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June 20, 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
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

<u>PROCEDURE</u>	<u>REVISION NUMBER</u>
EPIP 1-0	31
EPIP 1-5	55
EPIP 1-6	17
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EPIP 3-1	22
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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	031	06/20/2003	06/20/2003	06/20/2008	EF
EPIP-1-1	UNUSUAL EVENT	004	05/23/2003	05/23/2003	05/23/2008	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	055	06/20/2003	06/20/2003	06/20/2008	EF
EPIP-1-6	SITE EVACUATION	017	06/20/2003	06/20/2003	06/20/2008	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	006	05/23/2003	05/23/2003	05/23/2008	EF
EPIP-1-9	TECHNICAL SUPPORT CENTER ACTIVATION	024	05/23/2003	05/23/2003	05/23/2008	EF
EPIP-1-10	OPERATIONAL SUPPORT CENTER (OSC) ACTIVATION	013	05/23/2003	05/23/2003	05/23/2008	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	004	05/23/2003	05/23/2003	05/23/2008	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 AS	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)	008	05/23/2003	05/23/2003	05/23/2008	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

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GINNA Nuclear Power Plant
PROCEDURE INDEX

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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	015	05/23/2003	05/23/2003	05/23/2008	EF
EPIP-3-1	EMERGENCY OPERATIONS FACILITY (EOF) ACTIVATION AND OPERATIONS	022	06/20/2003	06/20/2003	06/20/2008	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	012	05/23/2003	05/23/2003	05/23/2008	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	023	05/23/2003	05/23/2003	05/23/2008	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	002	05/08/2003	05/08/2003	05/08/2008	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	001	05/08/2003	05/08/2003	05/08/2008	EF
EPIP-5-1	OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AN	028	06/20/2003	06/20/2003	06/20/2008	EF
EPIP-5-2	ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT PERIODIC INVENTORY CHECKS AND	031	06/20/2003	06/20/2003	06/20/2003	EF
EPIP-5-5	CONDUCT OF DRILLS AND EXERCISES	015	05/23/2003	05/23/2003	05/23/2008	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	040	05/23/2003	05/23/2003	05/23/2008	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

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GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-0

REV. NO. 31

GINNA STATION EVENT EVALUATION AND CLASSIFICATION

TECHNICAL REVIEW


RESPONSIBLE MANAGER

6-20-03
EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY:

THIS PROCEDURE CONTAINS 40 PAGES

EPIP 1-0

GINNA STATION EVENT EVALUATION AND CLASSIFICATION

1.0 PURPOSE:

- 1.1 The purpose of this procedure is to provide guidance to personnel in evaluating situations which may require activation of the Nuclear Emergency Response Plan and direct them to appropriate implementing procedures. Prompt recognition and classification is necessary to ensure the timely activation of support functions and notification of offsite organizations.

2.0 RESPONSIBILITY:

- 2.1 The Shift Supervisor/Emergency Coordinator (SS/EC) is responsible for initiating this procedure.
- 2.2 Once the EOF assumes command and control of the emergency, the EOF/Recovery Manager becomes responsible for continuing this procedure.

3.0 REFERENCES:

3.1 Developmental References

- 3.1.1 10CFR50 Appendix E
- 3.1.2 NUREG-0654
- 3.1.3 NUREG-0696
- 3.1.4 Nuclear Emergency Response Plan.
- 3.1.5 NUMARC Methodology for Development of Emergency Action Levels (NESP-007).
- 3.1.6 R.E. Ginna EAL Technical Basis Revision 30

3.2 Implementing References

- 3.2.1 ER-SC.4, Earthquake Emergency Plan.
- 3.2.2 TEG-2.0, Response Spectrum Calculation.
- 3.2.3 TEG-2.1, Safe Shutdown Earthquake (SSE) & Operating Basis Earthquake (OBE) Exceedence Determination.

4.0 PRECAUTIONS:

- 4.1 For emergency events involving the Emergency Operating Procedures, classification should only be made after the diagnostic steps of E-0 have been completed.
- 4.2 In the event that multiple "Initiating Conditions" are identified, the SS/EC shall review each condition and classify according to the highest Emergency Classification Level obtained.
- 4.3 During any event, the entire procedure should be reviewed for possible reclassification of the event.
- 4.4 See Definitions (Attachment 2) for terms used in this procedure.
- 4.5 Any time a current set of conditions is identified which requires an Emergency Classification, the event shall be classified and declared, even if the condition identified is quickly corrected.
- 4.5.1 Conditions which depend on delayed evaluation results, i.e., chemistry, RP analysis, etc., shall be classified and declared as soon as the results are known.

5.0 PREREQUISITES:

- 5.1 Entry to this procedure may be directed by various other plant procedures or at the discretion of the SS/EC.

6.0 ACTIONS:

- 6.1 In the event of an abnormal condition the Control Room Personnel will:
 - 6.1.1 Perform the immediate responses defined in the appropriate plant procedures.
 - 6.1.2 Identify the initiating conditions using either the guidelines of the EAL wallchart or Attachment 1 of this procedure.
 - 6.1.3 Implement applicable Emergency Plan procedures based on Appendix guidelines.
 - 6.1.3.1 EPIP 1-4, General Emergency
 - 6.1.3.2 EPIP 1-3, Site Area Emergency
 - 6.1.3.3 EPIP 1-2, Alert
 - 6.1.3.4 EPIP 1-1, Unusual Event

- 6.2 Periodically re-evaluate the condition after initial classification of accident using the EAL wall chart or Attachment 1.
- 6.3 At the conclusion of the event, refer to EPIP 3-4, Emergency Termination and Recovery.
- 6.4 Any time previous initiating conditions are identified that would have warranted an Emergency Classification but they are no longer in effect at the time of identification, and do not require further evaluation or analysis, the event will be classified, but not declared.
 - 6.4.1 Conditions which are corrected, but may require further safety evaluation or analysis, will be classified and declared.
 - 6.4.2 The NRC will be notified any time an event is classified. This will be made by means of the NRC Emergency Notification System (ENS) phone using procedure O-9.3 "NRC Immediate Notification".
 - 6.4.3 The Plant Manager and Corporate Nuclear Emergency Planner (or their alternates) shall also be informed of this notification as soon as possible for notifications to Wayne County, Monroe County and New York State. For these notifications, there is no 15 minute requirement.

7.0 ATTACHMENTS

- 1. Detailed Accident Classification
- 2. Definitions
- 3. Barrier loss/potential loss

EPIP 1-0

EMERGENCY ACTION LEVELS (EALS)

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- 1.5 Containment CSFST Status

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- 7.3 Loss of Indications/ Alarms/ Communication Capability

8.0 HAZARDS

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- 8.3 Man-Made Events
- 8.4 Natural Events

9.0 OTHER

NOTE: Changes to this attachment are required to be reflected on the EAL wall chart.

1.0 CRITICAL SAFETY FUNCTION STATUS TREES STATUS

1.1 Sub-criticality CSFST Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>1.1.3 RED path in F-0.1, SUB-CRITICALITY <u>AND</u> Actual or imminent entry into either: - RED path in F-0.2, CORE COOLING <u>OR</u> - RED path in F-0.3, HEAT SINK <u>Mode Applicability</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown</p>	<p>1.1.2 RED path in F-0.1, SUB-CRITICALITY <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown</p>	<p>1.1.1 Any failure of an automatic trip signal to reduce power range <5% <u>AND</u> Manual trip is successful. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown</p>	

1.2 Core Cooling CSFST Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
1.2.2 RED path in F-0.2, CORE COOLING <u>AND</u> Functional restoration procedures not effective within 15 minutes. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	1.2.1 ORANGE or RED path in F-0.2, CORE COOLING <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby		

1.3 Heat Sink CSFST Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	1.3.1 RED path in F-0.3, HEAT SINK <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby		

1.4 Integrity CSFST Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		1.4.1 RED path on F-0.4, INTEGRITY <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	

1.5 Containment CSFST Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
1.5.1 RED path on F-0.5, CONTAINMENT resulting from loss of reactor coolant <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby			

2.0 REACTOR FUEL**2.1 Coolant Activity**

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>2.1.3 Coolant sample activity >300 $\mu\text{Ci/gm}$ of I-131 equivalent AND Any of the following: - RED path on F-0.4, INTEGRITY - Primary system leakage >46 gpm - RCS subcooling <EOP figure MIN SUBCOOLING due to RCS leakage - Containment radiation monitor R-29/30 reading >10R/hr <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>2.1.2 Coolant sample activity >300 $\mu\text{Ci/gm}$ of I-131 equivalent. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>2.1.1 Coolant sample activity: >100% of 100/E-Bar $\mu\text{Ci/gm}$ total specific activity OR >1.0 $\mu\text{Ci/gm}$ I-131 equivalent and entry into conditions of Tech. Spec. section 3.4.16.b. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

2.2 Failed Fuel Detectors

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>2.2.3 Letdown line monitor R-9 >10R/hr AND any of the following:</p> <ul style="list-style-type: none"> - RED path on F-0.4, INTEGRITY - Primary system leakage >46gpm - RCS subcooling <EOP figure MIN SUBCOOLING due to RCS leakage - Containment radiation monitor R-29/30 reading >10R/hr <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 	<p>2.2.2 Letdown line monitor R-9 >10R/hr. <u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 	<p>2.2.1 Letdown line monitor R-9 >2R/hr AND Tave >500°F <u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown

2.3 Containment Radiation

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
2.3.3 Containment radiation monitor R-29/30 reading >1000R/hr <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	2.3.2 Containment radiation monitor R-29/30 reading >100R/hr <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	2.3.1 Containment radiation monitor R-29/30 reading >10R/hr due to RCS leakage. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	

2.4 Refueling Accidents or Other Radiation Monitors

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>2.4.2 Confirmed sustained alarm on any of the following radiation monitors resulting from an uncontrolled fuel handling process.</p> <ul style="list-style-type: none"> - R-2 Containment Area Monitor - R-5 Spent Fuel Pit - R-12 Containment Noble Gas <p><u>Mode Applicability:</u> - All</p> <p>2.4.3 Report of visual observation of irradiated fuel uncovered.</p> <p><u>Mode Applicability:</u> - All</p>	<p>2.4.1 Spent fuel pool (reactor cavity during Refueling) water level cannot be restored and maintained above the spent fuel pool low water level alarm setpoint</p> <p><u>Mode Applicability:</u> - All</p>

3.0 REACTOR COOLANT SYSTEM

3.1 RCS Leakage

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>3.1.3 RVLIS cannot be maintained >77% with no RCPs running <u>OR</u> With the Reactor Vessel head removed, it is reported that water level in the Reactor Vessel is dropping in an uncontrolled manner and core uncover is likely <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby - (5) Cold Shutdown - (6) Refueling</p>	<p>3.1.2 Primary system leakage >46gpm <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>3.1.1 Unidentified or pressure boundary leakage greater than 10gpm <u>OR</u> Identified leakage greater than 25gpm <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

3.2 Primary to Secondary Leakage

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>3.2.2 Unisolable release of secondary side to atmosphere with primary to secondary leakage >46 gpm. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p> <p>3.2.3 Unisolable release of secondary side to atmosphere with primary to secondary leakage >0.1 gpm in the affected steam generator <u>AND EITHER</u> - Coolant activity >300 μCi/gm of I-131 equivalent <u>OR</u> - Letdown line monitor R-9 >10 R/hr <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	(See 3.1.2 above)	<p>3.2.1 Unisolable release of secondary side to atmosphere with primary to secondary leakage greater than 0.1gpm in the affected S/G <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

3.3 RCS Subcooling

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		3.3.1 RCS subcooling <EOP figure MIN SUBCOOLING due to RCS leakage <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby	

4.0 CONTAINMENT

4.1 Containment Integrity Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1																		
<p>4.1.4</p> <p>Safety injection signal due to LOCA with less than minimum operable containment heat removal equipment of</p> <table><tr><td></td><td>RECIRC</td><td>SPRAY</td></tr><tr><td>CNMT</td><td>FANS</td><td>PUMPS</td></tr><tr><td>PRESS</td><td>OPER</td><td>REQ'D</td></tr><tr><td>< 28 psig</td><td>2</td><td>N/A</td></tr><tr><td>≥28 psig</td><td>2</td><td>1</td></tr><tr><td></td><td>< 2</td><td>2</td></tr></table> <p><u>AND</u></p> <p>one or more of the following fuel clad loss indicators:</p> <ul style="list-style-type: none">- Coolant activity >300 μCi/gm of I-131 equivalent- Containment radiation monitor (R-29/30) reading >100R/hr- Letdown monitor R-9 reading >10R/hr- RED path in F-0.2, CORE COOLING <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none">- (1) Power Operations- (2) Startup- (3) Hot Shutdown- (4) Hot Standby <p>(Continued on next page)</p>		RECIRC	SPRAY	CNMT	FANS	PUMPS	PRESS	OPER	REQ'D	< 28 psig	2	N/A	≥28 psig	2	1		< 2	2	<p>4.1.2</p> <p>Rapid uncontrolled decrease in containment pressure following initial increase due to LOCA.</p> <p><u>OR</u></p> <p>Loss of primary coolant inside containment with containment pressure or sump level response not consistent with LOCA conditions.</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none">- (1) Power Operations- (2) Startup- (3) Hot Shutdown- (4) Hot Standby <p>(Continued on next page)</p>		<p>4.1.1</p> <p>Both doors open on containment airlock</p> <p><u>OR</u></p> <p>Inability to close containment pressure relief or purge valves which results in a radiological release pathway to the environment</p> <p><u>OR</u></p> <p>CI or CVI valve(s) not closed when required which results in a radiological release pathway to the environment</p> <p><u>OR</u></p> <p>Rapid uncontrolled pressure decrease following initial increase due to steam line break.</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none">- (1) Power Operations- (2) Startup- (3) Hot Shutdown- (4) Hot Standby
	RECIRC	SPRAY																			
CNMT	FANS	PUMPS																			
PRESS	OPER	REQ'D																			
< 28 psig	2	N/A																			
≥28 psig	2	1																			
	< 2	2																			

4.1 Containment Integrity Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>4.1.5</p> <p><u>EITHER</u></p> <p>Rapid uncontrolled decrease in containment pressure following initial increase due to LOCA</p> <p><u>OR</u></p> <p>Loss of primary coolant inside containment with containment pressure or sump level response not consistent with LOCA conditions</p> <p><u>AND</u></p> <p>one or more of the following fuel clad damage indicators:</p> <ul style="list-style-type: none"> - ORANGE or RED path in F-0.2, CORE COOLING - RED path in F-0.3, HEAT SINK - Coolant activity >300μ Ci/gm of I-131 equivalent - Containment radiation monitor R-29/R-30 reading >100R/hr - Letdown line monitor R-9 reading >10R/hr <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby <p>(Continued on next page)</p>	<p>4.1.3</p> <p><u>EITHER:</u></p> <p>CI or CVI valve(s) not closed when required following confirmed LOCA</p> <p><u>OR</u></p> <p>Inability to isolate any primary system discharging outside containment</p> <p><u>AND</u></p> <p>Radiological release pathway to the environment exists as a result.</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 		

4.1 Containment Integrity Status

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>4.1.6</p> <p><u>EITHER</u> CI or CVI valve(s) not closed when required following confirmed LOCA <u>OR</u> Inability to isolate any primary system discharging outside containment <u>AND</u> Radiological release pathway to environment exists as a result <u>AND</u> one or more of the following fuel clad damage indicators:</p> <ul style="list-style-type: none"> - ORANGE or RED path in F-0.2, CORE COOLING - RED path in F-0.3, HEAT SINK - Coolant activity >300μ Ci/gm of I-131 equivalent - Containment radiation monitor R-29/30 reading >100R/hr - Letdown monitor R-9 reading >10R/hr <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 			

4.2 Steam Generator Tube Rupture with Secondary Release

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>4.2.2 Unisolable secondary side line break with S/G tube rupture as identified in E-3 "Steam Generator Tube Rupture". AND one or more of the following fuel clad damage indicators:</p> <ul style="list-style-type: none"> - ORANGE or RED path in F-0.2, CORE COOLING - RED path in F-0.3, HEAT SINK - Coolant activity >300 $\mu\text{Ci/gm}$ of I-131 equivalent - Containment radiation monitor R-29/30 reading >100R/hr - Letdown monitor R-9 reading >10R/hr <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 	<p>4.2.1 Unisolable secondary side line break with S/G tube rupture as identified in E-3 "Steam Generator Tube Rupture" <u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 		

4.3 Combustible Gas Concentrations

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
4.3.1 ≥4% hydrogen concentration in containment <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby			

5.0 RADIOACTIVITY RELEASE/ AREA RADIATION

5.1 Effluent Monitors

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>5.1.4</p> <p>A valid reading on one or more of the following monitors for >15 minutes</p> <ul style="list-style-type: none"> - R12A7 6.00E+1 $\mu\text{Ci/cc}$ - R14A7 5.33E0 $\mu\text{Ci/cc}$ - R15A9 1.15E+2 $\mu\text{Ci/cc}$ - R31/32 reading with the following condition: 1 ARV 1.90E+2 mR/hr 1 Safety 9.51E+1 mR/hr 2 Safeties 4.76E+1 mR/hr 3 Safeties 3.17E+1 mR/hr 4 Safeties 2.38E+1 mR/hr <p>unless dose assessment can confirm releases at the site boundary are below the following within the 15 minute limit</p> <ul style="list-style-type: none"> - 1000 mR TEDE - 5000 mR CDE thyroid - 1000 mR/hr external exposure rate - 5000 mR/hr thyroid exposure for 1 hour of inhalation <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All 	<p>5.1.3</p> <p>A valid reading on one or more of the following monitors for >15 minutes</p> <ul style="list-style-type: none"> - R12A7 6.00E+0 $\mu\text{Ci/cc}$ - R14A7 5.33E-1 $\mu\text{Ci/cc}$ - R15A9 1.15E+1 $\mu\text{Ci/cc}$ - R31/32 reading with the following condition: 1 ARV 1.90E+1 mR/hr 1 Safety 9.51E0 mR/hr 2 Safeties 4.76E0 mR/hr 3 Safeties 3.17E0 mR/hr 4 Safeties 2.38E0 mR/hr <p>unless dose assessment can confirm releases at the site boundary are below the following within the 15 minute limit</p> <ul style="list-style-type: none"> - 100 mR TEDE - 500 mR CDE thyroid - 100 mR/hr external exposure rate - 500 mR/hr thyroid exposure rate for 1 hour of inhalation <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All 	<p>5.1.2</p> <p>A valid reading on one or more of the following monitors for >15 minutes</p> <ul style="list-style-type: none"> - R12A7 6.00E-1 $\mu\text{Ci/cc}$ - R14A7 5.33E-2 $\mu\text{Ci/cc}$ - R15A7 1.15E+0 $\mu\text{Ci/cc}$ - R18 Offscale High with no isolation - R20A Offscale High - R20B Offscale High - R21 Offscale High with no isolation - R22 Offscale High with no isolation - R31/32 reading with the following condition: 1 ARV 1.90E0 mR/hr 1 Safety 9.51E-1 mR/hr 2 Safeties 4.76E-1 mR/hr 3 Safeties 3.17E-1 mR/hr 4 Safeties 2.38E-1 mR/hr <p>unless dose assessment can confirm releases at the site boundary are below</p> <ul style="list-style-type: none"> - 10 mR TEDE or - 10 mR/hr external exposure rate <p>within the 15 minute limit</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All 	<p>5.1.1</p> <p>A valid reading on one or more of the following monitors for >60 minutes unless sample analysis can confirm release rates are less than two times release rate limits within the 60 minute time limit.</p> <ul style="list-style-type: none"> - R11 <ul style="list-style-type: none"> - 1.38E5 cpm with one fan* - 1.41E5 cpm with two fans* - R12 <ul style="list-style-type: none"> - 7.42E6 cpm with one fan* - 5.36E6 cpm with two fans* - R13 1.25E4 cpm - R14 6.40E5 cpm - R15 2.94E5 cpm - R18 3.60E5 cpm with no isolation - R20A 4.08E4 cpm - R20B 5.20E3 cpm - R21** 5.00E4 cpm with no isolation - R22** 9.20E4 cpm with no isolation - R31/32 reading 0.2 mR/hr with 1 ARV or 1 Safety open. <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All

• During containment purge

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

5.2 Dose Projections/ Environmental Measurements/Release Rates

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>5.2.5 Dose projections or field surveys resulting from actual or imminent release which indicate doses/dose rates in excess of 1000mR/hr external exposure rate at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 5000\text{mR/hr}$ thyroid exposure dose rate at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 1000\text{mR TEDE dose}$ at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys indicate $\geq 5000\text{mR CDE thyroid dose}$ at the Site Boundary or beyond.</p> <p><u>Mode Applicability:</u> - All</p>	<p>5.2.4 Dose projections or field surveys resulting from actual or imminent release which indicate dose rates in excess of 100mR/hr external exposure rate at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 500\text{mR/hr}$ thyroid exposure dose rate at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 100\text{mR TEDE dose}$ at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 500\text{mR CDE thyroid dose}$ at the Site Boundary or beyond.</p> <p><u>Mode Applicability:</u> - All</p>	<p>5.2.2 Confirmed sample analysis for gaseous or liquid release rates in excess of two hundred times release rate limits for >15 min <u>Mode Applicability:</u> - All</p> <p>5.2.3 Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 10\text{mR/hr}$ external exposure rate at the Site Boundary or beyond <u>OR</u> Dose projections or field surveys resulting from actual or imminent release which indicate $\geq 10\text{mR TEDE dose}$ the Site Boundary or beyond</p> <p><u>Mode Applicability:</u> - All</p>	<p>5.2.1 Confirmed sample analysis for gaseous or liquid release rates in excess of two times release rate limits for >60 min <u>Mode Applicability:</u> - All</p>

5.3 Area Radiation Levels

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>5.3.2 Sustained area radiation levels > 15 mR/hr in either Control Room <u>OR</u> Central Alarm Station and Secondary Alarm Station <u>Mode Applicability:</u> - All</p> <p>5.3.3 Sustained abnormal area radiation levels > 8 R/hr within any of the following areas: - Containment - Auxiliary Building - Turbine Building - Emergency Diesel Bldg. - Screen house - Standby Auxiliary Feedwater Building <u>AND</u> Access is required to establish or maintain Cold Shutdown <u>Mode Applicability:</u> - All</p>	<p>5.3.1 Any sustained direct area radiation monitor readings > 100 times alarm or off-scale high resulting from an uncontrolled process. <u>Mode Applicability:</u> - All</p>

6.1 Loss of AC Power Sources

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>6.1.5 Loss of all safeguards bus AC power AND EITHER: power restoration to any safeguards train is not likely in 4 hours OR Actual or imminent entry into ORANGE or RED path on F-0.2, CORE COOLING <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>6.1.4 Loss of both trains of AC busses for greater than 15 minutes <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>6.1.2 Loss of both trains of AC busses for greater than 15 minutes <u>Mode Applicability:</u> - (5) Cold Shutdown - (6) Refueling - (D) Defueled</p> <p>6.1.3 Available safeguards train AC power reduced to only one of the following sources for >15 minutes. - EDG 1A (Bus 14) - EDG 1B (Bus 16) - Station Auxiliary Transformer 12A - Station Auxiliary Transformer 12B <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>6.1.1 Loss of ability to supply power to the safeguard trains from offsite circuits 751 and 767 for greater than 15 minutes <u>Mode Applicability:</u> - All</p>

6.2 Loss of DC Power Sources

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>6.2.2 <108vdc bus voltage indications on 125vdc batteries 1A <u>AND</u> 1B for >15 minutes. <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>		<p>6.2.1 <108vdc bus voltage indications on 125vdc batteries 1A <u>AND</u> 1B for >15 minutes. <u>Mode Applicability:</u> - (5) Cold Shutdown - (6) Refueling</p>

7.0 EQUIPMENT FAILURES**7.1 Technical Specification Requirements**

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
			<p>7.1.1 Plant is not brought to the required operating mode within Technical Specifications LCO Required Action Completion Time <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

7.2 Safety Failures or Control Room Evacuation

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>7.2.5 Entry into AP-CR.1 "Control Room Inaccessability" <u>AND</u> Control of core cooling cannot be established per AP-CR.1 "Control Room Inaccessability" within 20 minutes <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby - (5) Cold Shutdown - (6) Refueling</p>	<p>7.2.2 Turbine failure generated missiles results in any visible structural damage to plant vital equipment. <u>Mode Applicability</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p> <p>7.2.3 Entry into AP-CR.1 "Control Room Inaccessability" <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby - (5) Cold Shutdown - (6) Refueling</p> <p>7.2.4 Reactor coolant temperature cannot be maintained <200°F <u>Mode Applicability:</u> - (5) Cold Shutdown - (6) Refueling</p>	<p>7.2.1 Report of main turbine failure resulting in casing penetration or damage to turbine seals or generator seals <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

7.3 Loss of Indications/Communication Capability

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
	<p>7.3.4 Loss of annunciators or indications on any of the following Control Room Panels</p> <ul style="list-style-type: none"> - A - AA - B - C - D - E - F - G <p style="text-align: center;"><u>AND</u></p> <p>Complete loss of ability to monitor any critical safety function status</p> <p style="text-align: center;"><u>AND</u></p> <p>A plant transient in progress</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 	<p>7.3.3 Unplanned loss of annunciators or indications on any of the following Control Room Panels for greater than 15 minutes</p> <ul style="list-style-type: none"> - A - AA - B - C - D - E - F - G <p style="text-align: center;"><u>AND</u></p> <p>increased surveillance is required for safe plant operation</p> <p style="text-align: center;"><u>AND EITHER</u></p> <ul style="list-style-type: none"> - A plant transient in progress <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> - PPCS is unavailable <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby 	<p>7.3.1 Unplanned loss of annunciators or indications on any of the following Control Room Panels for greater than 15 minutes</p> <ul style="list-style-type: none"> - A - AA - B - C - D - E - F - G <p style="text-align: center;"><u>AND</u></p> <p>increased surveillance is required for safe plant operation</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby <p>7.3.2 Loss of all communications capability affecting the ability to either:</p> <ul style="list-style-type: none"> - perform routine operations <p style="text-align: center;"><u>OR</u></p> <ul style="list-style-type: none"> - Notify offsite agencies or personnel <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All

8.0 HAZARDS

8.1 Security Threats

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>8.1.4 Security event which results in: - Loss of plant control from the control room <u>OR</u> - Loss of remote shutdown capability <u>Mode Applicability:</u> - All</p>	<p>8.1.3 Intrusion into plant security vital area by an adversary <u>OR</u> Any security event which represents actual or likely failures of plant systems needed to protect the public <u>Mode Applicability:</u> - All</p>	<p>8.1.2 Intrusion into plant Protected Area by an adversary <u>OR</u> Any security event which represents an actual or substantial degradation of the level of safety of the plant. <u>Mode Applicability:</u> - All</p>	<p>8.1.1 Bomb device or other indication of attempted sabotage discovered within plant Protected Area <u>OR</u> Notification of any credible site specific security threat by the Security Shift Supervisor or outside agency (NRC, military or law enforcement) <u>Mode Applicability:</u> - All</p>

8.2 Fire or Explosion

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>8.2.2 Fire or explosion in any of the following plant areas which results in <u>EITHER</u> visible damage to plant equipment or structures needed for safe shutdown <u>OR</u> Loss of a safety system</p> <ul style="list-style-type: none"> - Intermediate Building - TSC - Service Building - Contaminated Storage Building - Control Building - Containment Building - Auxiliary Building - Turbine Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <p><u>Mode Applicability:</u> - All</p>	<p>8.2.1 Confirmed fire in any of the following plant areas not extinguished within 15 minutes of control room notification</p> <ul style="list-style-type: none"> - Intermediate Building - TSC - Service Building - Contaminated Storage Building - Control Building - Containment Building - Auxiliary Building - Turbine Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <p><u>Mode Applicability:</u> - All</p>

8.3 Man-Made Events

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>8.3.4 Vehicle crash or projectile impact which precludes personnel access to or damages equipment in the following plant vital areas</p> <ul style="list-style-type: none"> - Control Building - Containment Building - Auxiliary Building - Intermediate Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All <p>8.3.5 Report or detection of toxic or flammable gases within the following plant areas, in concentrations that will be life threatening to plant personnel or precludes access to equipment needed for safe plant operations</p> <ul style="list-style-type: none"> - Control Building - Containment Building - Auxiliary Building - Intermediate Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All 	<p>8.3.1 Vehicle crash into or projectile which impacts plant structures or systems within Protected Area Boundary</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All <p>8.3.2 Report by plant personnel of an explosion within Protected Area Boundary resulting in visible damage to permanent structures or equipment</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All <p>8.3.3 Report or detection of toxic or flammable gases that could enter or have entered within the Protected Area Boundary in amounts that could affect the health of plant personnel or safe plant operation</p> <p><u>OR</u></p> <p>Report by local, county or state officials for potential evacuation of site personnel based on offsite event</p> <p><u>Mode Applicability:</u></p> <ul style="list-style-type: none"> - All

8.4 Natural Events

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>8.4.4 Earthquake felt in plant by any plant operations personnel <u>AND</u> Confirmation of earthquake of an intensity greater than 0.08g per ER-SC.4 "Earthquake Emergency Plan" <u>Mode Applicability:</u> - All</p> <p>8.4.5 Sustained winds >75mph <u>OR</u> Tornado strikes one of the following plant vital areas - Control Building - Containment Building - Auxiliary Building - Intermediate Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <u>Mode Applicability:</u> - All (Continued on next page)</p>	<p>8.4.1 Earthquake felt in plant by any plant operations personnel <u>AND</u> Confirmation of earthquake of an intensity greater than 0.01g per ER-SC.4 "Earthquake Emergency Plan" <u>Mode Applicability:</u> - All</p> <p>8.4.2 Report by plant personnel of tornado striking within plant Protected Area Boundary <u>Mode Applicability:</u> - All (Continued on next page)</p>

8.4 Natural Events

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
		<p>8.4.6 Any natural event which results in a report of visible structural damage or assessment by Operations personnel of actual damage to equipment needed for safe plant operation in any of the following plant areas:</p> <ul style="list-style-type: none"> - Control Building - Containment Building - Auxiliary Building - Intermediate Building - Emergency Diesel Building - Standby Auxiliary Feedwater Building - Screen House <p><u>Mode Applicability:</u> - All</p> <p>8.4.7 Flood water accumulating on screen house operating floor</p> <p><u>OR</u> Lake level >253 ft</p> <p><u>OR</u> Screen House Suction Bay water level ≤ 16 feet or ≤ 14.5 feet by manual level measurement</p> <p><u>Mode Applicability:</u> - All</p>	<p>8.4.3 Deer Creek flooding over entrance road bridge handrail</p> <p><u>OR</u> Lake level >252 ft</p> <p><u>OR</u> Screen House Suction Bay water level ≤ 19 feet or ≤ 17.5 feet by manual level measurement</p> <p><u>Mode Applicability:</u> - All</p>

9.0 OTHER

GENERAL EMERGENCY PROCEED TO EPIP 1-4	SITE AREA EMERGENCY PROCEED TO EPIP 1-3	ALERT PROCEED TO EPIP 1-2	UNUSUAL EVENT PROCEED TO EPIP 1-1
<p>9.1.7 In the opinion of the Shift Supervisor or Emergency Coordinator, events are in progress which indicate actual or imminent core damage and the potential for a large release of radioactive material in excess of EPA PAGs outside the site boundary <u>Mode Applicability:</u> - All</p> <p>9.1.8 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could or has led to a loss of any two fission product barriers and loss or potential loss of the third (Attachment 3) <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>9.1.5 In the opinion of the Shift Supervisor or Emergency Coordinator, events are in progress which indicate actual or likely failures of plant systems needed to protect the public. Any releases are not expected to result in exposures which exceed EPA PAGs <u>Mode Applicability:</u> - All</p> <p>9.1.6 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could or has led to either: - Loss or potential loss of both fuel clad and RCS barrier (Attachment 3) <u>OR</u> - Loss or potential loss of either fuel clad and RCS barrier in conjunction with a loss of containment (Attachment 3) <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>9.1.3 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could cause or has caused actual substantial degradation of the level of safety of the plant <u>Mode Applicability:</u> - All</p> <p>9.1.4 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could lead or has led to a loss or potential loss of either fuel clad or RCS barrier (Attachment 3) <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>	<p>9.1.1 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could lead to or has led to a potential degradation of the level of safety of the plant <u>Mode Applicability:</u> - All</p> <p>9.1.2 Any event, which in the opinion of the Shift Supervisor or Emergency Coordinator, that could lead to or has led to a potential loss of containment (Attachment 3) <u>Mode Applicability:</u> - (1) Power Operations - (2) Startup - (3) Hot Shutdown - (4) Hot Standby</p>

DEFINITIONS

- | | |
|--------------------------------------|--|
| Actuate | - To put into operation; to move into action; commonly used to refer to automated, multi-faceted operations. "Actuate ECCS". |
| Adversary | - As applied to security EALs, an individual whose intent is to commit sabotage, disrupt station operations or otherwise commit a crime on station property. |
| Adverse Meteorology | - Low wind speed and low dispersion of effluents. |
| Alert | - Events are in progress or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant. Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels. |
| Available | - The state or condition of being ready and able to be used (placed into operation) to accomplish the stated (or implied) action or function. As applied to a system, this requires the operability of necessary support systems (electrical power supplies, cooling water, lubrication, etc). |
| Can/Cannot be determined | - The current value or status of an identified parameter relative to that specified <i>can/cannot be ascertained using all available indications</i> (direct and indirect, singly or in combination). |
| Can/Cannot be maintained above/below | - The value of the identified parameter(s) is/is not able to be kept above/below specified limits. This determination includes making an evaluation that considers both current and future system performance in relation to the current value or trend of the parameter(s). Neither implies that the parameter must actually exceed the limit before the action is taken nor that the action must be taken before the limit is reached. |
| Can/Cannot be restored above/below | - The value of the identified parameter(s) is/is not able to be returned to above/below specified limits after having passed those limits. This determination includes making an evaluation that considers both current and future systems performances in relation to the current value and trend of the parameter(s). Does not imply any specific time interval but does not permit prolonged operation beyond a limit without taking the specified action.
As applied to loss of electrical power sources (ex.:power cannot be restored to any vital bus in ≤ 4 hrs) the specified power source cannot be returned to service within the specified time. This determination includes making an evaluation that considers both current and future restoration capabilities. Implies that the declaration should be made as soon as the determination is made that the power source cannot be restored within the specified time. |
| Classified | - Identify an EAL that corresponds to plant conditions |

Close	<ul style="list-style-type: none"> - To position a valve or damper so as to prevent flow of the process fluid. - To make an electrical connection to supply power
Confirm/Confirmation	<ul style="list-style-type: none"> - To validate, through visual observation or physical inspection, that an assumed condition is as expected or required, without taking action to alter the "as found" configuration.
Control	<ul style="list-style-type: none"> - Take action, as necessary, to maintain the value of a specified parameter within applicable limits; to fix or adjust the time, amount, or rate of; to regulate or restrict.
Core Failure	<ul style="list-style-type: none"> - Fission product release to containment atmosphere that results in a reading of > 1000 REM/HR on containment area monitor R-2, R-29 or R-30.
Declared	<ul style="list-style-type: none"> - Use of the New York State Radiological Emergency Data Form in procedure EPIP 1-5 to notify offsite agencies of a classified event.
Decrease	<ul style="list-style-type: none"> - To become progressively less in size, amount, number, or intensity.
Discharge	<ul style="list-style-type: none"> - Removal of a fluid/gas from a volume or system.
ECCS	<ul style="list-style-type: none"> - High and low pressure safety injection - Accumulators
Enter	<ul style="list-style-type: none"> - To go into.
Establish	<ul style="list-style-type: none"> - To perform action necessary to meet a stated condition. "Establish communication with the Control Room."
Evacuate	<ul style="list-style-type: none"> - To remove the contents of; to remove personnel from an area.
Exceeds	<ul style="list-style-type: none"> - To go beyond a stated or implied limit, measure, or degree.
Exist	<ul style="list-style-type: none"> - To have being with respect to understood limitations or conditions.
Facility	<ul style="list-style-type: none"> - The Protected Area of the plant. The area within the security fence
Failed Fuel	<ul style="list-style-type: none"> - An increase in primary coolant activity reflected by an unexplained increase on failed fuel monitor (R-9) which exceeds its high alarm setpoint. If R-9 reading unavailable or unreliable, the failed fuel condition would be verified by a primary sample analysis.
Failure	<ul style="list-style-type: none"> - A state of inability to perform a normal function.
Fire	<ul style="list-style-type: none"> - The observance of flames <u>or</u> if any doubt exists due to excessive smoke, inaccessible location, a fire should be assumed to be present.
General Emergency	<ul style="list-style-type: none"> - Events are in progress or have occurred which involve actual or imminent substantial core degradation or melting with potential loss of containment integrity. Releases can be reasonably expected to exceed EPA Protective Action Guideline exposure levels offsite for more than the immediate site area.

Hazards	- Aircraft crash, explosion, missiles, toxic gas, flammable gas, or turbine blade failures.
If	- Logic term which indicates that taking the action prescribed is contingent upon the current existence of the stated condition(s). If the identified conditions do not exist, the prescribed action is not to be taken and execution of operator actions must proceed promptly in accordance with subsequent instructions.
Increase	- To become progressively greater in size, amount, number or intensity.
Indicate	- To point out or point to; to display the value of a process variable; to be a sign or symbol.
Initiate	- The act of placing equipment or a system into service, either manually or automatically. Activation of a function or protective feature (i.e. initiate a manual trip).
Injection	- The act of forcing a fluid into a volume or vessel.
Inoperable	- Not able to perform it's intended function.
Intrusion	- The act of entering without authorization.
LOCA	- Entry into E-1.
Loss	- Failure of operability or lack of access to.
Loss of all Meteorological Indications	- Total loss of wind speed, wind direction and temperature from the primary weather tower onsite and of wind direction and wind speed from the back up weather tower located at Station 13A (accessible using EPIP 2-2), and all off-site sources available to the on-shift RP Tech.
Loss of Secondary Coolant	- Entry into E-1.
Maintain	- Take action, as necessary, to keep the value of the specified parameter within the applicable limits.
Monitor	- Observe and evaluate at a frequency sufficient to remain apprised of the value, trend, and rate of change of the specified parameter.
Notify	- To give notice of or report the occurrence of; to make known to; to inform specified personnel; to advise; to communicate; to contact; to relay.
OBE	- Operating Basis Earthquake. An earthquake having 0.08g peak ground acceleration.
Open	- To position a valve or damper so as to allow flow of the process fluid. To break an electrical connection which removes a power supply from an electrical device. To make available for entry or passage by turning back, removing, or clearing away.

Operable	- Able to perform it's intended function.
Perform	- To carry out an action; to accomplish; to affect; to reach an objective.
Periodically	- As plant conditions change.
Plant Building	- Turbine Building, Serv. Building, Containment, Aux. Building, Standby Aux. Feed Building or the Screen House, Contaminated Storage Building or Upper Radwaste Storage Building.
Primary System	- The pipes, valves, and other equipment which connect directly to the reactor vessel or reactor coolant system such that a reduction in reactor coolant system pressure will effect a decrease in the steam or water pressure being discharged through an unisolated break in the system.
Radiation Monitor	- Any permanent or temporary area or process monitor.
Remove	- To change the location or position of.
Report	- To describe as being in a specific state.
Require	- To demand as necessary or essential.
Restore	- Take the appropriate action required to return the value of an identified parameter to within applicable limits.
Rise	- Describes an increase in a parameter as the result of an operator or automatic system.
Safe Shutdown Equipment Sample	<ul style="list-style-type: none"> - Minimum equipment required by Appendix "R" procedures. - To perform an analysis on a specified media to determine its properties.
SGTR	- Entry into E-3.
Shutdown	- To perform operations necessary to cause equipment to cease or suspend operation; to stop. "Shutdown unnecessary equipment."
Site Area Emergency	- Events are in progress or have occurred which involve actual or likely major failures of plant functions needed for protection of the public. Any releases are not expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels except near the site boundary.
Sustained	- Prolonged. Not intermittent or of transitory nature.
Sustained Winds	- The five minuted average based on a PPCS reading from the 150 foot or 250 foot Met Tower wind speed indicator.
SSE	- Safe Shutdown Earthquake. An earthquake having 0.2g peak ground acceleration.
TEDE	- Total Effective Dose Equivalent.

Thyroid Dose	- Thyroid dose is assumed to be the same as Committed Dose Equivalent (CDE).
Trip	<ul style="list-style-type: none"> - To de-energize a pump or fan motor; to position a breaker so as to interrupt or prevent the flow of current in the associated circuit; to manually activate a semi-automatic feature. - To take action to cause shutdown of the reactor by opening the reactor trip breaker.
Total Loss of All Feedwater Uncontrolled	- Total loss of Condensate, Mainfeed, all Auxiliary Feedwater and Standby Auxiliary Feedwater.
Unexplained	- An evolution lacking control but is not the result of operator action.
Unmonitored Release	- A condition where parameters/condition exist that are not normal for current plant status and are not a result of operator action.
Unplanned	- A release of radioactive material to the environment which does not pass through an area or process monitor.
Until	- Not as an expected result of deliberate action.
Unusual Event	- Indicates that the associated prescribed action is to proceed only so long as the identified condition does not exist.
Valid	- Events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.
Vent	- Supported or corroborated on a sound basis.
Verify	- To open an effluent (exhaust) flowpath from an enclosed volume; to reduce pressure in an enclosed volume.
Vital Areas	- To confirm a condition and take action to establish that condition if required. "Verify reactor trip, verify SI pumps running."
Whole Body Dose	- Areas of the plant containing equipment or machinery that could affect the safe operation or shutdown of the plant.
	- Whole body dose is assumed to be the same as Total Effective Dose Equivalent (TEDE).

Attachment 3
BARRIER LOSS/POTENTIAL LOSS
Fuel Cladding

Rev. 31

Potential Loss	Loss
ORANGE path in F-0.2, CORE COOLING	RED path in F-0.2, CORE COOLING
RED path in F-0.3, HEAT SINK	Coolant activity > 300 $\mu\text{Ci/cc}$ of I-131
Core Exit Thermocouple Readings > 700 °F	Core Exit Thermocouple Readings > 1200 °F
RVLIS <77% w/ no RCPs running	Containment rad monitor reading >100 R/hr
Emergency Coordinator Judgment	Letdown Monitor (R-9) reading > 10 R/hr
	Emergency Coordinator Judgment

RCS

Potential Loss	Loss
RED path on F-0.4, INTEGRITY	RCS subcooling < EOP Fig. MIN SUBCOOLING due to RCS leakage
RED path on F-0.3, HEAT SINK	Unisolable secondary side line break with SG tube rupture as identified in E-3 "Steam Generator Tube Rupture"
Primary system leakage > 46 gpm	Containment radiation monitor reading > 10 R/hr
Emergency Coordinator Judgment	Emergency Coordinator Judgment

Attachment 3
BARRIER LOSS/POTENTIAL LOSS
Containment

Potential Loss	Loss
<p>RED path F-0.5, CONTAINMENT</p> <p>Either:</p> <p>Core exit thermocouples >1200 °F</p> <p>OR</p> <p>Core exit thermocouples >700 °F with RVLIS <77% (no RCPs)</p> <p>AND</p> <p>Restoration procedures not effective within 15 minutes</p> <p>Safety injection signal due to LOCA with < the minimum containment cooling safeguards equipment operating:</p> <p>CNMT pressure <28 psig: 2 CNMT Recirc Fans</p> <p>CNMT pressure ≥28 psig: 2 CNMT Spray Pumps</p> <p>OR</p> <p>2 CNMT Recirc Fans</p> <p>and 1 CNMT Spray Pump</p> <p>Containment pressure 60 psig and increasing</p> <p>≥4 % hydrogen concentration in containment</p> <p>Containment radiation monitor reading >1000 R/hr</p> <p>Emergency Coordinator Judgment</p>	<p>Rapid uncontrolled decrease in Containment Pressure following initial increase</p> <p>Loss of primary coolant inside containment with containment pressure or sump level response not consistent with LOCA conditions, i.e. unexpected changes occur in these parameters that are not explainable due to operator actions or automatic system actions.</p> <p>Either:</p> <p>CI or CVI isolation required and CI or CVI valve(s) not closed when required</p> <p>OR</p> <p>Inability to isolate any primary system discharging outside containment</p> <p>AND</p> <p>Radiological release pathway to the environment exists</p> <p>Release of secondary side to atmosphere with primary to secondary leakage greater than tech spec allowable of 0.1 GPM per steam generator</p> <p>Both doors open on containment airlock</p> <p>OR</p> <p>Inability to close containment pressure relief or purge valves which results in a radiological release pathway to the environment</p> <p>OR</p> <p>CI or CVI valve(s) not closed when required which results in a radiological release pathway to the environment</p> <p>Emergency Coordinator Judgment</p>

ROCHESTER GAS & ELECTRIC CORPORATION

GINNA STATION

Controlled Copy Number 23

PROCEDURE NUMBER EPIP 1-5

REVISION NUMBER 55

NOTIFICATIONS



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RESPONSIBLE MANAGER

6-20-03
EFFECTIVE DATE

Category 1.0

This procedure contains 25 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 Director:

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:

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

C. Operations Assessment Manager:

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

D. TSC Dose Assessment Manager:

	Fred Mis	Business 3323 Home 585-671-9111 Pager 585-528-7266 Cellular 585-315-1212	
OR	Greg Jones	Business 3327 Home 315-524-6319 Pager 585- 528-3529	
OR	Peter Polfleit	Business 6772 Home 315-524-7101 Pager 585-527-2207 Cellular 585-315-1201	

UNUSUAL EVENT NOTIFICATIONS

OR

Jim Bement Business 3341
 Home 585-396-1712
 Pager 585-528-9980

OR

Bill Thomson Business 3219
 Home 315-342-5082
 Pager 585-528-8561
 Cellular 585-529-0061

OR

Ken Gould Business 3804
 Home 585-872-0226
 Pager 585-528-9920

E. 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 585-224-6831
 Duty Cell
 Phone 484-868-1491

Mark Marshfield Business 3265
 Home 716-839-9250
 Pager 1-800-944-2337 (then dial personal ID# 54797)
 Cellular 585-510-6745
 Duty Cell
 Phone 484-868-1491

F. 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

UNUSUAL EVENT NOTIFICATIONS

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:
 - G. 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

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	585-224-6831
	Duty Cell	
	Phone	484-868-1491

Mark Marshfield	Business 3265	
	Home	716-839-9250
	Pager	1-800-944-2337 (then dial personal ID# 54797)
	Cellular	585-510-6745
	Duty Cell	
	Phone	484-868-1491

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. Fill out the form using the following instructions:
-

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 $<1.17\text{E}4$ cpm	On Alarm and $\geq 1.17\text{E}4$ cpm
R-14	Not on Alarm	On Alarm and $<3.05\text{E}5$ cpm	On Alarm and $\geq 3.05\text{E}5$ cpm
R-15	Not on Alarm	On Alarm and $<1.47\text{E}+05$ cpm	$\geq 1.47\text{E}+05$ cpm
R-18	Not on Alarm	On Alarm AND $<1.80\text{E}+05$ cpm AND release not isolated	$\geq 1.80\text{E}+05$ cpm AND release not isolated
R-20A	Not on Alarm	On Alarm and $<2.04\text{E}+04$ cpm	$\geq 2.04\text{E}+04$ cpm
R-20B	Not on Alarm	On Alarm and $<2.60\text{E}+03$ cpm	$\geq 2.60\text{E}+03$ cpm
R-21**	Not on Alarm	On Alarm AND $<2.50\text{E}+04$ cpm AND release not isolated	$\geq 2.50\text{E}+04$ cpm AND release not isolated
R-22**	Not on Alarm	On Alarm AND $<4.60\text{E}+04$ cpm AND release not isolated	$\geq 4.60\text{E}+04$ cpm AND release not isolated
R-31	Not on Alarm	On Alarm and $<1.00\text{E}-01$ mRad/hr	$\geq 1.00\text{E}-01$ mRad/hr
R-32	Not on Alarm	On Alarm and $<1.00\text{E}-01$ mRad/hr	$\geq 1.00\text{E}-01$ 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: <input type="checkbox"/> check box if information has changed <div style="display: flex; justify-content: space-between;"> A. UNUSUAL EVENT C. SITE AREA EMERGENCY E. EMERGENCY TERMINATED </div> <div style="display: flex; justify-content: space-between;"> B. ALERT D. GENERAL EMERGENCY F. RECOVERY </div>			
5. Classification Time: <input type="checkbox"/> check box if information has changed This Emergency Classification declared at: Date _____ Time _____			
6. Release of Radioactive Materials due to the Classified Event: <input type="checkbox"/> check box if information has changed A. No Release B. Release BELOW federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water C. Release ABOVE federally approved operating limits (technical specifications) <input type="checkbox"/> to atmosphere <input type="checkbox"/> to water D. Unmonitored release requiring evaluation			
7. Protective Action RECOMMENDATIONS: (Refer to EPIP 2-1) <input type="checkbox"/> 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: <input type="checkbox"/> check box if information has changed EAL # _____			
9. Plant Status: <input type="checkbox"/> check box if information has changed A. Stable C. Degrading E. Cold Shutdown B. Improving D. Hot Shutdown		10. Reactor Shutdown: (subcritical) <input type="checkbox"/> check box if information has changed A. Not Applicable B. Date _____ Time _____	
11. Wind Speed: <input type="checkbox"/> check box if information has changed A. _____ Miles/hour at elevation _____ feet		12. Wind Direction: <input type="checkbox"/> check box if information has changed From: _____ degrees at elevation _____ feet	
13. Stability Class: <input type="checkbox"/> check box if information has changed Unstable, Neutral, Stable		<div style="text-align: center;"> 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 </div>	
14. Reported By: Name _____ Area Code _____ Number _____ <input type="checkbox"/> 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: _____
 Prepared By: _____

Time Approved: _____
 Approved By: _____

Completed form sent
 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 <input type="checkbox"/> 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: <input type="checkbox"/> Ground <input type="checkbox"/> 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)
Site Boundary			CDE - Child Thyroid (rem)
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: _____
By: _____

Time Approved: _____
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	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> OOS	R-1 Control Room	mRem/hr
RCS Pressure	PSIG	Safety Injection	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> OOS	R-2 Containment	mRem/hr
PRZR Level	%	Diesel Generators	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> OOS	R-9 Letdown	mRem/hr
Core Circulation	Forced/Natural	Service Water System	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> OOS	R-10 "A" Containment Iodine	CPM
Subcooled	°F	Cnmt Fan Coolers System	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> 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	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> OOS	R-10 "B" Plant Vent Iodine	CPM
"A" S/G Pressure	PSIG	Comp. Cooling System	<input type="checkbox"/> Inservice <input type="checkbox"/> Standby <input type="checkbox"/> 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 on Time 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 | 9-1-613-991-7000
9-1-613-996-0995 |
- | |
|-------|
| Phone |
| Fax |

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)

OR	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 585-244-6831
Duty Cell
Phone 484-868-1491

Mark Marshfield

Business	3265
Home	716-839-9250
Pager	1-800-944-2337 (then dial personal ID# 54797)
Cellular	585-510-6745
Duty Cell	
Phone	484-868-1491

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 AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPIP 1-6

REV. NO. 17

SITE EVACUATION



A large, stylized handwritten signature in black ink, appearing to be 'R. B. J.', is written over a horizontal line.

RESPONSIBLE MANAGER

6-20-03

EFFECTIVE DATE

CATEGORY 1.0

THIS PROCEDURE CONTAINS 6 PAGES

EPIP 1-6**SITE EVACUATION****1.0 PURPOSE:**

To provide the guidance to personnel in the event it becomes necessary to evacuate the plant because of a fire, chemical hazard, radiation related incident, or other situation which threatens the health and/or safety of personnel on site.

2.0 RESPONSIBILITY:

2.1 The Shift Supervisor or TSC Emergency Coordinator is responsible for implementing this procedure.

2.2 Essential personnel are responsible for their actions defined in section 6.2 of this procedure.

2.3 Evacuating personnel are responsible for their actions defined in section 6.3 of this procedure.

3.0 REFERENCES:

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.1.2 10 CFR Part 20

3.2 Implementing References

3.2.1 GS-330, Security Personnel Actions During Emergency Plan Activation

3.2.2 EPIP 1-7, Accountability of Personnel

3.2.3 EPIP 1-18, Discretionary Actions for Emergency Conditions

4.0 PRECAUTIONS:

None.

5.0 PREREQUISITES:

- 5.1** A Site Area Emergency or higher has been declared in accordance with EPIP 1-0, Ginna Station Evaluation and Classification.

It has become necessary to evacuate the plant because of a fire, chemical hazard, radiation related incident, or other situation which threatens the health and/or safety of personnel onsite.

6.0 ACTIONS:

Section 6.1 Shift Supervisor or Emergency Coordinator Actions

Section 6.2 Essential Personnel Actions

Section 6.3 Evacuating Personnel

6.1 Shift Supervisor or Emergency Coordinator

- 6.1.1** If a Site Area Emergency or higher has been declared, the site should be evacuated.

- 6.1.2** The evacuation may be delayed if it is determined that there is a greater health and safety risk to plant personnel by performing a site evacuation, such as"

- a. a security event is in progress, or
- b. the site is experiencing hazardous weather conditions (i.e., blizzard, tornado)

- 6.1.3** At the Emergency Coordinator's discretion, plant staff who are needed for immediate response to equipment and operation problems may be contacted by the Control Room and held onsite during the evacuation.

- 6.1.4** Determine the preferred offsite assembly area (e.g. Training Center, Offsite Warehouse) based on weather conditions. Use the following as a guide:

Wind direction from	Affected Areas	Assembly Area
0 - 120	Parking lot, Guardhouse, Offsite Warehouse	Training Center
120 - 250	Lake Ontario	Training Center
250 - 360	Training Center, Manor House	Offsite Warehouse

- 6.1.5 If it is determined by the Emergency Coordinator that personnel must be immediately removed off plant property. Contact the Wayne County 911 Center (315-946-6862) and have the notify the Ontario Fire Department to open the Exempt Hall.
- 6.1.6 Contact Security. Inform them of the impending evacuation, and direct them to implement GS-330, Security Personnel Actions During Emergency Plan Activation, upon page announcement. Have Security activate the TSC accountability card reader if the TSC is activated.
- 6.1.7 Contact the Survey Center. If activated (x3331), inform them of the impending evacuation and direct them to prepare for evacuating personnel upon page announcement.
- 6.1.8 Direct an operator to make one of the following announcements over the Plant page system, followed by sounding the Plant Evacuation Alarm:
 - To evacuate personnel from inside the plant security fence:

"Attention all personnel. We are initiating a plant evacuation. All personnel with emergency duties report to your duty locations. All other personnel proceed to the Training Center (or alternate location). No eating, drinking or smoking until further notice."
 - To evacuate personnel immediately from plant property:

"Attention all personnel. We are initiating a plant evacuation. All personnel with emergency duties report to your duty locations. All other personnel proceed to the Ontario Fire Department Exempt Hall located on Route 104 between Ontario Center Road and Knickerbocker Road. No eating, drinking or smoking until further notice."
- 6.1.9 Maintain contact with security during the evacuation at regular intervals.
- 6.1.10 Implement ETIP 1-7, Accountability of Personnel.

CAUTION

THE EMERGENCY COORDINATOR SHALL NOTIFY DIRECTOR, WAYNE COUNTY EMERGENCY MANAGEMENT OFFICE, PRIOR TO RELEASING PLANT EVACUEES FROM THE GINNA TRAINING CENTER (OR ALTERNATE ASSEMBLY AREA).

- 6.1.11 Prior to releasing personnel from the Training Center (or alternate assembly area), contact the Director, Wayne County Emergency Management Office (315-946-5665). Provide an estimate of the number of staff to be released, and request preferred evacuation routes. Also request any offsite support needed to facilitate evacuation of station personnel from the Ginna property.

6.2 Essential Personnel Actions

- 6.2.1 The following personnel are classified as essential personnel:

- a. All on duty shift personnel:
 - Control Room Operators, Auxiliary Operators, Shift Supervisor, Shift Technical Advisor
 - Radiation Protection Shift Technician
 - Fire Brigade
 - Security Duty Shift
- b. All NERP response personnel (unless released by applicable NERP facility).

- 6.2.2 Upon hearing the Plant Evacuation alarm, essential personnel shall take the following actions:

- a. The on duty Operators, Shift Supervisor, Shift Technical Advisor, and Radiation Protection Shift Technician will report to the Control Room.
- b. A Radiation Protection Technician not on shift will be directed to pick up survey instruments and report to the Survey Center Manager to assist in personnel monitoring/decontamination. This technician will also assist the Survey Center Manager in recording the readings from the electronic dosimeters of personnel who evacuated from radiologically controlled areas. These exposures will be phoned to the RP/Chemistry Manager in the TSC.
- c. NERP response personnel (i.e., Maintenance), Fire Brigade and Auxiliary Operators engaged in emergency activities in the plant should contact the group that dispatched them to determine if they should remain engaged in the activity or return to their duty station.
- d. Security personnel will perform functions as required in GS-330, Security Personnel Actions During An Emergency Plan Activation.
- e. Those personnel with assigned functions for a Site Area Emergency will report to their appropriate Duty station.

6.3 Evacuating Personnel

NOTE: GUIDES ASSIGNED TO VISITORS ARE RESPONSIBLE FOR INSURING THE VISITOR IS ESCORTED TO THE TRAINING CENTER AUDITORIUM UNLESS DIRECTED TO AN ALTERNATE ASSEMBLY AREA SUCH AS THE OFFSITE WAREHOUSE.

6.3.1 Non-essential personnel will evacuate the plant and proceed to the Training Center Auditorium or alternate assembly area as announced over the page system.

6.3.2 Non-essential personnel shall use the following guidelines when evacuating:

- a. Secure any potentially hazardous devices such as power tools and equipment, grinders, welders, cutting torches, etc.
- b. Personnel who are outside of buildings shall WALK by the most direct route to the guard house or other designated exit point.
- c. Personnel who are inside of buildings but NOT in Restricted Areas shall exit the building by the most convenient door and WALK by the most direct route to the guard house.

NOTE: IT WILL NOT BE NECESSARY TO SIGN OUT ON THE WORK PERMIT OR TO BE FRISKED AT THE PERSONNEL CONTAMINATION MONITOR.

- d. Personnel in a Restricted Area and NOT wearing protective clothing shall Go to the nearest exit. (If possible, use the normal controlled access door #46.) Be sure that no shoe covers or outer gloves are worn when exiting the building and walk to the Guard House.
- e. Personnel in a Restricted Area and wearing protective clothing should remove their shoe covers and outer gloves at the step-off pad, if exiting a contaminated area. Proceed to the nearest exit. (If possible, use the normal controlled access door #46.) Walk to the guard house or other designated exit point.
- f. Personnel shall exit the site through the guard house, retain their personnel dosimetry, deposit their Ginna photo ID card key at the guard house, and WALK to the Training Center Auditorium or alternate assembly area.

- g. Personnel who did not remove their protective clothing and perform a Personnel Survey when leaving the Restricted Area will proceed around the outside of Training Center to the Training Center Basement entrance for removal of their protective clothing and personnel survey or other designated evacuation assembly area.

7.0 ATTACHMENTS:

None.

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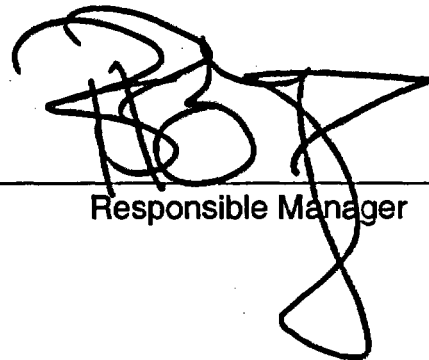
GINNA STATION

Controlled Copy Number 23

Procedure Number EPIP 3-1

Revision Number 22

Emergency Operations Facility (EOF) Activation



Responsible Manager

6-20-03

Effective Date

Category 1.0

This procedure contains 9 pages

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 EOF could be activated anytime at the discretion of the EOF/Recovery Manager.

6.0 ACTIONS**6.1 Arriving Personnel**

NOTE: Depending on the number of arriving personnel, perform steps concurrently to minimize activation time.

- 6.1.1 Sign in at the Security Desk at the entrance to the EOF.
- 6.1.2 Place your name under the appropriate emergency position on the magnetic organization chart.
- 6.1.3 Perform responsibilities as described in EPIP 5-7, Emergency Organization
- 6.1.4 Personnel arriving from the Ginna plant should perform a whole body frisk to check for contamination if there has been a release of radioactivity.

6.2 EOF/Recovery Manager perform the following:

NOTE: In the event of power loss at the EOF, contact the TSC Emergency Coordinator and discuss the need for the TSC to re-assume or maintain command and control, as appropriate.

- 6.2.1 Ensure minimum response staff listed below is available (as indicated by the red dots on the sign in board):
 - a. Nuclear Operations Manager (NOM)
 - b. Engineering Manager
 - c. Dose Assessment Manager
 - d. News Center Manager
- 6.2.2 If a position is not staffed, call in personnel. Qualified responders are found in their position checklist in EPIP 5-7.

- 6.2.3 Obtain a briefing from the TSC Director on plant conditions. If the Ginna responders have been directed to the Ontario Fire Department Exempt Hall (located on Route 104 between Route 350 and Knickerbocker Road, phone number 315-524-8078), have the EOF responders obtain the checklists for their counterparts in EPIP 5-7. Ensure that all functions required by the onsite emergency organization are performed by the EOF responders to the extent practical.
- 6.2.4 Obtain notification forms from EOF fax machine that the Control Room and TSC have sent to notify offsite agencies. Use these forms and brief the response staff on plant conditions. Ensure that the staff makes contact with their counterparts. The counterparts are:
- a. EOF/Recovery Manager - TSC Director
 - b. EOF Dose Assessment Manager - TSC Dose Assessment Manager
 - c. Nuclear Operations Manager - TSC Operations Manager
 - d. Engineering Manager - TSC Technical Manager
- 6.2.5 If the Ginna responders will not be allowed site access for greater than four (4) hours, have the Ginna Engineering, Operations and Dose Assessment personnel report to the EOF to assist in technical evaluations.
- 6.2.6 Brief Federal, State and County Representatives in the EOF on the status of the emergency. Request that they contact their respective emergency operation facilities and determine if the county response organizations have any concerns.
- NOTE:** IF ONE OF THE INDIVIDUALS CANNOT BE CONTACTED, HAVE ONE OF THE OTHER CONTACTS ASSUME THE RESPONSIBILITY.
- 6.2.7 Contact RG&E management and notify them that you are the EOF/Recovery Manager and that the EOF is activated in response to a Ginna emergency. Inform them of the following:

"This is the EOF/Recovery Manager. Ginna has declared an emergency and we are activating our emergency facilities. Can you be the management contact for this event? You are to act as the liaison between RG&E and our parent company, Energy East."

Primary Notifications

Paul C. Wilkens
President, RG&E

Work: (585) 724-8076
Home: (585) 248-2385
Pager: (585) 529-6426

Primary Notifications (Cont'd.)

Wes von Schack	Work:	(607) 762-4550
Energy East	Home:	(212) 396-9792
	Cellular:	(607) 760-5200

Ken Jasinski	Work:	(607) 762-4315
Energy East	Home:	(914) 738-3065
	Cellular:	(914) 441-5770

"This is the EOF/Recovery Manager. Ginna has declared an emergency and we are activating our emergency facilities. Can you be the financial contact for this event?"

Mark Keogh	Work:	(585) 724-8757
Vice President, Treasurer	Home:	(585) 233-1765
and Corporate Secretary	Pager:	(585) 783-3563

"This is the EOF/Recovery Manager. Ginna has declared an emergency and we are activating our emergency facilities. Can you be the RG&E outside/government agencies liaison for this event?"

Robert Bergin	Work:	(585) 771-2294
Assistant General Counsel	Home:	(585) 377-4399
Government and Community	Cellular:	(585) 315-0040
Relations		

6.2.8 Contact INPO at (800) 321-0614 and inform them of the declared emergency.

6.2.9 Request the Facilities and Personnel Manager contact hotels and food service providers for support of TSC and EOF responders.

6.2.11 Assuming Command and Control of the Emergency

6.2.11.1 Ensure minimum activation staff listed below is available to assume command and control:

- a. EOF Dose Assessment Manager
- b. Dose Assessment Support (3)
- c. Nuclear Operations Manager (NOM)
- d. Technical Assistant to the NOM

- e. Administrative Assistant to the NOM
- f. Communicator
- g. Engineering Manager
- h. Facilities and Personnel Manager
- i. EOF/JENC Security Manager
- j. Offsite Agency Liaison
- k. Technical Representative Liaison
- l. Corporate Spokesperson
- m. News Center Manager

6.2.11.2 If a position is not staffed, call in personnel. Qualified responders are found in their position checklist in EPIP 5-7.

6.2.11.3 Confer with the TSC Emergency Coordinator on shifting command and control of the emergency from the TSC organization to the EOF. Normally when command and control is transferred, the EOF assumes:

- a. Overall direction for the emergency
 - 1. Emergency Classification
 - 2. Protective Action Recommendations
- b. Notifications to New York State, Wayne and Monroe Counties
- c. Dose Assessment and Offsite Survey Team coordination

However, certain conditions may warrant transferring a given responsibility area (e.g. survey team coordination) at different times, per the discretion of the Emergency Coordinator and EOF/Recovery Manager.

6.2.11.4 Brief EOF personnel on plant status and notify them that command and control will be assumed at the agreed upon time using Attachment 2 for meeting agenda.

- 6.2.11.5 At the agreed upon time, call the TSC Emergency Coordinator and state that, unless he has any objections, the EOF is assuming command and control at this time.
- 6.2.11.6 Announce to the EOF that the EOF has assumed command and control of the emergency.
- 6.2.11.7 Upon assuming command and control, direct the NOM to provide RECS line updates every 30 minutes using procedure EPIP 1-5, Attachment 3.
- 6.2.11.8 Direct the Federal, State and County representatives in the EOF to contact their emergency management organizations and inform them that the EOF has assumed command and control.
- 6.2.11.9 Ensure the EOF Dose Assessment Manager notifies the Survey Center Manager that the EOF has assumed command and control.

6.3 Shift Turnover

- 6.3.1 If the EOF will be activated for more than 12 hours, direct the Facilities and Personnel Manager to complete Attachment 1 for continuous staffing.
- 6.3.2 When the responders for the next shift have arrived, have them perform a detailed turnover with the person that they are relieving. Have them log the turnover in their log book.
- 6.3.3 When the individual turnovers are complete, have the on-coming crew perform a briefing for each other using the standard meeting agenda (Attachment 2). The off-going crew should also be at the briefing to ensure that the information that is shared is correct and complete.
- 6.3.4 To terminate the emergency or to transition to the recovery phase use EPIP 3-4.

7.0 ATTACHMENTS

- 1. EOF Continuous Staffing Schedule
- 2. EOF Meeting Agenda

EOF CONTINUOUS STAFFING SCHEDULE

(Consult EPIP 5-7 position checklists for qualified personnel and phone numbers to fill positions.)

	Shift A	Shift B
	_____ hrs	_____ hrs
	to _____ hrs	to _____ hrs
POSITION	Date:	Date:
EOF/Recovery Manager		
Secretary, Recovery Mgr		
Nuclear Operations Manager		
Technical Asst. to NOM		
Admin Asst to NOM		
Corporate Spokesperson		
Assistant to Corporate Spokesperson		
Technical Advisor to Corporate Spokesperson		
News Writer		
Engineering Manager		
Offsite Agency Liaison		
EOF Technical Representative		
Monroe County Tech. Rep.		
Wayne County Tech. Rep.		
Albany Tech. Rep.		
Facilities and Personnel Mgr		
EOF/JENC Security Manager		

EOF CONTINUOUS STAFFING SCHEDULE

(Consult EPIP 5-7 position checklists for qualified personnel and phone numbers to fill positions.)

	Shift A	Shift B
	_____ hrs	_____ hrs
	to _____ hrs	to _____ hrs
POSITION	Date:	Date:
Clerical Supervisor		
Fax Operator		
Copier Operator		
Courier		
Dose Assessment Manager		
Assistant DA Manager		
Dose Assessment Liaison		
Calculator		
Calculator		
Radio Operator		
Communicator		
Plotter		
Weather/Status Board		
Survey Team		
Survey Team		
Communicator		
Communicator		
Status Board Keeper		

EOF MEETING AGENDA

Meeting Date: _____ Time: _____

1. Recovery Manager
 - Purpose of Meeting
 - Classification level
 - Time classification declared
 - Brief event description (use EAL reference manual)
 - Injury/Fire Status
2. Dose Assessment
 - Offsite Areas of concern (downwind areas)
 - Protective Actions Recommended
 - Abnormal radiation levels
3. Nuclear Operations Manager (Ginna to report if on conference calls)
 - Plant Status
 - Maintenance
 - Equipment out of service
 - Repairs planned or in progress
4. Engineering Manager (Ginna to report if on conference calls)
 - Brief technical issues
5. Security
 - Accountability of plant personnel
 - Movement of response personnel to and from site.
6. Facility and Personnel Manager
 - Staffing of facilities
 - Transportation of personnel
 - Food
 - Requests received
7. Corporate Spokesperson
 - Media questions
8. Other RG&E Concerns
9. County Concerns
 - Wayne County
 - Monroe County
10. State Concerns
 - State Emergency Management Office (SEMO)
 - Department of Health (DOH)
 - Department of Environmental Conservation
11. Federal Concerns
 - Nuclear Regulatory Commission (NRC)
 - Federal Emergency Management Agency (FEMA)
 - Department of Energy (DOE)
12. Review of Open Items

Please write on these pages. New pages will be provided after each use.

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

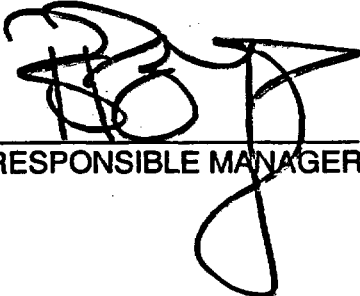
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PROCEDURE NO. EIP 5-1

REV. NO. 28

OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS


RESPONSIBLE MANAGER

6-20-03

EFFECTIVE DATE

Category 1.0

Reviewed by: _____

This procedure contains 19 pages

EPIP 5-1**OFFSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT****PERIODIC INVENTORY CHECKS AND TESTS****1.0 PURPOSE**

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made quarterly, monthly, or, as required by Technical Specifications and after each drill or use.

2.0 RESPONSIBILITY

The Corporate Nuclear Emergency Planner (CNEP) or designee is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.

3.0 REFERENCES**3.1 Developmental References****3.1.1 Nuclear Emergency Response Plan****3.1.2 Tech. Specs, Table 4.1-1 Minimum frequencies for checks, calibrations and test of instrument channels****3.2 Implementing References****3.2.1 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks.****3.2.2 EPIP 2-12, Offsite Surveys****3.2.3 EPIP 2-2, Obtaining Meteorological Data and Forecasts and Their Use in Emergency Dose Assessment****3.2.4 RP-JC-AIRSAMPLE, Attachment 1, Air Sample Job Coverage Record****3.2.5 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators****3.2.6 RP-RES-M-RESP, Maintenance, Inspection and Repair of Scottoramic Respirators**

4.0 **PRECAUTIONS**

This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 **PREREQUISITES**

Obtain current copies of applicable procedures of RP-JC-DAILY-SRC-CHKS

6.0 **ACTIONS**

6.1 Inspection and/or testing of Equipment

| 6.1.1 Inspect and/or test each location using Attachments 1 through 5.

6.1.2 Send completed attachments to the CNEP for review.

6.1.3 Inspection of EOF main area, Administrative area, Communications Room and Offsite Dose Assessment Area.

- a. Check Center for general equipment and communications, Attachment 1.
- b. Checks will be done monthly.

6.1.4 Inspection of Joint Emergency News Center

- a. Check Joint Emergency News Center for general equipment and communications, Attachment 2.
- b. All equipment shall be tested quarterly.

| 6.1.5 Inventory of procedures outside of the Nuclear Operations Group (NOG)

- a. Check each controlled copyholder location using Attachment 3.
- b. All copyholders will be inventoried annually.
- c. Key selected locations will be inventoried quarterly.

6.2 Reporting Discrepancies

6.2.1 If any discrepancies are found, the CNEP or designee will make a note on the emergency equipment monthly inspection log, Attachment 5. If there are no discrepancies, enter none for each location.

6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Log sheet.

7.0 ATTACHMENTS

1. General Equipment in EOF
2. Joint Emergency News Center Equipment Check List
3. Inventory of Procedures Outside of the Nuclear Operations Group (NOG)
4. Nuclear Emergency Offsite Response Radio Operation Procedure
5. Mobile Cellular Telephone Equipment Check
6. Emergency Equipment Monthly Inspection Log

GENERAL EQUIPMENT IN EOF**Main Room**

1. Clocks (operating and set to present time; min. 1 unit) _____
2. RTC, Wayne and NOG E-Plan Telephone Directories (current revision) at each manager position. _____
3. Wayne, Monroe and New York State positions have a copy of their Emergency Plans at their position. _____
4. Observe operation of PPCS by checking clock time. _____
5. PPCS Projector - check "status" light on projector. Change bulb if status light is on. _____
6. Check that there are a minimum of 5 copies of each EPIP in the drawer. _____

Offsite Dose Assessment Area

1. Clock (operating and set to present time; min. 1 unit) _____
2. Sufficient RTC, Wayne and NOG E-Plan Telephone Directories _____
3. Personal Computers (min. 2 units); check operability by contacting primary met tower, back-up met tower and MIDAS. _____
 - a. MIDAS operability shall be verified by ensuring that EPIP 2-6 is performed up to the step where Accident Dose Calculations menu is displayed.
4. Observe operation of PPCS by checking clock time. _____
5. Verify radio operation (Attachment 4, step 1.1) _____
6. Technical Support Center (Dose Assessment) Direct Line - Monthly Test. (Contact TSC to assist in answering phone.) _____
 - e. Verify operation by ringing TSC and performing a callback to the EOF. _____

GENERAL EQUIPMENT IN EOF
(Continued)**89 East Avenue Lobby-Security Desk/Frisking Station**

1. Ensure RM-25 Frisker with pancake probe or equivalent is set up and ready for use. Perform battery check, calibration check, response check and document using RP-JC-DAILY-SRC-CHKS. Serial No. _____ Exp. _____

Communications Room**1. RECs Line - Monthly Test**

- a. Pick up handset and depress "A" then "*" for all call. _____
- b. After ten seconds, depress "Push to talk" base on handset and state that **"THIS IS A TEST. THIS IS THE GINNA STATION EMERGENCY OPERATIONS FACILITY CALLING THE STATE AND COUNTY WARNING POINTS. PLEASE STAND BY FOR ROLL CALL."** _____

NOTE: RELEASE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

- c. Then announce the following roll call:
- Wayne County Warning Point**
- Monroe County Warning Point**
- New York State Warning Point**
- d. Recall warning points, if necessary, until they answer roll call. _____
- e. At completion of test, state **"THIS IS THE END OF THE TEST. GINNA EMERGENCY OPERATIONS FACILITY OUT"**, depress "A" then "#". _____
- f. Report any problems to the New York State Warning Point at (518) 457-2200.

GENERAL EQUIPMENT IN EOF
(Continued)

6. Test Fax Machine by faxing a test message to New York State, Wayne County, Monroe County, TSC and Survey Center. _____
3. NRC ENS and Commercial Telephone System - Monthly Test
 - a. (ENS) Call 301-816-5100 - state to operator, "This is a communications check". Request a call back to ensure operation. _____
 - b. From the ENS phone call the other FTS2000 extensions.

Reactor Safety Counterpart Link	585-724-8423	_____
Management Safety Counterpart Link	585-771-6126	
Protective Measures Counterpart Link	585-771-6127	
Local Area Network	585-724-8424	
Emergency Notification System	585-771-6128	
Health Physics Network	585-724-8422	

Information Cabinet

1. In July, perform an inventory of the procedures required to be in the EOF by checking the procedure books against the procedure index at the end of this attachment. _____
2. Ginna UFSAR _____
3. Ginna Technical Specifications _____

Administrative Support Room

1. Test Fax Machines by faxing a test message from one machine to the other. _____
2. Clock (operating and set to present time; min. 1 unit) _____
3. RTC, Wayne and NOG E-Plan Telephone Directory (current revision) (min. 1) _____

GENERAL EQUIPMENT IN EOF
(Continued)**Survey Team Storage**

1. Survey team boxes - EOF-1, EOF-2. If seal is unbroken, assume equipment is intact. Inventory boxes and change batteries in January and July. _____
2. Survey meters. Battery check, check calibration date, response check and document using RP-JC-DAILY-SRC-CHKS. _____

Low range,
RM-25 with pancake probe or equivalent (min. 2 units) _____

Serial # _____ Exp. _____
Serial # _____ Exp. _____

Bicron Micro-R or equivalent (min. 2 units) _____

Serial # _____ Exp. _____
Serial # _____ Exp. _____

High range, Eberline RO-20 or equivalent (min. 2 units) _____

Serial # _____ Exp. _____
Serial # _____ Exp. _____

3. Dosimeter charger, battery operated - check operation (min. 1 unit) _____

4. Self-reading Pocket Dosimeters - check check calibration _____

0-1500 mr (min. 4 units) Exp. _____
0-10R (min. 4 units) Exp. _____

5. Thermoluminescent dosimeters (TLDs)
(min 6-units*) Exp. _____

* Four TLDs are assigned to personnel; two are for background purposes.

GENERAL EQUIPMENT IN EOF
(Continued)**Survey Team Storage (Con't)**

6. Air samplers. Check calibration. Run samplers for several minutes to check operation. Ensure filters **ARE NOT** left in holders. _____

Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 2 units)

Serial # _____ Exp. _____

Serial # _____ Exp. _____

RADECO H 809 C. Run for 1 minute (min. 2 units) _____

Serial # _____ Exp. _____

Serial # _____ Exp. _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST"

7. Motorola GM300 Mobile Portable Radios

Turn on each radio (2) and conduct operability test with Security portable radio. See Attachment 4 for Radio Operation Instructions. _____

8. Antenna, magnetic car mount (min. 2 units) _____

9. Cellular phones. Check operation of each unit by performing Attachment 5. (min. 2 units). _____

10. Full Face Respirators (min. 4 units) _____

GENERAL EQUIPMENT IN EOF
(Continued)

11. Inspect and label per RP-RES-M-RESP. _____
12. Respiratory Charcoal Filters (min. 4 units) _____
Expiration date: _____
13. Air Sample Job Coverage Record for SCOTT A
Respirators per RP-JC AIRSAMPLE,
ATT.1 (min. 10 copies) _____
14. Mask Qualification List - check for current copy (min. 1 copy) _____

Performed by _____

Date _____

EMERGENCY EQUIPMENT FOR SURVEY TEAM BOXES - EOF**TEAM BOX _____**

NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY. IF BOX IS SEALED, INVENTORY IS NOT REQUIRED. BOXES SHALL BE OPENED IN JANUARY AND JULY FOR BATTERY CHANGE AND INVENTORY.

- | | | |
|----|--|-------|
| 1. | Protective Clothing (min. 2 units each) | _____ |
| | Coveralls, disposable | _____ |
| | Hood, disposable | _____ |
| | Gloves, disposable (min 12-units) | _____ |
| | Booties, disposable | _____ |
| | Hood, rain | _____ |
| | Coat, rain | _____ |
| | Boots, rain | _____ |
| | Orange Safety Vest (min. 2 unit) | _____ |
| 2. | Flashlight with batteries. Change batteries in January (min. 1 unit) | _____ |
| 3. | Plastic bags (min. 2 units) | _____ |
| 4. | Tape, masking. Replace in January (min. 2 units) | _____ |
| 5. | Stationary supplies | |
| | Pencils/pens (min. 2 units) | _____ |
| | Pencil sharpener (min. 1 unit) | _____ |
| | Tablet, writing (min. 1 unit) | _____ |
| | Clipboard (min. 1 unit) | _____ |
| | Ruler, scale in inches (min. 1 unit) | _____ |
| | Scissors (min. 1 unit) | _____ |
| 6. | Survey route maps (min. 2 units) | _____ |

EMERGENCY EQUIPMENT FOR SURVEY TEAM BOXES - EOF**TEAM BOX _____ (Con't)**

- | | | |
|-----|---|-------|
| 7. | Air sampler filters | |
| | Particulate (min. 5 units) | _____ |
| | Silver Zeolite (min. 5 units) Expiration: _____ | _____ |
| 8. | Air Sample Envelopes (min. 10 units) | _____ |
| 9. | Smears (min. 1-box) | _____ |
| 10. | Thyroid block tablets. Check expiration date
(min. 3 units) Exp. _____ | _____ |
| 11. | Tools | |
| | Hammer (min. 1 unit) | _____ |
| | Nails (min. 10 units) | _____ |
| | Trowel, garden (min. 1 unit) | _____ |
| 12. | Tags with wire ties (min. 10 units) | _____ |
| 13. | Quarters for phone calls (min. 10) | _____ |
| 14. | 250 ml Poly bottles for liquid samples (min 2-units) | _____ |
| 15. | Tweezers | _____ |
| 16. | 12 volt yellow beacon | _____ |

Performed by _____

Date _____

EOF PROCEDURES INDEX

Following discussions with responders to the EOF, it has been determined that hard copies the following procedures will be made available for use in the Ginna Emergency Operations Facility at 89/B East Avenue.

PROCEDURE SERIES	SERIES TITLE	PROCEDURES AVAILABLE	SPECIAL NOTES
A	Administrative	All except: A-1.6, A-1.6.1, A-1.8, A-1.10, A-3, A-7.2, A-52.14, A-54.6, A-70, A-103.7, A-103.10, A-103.11 and A-502.5	It has been determined by the RP/Chemistry group that the exceptions listed, which fall under their area of responsibility, are not required in the EOF.
ARP	Alarm Response	All	
CH	Chemistry	CH-ENC-EPIP, CH-ENV-TLD, CH-ENV-TRANS and CH-SAMP-SG-LEAKRATE	
CHA	Chemistry Administrative	CHA-SAMP-SG-LEAKAGE and CH-SPDES	
E	Emergency	All	
ECA	Emergency Contingency Actions	All	
EPIP	Emergency Plan Implementing Procedures	All	
ER	Equipment Restoration	All	
ES	Equipment Sub-procedures	All	
F	Critical Safety Functions Status	All	
FR	Functional Restoration Guideline	All	
IP	Interface Procedures	All	
O	Operating	All	

EOF PROCEDURES INDEX

PROCEDURE SERIES	SERIES TITLE	PROCEDURES AVAILABLE	SPECIAL NOTES
P	Precautions, Limitations and Set Point	All	
RF	Refueling	All	
RP	Radiation Protection	RP-INS-CAM-OPS, RP-INC-O-BMS100, RP-INS-O-METERS, RP-JC-AIRSAMPLE, RP-SUR-CONTAM, RP-SUR-HOTPART, RP-SUR-NG-EXP, RP-SUR-LABEL, RP-SUR-POST, RP-SUR-RADIATION, and RP-SUR-REL	It has been determined by the RP/Chemistry group that only the procedures listed from this series be available in the EOF
RPA	Radiation Protection Administrative	RPA-EMERGENCY, RPA-RES-GEN, AND RPA-RES-QUAL	It has been determined by the RP/Chemistry group that only the procedures listed from this series be available in the EOF
RSSP	Refueling Shutdown Surveillance	All	
S	Primary System	All	
SAMG	Severe Accident Management Guidelines	All	
SC	Site Contingency	All	
	Systems Descriptions	All	
T	Turbine	All	
WC	Water Chemistry	All	

**JOINT EMERGENCY NEWS CENTER
EQUIPMENT CHECK LIST**

NOTE: CODE = 2-4-1 FOR JENC ACCESS.

County/State Room

1. Clock (operating and set to the present time) _____
2. RTC, Wayne and NOG E-Plan Telephone Directories (current revision) at each manager's position. _____
3. Fax Machines (Min. 3) - correct date and time
Test operability by sending a test fax to both fax machines. _____

RG&E Room

1. Clocks (Min. 2) _____
2. RTC, Wayne and NOG E-Plan (current revision) Telephone Directories (1 each) _____
3. Computer Terminals (Min. 2 terminals) - Turn on, launch any new corporate software upgrades and Test Print Page verified. _____

Public Inquiry Room

1. Clock - set to present time _____
2. RTC, Wayne and NOG E-Plan (current revision) Telephone Directories at each position _____

Media Monitoring Room

1. Computer Terminals (Min 2 terminals) - Turn on, launch any new corporate software upgrades and Test Print Page verified _____

Performed by _____

Date _____

**INVENTORY OF PROCEDURES OUTSIDE OF THE
NUCLEAR OPERATIONS GROUP (NOG)**

1. In July, check the following locations to ensure that they have the most current information:

a.	Dick Marion (CC #14)	_____
b.	NRC - John Jolicoever (CC #19B)	_____
c.	NRC - Sent Certified Mail (CC #23)	_____
d.	Wayne County EOC (CC #25)	_____
e.	Ontario Town Supervisor (CC #25A)	_____
f.	Ontario Water Treatment Facility (CC #25B)	_____
g.	Wayne County 911 Center (CC #25C)	_____
h.	Monroe County OEP (CC #26)	_____
i.	Monroe County 911 Center (CC #26A)	_____
j.	Monroe County Radio Center (CC #26B)	_____
k.	Jim Baranski - SEMO (CC #27)	_____
l.	Sam DeRosa (CC #30)	_____
m.	Human Resource Services (CC #34)	_____
n.	Bob Bergin (CC #35)	_____
o.	Medical Services (CC #42)	_____
p.	Pam Elliott - Call Center (CC #48)	_____

2. Quarterly, check the following locations to ensure that they have the most current information:

a.	Dick Marion (CC #14)	_____
b.	Wayne County EOC (CC #25)	_____
c.	Wayne County 911 Center (CC #25C)	_____
d.	Monroe County OEP (CC #26)	_____
e.	Monroe County 911 Center (CC #26A)	_____
f.	Monroe County Radio Center (CC #26B)	_____
g.	Jim Baranski - SEMO (CC #27)	_____
h.	Medical Services (CC #42)	_____
i.	Pam Elliott - Call Center (CC #48)	_____

Performed by _____

Date _____

RADIO OPERATION PROCEDURE

1.0 INSTRUCTIONS

1.1 EOF Dose Assessment Desk Set Radio

1.1.1 Check that radio power converter is plugged into a 110 volt AC power source and that miniature red light is on Channel F1.

1.1.2 Check that frequency switch on right side of desk set is in the desired position as follows:

- a. Position 1 General Maintenance Frequency, 153.53 MHz
- j. Position 2 Rad Monitor, 153.59 MHz
- c. Position 3 for Fire Brigade Frequency, 153.50 MHz

1.1.3 Turn radio volume knob clockwise for proper volume.

NOTE: WHEN HANDSET IS PICKED UP FROM THE DESK SET, SPEAKER IS CUT OUT AND INCOMING VOICE COMMUNICATION IS THROUGH THE HANDSET ONLY.

1.1.4 Call ext. 3108 and ask for a test from the TSC on the Radiation Monitor channel.

1.1.5 Pick-up and depress switch on handset to transmit. Release switch to receive.

1.1.6 Make communications check with another station using time and date.

1.2 Motorola GM300 Mobile Radios

1.2.1 Check that frequency switch on unit is in the desired position as follows:

- a. Position 1 General Maintenance
- b. Position 2 for Rad Monitor Teams
- c. Position 3 for Fire Brigade

1.2.2 Place selector on Channel 1.

NUCLEAR EMERGENCY OFF-SITE RESPONSE
RADIO OPERATION PROCEDURE
(Cont'd)

- 1.2.3 Plug unit into transformer
- 1.2.3.1 Test radio with EOF Security portable radio.
- 1.2.3.2 Turn radio and transformer off and unplug radio from transformer.

CELLULAR TELEPHONE EQUIPMENT CHECK

NOTE: **IT MAY BE NECESSARY TO MOVE TO THE ELEVATOR AREA OR
EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE
EFFECTIVELY.**

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call.
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

	<u>DISCREPANCIES NOTED</u>		<u>DISCREPANCIES CORRECTED</u>	
<u>EOF Main Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Survey Team Equipment</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Offsite Dose Assessment Area</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Communications Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Administrative Support Room</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Joint Emergency New Center</u>	Date_____	Initials_____	Date_____	Initials_____
<u>Offsite Procedures</u>	Date_____	Initials_____	Date_____	Initials_____

One copy of the completed Attachment 6 Emergency Equipment Monthly Inspection Log provided to Corporate Nuclear Emergency Planner (Ginna Training Center)

SUBMITTED BY: _____ DATE: _____

CNEP REVIEW: _____ DATE: _____

ROCHESTER GAS AND ELECTRIC CORPORATION

GINNA STATION

CONTROLLED COPY NUMBER 23

PROCEDURE NO. EPID 5-2

REV. NO. 31

ONSITE EMERGENCY RESPONSE FACILITIES AND EQUIPMENT

PERIODIC INVENTORY CHECKS AND TESTS



RESPONSIBLE MANAGER

6-20-03

EFFECTIVE DATE

CATEGORY 1.0

REVIEWED BY: _____

THIS PROCEDURE CONTAINS 32 PAGES

EPIP 5-2**ONSITE EMERGENCY RESPONSE FACILITIES AND
EQUIPMENT PERIODIC INVENTORY CHECKS AND TESTS****1.0 PURPOSE**

The equipment required by the Nuclear Emergency Response Plan and the means of assuring it is available are outlined in this procedure. Inspections will be made monthly. After each drill or use, inventory Survey Team Boxes, Survey Center, Warehouse, TSC, OSC, and Control Room lockers to ensure equipment has been returned and is available for emergency use. (Only those boxes or lockers which were opened should be inventoried.)

2.0 RESPONSIBILITY

2.1 The Corporate Nuclear Emergency Planner (CNEP), is responsible for ensuring the periodic inspections, inventory and operational checking of emergency preparedness equipment.

2.2 The Ginna Radiation Protection Section usually performs the onsite inventories.

3.0 REFERENCES

3.1 Developmental References

3.1.1 Nuclear Emergency Response Plan

3.2 Implementing References

3.2.1 RP-INS-C-EFF, Efficiency Calibration of Alpha and Beta Counters

3.2.2 RP-JC-DAILY-SRC-CHKS, Daily Instrument Source Checks

3.2.3 SC-3.16.15, Charging of SKA-PAK, II, IIA, 300 Cubic Feet Cylinder Compressor or Cascade Method

3.2.4 SC-3.16.15.1, Charging of 4.5 Units Using the Breathing Air Compressor

3.2.5 SC-3.15.7, Inspection Of Self Contained Breathing Apparatus Scott 4.5 and Cascade System Charging Equipment

3.2.6 EPIP 2-11, Onsite Surveys

3.2.7 RP-JC-AIRSAMPLE, ATT 1, Air Sample Job Coverage Record

3.2.8 A-1.8, Radiation Work Permits

3.2.9 RP-RES-M-RESP, Decontamination, Packing and Storage of Respirators

- 3.2.10 EPIP 2-12, Offsite Surveys
- 3.2.11 EPIP 2-14, Post Plume Environmental Sampling
- 3.2.12 RP-INS-CAM-OPS, Constant Air Monitor Operation
- 3.2.13 E-0, Reactor Trip or Safety Injection
- 3.2.14 E-1, Loss of Reactor or Secondary Coolant
- 3.2.15 E-2, Faulted Steam Generator Isolation
- 3.2.16 E-3, Steam Generator Tube Rupture
- 3.2.17 ECA-0.0, Loss of All AC Power
- 3.2.18 ECA-2.1, Uncontrolled Depressurization of Both Steam Generators

4.0 PRECAUTIONS

- 4.1 This procedure may be performed in any order, and attachments may be removed and submitted individually.

5.0 PREREQUISITES

- 5.1 Obtain current copies of applicable procedures of RP-JC-AIRSAMPLE, A-1.8, SC-3.16.15 and SC-3.16.15.1
- 5.2 Each individual environmental TLD shall be sealed in plastic before being stored.

6.0 ACTIONS

- 6.1 Inspection of Equipment
 - 6.1.1 Inspect each location using Attachments 1 through 6. These inspections are performed by initialing the blank space if minimum requirement is met on the Attachments.
 - a. Survey Center - Attachments 1 and 2.
 - b. Control Room - Attachment 3.
 - c. Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building per Attachment 4.
 - d. Technical Support Center - Attachment 5.
 - e. Warehouse and Security Access Control Area (Guardhouse) - Attachment 6.
 - f. Engineering Support Center - Attachment 7

- 6.1.2 Notify Control Room (3235) and Corporate Nuclear Emergency Planner (6772) prior to initiating Survey Center and TSC communication checks to ensure confirmation of equipment operation.
- 6.1.3 Send completed attachments to the Onsite Emergency Planner for review.
- 6.2 Reporting Discrepancies
 - 6.2.1 If any discrepancies are found, the person performing the inventory will make a note on the Emergency Equipment Monthly Inspection Log, Attachment 9. If there are no discrepancies, enter none for each location.
 - 6.2.2 Discrepancies are to be corrected as soon as possible and so noted on the Emergency Equipment Monthly Inspection Log, Attachment 9.
 - 6.2.3 Any equipment calibration that will expire prior to the end of the next inventory month should be recalibrated or replaced with equipment whose calibration will not expire prior to the next inventory.
 - 6.2.4 Send a signed copy of completed Attachment 9, Emergency Equipment Monthly Inspection Log, to the Onsite Emergency Planner for review and forwarding to Central Records.
 - 6.2.5 Send signed copy of completed Attachment 10, Equipment Calibration Expiration Notification, to the Lead Technician-RP Instruments/TLDs.

7.0 ATTACHMENTS

- 1. Emergency Equipment in Survey Center
- 2. Emergency Equipment Per Survey Box - Survey Center
- 3. Emergency Equipment in Control Room
- 4. Emergency Equipment in Operational Support Center, Radiation Protection Office, PASS (in Hot Shop) and Intermediate Building
- 5. Emergency Equipment in Technical Support Center
- 6. Emergency Equipment in Warehouse and Security Access Control Area (Guard House) and Owner Controlled Area Checkpoint
- 7. Emergency Equipment in the Engineering Support Center
- 8. Cellular Mobile Telephone Equipment Check
- 9. Emergency Equipment Monthly Inspection Log
- 10. Equipment Calibration Expiration Notification

EMERGENCY EQUIPMENT IN SURVEY CENTER

1.0 Assignment tag board - all tags in place _____

NOTE: PERFORM INVENTORY OF EQUIPMENT IN SURVEY TEAM BOXES MARKED WITH AN ASTERISK (*). PERFORM FULL INVENTORY IN JANUARY AND JULY OR IF SEAL HAS BEEN BROKEN.

NOTE: CHANGE BATTERIES IN JANUARY AND JULY OR IF THE EXPIRATION DATE IS WITHIN 6 MONTHS OF THE DATE THAT THE INVENTORY IS PERFORMED.

2.0 Survey team boxes - Onsite East, Onsite West, Offsite East, Offsite West, Spare 1, Spare 2.

2.1 Perform inventory on each survey team box in accordance with Attachment 2. N/A this step and Attachment 2, if not required at this time. _____

3.0 Survey Meters. Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low range. RM-25 with Pancake Probe or equivalent (min. 8-units)
Expiration Date: _____

3.2 High range, Eberline RO-20 or equivalent (min. 8-units)
Expiration Date: _____

4.0 Scaler, BC-4 or equivalent. Check calibration date and document using RP-JC-DAILY-SRC-CHKS, (min. 1-unit)
Expiration Date: _____

5.0 Dosimeter Chargers

5.1 110V AC power operated - check operation (min. 1-unit) _____

5.2 Battery operated - check operation (min. 2-units) _____

6.0 Self-Reading Pocket Dosimeters - check calibration**NOTE: RECORD EARLIEST DATE FOR ASSOCIATED EQUIPMENT.**

| 6.1 0-1500 mr (min. 32-units) Expiration Date: _____

| 6.2 0-10R (min. 10-units) Expiration Date: _____

NOTE: EACH INDIVIDUAL ENVIRONMENTAL TLD SHALL BE HEAT-SEALED IN PLASTIC AND PACKAGED 9 TO A PACKAGE IN A PLASTIC BAG.**7.0 TLDs**7.1 Thermoluminescent dosimeters (TLDs) -
Anneal TLDs and check ECF's in January,
April, July and October. (Min. - 100) _____7.2 Environmental TLDs -
Anneal TLDs and check ECF's in January,
April, July and October (4 packages
of 9 each) _____**NOTE: RECORD EARLIEST DATE FOR THE ASSOCIATED EQUIPMENT. RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.****8.0 Air Sample Equipment**8.1 Low volume, Gilian or equivalent with air sampling heads.
Ensure units are plugged into charger after test. (min. 10-units)
Expiration Date: _____

_____8.2 RADECO H 809 B2. Run for 90 minutes
(min. 2-units) Expiration Date: _____8.3 RADECO H 809 C. Run for 1 minute
(min. 4-units) Expiration Date: _____
_____**9.0 Battery charger**

9.1 Check operation. Disconnect after testing is complete. (min. 1-unit) _____

10.0 Respiratory Equipment

10.1 Respirators, full face. Inspect and label per
RP-RES-M-RESP. (min. 10-Units) _____

10.2 Respirator filters, charcoal.
(min. 10-units) Expiration Date: _____

10.3 Voice emitters for respirators. Check operation.
(min. 1-unit) _____

10.4 Ensure batteries for voice emitters are replaced
annually (in July). (Mark "N/A" if not performed.) _____

10.5 Local mask use sheets for Scott A Respirators
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 5-copies) _____

10.6 Shaving kit with razor, blades, shaving cream, beard trimmer
and two (2) AA batteries. _____

**NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A
TEST" AND PERFORM RADIO CHECKS WITH SECURITY.**

11.0 Communications Equipment

11.1 Portable radios (min. 4 units) _____

11.1.1 Radio check with Security _____

11.2 Motorola GM 300 Mobile Radio (min. 4-units) _____

11.2.1 Magnetic or mount antennas (min. 3 units) _____

11.2.2 Radio check with Security _____

11.3 Deskon II, stationary. (min. 2-units) _____

11.3.1 Radio check with Security. _____

11.4 Intercom "A". Call Control Room at ext. 3509 and have them plug in
the Control Room Intercom "A" and perform communication check
with Survey Center. (min. 1-unit) _____

11.5 Cellular Phone checks

11.5.1 Check operation of each unit by performing Attachment 8.
(min. 6 units) _____

NOTE: VERIFY PHONE BOOKS ARE UP-TO-DATE.**11.6 Telephone Books**

11.6.1 Rochester (min. 1 unit) _____

11.6.2 Wayne County (min. 1 unit) _____

11.6.3 Verify NOG E-Plan Directories are current (latest revision) _____

11.7 FAX MACHINE

11.7.1 Test fax machine by faxing a test message to the TSC (ext. 3927). _____

12.0 AMS-4 Calibration due date: _____**13.0 Radiation monitor**13.1 Perform operational check in accordance with RP-JC-DAILY-SRC-CHKS
and check .
Calibration Due Date: _____**14.0 Decon Shower**14.1 Ensure that decon shower area is free from debris and that
decon supplies (RMC Kit) are available. _____14.2 Verify Test Tank Alert Alarm System for the decon shower
holding tank functions properly by performing the following steps.

14.2.1 Ensure horn/silent slide switch is in "Horn" position. _____

14.2.2 Verify "T" valve is "Locked Shut". _____

14.2.3 Verify "S" valve is "Open". _____

14.2.4 Momentarily depress "To Test" Push button and verify the
warning light red and horn activate. _____**NOTE: CHANGE BATTERIES IN JANUARY AND JULY. CHANGE
BATTERIES IF EXPIRATION DATE IS WITHIN 6 MONTHS
OF THE DAY INVENTORY IS PERFORMED.****15.0 Batteries (alkaline)**

15.1 AAA (min. 12-units) _____

15.2 D-Cell (min. 10-units) _____

15.3	9V (min. 12-units)	_____
16.0	RADIATION PROTECTION SUPPLIES	
16.1	Air sampler filters	
16.1.1	Particulate (min. 100-units)	_____
16.1.2	Silver Zeolite (min. 50-units) Expiration Date: _____	_____
16.2	Air Sample Envelopes (min. 100-units)	_____
16.3	Smears (min. 10-boxes)	_____
16.4	Planchets (min. 1-bag)	_____
16.5	Anti-contamination clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min 25 units)	_____
16.6	Plastic bags	
16.6.1	Poultry (min. 1 box)	_____
16.6.2	Large, clear (min. 20 units)	_____
16.6.3	Large, Radioactive Material, yellow (min. 1 roll)	_____
16.7	Radiation rope (min. 1 roll)	_____
16.8	Radiation hazard signs with inserts (min. 10 each)	_____
16.8.1	RADIATION AREA	_____
16.8.2	HIGH RADIATION AREA	_____
16.8.3	CONTAMINATED AREA	_____
16.8.4	RADIOACTIVE MATERIAL AREA	_____
16.8.5	RESTRICTED AREA	_____
16.8.6	RWP Required	_____
16.8.7	Contact RP prior to entry	_____
16.9	Step off pads	

16.9.1 Remove protective clothing before stepping here (10-units) _____

16.10 Contaminated waste/clothing containers, 55 gallon drums
(min. 2-units) _____

16.11 Stanchions for radiological barriers (min. 6) _____

**NOTE: PERFORM INVENTORY IN JANUARY OR JULY, IF SEAL
IS BROKEN, PER ENCLOSED PROCEDURE.**

16.12 Decontamination kits, RMC (1-case) _____

16.13 Thyroid Block Tablets (min. 25-units)
Expiration Date: _____

16.14 Survey Team Maps - (min. 15-each) _____

17.0 Administrative Supplies

17.1 Pens and pencils (min. 10-each) _____

17.2 Extension cords (min. 3-units) _____

17.3 Scissors (min. 1-pair) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

17.4 Masking Tape (min. 4-rolls). _____

18.0 Backpacks (min. 6-units) _____

19.0 Survey Team Foul Weather Locker

19.1 Rain Hoods (min. 6-units) _____

19.2 Rain coats (min. 6-units) _____

19.3 Rain boots (min. 6-units) _____

19.4 Cold weather coveralls (Carhart - type) (min. 3-units) _____

Performed by: _____ Date: _____

Reviewed by: _____ Date: _____

EMERGENCY EQUIPMENT PER SURVEY BOX - SURVEY CENTER

TEAM BOX _____

NOTE: USE ONE ATTACHMENT FOR EACH TEAM BOX INVENTORY.**1.0 Radiation Protection Supplies****1.1 Protective Clothing****1.1.1 Inner Gloves (2 pair)** _____**1.1.2 TYVEC Suit (min. 2-units)** _____**1.1.3 TYVEC Hood (min. 2-units)** _____**1.1.4 Work Gloves (2 pair)** _____**1.1.5 Booties (2 pair)** _____**1.1.6 Disposable Gloves (12 Pair)** _____**1.1.7 Orange Safety Vests (2)**
(Offsite and spare boxes only) _____**1.1.8 12 Volt Yellow Beacon (Offsite Boxes and Spare boxes)** _____**1.2 Survey Route Maps (min. 2-units)** _____**1.3 Air Sample Filters/Envelopes****1.3.1 Particulate (min. 5-units)** _____**1.3.2 Silver Zeolite (min. 5-units)**
Expiration Date: _____**1.3.3 Air Sample Filter Envelopes (min. 10-units)** _____**1.3.4 Environmental Air Sample Envelopes**
(ONSITE AND SPARE BOXES ONLY) (min. 5-units) _____**1.4 Smears (min. 20-units)** _____**1.5 Thyroid Block Tablets (min. 3-units)**
Expiration Date: _____**1.6 Tweezers (min. 1-unit)** _____

- 1.7 Communication Equipment
 - 1.7.1 Portable Radio
 - 1.7.1.1 Hand-held (Onsite boxes only) (min. 1-unit) _____
 - 1.7.1.2 Mobile (Offsite boxes only) (min. 1-unit) _____
 - 1.7.2 Voice emitters for respirators - check operation.
(2 per box) _____
- 1.8 Respirators (2 per box) _____
- 1.9 Iodine Canister (2 per box) _____
- 1.10 SRDS
 - 1.10.1 0-1500 mRem (2 per box) _____
 - 1.10.2 0-10 Rem (2 per box) _____
 - 1.10.3 SRD Charger - battery operated. Check operation.
(min. 1-unit) _____
- 2.0 Equipment bag with belt
(ONSITE AND SPARE BOXES ONLY) _____
- NOTE: CHANGE BATTERIES IN JANUARY AND JULY. IF BATTERIES ARE DATED
AND IT IS AT LEAST 6 MONTHS PRIOR TO EXPIRATION, REPLACEMENT IS
NOT NECESSARY.
- 3.0 Flashlight with Batteries (min. 1-unit) _____
- 3.1 Spare D Cell Batteries (min. 2-units) Expiration Date: _____
- 4.0 Plastic Bags (min. 2-units) _____
- 5.0 Administrative Supplies
 - 5.1 Pencils/pens (min. 2-units) _____
 - 5.2 Pencil sharpener (min. 1-unit) _____
 - 5.3 Tablet, writing (min. 1-unit) _____
 - 5.4 Clipboard (min. 1-unit) _____
 - 5.5 Ruler, scale in inches (min. 1-unit) _____
 - 5.6 Tags with wire ties (min. 10-units) _____

5.7 Quarters for phone calls. (OFFSITE AND SPARE BOXES ONLY)
(min. 10-units) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

5.8 Masking tape (min. 1-roll) _____

5.9 Scissors (min. 1-unit) _____

6.0 **Respirator Hip Pouch** (ONSITE AND SPARE BOXES ONLY)
(min. 2-units) _____

7.0 **Tools**

7.1 Hammer (OFFSITE AND SPARE BOXES ONLY) (min. 1-unit) _____

7.2 Nails (OFFSITE AND SPARE BOXES ONLY) (min. 10-units) _____

7.3 Trowel, garden (min. 1-unit) _____

7.4 Screwdrivers, packet (min. 1-unit) _____

7.5 250ml Poly bottles for liquid samples
(OFFSITE AND SPARE BOXES ONLY) (min 2-units) _____

**NOTE: PLACE NEW PROCEDURES IN BOXES IN JANUARY AND
JULY AND WHEN SEAL HAS BEEN BROKEN.**

8.0 **Procedures**

8.1 EPIP 2-11, Onsite Surveys (ONSITE AND SPARE BOXES ONLY) _____

8.2 EPIP 2-12, Offsite Surveys (OFFSITE AND SPARE BOXES ONLY) _____

8.3 EPIP 2-14, Post Plume Environmental Sampling
(ALL BOXES) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN CONTROL ROOM**1.0 Respiratory Equipment**

1.1 Scott Air Pack (SCBA). Perform monthly m inspection per SC-3.15.7 on each unit. (Verify min. 5-units) _____

1.2 Voice Emitters for SCBA units. Check operation (one per unit). _____

1.3 Ensure batteries for voice emitters are replaced annually (in July). (Mark "N/A" if not performed.) _____

1.4 Local Mask use sheets for SCBA, Attachment "A" from REP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 5-units) _____

1.5 Shaving kit with razor, blades, shaving cream, beard trimmer and two (2) AA batteries. _____

NOTE: THESE METERS ARE REQUIRED FOR THE IMPLEMENTATION OF CERTAIN EOP'S AND, AS SUCH, MUST REMAIN IN THE PROCEDURE.

2.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHECKS. _____

2.1 Low Range RM-14SA with Pancake Probe or equivalent (min. 1-unit)
Expiration Date: _____

2.2 High Range, Eberline RO-20 or equivalent (min. 2-units).
Serial # _____ Exp. Date: _____
Serial # _____ Exp. Date: _____

3.0 Dosimeter charger

3.1 Battery operated - check operation (min. 1-unit) _____

4.0 Self-Reading Pocket Dosimeters - check calibration.

4.1 0-500 mr (min. 12 units)
Expiration Date: _____

4.2 0-5 R or 0-10 R (min. 12 units)
Expiration Date: _____

5.0 Air sample Equipment

**NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION.
ENSURE FILTERS ARE NOT LEFT IN HOLDERS.**

5.1 Low volume, Gilian or equivalent. Ensure units are plugged into charger after test (min. 1-unit). Expiration Date:_____

5.2 RADECO "Gooseneck" high volume air sampler. Run for several minutes. (min. 1-unit) Expiration Date:_____

6.0 Radiation Protection Supplies

6.1 Air Sampler Filters

6.1.1 Particulate (min. 3-units) _____

6.1.2 Silver Zeolite (min. 3-units)
Expiration Date: _____

6.2 Air Sample Envelopes (min. 10-units) _____

6.3 Smears (min. 1-box) _____

6.4 Plant survey maps (min. 3-sets) _____

6.5 RWP Daily Exposure Record sheets, Figure 2 from A-1.8 (min. 5-units) _____

6.6 Anti-contamination clothing -sets are to consist of inner gloves, 1-Tyvek hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

6.7 Masking Tape.(min. 1-roll) _____

6.8 Hewlett Packard calculator. Turn on to check batteries. (min. 1-unit) _____

6.9 Thyroid block tablets (min. 10 units)
Expiration Date:_____

7.0 Batteries, alkaline

7.1 AA (min. 4-units) _____

7.2 D (min. 2-units) _____

8.0 Communication Equipment

8.1 Electrosound II Headset (1) _____

- 8.1.1 Electrosound II Headset Cord (1) _____
- 8.1.2 Telex Headset (1) _____
- 8.2 Telephone Checks
- 8.2.1 New York State Hotline (RECs) Monthly Test
- 8.2.1.1 Pick up handset and depress "A" then "*" for All Call. _____
- 8.2.1.2 After ten seconds, depress the "Push to talk" bar on the handset and state **"THIS IS A TEST. This is the Ginna Station Control Room calling the State and County warning points. Please stand by for roll call."** _____
- NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.**
- 8.2.1.3 Then announce the following roll call: _____
- WAYNE COUNTY WARNING POINT**
- MONROE COUNTY WARNING POINT**
- NEW YORK STATE WARNING POINT**
- 8.2.1.4 Recall warning points, if necessary, until they answer roll call. _____
- 8.2.1.5 At completion of test, state **"THIS IS THE END OF THE TEST."** Depress "A" then "#". Report any problems to the Onsite Emergency Planner. _____
- 8.3 **FAX MACHINE**
- 8.3.1 Test fax machine by faxing a test message using button on fax machine for RECS notifications to the TSC. _____
- 8.4 **Telephone Books**
- 8.4.1 Rochester (min. 1 unit) _____
- 8.4.2 Wayne County (min. 1 unit) _____
- 8.4.3 Verify NOG E-Plan Phone Directories are current (latest revision) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN OPERATIONAL SUPPORT CENTER,
RADIATION PROTECTION OFFICE, PASS (in Hot Shop)
AND INTERMEDIATE BUILDING (SPING LOCKER)

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JULY OR IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEPS 1.0 INCLUSIVE.

1.0 Operational Support Center Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers. (min. 6-sets) _____

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.2 Masking Tape (min. 1-roll) _____

1.1.3 Air Sample Envelopes (min. 50-units) _____

1.1.4 Air Sample Filters

1.1.4.1 Particulate (min. 50-units) _____

1.1.4.2 Silver Zeolite (min. 10-units)
Expiration Date: _____

1.5 Thyroid Block Tablets (min. 15-units)
Expiration Date: _____

1.2 Respiratory Equipment

1.2.1 Full Face Respirator (min. 6-units) _____

1.2.1.1 Inspect and label per RP-RES-M-RESP. _____

1.2.2 Respirator Charcoal Filters (min. 6-units)
Expiration Date: _____

1.2.3 Local Mask use sheets for Scott A Respirators, RP-JC-AIRSAMPLE, ATT.1 - Air Sample Job Coverage Record (min. 6-copies). _____

1.2.4 Current Mask Qualification List _____

1.3 Air Sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

1.3.1 Low volume Gillian or equivalent (min. 3-units)
Expiration Date: _____

1.3.1.1 Ensure units are plugged into charger following test.

1.4 Communications Equipment

1.4.1 Portable Radios (min. 5- units)

1.4.2 Batteries (AA) (min. 1 box)

1.5 Stationary Supplies

1.5.1 Clipboards with pens (min. 4-units)

1.5.2 Pens (min. 5-units)

1.6 Portable Flood Lights

1.6.1 Minimum 2-flood lights

1.6.2 Verify satisfactory operation of each light.

1.7 Telephone Books

1.7.1 Verify NOG E-Plan Phone Directories are current (latest revision)

1.8 Communications Equipment

1.8.1 Family radio channel portable radios (min. 6-units)

1.8.2 Install batteries and test each radio

1.8.3 Ensure batteries are removed for storage.

2.0 OSC Satellite Locker In Boiler Room by Maintenance Conference Room

2.1 Radios (min. 2-units)

2.2 Spool of rope (1-unit)

2.3 Barrier ropes with clips (2-units)

- 2.4 7 Radiation signs with 4 pockets each. 7 inserts including Restricted Area, Contamination Area, Locked High Rad Area, Radiation Area, Full Anti-C's Required, Contact RP Prior to Entry _____
- 2.5 Charcoal Cartridges (10-units) _____
- 2.6 Particulate filters (1 box) _____
- 2.7 Air Sample envelopes (50-units) _____
- 2.8 Radiation Material labels (20-units) _____
- 2.9 Planchetes (1 bag) _____
- 2.10 Smears (1 box) _____
- 2.11 Duct Tape (1 roll) _____
- NOTE: REPLACE MASKING TAPE IN JANUARY.**
- 2.12 Masking Tape (1 roll) _____
- 2.13 Disposable Gloves (1 box) _____
- 2.14 Markers (1 box) _____
- 2.15 Clipboard (1-unit) _____
- 2.16 Pens (3-units) _____
- 2.17 "Removable Protective Clothing" Step Off Pads (3-units) _____
- 3.0 Access Control Desk Equipment**
- 3.1 Scott Air Packs (SCBA) and spare bottles
- 3.1.1 Perform Monthly Inspection Per SC-3.15.7 on each unit. (min. 3-units) _____
- 3.2 SCBA Voice Emitters (one per SCBA)
- 3.2.1 Ensure batteries for voice emitters are replaced annually (in July). (Mark "N/A" if not performed.) _____
- 3.2.2 Verify operation of each SCBA Voice Emitter _____
- 4.0 Post Accident Sample System Panel Area (Hot Shop)**
- 4.1 Cascade Manifold and Cylinder

4.1.1 Verify Hydrostatic Test on Cascade Cylinder has been performed within last 5 years. _____

4.1.2 Open cylinder valve and verify pressure >4000 psig. _____

4.1.3 Close cylinder valve and bleed off manifold pressure. _____

4.1.4 Verify there are two (50' x 3/8") hoses to connect SCBA to cascade manifold.

5.0 Intermediate Building North

5.1 SPING Iodine Cartridge Holder

5.1.1 Verify a SPING Iodine Cartridge Holder with silver zeolite cartridge heat sealed in plastic is located at sping unit.
Expiration Date:_____

Performed By:_____ Date:_____

Reviewed By:_____ Date:_____

EMERGENCY EQUIPMENT IN TECHNICAL SUPPORT CENTER

NOTE: PERFORM INVENTORY ON LOCKER IN JANUARY AND JUNE OR, IF SEAL ON LOCKER HAS BEEN BROKEN, OTHERWISE N/A STEP 1.0 INCLUSIVE.

1.0 TSC Emergency Equipment Locker**1.1 Radiation Protection Supplies**

1.1.1 Anti-Contamination Clothing - sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 25-sets)

1.1.2 Surgeons Gloves (1-box)

1.1.3 Step Off Pads (min. 10-units)

1.1.4 Large Radioactive Material Plastic Bags (min. 5-units)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 4-rolls)

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units)

1.1.6.2 "RADIATION AREA" INSERT (10)

1.1.6.3 "HIGH RADIATION AREA" INSERT (10)

1.1.6.4 "CONTAMINATION AREA" INSERT (10)

1.1.6.5 "RADIOACTIVE MATERIAL AREA (10)

1.1.6.6 "RESTRICTED AREA" (10)

1.1.7 Radiation Rope (1-roll)

1.1.8 Radiation Marker Tape (min. 2-rolls)

1.1.9 Alkaline Batteries

1.1.9.1 AA (min. 24-units)

1.1.9.2 D Cell (min. 2-units)

- 1.1.10 Smears (min. 1-box) _____
- 1.1.11 Air Sample Envelopes (min. 50-units) _____
- 1.1.12 Air Sample Filters _____
- 1.1.12.1 Particulate (min. 4-units) _____
- 1.1.12.2 Silver Zeolite (min. 4-units)
Expiration Date: _____
- 1.1.13 Thyroid Block Tablets (min 25-units)
Expiration Date: _____
- 1.2. Headset Equipment
- 1.2.1 Electrosound II Headset (2) _____
- 1.2.2 Electrosound II Headset Cord (2) _____
- 1.2.3 Telex Headsets(4) _____
- 1.3 Respiratory Equipment
- 1.3.1 Full Face Respirators (min. 10-units) _____
- 1.3.1.1 Inspect and label per RP-RES-M-RESP. _____
- 1.3.2 Respiratory Charcoal Filters (min. 10-units)
Expiration Date: _____
- 1.3.3 Local Mask use sheets for Scott A Respirators
RP-JC-AIRSAMPLE, ATT.1 - Air Sample
Job Coverage Record (min. 10-copies) _____
- 1.3.4 Shaving kit with razor, blades, shaving cream, beard trimmer,
and two (2) AA batteries. _____
- 1.4 RADOS Electronic Dosimeter (min. 10-units)
Calibration date: _____

NOTE: PRECEDE ALL COMMUNICATIONS WITH "THIS IS A TEST" AND PERFORM RADIO CHECKS WITH SECURITY.

2.0 Communications Equipment

2.1 Portable radios (min. 2 units)

2.1.1 Perform Radio Check with Security

2.2 Telephone Checks

**2.2.1 NRC Emergency Notification System (ENS).
Call (301) 816-5100, tell party "This is Ginna Station TSC
Communications check". Request a return call to verify check.**

2.2.2 New York State Hotline - (RECS) Monthly Test.

2.2.2.1 Pick up handset and depress "A" then "*" for All Call.

**2.2.2.2 After ten seconds, depress the "Push to talk" bar on the handset
and state that "THIS IS A TEST. THIS IS THE
GINNA STATION TECHNICAL SUPPORT CENTER CALLING
THE STATE AND COUNTY WARNING POINTS. STANDBY
FOR ROLL CALL."**

NOTE: RELEASE THE "PUSH TO TALK" BAR WHEN NOT SPEAKING.

2.2.2.3 Then announce the following roll call:

Wayne County Warning Point

Monroe County Warning Point

New York State Warning Point

2.2.2.4 Recall warning points, if necessary, until they answer roll call.

**2.2.2.5 At the completion of the test, state "THIS IS THE END OF THE
TEST." Depress "A" then "#". Report problems to Onsite
Emergency Planner.**

**NOTE: SHOULD ANY OF THE NRC EMERGENCY TELEPHONES
BE INOPERABLE, INITIATE A MAINTENANCE WORK
REQUEST TO HAVE THE PHONE REPAIRED AND NOTIFY
THE NRC OPERATIONS CENTER AT (301) 951-0550.**

2.2.3 From any FTS-2000 telephone system, call the other extensions and verify satisfactory communication. _____

TSC Phone Locations:

Emergency Notification System (ENS)
585-771-6783 _____

Administration Area

- Health Physics Network (HPN)
585-771-6784 _____

Technical Assessment Area

- Reactor Safety Counterpart Link (RSCL)
585-724-8695 _____

Dose Assessment Area

- Protective Measures Counterpart
Link (PMCL) 585-724-8696 _____

NRC Office Phone Locations:

- Reactor Safety Counterpart Link (RSCL)
585-724-8695 _____

- Health Physics Network (HPN)
585-771-6784 _____

- Emergency Notification System (ENS)
585-771-6783 _____

2.3 FAX Machines

2.3.1 Test each fax machine by faxing a test message using button on fax machine for RECS notification. _____

NOTE: NOG E-PLAN PHONE DIRECTORIES ARE LOCATED AT VARIOUS DESKS AS WELL AS IN THE BACK OF EACH MANAGER'S PROCEDURE BOOK (COPY 17).

2.4 Telephone Books

2.4.1 Rochester (min. 1 unit) _____

2.4.2 Wayne County (min. 1 unit) _____

2.4.3 Verify NOG E-Plan Phone Directories are current (latest revision) _____

3.0 Survey Meters Battery check, check calibration date, source check and document using RP-JC-DAILY-SRC-CHKS.

3.1 Low Range RM-14 with Pancake Probe or equivalent (min. 2-units) Expiration Date: _____

3.2 Area Radiation Monitor (min. 1-unit) Expiration Date: _____

4.0 Air Sample Equipment

NOTE: RUN SAMPLERS FOR SEVERAL MINUTES TO CHECK OPERATION. ENSURE FILTERS ARE NOT LEFT IN HOLDERS.

4.1 RADECO "Gooseneck" High Volume Air Sampler (min. 1-unit) Expiration Date: _____

4.2 AMS - 4 Calibration Due Date: _____

5.0 Computer Checks

5.1. Obtain and perform EPIP 2-6, Section 6.2, Use of MIDAS Computer Program, to determine if computer program is operating properly. _____

5.1.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately and make note of problem on the discrepancy sheet. _____

5.2 Obtain and perform EPIP 2-2, Sections 6.2.2 and 6.2.3. _____

5.2.1 Report any problems to the Onsite Emergency Planner or Corporate Nuclear Emergency Planner immediately. _____

6.0 Emergency Coordinator Portable Loudspeaker _____

NOTE: CHECK BATTERIES IN JANUARY AND JULY.

6.1 Check operability of unit. _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN WAREHOUSE
AND SECURITY ACCESS CONTROL AREA (GUARDHOUSE)

1.0 Warehouse Emergency Equipment Locker

1.1 Radiation Protection Supplies

1.1.1 Anti-Contamination Clothing - Sets are to consist of 1-pair inner gloves, 1-Tyvek Hood, 1-Tyvek suit, 1-pair work gloves, 1-pair shoe covers (min. 10-sets)

1.1.2 Step Off Pads (min. 5-units)

1.1.3 Large Radioactive material plastic bags (1-roll)

1.1.4 Stanchions (min. 3-units)

NOTE: REPLACE MASKING TAPE IN JANUARY.

1.1.5 Masking Tape (min. 2-rolls)

1.1.6 Radiation Hazard Signs with Inserts

1.1.6.1 Signs (min. 10-units)

1.1.6.2 "RADIATION AREA" (10)

1.1.6.3 "CONTAMINATED AREA" (10)

1.1.6.4 "RADIOACTIVE MATERIAL AREA" (10)

1.1.7 Radiation Rope (1-roll)

1.1.8 Survey Center Dosimetry Log, EPIP 1-11, Attachment 2 (min. 5-units)

1.2 Self Reading Pocket Dosimeters

**1.2.1 0-1500mr (min. 40-units)
Expiration Date:_____**

1.2.2 Battery Operated Dosimeter Charger - check operation (min. 1-unit)

1.2.3 AC Operated Dosimeter Charger - check operation (min. 1-unit)

- 1.3 TLD's
 - 1.3.1 Thermoluminescent Dosimeters (TLD) - anneal TLD's and check ECF's in January, April, July and October. (min. 40-units) _____
- 1.4 Survey Meters - Battery Check, check calibration, date, source check and document using RP-JC-DAILY-SRC-CHKS.
 - 1.4.1 Low Range RM-25 with Pancake Probe or equivalent (min. 1-unit) Expiration Date: _____
 - 1.4.2 High Range Eberline RO-20 or equivalent (min. 2-units) Expiration Date: _____
Expiration Date: _____
- 2.0 Security Access Control Area
 - 2.1 Self Reading Pocket Dosimeters
 - 2.1.1 0-1500 mr (min. 12-units) Expiration Date: _____
 - 2.1.2 Battery operated Dosimeter Charger - check operation (min. 1-unit) _____
- 3.0 Owner Controlled Area (OCA) Checkpoint
 - 3.1 Self-Reading Pocket Dosimeters
 - 3.1.1 0-1500mR (min-12 units) Expiration Date: _____
 - 3.1.2 Battery operated dosimeter charger (min.-1 unit) - check operation _____
 - 3.2 Thermoluminescent Dosimeters (TLD) (min.-12 units) _____

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

- 1.0 Radiation Monitors
- 1.1 Survey Meters - Battery check, response check and document on RP-JC-DAILY-SRC-CHCKS. _____
- 1.2 RM-14SA or Equivalent (One) Calibration due _____
- 1.3 XETEX 501A or Equivalent (one) Calibration due _____
- 1.4 Air Monitoring System (AMS-4) Calibration due _____
- 2.0 Protective Clothing
- 2.1 Shoe covers (min. 12-units) _____
- 2.2 Surgeon gloves (min. 12-units) _____
- 3.0 Consumable Supplies
- 3.1 Survey Maps _____
- 3.2 Smears (min. 50-units) _____
- 3.3 Air Sample Envelopes (min. 5-units) _____
- 3.4 Iodine Filters (min. 5-units) _____
- 4.0 Radiological Posting
- 4.1 Radiation Boundary Rope (min. 1-unit) _____
- 4.2 Radiation Hazard Signs (min. 2-units) with the following inserts (min. 2 each): _____
- "Restricted Area"
 - "Radioactive Material Area"
 - "Contaminated Area"
 - "Radiation Area"
 - "Frisk Hands & Feet to Enter"
- 4.3 Miscellaneous Signs (non-radiological) (min. 3-units) _____
- "Enter at East (basement) Door"
- 4.4 Step Off Pad ("Remove Protective Clothing") (min. 2-units) _____
- 5.0 Extension Cord (min. 1-unit) _____

EMERGENCY EQUIPMENT IN ENGINEERING SUPPORT CENTER

(Continued)

- | | | |
|-----|---|-------|
| 6.0 | Ginna Technical Specifications (one copy) | _____ |
| 7.0 | Rochester, Wayne and RG&E Phone Directories | _____ |
| 8.0 | Test fax machine by sending fax to TSC fax machine at
ext. 3927. | _____ |
| 9.0 | Ginna P&ID's (one set) | _____ |

Performed By: _____ Date: _____

Reviewed By: _____ Date: _____

CELLULAR MOBILE TELEPHONE EQUIPMENT CHECK

NOTE: IT MAY BE NECESSARY TO EXIT THE BUILDING IN ORDER TO USE THE CELLULAR PHONE EFFECTIVELY.

1. Disconnect telephone from charging unit, if on charger.
2. Turn the unit on by pressing the PWR button on the handset.
3. To place a call, press the appropriate number buttons and verify the number displayed is correct.
4. Press the SND button to activate the call.
5. Press END button to end the test call..
6. To turn unit off, press PWR button. Ensure display is blank.
7. Return the unit to storage and ensure unit is plugged into the battery charger, if necessary.

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG**DISCREPANCIES NOTED**Survey Center Date _____ Initials _____Survey Boxes Date _____ Initials _____
Survey CenterControl Room Date _____ Initials _____Technical Date _____ Initials _____
Support
Center**DISCREPANCIES CORRECTED**

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EMERGENCY EQUIPMENT MONTHLY INSPECTION LOG

DISCREPANCIES NOTED

DISCREPANCIES CORRECTED

Access Control Date _____ Initials _____
Desk

Date _____ Initials _____

Operational Date _____ Initials _____
Support Center

Date _____ Initials _____

Warehouse Date _____ Initials _____

Date _____ Initials _____

Engineering Date _____ Initials _____
Support Center

Date _____ Initials _____

Reviewed By Onsite Emergency Planner: _____ Date: _____

EQUIPMENT CALIBRATION EXPIRATION NOTIFICATION

LOCATION OF EQUIPMENT	EQUIPMENT/ INSTRUMENT TYPE	S/N	DUE DATE	COMMENTS

**FORWARD A COPY OF THIS ATTACHMENT TO THE LEAD TECHNICIAN RP
INSTRUMENTS / TLD's.**

Technician: _____

Onsite Emergency Planner: _____