DISTRIBUTION CONTROL LIST

•- .

Document Name: EMER PLAN

CC_NAME	NAME	DEPT	LOCATION
2	EP/TRAINING ADMINISTRATOR	TRAINING (ALL EP'S)	#48
3	RES DEPARTMENT MANAGER REFERENCE LIBRARY JOINT NEWS CENTER	RES (UNIT 3/IPEC ONLY)	45-4-A
4	REFERENCE LIBRARY	REC/TRN (UNT 3/IPEC ONLY)	BLDG/17
9	JOINT NEWS CENTER	EMER PLN (ALL EP'S)	EOF
10	SHIFT MGR. (LUB-001-GEN)	OPS (UNIT 3/IPEC ONLY)	IP3
11	CONTROL ROOM & MASTER	OPS(3PT-D001/6(U3/IPEC)	IP3 (ONLY)
14	EOF AEOF/A.GROSJEAN(ALL EP'S) NUC ENGINEERING LIBRARY	E-PLAN (ALL EP'S)	EOF
16	NUC ENGINEERING LIBRARY	DOC (UNIT 3/IPEC ONLY)	WPO-12D
	TSC	· · · ·	45-3-F
21	DECIDENT INCREATOR	ILE NEC (INTER 2 / TEC ONLY)	43-3-F 45.2 D
22	RESIDENT INSPECTOR SILK DAVID	US NRC(UNIT 3/IPEC ONLY) NRC (ALL EP'S) NRC (ALL EP'S) NRC (ALL EP'S)	45-2-6 OFFSITE
24	STLK DAVID	NRC (ALL EP'S)	OFFSITE
25	DOCUMENT CONTROL DESK	NRC (ALL EP'S)	OFFSITE
<u>^</u>		NRC (ALL EP'S) J A (UNIT 3/IPEC ONLY)	OFFSITE
29	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
30	E-PLAN STAFF E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
31	BARANSKI J (VOLUME I ONLY)		
32	SUTTON A ~ (VOLUME I ONLY)	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO N (VOLUME I ONLY)	EMERGENCY SERVICES	ROCKLAND
	GREENE D (VOLUME I ONLY)		
	RAMPOLLA M(VOLUME I ONLY)		
	SIMULATOR	TRAIN (UNIT 3/IPEC ONLY)	48-2-A
107	QA MANAGER	QA (UNIT 3/IPEC) NRQ (UNIT 3/IPEC ONLY)	TRL #2A
	C.STELLATO (NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
	L.GRANT (LRQ-OPS/TRAIN) E-PLAN STAFF	LRQ (UNIT 3/IPEC ONLY)	#48 DOD
		E-PLAN (ALL EP'S) (UNIT 3/IPEC ONLY)	EUF HAO
510	L.GRANT (LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#40 #/9
	L.GRANT (LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	
512	C. STELLATO (NRO-OPS TRN)	NRO (UNIT 3/IPEC ONLY)	#48
513	C.STELLATO (NRQ-OPS TRN) C.STELLATO (NRQ-OPS TRN) PLANT MANAGER'S OFFICE	NRQ (UNIT 3/IPEC ONLY) NRQ (UNIT 3/IPEC ONLY)	#48
517	PLANT MANAGER'S OFFICE	ADMIN/(UNIT 2/IPEC ONLY)	IP2
518	DOCUMENT CONTROL	UNIT 2 (UNIT 2/IPEC ONLY)	IP2
520	PLANT MANAGER'S OFFICE DOCUMENT CONTROL CONTROL ROOM (UNIT 2) SIMULATOR	OPS (UNIT 2 & IPEC ONLY)	IP2
521	SIMULATOR	TRAIN (UNIT 2/IPEC ONLY)	IP2
522	NRC RESIDENI	US NRC (UNIT Z/IPEC UNLI)	172
523	ROBERT VOGLE (UNIT 2)	TRAIN/LIB (ALL EP'S)	TODDVILLE
524	JOHN MCCANN (UNIT 2)	NUC SAFETY/LIC(ALL EP'S)	IP2

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Entergy	IPEC SITE MANAGEMENT MANUAL	QUALITY RELATED Administrative Proced	URE IP-SMM-AD	-103 Revision 0
		INFORMATIONAL USE	Page	13 of 21
ATTACHMENT 10.1	······································	SMM CONT	ROLLED DOCUMENT	FRANSMITTAL FORM
SITE MANAG	EMENT MANUAL CONT	ROLLED DOCUMENT TRA	NSMITTAL FORM	- PROCEDURES
Entergy	/	1	Controlled Doc Mittal Form - Pr	
TO: DISTRIBUTI	ON DATE: 6		ANSMITTAL NO: 28	3207
FROM: IPEC DC	CUMENT CONTROL: E	(Circle one) Cor IP2 53'EL F	HONE NUMBER: 2	71-7057
receipt, incorporate	the document(s) into your (ed for use. In accordance wi controlled document file, pro owledgement below within fi	perly disposition supe	erseded, void, or inactive
AFFECTED DOCU	MENT: EMER	GENCY PLANNING PROC	EDURE:	IPEC
DOC #	REV#	TITLE	INST	RUCTIONS
	IG PROCEDURE HAS I VISED COPY:	VITH ATTACHED REVI BEEN REVISED. REPL		OPY WITH
	***********PLEAS		DATE**********	
SUPERSEDED, VO BEEN REMOVED F	DID, OR INACTIVE COPIES	NT(S) IS HEREBY ACKNO S OF THE ABOVE LISTED I ATES HAVE BEEN PERFO HOWN ON THE DOCUMEI	DOCUMENT(S) IN M RMED IN ACCORD/	IY POSSESSION HAVE
NAME (PRINT) SIGNATURE	DATE	CC#	25

TO: Nuclear Regulatory Commission 25



FROM: IPEC Emergency Planning

SUBJECT: Emergency Planning Document Update

Date: 05/19/03

Please update your controlled copy of the documents listed below as specified with the copy(s) attached.

Please sign this memo indicating that you have completed the update as specified and return to:

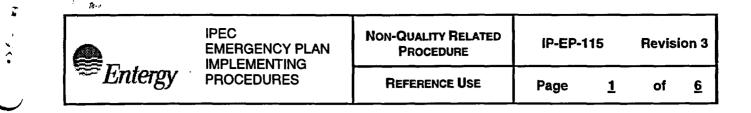
Entergy Nuclear Indian Point Nuclear Generating Station Records and Documents Department Broadway & Bleakley Aves. Buchanan, NY 10511 Attn: Document Custodian

Document #	Document Name	New Rev. #/ Date	Old Rey. #/ Date	Instructions
IPEC	IPEC Emergency Plan Implementing Procedures			
ТОС		05/19/03	05/05/03	Replace old with new
IP-EP-115	Emergency Plan Forms	Rev. 3 05/19/03	Rev. 2 05/05/03	Replace old with new

Update completed as specified:

Indian Point Energy Center Emergency Plan Implementing Procedures Table of Contents

Procedure No.	Procedure Title	Rev. No.	Effective Date
IP-EP-115	Emergency Plan Forms	3	05/19/03
IP-EP-130	Emergency Notifications and Mobilization	0	05/05/03
IP-EP-250	Emergency Operations Facility	0	03/06/03
IP-EP-251	Alternate Emergency Operations Facility	1	03/06/03
IP-EP-255	Emergency Operations Facility Management and Liaisons	N/A	VOIDED
IP-EP-260	Joint News Center	0	03/06/03
IP-EP-310	Dose Assessment	1	03/06/03
IP-EP-410	Protective Action Recommendations	1	03/06/03
IP-EP-510	Meteorological, Radiological & Plant Data Acquisition System	1	03/06/03
IP-EP-520	Modular Emergency Assessment & Notification System (MEANS)	1	03/06/03
IP-EP-610	Emergency Termination and Recovery	1	03/06/03
IP-EP-620	Estimating Total Population Exposure	1	03/06/03



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Emergency Plan Forms

Prepared by: Daria Weaver Print Name <u>5/18/03</u> Date Signature (Klo) Frank Inzirillo Approval: Print Name Date

Effective Date: May 19, 2003

EP-IP-EP-115 (Forms) R3.doc



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Emergency Plan Forms

1.0 PURPOSE

This procedure controls Forms used by the Emergency Response Organization during emergencies.

2.0 <u>REFERENCES</u>

NONE

3.0 **DEFINITIONS**

NONE

4.0 **RESPONSIBILITIES**

5.1 The Emergency Planning Department is responsible for maintaining forms used by the Emergency Response Organization in accordance with this procedure.

5.0 DETAILS

- 5.1 Use of Forms
 - 5.1.1 The Implementing Procedure that calls for a form to be completed controls the actual use of forms.
 - 5.1.2 Any needed instructions for form completion will either be on the form itself or in the procedure calling for its use.
- 5.2 Control of Forms
 - 5.2.1 Forms are numbered sequentially as the need for them is defined by other implementing procedures.
 - 5.2.2 Form numbers will be formatted as "Form EP-n Rev x", where n is the sequential number of the form and x is the current revision of the form.
- 5.3 Method of Placing Forms in this Procedure
 - 5.3.1 Forms are attached as addendums to this procedure. They will appear formatted in the end use format. There will be no annotation on the addendums or actual forms showing addendum number or procedure page number.



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6.0 **INTERFACES**

Attachment 1, Current List of Effective Forms contains interfacing documents to each form.

7.0 RECORDS

Forms become official records when completed during a declared emergency.

8.0 **REQUIREMENTS AND COMMITMENT CROSS-REFERENCE**

None

9.0 **ATTACHMENTS**

Attachment 9.1 **Current List of Effective Forms**



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Attachment 9.1 Current List of Effective Forms Sheet 1 of 2

Form Number	Current Revision	Form Title (number of pages)	Interfacing Procedures
EP-1	Rev. 1	NYS Radiological Emergency Data Form, Part 1 (1 page)	IP-EP-130 IP-EP-250 IP-1010 (Unit 2) IP-2001 (Unit 3)
EP-2	Rev. 1	NYS Radiological Emergency Data Form, Part 2 (1 page)	IP-EP-130 IP-EP-250 IP-1010 (Unit 2)
EP-3	Rev. 1	CCR NUE Notification Checklist (2 pages, used back to back)	IP-EP-130 IP-EP-250 IP-1010 (Unit 2) IP-2001 (Unit 3)
EP-4	Rev. 1	CCR Initial Notification Checklist – Alert/SAE/GE (2 pages, used back to back)	IP-EP-130 IP-EP-250 IP-1010 (Unit 2) IP-2001 (Unit 3)
EP-5	Rev. 1	Upgrade / Update Notification Alert/SAE/GE Checklist (2 pages, used back to back)	IP-EP-130 IP-EP-250 IP-1010 (Unit 2) IP-2001 (Unit 3)
EP-6	Rev. 0	Emergency Exposure Authorizations	IP-EP-250 IP-1023 (Unit 2)
EP-7	Rev. 0	EOF Staffing	IP-EP-250
EP-8	Rev. 0	Recovery Issues / Strategies Form	IP-EP-610
EP-9	Rev. 1	Essential Information Checklist	IP-EP-250 IP-1010 (Unit 2) IP-2001 (Unit 3)
EP-10	Rev. 0	ERO Log Sheet	IP-EP-250
EP-11	Rev. 1	IPEC Manual Dose Assessment Worksheet / Estimating Containment Activity via R-25 / 26	IP-EP-310
EP-12	Rev. 0	Estimated Total Population Dose (8 pages)	IP-EP-620
EP-13	Rev. 1	IPEC Manual Dose Assessment Worksheet/ TEDE Whole Body Exposure Calculations and TODE Thyroid Exposure Calculations (2 pages)	IP-EP-310
EP-14	Rev. 0	EOF Check Point Sign-In Log (2 pages, used back to back)	IP-EP-250
EP-15	Rev. 0	(un-assigned)	
EP-16	Rev. 0	(un-assigned)	
EP-17	Rev. 0	IP-2 Manual Determination of Release Rate	IP-EP-310



of

Revision 3

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Attachment 9.1 **Current List of Effective Forms** Sheet 2 of 2

Form Number	Current Revision	Form Title (number of pages)	Interfacing Procedures
EP-18	Rev. 0	IP-3 Manual Determination of Release Rate	IP-EP-310
EP-19	Rev. 0	IPEC Manual Dose Assessment Worksheet/Back Calculating Release Rate from Field Data	IP-EP-310
EP-20	Rev. 1	Emergency Director Turnover Sheet	IP-EP-250
EP-21	Rev. 0	Media Briefing Worksheet	IP-EP-260
EP-22	Rev. 0	Media Briefing Issues Form	IP-EP-260
EP-23	Rev. 0	JNC Staffing Form	IP-EP-260
EP-24	Rev. 0	Emergency Summary Sheet	IP-EP-260
EP-25	Rev. 1	Written Statement Distribution Checklist	IP-EP-260
EP-26	Rev. 2	Information Distribution Guide	IP-EP-260
EP-27	Rev. 0	Public Inquiry - Media Referral and Media Monitoring Form	IP-EP-260
EP-28	Rev. 0	Joint News Center Fax Cover Sheet	IP-EP-260
EP-29	Rev. 0	Individual Exposure Tracking Log	IP-EP-250
EP-30	Rev. 0	Monitoring Team Radiation Field Survey Data	IP-EP-250
EP-31	Rev. 0	Monitoring Team Sample Data	IP-EP-250
EP-32	Rev. 0	Determination of Radioactive Airborne Concentrations	IP-EP-250
EP-33	Rev. 0	Media Inquiry Log	IP-EP-260
EP-34	Rev. 0	Courtesy Call Guide	IP-EP-260
EP-35	Rev. 0	JNC Talking Points	IP-EP-260
EP-36	Rev. 0	Primary – ERO Activation Checklist	IP-EP-130
EP-37	Rev. 1	Backup – ERO Activation Checklist	IP-EP-130
NRC 361	12-2000	Reactor Plant Event Notification Worksheet (NRC Form)	IP-EP-130
	······································		

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2 	<u>-</u>	New York State Radiological Emergency Data Form Notification # Indian Point Energy Center Part I - General Information Instructions
\checkmark	1.	This message being transmitted on:at: at: DAM VIA: A. RECS
Ī	2.	This is A. <u>NOT</u> an Exercise B. An Exercise
	3.	The Facility Affected is: A. Unit 2 B. Unit 3 C. Both
	4.	The EmergencyA. Unusual EventC. Site Area EmergencyE. EmergencyF. RecoveryB. AlertD. General EmergencyTerminatedG. Other
	5.	This Emergency Classification Declared on: at: at: D AM
	6.	Release of A. No Release Radioactive Materials B. Release BELOW federally approved operating limits (Technical Specifications) due to the Classified Event: I To Atmosphere To Water C. Release ABOVE federally approved operating limits (Technical Specifications) I To Atmosphere To Water D. Unmonitored Release – requiring evaluation D. Unmonitored Release – requiring evaluation
ľ	7.	Protective Action Recommendations:
		 A. No need for Protective Actions outside the site boundary. B. EVACUATE and implement the KI plan for the following ERPAs:
		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 C. SHELTER all remaining ERPAs.
	8.	EAL Number:
	9.	The Plant status is: A. Stable C. Degrading E. Cold Shutdown B. Improving D. Hot Shutdown
	10.	Reactor Shutdown: A. Not Applicable B at: DAM
	11.	Wind Speed: Meters/Second at elevation10 meters.
	12.	Wind Direction: (From) Degrees at elevation10 meters.
ľ	13.	Stability Class: A B C D E F G
	14.	Report By:at Telephone Number (914) (Communicator's Name)
ŀ	Mes	sage Received by: Message Ended at:
L		Emergency Director Review and Approval:

Part I Page 1 of 1

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Effective 5/5/03

Indian Point Energy (ologic	New York State cal Emergency I plogical Assess			
This is: A. <u>NC</u>	DT an Exercise	В	. An Exercise			
Message transmitted	at: Date:	_ Tim	e: Loca	tion / Facility trans	mitted from:	
 16. General relea A. Event Release B. Event Release C. Event Release D. Reactor Shutd Meteorological Data E. Wind Speed F. Wind Direction G. Stability class 17. Atmospheric A. Release from: B. lodine/Noble g (Assumed) C. Total release release 	se information: e started Date e expected to end Date e ended: Date: lown: N/A OR As of Date: meter n: degree (Pasquill):A B C D release information: □ Ground □ Elevate pas ratio: IOR Actual)	Ti Ti Ti Ti Ti Ti Ti Ti Ti Ti	ime:Time: ime:Ti ate:Ti ime:Ti ime: ond At elevatio t elevation: E G S of Date S of Date Noble gas Noble gas	me: on: meters Time s release rate: ease rate articulate release	meters Ci/sec Ci/sec Ci/sec rate Ci/sec	
B. Total concentr 19. Dose calculat Calculation is based o	tions (based on a rele	μC ase dι	Ci/ml D. Te	otal activity release hours)	ed <i>Ci</i>	
Table below applie	es to (circle one) A	. Atn	nospheric rele	ase B. Water	borne release	
DISTANCE	Xμ/Q		DOSE TEDE (<i>Rem</i>)	<u> </u>	TODE (Rem)	
Site Boundary						
2 Miles						
5 Miles						
10 Miles						
Miles						
20. Field measure	ement of dose rates of	or sur	face contamina	tion/deposition:	L	
Mile/Sector OR Mile/Degrees	Location OR Sampli	ng Po	int	Time of Reading	Dose Rate (<i>mR/hr</i>) OR Contamination (µCi/m ²)	
	Emergency	Direct	or Review and A	pproval:		

Control Room NUE Notification Checklist

No	te: Perform only circled i	tems for NUE periodic Updat	e Notifications		
No	tify Protected Area Personne	el:			Tim
1.	Contact opposite unit's Control I IF Unit 3 is the affected unit THE Unit 2: 734-5294 (5295)			•	
2.	Notify Security Shift Superviso classification. IF Unit 3 is decl Room.	aring the event, THEN request	an Offsite Communi		
$\overline{\mathbf{x}}$	tify State and Counties: (to be				
(<u>3.</u>) (4.)	Pick up the RECS handset and o When you hear the message	*You have initiated a conferen	<i>ce</i> " s tate:		
(5.)	•		•	HEN hang up (for V-Band pres	s "Clear
6.	IF unable to contact any statio OR telephone (phone number	n via RECS <u>THEN</u> use Local (s on back), to contact Warning	Government Radio (L Point(s) for those sta	GR) (instructions on back). ations not reached.	
(7.)	Enter time you are starting the	initial roll call in the space pro	vided below.		
(8.)		tify itself. Check off "Initial Roll		nowing stations, stopping after on as they answer the roll call: Final	each na
		Location	Roll Call	Roll Call	
	Time Initial Roll Call	New York State			
ſ	Started	Westchester County			
Į		Peekskill City			
	Time Final	Rockland County			
Γ	Roll Call Completed	Orange County			
		Putnam County	Q	<u>i</u>	
Į		West Point			
9.	SLOWLY read all of the inform After reading the form say "Sta		approved NYS Radio	plogical Emergency Data Form	Part I.
(10)		Il call. IF any location did not c		on. Check off "Final Roll Call" fo <u>EN</u> instruct them to call the Sta	
(1)	End notification by saying "Ind	lian Point out at (<i>time</i>)". Ente	er final Roll Call time i	n the space provided above.	
12)		the initial roll call <u>THEN</u> contained to either call the State to one location and time of this notif	btain the notification i	information or read them the in	nbers on formatio
		0	Room activates DIAL	OGIC system)	Time
No	tify Emergency Response	Organization: (Unit 2 Contro			
	tify Emergency Response Ask the Shift Manger (Emerge Emergency Response Organiz <u>THEN</u> contact the Unit 2 Contr	ncy Director) if Emergency Rezation should receive Event No	sponse Organization tification only. <u>IF</u> Uni	t 3 is the affected unit	
	Ask the Shift Manger (Emerge Emergency Response Organiz <u>THEN</u> contact the Unit 2 Contr <u>IF</u> Emergency Response Orga Mobilization" envelop to mobili	ncy Director) if Emergency Re- zation should receive Event No- rol Room and direct notification anization mobilization is needed ize the ERO. (Form EP-36)	sponse Organization tification only. <u>IF</u> Uni by one of the followi d, <u>THEN</u> use Envelop	t 3 is the affected unit ng as appropriate: pe A "IPEC ERO	
	Ask the Shift Manger (Emerge Emergency Response Organiz <u>THEN</u> contact the Unit 2 Contr IF Emergency Response Orga	ncy Director) if Emergency Re- zation should receive Event No- rol Room and direct notification anization mobilization is needed ize the ERO. (Form EP-36) <u>N</u> use Envelope B "IPEC ERC notify them of the event. (Form	sponse Organization tification only. <u>IF</u> Uni by one of the followi d, <u>THEN</u> use Envelo D Event Notification" e D EP-36)	It 3 is the affected unit ng as appropriate: be A "IPEC ERO envelop to contact the	

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Control Room NUE Notification Checklist (cont)

No	tify Media Relations:				Time
14.	Call Indian Point Communications Representat	tive at 914-271-7031			
	Read the following statement to individual an				
	"This is the Unit Control Room, an Un			(time) on	· ·
	Emergency Action Level number Obtain and enter name of individual contacted				
		90			
No	tify NRC: (to be initiated within 1 hr. of classi	fication)			Time
15.	IF it is during normal working hours THEN normal working hours the second se		it(s) NRC Resident In	spector	
	IF during off-hours THEN call or page the NI the Emergency Telephone Directory	RC Senior Resident	Inspector using phone	e numbers provided in	
	Provide the Inspector with Date/Time of NUI	E classification, EAL	# and brief descriptio	n of event.	
16.)	Contact NRC by calling main number listed of 2nd or 3rd backup number, or region 4 altern		nain number does not	work THEN use 1st,	
	Inform them that this is a 50.72 notification a # and brief description of event. Complete N			ency classification, EAL	
17)	Record any Comments:				
18	Date and sign this form	Date:	Signature:		
19	Inform the Shift Manager that you have com	pleted NUE notificat	lions.		
20)	Fax copies of the NYS Radiological Emerge originals to the Shift Manager.	ncy Data Form, Par	t I to State, counties, 7	SC, EOF, and JNC and p	rovide

A. If using the LGR (for V-Band depress the "LGR" button on the communications console) verify power on and pickup the handset & depress the handset button. Conduct roll call (see step 7).

- B. If using the commercial telephone, then dial the Warning Points phone numbers below.
- C. Transmit the following: "This is to report that an Unusual Event has been declared at Indian Point Energy Center. Stand by for a fax of the Part I form".
- D. Fax the Part I form to the State and Counties Warning Points and EOC's.

Warning Point and EOC phone numbers

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Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or -3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-291-4033	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
West Point	845-938-8846	845-938-8846
New York State	518-457-2200 or 457-6811	518-457-9900

Control Room Initial Notification Checklist – Alert / SAE / GE

No	tify Protected Area Personnel:	Time
	te: If the Shift Manager does not feel it is safe to relocate personnel at this time <u>DO NOT</u> sound the Site Assembly Alarm or call for personnel to report to the Assembly Areas.	
1.	Contact opposite unit's Control Room and inform them of classification, time, EAL# and brief description. Unit 2: 734-5294 (5295) Unit 3: 736-8277 (8282)	
2.	Coordinate the following with the opposite unit Control Room:	
	a. Sounding of the Site Assembly Alarm for 30 seconds and,	
	 b. Announcing the following message over both Unit's P.A. Systems three (3) times: "Attention all personnel, a (Alert / Site Area Emergency / General Emergency) has been declared" "All Essential Personnel report to your assigned emergency facility" "All other personnel report to the (Energy Education Center [Unit 2])/ (Training Center [Unit 3])" 	
3.	Notify Security Shift Supervisor at 736-8067 (8068) and provide them with the affected unit, date/time of classification. IF Unit 3 is declaring the event, THEN request an Offsite Communicator report to the Control Room	
'No	tify Emergency Response Organization: (Unit 2 Control Room activates DIALOGIC system)	Time
4.	 Request direction from Shift Manger (Emergency Director) as to ERO mobilization needed utilizing the appropriate envelope. <u>IF</u> Unit 3 is the affected unit <u>THEN</u> contact the Unit 2 Control Room and direct notification by one of the following, as appropriate: <u>IF</u> a security Event, <u>THEN</u> use Envelope C "IPEC ERO Mobilization to Backup Locations" (Form EP-36, Dimensional Context and the provided to th	
	 Primary – ERO Activation Checklist) to mobilize EROs to backup locations. <u>Otherwise</u> use Envelope A "IPEC ERO Mobilization" (Form EP-36, Primary – ERO Activation Checklist) to mobilize EROs. 	
No	tify State and Counties: (to be initiated within 15 min. of classification)	

- 5. Pick up the console handset and depress the "RECS" button (If V-Band press the number "7" button on the keypad.)
- 6. When you hear the message "You have initiated a conference ..." state: "This is to report an event at Indian Point. Standby for roll call"
- 7. <u>IF</u> you did not hear the above message within 5 seconds of pressing the button <u>THEN</u> hang up (If V-Band press "Clear" to hang up), wait 5 seconds and repeat steps 5 and 6.
- 8. <u>IF</u> unable to contact any station via RECS <u>THEN</u> use Local Government Radio (LGR) (instructions on back) <u>OR</u> telephone (phone numbers on back), to contact Warning Point(s) for those stations not reached.
- 9. Enter time you are starting the initial roll call in the space provided below.
- 10. Initiate roll call by asking "(*location title*) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer:

	Location	Initial Roll Call	Final Roli Cali
Time Initial Roll Call	New York State	Q	
Started	Westchester County		
	Peekskill City	Q	
Time Final	Rockland County	Q	
Roll Call Completed	Orange County	Q	
	Putnam County	Q	
	West Point		

- 11. SLOWLY read all of the information from the completed and approved NYS Radiological Emergency Data Form Part I. After reading form say "Stay on line for final roll call."
- 12. Perform a final roll call by asking "(location title) did you copy?" for each location. Check off "Final Roll Call" for each location as they answer the roll call. IF any location did not copy the message <u>THEN</u> instruct them to call the State for clarification or, if requested, repeat the information.
- 13. End notification by saying "Indian Point out at (time)". Enter the time above when final roll call is completed.
- 14. <u>IF</u> any location did not answer the initial roll call <u>THEN</u> contact the missing location via telephone and direct them to either call the State to obtain the notification information or read form information over the telephone. Record the location and time of this notification in the comment section of this form. **Go to page 2 (back)**
- **Proprietary Information**

CCR Initial Notification Checklist Alert/SAE/GE (cont)

:	Not	tify Media Relations:		· · · · · · · · · · · · · · · · · · ·	Time				
	15.	Call Indian Point Communications Representati IF individual answers <u>THEN</u> read the following s "This is the Unit Control Room, a(n) (<u>Ale</u> was declared at on Emergency Ac (time)	statement: <u>rt/Site Area Emergency/(</u> (circle proper classif	ication)					
		Obtain and enter name of individual contacted: OR JF after 2-5 rings the machine picks up THEN read the above message into machine after beep.							
	Notify NRC: (to be initiated within 1 hr. of classification)								
	 IF it is during normal working hours <u>THEN</u> notify the affected unit(s) NRC Resident Inspector Unit 2: 739-9361 or x 5347 Unit 3: 739-8899 								
	IF during off-hours <u>THEN</u> call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory								
		Provide the Inspector with Date/Time of NUE cl	assification, EAL # and b	rief description of event.					
	17.	Contact NRC by calling main number listed on I 1 st , 2 nd or 3 rd backup number, or region 4 alternative statements of the statement of the	ENS phone. (IF main nun ate number listed.)	nber does not work THEN use					
		Inform them that this is a 50.72 notification and EAL # and brief description of event. Complete							
	18.	Record any Comments:	<u> </u>						
			,	<u> </u>					
	19.	Date and sign this form	Date:	Signature:					
	20.	Inform the Shift Manager that you have complet	ed emergency notificatio	ns.					
/	21.	Fax copies of the NYS Radiological Data Form, Shift Manager.	Part I to State, counties,	TSC, EOF and JNC and provide of	originals to the				
-	Use	of Local Government Radio or commercial telep	phone:						
	۸	A If using the LCP (for V-Rend depress the "LCP" button on the communications console) verify power on and nickup the							

- A. If using the LGR (for V-Band depress the "LGR" button on the communications console) verify power on and pickup the handset & depress the handset button. Conduct roll call (see step 7). If using the commercial telephone, then dial the Warning Points phone numbers.
- B. Transmit the following: "This is to report that a (emergency classification) has been declared at Indian Point Energy Center. Stand by for a fax of the Part I form."
- C. Fax the Part I form to the State and Counties Warning Points and EOC's.
- Warning Point and EOC phone numbers

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Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or 995-3027
Peekskill City	914-737-8000	914-737-8000
Rockland County	845-364-8600	845-364-8800 or 364-8900
Orange County	845-291-4033	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
West Point	845-938-8846	845-938-8846
New York State	518-457-2200 or 457-6811	518-457-9900

Update Notification (or upgrade from EOF) / Alert/SAE/GE Checklist

Upgrade notifications shall be made within 15 minutes of classification change. Periodic Update Notifications should be done approximately every 30 minutes or more frequent when conditions change.

Notify Protected Area Personnel:

à,

- 1. IF a Site Area Emergency or General Emergency is declared and initial accountability has not been completed <u>THEN</u> notify the unaffected unit control room and coordinate the sounding or have both control rooms sound the Site Assembly Alarms
- 2. <u>IF</u> the emergency classification changes <u>THEN</u> perform the following:
 - A. Announce (or have both CCRs announce) the applicable message over the P.A. Systems three (3) times:

"Attention all personnel, a (*Site Area Emergency / General Emergency*) has been declared" <u>OR</u> if emergency classification is terminated <u>THEN</u> announce:

"Attention all personnel, the emergency has been terminated"

B. Call the unaffected unit control room and Security Shift Supervisor and inform them of the new classification.

Notify State and Counties: (to be initiated within 15 min. of upgrade)

- 3. Pick up the RECS handset and depress the RECS ring button (for V-Band press the number "7" button on the keypad.)
- 4. When you hear the message "You have initiated a conference ..." state: "This is to report an event at Indian Point Energy Center- Standby for roll call"
- 5. <u>IF</u> you did not hear the above message within 5 seconds of pressing the button <u>THEN</u> hang up (for V-Band press "Clear" to hang up) wait 5 seconds and repeat steps 3 and 4
- IF unable to contact any station via RECS <u>THEN</u> use Local Government Radio (LGR) (instructions on back) <u>OR</u> telephone (phone numbers on back), to contact Warning Point(s) or EOC(s) if activated for those stations not reached.
- 7. Enter time you are starting the initial roll call in the space provided below.
- 8. Initiate roll call by asking "(*location title*) are you on the line?" for each of the following stations, stopping after each name is read to allow station to identify itself. Check off "Initial Roll Call" for each location as they answer the roll call:

Initial

Cinal

	Location	Roll Call	Roll Call
Time Initial Roll Call Started	New York State	Q	
	Westchester County	Q	
	Peekskill City	Q	
Time Final Roll Call Completed	Rockland County		
	Orange County	Q	
	Putnam County		
L	West Point	Q	

- 9. SLOWLY read all of the information from the completed and approved NYS Radiological Emergency Data Form Part I. After reading form say "Stay on line for final roll call."
- Perform a final roll call by asking "(location title) did you copy?" for each location. Check off "Final Roll Call" for each location as they answer the roll call. <u>IF</u> any location did not copy the message <u>THEN</u> instruct them to call the State for clarification or, if requested, repeat the form information.
- 11. End notification by saying "Indian Point out at (time)". Enter final Roll Call time in the space provided above.
- 12. JF any location did not answer the initial roll call <u>THEN</u> contact the missing location via telephone and direct them to either call the State to obtain the notification information or read them the form information over the telephone. Record the location and time of this notification in the comment section of this form.

Go to page 2 (back)

Update Notification (or upgrade from EOF) / Alert/SAE/GE Checklist (cont)

	Note:	Use the CCR Alert/SAE/GE	Initial Notification (hecklist for upgrade	from NUE to Alert.	
No	tify NRC: (1	to be initiated within 1 hr. of u	ipgrade)			Time
13.	Contact NR 1 st , 2 nd or 3 ^t	C by calling main number listed backup number, or region 4 a	t on ENS phone. (IF Iternate number liste	nain number does no d.)	t work THEN use	
		n that this is a 50.72 notification n, EAL # and brief description c				
No	tify ANI, N	YPSC, INPO, NEIL			હો	Time
14.	numbers m	gency is classified at an Alert o ay be in Emergency Telephone n, brief event description, and a	Directory). Provide t	he facility, classificatio	n, date/time of the	
	ANI NYPSC INPO NEIL	(860) 561 - 3433 (Daytime) (518) 473 – 0763 (800) 321 – 0614 (302) 888 - 3000	(Off hours) (518) 674	I - 8836		
15.	Record any	Comments:				
			· · · · · · · · · · · · · · · · · · ·		<u></u>	
16.	Date and si	gn this form:	Date:	Signature:		
17.	Inform the S	Shift Manager that you have cor	npleted emergency r	otifications (CCR only	<i></i>	<u>_</u>
18.		of the NYS Radiological Emerg d provide a copy to the Shift Ma			ounties, TSC, EOF an	d JNC. Maintain

Use of Local Government Radio or commercial telephone:

- A. If using the LGR (for V-Band depress the "LGR" button on the communications console) verify power on and pickup the handset & depress the handset button. Conduct roll call (see step 8). If using the commercial telephone, then dial the Warning Points phone numbers. When the EOC's are manned, then dial the EOC phone numbers.
- B. Transmit the following: "This is to report that a (emergency classification) has been declared at Indian Point Energy Center. Stand by for a fax of the Part I form."
- C. Fax the Part I form to the State and Counties Warning Points and EOC's.

Warning Point and EOC phone numbers

Location	Warning Point Phone #	EOC Phone #
Westchester County	914-864-7890	914-995-3026 or 995-3027
Peekskill City	914-737-8000	914-737-8000
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Orange County	845-291-4033	845-291-3199
Putnam County	845-225-4300	845-225-3896 or 225-9376
West Point	845-938-8846	845-938-8846
New York State	518-457-2200 or 457-6811	518-457-9900

INDIVIDUAL EMERGENCY EXPOSURES AUTHORIZATION

5

/ N/	AME:	SOC	IAL SEC	URITY NO.:	
A	GE:				
Re	eason for exposure in	excess of 5 Rem: (include tas	sks to be p	performed)	
	ESTI	MATE OF PLANNED DOSE		AUTHORIZED EMERGENCY DO	<u>)SE</u>
w	HOLE BODY		REM		REM
E)	TREMITY		REM	<u> </u>	REM
TH	IYROID		REM		REM
: n po	ave volunteered to pe stential consequences	rform the task(s) during which of the proposed emergency f	n I will rec rom the a	eive the emergency Exposure, and I ttached summary.	l understand the
	dividual to aceive Exposure:	(Signature)	<u> </u>	Date:	
O	PM/POM Emergency Director oproval:			Date:	
E	mergency worker e		RNING O BE A	PPLIED to minors or Fertile wo	men
Er	mergency Exposure G	uidelines:			
1.	• • •	-		gency Director or Emergency Plant N	-
2.		be authorized up to 5 Rem em ure is not totaled into this limit		exposure for a given emergency eve	ent. Historical
3.		r the Emergency Director or E posure for Alert or higher clas		y Plant Manager to give a blanket at 5.	uthorization of up to 5
4.		osure greater than 5 Rem Wh on a individual basis for a spe		, 50 Rem Extremities or 50 Rem Ski	n of Whole Body,
5.	All emergency expo	sures are voluntary. – For hig	her doses	s individuals over the age of 45 are p	
6.	Individuals shall be	briefed that these exposures r	may incre	ase their chances of cancer during t	heir lifetime.

- 7. Volunteers may be authorized up to 10 Rem to protect valuable property.
- 8. Volunteers may be authorized up to 25 Rem for life saving or the protection of large populations.
- 9. Individuals may volunteer to receive greater than 25 Rem to save a life.
- 10. For any expected or actual Thyroid Exposure > 25 Rem CDE, the issuance of KI should be considered.

Form EP-6 Rev 0

EFFECTS FROM HIGH LEVELS OF RADIATION EXPOSURE

Radiation injury depends on numerous factors such as the type of radiation, the parts of the body exposed, the rate and duration of exposure, the number of exposures, and the age and sex of the irradiated person. There are short and long term effects from high levels of radiation exposure.

Short Term Effects:

2

Whole Body Effects:

- 15 to 50 Rem No symptoms, blood test may show some slight changes.
- 50 to 200 Rem Some nausea, vomiting, and slight decrease in blood count, no deaths expected.
- 200 to 450 Rem Most have nausea, vomiting, and feel flu symptoms. Most have hair loss, infection likely, 10-50% deaths.
- 450 to 600 Rem Flu, bleeding from mouth and throat, infections likely, 50-90% deaths.

600 to 1000 Rem- Symptoms worse than above, 90-100% deaths.

Radiation Injury to the Skin:

Less than 1000 F	lem - First degree thermal burn (similar to sunburn)
to 5000 Rem	- Blisters form and break open
to 5000 Rem	 Similar to scalding or chemical burn
Over 5000 Rem	 Ulceration and major skin damage

<u>Potential Long Term Effects</u>: Based on information from the National Research Council (BEIR V).

- Cancer Probability: The normal chance of contracting fatal cancer for a group of people with no radiation exposure in the United States is 20%. If this group of people were exposed to 100 Rem, the chance of any person contracting fatal cancer would increase to 28%.
- Genetic Effects: A 100 Rem exposure to radiation is estimated to increase the chance of a genetic effect from 0.25% for the average person with no radiation exposure to 0.5%
- Fertility Effects: An exposure to the gonads of 250 Rem may cause reduced fertility, and an exposure of 600 Rem may cause permanent sterility.
- Cateracts: (Cloudiness or darkening in the lens of the eyes.) 200 Rem to the eyes may cause cataracts (ICRP 41).

Page 2 of 2

Form EP-6 Rev 0

EOF Staffing

No.	Positions	1 st SHIFT	2 nd SHIFT
1*	Emergency Director		
1*	ED Technical Advisor		
1*	Offsite Radiological Manager		
1*	Offsite Communicator		
1	EOF Manager		
2**	Dose Assessor		
1	Radiological Communicator		
1	Field Team Coordinator		
6	Field Monitoring Team Members		
1			
·			
1	Admin & Logistics Manager		
3	EOF Clerical Staff		
	Lead Offsite Liaison		
1	State Liaison		
1	Westchester County Liaison		
1	Rockland County Liaison		
1	Orange County Liaison		
1	Putnam County Liaison		
1	Equipment Operator		
1	Information Liaison		
L			

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Minimum Staffing for facility activation
 ** Only one Dose Assessor required if determination is made there is limited offsite radiological concerns for event.

Form EP-7 Rev 0

Area	Owner	Recovery Issu		Priority	Duration	Man-hou
<u>Area</u>	<u>Owner</u>		Safety Rel.	FIIOHIY		
Descrin	tion of Issue		L	l	l	L
	<u>,,</u>					
Resour	ces Needed					
Use th	is form to document	major items to be ad	dressed during R	ecovery.		
Use th	is form to document Area:	t major items to be ad Onsite / Offsite / F				
Use th			Public Information	-		
Use th	Area:	Onsite / Offsite / F	Public Information	-		
Use th	Area: Owner:	Onsite / Offsite / F Responsible indiv	Public Information idual or organizat	ion	hort Term (1 ^v	Week)
Use th	Area: Owner: Safety Related:	Onsite / Offsite / F Responsible indiv Yes or No	Public Information idual or organizat I hr.)	ion 2 = S	hort Term (1 ^v ong Term (> 1	
Use th	Area: Owner: Safety Related:	Onsite / Offsite / F Responsible indiv Yes or No 1 = Immediate (24	Public Information idual or organizat I hr.) 1 Month)	ion 2 = S		
Use th	Area: Owner: Safety Related: Priority:	Onsite / Offsite / F Responsible indiv Yes or No 1 = Immediate (24 3 = Intermediate (Public Information idual or organizat I hr.) 1 Month) ar Duration	ion 2 = S		
Use th	Area: Owner: Safety Related: Priority: Duration:	Onsite / Offsite / F Responsible indiv Yes or No 1 = Immediate (24 3 = Intermediate (Estimated Calend	Public Information idual or organizat I hr.) 1 Month) ar Duration	ion 2 = S		

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•	Essential Information Checklist							
	Affected Unit: 🛛 Unit 2 🖵 Unit 3 🔾	Both	Status of	Unaffecte	d Unit:			
	Emergency Classification: Time: E/ Image: Image		RCS: Temp: RVLIS / P	eressuriz	Power D Tri Pressure: er Level:		P	
	Method of Core Cooling:		Safety Inje	ection				
	Electrical Power Supply: 138 KV 13.8 KV # Diesel Ge				Diesel Ge	nerato	ors	
	Event Description:							
	Major Equipment Problems:							
	Current Priorities:					High	Med	Low
				<u></u>				
			· · · · · · · · · · · · · · · · · · ·					
		·	·····	<u></u>			,	
	No Release G Release	D			ict Barrier Sta		4	
	Liquid Ligaseous Gaseous Gaseous		ier		Challenged	-	ost T	
	In Progress D Expected		Clad			ц г	 ~_	
	Filtered Unfiltered	RCS		⊾ ∎ ["]t		L F		
			ainment			<u>ل</u>		
	Controlled Uncontrolled	Wind S	Speed:	Wind	d Direction Fro	om:		
	Date / Time This Checklist was Completed: /	Other:						_

Emergency Response Organization Log Sheet

	ERO Positic Name:	on:				Date:		
	Time		Significant I	Events, Info	rmation or (Communications	5	
					<u>_</u>		· · · · · · · · · · · · · · · · · · ·	
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Signature: _____

Form EP-10 Rev 0

IPEC Manual Dose Assessment Worksheet Estimating Containment Activity via R-25 / 26

Radiological Data		
R-25 / 26 Reading		Rem/hr
Dose Conversion Factor (from table below)		(_µ Ci/cc) / (R/hr)
Time after Shutdown (hrs.)	Dose Conver	sion Factor (µCi/cc) / (R/hr)
	< 1000 Rem/hr (Gap Release)	> 1000 Rem/hr (Fuel Overheat / Melt Release)
0	0.04	0.03
4	0.12	0.07
8	0.17	0.1
12	0.2	0.13
16	0.22	0.14
20	0.25	0.17
24	0.27	0.18

		Vapor Contain	ment	Activity Calcu	latio	n
	×		×	7.4 E+10 cc	=	
R-25 / 26 Reading (R/hr)		Dose Conversion Factor		Containment Volume		Total VC Activity (_µ Ci)

	x		=	
R-25/26 Reading (R/hr)		Dose Conversion Factor		Release Concentration (µCi/cc)

Form EP-11 Rev. 1

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IPEC Manual Dose Assessment Worksheet

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Estimating Containment Activity via R-25 / 26

Containment Data			
Containment Pressure	psig		
Estimated Leak Rate (see table below)	(cc/sec) – cm²		
Estimated Leak Area	Cm^2 (leak area = πr^2)		

	Leak Rate per Cm ²									
VC Pressure	Leak Rate (cc/sec)	VC Pressure	Leak Rate (cc/sec)							
1.0	8.34E+03	18.0	1.93E+04							
1.5	9.96E+03	20.0	1.95E+04							
2.0	1.12E+04	22.5	1.97E+04							
2.5	1.22E+04	25.0	1.99E+04							
3.0	1.31E+04	27.5	2.01E+04							
4.0	1.44E+04	30.0	2.03E+04							
5.0	1.55E+04	32.5	2.04E+04							
6.0	1.63E+04	35.0	2.06E+04							
7.0	1.69E+04	37.5	2.07E+04							
8.0	1.74 E +04	40.0	2.08E+04							
9.0	1.78E+04	42.5	2.10E+04							
10.0	1.81E+04	45.5	2.11E+04							
12.0	1.86E+04	47.5	2.12E+04							
14.0	1.89E+04	50.0	2.13E+04							
16.0	1.91E+04									

	Vapor Containment Release Rate Calculation										
	×		×		×	1.0E-06	=				
VC Activity (µCi/cc)		Leak Rate (from Table)		Leak Area (Cm²)		Conversion Factor	VC Release Rate (Ci/sec)				

Sheet 2 of 2

Form EP-11 Rev. 1

		1 ····	ED TOTAL POPUL	I	Denvilada - 44	Sheet 1 of 8
Sector/Zone	Ref. TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifler (3)	Population (4)	Est. WB Rem
1-1					0	
1-2					55	
1-3	· · · · · · · · · · · · · · · · · · ·				0	
1-4					20	
1-5					335	
1-6	· · · · · · · · · · · · · · · · · · ·				350	
1-7					5,425	
1-8					5,935	
1-9					2,345	
1-10					990	
				SECTOR TOTALS:		
2-1					0	
2-2					40	
2-3	•				135	
2-4					140	
2-5					1,450	•
2-6					1,065	
2-7					825	
2-8					695	
2-9					2,280	
2-10					1,370	
				SECTOR TOTALS:		

- 1990 Census

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ESTIMATED TOTAL POPULATION DOSE									
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem			
3-1					0				
3-2					4,480				
3-3					8,945				
3-4					3,520				
3-5					5,315				
3 <u>-6</u>					3,660				
3-7					4,020				
3-8					1,175				
3-9					635				
3-10					1,455				
	Balance Conductor			SECTOR TOTALS:					
4-1					40				
4-2					2,715				
4-3					3,035				
4-4	· · · · · · · · · · · · · · · · · · ·				1,990				
4-5	·····				2,095				
4-6					2,725				
4-7					2,715				
4-8	······································				5,140				
L9					5,920				
L 10					4,475				
				SECTOR TOTALS:					

Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor If no evacuation, modifier is 1.0 1990 Census (1) (2) (3) (4)

Form EP-12 Rev 0

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	ESTIMATED TOTAL POPULATION DOSE Sheet 3 of 8										
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem					
5-1					65						
5-2					505						
5-3					0						
5-4					230						
5-5					140						
5-6					235						
5-7					1,590						
5-8					1,155						
5-9					4,165						
5-10					3,450						
				SECTOR TOTALS:							
6-1					170						
6-2	·				375						
6-3	·				260						
6-4	£				730						
6-5					260						
6-6					675						
6-7		-			1,145						
6-8					415						
6-9					1,040						
6-10					1,740						
				SECTOR TOTALS:	·						

Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor If no evacuation, modifier is 1.0 1990 Census (1) (2) (3) (4)

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··			ED TOTAL POPUL		·····	Sheet 4 of 8
Sector/Zone	TLD mrem	Ratio Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
7-1					555	· · · · · · · · · · · · · · · · · · · ·
7-2					2,100	
7-3					980	
7-4					705	
7-5					420	
7-6					5,150	
7-7					3,340	· · · · · · · · · · · · · · · · · · ·
7-8					2,505	
7-9					2,010	
7-10					6,945	
				SECTOR TOTALS:		
8-1					105	
8-2					1,835	
8-3					1,295	·····
8-4					635	
8-5					85	
8-6					0	
8-7	· · · · · · · · · · · · · · · · · · ·				0	
8-8					95	
8-9					5,020	
8-10					5,955	
				SECTOR TOTALS:		

(1) (2) (3) (4) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor If no evacuation, modifier is 1.0

1990 Census

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ESTIMATED TOTAL POPULATION DOSE									
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem			
9-1					465				
9-2					695				
9-3					25				
9-4					110				
9-5					1,110				
9-6					3,535				
9-7					3,090				
9-8					3,710				
9-9					5,235				
9-10					5,545				
		and a second		SECTOR TOTALS:					
10-1		-			150				
10-2					1,210				
10-3				····	1,145				
10-4					1,845				
10-5					8,260				
10-6					4,440				
10-7	·				2,345				
10-8					2,690				
10-9				·····	6,320				
10-10					9,115				
				SECTOR TOTALS:					

Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor if no evacuation, modifier is 1.0 (1) (2) (3) (4)

1990 Census

×			(·	$(\cdot$					
	ESTIMATED TOTAL POPULATION DOSE Sheet 6 of 8										
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem					
11-1					0						
11-2					25						
11-3					1,505						
11-4					2,485						
11-5					2,220						
11-6					3,785						
11-7	·				2,830						
11-8					1,010						
11-9				·	3,045						
11-10					3,705						
				SECTOR TOTALS:							
12-1					10						
12-2					345						
12-3					125						
12-4					295						
12-5					160						
12-6					185	, <u> </u>					
12-7	······································				80						
12-8					20						
12-9					155						
12-10					565						
				SECTOR TOTALS:	R						

(1) (2) (3) (4) Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor If no evacuation, modifier is 1.0

1990 Census

Form EP-12 Rev 0

		· · · · · · · · · · · · · · · · · · ·	ED TOTAL POPUL	·····		Sheet 7 of 8
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
13-1					0	
13-2					280	
13-3					200	
13-4					0	
13-5					0	
13-6					0	
13-7	· · · · · · · · · · · ·				0	
13-8					70	
13-9					440	
13-10					55	
	a de la companya de la company			SECTOR TOTALS:		
14-1			·		0	
14-2	·····				80	
14-3	·······				65	
14-4					0	
14-5					25	
14-6					45	
14-7	•				20	
14-8					620	
14-9					320	
14-10					2,045	
				SECTOR TOTALS:		

1990 Census

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			($(\cdot \cdot \cdot)$			
ESTIMATED TOTAL POPULATION DOSE Sheet 8 of 8									
Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem			
15-1					. 0				
15-2					20				
15-3					105				
15-4					180				
15-5					45				
15-6					0				
15-7					20				
15-8					305				
15-9					25				
15-10					1,055				
				SECTOR TOTALS:	······································				
16-1					0				
16-2					70				
16-3					0				
16-4					95				
16-5					1,635				
16-6					235				
16-7					00				
16-8					35				
16-9					25				
16-10					0				
				SECTOR TOTALS:					

Zone in question correction factor (Attachment 2 procedure IP-EP-620 or calculated from formula at bottom of Attachment2 and Xu/Q values) Multiply TLD mrem by Zone Correction Factor If no evacuation, modifier is 1.0 (1) (2) (3) (4)

1990 Census

Manual Dose Assessment Worksheet

TEDE Whole Body Exposure Calculations

Date:

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Time

Name:

Meteorology				·							
Wind Direction (from): Downwind Se				ector:			WS-	= Wind	Speed (m/sec):		
Pasquill Category: A A B C C							D] E	ΩF	G
TEDE - Who	le Body	/ Expo	sure				·			Release Duration	RD): hrs
Distance	NGI (Cl/s			u/Q tables)	1 WS (M/sec)	1		(1 ⁽¹⁾ - onstan		Dose Rate(DR) (mrem/hr)	Dose (mrem) (DR x RD)
Site Boundary			x	x	1]	X (+) =	=	
2 Mile			x	x	1]	X (+) =	=	
5 Mile			x	x	1]	X (+) =	=	
10 Mile			x	x	1]	X (+) =	=	

(1) Obtain K1 value from table below.

(2) Constant for MSL & SGBD is 3.3E+05, for all others use 3.3E+03 (Constant includes lodine CEDE)

	y @ Time After Shutdown Ioble Gas DDE	K2 Thyroid For lodine CDE					
TAS =	_ hours.						
4.7E+5	0 – 1.5 Hours	Iodine Mix	8.0E+8				
2.8E+5	1.5 - 2.5 Hours	I-131	2.6E+9				
2.3E+5	2.5 - 3.5 Hours	I-132	1.5E+7				
2.0E+5	3.5 – 4.5 Hours	I-133	4.4E+8				
1.7E+5	4.5 - 6.5 Hours	I-134	2.6E+6				
1.2E+5	6.5 - 12.5 Hours	I-135	7.6E+7				
5.8E+4	> 12.5 Hours						

NOTE:

Particulate Dose Conversion Factor (DCF) for TEDE is 2.7E+07. This DCF should be used applied during dose assessments performed in the EOF or AEOF only if significant particulates are identified in the release (E.G., FSB Accident). Control Room Staff need not consider particulates.

Form EP-13 Rev.1

		IPEC	Manual	Dose A	Assessme	nt Works	heet	
		•	TODE Thy	roid Ex	posure Calc	ulations		
Date:	Time			Na	me:			
Meteor	ology		······					
Wind Direction (from):		Downwi	nd Sector:		WS = Wind Sp	beed (m/sec):		
	<u> </u>		D B					

NOTES:

For Less Than 24 hours use Iodine Mix K2 (8.0 E+8)

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For Greater Than 24 hours, only use I-131 K2 value when using isotopic analysis. (2.6 E+9)

Isotope I-131 (or Total Mix) TODE -				yroid Exposure Release Duration (I			ation (RD)=	
NGRR	X K1=	Α	-	RF	₹ _{(I-131})	or Total)	Х К2	= B
Distance	Xu/Q (from tables)	1 WS (m/sec)			A + E above		Dose Rate (mrem/hr)	Dose (mrem) (DR X RD)
Site Boundary	x		x	(+) =	=	
2 Mile	x		x	(+) =	=	
5 Mile	x		x	(+) =	=	
10 Mile	x		x	(+) =	=	

Form EP-13 Rev. 1

EOF Check Point Sign In Log

EOF	Registration Assistant:
	(print name)

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Date:

Print Name	Time In / Out	Time In / Out	Organization
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: I
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: I
			Indian Pt. FFD* Yes: No: Other
	· · · · · · · · · · · · · · · · · · ·		Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other
			Indian Pt. FFD* Yes: No: Other

* If NO, THEN report to EOF Manager for further evaluation.

EOF	Check Point Instructions:
1.0	Set up a EOF Checkpoint at the entrance to the EOF.
	NOTES: IF there is any question if an individual should be allowed to enter the EOF <u>THEN</u> request clearance from the Emergency Director or the EOF Manager.
	Individuals entering the EOF during emergencies must be screened in accordance IPEC Fitness for Duty procedures. The Emergency Director may authorize individuals not meeting these requirements into the EOF.
	1.1 Have all individuals entering EOF complete sign in log.
	1.2 Request the Admin & Logistics Manager draft someone to take sign in log around to individuals who may have entered facility before check point was set up.
2.0	Allow only the following personnel into the EOF:
	A. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory,
	B. Indian Point Corporate Officers,
	C. State and County Officials,
	D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency;
	E. Individuals authorized by the Emergency Director or the EOF Manager.
	NOTE: <u>IF</u> individuals are only going to another room within the Buchanan Service Center (offices across the hall or men's rest room) <u>THEN</u> it is not necessary to log them in and out each time they leave the EOF.
3.0	Maintain a "EOF Check Point Sign in Log" complete with names of all personnel within the EOF.

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IP-2 Manual Determination of Release Rate

Date:

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Time:

Determine Noble Gas & Radioiodine Release Rates Name:

	Pla	nt Vent Re	lease Ra	te Calculat	ions (use c	only on	e vent monitoring meth	od)	
R-27			Х	,		Х	4.7E-04 =		
Wide Range	ŀ	(µĈi/	cc)	(Plant V	ent CFM)*		(Constant)	(NG	RR Ci/sec)
R-44		-	Х	, , ,		Х	4.7E-04 =		
Low / Mid Rang	je -	(µĈi/ci	c)	(Plant Vo	ent CFM)*		(Constant)	(NGR	R Ci/sec)
Vent Contact			Х		х		X 4.7E-04	=	
Reading		(mR/hr)	(Co	nv. Factor)	(Plant Vent	CFM)*	(Constant)		NGRR Ci/sec)
Time After	T	TAS	(hr)	Fa	ctor		TAS (hr)	F	actor
Shutdown	[0 -	2	2.8	E-04		6 - 8	4.	9E-04
Conversion Factors for	Γ	2 -	4	3.4	E-04		8 - 12	6.1E-04	
Contact Readin	g	4 -	6	4.1	E-04		12 - 24	7.6E-04	
Plant Vent		X X 4.7E-04 =							
Chemistry Sample	ŀ	(µCi/	cc)	c) (Plant Vent CFM)*			(Constant)	(NG	RR Ci/sec)
				Air Ejeo	ctor (AE)				
Air Ejector			X	,		X 4.7E-04 =			
R-45	F	(µCi/	cc)	(AE C	FM)**		(Constant)	(NG	iRR Ci/sec)
				Main Stean	n Line (MS	SL)			
R-28, R-29				7E-03	X		X 4.9 E-06	=	
R-30, R-31		(CPM)	(MSL)	Conv. Factor)	(lbm/t	hr)***	(Constant)	(NGRR Ci/sec)
			Steam	Generator	Blowdowr	ı (SG	BD)		-
Chemistry				X		X	6.3E-05 =	:	
Sample		(µCi/	cc)	(G	PM)**		(Constant)	(NC	JRR Ci/sec)
Total Noble Gas F Add Plant Vent +			BD				Total NGRR Ci/sec		

Determine Radioiodine Release Rate	RR) In Curies/Second	
1. MSL NG RR + SGBD NG RR =	X 1.0E-02 =	
2. Plant Vent NG RR + AE NG RR =	X 1.0E-04 =	
Total Radioiodine Release Rate (Add 1 + 2 to Obtain)	Total IRR (Ci/sec) =	

* If actual flow rate is unavailable, use 70,000 cfm

** If actual flow rate is unavailable, use 20 cfm

*** Steam Generator Atmospheric Flowrate 3.50 E+5 lbm / hr / atmospheric Steam Generator Safety Flowrate 7.60 E+5 lbm / hr / safety #22 Auxiluary Feedwater Pump 2.5 x 10⁴ lbm / hr

IP-3 Manual Determination of Release Rate

Dates
Date:

1

Time:

Determine Noble Gas & Radioiodine Release Rates Name:

	Plant Vent Rele	ase Rate Calcu	lations (use on	ly one vent monitorin	ng method)				
R-27		X 1.0	E-06	=					
Wide Range	(µCi/sec)	(Ci/µĊi)*		(NGRI	R Ci/sec)			
R-14		X		X 4.7E-04	=				
Low / Mid Range	e (µCi/cc)	(Plar	t Vent CFM)*	(Constant)	(NC	GRR Ci/sec)			
Vent Contact	,	X	Х	X 4.7E-					
Reading (Contact / 6 Ft)	(mR/hr)	(Conv. Factor)	(Plant Vent C	FM)* (Cons	itant)	(NGRR Ci/sec)			
Time After	TAS (hr)	Contact Fa	ctor 6ft	TAS (hr)	Contact Fa	ictor 6 ft			
Shutdown	0 - 2	6.0E-04	2.5E-03	6 – 12	2.8E-03	9.5E-03			
Conversion Factors for	2 - 4	1.2E-03	3.8E-03	12 - 24	5.5E-03	1.6E-02			
Contact Reading	4-6	1.6E-03	5.5E-03	24 – 2 Wk	6.5E-03	2.0E-02			
Plant Vent Chemistry		X	>	K 4.7E-04	· ·				
Sample	(µCi/cc)	(Pla	nt Vent CFM)*	(Constant)	(NGRR Ci/sec)			
		Air E	jector (AE)						
Air Ejector		X	•*	X 4.7E-04	=				
R-15	(µCi/cc)	(A)	E CFM)**	(Constant)		(NGRR Ci/sec)			
		Main Ste	am Line (MSL	.)					
R-62A, R-62B		X	X	3.2 E-06	=				
R-62C, R-62D	(µCi/cc)	(lbm/hr)***		(Constant)	0	IGRR Ci/sec)			
Total Noble Gas R Add Plant Vent + A)		Total NGRI Ci/sec	R				

Determine Radioiodine Release Rat	e (RR) In Curies/Second	
1. MSL NG RR =	X 1.0E-02 =	
2. Plant Vent NG RR + AE NG RR =	X 1.0E-04 =	
Total Radioiodine Release Rate (Add 1 + 2 to Obtai	n) Total IRR (Ci/sec) =	

* If actual flow rate is unavailable, use 70,000 cfm

** If actual flow rate is unavailable, use 20 cfm

*** Steam Generator Atmospheric Flowrate Steam Generator Safety Flowrate

6.30 E+5 lbm / hr / atmospheric 5.50 E+5 lbm / hr / safety

IPEC Manual Dose Assessment Worksheet

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Back Calculating Release Rate from Field Data

Administrative Data																
Field Reading Location																
Field Reading Mileage						Mi	les							-		
Field Reading Sector	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Meteorology								
Wind Speed (at time of release)	meters/sec							
X _µ / Q								

Radiological Data					
Field Reading (clsd window or Reuter Stokes)	mrem / hr				
Noble Gas DCF (from table below)	(mr/hr) / (_µ Ci/cc)				
Time after Shutdown (hrs.)	Dose Conversion Factor (mr/hr) / (µCi/cc)				
0 - 1.5	4.70 E+5				
1.5 – 2.5	2.80 E+5				
2.5 - 3.5	2.30 E+5				
3.5 - 4.5	2.00 E+5				
4.5 - 6.5	1.70 E+5				
6.5 – 12.5	1.20 E+5				
> 12.5	5.80 E+4				

Release Rate Calculation								
(×) ÷	(×)	=		
Field Reading (mr/hr)	_	Wind Speed (m/sec)	X _µ / Q		Noble Gas DCF		NGRR (Ci/sec)	

Sheet 1 of 1

Form EP-19 Rev 0

Turnove	er Sheet
Date:	Time:
Outgoing:	Relieving:
Discuss the following items:	
1. Emergency Classification: GE GE S EAL:	AE Alert Unusual Event
2. Initiating Event:	
3. Current Status of:	
A. Personnel Safety:	
B. Plant Safety:	
C. Release of Non-Essential Personnel:	
D. Accountability: Missing Persons: Search and Rescue:	
E: Radiological Conditions:	
F. WPO/JNC Actions:	
G. OSC/TSC Status:	
H. Offsite Actions (ie: schools, facility activation	on, PARs, etc.)
5. Status of Offsite Notifications:	RC (headquarters and Residents
6. Corrective Actions: Teams Out:	
7. Actions Underway: Priorities:	
8. Actions that need to be Initiated:	
9. Prognosis:	

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Media Briefing Worksheet

Date:			Briefing #:		-
Time:			Briefing Announced:	🛛 Yes	🔲 No
Reason for Briefing	-	EAS Bro	ncy Classification Change	. 99.5	
	Points to	be Cover	ed	_	Order
Entergy					
Westchester County					
Rockland County					
Putnam County					
Orange County (confirm if via PictureTel or teleconference)					
State of NY					
Public Inquiry Feedback			· · · · · · · · · · · · · · · · · · ·		
Media Monitoring Feedback					
Graphic Change	es Needed:				· · · · · · · · · · · · · · · · · · ·
Graphics / Visual	Requests:				

		ing issues Form
Time Noted:	Note	ed By:
		Additional Information Needed Unanswered Question
Issue:		
	· · · · · · · · · · · · · · · · · · ·	
······	_,	
		to Media Rep. 🖵 Include in Written Statement f Spokesperson(s) 🖵 Other
Resolution Details:		
	·····	
10		
· · · · · · · · · · · · · · · · · · ·		
	<u></u>	

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\mathbf{C}		(•
Position	1 st Shift Name (print)	Time Arrived	Time Departed	2 nd Shift Name (print)	Time Arrived	Time Departed
JNC Director						
Company Spokesperson						
JNC Technical Advisor						
Technical Briefer						
Agency Llaison						
Support Services Manager						
Media Room Manager				·····		
Media Room Liaison						
JNC Writer				,		
JNC Documenter						
Audiovisual Coordinator	······································					
AV / Graphics Staff						
(2 minimum for activation, may include Audiovisual Coordinator)						
Coordinator)						

Date: _____

Form EP-23 Rev. 0

Shaded positions entail functions that are required for activation

$\left(\right)$		(· ·
	JU JU	IC STAR	FRING FOR	RM		
Position	1 st Shift Name (print)	Time Arrived	Time Departed	2 nd Shift Name (print)	Time Arrived	Time Departed
Public Inquiry Coordinator						
Media Monitoring Staff						
Media Referral Staff Member(s)						
Public Inquiry Staff as required)						

Page 2 of 3

Shaded positions entail functions that are required for activation

Date: _____

Form EP-23 Rev. 0

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JNC STAFFING FORM						
Position	1 st Shift Name (print)	Time Arrived	Time Departed	2 nd Shift Name (print)	Time Arrived	Time Departed
Support Services Staff						
Registration Coordinator						
Registration Coordinator						
IT Representative						
Radiological Advisor						
JNC Access Control						
IP Communications Representative						
Government Liaison Rep						
Government Liaison Rep						
Government Liaison Rep						

Date: _____

Form EP-23 Rev. 0

Shaded positions entail functions that are required for activation

Emergency Summary Sheet



:				
:		<u> </u>		
	This is a Drill		$1 / // \langle$	
	This is an Actual Event		Putnam County	Ņ
	Emergency Classifica	ation:	county Westcheste	
	Unusual Event		270° - Orange County County	
	Alert		Indian Po	
	Site Area Emergency			
	General Emergency		THE Station	/
	Event Description:			
	Radiological Condition	ons:	180	
	Release of Radioactive Materials		No Release	
	due to the classified event.		Release BELOW federally approved operating limi (Technical Specifications)	ts
			To Atmosphere D To Water	
			 To Atmosphere To Water Release ABOVE federally approved operating limit 	s
			To Atmosphere To Water	s
			 To Atmosphere To Water Release ABOVE federally approved operating limit (Technical Specifications) 	S
	<u>Meteorological Cond</u>		 To Atmosphere To Water Release ABOVE federally approved operating limit (Technical Specifications) To Atmosphere To Water Unmonitored Release – Being Evaluated 	S
			 To Atmosphere To Water Release ABOVE federally approved operating limit (Technical Specifications) To Atmosphere To Water Unmonitored Release – Being Evaluated 	

(To convert Meters / sec to Miles / Hr divide by .46)

Form EP-24 Rev. 0

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Written Statement Distribution Checklist

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	urrent, as noted by the	assigned. Some steps are e numbering. Support Services teps are completed at conclusion.	Statement Number:	
Step #	JNC Position Responsible	Detail Description	Completed By (Print) and Time	
1	Support Services Manager	Documenter of ap Documenter of ap Start a Written Sta and Fax Distribution and file cabinet)	and start distribution pokesperson initial, notify proval time tement Distribution Checklist on Sheet (in Position Binder	
		· · · ·	ment with Distribution Distribution sheet to Support	
2	Assigned Support Services Staff Person	with 2 copies (one for fax distribution	ervices Staff in fax/copy room for further copying and one described below)	
\checkmark		Provide original ini Services Manager	tialed copy back to Support	
3a	Support Services Staff assigned to	Make 48+ copies of final wr releases and coordinate dis Services Staff as follows:		
	Copy area	12+ Copies to the media (Coordinate	c Inquiry Coordinator Media Room Liaison for number needed with Media bies to Media may take on timing.)	
			Monitoring Room Personnel	
		 Post 1 Copy on Bu 7 (or 14-2 each) 	lletin Board near JNC Writer copies to each work room er, Rockland, Putnam,	
		Upon completion,	provide this Distribution ort Services Manager	

Written Statement Distribution Checklist

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	each step below as a n all steps are comple	ssigned. Support Services Manager is to ted.	Statement Number:
3b	Support Service Staff in Fax/Copy Room	machine Complete fax distribution facilities and other for fax machine (follow Review Fax Confirm state that all transmost	tion Form. DO NOT SEND IN OUT-GOING FAX ax Cover Sheet oution to media on one fax oution to other emergency Entergy locations on another Fax Distribution Form) nation sheets to ensure they issions were successfully of the confirmation will read
4	Support Services Manager	Provide original (initialed) sta and this Distribution Checklis keeping	
1			

Page 2 of 2

Form EP-25 Rev. 1

Information Distribution Guide

(Follow the priority order noted)

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Type of Information	Recipient (follow order for distribution, if possible)	Distribution Completed By (Print)
Plant Status, including	Utility Room A & B	
PICS or EDDS data sheets, Forms and plant parameters	JNC Technical Advisor (& Radiological Advisor)	
(received via fax or	Company Spokesperson	
from/via JNC Technical	JNC Director	
Advisor)	Agency Liaison	
	JNC Documenter	
	State/County PIOs (Radiological Data Forms, Part 1 and 2 ONLY)	
EAS Statements	ALL Locations/All positions	
(provided by State or via Agency Liaison)	Public Inquiry Room & Media Monitoring Room (20+ copies)	
	Entergy Rooms A & B (9+ copies)	
1	State, County and Federal Work Rooms	
\mathbf{i}	Media Briefing Room (at assigned time provided by State or Agency Liaison)	
Written Statements, including news releases	Follow Written Statement Distribution Checklist form	
All Other Information Received (via fax or otherwise)	Request distribution instructions from the Support Services Manager and/or JNC Director	
	Page 1 of 1	Form EP-26 Rev. 2

PUBLIC INQUIRY - MEDIA REFERRAL -MEDIA MONITORING FORM

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Type of call: (Public Inquiry) (Professional Inquiry) (Media Inquiry) (Media Monitor Report)
Date of call/broadcast: Time of call/broadcast:
Name of responder/monitor:
Media Name/Location:
Caller's/Reporter's name: Phone: ()
Question(s) asked/Inaccurate Information:
Response given/Correct Information and Source:
Is call back required: () Yes () No Call Back Number ()
Was the call referred: () Yes () No If yes, to whom?
Further action required: () Yes () No
Was this action completed? () Yes () No By:
Reported to Public Inquiry Coordinator at:
Public Inquiry Coordinator Notes:

Return completed form to Public Inquiry Coordinator:

Joint News Center Fax Cover Sheet

FROM: DATE:		ЛЕ:
Number of Pages ((including cove	r):
	/ICES	
AP/NYC		
AP/WESTCH	ESTER	
CNN		
REUTERS AN		
	BURBAN NEWS B NEWSWIRE	WHITE PLAINS
	TIMES NEWS SI	FBVICE
	OR	
	MEDIA RELA	TIONS
	FICIALS	
O ther		

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Individual Exposure Tracking Log

Name:			TLD #	
			Employee #:	
Location / Team / Times	Available Exposure (mrem)	Time of Reading	Dosimeter Reading	Emergency Exposure (mrem)
Team:				
Time Out:				
Time In:				
Team:				
Time Out:				
Time In:			/	
			· · · · · · · · · · · · · · · · · · ·	
Team:				
Time Out:				
Time In:				
Team:				
Time Out:				
Time In:				
Team:				
Time Out:				
Time In:		······································		

NOTES:

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- 1. Use this form to track individual's exposure of ERO members dispatched from EOF/OSC/TSC and
- 2. Initial Exposure Limit will be 1000 mrem for duration of emergency. ED or EPM may authorize more exposure.
- 3. If Form is filled transfer Name, TLD # and remaining available exposure to new form and staple this completed form to it.

MONITORING TEAM RADIATION FIELD SURVEY DATA

Team Name:_____

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Date:

Team Member Names:

Count Rate Meter, Model#: ______Serial#: _____Ion Chamber, Model#: R-02 Serial#: _____

SURVEY LOCATION (Sector/Mile, Street/Intersection/mi. to Int.)	TIME (HH:MM)	(CPM)	OW (mR/hr)	CW (mR/hr)	(OW-CW)X2 (mrad/hr)	REMARK #
Street/Intersection/mi. to Int.)	[1]	[2]	[3]	[3]	[3]	#
, <u>, , , , , , , , , , , , , , , , , , </u>		<u> </u>				
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			<u> </u>			
			<u> </u>			
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			_			
			ļ			
Remarks:						
······································						

NOTES: [1]

24-hr clock

Count Rate Meter data or conversion from Dose Rate Meter 1000 CPM = 0.1mR/hr (OW).

[2] [3] RO-2, Ion Chamber data.

MONITORING TEAM SAMPLE DATA

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m Name:		Date:
Sample Location:		
Radiation Field Measureme	Nts (may be recorded on separat	e form).
Ion Chamber, Model #:		
@ 3 in. above ground:	@ 3 ft. a	bove ground:
Opened Window (OW) (mR/h	nr):Opened	Window (OW) (mR/hr):
Closed Window (CW) (mR/hr):Closed \	Nindow (CW) (mR/hr):
4	·	/) X 2 (mrad/hr):
Air Sampling:		
Air Sampler, Model #:	Serial #:	
Particulate Filter:	lodine (C):	lodine (AgZ):
Sampling Start:	Time (HH:MM):	Flow (CFM): _
Sampling Stop:	Time (HH:MM):	Flow (CFM): _
Duration (MM)		
Average Flow (CFM):		
Sample Volume (CF):		
Air Sample Counting:		
Count Rate Meter, Model #:	S	erial #:Time: _
Part Filter, Bkgd (CPM):	Gross (CPM):_	Net (CPM): _
Iodine (C), Bkgd (CPM):	Gross (CPM):_	Net (CPM):
· · · · · · <u> </u>		

Form EP-31, Rev 0

Determination of Radioactive Airborne Concentrations

A = Net CPM x 1.0E-09

Where: $Vol^{(1)}$ is in liters (Liters = 2.832 x FT³) Efficiency⁽²⁾ is 0.1 for particulate, 0.2 for iodine CCF⁽³⁾ is .95 for Charcoal, 1.0 for AgZ / Paper

µCi/cc = $B = 2.2 \times Vol \times Eff. \times CCF$

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							-		
Sample Location	on:						Particulate		lodine
Sample Time:					Team:				
Sample Net C	РМ		Constant			A			
	>	<	1.0E-09	=					**************************************
Sample Volume in Liters ⁽¹⁾	Efficienc	у	Constant					в₽	
X		X	2.2	X		=			
µCi/cc =	A/B	=					µCi/cc		
	С	alcul	ated by:				Ţ	ime:	
Sample Locatio	n:						Particulate		lodine
Sample Time:					Team:				
Sample Net C	РМ		Constant			А Џ			
	>	(1.0E-09	=					
Sample Volume in Liters ⁽¹⁾	Efficienc	у	Constant		CCF			в ₽	
X		X	2.2	X		=			
µCi/cc =	A/B	=					µCi/cc		
	С	alcul	lated by:				Т	ime:	
Sample Locatio	n:						Particulate		lodine
Sample Time:					Team:				
Sample Net C	PM		Constant			A ₽			
	>	(1.0E-09	=					an a
Sample Volume in Liters ⁽¹⁾		у	Constant		CCF			в Ф	
X		Х	2.2	Х		=			
µCi/cc =	A/B	=					μCi/cc		
	C	alcul	lated by:				Т	ime:	

MEDIA INQUIRY LOG

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DATE:	TIME:		
NAME OF REPORTER:		-	
AFFILIATED WITH:		-	
PHONE NUMBER:		-	
INQUIRY:			
RESPONSE:			
	·		
RESPONSE PROVIDED BY:			
COMMENTS:			

Courtesy Call Guide

1. EVENT SUMMARY (from IP Communications Representative)

Indicate Emergency	Classification I	Level (ECL), EAL/Time	
Unusual Event	Alert	Site Area Emergency	General Emergency

Plant Status/Information/Radiological Conditions (notes):

2. Script for Courtesy Calls

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"Hi, my name is _____.

I'm representing the Indian Point Energy Center as a Government Liaison Representative.

I'm calling to inform you that....(provide the event information obtained from the IP Communications Representative)....

This is all the information that I have at this point. Entergy will be issuing a news release regarding the event (give timeframe, e.g. within the next 30 minutes).

Should I continue to call you at this number if I need to contact you again?"

Name of GLR: _____

Time Calls Completed: _____

JNC BRIEFING SUMMARY/TALKING POINTS

BRIEFING #	DATE:
TIME: Start:	End:
	at (time). The event was
PLANT STATUS/EVENT INFORMATION:	RESPONSE (SITE, CORPORATE):
ADIOLOGICAL CONDITIONS:	EMPATHY:

QUESTIONS REQUIRING FOLLOW-UP:

RUMORS TO ADDRESS:

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Form EP-35 Rev. 0

<u></u>	Primary - ERO A	ctivation C	hecklist					
	Dialogic Notification Systems Activation:							
1.	Verify that Shift Manager has determined that ER	O mobilization o	r notification is I	needed.				
2.	2. Verify Control Room Pagers are on.							
3.	Call: 9-788-7771							
4.	4. You will hear: "This is the remote activation module. Please enter scenario activation password followed by the pound (#) sign."							
5.	Enter Activation Password and Press #:			 #				
6.	After entering the activation password you will hea scenario ID number followed by the pound (#) sign							
7.	Enter Scenario Number and Press #:			#				
8.	8. After entering the Scenario Number you will hear: "The pager event code is (three digit number). Press 1 to change the pager event code. Press 2 to continue."							
	TE: Do NOT change the three digit event code regardles	2						
9.	9. After entering "2" you will hear: "To start the scenario, press 3, followed by the pound sign (#).							
		3 #						
10	WHEN you hear: "Goodbye" THEN Hang-up.							
11	Enter the time you completed Dialogic activation.			Time:				
	NOTE: Continue on with offsite notifications	while waiting fo	r verification of	pager activation				
12	Verify the notification system successfully activate pager activates within 3 minutes, THEN go to Step		rol Room page	r sounding. <u>IF</u> neither				
13	Inform the Shift Manager that you have completed	I ERO activation	or notification.					
14	Date and sign this form when complete:	te:	Signature:					
Co	ntinue <u>ONLY</u> if Control Room Pagers Did Not A	ctivate						
15	. Contact Security SAS at 734-5330 and ask if the S	Security pager a	ctivated.					
16	IF Security pager activated THEN go to step 13.							
17	. IF Security pager did not activate THEN repeat st	eps 3 through 10) one additional	time.				
	IF during the 2 nd attempt, on step 8, you hear: scenario." THEN do not stop the scenario. Pre stop a scenario press 2, to check scenario info password press 4, to end this call press pound	ess: 6 You will to ormation press 3	hen hear: "To s	tart a scenario press 1, to				
18	. <u>IF</u> a Control Room or Security pager does not sou Notification System per Form EP-37, Backup - Err							
Pr	oprietary Information Pa	age 1 of 1		Form EP-36 Rev. 0				

Backup - E	ERO	Activation	Checklist
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	Backup	- ERO Activa	tion Checklist	
A.	Backup Notification System Activati	on:		
1.	Use the Backup Notification System ONL	Y if the Primary Dialogic	system fails to activate.	
2.	Verify Control Room Pagers are on.			
З.	Call: 9-1-866-521-7099			
4.	Upon hearing the following message: "Th pound (#) sign."	is is the DCC Service Bu	ireau. Please enter your compai	ny ID number followed by
5.	Enter Company ID and Press #:			4732 #
6.	Upon hearing the following message: "Ple	ease enter Scenario Acti	vation Password followed by the	pound (#) sign."
7.	Enter Activation Password found in Dia	logic Envelope and Pres	s #:	
8.	After entering the Activation Password yo followed by the pound (#) sign, or press p	w will hear the following bound alone for more opt	message: <i>"To start a scenario, e</i> ions."	nter the Scenario ID Num
9.	Enter Scenario ID Number found in Dial	ogic Envelope and Pres	s #:	
10.	After entering the Scenario ID Number yo press 1, to stop a scenario press 2, to che scenario activation password press 4, to o	eck scenario Information	press 3, to enter a different	3 #
	NOTE: Press pound (#) to end the call.			
11.	WHEN you hear the following message: "		ıp.	
12.	Enter the time you completed Dialogic act	tivation.		Time:
	NOTE: Continue on with offsite notifications	while waiting for verifica	tion of pager activation	
13.	Verify the backup notification system succ activate, <u>THEN</u> go to Part B.	cessfully activated by eith	her Control Room pager soundin	g. <u>IF</u> the pager did not
14.	Inform the Shift Manager that you have co	ompleted ERO activation	using the Backup System.	
15.	Date and sign this form when complete:	Date:	Signature:	<u></u>
Con	tinue <u>ONLY</u> if Control Room Pagers Did N	lot Activate	1	<u></u>
	Contact Security SAS at 734-5330 and ask	if the Security pager acti	vated.	
16.				
	IF Security pager activated THEN go to step	5 14.		
17.	IF Security pager activated <u>THEN</u> go to step IF Security pager did not activate <u>THEN</u> rep		ne additional time.	
17.		eat steps 3 through 11 o ou hear: <i>"The scenario is</i> ill then hear: <i>"To start a</i> s	currently active. Do you wish to cenario press 1, to stop a scena	rio press 2, to check
17. 18.	IF Security pager did not activate <u>THEN</u> rep IF during the 2 nd attempt, on step 10, yo not stop the scenario. Press: 6 You wi scenario information press 3, to enter a	eat steps 3 through 11 o ou hear: <i>"The scenario is</i> ill then hear: " <i>To start a s</i> a <i>different scenario activa</i>	currently active. Do you wish to cenario press 1, to stop a scena ation password press 4, to end th	nio press 2, to check is call press pound (#).

2	Backup	- ERO Activation Checklist	
B.	Manual Group Page Activation:		
	Use the Manual Group Page Activation activate.	ONLY if the Primary AND Backup Dialogic sy	stems both fail to
2.	Request direction from Shift Manger (Er	nergency Director) as to ERO mobilization ne	eded: IPEC.
3.	If mobilization is needed, call the IPEC	Group Page phone number:	
4.	To Activate IPEC ERO :		
	Dial IPEC Group Page number: 9-1-8	00-759-8888	
	Enter Pin number followed by # sign:	<u>1940606#</u>	
	Enter Event Code followed by # :	# (In Dialogic Envelop)	
5.	Upon hearing one or more beeps, enter followed by the # sign, found in the Diak	the three digit Pager Event Code number ogic Envelop. Press:	#
6.	Upon entering the three digit Event Cod	e followed by the # sign you will hear a short	message, to send the
	message, hit the # sign again, and to ca	incel the message hit the $$ key. Hang up.	
7.	Enter time you completed activating page	gers Time:	
8.	Verify that the correct message was ser Security pager is same as the three digi	nt by confirming the pager message received to the termination of termina	on the Control Room or
9.		ontrol Room pager <u>THEN</u> immediately call the discrete set of the send the "Disregard Last Message" code as	
۰ <mark>٦</mark> ,	Upon entering the three digit Event Cod	e followed by the # sign you will hear a short	message, to send the
1	message, hit the # sign again, and to ca	incel the message hit the * key. Hang up.	-
11.		il to activate <u>THEN</u> inform Shift Manager that	you are unable to
Brer	prietary Information	Page 2 of 2	Form EP-37 Rev 1

PAGE 1 OF 2

U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER

REACTOR PLANT EVENT NOTIFICATION WORKSHEET

		E١	ENT N	IOTIFICATION WORKSHI	EET	Ε	N#	
				16-5100 or 800-532-3469*, B/	•	•	951-0550 or 800-449-3694*,	
12" 301-415-0550 and 13" 301-415-0553 NOTIFICATION TIME FACILITY OR ORGANIZA			*Licensees who maintain their own ETS are provided these telephone r TON UNIT NAME OF CALLER			CALL BACK #		
EVENT TIME & Zone	EVENT DATE	POWER/MODE BEFORE			POWER/MODE AFTER			
EVENT CLASSIFICATI	IONS	1-ŀ	Ir. Non	-Emergency 10 CFR 50.7	72(b)(1)		(v)(A) Safe S/D Capability A	
GENERAL EMERGENC	Y GEN/AAEC		TS Dev	viation	ADEV		(v)(B) RHR Capability A	INB
SITE AREA EMERGENO	CY SIT/AAEC	4-1	ir. Non	-Emergency 10 CFR 50.7	72(b)(2)		(v)(C) Control of Rad Release	AINC
ALERT	ALE/AAEC		(i)	TS Required S/D	ASHU		(v)(D) Accident Mitigation A	AIND
UNUSUAL EVENT	UNU/AAEC		(iv)(A)	ECCS Discharge to RCS	ACCS		(xii) Offsite Medical A	MED
50.72 NON-EMERGENC	Y (see next columns)		(iv)(B)	RPS Actuation (scram)	ARPS		(xiii) Loss Comm/Asmt/Resp A	сом
PHYSICAL SECURITY (73.71) DDDD		(xi)	Offsite Notification	APRE		Day Optional 10 CFR 3(a)(1)	
MATERIAL/EXPOSURE	B???	8-ł	łr. Non	-Emergency 10 CFR 50.7	72(b)(3)		Invalid Specified System Actuation AINV	1
FITNESS FOR DUTY	HFIT		(ii)(A)	Degraded Condition	ADEG	Othe (Iden	r Unspecified Requirement ttify)	
OTHER UNSPECIFIED	REQMT. (see last column)		(ii)(B)	Unanalyzed Condition	AUNA		N	IONR
INFORMATION ONLY	NNF		(iv)(A)	Specified System Actuation	AESF		N	IONR
				DESCRIPTION				
nclude: Systems affected, act	uations and their initiating sid	nals.	causes. (effect of event on plant, actions tal	ken or planned.	etc. (Co	potinued on back)	·····

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR	YES (Explain above)	D NO		
NRC RESIDENT				NOT UNDERSTOOD?				
STATE(s)				DID ALL SYSTEMS		NO (Explain above)		
LOCAL				FUNCTION AS REQUIRED?				
OTHER GOV AGENCIES				MODE OF OPERATION	ESTIMATED			
MEDIA/PRESS RELEASE				UNTIL CORRECTED:	RESTART DATE:	ADDITIONAL INFO ON BACK		

ACSIMILE of NRC FORM (12-2000)

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FACSIMILE of NRC FORM 361 (12-2000)

				_		ADDITIONAL INFORM	MATIO	N					P/	AGE 2 OF 2	
Ĩ	RADIOLOGICAL RELEASES	<u>s: (</u>	CHECK OR FILL IN AP	PLK	CABL	E ITEMS (specific	detai	is/exp	lanat	tion should be covere	d In	the ever	nt description)		
Ż	LIQUID RELEASE		GASEOUS RELEASE		Ē !	UNPLANNED RELE	ASE	T	PLA	ANNED RELEASE		ONGOIN	IG	TERMINATED	
	MONITORED		UNMONITORED		\Box	OFFSITE RELEASE	:		T.S.	S. EXCEEDED		RM ALAI	RMS	AREAS EVACUATED	
	PERSONNEL EXPOSED OR CONTAMINATED				\square	OFFSITE PROTECT	OFFSITE PROTECTIVE ACTIONS RECOMMENDED						* State release path in description		
	Release Rate (Cl/se				.)	% T. S. Limit	% T. S. Limit HOO GUIDE Total Activity (;1)	% T. S. Limit	HOO GUIDE	
1	Noble Gas	T					0.1	I Ci/se	с				1000 Ci		
ŀ	odine	Τ					10 uCl/sec							0.01 Ci	
F	Particulate	Ι					1 uCi/sec		;					1 mCi	
	Liquid (excluding tritium and dissolved noble gases)	,					10	10 uCi/min						0.1 Ci	
_	Liquid (tritium)						0.2	0.2 Ci/min						5 Ci	
	Total Activity	T											1		
			PLANT STACK	Τ	CONDENSER/AIR EJECTOR				MAIN STEAM LINE			1	SG BLOWDOWN	OTHER	
F	RAD MONITOR READINGS	Ι		Ι											
	ALARM SETPOINTS	T		Τ									1		
% T. S. LIMIT (if applicable)															
	RCS OR SG TUBE LEAKS:			KAI	BLEI	ITEMS: (specific d	etails/	'explai	natio	ns should be covered	l In (event de	scription)		
	LOCATION OF THE LEAK (e.g., SG #, 1														
ī	LEAK Rate UNITS: gpm/gpd T.			T. S.	. LIMIT	rs		SUDD	EN OF	R LONG-TERM DEVELOP	ME	хт			
ī	LEAK START DATE TIME			COOLANT ACTIVITY PRIMARY SECONDARY AND UNITS: SECONDARY											
LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL															
\vdash	EVENT DESCRIPTION (Continued from front)														
1															
														1	