ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
P.O. BOX 110, LYCOMING, NY 13093
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM

DATE: August 29, 2003
CONTROLLED COPY NUMBER: 34

TO: **U.S.N.R.C. Document Center/Washington, DC**

FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT

SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to ***Cathy Izyk in the Emergency Planning Department within 15 days.*** If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

THESE PROCEDURES ARE EFFECTIVE FRIDAY, AUGUST 29, 2003

VOLUME 2 Update List Dated August 29, 2003			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
IAP-1	REPLACE ALL	31	

VOLUME 3 Update List Dated August 29, 2003			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
SAP-6	REPLACE ALL	20	

A045

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2
UPDATE LIST

CONTROLLED COPY # 34

Date of Issue: AUGUST 29, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 31	08/03	Informational
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 24	05/03	Informational
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 49	08/03	Informational
EAP-2	PERSONNEL INJURY	REV. 26	01/03	Informational
EAP-3	FIRE	REV. 23	08/02	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 33	06/03	Informational
EAP-4.1	RELEASE RATE DETERMINATION	REV. 16	05/03	Informational
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 9	08/02	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 17	05/03	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 62	08/03	Informational
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 11	05/03	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 17	05/03	Informational
EAP-11	SITE EVACUATION	REV. 19	05/03	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 11	04/02	Informational
EAP-13	DAMAGE CONTROL	REV. 14	06/02	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 23	05/03	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 21	05/03	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION	REV. 14	03/00	Informational

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2
UPDATE LIST

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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 15	05/03	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 11	06/02	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 7	05/03	Informational
EAP-16.2	JOINT NEWS CENTER OPERATION	REV. 2	06/03	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 107	08/03	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 22	05/03	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 9	06/02	Informational
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 11	06/02	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 9	06/02	Informational
EAP-25	DELETED (02/94)			

ENERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY PLAN IMPLEMENTATION CHECKLIST
IAP-1
REVISION 31

APPROVED BY: J E Rogers by Director DATE: 8/26/03
RESPONSIBLE PROCEDURE OWNER

EFFECTIVE DATE: August 29, 2003

FIRST ISSUE ☐ FULL REVISION ☐ LIMITED REVISION ☒

INFORMATIONAL USE	TSR
ADMINISTRATIVE	CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: AUGUST 2007

REVISION SUMMARY SHEET

REV. NO.

31
- On attachment 1 J & K and attachment 2 P & Q, added the words "including plant announcements".

30
- Modified order that information is given to SAS officer for pager/CAN activation in step C of Attachment 1 and 2.
- Added provision to initiate EAP-19 upon declaration of a General Emergency.

29
- On attachment 1 and 2; section "C", added additional wording to clarify that this phone number is for CAN activation verification.
- In section 4.2 deleted reference to the TSC or EOF in declaring or re-declaring an emergency, and changed the Emergency Director to Emergency Plant Manager.
- On Attachment 1, sections K and L and on Attachment 2, section Q and R - changed Director to Plant Manager.
- On Attachments 1 section L & Attachment 2 sections R added words to clarify the need to notify Security of SAE or GE classification time and direct them to start accountability.

28
- On attachment 1 and 2 section "C", corrected reference to EAP-17 attachment 4 not 5.
- Added This is:(1) an actual emergency, OR (2) a drill, OR (3) a pager/on-call test" to attachments 1 and 2 section "C".
- On attachment 1 and 2 section "C", added clarification wording that CAN will call 315-349-6261 (located near RECS line) for verification of CAN activation from the Control Room.

26
- On Attachment 1 added additional information in section J.
- On Attachment 1 section J & L and Attachment 2 section P & R added the words "30 Minute Limit To Complete"

TABLE OF CONTENTS

1.0 **PURPOSE**

The purpose of this procedure is to provide a checklist for implementing actions and direction in the use of additional procedures for implementing the emergency plan.

2.0 **REFERENCES**

2.1 **Performance References**

None

2.2 **Developmental References**

2.2.1 JAFNPP Emergency Plan, Volumes 2 & 3, Implementing Procedures.

3.0 **INITIATING EVENTS**

3.1 Either an Unusual Event, Alert, Site Area Emergency or General Emergency has been declared in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS.

4.0 **PROCEDURE**

NOTE: As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

4.1 From the Control Room, when an emergency is classified or reclassified in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS, the immediate actions for the Emergency Director are (see Attachment 1):

FACILITY ACTIVATION REQUIREMENTS

Facility	Unusual Event (0700-1530)	Unusual Event (After 1530, Weekends, Holidays)	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X (1)	X	X	X
OSC	ED Decides	X (1)	X	X	X
EOF	ED Decides	ED Decides	X	X	X
JNC	ED Decides	ED Decides	X	X	X

(1) TSC and OSC must be activated at the Unusual Event classification during off-hours UNLESS the ED is confident that the emergency will not escalate.

(Facility activation may be modified by the Emergency Director if the safety of incoming personnel may be jeopardized by a security event or other event hazardous to incoming personnel.)

4.2 When an emergency is classified or reclassified in accordance with **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS**, then the immediate actions for the Emergency Director or Emergency Plant Manager are (see Attachment 2):

NOTE: As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

4.3 If plant conditions deteriorate, implement **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS**, to reclassify the emergency.

5.0 **ATTACHMENTS**

1. CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST
2. TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Implemented	Initials/Time	Actions/Procedures
☐ UE* ALERT* SAE* GE*	_____ Initials _____ Time	A. Implement **EAP-1.1, OFFSITE NOTIFICATIONS**, in order to notify offsite agencies.
☐ GE*	_____ Initials _____ Time	B. If a General Emergency has been declared in accordance with **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS**, then recommend protective actions in accordance with procedure **EAP-4, DOSE ASSESSMENT CALCULATIONS, Attachment 1, Initial Protective Actions.**
☐ UE* ALERT* SAE* GE*	_____ Initials _____ Time	C. Per EAP-1.1, notify Security (ext. 3456) to activate **pagers**, and if necessary **CAN.** **Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.** Provide the following information: 1. This is: (1) an actual emergency, **OR** (2) a drill, **OR** (3) a pager/on-call test 2. Emergency Classification and time declared. 3. **IF** AOP-43 in process, **THEN** direct SAS Officer to have Shift Security Supervisor make the plant announcement and offsite notifications. 4. Activate Pagers YES NO a. **IF YES**, provide 3 digit Pager Code ___ ___ ___ 5. Activate CAN YES NO 6. Facilities activated: a. "Group 1" for (CR/TSC/OSC /JAF) **or** b. "Group 2" for (CR/TSC/OSC/JAF/EOF/JNC) **or** c. Selected: CR / TSC / OSC / JAF / EOF / JNC **IF** Security is unable to activate pagers and/or CAN, **THEN** the Shift Manager should utilize EAP-17, Attachment 4 to make the activation. CAN will call 315-349-6261 (located near RECS line) for verification of CAN activation. This is the only CR number authorized for CAN activation verification from the CR.

PAGER CODES

1=Actual Event 2=Drill or Exercise 9=Pager/on-call test only	1=NUE 2=Alert 3=SAE 4=GE 9=None	1 = Report to CR/OSC/TSC 2 = Report to CR/OSC/TSC/EOF/JNC 3 = On duty only report to CR/OSC/TSC/EOF/JNC 7 = Personnel assigned a pager call CAN 800-205-5175 (respond as directed) 8 = All personnel report to EOF for further instructions 9 = No response required

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐ ALERT* SAE* GE*	Initials Time	D. Activate emergency response facilities in accordance with the **Facility Activation Requirements** matrix in Section 4.1
☐	Initials Time	E. If a Gaseous Radioactivity Release is suspected, imminent, underway or has occurred, then implement **EAP-4, DOSE ASSESSMENT CALCULATIONS**, Attachment 1, **INITIAL PROTECTIVE ACTIONS**, in order to determine recommendations to be given to the County and State.
☐	Initials Time	F. If a Liquid Radioactivity Release is imminent, underway or has occurred, then implement **EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO**, in order to determine dose projections and protective action recommendations to be given to the County and State.
☐	Initials TIME	G. If a fire has occurred then implement **EAP-3, FIRE**, and conduct fire fighting efforts.
☐	Initials Time	H. If a personnel injury has occurred, then consider implementation of **EAP-2, PERSONNEL INJURY**, based on the initiating events.
☐	Initials Time	I. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of **EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY**, based on initiating events.

* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐ SAE* GE*	Initials Time	J. If a Site Area Emergency or General Emergency has been declared, or, if any of the following: unanticipated confirmed multiple area radiation monitor alarms, ventilation monitor alarms, fire, EAP-6 survey showing high radiation, high airborne activity indicated by process computer alarms, then implement EAP-10, **PROTECTED AREA EVACUATION,** including plant announcements.
☐ SAE+ GE*	Initials Time	K. If a General Emergency has been declared, or at the discretion of the Emergency Plant Manager, implement **EAP-11, SITE EVACUATION**, based on the initiating events. If a Site Area Emergency has been declared, then consider implementation of **EAP-11, SITE EVACUATION**, based on the initiating events, including plant announcements.
30 Minute Limit To Complete From Time Declared ☐ SAE* GE*	Initials Time	L. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Plant Manager's request, implement **EAP-8, PERSONNEL ACCOUNTABILITY.** ☐ Notify Security of the time the SAE or GE was **DECLARED**, **AND** ☐ Direct Security to commence Accountability
☐	Initials Time	M. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement **EAP-9, SEARCH AND RESCUE OPERATIONS**, based on initiating events.
☐	Initials Time	N. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of **EAP-13, DAMAGE CONTROL**, based on initiating events.

+ IMPLEMENTATION SHALL BE **CONSIDERED** AT THIS EMERGENCY CLASSIFICATION.

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐	Initials Time	O. If authorization to receive emergency exposures is needed, then implement **EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL**, based on initiating events.
☐ GE*	Initials Time	P. If abnormal radiological conditions are indicated in the plant or environs, or, if a General Emergency has been declared, then implement **EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)**.
☐	Initials Time	Q. If unusual weather conditions exist or are imminent, consider implementation of **SAP-19, SEVERE WEATHER**, based on initiating events.
☐	Initials Time	R. If plant conditions deteriorate, implement **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS**, to reclassify the emergency.

Signature _____

Date _____ Time _____

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Implemented	Initials/Time	Actions/Procedures
☐ UE* ALERT* SAE* GE*	_____ Initials _____ Time	A. Implement **EAP-1.1, OFFSITE NOTIFICATIONS**, in order to notify offsite agencies.
☐ GE*	_____ Initials _____ Time	B. If a General Emergency has been declared, or if a gaseous radioactivity release is suspected, imminent, underway, or has occurred, then implement procedure **EAP-4, DOSE ASSESSMENT CALCULATIONS, Attachment 2, AUGMENTED DOSE ASSESSMENT PROTECTIVE ACTIONS**, in order to determine recommendations to be given to the County and State.
☐ UE* ALERT* SAE* GE*	_____ Initials _____ Time	C. **IF** not already accomplished from the CR, **THEN** Per **EAP-1.1**, notify Security (ext. 3456) to activate **pagers**, and if necessary **CAN**. **Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.** Provide the following information: 1. This is: (1) an actual emergency, **OR** (2) a drill, **OR** (3) a pager/on-call test 2. Emergency Classification and time declared. 3. Activate Pagers YES NO a. **IF YES**, provide 3 digit Pager Code ___ ___ ___ 4. Activate CAN YES NO 5. Facilities activated: a. "Group 1" for (CR/TSC/OSC /JAF) **or** b. "Group 2" for (CR/TSC/OSC/JAF/EOF/JNC) **or** c. Selected: CR / TSC / OSC / JAF / EOF / JNC **IF** Security is unable to activate pagers and/or CAN, **THEN** activation must occur utilizing EAP-17, Attachment 4. CAN will call 315-349-6261 (located near RECS line) for verification of CAN activation. This is the only CR number authorized for CAN activation verification from the CR.

PAGER CODES

1=Actual Event 2=Drill or Exercise 9=Pager/on-call test only	1=NUE 2=Alert 3=SAE 4=GE 9=None	1 = Report to CR/OSC/TSC 2 = Report to CR/OSC/TSC/EOF/JNC 3 = On duty only report to CR/OSC/TSC/EOF/JNC 7 = Personnel assigned a pager call CAN 800-205-5175 (respond as directed) 8 = All personnel report to EOF for further instructions 9 = No response required

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐ ALERT* SAE* GE*	_____ Initials _____ Time	D. Activate emergency response facilities in accordance with the **Facility Activation Requirements** matrix in Section 4.1
☐ ALERT* SAE* GE*	_____ Initials _____ Time	E. If the TSC is activated, then implement **EAP-14.1, TECHNICAL SUPPORT CENTER ACTIVATION.**
☐ ALERT* SAE* GE*	_____ Initials _____ Time	F. If the OSC is activated, then implement **EAP-14.5, OPERATIONAL SUPPORT CENTER ACTIVATION.**
☐ ALERT* SAE* GE*	_____ Initials _____ Time	G. If the EOF is activated, then implement **EAP-14.2, EMERGENCY OPERATIONS FACILITY ACTIVATION.**
☐	_____ Initials _____ Time	H. If abnormal radiological conditions exist or are suspected, then consider implementation of **EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES,** based on the initiating events.
☐	_____ Initials _____ Time	I. If a liquid radioactivity release is imminent, underway or has occurred then implement **EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO,** in order to determine dose projections and protective action recommendations to be given to the County and State.

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐	_____ Initials _____ Time	J. If a fire has occurred then implement **EAP-3, FIRE**, and conduct fire fighting efforts.
☐	_____ Initials _____ Time	K. If a personnel injury has occurred, then consider implementation of **EAP-2, PERSONNEL INJURY**, based on the initiating events.
☐	_____ Initials _____ Time	L. If downwind surveys/environmental monitoring are needed, then consider implementation of **EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING**, based on initiating events.
☐ ALERT* SAE* GE*	_____ Initials _____ Time	M. If an Alert or higher is declared, then implement **EAP-23, EMERGENCY ACCESS CONTROL**, based on initiating events.
☐ ALERT* SAE* GE*	_____ Initials _____ Time	N. If an Alert or higher has been declared and the TSC has been activated, then implement **EAP-28, EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION.**
☐	_____ Initials _____ Time	O. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of **EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY**, based on initiating events.

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

Implemented	Initials/Time	Actions/Procedures
☐ SAE* GE*	Initials Time	P. If a Site Area Emergency or General Emergency has been declared, or, if plant conditions reflect the initiating events, then implement **EAP-10, PROTECTED AREA EVACUATION,** including plant announcements.
☐ SAE+ GE*	Initials Time	Q. If a General Emergency has been declared, or at the discretion of the Emergency Plant Manager, implement **EAP-11, SITE EVACUATION,** based on initiating events. If a Site Area Emergency has been declared, then consider implementation of EAP-11, **SITE EVACUATION,** based on the initiating events, including plant announcements.
30 Minute Limit To Complete From Time Declared ☐ SAE* GE*	Initials Time	R. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Plant Manager's request, implement **EAP-8, PERSONNEL ACCOUNTABILITY.** ☐ Notify Security of the time the SAE or GE was **DECLARED, AND** ☐ Direct Security to commence Accountability
☐	Initials Time	S. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement **EAP-9, SEARCH AND RESCUE OPERATIONS,** based on initiating events.
☐	Initials Time	T. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of **EAP-13, DAMAGE CONTROL,** based on initiating events.
☐	Initials Time	U. If authorization to receive emergency exposures is needed, then implement **EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL,** based on initiating events.

+ IMPLEMENTATION SHALL BE **CONSIDERED** AT THIS EMERGENCY CLASSIFICATION.

* IMPLEMENTATION IS **REQUIRED** AT THIS EMERGENCY CLASSIFICATION.

☐ GE*	Initials _____ Time _____	V. If abnormal radiological conditions are indicated in the plant or environs, or, if a General Emergency has been declared, then implement **EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI).**
☐	Initials _____ Time _____	W. If unusual weather conditions exist or are imminent, consider implementation of **SAP-19, SEVERE WEATHER**, based on initiating events.
☐	Initials _____ Time _____	X. If all emergency facilities have been activated and it is necessary to provide long term staffing, then implement **EAP-43, EMERGENCY FACILITIES LONG TERM STAFFING.**

Signature _____

Date _____ Time _____

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

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Date of Issue: AUGUST 29, 2003

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 12	11/02	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 10	06/02	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Informational
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 6	05/03	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 1	05/03	Informational
EAP-31	RECOVERY MANAGER*	REV. 2	05/03	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 10	08/03	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 1	05/03	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 4	05/03	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 7	05/03	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 5	05/03	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 7	02/03	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 20	06/03	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 61	08/03	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 5	05/03	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS CONFIGURATION CONTROL PROGRAM)	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 17	02/03	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 36	07/03	Informational
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 73	02/03	Informational

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
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Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 10	05/03	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 20	08/03	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 37	08/03	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 13	12/02	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 11	03/02	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 11	06/02	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 4	06/02	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 4	06/02	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 7	07/00	Informational
SAP-19	SEVERE WEATHER	REV. 4	01/01	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 22	05/03	Informational
SAP-21	DELETED (04/01)			
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 2	05/03	Informational

ENTERGY NUCLEAR OPERATIONS, INC.
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

DRILL/EXERCISE CONDUCT
SAP-6
REVISION 20

APPROVED BY: J E Rogers By Direction
RESPONSIBLE PROCEDURE OWNER

DATE: 8/26/03

EFFECTIVE DATE: August 29, 2003

FIRST ISSUE ☐ FULL REVISION ☐ LIMITED REVISION ☒

********** INFORMATIONAL USE **********	********** TSR **********
********** ADMINISTRATIVE **********	CONTROLLED COPY # 34

PERIODIC REVIEW DUE DATE: MARCH 2008

REVISION SUMMARY SHEET

REV. NO.

20
- On attachment 2 added column for EAL checkoff.
- Deleted section 2.2.3 - reference to NUREG-0654.
- In section 8.1 changed information regarding critiques.
- In section 8.2 deleted reference to ACTS system and added information on the use of SDP process for tracking improvement items.
- Deleted section 8.3 regarding process for E-Plan improvement items/lessons learned.
- Changed EPC to Emergency Preparedness Manager - title change throughout the procedure.
- Added section 9.2.4 regarding annual control room operator license requal.
- Added number 16 on attachment 1.
- On attachment 2 - TSC section, added information about training building being notified of habitability in number 24.
- On attachment 2 section Repair & Corrective Action Teams; number 6, deleted "or Emergency Plant Entery Form".
- On attachment 2 Security/Accountability sheet; number 13; changed Howard Road to Oswego County Airport for the remot assembly area.
- On attachment 2 Dose Assessment sheet, number 3, added questions regarding transfer of activities from TSC to EOF deleted info on Part II forms and EAP-4 forms, added information to number 8, 9, & 10.

19
- Changed Emergency Planning Coordinator to Emergency Planning Manager throughout procedure.
- Added controller to section 5.6
- Added new section 5.6.1 to perform walkdowns.
- Added "Emergency Manager" to section 7.8.4.C.

18
- Added new step in Attachment 1, DRILL OR EXERCISE CONDUCT CHECKLIST, to evaluate potential adverse affects of the quantity of ERO trainees.
- Added observer form for the Training Building in attachment 2.

TABLE OF CONTENTS

1.0 **PURPOSE**

To establish a procedure for the conduct and evaluation of all Emergency Plan Drills and Exercises at JAFNPP. This procedure also outlines the management controls used to ensure that corrective actions are implemented.

2.0 **REFERENCES**

2.1 **Performance References**

None

2.2 **Developmental References**

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

2.2.2 JAFNPP Emergency Plan and Implementing Procedures, Volumes 1, 2 and 3

2.2.3 SAP-1, MAINTAINING EMERGENCY PREPAREDNESS

2.2.4 AP-02.03, EMERGENCY PREPAREDNESS

2.2.5 AP-02.04, CONTROL OF PROCEDURES

2.2.6 NEI 99-02, Revision 0, Regulatory Assessment Performance Indicator Guideline'

3.0 **INITIATING EVENTS**

None

4.0 **PROCEDURE**

4.1 Drill conduct is discussed in Section 5 of this procedure. This section delineates the minimum acceptable activity for a drill at JAFNPP.

4.2 Exercise conduct is discussed in section 6 of this procedure. This section delineates the minimum acceptable activity for an exercise at JAFNPP.

4.3 Evaluator conduct is discussed in Section 7 of this procedure. This section specifies the minimum acceptable, preparation, training and response required for an evaluator of a JAFNPP drill or exercise.

4.4 Critiques and corrective actions are discussed in Section 8 of this procedure. This section specifies the method in which problems with Emergency Preparedness at JAFNPP are handled.

4.5 Drill and Exercise Performance Indicator (PI) evaluation is discussed in Section 9 of this procedure. This section describes the minimum acceptable performance indicator evaluation criteria.

5.0 **DRILL CONDUCT**

5.1 Drills shall be directed with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS.

5.2 Drills shall be directed by a lead controller who shall be responsible for conducting the drill in accordance with the drill scenario and the drill report.

5.2.1 The lead controller may conduct a briefing with drill participants. The intent of such a briefing would be to insure that drill participants understand their function and purpose in the drill. The control room briefing should be similar to a shift turnover briefing.

5.2.2 The lead controller may delegate controller responsibilities to other individuals. Controllers and evaluators can be used for this purpose. A controller shall be called such when that individual's sole responsibility is to assist in the conduct of a drill. An evaluator can function as a controller when assigned the task of providing information or instruction during a certain aspect of a drill.

5.2.3 The lead controller shall insure that plant safety is not compromised by a drill, and may stop a drill at any time if in his opinion plant safety may be affected.

5.2.4 The Lead Controller shall attempt to collect the signatures of as many participants as possible for training documentation. This responsibility can be delegated to other controllers, or evaluator.

5.2.5 The Lead Controller shall commence and end the Drill, upon approval from the JAFNPP Manager of Plant Operations.

5.2.6 The Lead Controller shall ensure that drill evaluators are stationed to properly observe and evaluate the drill.

5.2.7 The Lead Controller should distribute a fact sheet to the emergency response facilities describing plant conditions in effect approximately eight (8) hours prior to drill commencement.

5.3 During a drill, when (public address system) announcements are made, those announcements shall be prefaced or followed by the words "This is a Drill."

5.4 During a drill when contacting any offsite or non-JAF institution, the individual shall insure that the organization fully realizes that no emergency exists onsite and that it is a test of the JAFNPP Emergency Plan.

5.5 Drills shall be conducted using the guidance established by Attachment 1, Drill or Exercise Conduct Checklist.

5.6 The Emergency Planning Manager shall conduct a controller / evaluator meeting prior to a drill. The meeting shall be to inform the evaluators of their specific tasks.

5.6.1 Controllers are expected to familiarize themselves with the scenario specifics assigned to them and should perform a plant walkdown of their assigned area prior to the drill/exercise to increase familiarity with the equipment location and current plant conditions, identify problems such as obstructions and inappropriate or unrealistic mock-up locations, determine data presentation needs, increase knowledge of materials and tools needed to complete repairs, and identify possible alternate repair options.

5.7 Radiological Emergency Medical Drills are limited in scope and participation by plant personnel. Therefore, only one lead controller is necessary in the Control Room, one evaluator/controller accompanying the victim and one controller at the destination hospital. Each evaluator/controller may be briefed individually. The Control Room controller must be an Entergy employee and the other controllers/evaluators may be medical consultant personnel. Drill documentation will be a combination of Entergy drill report and Control Room Evaluator Evaluation Form (Attachment 2) supplemented by the medical consultant's evaluation of performance.

6.0 **EXERCISE CONDUCT**

An Exercise shall include all items specified for a drill with the following differences:

6.1 Exercises shall be conducted with the frequency established by SAP-1, MAINTAINING EMERGENCY PREPAREDNESS.

6.2 A Lead Controller shall be responsible for conducting the exercise in accordance with the written scenario. As a minimum, controllers shall be present in the Control Room, Technical Support Center, Operational Support Center, and the Emergency Operations Facility.

6.3 Every attempt should be made to include Federal, State and local input into the development of the exercise scenario.

6.3.1 The Exercise scenario shall be developed by a committee headed and organized by the Emergency Planning Manager at JAFNPP.

7.0 EVALUATOR CONDUCT

7.1 Evaluators shall be used to record all significant events and the time at which they occur during a drill or exercise using Attachment 2, Evaluator Evaluation Form. The drill or exercise scenario shall state the objectives of the drill or exercise which will determine the major areas for the evaluators to concentrate their observation. Actions to be evaluated include: the ability to control the emergency, timely and proper notification, availability and use of equipment and personnel for control and recovery, assessment of consequences of the emergency actions taken by emergency personnel, and the necessity for off-shift notifications.

7.2 Evaluators and controllers will be assigned as determined by the Emergency Planning Manager. The degree of evaluation shall be made based on the extent of the drill or scenario. As a general rule, however, evaluators shall be stationed to observe all expected major actions of the drill expected and as listed in objectives statement of the drill or exercise scenario. At least two evaluators must be available for drills and at least eight evaluators for an exercise.

7.3 In plant evaluators shall be badged following normal plant badging procedures, and are required to participate during accountability drills.

7.4 Evaluators and/or controllers shall be visibly identified as evaluators or controllers, and they should take no part in the action of the drill or exercise except to:

7.4.1 Indicate simulated conditions to the exercise or drill participants, (e.g., survey meter readings, contamination levels, etc.), but only after instructions by the lead controller or individual acting on behalf of lead controller.

7.4.2 Observe poor communication techniques and procedures and note/correct such occurrences when they occur.

7.4.3 Prevent the communication of simulated emergency conditions as actual conditions outside of the exercise or drill area and to ensure that radio or telephone messages are preceded and ended by the statement "This is a Drill."

7.4.4 Prevent actions which might create a hazard to personnel or equipment. In such cases, evaluators shall require personnel participating in the exercise or drill to indicate the action verbally.

7.5 Evaluators shall be briefed as to their duties prior to the commencement of the drill or exercise. Drill evaluators should be briefed within 24-hours of the commencement of a drill. Exercise evaluators should be briefed within 24 hours of the commencement of an exercise and written aids and procedures shall be provided for use by the evaluators. This 24-hour time frame may be adjusted to compensate for unannounced exercises.

7.6 Training shall be provided to evaluators by the JAFNPP Training Department and/or drill/exercise lead controllers. The training provided for evaluators will entail the briefing listed in Section 7.5. The briefing shall include a review of the drill or exercise scenario, the evaluator duties with regard to the assigned areas of evaluation, and the key points to be noted. The Emergency Planning Manager shall develop a list of evaluators to be trained. Exceptions to the qualified evaluators list may be made by the Emergency Planning Manager.

7.7 At the conclusion of the drill or exercise, the Emergency Planning Manager shall collect the completed Evaluation Forms (Attachment 2), compile a list of participants and conduct a critique with the evaluators and supervisors.

7.8 Evaluators shall familiarize themselves with the duties and action requirements of the personnel they are monitoring. The Drill Subject Report, Attachment 1 of SAP-1, Maintaining Emergency Preparedness, shall list evaluator's Name, Organization, and Area of Responsibility. Evaluators shall review applicable procedures. Evaluators shall use the following as guidelines.

7.8.1 Control Room and/or Simulator

The evaluator shall observe the action of personnel assigned to the Control Room and personnel who report to the Control Room for assignment. In addition, special attention will be given to the following:

A. Notifications to onsite personnel and offsite agencies.

B. Request for the call-in of off duty personnel.

C. Operations handling of accident conditions.

D. Instructions given to Search and Rescue, Repair and Corrective Action Teams and H.P. Techs by the Shift Manager (SM), as applicable.

E. Does the SM handle the emergency by directing people or by trying to do the work himself?

F. Are the time frames of actions by the SM reasonable enough?

G. Actions of personnel in the Control Room.

H. Communications with the EOF.

I. Communications with the TSC.

7.8.2 Control Point

It is to be noted that all normal practices such as sign out and use of frisker and the portal monitor are to be accomplished unless the H.P. Technician gives other directions because of radiological conditions. The evaluator will pay special attention to the above along with the following.

A. No one is wearing radiological protection clothing when leaving.

B. All alarms from monitoring equipment are acknowledged.

7.8.3 Assembly Area

Observe the following for assembly area personnel:

A. They seek out their assembly area, generally stay together as a group and remain orderly.

B. Time of assembly and completed accountability.

7.8.4 Emergency Operation Facility

This is the command post for the Emergency and it should seem so to the evaluator. Look for the following things:

A. The Emergency Director is in command of the EOF.

B. Any extra personnel, spectators and those awaiting orders, are quietly standing out of the way.

C. Has the Emergency Director contacted the TSC Manager/Emergency Manager?

D. The Radiation Protection or Support Personnel are performing duties in an efficient manner and reporting results to the Emergency Director.

E. Instrumentation/equipment in the EOF is placed as not to interfere with movement or cause a safety hazard.

F. How problems with the radio and telephone are handled.

G. Release rates, TEDE doses and CDE Thyroid doses to the offsite population are calculated quickly after the receipt of data from the Control Room or the Offsite Monitoring Team(s).

H. The time frame of updates to offsite agencies and the reporting of exposure data and changes to site meteorological conditions, to those same agencies.

I. The Emergency Director assigns, where possible, the duty of making routine calls to someone else thereby leaving himself free to command the action.

J. How assessment teams make protective actions to offsite populations.

7.8.5 Off-Site Monitoring Teams

The evaluators shall observe the following items:

A. Received KI dose, if necessary.

B. Operational check performed on survey instruments, sample counter and air sampler before leaving the site.

C. Equipment availability verified.

D. Assignment of TLDs and dosimeters before leaving the site.

E. Silver Zeolite Cartridges made available before leaving the site.

F. Survey instrument operationally checked out and turned on prior to leaving to take field readings.

G. Radio checked out by communicating to EOF or TSC before leaving.

H. Beta and gamma field surveys performed on the way to sample point.

I. Sampling and field surveys performed at sample location.

J. Instrument calibration performed and samples counted.

K. Work performed in a professional manner.

7.8.6 On-Site Monitoring Team

On-site monitoring teams may be assigned field survey work along the perimeter of the site. Check on the following items:

A. Where do they receive their instructions?

B. Dosimeter and TLD are being worn.

C. What type of survey instruments used.

D. Do they have radio/cellular phone available?

E. Radio/phone check performed.

F. Field readings taken along the route to the designated area.

G. Work performed in a professional manner.

7.8.7 Security Force

A. Are all security personnel accounted for?

B. Does security direct people to the assembly area for accountability?

C. Are access and egress roads controlled?

7.8.8 Technical Support Center

A. The area maintained as a controlled area.

B. Are communications initiated?

C. Are H.P. Surveys performed and by whom?

7.8.9 Operations Support Center

A. How is it staffed?

B. What and how many teams are brought to the OSC?

C. Are phones continuously manned?

D. Are H.P. Surveys performed and by whom?

E. Who are survey results reported to? (CR and or TSC)

F. Are accurate protective measures taken if an entry into the controlled area is required?

7.8.10 Fire Brigade

A. Do they receive instructions and from whom?

B. Are protective measures taken if an entry into a controlled are is required?

C. Are Fire preplans consulted?

D. Is assistance requested from local support fire departments?

7.8.11 Immediately following the exercise/drill, evaluators/controllers should conduct a short critique for participants in their assigned area.

8.0 CRITIQUES AND CORRECTIVE ACTIONS

8.1 A post exercise/drill critique consists of three meetings. Each facility debriefs lead by the facility manager immediately following the drill/exercise. The Emergency Director will conduct a roll-up meeting with the facility managers, department managers and controller/evaluators held following the facility debriefs. After all observations and findings are captured and summarized the Emergency Preparedness Manager will report out at the Plan of the Day meeting. The observations should include those actions noted by the evaluators which were not in accordance with approved procedures. In addition, the exercise/drill evaluators should identify any areas which require clarification, development or revision of procedures.

8.2 Emergency Plan Improvement Items/Lessons Learned Report

Following the critique, the Emergency Planning Manager or designee shall develop a list of Condition Reports (CRs), improvement items and lessons learned as a result of the drill or exercise. These items may be generated as a result of comments made at the critique, comments made by evaluators and controllers, or comments made by drill/exercise participants. The Emergency Planning Manager or designee shall review these comments and categorize significant comments into "CRs", "Lessons Learned" or "Improvement Items." The Emergency Planning Manager shall decide which of these items warrant entry into the JAFNPP Paperless Condition Reporting system (PCRS) and assign a completion date. Improvement items will be entered into the Learning Organization system as corrective actions with due dates in accordance with the SDP process.

8.3 Any items identified during the critique that pertain to the scenario package used for the drill/exercise shall also be used to improve the package for future use. Scenario packages do not need to be updated until subsequent use.

9.0 **DRILL AND EXERCISE PERFORMANCE INDICATOR (DEP) EVALUATION**

9.1 This indicator monitors timely and accurate JAF performance in drills, exercises and actual events when presented with opportunities for classification of emergencies, notification of offsite authorities, and development of protective action recommendations (PARs).

This section provides guidance to determine success of applicable emergency planning NRC Performance Indicator (PI) data points.

9.2 The following will be included in the DEP indicator:

9.2.1 Evaluated exercises;

9.2.2 Actual emergency declarations;

9.2.3 And/or selected performance enhancing drills as determined by the Emergency Preparedness Manager. The selection must be made in advance and documented.

9.2.4 Annual control room operator license requal.

9.3 **Classification**

9.3.1 A classification opportunity exists when plant parameters (observable and verifiable indications) reach an Emergency Action Level (EAL). This includes changes in classifications.

9.3.2 Timely is when the classification is declared in 15 minutes or less from the time the opportunity existed.

9.3.3 Accurate is when the correct classification is declared per IAP-2.

9.4 **Protective Action Recommendations (PARs)**

9.4.1 A PAR opportunity exists when criteria in applicable EP procedures require a PAR to be developed and/or made. This includes initial PARs and any PAR changes.

9.4.2 Timely is when the PAR is developed/made in 15 minutes or less from the time the opportunity existed.

9.4.3 Accurate is when the correct PAR is developed as required by procedure, subject to information available at the time of the PAR.

9.5 **Notifications**

9.5.1 A classification notification opportunity exists when an emergency classification is declared.

9.5.2 A PAR notification opportunity exists when a PAR is required.

9.5.3 Timely is when offsite notifications are initiated (contact) in 15 minutes or less from event classification and/or PAR development.

9.5.4 Accurate is when the following information is completed on the New York State Part I form and approved, as applicable:

A. Item #2 - Designation of exercise or not;

B. Item #3 - Facility;

C. Item #4 - Event classification, as declared (e.g. NUE, Alert, SAE, GE);

D. Item #5 - Date and time of classification;

E. Item #6 - Radioactive release status;

F. Item #7 - PAR as determined (eg ERPAs, Sheltering) and effected population (ERPAs);

G. Item #8 - Applicable EAL #;

H. Item #11 and 12 - Wind speed and direction if PAR is made.

10.0 **ATTACHMENTS**

1. DRILL OR EXERCISE CONDUCT CHECKLIST

2. EVALUATOR FORM

DRILL OR EXERCISE CONDUCT CHECKLIST

_____ 1. Prepare a drill or exercise scenario.

_____ 2. Prepare a drill or exercise report.

_____ 3. Evaluate the quantity of ERO trainees for potential impact on a successful drill or exercise.

_____ 4. Present the drill or exercise to Emergency Preparedness Manager for approval.

_____ 5. Brief evaluators on the entire drill or exercise.

_____ 6. Brief the individual evaluators on specified tasks.

_____ 7. Issue evaluator Aids and Drill/Exercise Observation Sheet.

_____ 8. Initiate the drill or exercise.

_____ 9. Ensure the "flow" of activity throughout the drill or exercise.

_____ 10. Terminate the drill or exercise when it's purpose is accomplished.

_____ 11. Conduct a critique with participants or evaluators.

_____ 12. Collect Drill/Exercise Observation Sheets.

_____ 13. Complete a list of all deficiencies and recommendations.

_____ 14. Tabulate PERFORMANCE INDICATOR (PI) data points for:

- Number of successful emergency classifications
- Number of timely notifications once classified/reclassified
- Number of PARs (initial and PAR changes) This information can be obtained from observation sheets, Shift Manager logs, Emergency Director logs, NRC event notification forms, etc., depending on extent of drill or exercise and participating facilities.

_____ 15. Complete action required on deficiencies.

_____ 16. Pre drill/exercise notification to Senior Risk Analyst Loss Control at 504-576-2222.

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: CONTROL ROOM

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did the Shift Manager/ED demonstrate he is in charge?	___	___
2. Did the Control Room classify the emergency correctly in accordance with IAP-2?	___	___*
3. Were notifications made to NYS and Oswego County within 15 minutes of event classification?	___	___*
Were updates timely?	___	___
4. Were Protective Action Recommendations made to NYS and Oswego County?	___	___*
5. Was timely notification made to the NRC (must be completed within one hour from event classification)?	___	___*
6. Were communications prefaced with "This is a drill?"	___	___

7. Log the following times for event classification and notifications:

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time	EAL
NUE	_____	_____	_____	_____*	_____
ALERT	_____	_____	_____	_____*	_____
SAE	_____	_____	_____	_____*	_____
GE	_____	_____	_____	_____*	_____

Did the SM/ED direct Security to initiate call outs? (Not necessary during normal working hours.	___	___
8. Were timely briefings given to plant staff?	___	___
9. Was the ENS phone manned?	___	___

EVALUATOR EVALUATION FORM
(Control Room Continued)

		YES	NO
10.	Did the Control Room experience any emergency plan equipment failures?	___	___
	If yes what were the failures and how was the problem addressed:		
	_____		
	_____		
	_____		
	_____		
11.	Did Control Room personnel adhere to procedures (EOPs, AOPs, Tech. Specs., etc.)?	___	___
12.	Was staffing level adequate?	___	___
13.	Was Emergency Director turnover from the SM thorough?	___	___
	Was plant staff advised of this transfer of responsibility?	___	___
14.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
15.	Was shift turnover demonstrated?	___	___
16.	Were logs properly maintained by key personnel?	___	___
17.	Was the plant staff adequately informed regarding plant status?	___	___
18.	Was data flow between facilities and teams accurate, timely and complete?	___	___
19.	Was habitability performed in accordance with EAP-14.6?	___	___

EVALUATOR EVALUATION FORM
(Control Room Continued)

	YES	NO
20. Were all objectives met?	___	___

If not, explain: _____

_____

_____

_____

_____

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_____

_____

* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(Control Room Continued)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: TSC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the TSC activation process timely?	___	___
	Time TSC was called for activation _____ Time TSC was staffed _____ Time TSC declared themselves operational _____		
2.	Was the TSC set-up in accordance with EAP-14.1?	___	___
3.	Did the TSC Manager demonstrate he is in charge?	___	___
4.	Were offsite notifications made in accordance with EAP-1.1?	___	___
5.	Were onsite notifications made in accordance with EAP-1.1?	___	___
6.	Were communications prefaced with "This is a drill?"	___	___

7. Log the following times for event classification and notifications (if applicable):

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time	EAL
NUE	_____	_____	_____	_____ *	_____
ALERT	_____	_____	_____	_____ *	_____
SAE	_____	_____	_____	_____ *	_____
GE	_____	_____	_____	_____ *	_____

8.	Was staff familiar with their equipment and responsibilities?	___	___
9.	Was the staffing level adequate?	___	___
10.	Were periodic briefings held on plant status?	___	___
11.	Were plant staff aware of changes in emergency classification?	___	___
12.	Were status boards updated in a timely manner?	___	___

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

		YES	NO
13.	Were logs properly maintained by key personnel?	___	___
14.	Did the technical staff support the Control Room?	___	___
15.	Were corrective actions/solutions well thought out?	___	___
16.	Did the TSC experience any emergency plan equipment failures?	___	___
	If yes, what were the failures and how was the problem addressed:	___	___
17.	Did the Emergency Director classify/re-classify the emergency correctly?	___	___*
	If reclassified, were offsite notifications made to NYS/Oswego County within 15 minutes and NRC within one (1) hour?	___	___*
18.	Were protective action recommendations made to NYS/Oswego County?	___	___*
19.	Was a site evacuation called for?	___	___
	If yes, were local authorities and NMPC notified?	___	___
20.	Was the transfer of the Emergency Director and his responsibilities from the TSC to the EOF smooth and complete?	___	___
21.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
22.	Was shift turnover demonstrated?	___	___
23.	Was data flow between facilities and teams accurate, timely and complete?	___	___
24.	Was habitability performed in accordance with EAP-14.6?	___	___
	Was the training building notified of habitability?	___	___

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

	YES	NO
25. Were all objectives met?	___	___

If not, explain: _____

_____

_____

_____

_____

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* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(TSC CONTINUED)

26. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: OSC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the OSC activation process timely?	___	___
	a. Time OSC was called for activation _____		
	b. Time OSC was staffed _____		
	c. Time OSC declared operational _____		
2.	Was the OSC set up in accordance with EAP-14.5?	___	___
3.	Did the OSC Manager demonstrate he is in charge?	___	___
4.	Was the staffing level adequate?	___	___
5.	Was shift turnover demonstrated?	___	___
6.	Were logs properly maintained by key personnel?	___	___
7.	Were status boards updated in a timely manner?	___	___
8.	Log the following times OSC became aware of event classification.		
	NUE _____ Alert _____ SAE _____ GE _____		
9.	Were periodic briefings conducted in the OSC regarding plant status?	___	___
10.	Was data flow between facilities and teams accurate, timely and complete?	___	___
11.	Did the OSC experience any emergency plan equipment failures?	___	___
	If yes, what were the failures and how was the problem addressed:		
	_____		
	_____		
	_____		

EVALUATOR EVALUATION FORM
(OSC CONTINUED)

		YES	NO
12.	Once initiated, was accountability conducted and maintained throughout the emergency?	___	___
13.	Was habitability performed in accordance with EAP-14.6?	___	___
14.	Were repair team briefings adequate and timely?	___	___
15.	Were repair team debriefings adequate and timely?	___	___
16.	Were emergency exposure authorizations necessary?	___	___
	If yes, were actions consistent with procedures?	___	___
17.	Were individual personnel exposure histories obtained in a timely manner for repair team personnel availability?	___	___
18.	Was status of repair teams adequately maintained?	___	___
19.	Were emergency tasks prioritized and acted upon in assigned priority?	___	___
20.	Were all objectives met?	___	___

If not, explain: _____

_____

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EVALUATOR EVALUATION FORM
(OSC CONTINUED)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: REPAIR & CORRECTIVE ACTION TEAMS

EVALUATOR: _____ CONTROLLER: _____

TEAM ACTIVITY: _____

	YES	NO
1. Did the team consist of a minimum of two individuals?	___	___
2. Was a briefing conducted?	___	___
If so, did it include:		
a. most direct route	___	___
b. proper tools	___	___
c. tasks understanding	___	___
d. visual aids (maps, drawings, etc.)	___	___
e. simulations	___	___
f. radiation area dose rates	___	___
3. Were the OSC Manager and Emergency Maintenance Coordinator cognizant of all Repair and Corrective Action Team efforts?	___	___
4. Did SM approve work on safety related items?	___	___
5. Was TSC direction obtained for engineering repair work?	___	___
6. Was RWP for Emergency Plan Entry used?	___	___
7. Was dosimetry, protective clothing, etc. issued in accordance with the above form?	___	___
8. Were there any Emergency Plan equipment failures?	___	___

If so, what were they and how was problem addressed?

_____

_____

_____

EVALUATOR EVALUATION FORM
(REPAIR & CORRECTIVE ACTION TEAMS CONTINUED)

		YES	NO
9.	Was a debrief conducted?	___	___
10.	Were all objectives met?	___	___

If not, explain: _____

_____

_____

_____

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_____

EVALUATOR EVALUATION FORM

(REPAIR & CORRECTIVE ACTION TEAMS CONTINUED)

11. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: FIRE BRIGADE

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Time Control Room notified of fire _____ Time fire alarm sounded _____ Time fire brigade dispatched _____ Time fire brigade responded to scene _____		
2.	Was fire alarm sounded and the announcement properly made over the plant page?	___	___
3.	Was offsite assistance requested?	___	___
	If yes, was Security directed to:		
	a. allow immediate access	___	___
	b. provide dosimetry	___	___
	c. direct and escort fire company	___	___
	d. collect dosimetry upon exit	___	___
4.	Were all unnecessary personnel evacuated from the fire area?	___	___
5.	Was Rad Protection requested to perform a survey?	___	___
6.	Were radiological conditions properly assessed?	___	___
7.	Was emergency exposure criteria addressed and implemented?	___	___
8.	Were all communications preceded with "This is a Drill?"	___	___
9.	Were fire brigade members familiar with their duties?	___	___
10.	Was the emergency classified correctly?	___	___
11.	If the OSC was activated, was the fire brigade dispatched from the OSC with a radiation protection technician?	___	___
12.	Were all objectives met?	___	___

If not, explain: _____

_____

_____

EVALUATOR EVALUATION FORM
(FIRE BRIGADE CONTINUED)

13. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: SECURITY/ACCOUNTABILITY

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Was the emergency classification posted at main security?	___	___
2. Were call-outs performed as directed by the SM/ED? (Not required during normal working hours.)	___	___
3. Was site access controlled?	___	___
4. Were guards dispatched to access roads?	___	___
5. If accountability was called for:		
a. Time site access/egress was restricted	___	___
b. Time accountability was initiated	___	___
c. Time accountability completed	___	___
6. Did accountability clerks report to their assigned assembly areas when directed?	___	___
7. Were accountability readers and sign-in sheets used?	___	___
8. Did accountability clerks experience any emergency plan equipment failures?	___	___

If yes, explain:

_____

_____

_____

9. Was movement of personnel between onsite facilities adequately controlled?	___	___
10. Was movement of personnel badging offsite timely and orderly?	___	___

EVALUATOR EVALUATION FORM
(SECURITY/ACCOUNTABILITY CONTINUED)

		YES	NO
11.	Was assembly in the Training Building auditorium controlled?	___	___
	Were personnel updated regarding plant conditions?	___	___
12.	Was continuous accountability maintained for the remainder of the emergency?	___	___
13.	Was site evacuation called for?	___	___
	If yes, were personnel directed to proceed to the Oswego County Airport remote assembly area?	___	___
	If yes, did the maps distributed to evacuating personnel coincide with the selected evacuation route?	___	___
14.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(SECURITY/ACCOUNTABILITY CONTINUED)

15. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: CHEMISTRY TECHNICIAN

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did he/she report to Control Room upon implementing the Emergency Plan?	___	___
2. What tasks were required by the ED for the Chemistry Technician?		

_____

_____

_____

3. Was the technician familiar with the procedures for the tasks?	___	___
4. What tasks were required by the Chemistry Supervisor for the technicians?		

_____

_____

_____

Were they familiar with the procedures for the tasks?	___	___
5. Did any emergency plan equipment fail to operate?	___	___

If yes, what were the failures and how was the problem addressed?

_____

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EVALUATOR EVALUATION FORM
(CHEMISTRY TECHNICIAN CONTINUED)

	YES	NO
6. If PASS was demonstrated, was the above 3-hour time commitment met?	___	___

7. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: FIELD MONITORING

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Were teams assembled in a timely manner?	___	___
2.	Were teams familiar with procedures?	___	___
3.	Time the team was dispatched: _____ Team was dispatched from OSC/EOF (circle one)		
4.	Did team obtain the proper equipment prior to leaving?	___	___
5.	Were equipment checks performed prior to departure?	___	___
6.	Were calibration dates current?	___	___
7.	Were communication checks conducted prior to departure?	___	___
8.	Was a vehicle/110V power supply check conducted?	___	___
9.	Was the team briefing adequate?	___	___
10.	Did the briefings include:		
	a. Plant conditions/nature of release?	___	___
	b. Meteorological conditions?	___	___
	c. Projected dose rates/stay time	___	___
	d. Protective measures?	___	___
	e. Use of KI?	___	___
	f. Dosimetry recording?	___	___
	g. Types of readings/samples to be obtained?	___	___
	h. Means of communication?	___	___
	i. Emergency exposure limits?	___	___
11.	Was the communications flow between team and dispatcher timely and accurate and complete?	___	___
12.	Were teams briefed frequently by the dispatcher?	___	___
13.	Were survey results properly relayed to the dispatcher?	___	___

EVALUATOR EVALUATION FORM
(FIELD MONITORING CONTINUED)

		YES	NO
14.	Were communications prefaced with "This is a Drill?"	___	___
15.	Were teams proficient in proper survey/sampling techniques?	___	___
16.	Were proper plume traversing techniques demonstrated?	___	___

If no, explain: _____

_____

_____

17.	Were vehicles and equipment checked for contamination upon return?	___	___
18.	Was shift turnover demonstrated?		
19.	Did teams experience any Emergency Plan equipment failures?	___	___

If yes, explain: _____

_____

_____

_____

_____

20.	Were all objectives met?	___	___

If not, explain: _____

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EVALUATOR EVALUATION FORM
(FIELD MONITORING CONTINUED)

21. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: EOF

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the EOF activation process timely?	___	___
	a. Time EOF was called for activation _____		
	b. Time EOF was staffed _____		
	c. Time EOF declared themselves operational _____		
2.	Was the EOF activated in accordance with EAP-14.2?	___	___
3.	Did the EOF Manager demonstrate he is in charge?	___	___
4.	Was the transfer of command and control from the TSC to the EOF adequate? Time ED assumed duties at the EOF _____	___	___
5.	Were offsite notifications made in accordance with EAP-1.1? (Note the time forms are issued in comments section.)	___	___
6.	Were communications prefaced with "This is a Drill?"	___	___
7.	Log the following times for event classification and notifications (if applicable):	___	___

EAL	Class. Time	RECS Time	Plant Staff Time	NRC Time		EAL
NUE	_____	_____	_____	_____	*	_____
ALERT	_____	_____	_____	_____	*	_____
SAE	_____	_____	_____	_____	*	_____
GE	_____	_____	_____	_____	*	_____

8.	Was staff familiar with their equipment and responsibilities?	___	___
9.	Was the staffing level adequate?	___	___
10.	Were periodic briefings held on plant status?	___	___

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

		YES	NO
11.	Was EOF staff aware of changes in emergency classification?	___	___
12.	Were EALs classified correctly?	___	___*
13.	Were status boards updated in a timely manner?	___	___
14.	Were logs properly maintained by key personnel?	___	___
15.	Did the EOF experience any emergency plan equipment failures?	___	___

If yes, what were the failures and how was the problem addressed:

_____

_____

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16.	Did the ED consult with state and county representatives regarding protective action recommendations?	___	___
17.	Were protective action recommendations made to NYS/Oswego County?	___	___*
18.	Was long term facility staffing considered in accordance with EAP-43?	___	___
19.	Was shift turnover demonstrated?	___	___
20.	Was data flow between facilities accurate, timely and complete?	___	___
21.	Was the ED aware of plant decisions?	___	___
22.	Was access control adequate?	___	___

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

	YES	NO
23. If a release was in progress, were incoming personnel monitored to prevent spread of contamination?	___	___
24. Were all objectives met?		

If not, explain: _____

_____

_____

* Performance Indicator Data Points

EVALUATOR EVALUATION FORM
(EOF CONTINUED)

25. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: DOSE ASSESSMENT

EVALUATOR: _____ CONTROLLER: _____

	YES	NO
1. Did dose assessment personnel perform equipment checks upon arrival?	___	___
2. Were personnel familiar with the equipment?	___	___
3. During the transfer of activities from the TSC to the EOF:	___	___
Was telephone contact made between TSC and EOF Dose Assessment?	___	___
Were the responsibilities established for Part 2's?	___	___
Were the responsibilities established for PARS?	___	___
Do the TSC hand calc's match EOF hand calc's?	___	___
Does the TSC model match the EOF model?	___	___
4. Were meteorological forecasts obtained?		
5. Were status boards updated and utilized?		
6. Was field survey data utilized for comparison with computer projected doses?	___	___
Were discrepancies resolved?	___	___
7. Were field teams briefed periodically regarding plant status?	___	___
8. Were hand prepared release rate calculations performed efficiently and in a timely manner?	___	___
Were EAP-4.1 forms used in preparing release rate calculations?	___	___
Was field survey data utilized in the calculations?	___	___
Were Release rate calculations performed correctly?	___	___

EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

		YES	NO
8.	Continued:		
	Were % Tech Spec calculations performed correctly?	___	___
	Were calculations to determine monitor readings that correspond to 100% Tech Spec values for Noble Gas performed correctly?	___	___
	Were calculations to determine monitor readings that correspond to 100% Tech Spec values for Iodine performed correctly?	___	___
	Was self-checking used to verify accuracy?	___	___
	Was peer-checking used to verify accuracy?	___	___
	With whom?_____	___	___
9.	Was the EDAMS model used to determine PARS?	___	___
	Were EAP-4.1 forms used in preparing release rate calculations?	___	___
	Was field survey data utilized in the calculations?	___	___
	Did the model operator integrate cumulative dose during Forecasting?	___	___
	Were PARS developed based on dose projections (i.e. Forecasts)?	___	___
	Was self-checking used to verify accuracy?	___	___
	Was peer-checking used to verify accuracy?	___	___
	With whom?_____	___	___
	Were PARS developed on time?	___	___
	Well within time. Close. Problematic.	___	___

EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

	YES	NO

10. Were Part II forms completed in a timely manner? ___ ___

	PAR 1	PAR 2	PAR 3	PAR 4	PAR 5
Opportunity time					
Time PAR determined					
Time PAR to ED					
RECS time					

Were offsite liaisons (County and State personnel at EOF) included in discussions regarding PARS? ___ ___

11. Was the interface with TSC radiological personnel (re: effluent monitor readings, effluent sample results, PASS samples, etc.) adequate? ___ ___

12. Were offsite liaisons (EOF County and State personnel) utilized for the exchange and comparison of field survey data and dose projections? ___ ___

13. Was there someone (EOF Rad Support Coordinator) available to interface with and answer questions for offsite liaisons? ___ ___

14. Were all communications prefaced with "This is a Drill?" ___ ___

15. Was shift turnover demonstrated? ___ ___

EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

		YES	NO
16.	Did any emergency plan equipment fail to operate?	___	___

If yes, what were the failures and how was the problem address? _____

_____

_____

_____

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_____

		YES	NO
17.	Were all objectives met?	___	___

If not, explain: _____

_____

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EVALUATOR EVALUATION FORM
(DOSE ASSESSMENT CONTINUED)

18. Miscellaneous Comments and Notes:

EVALUATOR EVALUATION FORM

DATE: _____ LOCATION: JNC

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Was the JNC activated in a timely manner?	___	___
	a. Time JNC was called for activation _____		
	b. Time JNC was operational _____		
2.	Was the JNC set up in accordance with JNC procedures?	___	___
3.	Was information flow between the plant, EOF and JNC accurate, timely and complete?	___	___
4.	Did the utility effectively share information with state and county public information staff?	___	___
5.	If technical information was required, was the information obtained from appropriate personnel?	___	___
6.	Were briefing notes reviewed by designated personnel prior to their release to the media?	___	___
7.	Were news briefings and summary notes timely, accurate and complete?	___	___
8.	Was county activation of the EAS system timely?	___	___
9.	Were county EAS messages appropriate, timely, and complete?	___	___
10.	Was information provided to the media consistent with the EAS messages?	___	___
11.	Was information released understandable to the public?	___	___
12.	If protective actions were implemented, were affected areas appropriately specified?	___	___
13.	Were press briefings held frequently to give available information as conditions changed?	___	___

EVALUATOR EVALUATION FORM
(JNC CONTINUED)

		YES	NO
14.	When conditions were static, were briefings held frequently to keep the media updated?	___	___
15.	Did the media spokesperson present material effectively?	___	___
16.	Were questions by the media handled properly by the media spokesperson?	___	___
17.	Were status boards and displays updated accurately and timely?	___	___
18.	Was the JNC staff aware of changes in emergency classification?	___	___
19.	Did the rumor control staff respond promptly and accurately to calls?	___	___
20.	Were measures taken to control the spread of rumors that threaten to have an adverse effect on adherence to protective actions?	___	___
21.	Were support functions such as registration and security performed effectively?	___	___
22.	Did the JNC experience any emergency plan equipment failures?	___	___

If yes, explain: _____

_____

_____

_____

_____

23.	Were communications prefaced with "This is a Drill?"	___	___
24.	Was shift turnover demonstrated?	___	___

EVALUATOR EVALUATION FORM
(JNC CONTINUED)

	YES	NO
25. Were all the objectives met?	___	___

If not, explain: _____

_____

_____

_____

_____

EVALUATOR EVALUATION FORM
(JNC CONTINUED)

26. Miscellaneous Comments and Notes:

OBSERVER EVALUATION FORM

DATE: _____ LOCATION: TRAINING BUILDING

EVALUATOR: _____ CONTROLLER: _____

		YES	NO
1.	Time the Training Building was called for activation	_____	
2.	Did the Training Building Accountability Supervisor demonstrate their being in charge?	___	___
3.	Were communications prefaced with "This is a drill?"	___	___
4.	Did the proper non-essential personnel sign in?	___	___
5.	Was staff familiar with their responsibilities?	___	___
6.	Were periodic announcements made to the personnel?	___	___
7.	Were logs properly maintained by key personnel?	___	___
8.	Did the Training Building experience any building equipment failures?	___	___
9.	If yes, what were the failures and how was the problem addressed:	___	___
10.	Were personnel notified of when to return to their work stations?	___	___
11.	Was habitability performed in accordance with EAP-14.6?	___	___
12.	Miscellaneous Comments and Notes:		

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