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May 5, 2003

U.S. Nuclear Regulatory Commission
Document Control Desk
Washington, DC 20555
Attn: Mr. Robert Clark (Mail Stop O-8-E9)
Project Directorate I-1

Subject: Revision to Emergency Plan Implementing Procedures
R.E. Ginna Nuclear Power Plant
Docket No. 50-244

Gentlemen:

In accordance with 10 CFR 50.4(b)(5), enclosed is a revisions to Ginna Station Emergency Plan Implementing Procedures (EPIP).

We have determined, per the requirements of 10 CFR 50.54(q), that the procedure changes do not decrease the effectiveness of our Nuclear Emergency Response Plan.

Very truly yours,

Richard J. Watts

Richard J. Watts
Manager, Nuclear Training Department

Enclosures

xc: USNRC Region 1 (2 copies of letter and 2 copies of each procedure)
Resident Inspector, Ginna Station (1 copy of letter and 1 copy of each procedure)
RG&E Nuclear Safety and Licensing (1 copy of letter)
Dr. Robert C. Mecredy (2 copies of letter only)

RJW/jtw

A045

PROCEDURE	REVISION NUMBER
EPIP 1-4	6
EPIP 1-5	52
EPIP 1-10	11
EPIP 1-18	6
EPIP 2-1	20
EPIP 2-9	7

INPUT PARAMETERS: TYPE: PREPIP STATUS VALUE(S): EF 5 YEARS ONLY:

PREPIP EMERGENCY PLAN IMPLEMENTING PROCEDURE

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-1-0	GINNA STATION EVENT EVALUATION AND CLASSIFICATION	030	03/20/2003	03/20/2003	03/20/2008	EF
EPIP-1-1	UNUSUAL EVENT	003	11/02/2001	11/02/2001	11/02/2006	EF
EPIP-1-2	ALERT	004	11/02/2001	11/02/2001	11/02/2006	EF
EPIP-1-3	SITE AREA EMERGENCY	005	12/09/1996	04/09/2003	04/09/2008	EF
EPIP-1-4	GENERAL EMERGENCY	006	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-1-5	NOTIFICATIONS	054	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-1-6	SITE EVACUATION	015	12/03/2002	12/03/2002	12/03/2007	EF
EPIP-1-7	ACCOUNTABILITY OF PERSONNEL	009	11/02/2001	11/02/2001	11/02/2006	EF
EPIP-1-8	SEARCH AND RESCUE OPERATION	005	12/20/2001	12/20/2001	12/20/2006	EF
EPIP-1-9	TECHNICAL SUPPORT CENTER ACTIVATION	023	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-1-10	OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION	012	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-1-11	SURVEY CENTER ACTIVATION	029	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-1-12	REPAIR AND CORRECTIVE ACTION GUIDELINES DURING EMERGENCY SITUATIONS	009	12/20/2001	12/20/2001	12/20/2006	EF
EPIP-1-13	LOCAL RADIATION EMERGENCY	004	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-1-15	USE OF THE HEALTH PHYSICS NETWORK HPN	005	04/24/1996	03/03/1999	03/03/2004	EF
EPIP-1-16	RADIOACTIVE LIQUID RELEASE TO LAKE ONTARIO OR DEER CREEK	005	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-1-17	PLANNING FOR ADVERSE WEATHER	003	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-1-18	DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS	007	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-2-1	PROTECTIVE ACTION RECOMMENDATIONS	020	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-2-2	OBTAINING METEOROLOGICAL DATA AND FORECASTS AND THEIR USE IN EMERGENCY DOSE A	013	12/03/2002	12/03/2002	12/03/2007	EF
EPIP-2-3	EMERGENCY RELEASE RATE DETERMINATION	015	07/01/2002	07/01/2002	07/01/2007	EF
EPIP-2-4	EMERGENCY DOSE PROJECTIONS - MANUAL METHOD	013	07/20/2001	07/20/2001	07/20/2006	EF
EPIP-2-5	EMERGENCY DOSE PROJECTIONS PERSONAL COMPUTER METHOD	014	05/15/2002	05/15/2002	05/15/2007	EF
EPIP-2-6	EMERGENCY DOSE PROJECTIONS - MIDAS PROGRAM	012	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-2-7	MANAGEMENT OF EMERGENCY SURVEY TEAMS	011	08/09/2002	08/09/2002	08/09/2007	EF
EPIP-2-8	VOLUNTARY ACCEPTANCE OF EMERGENCY RADIATION EXPOSURE	005	05/16/2000	05/16/2000	05/16/2005	EF
EPIP-2-9	ADMINISTRATION OF POTASSIUM IODIDE (KI)	007	05/05/2003	05/05/2003	05/05/2008	EF
EPIP-2-10	INPLANT RADIATION SURVEYS	004	08/09/2002	08/09/2002	08/09/2007	EF
EPIP-2-11	ONSITE SURVEYS	019	05/15/2002	05/15/2002	05/15/2007	EF
EPIP-2-12	OFFSITE SURVEYS	022	05/15/2002	05/15/2002	05/15/2007	EF

INPUT PARAMETERS: TYPE: PREPIP STATUS VALUE(S): EF 5 YEARS ONLY:

PREPIP EMERGENCY PLAN IMPLEMENTING PROCEDURE

PROCEDURE NUMBER	PROCEDURE TITLE	REV	EFFECT DATE	LAST REVIEW	NEXT REVIEW	ST
EPIP-2-13	IODINE AND PARTICULATE ACTIVITY DETERMINATION FROM AIR SAMPLES	008	07/27/1999	07/27/1999	07/27/2004	EF
EPIP-2-14	POST PLUME ENVIRONMENTAL SAMPLING	015	10/08/2002	10/08/2002	10/08/2007	EF
EPIP-2-15	POST PLUME EVALUATION OF OFFSITE DOSES DUE TO DEPOSITION	006	10/08/2002	10/08/2002	10/08/2007	EF
EPIP-2-16	CORE DAMAGE ESTIMATION	013	12/03/2002	12/03/2002	12/03/2007	EF
EPIP-2-17	HYPOTHETICAL (PRE-RELEASE) DOSE ESTIMATES	007	03/01/2002	03/01/2002	03/01/2007	EF
EPIP-2-18	CONTROL ROOM DOSE ASSESSMENT	014	05/15/2002	05/15/2002	05/15/2007	EF
EPIP-3-1	EMERGENCY OPERATIONS FACILITY (EOF) ACTIVATION AND OPERATIONS	021	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-3-2	ENGINEERING SUPPORT CENTER (ESC)	010	08/09/2002	08/09/2002	08/09/2007	EF
EPIP-3-3	IMMEDIATE ENTRY	009	12/03/2002	12/03/2002	12/03/2007	EF
EPIP-3-4	EMERGENCY TERMINATION AND RECOVERY	009	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-3-7	SECURITY DURING EMERGENCIES	010	10/08/2002	10/08/2002	10/08/2007	EF
EPIP-4-1	PUBLIC INFORMATION RESPONSE TO AN UNUSUAL EVENT	006	02/13/1998	02/13/1998	02/13/2003	EF
EPIP-4-3	ACCIDENTAL ACTIVATION OF GINNA EMERGENCY NOTIFICATION SYSTEM SIRENS	011	10/08/2002	10/08/2002	10/08/2007	EF
EPIP-4-6	JOINT EMERGENCY NEWS CENTER ACTIVATION	009	08/31/2001	08/31/2001	08/31/2006	EF
EPIP-4-7	PUBLIC INFORMATION ORGANIZATION STAFFING	022	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-4-8	SILENT TESTING OF THE GINNA SIRENS	001	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-4-9	ACTIVATION OF GINNA EMERGENCY SIRENS FROM THE TECHNICAL SUPPORT CENTER	001	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-4-10	SILENT TESTING OF THE GINNA SIRENS FROM THE COUNTY ACTIVATION POINTS	000	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-4-11	ACTIVATION OF THE GINNA SIRENS FROM THE COUNTY ACTIVATION POINTS	000	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-5-1	OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AN	027	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-5-2	ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND	030	02/25/2003	02/25/2003	02/25/2008	EF
EPIP-5-5	CONDUCT OF DRILLS AND EXERCISES	014	07/01/2002	07/01/2002	07/01/2007	EF
EPIP-5-6	ANNUAL REVIEW OF NUCLEAR EMERGENCY RESPONSE PLAN (NERP)	004	05/28/1999	05/28/1999	05/28/2004	EF
EPIP-5-7	EMERGENCY ORGANIZATION	039	03/03/2003	03/03/2003	03/03/2008	EF
EPIP-5-9	TESTING THE OFF HOURS CALL-IN PROCEDURE AND QUARTERLY TELEPHONE NUMBER CHECK	007	10/08/2002	10/08/2002	10/08/2007	EF
EPIP-5-10	EMERGENCY RESPONSE DATA SYSTEM (ERDS)	007	12/03/2002	12/03/2002	12/03/2007	EF
NERP	GINNA STATION NUCLEAR EMERGENCY RESPONSE PLAN	021	10/17/2001	10/17/2002	12/09/2005	EF

PREPIP TOTAL: 57

GRAND TOTAL: 57

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-4 REV. NO. 6

GENERAL EMERGENCY

RESPONSIBLE MANAGER

05/05/03

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 4 PAGES

EPIP 1-4

GENERAL EMERGENCY

1.0 **PURPOSE:**

To describe the actions to be implemented following classification of a General Emergency.

2.0 **RESPONSIBILITY:**

The Shift Supervisor is responsible for implementing this procedure until relieved by the TSC Emergency Coordinator or EOF/Recovery Manager.

3.0 **REFERENCES:**

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 EPIP 5-7, Emergency Organization

3.1.3 EPIP 1-0, Ginna Station Event Evaluation and Classification

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

3.2 Implementing Procedures

3.2.1 EPIP 1-5, Notifications

3.2.2 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.3 EPIP 3-4, Emergency Termination and Recovery

3.2.4 EPIP 5-7, Emergency Organization

3.2.5 0-9.3, NRC Immediate Notification

3.2.6 IP-CAP-1, Abnormal Condition Tracking Initiation or Notification (ACTION) Report

3.2.7 EPIP 1-6, Site Evacuation

3.2.8 EPIP 2-1, Protective Action Recommendations

4.0 PRECAUTIONS:

None

5.0 PREREQUISITES:

A General Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.0 ACTIONS:

6.1 **Initial Actions**

6.1.1 Announce to personnel that you have assumed the duties of Emergency Coordinator.

6.1.2 Direct control room personnel to use appropriate plant procedures to limit or correct the condition.

6.1.3 Direct an operator to make the following announcement over the page system:

"Attention all personnel. A General Emergency has been declared. All personnel with emergency duties report to your duty locations. All other personnel stand by and await further instructions."

6.1.4 Refer to EPIP 1-6 Site Evacuation and EPIP 2-1, Protective Action Recommendations.

6.1.5 Direct a control room communicator to implement EPIP 1-5, Notifications.

CAUTION

NEW YORK STATE, WAYNE COUNTY, AND MONROE COUNTY MUST BE NOTIFIED WITHIN 15 MINUTES OF CLASSIFICATION.

CAUTION

THE NRC MUST BE NOTIFIED WITHIN ONE HOUR OF CLASSIFICATION.

6.1.6 Direct the following personnel to take KI in accordance with EPIP 2-9:

- all emergency workers onsite;
- all survey team members; and
- all employees on plant property.

6.1.7 Check that Control Room Ventilation System is in recirculation mode. (Depress Control Room Manual Isolation Red push button).

6.1.8 Direct personnel to complete their job responsibilities in accordance with EPIP 5-7, Emergency Organization:

a. Emergency Coordinator
b. Control Room Operators
c. Shift Technical Advisor
d. Control Room Communicator
e. On-Shift Radiation Protection Technician
f. Auxiliary Operators

6.2 Subsequent Actions

6.2.1 Activate additional emergency response functions to respond to the event, as necessary.

6.2.2. Continuously monitor plant conditions and evaluate the event in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification.

6.2.3 Update New York State, Wayne County, and Monroe County at least every 30 minutes in accordance with EPIP 1-5, Notifications.

6.2.4 If plant status changes, keep New York State, Wayne County, Monroe County and the NRC Headquarters Communication Officer informed of significant changes.

6.3 Close Out

6.3.1 When conditions permit, declassify the event in accordance with EPIP 3-4, Emergency Termination and Recovery.

6.3.2 Perform a verbal close out of the event with New York State, Wayne County, Monroe County, NRC Headquarters Communication Officer and others notified during the event.

6.3.3 Refer to IP-CAP-1 and O-9.3 for reporting requirements.

6.3.4 A written summary will be submitted to the NRC within 8 hours of event closeout.

7.0 **ATTACHMENTS**:

None.

ROCHESTER GAS & ELECTRIC CORPORATION

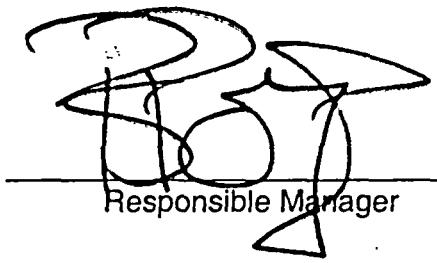
GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-5

Revision Number 54

NOTIFICATIONS



Responsible Manager

05/05/03

Effective Date

Category 1.0

This procedure contains 24 pages

EPIP 1-5

NOTIFICATIONS

1.0 PURPOSE

The purpose of this procedure is to specify the means by which notifications are made to station personnel for all emergency action levels, to expedite the notification of selected RG&E personnel to augment the emergency response organization and notify offsite agencies.

2.0 RESPONSIBILITY

2.1 The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager is responsible for making the decision to notify offsite agencies.

2.2 Ginna Station Control Room personnel are responsible for implementing this procedure.

2.3 Community Alert Network (CAN) is responsible for activating the onsite/offsite responders.

2.4 The Corporate Nuclear Emergency Planner is responsible for maintaining the station call lists up to date on a quarterly basis.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.2 EPIP 2-1, Protective Action Recommendations (PARs)

3.2.3 O-9.3, NRC Immediate Notification

3.2.4 10 CFR 26, Fitness for Duty Programs

3.2.5 P-9, Radiation Monitoring System

3.2.6 EPIP 2-2, Obtaining Meteorological Data and Forecasts and their use in Emergency Dose Assessment

3.2.7 ER-SC.9, Security Event Plan

3.2.8 EPIP 4-7, Public Information Organization Staffing

3.2.9 EPIP 5-7, Emergency Organization

4.0 **PRECAUTIONS**

4.1 New York State, Wayne and Monroe Counties must be notified of all Emergency Classifications within 15 minutes of a declaration.

4.2 The Licensee should notify the USNRC immediately after notification of the appropriate State and local agencies but the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes.

4.3 Attachment 4 is a specialized list of resources that are available during an emergency.

5.0 **PREREQUISITES**

An Emergency has been declared in accordance with EPIP 1-0, Ginna Station Event Evaluation and Classification or offsite assistance has been requested by RG&E personnel.

6.0 **ACTIONS**

6.1 **Shift Supervisor, Emergency Coordinator, EOF/Recovery Manager**

6.1.1 Ensure that notifications of all emergency declarations to New York State, Wayne and Monroe Counties are made within 15 minutes of declaring an emergency, in accordance with Attachment 3.

6.1.2 The licensee should notify the USNRC immediately after notification of the appropriate State or local agencies and the notification shall not be later than one hour after the time the licensee declares one of the Emergency Classes using procedure O-9.3 "NRC Immediate Notification".

6.1.3 If Control Room is unable to complete notifications, notify Emergency Preparedness representative.

Peter Polfleit	Business	6772
	Home	315-524-7101
	Pager	585-527-2207
	Cellular	585-315-1201

OR

Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	585-527-3650
	Cellular	585-315-1277

OR

Tim Laursen	Business	6185
	Home	585-396-1149
	Pager	585-528-5982
	Cellular	585-315-1854

OR

Richard Watts	Business	8706
	Home	585-425-2644
	Pager	585-527-3749
	Cellular	585-315-1204

OR

Jill Willoughby	Business	4033
	Home	585-787-9075
	Pager	585-528-3295
	Cellular	585-315-1205

6.1.4 Upon notification of an Unusual Event at Ginna Station, direct the control room personnel to implement section 6.2.1 of this procedure. If the event is an Alert or higher, implement section 6.2.2.

6.1.5 If additional assistance is required, refer to the NOG E-Plan phone list (in the RG&E telephone directory) in the Control Room and all Emergency Response Facilities, for phone numbers of emergency response personnel.

6.2 **Control Room Personnel**

6.2.1 Unusual Event - Go to Attachment 1

6.2.2 Alert Classification or Higher - Go to Attachment 2

6.2.3 When offsite assistance has been requested - Go to Attachment 5

7.0 **ATTACHMENTS**

1. Unusual Event Notifications
2. Alert or Higher Notifications
3. Instructions for New York State Radiological Emergency Data Form

3a. New York State Radiological Emergency Data Form (Part I)

3b. New York State Radiological Emergency Data Form (Part II)

3c. Instructions for Event 1 and Event 2 Printouts and Plant Status Report

3d. Event 1 Supplemental Information Form

3e. Plant Status Report (PPCS not available)

7.0 **ATTACHMENTS** (Cont'd.)

4. Specialized Resource List

5. Notifications When Offsite Assistance Has Been Requested

6. Emergency Planning Contingency Notification

6. Management Notification Roster
(This attachment is controlled by Nuclear Emergency Preparedness. It is not included as part of the distributed procedure)

UNUSUAL EVENT NOTIFICATIONS

1. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a.** Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.

2. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification

3. Activate the following positions by stating the following:

"We have an UNUSUAL EVENT at Ginna Station based on

_____

(Initiating Condition)

Please report to the Technical Support Center. The event was declared at _____ hrs. We need to remind you of the Fitness for Duty Requirements. Are you available to report for Duty at this time? If not, we are requesting that you standby so you can be notified for the next call in shift".

A TSC Manager: Report to the TSC to support the Control Room with offsite communications.

	Joe Widay	Business	3250	Will Report (YES/NO)
		Home	585-586-2679	
		Pager	585-528-3977	
		Cellular	585-315-0343	
OR				
	Dick Marchionda	Business	3699	Will Report (YES/NO)
		Home	315-926-0324	
		Pager	585-464-4403	
		Cellular	585-315-0344	
OR				
	Jack St. Martin	Business	3641	Will Report (YES/NO)
		Home	585-586-5676	
		Pager	585-464-5287	
		Cellular	585-315-0803	

UNUSUAL EVENT NOTIFICATIONS

B. Technical Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Ron Ploof	Business	3673	Will Report (YES/NO)
	Home	585-381-9379	
	Pager	585-783-7872	
	Cellular	585-315-0551	
OR			
Brian Flynn	Business	3734	Will Report (YES/NO)
	Home	585-293-1565	
	Pager	585-464-5134	
	Cellular	585-315-0550	
OR			
Terry White	Business	3667	Will Report (YES/NO)
	Home	585-346-2575	
	Pager	585-464-7382	
	Cellular	585-315-0345	

C. Operations Assessment Manager: Report to the TSC to support the Control Room with offsite communications.

Peter Bamford	Business	3832	Will Report (YES/NO)
	Home	585-924-0490	
	Pager	585-528-3166	
	Cellular	585-315-1242	
OR			
Pete Sidelinger	Business	3314	Will Report (YES/NO)
	Home	585-671-3198	
	Pager	585-463-9830	
OR			
Bill Everett	Business	3812	Will Report (YES/NO)
	Home	315-589-8156	
	Pager	585-527-7461	
	Cellular	585-315-0359	

D. NRC Resident Inspector: Informational call only

Ken Kolaczyk	Business	3265
	Home	585-924-5187
	Pager	1-800-944-2337 (then dial personal ID# 53133)
	Cellular	610-960-8300
Mark Marshfield	Business	3265
	Home	585-839-9250
	Pager	1-800-944-2337 (then dial personel ID# 54797)
	Cellular	585-510-6745

UNUSUAL EVENT NOTIFICATIONS

E. Notify Nuclear Emergency Preparedness:

"This is the Ginna Control Room. We have declared an Unusual Event. Can you be the Emergency Planning contact? Your duties are: (a) Inform the government officials; (b) inform Public Relations; (c) contact the PSC; and (d) contact the financial department."

Peter Polfleit	Business	6772
	Home	315-524-7101
	Pager	585-527-2207
	Cellular	585-315-1201
OR		
Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	585-527-3650
	Cellular	585-315-1277
OR		
Tim Laursen	Business	6185
	Home	585-396-1149
	Pager	585-528-5982
	Cellular	585-315-1854
OR		
Richard Watts	Business	8706
	Home	585-425-2644
	Pager	585-527-3749
	Cellular	585-315-1204
OR		
Jill Willoughby	Business	4033
	Home	585-787-9075
	Pager	585-528-3295
	Cellular	585-315-1205

4. If the Unusual Event lasts greater than one (1) hour, report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center each hour from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

ALERT OR HIGHER NOTIFICATIONS

1. Contact Community Alert Network (CANs) at 9-1-800-552-4226 (or at their back-up number of 9-1-518-862-0411). Inform the CAN operator of the following information to activate the system:

   a. This is _____. I am the Ginna Control Room Communicator at RG&E.
   (your name)

   b. My password is: Brookwood

   c. My callback number is: _____

   d. This is (circle one): an Actual Event a Drill

   e. This Emergency Classification declared at: _____
   (Time from RECS form)

   f. Message to deliver (circle one):

   Drill Alert Site Area Emergency General Emergency

   g. Ginna responders report to (circle one):

   Normal locations Ontario Fire Department Exempt Hall

   h. My current time is:_____. Please start notifications now.

2. Report information to NEW YORK STATE, WAYNE and MONROE counties within 15 minutes of declaring the emergency via RECS Line using **New York State Radiological Emergency Data Form (Part I) Attachment 3a.** Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center.

3. Notify Nuclear Emergency Preparedness.

   "This is the Ginna Control Room. We have declared a _____. Can you be the Emergency Planning contact? Your duties are: (a) contact the PSC; (b) verify actuation of the emergency response organization" and (c) if necessary, contact Wayne County 911 dispatcher to ensure firemen's exempt hall is being opened for responders to stage. (EP will refer to Attachment 6 for contingency notifications.)

Peter Polfleit	Business	6772
	Home	315-524-7101
	Pager	585-527-2207
	Cellular	585-315-1201
OR		
Frank Cordaro	Business	3108
	Home	315-524-2924
	Pager	585-527-3650
	Cellular	585-315-1277

ALERT OR HIGHER NOTIFICATIONS (Continued)

OR			
	Tim Laursen	Business	6185
		Home	585-396-1149
		Pager	585-528-5982
		Cellular	585-315-1854
OR			
	Richard Watts	Business	8706
		Home	585-425-2644
		Pager	585-527-3749
		Cellular	585-315-1204
OR			
	Jill Willoughby	Business	4033
		Home	585-787-9075
		Pager	585-528-3295
		Cellular	585-315-1205

4. Notify USNRC immediately after the notification of the State and Counties, using procedure O-9.3, NRC Immediate Notification

5. NRC Resident Inspector: Informational call only

Ken Kolaczyk	Business	3265
	Home	585-924-5187
	Pager	1-800-944-2337 (then dial personal ID# 53133)
	Cellular	610-960-8300
Mark Marshfield	Business	3265
	Home	585-839-9250
	Pager	1-800-944-2337 (then dial personel ID# 54797)
	Cellular	585-510-6745

6. If the Alert of higher lasts greater than 30 minutes report information using the **New York State Radiological Emergency Data Forms (Part I) Attachment 3a** to New York State, Wayne County, Monroe County every 30 minutes from the time the previous notification was made. Fax the **New York State Radiological Emergency Data Form (Part I) Attachment 3a** to New York State, Wayne County, Monroe County, TSC, EOF, Survey Center and Joint Emergency News Center after each report.

7. Notify Energy Operations (8944) that Ginna has an emergency and to implement procedures to increase reliability of power to Ginna.

8. If requested by the TSC or EOF, the Control Room will fax the Event 1 Supplemental Information Form, Attachment 3d to the TSC and EOF.

NOTE: EVENT 1 AND EVENT 2 PRINTOUTS SHOULD NOT BE TRANSMITTED BY THE CONTROL ROOM, BUT SHOULD BE FAXED BY THE TSC ADMINISTRATIVE/COMMUNICATIONS STAFF WHEN IT IS SUFFICIENTLY STAFFED TO DO SO.

9. Refer to Attachment 3c for Event 1 and Event 2 instructions.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM

1. The **New York State Radiological Emergency Data Form, (Part I) Attachment 3a** should be filled out with the assistance of the Emergency Coordinator or EOF/Recovery Manager and Radiation Protection personnel.

2. At the upper right hand corner of the form, number each notification form sequentially.

3. When information has changed from the previous notification, check the box for that item.

4. For training and drills/exercise, circle "B" - An Exercise. For actual events, circle "A" - NOT An Exercise.

5. <u>Fill out the form using the following instructions</u>:

Block 1 Fill in the date and time that the message is transmitted. Select A or B, depending on the method the RECS will be transmitted.

WHEN THE FORM IS COMPLETED, report the information on the completed **New York State Radiological Emergency Data Form (Part I), Attachment 3a,** to New York State, Wayne and Monroe Counties within 15 minutes of declaring the emergency using the RECS line.

a. Pick up the receiver and depress "A" then "*" for all call. Wait 5 seconds then depress the "Push to Talk" bar on the handset and state:

"This is Ginna Station. Please standby for roll call."
"New York State" (wait for response)
"Monroe County" (wait for response)
"Wayne County" (wait for response)

b. Report the information by reading the statement number and the statement including the designation letter (e.g., "Item four, Classification "A" Unusual Event").

c. Upon completion of transmitting the information perform roll call. Reset the system by depressing "A" then "#".

d. Hang up receiver.

If the RECS line is Out Of Service (OOS) and OTHER is selected, note the method (phone) and perform the following:

Call Wayne County at 9-1-315-946-9711 (Wayne County Warning Point). Inform Wayne County "This is a Ginna Emergency. Please hold while we connect Monroe County and New York State". Press the conference button on the telephone.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

Call Monroe County at 9-528-2222 (Monroe County Warning Point). Inform Monroe County "This is a Ginna emergency." Press the conference button on the telephone. Wayne and Monroe Counties should now be connected.

Roll call: Wayne County _____ Monroe County _____

"Please hold while we connect New York State". Press the conference button on the telephone.

Call New York State at 9-1-518-457-2200 (New York State Warning Point). Inform New York State "This is a Ginna emergency." Press the conference button on the telephone. Wayne County, Monroe County and New York State should all be connected.

Block 2 Circle A or B

Block 3 Ginna is the facility providing the information. Nothing further is needed in this box.

Block 4 Circle the appropriate Emergency Classification. The Emergency Coordinator (TSC) or EOF/Recovery Manager (EOF) will provide this information.

Block 5 Fill in the date and time that the Emergency Classification was declared. This will normally be in the Control Room, Emergency Coordinator's or EOF/Recovery Manager's log.

Block 6 Check effluent monitor readings against the release rate limits given in the table below. Circle the appropriate release information. For unmonitored release determination, have the Shift RP Technician or the Dose Assessment Manager assist in assessment.

Monitor	No Release	Release BELOW federally approved operating limits	Release ABOVE federally approved operating limits[1]
R-11 (During outage when CV purge in progress)	Not on Alarm	Dampers or fans not tripped and: • 1 fan, monitor on Alarm and <6.91E4 cpm OR • 2 fans, monitor on Alarm and <7.06E4 cpm	Dampers or fans not tripped and: • 1 fan and monitor ≥6.91E4 cpm OR • 2 fans and monitor ≥7.06E4 cpm
R-12 (During outage when CV purge in progress)	Not on Alarm	Dampers not tripped and: • 1 fan, monitor on Alarm and <3.71E6 cpm OR • 2 fans, monitor on Alarm and <2.68E6 cpm	Dampers not tripped and: • 1 fan and monitor ≥3.71E6 cpm OR • 2 fans and monitor ≥2.68E6 cpm

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS (Cont'd.)

Monitor	No Release	Release BELOW federally approved operating limits	Release ABOVE federally approved operating limits*
R-13	Not on Alarm	On Alarm and <1.17E4 cpm	On Alarm and ≥1.17E4 cpm
R-14	Not on Alarm	On Alarm and <3.05E5 cpm	On Alarm and ≥3.05E5 cpm
R-15	Not on Alarm	On Alarm and <1.47E+05 cpm	≥1.47E+05 cpm
R-18	Not on Alarm	On Alarm AND <1.80E+05 cpm AND release not isolated	≥1.80E+05 cpm AND release not isolated
R-20A	Not on Alarm	On Alarm and <2.04E+04 cpm	≥2.04E+04 cpm
R-20B	Not on Alarm	On Alarm and <2.60E+03 cpm	≥2.60E+03 cpm
R-21**	Not on Alarm	On Alarm AND <2.50E+04 cpm AND release not isolated	≥2.50E+04 cpm AND release not isolated
R-22**	Not on Alarm	On Alarm AND <4.60E+04 cpm AND release not isolated	≥4.60E+04 cpm AND release not isolated
R-31	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	≥1.00E-01 mRad/hr
R-32	Not on Alarm	On Alarm and <1.00E-01 mRad/hr	≥1.00E-01 mRad/hr

(1) Release rate limit in procedure P-9.

- **Unmonitored release requiring evaluation** - select this if there is an unmonitored release and it has not been quantified.

** R-21 and R-22 have no remote indications in the Control Room or on PPCS. MCB annunciators AA-2 and K-27 may indicate a possible release; however, local observation must be performed.

NOTE: **PROTECTIVE ACTION RECOMMENDATIONS ARE ONLY REQUIRED AT A GENERAL EMERGENCY CLASSIFICATION.**

Block 7 Circle the appropriate PAR. The Emergency Coordinator and/or the EOF Recovery Manager will use EPIP 2-1, Protective Action Recommendations (PAR's). PAR's only reflect RG&E's recommendations, **NOT THE ACTIONS IMPLEMENTED BY OFFSITE COUNTY OFFICIALS.**

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

Block 8 Fill in the EAL # from EPIP 1-0 that the Emergency Classification is based on. The Emergency Coordinator and/or EOF Recovery manager can provide that information, if necessary.

If declaring an event due to ER-SC.9, include a brief explanation of the event.

Block 9 Determine plant status and circle the appropriate condition.

Block 10 Select A, Not Applicable, if the reactor is **NOT SHUTDOWN** or select B and fill in the date and time if the **REACTOR WAS SHUTDOWN.** Reactor shutdown time is the time the reactor trip breakers are opened. When the reactor trips, a red "Event" message appears next to the time in the upper right hand corner of the screen. To find the reactor trip time, click on SPDS in the upper left hand corner of the screen. Select "normal ops" and the trip time is displayed.

Block 11 Determine wind speed preferably at 33 foot level.

NOTE: THE WIND SPEED INDICATOR AT THE 33 FOOT LEVEL IS DESIGNED TO MEASURE ONLY TO 50 MILES PER HOUR.

Obtain wind speed using the plant process computer (PPCS).

OR

If the PPCS is not available, use the Control Room wind speed indication on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 12 Determine wind direction preferably at 33 foot level as it was taken from PPCS and/or Control Room weather data instrumentation and fill in the wind direction and elevation.

Obtain wind direction using the plant process computer (PPCS)

OR

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 13 Fill in temperatures from the 250 foot and 33 foot levels and calculate stability class. Circle the appropriate stability class (Unstable, Neutral, Stable).

If the PPCS is not available, use the Control Room wind direction on the RMS rack.

OR

The Radiation Protection Shift Technician or Dose Assessment Manager will determine the weather and stability class in accordance with procedure EPIP 2-2.

Block 14 If Ginna responders are responding to the Ontario Fire Department Exempt Hall, check the box to notify Wayne County to have the Ontario Fire Department open the Exempt Hall.

Fill in the name of the communicator reporting the information. Fill in the call back area code and telephone number. Return to BLOCK 1 and report information via RECS or other means, as necessary.

INSTRUCTIONS FOR NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (Cont'd.)

6. The communicator will initial the "prepared by" line at the bottom of the form. The Shift Supervisor, Emergency Coordinator or EOF/Recovery Manager will approve the form at the bottom prior to transmission. The communicator will ensure all forms are sent to the Corporate Nuclear Emergency Planner (CNEP) at the conclusion of the event.

7. Data in items 15 through 20 of the **New York State Radiological Emergency Data Form (Part II), Attachment 3b**, should be filled out by the TSC/EOF Dose Assessment group and transmitted by fax as information becomes available from the TSC/EOF. The form is transmitted via fax after there has been a release above release limits (see Attachment 3a, Block 6).

8. Fax all **New York State Radiological Emergency Data Forms** to the following using the instructions on the fax machine:

Wayne County	9-1-315-946-9721
Monroe County	9-256-6355
New York State	9-1-518-457-9942
TSC	3927
EOF/JENC	9-262-5788
Survey Center	3612
Engineering Support Center	3774

9. When a County or the State request to be notified only if conditions change or when the event is terminated, check with the State/County warning points to see if they agree. If they all agree, note this in section 8 of the next Part I Form notification. The facility with command and control will inform the other RG&E response facilities of the status of notifications. Perform a notification when conditions change or the event is terminated.

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART I)

RECS message number _____

"This is Ginna Station. Please stand by for roll call." "New York State" ☐ "Monroe County" ☐ "Wayne County" ☐

1. Message transmitted at:

   Date _____ Time _____ Via: A. RECS B. Other _____

2. This is:

   A. NOT an exercise B. An exercise

3. Facility providing information: C. Ginna

4. Classification:
☐ check box if information has changed

   A. UNUSUAL EVENT
   B. ALERT
   C. SITE AREA EMERGENCY
   D. GENERAL EMERGENCY
   E. EMERGENCY TERMINATED
   F. RECOVERY

5 Classification Time:
☐ check box if information has changed

This Emergency Classification declared at: Date _____ Time _____

6 Release of Radioactive Materials due to the Classified Event:
☐ check box if information has changed

   A. No Release
   B. Release BELOW federally approved operating limits (technical specifications)
      ☐ to atmosphere ☐ to water
   C. Release ABOVE federally approved operating limits (technical specifications)
      ☐ to atmosphere ☐ to water
   D. Unmonitored release requiring evaluation

7. Protective Action RECOMMENDATIONS: (Refer to EPIP 2-1)
☐ check box if information has changed

   A. No need for Protective Actions outside the site boundary
   B. Evacuate and implement the KI plan for the following ERPAs

   W1 W2 W3 W4 W5 W6 W7 M1 M2 M3 M4 M5 M6 M7 M8 M9

   C. Shelter all remaining ERPAs

8. Brief Event Description:
☐ check box if information has changed
EAL # _____

9 Plant Status:
☐ check box if information has changed

   A. Stable
   B. Improving
   C. Degrading
   D. Hot Shutdown
   E. Cold Shutdown

10. Reactor Shutdown: (subcritical)
☐ check box if information has changed

   A. Not Applicable B. Date _____ Time _____

11. Wind Speed:
☐ check box if information has changed

   A. _____ Miles/hour at elevation _____ feet

12. Wind Direction:
☐ check box if information has changed

From: _____ degrees at elevation _____ feet

13. Stability Class:
☐ check box if information has changed

Unstable, Neutral, Stable

DO NOT REPORT
Stability Class Work Sheet

Temperature at 250 feet _____°F
Temperature at 33 feet _____°F
Temperature Difference _____°F

-1.74 -0.65
Unstable | Neutral | Stable
-3 -2 -1 0 1
Temperature Difference

14. Reported By:

Name _____

Area Code _____ Number _____

☐ Check box **TO WAYNE COUNTY ONLY**
Please contact the Ontario Fire Department and have them open the Exempt Hall for the Ginna responders.

"New York State copy?" ☐"Monroe County copy?" ☐"Wayne County copy?" ☐

FOR RG&E USE ONLY:

Time Prepared: _____ Time Approved: _____ **Completed form sent**
Prepared By: _____ Approved By: _____ **to EP – Ginna Training___**

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM (PART II)

Telefax this data form to: ☐ New York State ☐ Monroe County ☐ Wayne County

15. Message transmitted at:

Date _____ Time _____ Location/Facility Transmitted From: _____

16. General Release Information

A. Release > Tech Specs started: Date _____ Time _____
B. Release > Tech Specs expected to end: Date _____ Time _____ OR ☐ Unknown
C. Release > Tech Specs ended: Date _____ Time _____
D. Reactor Shutdown: N/A OR Date _____ Time _____
E. Wind Speed: _____ miles/hour at elevation _____ feet
F. Wind Direction from: _____ degrees at elevation _____ feet
G. Stability Class: PASQUILL A B C D E F G OR Other _____

17. Atmospheric Release Information

A. Release from: ☐ Ground ☐ Elevated
B. Iodine/Noble Gas Ratio _____
C. Total Release Rate _____ Ci/sec
D. Noble Gas Release Rate _____ Ci/sec
E. Iodine Release Rate _____ Ci/sec
F. Particulate Release Rate _____ Ci/sec

18. Waterborne Release Information

A. Volume of Release _____ gal or liters
B. Total Concentration _____ µCi/ml
C. Radionuclides in Release __
D. Total Activity Released _____

19. Dose Calculations (based on a release duration of _____ hours)

Calculation is based on (circle one) A. Inplant Measurements B. Field Measurements C. Assumed Source Term

Table below applies to (circle one) A. Atmosphere Release B. Waterborne Release

Distance	Xu/Q	Dose	
		TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
_____ Miles			

20. Field Measurements of Dose Rates or Surface Contamination/Disposition

Miles/Sector OR Miles/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate OR Contamination (Include Units)

FOR RG&E USE ONLY: Time Prepared: _____ **Time Approved:** _____
By: _____ **By:** _____

Completed form sent to EP - Ginna Training _____

INSTRUCTIONS FOR EVENT 1 AND EVENT 2 PRINTOUTS AND PLANT STATUS REPORT

1. Assure the Plant Process Computer System (PPCS) is operational. If PPCS is not operational, go to step 5.

NOTE: OBTAIN EVENT 1 AND EVENT 2 PRINTOUTS FROM THE COMPUTER ANALYST IF THAT POSITION IS STAFFED, OTHERWISE PERFORM THE FOLLOWING STEP.

2. From the top menu:
   Select "Emergency Plan Menu".
   Select "Group Event 1".
   Select "Report".
   Select "File" then "Print" or select the printer icon.

   From the top menu:
   Select "Emergency Plan Menu".
   Select "Group Event 2".
   Select "Report".
   Select "File" then "Print" or select the printer icon.

   Place printout in the Event 1 & 2 group trend log book

NOTE: EVENT 1 AND EVENT 2 GROUP TREND (GTLOG) SHOULD BE PRINTED EVERY 15 MINUTES.

3. Verify with the TSC computer analyst that the PPCX (plant computer data) is being transmitted to New York State, Wayne County and Monroe County via computer modem. If the PPCX (plant computer data) to offsite agencies is unavailable, perform step 2 and fax the printout to New York State, Wayne County and Monroe County.

4. If the PPCS is unavailable, the Plant Status Report (Attachment 3e) must be completed by the Control Room and faxed to the TSC for distribution to New York State, Wayne County, Monroe County and EOF.

5. When completing Attachment 3e, if the parameter is measurable (e.g. pressurizer level) use the numerical value. When the parameter is not measurable, the condition of any deviation from normal should be noted (e.g. core circulation - forced or natural).

EVENT 1 SUPPLEMENTAL INFORMATION FORM

61	Aux Feedwater System	_____Inservice	_____Standby	_____OOS
62	Safety Injection System	_____Inservice	_____Standby	_____OOS
63	Diesel Generators	_____Inservice	_____Standby	_____OOS
64	Containment Fan Cooler System	_____Inservice	_____Standby	_____OOS
65	Service Water System	_____Inservice	_____Standby	_____OOS
66	Post Accident Charcoal Filters	_____Inservice	_____Standby	_____OOS
67	Containment Spray Pumps	_____Inservice	_____Standby	_____OOS
68	Component Cooling System	_____Inservice	_____Standby	_____OOS
69	DC System	A_____v	B_____v	
70	NaOH Tank Level	_____%		

Time Completed:_____

Completed By: _____

PLANT STATUS REPORT (PPCS NOT AVAILABLE)

Plant Parameters		Plant Parameters		Radiation Monitoring	
Reactor Shutdown	YES/NO TIME	Auxiliary Feedwater System	_____ Inservice _____ Standby _____ OOS	R-1 Control Room	mRem/hr
RCS Pressure	PSIG	Safety Injection	_____ Inservice _____ Standby _____ OOS	R-2 Containment	mRem/hr
PRZR Level	%	Diesel Generators	_____ Inservice _____ Standby _____ OOS	R-9 Letdown	mRem/hr
Core Circulation	Forced/Natural	Service Water System	_____ Inservice _____ Standby _____ OOS	R-10 "A" Containment Iodine	CPM
Subcooled	°F	Cnmt Fan Coolers System	_____ Inservice _____ Standby _____ OOS	R-11 Containment Particulate	CPM
"A" S/G Level	%	Post Acc. Charcoal Filter	Damper Open / Damper Closed	R-12 Containment Gas	CPM
"B" S/G Level	%	Cnmt. Spray Cnmt. Spray Pumps	_____ Inservice _____ Standby _____ Inservice _____ Standby _____ OOS	R-10 "B" Plant Vent Iodine	CPM
"A" S/G Pressure	PSIG	Comp. Cooling System	_____ Inservice _____ Standby _____ OOS	R-13 Plant Vent Particulate	CPM
"B" S/G Pressure	PSIG	D.C. System	/ Volts	R-14 Plant Vent Gas	CPM
Safeguard	Train B (16/17) EDG/Turbine/Offsite	NaOH Tank Level	%	R-29 Containment High Range	R/hr
Offsite Power	Available/Unavailable	RWST Level	%	R-30 Containment High Range	R/hr
Cnmt Pressure	PSIG	B.A. Tank Level	%	R-15 Air Ejector Gas	CPM
Sump "A" Level	FT	Wind Speed	MPH	*R-12A SPING Containment Gas	µCi/cc
Sump "B" Level	IN	Wind Direction (From)	Degrees	*R14A SPING Plant Vent Gas	µCi/cc
RCS Temp	°F	Temperature 33 FT	°F	*R-15A SPING Air Ejector Gas	µCi/cc
RVLIS	%	Temperature 250 FT	°F	R-31 Steam Line "A"	mRem/hr
CET	°F	-		R-32 Steam Line "B"	mRem/hr

R/hr = Roentgen/Hour
µCi/cc =Microcuries/Cubic Centimeter
mRem/hr = millirem/Hour

*SPING Unit readings may be deleted if radiation monitors R-12 and R-14 onTime scale.

Date _____
Completed _____
Completed By _____

SPECIALIZED RESOURCE LIST

Department Of Energy

1.	Radiation Assistance Program Brookhaven Group Office		631-344-2200

Other

1.	Plant Protection Department Kodak Park		9-722-2122
2.	National Weather Service (Buffalo)		9-1-800-462-7751
3.	Helgeson Nuclear Services Inc		9-1-415-846-3453
4.	Institute of Nuclear Power Operations		9-1-800-321-0614
5.	American Nuclear Insurers		9-1-203-677-7305
6.	Emergency Preparedness Canada	Phone Fax	9-1-613-991-7000 9-1-613-996-0995

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

1. When offsite assistance has been requested activate:
   - Security
   - Nuclear Management
   - Emergency Planning

   Examples of initiating events that could require offsite assistance are:

   - Fire
   - Medical Emergency
   - Security Event
   - HAZMAT Incident
   - Natural Events (such as flooding, earthquakes or severe weather)

2. Security

   Contact Security at 3210, so that they can make preparations for the arrival of the emergency vehicles and personnel.

3. Nuclear Management

   Notify the following individuals:

   "This is the Ginna Control Room. We have requested offsite assistance from_____. Can you be the Nuclear Management contact for this event? Your duties are (a) act as the RG&E lead for this event and (b) act as the liaison between the Control Room and the corporation."

   Nuclear Management (One person required to respond)

	Joe Widay	Business	3250	Available (YES/NO)
		Home	585-586-2679	
		Pager	585-528-3977	
		Cellular	585-315-0343	
OR				
	Robert Popp	Business	3645	Available (YES/NO)
		Home	585-671-6818	
		Pager	585-527-7881	
		Cellular	585-315-0351	
OR				
	John Smith	Business	3525	Available (YES/NO)
		Home:	315-524-5340	
		Pager	585-463-9716	
		Cellular	585-315-0353	
OR				
	Bob Mecredy	Business	3494	Available (YES/NO)
		Home	585-381-6430	
		Pager	585-783-4900	
		Cellular:	585-315-0813	

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED (Cont'd.)

The nuclear management representative may call other nuclear managers or members of the Ginna leadership team.

4. Emergency Planning

Notify the following individuals:

"This is the Ginna Control Room. We have requested offsite assistance from_____. Can you be the Emergency Planning contact for this event? Your duties are (a) activate Public Relations and (b) act as the liaison between the Control Room and government agencies.
_____ is acting as the Nuclear Management lead for this event. He can be reached at _____."

Nuclear Emergency Preparedness (One person required to respond)

	Peter Polfleit	Business	6772
		Home	315-524-7101
		Pager	585-527-2207
		Cellular	585-315-1201
OR			
	Frank Cordaro	Business	3108
		Home	315-524-2924
		Pager	585-527-3650
		Cellular	585-315-1277
OR			
	Tim Laursen	Business	6185
		Home	585-396-1149
		Pager	585-528-5982
		Cellular	585-315-1854
OR			
	Richard Watts	Business	8706
		Home	585-425-2644
		Pager	585-527-3749
		Cellular	585-315-1204
OR			
	Jill Willoughby	Business	4033
		Home	585-787-9075
		Pager	585-528-3295
		Cellular	585-315-1205

The Emergency Planning representative will call the duty public information officer (PIO) via the ECC at 771-2233, and inform them of the event. The duty PIO will determine if a media announcement is warranted. The Emergency Planning representative will also contact Wayne County, Monroe County and New York State officials to brief them on offsite resources being used

NOTIFICATIONS WHEN OFFSITE ASSISTANCE HAS BEEN REQUESTED

5. Contact the NRC resident inspector

Ken Kolaczyk	Business	3265
	Home	585-924-5187
	Pager	1-800-944-2337 (then dial personal ID# 53133)
	Cellular	610-960-8300
Mark Marshfield	Business	3265
	Home	585-839-9250
	Pager	1-800-944-2337 (then dial personel ID# 54797)
	Cellular	585-510-6745

EMERGENCY PLANNING CONTINGENCY NOTIFICATION

1. Ensure verification of the Community Alert Network System or Group Page for one hour response positions. If the pagers do not activate or notifications are not completed, begin manual notification process.

2. Notify other Nuclear Emergency Preparedness staff members to request their assistance with contingency notifications.

3. The following one hour response positions should be filled by contacting a minimum of one responder for each position by individual page or by home, office or cellular phone number. Refer to EPIP 4-7, Public Information Organization Staffing, and EPIP 5-7, Emergency Organization.

   - TSC Emergency Coordinator
   - Operations Assessment Manager
   - Technical Assessment Manager
   - Communicator
   - TSC Dose Assessment Manager
   - RP/Chemistry Manager
   - Maintenance Assessment Manager
   - Survey Center Manager

   - EOF Recovery Manager
   - Nuclear Operations Manager
   - Engineering Manager
   - EOF Dose Assessment Manager

   - News Center Manager

4. Inform the responder of the current emergency classification and instruct them to report to the appropriate emergency duty location immediately. Inform them of the fitness for duty requirements.

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 1-10 Revision Number 12

OPERATIONS SUPPORT CENTER (OSC) ACTIVATION

RESPONSIBLE MANAGER

05/05/03

EFFECTIVE DATE

Category 1.0

This procedure contains 4 pages

EPIP 1-10

OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION

1.0 PURPOSE

1.1 The purpose of this procedure is to designate actions and responsibility of individuals who would report to the Operational Support Center and Satellite OSC upon a decision to activate the facility.

1.2 The OSC is used by the maintenance organization to plan jobs and interface with the other managers. The Satellite OSC is used to assemble maintenance assessment and repair teams.

2.0 RESPONSIBILITY

2.1 The first qualified person to arrive is responsible for initiating this procedure.

2.2 The Maintenance Assessment Manager is responsible for activation of the OSC upon arrival.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 NUREG-0654 "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants".

3.2 Implementing References

3.2.1	EPIP 1-0	Ginna Station Event Evaluation and Classification
3.2.2	EPIP 1-8	Search and Rescue Operations
3.2.3	EPIP 1-12	Repair and Corrective Action Guidelines During Emergency Situations
3.2.4	EPIP 3-3	Immediate Entry
3.2.5	EPIP 5-7	Emergency Organization

4.0 PRECAUTIONS

As noted in this procedure.

5.0 **PREREQUISITES**

5.1 An Alert, Site Area Emergency or a General Emergency has been declared in accordance with EPIP 1-0.

5.2 The OSC could be activated anytime at the discretion of the Maintenance Assessment Manager.

6.0 **ACTIONS**

6.1 **ARRIVING PERSONNEL**

6.1.1 Personnel arriving during normal working hours go to step 6.2 for OSC activation or step 6.3 for Satellite OSC activation.

6.1.2 During off duty hours, individuals will be called to report to Ginna Station unless a hazardous conditions prevents normal site access (e.g., release of radioactivity, security event, HAZMAT). Responders may be directed to report to the Ontario Fire Department Exempt Hall (located on Route 104 between Route 350 and Knickerbocker Road) or, upon arrival to the site, informed by Security to report to the Survey Center or designated location. Refer to EPIP 3-3, "Immediate Entry", for site access.

6.1.3 Personnel may report to the OSC using normal entrance procedure or they may be directed to the Survey Center where they shall:

a. Obtain a TLD and Pocket Dosimeter.

b. Sign in under the appropriate position on the Survey Center Sign in board.

c. Follow instructions of the Dose Assessment Manager in the TSC, Survey Center Manager or Shift Supervisor in the Control Room.

d. Refer to EPIP 3-3, "Immediate Entry" for additional guidance.

6.2 OSC Activation and Operations.

NOTE: DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL, PERFORM STEPS CONCURRENTLY TO MINIMIZE ACTIVATION TIME.

6.2.1 Place your name under the appropriate emergency position on the magnetic organization chart.

6.2.2 If you leave the TSC, contact the RP/Chemist Manager to determine if an electronic dosimeter is required.

6.2.3 Have OSC personnel perform responsibilities as described in EPIP 5-7, Emergency Organization, for their position.

6.2.4 Maintain log book for documentation of events.

6.2.5 Ensure that the OSC is adequately staffed with planning personnel and that the OSC staging area is adequately staffed with maintenance personnel.

6.2.6 Notify the TSC Director/Emergency Coordinator of personnel present in the OSC and Satellite when they are operational.

6.2.7 Direct the implementation of the following as needed:

a. EPIP 1-12 Repair and Corrective Action Guidelines During Emergency Situations

b. EPIP 1-8 Search and Rescue Operations.

c. EPIP 3-3 Immediate Entry

6.2.8 Ensure accountability of all maintenance personnel is performed by the Maintenance Assessment Manager and reported to Security.

6.3 **Satellite OSC Activation and Operations**

NOTE: **DEPENDING ON THE NUMBER OF ARRIVING PERSONNEL, PERFORM STEPS CONCURRENTLY TO MINIMIZE ACTIVATION TIME.**

6.3.1 Get supplies out from storage location and set up the satellite OSC by performing the following:

a. Close the roll up door outside of the satellite OSC to prevent any contamination from entering the satellite OSC.

b. Have the RP technician stage a frisker and step off pad at the entrance to the satellite OSC. This will be used if there is a release of radioactive material.

c. Obtain portable radios as needed from OSC locker and test.

d. Remove box with supplies from EPIP locker and distribute as necessary.

e. Designate a person to maintain the satellite OSC log book.

f. Set up overhead projector for dissemination of plant status and information to OSC Satellite personnel.

g. Test the fax machine by sending a message to the TSC.

6.3.2 Contact the Maintenance Manager in the TSC at ext 3628 an inform him that the satellite OSC is being set up. Obtain a briefing on plant conditions from the Maintenance Assessment Manager.

CAUTION: IF THE DOSE RATES EXCEEDS 50 mR/hr OR AIR SAMPLE RADIOIODINE ACTIVITY IS GREATER THAN 1E-8 μCi/cc, CONSIDER RELOCATION OF THE SATELLITE OSC TO THE TSC.

6.3.3 Contact the RP/Chemistry Manager in the TSC at ext. 3507 and request a RP Technician report to the satellite OSC to perform habitability surveys.

6.3.4 If it becomes necessary to evacuate the OSC Satellite, as determined by the RP/Chemistry Manager, essential maintenance personnel will report to the Maintenance Assessment Manager in the TSC. All other personnel will report to the Survey Center or alternate assembly area.

6.3.5 Have personnel sign in on the attendance sheet.

6.3.6 When all personnel have signed in on the attendance sheet, fax the attendance sheet to the Maintenance Assessment Manager at ext. 3927.

6.3.7 Brief all maintenance personnel in satellite OSC on plant conditions and component problems as information becomes available.

6.3.8 Assure personnel are properly briefed prior to leaving the OSC Satellite including such topics as:

- Safe route to the destination
- Personal safety and radiological hazards to be aware of
- Protective clothing and dosimetry requirements

In addition to this briefing, for most activities, an additional briefing will be provided in the TSC in accordance with EPIP 1-12.

6.3.9 When requested assemble and send assessment or repair teams to the OSC to obtain a pre-job briefing.

7.0 **ATTACHMENTS**

None.

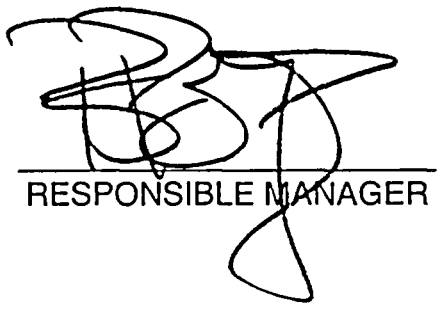
ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER _____

PROCEDURE NO. EPIP 1-18 REV. NO. 6

DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS



RESPONSIBLE MANAGER

05/05/03

EFFECTIVE DATE

Category 1.0

This procedure contains 18 pages

EPIP 1-18

DISCRETIONARY ACTIONS FOR EMERGENCY CONDITIONS

1.0 PURPOSE

1.1 The purpose of this procedure is to provide additional measures to be considered along with those pre-planned actions that are identified in the NERP and Implementing Procedures. This procedure can be implemented due to severe weather, HAZMAT events, security events or any other unforeseen event where actions need to be taken to protect employees or equipment.

2.0 RESPONSIBILITY

2.1 Emergency Planning will be available to assist in coordinating recommendations to the Nuclear Operations Group (NOG).

2.2 The Shift Supervisor, Management or TSC responders can implement this procedure.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Effect of Hurricane Andrew on the Turkey Point Nuclear Generating Station from August 20-30, 1992 - NRC/INPO.

3.1.2 Industry Guidance for Responding to the NRC's October 6, 2001, Safeguards Advisory - NEI, dated November 16, 2001.

3.2 Implementing References

3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification.

3.2.2 EPIP 1-5, Notifications

3.2.3 EPIP 1-6, Site Evacuation

3.2.4 EPIP 1-7, Accountability of Personnel

3.2.5 EPIP 1-8, Search and Rescue Operations

3.2.6 EPIP 1-9, TSC Activation

3.2.7 EPIP 1-11, Survey Center Activation

3.2.8 EPIP 3-1, EOF Activation

3.2.9 EPIP 3-3, Immediate Entry

3.2.10 EPIP 4-7, Public Information Organization Staffing

3.2.11 EPIP 5-7, Emergency Organization

3.2.12 ER-SC.9 , Security Event Plan

3.2.13 SAG-4, Inject Into Containment

3.2.14 SAG-5, Reduce Fission Product Release

3.2.15 SAG-6, Control Containment Conditions

3.2.16 SAG-7, Reduce Containment Hydrogen

3.2.17 S-9 Series Procedures (relative to the Spent Fuel Pool)

4.0 PRECAUTIONS

None.

5.0 PREREQUISITES

5.1 Events which pose a threat, or possible threat, of hazardous conditions to employee or public safety are imminent or in progress.

6.0 ACTIONS

NOTE: **THE RECOMMENDATIONS ARE POSSIBLE ACTIONS TO BE TAKEN. SINCE EACH EVENT IS UNIQUE, NOT ALL RECOMMENDATIONS HAVE TO BE IMPLEMENTED.**

6.1 Notifications

6.1.1 To staff the facilities, notify Emergency Preparedness per EPIP 1-5, Attachment 6, to contact the appropriate responders.

6.1.2 For events involving offsite assistance (e.g., fire, law enforcement, EMS, HAZMAT), notifications will be made using EPIP 1-5, Attachment 5.

6.2 Communications

6.2.1 Internal

6.2.1.1 Use the plant page to inform the plant employees of conditions.

6.2.1.2 Refer to EPIP 1-5 "Notifications" for notifications of NERP responders, offsite notifications and specialized notifications.

6.2.1.3 Refer to EPIP 1-6 for "Site Evacuation" notifications.

6.2.1.4 Use Lotus Note (email) to inform specific groups (e.g., G-Ops, NOG Dist, Nuclear Emergency Responders) of events or conditions.

6.2.1.5 Responders with Alpha Pagers (Operations Management, Emergency Preparedness) can also be notified via Lotus Notes.

6.2.1.6 Use the RG&E telephone directory, Ginna telephone directory and E-Plan telephone directory to assist in contacting various responders, management and support personnel.

6.2.1.7 Fax machines can also be used to relay information to groups of individuals at specific locations (e.g. TSC, EOF, JENC)

6.2.1.8 Radio communication from the Control Room can be used to contact the TSC, EOF, Survey Center, Operators, Security and the Fire Brigade. Additional radio communications are available through local law enforcement, fire departments or ambulance companies.

6.2.1.9 If radio communications to the Energy Control Center (ECC) is the only means to communicate outside Ginna, have the ECC notify Emergency Preparedness per EPIP 1-5, Attachment 6, and have EP conduct notifications.

6.2.1.10 Alternate communication is available in the TSC, Survey Center and EOF via radio, commercial phone, cell phone and Corporate Desktop.

6.2.1.11 Alternate notification methods can be delegated EP personnel, managers) who carry copies of EPIP 1-5, 5-7, 4-7 and laminated "emergency contact cards".

6.3 External

6.3.1 EPIP 1-5 "Notifications" provides instruction for notification to Wayne County, Monroe County, New York State and the NRC. Actions taken are normally coordinated from the Control Room via RECS line or commercial telephone (including fax).

6.3.2 Alternate external communication systems are available in the TSC, Simulator, Survey Center and EOF via RECS line, commercial phone and cell phone.

6.3.3 Alternate notification methods can be delegated to EP personnel who carry copies of EPIP 1-5 and laminated "emergency contact cards". Information to contacted personnel should also include specific contacts for fire and emergency services support and reporting location (in coordination with Security and Fire/Safety).

6.4 **Assembly/Accountability Process**

6.4.1 Consider implementing EPIP 1-6 "Site Evacuation", to evacuate employees from the site. Security will implement EPIP 1-7 "Accountability" to ensure that all employees are accounted for.

6.4.2 If employees need to be moved off plant property, notify the Wayne County 911 Dispatcher at (315) 946-6862 to contact the Ontario Fire Chief. They will make available the Ontario Fire Dept Exempt Hall located on Route 104 between Route 350 and Knickerbocker Road.

6.4.3 If hazardous conditions prevent employees and emergency responders from responding directly to the site, direct them to respond to the Ontario Fire Dept Exempt Hall. It is located on Route 104 between Route 350 and Knickerbocker Road. After assembling at the Exempt Hall, TSC assessment functions can be directed to the EOF if the site will be inaccessible for a long period of time.

6.4.3.1 When the situation is stable and it is safe for responders to report to the site, personnel at the staging area (Ontario Fire Department Exempt Hall) should contact the EOF for direction.

6.4.3.2 Consider reporting to the Survey Center and initiate EPIP 3-3, Immediate Entry, to access the site.

6.4.4 Consider designation of alternate supervision to perform accountability if Security is unable to perform this function due to the event.

6.5 **Command and Control**

6.5.1 Refer to EPIP 1-9 "TSC Activation" and EPIP 3-1 "EOF Activation" for facility activation and transfer of command and control.

6.5.2 A near-site incident "command post" may need to be established to allow coordination of onsite response activities such as communications, accident assessment/mitigation, accountability, search and rescue, coordination with fire and medical services, and staging should the Control Room , TSC, OSC or other facilities become inaccessible.

6.5.3 Wayne county Emergency Management has a mobile command post that may be utilized.

6.5.4 If a near-site incident "command post" is established, communication with the EOF should be established to provide resources to the site.

6.5.5 Access to the plant protected area is described in procedure EPIP 3-3, "Immediate Entry".

6.6 **Search and Rescue**

6.6.1 Implement EPIP 1-8, "Search and Rescue Operations" to find missing individuals.

6.7 **Plant Assessment and Mitigation**

6.7.1 Consider the following procedures to address assessment and mitigation of an event:

- AP-CR.1
- EOPs
- ER-Fire series
- ER-SC series
- EPIPs
- SAMGs

6.7.2 Remote accident assessment may depend upon the availability of PPCS data and/or communication with the site. Computer terminals are located in the following areas to assist with assessment:

- Training Center
- Warehouse
- EOF
- JENC

6.7.3 Consider the use of fax machines located in various RG&E locations as well as town offices, fire halls, ambulance halls and local businesses.

6.8 **Dose Assessment/PARs**

6.8.1 EPIP 2-series procedures provide instruction for obtaining meteorological data from multiple sources for performing dose assessment and protective action recommendations.

6.8.2 Dose Assessment can be performed in the CR, TSC or EOF with support from environmental survey teams deployed from the Survey Center or EOF.

6.8.3 Consider staging survey team personnel at the designated staging area (e.g., Ontario Fire Dept Exempt Hall, 89 East Avenue) if the Survey Center is unavailable.

6.9 **Exposure control and distribution of KI for emergency responders**

6.9.1 TLD's and Self-Reading dosimetry for on site Security is maintained in the guardhouse and is obtained at the beginning of each shift.

6.9.2 Ginna Security, National Guard and NYS Police will be issued self-reading dosimeters and TLD's at the Alert level.

6.9.3 TLD's and Self-Reading dosimetry for offsite agencies assigned to the site is maintained in the Owner Controlled Area Checkpoint and will be obtained at the Alert level.

NOTE: The Emergency Coordinator will consult with NYS and County Emergency Management via the EOF prior to issuing KI to offsite agency personnel assigned to Ginna Station (National Guard, NYS Police, Fire, EMS, etc).

6.9.4 Refer to EPIP 2-9, Administration of Potassium Iodide (KI) for distribution of KI to all emergency responders (offsite agency and Ginna).

6.9.5 Additional supplies of KI are located in the Technical Support Center and Survey Center

6.9.6 Radiation Protection will determine the type of dosimetry to be issued and supply it to unassigned Local Law Enforcement, Fire and EMS upon their arrival to Ginna Station during an emergency.

6.9.7 Decontamination of emergency responders, vehicles and equipment should be accomplished at Ginna Station if conditions allow. If decontamination must be performed away from the site, County facilities such as Emergency Worker Personnel Monitoring Facilities are available by coordinating with County Representatives in the EOF and County EOC's.

6.9.8 Rochester General or Newark Wayne Community hospital also have decontamination rooms that may be utilized as necessary. Refer to A-7 for notification to the hospital should decontamination be required at their facility.

6.9.9 The following table describes exposure control considerations for emergency workers at Ginna Station.

Emergency Response Exposure Control Considerations

	TLD's Provided	SRD's Provided	Dosimetry Inventory	KI Distribution
Ginna Security Guards	YES	YES	Some within protected area Some in OCA Checkpoint	EC Decision Consult with State and County's
National Guard	YES	YES	OCA Checkpoint	EC Decision Consult with State and County's
State Police	YES	YES	OCA Checkpoint	EC Decision Consult with State and County's
Coast Guard	Responsible for their own dosimetry	Responsible for their own dosimetry	Responsible for their own dosimetry	
Law Enforcement	YES EPIP 1-18 Supply upon entry if time permits	Escort will monitor SRD if the situation allows	Available from RP Department	Same policy as public policy
Fire	YES EPIP 1-18 Supply upon entry	Escort will monitor SRD	Available from RP Department	Same policy as public policy
EMS	YES EPIP 1-18 Supply upon entry	Escort will monitor SRD	Available from RP Department	Same policy as public policy

6.10 **Public Information**

6.10.1 EPIP 4-series procedures provide instruction on Joint Emergency News Center (JENC) operation and Public Information.

6.10.2 Security will be further pressured by media requests to approach the site. Offsite agencies will be required to restrict access to plant area. Public Relations and government agencies are to stress the JENC as the central clearinghouse for public information.

6.10.3 Consider activation of the Public Inquiry and Media Monitoring portion of the JENC. Provide information to the JENC to provide information to the public and spouses of RG&E/Ginna personnel.

6.11 **Relocation**

6.11.1 Consider the establishment of alternate work locations for "non-essential" site personnel (e.g., 89 East Avenue, West Avenue, Eastern Monroe).

6.11.2 Contact Corporate Information Services (IS) to provide communications to the newly established work locations.

6.11.3 Consider relocation of Survey Team Equipment, in accordance with EPIP 1-11, to the Ontario Fire Department Exempt Hall or EOF if the Survey Center is unuseable. Contact a Maintenance Assessment Manager listed in EPIP 5-7 to make arrangements to transport equipment to the alternate location.

6.11.4 Each NOG department should consider identification of business critical information and equipment needed for recovery such as drawings, procedures, vendor manuals, survey equipment.

6.12 **Alternate AC and DC Power**

6.12.1 Implement existing ER series procedures to the extent practical to restore power.

6.12.2 Technical Assessment Manager refer to Attachment 1, Alternate AC and DC Power Supplies and Table 1, Equipment Ratings.

6.12.3 Technical Assessment Manager and Operations Assessment Manager discuss options and impact on 10CFR50.54(x).

6.12.4 Provide recommendations to the Emergency Coordinator for implementation.

6.13 **Back-up Mechanical Pump Capability**

6.13.1 Implement existing ER series procedures to the extent possible to restore equipment.

6.13.2 Implement existing SC series procedures to the extent possible to respond to the event and enlist offsite support.

6.13.3 Technical Assessment Manager refer to Table 1, Equipment Ratings, and Table 2, Back-up Mechanical Pump Capability.

6.13.4 Technical Assessment Manager and Operations Assessment Manager discuss options for use of onsite vs. Offsite pumping capabilities and the impact on 10CFR50.54(x).

6.13.5 Provide recommendations to the Emergency Coordinator for implementation.

6.14 **Fission Product Scrubbing from a Failed Containment**

6.14.1 Reference existing Severe Accident Management Guidelines (SAMGs) SAG-4, SAG-5, SAG-6 and SAG-7 to the extent practical.

6.14.2 Technical Assessment Manager refer to Attachment 2, Fission Product Scrubbing From A Failed Containment, and Table 2, Back-up Mechanical Pump Capability.

6.14.3 Technical Assessment Manager and Operations Assessment Manager discuss options, reactivity monitoring requirements and the impact on 10CFR50.54(x).

6.14.4 Provide recommendations to the Emergency Coordinator for implementation.

6.15 **Emergency Spent Fuel Pit Cooling**

6.15.1 Implement existing S-9 series procedures to the extent practical to restore SFP cooling.

6.15.2 Technical Assessment Manager refer to Attachment 3, Emergency Spent Fuel Pool Cooling.

6.15.3 Technical Assessment Manager and Operations Assessment Manager discuss options and impact on 10CFR 50.54(x).

6.15.4 Provide recommendations to the Emergency Coordinator for implementation.

6.16 **Emergency Containment Cooling**

6.16.1 Implement existing S-23.2.3, Containment Mini Purge System Operation, or AP-SW.1 or AP-SW.2 to the extent possible to restore containment cooling. If unable to restore containment cooling, then continue with the following steps.

6.1.6.2 Technical Assessment Manager, refer to Attachment 6, Emergency Containment Cooling.

6.16.3 Technical Assessment Manager and Operations Assessment Manager, discuss options and impact on 10 CFR 50.54(x).

6.16.4 Provide recommendations to the Emergency Coordinator for implementation.

7.0 Attachments

1. Alternate AC and DC Power Supplies
2. Fission Product Scrubbing From A Failed Containment
3. Emergency Spent Fuel Pool Cooling
4. Table 1, Equipment Ratings
5. Table 2, Back-up Mechanical Pump Capability
6. Emergency Containment Cooling

ALTERNATE AC AND DC POWER SUPPLIES

Following is a list of possible first response actions that could be taken to mitigate loss of power to equipment on site. Level of response varies depending on the magnitude of the loss of existing on-site power supplies, availability of distribution equipment (buses, panels, etc.), and what equipment needs to be supplied.

At this time, contacts have been made with outside suppliers (RG&E or otherwise) to determine potential availability, but no arrangements have been made with them to provide the backup equipment. An evaluation of the timeliness of our needs must be completed, and then we can recommend specific actions to put a plan in place. Costs associated with having generators, cable, and transformers available on demand can be determined at that time, and those costs will vary with response time required.

Alternate AC Power Supplies:

1. Diesel Generators can be cross-tied between systems depending on where the need is and what is available. Cable to run directly to motor loads or buses, again depending on condition and need, would be taken from our warehouse or brought from Jefferson Road facility. Attached equipment data provides equipment ratings of existing generators, and the requirements of loads that may need to be supplied.

b. 480 volt power may be supplied from the 12 kv overhead distribution line that comes onto the site from the east. A small transformer exists (300 kva rating) near the steam generator building, and a separate transformer could be brought on-site from RG&E transmission and distribution group to provide power if the line was still energized.

c. Bring separate diesel generator(s) on site, and connect at buses or directly to loads as conditions and needs warrant. A 1000 kw size is assumed to be adequate for a first response action, which would allow a combination of loads as selected by Operations from the attached list. Portable units can be made available on short notice, depending on immediate availability from: Wegmans (1300 kw unit), Aggreko out of Albany, Penn-Detroit out of Syracuse. Wegmans, if available, could be here in an hour or two, Aggreko or Penn would take up to eight hours.

d. For 120 VAC instrument loads, portable generators of 5 kw available at local retail stores would be adequate to power up individual instrument buses, racks, or the ABELIP and IBELIP racks locally if needed. This would supply a minimum amount of instrumentation to monitor shutdown parameters.

Alternate DC Power Supplies:

1. Using existing on-site DC, capability to cross-tie to TSC battery/TSC battery charger. However, condition of interties or SR DC distribution system may preclude this. Cables can be run from TSC batteries to required loads or load centers.

2. Use of Security UPS battery is not recommended as it should be reserved for security systems.

ALTERNATE AC AND DC POWER SUPPLIES (Continued)

3. Portable DC power supplies used by maintenance are AC powered and can provide enough DC to supply individual panels locally.

4. Larger DC power supplies, or battery chargers, can be obtained from substations, fossil-hydro stations, or suppliers and set up where needed, assuming 480 VAC supply power available.

5. Movement of a 125 VDC battery string of adequate size would most likely be impractical. However, such batteries exist and would be available from substations or Russell Station, could be moved here in approximately 8 hours as a last resort.

Other Equipment:

Valves can be hand operated. It would not normally be reasonable to run power to individual valves. If a panel or MCC can be picked up, then the valve would be powered.

Offsite Power Equipment Supplier Contacts:

480 Volt Diesel Generators
Wegmans 1300 kw generator
Contact: Tim Heckman, RG&E - Account Manager for Wegmans - (585) 771-2290

Aggreko, Inc. (Albany area) 1250 kw - 1750 kw
Contact: Randy Curtis - (518) 235-9604

Penn-Detroit Diesel 60 kw - 1400 kw
Contact: Kurt Schultz - (315) 451-3840

120 VAC Power
Grounds Maintenance 5kva generator
Contact: Keith Merkel

Chase Pitkin Webster 2.5 kva - 10 kvs portable generators
872-4010

125 VDC Power Supplies
JM Schaeffer (Syracuse)
Contact: Carl Phillips - (315) 463-5223

Cable or Transformers not on-site
Contact RG&E Energy Control Center

Prepared By: Paul Swift 10/31/01

FISSION PRODUCT SCRUBBING FROM A FAILED CONTAINMENT

With respect to fission product scrubbing from a failed containment, SAMGs SAG-4, SAG-5, SAG-6 and SAG-7 provide instructions to inject into containment, reduce releases, control conditions and reduce hydrogen. If they unsuccessful, then an external pump and water source, such as a fire truck, will be used but it is not always prudent to spray water into an area if the core has melted. In addition, if the core hasn't melted but there is a loss of cooling accident (LOCA), you're now spraying unborated water into the sump, which may cause reactivity issues.

The TSC Technical Assessment Manager will provide some guidance for Scrubbing A Failed Containment, with increased monitoring of reactivity.

- For the scenario where there is a hole in the outside of containment and an accident (LOCA) going on inside, we would want the pumper truck to cover the opening with a "light rain type" of spray pattern similar to what comes out of the containment spray nozzles. We would not want just a concentrated stream directed at the opening.

- If guidance on drop size is desired, UFSAR 6.2.2.2.2.6 specifies 1000 microns or about .04" diameter drops.

- Depending on the hole size and orientation on the structure, we would like to aim the spray to minimize to the extent practical direct water entry into the containment so as not to potentially cause sump boron concentration concerns.

EMERGENCY SPENT FUEL POOL COOLING

NOTE: **IF ACCESS IS LIMITED INTO THE AUXILIARY BUILDING AND EMERGENCY MAKE-UP WATER INTO THE SPENT FUEL POOL (SFP) IS DESIRED, THE FOLLOWING STEPS WILL SUPPLY FIRE WATER INTO THE SFP VIA THE SFP SKIMMER PIPING LOCATED IN THE INTERMEDIATE BUILDING HOT SIDE.**

NOTE: **USE OF THE FOLLOWING METHOD OF MAKE-UP TO THE SFP IS FOR EMERGENCY CONDITIONS ONLY. IT HAS THE POTENTIAL TO VIOLATE ITS LCO 3.7.12 REQUIREMENTS AND, HENCE, 10CFR505.54(X) SHOULD BE CONSIDERED IF TAKING THIS ACTION.**

1. Notify fitters to supply fittings to connect 1-1/2" fire hose to a 2" - 150 pound flange.

2. Ensure SFP skimmer pump is secured.

3. Close V-788B.

4. Remove blank flange from piping immediately upstream of V-788B (IB Hot Side near door to Auxiliary Building).

5. Connect the fire hose from an available supply (Hose Reel 21 on the North wall of the Primary Sample Room is preferred if available) to flange immediately upstream of V-788B using fittings previously obtain by fitters.

6. Open fire water supply valve (V-5199T if using Hose Reel 21) slowly to supply water to SFP.

7. Verify fire water pump running.

8. If possible, visually verify water make-up to SFP directly or via security camera 30.

9. Monitor available remote SFP indication (i.e., R-5, AR-K-29).

TABLE 1 - EQUIPMENT RATINGS

Diesel Generator A and B (480 Volt)	1950 KW (Continuous) 2250 KW (2 hours) 2300 KW (½ hour)
TSC Diesel Generator (480 Volt)	260 KW
Security Diesel Generator (480 Volt)	135 KW

Motor	Rated HP	Max. Loading	KW
Safety Injection Pumps	350 HP	368 HP	291
RHR Pumps	200	173	139
Containment Fans	300	256	205
Service Water Pumps	300	308	246
Containment Spray Pumps	200	220	183
CCW Pumps	150	150	124
Aux. Feedwater Pumps	250	280	223
Standby AFW Pumps	300	300	249
Charging Pumps	150	150	124
Spent Fuel pool Pump B	100	100	75
Spent Fuel Pool Pump Spare Skid (600 gpm @ 65# D/P)	50	57	42

120 VAC Instrument Power

Equipment	Rating	Max. Load
Instrument Bus feed (Inverters, CVTs)	7.5 kva	6.4 kw
Twinco Panels (fed from Twinco CVTs)	2 kva	1.7 kw

TABLE 1 - EQUIPMENT RATINGS
(Continued)

Equipment	Capacity	Normal Load A	Normal Load B
Battery Charges A1, B1	200 amps	55 amps	50 amps
Battery Chargers A2, B2	150 amps	50 amps	30 amps
TSC Battery Charger	500 amps	95 amps	
Vital Batteries BYCA, BYCB	1495 amp-hrs	N/A	
TSC Battery	2880 amp-hrs	N/A	
Security Battery	250 amp-hrs	N/A	

TABLE 2 - BACK-UP MECHANICAL PUMP CAPABILITY

UTILIZATION & DEMAND								
Source	**GPM**	**TDAFWP Oil Hx (GPM)**	**SBAFWP (GPM)**	**Containment Recirc Fan (GPM)**	**Spent Fuel Pool Hx "A" (GPM)**	**CCW Hx (GPM)**	**D/G Hx (GPM)**	**Fission Product Scrubbing (GPM)**
Onsite Fire Pump (3)	2,000	25	200	1,050	600	3,500 (2)	277/400 (1)	500/1,000 (onsite monitor nozzles)
Ontario Water Authority (D/G back-up)	1,500							
Available through Wayne County 911 Center Refer to SC-3.3.2, Attachment C, for complete resource list								
Fire Dept. Drafting Discharge Canal (limited to one pumper)	1,250							
Portable Pumps (discharge canal)	500							
Tanker Truck Relay portable Pond	1,250							
Portable Hydrant/Relay	1,000							

(1) DA-ME-98-138
(2) Maximum flow as per design basis. Actual GPM may be significantly less.
(3) Assumption both pumps in service (1) one dedicated for fire suppression only.

EMERGENCY CONTAINMENT COOLING

NOTE: THE FOLLOWING IS GUIDANCE FOR THE TSC. IF THIS CONTINGENCY IS REQUIRED, SPECIFIC DIRECTION WILL BE CASE DEPENDENT AND PROVIDED BY THE TSC.

ALIGNMENT OF THE EAST SW HEADER

NOTE: THIS WILL ALIGN COOLING WATER TO EITHER THE A OR THE B CNMT RECIRC FAN AND TDAFW PUMP SUCTION.

1. Isolate east header y closing valves 4623, 4627, 4628, 4625 and 4756
2. Have fitters remove 16" diameter blind flange on east side and drain header.
3. Have fitters install pre-staged flange, in IB sub-basement, to the east header.
4. Run hose(s) from either the S-15 drain connection, if fire trucks are hooked up to the building connections, or directly from trucks. The hose(s) can be run down the hatch near the MDAFW pumps. Hook hose(s) to connections on flange (2 - 2 ½" connections available.)
5. Pressurize lines and line up an available fan cooler. (Opening V-4627 will give you flow to the A CNMT recirc fan. Opening V4628 will give you flow to the B CNMT recirc fan.) Trip open 4561 or 4562.

ALIGNMENT OF THE WEST SW HEADER

NOTE: THIS WILL ALIGN COOLING WATER TO EITHER THE C OR D CNMT RECIRC FAN.

1. Isolate west header by closing valves 4626, 4639, 4663, 4664, 4640, 4642 and 4641.
2. Have fitters remove 16" diameter blind flange on west side and drain header.
3. Have fitters install a pre-staged flange, in IB sub-basement, to the west header.
4. Run hose(s) from either the S-15 drain connection, if fire trucks are hooked up to the building connections, or directly from the trucks. The hose(s) can be run down the hatch near the MDAFW pumps. Hook hose(s) to connection on flange (2 - 2½" connections.)
5. Pressurize lines and line up an available fan cooler. (Opening V-4641 will give you flow to the C CNMT recirc fan. Opening V-4642 will give you flow to the D CNMT recirc fan.) Trip to open 4561 or 4562.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER ___

PROCEDURE NO. EPIP 2-1 REV. NO. 20

PROTECTIVE ACTION RECOMMENDATIONS

TECHNICAL REVIEW

RESPONSIBLE MANAGER

05/05/03

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 15 PAGES

EPIP 2-1

PROTECTIVE ACTION RECOMMENDATIONS

1.0 **PURPOSE:**

1.1 The purpose of this procedure is to provide guidance to the Emergency Coordinator or EOF/Recovery Manager in making protective action recommendations to offsite authorities.

2.0 **RESPONSIBILITY:**

2.1 The Shift Supervisor, Emergency Coordinator (TSC) or EOF/Recovery Manager is responsible for making protective action recommendations to Wayne County, Monroe County and New York State, depending on command and control status.

2.2 The decision to implement any protective actions is solely the responsibility of the local authorities.

3.0 **REFERENCES:**

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 EPA-400, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents (1991)

3.1.3 Evacuation Travel Time Estimates - Ginna Emergency Planning Zone, September 1992.

3.1.4 NUREG/BR - 0150 Response Technical Manual (RTM-93)

3.1.5 Food and Drug Administration (FDA) "Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies", December 2001.

3.1.6 NUREG-1633, "Assessment of the Use of Potassium Iodide (KI) as a Supplemental Public Protective Action During Severe Reactor Accidents".

3.2 Implementing References

3.2.1 EPIP 1-0, Ginna Station Event Evaluation and Classification

3.2.2 EPIP 1-5, Notification

3.2.3 EPIP 2-3, Emergency Release Rate Determination

3.2.4 EPIP 2-4, Emergency Dose Projections - Manual Method

3.2.5 EPIP 2-18, Control Room Dose Assessment

3.2.6 EPIP 2-5, Emergency Dose Projections - Personal Computer Method

3.2.7 EPIP 2-6, Emergency Dose Projections - MIDAS Program

4.0 **PRECAUTIONS:**

None

5.0 **PREREQUISITES:**

None.

6.0 **INSTRUCTIONS:**

NOTE: PROTECTIVE ACTION RECOMMENDATIONS (PARs) WILL ONLY REFLECT RG&E RECOMMENDATIONS, NOT ACTIONS IMPLEMENTED BY OFFSITE OFFICIALS.

6.1 Obtain the event classification using EPIP 1-0.

6.2 UNUSUAL EVENT, ALERT and SITE AREA EMERGENCY.

6.2.1 Report on EPIP 1-5, Attachment 3a, Item 7:

A. **No need for protective actions outside the site boundary.**

6.3 GENERAL EMERGENCY

6.3.1 Protective Action Recommendations shall be issued with the initial declaration of a General Emergency.

6.3.2 Using Attachment 1, Page 1 of 2, and the current wind direction, determine the initial ERPAs to be evacuated. The Counties will implement their KI plans for any evacuated ERPA. Any ERPA not evacuated will be sheltered.

6.3.3 Record in EPIP 1-5, Attachment 3a, Item 7 the Protective Actions Recommended.

6.3.4 Re-evaluate the PARs based on the following to determine if secondary PARs are required or if initial PARs need to be modified.:

a. Dose Assessment*
b. Survey Team data*
c. EPA Protective Action Guidelines (Attachment 2)
d. Wind shifts

* = If exposures in non-evacuated areas indicate that evacuation is warranted, use Attachment 1 page 2 of 2 to expand Protective Action Recommendations to an evacuated area of 5 mile radius and 10 miles downwind.

6.3.5 The Evacuation Travel Time Estimate information (Attachment 3) is used by offsite agencies to determine the correct Protective Action Decision (PAD).

6.3.6 If the EPA guidelines for evacuation or sheltering are exceeded beyond the 10 mile emergency planning zone and protective actions are required, specify the areas using roads, rivers, bodies of water or town boundaries.

7.0 **ATTACHMENTS**:

1. Evacuation Areas by Zones.

2. Projected Dose to the Population and Recommended Actions.

3. Evacuation Travel Time Estimates.

4. Emergency Response Planning Areas (ERPA's).

EVACUATION AREAS BY ZONES
PROTECTIVE ACTION RECOMMENDATIONS BY ERPA FOR GENERAL EMERGENCY CLASSIFICATION

Wind From	(Degrees)	Initial Protective Action Recommendations (Evacuation based on 2 mile radius & 5 miles downwind)
N	349 to 11	Evacuate: W (1,2,3) and implement KI plan Shelter: All remaining ERPAs
NNE	12 to 33	Evacuate: W (1,2) M (1) and implement KI plan Shelter: All remaining ERPAs
NE	34 to 56	Evacuate: W (1,2) M (1) and implement KI plan Shelter: All remaining ERPAs
ENE	57 to 78	Evacuate: W (1,2) M (1) and implement KI plan Shelter: All remaining ERPAs
E	79 to 101	Evacuate: W (1,2) M (1) and implement KI plan Shelter: All remaining ERPAs
ESE	102 to 124	Evacuate: W (1) M (1) and implement KI plan Shelter: All remaining ERPAs
SE	125 to 146	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs
SSE	147 to 168	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs
S	169 to 191	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs
SSW	192 to 213	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs
SW	214 to 236	Evacuate: W (1,3) and implement KI plan Shelter: All remaining ERPAs
WSW	237 to 258	Evacuate: W (1,3) and implement KI plan Shelter: All remaining ERPAs
W	259 to 281	Evacuate: W (1,3) and implement KI plan Shelter : All remaining ERPAs
WNW	282 to 303	Evacuate: W (1,2,3) and implement KI plan Shelter: All remaining ERPAs
NW	304 to 326	Evacuate: W (1,2,3) and implement KI plan Shelter: All remaining ERPAs
NNW	327 to 348	Evacuate: W (1,2,3) and implement KI plan Shelter: All remaining ERPAs

EVACUATION AREAS BY ZONES
PROTECTIVE ACTION RECOMMENDATIONS BY ERPA FOR
GENERAL EMERGENCY CLASSIFICATION -

Wind From	(Degrees)	Initial Protective Action Recommendations (Evacuation based on 2 mile radius & 5 miles downwind)	Secondary Protective Action Recommendations (Evacuation based on 5 mile radius & 10 miles downwind)
N	349 to 11	Evacuate: W (1, 2, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 5, 6, 7) M (1, 2, 4, 5) and implement KI plan Shelter: All remaining ERPAs
NNE	12 to 33	Evacuate: W (1, 2) M (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 6, 7) M (1, 2, 3, 4, 5, 6, 7, 9) and implement KI plan Shelter: All remaining ERPAs
NE	34 to 56	Evacuate: W (1, 2) M (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 7) M (1, 2, 3, 4, 5, 6, 7, 8, 9) and implement KI plan Shelter: All remaining ERPAs
ENE	57 to 78	Evacuate: W (1, 2) M (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 7) M (1, 2, 3, 4, 5, 6, 7, 8, 9) and implement KI plan Shelter: All remaining ERPAs
E	79 to 101	Evacuate: W (1, 2) M (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1, 2, 3, 4, 6, 7, 8, 9) and implement KI plan Shelter: All remaining ERPAs
ESE	102 to 124	Evacuate: W (1) M (1 and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1, 3, 6, 8, 9) and implement KI plan Shelter: All remaining ERPAs
SE	125 to 146	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1) and implement KI plan Shelter: All remaining ERPAs
SSE	147 to 168	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1) and implement KI plan Shelter: All remaining ERPAs
S	169 to 191	Evacuate: W (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1) and implement KI plan Shelter: All remaining ERPAs
SSW	192 to 213	Evacuate W (1) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3) M (1) and implement KI plan Shelter: All remaining ERPAs
SW	214 to 236	Evacuate: W (1, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 4) M (1) and implement KI plan Shelter: All remaining ERPAs
WSW	237 to 258	Evacuate: W (1, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 4, 5) M (1) and implement KI plan Shelter: All remaining ERPAs
W	259to 281	Evacuate: W (1, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 4, 5, 6) M (1) and implement KI plan Shelter: All remaining ERPAs
WNW	282 to 303	Evacuate: W (1, 2, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 4, 5, 6, 7) M (1) and implement KI plan Shelter: All remaining ERPAs
NW	304 t0 326	Evacuate: W (1, 2, 3) and implement KI plan Shelter: All remaining ERPAs	Evacuate: W (1, 2, 3, 4, 5, 6, 7) M (1, 2) and implement KI plan Shelter: All remaining ERPAs
NNW	327 to 348	Evacuate: W (1, 2, 3) and implement KI plan	Evacuate: W (1, 2, 3, 4, 5, 6, 7) M (1, 2, 5) and implement KI plan

* Secondary Protective Actions are recommended when dose projections or field teams indicate ≥ 1 REM TEDE beyond 5 miles.

PROJECTED DOSE TO THE POPULATION AND RECOMMENDED ACTIONS

PROJECTED DOSE TO THE POPULATION	RECOMMENDED ACTIONS	COMMENTS
Total Whole Body < 1 REM*	No planned protective actions. Local authorities or State may issue an advisory to seek shelter and await further instructions. Monitor environmental radiation levels.	None.
Total Whole Body ≥ 1 REM* Committed Dose Equivalent to the thyroid (child) ≥ 5 REM.	Conduct evacuation.* Monitor environmental radiation levels and adjust area for mandatory evacuation based on these levels. Control access. Implement KI plan.	Evacuation (or for some situation, sheltering**) should be initiated at one REM. Seeking shelter would be an alternative if evacuation were not immediately possible.
Project Dose (REM) to Emergency Team Workers		
Total Whole Body 25 REM	Control exposure of emergency team members to these levels except for lifesaving mission. (Appropriate controls for emergency workers include time limitations, respirators and stable iodine.)	None.
Total Whole Body 75 REM	Control exposure of emergency team members performing lifesaving missions to this level. (Control of time of exposure will be most effective.)	None.

NOTES:

* The sum of the effective dose equivalent resulting from exposure to external sources and the committed effective dose equivalent incurred from all significant inhalation pathways during the early phase.

** Sheltering may be the preferred protective action when it will provide protection equal to or greater than evacuation, based on consideration of factors such as source term characteristics and temporal or other site-specific conditions.

EVACUATION TRAVEL TIME ESTIMATES

1. When discussing an evacuation, use this attachment to resolve conflicts.

2. 1992 Permanent Resident Population Estimates

EPRA	Population	ERPA	Population
W-1	3207	M-1	2421
W-2	5395	M-2	435
W-3	1200	M-3	258
W-4	2092	M-4	6681
W-5	3855	M-5	1253
W-6	2425	M-6	6943
W-7	4924	M-7	4750
		M-8	3033
		M-9	3285

3. Use the following curves to assist in estimating evacuation decisions.

Figure	Weather Conditions	Time of Week
41	Summer, Good Weather	Midweek, Midday
43	Summer, Rainy Weather	Midweek, Midday
45	Summer, Good Weather	Midweek, Evening
49	Summer, Good Weather	Weekend, Midday
53	Winter, Good Weather	Midweek, Midday
55	Winter, Rainy Weather	Midweek, Midday
57	Winter, Snowy Weather	Midweek, Midday

FIGURE 41
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Summer, Midweek, Midday
Good Weather

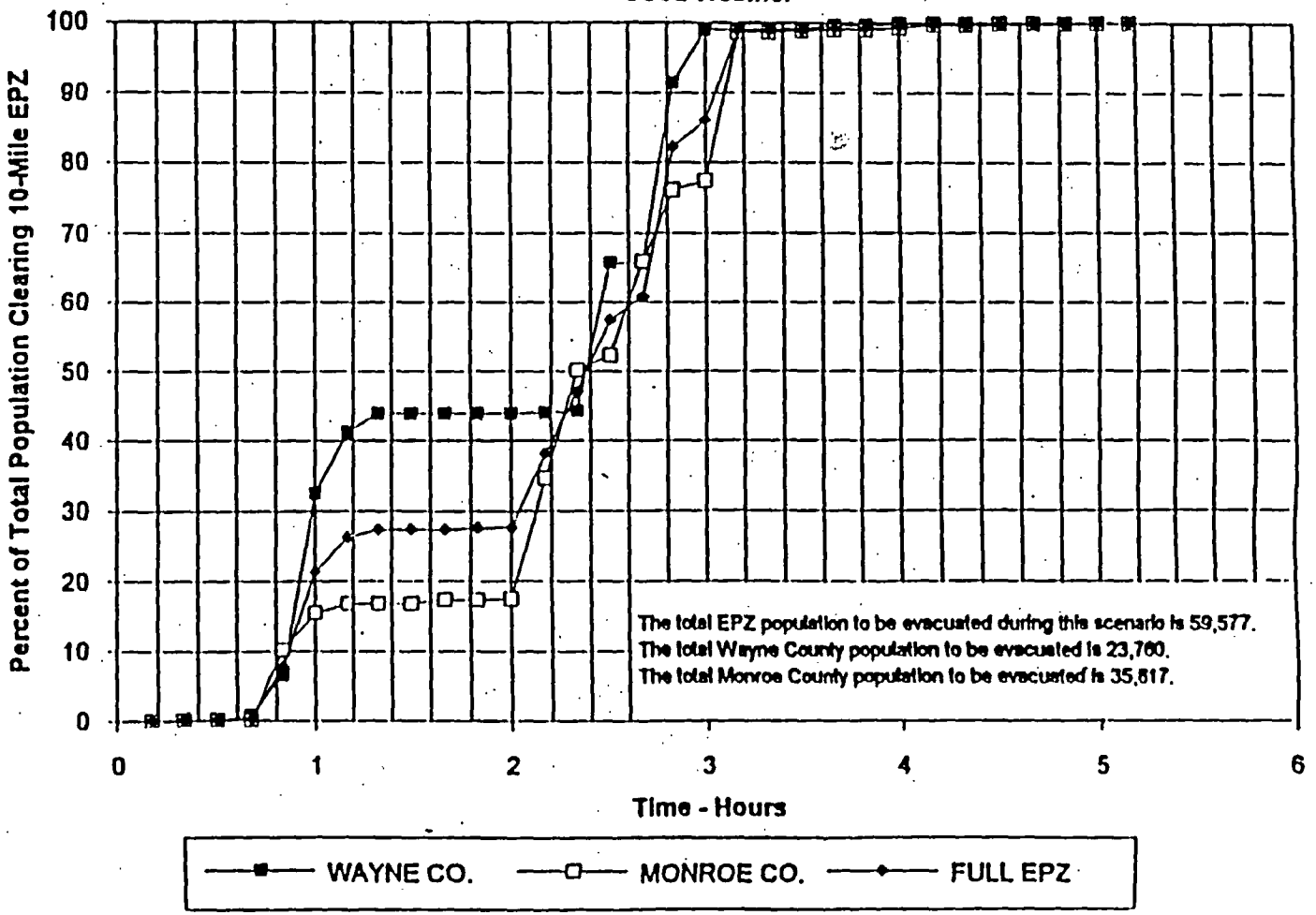


FIGURE 43
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Summer, Midweek, Midday
Rainy Weather

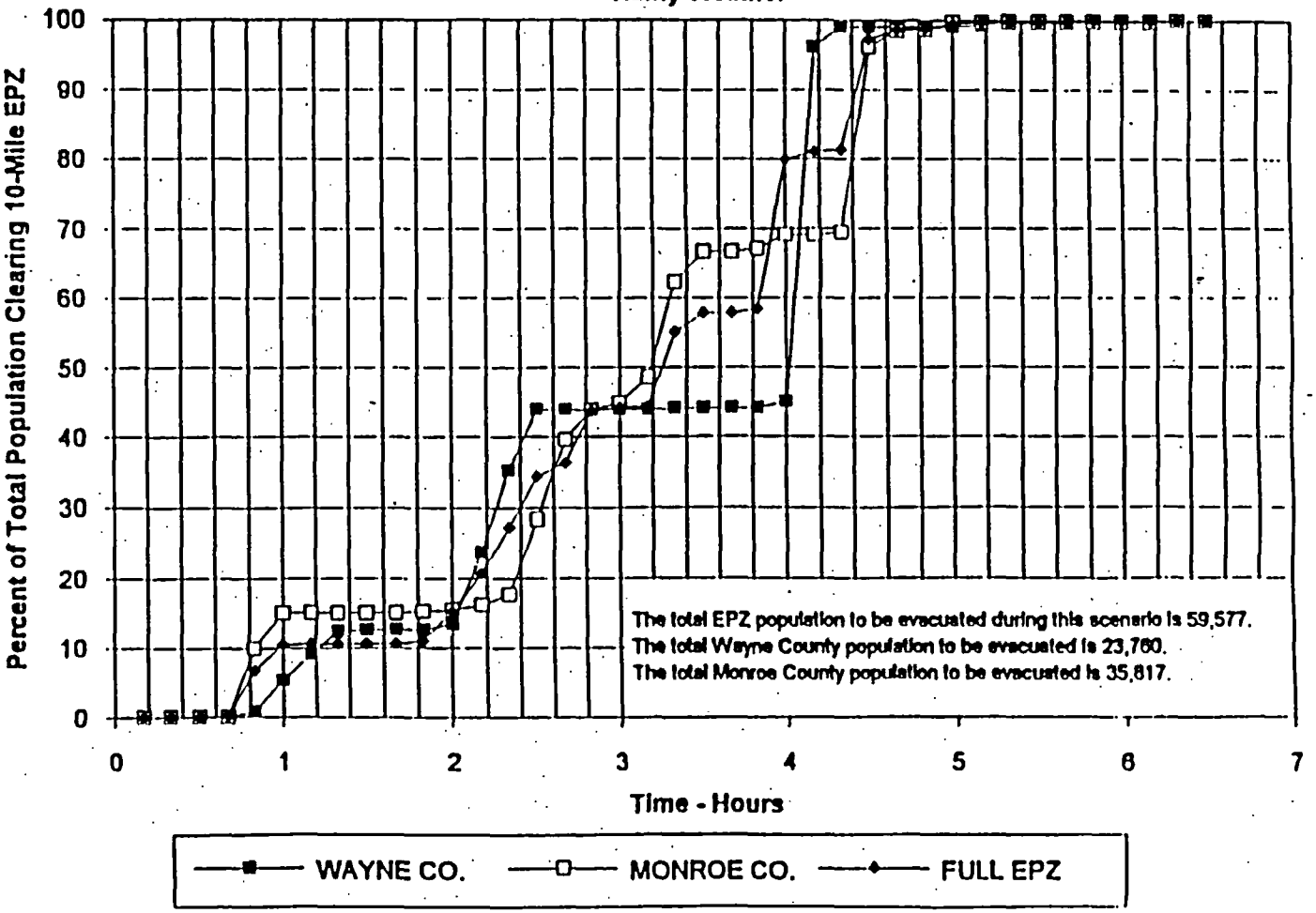


FIGURE 45
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Summer, Midweek, Evening
Good Weather

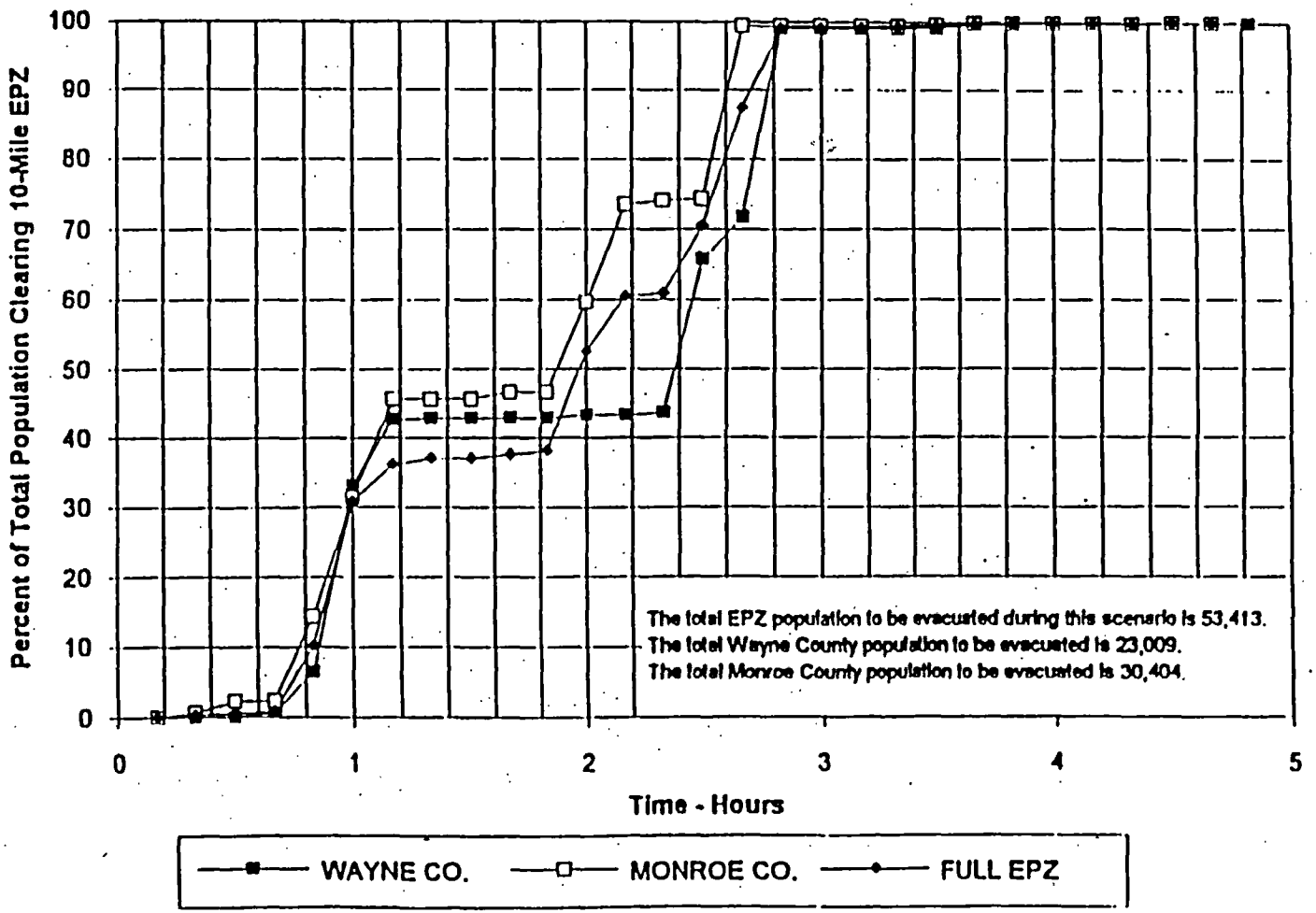


FIGURE 49
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Summer, Weekend, Midday
Good Weather

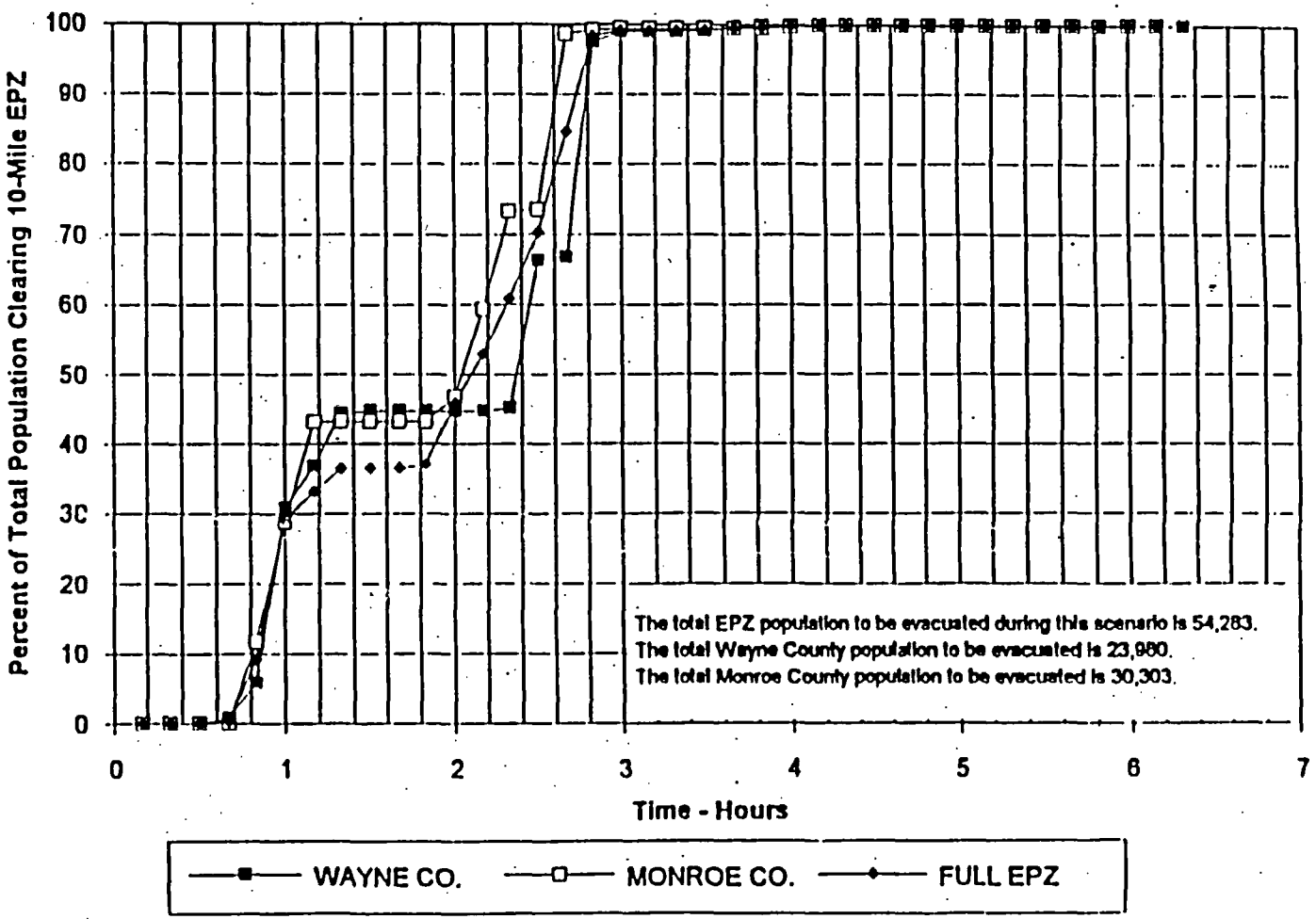


FIGURE 53
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Winter, Midweek, Midday
Good Weather

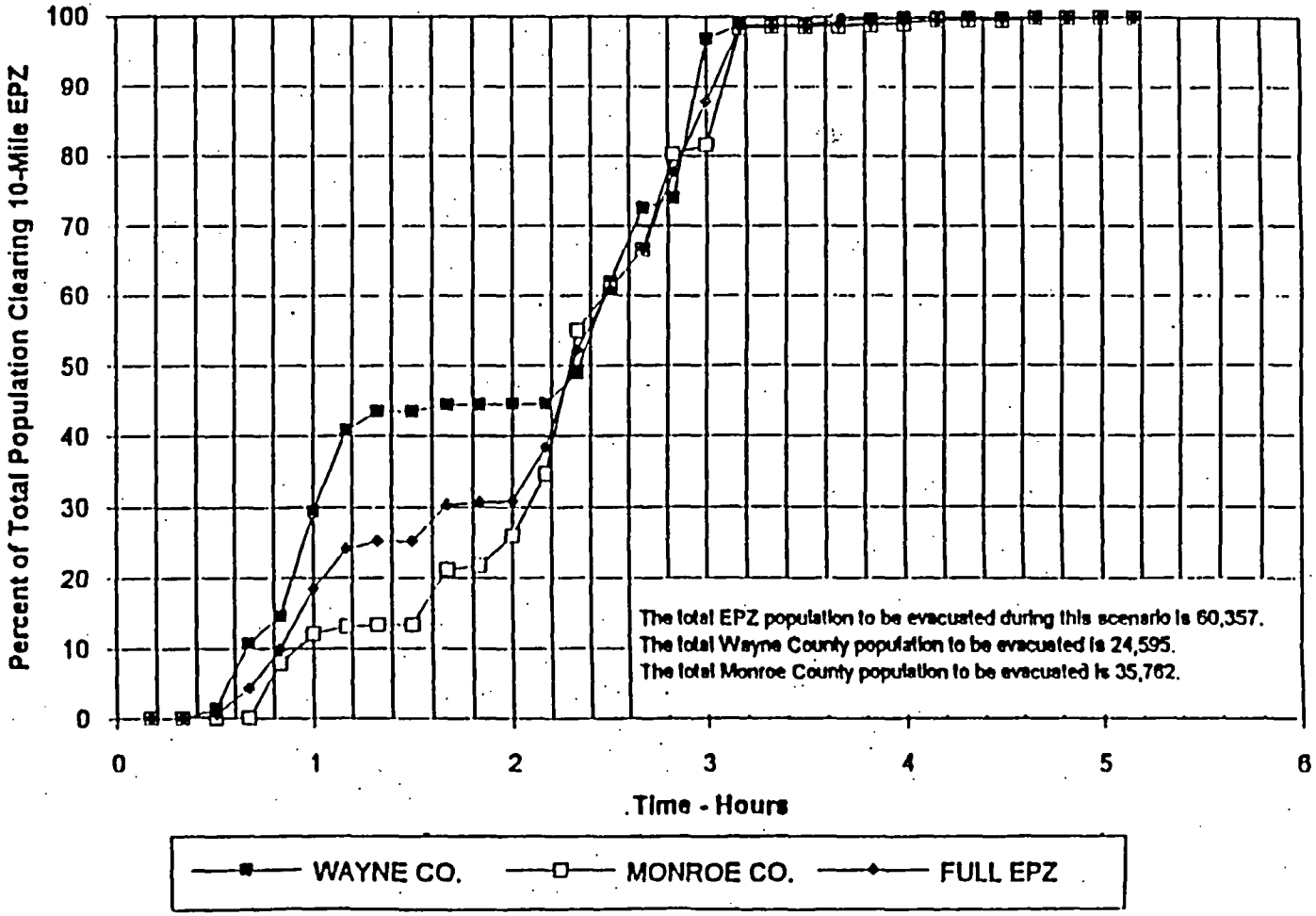


FIGURE 55
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Winter, Midweek, Midday
Rainy Weather

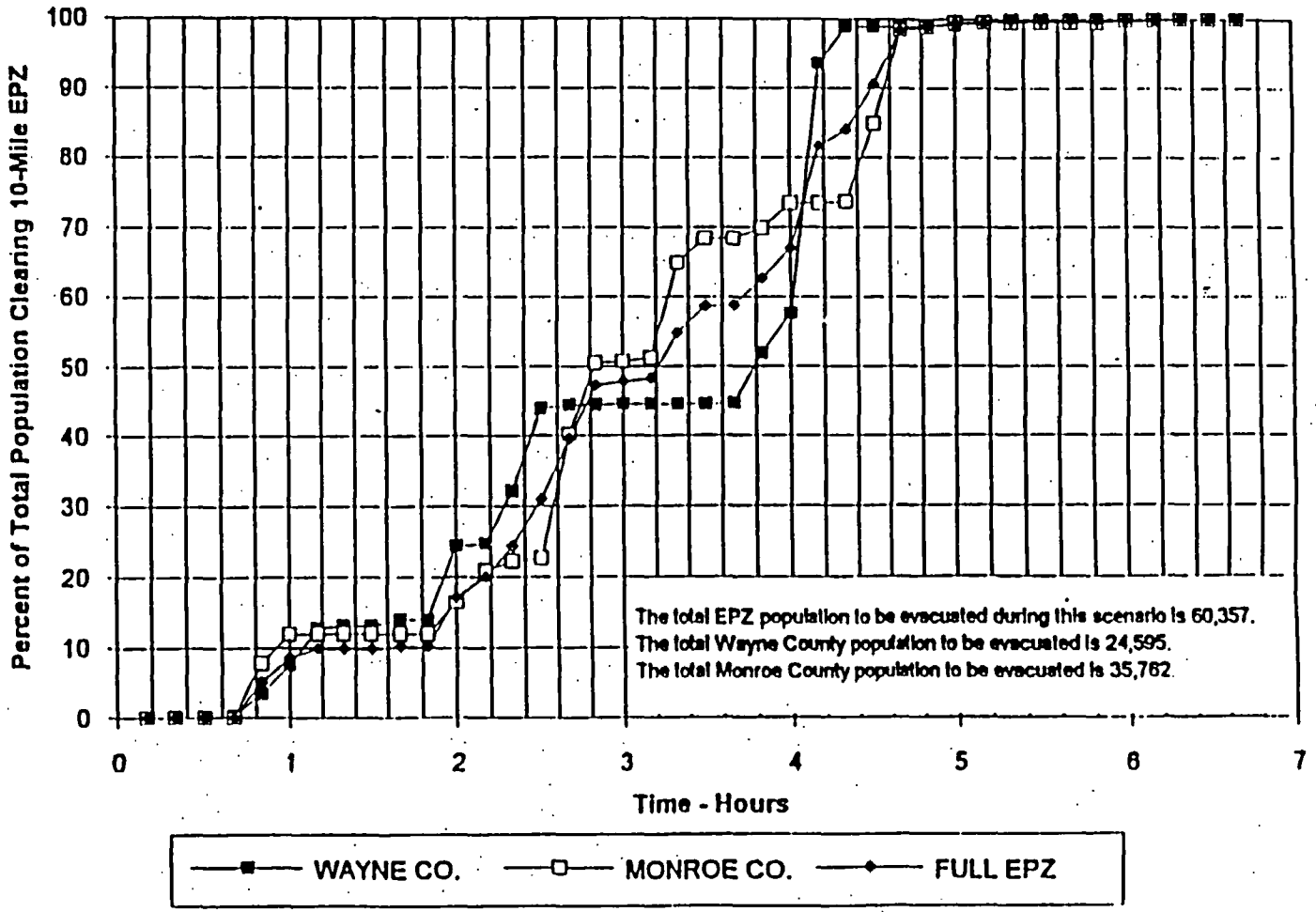
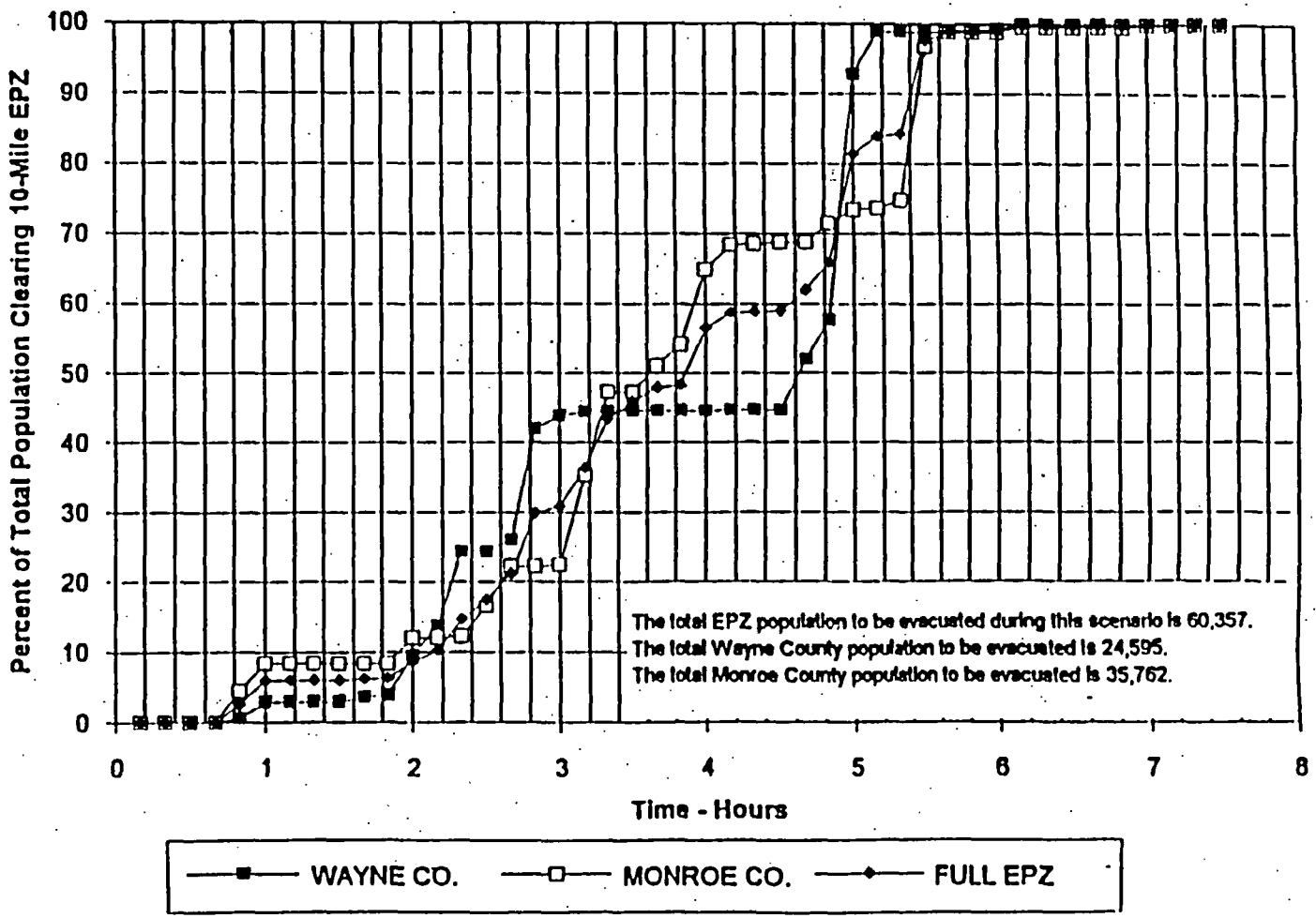
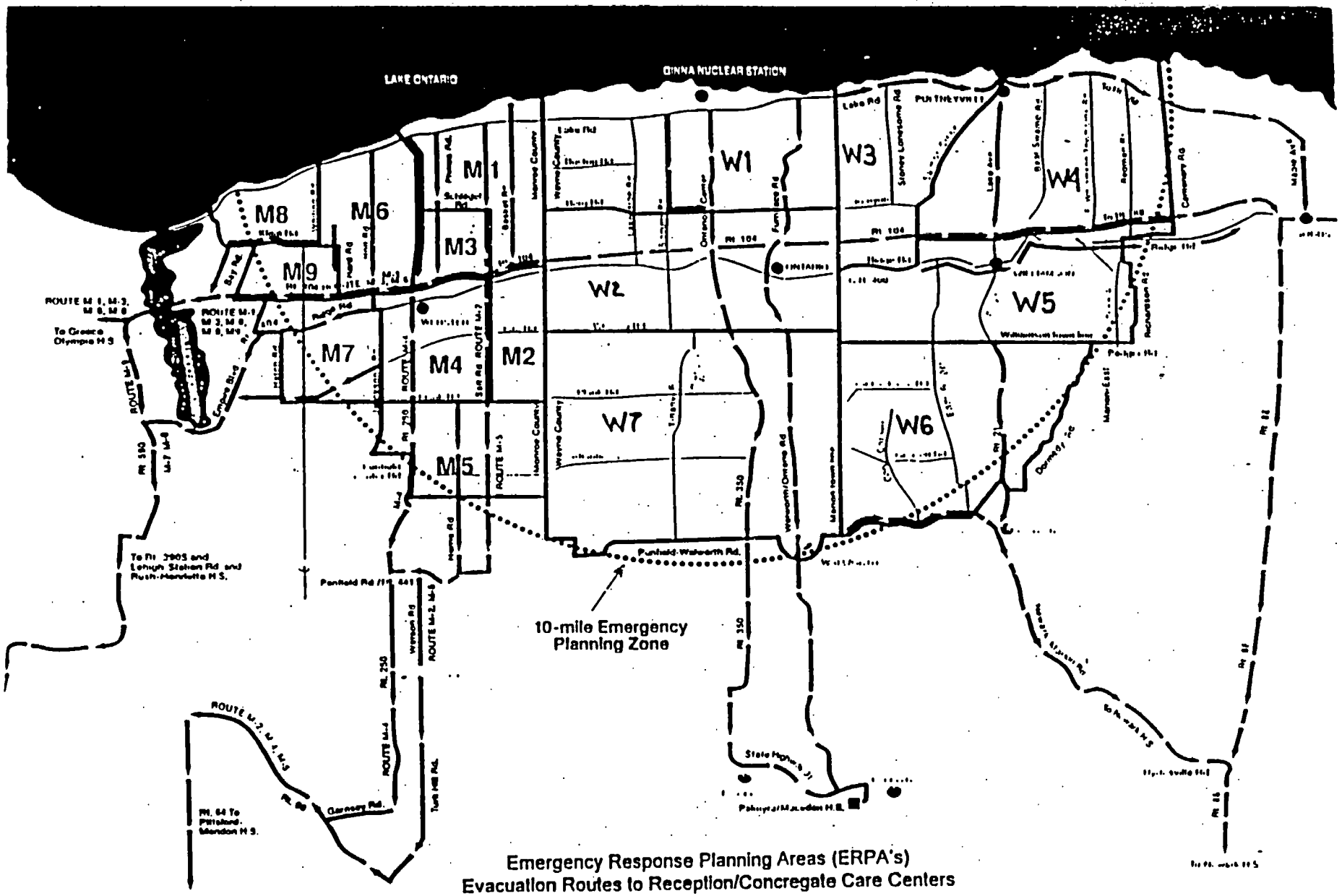


FIGURE 57
Evacuation Travel Time Estimates
Ginna Nuclear Power Station
Winter, Midweek, Midday
Snowy Weather





Emergency Response Planning Areas (ERPA's)
Evacuation Routes to Reception/Concregate Care Centers

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 2-9 REV. NO. 7

ADMINISTRATION OF POTASSIUM IODIDE (KI)

RESPONSIBLE MANAGER

05/05/03
EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 5 PAGES

EPIP 2-9

ADMINISTRATION OF POTASSIUM IODIDE (KI)

1.0 PURPOSE

This procedure is to provide guidelines for the administration and use of potassium iodide (KI).

2.0 RESPONSIBILITY

2.1 The Dose Assessment Manager or the Radiation Protection and Chemistry Manager is responsible for determining the need for potassium iodide(KI).

2.2 The administration of potassium iodide shall be performed only after the approval of the Emergency Coordinator.

3.0 REFERENCES

3.1 Developmental References

3.1.1 NCRP Report No. 55 "Protection of the Thyroid Gland in the Event of Releases of Radioiodine."

3.1.2 Federal Register Vol. 47 28158, June 29, 1982.

3.1.3 THYROBLOCK, Instruction Sheet, Wallace Laboratories.

3.1.4 Nuclear Emergency Response Plan

3.1.5 New York State Radiological Emergency Preparedness Plan.

3.1.6 Food and Drug Administration (FDA) "Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies", December 2001.

3.2 Implementing References

None.

4.0 PRECAUTIONS

4.1 The use of KI should be considered in conjunction with other available protective options, including respiratory protective devices and limited stay-times.

4.2 The use of potassium iodide (KI) is voluntary.

4.3 KI should not be administered to personnel who know they: (1) are allergic to iodide; (2) have dermatitis herpetiformis or hypocomplementemic vasculitis; or (3) would react with a medical prescription.

4.4 Individuals with multinodular goiter, grave's disease and autoimmune thyroiditis should be treated with caution especially if dosing extends beyond a few days.

4.5 An important factor in obtaining satisfactory blockage of acute radioiodine uptakes is the time of iodide administration after exposure to radioiodine. It is preferable to administer KI before or shortly after the start of exposure to achieve blockage of 90 percent or more. A substantial benefit (e.g. a block of 50%) is attainable only during the first 3 - 4 hours after the start of exposure. However, since the majority of radioiodine has entered the thyroid gland by 10 -12 hours after exposure, little benefit may be expected by blocking beyond this time.

4.6 For chronic radioiodine exposure, KI will, of course, be useful at any time during the exposure and hence should still be administer even if the drug was not given shortly before or after the release of radioactivity.

4.7 Do not administer KI which has passed its expiration date. Check expiration date prior to issuance.

4.8 Distribution of KI to the general public is the responsibility of New York State, and will only be issued to the general public if approved by the New York State Department of Health.

5.0 **PREREQUISITES**

5.1 Any of the following conditions exist:

5.1.1 Thyroid dose to an individual(s) is projected to be greater than 5 rem.

5.1.2 Plant conditions indicate the potential for a large release of radioiodine.

6.0 **ACTIONS**

6.1 KI Determination

6.1.1 Dose Assessment Manager or Radiation Protection and Chemistry Manager:

a. Determine projected thyroid dose by using the Thyroid Graph (Attachment 1).

b. If thyroid dose is greater than 5 rem, obtain authorization from the Emergency Coordinator.

****

CAUTION

DO NOT ADMINISTER KI WITHOUT THE APPROVAL OF THE EMERGENCY COORDINATOR.

****

c. A supply of KI tablets is available at the following locations:

1. Technical Support Center
2. Control Room
3. Survey Center
4. Emergency Operations Facility

6.2 KI Administration

6.2.1 Use Thyro-Block Instructions (Attachment 2) as guidance.

6.2.2 Advise all personnel that the use of KI is voluntary.

****

CAUTION

THE ONLY PEOPLE WHO SHOULD NOT TAKE KI ARE PEOPLE WHO: (1) KNOW THEY ARE ALLERGIC TO IODIDE; (2) HAVE DERMATITIS HERPETIFORMIS OR HYPOCOMPLEMENTEMIC VASCULITIS; OR (3) WOULD HAVE AN ADVERSE REACTION DUE TO A MEDICAL PRESCRIPTION THEY ARE CURRENTLY ON.

DO NOT ADMINISTER KI WHICH HAS PASSED ITS EXPIRATION DATE PRIOR TO ISSUANCE.

****

6.2.3 Notify the EOF Recovery Manager of the decision to Administer KI if EOF activated.

6.2.4 The Emergency Coordinator shall consult with New York State and County emergency management via the EOF prior to issuing KI to offsite agency personnel assigned to Ginna Station (National Guard, New York State Police, Fire, EMS, etc.).

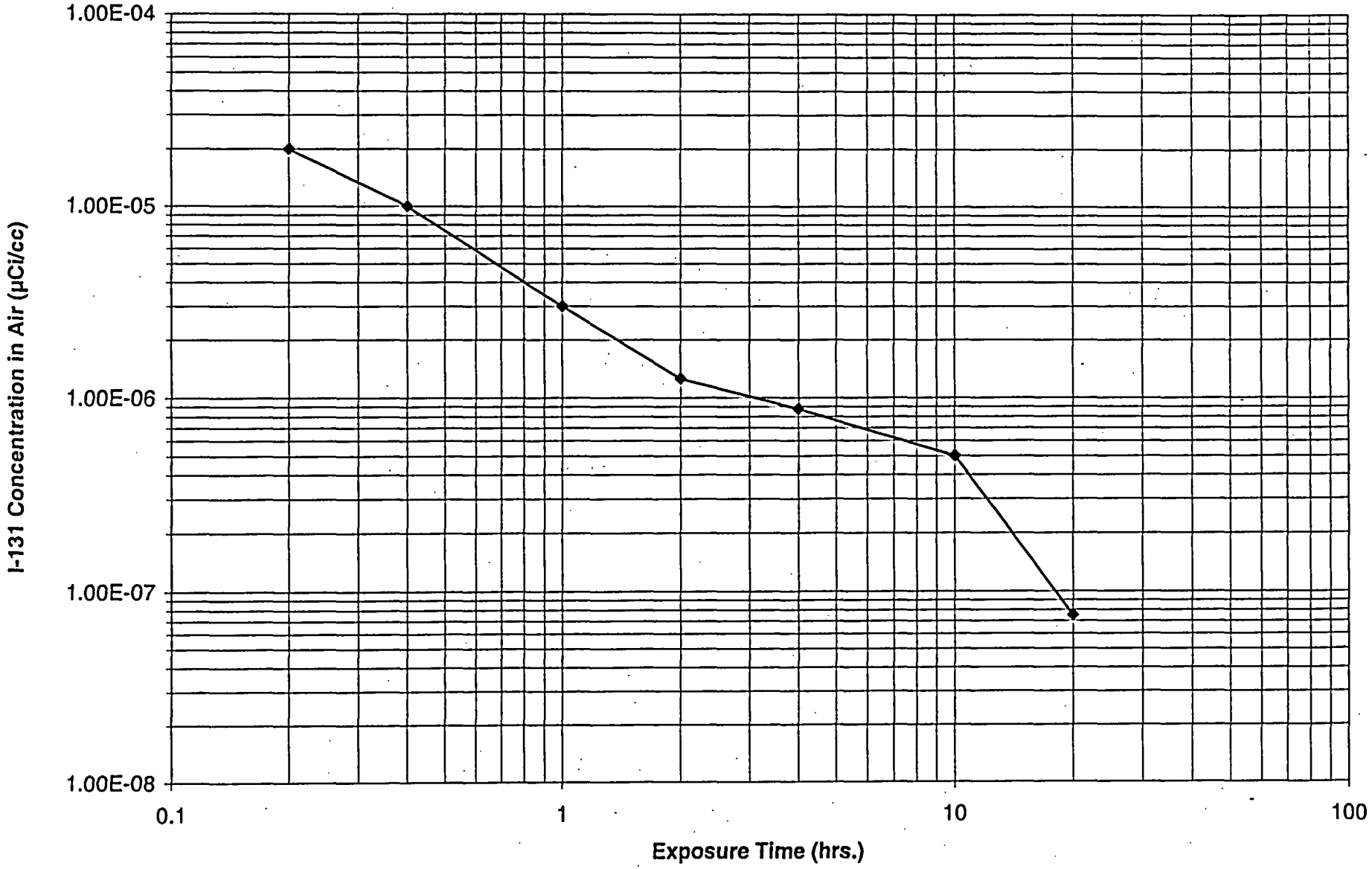
6.2.5 Administer one KI tablet (130 mg. tablet) to each person.

6.2.6 Notify the RG&E Medical Services if KI tablets have been issued, and request assistance in follow-up administration of KI and personnel thyroid evaluations. Consider contacting Radiation Management Consultants at (215) 243-2990 for additional medical expertise.

7.0 **ATTACHMENTS**

1. Thyroid Graph.
2. Thyro-Block Instructions.

5 REM Thyroid Dose Plot



THYRO-BLOCK INSTRUCTIONS

THYRO-BLOCK®
TABLETS
(POTASSIUM IODIDE TABLETS, USP)
(Pronounced poe-TASS-e-um EYE-oh-dyed)
(Abbreviated: KI)

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. *DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE.* (SEE SIDE EFFECTS BELOW.)

INDICATIONS

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

DIRECTIONS FO USE

Use only as directed by State or local public health authorities int he event of a radiation emergency.

DOSE

Tablets: ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER: One (!) Tablet once a day. Crush for small children.

BABIES UNDER YEAR OF AGE: One-half (1/2) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (50° to 85°F). Keep container tightly closed and protect from light.

WARNING

Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

DESCRIPTION

Each white, round, scored, monogrammed THRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, and sodium thiosulfate.

HOW POTASSIUM IODIDE WORKS

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they needs from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

WHO SHOULD NOT TAKE POTASSIUM IODIDE

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

HOW AND WHEN TO TAKE POTASSIUM IODIDE

Potassium iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amount of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

SIDE EFFECTS

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful no to take more than the recommended dose or take it longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth, and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

WHAT TO DO IF SIDE EFFECTS OCCUR

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for isntructions.

HOW SUPPLIED

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) are white, round, one side scored, other side debossed 472 WALLACE, each containing 130 mg potassium iodide. Available in bottles of 14 tablets (NDC 0037-0472-20).

WALLACE LABORATORIES
Division of
CARTER-WALLACE
Cranbury, New Jersey 08512'

IN-0472-03

Rev. 5/94