Duke Power
A Duke Energy Company

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July 8, 2003

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

Subject: Oconee Nuclear Station
Docket Nos. 50-269, -270, -287
Emergency Plan Implementing Procedures Manual
Volume C Revision 2003-07

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2003-07, July 2003.

This revision is being submitted in accordance with 10 CFR 50-54(q) and does not decrease the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures.

Any questions or concerns pertaining to this revision please call Rodney Brown, Emergency Planning Manager at 864-885-3301.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Very truly yours,

R. A. Jones.
VP, Oconee Nuclear Site

xc: (w/2 copies of attachments)
Mr. Luis Reyes,
Regional Administrator, Region II
U. S. Nuclear Regulatory Commission
61 Forsyth St., SW, Suite 24T23
Atlanta, GA 30303

w/copy of attachments
Mr. James R. Hall
Rockville, Maryland

(w/o Attachments, Oconee Nuclear Station)
NRC Resident Inspector
J. R. Brown, Manager, Emergency Planning

A045

July 8, 2003

OCONEE NUCLEAR SITE
INTRASITE LETTER

SUBJECT: Emergency Plan Implementing Procedures
Volume C, Revision 2003-07

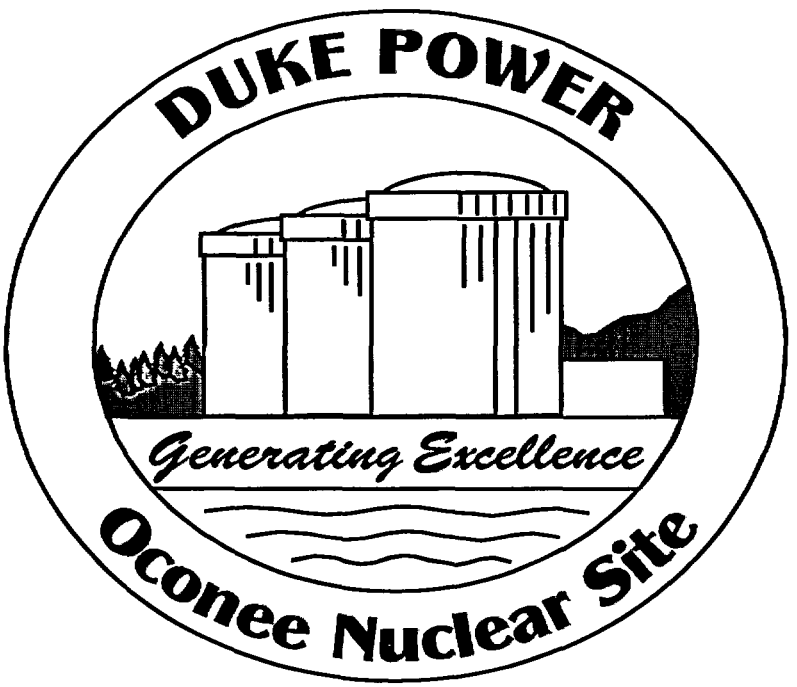
Please make the following changes to the Emergency Plan Implementing Procedures Volume C by following the below instructions.

REMOVE	INSERT
Cover Sheet 2003-06	Cover Sheet 2003-07
Table of Contents page 1 & 2	Table of Contents page 1 & 2
RP/0/B/1000/017 - 11/04/02	RP/0/B/1000/017 - 07/02/03
EM 5.1,-Rev. 8 - Engineering Emergency Response Plan - 07/17/02	EM 5.1,-Rev. 10 - Engineering Emergency Response Plan - 07/02/03

NOTE: EM 5.1, Rev.9 - Engineering Emergency Response Plan 06/09/03 copy provided.

DUKE POWER

EMERGENCY PLAN
IMPLEMENTING PROCEDURES
VOLUME C



APPROVED:

Paul Howell /for W W Foster -

W. W. Foster, Manager
Safety Assurance

07/08/2003

Date Approved

07/08/2003

Effective Date

VOLUME C
REVISION 2003-07
JULY 2003

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HP/0/B/1009/021	Source Term Assessment Of A Gaseous Release From Non-Routine Release Points	12/01/97
HP/0/B/1009/022	On Shift Off-Site Dose Projections	04/08/03
RP/0/B/1000/001	Emergency Classification	02/11/03
RP/0/B/1000/002	Control Room Emergency Coordinator Procedure	08/29/02
RP/0/B/1000/003 A	ERDS Operation	01/21/03
RP/0/B/1000/007	Security Event	08/29/02
RP/0/B/1000/009	Procedure For Site Assembly	05/06/03
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RP/0/B/1000/015 A	Offsite Communications From The Control Room	12/11/01
RP/0/B/1000/015 B	Offsite Communications From The Technical Support Center	12/11/01
RP/0/B/1000/015 C	Offsite Communications From The Emergency Operations Facility	12/11/01
RP/0/B/1000/016	Medical Response	09/12/02
RP/0/B/1000/017	Spill Response	07/02/03
RP/0/B/1000/018	Core Damage Assessment	09/30/97
RP/0/B/1000/019	Technical Support Center Emergency Coordinator Procedure	01/27/03
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RP/0/B/1000/022	Procedure For Site Fire Damage Assessment And Repair	06/02/03
RP/0/B/1000/024	Protective Action Recommendations	11/10/99
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Engineering Manual 5.1	Engineering Emergency Response Plan	07/02/03
Human Resources Procedure	ONS Human Resources Emergency Plan	01/07/02
Radiation Protection Manual Section 11.3	Off-Site Dose Assessment And Data Evaluation	04/06/99
Radiation Protection Manual Section 11.7	Environmental Monitoring For Emergency Conditions	11/26/01
Safety Assurance Directive 6.1	Safety Assurance Emergency Response Organization	11/11/02
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Training Division	Training Division Emergency Response Guide DTG-007	05/01/03

NSD 703 (R04-01)

INFORMATION ONLY

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/O/B/1000/017

Revision No. 008

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Spill Response

(4) Prepared By Ray Waterman (Signature) Ray Waterman Date 06/03/03

(5) Requires NSD 228 Applicability Determination?

- ☐ Yes (New procedure or revision with major changes)
- ☒ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Robert Taylor (QR) Date 6/9/03

Cross-Disciplinary Review By _____ (QR)NA RGT Date 6/9/03

Reactivity Mgmt Review By _____ (QR)NA_____ Date _____

Mgmt Involvement Review By _____ (Ops Supt) NA_____ Date _____

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Rodney Brom Date 7/2/03

PERFORMANCE *(Compare with control copy every 14 calendar days while work is being performed.)*

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

☐ Unit 0 ☐ Unit 1 ☐ Unit 2 ☐ Unit 3 Procedure performed on what unit?

- ☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ NA Required enclosures attached?
- ☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
- ☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?
- ☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Station Name **Spill Response** **Reference Use**	Procedure No. RP/0/B/1000/017 Revision No. 008 Electronic Reference No. OX002WPE

Spill Response

NOTE:	This procedure is an Implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be forwarded to Emergency Planning within seven (7) working days of approval.

1. Symptoms

1.1 An unplanned or uncontrolled release/spill of a chemical or substance in excess of normal drips and splatters has occurred or is occurring and has been reported to the Control Room.

1.1.1 A chemical or substance can include:

- Products with an MSDS or Chemical Fact Sheet
- Hazardous wastes
- Radionuclide releases in excess of Tech Spec or 10CFR20 limits
- Oil and petroleum products
- Insulation containing, or potentially containing asbestos
- Any of the above materials contained in or on plant equipment, systems or components such as RCW water, wet layup water, etc.

2. Immediate Actions

NOTE:	•	All spills or releases reported to the control room should be documented on Enclosure 4.1, Spill Report Form.
	•	Steps 2.1 through 2.4 needs to be addressed before allowing caller to hang up the phone.

_____ 2.1 Obtain the specifics of the spill/release from the person reporting the spill/release.

Name _____ Date _____

Phone Ext. _____

Spill Location _____

Material Spilled _____

Phone ext. or pager # that person can be reached at a later time (This number will be entered on Line 1 of Enclosure 4.1, Spill Report Form) _____

Other Pertinent Information _____

_____

_____ 2.2 **IF** the event involves a fire, explosion hazard, or a release of toxic gas such as ammonia, hydrazine or chlorine gas

THEN relocate/evacuate all personnel from the spill area and downwind areas.

_____ 2.2.1 Ask the switchboard operator to contact the Environmental/Safety (EH&S) duty person for assistance in determining areas to be evacuated.

_____ 2.2.2 Notify OSM to consult RP/0/B/1000/001, (Emergency Classification) whenever flammable or toxic gasses are detected/reported within or have the potential for entering the site area boundary

2.3 **IF** the spill can be secured

THEN perform the following:

_____ instruct the caller to secure the area of the spill,

_____ warn others of any known danger,

_____ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

_____ 2.3.1 **IF** there is procedural guidance for handling a spill of this material and quantity

THEN instruct the caller to follow the procedure if it can be done safely.

_____ 2.4 **IF** the release is still in progress, continues to spread, or if there is no procedural guidance for handling releases of this material

THEN

_____ dispatch a Fire Brigade member to assess the event,

_____ warn others of any known danger

_____ remain in a safe area and monitor the situation until emergency personnel arrive on the scene.

_____ 2.4.1 **IF** the Fire Brigade requests site HAZMAT Team response **or** the event is a petroleum product that has reached water **or** is likely to reach water through floor drains, sumps or yard drains.

THEN page out the ONS HAZMAT Team, by having the switchboard operator activate the HAZMAT Team pagers.

_____ 2.4.1.1 Use plant P/A system and make following announcement twice (2):

_____ If a drill: This is a drill, This is a drill, All HAZMAT Team personnel please respond to PAP staging area. All HAZMAT Team personnel please respond to PAP for staging area.

_____ If actual event: May I have your attention please, May I have your attention please, All HAZMAT team members please respond to PAP staging area. All HAZMAT team members please respond to PAP staging area.

_____ 2.4.1.2 Call the Security PAP and request them to post the following information in the Administrative Building hallway outside the PAP

- Incident Location
- Chemicals involved, if known
- Any other pertinent information that may be available for the site HAZMAT Team responders

NOTE:
- The request for offsite HAZMAT team assistance should be made simultaneous with the request for fire department assistance. Offsite HAZMAT teams will not respond unless the fire department is also responding.
- Request for assistance from the Oconee County HAZMAT Team must be made through the local Oconee County fire department.

_____ 2.5 **IF** conditions warrant assistance from the local county HAZMAT teams as determined by the Fire Brigade Leader or the HAZMAT Team Leader

THEN contact the appropriate County Rural Fire Department by calling the number listed in Section 8 of the Emergency Telephone Directory and request assistance of the County HAZMAT Team and local fire department.

- If the TSC is operational, the TSC Offsite Communicator can make this request.

_____ 2.6 **IF** the HAZMAT event is located at Keowee Hydro

THEN request assistance from the Pickens County HAZMAT Team through the local Pickens County fire department.

2.6.1 If the TSC is operational, contact the TSC Offsite Communicator and initiate the turnover of remaining procedure requirements to them.

2.6.1.1 Turnover should include information received from the caller,

- Actions taken
- Response of the Fire Brigade/HAZMAT Team
- Other known information

_____ 2.7 Complete steps 1-10 of Enclosure 4.1, (Spill Report Form) for all spills reported to the Control Room.

_____ 2.8 Immediately contact the EH&S Duty Person for all spills reported to the Control Room.

- During normal day shift hours (0700-1730, Monday – Thursday) contact EH&S at ext. 4090.
- During back shift, weekends, page EH&S Duty person.

_____ 2.8.1 Provide the information from lines 2 through 10 on the Spill Report Form to the Duty Person and any other known details of the release.

NOTE:	The Duty Person may have to research regulations or consult with others to determine if the release is reportable. During this time, completion of this procedure will be suspended. Request that the Duty Person inform you if it appears that the time required to make a determination of reportability will be longer than originally expected.

_____ 2.9 Ask the Duty Person if the release is reportable.

2.9.1 **IF** the release is not reportable

THEN perform the following:

_____ Go to the bottom of the Spill Report Form.

_____ Mark a line through "Approved for Release" and initial.

_____ Sign in the "Operations Shift Manager/Emergency Coordinator" space.

_____ Go to Section 3.0, Subsequent Actions, of this procedure.

_____ 2.10 IF the release is reportable

THEN perform the following:

_____ Request from the Duty Person the information that is required to complete line numbers 11 through 13 on the Spill Report Form.

_____ Have the Operations Shift Manager or Emergency Coordinator sign the "Approved For Release" space at the bottom of the form.

NOTE:	Reportable releases require notification of off-site emergency and regulatory agencies. The telephone notification to the Nuclear Regulatory Commission in Step 2.12 must be made within 4 hours after Step 2.12 has begun.

_____ 2.11 Fax the approved form to the Oconee County Emergency Preparedness Agency at the fax number listed in the Emergency Telephone Directory, Section 4.

_____ 2.12 Fax the approved form to the Oconee County Law Enforcement Center to the fax number listed in Section 5 of the Emergency Telephone Directory.

_____ 2.12.1 Contact Oconee County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5.

_____ 2.12.1.1 Write the contact information for the Oconee County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.13 IF the release is to Keowee River

THEN fax the form to the Pickens County Emergency Preparedness Agency at the fax terminal number listed in the Emergency Telephone Directory, Section 4.

_____ 2.13.1 Contact the Pickens County Law Enforcement Center at the Selective Signaling number in the Emergency Telephone Directory, Section 5 after Oconee County notification is made.

_____ 2.13.1.1 Write the contact information for the Pickens County Law Enforcement Center in the appropriate space in the top section of Enclosure 4.1, (Spill Report Form).

NOTE: The 24-hour contact number for the S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) is State Emergency Response Commission. It may be necessary to wait for a return call from the BSHWM duty person. The State Emergency Response Commission's normal working hours are 0830 – 1700, after this time you will reach a recording.

_____ 2.14 Contact S.C. Bureau of Solid and Hazardous Waste Management (BSHWM) at **1-803-253-6488 or 1-888-481-0125.**

_____ 2.14.1 Write the contact information for the S.C. Bureau of Solid and Hazardous Waste Management in the appropriate spaces in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.14.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Response Form) to the BSHWM duty person.

_____ 2.14.3 Obtain the South Carolina Department of Health and Environmental Control file number from the BSHWM duty person and enter that file number in the appropriate space at the top of the Spill Report form.

_____ 2.15 Contact National Response Center at **1-800-424-8802.**

_____ 2.15.1 Write the contact information for the National Response Center in the 'National Response Center Contact" space in the top section of Enclosure 4.1, (Spill Report Form).

_____ 2.15.2 Provide the information from lines 2 through 13 on Enclosure 4.1, (Spill Report Form) to the National Response Center duty person.

_____ 2.15.3 Obtain the National Response Center file number and enter the number in the "National Response Center File Number" space at the top of Enclosure 4.1, (Spill Report Form).

_____ 2.16 Make a Red Phone call to the Nuclear Regulatory Commission.

2.16.1 Provide all the information from Enclosure 4.1, (Spill Report Form) including the offsite agencies that were notified.

_____ 2.17 Notify the Regulatory Compliance Duty Person that an NRC four hour Red Phone call has been made.

2.17.1 Ask the Regulatory Compliance Duty Person to notify the NRC Resident Inspector on duty that a four hour Red Phone call has been made.

_____ 2.18 Notify the World of Energy Duty Person of any releases reported to offsite agencies.

_____ 2.19 Go to Section 3. Subsequent Actions, of this procedure.

3. Subsequent Actions

_____ 3.1 Telephone the person who reported the spill/release (from Line 1 of the yellow sheet/Spill Report form) for any information regarding the department/revision that is responsible for the spill.

_____ 3.1.1 Verify that this person can be reached at a later date at the telephone number listed on Line 1 of the Spill Report form.

_____ 3.1.2 Advise the spill reporter that it is no longer necessary for him/her to remain at the phone.

_____ 3.2 Initiate the Problem Investigation Process (PIP).

_____ 3.3 Record the information from lines 3-10 of the Spill Report form in the appropriate section of the Problem Identification portion of the PIP.

_____ 3.4 Write the PIP number in the appropriate space at the top of the Spill Report form.

_____ 3.5 Send the original approved Spill Report form to EH&S (ONO3EM) along with any additional notes or information that will assist in the problem investigation.

4. Enclosures

4.1 Spill Report Form

Spill Report

Enclosure 4.1

RP/0/B/1000/017

PIP No._____ SCDHEC File No. _____ National Response Center File No. _____

Oconee County Law Enforcement Center Contact	Telephone	Date	Time
Pickens County Law Enforcement Center Contact	Telephone	Date	Time
State Emergency Response Committee (SCBSHWM) Contact	1-888-481-0125 1-803-253-6488 Telephone	Date	Time
National Response Center Contact	1-800-424-8802 Telephone	Date	Time

1. _____ _____ _____ _____
Name of Person Reporting Release to 4911) | Telephone | Date | Time

2. This is _____ at Duke Power Company's Oconee Nuclear Site, Seneca, SC
The telephone number is (864)885-3312.

3. A release of _____ occurred at _____ on _____.
(Name of Product) (Time) (Date)

4. An estimated quantity of _____ of the substance was released for a duration of _____.
(lbs./gal.) (Hours/Minutes)
The release [is, is not] continuing. (Circle one)

5. The material was released to the _____ and covers an area of _____.
(Air/Water/Soil) (Length and Width)

6. The source of the release was _____ located at or from _____.
(Drum, Tank, Piping, etc.) (Unit, Building, Vehicle #, System, etc.)

7. It was attributed to _____.
(Cause of incident)

8. Corrective action being taken or planned: _____

_____.

9. There were _____ injuries and _____ fatalities related to the release.
(numbers) (numbers)

10. Extent of property damage was _____.

11. List the hazardous substances in the material and their respective statutory listing:

HAZARDOUS SUBSTANCE	CERCLA OR EHS LIST

12. Health risks associated with the release: _____

_____

_____

13. Recommendations for the public and the emergency response personnel: _____

_____

_____ _____ _____ _____

Environmental Health & Safety (EH&S) | Telephone | Date | Time

APPROVED FOR RELEASE: _____ _____ _____
Operations Shift Manager/Emergency Coordinator | Date | Time