


## DISTRIBUTION CONTROL LIST

Document Name: EMER PLAN

CC_NAME	NAME	DEPT	LOCATION
2	EP/TRAINING ADMINISTRATOR	TRAINING (ALL EP'S)	#48
3	RES DEPARTMENT MANAGER	RES (UNIT 3/IPEC ONLY)	45-4-A
4	REFERENCE LIBRARY	REC/TRN(UNT 3/IPEC ONLY)	BLDG/17
9	JOINT NEWS CENTER	EMER PLN (ALL EP'S)	EOF
10	SHIFT MGR. (LUB-001-GEN)	OPS (UNIT 3/IPEC ONLY)	IP3
11	CONTROL ROOM & MASTER	OPS(3PT-D001/6(U3/IPEC)	IP3 (ONLY)
14	EOF	E-PLAN (ALL EP'S)	EOF
16	AEOF/A.GROSJEAN(ALL EP'S)	E-PLAN (EOP'S ONLY)	WPO-12D
19	NUC ENGINEERING LIBRARY	DOC (UNIT 3/IPEC ONLY)	WPO/7A
21	TSC	RECORDS	45-3-F
22	RESIDENT INSPECTOR	US NRC(UNIT 3/IPEC ONLY)	45-2-B
23	SILK DAVID	NRC (ALL EP'S)	OFFSITE
24	SILK DAVID	NRC (ALL EP'S)	OFFSITE
25	DOCUMENT CONTROL DESK	NRC (ALL EP'S)	OFFSITE
28	AVRAKOTOS N	J A(UNIT 3/IPEC ONLY)	OFFSITE
29	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
30	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
31	BARANSKI J(VOLUME I ONLY)	ST. EMERG. MGMT. OFFICE	OFFSITE
32	SUTTON A - (VOLUME I ONLY)	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO N (VOLUME I ONLY)	EMERGENCY SERVICES	ROCKLAND
34	GREENE D (VOLUME I ONLY)	DISASTER & CIVIL DEFENSE	ORANGE
35	RAMPOLLA M(VOLUME I ONLY)	OFFICE OF EMERG MANAGE	PUTNAM
41	SIMULATOR	TRAIN(UNIT 3/IPEC ONLY)	48-2-A
107	QA MANAGER	QA (UNIT 3/IPEC)	TRL #2A
319	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
354	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
376	E-PLAN STAFF	E-PLAN (ALL EP'S)	EOF
424	J.CHIUSANO(OPS INSTR)	(UNIT 3/IPEC ONLY)	#48
510	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
511	L.GRANT(LRQ-OPS/TRAIN)	LRQ (UNIT 3/IPEC ONLY)	#48
512	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
513	C.STELLATO(NRQ-OPS TRN)	NRQ (UNIT 3/IPEC ONLY)	#48
517	PLANT MANAGER'S OFFICE	ADMIN/(UNIT 2/IPEC ONLY)	IP2
518	DOCUMENT CONTROL	UNIT 2(UNIT 2/IPEC ONLY)	IP2
520	CONTROL ROOM (UNIT 2)	OPS (UNIT 2 & IPEC ONLY)	IP2
521	SIMULATOR	TRAIN (UNIT 2/IPEC ONLY)	IP2
522	NRC RESIDENT	US NRC(UNIT 2/IPEC ONLY)	IP2
523	ROBERT VOGLE (UNIT 2)	TRAIN/LIB (ALL EP'S)	TODDVILLE
524	JOHN MCCANN (UNIT 2)	NUC SAFETY/LIC(ALL EP'S)	IP2

A045


 <b>Entergy</b> <b>IPEC SITE MANAGEMENT MANUAL</b>	<b>QUALITY RELATED ADMINISTRATIVE PROCEDURE</b>	<b>IP-SMM-AD-103</b> <b>Revision 0</b>
	<b>INFORMATIONAL USE</b>	<b>Page      13      of      21</b>

**ATTACHMENT 10.1**

**SMM CONTROLLED DOCUMENT TRANSMITTAL FORM**

**SITE MANAGEMENT MANUAL CONTROLLED DOCUMENT TRANSMITTAL FORM - PROCEDURES**

Page 1 of 1

 <b>Entergy</b>		<b>CONTROLLED DOCUMENT TRANSMITTAL FORM - PROCEDURES</b>	
<b>TO: DISTRIBUTION</b>		<b>DATE: 7/23/2003</b>	<b>TRANSMITTAL NO: 28403</b>
<b>FROM: IPEC DOCUMENT CONTROL: EEC</b>		(Circle one) <b>or IP2 53'EL</b>	<b>PHONE NUMBER: 271-7057</b>
The Document(s) identified below are forwarded for use. In accordance with IP-SMM-AD-103, please review to verify receipt, incorporate the document(s) into your controlled document file, properly disposition superseded, void, or inactive document(s). Sign and return the receipt acknowledgement below within fifteen (15) working days.			
<b>AFFECTED DOCUMENT:</b>		<b>EMERGENCY PLANNING PROCEDURE: IPEC</b>	
<b>DOC #</b>	<b>REV #</b>	<b>TITLE</b>	<b>INSTRUCTIONS</b>
<b>NOTE: REPLACE CURRENT INDEX WITH ATTACHED REVISED INDEX.</b>			
<b>THE FOLLOWING PROCEDURE HAS BEEN REVISED. REPLACE CURRENT COPY WITH ATTACHED REVISED COPY:</b>			
<b>IP-EP-115 REV.4</b>			
<p align="center"><b>*****PLEASE NOTE EFFECTIVE DATE*****</b></p>			
<b>RECEIPT OF THE ABOVE LISTED DOCUMENT(S) IS HEREBY ACKNOWLEDGED. I CERTIFY THAT ALL SUPERSEDED, VOID, OR INACTIVE COPIES OF THE ABOVE LISTED DOCUMENT(S) IN MY POSSESSION HAVE BEEN REMOVED FROM USE AND ALL UPDATES HAVE BEEN PERFORMED IN ACCORDANCE WITH EFFECTIVE DATE(S) (IF APPLICABLE) AS SHOWN ON THE DOCUMENT(S).</b>			
<b>NAME (PRINT)</b>	<b>SIGNATURE</b>	<b>DATE</b>	<b>CC#</b>

*25*

**TO:** Nuclear Regulatory Commission Document Controlled Copy # 25  
**FROM:** IPEC Emergency Planning  
**SUBJECT:** Emergency Planning Document Update


**Date:** 7/14/03

Please update your controlled copy of the documents listed below as specified with the copy(s) attached. It is requested that the update be completed within 3 days of the effective date shown on the document cover page.

<b>Document #</b> <b>IPEC</b>	<b>Document Name</b> <b>Emergency Plan Implementing Procedure</b>	<b>New Rev. #/ Date</b>	<b>Old Rev. #/ Date</b>	<b>Instructions</b>
TOC	Emergency Plan Implementing Procedures	7/14/03		Remove and Replace
IP-EP-115	Emergency Plan Forms	Rev.4/Date 7/14/03	Rev.3/Date 5/19/03	Remove and Replace

# Indian Point Energy Center Emergency Plan Implementing Procedures Table of Contents

[illegible]

 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>	<b>IP-EP-115</b>	<b>Revision 4</b>
	<b>REFERENCE USE</b>	Page <b>1</b>	of <b>6</b>

**CONTROLLED**  
**COPY #** 25

## Emergency Plan Forms

Prepared by:

Daria Weaver  
Print Name

*Daria Weaver*  
Signature

6/10/03  
Date


Approval:

Frank Inzirillo  
Print Name

*Frank Inzirillo*  
Signature


7/7/03  
Date

Effective Date: 7/14/03

 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>		<b>IP-EP-115      Revision 4</b>	
	<b>REFERENCE USE</b>		<b>Page    2      of    6</b>	

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 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>	<b>IP-EP-115</b>	<b>Revision 4</b>
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## Emergency Plan Forms

### 1.0 PURPOSE

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

### 2.0 REFERENCES

NONE

### 3.0 DEFINITIONS

NONE

### 4.0 RESPONSIBILITIES

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

### 5.0 DETAILS

#### 5.1 Use of Forms

5.1.1 The Implementing Procedure that calls for a form to be completed controls the actual use of forms.

5.1.2 Any needed instructions for form completion will either be on the form itself or in the procedure calling for its use.


#### 5.2 Control of Forms

5.2.1 Forms are numbered sequentially as the need for them is defined by other implementing procedures.

5.2.2 Form numbers will be formatted as "Form EP-n Rev x", where n is the sequential number of the form and x is the current revision of the form.

#### 5.3 Method of Placing Forms in this Procedure

5.3.1 Forms are attached as addendums to this procedure. They will appear formatted in the end use format. There will be no annotation on the addendums or actual forms showing addendum number or procedure page number.

 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>	<b>IP-EP-115</b>	<b>Revision 4</b>
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## 6.0 INTERFACES

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

## 7.0 RECORDS

Forms become official records when completed during a declared emergency.


## 8.0 REQUIREMENTS AND COMMITMENT CROSS-REFERENCE

None

## 9.0 ATTACHMENTS


Attachment 9.1      Current List of Effective Forms



 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>	<b>IP-EP-115</b>	<b>Revision 4</b>
	<b>REFERENCE USE</b>	<b>Page</b>	<b>5 of 6</b>

Attachment 9.1  
Current List of Effective Forms  
Sheet 1 of 2

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

 <b>IPEC EMERGENCY PLAN IMPLEMENTING PROCEDURES</b>	<b>NON-QUALITY RELATED PROCEDURE</b>	<b>IP-EP-115</b>	<b>Revision 4</b>
	<b>REFERENCE USE</b>	<b>Page 6</b>	<b>of 6</b>

Attachment 9.1  
Current List of Effective Forms  
Sheet 2 of 2

<b>Form Number</b>	<b>Current Revision</b>	<b>Form Title (number of pages)</b>	<b>Interfacing Procedures</b>
EP-18	Rev. 0	IP-3 Manual Determination of Release Rate	IP-EP-310
EP-19	Rev. 0	IPEC Manual Dose Assessment Worksheet/Back Calculating Release Rate from Field Data	IP-EP-310
EP-20	Rev. 1	Emergency Director Turnover Sheet	IP-EP-250
EP-21	Rev. 0	Media Briefing Worksheet	IP-EP-260
EP-22	Rev. 0	Media Briefing Issues Form	IP-EP-260
EP-23	Rev. 0	JNC Staffing Form	IP-EP-260
EP-24	Rev. 0	Emergency Summary Sheet	IP-EP-260
EP-25	Rev. 1	Written Statement Distribution Checklist	IP-EP-260
EP-26	Rev. 2	Information Distribution Guide	IP-EP-260
EP-27	Rev. 0	Public Inquiry - Media Referral and Media Monitoring Form	IP-EP-260
EP-28	Rev. 0	Joint News Center Fax Cover Sheet	IP-EP-260
EP-29	Rev. 0	Individual Exposure Tracking Log	IP-EP-250
EP-30	Rev. 0	Monitoring Team Radiation Field Survey Data	IP-EP-250
EP-31	Rev. 0	Monitoring Team Sample Data	IP-EP-250
EP-32	Rev. 0	Determination of Radioactive Airborne Concentrations	IP-EP-250
EP-33	Rev. 0	Media Inquiry Log	IP-EP-260
EP-34	Rev. 0	Courtesy Call Guide	IP-EP-260
EP-35	Rev. 0	JNC Talking Points	IP-EP-260
EP-36	Rev. 0	Primary – ERO Activation Checklist	IP-EP-130
EP-37	Rev. 1	Backup – ERO Activation Checklist	IP-EP-130
NRC 361	12-2000	Reactor Plant Event Notification Worksheet (NRC Form)	IP-EP-130
EP-38	Rev. 0	Emergency Team Briefing Form	IP-EP-1023 Unit 2 IP-2204 Unit 3

**Notification #**

**Emergency Director Review and Approval:** \_\_\_\_\_

<b>New York State</b> <b>Radiological Emergency Data Form</b> <b>Part II - Radiological Assessment Data</b>			
<b>Indian Point Energy Center</b>			
<b>This is:</b> A. <u>NOT</u> an Exercise      B. An Exercise			
<b>Message transmitted at:</b> Date: _____ Time: _____ Location / Facility transmitted from: _____			
<b>16. General release information:</b> A. Event Release started    Date: _____ Time: _____ B. Event Release expected to end    Date: _____ Time: _____ C. Event Release ended:    Date: _____ Time: _____ D. Reactor Shutdown:    N/A    OR    Date: _____ Time: _____ <b>Meteorological Data</b> As of Date: _____ Time: _____ E. Wind Speed    _____ meters/second    At elevation: _____ meters F. Wind Direction: _____ degrees    At elevation: _____ meters G. Stability class (Pasquill): A B C D E F G			
<b>17. Atmospheric release information:</b> As of Date _____ Time _____ A. Release from: <input type="checkbox"/> Ground <input type="checkbox"/> Elevated    D. Noble gas release rate: _____ Ci/sec B. Iodine/Noble gas ratio: _____    E. Iodine release rate    _____ Ci/sec (Assumed OR Actual) C. Total release rate: _____ Ci/sec    F. Particulate release rate _____ Ci/sec			
<b>18. Waterborne release information:</b> As of Date _____ Time _____ A. Volume of release    _____ gallons    C. Radiolnuclides in release: _____ B. Total concentration: _____ $\mu\text{Ci/ml}$ D. Total activity released    _____ Ci			
<b>19. Dose calculations</b> (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. Atmospheric release    B. Waterborne release			
DISTANCE	X $\mu$ /Q	DOSE	
		TEDE (Rem)	TODE (Rem)
Site Boundary			
2 Miles			
5 Miles			
10 Miles			
____ Miles			
<b>20. Field measurement of dose rates or surface contamination/deposition:</b>			
Mile/Sector OR Mile/Degrees	Location OR Sampling Point	Time of Reading	Dose Rate (mR/hr) OR Contamination ( $\mu\text{Ci/m}^2$ )

Emergency Director Review and Approval: \_\_\_\_\_

# Control Room NUE Notification Checklist

**Note:** Perform only circled items for NUE periodic Update Notifications

## Notify Protected Area Personnel:

Time

1. Contact opposite unit's Control Room and inform them of classification, time, EAL# and brief description.  
IF Unit 3 is the affected unit THEN request Unit 2 Control Room to notify the ERO per step 13 of this checklist.  
Unit 2: 734-5294 (5295) Unit 3: 736-8277 (8282)
2. Notify Security Shift Supervisor at 736-8067 (8068) and provide them with the affected unit, date/time of NUE classification. IF Unit 3 is declaring the event, THEN request an Offsite Communicator report to the Control Room.

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

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

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started <div></div>	New York State	<input type="checkbox"/>	<input type="checkbox"/>
	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed <div></div>	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	West Point	<input type="checkbox"/>	<input type="checkbox"/>

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

## Notify Emergency Response Organization: (Unit 2 Control Room activates DIALOGIC system)

Time

13. Ask the Shift Manger (Emergency Director) if Emergency Response Organization mobilization is needed or if Emergency Response Organization should receive Event Notification only. IF Unit 3 is the affected unit THEN contact the Unit 2 Control Room and direct notification by one of the following as appropriate:  
IF Emergency Response Organization mobilization is needed, THEN use Envelope A "IPEC ERO Mobilization" envelop to mobilize the ERO. (Form EP-36)  
IF event notification only, THEN use Envelope B "IPEC ERO Event Notification" envelop to contact the appropriate ERO members to notify them of the event. (Form EP-36)  
IF Emergency Response Organization mobilization is needed for a Security Event, THEN use Envelope C "IPEC ERO Mobilization to Backup Locations" envelop to mobilize the ERO. (Form EP-36)

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## Control Room NUE Notification Checklist (cont)

**Note:** Perform only circled items for NUE periodic Update Notifications

### Notify Media Relations:

Time

14. Call Indian Point Communications Representative at 914-271-7031

Read the following statement to individual answering or into answering machine:

"This is the Unit \_\_\_\_ Control Room, an Unusual Event was declared at \_\_\_\_ (time) on

Emergency Action Level number \_\_\_\_" (EAL)

Obtain and enter name of individual contacted: \_\_\_\_\_

### Notify NRC: (to be Initiated within 1 hr. of classification)

Time

15. **IF** it is during normal working hours **THEN** notify the affected unit(s) NRC Resident Inspector  
Unit 2: 739-9361 or x 5347 Unit 3: 739-8899

**IF** during off-hours **THEN** call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory

Provide the Inspector with Date/Time of NUE classification, EAL # and brief description of event.

16. Contact NRC by calling main number listed on ENS phone. (**IF** main number does not work **THEN** use 1st, 2nd or 3rd backup number, or region 4 alternate number listed.)

Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event. Complete NRC Form 361, if requested.

17. Record any Comments: \_\_\_\_\_

18. Date and sign this form

Date:

Signature:

19. Inform the Shift Manager that you have completed NUE notifications.

20. Fax copies of the NYS Radiological Emergency Data Form, Part I to State, counties, TSC, EOF, and JNC and provide originals to the Shift Manager.

Use of Local Government Radio or commercial telephone:

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

B. If using the commercial telephone, then dial the Warning Points phone numbers below.

C. Transmit the following: "This is to report that an Unusual Event has been declared at Indian Point Energy Center. Stand by for a fax of the Part I form".

D. Fax the Part I form to the State and Counties Warning Points and EOC's.

Warning Point and EOC phone numbers

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

# Control Room Initial Notification Checklist – Alert / SAE / GE

## Notify Protected Area Personnel:

Time

**Note:** If the Shift Manager does not feel it is safe to relocate personnel at this time **DO NOT** sound the Site Assembly Alarm or call for personnel to report to the Assembly Areas.

1. Contact opposite unit's Control Room and inform them of classification, time, EAL# and brief description.  
Unit 2: 734-5294 (5295)      Unit 3: 736-8277 (8282)
2. Coordinate the following with the opposite unit Control Room:
  - a. Sounding of the Site Assembly Alarm for 30 seconds and,
  - b. Announcing the following message over both Unit's P.A. Systems three (3) times:  
 "Attention all personnel, a (Alert / Site Area Emergency / General Emergency) has been declared"  
 "All Essential Personnel report to your assigned emergency facility"  
 "All other personnel report to the (Energy Education Center [Unit 2]) / (Training Center [Unit 3])"
3. Notify Security Shift Supervisor at 736-8067 (8068) and provide them with the affected unit, date/time of classification. IF Unit 3 is declaring the event, THEN request an Offsite Communicator report to the Control Room

## Notify Emergency Response Organization: (Unit 2 Control Room activates DIALOGIC system)

Time

4. Request direction from Shift Manager (Emergency Director) as to ERO mobilization needed utilizing the appropriate envelope. IF Unit 3 is the affected unit THEN contact the Unit 2 Control Room and direct notification by one of the following, as appropriate:
  - IF a Security Event, THEN use Envelope C "IPEC ERO Mobilization to Backup Locations" (Form EP-36, Primary – ERO Activation Checklist) to mobilize EROs to backup locations.
  - Otherwise use Envelope A "IPEC ERO Mobilization" (Form EP-36, Primary – ERO Activation Checklist) to mobilize EROs.

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

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

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started	New York State	<input type="checkbox"/>	<input type="checkbox"/>
	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	West Point	<input type="checkbox"/>	<input type="checkbox"/>

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

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

**Notify Media Relations:**

15. Call Indian Point Communications Representative at 914-271-7031

If individual answers **THEN** read the following statement:  
 "This is the Unit \_\_ Control Room, a(n) (Alert/Site Area Emergency/General Emergency)  
 (circle proper classification)  
 was declared at \_\_\_\_\_ on Emergency Action Level number \_\_\_\_\_"  
 (time) (EAL #)

Obtain and enter name of individual contacted: \_\_\_\_\_

**OR**

If after 2-5 rings the machine picks up **THEN** read the above message into machine after beep.

<b>Notify NRC: (to be initiated within 1 hr. of classification)</b>	<b><u>Time</u></b>
<p>16. <b><u>IF</u></b> it is during normal working hours <b><u>THEN</u></b> notify the affected unit(s) NRC Resident Inspector  <b>Unit 2:</b> 739-9361 or x 5347    <b>Unit 3:</b> 739-8899</p> <p><b><u>IF</u></b> during off-hours <b><u>THEN</u></b> call or page the NRC Senior Resident Inspector using phone numbers provided in the Emergency Telephone Directory</p> <p><b>Provide the Inspector with Date/Time of NUE classification, EAL # and brief description of event.</b></p>	
<p>17. Contact NRC by calling main number listed on ENS phone. (IF main number does not work <b><u>THEN</u></b> use 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> backup number, or region 4 alternate number listed.)</p> <p>Inform them that this is a 50.72 notification and provide them with Date/Time of emergency classification, EAL # and brief description of event. Complete NRC Form 361, if requested.</p>	
<p>18. Record any Comments: _____</p>	

19. Date and sign this form

Date:	Signature:
-------	------------

**20. Inform the Shift Manager that you have completed emergency notifications.**

21. Fax copies of the NYS Radiological Data Form, Part I to State, counties, TSC, EOF and JNC and provide originals to the Shift Manager.

**Use of Local Government Radio or commercial telephone:**

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

### Warning Point and EOC phone numbers

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



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

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

## Notify Protected Area Personnel:

1. **IF** a Site Area Emergency or General Emergency is declared and Initial accountability has not been completed **THEN** notify the unaffected unit control room and coordinate the sounding or have both control rooms sound the Site Assembly Alarms
2. **IF** the emergency classification changes **THEN** perform the following:
  - A. Announce (or have both CCRs announce) the applicable message over the P.A. Systems three (3) times:  
"Attention all personnel, a (Site Area Emergency / General Emergency) has been declared"  
**OR** if emergency classification is terminated **THEN** announce:  
"Attention all personnel, the emergency has been terminated"
  - B. Call the unaffected unit control room and Security Shift Supervisor and inform them of the new classification.

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

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

	Location	Initial Roll Call	Final Roll Call
Time Initial Roll Call Started	New York State	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	Westchester County	<input type="checkbox"/>	<input type="checkbox"/>
	Peekskill City	<input type="checkbox"/>	<input type="checkbox"/>
Time Final Roll Call Completed	Rockland County	<input type="checkbox"/>	<input type="checkbox"/>
<div></div>	Orange County	<input type="checkbox"/>	<input type="checkbox"/>
	Putnam County	<input type="checkbox"/>	<input type="checkbox"/>
	West Point	<input type="checkbox"/>	<input type="checkbox"/>

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

Go to page 2 (back)

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

**Note:** Use the CCR Alert/SAE/GE Initial Notification Checklist for upgrade from NUE to Alert.

### Notify NRC: (to be initiated within 1 hr. of upgrade)

Time

13. Contact NRC by calling main number listed on ENS phone. (IF main number does not work THEN use 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> backup number, or region 4 alternate number listed.)

Inform them that this is a 50.72 notification and provide them with the facility, classification, date/time of classification, EAL # and brief description of event. Complete NRC Form 361, if requested.

### Notify ANI, NYPSC, INPO, NEIL

Time

14. **IF** the emergency is classified at an Alert or higher **THEN** notify the following via telephone (additional numbers may be in Emergency Telephone Directory). Provide the facility, classification, date/time of the classification, brief event description, and any other info requested. Update with each classification change.

ANI (860) 561 - 3433  
NYPSC (Daytime) (518) 473 - 0763 (Off hours) (518) 674 - 8836  
INPO (800) 321 - 0614  
NEIL (302) 888 - 3000

15. Record any Comments: \_\_\_\_\_

16. Date and sign this form:

Date:

Signature:

17. Inform the Shift Manager that you have completed emergency notifications (CCR only).

18. Fax copies of the NYS Radiological Emergency Data Form (if completed) to State, Counties, TSC, EOF and JNC. Maintain originals and provide a copy to the Shift Manager (or EOF Manger).

Use of Local Government Radio or commercial telephone:

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

Warning Point and EOC phone numbers

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

**INDIVIDUAL EMERGENCY  
EXPOSURES AUTHORIZATION**

NAME: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

AGE: \_\_\_\_\_

Reason for exposure in excess of 5 Rem: (include tasks to be performed)

	<u>ESTIMATE OF PLANNED DOSE</u>	<u>AUTHORIZED EMERGENCY DOSE</u>
WHOLE BODY	_____ REM	_____ REM
EXTREMITY	_____ REM	_____ REM
THYROID	_____ REM	_____ REM

I have volunteered to perform the task(s) during which I will receive the emergency Exposure, and I understand the potential consequences of the proposed emergency from the attached summary.

Individual to  
Receive Exposure: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

EPM/POM  
Or Emergency Director  
Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**WARNING**

Emergency worker exposure limits are **NOT TO BE APPLIED** to minors or Fertile women

**Emergency Exposure Guidelines:**

1. All Emergency Exposures shall be authorized by the Emergency Director or Emergency Plant Manager.
2. All individuals may be authorized up to 5 Rem emergency exposure for a given emergency event. Historical occupational exposure is not totaled into this limit.
3. Procedures allow for the Emergency Director or Emergency Plant Manager to give a blanket authorization of up to 5 Rem emergency exposure for Alert or higher classifications.
4. Any emergency exposure greater than 5 Rem Whole Body, 50 Rem Extremities or 50 Rem Skin of Whole Body, shall be authorized on a individual basis for a specific task.
5. All emergency exposures are voluntary. – For higher doses individuals over the age of 45 are preferable.
6. Individuals shall be briefed that these exposures may increase their chances of cancer during their lifetime.
7. Volunteers may be authorized up to 10 Rem to protect valuable property.
8. Volunteers may be authorized up to 25 Rem for life saving or the protection of large populations.
9. Individuals may volunteer to receive greater than 25 Rem to save a life.
10. For any expected or actual Thyroid Exposure > 25 Rem CDE, the issuance of KI should be considered.

## EFFECTS FROM HIGH LEVELS OF RADIATION EXPOSURE

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

### Short Term Effects:

#### Whole Body Effects:

15 to 50 Rem – No symptoms, blood test may show some slight changes.

50 to 200 Rem – Some nausea, vomiting, and slight decrease in blood count, no deaths expected.

200 to 450 Rem – Most have nausea, vomiting, and feel flu symptoms. Most have hair loss, infection likely, 10-50% deaths.

450 to 600 Rem – Flu, bleeding from mouth and throat, infections likely, 50-90% deaths.

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

#### Radiation Injury to the Skin:

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

### Potential Long Term Effects: Based on information from the National Research Council (BEIR V).

**Cancer Probability:** The normal chance of contracting fatal cancer for a group of people with no radiation exposure in the United States is 20%. If this group of people were exposed to 100 Rem, the chance of any person contracting fatal cancer would increase to 28%.

**Genetic Effects:** A 100 Rem exposure to radiation is estimated to increase the chance of a genetic effect from 0.25% for the average person with no radiation exposure to 0.5%

**Fertility Effects:** An exposure to the gonads of 250 Rem may cause reduced fertility, and an exposure of 600 Rem may cause permanent sterility.

**Cataracts:** (Cloudiness or darkening in the lens of the eyes.) 200 Rem to the eyes may cause cataracts (ICRP 41).

## EOF Staffing

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

\* Minimum Staffing for facility activation

\*\* Only one Dose Assessor required if determination is made there is limited offsite radiological concerns for event.

## **Recovery Issue / Strategies Form**

<u>Area</u>	<u>Owner</u>	<u>Safety Rel.</u>	<u>Priority</u>	<u>Duration</u>	<u>Man-hours</u>

### **Description of Issue**

### **Resources Needed**

Use this form to document major items to be addressed during Recovery.

Area:	Onsite / Offsite / Public Information	
Owner:	Responsible individual or organization	
Safety Related:	Yes or No	
Priority:	1 = Immediate (24 hr.)	2 = Short Term (1 Week)
	3 = Intermediate (1 Month)	4 = Long Term (> 1 Month)
Duration:	Estimated Calendar Duration	
Man-hours:	Estimated Total Project Hours	

## Essential Information Checklist

Affected Unit: <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 <input type="checkbox"/> Both		Status of Unaffected Unit:			
<b>Emergency Classification:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Unusual Event  <input type="checkbox"/> Alert  <input type="checkbox"/> Site Area Emergency  <input type="checkbox"/> General Emergency </div> <div> Time: _____  Last Offsite Notification Completed _____ </div> <div> EAL #: _____  _____ </div> </div>		Reactor: <input type="checkbox"/> At Power <input type="checkbox"/> Tripped RCS: Temp: _____ °F   Pressure: _____ PSIG RVLIS / Pressurizer Level: _____ Subcooling: _____			
Method of Core Cooling: <input type="checkbox"/> S/G <input type="checkbox"/> Safety Injection <input type="checkbox"/> RHR					
Electrical Power Supply: <input type="checkbox"/> 138 KV <input type="checkbox"/> 13.8 KV <input type="checkbox"/> # _____ Diesel Generators					
Event Description: _____ _____ _____ _____ _____					
Major Equipment Problems: _____ _____ _____					
Current Priorities:			High	Med	Low
<input type="checkbox"/> No Release <input type="checkbox"/> Release <input type="checkbox"/> Liquid <input type="checkbox"/> Gaseous <b>Release Status:</b> <input type="checkbox"/> In Progress <input type="checkbox"/> Expected <input type="checkbox"/> Filtered <input type="checkbox"/> Unfiltered <input type="checkbox"/> Monitored <input type="checkbox"/> Unmonitored <input type="checkbox"/> Controlled <input type="checkbox"/> Uncontrolled		<b>Fission Product Barrier Status</b>			
		Barrier	Intact	Challenged	Lost
		Fuel Clad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		RCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Wind Speed: _____ Wind Direction From: _____			
<b>Date / Time This Checklist was Completed:</b> _____ / _____		<b>Other:</b> _____ _____ _____			

## Emergency Response Organization Log Sheet

[illegible]

**Signature:** \_\_\_\_\_



# IPEC Manual Dose Assessment Worksheet

## Estimating Containment Activity via R-25 / 26

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

Vapor Containment Activity Calculation					
	x		x	7.4 E+10 cc	=
R-25 / 26 Reading (R/hr)		Dose Conversion Factor		Containment Volume	Total VC Activity ( $\mu\text{Ci}$ )

	x		=	
R-25/26 Reading (R/hr)		Dose Conversion Factor		Release Concentration ( $\mu\text{Ci/cc}$ )

# IPEC Manual Dose Assessment Worksheet

## Estimating Containment Activity via R-25 / 26

### Containment Data

Containment Pressure		psig
Estimated Leak Rate (see table below)		(cc/sec) – cm <sup>2</sup>
Estimated Leak Area		Cm <sup>2</sup> (leak area = $\pi r^2$ )

### Leak Rate per Cm<sup>2</sup>

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

### Vapor Containment Release Rate Calculation

	×		×		×	1.0E-06	=
VC Activity ( $\mu\text{Ci/cc}$ )		Leak Rate (from Table)		Leak Area (Cm <sup>2</sup> )		Conversion Factor	VC Release Rate (Ci/sec)

# ESTIMATED TOTAL POPULATION DOSE

Sheet 1 of 8

Sector/Zone	Ref. TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
1-1					0	
1-2					55	
1-3					0	
1-4					20	
1-5					335	
1-6					350	
1-7					5,425	
1-8					5,935	
1-9					2,345	
1-10					990	
				<b>SECTOR TOTALS:</b>		
2-1					0	
2-2					40	
2-3					135	
2-4					140	
2-5					1,450	
2-6					1,065	
2-7					825	
2-8					695	
2-9					2,280	
2-10					1,370	
				<b>SECTOR TOTALS:</b>		

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 2 of 8

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

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 3 of 8

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

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 4 of 8

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

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 5 of 8

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

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 6 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
11-1					0	
11-2					25	
11-3					1,505	
11-4					2,485	
11-5					2,220	
11-6					3,785	
11-7					2,830	
11-8					1,010	
11-9					3,045	
11-10					3,705	
SECTOR TOTALS:						
12-1					10	
12-2					345	
12-3					125	
12-4					295	
12-5					160	
12-6					185	
12-7					80	
12-8					20	
12-9					155	
12-10					565	
SECTOR TOTALS:						

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



# ESTIMATED TOTAL POPULATION DOSE

Sheet 7 of 8

Sector/Zone	TLD mrem	Zone Corr. Factor (1)	Interpreted mrem (2)	Modifier (3)	Population (4)	Est. WB Rem
13-1					0	
13-2					280	
13-3					200	
13-4					0	
13-5					0	
13-6					0	
13-7					0	
13-8					70	
13-9					440	
13-10					55	
				SECTOR TOTALS:		
14-1					0	
14-2					80	
14-3					65	
14-4					0	
14-5					25	
14-6					45	
14-7					20	
14-8					620	
14-9					320	
14-10					2,045	
				SECTOR TOTALS:		

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

# ESTIMATED TOTAL POPULATION DOSE

Sheet 8 of 8

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

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

# Manual Dose Assessment Worksheet

## TEDE Whole Body Exposure Calculations

Date:

Time

Name:

### Meteorology

Wind Direction (from):

Downwind Sector:

WS = Wind Speed (m/sec):

Pasquill Category: ☐ A ☐ B ☐ C ☐ D ☐ E ☐ F ☐ G

### TEDE – Whole Body Exposure

Release Duration (RD): hrs

Distance	NGRR (Ci/sec)	Xu/Q (from tables)	$\frac{1}{WS}$ (M/sec)	K1 <sup>(1)</sup> + Constant <sup>(2)</sup>	Dose Rate(DR) (mrem/hr)	Dose (mrem) (DR x RD)
Site Boundary		X X	$\frac{1}{\boxed{\phantom{000}}}$	X ( + ) =	=	
2 Mile		X X	$\frac{1}{\boxed{\phantom{000}}}$	X ( + ) =	=	
5 Mile		X X	$\frac{1}{\boxed{\phantom{000}}}$	X ( + ) =	=	
10 Mile		X X	$\frac{1}{\boxed{\phantom{000}}}$	X ( + ) =	=	

(1) Obtain K1 value from table below.

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

K1 Whole Body @ Time After Shutdown for Noble Gas DDE		K2 Thyroid For Iodine CDE	
TAS = _____ hours.			
4.7E+5	0 – 1.5 Hours	Iodine Mix	8.0E+8
2.8E+5	1.5 – 2.5 Hours	I-131	2.6E+9
2.3E+5	2.5 – 3.5 Hours	I-132	1.5E+7
2.0E+5	3.5 – 4.5 Hours	I-133	4.4E+8
1.7E+5	4.5 – 6.5 Hours	I-134	2.6E+6
1.2E+5	6.5 – 12.5 Hours	I-135	7.6E+7
5.8E+4	> 12.5 Hours		

### NOTE:

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

Form EP-13 Rev.1

# IPEC Manual Dose Assessment Worksheet

## TODE Thyroid Exposure Calculations

**Date:** \_\_\_\_\_ **Time** \_\_\_\_\_ **Name:** \_\_\_\_\_

### Meteorology

Wind Direction (from):		Downwind Sector:		WS = Wind Speed (m/sec):	
Pasquill Category: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G					

### NOTES:

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

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

Isotope I-131 (or Total Mix)	TODE – Thyroid Exposure	Release Duration (RD)= <span style="border: 1px solid black; padding: 2px 10px;"> </span>			
NGRR _____ X K1 _____ = A _____		RR <sub>(I-131 or Total)</sub> _____ X K2 _____ = B _____			
Distance	Xu/Q (from tables)	$\frac{1}{WS}$ (m/sec)	A + B (above)	Dose Rate (mrem/hr)	Dose (mrem) (DR X RD)
Site Boundary	X	$\frac{1}{\text{  }} =$	X (    +    ) =	=	
2 Mile	X	$\frac{1}{\text{  }} =$	X (    +    ) =	=	
5 Mile	X	$\frac{1}{\text{  }} =$	X (    +    ) =	=	
10 Mile	X	$\frac{1}{\text{  }} =$	X (    +    ) =	=	

# EOF Check Point Sign In Log

<b>EOF Registration Assistant:</b> (print name)	<b>Date:</b>
--	--------------

Print Name	Time In / Out	Time In / Out	Organization
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____
			<input type="checkbox"/> Indian Pt. FFD* Yes: <input type="checkbox"/> No: <input type="checkbox"/> <input type="checkbox"/> Other _____

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

## EOF Check Point Sign In Log

### EOF Check Point Instructions:

- 1.0 Set up a EOF Checkpoint at the entrance to the EOF.

#### NOTES:

**IF** there is any question if an individual should be allowed to enter the EOF **THEN** request clearance from the Emergency Director or the EOF Manager.

Individuals entering the EOF during emergencies must be screened in accordance IPEC Fitness for Duty procedures. The Emergency Director may authorize individuals not meeting these requirements into the EOF.

- 1.1 Have all individuals entering EOF complete sign in log.
- 1.2 Request the Admin & Logistics Manager draft someone to take sign in log around to individuals who may have entered facility before check point was set up.

- 2.0 Allow only the following personnel into the EOF:

- A. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory,
- B. Indian Point Corporate Officers,
- C. State and County Officials,
- D. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency;
- E. Individuals authorized by the Emergency Director or the EOF Manager.

#### NOTE:

**IF** individuals are only going to another room within the Buchanan Service Center (offices across the hall or men's rest room) **THEN** it is not necessary to log them in and out each time they leave the EOF.

- 3.0 Maintain a "EOF Check Point Sign in Log" complete with names of all personnel within the EOF.

<b>IP-2 Manual Determination of Release Rate</b>		
<b>Determine Noble Gas &amp; Radioiodine Release Rates</b>		
Date:	Time:	Name:

<b>Plant Vent Release Rate Calculations (use only one vent monitoring method)</b>				
<b>R-27 Wide Range</b>	X X 4.7E-04 =			
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
<b>R-44 Low / Mid Range</b>	X X 4.7E-04 =			
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
<b>Vent Contact Reading</b>	X X X 4.7E-04 =			
	(mR/hr)	(Conv. Factor)	(Plant Vent CFM)*	(Constant) (NGRR Ci/sec)
<b>Time After Shutdown Conversion Factors for Contact Reading</b>	<b>TAS (hr)</b>	<b>Factor</b>	<b>TAS (hr)</b>	<b>Factor</b>
	0 - 2	2.8E-04	6 - 8	4.9E-04
	2 - 4	3.4E-04	8 - 12	6.1E-04
	4 - 6	4.1E-04	12 - 24	7.6E-04
<b>Plant Vent Chemistry Sample</b>	X X 4.7E-04 =			
	(μCi/cc)	(Plant Vent CFM)*	(Constant)	(NGRR Ci/sec)
<b>Air Ejector (AE)</b>				
<b>Air Ejector R-45</b>	X X 4.7E-04 =			
	(μCi/cc)	(AE CFM)**	(Constant)	(NGRR Ci/sec)
<b>Main Steam Line (MSL)</b>				
<b>R-28, R-29 R-30, R-31</b>	X 2.7E-03 X X 4.9 E-06 =			
	(CPM)	(MSL Conv. Factor)	(lbm/hr)***	(Constant) (NGRR Ci/sec)
<b>Steam Generator Blowdown (SGBD)</b>				
<b>Chemistry Sample</b>	X X 6.3E-05 =			
	(μCi/cc)	(GPM)**	(Constant)	(NGRR Ci/sec)
<b>Total Noble Gas Release Rate: Add Plant Vent + AE + MSL + SGBD</b>			<b>Total NGRR Ci/sec</b>	

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

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

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

*** Steam Generator Atmospheric Flowrate	3.50 E+5 lbm / hr / atmospheric
Steam Generator Safety Flowrate	7.60 E+5 lbm / hr / safety
#22 Auxiliary Feedwater Pump	2.5 x 10 <sup>4</sup> lbm / hr

## IP-3 Manual Determination of Release Rate

### Determine Noble Gas & Radioiodine Release Rates

Date:	Time:	Name:
-------	-------	-------

#### Plant Vent Release Rate Calculations (use only one vent monitoring method)

<b>R-27 Wide Range</b>	X    1.0E-06    =					
	(μCi/sec)	(Ci/μCi)*		(NGRR Ci/sec)		
<b>R-14 Low / Mid Range</b>	X                      X    4.7E-04    =					
	(μCi/cc)	(Plant Vent CFM)*		(Constant)	(NGRR Ci/sec)	
<b>Vent Contact Reading (Contact / 6 Ft)</b>	X                      X                      X    4.7E-04    =					
	(mR/hr)	(Conv. Factor)	(Plant Vent CFM)*		(Constant)	(NGRR Ci/sec)
<b>Time After Shutdown Conversion Factors for Contact Reading</b>	<b>TAS (hr)</b>	<b>Contact Factor    6 ft</b>		<b>TAS (hr)</b>	<b>Contact Factor    6 ft</b>	
	0 - 2	6.0E-04	2.5E-03	6 - 12	2.8E-03	9.5E-03
	2 - 4	1.2E-03	3.8E-03	12 - 24	5.5E-03	1.6E-02
	4 - 6	1.6E-03	5.5E-03	24 - 2 Wk	6.5E-03	2.0E-02
<b>Plant Vent Chemistry Sample</b>	X                      X    4.7E-04    =					
	(μCi/cc)	(Plant Vent CFM)*		(Constant)	(NGRR Ci/sec)	
<b>Air Ejector (AE)</b>						
<b>Air Ejector R-15</b>	X                      X    4.7E-04    =					
	(μCi/cc)	(AE CFM)**		(Constant)	(NGRR Ci/sec)	
<b>Main Steam Line (MSL)</b>						
<b>R-62A, R-62B R-62C, R-62D</b>	X                      X    3.2 E-06    =					
	(μCi/cc)	(lbm/hr)***		(Constant)	(NGRR Ci/sec)	
Total Noble Gas Release Rate: Add Plant Vent + AE + MSL + SGBD				Total NGRR Ci/sec		

#### Determine Radioiodine Release Rate (RR) In Curies/Second

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

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

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

*** Steam Generator Atmospheric Flowrate	6.30 E+5 lbm / hr / atmospheric
Steam Generator Safety Flowrate	5.50 E+5 lbm / hr / safety



<b>IPEC Manual Dose Assessment Worksheet</b>
<b>Back Calculating Release Rate from Field Data</b>

<b>Administrative Data</b>																
Field Reading Location																
Field Reading Mileage	Miles															
Field Reading Sector	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

<b>Meteorology</b>	
Wind Speed (at time of release)	meters/sec
$X_p / Q$	

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

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

## Turnover Sheet

Date:

Time:

Outgoing:

Relieving:

### Discuss the following items:

1. Emergency Classification: ☐ GE ☐ SAE ☐ Alert ☐ Unusual Event  
EAL:

2. Initiating Event:

3. Current Status of:

A. Personnel Safety:

B. Plant Safety:

C. Release of Non-Essential Personnel:

D. Accountability:

Missing Persons:

Search and Rescue:

E. Radiological Conditions:

F. WPO/JNC Actions:

G. OSC/TSC Status:

H. Offsite Actions (ie: schools, facility activation, PARs, etc.)

5. Status of Offsite Notifications:

☐ None

☐ NYS / Counties

☐ NRC (headquarters and Residents)

☐ INPO

☐ ANI

6. Corrective Actions:

Teams Out:

7. Actions Underway:

Priorities:

8. Actions that need to be Initiated:

9. Prognosis:

## Media Briefing Worksheet

Date: _____		Briefing #: _____	
Time: _____		Briefing Announced: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reason for Briefing:</b> <div style="display: flex; align-items: flex-start; margin-left: 20px;"> <div style="margin-bottom: 10px;"><input type="checkbox"/> Initial Briefing</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Emergency Classification Change</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> EAS Broadcast</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Periodic Update / Other</div> </div>			
	<b>Points to be Covered</b>	<b>Order</b>	
Entergy			
Westchester County			
Rockland County			
Putnam County			
Orange County <small>(confirm if via PictureTel or teleconference)</small>			
State of NY			
Public Inquiry Feedback			
Media Monitoring Feedback			
<b>Graphic Changes Needed:</b>			
<b>Graphics / Visual Requests:</b>			

## Media Briefing Issues Form

[illegible]

# JNC STAFFING FORM

Position	1 <sup>st</sup> Shift Name (print)	Time Arrived	Time Departed	2 <sup>nd</sup> Shift Name (print)	Time Arrived	Time Departed
JNC Director						
Company Spokesperson						
JNC Technical Advisor						
Technical Briefer						
Agency Liaison						
Support Services Manager						
Media Room Manager						
Media Room Liaison						
JNC Writer						
JNC Documenter						
Audiovisual Coordinator						
AV / Graphics Staff						
( 2 minimum for activation, may include Audiovisual Coordinator)						

Date: \_\_\_\_\_

Shaded positions entail functions that are required for activation

## JNC STAFFING FORM

Position	1 <sup>st</sup> Shift Name (print)	Time Arrived	Time Departed	2 <sup>nd</sup> Shift Name (print)	Time Arrived	Time Departed
Public Inquiry Coordinator						
Media Monitoring Staff						
Media Referral Staff Member(s)						
Public Inquiry Staff (as required)						

Date: \_\_\_\_\_

Shaded positions entail functions that are required for activation

## JNC STAFFING FORM

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

Date: \_\_\_\_\_

Shaded positions entail functions that are required for activation

# Emergency Summary Sheet

## Indian Point Energy Center

Time: \_\_\_\_\_

Date: \_\_\_\_\_

1. This is a Drill ☐

This is an Actual Event ☐

2. Emergency Classification:

Unusual Event ☐

Alert ☐

Site Area Emergency ☐

General Emergency ☐

3. Event Description:

\_\_\_\_\_

4. Radiological Conditions:

Release of  
Radioactive Materials  
due to the classified  
event. ☐

No Release

☐ Release **BELOW** federally approved operating limits  
(Technical Specifications)

☐ To Atmosphere

☐ To Water

☐ Release **ABOVE** federally approved operating limits  
(Technical Specifications)

☐ To Atmosphere

☐ To Water

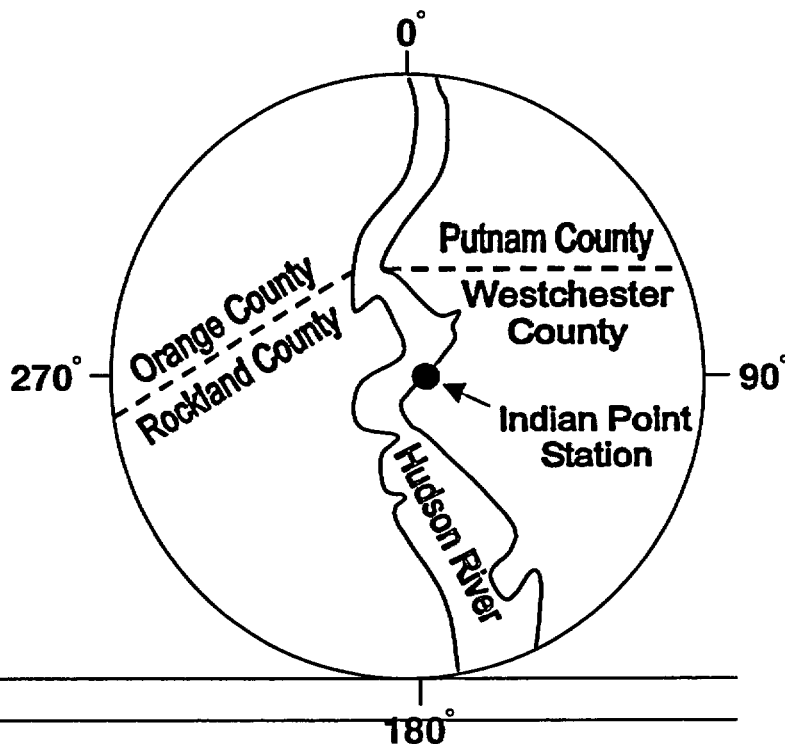
☐ Unmonitored Release – Being Evaluated

5. Meteorological Conditions:

Wind Speed: \_\_\_\_\_ MPH Wind Direction (from): \_\_\_\_\_

General Weather Conditions: \_\_\_\_\_

\_\_\_\_\_





## Written Statement Distribution Checklist

Follow each step below as assigned. Some steps are concurrent, as noted by the numbering. Support Services Manager is to confirm all steps are completed at conclusion.

Statement Number:

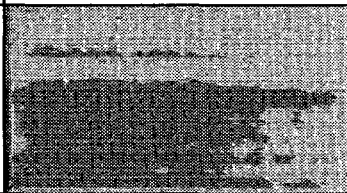
Step #	JNC Position Responsible	Detail Description	Completed By (Print) and Time
1	Support Services Manager	Obtain "APPROVED WRITTEN STATEMENT/NEWS RELEASE" from JNC Writer and start distribution process: <ul style="list-style-type: none"> <li><input type="checkbox"/> Have Company Spokesperson initial, notify Documenter of approval time</li> <li><input type="checkbox"/> Start a Written Statement Distribution Checklist and Fax Distribution Sheet (in Position Binder and file cabinet)</li> <li><input type="checkbox"/> Record Statement Number above</li> <li><input type="checkbox"/> Give Original statement with Distribution Checklist and Fax Distribution sheet to Support Services Staff to make initial copies.</li> </ul>	
2	Assigned Support Services Staff Person	<ul style="list-style-type: none"> <li><input type="checkbox"/> Make 2 copies of statement</li> <li><input type="checkbox"/> Provide Support Services Staff in fax/copy room with 2 copies (one for further copying and one for fax distribution described below)</li> <li><input type="checkbox"/> Provide original initialed copy back to Support Services Manager</li> </ul>	
3a	Support Services Staff assigned to Copy area	<i>Make 48+ copies of final written statement/news releases and coordinate distribution with other Support Services Staff as follows:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> 16 Copies to Public Inquiry Coordinator</li> <li><input type="checkbox"/> 12+ Copies to the Media Room Liaison for media (Coordinate number needed with Media Room Liaison. Copies to Media may take priority depending on timing.)</li> <li><input type="checkbox"/> 4 Copies to Media Monitoring Room Personnel</li> <li><input type="checkbox"/> 8 Copies to Entergy Rooms A/B</li> <li><input type="checkbox"/> Post 1 Copy on Bulletin Board near JNC Writer</li> <li><input type="checkbox"/> 7 (or 14—2 each) copies to each work room (State, Westchester, Rockland, Putnam, Orange, NRC and FEMA)</li> <li><input type="checkbox"/> Upon completion, provide this Distribution Checklist to Support Services Manager</li> </ul>	

## Written Statement Distribution Checklist

Follow each step below as assigned. Support Services Manager is to confirm all steps are completed.		Statement Number:	
3b	Support Service Staff in Fax/Copy Room	<p>Concurrently, ensure statement is faxed to locations indicated on the Fax Distribution Form. <b>DO NOT SEND FAX DISTRIBUTION FORM IN OUT-GOING FAX TRANSMISSION</b>, Include Fax Cover Sheet</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete fax distribution to media on one fax machine</li> <li><input type="checkbox"/> Complete fax distribution to other emergency facilities and other Entergy locations on another fax machine (follow Fax Distribution Form)</li> <li><input type="checkbox"/> Review Fax Confirmation sheets to ensure they state that all transmissions were successfully completed (the text of the confirmation will read OK)</li> </ul> <p>Upon completion, provide fax confirmation sheet(s) to Support Services Manager</p>	
4	Support Services Manager	Provide original (initialed) statement; fax confirmation(s); and this Distribution Checklist to JNC Documenter for log keeping	

## Information Distribution Guide

(Follow the priority order noted)

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

**PUBLIC INQUIRY - MEDIA REFERRAL -  
MEDIA MONITORING FORM**

Type of call: (Public Inquiry) (Professional Inquiry) (Media Inquiry) (Media Monitor Report)

Date of call/broadcast: \_\_\_\_\_ Time of call/broadcast: \_\_\_\_\_

Name of responder/monitor: \_\_\_\_\_

Media Name/Location: \_\_\_\_\_

Caller's/Reporter's name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Question(s) asked/Inaccurate Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response given/Correct Information and Source: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is call back required: (\_\_\_\_) Yes (\_\_\_\_) No Call Back Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If yes, call back completed at: \_\_\_\_\_ By: \_\_\_\_\_

Was the call referred: (\_\_\_\_) Yes (\_\_\_\_) No If yes, to whom? \_\_\_\_\_

Further action required: (\_\_\_\_) Yes (\_\_\_\_) No

Was this action completed? (\_\_\_\_) Yes (\_\_\_\_) No By: \_\_\_\_\_

Reported to Public Inquiry Coordinator at: \_\_\_\_\_

Public Inquiry Coordinator Notes: \_\_\_\_\_

\_\_\_\_\_

**Return completed form to Public Inquiry Coordinator:**

**Joint News Center  
Fax Cover Sheet**

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**Number of Pages (including cover):** \_\_\_\_\_

☐ **WIRE SERVICES**

AP/NYC

AP/WESTCHESTER

CNN

REUTERS AMERICA

GANNET SUBURBAN NEWS/WHITE PLAINS

BLOOMBERG NEWSWIRE

NEW YORK TIMES NEWS SERVICE

☐ **IP EOF**                      **OR**                      ☐ **IP AEOF**

☐ **ENTERGY MEDIA RELATIONS**

☐ **LOCAL OFFICIALS**

☐ **Other**

# Individual Exposure Tracking Log

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

**NOTES:**

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

## MONITORING TEAM RADIATION FIELD SURVEY DATA

**Team Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Team Member Names:**\_\_\_\_\_

**Count Rate Meter, Model#:** \_\_\_\_\_ **Serial#:** \_\_\_\_\_ **Ion Chamber, Model#:** R-02 **Serial#:** \_\_\_\_\_

[illegible]

NOTES: [1] 24-hr clock  
[2] Count Rate Meter data or conversion from Dose Rate Meter 1000 CPM = 0.1mR/hr (OW).  
[3] RO-2, Ion Chamber data.

Form EP-30, Rev.0

## MONITORING TEAM SAMPLE DATA

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Sample Location:

### Radiation Field Measurements (may be recorded on separate form):

*Ion Chamber*, Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Time: \_\_\_\_\_

@ 3 in. above ground:

@ 3 ft. above ground:

Opened Window (OW) (mR/hr): \_\_\_\_\_ Opened Window (OW) (mR/hr): \_\_\_\_\_

Closed Window (CW) (mR/hr): \_\_\_\_\_ Closed Window (CW) (mR/hr): \_\_\_\_\_

(OW-CW) X 2 (mrad/hr): \_\_\_\_\_

### Air Sampling:

*Air Sampler*, Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Particulate Filter: \_\_\_\_\_ Iodine (C): \_\_\_\_\_ Iodine (AgZ): \_\_\_\_\_

Sampling Start: \_\_\_\_\_ Time (HH:MM): \_\_\_\_\_ Flow (CFM): \_\_\_\_\_

Sampling Stop: \_\_\_\_\_ Time (HH:MM): \_\_\_\_\_ Flow (CFM): \_\_\_\_\_

Duration (MM) \_\_\_\_\_

Average Flow (CFM): \_\_\_\_\_

Sample Volume (CF): \_\_\_\_\_

### Air Sample Counting:

*Count Rate Meter*, Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_ Time: \_\_\_\_\_

Part Filter, Bkgd (CPM): \_\_\_\_\_ Gross (CPM): \_\_\_\_\_ Net (CPM): \_\_\_\_\_

Iodine (C), Bkgd (CPM): \_\_\_\_\_ Gross (CPM): \_\_\_\_\_ Net (CPM): \_\_\_\_\_

Iodine (AgZ), Bkgd (CPM): \_\_\_\_\_ Gross (CPM): \_\_\_\_\_ Net (CPM): \_\_\_\_\_



## Determination of Radioactive Airborne Concentrations

$$\mu\text{Ci/cc} = \frac{A = \text{Net CPM} \times 1.0\text{E-}09}{B = 2.2 \times \text{Vol} \times \text{Eff.} \times \text{CCF}}$$

Where: Vol<sup>(1)</sup> is in liters (Liters = 2.832 x FT<sup>3</sup>)

Efficiency<sup>(2)</sup> is 0.1 for particulate, 0.2 for iodine

CCF<sup>(3)</sup> is .95 for Charcoal, 1.0 for AgZ / Paper

<b>Sample Location:</b>					<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
<b>Sample Time:</b>				<b>Team:</b>		
Sample Net CPM		Constant		A ↓		
X		1.0E-09		=		
Sample Volume in Liters <sup>(1)</sup>	Efficiency <sup>(2)</sup>	Constant	CCF <sup>(3)</sup>	B ↓		
X	X	2.2	X	=		
μCi/cc = A / B =				μCi/cc		

Calculated by: \_\_\_\_\_

Time: \_\_\_\_\_

<b>Sample Location:</b>					<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
<b>Sample Time:</b>				<b>Team:</b>		
Sample Net CPM		Constant		A ↓		
X		1.0E-09		=		
Sample Volume in Liters <sup>(1)</sup>	Efficiency <sup>(2)</sup>	Constant	CCF <sup>(3)</sup>	B ↓		
X	X	2.2	X	=		
μCi/cc = A / B =				μCi/cc		

Calculated by: \_\_\_\_\_

Time: \_\_\_\_\_

<b>Sample Location:</b>					<input type="checkbox"/> Particulate <input type="checkbox"/> Iodine	
<b>Sample Time:</b>				<b>Team:</b>		
Sample Net CPM		Constant		A ↓		
X		1.0E-09		=		
Sample Volume in Liters <sup>(1)</sup>	Efficiency <sup>(2)</sup>	Constant	CCF <sup>(3)</sup>	B ↓		
X	X	2.2	X	=		
μCi/cc = A / B =				μCi/cc		

Calculated by: \_\_\_\_\_ Time: \_\_\_\_\_

## **MEDIA INQUIRY LOG**

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**NAME OF REPORTER:** \_\_\_\_\_

**AFFILIATED WITH:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**INQUIRY:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RESPONSE PROVIDED BY:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Courtesy Call Guide

## 1. EVENT SUMMARY (from IP Communications Representative)

Indicate Emergency Classification Level (ECL), EAL/Time

Unusual Event

Alert

Site Area Emergency

General Emergency

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Plant Status/Information/Radiological Conditions (notes):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Script for Courtesy Calls

"Hi, my name is \_\_\_\_\_.

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

Name of GLR: \_\_\_\_\_

Time Calls Completed: \_\_\_\_\_

## JNC BRIEFING SUMMARY/TALKING POINTS

DATE: \_\_\_\_\_

**End:** \_\_\_\_\_

Indian Point Energy Center declared a \_\_\_\_\_ at \_\_\_\_\_ (time). The event was declared as a result of \_\_\_\_\_.

PLANT STATUS/EVENT INFORMATION:	RESPONSE (SITE, CORPORATE):
RADIOLOGICAL CONDITIONS:	EMPATHY:

### QUESTIONS REQUIRING FOLLOW-UP:

### RUMORS TO ADDRESS:

## Primary - ERO Activation Checklist

### Dialogic Notification Systems Activation:

1. Verify that Shift Manager has determined that ERO mobilization or notification is needed.
  2. Verify Control Room Pagers are on.
  3. Call: 9-788-7771
  4. You will hear: "This is the remote activation module. Please enter scenario activation password followed by the pound (#) sign."
  5. Enter Activation Password and Press #:
  6. After entering the activation password you will hear the following message: "To start a scenario, enter the scenario ID number followed by the pound (#) sign, or press pound alone to enter more options."
  7. Enter Scenario Number and Press #:
  8. After entering the Scenario Number you will hear: "The pager event code is (three digit number). Press 1 to change the pager event code. Press 2 to continue."
- NOTE: Do NOT change the three digit event code regardless of what code is given. Press
9. After entering "2" you will hear: "To start the scenario, press 3, followed by the pound sign (#)."  
Press:
  10. **WHEN** you hear: "Goodbye" **THEN** Hang-up.
  11. Enter the time you completed Dialogic activation.

NOTE: Continue on with offsite notifications while waiting for verification of pager activation

12. Verify the notification system successfully activated by either Control Room pager sounding. **IF** neither pager activates within 3 minutes, **THEN** go to Step 15.
13. Inform the Shift Manager that you have completed ERO activation or notification.
14. Date and sign this form when complete: 

Date:	Signature:
-------	------------

### Continue **ONLY** If Control Room Pagers Did Not Activate

15. Contact Security SAS at 734-5330 and ask if the Security pager activated.
16. **IF** Security pager activated **THEN** go to step 13.
17. **IF** Security pager did not activate **THEN** repeat steps 3 through 10 one additional time.  
**IF** during the 2<sup>nd</sup> attempt, on step 8, you hear: "The scenario is currently active. Do you wish to stop the scenario." **THEN** do not stop the scenario. Press: 6 You will then hear: "To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#). Press: #
18. **IF** a Control Room or Security pager does not sound after the 2<sup>nd</sup> attempt **THEN** activate the Backup Notification System per Form EP-37, Backup - Emergency Response Organization Activation Checklist.

## Backup - ERO Activation Checklist

### A. Backup Notification System Activation:

1. Use the Backup Notification System **ONLY** if the Primary Dialogic system fails to activate.
  2. Verify Control Room Pagers are on.
  3. Call: 9-1-866-521-7099
  4. Upon hearing the following message: "This is the DCC Service Bureau. Please enter your company ID number followed by the pound (#) sign."
  5. Enter Company ID and Press #: 4732 #
  6. Upon hearing the following message: "Please enter Scenario Activation Password followed by the pound (#) sign."
  7. Enter Activation Password found in Dialogic Envelope and Press #: \_ \_ \_ \_ \_ #
  8. After entering the Activation Password you will hear the following message: "To start a scenario, enter the Scenario ID Number followed by the pound (#) sign, or press pound alone for more options."
  9. Enter Scenario ID Number found in Dialogic Envelope and Press #: \_ \_ \_ \_ \_ #
  10. After entering the Scenario ID Number you will hear the following message: "To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#). Press: 3 #
- NOTE:** Press pound (#) to end the call.
11. **WHEN** you hear the following message: "Goodbye" **THEN** Hang-up.
  12. Enter the time you completed Dialogic activation. Time:

**NOTE:** Continue on with offsite notifications while waiting for verification of pager activation

13. Verify the backup notification system successfully activated by either Control Room pager sounding. **IF** the pager did not activate, **THEN** go to Part B.
14. Inform the Shift Manager that you have completed ERO activation using the Backup System.
15. Date and sign this form when complete: 

Date:	Signature:
-------	------------

### Continue **ONLY** If Control Room Pagers Did Not Activate

16. Contact Security SAS at 734-5330 and ask if the Security pager activated.
17. **IF** Security pager activated **THEN** go to step 14.
18. **IF** Security pager did not activate **THEN** repeat steps 3 through 11 one additional time.  
**IF** during the 2<sup>nd</sup> attempt, on step 10, you hear: "The scenario is currently active. Do you wish to stop the scenario." **THEN** do not stop the scenario. Press: 6 You will then hear: "To start a scenario press 1, to stop a scenario press 2, to check scenario information press 3, to enter a different scenario activation password press 4, to end this call press pound (#). Press: #
19. **IF** a Control Room or Security pager does not sound after the 2<sup>nd</sup> attempt **THEN** manually activate the Group Page using Part B of this form.

## Backup - ERO Activation Checklist

### **B. Manual Group Page Activation:**

- Use the Manual Group Page Activation **ONLY** if the Primary AND Backup Dialogic systems both fail to activate.
2. Request direction from Shift Manger (Emergency Director) as to ERO mobilization needed: IPEC.
  3. If mobilization is needed, call the IPEC Group Page phone number:
  4. To Activate IPEC ERO :  
Dial IPEC Group Page number: **9-1-800-759-8888**  
Enter Pin number followed by # sign: **1940606#**  
Enter Event Code followed by # : **\_\_\_#** (In Dialogic Envelop)
  5. Upon hearing one or more beeps, enter the three digit Pager Event Code number followed by the # sign, found in the Dialogic Envelop. Press: \_\_\_#
  6. Upon entering the three digit Event Code followed by the # sign you will hear a short message, to send the message, hit the # sign again, and to cancel the message hit the \* key. Hang up.
  7. Enter time you completed activating pagers **Time:**
  8. Verify that the correct message was sent by confirming the pager message received on the Control Room or Security pager is same as the three digit Event Code.
  9. **IF** the Event Code is incorrect on the Control Room pager **THEN** immediately call the Group Page Phone Number (above) and send the "Disregard Last Message" code as listed below. Press: 999 #
  10. Upon entering the three digit Event Code followed by the # sign you will hear a short message, to send the message, hit the # sign again, and to cancel the message hit the \* key. Hang up.
  11. **IF** Control Room and Security pagers fail to activate **THEN** inform Shift Manager that you are unable to mobilize the ERO.

FACSIMILE of NRC FORM 361  
(12-2000)U.S. NUCLEAR REGULATORY COMMISSION  
OPERATIONS CENTER

# **REACTOR PLANT EVENT NOTIFICATION WORKSHEET**

EN#

NRC OPERATION TELEPHONE NUMBER: PRIMARY - 301-816-5100 or 800-532-3469\*, BACKUPS -- [1st] 301-951-0550 or 800-449-3694\*,  
[2<sup>nd</sup>] 301-415-0550 and [3<sup>rd</sup>] 301-415-0553 \*Licensees who maintain their own ETS are provided these telephone numbers.

NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	NAME OF CALLER	CALL BACK #
EVENT TIME & Zone	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	
<b>EVENT CLASSIFICATIONS</b>		<b>1-Hr. Non-Emergency 10 CFR 50.72(b)(1)</b>		
GENERAL EMERGENCY	GEN/AAEC	TS Deviation	ADEV	(v)(A) Safe S/D Capability AINA
SITE AREA EMERGENCY	SIT/AAEC	<b>4-Hr. Non-Emergency 10 CFR 50.72(b)(2)</b>		(v)(B) RHR Capability AINB
ALERT	ALE/AAEC	(i) TS Required S/D	ASHU	(v)(C) Control of Rad Release AINC
UNUSUAL EVENT	UNU/AAEC	(iv)(A) ECCS Discharge to RCS	ACCS	(v)(D) Accident Mitigation AIND
50.72 NON-EMERGENCY (see next columns)		(iv)(B) RPS Actuation (scram)	ARPS	(xii) Offsite Medical AMED
PHYSICAL SECURITY (73.71)	DDDD	(xi) Offsite Notification	APRE	(xiii) Loss Comm/Asmt/Resp ACOM
MATERIAL/EXPOSURE	B???	<b>8-Hr. Non-Emergency 10 CFR 50.72(b)(3)</b>		<b>60-Day Optional 10 CFR 50.73(a)(1)</b>
FITNESS FOR DUTY	HFIT	(ii)(A) Degraded Condition	ADEG	Invalid Specified System Actuation AINV
OTHER UNSPECIFIED REQMT. (see last column)		(ii)(B) Unanalyzed Condition	AUNA	<b>Other Unspecified Requirement (Identify)</b>
INFORMATION ONLY	NNF	(iv)(A) Specified System Actuation	AESF	NONR

## **DESCRIPTION**

Include: Systems affected, actuations and their initiating signals, causes, effect of event on plant, actions taken or planned, etc. (Continued on back)

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

FACSIMILE of NRC FORM (12-2000)



**RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanation should be covered in the event description)**

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		* State release path in description	

	Release Rate (Ci/sec)	% T. S. Limit	HOO GUIDE	Total Activity (Ci)	% T. S. Limit	HOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

	PLANT STACK	CONDENSER/AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER
RAD MONITOR READINGS					
ALARM SETPOINTS					
% T. S. LIMIT (if applicable)					

**RCS OR SG TUBE LEAKS: CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)**

LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.)

LEAK Rate	UNITS: gpm/gpd	T. S. LIMITS	SUDDEN OR LONG-TERM DEVELOPMENT
LEAK START DATE	TIME	COOLANT ACTIVITY AND UNITS: PRIMARY	SECONDARY

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL

EVENT DESCRIPTION (Continued from front)

# Emergency Team Briefing Form

Team #: \_\_\_\_\_

Lead Briefer: \_\_\_\_\_

Date: \_\_\_\_\_

Location of Work: \_\_\_\_\_

☐ I&C ☐ Rad ☐ Maint

☐ Ops ☐ Chem ☐ Sec

Time: \_\_\_\_\_

Task (description/understanding/comprehension):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach any additional supporting documentation (diagrams, maps, visual aids, procedures, drawings, etc)

Tools, Keys, Equipment and Supplies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name / Avail Dose

Name / Avail Dose

Team Members: \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Designate one member as the Team Leader

Rad. Brief: ☐ Complete ☐ N/A

Estimated Dose: \_\_\_\_\_

Contact Numbers:

ERWP: ☐ N/A or # \_\_\_\_\_

Method(s) of Communications: ☐ Radio ☐ Phone ☐ Other:

Recommended Route to Work:

Time released to field: \_\_\_\_\_ Expected duration in field: \_\_\_\_\_

Status / Debrief Items: ☐ Completed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debriefed: \_\_\_\_\_

# Emergency Team Briefing Form

## Team Dispatch Guidelines:

- ☐ **Technical Briefing**, including scope of job, held, description on form. ☐
- \* **Radiological Briefing** held, available dose on form ☐
- \* **Is their Team Number** on the form ☐
- \* **Is the Location of Job and Route** on the form ☐
- \* **Approximate Duration** on form ☐
- \* **Required Tools** on form ☐
- \* **Review Safety issues** (ie electrical; confined space; lighting; environmental; chemical; fall and fire protection; available/applicable OE; other work in vicinity) ☐
- \* **Do they have HP Coverage** if needed ☐
- \* **Are the correct Team Members Assigned** with names on form ☐
- \* **Put contact Phone Numbers** on form ☐
- \* **Tell them to Report Back Every 20 - 30 Minutes** ☐
- \* **Have them perform a Radio Check** ☐
- \* **Give copy of briefing form to Emergency Team Leader** ☐

## Team Check-In Guidelines:

- \* **Ensure All Team Members Returned** ☐
- ☐ **Record Dose Received** ☐
- \* **Ask about Job Status** ☐
- \* **Have them Return Radio to Charger** ☐
- \* **Tell them to Report to Lead Briefer for Debriefing** ☐

## Team Debriefing Guidelines:

- \* **Are there any outstanding safety issues to address?** ☐
- \* **Were any Non-Quality or Non-Standard Parts used?** ☐
- \* **Were any Temporary Facility Changes made?** ☐
- \* **Was any excess torque or force applied to components?** ☐
- \* **Was any valve position or equipment status changed?** ☐
- \* **Was any work performed which would normally require follow-up Testing?** ☐

Attach further details as needed to ensure outstanding issues can be addressed during Recovery Phase.