

DETROIT EDISON - FERMI 2
AUTOMATED RECORD MANAGEMENT
DISTRIBUTION CONTROL LIST
04/02/03

To: 00935

US NRC
DOCUMENT CNTRL DESK

PAGE 1

WASHINGTON, DC 20555

Media: 8 1/2 X 11

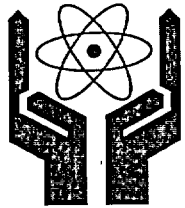
| DTC | Doc. Serial Number | Page | Rev | Number Copies | Cnt Lvl | Issue Date | Sec Status |
|-------|--------------------|------|-----|---------------|---------|------------|---------------------------|
| TPEPT | EP RERP APP A | 1 | 1 | 1 | ST | 04/02/03 | AFC |
| TPEPT | EP-290001 | 1 | 1 | 1 | ST | 04/02/03 | AFC |
| TPEPT | EP-290002 | 2 | 1 | 1 | ST | 04/02/03 | AFC |
| TPEPT | EP-290003 | 1 | 1 | 1 | ST | 04/02/03 | AFC |
| TPEPT | EP-290004 | 0 | 1 | 1 | SP | 11/25/02 | SUP |
| TPEPT | EP-290004 | 1 | 1 | 1 | ST | 04/02/03 | VOID_STAMP/DESTROY AFC |

Please destroy or mark all revised, superseded, or cancelled documents as such.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

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

Ref: cb3461

A045

| | | |
|---------------------------|---|---|
| Detroit Edison | <p style="text-align: center;">Fermi 2</p> <p style="text-align: center;">RERP Implementing Procedure Appendix A Revision 1</p> <p style="text-align: center;">FORMS</p> |  |
|---------------------------|---|---|

Revision Summary

- 1) Added a dash (-) to all form numbers.

Implementation Plan

- 1) This appendix goes into effect upon issuance.

| <i>Information and Procedures</i> | | | | |
|-----------------------------------|--------------------------|-----------------------------|-----------------------|-------------------|
| DSN RERP APP A | Revision 1 | DCR # 03-0552 | DTC TPEPT | File # 1703.10 |
| IP Code I | Date Approved 3-21-03 | Released By P. Scott /s/ | Date Issued 4-2-03 | Recipient 935 |

CONTROLLED

FORMS

| Form No. | Title |
|-----------------|--|
| EP-290001 | Nuclear Plant Event Notification Form (ENF) |
| EP-290002 | Nuclear Plant Event Technical Data Form (TDF) |
| EP-290003 | Fire Department Support Request Form |
| EP-290004 | Ambulance/Paramedic Support Request Form |
| EP-290005 | Hospital Support Request Form |
| EP-290006 | Secondary Alarm Station Report |
| EP-290007 | Emergency Notification Facsimile Log |
| EP-540001 | Controller/Evaluator Comment Form |
| EP-540002 | Technical Support Center (TSC) Lead Controller Comment Form |
| EP-540003 | Emergency Operations Facility (EOF) Lead Controller Comment Form |
| EP-540004 | Operational Support Center (OSC) Lead Controller Comment Form |
| EP-540005 | Drill/Exercise Critique Summary |
| EP-540006 | Drill/Exercise Component Checklist |
| EP-540007 | Drill/Exercise Authorization |
| EP-540008 | NRC Performance Indicator (RERP) Documentation Form |
| EP-540009 | Scenario Implementation Log |
| EP-540010 | Drill/Exercise Feedback Form |

END

□ Drill

Plant Message Number

☐ Unusual Event ☐ Alert - ☐ Site Area Emergency ☐ General Emergency ☐ Termination
 This classification was declared as of: Date: Time: - (TDF Required)

Fermi IC Number:

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

☐ Yes -> AU1 Limits ☐ No

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

Stability Class: _____ Precipitation: ☐ Yes ☐ No

935

NUCLEAR PLANT EVENT TECHNICAL DATA FORM

☐ Actual Event

☐ Drill

Plant Contact Information

 Nuclear Power Plant: Fermi 2

Plant Communicator: _____

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

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

Plant Message Number

Meteorological Data

NOTE: 10 m Met Tower Data is preferred.

☐ See attached Event Notification Form

Wind Direction (degrees): From _____ To _____

Wind Speed (MPH): _____

Stability Class: _____

 Precipitation: ☐ Yes ☐ No

Reactor Information

 Is the reactor shut down? ☐ Yes ☐ No

Additional Comments (if needed):

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

(If N/A, do not send Page 2)

 Approved: _____ / _____

Signature
Print Name
Date
Time

| Notifications | Time Contacted | Name | Telephone No. or Select Auto-Dial |
|-----------------------|----------------|------|------------------------------------|
| Monroe County Sheriff | | | <input type="checkbox"/> Auto-Dial |
| Wayne County Sheriff | | | <input type="checkbox"/> Auto-Dial |
| Michigan State Police | | | <input type="checkbox"/> Auto-Dial |
| NRC Operations Center | | | |
| Nuclear Information | | | |

Handwritten:
 4/2/03
 358 935

NUCLEAR PLANT EVENT TECHNICAL DATA FORM

Release/Offsite Dose Data

Plant Message Number

Release Pathway: ☐ Airborne ☐ Waterborne

Projected Release Duration (hrs): _____

☐ Actual ☐ Potential Time of Calculation: _____

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

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

| Projected Dose Rate | | |
|---------------------|----------------|-----------------------|
| Distance | TEDE (mrem/hr) | Thyroid CDE (mrem/hr) |
| Site Boundary | | |
| 2 Miles | | |
| 5 Miles | | |
| 10 Miles | | |

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

Measured Offsite Radiation Levels

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

FIRE DEPARTMENT SUPPORT REQUEST FORM

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

1. This is:

Name: _____

Title: _____

Telephone Number: _____

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

2. Use the Pointe Aux Peaux Road access gate.

3. Basic information on the fire:

3.1 Type of Fire: _____

3.2 Take the following precautions

4. Determine the following information from Central Dispatch and relay this information to the SAS Operator using EP-290006.

4.1 Number of vehicles expected to arrive: _____

4.2 Number of personnel expected to arrive: _____

5. Complete SAS notification.

AMBULANCE/PARAMEDIC SUPPORT REQUEST FORM

1. Select required medical response:

NOTE: Make one call only.

☐ For Ambulance Only - 734-241-1111

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

2. This is:

Name: _____

Title: _____

Telephone Number: _____

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

3. Number of injured personnel: _____

4. Injuries to personnel: _____

5. Number of potentially contaminated personnel: _____

6. Use the Fermi Drive access gate.

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

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

8. Take the following precautions: _____

9. Determine the following information from Central Dispatch and relay this information to the SAS operator using EP-290006.

9.1 Number of vehicles expected to arrive _____

9.2 Number of personnel expected to arrive _____

10. Complete SAS notification.

DETROIT EDISON - FERMI 2
AUTOMATED RECORD MANAGEMENT
DISTRIBUTION CONTROL LIST
04/02/03

To: 00935

US NRC
DOCUMENT CNTRL DESK

PAGE 1

WASHINGTON, DC 20555

Media: 8 1/2 X 11

| DTC | Doc. Serial Number | Page | Rev | Number Copies | Cnt Lvl | Issue Date | Sec | Status |
|-------|--------------------|------|-----|------------------|------------|---------------|-----|--------|
| TPEPT | EP-290005 | | 1 | 1 | ST | 04/02/03 | | AFC |
| TPEPT | EP-290006 | | 1 | 1 | ST | 04/02/03 | | AFC |
| TPEPT | EP-290007 | | 1 | 1 | ST | 04/02/03 | | AFC |

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

=====

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

Ref: cb3596

HOSPITAL SUPPORT REQUEST FORM

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

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

1. This is:

Name: _____

Title _____

Telephone Number _____

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

2. Number of injured personnel: _____

3. Injuries to personnel:

4. Number of potentially contaminated personnel: _____

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

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

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

7. Complete SAS notification.

SECONDARY ALARM STATION REPORT

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

1. Support organization contacted:

☐

Fire/Paramedics

☐

Ambulance

☐

Hospital (which one?)

☐

Other

2. Number of personnel reporting onsite, if known:

3. Number of vehicles reporting onsite, if known:

4. Owner-controlled area access gate to be used:

☐

Pointe Aux Peaux

☐

Fermi Drive

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

Date: _____

Facility: _____

Page _____ of _____

EMERGENCY NOTIFICATIONS FACSIMILE LOG

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

935