



Tennessee Valley Authority, Post Office Box 2000, Soddy-Daisy, Tennessee 37384-2000

April 29, 2003

U.S. Nuclear Regulatory Commission
ATTN: Document Control Desk
Washington, D.C. 20555

Gentlemen:

In the Matter of)	Docket Nos. 50-327
Tennessee Valley Authority)	50-328

**SEQUOYAH NUCLEAR PLANT - UNITS 1 AND 2 - EMERGENCY PLAN
IMPLEMENTING PROCEDURE (EPIP) REVISIONS**

In accordance with the requirements of 10 CFR 50, Appendix E,
Section V, the enclosure provides the following EPIP:

<u>EPIP</u>	<u>Revision</u>	<u>Title</u>
EPIP-2	22	Notification of Unusual Event
EPIP-3	24	Alert
EPIP-4	24	Site Area Emergency

This letter is being sent in accordance with NRC RIS 2001-05.
If you have any questions concerning this matter, please
telephone me at (423) 843-7170 or J. D. Smith at
(423) 843-6672.

Sincerely,



Pedro Salas

Licensing and Industry Affairs Manager

Enclosure

A045

TENNESSEE VALLEY AUTHORITY
SEQUOYAH NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-2

NOTIFICATION OF UNUSUAL EVENT

REVISION 22

PREPARED BY: BILL PEGGRAM

RESPONSIBLE
ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: RANDY FORD

EFFECTIVE DATE: April 22, 2003

LEVEL OF USE: REFERENCE USE

QUALITY-RELATED

Revision History

Rev	Date	Reason for Revision
18	03/30/2001	Revised references to EPIP-14 for Dose Assessment to the new EPIP-13 for Dose Assessment. Updated phone numbers for Ford and replaced Casey with Ford. Added EPIP-13 to references. Reformatted substantially for clarity. Updated Notification and Follow-Up forms to Pentagon standard content.
19	07/30/2002	Substantial format modification for standardization with BFN/WBN was implemented in this revision. Reformatted and repaginated as necessary. Reordered actions to be consistent with EPIPs 3-5. Changed reference PHYSI-32 to SSI-1. Added Section 5.0, Illustrations and Appendices Section to the body of the procedure. Added caution concerning conducting assembly and accountability if it will present a danger to employees. Included Site Specific Security Threat staffing consideration of TSC and OSC. Added routine consideration of Assembly. Clarified use of 5- and 9- telephone prefixes. Added what information is to be provided by the Shift Manager to Chemistry when requesting Dose Assessment: 1.Type of event, 2.Release Path, 3.Expected Duration. EPIP-2 was revised to implement actions to support the NRC Security Order including adding "Two Person Line-of-Sight" rule when deemed necessary by Security. Clarified what MET Data elevation is to be included on the follow up form.
20	08/26/2002	Corrections, editorials and pagination cleanup. Clarified step 3.1, Step 3 to avoid redundancy. This is a intent revision.
21	10/22/2002	Revised to remove activation of the TSC/OSC at the NOUE. This is an intent revision.
22	04/22/2003	General revision to restructure EPIP for better flow. Moved ODS notification earlier in procedure. Added EPIPs 6, 7 & 16 as references. Intent revision.

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1.0 PURPOSE

- 1.1 To provide a method for timely notifications of appropriate individuals or organizations when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **NOUE**.
- 1.2 To provide the SED/SM a method for periodic reanalysis of current conditions to determine whether the **NOUE** should be terminated or continued.

2.0 REFERENCES

2.1 Interface Documents

- [1] SPP-3.5 "Regulatory Reporting Requirements"
- [2] EPIP-3, "Alert"
- [3] EPIP-4, "Site Area Emergency"
- [4] EPIP-5, "General Emergency"
- [5] EPIP-6, "Activation and Operation of the Technical Support Center"
- [6] EPIP-7, "Activation and Operation of the Operations Support Center"
- [7] EPIP-8, "Personnel Accountability and Evacuation"
- [8] EPIP-10, "Medical Emergency Response"
- [9] EPIP-13, "Dose Assessment"
- [10] EPIP-14, "Radiological Control Response"
- [11] EPIP-16, "Termination and Recovery"
- [12] CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures"
- [13] SSI-1, "Security Instructions For Members Of The Security Force"

3.0 INSTRUCTIONS

NOTE: IF there are personnel injuries, **THEN IMPLEMENT** EPIP-10, "Medical Emergency Response."

NOTE: IF there are immediate hazards to plant personnel, **THEN** consider immediately implementing EPIP-8 "Personnel Accountability and Evacuation" in parallel with this procedure.

3.1 ACTIVATION OF THE EMERGENCY PLAN

Upon classifying events as an **NOUE** the SM/SED shall:

- [1] **COMPLETE** Appendix B, TVA Initial Notification for NOUE.



3.1 ACTIVATION OF THE EMERGENCY PLAN (Continued)

NOTE: ODS should be notified within 5 minutes after declaration of the event.

[2] NOTIFY ODS.

Initial

Time

ODS: Ringdown Line or
5 -751-1700 or 5 -751-2495 or 9-785-1700

[a] READ completed Appendix B to ODS.

☐

[b] FAX completed Appendix B to ODS.

☐

5-751-8620 (Fax)

[c] **MONITOR** for confirmation call from ODS that State/Local
notifications complete: **RECORD** time State notified.

Notification Time

[3] IF ODS **CANNOT** be contacted within 10 minutes of the
declaration, **THEN**

[a] **CONTACT** Tennessee Emergency Management Agency
(TEMA) and **READ** completed Appendix B.

Initial

Time.

9-1-800-262-3300 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

[b] FAX completed Appendix B to TEMA.

☐

9-1-615-242-9635 (Fax)

[4] **PERFORM** Appendix A, Notifications and Announcements
(Delegate as needed)

☐

3.2 MONITOR CONDITIONS

- [1] **MONITOR** radiation monitors. **WHEN** indication exists of an unplanned radiological release, **THEN PERFORM** Dose Assessment: ☐

- [a] **IF** the CECC has not assumed dose assessment responsibility, **THEN**

NOTIFY Chemistry to perform a dose assessment using EPIP-13, "Dose Assessment"

AND

PROVIDE the following information:

1. **Type Of Event** (SGTR/L, LOCA, WGDT, Cntmt Bypass)
2. **Release Path** (SG/PORV, Aux, Shld, Turb, Serv, Cond)
3. **Expected Duration** (If unknown assume 4 hour duration) ☐

7285 (Lab) or 6348 (Lab) or 20126 (Pager)

- [2] **MONITOR** plant conditions:

- [a] **EVALUATE** using EPIP-1:

1. **IF** conditions satisfy criteria of **ALERT(s)** or higher classification, **THEN** initiate EPIP-3, -4, or -5 as appropriate. ☐
2. **IF** additional conditions satisfy criteria of other **NOUE(s)** **THEN** Complete Appendix C. ☐
3. **IF** conditions warrant a need for follow-up information, **THEN** complete Appendix C. ☐

- [b] **IF** plant conditions warrant, **ACTIVATE** assembly and accountability using EPIP-8. ☐

3.2 MONITOR CONDITIONS (Continued)

[c] IF Appendix C completed, THEN

1. REPORT to CECC for State notification:

Initial

Time

CECC Director: Ringdown Line or
5 -751-1614 or 5 -751-1680
OR
ODS: Ringdown Line or 5-751-1700 or
5-751-2495 or 9-785-1700

2. FAX completed Appendix C to CECC.



CECC: 5-751-1682 (Fax) OR ODS: 5-751-8620 (Fax)

3. IF neither the CECC or ODS can be reached, THEN

[a] NOTIFY TEMA AND READ Form.

Initial

Time

9-1-800-262-3301 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

[b] FAX completed Appendix C to TEMA.



9-1-615-242-9635 (Fax)

3.3 TERMINATION OF THE EVENT**[1] WHEN the situation no longer exists, THEN**

- [a] TERMINATE** emergency. ☐
- [b] INFORM** ODS and Duty Plant Manager. ☐
- [c] COMPLETE** Appendix C with Time and Date Event Terminated. ☐
- [d] FAX** completed Appendix C to ODS. ☐

ODS: 5-751-8620 (Fax)

[2] COLLECT all forms and completed procedure and **FORWARD** all documentation to Emergency Preparedness. ☐

4.0 RECORD RETENTION

4.1 Records of Classified Emergencies

The materials generated in support of key actions during an actual emergency classified as NOUE or higher are considered Lifetime retention Non-QA records. Materials shall be forwarded to the EP Manager who shall submit any records deemed necessary to demonstrate performance to the Corporate EP Manager for storage.

4.2 Drill and Exercise Records

The materials deemed necessary to demonstrate performance of key actions during drills are considered Non-QA records. These records shall be forwarded to the EP Manager who shall retain records deemed necessary to demonstrate six-year plan performance for six years. The EP Manager shall retain other records in this category for three years.

5.0 ILLUSTRATIONS AND APPENDICES

5.1 Appendix A - Notifications and Announcements

Appendix A, Notifications and Announcements provides guidance for security threats, and for prompt notification of the NRC Resident and plant personnel.

5.2 Appendix B - TVA Initial Notification for NOUE

Appendix B, TVA Initial Notification for NOUE is used to initially notify the Operations Duty Specialist who notifies the Tennessee Emergency Management Agency.

5.3 Appendix C - NOUE Follow-up Information

Appendix C, NOUE Follow-up Information is used to provide additional information concerning other NOUE(s) or other information concerning additional conditions to the ODS for State notification and event termination.

Appendix A
Notifications and Announcements
Page 1 of 2

- [1] IF there is a security threat, THEN**

- [a] NOTIFY Security Shift Supervisor to implement SSI-1, "Security Instructions For Members Of The Security Force"**

Initial	Time
---------	------

6144 or 6568

- [b] DETERMINE** if Security recommends implementing the "Two Person Line of Sight" Rule.

- [c] IF Nuclear Security recommends establishing the “Two Person Line of Sight” Rule, THEN INFORM the SM/SED. (“Two Person Line of Sight” requires use of EPIP-8).**

Initial Time

- [2] ANNOUNCE** to plant personnel:

- [a] "ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **NOUE** HAS BEEN DECLARED BASED ON (*Describe the condition*), AFFECTING UNIT(S) _____."

- [b] REPEAT Announcement.**

- [3] NOTIFY Plant Management in accordance with SPP-3.5 AND PROVIDE NOUE Information.**

Initial Time

- [4] NOTIFY EP Manager.**

<u>Initial</u>	<u>Time</u>
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Randy Ford 842-8924(home), 7088(office),
30414(pager), 667-4263(cell phone)

or

Bill Peggram 842-3020(home), 8360(office),
20374(pager), 280-6616(cell phone)

Appendix A
Notifications and Announcements
Page 2 of 2

- [5] NOTIFY the "On Call" NRC Resident AND PROVIDE NOUE Information.

Initial Time

NOTE: NRC notification should be made as soon as practicable, but within 1 hour of "**NOUE**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

- [6] NOTIFY NRC of plan activation via ENS phone.

Initial Time

9-1-(301) 816-5100 (Main)
9-1-(301) 951-0550 (Backup)
9-1-(301) 816-5151 (Fax)

- [7] NOTIFY SM/SED that notifications are complete

Initial Time

Appendix B
TVA Initial Notification for NOUE

TVA INITIAL NOTIFICATION FOR NOUE

1. ☐ This is a Drill ☐ This is an Actual Event - Repeat - This is an Actual Event

2. This is SED _____, **Sequoyah** has declared an **UNUSUAL EVENT**
affecting: ☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2

3. EAL Designator(s): _____

4. Brief Description of the Event: _____

5. Radiological Conditions: (Check one box under each Airborne AND Liquid column.)

Airborne Releases Offsite

- ☐ Minor releases within federally approved limits¹
☐ Releases above federally approved limits¹
☐ Release information not known

(¹Tech Specs)

Liquid Releases Offsite

- ☐ Minor releases within federally approved limits¹
☐ Releases above federally approved limits¹
☐ Release information not known

(¹Tech Specs)

6. Event Declared: Time: _____ Date: _____

7. Provide Protective Action Recommendation: ☐ None

8. Please repeat back the information you have received to ensure accuracy.

9. Time and Date this information was provided _____ / _____

Action: When completed, fax this information.

Appendix C NOUE FOLLOW-UP INFORMATION

1. ☐ THIS IS A REAL EVENT ☐ THIS IS A DRILL
2. There has been an **NOUE** declared at Sequoyah affecting:
☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2
3. **Reactor Status:** Unit 1: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
 Unit 2: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
4. **Additional EAL Designators** _____
5. **Significant Changes in Plant Conditions:** _____

6. **Significant Changes in Radiological Conditions:** _____

7. **Offsite Protective Action Recommendation:**
☐ None
8. **Onsite Protective Actions:** Assembly and Accountability ☐ No ☐ Initiated ☐ Completed
 Site Evacuation ☐ No ☐ Initiated ☐ Completed
9. **The Meteorological Conditions are:** Wind Speed: _____ m.p.h.
 (Use 46 meter data on the Met Tower) Wind Direction is from: _____ degrees
10. **Event Terminated:** Date/Time _____
11. **Please repeat back the information you have received to ensure accuracy.**
12. **FAX to ODS at 5-751-8620 or CECC Director at 5-751-1682 after completing the notification.**
- Completed by: _____, Date/Time _____

TENNESSEE VALLEY AUTHORITY
SEQUOYAH NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-3

ALERT

REVISION 24

PREPARED BY: BILL PEGGRAM

RESPONSIBLE
ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: RANDY FORD

EFFECTIVE DATE: April 23, 2003

LEVEL OF USE: REFERENCE USE

QUALITY-RELATED

Revision History

Rev	Date	Reason for Revision
21	03/30/2001	Revised references to EPIP-14 for Dose Assessment to the new EPIP-13 for Dose Assessment. Added EPIP-13 to references. Reformatted substantially for clarity. Updated Notification and Follow-Up forms to Pentagon standard content.
22	07/30/2002	Substantial format modification for standardization with BFN/WBN was implemented in this revision. Reformatted and repaginated as necessary. Reordered actions to be consistent with EIPs 2, 4, 5. Changed reference of PHYSI-32 to SSI-1. Added Section 5.0, Illustrations and Appendices Section to the body of the procedure. Added caution concerning conducting assembly and accountability if it will present a danger to employees. Clarified use of 5- and 9-telephone prefixes. Added what information is to be provided by the Shift Manager to Chemistry when requesting Dose Assessment: 1.Type of Event, 2. Release Path, 3. Expected Duration. Clarified how to check ERO pager response. EPIP-3 was revised to implement actions to support the NRC Security Order including adding "Two Person Line-of-Sight" rule when deemed necessary by Security. Clarified what MET Data elevation is to be included on the follow up form.
23	08/26/2002	Added Step 2 to section 3.1 to speed implementation if EPS has already been activated. Condensed Steps 3.1.7 and 3.2.1 to activate assembly and accountability. Implemented ability to Stage TSC/OSC personnel near-site when it is unsafe to immediately enter the site. Corrected title of CECC EPIP-9 in Sections 3.1 and 3.2. CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures". This is a intent revision.
24	04/23/2003	General Revision to restructure EPIP for better flow. Moved ODS notification earlier in procedure. Intent Revision.

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1.0 PURPOSE

- 1.1 To provide a method for timely notifications of appropriate individuals or organizations when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **ALERT**.
- 1.2 To provide the SED/SM a method for periodic reanalysis of current conditions to determine whether the **ALERT** should be terminated or continued.

2.0 REFERENCES

2.1 Interface Documents

- [1] SPP-3.5 "Regulatory Reporting Requirements"
- [2] EPIP-4, "Site Area Emergency"
- [3] EPIP-5, "General Emergency"
- [4] EPIP-6, "Activation and Operation of the Technical Support Center"
- [5] EPIP-7, "Activation and Operation of the Operations Support Center"
- [6] EPIP-8, "Personnel Accountability and Evacuation"
- [7] EPIP-10, "Medical Emergency Response"
- [8] EPIP-13, "Dose Assessment"
- [9] EPIP-14, "Radiological Control Response"
- [10] EPIP-16, "Termination and Recovery"
- [11] CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures"
- [12] SSI-1, "Security Instructions For Members Of The Security Force"

3.0 INSTRUCTIONS

NOTE: IF there are personnel injuries, **THEN IMPLEMENT** EPIP-10, "Medical Emergency Response."

NOTE: IF there are immediate hazards to plant personnel, **THEN** consider immediately implementing EPIP-8 "Personnel Accountability and Evacuation" in parallel with this procedure

3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES

Upon classifying events as an **ALERT** the SM/SED shall:

- [1] IF TSC is **OPERATIONAL**, (SED transferred to TSC), **THEN GO TO** Section 3.2 (page 7).



3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES (Continued)

[2] ACTIVATE Emergency Paging System (EPS) as follows:

- [a] IF EPS has already been activated, **THEN GO TO Step 3.** ☐
- [b] IF ongoing onsite Security events may present risk to the emergency responders, **THEN CONSULT** with Security to determine if site access is dangerous to the life and health of emergency responders. ☐
- [c] IF ongoing events makes site access dangerous to the life and health of emergency responders **THEN SELECT STAGING AREA** button on the terminal **INSTEAD** of the **EMERGENCY** button. ☐
- [d] **ACTIVATE** EPS using touch screen terminal. IF EPS fails to activate, **THEN** continue with step 3. ☐
- [3] **COMPLETE** Appendix B (TVA Initial Notification for Alert). ☐

NOTE: ODS should be notified within 5 minutes after declaration of the event.

[4] NOTIFY ODS.

Initial _____ Time _____

ODS: Ringdown Line or
5 -751-1700 or 5 -751-2495 or 9-785-1700

- [a] IF EPS failed to activate from SQN when attempted **THEN DIRECT** ODS to activate SQN EPS. IF ODS is also unable to activate EPS, **THEN** continue with step [4] [b]. ☐
- [b] **READ** completed Appendix B to ODS. ☐
- [c] **FAX** completed Appendix B to ODS. ☐

5-751-8620 (Fax)

- [d] **MONITOR** for confirmation call from ODS that State/Local notifications complete: **RECORD** time State notified.

Notification Time _____

3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES (Continued)

- [5] IF ODS **CANNOT** be contacted within 10 minutes of the declaration, **THEN**

- [a] **CONTACT** Tennessee Emergency Management Agency (TEMA) and **READ** completed Appendix B.

Initial

Time.

9-1-800-262-3300 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

- [b] **FAX** completed Appendix B to TEMA.

☐

9-1-615-242-9635 (Fax)

- [6] **MONITOR** Emergency Response Organization (ERO) Responses by reviewing touch screen monitor, obtaining copies of the printed report available in the TSC or OSC, or reviewing Call List progress. (Delegate these tasks to Operations Clerk, MSS, or other available personnel.)

- [a] IF any ERO positions are not responding, **THEN DIRECT** available staff to **CALL** personnel to staff TSC/OSC positions (Use REP Duty Roster and Call List).

☐

- [7] **PERFORM** Appendix A, Notifications and Announcements. (Delegate as needed)

☐

- [8] **GO TO** Section 3.3.

3.2 ALERT DECLARATION BY TSC

Upon classifying events as a **ALERT** the SED shall:

NOTE: CECC Director should be notified within **5 minutes** after declaration of the event.

[1] **RECORD** Time of Declaration _____

[2] **RECORD** EAL(s) _____

[3] **CALL** CECC Director and inform of escalation, time of declaration, EAL(s) declared, and description of events.

Initial

Time

Ringdown Line or 5 -751-1614 or 5 -751-1680

[4] **IF** CECC Director **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

[a] **COMPLETE** Appendix B (Initial Notification for Alert).

☐

[b] **NOTIFY TEMA AND READ** completed Appendix B.

Initial

Time

9-1-800-262-3300 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

[c] **FAX** completed Appendix B to TEMA.

☐

9-1-615-242-9635 (Fax)

[5] **IF** not previously implemented, **THEN PERFORM** Appendix A, Notifications and Announcements.

☐

3.3 MONITOR CONDITIONS

- [1] **MONITOR** radiation monitors. **WHEN** indication exists of an unplanned radiological release, **THEN PERFORM** Dose Assessment. ☐

- [a] **IF** the CECC has not assumed dose assessment responsibility, **THEN NOTIFY** Chemistry to perform a dose assessment using EPIP-13, "Dose Assessment"

AND

PROVIDE the following information:

1. **Type Of Event** (SGTR/L, LOCA, WGDT, Cntmt Bypass)
2. **Release Path** (SG/PORV, Aux, Shld, Turb, Serv, Cond)
3. **Expected Duration** (If unknown assume 4 hour duration) ☐

7285 (Lab) or 6348 (Lab) or 20126 (Pager)

- [2] **MONITOR** plant conditions:

- [a] **EVALUATE** using EPIP-1:

1. **IF** conditions satisfy criteria of **SITE AREA EMERGENCY(s)** or higher **THEN** initiate EPIP-4 or 5 as appropriate. ☐
2. **IF** additional conditions satisfy criteria of other **ALERT(s)** **THEN** Complete Appendix C. ☐
3. **IF** conditions warrant a need for follow-up information, **THEN** Complete Appendix C. ☐

- [b] **IF** plant conditions warrant, **ACTIVATE** assembly and accountability using EPIP-8. ☐

3.3 MONITOR CONDITIONS (Continued)

[c] IF Appendix C completed, THEN

1. REPORT to CECC for State notification:

Initial	Time
<div data-bbox="397 378 1208 600" data-label="Text"><p>CECC Director: Ringdown Line or 5 -751-1614 or 5 -751-1680 OR ODS: Ringdown Line or 5-751-1700 or 5-751-2495 or 9-785-1700</p></div>	

2. FAX completed Appendix C to CECC.



CECC: 5-751-1682 (Fax) OR ODS: 5-751-8620 (Fax)

3. IF neither the CECC or ODS can be reached, THEN

[a] NOTIFY TEMA AND READ Form .

Initial	Time
<div data-bbox="402 978 1218 1092" data-label="Text"><p>9-1-800-262-3301 or 9-1-615-741-0001 or 888-616-8091 (satellite phone)</p></div>	

[b] FAX completed Appendix C to TEMA.



9-1-615-242-9635 (Fax)

3.4 TERMINATION OF THE EVENT

[1] WHEN the situation no longer exists, THEN

[a] **TERMINATE** emergency per EPIP-16, "Termination and Recovery," ☐

[b] **COMPLETE** Appendix C including Time and Date Event Terminated. ☐

[c] **FAX** completed Appendix C to the CECC Director. ☐

ODS: 5-751-8620 (Fax) OR
CECC: 5-751-1682 (Fax)

[2] **COLLECT** all forms and appendices and **FORWARD** all documentation to Emergency Preparedness. ☐

4.0 RECORD RETENTION

4.1 Records of Classified Emergencies

The materials generated in support of key actions during an actual emergency classified as NOUE or higher are considered Lifetime retention Non-QA records. Materials shall be forwarded to the EP Manager who shall submit any records deemed necessary to demonstrate performance to the Corporate EP Manager for storage.

4.2 Drill and Exercise Records

The materials deemed necessary to demonstrate performance of key actions during drills are considered Non-QA records. These records shall be forwarded to the EP Manager who shall retain records deemed necessary to demonstrate six-year plan performance for six years. The EP Manager shall retain other records in this category for three years.

5.0 ILLUSTRATIONS AND APPENDICES

5.1 Appendix A - Notifications and Announcements

Appendix A, Notifications and Announcements provides guidance for security threats, and for prompt notification of the NRC Resident and plant personnel.

5.2 Appendix B - TVA Initial Notification for Alert

Appendix B, TVA Initial Notification for Alert, is used to initially notify the Operations Duty Specialist who notifies the Tennessee Emergency Management Agency.

5.3 Appendix C - Alert Follow-up Information

Appendix C, Alert Follow-up Information is used to provide additional information concerning other Alerts or other information concerning additional conditions to the ODS for State notification and event termination.

APPENDIX A
Notifications and Announcements
 (Page 1 of 2)

[1] IF there is a security threat, THEN

- [a] NOTIFY** Security Shift Supervisor to implement SSI-1, "Security Instructions For Members Of The Security Force"

Initial Time

6144 or 6568

- [b] DETERMINE** if Security recommends implementing the "Two Person Line of Sight" Rule. ☐
- [c] IF** Nuclear Security recommends establishing the "Two Person Line of Sight" Rule, **THEN INFORM** the SM/SED. ("Two Person Line of Sight" requires use of EPIP-8).

Initial Time

[2] NOTIFY RADCON Shift Supervisor:

- [a] STATE:** "AN **ALERT** HAS BEEN DECLARED, BASED UPON (*Describe the conditions*), AFFECTING UNIT(s) ____."

Initial Time

- [b] DIRECT** RadCon to implement EPIP-14, "Radiological Control Response." ☐
- [c] DIRECT** RadCon to evaluate the need for CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures" which includes activation of the radiological monitoring van. ☐

[3] NOTIFY Chemistry Shift Supervisor:

- [a] STATE:** "AN **ALERT** HAS BEEN DECLARED, BASED UPON (*Describe the conditions*), AFFECTING UNIT(s) ____."

Initial Time

7285 (Lab) or 6348 (Lab) or 20126 (Pager)

- [b] DIRECT** Chemistry to implement EPIP-14, "Radiological Control Response." ☐

APPENDIX A
Notifications and Announcements
(Page 2 of 2)

[4] **ANNOUNCE** to plant personnel:

[a] "ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **ALERT** HAS BEEN DECLARED BASED ON (Describe the conditions), AFFECTING UNIT(s) ____." ☐

[b] **REPEAT** Announcement. ☐

[5] **NOTIFY** Plant Management in accordance with SPP-3.5
AND PROVIDE ALERT Information.

____ Initial ____ Time

[6] **NOTIFY** the "On Call" NRC Resident **AND PROVIDE**
ALERT Information.

____ Initial ____ Time

NOTE: NRC notification should be made as soon as practicable, but within 1 hour of "**ALERT**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

[7] **NOTIFY** NRC of plan activation via ENS phone

____ Initial ____ Time

9-1-(301) 816-5100 (Main)
9-1-(301) 951-0550 (Backup)
9-1-(301) 816-5151 (Fax)

[8] **NOTIFY** the SM/SED that notifications are complete.

____ Initial ____ Time

**APPENDIX B
TVA INITIAL NOTIFICATION FOR ALERT**

TVA INITIAL NOTIFICATION FOR ALERT

1. ☐ This is a Drill ☐ This is an Actual Event - Repeat - This is an Actual Event

2. This is SED _____, Sequoyah has declared an **ALERT**

affecting: ☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2

3. EAL Designator(s): _____

4. Brief Description of the Event: _____

5. Radiological Conditions: (Check one box under each Airborne AND Liquid column.)

Airborne Releases Offsite

☐ Minor releases within federally approved limits¹

☐ Releases above federally approved limits¹

☐ Release information not known

(¹Tech Specs)

Liquid Releases Offsite

☐ Minor releases within federally approved limits¹

☐ Releases above federally approved limits¹

☐ Release information not known

(¹Tech Specs)

6. Event Declared: Time: _____ Date: _____

7. Provide Protective Action Recommendation: ☐ None

8. Please repeat back the information you have received to ensure accuracy.

9. Time and Date this information was provided _____ / _____

Action: When completed, FAX this information.

**APPENDIX C
ALERT FOLLOW-UP INFORMATION**

1. ☐ THIS IS A REAL EVENT ☐ THIS IS A DRILL
2. There has been an **ALERT** declared at Sequoyah affecting:
☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2
3. **Reactor Status:** Unit 1: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
 Unit 2: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
4. **Additional EAL Designators** _____
5. **Significant Changes in Plant Conditions:** _____

6. **Significant Changes in Radiological Conditions:** _____

7. **Offsite Protective Action Recommendation:**
☐ None
8. **Onsite Protective Actions:** Assembly and Accountability ☐ No ☐ Initiated ☐ Completed
 Site Evacuation ☐ No ☐ Initiated ☐ Completed
9. **The Meteorological Conditions are:** Wind Speed: _____ m.p.h.
 (Use 46 meter data on the Met Tower) Wind Direction is from: _____ degrees
10. **Event Terminated:** Date/Time _____
11. **Please repeat back the information you have received to ensure accuracy.**
12. **FAX to ODS at 5-751-8620 or CECC Director at 5-751-1682 after completing the notification.**
- Completed by: _____, Date/Time _____

TENNESSEE VALLEY AUTHORITY
SEQUOYAH NUCLEAR PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EPIP-4

SITE AREA EMERGENCY

REVISION 24

QUALITY-RELATED

PREPARED BY: BILL PEGGRAM

RESPONSIBLE
ORGANIZATION: EMERGENCY PREPAREDNESS

APPROVED BY: RANDY FORD

EFFECTIVE DATE: April 22, 2003

LEVEL OF USE: REFERENCE USE

Revision History

Rev	Date	Reason for Revision
21	03/30/2001	Revised references to EPIP-14 for Dose Assessment to the new EPIP-13 for Dose Assessment. Added EPIP-13 to references. Reformatted substantially for clarity. Updated Notification and Follow-Up forms to Pentagon standard content.
22	07/30/2002	Substantial format modification for standardization with BFN/WBN was implemented in this revision. Reformatted and repaginated as necessary. Reordered actions to be consistent with EIPs 2, 3, 5. Changed reference of PHYSI-32 to SSI-1. Added Section 5.0, Illustrations and Appendices Section to the body of the procedure. Added caution concerning conducting assembly and accountability if it will present a danger to employees. Clarified use of 5- and 9- telephone prefixes. Added what information is to be provided by the Shift Manager to Chemistry when requesting Dose Assessment: 1.Type of Event, 2. Release Path, 3. Expected Duration. Clarified how to check ERO pager response. EPIP-4 was revised to implement actions to support the NRC Security Order including adding "Two Person Line-of-Sight" rule when deemed necessary by Security. Clarified what MET Data elevation is to be included on the initial notification form and the followup form for Site Area Emergency.
23	08/26/2002	Added Step 2 to section 3.1 to speed implementation if EPS has already been activated. Condensed steps in 3.1 and 3.2 on assembly and accountability. Implement ability to Stage TSC/OSC personnel near-site when it is unsafe to immediately enter the site due to security conditions. Corrected title of CECC EPIP-9 in Sections 3.1 and 3.2. This is a intent revision.
24	04/22/2003	General Revision to restructure EPIP for better flow. Moved ODS notification earlier in procedure. Intent Change.

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1.0 PURPOSE

- 1.1 To provide a method for timely notifications of appropriate individuals or organizations when the Shift Manager (SM)/Site Emergency Director (SED) has determined by EPIP-1 that events have occurred that are classified as a **SITE AREA EMERGENCY (SAE)**.
- 1.2 To provide the SED/SM a method for periodic reanalysis of current conditions to determine whether the **SITE AREA EMERGENCY** should be terminated or continued.

2.0 REFERENCES**2.1 Interface Documents**

- [1] SPP-3.5 "Regulatory Reporting Requirements"
- [2] EPIP-5, "General Emergency"
- [3] EPIP-6, "Activation and Operation of the Technical Support Center"
- [4] EPIP-7, "Activation and Operation of the Operations Support Center"
- [5] EPIP-8, "Personnel Accountability and Evacuation"
- [6] EPIP-10, "Medical Emergency Response"
- [7] EPIP-13, "Dose Assessment"
- [8] EPIP-14, "Radiological Control Response"
- [9] EPIP-16, "Termination and Recovery"
- [10] CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures"
- [11] SSI-1, "Security Instructions For Members Of The Security Force"

3.0 INSTRUCTIONS

NOTE: IF there are personnel injuries, **THEN IMPLEMENT** EPIP-10, "Medical Emergency Response."

NOTE: IF there are immediate hazards to plant personnel, **THEN** consider immediately implementing EPIP-8 "Personnel Accountability and Evacuation" in parallel with this procedure

3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES

Upon classifying events as a **SITE AREA EMERGENCY** the SM/SED shall:

- [1] IF TSC is **OPERATIONAL**, (SED transferred to TSC), **THEN**
GO TO Section 3.2 (Page 7).



3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES (Continued)

[2] **ACTIVATE** Emergency Paging System (EPS) as follows:

- [a] IF EPS has already been activated, **THEN GO TO Step 3.** ☐
- [b] IF ongoing onsite Security events may present risk to the emergency responders, **THEN...CONSULT** with Security to determine if site access is dangerous to the life and health of emergency responders. ☐
- [c] IF ongoing events makes site access dangerous to the life and health of emergency responders **THEN SELECT STAGING AREA** button on the terminal **INSTEAD** of the **EMERGENCY** button. ☐
- [d] **ACTIVATE** EPS using touch screen terminal. IF EPS fails to activate, **THEN** continue with step 3. ☐

[3] **COMPLETE** Appendix B, TVA Initial Notification for Site Area Emergency. ☐

NOTE: ODS should be notified within **5 minutes** after declaration of the event.

[4] **NOTIFY** ODS.

Initial Time

ODS: Ringdown Line or
5 -751-1700 or 5 -751-2495 or 9-785-1700

- [a] IF EPS failed to activate from SQN when attempted **THEN DIRECT** ODS to activate SQN EPS. IF ODS is also unable to activate EPS, **THEN** continue with step [4] [b]. ☐
- [b] **READ** completed Appendix B to ODS. ☐
- [c] **FAX** completed Appendix B to ODS. ☐

5-751-8620 (Fax)

- [d] **MONITOR** for confirmation call from ODS that State/Local notifications complete: **RECORD** time State notified.

Notification Time

3.1 ACTIVATION OF THE EMERGENCY RESPONSE FACILITIES (Continued)

- [5] IF ODS **CANNOT** be contacted within **10 minutes** of the declaration, **THEN**

- [a] **CONTACT** Tennessee Emergency Management Agency (TEMA) and **READ** Completed Appendix B.

Initial

Time.

9-1-800-262-3300 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

- [b] **FAX** completed Appendix B to TEMA.



9-1-615-242-9635 (Fax)

- [6] **MONITOR** Emergency Response Organization (ERO) Responses by reviewing touch screen monitor, obtaining copies of the printed report available in the TSC or OSC, or reviewing Call List progress. (Delegate these tasks to Operations Clerk, MSS, or other available personnel.)

- [a] IF any ERO positions are not responding, **THEN DIRECT** available staff to **CALL** personnel to staff TSC/OSC positions (Use REP Duty Roster and Call List).



- [7] **PERFORM** Appendix A, Notifications and Announcements. (Delegate as needed)



- [8] **GO TO** Section 3.3.

3.2 SITE AREA EMERGENCY DECLARATION BY TSC

Upon classifying events as a SITE AREA EMERGENCY the SED shall:

NOTE: CECC Director should be notified within 5 minutes after declaration of the event.

[1] **RECORD** Time of Declaration _____

[2] **RECORD** EAL(s) _____

[3] **CALL** CECC Director and inform of escalation, time of declaration, EAL(s) declared, and description of events.

Initial Time

Ringdown Line or 5 -751-1614 or 5 -751-1680

[4] **IF** CECC Director **CANNOT** be contacted within 10 minutes of the declaration, **THEN**

[a] **COMPLETE** Appendix B (Initial Notification for SAE)

[b] **NOTIFY TEMA AND READ** completed Appendix B.

Initial Time

9-1-800-262-3300 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

[c] **FAX** completed Appendix B to TEMA.



9-1-615-242-9635 (Fax)

[5] **IF** not previously implemented, **THEN PERFORM** notifications using Appendix A.

3.3 MONITOR CONDITIONS

- [1] **MONITOR** radiation monitors. **WHEN** indication exists of an unplanned radiological release, **THEN PERFORM** Dose Assessment: ☐

- [a] **IF** the CECC has not assumed dose assessment responsibility, **THEN**

NOTIFY Chemistry to perform a dose assessment using EPIP-13, "Dose Assessment"

AND

PROVIDE the following information:

1. **Type Of Event** (SGTR/L, LOCA, WGDT, Cntmt Bypass)
2. **Release Path** (SG/PORV, Aux, Shld, Turb, Serv, Cond)
3. **Expected Duration** (If unknown assume 4 hour duration) ☐

7285 (Lab) or 6348 (Lab) or 20126 (Pager)

CAUTION: Assembly should **NOT** be initiated **IF** Assembly will present a danger to employees - For example:

A severe weather condition exists or is imminent (such as a Tornado)
An onsite Security risk condition exists (Consult with Nuclear Security)

- [2] **IF** personnel accountability has not been previously initiated, **THEN** **ACTIVATE** assembly and accountability using EPIP-8, Appendix C (may be delegated). ☐

- [3] **MONITOR** plant conditions:

- [a] **EVALUATE** conditions using EPIP-1:

- [1] **IF** conditions satisfy criteria of **GENERAL EMERGENCY(s)** **THEN** initiate EPIP-5. ☐

3.3 MONITOR CONDITIONS (Continued)

[2] IF additional conditions satisfy criteria of other SITE AREA EMERGENCY(s) THEN Complete Appendix C. ☐

[3] IF conditions warrant a need for follow-up information, THEN Complete Appendix C. ☐

[b] IF Appendix C completed, THEN

[1] REPORT to CECC for State notification:

Initial

Time

CECC Director: Ringdown Line or
5-751-1614 or 5-751-1680
OR
ODS: Ringdown Line or 5-751-1700 or
5-751-2495 or 9-785-1700

[2] FAX completed Appendix C to CECC. ☐

CECC: 5-751-1682 (Fax) OR ODS: 5-751-8620 (Fax)

[3] IF neither the CECC or ODS can be reached, THEN

[a] NOTIFY TEMA AND READ Appendix C.

Initial

Time

9-1-800-262-3301 or 9-1-615-741-0001
or 888-616-8091 (satellite phone)

[b] FAX completed Appendix C to TEMA. ☐

9-1-615-242-9635 (Fax)

3.4 TERMINATION OF THE EVENT

[1] **WHEN** situation no longer exists, **THEN**

[a] **TERMINATE** emergency per EPIP-16, "Termination and Recovery," ☐

[b] **COMPLETE** Appendix C including Time and Date Event Terminated.

[c] FAX completed Appendix C to CECC Director. ☐

CECC: 5-751-1682 (Fax) OR
ODS: 5-751-8620 (Fax) (Backup)

[2] **COLLECT** all forms and appendices and **FORWARD** all documentation to Emergency Preparedness. ☐

4.0 RECORD RETENTION

4.1 Records of Classified Emergencies

The materials generated in support of key actions during an actual emergency classified as NOUE or higher are considered Lifetime retention Non-QA records. Materials shall be forwarded to the EP Manager who shall submit any records deemed necessary to demonstrate performance to the Corporate EP Manager for storage.

4.2 Drill and Exercise Records

The materials deemed necessary to demonstrate performance of key actions during drills are considered Non-QA records. These records shall be forwarded to the EP Manager who shall retain records deemed necessary to demonstrate six-year plan performance for six years. The EP Manager shall retain other records in this category for three years.

5.0 ILLUSTRATIONS AND APPENDICES

5.1 Appendix A - Notifications and Announcements

Appendix A, Notifications and Announcements, provides guidance for security threats, and for prompt notification of the NRC Resident and plant personnel.

5.2 Appendix B - TVA Initial Notification for Site Area Emergency

Appendix B, TVA Initial Notification for Site Area Emergency, is used to initially notify the Operations Duty Specialist who notifies the Tennessee Emergency Management Agency.

5.3 Appendix C - Site Area Emergency Follow-up Information

Appendix C, Site Area Emergency Follow-up Information, is used to provide additional information concerning other Site Area Emergencies or other information concerning additional conditions to the ODS for State notification and event termination.

APPENDIX A
Notifications and Announcements
(Page 1 of 2)

[1] IF there is a security threat, THEN

- [a] NOTIFY** Security Shift Supervisor to implement SSI-1, "Security Instructions For Members Of The Security Force"

InitialTime

6144 or 6568

- [b] DETERMINE** if Security recommends implementing the "Two Person Line of Sight" Rule. ☐

- [c] IF** Nuclear Security recommends establishing the "Two Person Line of Sight" Rule, **THEN INFORM** the SM/SED. ("Two Person Line of Sight" requires use of EPIP-8).

InitialTime

[2] NOTIFY RADCON Shift Supervisor:

- [a] STATE:** "A **SITE AREA EMERGENCY** HAS BEEN DECLARED, BASED UPON (*Describe the conditions*), AFFECTING UNIT(s) ____."

InitialTime

- [b] DIRECT** RadCon to implement EPIP-14, "Radiological Control Response." ☐

- [c] DIRECT** RadCon to implement CECC EPIP-9, "Emergency Environmental Radiological Monitoring Procedures" which includes activation of the radiological monitoring van. ☐

[3] NOTIFY Chemistry Shift Supervisor:

- [a] STATE:** "A **SITE AREA EMERGENCY** HAS BEEN DECLARED, BASED UPON (*Describe the conditions*), AFFECTING UNIT(s) ____."

InitialTime

7285 (Lab) or 6348 (Lab) or 20126 (Pager)

- [b] DIRECT** Chemistry to implement EPIP-14, "Radiological Control Response." ☐

APPENDIX A
Notifications and Announcements
(Page 2 of 2)

[4] **ANNOUNCE** to plant personnel:

[a] "ATTENTION PLANT PERSONNEL. ATTENTION PLANT PERSONNEL. A **SITE AREA EMERGENCY** HAS BEEN DECLARED BASED ON (Describe the condition), AFFECTING UNIT(s) ____." ☐

[b] **REPEAT** Announcement. ☐

[5] **NOTIFY** Plant Management in accordance with SPP-3.5 **AND PROVIDE** SAE Information.

Initial Time

[6] **NOTIFY** the "On Call" NRC Resident **AND PROVIDE** SAE Information.

Initial Time

NOTE: NRC ENS notification should be made as soon as practicable, but within 1 hour of "**SITE AREA EMERGENCY**" declaration. Whenever NRC requests, a qualified person must provide a continuous update to NRC Operations Center.

[7] **NOTIFY** NRC of plan activation via ENS phone

Initial Time

9-1-(301) 816-5100 (Main)
9-1-(301) 951-0550 (Backup)
9-1-(301) 816-5151 (Fax)

[8] **NOTIFY** the SM/SED that notifications are complete.

Initial Time

APPENDIX B
TVA Initial Notification for Site Area Emergency

TVA INITIAL NOTIFICATION FOR SITE AREA EMERGENCY

1. ☐ This is a Drill ☐ This is an Actual Event - Repeat - This is an Actual Event
2. This is SED _____, Sequoyah has declared a **SITE AREA EMERGENCY**
affecting: ☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2
3. EAL Designator(s): _____
4. Brief Description of the Event: _____

5. Radiological Conditions: (Check one box under each Airborne AND Liquid column.)
- | <u>Airborne Releases Offsite</u> | <u>Liquid Releases Offsite</u> |
|---|---|
| <input type="checkbox"/> Minor releases within federally approved limits ¹ | <input type="checkbox"/> Minor releases within federally approved limits ¹ |
| <input type="checkbox"/> Releases above federally approved limits ¹ | <input type="checkbox"/> Releases above federally approved limits ¹ |
| <input type="checkbox"/> Release information not known | <input type="checkbox"/> Release information not known |
| (¹ Tech Specs) | (¹ Tech Specs) |
6. Event Declared: Time: _____ Date: _____
7. Provide Protective Action Recommendation: ☐ None
8. Please repeat back the information you have received to ensure accuracy.
9. Time and Date this information was provided _____/_____/_____

Action: When completed, FAX this information.

APPENDIX C
SITE AREA EMERGENCY FOLLOW-UP INFORMATION

1. ☐ THIS IS A REAL EVENT ☐ THIS IS A DRILL
2. There has been a **SITE AREA EMERGENCY** declared at Sequoyah affecting:
☐ Unit 1 ☐ Unit 2 ☐ Both Unit 1 and Unit 2
3. **Reactor Status:** Unit 1: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
 Unit 2: ☐ Shut Down ☐ At Power ☐ Refueling ☐ N/A
4. **Additional EAL Designators** _____
5. **Significant Changes in Plant Conditions:** _____

6. **Significant Changes in Radiological Conditions:** _____

7. **Offsite Protective Action Recommendation:**
☐ None
8. **Onsite Protective Actions:** Assembly and Accountability ☐ No ☐ Initiated ☐ Completed
 Site Evacuation ☐ No ☐ Initiated ☐ Completed
9. **The Meteorological Conditions are:** Wind Speed: _____ m.p.h.
(Use 46 meter data on the Met Tower) Wind Direction is from: _____ degrees
10. **Event Terminated: Date/Time** _____
11. **Please repeat back the information you have received to ensure accuracy.**
12. **FAX to ODS at 5-751-8620 or CECC Director at 5-751-1682 after completing the notification.**
- Completed by: _____, Date/Time _____