **
	5203	257-7713 **
Plant Manager's Office	5200	257-7714
Operation's Supt's Office	5204	257-7715
Control Room	5205	257-7716
	5206	257-5020
	5207	257-5021
TSC Communications Room	5208	257-5017
	5209	257-5018
Security - Gate 2	5201	257-7711 **
	5202	257-7712 **
	5203	257-7713 **

\*\* If power fail condition occurs during normal work hours, Security personnel at Gate 2 will handle incoming calls; if power fail condition occurs outside of normal work hours, Security personnel at Gate 2 will initially handle incoming calls.

### BRATTLEBORO

<u>Location</u>	<u>Current Extension</u>	<u>Assigned Telephone No.</u>
Training Bldg. Lobby	4875	257-5271
	4876	257-5272
	4877	257-5273
Site Recovery Manager's Office	4862	257-5274
EOF Coordinator's Office	4253	257-5275
Recovery Planning Area Rm 126	4853	257-5276
President's Office	***	254-2643
E-Plan Manager's Office	***	257-5470

\*\*\* The Assigned Telephone Number can be used during non-power fail conditions.

NOTE: If during power fail condition, a call is made to 257-5271 and 257-5271 is busy, call will bounce to 257-5272. If 257-5272 is busy, call will bounce to 257-5273. (Call can bounce up to 257-5276.)

# REVISED PROCEDURE CONTROL FORM

## PART 1 - Initiation

<b>A. Procedure No.</b> OP 3506	<b>New Revision</b> No. 42	<b>Title</b> Emergency Equipment Readiness Check	
<b>B. Review Criteria:</b> <input type="checkbox"/> Partial <input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Complete		<b>C. Periodic Review Cycle:</b> <input checked="" type="checkbox"/> 2 Year (Event Driven) <input type="checkbox"/> N/A	
<b>D. List DIs &amp; LPCs:</b> 1, 2, 3			
<b>E. Description and Reasons for Procedure/Changes:</b> <ul style="list-style-type: none"> <li>Added text to control the need for future Applicability Determinations.</li> <li>Removed reference to PP 7011.</li> <li>Changed Procedure Administrative Asst to Document Control Center.</li> <li>Phone and equipment location changes to coincide with the EOF floorplan change and the new TSC cabinets.</li> <li>Changed DE&amp;S to Framatome ANP.</li> <li>Manpower/Planning status board was changed to In-plant and one was added for Off-site.</li> <li>Changed the HIS computer login as CVAX is no longer used to log onto this computer.</li> <li>Added Potassium Iodide tablets to all the off-site and site boundary kits.</li> <li>Added "pre-determined sample location sheets" to inventory for each off-site kit.</li> <li>Removed the GHH Monitoring Team Kit.</li> </ul>			
<b>F. Originator Name:</b> (App. A was used as references to create this revision, App. C is completed and attached unless Part 1.B above is "Editorial".) (Print/sign/date) Audra Williams <i>Audra Williams</i> 3/6/03			<b>Telephone</b> <b>Extension:</b> x4177

## PART 2 - Reviews

<b>A. Walk-Through Validation:</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Field Walk-Through <input type="checkbox"/> Table-Top <input type="checkbox"/> Simulator Validation		<b>B. Technical Verification Reviewer</b> <input type="checkbox"/> N/A (App. B used as a reference) (Print/Sign/Date) <i>Loei A. Tkaczuk</i> <i>Loei A. Tkaczuk</i> 3/26/03	
<b>C. Cross-Discipline Reviews:</b> <input checked="" type="checkbox"/> N/A			
<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>D. 50.59 Review Per AP 6002, Preparing 50.59 Evaluations</b> <input type="checkbox"/> N/A <input type="checkbox"/> 50.59 AD previously performed and documented in the text of this procedure and is still applicable. <input checked="" type="checkbox"/> 50.59 Applicability Determination completed and attached; 50.59 Screening NOT required. <input type="checkbox"/> 50.59 Review Screening completed and attached, 50.59 Evaluation NOT required. <input type="checkbox"/> 50.59 Evaluation completed and attached.			
<b>E. QUALIFIED REVIEWER:</b> Use App. D as a reference (May perform 50.59 Applicability Determination) (Part 2.D) (Print/Sign/Date) <i>Audra Williams</i> <i>Audra Williams</i> 3.26.03			
<b>F. ORIGINATOR:</b> <input checked="" type="checkbox"/> Comments Resolved <input checked="" type="checkbox"/> Re-verify All DIs & LPCs Considered <input checked="" type="checkbox"/> Sent for Final Type (CDS or STC (SPs only)) Initial/Date <i>amp</i> 3/24/03 <input checked="" type="checkbox"/> Proofread after Final Type (Print/Sign/Date) <i>Audra Williams</i> <i>Audra Williams</i> 3.26.03			

### PART 3 - Training/Notification Requirements

A. Indicate training or notifications required to implement procedure: (Required for Administrative Procedures)

☐ Include in formal training (TCR submitted):

☒ E-Mail notification: eplan & RP

☐ Crew Briefings:

☐ Other:

☒ N/A

### PART 4 - PORC

Plant Operation Review Committee: ☐ Required ☒ N/A

Meeting No:

PORC Secretary:

Date:

Plant Manager:

### PART 5 - Approval

A. Responsible Procedure Owner: (Print/Signature/Date)

Brian W. Finn

Brian W. Finn

3/26/03

B. Plant Manager (Print/Sign/Date) (For SPs Only)

N/A

C. Special Instructions: ☐ N/A

☐ Approved for Training

☒ Issue on DATE: 4/2/03

☐ Submit Surveillance Database Change per AP 4000

☐ Other:

### PART 6 - Issuance

Procedure Change No.: 215

Date procedure issued: 4/2/03

Notes:

## 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3506, Rev. 42, Emergency Equipment Readiness Check

### A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):
- |   |            |           |
|---|------------|-----------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES        | <u>NO</u> |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES        | <u>NO</u> |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES        | <u>NO</u> |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES        | <u>NO</u> |
| (5) Notification Methods and Procedures   | YES        | <u>NO</u> |
| (6) Emergency Communications among principal response organizations and the public                | YES        | <u>NO</u> |
| (7) Public Education and Information  | YES        | <u>NO</u> |
| (8) Adequacy of Emergency Facilities and Equipment  | <u>YES</u> | NO        |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES        | <u>NO</u> |
| (10) Plume exposure pathway EPZ protective actions  | YES        | <u>NO</u> |
| (11) Emergency Worker Radiological Exposure Control   | YES        | <u>NO</u> |
| (12) Medical Services for contaminated injured individuals  | YES        | <u>NO</u> |
| (13) Recovery and Reentry Plans   | YES        | <u>NO</u> |
| (14) Emergency response periodic drills and exercises   | YES        | <u>NO</u> |
| (15) Radiological Emergency Response Training   | YES        | <u>NO</u> |
| (16) Plan development, review and distribution  | YES        | <u>NO</u> |

10 CFR 50.54(g) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |               |
|---|---------------|
| (1) Section IV. A - Organization                          | YES <u>NO</u> |
| (2) Section IV. B - Assessment Actions                    | YES <u>NO</u> |
| (3) Section IV. C - Activation of Emergency Organizations | YES <u>NO</u> |
| (4) Section IV. D - Notification Procedures               | YES <u>NO</u> |
| (5) Section IV. E - Emergency Facilities and Equipment    | <u>YES</u> NO |
| (6) Section IV. F - Training                              | YES <u>NO</u> |
| (7) Section IV. G - Maintaining Emergency Preparedness    | <u>YES</u> NO |
| (8) Section IV. H - Recovery                              | YES <u>NO</u> |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50.47(b) (8) & Appendix E, Section IV. E & G of Section A above, this change DOES NOT decrease the effectiveness of the Emergency Plan and DOES continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

The EOF floor plan was changed to improve the facility. This change required phone extensions and some equipment as well as room designations to change. Manpower/Planning and Personnel & Equip Monitoring supplies were moved to the sprinkler room making it easier to obtain all of their equipment at once. The GHH monitoring team was eliminated and the equipment check needed to be removed from this procedure as well. The CVAX is no longer going to exist and IT changed the login procedure for the DECNET terminal which is reflected in the new instructions. Other minor changes identified during surveillances were made to improve procedure.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☒ This change does not affect any other documents.
- ☐ This change does affect other documents.

Document(s) affected: \_\_\_\_\_

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

*all functions are still performed.*

Prepared By: Audra Williams *Audra Williams* Date: 3/6/03  
(Print/Sign)

Reviewed By: Lois A Tkaczuk *Lois A Tkaczuk* Date: 3/26/03  
(Emergency Plan Coordinator) (Print/Sign)

## APPLICABILITY DETERMINATION

Activity/Document Number: OP 3506

Revision Number: 42

Title: Emergency Equipment Readiness Check

Provide or attach a brief description of activities (section 6.3 of RM):

- Added text to control the need for future Applicability Determinations.
- Removed reference to PP 7011.
- Changed Procedure Administrative Asst to Document Control Center.
- Phone and equipment location changes to coincide with the EOF floorplan change and the new TSC cabinets.
- Changed DE&S to Framatome ANP.
- Manpower/Planning status board was changed to In-plant and one was added for Off-site.
- Changed the HIS computer login as CVAX is no longer used to log onto this computer
- Added Potassium Iodide tablets to all the off-site and site boundary kits.
- Added "pre-determined sample location sheets" to inventory for each off-site kit
- Removed the GHH Monitoring Team Kit

Address the questions below for all aspects of the activity. If the answer is "YES" for any portion of the activity, apply the identified process to that portion of the activity. It is not unusual to have more than one process apply to a given activity. For example, a change to a door that is a fire door, a security door and a secondary containment door would require an evaluation to the Fire Protection license condition, 10CFR50.54 (p) and a 50.59 screen. See Section 4 of the "50 59 Resource Manual" (RM) for additional guidance.

I. Does the proposed activity involve a change to the.	Section 4.2.1 of the RM
1. Technical Specifications or Operating License (10CFR50.90)? Note that stand-alone changes to the TS Bases are evaluated in accordance with 10CFR50.59 per AP 0063.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES process per AP 0063)
2. Quality Assurance Plan, related implementing procedures identified in PP 7802 or facility changes (10CFR50.54(a))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES contact QA for 10CFR50 54(a)(3) assessment)
3. Security Plan, related implementing procedures or facility changes (10CFR50.54(p))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES contact Security for 10CFR50.54(p) assessment)
4. Emergency Plan, related implementing procedures or facility changes (10CFR50.54(q))?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES (If YES contact E-Plan for 10CFR50.54(q) assessment per AP 3532)
5. IST Program Plan, related implementing procedures or facility changes (10CFR50.55a(f))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES, and a deviation from the code requirement is required, contact Licensing to ensure applicable NRC approval is obtained per AP 0058)
6. ISI Program Plan, related implementing procedures or facility changes (10CFR50.55a(g))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES, and a deviation from the code requirement is required, contact Licensing to ensure applicable NRC approval is obtained per AP 0058)
7. Fire protection program, related implementing procedures or facility changes (License Condition 3.F)?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If YES provide an evaluation that satisfies License Condition 3.F )

II. Does the proposed activity involve:		Section 4.2.2 of the RM
1. Maintenance which restores SSCs to their original condition.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES perform maintenance in accordance with plant procedures (e.g. AP 0021, AP 0049, AP 0050)
2. A temporary alteration supporting maintenance that will be in effect during at-power operations for 90 days or less that has been (or will be) evaluated under 10CFR50 65(a)(4) prior to implementation?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process in accordance with AP 0091.)
III Does the proposed activity involve a change to the UFSAR (including documents <i>incorporated by reference</i> ) excluded from the requirement to perform a 50.59 Review (NEI 96-07 or NEI 98-03)?		Section 4.2.3 of the RM
		(If YES, process FSAR change per AP 6036 "FSAR Revision Process" Include basis for excluding 10CFR50.59 evaluation below.)
IV. Does the proposed activity involve a change to the:		Section 4.2.4 of the RM
1 Managerial or administrative procedures governing the conduct of Facility operations, maintenance and training (subject to the control of 10CFR50, Appendix B) (RM section 4.2.4). Some procedures may be VOQAM implementing procedures requiring evaluation per 10CFR50 54(a)(3) (prompted above). Also, Maintenance procedure changes that include changes to Design Information, not evaluated under a design change process, shall be evaluated in accordance with 10CFR50.59	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per procedure change process (e.g. AP 0095, AP 0096, AP 0097))
2. Regulatory commitment where changing commitment is not covered by another regulation based change process (NEI 99-04)?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per AP 0055 "Regulatory Commitment Management".)
V. Does the activity impact other plant specific programs (e.g., The ODCM and PCL RTP controlled per TS 6.7 and the PCP controlled per TRM Section 6 ) which are controlled by regulations, the Operating License, the Technical Specifications or TRM ?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per the procedure(s) for the appropriate activity.)
VI. Is the activity covered by any other specific regulatory change process not discussed above that would preclude the need to evaluate under 10CFR50.59 ? (e.g., 10CFR50.46 for changes to ECCS models and PCT changes, 10CFR50.12 for Exemption Requests, etc)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES document below and process per applicable regulatory requirements.)
VII Does the activity require a 50.59 Screen based on the following Generic NRC correspondence? GL 95-02 for performing Analog-to-Digital upgrades, IEB 80-10 for Contamination of non-radioactive systems, IEC 80-18 for changes to radioactive waste systems and GL 91-18 for compensatory actions including using manual actions in-lieu of automatic actions or use-as-is dispositions affecting the FSAR. GL 95-02 assessments need to look at both system and component level failures (ER20000558_01)	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES complete 50.59 Screen for the subject activity.)



☐ Any portion of the activity is not controlled by one or more of the processes above, therefore a 50.59 Screen or 50.59 Evaluation is required. If, checked, provide any additional comments below, sign and date below and complete 50.59 Screen for identified activities

Applicability Signoffs

Preparer	<u>Audra Williams</u>	<u>Audra Williams</u>	Date: 03/06/03
	(Print name)	(Sign)	
Reviewer:	<u>Loi A. Tkaczyk</u>	<u>Loi A. Tkaczyk</u>	Date: <u>03/26/03</u>

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

OP 3506

REVISION 42

**EMERGENCY EQUIPMENT READINESS CHECK**

USE CLASSIFICATION: REFERENCE

LPC No.	Effective Date	Affected Pages

Implementation Statement: N/A

Issue Date: 04/02/03

## TABLE OF CONTENTS

PURPOSE .....	3
DISCUSSION .....	3
ATTACHMENTS .....	4
REFERENCES AND COMMITMENTS .....	5
PREREQUISITES .....	6
PROCEDURE .....	6
A.    Control Room Emergency Communications Check (Operations) .....	6
B.    Quarterly Emergency Equipment Check (RP) .....	10
C.    Quarterly Brattleboro Memorial Hospital Emergency Equipment Check (RP) .....	11
D.    Quarterly Post Accident Sample Equipment Check (RP) .....	12
E.    Quarterly Chemistry Emergency Equipment Check .....	12
F.    Vermont Yankee Public Notification System Preventive Maintenance, Testing, and Reporting .....	13
G.    Emergency Response Telephone Number Check .....	13
H.    TSC/EOF FTS and NAS Phone Test .....	14
I.    Emergency Plan Implementing Procedures and Status Form Book Updates .....	14
J.    Power Fail Phone Test .....	15
FINAL CONDITIONS .....	16

## PURPOSE

To ensure that emergency radiological and communication equipment is periodically inventoried and maintained in an operable condition by assigned plant personnel.

No required Tech. Spec. surveillances are covered in this procedure

## DISCUSSION

The Operations Department shall conduct scheduled tests of emergency communications equipment as follows:

1. Test of the Nuclear Alert System (NAS) orange phone.
2. Test of the Unusual Event, Alert, Site Area Emergency and General Emergency Alarms.
3. Test of the Southwest Fire Mutual Aid and Tri-State Mutual Aid radio (Deskon II).
4. Test of the NRC Emergency Telecommunications System phones.

A Radiation Protection (RP) Technician shall be assigned to perform the following:

1. Physical inventory of Emergency Equipment Kits and Cabinets contents as listed on VYOPF 3506.02 and VYOPF 3506.06 on a scheduled basis and subsequent to each usage.
2. Physical inventory of Emergency Kit equipment contents at Brattleboro Memorial Hospital (BMH) as listed on VYOPF 3506.03.

A Chemistry Technician shall be assigned to perform the following:

1. Physical inventory of the Liquid PASS Sampling kit and the Plant Vent Stack PASS Sampling kit as listed on VYOPF 3506.05 on a scheduled basis and subsequent to each usage.

Quarterly, the Emergency Planning Manager (EPM) will ensure that Emergency Response phone numbers are updated via VYOPF 3506.13.

Monthly, the EPM will ensure the FTS phones in the Technical Support Center (TSC) and the Emergency Operations Facility (EOF), and the NAS phones in the EOF are tested via VYOPF 3506.08

### NOTES

- The quantities listed in this procedure are to be considered the minimum required. Quantities above those listed are acceptable.
- Pens, pencils and scratch paper are readily available and therefore will not be maintained in the EOF and TSC kits.

Preventive maintenance and testing of the Public Notification System (PNS) utilized within the Vermont Yankee Emergency Planning Zone is conducted by Northeast Mountain Radio of Rutland, VT, as follows:

1. Monthly preventive maintenance on 21 sirens and 10 generators
2. Annual siren receiver sensitivity and full decoder tests.
3. Preparation of annual maintenance testing program summary report.

Per Surveillance Test No. 4000, the power fail phone system in Vernon and Brattleboro is tested on a semi-annual basis.

In accordance with AP 6002, Preparing 50.59 Evaluations, the results of an Applicability Determination (AD) has determined that an AD is not required for future changes, provided the scope of the procedure or program is not revised to include a different type of activity. The basis for this conclusion is that this document is an Emergency Implementing Procedure and is subject to 10CFR50.54(q) to determine if the changes decrease the effectiveness of the Emergency Plan and if they have the potential to affect our ability to meet the standards of 10CFR50.47(b) and the requirements of 10CFR50 Appendix E

### ATTACHMENTS

- |     |               |  |
|-----|---------------|--|
| 1.  | VYOPF 3506.01 | Control Room Monthly Emergency Communications Checklist                          |
| 2.  | VYOPF 3506.02 | Emergency Equipment Checklist  |
| 3.  | VYOPF 3506.03 | Brattleboro Memorial Hospital Emergency Equipment Checklist                      |
| 4.  | VYOPF 3506.04 | Deleted  |
| 5.  | VYOPF 3506.05 | Chemistry Emergency Equipment Readiness Check                                    |
| 6.  | VYOPF 3506.06 | Post Accident Sampling Kits (RP)   |
| 7.  | VYOPF 3506.07 | Procedure/Form Copy Update Worksheet   |
| 8.  | VYOPF 3506.08 | TSC/EOF FTS and NAS Phone Checklist  |
| 9.  | VYOPF 3506.09 | EOF Emergency Plan Implementing Procedures and Status Forms Book Update          |
| 10. | VYOPF 3506.10 | OSC Emergency Plan Implementing Procedures and Status Forms Book Update          |
| 11. | VYOPF 3506.11 | Control Room Emergency Plan Implementing Procedures and Status Forms Book Update |

- |     |               |   |
|-----|---------------|---|
| 12. | VYOPF 3506 12 | TSC Emergency Plan Implementing Procedures and Status Forms Book Update |
| 13  | VYOPF 3506.13 | Emergency Response Telephone Number Check                               |

## REFERENCES AND COMMITMENTS

1. Technical Specifications and Site Documents
  - a. None
2. Codes, Standards, and Regulations
  - a. None
3. Commitments
  - a. ER981874\_02
4. Supplemental References
  - a. VYP:317, Purchasing Policy
  - b. Vermont Yankee EPZ Public Notification System Guide, JPS Communications, Inc.
  - c. YA-NOG-9101, Procedure for Operation of the Nuclear Alert System (NAS)
  - d. AP 0156, Notification of Significant Events
  - e. AP 0506, Personnel Monitoring
  - f. AP 0525, Dosimetry Processing
  - g. RP 0537, Contamination Events
  - h. AP 0546, Planned Special Exposures
  - i. DP 2521, Operation and Calibration of the Eberline Mobile Continuous Air Monitor
  - j. OP 2611, Stack Effluent Sampling and Analysis
  - k. AP 3125, Emergency Plan Classification and Action Level Scheme
  - l. OP 3504, Emergency Communications
  - m. OP 3507, Emergency Radiation Exposure Control
  - n. OP 3508, On-Site Medical Emergency Procedure
  - o. OP 3510, Off-Site and Site Boundary Monitoring
  - p. OP 3511, Off-Site Protective Action Recommendations
  - q. OP 3513, Evaluation of Off-Site Radiological Conditions
  - r. OP 3524, Emergency Actions to Ensure Initial Accountability and Security Response
  - s. OP 3525, Radiological Coordination
  - t. OP 3533, Post Accident Sampling of Reactor Coolant
  - u. OP 3534, Post Accident Sampling of Plant Stack Gaseous Releases
  - v. OP 3540, Control Room Actions During an Emergency
  - w. OP 3541, Activation of the Technical Support Center (TSC)
  - x. OP 3542, Operation of the Technical Support Center (TSC)
  - y. OP 3544, Operation of the Operations Support Center (OSC)

- z. OP 3545, Activation of the Emergency Operations Facility/Recovery Center (EOF/RC)
- aa. OP 3546, Operation of the Emergency Operations Facility/Recovery Center (EOF/RC)
- bb. OP 3547, Security Actions During an Emergency
- cc. OP 4533, Airborne Radioactivity Concentration Determination
- dd. DP 4562, Calibration and Operation of the SAM-2
- ee. DP 4579, Respiratory Protection Equipment Inspection and Maintenance
- ff. AP 6807, Collection, Temporary Storage and Retrieval of QA Records
- gg. PP 7019, Severe Accident Management Program

## PREREQUISITES

- 1 Apparatus required:
  - a. Fresh batteries for equipment as required.
  - b. Recently calibrated and operable survey meters.
  - c. New seals
2. Obtain necessary copies of VYDPF 4579.01 and 4579.04 for use in VYOPF 3506.02

## PROCEDURE

- A. Control Room Emergency Communications Check (Operations)  
(Use VYOPF 3506.01)
  1. Monthly, the Operations Department shall test the Nuclear Alert System by contacting, and requesting a callback from, each of the three states (Vermont, New Hampshire, Massachusetts) using the following procedure:

### NOTE

This number initiates a call to each of the three State Police agencies. However, no audible ringing is present at the transmit station. The station receiver will continue to ring until it is answered even if the transmit station is recradled.

- a. Lift handset and dial 213 for VT, 210 for MASS, 212 for NH.
- b. Advise each State Police agency that answers of the test of the Nuclear Alert System, and record the results on VYOPF 3506.01.
- c. Test the Group Call capability with the three State Police agencies by lifting handset and dialing 111.

- d. Notify the following if any part of the system fails to operate:
  - 1) Communications Department, National Grid, Westboro:  
508-389-2104
  - 2) ISO-New England: (Weekends and Off-hours in place of Westboro)  
1-413-535-4384
  - 3) Emergency Planning Manager (EPM).  
Ext. 4160
- e. Notify the affected state Emergency Management office if any part of the system fails to operate:
  - 1) Mass. Emergency Management:  
1-508-820-2000
  - 2) New Hampshire Emergency Management:  
1-603-271-2231
  - 3) Vermont Emergency Management:  
1-802-244-8721 or 1-800-347-0488
- 2. Monthly the Operations Department shall test the NRC FTS ENS phone in the Control Room as follows:
  - a. Lift the receiver and listen for the dial tone.
  - b. After receiving a dial tone, dial the first number listed below (or on the sticker located on the telephone base) using all 11 digits. If the first number is busy, proceed with the second number.  
  
1-301-816-5100  
1-301-951-0550
  - c. State your name, location, and the fact that you are testing the NRC ENS. Request that the NRC staff member call back at 700-661-4323.



3. Monthly, the Operations Department shall test the Southwest Fire Mutual Aid and Tri-State Fire Mutual Aid radio (Deskon II) by contacting the Keene and Shelburne dispatchers as follows:

NOTES

- The Deskon II phone unit is provided with both a handset and a speaker-microphone. With the handset "on hook", messages may be transmitted by holding the TRANSMIT bar depressed and speaking into the speaker-microphone. With the handset "off hook", messages may be sent by holding the transmit bar on the handset depressed while speaking into it. The red signal light on the control unit will illuminate each time either transmit function is selected.
- If unable to contact Keene by radio, call (603) 352-1291.

- a. Contact the Keene dispatcher using the following message:
- 1) "KCE-579, this is KCP-596, Remote 2".
  - 2) After Keene responds, inform them that you are performing a radio check.
  - 3) After check is performed report "Thank you KCP-596, Remote 2 clear".

NOTE

If unable to contact Shelburne by radio, call (413) 625-8200.

- b. Contact the Shelburne dispatcher using the following message:
- 1) "Shelburne Control, this is KCP-596, Remote 2".
  - 2) After Shelburne responds, inform them that you are performing a radio check.
  - 3) After check is performed report "Thank you. KCP-596, Remote 2 clear".
- c. If either mutual aid radios communications systems malfunction, notify the I/C Department.

4. Monthly, the Operations Department shall test the Unusual Event/Alert, Site Area/General Emergency Alarms using the following procedure:

**NOTE**

Whenever the Evacuate-Off-Alert selector switch is activated, the page system volume is increased.

- a To test the Alert Alarm (used for Unusual Event and Alert emergencies) and the Evacuation Alarm (used for Site Area and General Emergencies), perform the following:
  - 1) turn the Page Sys Volume and Alarm Tone Select switch to the ALERT position,
  - 2) make the following announcement over the Gaitronics:  
  
"Attention all personnel, attention all personnel, the following is a test of the Emergency Alert and the Emergency Evacuation Alarms, please disregard." Repeat the announcement.
  - 3) turn the Alarm Tone Control switch to the ON position for three seconds, then return the switch to the OFF position,
  - 4) turn the Page Sys Volume and Alarm Tone Control Select switch to the OFF position,
  - 5) turn the Page Sys Volume and Alarm Tone Control Select switch to the EVACUATION position,
  - 6) turn the Alarm Tone Control switch to the ON position for three seconds, then return the switch to the OFF position,
  - 7) make the following announcement over the page system:  
  
"Testing of the Emergency Alert and the Emergency Evacuation Alarms is complete. Regard all further alarms."
  - 8) turn the Page Sys Volume and Alarm Tone Control Select switch to the OFF position.
- b. Contact the on shift Auxiliary Operators and verify that they heard both the alarm announcements and alarm signals.
- c. If any alarm malfunctions, notify the I/C Department and initiate corrective action.

5. Route VYOPF 3506.01 to the Shift Supervisor for review.
6. Forward VYOPF 3506.01 to the Emergency Plan Coordinator (EPC) for review.
7. The EPC will file VYOPF 3506.01 in accordance with AP 6807.

B. Quarterly Emergency Equipment Check (RP)  
(Use VYOPF 3506.02)

**NOTE**

VYOPF 3506.07 can be used as an aid in determining the locations of copies of controlled procedures and forms, which are located outside their normal controlled locations.

1. Refer to any control copy and list the current revision and Department Instruction/LPC of the procedures and forms listed on VYOPF 3506.07.
2. Obtain a copy of VYOPF 3506.02
3. Contact the Emergency Plan Coordinator (EPC) for any special instructions.
4. Inventory Emergency kit and cabinet contents against material listed on VYOPF 3506.02.
5. If necessary, update any copies of procedures or forms specified on VYOPF 3506.02. Refer to VYOPF 3506.07 for current Rev. and DI/LPC Nos.
6. Check operability of telephones and associated phone jacks listed on VYOPF 3506.02.
7. Replace material and instrumentation as required. Materials and instruments whose calibration, expiration, or shelf life will expire prior to the next scheduled performance of this portion of OP 3506 should be replaced.
8. Attach an initialed and dated seal to the kit.
9. Make notes on the status of equipment and correct all deficiencies.

10. Submit the completed VYOPF 3506.02 to the RP Supervisor, who will ensure the following:
    - a. Any pending corrective actions are summarized (e.g., Work Request Nos. are listed) and projected completion dates are specified.
    - b. All corrective actions have been taken in response to any deficiencies noted
  11. The RP Supervisor will submit VYOPF 3506 02 to the EPC who will do the following:
    - a. Review any pending corrective actions for appropriateness and timeliness (i.e., is projected completion date reasonable to ensure emergency preparedness).
    - b. Review corrective actions for appropriateness.
    - c. Approve status of the emergency kits and cabinets.
  12. The EPC will, upon receipt of VYOPF 3506.02, identify any discrepancies, state corrective actions taken in a memo to file, and file in accordance with AP 6807.
- C. Quarterly Brattleboro Memorial Hospital Emergency Equipment Check (RP)  
(Use VYOPF 3506.03)
1. Refer to any control copy of OP 3508 and list the current revision and Limited Procedure Change of the procedure on VYOPF 3506.03, as applicable.
  2. Proceed to the BMH Emergency Wing.
  3. Inventory the emergency kits contents against those items listed on VYOPF 3506.03.
  4. Replace material and instrumentation as required. Materials and instruments whose calibration, expiration, or shelf life will expire prior to the next scheduled performance of this portion of OP 3506 should be replaced.
  5. Make notes on the status of equipment and correct all deficiencies.
  6. Submit the completed VYOPF 3506.03 to the RP Supervisor, who will ensure all corrective actions have been taken in response to any deficiencies noted.
  7. The RP Supervisor will submit VYOPF 3506.03 to the EPC who will review it and approve the status of the emergency kits.
  8. The EPC will file VYOPF 3506.03 in accordance with AP 6807.

D. Quarterly Post Accident Sample Equipment Check (RP)  
(Use VYOPF 3506.06)

1. Obtain a copy of VYOPF 3506.06.
2. Inventory the kits as listed on VYOPF 3506.06.
3. Inventory the lead "pigs" as listed on VYOPF 3506.06.
4. Correct any deficiencies.
5. Submit completed VYOPF 3506.06 to RP supervision for approval.
6. RP supervision will submit VYOPF 3506.06 to the EPC who will review it and approve the status of the kits.
7. The EPC will file VYOPF 3506.06 in accordance with AP 6807.

E. Quarterly Chemistry Emergency Equipment Check  
(Use VYOPF 3506.05)

1. Obtain a copy of VYOPF 3506.05.
2. Inventory the two kits as listed on VYOPF 3506.05.
3. Attach an initialed and dated seal to the kit.
4. Inventory the lead "pigs" as listed on VYOPF 3506.05.
5. Correct any deficiencies.
6. Submit completed VYOPF 3506.05 to Chemistry supervision for approval.
7. Chemistry supervision will submit VYOPF 3506.05 to the EPC who will review it and approve the status of the kits.
8. The EPC will file VYOPF 3506.05 in accordance with AP 6807.

F. Vermont Yankee Public Notification System Preventive Maintenance, Testing, and Reporting

1. Northeast Mountain Radio shall perform monthly and annual preventive maintenance and surveillance services for the sirens and generators according to procedures as specified in the "Vermont Yankee Emergency Planning Zone Public Notification System Guide".
  - a. On a monthly basis, Northeast Mountain Radio shall provide Vermont Yankee's Emergency Plan Coordinator (EPC) with a maintenance summary for the sirens and generators. This summary shall include a listing of all repairs performed, and any system outages that occurred. Data sheets from the monthly siren/generator maintenance shall be attached to the summary.
  - b. On an annual basis, Northeast Mountain Radio shall provide the Vermont Yankee EPC with a maintenance and testing program summary for submittal to the Federal Emergency Management Agency (FEMA). This summary shall document system operability as well as other tests performed to comply with FEMA guidance as defined in FEMA Guidance Memorandum PR-I.

G. Emergency Response Telephone Number Check  
(Use VYOPF 3506.13)

On a quarterly basis, the Emergency Planning Manager (EPM) will ensure that Emergency Response telephone numbers are updated.

1. An EP staff member will perform the following:
  - a. Using VYOPF 3506.13, verify that telephone numbers in OP 3504 Appendix B are accurate. If inaccuracies are found, note on VYOPF 3506.13.
  - b. Verify that telephone numbers within AP 0156 are accurate. If inaccuracies are found, note on VYOPF 3506.13.
  - c. Verify the phone numbers in the Emergency Response Telephone Directory are accurate.
  - d. Place the latest Vermont Yankee phone list in the Emergency Response Telephone Directory.
  - e. Sign and date VYOPF 3506.13.
  - f. Forward VYOPF 3506.13 to the Emergency Plan Coordinator.

2. The EPC will do the following:
  - a. Ensure that the appropriate procedural changes have been initiated to reflect any telephone number inaccuracies determined in Step 1.
  - b. Sign and date VYOPF 3506.13.
  - c. The EPC will file VYOPF 3506.13 in accordance with AP 6807.

H. TSC/EOF FTS and NAS Phone Test

1. Monthly, the EPC will ensure the FTS phones in the TSC and EOF, and the NAS phones are tested for operability. Test results are recorded on VYOPF 3506.08.
2. The EPC will file VYOPF 3506.08 in accordance with AP 6807.

I. Emergency Plan Implementing Procedures and Status Form Book Updates (VYOPF 3506.09, .10, .11, or .12)

Whenever an EPIP change is received from the Document Control Center, the cognizant individuals for the EOF, TSC, OSC and Control Room shall update the procedure file and status forms book for their facility.

1. Obtain a copy of VYOPF 3506.09, .10, .11 or .12 as appropriate.
2. Update the EPIP book per the procedure change memo.
3. Update status forms book with any copies of forms specified on VYOPF 3506.09, .10, .11 or .12 as appropriate.
4. Return VYOPF 3506.09, .10, .11 or .12 to the EPC for review.
5. The EPC shall file the VYOPF 3506 forms in accordance with AP 6807.

J. Power Fail Phone Test

**NOTE**

This test is normally conducted on a Sunday evening to minimize impact on plant operations. Testing is scheduled through Work Management.

Per Surveillance Test No. 4000, the power fail phone system in Vernon and Brattleboro will be tested on a semi-annual basis. A switch in the Definity phone system can force the system into a simulated power fail condition by removing battery power to the normally operated relays. When the relays release, the ten lines wired to the relays are transferred from the normal contacts to the ten assigned Telephone Numbers as specified in Appendix G to OP 3504. This action removes thirteen extensions as designated in Appendix G from the Definity phone system.

The Definity phone system continues to operate normally for the other extension users. Extensions can call each other and make long distance calls, and make tie line calls to Brattleboro. Since 10 of the 18 outgoing lines are unavailable and the Definity system is "unaware" that 10 of these lines are unavailable, dialing local numbers might be a problem. A connection with a local party might not occur; no busy signal; no denial signal. The caller can try again at which time the Definity system selects the "next" line. Success cannot be guaranteed, and how many times the caller needs to try is uncertain. It should be noted at this point that the Control Room could use one of their 3 power fail phones to reach a local number.

The test consists of checking each of the 13 power fail phones for call out capabilities. A call is made to each of these phones to test ringing. The approximate time to complete the test is about 20 minutes, assuming all locations are readily accessible.

1. CONSULT/TECHS

- a. Contact AT&T Operations Center in Denver and inform them of the impending test.
- b. Contact the Control Room for consent to begin the test.
- c. Contact the Security Shift Supervisor that the test is beginning.
- d. Contact the Control Room, Security Shift Supervisor, and AT&T Operations Center when the test is finished and the Definity system is back to normal.



## 2. CONTROL ROOM

### NOTE

In the event that plant activities do not warrant continuation of the test, contact CONSULT/TECHS to activate switch to terminate test and return Definity system back to normal operation.

- a. When contacted by CONSULT/TECHS that the test is being initiated, make the following Gai-Tronics announcement:

"A TEST OF THE POWER FAIL PHONE SYSTEM IS BEING CONDUCTED. DURING THE TEST, OUTSIDE CALLS WILL BE RECEIVED AND LOGGED BY GATE 2, AND THEY WILL NOT BE TRANSFERABLE."  
(Repeat announcement.)

- b. When contacted by CONSULT/TECHS that the test has ended, make the following Gai-Tronics announcement:

"THE POWER FAIL PHONE SYSTEM TEST HAS ENDED. PHONE SYSTEM IS BACK TO NORMAL."  
(Repeat announcement.)

## 3. GATE 2

### NOTE

Incoming calls, dialing 257-7711, ring at Gate 2 and the Main Office for the first three lines (257-7711, 257-7712, and 257-7713), but cannot be transferred.

- a. If an outside call is received, take caller's name and number and have VY person to be contacted call the party back.

## FINAL CONDITIONS

1. All equipment is complete and in operable condition.
2. All documentation retained in accordance with AP 6807.

CONTROL ROOM MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

Date \_\_\_\_\_

Time \_\_\_\_\_

A. Nuclear Alert System

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Successful Test with Vermont (213)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Callback from Vermont successful   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Successful Test with New Hampshire (212)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Callback from New Hampshire successful   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Successful Test with Massachusetts (210)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Callback from Massachusetts successful   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Successful Group Call Test with VT/NH/MA(111)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. If the test is unsuccessful, note the nature of the<br>discrepancy and the individuals, and agencies contacted. |                              |                             |

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B. NRC ENS Phone Test

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Successful Test with the NRC                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Callback from the NRC successful                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. If unsuccessful, report the loss as directed<br>per AP 0156. |                              |                             |

C. Southwest Fire Mutual Aid and Tri-State Mutual Aid Radio Tests

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Successful test with Keene Dispatcher     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Successful test with Shelburne Dispatcher | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I/C Department notified of the following discrepancies: \_\_\_\_\_

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CONTROL ROOM MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST (Continued)

D. Emergency Alert and Emergency Evacuation Alarms

1. Emergency Alert Alarm Test Heard by Auxiliary Operators ☐ Yes ☐ No

2. I/C Department notified of the following discrepancies:

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Testing Performed By \_\_\_\_\_ / \_\_\_\_\_  
Operator (Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
Shift Supervisor (Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

## EMERGENCY EQUIPMENT CHECKLIST

ITEMS	INITIALS
I. Outer Gate Guardhouse	
A. Inspect respirators (6) (as per DP 4579)	_____
1. Check expiration date on filter canisters (6)	_____
2. Check particulate canisters (6)	_____
3. VYDPF 4579.04 completed and submitted for review	_____
B. Mobile UHF System Base Radio Station (Located in locked section of Gate 1)	_____
Performed by: _____	Date: _____
(Print/Sign)	
II. Emergency Operations Facility (EOF) - Brattleboro	
A. Emergency Equipment Cabinet #1 (Room 124) for use by the Site Recovery Manager	
1. Emergency Notepads	_____
2. Redi-Letter Speed Sets	_____
3. Procurement Log Book	_____
4. Magnetic Tags	_____
5. Site Recovery Manager Log	_____
6. Site Recovery Manager Notifications Log	_____
7. Site Recovery Manager Team Badges	_____
8. NRC Response Team Badges	_____
9. North American Emergency Response Guidebook (2)	_____
10. Emergency Plan (Copy #12)	_____
11. Emergency Plan Implementing Procedures (Controlled Copy #35)	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
12. ERF Directory	
13. Status Forms Book/SRM Manual	
14. YA-NOG-9101, Procedure for Operation of the Nuclear Alert System (NAS) (In SRM Manual/Status Forms Book)	<div data-bbox="1117 441 1520 470">Rev. /DI/LPC#</div>
15. PP 7019, Severe Accident Management Program (Controlled Copy #5)	
16. SAM RPV Cutaway Operator Aid (In front of PP 7019 Binder)	
17. Vermont Yankee Mini-Prints (Copy #41)	
18. INPO Emergency Resources Manual (2)	
19. Media Advisor's Clipboard with Tech. Rep. Escalation Checklist	
20. NRC Region I Incident Response Plan (Vols. 1 & 2) (Uncontrolled)	
21. VY Tech Specs (Copy #25)	
22. Framatome ANP Emergency Support Plan (Copy #33)	
23. Technical Guidelines for EAL Categories & Events (Copy #4)	
24. Large EAL Sheets from AP 3125 (2)	
25. State Advisor Reference Book	
26. Tote with office supplies	
27. ENS Telephone Headset	
28. Emergency Operating Procedures (Hard Cards EOP1 - EOP6 (in Room 124)	
29. AP 3125 EALs - laminated (in Room 124)	
30. Personnel Status Board (in Room 124)	

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

31. OT 3100 Reactor Scram -  
Laminated hard card. \_\_\_\_\_

## NOTE

Operability of the FTS and NAS phones is checked by  
Emergency Planning using VYOPF 3506.08.

32. Telephones in Cabinet #1:

- |    |   |                                |
|----|---|--------------------------------|
| a. | #1- (NAS)   | (Checked by E-Plan<br>monthly) |
| b. | #6  | _____                          |
| c. | #8 - Speakerphone (for<br>Media Advisor)  | _____                          |
| d. | #3A - Alternate Auto Ring<br>Down Phone and EASA-PHONE<br>speaker. (Use to contact<br>Control Room) | _____                          |

33. Telephones, wall mounted in  
Recovery Planning Area  
(Room 126):

- |    |   |                                |
|----|---|--------------------------------|
| a. | #3 (Primary Ringdown)<br>(not wall mounted) | _____                          |
| b. | #3A (Alternate Ringdown)                    | _____                          |
| c. | #20   | _____                          |
| d. | #19   | _____                          |
| e. | #33   | _____                          |
| f. | #40   | _____                          |
| g. | #41   | _____                          |
| h. | #61 (Powerfail)                             | _____                          |
| i. | #69 (FTS)                                   | (Checked by E-Plan<br>monthly) |
| j. | #70 (FTS)                                   | (Checked by E-Plan<br>monthly) |
| k. | #75 (FTS)                                   | (Checked by E-Plan<br>monthly) |

34. PC and multi-media computer (2)  
(Room 126 & 125) \_\_\_\_\_

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS	
B. Emergency Equipment Cabinet #2 for Use By the EOF Coordinator, Manpower & Planning, ESG		
1. Letter trays (3)		
2. Emergency Notepads		
3. Redi-Letter Speed Sets		
4. 3-Hole Punch		
5. Emergency Plan (Controlled Copy #8)		
6. Emergency Plan Implementing Procedures (Controlled Copy #34)		
7. EOF Coordinator's Clipboard and Notepad		
8. EOF Coordinator's Logbook		
9. Purchasing Coordinator's Clipboard and VYP:317, Purchase Order Processing Procedure		
10. UFSAR (Controlled Copy #22)		
11. ERF Directory (2)		
12. Status Forms Book		
13. Core Damage Assessment Binder (from PP 7019) (Uncontrolled Copy)		
14. Two (2) Totes with office supplies (EOF Staff and ESG)		
15. Action Item/Status Board Tags (for use on white board)		
16. Fax machines (3)		
a. #5 (Hewlett Packard)		(Cabinet #2)
b. #6 (Hewlett Packard)		(Cabinet #2)
c. (Sharp)		(Cabinet #2)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
17. Telephones: (Wall Mounted in Briefing Area (Room 125))	
a. #23	_____ (Room 125)
b. #24	_____ (Room 125)
c. #60	_____ (Room 125)
18. Telephones: (Wall Mounted in (Room 122))	
a. #11	_____ (Room 122)
b. #25	_____ (Room 122)
c. #58	_____ (Room 122)
d. #79	_____ (Room 122)
C. Emergency Equipment Cabinet #3 for use by the Radiological Supervisor	
1. Off-Site Team Road Maps	_____
2. Emergency Plan (Controlled Copy #30)	_____
3. Emergency Plan Implementing Procedures (Controlled Copy #38)	_____
4. Guidelines for Projection of Potential Radioactive Material Release During an Emergency	_____
5. Status Forms Book (2)	_____
6. VYOPF 4533.01, Air Sample Forms (in status forms books)	_____ Rev. _____ LPC# _____
7. METPAC floppy disks (3)	_____
8. METPAC User Manual & Technical Description (version 5.4)	_____
9. ERF Directory	_____
10. Radiological Health Handbook (2)	_____
11. Core Damage Assessment Binder (from PP 7019) (uncontrolled copy)	_____
12. Rad Coordinator Notebook - OP 3525	_____ Rev. _____ LPC# _____



# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
13. Emergency Notepads	_____
14. 10 Mile EPZ Maps (2)	_____
15. Rad Supervisor's Clipboard	_____
16. Tote with office supplies and "What If" dose projection stamp and calculators	_____
17. In/Out trays (7) (3 are for Rad Data for each state)	_____
18. Preprinted Magnetic Labels for Off-Site Teams (team, time, location, air code, and dose rate)	_____
19. Potassium Iodide (KI)	
a. Check expiration date	_____ (Exp. date) _____
20. Redi-Letter Speed Sets (1 box)	_____
21. HPN Telephone Headset	_____
22. Thirty-four (34) Small Poly Bags	_____
23. Inspect respirators (12) per DP 4579	_____
a. Check expiration date on filter canisters (12)	_____ (Exp. date) _____
b. Complete VYDPF 4579.04 and submit for review	_____
24. One (1) Box Air Sampler Filters (50 mm)	_____
25. Ten (10) Air Sampler Charcoal Cartridges	_____
26. Nine (9) Two Dram Vials	_____
27. Ten (10) Silver Zeolite Air Sample Cartridges (Sealed in plastic)	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS	
28. Box of non-time critical items		
a. Six (6) Air Sampler Environmental Cartridges	_____	
b. Twelve (12) Small Poly 23 ml Bottles	_____	
c. Eight (8) Large Poly Bottles	_____	
d. Twelve (12) Medium Poly Bags	_____	
29. Distribution Trays (7)	_____	
30. Telephones: (Wall Mounted in Rad Assessment)		
a. #21 (Powerfail)	_____	(Room 124)
b. #22	_____	(Room 124)
c. #39	_____	(Room 124)
d. #71 (FTS)		(Room 124) (Checked by E-Plan monthly)
e. #72 (FTS)		(Room 124) (Checked by E-Plan monthly)
f. #76 (FTS)		(Room 124) (Checked by E-Plan monthly)
31. Area Map/Dispersion Wheel (mounted on wall in Room 124)	_____	
D. Emergency Equipment Cabinet #4 for use by Rad Assessment		
1. Low Volume Air Sampler (1)	_____	
a. Calibration Up-to-Date	_____	(Cal. Due Date) _____
b. Operational Check	_____	
c. Left with fresh paper and cartridge in holder	_____	
2. "Bull Horn" (1)	_____	
a. Operational Check	_____	
3. Electrical Extension Cords (3)	_____	
4. Dosimeter Charger (1) Check OK	_____	

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS	
5. High Range Dosimeters (20)	_____	
a. Calibration Up-To-Date	_____	
6. Gamma Dose Rate Meter (2)	_____	
a. Battery Check OK	_____	
b. Calibration Up-To-Date	_____	(Cal. Due Date) _____
7. Flashlights (12)	_____	
8. Batteries (12)	_____	
9. Check Source (Strength >1 mR/hr but <4 mR/hr)	_____	
10. Telephones: (mounted in Chem. & Sample Analysis Lab)		
a. #14	_____	(Room 120)
b. #15	_____	(Room 120)
11. SAM-II Ba-133 Source	_____	
E. Room #118 for Use By Nuclear Regulatory Commission (NRC) Emergency Response Personnel		

## NOTE

The Fax machine will be brought to the facility by NRC  
emergency responders.

1	Telephones: (Wall Mounted unless other wise specified)		
a	#16	_____	(Room 118)
b.	#17	_____	(Room 118)
c.	#18	_____	(Room 118)
d.	#57	_____	(Room 118)
e.	#73 (FTS)	_____	(Checked by E-Plan monthly)
f.	#74 (FTS)	_____	(Checked by E-Plan monthly)
g.	#89	_____	(Room 118)
h.	#90	_____	(Room 118)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

## ITEMS

## INITIALS

### F. Room #123 OSMT Communications Area

1. UHF Radio Transmitter/Receiver  
Systems (2)

\_\_\_\_\_

2. Area Map/Dispersion "Wheel"

\_\_\_\_\_

3. 10 Mile EPZ Map

\_\_\_\_\_

4. Air Sample codes for I-131 Air  
concentrations

\_\_\_\_\_

5. Field Sample Thyroid Dose  
Nomogram

\_\_\_\_\_

6. Site Boundary Map

\_\_\_\_\_

7. Decnet Terminal

\_\_\_\_\_

8. Telephones: (wall mounted)

a. #29 (Powerfail)

\_\_\_\_\_

(Room 123)

b. #30

\_\_\_\_\_

(Room 123)

### G. Room #128 for Use by EOF Engineering Support Group

1. #62

\_\_\_\_\_

(Room 128)

2. #65

\_\_\_\_\_

(Room 128)

3. #13

\_\_\_\_\_

(Room 127)

4. #63 (2)

\_\_\_\_\_

(Room 127)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

## ITEMS

## INITIALS

H. The following equipment is located in the Sprinkler Room of the Training Center (Room 118):

1. Sealed decontamination barrel containing non-time critical items  
If not sealed, inventory contents, ensure the following are available, and reseal.

- a. Towels (12)
- b. Face Cloths (12)
- c. Decon Soap (3)
- d. Plastic Bags (12)
- e. Poly 6 ml x 6' x 100' (1 roll)
- f. Paper Towels (5 boxes)
- g. Scissors (1 pair)
- h. Blotter Paper (3 10' sections)
- i. Masking Tape (5 rolls)
- j. Cloth Gloves (2 bundles)
- k. Surgeons Gloves (1 box)
- l. Plastic Basins (3)
- m. Scrub Brushes (12)
- n. "Radioactive Material" Tape (2 rolls)
- o. Paper Suits (10 pair)

2. RP 0537, Contamination Events

Rev. LPC#

3. (1) VY Emergency Off-Site Dose Rate Nomogram #1

#1

4. (4) EAL Charts - AP 3125 #2

#2

5. (1) Area Map/Dispersion "Wheel" #4

#4

6. (1) Plant Parameter Status Board #5

#5

7. (1) 50 Mile Ingestion Pathway Map #9

#9

8. Manpower and Planning Assistant In-Plant Status Board #11A

#11

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
9. Manpower and Planning Assistant Off-Site Status Board #11B	_____ #11
10. (1) Emergency Operations Facility Organization #12	_____ #12
11. (1) Vermont Yankee Emergency Management Organization #13	_____ #13
12. (3) RM-14 with HP-210 Probe	_____
a. Battery Check OK	_____
b. Calibration Up-To-Date	_____ (Cal. Due Date) _____
13. Personnel Monitoring Team Clipboard and Logbook.	_____
14. Wireless Headset (charging) for VY use NRC FTS HPN Phone	_____
15. "Authorized Personnel" Sign for Training Lobby Entrance	_____
16. Tote for Manpower and Planning containing:	_____
a. Emergency Notepads	_____
b. Clipboard and logbook	_____
c. Clipboard containing area maps	_____
d. ERF Directory	_____
e. Small tote with office supplies	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## I. Miscellaneous Items

1. Test communications with New York State Emergency Management Office by dialing 1-518-457-2200 (backup 518-457-6811). Advise of the test and record name of NY State Official contacted.

\_\_\_\_\_  
(NY State Official)

2. Test data line for Dose Tracking System - Ingress. Perform the following steps for system operability: \_\_\_\_\_

- a. DEC terminal plugged into wall module, jack #28d, in OSMT Communications Area. \_\_\_\_\_

- b. The system is ready to operate:

- 1) Type in RWP1 account name and password ID.
- 2) At the menu, the HIS is ready for access.
- 3) To log-off the HIS, at the menu:

a) select the EXIT option and press the <RETURN> key,

3. METPAC PC System operational. \_\_\_\_\_

- a. Log onto the system and record METPAC version. \_\_\_\_\_

\_\_\_\_\_  
METPAC Version:

4. SAM-II - Perform source check per DP 4562 to verify proper operation (source is located in Cabinet #4, EOF). \_\_\_\_\_

\_\_\_\_\_  
(Cal. Due Date)

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print/Sign)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## III. OSC Equipment

A. Status Board (located in hallway mounted on wall)

\_\_\_\_\_

B. RP Office Area

\_\_\_\_\_

1. Status Forms File Drawer

\_\_\_\_\_

2. OSC blank forms updated

\_\_\_\_\_

3. OSC Phone Jacks (located in RP Office (ER981874\_02))

\_\_\_\_\_

a. #11

\_\_\_\_\_

b. #27

\_\_\_\_\_

c. #55

\_\_\_\_\_

4. Computer with Rtime

a. Radiation Protection  
Superintendent's Office  
operational

\_\_\_\_\_

C. E-Kit Storage Area

1. High Range Dosimeters (13)

\_\_\_\_\_

a. Calibration up-to-date

\_\_\_\_\_

(Cal. Due Date)

b. Dosimeter charger  
operational check

\_\_\_\_\_

2. SAM-2 - Perform source check per DP 4562 to verify proper operation (source is located in RP Checkpoint source locker)

\_\_\_\_\_

(Cal. Due Date)

3. Air Samplers (4)

a. Operational check (run for about 3 mins.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Calibration date

\_\_\_\_\_

Calibration Date

\_\_\_\_\_

c. Left with fresh filter paper and cartridge in holders

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Battery on charger (1) (used for operational checks)

\_\_\_\_\_



# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
4. RM-14 with HP-210 Probe (6)	
a. Battery check OK	_____
b. Calibration up-to-date	_____
	Calibration Due Date _____
	Calibration Due Date _____
5. Gamma Dose Rate Meter (7)	
a. Battery check OK	_____
b. Calibration up-to-date	_____
	Calibration Due Date _____
	Calibration Due Date _____
6. Inspect respirators (16) per DP 4579	_____
a. Check expiration date on filter canisters (16)	_____
b. VYDPF 4579.04 completed and submitted for review	_____
D. Site Boundary Team Kit	
1. Site Boundary clipboard	_____
a. Implementing procedure checklist (OP 3510) (2 copies)	_____
	Rev. _____ LPC# _____
Current Rev. # _____	
LPC# _____	
b. Paper pad	_____
2. High range dosimeters (4)	_____
a. Calibration up-to-date	_____ (Cal. Due Date) _____
b. Dosimeter charger operational check	_____
3. Check Source	_____
a. Strength >1 mR/hr. and <4mR/hr	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

- |    |   |       |                    |
|----|---|-------|--------------------|
| 4. | Potassium Iodide (KI)                       | _____ |                    |
|    | a. Check expiration date                    | _____ | <u>(Exp. Date)</u> |
| 5. | Stopwatch                                   | _____ |                    |
|    | a. Operational check                        |       |                    |
| 6. | Flashlight (1) operational check            | _____ |                    |
| 7. | Batteries "D" cells (2)                     | _____ |                    |
| 8. | Sealed container of non-time critical items | _____ |                    |
- If not sealed, inventory contents, ensure the following are available, and reseal.
- Filter paper, air sample (1 box)
- Parafilm
- Tweezers (1 pair)
- Surgeons gloves (1 box)
- Charcoal filter cartridges (6)
- Ten (10) Silver zeolite cartridges (sealed in plastic)
- Pencils (approx. 4)
- Filter/Cartridge Collection envelopes (6)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## E. Off-Site Emergency Kits

### NOTE

During an emergency, off-site teams will be issued portable radios in accordance with procedure OP 3504, "Emergency Communications".

		Kit 1 (BLUE)	Kit 2 (GREEN)	Kit 3 (BLACK)
1.	Implementing procedure checklist (OP 3510) (3 copies each)			
	Current Rev. # _____	Rev. _____	Rev. _____	Rev. _____
	LPC # _____	LPC# _____	LPC# _____	LPC# _____
2.	High range dosimeters (4)	_____	_____	_____
	a. Calibration date	_____	_____	_____
		Calibration Date		
	b. Dosimeter charger - operational check	_____	_____	_____
3.	Check Source	_____	_____	_____
	a. Strength >1mR/hr. and <4mR/hr	_____	_____	_____
4.	Potassium Iodide (KI)	_____	_____	_____
	a. Check expiration date	_____	_____	_____
		Expiration Date		
5.	Stopwatch	_____	_____	_____
	a. Operational check	_____	_____	_____
6.	Flashlights (2) operational check	_____	_____	_____
7.	Batteries "D" cells (6)	_____	_____	_____
8.	Pre-Determined Sample Locations Sheet	_____	_____	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS	Kit 1 (BLUE)	Kit 2 (GREEN)	Kit 3 (BLACK)
<p>9. Sealed container of non-time critical items</p> <p>If not sealed, inventory contents, ensure the following are available, and reseal.</p> <p>Poly bottles (3)</p> <p>Poly bags (3)</p> <p>Smear paper (1 box)</p> <p>Activated charcoal filter cartridges (6)</p> <p>Ten (10) Silver zeolite cartridges (sealed in plastic)</p> <p>Marking pen (approx. 4)</p> <p>Screwdriver</p> <p>Keys to Envir. Stations</p> <p>Filter/Cartridge Collection envelopes (6)</p> <p>Off-Site Team Clipboard</p> <p>Paper pad</p> <p>Filter paper, air sample (1 box)</p> <p>Parafilm</p> <p>Tweezers (1 pair)</p> <p>Surgeons gloves (1 box)</p>				

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

## ITEMS

## INITIALS

F. All equipment and materials returned  
to the kits and the kits sealed

G. RP Checkpoint

1. OSC Dosimetry Kit

a. Dosimeters

1) 20 Self Reading  
Dosimeters (SRDs)

2) 1 SRD Charger (AC)

3) 10 TLDs

4) 2 TLD Controls

5) 6 Extremity TLDs

6) 2 Extremity  
Controls

b. Procedures

1) AP 0506, Personnel  
Monitoring

Rev. LPC#

2) AP 0525, Dosimetry  
Processing

Rev. LPC#

3) AP 0546, Planned  
Special Exposure

Rev. LPC#

4) OP 3507, Emergency  
Radiation Exposure  
Control

Rev. LPC#

5) General Access RWP

c. Forms

1) NRC Form 4

2) Exposure History  
Release Forms

3) VYAPF 0525.06,  
Pregnant Woman  
Declaration Form

Rev. LPC#

4) VYAPF 0506.08,  
Multibadge TLD  
Location Form

Rev. LPC#

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

5) VYOPF 3507.01,  
Personnel Exposure  
Log

Rev. LPC#

6) VYAPF 0506.07,  
Administration  
Radiation Exposure  
Control Change  
Request

Rev. LPC#

7) VYAPF 0525.09,  
Lost, Damaged or  
Misused Dosimetry  
Report

Rev. LPC#

8) VYAPF 0525.08,  
Visitor/Tour  
Member Logsheet

Rev. LPC#

9) AF.01, PADs  
Consent Form

Rev. LPC#

10) VYAPF 0525.07,  
Reg. Guide 8.13  
Logsheet

Rev. LPC#

11) VYAPF 0525.11, RWP  
Sign-In Sheet

Rev. LPC#

2. Computer w/Rtime operational  
(Checkpoint)

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print/Sign)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## IV. Inner Gatehouse

### A. General Equipment

1. RM-14 with HP-210 probe (this can be standby unit for portal monitor)

- a. Battery check OK

- b. Calibration up-to-date

(Cal. Due Date)

2. Inspect respirators (6) as per DP 4579

- a. Check expiration date on filter canisters

(Exp. Date)

- b. Check particulate canisters

(Exp. Date)

- c. VYDPF 4579.04 completed and submitted for review

3. Verify with Security that a minimum of five (5) bag radios are available for use

### B. Site Boundary Team Kit

1. Gamma Dose Rate Meter

- a. Battery check OK

- b. Calibration up-to-date

(Cal. Due Date)

2. Air Sampler

(Cal. Due Date)

- a. Operational check (run for about 3 min.)

- b. Left with fresh filter paper and cartridge in holders

- c. Battery on charger for testing only (may use OSC's)

3. Potassium Iodide (KI)

- a. Check expiration date

(Exp. Date)

4. Stopwatch

- a. Operational check

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS		INITIALS	
5.	OP 3510 Current Rev. # _____		
	LPC # _____	_____	Rev. _____ LPC# _____
6.	Batteries "D" cells (6)	_____	
7.	Flashlight (1) operational check	_____	
8.	High range dosimeters (10)	_____	(Cal. Due Date) _____
9.	Dosimeter charger (1)	_____	
10.	Check source	_____	
	a. Strength >1mR/hr. and <4mR/hr	_____	
11.	Sealed box of non-time critical items	_____	
	If not sealed, inventory contents, ensure the following are available, and reseal.		
	Filter papers (1 box)		
	Charcoal cartridges (6)		
	Ten (10) Silver zeolite cartridges (sealed in plastic)		
	Tweezers (1 pair)		
	Surgeons gloves (1 box)		
	Filter/Cartridge Collection envelopes (6)		
Performed by: _____		Date: _____	
(Print/Sign)			



# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
V. Main Control Room	
A. General Equipment	
1. Area Map/Dispersion "wheel"	_____
2. High range dosimeters (5)	_____
a. Calibration up-to-date	_____ (Cal. Due Date) _____
b. Dosimeter charger operational check	_____
3. Potassium iodide (KI)	
a. Check expiration date	_____ (Exp. Date) _____
4. Emergency Plan	_____
5. Emergency Plan Implementing Procedures	_____
6. Emergency Logbook	_____
7. Status Forms Drawer	_____
8. SAM RPV Cutaway Operator Aid	_____
B. Inspect Scott-Pacs (6) (as per DP 4579)	_____
1. VYDPF 4579.01 completed and submitted for review	_____

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Print/Sign)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## VI. Technical Support Center

### A. General Equipment - Offices behind TSC Conference Room

1. Mobile UHF System Base Radio  
Station and ERF Directory
2. Offsite Dose Rate Nomogram
3. Area Map/Dispersion "Wheel"

### B. Emergency Equipment Cabinets

1. TSC Primary Position Title  
Tags (ziplock bag)
2. VYOPF 3542.01, Personnel  
Accountability Log (on 5  
clipboards)
3. Emergency Notepads
4. Redi-Letter Speed Sets
5. Tote with office supplies
6. ENS Telephone Headset
7. Magnetic accountability signs  
for the doors (3)
8. Emergency Plan (Copy #3)
9. Emergency Plan Implementing  
Procedures (Copy #3)
10. PP 7019, Severe Accident  
Management Program (2)  
(Controlled Copies 2 and 2A)  
(#2 may be located in the TSC  
area phone room)
11. SAM RPV Cutaway Operator Aid  
(in front of PP 7019 book) (2)
12. Status Forms Book
13. VYOPF 4533.01, Air Sample Form  
(6)
14. Clipboard with: Call-In List,  
VY Phone List, EAPL,  
Respirator Qualifications, VY  
Org. Chart
15. ERF Directory (2)

Rev. LPC#

Rev. LPC#

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS		
16. TSC Logbook			
17. TSC personnel Sign-Forms (white 3-ring binder)			
a. 3524.02		Rev.	LPC#
b. 3542.01		Rev.	LPC#
18. Emergency Resources Manual			
19. North American Emergency Response Guidebook (2)			
20. Reactor Building Phone List			
21. Region I Incident Response Vol. I & II			
22. ERDS Data Continuous Communicator Book			
23. Inspect respirators (4) (as per DP 4579)			
a. Check expiration date on filter canisters		(Exp. Date)	
b. VYDPF 4579.04 completed and submitted for review			
24. Potassium iodide (KI)			
a. Check expiration date		(Exp. Date)	
25. High range dosimeter (4)		(Cal. Due Date)	
26. Gamma dose rate meter		(Cal. Due Date)	
27. Air sampler, low volume, with charcoal cartridge (1)		(Cal. Due Date)	
a. Operational Check			
b. Left with fresh filter paper and cartridge in holder			
28. Box of safety goggles and hearing protection			

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
29. Sealed container of non-time critical items	
If not sealed, inventory contents, ensure the following are available, and reseal.	
a. Charcoal filter cartridges (6)	_____
b. Six (6) Silver zeolite (sealed in plastic)	_____
c. Filter paper, air sample (1 box)	_____
d. Tweezers (1 pair)	_____
e. Surgeons gloves (1 box)	_____
f. Smear papers (1 box)	_____
30. Perform a functional test on four (4) RM-16's	_____
31. Check cal-due date on TSC Cam	_____ (Cal. Due Date)
a. Check TSC Cam for chart paper	_____
b. Check the TSC Cam for filter paper and charcoal cartridge (refer to DP 2521)	_____
c. Turn on the TSC Cam and perform the daily operational checks per DP 2521	_____
1) If any problems are identified, correct the deficiency and notify the RP Supervisor (instruments).	_____
d. Restore the TSC Cam to standby status	_____

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS	INITIALS
32. Dosimeter charger operational check	_____
33. Classification Signs (on top of cabinets)	_____
34. RM-14 with HP-210 Probe (1) (in conference room)	_____ (Cal. Due Date) _____
35. Laminated charts (in Conference Room):	
a. AP 3125 - EALs (2)	_____
b. OT 3100 - Reactor Scram	_____
c. EOPs #1-6	_____
d. RPV & Containment EOP/SAG Ref and Action Levels	_____

## NOTE

The FTS phones are stored in the EP cabinet outside of the TSC Communications Room, and are plugged into the appropriate wall jacks in the Computer User's Room, TSC Communications Room, and the NRC front office (see Figure 4 of OP 3504).

36. FTS Telephones: (Checked by E-Plan monthly)
- a. #39
  - b. #40 (wall mounted)
  - c. #41 (wall mounted)
  - d. #42 (wall mounted)
  - e. #43
  - f. #44
  - g. #45
  - h. #47

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

## 37. TSC Phone Jacks (ER981874\_02)

- |    |                    |       |
|----|--------------------|-------|
| a. | #18                | _____ |
| b. | #21                | _____ |
| c. | #22                | _____ |
| d. | #26 (wall mounted) | _____ |
| e. | #27 (wall mounted) | _____ |
| f. | #28                | _____ |
| g. | #29                | _____ |
| h. | #34                | _____ |
| i. | #55 (copier room)  | _____ |
| j. | #56 (cordless)     | _____ |

## C. Computers with Rtime

- |    |  |       |
|----|--|-------|
| 1. | General Manager's office<br>operational        | _____ |
| 2. | NRC Resident Inspector's<br>office operational | _____ |

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print/Sign)

# EMERGENCY EQUIPMENT CHECKLIST (Continued)

ITEMS

INITIALS

Discrepancies:

Page	Section	Remarks

Other Comments:

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
RP Supervisor (Print/Sign) Date

Approved By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

EPC Comments: ☐ Memo to File Attached

# BRATTLEBORO MEMORIAL HOSPITAL EMERGENCY EQUIPMENT CHECKLIST

Date \_\_\_\_\_

Directions: Initial inventoried items and note comments in the right-hand column. Replace equipment as required.

<u>Item</u>	<u>Initials</u>	
1. <u>Instruments and Dosimetry</u>		
a. Gamma Dose Rate Survey Meter		
1) Instrument VY # _____	_____	(Cal. Due Date) _____
2) Battery test	_____	
b. Beta/Gamma Monitor, RM-14 with HP-210 Probe VY # _____	_____	(Cal. Due Date) _____
1) Battery test	_____	
c. 0-500 mR Self-reading pocket dosimeters (10)	_____	(Cal. Due Date) _____
d. Thermoluminescent dosimeters (10)	_____	(Cal. Due Date) _____
e. Dosimeter Charger	_____	
1) Check operability	_____	
f. The Vinton ring dosimeters (10)	_____	
g. Check Source (located at Nurse's Station)	_____	
2. <u>Procedures</u>		
a. Brattleboro Memorial Hospital Radiologically Contaminated Casualty Protocol (2)	_____	
b. OP 3508, On-Site Medical Emergency Procedure		
Current Rev. # _____		
LPC # _____	_____	Rev. _____ LPC# _____
3. Lead container for high activity samples	_____	
4. Packaged disposable table top with inflatable water containers	_____	



## BRATTLEBORO MEMORIAL HOSPITAL EMERGENCY EQUIPMENT CHECKLIST (Continued)

## 5. Equipment and Supplies

- |    |                                      |       |
|----|--------------------------------------|-------|
| a. | Herculite Floor Covering             | _____ |
| b. | 2-inch Masking tape (4 rolls)        | _____ |
| c. | Signs "Caution - Radiation Area" (4) | _____ |
| d. | Radioactive Material Tags            | _____ |
| e. | Barrier tape (1 roll)                | _____ |
| f. | Step-off pads (2)                    | _____ |
| g. | Yellow 30 gal. drum (1)              | _____ |
| h. | Hose for table top drain             | _____ |

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
RP Technician (Print/Sign)

Discrepancies or Comments:

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
RP Supervisor (Print/Sign) Date

Approved By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

CHEMISTRY EMERGENCY EQUIPMENT READINESS CHECK

Initials

I. Liquid PASS Sampling Kit (Chemistry Lab)

- A. 6 syringes with 1.5 inch needles (3 cc) \_\_\_\_\_
- B. 1 syringe shield \_\_\_\_\_
- C. 12 offgas vials with stoppers \_\_\_\_\_
- D. 12 two-dram vials \_\_\_\_\_
- E. One 500 ml. graduated cylinder (located at PAS  
panel or Chem Lab) \_\_\_\_\_
- F. 1 vacuum gauge with needle \_\_\_\_\_
- G. 10 spare offgas vial stoppers \_\_\_\_\_
- H. Large and small tongs \_\_\_\_\_
- I. Flashlight w/batteries (functional) \_\_\_\_\_
- J. 2 plastic bags for RB 303' samples \_\_\_\_\_

II. Plant Vent Stack PASS Sampling Kit

- A. Spare panel needle \_\_\_\_\_
- B. 2 inline cartridge holders in kit \_\_\_\_\_
- C. 1 box of glass fiber filter paper (minimum of 10  
filters) \_\_\_\_\_
- D. 12 envelopes for air samples \_\_\_\_\_
- E. 15 silver zeolite cartridges, sealed in plastic \_\_\_\_\_
- F. 6 CP-100 Charcoal Cartridges \_\_\_\_\_
- G. 12 offgas vials with stoppers \_\_\_\_\_
- H. 1 vacuum pump with needle \_\_\_\_\_
- I. 1 shield for syringe \_\_\_\_\_
- J. 5 copies of VYOPF 2611.03 and 2611.10 and 10  
copies of VYOPF 2611.04 in the current revision \_\_\_\_\_
- K. Large tongs \_\_\_\_\_

# CHEMISTRY EMERGENCY EQUIPMENT READINESS CHECK (Continued)

Initials

L. 10 copies each of VYOPF 3534.01 and VYOPF 3534.02  
in the current revision

M. Flashlight w/batteries - Functional Check

N. 2 wrenches for PAS needle changeout

O. 9 3cc syringes w/needles

P. 1 inline cartridge holder installed at Stack

Q. 1 gas marinelli

## III. Lead Shield "Pigs"

A. One lead brick with cutouts for liquid samples

B. Two lead "pigs" with handles at the Plant Vent  
Stack Base.

Performed by: \_\_\_\_\_  
Chemistry Technician (Print/Sign)

Date: \_\_\_\_\_

Discrepancies or Comments:

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Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
Chemistry Supervision (Print/Sign) Date

Approved By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

# POST-ACCIDENT SAMPLING KITS (RP)

ITEMS	INITIALS	REMARKS
I. Containment Sampling (RP Checkpoint)		
A. 6 - syringes	_____	
B. 1 - syringe shield	_____	
C. 3 - sample bombs w/stoppers	_____	
D. 6 - spare vial stoppers	_____	
E. 12 - offgas vials w/stoppers	_____	
F. 2 - male quick connects	_____	
G. 1 - vacuum gauge w/needle	_____	
H. 1 - 5 cc syringe	_____	
I. High range dosimeters (3)	_____	(Cal. Due Date) _____
J. Large tongs	_____	
II. Miscellaneous Lead Shields (to be used in Post-Accident Sampling)		
A. Two shields for containment sample bombs (located on platform in radwaste hallway)	_____	

Performed by: \_\_\_\_\_ Date: \_\_\_\_\_  
RP Technician (Print/Sign)

Discrepancies or Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
RP Supervisor (Print/Sign) Date

Approved By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

PROCEDURE/FORM COPY UPDATE WORKSHEET

PROCEDURE/FORM			BRATTLEBORO LOCATIONS				VERNON LOCATIONS			
No.	Rev.	LPC#	#1	#2	#3	S. Rm	TSC	OSC Kits	Off-Site Kits	Gate II Kit
0506								•		
0506.07								•		
0506.08								•		
0525								•		
0525.06								•		
0525.07								•		
0525.08								•		
0525.09								•		
0525.11								•		
0537							•			
0546								•		
3507								•		
3507.01								•		
3510						•			•	•
3525					•					
3542.01							•			
4533.01					•		•			
7019			•							
VYP:317				•						
AF.01								•		

## TSC/EOF FTS AND NAS PHONE CHECKLIST

### A. Emergency Operations Facility - Brattleboro

#### 1. Test NRC FTS Phones

Since all the FTS phones use the same telephone number(s) to contact the NRC Operations Center in Rockville, MD, the ENS phone is tested first to verify the operability of the circuit between Brattleboro and Rockville. The remaining FTS phones can be tested without contacting the NRC Operations Center.

##### a. ENS

Test the Brattleboro NRC FTS ENS line by using phone (#75) in the Site Recovery Manager's Room, and implementing the following steps:

- 1) Lift the receiver and listen for the dial tone.
- 2) After receiving a dial tone, dial the first number listed below (or on the sticker located on the telephone base) using all 11 digits. If the first number is busy, proceed on with the second number.

1-301-816-5100

1-301-951-0550

1-301-415-0550

- 3) State your name, location, and the fact that you are testing the Brattleboro EOF/RC ENS. Request that the NRC staff member call back at 700-661-4329.

- 4) Results Date: \_\_\_\_\_

Successful call to the NRC:

☐ YES ☐ NO

NRC Contact: \_\_\_\_\_

Time: \_\_\_\_\_

Successful callback from the NRC:

☐ YES ☐ NO

NRC Contact: \_\_\_\_\_

Time: \_\_\_\_\_

- 5) If not completely successful in Step 4), notify the Control Room immediately.

##### b. Other NRC FTS Phones

The remaining FTS phones in Brattleboro are tested by calling each FTS phone from a different FTS phone.

# TSC/EOF FTS AND NAS PHONE CHECKLIST (Continued)

## 2. Test Nuclear Alert System (NAS) Orange Phone:

- a. Place a call to each of the three states NAS extensions as specified below, requesting a call back to ensure system operability.

SRM Office (NAS #1, Ext. 511)

Date: \_\_\_\_\_

Call Out:

Return Call:

Time \_\_\_\_\_

Time \_\_\_\_\_

VT (213) \_\_\_\_\_

VT \_\_\_\_\_

Contact

Initials

Contact

Initials

NH (212) \_\_\_\_\_

NH \_\_\_\_\_

Contact

Initials

Contact

Initials

MA (210) \_\_\_\_\_

MA \_\_\_\_\_

Contact

Initials

Contact

Initials

States Room (NAS #2, Ext. 411)

Date: \_\_\_\_\_

Call Out:

Return Call:

Time \_\_\_\_\_

Time \_\_\_\_\_

VT (213) \_\_\_\_\_

VT \_\_\_\_\_

Contact

Initials

Contact

Initials

NH (212) \_\_\_\_\_

NH \_\_\_\_\_

Contact

Initials

Contact

Initials

MA (210) \_\_\_\_\_

MA \_\_\_\_\_

Contact

Initials

Contact

Initials

3. Test performed by: \_\_\_\_\_ / \_\_\_\_\_  
(Print/Sign) Date

## B. Technical Support Center - Vernon

### 1. Test NRC FTS Phones

Since all the FTS phones use the same telephone number(s) to contact the NRC Operations Center in Rockville, MD, the ENS phone is tested first to verify the operability of the circuit between Vernon and Rockville. The remaining FTS phones can be tested without contacting the NRC Operations Center.

- a. ENS

Test the Vernon NRC FTS ENS line by using phone (#41) in the TSC Communications Room, and implementing the following steps:

- 1) Lift the receiver and listen for the dial tone.
- 2) After receiving a dial tone, dial the first number listed below (or on the sticker located on the telephone base) using all 11 digits. If the first number is busy, proceed on with the second number.

1-301-816-5100

1-301-951-0550

1-301-415-0550

TSC/EOF FTS AND NAS PHONE CHECKLIST (Continued)

- 3) State your name, location, and the fact that you are testing the Vernon ENS. Request that the NRC staff member call back at 700-661-4323.

4) Results Date: \_\_\_\_\_

Successful call to the NRC: ☐ YES ☐ NO

NRC Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Successful callback from the NRC: ☐ YES ☐ NO

NRC Contact: \_\_\_\_\_ Time: \_\_\_\_\_

- 5) If not completely successful in Step 4), notify the Control Room immediately.

b. Other NRC FTS Phones

- 1) The remaining FTS phones in Vernon are tested by calling each FTS phone from a different FTS phone. The following FTS phones should be tested for operability:

Wall mounted in Communications Room

#40 700-661-4319

#42 700-661-4321

- 2) Telephones are in the TSC cabinets. Find the phone labeled #39 and plug it into the outlet labeled #39 in the small office behind the communications room. Call that line from one of the wall mounted FTS phones to verify operability.

- 3) Take two telephones from the TSC cabinets and test the four circuits in the NRC Office by calling each line. The outlets are on the far wall to the right as you walk in the door (OP 3504, Figure 4). They are labeled #43, #44, #45, and #47.

2. Test performed by: \_\_\_\_\_ / \_\_\_\_\_  
(Print/Sign) Date

Approved By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date



EOF EMERGENCY PLAN IMPLEMENTING PROCEDURES AND  
STATUS FORMS BOOK UPDATE

Change # \_\_\_\_\_

Initials

A. Emergency Equipment Cabinet #1 for use by the Site Recovery Manager

1. Update Emergency Plan Implementing Procedures per the Procedure Change Memo \_\_\_\_\_
2. Update ERF Directory (OP 3504, Emergency Communications) \_\_\_\_\_
3. Update status forms book for any changes to the following:
  - a. AP 3125, Emergency Plan Classification and Action Level Scheme  
(4 large copies of appendices for Sprinkler Room) \_\_\_\_\_
  - b. OP 3511, Off-Site Protective Action Recommendations \_\_\_\_\_
  - c. VYOPF 3511.01, Protective Action Recommendation Worksheet \_\_\_\_\_
  - d. VYOPF 3546.02, Emergency Classification and PAR Notification Form \_\_\_\_\_
  - e. VYOPF 3546.01, Plant Status Briefing Form \_\_\_\_\_

B. Emergency Equipment Cabinet #2 for use by the EOF Coordinator

1. Update Emergency Plan Implementing Procedures per the Procedure Change Memo \_\_\_\_\_
2. Update ERF Directory (OP 3504, Emergency Communications) \_\_\_\_\_
3. Update status forms book for any changes to the following:
  - a. VYOPF 3542.01, Personnel Accountability Log \_\_\_\_\_
  - b. VYOPF 3504.02, Plant Parameters \_\_\_\_\_
  - c. OP 3511, Off-Site Protective Action Recommendations \_\_\_\_\_
  - d. VYOPF 3511.01, Protective Action Recommendation Worksheet \_\_\_\_\_

EOF EMERGENCY PLAN IMPLEMENTING PROCEDURES AND  
STATUS FORMS BOOK UPDATE (Continued)

Initials

C. Emergency Equipment Cabinet #3 for use by the Radiological Supervisor

1. Update Emergency Plan Implementing Procedures per the Procedure Change Memo \_\_\_\_\_
2. Update ERF Directory (OP 3504, Emergency Communications) \_\_\_\_\_
3. Update status forms books for any changes to the following:
  - a. OP 3513, Evaluation of Off-Site Radiological Conditions \_\_\_\_\_
  - b. OP 3510, Off-Site and Boundary Monitoring \_\_\_\_\_
  - c. OP 3511, Off-Site Protective Action Recommendations \_\_\_\_\_
  - d. VYOPF 3513.01, Dose Assessment Status \_\_\_\_\_
  - e. VYOPF 3513.02, Isotopic Analysis \_\_\_\_\_
  - f. VYOPF 3513.03, Field Data Status Log \_\_\_\_\_
  - g. VYOPF 3513.04, Dose at Selected Locations \_\_\_\_\_
  - h. VYOPF 3511.01, Protective Action Recommendation Worksheet \_\_\_\_\_
  - i. VYOPF 3507.01, Personnel Exposure Log \_\_\_\_\_
  - j. VYOPF 3507.03, Potassium Iodide Administration Record \_\_\_\_\_
  - k. VYOPF 3504.02, Plant Parameters \_\_\_\_\_
  - l. VYOPF 3542.01, Personnel Accountability Log \_\_\_\_\_
  - m. OP 3525, Radiological Coordination \_\_\_\_\_

Discrepancies or Comments: \_\_\_\_\_

Performed By \_\_\_\_\_ / \_\_\_\_\_  
(Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

OSC EMERGENCY PLAN IMPLEMENTING PROCEDURES AND  
STATUS FORMS BOOK UPDATE

Change # \_\_\_\_\_

Initials

A. Update Emergency Plan Implementing Procedures per the  
Procedure Change Memo

B. Update status forms drawer for any changes to the following:

1. OP 3507, Emergency Radiation Exposure Control
2. OP 3544, Appendix A - Alert - Radiological  
Habitability Assessment
3. OP 3544, Operation of the Operations Support Center
4. VYOPF 3544.01, Emergency Conditions Radiological  
Assessment Form
5. VYOPF 3544.02, OSC Team Work Status Form
6. VYOPF 3507.01, Personnel Exposure Log
7. VYOPF 3507.02, Emergency Radiation Exposure  
Briefing/Debriefing
8. VYOPF 3507.03, Potassium Iodide Administration Record
9. VYOPF 3524.02, Initial Site Accountability Check-In  
Form

Discrepancies or Comments:

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Performed By \_\_\_\_\_ / \_\_\_\_\_  
(Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

CONTROL ROOM EMERGENCY PLAN IMPLEMENTING PROCEDURES AND  
STATUS FORMS BOOK UPDATE

Change # \_\_\_\_\_

Initials

- A. Update Emergency Plan Implementing Procedures per the  
Procedure Change Memo \_\_\_\_\_
- B. Update status forms drawer for any changes to the following:
1. OP 3540, Control Room Actions During an Emergency \_\_\_\_\_
  2. VYOPF 3504.02, Plant Parameters \_\_\_\_\_
  3. VYOPF 3540.06, Emergency Classification and PAR  
Notification Form \_\_\_\_\_
  4. VYOPF 3508.01, Medical Emergency Medical Status Record  
Sheet \_\_\_\_\_
  5. VYOPF 3511.01, Protective Action Recommendation  
Worksheet \_\_\_\_\_
  6. VYOPF 3513.01, Dose Assessment Status Form \_\_\_\_\_

Discrepancies or Comments:

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\_\_\_\_\_

\_\_\_\_\_

Performed By \_\_\_\_\_ / \_\_\_\_\_  
(Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

Change # \_\_\_\_\_

- Discrepancies or Comments:

## EMERGENCY RESPONSE TELEPHONE NUMBER CHECK

- A. Verify that telephone numbers listed in OP 3504, Appendix B, are accurate. (This verification covers telephone numbers listed in OP 3508, OP 3540, and OP 3542.)

Discrepancies:

- B. Verify that telephone numbers listed in AP 0156 are accurate.

Discrepancies:

- C. Verify telephone numbers in the Emergency Response Telephone Directory under tabs: Control Room, OSC, TSC, EOF/RC, Incoming and Outgoing Fax are accurate.

Discrepancies:

- D. Verify telephone numbers in OP 3546, Table 2 are accurate.

Discrepancies:

- E. Place the latest VY phone list in the Emergency Response Telephone Directory.

Performed By \_\_\_\_\_ / \_\_\_\_\_  
EP Staff Member (Print/Sign) Date

Reviewed By \_\_\_\_\_ / \_\_\_\_\_  
EPC (Print/Sign) Date

# REVISED PROCEDURE CONTROL FORM

## PART 1 - Initiation

<b>A. Procedure No.</b> OP 3507	<b>New Revision</b> No. 30	<b>Title</b> Emergency Radiation Exposure Control	
<b>B. Review Criteria:</b> <input type="checkbox"/> Partial <input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Complete		<b>C. Periodic Review Cycle:</b> <input checked="" type="checkbox"/> 2 Year (Event Driven) <input type="checkbox"/> N/A	
<b>D. List DIs &amp; LPCs:</b> 1 & 2			
<b>E. Description and Reasons for Procedure/Changes:</b> Reworded Eliminated C.2.c. as KI is no longer available in bottle form. Added text to control the need for future Applicability Determinations.			
<b>F. Originator Name:</b> (App. A was used as references to create this revision, App. C is completed and attached unless Part 1.B above is "Editorial".) (Print/sign/date) Audra Williams <i>Audra Williams</i> 9/16/02			<b>Telephone</b> Extension: 4177

## PART 2 - Reviews

<b>A. Walk-Through Validation:</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Field Walk-Through <input type="checkbox"/> Table-Top <input type="checkbox"/> Simulator Validation		<b>B. Technical Verification Reviewer</b> <input type="checkbox"/> N/A (App. B used as a reference) (Print/Sign/Date) <i>Lori A. Tkaczuk</i> <del>XXXXXXXXXX</del> <i>Lori A. Tkaczuk</i> 11/19/02	
<b>C. Cross-Discipline Reviews:</b> <input type="checkbox"/> N/A			
<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Rad Protection	<i>John Cegore</i>	<i>[Signature]</i>	11/19/02
<b>D. 50.59 Review Per AP 6002, Preparing 50.59 Evaluations</b> <input type="checkbox"/> N/A <input type="checkbox"/> 50.59 AD previously performed and documented in the text of this procedure and is still applicable. <input checked="" type="checkbox"/> 50.59 Applicability Determination completed and attached; 50.59 Screening NOT required. <input type="checkbox"/> 50.59 Review Screening completed and attached, 50.59 Evaluation NOT required. <input type="checkbox"/> 50.59 Evaluation completed and attached.			
<b>E. QUALIFIED REVIEWER:</b> Use App. D as a reference (May perform 50.59 Applicability Determination) (Part 2.D) (Print/Sign/Date) <i>Audra Williams</i> <i>Audra Williams</i> 11.19.02			
<b>F. ORIGINATOR:</b> <input checked="" type="checkbox"/> Comments Resolved <input checked="" type="checkbox"/> Re-verify All DIs & LPCs Considered <input checked="" type="checkbox"/> Sent for Final Type (CDS or STC (SPs only)) Initial/Date <i>JAG 2/18/03</i> <input checked="" type="checkbox"/> Proofread after Final Type (Print/Sign/Date) <i>Audra Williams</i> <i>Audra Williams</i>			

## REVISED PROCEDURE CONTROL FORM (Continued)

### PART 3 - Training/Notification Requirements

A. Indicate training or notifications required to implement procedure: (Required for Administrative Procedures)

☐ Include in formal training (TCR submitted):

☒ E-Mail notification:

☐ Crew Briefings:

☐ Other:

☐ N/A

### PART 4 - PORC

Plant Operation Review Committee: ☐ Required ☒ N/A

Meeting No:

PORC Secretary:

Date:

Plant Manager:

### PART 5 - Approval

A. Responsible Procedure Owner: (Print/Signature/Date)

Brian M. Finn *Brian M. Finn* 3/5/03

B. Plant Manager (Print/Sign/Date) (For SPs Only)

N/A

C. Special Instructions: ☒ N/A

☐ Approved for Training

☒ Issue on DATE: 4-2-03

☐ Submit Surveillance Database Change per AP 4000

☐ Other:

### PART 6 - Issuance

Procedure Change No.: 215

Date procedure issued: 4/2/03

Notes:



# 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3507, Rev. 30, Emergency Radiation Exposure Control

## A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

### 1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |   |
|---|---|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (5) Notification Methods and Procedures   | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (6) Emergency Communications among principal response organizations and the public                | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (7) Public Education and Information  | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (8) Adequacy of Emergency Facilities and Equipment  | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (10) Plume exposure pathway EPZ protective actions  | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (11) Emergency Worker Radiological Exposure Control   | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (12) Medical Services for contaminated injured individuals  | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (13) Recovery and Reentry Plans   | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (14) Emergency response periodic drills and exercises   | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (15) Radiological Emergency Response Training   | YES <input type="radio"/> NO <input checked="" type="radio"/> |
| (16) Plan development, review and distribution  | YES <input type="radio"/> NO <input checked="" type="radio"/> |

10 CFR 50.54(q) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |     |                                     |
|---|-----|-------------------------------------|
| (1) Section IV. A - Organization                          | YES | <input checked="" type="radio"/> NO |
| (2) Section IV. B - Assessment Actions                    | YES | <input checked="" type="radio"/> NO |
| (3) Section IV. C - Activation of Emergency Organizations | YES | <input checked="" type="radio"/> NO |
| (4) Section IV. D - Notification Procedures               | YES | <input checked="" type="radio"/> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | YES | <input checked="" type="radio"/> NO |
| (6) Section IV. F - Training                              | YES | <input checked="" type="radio"/> NO |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES | <input checked="" type="radio"/> NO |
| (8) Section IV. H - Recovery                              | YES | <input checked="" type="radio"/> NO |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50 N/A of Section A above, this change (DOES/DOES NOT) decrease the effectiveness of the Emergency Plan and (DOES/DOES NOT) continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

The reference to bottles of KI has been removed as KI is no longer available or stored in bottle form. KI is still available and stored as before, just in a packaged form. This does not decrease the effectiveness of the EPlan and it continues to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
  - ☐ Cancel the proposed changes.
  - ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☒ This change does not affect any other documents.
- ☐ This change does affect other documents.

Document(s) affected: \_\_\_\_\_

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

*One change ~~reference~~ doesn't affect any individuals or processes as it is still available, just in a package instead of a bottle.*

Prepared By: Audra Williams *Audra Williams* Date: 9/16/02  
(Print/Sign)

Reviewed By: Lori A. Tkaczek *Lori A. Tkaczek* Date: 11/19/02  
(Emergency Plan Coordinator) (Print/Sign)

## APPLICABILITY DETERMINATION

Activity/Document Number: OP 3507

Revision Number: 30

Title: Emergency Radiation Exposure Control

Provide or attach a brief description of activities (section 6.3 of RM):

Eliminated C.2.c. as KI is no longer available in bottle form.

Added text to control the need for future Applicability Determinations.

Address the questions below for all aspects of the activity. If the answer is "YES" for any portion of the activity, apply the identified process to that portion of the activity. It is not unusual to have more than one process apply to a given activity. For example, a change to a door that is a fire door, a security door and a secondary containment door would require an evaluation to the Fire Protection license condition, 10CFR50.54 (p) and a 50.59 screen. See Section 4 of the "50.59 Resource Manual" (RM) for additional guidance.

I. Does the proposed activity involve a change to the:		Section 4.2.1 of the RM
1. Technical Specifications or Operating License (10CFR50.90)? Note that stand-alone changes to the TS Bases are evaluated in accordance with 10CFR50.59 per AP 0063.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per AP 0063)
2. Quality Assurance Plan, related implementing procedures identified in PP 7802 or facility changes (10CFR50.54(a))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES contact QA for 10CFR50.54(a)(3) assessment)
3. Security Plan, related implementing procedures or facility changes (10CFR50.54(p))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES contact Security for 10CFR50.54(p) assessment)
4. Emergency Plan, related implementing procedures or facility changes (10CFR50.54(q))?	<input type="checkbox"/> NO <input checked="" type="checkbox"/> YES	(If YES contact E-Plan for 10CFR50.54(q) assessment per AP 3532)
5. IST Program Plan, related implementing procedures or facility changes (10CFR50.55a(f))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES, and a deviation from the code requirement is required, contact Licensing to ensure applicable NRC approval is obtained per AP 0058)
6. ISI Program Plan, related implementing procedures or facility changes (10CFR50.55a(g))?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES, and a deviation from the code requirement is required, contact Licensing to ensure applicable NRC approval is obtained per AP 0058)
7. Fire protection program, related implementing procedures or facility changes (License Condition 3.F)?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES provide an evaluation that satisfies License Condition 3.F)

## APPLICABILITY DETERMINATION (Continued)

<b>II. Does the proposed activity involve:</b>		Section 4.2.2 of the RM
1. Maintenance which restores SSCs to their original condition.	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES perform maintenance in accordance with plant procedures (e.g. AP 0021, AP 0049, AP 0050))
2. A temporary alteration supporting maintenance that will be in effect during at-power operations for 90 days or less that has been (or will be) evaluated under 10CFR50.65(a)(4) prior to implementation?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process in accordance with AP 0091.)
<b>III. Does the proposed activity involve a change to the UFSAR (including documents <i>incorporated by reference</i>) excluded from the requirement to perform a 50.59 Review (NEI 96-07 or NEI 98-03)?</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	Section 4.2.3 of the RM  (If YES, process FSAR change per AP 6036 "FSAR Revision Process". Include basis for excluding 10CFR50.59 evaluation below.)
<b>IV. Does the proposed activity involve a change to the:</b>		Section 4.2.4 of the RM
1. Managerial or administrative procedures governing the conduct of Facility operations, maintenance and training (subject to the control of 10CFR50, Appendix B) (RM section 4.2.4). Some procedures may be VOQAM implementing procedures requiring evaluation per 10CFR50.54(a)(3) (prompted above). Also, Maintenance procedure changes that include changes to Design Information, not evaluated under a design change process, shall be evaluated in accordance with 10CFR50.59	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per procedure change process (e.g. AP 0095, AP 0096, AP 0097))
2. Regulatory commitment where changing commitment is not covered by another regulation based change process (NEI 99-04)?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per AP 0055 "Regulatory Commitment Management".)
<b>V. Does the activity impact other plant specific programs (e.g., The ODCM and PCLRTP controlled per TS 6.7 and the PCP controlled per TRM Section 6 ) which are controlled by regulations, the Operating License, the Technical Specifications or TRM ?</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES process per the procedure(s) for the appropriate activity.)
<b>VI. Is the activity covered by any other specific regulatory change process not discussed above that would preclude the need to evaluate under 10CFR50.59 ? (e.g., 10CFR50.46 for changes to ECCS models and PCT changes, 10CFR50.12 for Exemption Requests, etc)</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES document below and process per applicable regulatory requirements.)
<b>VII Does the activity require a 50.59 Screen based on the following Generic NRC correspondence? GL 95-02 for performing Analog-to-Digital upgrades, IEB 80-10 for Contamination of non-radioactive systems, IEC 80-18 for changes to radioactive waste systems and GL 91-18 for compensatory actions including using manual actions in-lieu of automatic actions or use-as-is dispositions affecting the FSAR. GL 95-02 assessments need to look at both system and component level failures (ER20000558 01)</b>	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	(If YES complete 50.59 Screen for the subject activity.)

APPLICABILITY DETERMINATION (Continued)

☒ All aspects of the activity are controlled by one or more of the processes above, therefore a 50.59 Screen is not required. If checked, provide any additional comments below and sign and date below.

☐ Any portion of the activity is not controlled by one or more of the processes above, therefore a 50.59 Screen or 50.59 Evaluation is required. If, checked, provide any additional comments below, sign and date below and complete 50.59 Screen for identified activities.

Additional Applicability Considerations:

Applicability Signoffs: Preparer: Audra Williams Audra Williams Date: 9/16/02  
(Print name) (Sign)  
Reviewer: Lori A. Tkaczyk Lori A. Tkaczyk Date: 9/19/02  
(Print name) (Sign)

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

OP 3507

REVISION 30

**EMERGENCY RADIATION EXPOSURE CONTROL**

USE CLASSIFICATION: REFERENCE

LPC No.	Effective Date	Affected Pages

Implementation Statement: N/A

Issue Date: 04/02/03

## TABLE OF CONTENTS

PURPOSE.....	3
DISCUSSION.....	3
ATTACHMENTS .....	4
REFERENCES AND COMMITMENTS.....	4
PRECAUTIONS/LIMITATIONS.....	4
PROCEDURE.....	5
A.    Emergency Radiation Exposure Control.....	5
B.    Personnel Dosimetry Record-Keeping and Emergency Center Habitability.....	6
C.    Administration of Potassium Iodide (KI).....	8
FINAL CONDITIONS .....	9



## PURPOSE

To specify emergency worker dose guidelines, including emergency center habitability, and the methods to administer emergency personnel dosimetry and related record keeping.

## DISCUSSION

During a plant emergency, abnormally high levels of radiation and/or radioactivity may be encountered. These levels may range from slightly above those experienced during normal plant operation to life-endangering levels of several hundred Rem in a short period of time (e.g., spent fuel cask accident, loss of coolant accident or a spent fuel pool immersion). Under all emergency situations care should be taken to minimize personnel exposures from external and/or internal sources of radiation.

If tasks are being conducted within areas that show no significant increase in general area dose rates from normal plant radiological conditions and dose commitment to any individual of less than 1 rem is required, then the normal work process will be used to control radiation exposure of personnel. If tasks are being conducted within areas that show a significant increase in general area dose rates from normal plant radiological conditions or an individual dose commitment of 1 rem or greater is required, then the emergency dose control process will be used to control radiation exposure of personnel. (EPEX93RP1)

Specific exposure guidelines for entry or re-entry into plant areas under emergency conditions are defined in Appendix A. Initially, the Shift Supervisor/Plant Emergency Director (until relieved by the TSC Coordinator) shall authorize emergency dose guidelines consistent with these depending on the emergency. Exposure to individuals providing emergency functions will be consistent with the limits specified in Appendix A with every attempt being made to keep exposures below these limits in accordance with the principles of ALARA. The Radiation Protection staff personnel will assist with the coordination of emergency dose commitments as needed.

The Radiation Protection (RP) Manager, is responsible for developing emergency radiological protection programs for plant staff support personnel. Emergency Kits are provided with self-reading dosimeters. Each member reporting to the site will be provided a TLD badge. Dose records will be maintained at each center based upon the results of either Electronic Alarming Dosimeters or self-reading dosimeters. This information will be cross-referenced with TLD badge data, as soon as they can be processed by a qualified TLD processing facility.

Guideline action levels for continuous habitability of all emergency centers are presented in Appendices A and B.

In accordance with AP 6002, Preparing 50.59 Evaluations, the results of an Applicability Determination (AD) has determined that an AD is not required for future changes provided the scope of the procedure or program is not revised to include a different type of activity. The basis for this conclusion is that document is an Emergency Implementing Procedure and is subject to 10CFR50.54(q) to determine if the changes decrease the effectiveness of the Emergency Plan if they have the potential to affect our ability to meet the standards of 10CFR50.47(b) and the requirements of 10CFR50 Appendix E.

## ATTACHMENTS

- |    |               |  |
|----|---------------|--|
| 1. | Appendix A    | Emergency Dose Limits  |
| 2. | Appendix B    | Emergency Center Habitability and Protective Action Criteria |
| 3. | VYOPF 3507.01 | Personnel Exposure Log                                       |
| 4. | VYOPF 3507.02 | Emergency Radiation Exposure Briefing/Debriefing             |
| 5. | VYOPF 3507.03 | Potassium Iodide Administration Record                       |
| 6. | Figure 1      | Line Diagram of EOF HEPA Ventilation                         |

## REFERENCES AND COMMITMENTS

1. Technical Specifications and Site Documents
  - a. None
2. Codes, Standards and Regulations
  - a. None
3. Commitments
  - a. 10 CFR 20
  - b. NCRP Report #116
  - c. 10 CFR 50 App. E
  - d. Information Notice No. 84-40
4. Supplemental References
  - a. EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, Revised 1991
  - b. DP 0530, Radiation Protection Data and Information Logging, VYDPF 0530, Report #0028
  - c. OP 3544, Operation of the Operations Support Center (OSC)
  - d. OP 3508, On-Site Medical Emergency Procedure
  - e. AP 6807, Collection, Temporary Storage and Retrieval of QA Records

## PRECAUTIONS/LIMITATIONS

1. During any emergency involving radiological hazards, personnel radiation exposure should be minimized consistent with the nature of the emergency response required.

## PROCEDURE

### A. Emergency Radiation Exposure Control

#### 1. Normal Plant Radiological Conditions

##### NOTE

This section applies for tasks being conducted within areas that show no significant increase in general area (TEDE) dose rates from normal plant radiological conditions and each individual's dose commitment requirement is less than 1 rem.

- a. An RP Representative or designated individual shall plan and control radiation exposure of personnel in accordance with the normal work process to ensure exposures are maintained within administrative limits.

#### 2. Off-Normal Plant Radiological Conditions

##### NOTES

- This section applies for tasks being conducted within areas that show a significant increase in general area dose rates from normal plant radiological conditions which may result in any individual dose commitment of 1 rem or greater.
- Upon indication of off-normal Plant radiological conditions, Plant Emergency Personnel will immediately be authorized an Emergency Dose Limit of 4.5 Rem TEDE. Authorization to the 10 Rem limit (Protecting Valuable Property) 25 or 75 REM limit (Lifesaving or Protection of a Large Population) may only be made with the joint concurrence of the Shift Supervisor/Plant Emergency Coordinator or TSC Coordinator and the senior Radiation Protection representative.

- a. An RP Representative or designated individual shall:
  - 1) Plan and control radiation exposure of personnel using VYOPF 3507.02, Emergency Radiation Exposure Briefing and Debriefing form.
  - 2) Limit radiation exposure of personnel in accordance with the guidance contained in Appendix A.

B. Personnel Dosimetry Record-Keeping and Emergency Center Habitability

1. On-Site Emergency Centers

- a. The RP representative assigned to each emergency center ensures that:
  - 1) Habitability action levels specified in Appendix A and B are observed, unless otherwise directed by plant management.
  - 2) All assigned personnel at the emergency center are wearing their TLD badge and, if required, Electronic Alarming Dosimeter or Pocket Ion Chamber. [EPEX94OSC-7\_01]
  - 3) If the HIS computer is not operational or is not accessible, VYOPF 3507.01, Personnel Exposure Log, is initiated.
- b. If an RP Supervisor determines that continuous air monitoring is required in the TSC, the RP representative assigned to the TSC shall place the TSC continuous air monitor in service and perform the daily operation checks per DP 2521.
- c. When self-reading dosimetry has been issued, each person leaving the center shall log their dose either on VYOPF 3507.01, Personnel Exposure Log, or HIS, as appropriate. [EPEX94OSC-7\_01]
- d. Following each shift change the RP representative assigned to the TSC shall collect any dosimetry logsheets from the OSC and forward them to the Radiological Assistant at the Emergency Operations Facility (EOF).

2. Emergency Operations Facility/Recovery Center (EOF/RC)

- a. The Radiological Assistant, if warranted, will assign an individual to align the heating, ventilation, and air conditioning (HVAC) system to operate in the closed loop mode (see Figure 1) as follows:
  - 1) Obtain key labelled "Mechanical Room" from key box at Training Building lobby desk for access to the mechanical room where fans, control panels and HEPA filters are located.
  - 2) Position toggle switches on HP-1 and HP-2 control panels to isolation/emergency.

**NOTE**

Automatic dampers ADB and ADD and manual dampers B and D are located above the ceiling tiles in the exit corridor adjacent to the mechanical room. Dampers ADA, ADC, E, and F are located in the mechanical room.

- 3) Ensure closure of air dampers ADA, ADB, ADC, and ADD.
- 4) Ensure opening of ADE and ADF air dampers. Verify manual dampers E and F are open.
- 5) During extreme situations, as indicated by EOF/RC habitability checks, it may become necessary to shut manual dampers A, B, C, and D to provide redundant isolation and to secure other fresh air supplies to the non-EOF portions of the training center. This can be accomplished by opening the respective circuit breakers listed in Table 1. The associated fresh air supply samplers will fail close. Power Panel-M (PP-M) and Lighting Panel-2 (LP-2) are located in the Emergency Planning area. Lighting Panel-1 (LP-1) is located in the Simulator area.

**Table 1**

PP-M		PP-M		LP-1		LP-2	
CKT No.	Heat Pump	CKT No.	Heat Pump	CKT No	Heat Pump	CKT No.	Heat Pump
1	HP-5	11	HP-12B	11	HP-13	14	HP-12A
2	HP-6	12	HP-9	9	HP-14	4	HP-4
4	HP-18	16	HP-19			8	HP-8
6	HP-3					18	HP-20
8	HP-7						
9	HP-17						

- b. The Radiological Assistant will determine whether radiological assessment of the EOF/RC is required to be performed periodically. Appendix A and B may be used as guides.

**NOTE**

Dosimetry may be obtained from a qualified and approved TLD vendor/processor or relayed to the EOF from the plant, if warranted.

- c. The Radiological Assistant will ensure an individual is assigned for maintaining a cumulative exposure record for each individual present in the plant, also at the EOF if warranted on a current shift basis.
- d. When appropriate, TLD badges will be exchanged at the direction of the Radiological Assistant and used badges will be sent to the designated TLD lab for processing.
- e. As TLD results become available, they will be logged on HIS or VYOPF 3507.01 as applicable.

C. Administration of Potassium Iodide (KI)

1. Conditions of Indicating Use of KI

- a. When emergency responders have been or may be exposed to elevated radioiodine air concentrations in excess of 500 mRem/hr ( $4.0 \text{ e}^{-6} \mu\text{Ci/cc}$ ), evaluate the need for administration of KI. (VYDPF 0530, Report #0028).

2. Method of Administering KI

**NOTE**

The RP Manager shall be advised of all KI administration either in advance or as soon as possible after the actual administration.

- a. When the respective center Coordinator (TSC Coordinator, Shift Supervisor/Plant Emergency Director, OSC Coordinator, EOF Coordinator) is made aware of conditions as specified in III.A, then each Coordinator will be responsible for ensuring that KI has been offered for administration to affected emergency responders.
- b. Once it has been determined that KI should be administered, it should be made available as quickly as possible to all individuals, including those non-Vermont Yankee employees present at the respective centers.
- c. The center Coordinator shall provide KI for radioiodine blocking as directed on the outer package label of KI tablets located in the respective emergency center kit.

- d. Record of administration of KI shall be retained on VYOPF 3507.03.
- e. Follow-up doses of KI should be administered daily for three (3) days following the end of exposure to radioiodines. Record of this administration should be included on VYOPF 3507.03.
- f. Forward VYOPF 3507.03 to EOF for review.

#### FINAL CONDITIONS

- 1. Deliver all personnel exposure records to the Radiological Assistant.
- 2. Retain forms in accordance with AP 6807.

## APPENDIX A

### EMERGENCY DOSE LIMITS<sup>a</sup> (refer to Notes 1 and 2)

Dose Limit (refer to Note 3) (TEDE)	Work Activity	Condition
5 Rem	All	Maintain ALARA and to extent practicable limit emergency workers to these limits
10 Rem	Protecting Valuable Property	Lower dose not practicable
25 Rem	Lifesaving or Protection of Large Population	Lower dose not practicable
75 Rem	Lifesaving or Protection of Large Population	Only on a voluntary basis to persons fully aware of the risks involved

#### NOTES

1. For emergency dose limits the following considerations should be made:
  - a. Declared pregnant women will not be allowed to participate.
  - b. The use of volunteers for exposures during emergency actions is desirable. Older workers with low lifetime accumulated effective dose should be given priority.
  - c. The individual's awareness of the biological consequences that such an exposure can have, including the risks associated with exposure of a developing embryo/fetus for female workers.
  - d. All practical protective measures to limit such an exposure.
  - e. Concurrence of individual(s) involved (i.e., voluntary risk acceptance).
  - f. The probability of success should be balanced against the expected exposure limit.
  - g. The individual's familiarity with the task and speed with which the individual can conduct the task.
2. After the emergency has been concluded, doses received by emergency workers are required to be accounted in accordance with 10 CFR Part 20 occupational dose limits.
3. Emergency dose limits for the lens of the eye and for any organ (including skin and extremities) are three and ten times the listed values, respectively.

<sup>a</sup> EPA 400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents, Revised 1991.



## APPENDIX B

### EMERGENCY CENTER HABITABILITY AND PROTECTIVE ACTION CRITERIA (E-Plan Table 10.3)

1. A background dose rate of 50 mRem/hr will increase the frequency of radiation monitoring in the center and require an immediate evaluation of the accumulated TEDE at the affected center.
2. A reading of 1 Rem on the high-range or alarming dosimeter will initiate planning for possible evacuation to the alternate center.
  - a. If the TSC has to be evacuated,
    - 1) The TSC Coordinator and immediate staff deemed necessary to deal with the emergency, should relocate to the Control Room and continue their respective roles in the Emergency Response Organization.
    - 2) Remaining TSC staff should relocate to the EOF/RC in support of their respective disciplines or be otherwise reassigned by the Manpower & Planning Assistant.
  - b. If the OSC has to be evacuated, the TSC will determine an alternate area for relocation.
3. A reading of 4 Rem on the high-range or alarming dosimeter will initiate evaluation of the need for a phased evacuation.
4. If center personnel have been or may be exposed to elevated radioiodine air concentrations in excess of 500 millrem/hr ( $4.0 \times 10^6$  microcuries/cc), evaluate the need for administration of KI for center staff and relief shift personnel.

## PERSONNEL EXPOSURE LOG

Date \_\_\_\_\_

Location \_\_\_\_\_

[illegible]

Computer Entry Completed \_\_\_\_\_ Sheet No. \_\_\_\_\_

Reviewed By \_\_\_\_\_  
Rad Assistant

# EMERGENCY RADIATION EXPOSURE BRIEFING/DEBRIEFING

JOB NO. \_\_\_\_\_ (From VYOPF 3544.02)

<b>EMERGENCY DOSE COMMITMENT AUTHORIZED</b>	
TEDE DOSE COMMITMENT AUTHORIZED: _____	
APPROVED BY: _____	APPROVAL TIME: _____
Note: SS/PED or TSC Coordinator approval required	

<b>RADIOLOGICAL BRIEFING</b>	
Known or Anticipated Radiation/Contamination/Airborne Levels:  	
Maximum Stay Time/Allowable Dose: _____	
Required Dosimetry:    Self-Reading <input type="checkbox"/> Multibadge <input type="checkbox"/>	
Portable Dose Rate Meter:	Ion Chamber <input type="checkbox"/> Teletector <input type="checkbox"/> Neutron Meter <input type="checkbox"/> Other (Specify)
Respiratory Protection: SCBA <input type="checkbox"/> Respirator <input type="checkbox"/>	
Protective Clothing:                      Full <input type="checkbox"/> Other (Specify)	
KI Needed?                      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Special Instructions: (Specify)  	

BRIEFER INITIALS: \_\_\_\_\_

DATE/TIME: \_\_\_\_\_

LIST OF INDIVIDUALS ATTENDING BRIEFING		
NAME (PRINT)	SSN	SIGNATURE

EMERGENCY RADIATION EXPOSURE BRIEFING/DEBRIEFING (Continued)

<b>RADIOLOGICAL DEBRIEFING INFORMATION</b>		
Time of Return:		
Job Completed:      YES <input type="checkbox"/> NO <input type="checkbox"/> Comments/Status (If applicable):		
Actual Radiation/Contamination/Airborne Levels Found:		
Observed Personal Hazards:		
Problems Encountered/General Comments:		
Post-Entry Exposure Follow-up:	TLD and Dosimetry <input type="checkbox"/> Other Bio-assay (Specify)	Body Count <input type="checkbox"/>

DEBRIEFER INITIALS: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

OSC COORDINATOR INITIALS: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

TSC COORDINATOR INFORMED BY (INITIALS): \_\_\_\_\_ DATE/TIME: \_\_\_\_\_  
 OR SS/PED

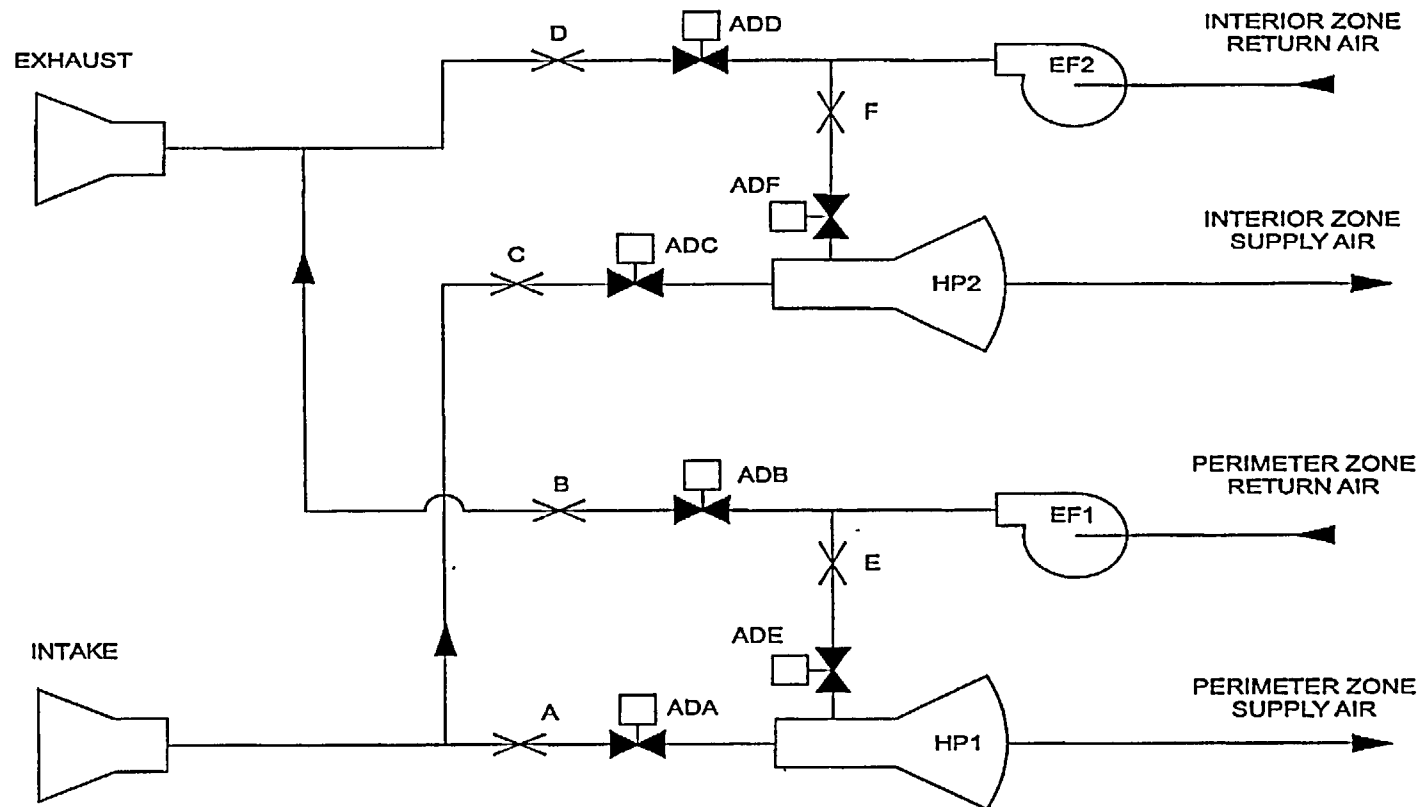
## POTASSIUM IODIDE ADMINISTRATION RECORD

Emergency Center \_\_\_\_\_

[illegible]

Reviewed By \_\_\_\_\_  
Rad Assistant

FIGURE 1  
LINE DIAGRAM OF EOF HEPA VENTILATION



# REVISED PROCEDURE CONTROL FORM

## PART 1 - Initiation

<b>A. Procedure No.</b> OP 3524	<b>New Revision</b> No. 20	<b>Title</b>	<b>Emergency Actions to Ensure Initial Accountability and Security Response</b>
<b>B. Review Criteria:</b> <input type="checkbox"/> Partial <input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Complete		<b>C. Periodic Review Cycle:</b> <input checked="" type="checkbox"/> 2 Year (Event Driven) <input type="checkbox"/> N/A	
<b>D. List DIs &amp; LPCs:</b> 1, 2, 3			
<b>E. Description and Reasons for Procedure/Changes:</b> <ul style="list-style-type: none"> <li>Updated Figure 3.</li> <li>Updated VYOPF 3524.02 pg 1 – removed the requirement to write in dept. Pgs 2-3 – changed the Dept. to E-Plan position.</li> </ul>			
<b>F. Originator Name:</b> (App. A was used as references to create this revision, App. C is completed and attached unless Part 1.B above is "Editorial".) (Print/sign/date) Audra Williams <i>Audra Williams</i> 3/10/03			<b>Telephone Extension:</b> x4177

## PART 2 - Reviews

<b>A. Walk-Through Validation:</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Field Walk-Through <input type="checkbox"/> Table-Top <input type="checkbox"/> Simulator Validation		<b>B. Technical Verification Reviewer</b> <input type="checkbox"/> N/A (App. B used as a reference) (Print/Sign/Date) <i>26 Mar 03</i> <i>Brian K. Gifford Sr.</i>	
<b>C. Cross-Discipline Reviews:</b> <input checked="" type="checkbox"/> N/A			
<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
<b>D. 50.59 Review Per AP 6002, Preparing 50.59 Evaluations</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 50.59 AD previously performed and documented in the text of this procedure and is still applicable. <input type="checkbox"/> 50.59 Applicability Determination completed and attached; 50.59 Screening NOT required. <input type="checkbox"/> 50.59 Review Screening completed and attached, 50.59 Evaluation NOT required. <input type="checkbox"/> 50.59 Evaluation completed and attached.			
<b>E. QUALIFIED REVIEWER:</b> Use App. D as a reference (May perform 50.59 Applicability Determination) (Part 2.D) (Print/Sign/Date) Audra Williams <i>Audra Williams</i> 3-26-03			
<b>F. ORIGINATOR:</b> <input checked="" type="checkbox"/> Comments Resolved <input checked="" type="checkbox"/> Re-verify All DIs & LPCs Considered <input checked="" type="checkbox"/> Sent for Final Type (CDS or STC (SPs only)) Initial/Date <i>JAG 3/24/03</i> <input checked="" type="checkbox"/> Proofread after Final Type (Print/Sign/Date) <i>Audra Williams</i> <i>Audra Williams</i> 3-26-03			

### PART 3 - Training/Notification Requirements

A. Indicate training or notifications required to implement procedure: (Required for Administrative Procedures)

☐ Include in formal training (TCR submitted):

☒ E-Mail notification: Trainersoft Module

☐ Crew Briefings:

☐ Other:

☐ N/A

### PART 4 - PORC

Plant Operation Review Committee: ☐ Required ☒ N/A

Meeting No:

PORC Secretary:

Date:

Plant Manager:

### PART 5 - Approval

A. Responsible Procedure Owner: (Print/Signature/Date)

Brian M. Finn *Brian M. Finn* 3/26/03

B. Plant Manager (Print/Sign/Date) (For SPs Only)

N/A

C. Special Instructions: ☐ N/A

☐ Approved for Training

☒ Issue on DATE: 04/02/03

☐ Submit Surveillance Database Change per AP 4000

☐ Other:

### PART 6 - Issuance

Procedure Change No.: <sup>AmH</sup> ~~214~~ # 215

Date procedure issued: 4/2/03

Notes:



# 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3524, Rev. 20, Emergency Actions to Ensure Initial Accountability and Security Response

## A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

### 1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |     |                                     |
|---|-----|-------------------------------------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES | <input checked="" type="radio"/> NO |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES | <input checked="" type="radio"/> NO |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES | <input checked="" type="radio"/> NO |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES | <input checked="" type="radio"/> NO |
| (5) Notification Methods and Procedures   | YES | <input checked="" type="radio"/> NO |
| (6) Emergency Communications among principal response organizations and the public                | YES | <input checked="" type="radio"/> NO |
| (7) Public Education and Information  | YES | <input checked="" type="radio"/> NO |
| (8) Adequacy of Emergency Facilities and Equipment  | YES | <input checked="" type="radio"/> NO |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES | <input checked="" type="radio"/> NO |
| (10) Plume exposure pathway EPZ protective actions  | YES | <input checked="" type="radio"/> NO |
| (11) Emergency Worker Radiological Exposure Control   | YES | <input checked="" type="radio"/> NO |
| (12) Medical Services for contaminated injured individuals  | YES | <input checked="" type="radio"/> NO |
| (13) Recovery and Reentry Plans   | YES | <input checked="" type="radio"/> NO |
| (14) Emergency response periodic drills and exercises   | YES | <input checked="" type="radio"/> NO |
| (15) Radiological Emergency Response Training   | YES | <input checked="" type="radio"/> NO |
| (16) Plan development, review and distribution  | YES | <input checked="" type="radio"/> NO |

10 CFR 50.54(q) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |   |
|---|---|
| (1) Section IV. A - Organization                          | YES <input checked="" type="radio"/> NO |
| (2) Section IV. B - Assessment Actions                    | YES <input checked="" type="radio"/> NO |
| (3) Section IV. C - Activation of Emergency Organizations | YES <input checked="" type="radio"/> NO |
| (4) Section IV. D - Notification Procedures               | YES <input checked="" type="radio"/> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | YES <input checked="" type="radio"/> NO |
| (6) Section IV. F - Training                              | YES <input checked="" type="radio"/> NO |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES <input checked="" type="radio"/> NO |
| (8) Section IV. H - Recovery                              | YES <input checked="" type="radio"/> NO |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50 N/A of Section A above, this change DOES NOT decrease the effectiveness of the Emergency Plan and DOES continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

The changes made on the accountability forms to include the e-plan position instead of the department does not affect the accountability process. After speaking with Security, they do not use that column of information for any part of their accountability process. It also is very inconsistent, some people write their e-plan position and department and others write their VY position and department. If we are going to have individuals write something, it should be useful. By changing it to E-Plan position, it allows for easier identification of personnel positions to be used by E-Plan department for participation and qualification information.

The change to floor layout has been previously documented in OP 3504 procedure change.

These changes do not decrease the effectiveness of the E-Plan and it continues to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☐ This change does not affect any other documents.
- ☒ This change does affect other documents.

Document(s) affected: OP 3504, E-Plan

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By: Audra Williams Audra Williams  
(Print/Sign)

Date: 3/10/03

Reviewed By: Lori A. Kaczyk Paul A. Kaczyk  
(Emergency Plan Coordinator) (Print/Sign)

Date: 3/24/03

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

OP 3524

REVISION 20

**EMERGENCY ACTIONS TO ENSURE INITIAL ACCOUNTABILITY  
AND SECURITY RESPONSE**

USE CLASSIFICATION: REFERENCE

LPC No.	Effective Date	Affected Pages

Implementation Statement: N/A

Issue Date: 04/02/03

## TABLE OF CONTENTS

PURPOSE .....	3
DISCUSSION .....	3
ATTACHMENTS .....	3
REFERENCES AND COMMITMENTS .....	4
DEFINITIONS .....	4
PROCEDURE .....	5
I. Personnel Evacuation in the Event of an Alert .....	5
II. Initial Personnel Accountability in the Event of an Alert .....	6
III. Additional Security Force Functions in the Event of an Alert .....	12
IV. Personnel Evacuation in the Event of a Site Area Emergency or General Emergency Which Has Not Been Preceded by the Declaration of an Alert .....	13
V. Personnel Accountability in the Event of a Site Area Emergency or General Emergency, Not Preceded by the Declaration of an Alert .....	14
VI. Additional Security Force Functions in the Event of a Site Area Emergency or General Emergency Not Preceded by the Declaration of an Alert .....	15
VII. Other Security Force Functions in the Event of an Emergency (Alert, Site Area or General) .....	16
VIII. Criteria for Evacuation of Gatehouse 2 .....	17
FINAL CONDITIONS .....	17

## PURPOSE

To define necessary actions by members of the security force, in conjunction with plant personnel, during emergency conditions at Vermont Yankee Nuclear Power Station.

## DISCUSSION

Under emergency conditions, the security force functions are to aid the Shift Manager/Plant Emergency Director (SM/PED) and the Technical Support Center Coordinator by providing supplemental security staff, providing pertinent information, regulating access to the site, and performing security functions as deemed necessary. Plant personnel are responsible for reporting to appropriate areas and aiding security in the accountability process.

Vermont Yankee personnel and contractors working within the Plant Support Building and Gate 3, located in the Owner Controlled Area (OCA), are required to attend OCA training and are exempt from having to wear a Vermont Yankee OCA Unescorted Access Badge. Visitors to the Plant Support Building or Gate 3 require escort by an individual with current training for OCA unescorted access and are not required to wear an OCA Visitor's Badge.

In cases of an Emergency Plan drill or actual event, individuals within the Plant Support Building and Gate 3 shall follow the procedures presented during OCA training.

In accordance with AP 6002, Preparing 50.59 Evaluations, the results of an Applicability Determination (AD) has determined that an AD is not required for future changes provided the procedure scope is not changed. The basis for this conclusion is that this document is an Emergency Implementing Procedure and is subject to 10CFR50.54(q) to determine if the changes decrease the effectiveness of the Emergency Plan and if they have the potential to affect our ability to meet the standards of 10CFR50.47(b) and the requirements of 10CFR50 Appendix E.

## ATTACHMENTS

- |    |               |   |
|----|---------------|---|
| 1. | VYOPF 3524.01 | Initial Accountability Report Form                        |
| 2. | VYOPF 3524.02 | Initial Site Accountability Check-In Form                 |
| 3. | VYOPF 3524.03 | Emergency Plan - Vehicle and Radio Assignment Information |
| 4. | Figure 1      | Hallway Outside Control Room Map                          |
| 5. | Figure 2      | Technical Support Center (TSC) Layout                     |
| 6. | Figure 3      | Operations Support Center (OSC) Layout                    |
| 7. | Figure 4      | Condenser Bay - Ground Floor                              |

## REFERENCES AND COMMITMENTS

1. Technical Specifications and Site Documents
  - a. None
2. Codes, Standards, and Regulations
  - a. None
3. Commitments
  - a. None
4. Supplemental References
  - a. OP 3508, On-Site Medical Emergency Procedure
  - b. OP 3510, Off-Site and Site Boundary Monitoring
  - c. OP 3540, Control Room Actions During an Emergency
  - d. OP 3541, Activation of the Technical Support Center (TSC)
  - e. OP 3542, Operation of the Technical Support Center (TSC)
  - f. OP 3544, Operation of the Operations Support Center (OSC)
  - g. OP 3545, Activation of the Emergency Operations Facility/Recovery Center (EOF/RC)
  - h. OP 3546, Operation of the Emergency Operations Facility/Recovery Center (EOF/RC)
  - i. OP 3547, Security Actions During an Emergency
  - j. AP 6807, Collection, Temporary Storage and Retrieval of QA Records

## DEFINITIONS

1. Normal Hours: Periods of time when sufficient personnel are on-site to activate the Technical Support Center (TSC) within a short period of time.
2. Off-Normal Hours: Periods of time when personnel needed to activate the TSC will be responding from off-site.

## PROCEDURE

### NOTE

If an emergency classification is entered due to a Security condition, then evacuation and performing accountability may put personnel at risk. Therefore, in these situations evacuation and accountability will be suspended until directed by Security.

#### I. Personnel Evacuation in the Event of an Alert

On notification of an Alert condition by alarm or verbal report, the following actions shall be taken to ensure personnel (including contractors and visitors) site evacuation:

##### A. Plant emergency response personnel shall:

1. without delay, proceed to the plant Administration Building and report, as required, to the TSC or OSC,
2. upon arrival, promptly check in using VYOPF 3524.02 where indicated,
3. take actions as required by their duty assignment.

### NOTES

- Plant workers and contractors should hang their Dositec (if any) along with their TLD on the dosimetry rack in Gatehouse 2. Visitors should turn in Dositecs (if any), clipped together with their visitor's badge and TLD, to the Access Control Officer (ACO) or as directed.
- During emergency evacuation periods due to a declared event, the portal monitor at Gatehouse 2 may be bypassed per DP 4532.

##### B. All personnel assigned to the EOF shall:

1. without delay, proceed to Gatehouse 2 and leave the Protected Area (PA) as normal,
2. travel to the EOF and, upon arrival, promptly check in at the front desk of the Training Center.



- C. All unassigned individuals (plant personnel, contractors, and visitors) shall:
1. without delay, proceed to Gatehouse 2 and leave the Protected Area (PA) as normal,
  2. Retrieve their vehicle from parking lot and leave site.
- D. Security Shift Supervisor(s) (SSS) shall, as necessary:
1. supplement security shift staffing,
  2. request local law enforcement support.

**NOTE**

If an emergency classification is entered due to a Security condition, then evacuation and performing accountability may put personnel at risk. Therefore, in these situations evacuation and accountability will be suspended until directed by Security.

**II. Initial Personnel Accountability in the Event of an Alert**

On notification of an Alert condition by alarm or verbal report, actions shall be taken to ensure personnel (including contractors and visitors) accountability. The accountability process to be used will be determined by activation of the TSC during normal or off-normal hours.

- A. During normal hours:
1. The Access Control Officer (ACO) shall direct security personnel to:
    - a. ensure that all evacuating personnel deposit their identification badges and card keys in the proper collection slots and promptly exit the Gatehouse,
    - b. immediately return all identification badges and card keys to their proper slots in the badge rack,
    - c. obtain an On-Site report from the security computer when personnel have evacuated the Protected Area (PA) and inventory the Visitor's Log,
    - d. initiate VYOPF 3524.01.

**NOTE**

The ACO shall contact the TSC to ascertain the status of the VYOPF 3524.02 forms (check-in sheets) if they are not delivered following the evacuation of personnel.

2. The TSC Coordinator shall designate Accountability Coordinators to:
  - a. ensure all personnel reporting to the TSC and OSC check in on VYOPF 3524.02,
  - b. promptly deliver completed VYOPF 3524.02 forms to the ACO at Gatehouse 2,
  - c. activate accountability posts to monitor all personnel entering/exiting the emergency response facilities located in the Administration Building, using VYOPF 3542.01.

**NOTE**

Access to the Protected Area through Gate 2 may be suspended while accountability is being performed.

3. The ACO shall:
  - a. assign an individual to read off the gatehouse slot number and name, in that order, from the VYOPF 3524.02's and the Visitor's Log, if applicable,
  - b. check off the corresponding gatehouse slot number and name on the On-Site computer report,
  - c. when complete, verify that badges assigned to those personnel not checked-off on the On-Site computer report are not in the identification badge rack or in the deposit slots,

**NOTE**

Should an individual incorrectly note their slot number or a printed name is illegible, a cross-reference may be obtained using the current Employee Card Key Inventory List maintained at the ACO's desk.

- d. list personnel not checked off on the On-Site computer report as unaccounted for on VYOPF 3524.01,

- e. report the status of the accountability process to the TSC and the name(s) of any unaccounted for personnel, within 30 minutes of the announcement of the emergency classification,

**NOTE**

If the process is not complete at the time of this report another notification to the TSC is required upon completion.

- f. place colored pegs in the badge rack slots indicating those personnel unaccounted for.
4. When an On-Site computer report is not available, the ACO shall:
- a. ensure that all personnel deposit their identification badges and card keys in the proper collection slots and promptly exit the Gatehouse,
  - b. immediately return all identification badges and card keys to their proper slots in the badge rack,
  - c. initiate VYOPF 3524.01,

**NOTE**

The ACO shall contact the TSC to ascertain the status of the VYOPF 3524.02's (check-in sheets) if they are not delivered following the evacuation of personnel.

- d. following site evacuation numerically inventory by slot number the empty slots in the identification badge rack and the Visitor's Log, if applicable,

**NOTE**

During the time after the inventory list is compiled and before the process is complete, individuals who leave site must be deleted from the list in order to avoid appearing unaccounted for.

- e. assign an individual to read off the gatehouse slot number and name from the VYOPF 3524.02's and the Visitor's Log, if applicable,

- f. check-off the corresponding gatehouse slot number on the inventory list compiled in step 4.d.,
- g. when complete, verify that badges assigned to those personnel not checked off on the inventory list are not in the identification badge rack or in the deposit slots,

**NOTE**

Should an individual incorrectly note their slot number or a printed name is illegible, a cross-reference may be obtained using the current Employee Card Key Inventory List maintained at the ACO's desk.

- h. list personnel not checked off as unaccounted for on VYOPF 3524.01,
- i. report the status of the accountability process to the TSC, and the name(s) of any unaccounted for personnel, within 30 minutes of the announcement of the emergency classification.

**NOTE**

If the process is not complete at the time of this report another notification to the TSC is required upon completion.

- 5. The TSC, on notification of unaccounted for personnel, shall designate personnel to:
  - a. page the unaccounted for individual(s) in an attempt to locate them,

**NOTE**

Whenever possible an Armed Security Officer should be assigned as a member of the search and rescue team.

- b. as necessary, dispatch an on-site search and rescue team to locate the individual(s) in accordance with OP 3508, On-Site Medical Emergency Procedure.
- c. inform the ACO when the individual is located.

6. The ACO shall:

- a. delete the individual from VYOPF 3524.01 as appropriate,
- b. remove the colored peg from the individual's badge rack slot.

B. During off-normal hours:

1. the ACO shall direct security personnel to:

- a. ensure that all evacuating personnel deposit their identification badges and card keys in the proper collection slots and promptly exit the Gatehouse,
- b. immediately return all identification badges and card keys to their proper slots in the badge rack,
- c. obtain an On-Site report from the security computer when personnel have evacuated the PA and inventory the Visitor's Log, if applicable,

**NOTE**

If an On-Site report from the security computer is unavailable, perform accountability in accordance with step A.4.

- d. initiate VYOPF 3524.01,
- e. verify the well-being and accountability of each individual listed on the On-Site report, by contacting the senior supervisor for each department currently on site,

**NOTE**

If there is someone listed as on-site who cannot be accounted for by a supervisor, they will need to be located individually via Gai-Tronics or other means.

- f. check off the corresponding name and slot number on the On-Site report,
- g. note on the On-Site report the name(s) of the supervisors verifying well-being,

- h. when complete, verify that badges assigned to those personnel not checked off on the On-Site report are not in the identification badge rack or in the deposit slots,
  - i. list them as unaccounted for on VYOPF 3524.01,
  - j. report the status of the accountability process to the SM/PED or TSC Coordinator, and the name(s) of any unaccounted for personnel, within 30 minutes of the announcement of the emergency classification,
  - k. place colored pegs in the badge rack slots indicating those personnel unaccounted for.
- 2. The OSS, on notification of unaccounted for personnel, shall designate personnel to:
  - a. page the unaccounted for individual(s) in an attempt to locate them,

**NOTE**

Whenever possible an Armed Security Officer should be assigned as a member of the search and rescue team.

- b. as necessary, dispatch an on-site search and rescue team to locate the individual(s) in accordance with OP 3508,
  - c. inform the ACO when the individual is located.
- 3. The ACO shall:
  - a. delete the individual from VYOPF 3524.01 as appropriate,
  - b. remove the colored peg from the individual's badge rack slot.

### III. Additional Security Force Functions in the Event of an Alert

On notification of an Alert condition by alarm or verbal report, the following actions shall be taken by the security force:

#### A. Site Access Control

##### 1. The Gatehouse 1 security officer(s) shall:

- a. control access to the plant site to ensure that only those persons and vehicles authorized by the TSC Coordinator, OSC Coordinator or SM/PED are allowed to enter the plant site (the ACO will be the point of contact),
- b. direct any emergency response vehicles to proceed to the Gatehouse 2 parking lot,
- c. direct all other incoming vehicles as normal unless otherwise directed by the TSC Coordinator or Plant Emergency Director,
- d. ensure that the site access road is not obstructed to prevent personnel evacuation or passage of emergency equipment.

##### 2. The Gatehouse 2 Access Control Officer shall:

- a. ensure that all personnel entering the PA have been authorized by the TSC Coordinator,
- b. ensure that all personnel entering the site enter through the Administration Building main west entry (lobby entry).

#### B. Posting of Signs at the Emergency Response Facility

1. The Security Shift Supervisor (SSS) shall dispatch a security officer(s) to post "Accountability Control" signs on doors which form the boundary of the facility.
2. The security officer(s) shall post signs on all doors shown on Figures 1, 2, and 3.

C. Posting of CO<sub>2</sub> Hazard Signs

1. When directed by the Fire Brigade Commander, the SSS shall dispatch a security officer(s) to post "CO<sub>2</sub> Hazard" signs on the doors indicated in Figures 1 through 4.
2. The security officer(s) shall post the signs on the doors indicated on Figures 1 through 4.

**NOTE**

If an emergency classification is entered due to a Security condition, then evacuation and performing accountability may put personnel at risk. Therefore, in these situations evacuation and accountability will be suspended until directed by Security.

IV. Personnel Evacuation in the Event of a Site Area Emergency or General Emergency Which Has Not Been Preceded by the Declaration of an Alert

The following actions shall be taken to ensure personnel (including contractors and visitors) site evacuation:

- A. Any personnel exiting a known contamination area shall report to the Radiation Protection Control Point to be monitored and receive further instructions from Radiation Protection personnel.
- B. Plant emergency response personnel shall take actions as previously described in the Alert notification and required by their duty assignment.
- C. All other plant personnel shall evacuate the site as follows:
  1. Without delay, proceed to Gatehouse 2 (PA gatehouse), place dosimetry (to include Dositec, if any) in the appropriate slot in the dosimetry rack, and leave the PA as normal.
  2. Retrieve their vehicle from parking lot and proceed to the Emergency Operations Facility/Recovery Center (EOF/RC).



D. Contractor employees and visitors shall evacuate the site as follows:

**NOTE**

If a visitor has been issued dosimetry, he/she will be instructed to clip the badge and dosimetry together and hand it to the security officer stationed at the gatehouse exit turnstiles.

1. Without delay, proceed to Gatehouse 2 (PA gatehouse), place dosimetry (to include Dositec, if any) in the appropriate slot in the dosimetry rack, and leave the PA as normal.
2. Retrieve their vehicle from the parking lot and proceed to the Emergency Operations Facility/Recovery Center (EOF/RC).

**NOTE**

If an emergency classification is entered due to a Security condition, then evacuation and performing accountability may put personnel at risk. Therefore, in these situations evacuation and accountability will be suspended until directed by Security.

V. Personnel Accountability in the Event of a Site Area Emergency or General Emergency, Not Preceded by the Declaration of an Alert  
(See Section I - Shall be the same as in the Alert notification.)

VI. Additional Security Force Functions in the Event of a Site Area Emergency or General Emergency Not Preceded by the Declaration of an Alert

The following actions shall be taken by the security force.

A. Site Access Control

1. The Gatehouse 1 Security Officer(s) shall:

- a. control access to the plant site to ensure that only those persons and vehicles authorized by the TSC Coordinator, OSC Coordinator or Plant Emergency Director (OSS) are allowed to enter the plant site, (the ACO will be the point of contact),
- b. direct any emergency response vehicles to proceed to the Gatehouse 2 parking lot,
- c. direct all other incoming vehicles as normal unless otherwise directed by the TSC Coordinator or Plant Emergency Director,
- d. ensure that the site access road is not obstructed to prevent personnel evacuation or passage of emergency equipment.

2. The ACO shall:

- a. ensure that all personnel entering the plant Protected Area have been authorized by the TSC Coordinator,
- b. ensure that all personnel entering the site enter through the Administration Building main west entry (lobby entry).

B. Posting of Signs at the Emergency Response Facilities

1. The SSS shall dispatch a security officer(s) to post "Accountability Control" signs on doors which form the boundary of the facility.
2. The security officer(s) shall post signs in all doors shown on Figures 1, 2, and 3.

VII. Other Security Force Functions in the Event of an Emergency (Alert, Site Area or General)

The following additional actions shall be taken by the security force:

- A. Deleted
- B. Issue of Controlled Keys. The SSS shall:
  - 1. issue keys from the emergency key repository as requested by the Operations Support Center Coordinator. This could include issue of Emergency Key Rings which contain the master keys for Vital Areas, Protected Areas and Radiation Areas,
  - 2. log the issue and return of the keys on the SSS key control log.
- C. Evacuation Assistance: As requested, security force members shall provide directions to Gatehouse 1 or EOF/RC at Brattleboro.
- D. Protected Area Access Control: The security force shall adhere to all normal PA access control requirements (search, authorization, etc.) except Plant personnel dispatched by the TSC or OSC to work in the OCA shall retain their dosimetry.
- E. Status of Security Systems and Security Force. The SSS shall:
  - 1. report the status of plant security, perimeter integrity, location of security personnel, number of persons on-site, etc., as requested by the TSC Coordinator or Plant Emergency Director,
  - 2. ensure that all required security force emergency functions are completed,
  - 3. notify the Security Operations Supervisor and Security Manager in the event of an emergency situation.
- F. Issuance of Company Vehicles and Radios: Use VYOPF 3524.03 to record vehicles and radios issued to Site Boundary and Off-Site Teams.

### VIII. Criteria for Evacuation of Gatehouse 2

- A. During a Site Area Emergency or General Emergency it may become necessary to evacuate Gatehouse 2 due to habitability concerns.
- B. On notification by the TSC Coordinator of the need to evacuate Gatehouse 2, the Security Manager shall:
  - 1. assess relocation alternatives with the TSC Coordinator,
  - 2. develop a plan for the relocation of security personnel and equipment,
  - 3. determine necessary compensatory measures and actions as a result of the relocation.

### FINAL CONDITIONS

- 1. Return emergency equipment to normal location at Gatehouse 2.
- 2. Return all completed forms to the Emergency Plan Coordinator who will ensure proper filing in accordance with AP 6807.

## INITIAL ACCOUNTABILITY REPORT FORM

I. Date: \_\_\_\_\_ II. Time Event Initiated: \_\_\_\_\_

III. Names of Individuals Unaccounted For: (if none, leave blank)

[illegible]

IV. Time Completed: \_\_\_\_\_ Time TSC or CR Contacted: \_\_\_\_\_

**Access Control Officer (Print/Sign)**

# INITIAL SITE ACCOUNTABILITY CHECK-IN FORM

## FOR TECHNICAL SUPPORT CENTER RESPONSE PERSONNEL

DATE: \_\_\_\_\_

<u>POSITION</u>	<u>GATEHOUSE SLOT NO.</u>	<u>PLEASE PRINT NAME CLEARLY</u>
TECHNICAL SUPPORT CENTER COORDINATOR	_____	_____
SECURITY COORDINATOR	_____	_____
MAINTENANCE COORDINATOR	_____	_____
ENGINEERING COORDINATOR	_____	_____
REACTOR ENGINEERING COORDINATOR	_____	_____
OPERATIONS COORDINATOR	_____	_____
RADIATION PROTECTION COORDINATOR	_____	_____
CHEMISTRY COORDINATOR	_____	_____
G.E. ENGINEER (WHEN AVAILABLE) Deleted	_____	_____
DECISION MAKER	_____	_____

FOR TECHNICAL SUPPORT CENTER AND OPERATIONS SUPPORT CENTER RESPONSE PERSONNEL

DATE: \_\_\_\_\_

[illegible]

**FOR EMERGENCY RESPONSE PERSONNEL**

DATE: \_\_\_\_\_

[illegible]



## EMERGENCY PLAN - VEHICLE AND RADIO ASSIGNMENT INFORMATION

---

VEHICLE #1: \_\_\_\_\_

Assigned to: ☐ Blue Team ☐ Green Team ☐ Black Team

Team Members:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Portable Radio Number issued, if needed:

\_\_\_\_\_

---

VEHICLE #2: \_\_\_\_\_

Assigned to: ☐ Blue Team ☐ Green Team ☐ Black Team

Team Members:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Portable Radio Number issued, if needed:

\_\_\_\_\_

---

VEHICLE #3: \_\_\_\_\_

Assigned to: ☐ Blue Team ☐ Green Team ☐ Black Team

Team Members:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Portable Radio Number issued, if needed:

\_\_\_\_\_

---

VEHICLE #4: \_\_\_\_\_

Assigned to: **Site Boundary Team**

Team Members:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Portable Radio Number issued, if needed:

\_\_\_\_\_

---

OTHER VEHICLE: \_\_\_\_\_

Assigned to: \_\_\_\_\_

Portable Radio Number issued: \_\_\_\_\_

---

FIGURE 1

HALLWAY OUTSIDE CONTROL ROOM MAP

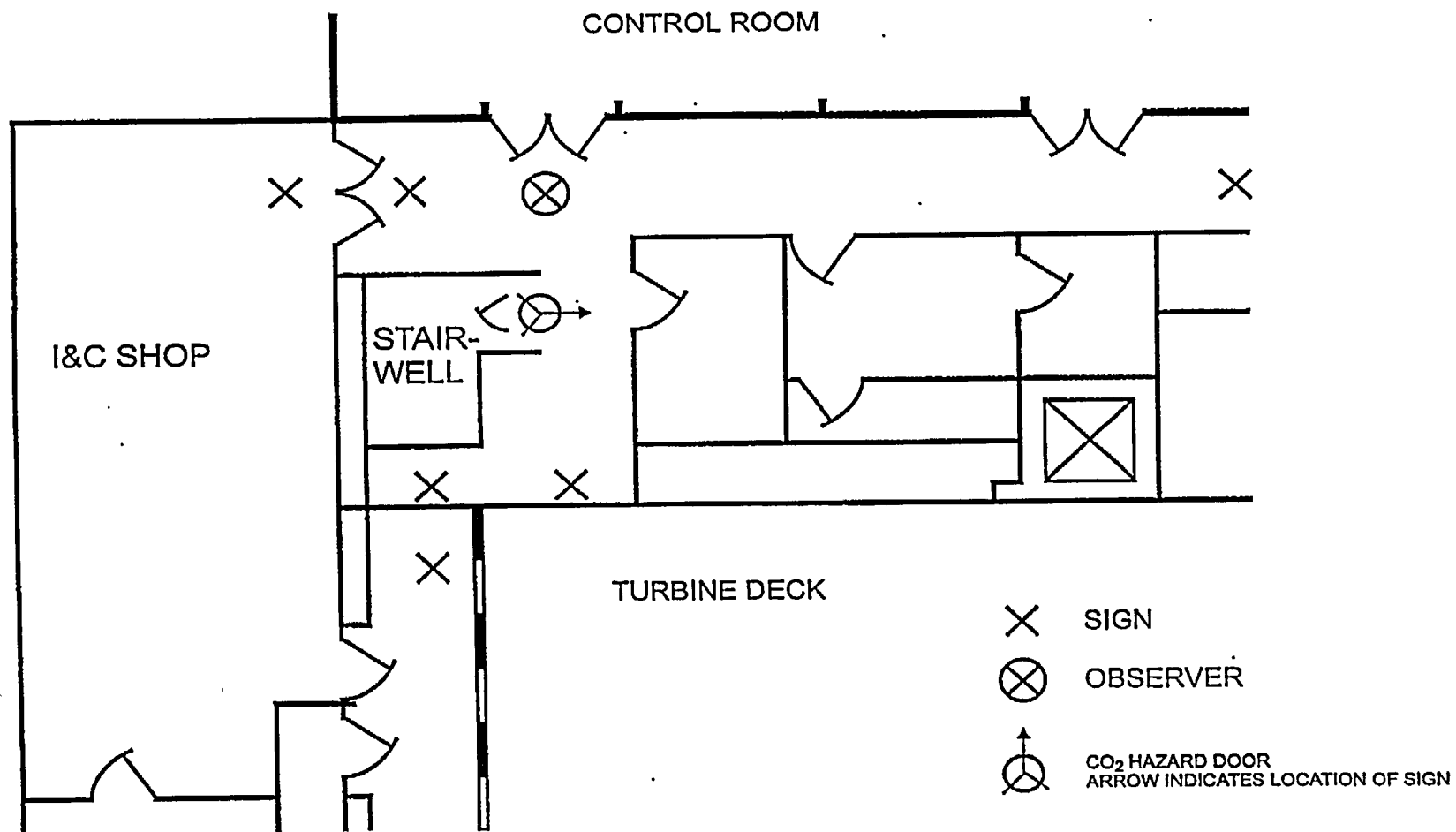
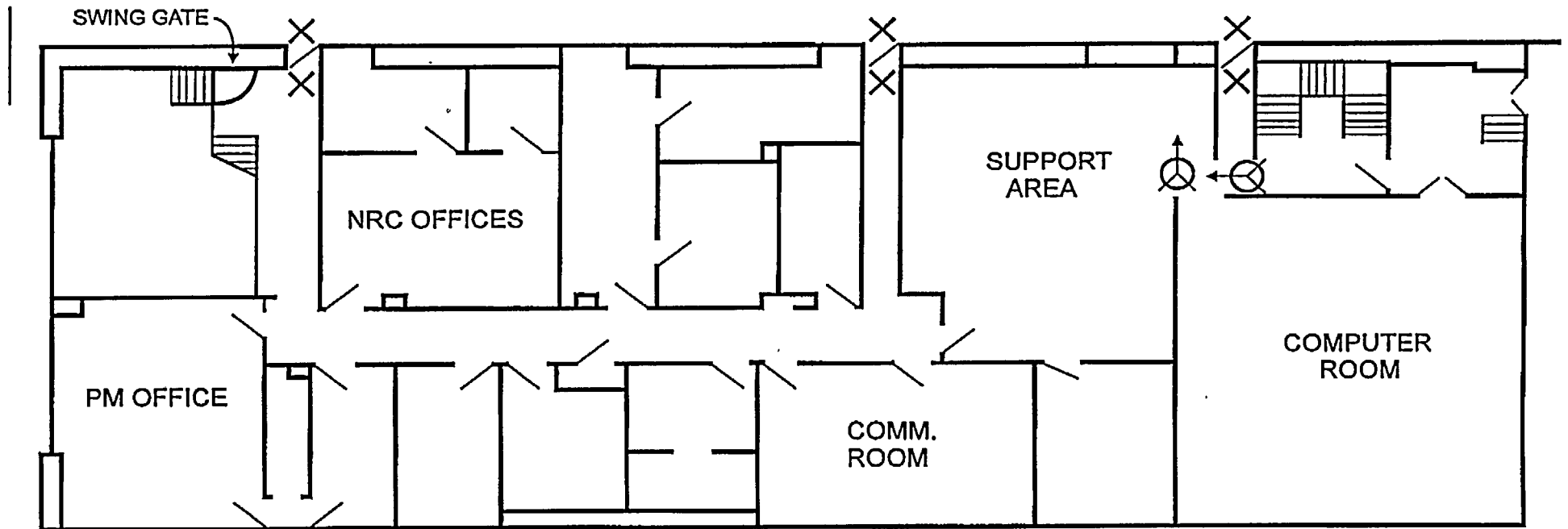


FIGURE 2

TECHNICAL SUPPORT CENTER (TSC) LAYOUT



× SIGN

↑  
⊗ CO<sub>2</sub> HAZARD DOOR  
ARROW INDICATES LOCATION OF SIGN

⌒ SWING GATE

FIGURE 3

OPERATIONS SUPPORT CENTER (OSC) LAYOUT

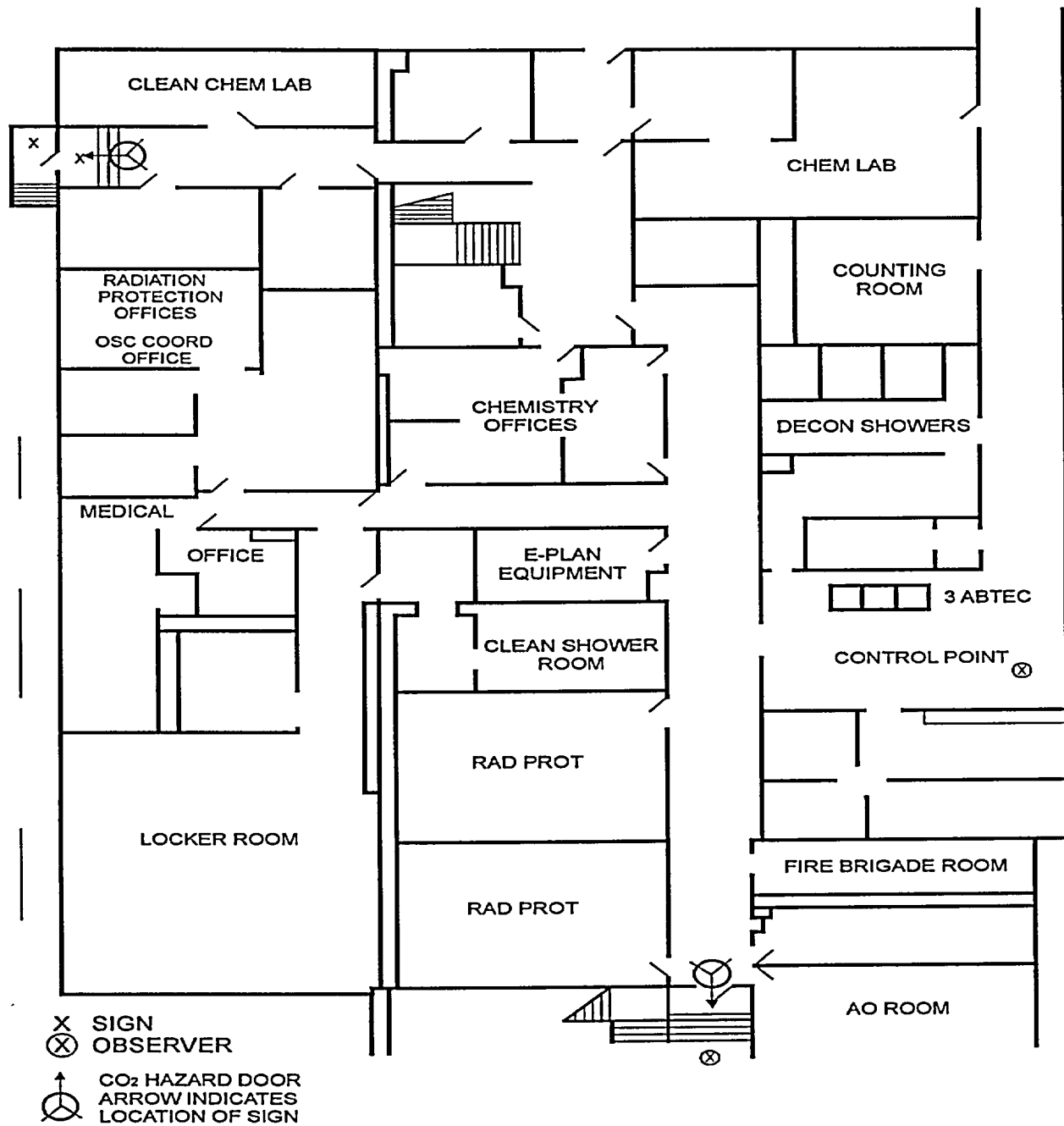


FIGURE 4

CONDENSER BAY – GROUND FLOOR  
ELEVATION 248' -6"

NOTE: PRIMARY **CP**  
IN REPORTED FIRE AREA,  
IF TENABLE. IF  
UNTENABLE, **CP<sub>ALT</sub>** AT **D**  
IN TURBINE HALL  
ALONG NORTH WALL.

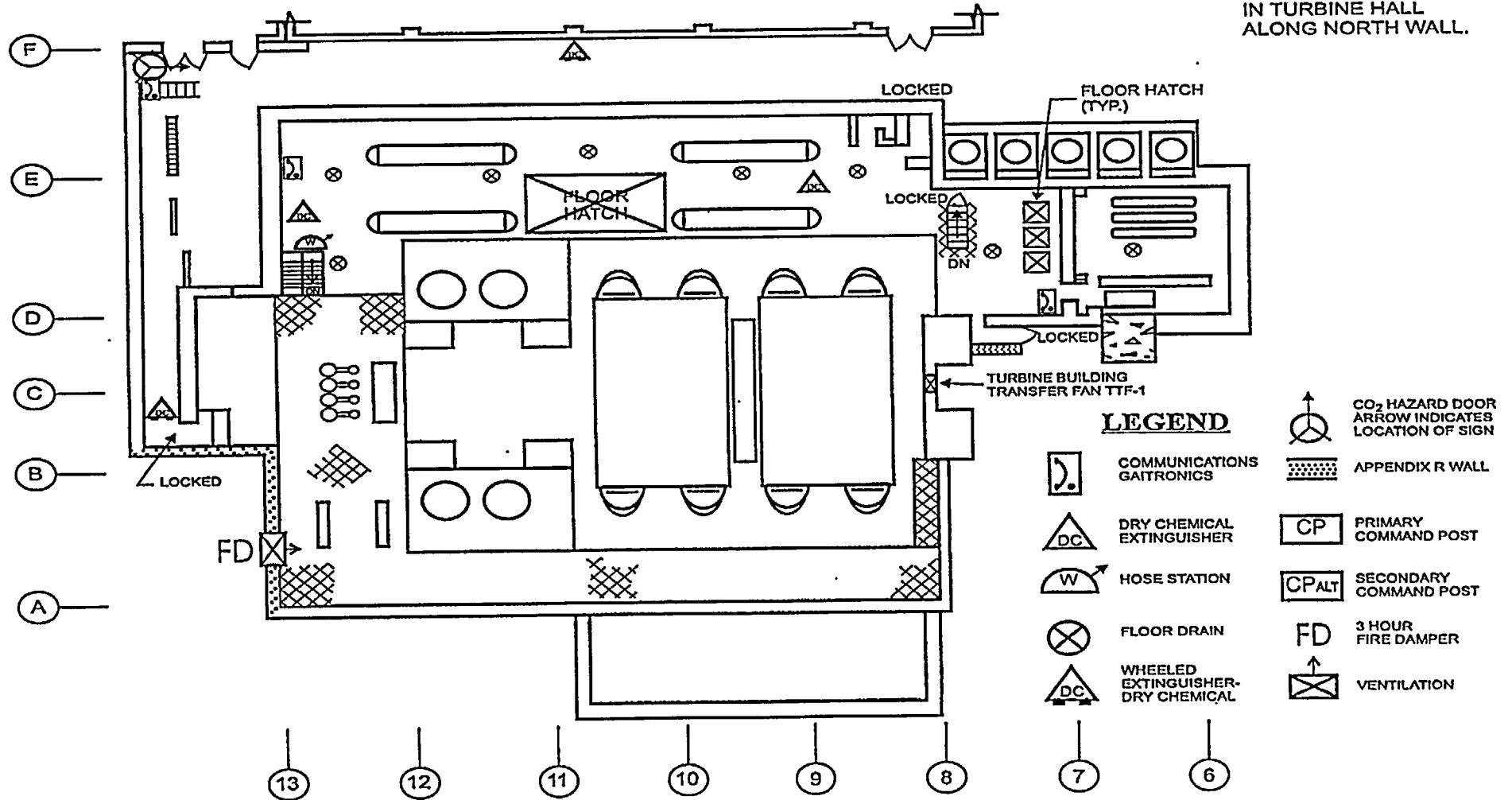


Figure 4  
OP 3524 Rev. 20  
Page 1 of 1

## REVISED PROCEDURE CONTROL FORM

### PART 1 - Initiation

<b>A. Procedure No.</b> OP 3531	<b>New Revision No.</b> 16	<b>Title</b> Emergency Call-In Method	
<b>B. Review Criteria:</b> <input type="checkbox"/> Partial <input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Complete		<b>C. Periodic Review Cycle:</b> <input checked="" type="checkbox"/> 2 Year (Event Driven) <input type="checkbox"/> N/A	
<b>D. List DIs &amp; LPCs:</b> 1			
<b>E. Description and Reasons for Procedure/Changes:</b> <ul style="list-style-type: none"> <li>The step for paging the PSB was added to the beginning of the procedure and is to be used during normal working hours. If it is other than normal working hours, then the step should be completed later in the procedure.</li> <li>Changed DE&amp;S to Framatome ANP throughout.</li> <li>Title changes throughout.</li> <li>Added steps after Alert/SA/GE &amp; Code Red Events to also record the time the pager holder calls in and their estimated time of arrival.</li> <li>Added Pub to notification with PSB.</li> <li>Added Fitness for Duty (FFD) information to discussion section. <i>edw</i></li> </ul>			
<b>F. Originator Name:</b> (App. A was used as references to create this revision, App. C is completed and attached unless Part 1.B above is "Editorial".) (Print/sign/date) Audra Williams <i>Audra Williams</i> 3/7/03			<b>Telephone Extension:</b> x4177

### PART 2 - Reviews

<b>A. Walk-Through Validation:</b> <input type="checkbox"/> Required <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Field Walk-Through <input type="checkbox"/> Table-Top <input type="checkbox"/> Simulator Validation		<b>B. Technical Verification Reviewer</b> <input type="checkbox"/> N/A (App. B used as a reference) (Print/Sign/Date) <i>3/24/03</i> <i>Lori A. Kaczynski</i>	
<b>C. Cross-Discipline Reviews:</b> <input type="checkbox"/> N/A			
<b>Department</b>	<b>Name</b>	<b>Signature</b>	<b>Date</b>
Security	<i>Brian K. Gagliardi Sr.</i>	<i>[Signature]</i>	<i>26 Mar 03</i>
<b>D. 50.59 Review Per AP 6002, Preparing 50.59 Evaluations</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> 50.59 AD previously performed and documented in the text of this procedure and is still applicable. <input type="checkbox"/> 50.59 Applicability Determination completed and attached; 50.59 Screening NOT required. <input type="checkbox"/> 50.59 Review Screening completed and attached, 50.59 Evaluation NOT required. <input type="checkbox"/> 50.59 Evaluation completed and attached.			
<b>E. QUALIFIED REVIEWER:</b> Use App. D as a reference (May perform 50.59 Applicability Determination) (Part 2.D) (Print/Sign/Date)			
<b>F. ORIGINATOR:</b> <input checked="" type="checkbox"/> Comments Resolved <input checked="" type="checkbox"/> Re-verify All DIs & LPCs Considered <input checked="" type="checkbox"/> Sent for Final Type    (CDS or STC (SPs only)) Initial/Date <i>amp 3/24/03</i> <input checked="" type="checkbox"/> Proofread after Final Type			
(Print/Sign/Date) Audra Williams <i>Audra Williams</i> 3-24-03			

### PART 3 - Training/Notification Requirements

A. Indicate training or notifications required to implement procedure: (Required for Administrative Procedures)

☐ Include in formal training (TCR submitted):

☒ E-Mail notification:

☐ Crew Briefings:

☐ Other:

☐ N/A

### PART 4 - PORC

Plant Operation Review Committee: ☐ Required ☒ N/A

Meeting No:

PORC Secretary:

Date:

Plant Manager:

### PART 5 - Approval

A. Responsible Procedure Owner: (Print/Signature/Date)

Brian M. Finin *Brian M. Finin* 3/25/03

B. Plant Manager (Print/Sign/Date) (For SPs Only)

N/A

C. Special Instructions: ☐ N/A

☐ Approved for Training

☒ Issue on DATE: 4/2/03

☐ Submit Surveillance Database Change per AP 4000

☐ Other:

### PART 6 - Issuance

Procedure Change No.: 215

Date procedure issued: 4/2/03

Notes:

# 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3531, Rev. 16, Emergency Call-In Method

## A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES                                  | <input checked="" type="radio"/> NO |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES                                  | <input checked="" type="radio"/> NO |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES                                  | <input checked="" type="radio"/> NO |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES                                  | <input checked="" type="radio"/> NO |
| (5) Notification Methods and Procedures   | <input checked="" type="radio"/> YES | <input type="radio"/> NO            |
| (6) Emergency Communications among principal response organizations and the public                | YES                                  | <input checked="" type="radio"/> NO |
| (7) Public Education and Information  | YES                                  | <input checked="" type="radio"/> NO |
| (8) Adequacy of Emergency Facilities and Equipment  | YES                                  | <input checked="" type="radio"/> NO |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES                                  | <input checked="" type="radio"/> NO |
| (10) Plume exposure pathway EPZ protective actions  | YES                                  | <input checked="" type="radio"/> NO |
| (11) Emergency Worker Radiological Exposure Control   | YES                                  | <input checked="" type="radio"/> NO |
| (12) Medical Services for contaminated injured individuals  | YES                                  | <input checked="" type="radio"/> NO |
| (13) Recovery and Reentry Plans   | YES                                  | <input checked="" type="radio"/> NO |
| (14) Emergency response periodic drills and exercises   | YES                                  | <input checked="" type="radio"/> NO |
| (15) Radiological Emergency Response Training   | YES                                  | <input checked="" type="radio"/> NO |
| (16) Plan development, review and distribution  | YES                                  | <input checked="" type="radio"/> NO |



10 CFR 50.54(q) Evaluation Checklist (Continued)

| 2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| (1) Section IV. A - Organization                          | YES                                  | <input checked="" type="radio"/> NO |
| (2) Section IV. B - Assessment Actions                    | YES                                  | <input checked="" type="radio"/> NO |
| (3) Section IV. C - Activation of Emergency Organizations | YES                                  | <input checked="" type="radio"/> NO |
| (4) Section IV. D - Notification Procedures               | <input checked="" type="radio"/> YES | NO                                  |
| (5) Section IV. E - Emergency Facilities and Equipment    | YES                                  | <input checked="" type="radio"/> NO |
| (6) Section IV. F - Training                              | YES                                  | <input checked="" type="radio"/> NO |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES                                  | <input checked="" type="radio"/> NO |
| (8) Section IV. H - Recovery                              | YES                                  | <input checked="" type="radio"/> NO |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50.47(b), Section IV. D of Section A above, this change (DOES/DOES NOT) decrease the effectiveness of the Emergency Plan and (DOES/DOES NOT) continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

Adding a step at the beginning of the call-in process to page the PSB will allow those personnel who are assigned to a facility in the Protected Area (through Gate 2) to report to their facilities in a more timely manner. This will also allow Security to perform accountability within the allotted time frame with less interruptions from personnel trying to gain access. This step is only to be completed during normal working hours. During off-normal hours, the step will be completed after CAN and the pager system has been completed. All other changes are enhancements to the procedure and add formality. None of these changes decrease the effectiveness of the Plan and they continue to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

☒ This change does not affect any other documents.

☐ This change does affect other documents.

Document(s) affected: \_\_\_\_\_

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By: Audra Williams *Audra Williams* Date: 3/7/03  
(Print/Sign)

Reviewed By: Lori A. Tracz *Lori A. Tracz* Date: 3/24/03  
(Emergency Plan Coordinator) (Print/Sign)

This change incorporated into Rev 16

~~PREAPPROVED LPC FORM~~

NO LPC ISSUED.

Am 4

PART 1 - Initiation

☐ Converted to Admin. Revision #

LPC No:

A. Procedure No.: OP 3531	Current Revision #: 15	Title: Emergency Call-In Method
B. Description of Change: Add Power Uprate Building to step that requires paging of the PSB. The PUB intercom system is tied to the PSB system.		
C. Reason for Change: <input checked="" type="checkbox"/> Result of Design Change, Minor Mod, EDCR TM 2003-003 <input type="checkbox"/> Related ER No. _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Editorial		
D. Duration: <input checked="" type="checkbox"/> Permanent <input type="checkbox"/> One Time Only E. Surveillance Database Change? <input type="checkbox"/> Yes, change submitted <input checked="" type="checkbox"/> No F. Procedure Type: <input checked="" type="checkbox"/> Technical <input type="checkbox"/> Admin. (AP,PP) G. AP 0091, Risk Assessment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H. Page(s) affected: 3/89 SD 3-27-03		I. Originator (Print/Sign/Date) (Use AP 0096, App. A as a reference) (Complete & attach AP 0096 App. C, unless editorial) Scott Lyford 3-17-03 Scott Lyford

PART 2 - Review/Approval (Refer to LPC Criteria of Appendix A)

A. Technical Verification Review (Print/Sign/Date) (Use AP 0096, Appendix B as a reference) <input type="checkbox"/> N/A Lori A. Tkaczuk Lori A. Tkaczuk 3/17/03 (May perform Qualified Review) (N/A if editorial change)	B. Cross-Discipline Review(s) (Print/Sign/Date) <input checked="" type="checkbox"/> N/A
C. Qualified Review (Print/Sign/Date) (Use AP 0096, Appendix D, as a reference) <input type="checkbox"/> N/A Andrea Williams 3-17-03 (N/A if editorial change) Andrea Williams	D. 50.59 review completed type: <input type="checkbox"/> AD/Screen <input type="checkbox"/> Evaluation <input type="checkbox"/> N/A (N/A if editorial change) <input checked="" type="checkbox"/> 50.54(q) (EPIP only)
E. RPO Approval (Print/Sign/Date) Brian M. Fini Brian M. Fini 3/17/03	F. IF 50.59 Evaluation: <input checked="" type="checkbox"/> N/A PORC Mtg. Date:
G. Plant Manager (Print/Sign/Date) (SPs only) N/A	
H. Training: (Required for Admin Procedures, unless editorial) <input type="checkbox"/> N/A TRAINING MODULE BEING SENT OUT BY E-PLAN PRIOR TO DRILL WILL INCLUDE THIS CHANGE. SDL 3-26-03	
I. Effective Date: 3-26-03	

CDS Initials

Am 4

Issued PC#215  
4/2/03 2/4/03

Am 4

## 10 CFR 50.54(q) Evaluation Checklist

List of Emergency Plan Section(s)/Emergency Plan Implementing Procedure(s) or any other document to be evaluated. (Include Title and Revision No.):

OP 3531, Rev 15, LPC # , Emergency Call-In Method

### A. Screening Evaluation

Based on a review of the following questions, determine if the change has the potential to affect our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.

A "YES" answer to any part of the questions requires that a written evaluation be done to determine whether the effectiveness of the Emergency Plan was decreased as specified in Section B of this checklist.

A "NO" answer to all questions requires no written evaluation as specified in Section B of this checklist.

1. Could the proposed change affect our ability to meet the following standards of 10 CFR 50.47(b):
- |   |            |           |
|---|------------|-----------|
| (1) Assignment of Emergency Response Organization responsibilities                                | YES        | <u>NO</u> |
| (2) Assignment of on-shift Emergency Response Organization personnel                              | YES        | <u>NO</u> |
| (3) Arrangements for Emergency Response Support and Resources                                     | YES        | <u>NO</u> |
| (4) Emergency Classification and Action levels, including facility system and effluent parameters | YES        | <u>NO</u> |
| (5) Notification Methods and Procedures   | <u>YES</u> | NO        |
| (6) Emergency Communications among principal response organizations and the public                | YES        | <u>NO</u> |
| (7) Public Education and Information  | YES        | <u>NO</u> |
| (8) Adequacy of Emergency Facilities and Equipment  | <u>YES</u> | NO        |
| (9) Adequacy of Accident Assessment methods, systems and equipment                                | YES        | <u>NO</u> |
| (10) Plume exposure pathway EPZ protective actions  | YES        | <u>NO</u> |
| (11) Emergency Worker Radiological Exposure Control   | YES        | <u>NO</u> |
| (12) Medical Services for contaminated injured individuals  | YES        | <u>NO</u> |
| (13) Recovery and Reentry Plans   | YES        | <u>NO</u> |
| (14) Emergency response periodic drills and exercises   | YES        | <u>NO</u> |
| (15) Radiological Emergency Response Training   | YES        | <u>NO</u> |
| (16) Plan development, review and distribution  | YES        | <u>NO</u> |

10 CFR 50.54(q) Evaluation Checklist (Continued)

2. Could the change affect our ability to meet the following requirements of Appendix E to 10 CFR 50.

- |   |               |
|---|---------------|
| (1) Section IV. A - Organization                          | YES <u>NO</u> |
| (2) Section IV. B - Assessment Actions                    | YES <u>NO</u> |
| (3) Section IV. C - Activation of Emergency Organizations | YES <u>NO</u> |
| (4) Section IV. D - Notification Procedures               | <u>YES</u> NO |
| (5) Section IV. E - Emergency Facilities and Equipment    | <u>YES</u> NO |
| (6) Section IV. F - Training                              | YES <u>NO</u> |
| (7) Section IV. G - Maintaining Emergency Preparedness    | YES <u>NO</u> |
| (8) Section IV. H - Recovery                              | YES <u>NO</u> |

B. Effectiveness Determination

For each applicable (i.e., a "yes" answer specified) standard to 10 CFR 50.47(b) and Appendix E to 10 CFR 50 identified from Section A above, complete the evaluation form below to determine whether the change decreases the effectiveness of the Emergency Plan and whether it continues to meet the stated applicable standard or requirement.

A facsimile of the evaluation form may be used as needed and attached to this checklist.

For applicable item 10 CFR 50.47(b) (5) & (8), Appendix E, Section IV. D & Section IV. E of Section A above, this change DOES NOT decrease the effectiveness of the Emergency Plan and DOES continue to meet the stated applicable standard or requirement.

BASIS FOR ANSWER:

This change is being made due to the construction of a new building: Power Uprate Building (PUB) located within the OCA, North of the PSB. Notification methods for an emergency are required in this building and this change reflects the new method and number for paging the PUB. The current x3999 number will now page both the PSB and PUB and will not increase the amount of time it takes Security to page those buildings during an event. Two additional numbers have been established to be able to page each building individually if needed. This change does not decrease the effectiveness of the Plan and continues to meet all requirements.

10 CFR 50.54(q) Evaluation Checklist (Continued)

C. Conclusion (Fill out appropriate information)

- ☒ The changes made do not decrease the effectiveness of the Emergency Plan and continue to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50.
- ☐ The changes made do decrease the effectiveness of the Emergency Plan and decrease our ability to meet the standards of 10 CFR 50.47(b) and the requirements of Appendix E to 10 CFR 50. The following course of action is recommended:
- ☐ Revise proposed changes to meet applicable standards and requirements.
- ☐ Cancel the proposed changes.
- ☐ Process proposed changes for NRC approval prior to implementation in accordance with 10 CFR 50.54(q).

D. Impact on Other Documents (TRM, Tech Specs)

Keywords used in search: \_\_\_\_\_

- ☐ This change does not affect any other documents.
- ☒ This change does affect other documents.

Document(s) affected: OP 3504, OP 3508

Section(s) affected: \_\_\_\_\_

E. Impact on the Updated FSAR

Use AP 6036 to determine if the proposed E-Plan change modifies existing UFSAR information or requires the addition of new UFSAR information and initiate UFSAR change(s) as required.

Keywords used in UFSAR search: \_\_\_\_\_

Additional Comments:

Prepared By: Audra Williams *Audra Williams* Date: 1/28/03  
(Print/Sign)

Reviewed By: Lori A. Tkaczuk *Lori A. Tkaczuk* Date: 1/28/03  
(Emergency Plan Coordinator) (Print/Sign)

VERMONT YANKEE NUCLEAR POWER STATION

**OPERATING PROCEDURE**

OP 3531

REVISION 16

**EMERGENCY CALL-IN METHOD**

USE CLASSIFICATION: REFERENCE

LPC No.	Effective Date	Affected Pages

Implementation Statement: N/A

Issue Date: 04/02/03

## TABLE OF CONTENTS

PURPOSE .....	3
DISCUSSION .....	3
ATTACHMENTS .....	3
REFERENCES AND COMMITMENTS .....	4
PROCEDURE .....	5
I.    EMERGENCY CALL-IN METHOD .....	5
II.   ALTERNATE COMMUNICATOR NOTIFICATION .....	11
III.  AUGMENTATION TESTS/DRILL .....	12
IV.   PAGING COMPANY NOTIFICATIONS OF GROUP PAGING CAPABILITY OUT OF SERVICE .....	16
V.    ALTERNATE EMERGENCY CALL-IN METHOD .....	18
FINAL CONDITIONS .....	23



## PURPOSE

To provide the Security Shift Supervisor (SSS) instructions for emergency response personnel notifications made when the VY Emergency Plan has been activated. This procedure also provides instruction for performing weekly tests and an annual drill to verify the adequacy of the Emergency Call-In Method.

## DISCUSSION

In the event the Vermont Yankee Emergency Plan is activated by the Shift Manager/Plant Emergency Director (SM/PED), the Security Shift Supervisor (SSS) is responsible to initiate activation of the Emergency Call-In Method through the use of the CAN system, activate the VY pagers, call the VY Office in Brattleboro, the Power Uprate Building, and the Plant Support Building, and activate the Framatome ANP pagers. Section I of this procedure contains the steps the SSS should follow for notifications required during activation of the Emergency Call-In Method.

Section II describes the steps the SSS should follow if the SM/PED requests an Alternate Communicator be contacted to report to the Control Room.

Section III describes the following two means to verify the adequacy of the Vermont Yankee Emergency Call-In Method:

1. A weekly functional test of the pager system to selectively test pager performance will be conducted.
2. An annual off-hours, unannounced communications drill, using the Vermont Yankee Emergency Call-In Method, to estimate emergency personnel response times will be conducted.

Section IV describes the steps that the SSS should follow to notify the paging company that the group paging capability is out of service.

Section V describes the steps that the SSS should follow to initiate the Alternate Emergency Call-In Method for emergency response personnel call-ins and notifications if required.

In accordance with AP 6002, Preparing 50.59 Evaluations, the results of an Applicability Determination (AD) has determined that an AD is not required for future changes provided the procedure scope is not changed. The basis for this conclusion is that this document is an Emergency Implementing Procedure and is subject to 10CFR50.54(q) to determine if the changes decrease the effectiveness of the Emergency Plan and if they have the potential to affect our ability to meet the standards of 10CFR50.47(b) and the requirements of 10CFR50 Appendix E.

## ATTACHMENTS

1. VYOPF 3531.01 Weekly Pager Functional Test

## REFERENCES AND COMMITMENTS

1. Technical Specifications and Site Documents
  - a. VYNP Emergency Plan
  - b. VYNP Implementing Procedures to the Emergency Plan
2. Codes, Standards, and Regulations
  - a. NUREG 0654, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants
3. Commitments
  - a. None
4. Supplemental References
  - a. Emergency Call-In List
  - b. AP 6807, Collection, Temporary Storage and Retrieval of QA Records

## PROCEDURE

### I. EMERGENCY CALL-IN METHOD

#### NOTES

- If the initial Emergency Classification is an Unusual Event, the emergency call-in method is activated for the Unusual Event. If there are subsequent escalations in the Emergency Classification, the emergency call-in method is only activated for that first subsequent escalation in the Emergency Classification.
- If the initial Emergency Classification is an Alert or higher, the emergency call-in method is activated for that initial Emergency Classification. For any subsequent escalation in the Emergency Classification, the emergency call-in method is not activated.
- Steps may be performed concurrently.
- If the initial Emergency Classification is due to a Code Red Security Event, the emergency call-in method is activated for that initial Emergency Classification. For any subsequent escalation in the Emergency Classification, the emergency call-in method is not activated.

- A. Upon receiving notification of an Unusual Event, Unusual Event (Terminated), Alert, Site Area Emergency, General Emergency, or Code Red Event, the SSS or designated alternate shall:

#### NOTE

Perform step A.1. ONLY if it is during NORMAL WORKING HOURS. Otherwise, this announcement will be made during step A.2.e.

1. IF the notification is received during NORMAL WORKING HOURS, then contact the Plant Support Building and Power Uprate Building by dialing 3999 and announcing the emergency classification and declaration time over the office paging system.

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials (Security):\_\_\_\_\_

2. Activate the Emergency Call-In Notification System as follows:

a. Contact the Community Alert Network (CAN) Operator at 9-1-800-552-4226.

b. If you are connected to the CAN Hotline recording, do the following, otherwise go to Step 2.c:

1) Provide the following message when requested:

"This is \_\_\_\_\_, the Security Shift Supervisor at Vermont Yankee.

My password is \_\_\_\_\_.

My callback number is \_\_\_\_\_."

2) Proceed to Step 2.c when CAN callback is received.

3) If the call-back is not received in a reasonable amount of time given the current emergency circumstances, proceed to Section V to implement the Alternate Emergency Call-In Method.

c. When contact is made with the CAN Operator, implement the following steps:

1) Report the following to the CAN Operator:

"This is \_\_\_\_\_, the Security Shift Supervisor at Vermont Yankee.

(Pause approx. 5 seconds)

My password is \_\_\_\_\_.

(Pause approx. 5 seconds)

My callback number is \_\_\_\_\_.

- 2) The CAN Operator will verify that you have activation authorization (approx. 30 seconds), and will then ask you for the **Event Type** [Select one from below]:

- ☐ Unusual Event
- ☐ Unusual Event Terminated
- ☐ Alert
- ☐ Site Area Emergency
- ☐ General Emergency
- ☐ Security Event

- 3) The CAN Operator will ask you the **Event Time** (which is the declaration time \_\_\_\_\_ Hours.)

- 4) The CAN Operator will then tell you which of the following 800 telephone numbers should be used for pager holder call-backs:

- ☐ 739-9023
- ☐ 794-5826
- ☐ Other: \_\_\_\_\_ - \_\_\_\_\_

- 5) Record the following:

Date \_\_\_\_\_ Time \_\_\_\_\_

Person Contacted \_\_\_\_\_ and hang up.

Initials (Security) \_\_\_\_\_

d. Activate the VY Pager System as follows:

- 1) Dial 9-742-9000.
- 2) After hearing the verbal prompt, dial in password 5787.

**NOTE**

A display of "111" is used for Unusual Event (Terminated).

- 3) After hearing the verbal prompt, press the buttons listed below for the appropriate Emergency Classification and pager holder call-back number (determined in Step c), and then hang up:

**NOTE**

XXX XXXX is the 7-digit pager holder call-back telephone no.  
determined in the previous step.

**EMERGENCY  
CLASSIFICATION**

**BUTTONS  
PRESSED**

Unusual Event	-	111 800 XXX XXXX
Alert	-	222 800 XXX XXXX
Site Area	-	333 800 XXX XXXX
General	-	444 800 XXX XXXX
Code Red Security Event	-	777 800 XXX XXXX

- 4) If indications are received that the group paging capability is out of service, implement the emergency paging company notification specified in Section IV.

**NOTE**

If it is during Normal Working Hours, and the Plant Support Building (PSB) and Power Uprate Building (PUB) has already been paged, do not page them again.

- e. If the Plant Support Building and the Power Uprate Building announcement has not been made previously in Step A.1, then contact the PSB and PUB by dialing 3999 and announcing the emergency classification and declaration time over the office paging system.

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials (Security):\_\_\_\_\_

- f. Contact the Corporate Building in Brattleboro by dialing 4699 and announcing the emergency classification and declaration time over the office paging system.

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials (Security):\_\_\_\_\_

**NOTE**

DO NOT activate Framatome ANP pagers for a Code Red Security Event.

- g. Activate the Framatome ANP Personnel Pager system as follows:

- 1) Dial 9-1-800-366-2337.
- 2) Wait for one (1) long tone on phone and dial in code number 10597.

### NOTES

- The five-digit code number activates the Framatome ANP group call system.
- Use "14 1 #" for Unusual Event (Terminated).

- 3) After hearing another tone, press the buttons listed below for the appropriate Emergency classification:

UNUSUAL EVENT - 14 1 #

ALERT - 14 2 #

SITE AREA - 14 3 #

GENERAL - 14 4 #

### NOTE

If the verbal closeout is not heard, repeat Steps 2.g.1) through 2.g.4).

- 4) Listen for the verbal closeout and a busy signal, and hang up. Your message has been transmitted.
- h. If a CAN callback to confirm successful activation is not received within 5 minutes, call the CAN Operator at 9-1-800-552-4226 to determine status.
- i. If indications are received from the CAN Operator that the method failed to activate, implement the Alternate Emergency Call-In Method specified in Section V.
3. After receiving CAN callback to confirm successful activation, notify the Shift Manager/Plant Emergency Director (SM/PED) that the Emergency Call-In Notification System has been activated.

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials (Security):\_\_\_\_\_



**NOTE**

DO NOT retrieve the ERO response report during a Code Red Security Event.

4. Retrieve the ERO response report from the General Manager's FAX machine on the second floor of the Administration Building and provide to DCO/TSC Coordinator.

**II. ALTERNATE COMMUNICATOR NOTIFICATION**

**NOTE**

An Alternate Communicator will NOT be contacted during a Code Red Security Event.

- A. If directed by the SM/PED to contact an Alternate Communicator to report to the Control Room, do the following:
  1. Refer to Appendix O of the Emergency Call-In List, and call individuals in the order of priority listed.
  2. Provide the following message to the first individual contacted:

"VY is in a/an [Select one from below]:

- ☐ Unusual Event
- ☐ Unusual Event Terminated
- ☐ Alert
- ☐ Site Area Emergency
- ☐ General Emergency

**Please report to the Control Room as an Alternate Communicator".**

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials (Security):\_\_\_\_\_

### III. AUGMENTATION TESTS/DRILL

#### A. Weekly Pager Functional Test

1. At the time specified in the Security memo, "Emergency Call-In List", the Security Shift Supervisor (SSS) shall activate the VY Pager System as follows:
  - a. Dial 9-742-9000.
  - b. After hearing the verbal prompt, dial in password 5787.

#### NOTE

A display of "888" on a pager notifies the pager holder of a test of the Vermont Yankee Emergency Call-In Method.

- c. After hearing the verbal prompt, press "888" and hang up.
  - d. If indications are received that the group paging capability is out of service, implement emergency paging company notification specified in Section IV.
2. SSS shall verify with the Control Room the DCO of record.
3. SSS shall initiate an individual pager activation for the DCO.

#### NOTE

XXX-XXXX is the seven digit pager number for the DCO of record.

- a. Dial 9-XXX-XXXX.
  - b. After hearing the verbal prompt, press 999\*2585787 and hang up.
4. SSS shall implement the following for DCO activities:
  - a. IF the DCO fails to respond within approximately 30 minutes, THEN attempt to contact the DCO via commercial telephone system.
  - b. IF the DCO is successfully contacted, THEN proceed to step III.A.5.

- c. IF unable to make contact within one hour, THEN immediately notify the Operations Shift Supervisor and generate an Event Report.
5. Upon completion of the system activation, the SSS completes the applicable section of VYOPF 3531.01, "Weekly Pager Functional Test".
6. Upon receiving the page, the Duty On Call Officer (DCO) contacts the SSS and provides the information required by VYOPF 3531.01. VYOPF 3531.01 is then signed and routed to the Emergency Plan Coordinator for completion.

**NOTE**

The Emergency Plan Coordinator obtains the information required by the "Additional Pager Holder" section of VYOPF 3531.01.

7. In the event the Security Shift Supervisor (SSS) or the DCO pager does not respond to the weekly functional test, they should perform a self test of their individual pager by calling in a test message to their own pager telephone number. If no response to this self test is received, the pager holder should make this known to the Emergency Plan Coordinator.

### NOTES

- The SSS should make note of failure of his and/or the DCO's pager in the Comment Section of VYOPF 3531.01.
- Acceptance criteria for the Weekly Pager Functional Test is the display of "888" on the DCO's, additional pager holder's, and the Security Shift Supervisor's pagers.

#### B. Annual Communications Drill

1. At the direction of the Emergency Plan Coordinator (EPC), the Security Shift Supervisor (SSS) shall activate the VY Emergency Call-In notification system as follows:
  - a. Contact the Community Alert Network (CAN) Operator at 9-1-800-552-4226.
  - b. If you are connected to the CAN Hotline recording, do the following, otherwise go to Step 1.c:
    - 1) Provide the following message when requested:

"This is \_\_\_\_\_, the Security Shift Supervisor at Vermont Yankee.

My password is \_\_\_\_\_.

My callback number is \_\_\_\_\_.
    - 2) Proceed to Step 1.c when CAN callback is received.
  - c. When contact is made with the CAN Operator, implement the following steps:
    - 1) Report the following to the CAN Operator:

"This is \_\_\_\_\_, the Security Shift Supervisor at Vermont Yankee.

(Pause approx. 5 seconds)

My password is \_\_\_\_\_.

(Pause approx. 5 seconds)

My callback number is \_\_\_\_\_.

- 2) The CAN Operator will verify that you have activation authorization (approx. 30 seconds), and will then ask you for the **Event Type**. State the following:

**"The Event Type is a Test"**

- 3) The CAN Operator will ask you the **Event Time** (which is the declaration time: \_\_\_\_\_hours).
- 4) The CAN Operator will then tell you which of the following 800 telephone numbers should be used for pager holder call-backs:

☐ **739-9023**

☐ **794-5826**

☐ **Other:** \_\_\_\_\_ - \_\_\_\_\_

- 5) Record the following:

Date \_\_\_\_\_ Time \_\_\_\_\_

Person Contacted \_\_\_\_\_ and hang up.

Initials (Security) \_\_\_\_\_

- d. Activate the VY Pager System as follows:

- 1) Dial 9-742-9000.
- 2) After hearing the verbal prompt, dial in password 5787.

**NOTE**

XXX XXXX is the 7-digit pager holder call-back telephone no. determined in the previous step.

- 3) After hearing the verbal prompt, press the following buttons:

**000 800 XXX XXXX**

- 4) Hang up.

- e. If a CAN callback to confirm successful activation is not received within 5 minutes, call the CAN Operator at 9-1-800-552-4226 to determine status.

Status/Outcome: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Retrieve the test report from the FAX machine on the second floor of the Administration Building and forward to the Emergency Plan Coordinator.

**NOTE**

Acceptance criteria for the Annual Communications Drill shall be satisfying the requirements of NUREG 0654, Table B-1.

**IV. PAGING COMPANY NOTIFICATIONS OF GROUP PAGING CAPABILITY OUT OF SERVICE**

- A. If indications have been received that the group paging capability is out of service, the Security Shift Supervisor (SSS) shall call the paging company emergency number for emergency service, as follows:

1. Dial 1-800-696-6474.
2. State the following message: **This is \_\_\_\_\_ of Vermont Yankee Nuclear Power Station in Vernon, Vermont. Our group paging capability is out of service. Please page the on-call person immediately and have them call 802-257-7711 as soon as possible", and hang up.**

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  
(SSS)

3. Return to the next step in the procedure from where you exited to Section IV.

- B. If indications have been received that the group paging capability is out of service, and the Security Shift Supervisor (SSS) is unsuccessful in contacting the paging company in Step IV.A, the SSS shall do the following:

1. Dial 1-802-775-8400.
2. State the following message: **"This message is for the on-call person. "This is \_\_\_\_\_ with the Vermont Yankee Nuclear Power Station in Vernon, Vermont. Our group paging capability is out of service. Please call me at 802-257-7711 as soon as possible", and hang up.**

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  
(SSS)

3. Return to the next step in the procedure from where you exited to Section IV.

V. ALTERNATE EMERGENCY CALL-IN METHOD

- A. Upon receiving indications that the Emergency Call-In Method failed to activate, the respective alternate method shall be performed as follows:

**NOTE**

Step V.A.1 and V.A.2 shall be initiated concurrently.

1. Activate the VY Pager System as follows:
  - a. Dial 9-742-9000.
  - b. After hearing the verbal prompt, dial in password 5787.

**NOTES**

- A display of "111", "222", "333", "444", or "777" on a pager, notifies the pager holder of the designated Emergency Classification. Pager holder should call the plant immediately.
- A display of "111" is used for Unusual Event (Terminated).

- c. After hearing the verbal prompt, press the buttons listed below for the appropriate Emergency Classification and then hang up:

<u>EMERGENCY CLASSIFICATION</u>		<u>BUTTONS PRESSED</u>
Unusual Event	-	111
Alert	-	222
Site Area	-	333
General	-	444
Security Event	-	777



d. When personnel call in, state the following message for the appropriate emergency classification:

1) For Unusual Event or Unusual Event Terminated:

"Vermont Yankee has declared an [Select one from below]:

- ☐ Unusual Event  
☐ Unusual Event Terminated

DCO report to the plant; all others please stand by."

(Repeat)

"Vermont Yankee has declared an [Select one from below]:

- ☐ Unusual Event  
☐ Unusual Event Terminated

DCO report to the plant; all others please stand by."

Record the time the pager holder, or alternate, calls back in the "Contact Time" column of the pager Holder Call-In List.

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials\_\_\_\_\_  
(Security)

2) For Alert (or higher classification):

"Vermont Yankee has declared a/an [Select one from below]:

- ☐ Alert  
☐ Site Area Emergency  
☐ General Emergency

(Repeat)

"Vermont Yankee has declared a/an [Select one from below]:

- ☐ Alert  
☐ Site Area Emergency  
☐ General Emergency

**Please initiate your department call-in per your department appendix in the Emergency Call-In List. Instruct personnel to report to their Emergency Response Facilities. Please report to your Emergency Response Facility as soon as possible."**

**Record the time the pager holder, or alternate, calls back in the "Contact Time" column and record the estimated time of arrival in the "ETA" column of the pager Holder Call-In List.**

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials\_\_\_\_\_  
(Security)

**3) For Code Red Security Event:**

**"Vermont Yankee has declared a Code Red Security Event"**

**(Repeat)**

**"Vermont Yankee has declared a Code Red Security Event"**

**Please initiate your department call-in per your department appendix in the Emergency Call-In List. Instruct personnel to report to the Emergency Operations Facility in Brattleboro. DO NOT report to the Plant. Please report to the Emergency Operations Facility in Brattleboro as soon as possible."**

**Record the time the pager holder, or alternate, calls back in the "Contact Time" column and record the estimated time of arrival in the "ETA" column of the pager Holder Call-In List.**

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials\_\_\_\_\_  
(Security)

- e. If indications are received that the group paging capability is out of service, implement emergency paging company notification specified in Section IV.

**NOTE**

Begin manual telephone call-in when a telephone line becomes available from personnel calling the plant in response to pager activation. The DCO should be the first person contacted.

2. Activate the manual telephone call-in as follows:

**NOTES**

- Personnel appearing in the Emergency Call-In List on both the Team Duty Call-In List and Appendix A should only be called once.
- If a pager holder or designated alternate has already called or reported to the plant, they do not have to be called.

- a. Call the Team on Duty (by commercial telephone) as listed in the Team Duty Call-In List of the Emergency Call-In List.
- b. Call each pager holder (or designated alternate(s)) listed in Appendix A of the Emergency Call-In List.
- c. State the following message for the appropriate emergency classification:

- 1) For Unusual Event or Unusual Event Terminated:

"Vermont Yankee has declared an [Select one from below]:

- ☐ Unusual Event  
☐ Unusual Event Terminated

DCO report to the plant; all others please stand by."

(Repeat)

"Vermont Yankee has declared an [Select one from below]:

- ☐ Unusual Event  
☐ Unusual Event Terminated

DCO report to the plant; all others please stand by."

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  
(Security)

2) For Alert (or higher classification):

**"Vermont Yankee has declared a/an [Select one from below]:**

- ☐ Alert
- ☐ Site Area Emergency
- ☐ General Emergency

**(Repeat)**

**"Vermont Yankee has declared a/an [Select one from below]:**

- ☐ Alert
- ☐ Site Area Emergency
- ☐ General Emergency

**Please initiate your department call-in per your department appendix in the Emergency Call-In List. Instruct personnel to report to their Emergency Response Facilities. Please report to your Emergency Response Facility as soon as possible."**

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials\_\_\_\_\_  
(Security)

3) For Code Red Security Event:

**"Vermont Yankee has declared a Code Red Security Event"**

**(Repeat)**

**"Vermont Yankee has declared a Code Red Security Event"**

**Please initiate your department call-in per your department appendix in the Emergency Call-In List. Instruct personnel to report to the Emergency Operations Facility in Brattleboro. DO NOT report to the Plant. Please report to the Emergency Operations Facility in Brattleboro as soon as possible."**

Date\_\_\_\_\_ Time\_\_\_\_\_ Initials\_\_\_\_\_  
(Security)

3. Notify the Shift Manager/Plant Emergency Director (SM/PED) after the VY Pager System has been activated.

Date \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  
(Security)

#### FINAL CONDITIONS

1. This completed working procedure, along with accompanying documentation, should be returned to the Emergency Plan Coordinator.

Completed By \_\_\_\_\_  
Security (Print/Sign) \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_  
Emergency Plan Coordinator (Print/Sign) \_\_\_\_\_ Date \_\_\_\_\_

2. The Emergency Plan Coordinator should ensure that documentation is retained in accordance with AP 6807.

## WEEKLY PAGER FUNCTIONAL TEST

Pager System Activation by \_\_\_\_\_  
Security Time Date

Security Shift Supervisor's Name \_\_\_\_\_

1. Was your pager turned on? \_\_\_\_\_ Time of test \_\_\_\_\_
2. Exact location at the time of test? \_\_\_\_\_
3. Did you receive the tone? \_\_\_\_\_ Message \_\_\_\_\_
4. If you received the tone only, did you call the Plant to determine Plant status and reason for pager system activation?  
\_\_\_\_\_
5. Comments: \_\_\_\_\_

DCO Name \_\_\_\_\_

1. Was your pager turned on? \_\_\_\_\_ Time of test \_\_\_\_\_
2. Exact location at the time of test? \_\_\_\_\_
3. Did you receive the tone? \_\_\_\_\_ Message \_\_\_\_\_
4. If you received the tone only, did you call the Plant to determine Plant status and reason for pager system activation?  
\_\_\_\_\_
5. Comments: \_\_\_\_\_

Additional Pager Holder Name \_\_\_\_\_

1. Was your pager turned on? \_\_\_\_\_ Time of test \_\_\_\_\_
2. Exact location at the time of test? \_\_\_\_\_
3. Did you receive the tone? \_\_\_\_\_ Message \_\_\_\_\_
4. If you received the tone only, did you call the Plant to determine Plant status and reason for pager system activation?  
\_\_\_\_\_
5. Comments: \_\_\_\_\_

Approved By: \_\_\_\_\_ / \_\_\_\_\_  
Emergency Plan Coordinator (Print/Sign) Date