

## Document Transmittal Form

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Document ID	Revision	Status	Quantity	Format	RecNo
PRC HECG-ATT.09 000	26	A	1	H	175871
PRC HECG-ATT.08 000	9	A	1	H	175827
PRC HECG-ATT.04 000	5	A	1	H	175695
PRC HECG-ATT.06 000	28	A	1	H	175783
PRC HECG-SECT.11.5 000	2	A	1	H	175653
PRC HECG-ATT.15 000	3	A	1	H	175915
PRC HECG-ATT.05 000	2	A	1	H	175739
PRC HECG-ATT.16 000	3	A	1	H	175959
PRC HECG-HECG-TOC 000	40	A	1	H	175608

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A045

**HOPE CREEK GENERATING STATION**  
**EVENT CLASSIFICATION GUIDE**  
 September 9, 2003  
**CHANGE PAGES FOR**  
**REVISION #40**

The Table of Contents (T.O.C.) forms a general guide to the current revision of each section and attachment of the Hope Creek ECG. The changes made in this T.O.C. Revision #40 are shown below.

1. Check that your revision packet is complete.
2. Add the revised documents.
3. Remove and recycle the outdated material listed below.

ADD			REMOVE		
<u>Pages</u>	<u>Description</u>	<u>Rev.</u>	<u>Pages</u>	<u>Description</u>	<u>Rev.</u>
ALL	T.O.C.	40	ALL	T.O.C.	39
ALL	Section 11.5	02	ALL	Section 11.5	01
ALL	Attachment 4	05	ALL	Attachment 4	04
ALL	Attachment 5	02	ALL	Attachment 5	01
ALL	Attachment 6	28	ALL	Attachment 6	27
ALL	Attachment 8	09	ALL	Attachment 8	08
ALL	Attachment 9	26	ALL	Attachment 6	25
ALL	Attachment 15	03	ALL	Attachment 15	02
All	Attachment 16	03	All	Attachment 16	02

**HOPE CREEK EVENT CLASSIFICATION GUIDE  
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i	Introduction and Usage	02	10	12/14/00
ii	Glossary of Acronyms & Abbreviations	00	5	01/21/97
1.0	Fuel Clad Challenge	00	1	01/21/97
2.0	RCS Challenge	00	1	01/21/97
3.0	Fission Product Barriers (Table)	02	1	11/11/02
4.0	EC Discretion	00	1	01/21/97
5.0	Failure to SCRAM	00	1	01/21/97
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6.2	Liquid Effluent Release	00	1	01/21/97
6.3	In - Plant Radiation Occurrences	00	1	01/21/97
6.4	Irradiated Fuel Event	00	2	01/21/97
7.0	<b>Electrical Power</b>			
7.1	Loss of AC Power Capabilities	00	2	01/21/97
7.2	Loss of DC Power Capabilities	00	1	01/21/97
8.0	<b>System Malfunctions</b>			
8.1	Loss of Heat Removal Capability	00	1	01/21/97
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8.3	Loss of Communications Capability	00	1	01/21/97
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9.0	<b>Hazards - Internal/External</b>			
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9.7	Flooding	00	1	01/21/97
9.8	Turbine Failure/Vehicle Crash/ Missile Impact	00	1	01/21/97
9.9	River Level	00	1	01/21/97
10.0	Reserved for future use	N/A		

WC Hope Creek ECG Charts (Located in ERFs)

P&E&G 2 07/09/03

HCGS

CONTROL

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Rev. 40

**HOPE CREEK EVENT REPORTABLE ACTION LEVELS  
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Licensing is responsible for the Reportable Action Level (Section 11) and associated Attachments (marked by "L")

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and associated Attachments (marked by "L")

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4	GENERAL EMERGENCY	05	5	09/10/03
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7	Primary Communicator Log (GE)	deleted		02/29/00
8	Secondary Communicator Log	09	10	09/10/03
9	L Non-Emergency Notifications Reference	26	3	09/10/03
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11	L 1 Hr Report (Common Site) Security/Safeguards	01	3	01/23/01
12	L 1 Hr Report - NRC Operations	01	3	01/23/01
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17	L 4 Hr Report - Fatality or Medical Emergency	02	4	03/15/01
18	L 4 Hr Report - Radiological Transportation Accident	02	4	01/23/01
19	L 24 Hr Report - Fitness For Duty (FFD) Program Events	02	3	01/23/01
20	L 24 Hour Report - NRC Regional Office	02	3	08/06/02
21	L Reportable Event - LAC/Memorandum Of Understanding (M.O.U.)	01	2	01/23/01
22	L T/S Required Engineering Evaluation	01	2	01/23/01
23	Reserved			
24	UNUSUAL EVENT (Common Site)	05	3	11/11/02
25	L 8 Hr Report (Common Site) - Major Loss Of Emergency Assessment, Offsite Response, OR Communications Capability	02	3	05/02/99
26	L 8 Hr Report - NRC Operations	00	3	01/23/01
27	L 8 Hr Report - Medical Emergency - Transportation of Contaminated Person	01	4	03/15/01
28	L Boiler and Pressure Vessel reporting	00	3	01/23/01

**REVISION SUMMARY**

Biennial Review Performed: Yes \_\_\_ No X

1. Revision to RAL 11.5.2.c to require concurrence with Environmental Licensing for making notifications for unusual or significant environmental events for 4 and 24-hour notifications. RAL 11.5.2.c is also being revised to clarify that notifications are required for only major NJPDES permit violations
2. Attachment 4 was changed to add "WE RECOMMEND THE USE OF KI IN ACCORDANCE WITH STATE PROCEDURES".
3. Editorial changes ECG Attachment 5 to clarify the type of information expected by the NRC on the NRC Data Sheet.
4. Editorial change to attachment 6, phone number update
5. Editorial change to attachment 9, phone number update
6. Revision to ECG Attachment 15 (Environmental Protection Plan) to include the requirements for Licensing to submit a 30-day written report to the NRC for unusual or significant environmental events.
7. Editorial changes ECG Attachment 16 (Spill/discharge Reporting) is being revised to clarify the order in which steps should be performed.

SIGNATURE PAGE

Prepared By: Francis J. Hughes

07/25/03  
Date

Section/Attachments Revised Section 11.5, rev 2 Attach. 4, Rev. 5, & Attachment 15, rev 3  
(List Non-Editorial Only - Section/Attachments)

Reviewed By: FJ Hughes  
10CFR50.54g Effectiveness Reviewer

7/25/03  
Date

Reviewed By: [Signature]  
Department Manager

8/23/03  
Date

Reviewed By: [Signature]  
Manager Licensing

8/22/03  
Date

(Reportable Action Level (Section 11) and associated Attachments marked by "L")

Reviewed By: [Signature]  
EP Manager

8/21/03  
Date

Reviewed By: N/A  
Manager - Quality Assessment - NBU  
(If Applicable)

\_\_\_\_\_  
Date

SORC Review and Station Approvals

Mtg. No. N/A  
Hope Creek Chairman  
\_\_\_\_\_  
Date

[Signature]  
Director - Site Operations

8/28/03  
Date

Effective Date of this Revision: 9-10-03  
Date

# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

Initiating Condition

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE [10CFR50.72(b)(2)(xi); N.J.A.C. 7:1E]

SPILL/DISCHARGE OF ANY NON-RADIOACTIVE HAZARDOUS SUBSTANCE INTO OR UPON THE RIVER [10CFR50.72(b)(2) (xi); N.J.A.C.7:1E]

UNUSUAL OR IMPORTANT ENVIRONMENTAL EVENTS [E.P.P. SECTION 4.1]

OPCON

All

All

All

RAL #

11.5.2.a

11.5.2.b

11.5.2.c

IF

IF

IF

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Spill/discharge of an industrial chemical or petroleum product outside of a plant structure within the Owner Controlled Area (OCA) that results in EITHER one of the following:

- Spill / discharge that has passed through the engineered fill and into the ground water as confirmed by licensing
- Spill / discharge that CANNOT be cleaned up within 24 hours and no contact with groundwater is suspected

EITHER one of the following events occur:

- Observation of a spill/discharge of an industrial chemical or petroleum product from on-site into the Delaware River or into a storm drain
- Observation of an oil slick on the Delaware River from any source

As judged by the OS/EDO, in concurrence with Environmental Licensing, ANY one of the following events has occurred:

- Unusually large fish kill
- Protected aquatic species impinge on Circulating or Service Water intake screens (eg.; sea turtle, sturgeon) as reported by Site personnel
- Any occurrence of an unusual or important event that indicates or could result in significant environmental impact casually related to plant operation; such as the following:  
Onsite plant or animal disease outbreaks  
Mortality or unusual occurrence of any species protected by the Endangered Species Act of 1973  
Increase in nuisance organisms or conditions  
Excessive bird impactation  
Major NJPDES Permit violations  
Excessive Opacity (smoke)

THEN

THEN

THEN

Note:  
This event MAY require IMMEDIATE (15 minute) notifications. DO NOT delay implementation of Attachment 16.

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CONTROL  
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Refer to Attachment 16  
Spill/Discharge Reporting

Refer to Attachment 16  
Spill/Discharge Reporting

Refer to Attachment 15  
Environmental Protection Plan

Action Required

# 11.0 Reportable Action Levels

## 11.5 Environmental / State Notifications

Initiating  
Condition

BOILER OR PRESSURE VESSEL  
EXPLOSION OR PERSONAL INJURY  
[N.J.A.C. 5:11-3.11]

OPCON

All

RAL #

11.5.3

IF

EITHER one of the following events occur:

- Personal injury due to an occurrence to a boiler or pressure vessel
- A boiler or pressure vessel explosion

THEN

Refer to Attachment 28  
B&PV Reporting

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Action  
Required

ATTACHMENT 4  
GENERAL EMERGENCY

I. EMERGENCY COORDINATOR (EC) LOG SHEET

Initials

A. **DECLARE A GENERAL EMERGENCY AT HOPE CREEK**

EAL #(s) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Declared at \_\_\_\_\_ hrs on \_\_\_\_\_  
time date

\_\_\_\_\_  
EC

B. **NOTIFICATIONS**

1. CALL communicators to the Control Room.

\_\_\_\_\_  
OS

**CAUTION**

**A Protective Action Recommendation (PAR) SHALL be made on the Initial Contact Message Form (ICMF).**

2. MAKE A PAR as follows:  
a. REFER to Predetermined PAR Flowchart on Pg. 3 and DETERMINE the appropriate PAR.  
b. IF a Radiologically Based PAR is IMMEDIATELY available, THEN COMPARE the two PARs and choose the most appropriate for inclusion on the ICMF.
3. COMPLETE the INITIAL CONTACT MESSAGE FORM (ICMF) (last page of this attachment).
4. PROVIDE the ICMF to the Primary Communicator and DIRECT the Communicator to implement ECG Attachment 6.
5. DIRECT the Secondary Communicator to implement ECG Attachment 8 for a GENERAL EMERGENCY.

\_\_\_\_\_  
EC

\_\_\_\_\_  
EC

\_\_\_\_\_  
EC

\_\_\_\_\_  
EC

\_\_\_\_\_  
EC

PSE&G  
CONTROL

COPY = HECG-0065

Initials

6. **LOCATE** the confidential envelope in the front of the Operations Superintendent's (O.S.) copy of the ECG marked "Emergency Callout. Follow the directions. When complete return to this procedure (EP96-003)

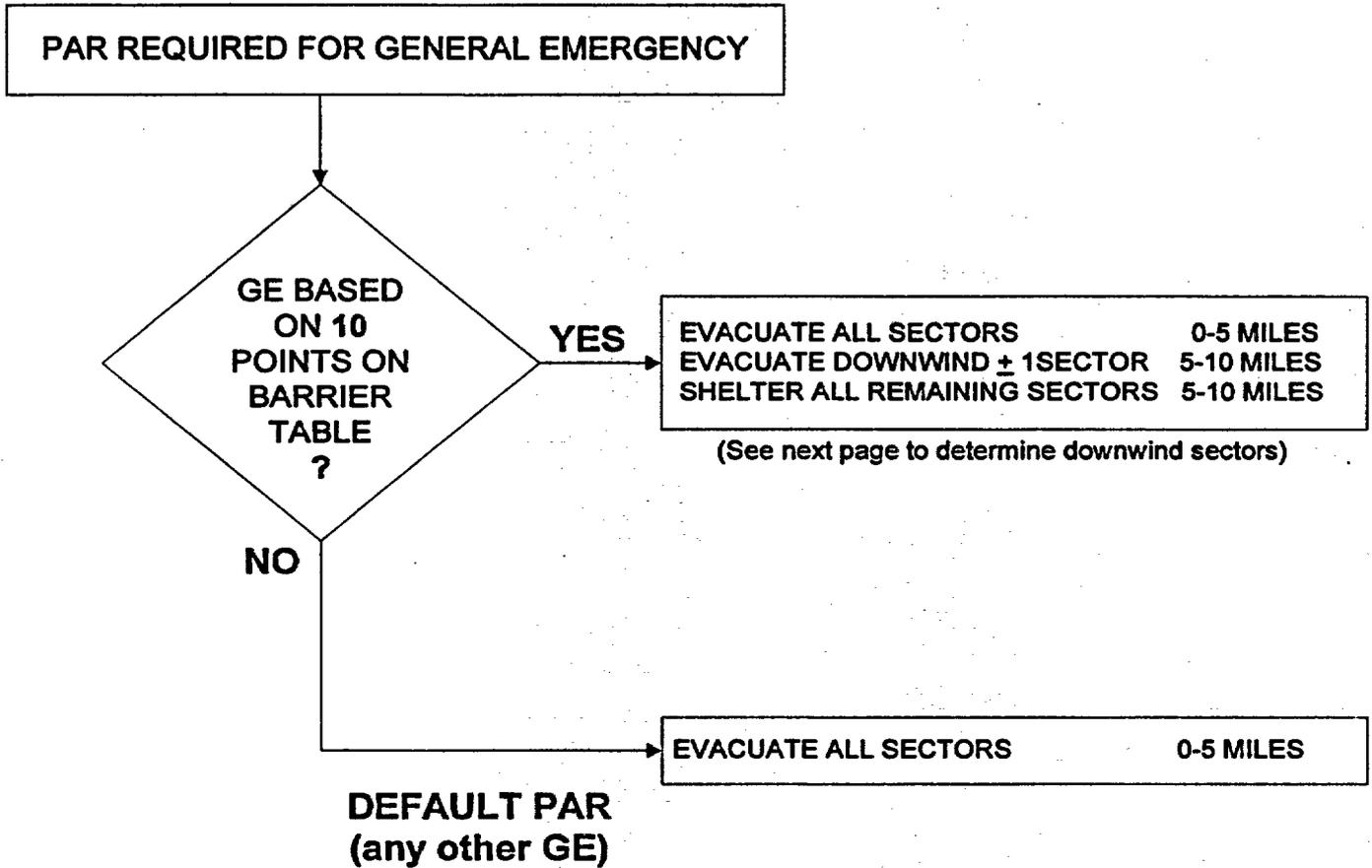
\_\_\_\_\_  
OS

7. **IMPLEMENT** EPEP 102 for OS, EDO or ERM.

\_\_\_\_\_  
EC

**APPENDIX 1**

**PREDETERMINED PROTECTIVE ACTION RECOMMENDATIONS**



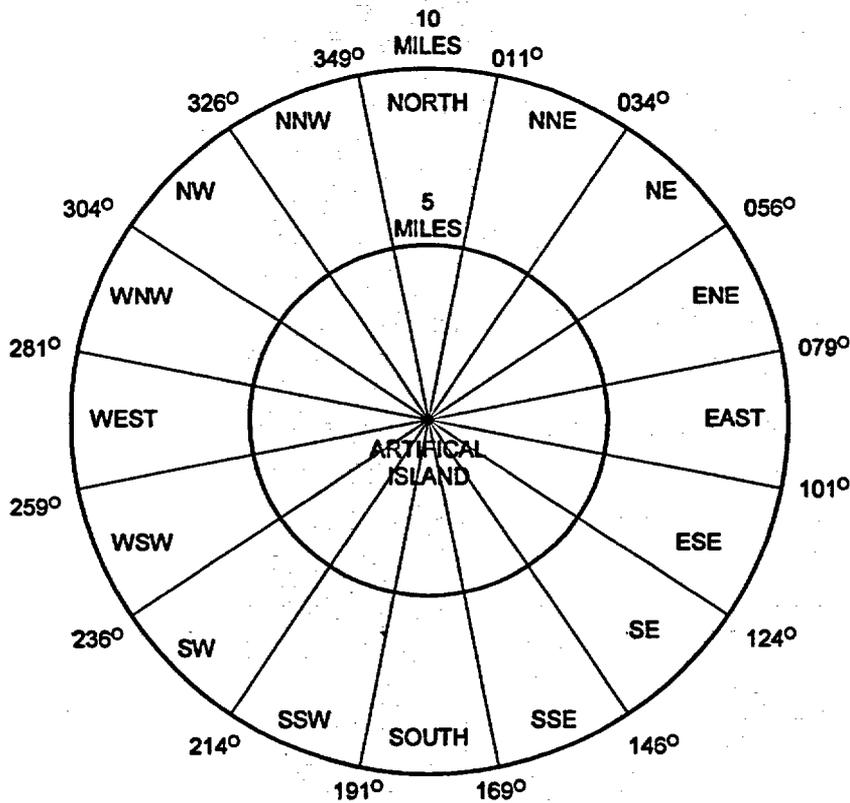
**CAUTION:**

IF TRAVEL CONDITIONS PRESENT AN EXTREME HAZARD (SEVERE ICE, SNOW, WIND, FLOOD, QUAKE DAMAGE, ETC. ), CONSIDER SHELTER INSTEAD OF EVACUATE IN THE ABOVE SELECTED PAR

**APPENDIX 1 (continued)**  
**RECOMMENDED PROTECTIVE ACTION WORKSHEET**

WIND DIRECTION FROM		⇒	PAR AFFECTED SECTORS
<u>DEGREES</u>	<u>COMPASS</u>		<u>DOWNWIND ±1 SECTORS</u>
349 - 011	N	⇒	SSE - S - SSW
011 - 034	NNE	⇒	S - SSW - SW
034 - 056	NE	⇒	SSW - SW - WSW
056 - 079	ENE	⇒	SW - WSW - W
079 - 101	E	⇒	WSW - W - WNW
101 - 124	ESE	⇒	W - WNW - NW
124 - 146	SE	⇒	WNW - NW - NNW
146 - 169	SSE	⇒	NW - NNW - N
169 - 191	S	⇒	NNW - N - NNE
191 - 214	SSW	⇒	N - NNE - NE
214 - 236	SW	⇒	NNE - NE - ENE
236 - 259	WSW	⇒	NE - ENE - E
259 - 281	W	⇒	ENE - E - ESE
281 - 304	WNW	⇒	E - ESE - SE
304 - 326	NW	⇒	ESE - SE - SSE
326 - 349	NNW	⇒	SE - SSE - S

NOTE: CONSIDER ADDING A SECTOR TO THE PAR IF THE WIND DIRECTION (FROM) IS WITHIN ±3° OF A SECTOR DIVIDING LINE.



INITIAL CONTACT MESSAGE FORM

I. THIS IS \_\_\_\_\_, COMMUNICATOR IN THE  CONTROL ROOM  
(NAME)  TSC  
 EOF  
AT THE HOPE CREEK NUCLEAR GENERATING STATION.

IIa.  THIS IS NOTIFICATION OF A GENERAL EMERGENCY WHICH WAS  
DECLARED AT \_\_\_\_\_ ON \_\_\_\_\_  
(TIME - 24 HOUR CLOCK) (DATE)  
EAL #(s) \_\_\_\_\_,  
DESCRIPTION OF EVENT: \_\_\_\_\_

IIb.  THIS IS NOTIFICATION OF A PROTECTIVE ACTION RECOMMENDATION  
UPGRADE WHICH WAS MADE AT \_\_\_\_\_ HRS ON \_\_\_\_\_  
(24 HOUR CLOCK) (DATE)  
Reason for PAR Upgrade: \_\_\_\_\_

III.  NO RADIOLOGICAL RELEASE IS IN PROGRESS. } see NOTE  
 THERE IS A RADIOLOGICAL RELEASE IN PROGRESS. } for release  
definition

IV.  33 FT. LEVEL WIND DIRECTION (From): \_\_\_\_\_ WIND SPEED: \_\_\_\_\_  
(From MET Computer /SPDS) (DEGREES) (MPH)

V.  WE RECOMMEND EVACUATION AS FOLLOWS Sectors Dist.- Miles  
 WE RECOMMEND SHELTERING AS FOLLOWS  
 WE RECOMMEND THE USE OF KI IN ACCORDANCE WITH STATE PROCEDURES

EC Initials (Approval to Transmit ICMF)

**NOTE:**  
Radiological Release is defined as: Plant Effluent > Tech Spec Limit of 1.20E+04 µCi/sec  
Noble Gas or 1.70E+01 µCi/sec I-131.

ATTACHMENT 5

PSE&G  
CONTROL

NRC DATA SHEET COMPLETION REFERENCE

COPY # HECG0065

I. INSTRUCTIONS

NOTE

This attachment is implemented when the NRC Operations Center or Regional Office is notified of an Emergency OR Non-Emergency as specified by the appropriate ECG Attachment. Information is offered as a GUIDELINE to personnel completing the Event Description and the NRC Event Update Sections of the NRC DATA SHEET.

- A. **OBTAIN** a working copy of the NRC Data Sheet (last three pages of this attachment) each time you are directed to complete it. (I.e., each change in classification or new event, begin again)
  
- B. **COMPLETE** the NRC Data Sheet with reference to the following information and guidance, as needed.

NOTE

The following paragraphs briefly describe the type of information expected by the NRC when making notifications. However, it is not required to reference these paragraphs to complete the NRC Data Sheet.

- 1. Event Description Instructions from the NRC Data Sheet state:  
*"Include systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc. note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational."*
  - a) *Include systems affected,...*  
Description: The NRC is primarily concerned about the safety significance of the event and the current conditions of the plant. However, some events may be caused by non-safety related equipment failures and this information should also be provided to the NRC.  
  
Common information should be the response of available systems, (ESF or ECCS systems required to respond) or any other system utilized to mitigate the consequences of the event.

b) *...actuations and their initiating signals, causes,...*

Description: The NRC routinely needs to know what specific signal caused the Reactor trip or system actuation. If the cause of the event or actuation is known, it should be provided. If the cause is not yet known, that information should be provided to the NRC. When the information becomes available, the NRC should be provided updated information (utilize the bottom of page two of the NRC DATA SHEET to provide the updated information).

Common information should be the specific signal that caused the Reactor Scram or system actuation and, if known, whether the parameter has been restored to the previously established band for the current plant conditions.

c) *...effect of event on plant (include if all rods have inserted and how decay heat is being removed)...*

Description: This information should be complete to allow a clear evaluation of current plant conditions. Incorporated in the explanation should be a description of how the event has affected overall plant safety.

Common information should be which safety parameters are affected. This explanation should also include how RCS parameters, especially decay heat removal, are being maintained. (Examples: Rx Press. control is being maintained by cycling SRVs or RPV Water level is being maintained by HPCI). State whether or not all control rods have inserted.

d) *...actions taken or planned,...*

Description: This should be a description of the current plans to mitigate the event or restore the plant to a normal configuration. The focus should be on the short term considerations and not on what you expect to have to accomplish tomorrow or next week.

Common information should be corrective actions taken to mitigate the consequences of the event and the OSC priorities to reestablish specific control of plant safety parameters.

e) *Note anything unusual or not understood.*

Description: The NRC is interested in what systems did NOT respond as you expected and there is no apparent reason why they did not function.

Common information should be systems that failed to respond, systems that had responded correctly, but are currently failing to properly restore monitored parameters to their nominal values, or any unexpected plant response.

- f) ***Indicate systems and safety related equipment that are not operational or did not function as required.***  
**Description:** Explain all non-operational safety related equipment and any systems that did not function as expected. Also provide non-operational plant equipment that may be important to event response or assessment.

**Common information** should be equipment that was inoperable prior to the event that is safety related, non-safety related equipment that caused the transient, or plant systems that would ease the operational response to the transient. Example: SPDS.

- g) ***State if anyone has been injured.***  
**Description:** Injury reports are a measure of the significance of the event.

3. **NRC Event Update Instructions** from the NRC Data Sheet state:

***“(Document additional information provided to the NRC due to their request or as a result of plant/ event status changes).”***

- a) This section of the NRC Data Sheet is intended to be utilized to document additional information requested by the NRC. The individual communicating with the NRC should document the requested information and the response given. This section should also be utilized to update the NRC as plant conditions or equipment availability changes occur or any actions taken in accordance with 10CFR50.54(x).

Also to report the results of investigations or event analysis that yields information previously reported as unknown OR that is now known to have been incorrect as reported earlier.

- b) If changing plant conditions result in a change in Emergency Classification, the Communicator should implement another ECG Attachment 8. This will result in a new NRC Data Sheet being completed and provided to the NRC within the 1-hour time limit.

## II. NRC DATA SHEET FORM

- A. The following two-page form with continuation sheet(s) is used for both emergencies and non-emergencies.
- B. NRC Data Sheet (Page 1 of \_\_\_ ) should always be completed as thoroughly as possible prior to notifying the NRC, but **in no case** should notifications be delayed because of missing information.
- C. (Page 2 of \_\_\_ ) may or may not be applicable as determined by the Emergency Coordinator (EC).

- D. (Page \_\_\_ of \_\_\_) is a continuation form to be used by the Communicator (or EC) to document any additional information reported to the NRC, as needed. Information recorded here, as NRC updates should log the time that the NRC was updated.

NRC DATA SHEET (Page 1 of   )

NOTIFICATION TIME	FACILITY HOPE CREEK GENERATING STATION	CALLER'S NAME	
EVENT DATE	EVENT TIME (EASTERN TIME ZONE)	POWER/MODE BEFORE EVENT	POWER/MODE AFTER EVENT

EVENT CLASSIFICATION (Check One)

<input type="checkbox"/>	GENERAL EMERGENCY	<input type="checkbox"/>	ALERT	<input type="checkbox"/>	1 HR 10CFR50.72(b) (1) *(        )	<input type="checkbox"/>	1 HR SECURITY/SAFEGUARDS
<input type="checkbox"/>	SITE AREA EMERGENCY	<input type="checkbox"/>	UNUSUAL EVENT	<input type="checkbox"/>	4 HR 10CFR50.72(b) (2) *(        )	<input type="checkbox"/>	TRANSPORTATION EVENT
<input type="checkbox"/>	OTHER (DESCRIBE):		<input type="checkbox"/>	<input type="checkbox"/>	8 HR 10CFR50.72(b) (3) *(        )	<input type="checkbox"/>	

\* FOR NON-EMERGENCIES PROVIDE THE SPECIFIC SUBPART NUMBER OF THE 10CFR50.72 REPORTING FROM THE ECG INITIATING CONDITION STATEMENT.

EVENT DESCRIPTION

Include systems affected, actuations & their initiating signals, causes, effect of event on plant (include if all rods have inserted and how decay heat is being removed), actions taken or planned, etc. Note anything unusual or not understood. Indicate systems and safety-related equipment that are not operational or did not function as required. State if anyone has been injured.

(Use a continuation page if more room is needed)

RCS LEAK DATA

(Complete only if event includes an RCS leak > Tech Specs)

LOCATION OF LEAK (e.g. PUMP, VALVE, PIPE etc.):

TIME & DATE LEAK STARTED: \_\_\_\_\_ ON \_\_\_\_\_

LEAK RATE: \_\_\_\_\_ gpm                      TIME                      DATE  
T/S LEAK LIMITS: \_\_\_\_\_

LAST KNOWN COOLANT ACTIVITY: \_\_\_\_\_

WAS THIS LEAK A SUDDEN OR LONG - TERM DEVELOPMENT? \_\_\_\_\_

NOTIFICATIONS

ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE	ORGANIZATION NOTIFIED	YES	NO	WILL BE
NRC RESIDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STATE OF DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOCAL (LAC TOWNSHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER GOVERNMENT AGENCIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MEDIA / PRESS RELEASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MODE OF OPERATION UNTIL CORRECTED: _____				ESTIMATED RESTART DATE: _____				ADDITIONAL INFO ON Page 2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information for Non-Emergency Notifications:  
Reportable Action Level (RAL #) 11.

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page 2 of   )

NOTIFICATION DATE/TIME: \_\_\_\_\_

**RADIOLOGICAL RELEASE DATA:** (This section is only required to be completed if a release exceeding Tech Specs is in progress or has already occurred).

Check  ALL correct statements and provide to the NRC.

- There is/was a gaseous release above Tech Spec limits in progress (Tech Spec Limit: Noble Gas = 1.20E+04  $\mu$ Ci/sec).
- There is/was an Iodine release above Tech Spec limits in progress (Tech Spec Limit: Iodine -131 = 1.70E+01  $\mu$ Ci/sec).
- There is/was a liquid release above Tech Spec limits in progress.
- The release is ongoing (still above Tech Specs) at this time.
- The release was terminated (no longer above Tech Specs) at \_\_\_\_\_ hrs.
- The release was planned and can be isolated.
- The release pathway is monitored by the Radiation Monitoring System.
- Areas evacuated onsite due to release concerns are: \_\_\_\_\_
- Station personnel have been exposed as a result of the radiological release.
- Station personnel have received exposure above 10CFR20 limits.
- Station personnel have been contaminated as a result of the radiological release.
- Station personnel have been contaminated to an extent requiring offsite assistance to decon.

**SPECIFIC RADIOLOGICAL PARAMETERS:** (Provide current values) Current Time: \_\_\_\_\_ hrs.  
 The Noble Gas Release Rate (from page 2 of 2 of SSCL) is: \_\_\_\_\_  $\mu$ Ci/sec.  
 The Iodine - 131 Release Rate (from page 2 of 2 of SSCL) is: \_\_\_\_\_  $\mu$ Ci/sec. Default / Sample results (circle one)

**RELEASE PATHWAY MONITORS:** (Provide monitor reading with units and alarm setpoints only for those below listed monitors in Alarm or the HTV whenever it is venting).

MONITOR #	NAME	CURRENT READING	HIGH ALARM SETPOINT
9RX580	South Plant Vent (SPV) Effluent	_____ $\mu$ Ci/sec	3.08E+03 $\mu$ Ci/sec
9RX590	North Plant Vent (NPV) Effluent	_____ $\mu$ Ci/sec	3.08E+03 $\mu$ Ci/sec
9RX680	FRVS Vent Effluent	_____ $\mu$ Ci/sec	1.45E+03 $\mu$ Ci/sec
9RX518	Hard Torus Vent (HTV) Effluent	_____ $\mu$ Ci/sec	N/A
9RX509-512	Highest Main Steam Line	_____ mR/hr	_____ mR/hr
9RX621	Offgas "A" PreTreatment	_____ mR/hr	2.20E+04 mR/hr
9RX622	Offgas "B" PreTreatment	_____ mR/hr	2.20E+04 mR/hr
9RX625	Offgas "A" Treated	_____ cpm	5.00E+04 cpm
9RX626	Offgas "B" Treated	_____ cpm	5.00E+04 cpm

**OTHER PERTINENT INFORMATION:** (Document additional information related to any radiological release).

OS/EC APPROVAL TO TRANSMIT

NRC DATA SHEET (Page \_\_ of \_\_)

TIME \_\_\_\_\_ DATE \_\_\_\_\_ NRC contact NAME \_\_\_\_\_ for NRC event update.

Use this page as a CONTINUATION page  
OR  
Separately for an NRC EVENT UPDATE (Documentation of additional information to the NRC  
due to their request or as a result of plant/event status changes):

(Use a continuation page if more room is needed)

OS/EC APPROVAL TO TRANSMIT

ATTACHMENT 6  
PRIMARY COMMUNICATOR LOG

Table of Contents

<u>Pages</u>	
1 - 3	Notifications & Incoming Calls
4	Termination
5 - 8	Communications Log

PSE&G  
CONTROL  
COPY # HECG0065

Emergency Classification: (circle)	UE	ALERT	SAE	GE
Name: _____ (Print)		Position: CM1 /TSC1/ EOF1 (Circle)		

**A. NOTIFICATIONS**

**NOTE**

A new Attachment 6 is required to be implemented if the classification or protective action recommendation (PAR) changes.

If classification or PAR change occurs during notification process, THEN fifteen-minute notifications **MUST** be completed before implementing a new Attachment 6 and the NRC time requirement is based on the original declaration time.

**CAUTION**

Fifteen-minute clock for notification starts at time event was declared.

- Initials
1. CALL each Organization or Individual identified on the Communications Log (Pgs. 5 - 8) and READ the ICMF. \_\_\_\_\_
  2. **IF** required to activate an individual's pager, CM1/TSC1/EOF1  
**THEN PERFORM** the following:
    - a. DETERMINE a non-NETS phone number for the pager holder to call back on and note it here.  
  
Call Back #: 856-339-\_\_\_\_\_
    - b. DIAL the pager number of the individual you are trying to contact.

Initials

c. WHEN you hear "Beep, Beep, Beep,"  
THEN ENTER the Call Back #.

d. HANG UP the phone and CONTINUE making other notifications per Step 1.

\_\_\_\_\_  
CM1/TSC1/EOF1

**B. TURNOVER**

1. IF CONTACTED by the TSC (or EOF) in preparing for notifications responsibilities,  
THEN PROVIDE the following information:
  - Organizations/Individuals notified.
  - Phone numbers or locations of individuals for updates or changes in status.

\_\_\_\_\_  
CM1/TSC1

2. IF the EC function transfers to the oncoming facility,  
THEN contact the oncoming communicator and COMPLETE turnover.

\_\_\_\_\_  
CM1/TSC1

**C. INCOMING CALLS**

**NOTE**

Initial Notifications take priority over incoming calls.

**STATE OFFICIALS**

1. IF Notifications authority has transferred,  
THEN DIRECT the caller to contact the TSC (or EOF if activated).
2. WHEN contacted by any State Agency Officials (listed here),
  - DEMA - Delaware Emergency Management Agency
  - AAAG - Delaware Accident Assessment Advisory Group
  - BNE - NJ Bureau of Nuclear Engineering
  - DEP - NJ Dept. of Environmental Protection
  - OEM - NJ Office of Emergency Management

\_\_\_\_\_  
CM1/TSC1

THEN PERFORM the following:

- ( ) a. OBTAIN and RECORD

<u>Agency</u>	<u>Caller's Name</u>	<u>Phone #</u>
_____	_____	_____
_____	_____	_____

C. INCOMING CALLS (cont'd)

Initials

- ( ) b. READ the latest EC approved SSCL.
- ( ) c. IF caller is NJ-BNE, DEMA, or AAAG, THEN also READ the approved NRC Data Sheet Event Description information.

\_\_\_\_\_  
CM1/TSC1/EOF1

NEWS MEDIA

**CAUTION**

Communicators are **NOT** authorized to release any information to the News Media.

- 3. IF contacted by any News Media representative, THEN READ the appropriate message below:

\_\_\_\_\_  
CM1/TSC1/EOF1

- ( ) a. IF the ENC is not activated (Unusual Event), say;

**“You are requested to contact the Nuclear Communications Office at the following number; 856-339-1186.”**

- ( ) b. IF the ENC is activated (ALERT or higher), say;

**“You are requested to contact the Media Information Operator at any of the following numbers; 856-273-0188, -0282, -0386, -0479, or -0586.”**

\_\_\_\_\_  
CM1/TSC1/EOF1

D. CONTINUOUS DUTIES

- 1. ASSIST the CM2 gathering and faxing operational data.
- 2. ASSIST the TSC2 (or EOF2) in maintaining facility status boards.
- 3. IF the telecopier is NOT working correctly, THEN CALL the TSC - Emergency Preparedness Advisor (EPA) for assistance.

\_\_\_\_\_  
CM1

\_\_\_\_\_  
TSC1/EOF1

\_\_\_\_\_  
CM1/TSC1/EOF1

Initials

**E. TERMINATION/REDUCTION**

1. WHEN the Emergency has been terminated or reduced in classification,  
THEN;

( ) a. OBTAIN the EC approved EMERGENCY TERMINATION/REDUCTION FORM.

**NOTE**

Time limits for notifications of Emergency Termination only apply to the NRC (as soon as possible, but < 60 minutes)

( ) b. CALL each Organization or Individual identified on the Communications Log and READ the message.

CM1/TSC1EOF1

2. WHEN the emergency is terminated,  
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

CM1/TSC1/EOF1

EVENT  
TERMINATION

COMMUNICATIONS LOG

INITIAL NOTIFICATIONS

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE) ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER	NAME OF CONTACT /TIME	
15 MIN.	<b>DELAWARE STATE POLICE/DEMA</b>  Initial contact: Primary: (SP)                      NETS 5406 Secondary:                              302-659-2341 Backup:                                      NAWAS  When DEMA calls back to report acceptance of emergency responsibilities (approx. 1 hour after initial notification) then contact numbers become:  Primary: (DEMA)                      NETS 5407 Secondary:                              302-659-2251, -2256 BACKUP:                                      NAWAS		TIME _____ DATE _____			
		Call Back:	TIME _____ DATE _____			
	<b>NOTES: IF DELAWARE IS CONTACTED, PROCEED WITH NEW JERSEY. IF NOT, THEN CONTACT BOTH COUNTIES IN DELAWARE.</b>					
		<b>NEW CASTLE COUNTY</b> Primary:                              NETS 5408 Secondary:                              302-571-7331		TIME _____ DATE _____		
	<b>KENT COUNTY</b> Primary:                              NETS 5409 Secondary:                              302-678-9111		TIME _____ DATE _____			
15 MIN.	<b>NEW JERSEY STATE POLICE/OEM</b>  Primary:                              NETS 5400  Secondary:                              609-882-4201 BACKUP:                              EMRAD (not in TSC)		TIME _____ DATE _____			
		Call Back:				
	<b>NOTES: IF NEW JERSEY IS CONTACTED, PROCEED WITH NEXT PAGE. IF NOT, THEN CONTACT ALL OF THE FOLLOWING.</b>					
		<b>SALEM COUNTY</b> Primary:                              NETS 5402 Secondary:                              856-769-2959		TIME _____ DATE _____		
		<b>CUMBERLAND COUNTY</b> Primary:                              NETS 5403 Secondary:                              856-455-8770		TIME _____ DATE _____		
	<b>U.S. COAST GUARD</b> (Speak Only to Duty Desk) Primary:                              215-271-4800 Secondary:                              215-271-4940		TIME _____ DATE _____			

EVENT  
TERMINATION

COMMUNICATIONS LOG

INITIAL NOTIFICATIONS

TIME LIMIT	CLASSIFICATION: (UE/A/SAE/GE)  ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER	NAME OF CONTACT /TIME
30 MIN.	LAC TOWNSHIP  Primary:                    NETS 5404 Secondary:                 856-935-7300		_____ TIME  _____ DATE		
<p><b><u>NRC OPS CENTER COMMUNICATIONS INSTRUCTIONS</u></b></p> <ol style="list-style-type: none"> <li>1. <b><u>OBTAIN</u></b> the approved NRC Data Sheet.</li> <li>2. <b><u>IF</u></b> time permits, <b><u>ENTER</u></b> 9-1-301-816-5151 into fax, hit <b><u>START</u></b> and <b><u>FAX</u></b> NRC Data sheet to NRC.</li> <li>3. <b><u>READ</u></b> both the ICMF and NRC Data Sheet. <b><u>IF</u></b> the NRC Data Sheet is <b><u>NOT</u></b> obtainable within 60 minutes of emergency declaration, <b><u>THEN</u></b> read only the ICMF. This constitutes official notification of the NRC. Follow up with NRC Data Sheet when obtained.</li> <li>4. <b><u>DOCUMENT</u></b> the notification below.</li> <li>5. <b><u>IF</u></b> the NRC requests additional information concerning the event, <b><u>THEN</u></b> <b><u>OBTAIN</u></b> assistance from CR (TSC/EOF) Staff to <b><u>ENSURE</u></b> it is accurate and EC approved. Document questions and answers.</li> <li>6. <b><u>IF</u></b> the NRC requests an open line be maintained, <b><u>THEN</u></b> <b><u>OBTAIN</u></b> assistance in completing any remaining calls. (See NOTE below)</li> </ol>					
60 MIN.	<p><b>NRC OPERATIONS CENTER</b></p> <p><input type="checkbox"/> ICMF <input type="checkbox"/> NRC Data Sheet</p> <p>Primary:(ENS)            1-301-816-5100                      First back-up:            1-301-951-0550                      Second back-up:         1-301-415-0550                      Third back-up:            1-301-415-0553                      Fax:                            9-1-301-816-5151</p>		_____ TIME  _____ DATE		

**NOTE**

An additional communicator (preferably an RO or SRO) may be assigned to provide continuous updates to the NRC under the following circumstances;

- NRC requests an open line be maintained.
- Additional qualified communicator is available **AND** is not required for actions to mitigate the emergency (higher priority activities) in the judgment of the EC.

EVENT  
TERMINATION I

COMMUNICATIONS LOG

INITIAL NOTIFICATIONS

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE)  ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER	NAME OF CONTACT /TIME
70 MIN.	<b>EMERGENCY DUTY OFFICER (EDO)</b> Primary: Refer to Roster Secondary: (Contact One) Jesse Pike Office: 1286 Home: 856-358-6228 Pager: Primary 866-691-3156 Pager: Secondary 856-464-3367 Car: 609-230-5663 Kurt Krueger Office: 3049 Home: 856-878-0875 Pager: 866-680-2511 Car: 609-230-9417 Daron Zakarian Office: 3281 Home: 610-459-0992 Pager: 866-691-3152 Car: 609-980-5159 Sam Jones Office: 5055 Home: 856-769-2231 Pager: 877-787-3651 Car: 609-230-0530	<b>NOTE 1</b>  NOTIFY EDO for Unusual Events <u>ONLY.</u>	_____ TIME  _____ DATE		
70 MIN.	<b>PUBLIC INFORMATION MANAGER NUCLEAR (Contact One)</b>  Skip Sindoni Office: 1002 Home: 856-478-4364 Pager: 877-722-7510  Chic Cannon Office: 5210 Home: 302-832-7974 Pager: 877-645-7017	<b>NOTE 2</b>  After ENC activation, NOTIFY the ENC Lead Tech Advisor NETS -5303 Or DID 273-0695	_____ TIME  _____ DATE		

EVENT  
TERMINATION

COMMUNICATIONS LOG

INITIAL NOTIFICATIONS

TIME LIMIT	CLASSIFICATION: _____ (UE/A/SAE/GE)  ORGANIZATION/INDIVIDUALS	NAME OF CONTACT	TIME /DATE	CALLER	NAME OF CONTACT /TIME
75 MIN.	<p><b>NRC RESIDENTS</b> (Contact One)</p> <p>Marc Ferdas Office: 1017 Or 856-935-3850 Or 856-935-5373 Home 856-424-3346 Cell Phone: 484-868-2185</p> <p>Mel Gray Office: 1078 Or 856-935-3850 Or 856-935-5373 Home: 302-475-1471 Cell Phone: 484-868-1488</p>		<p>TIME _____</p> <p>DATE _____</p>		
90 MIN.	<p><b>EXTERNAL AFFAIRS</b> (Contact One)</p> <p>Ross Bell Office: 1239 Home: 856-455-7435 Pager: 877-502-5863</p> <p>Ed Johnson Office: 1486 Home: 856-678-2257 Pager: 877-735-2508</p>	<p><u>NOTE 3</u></p> <p>Not required to notify External Affairs After the ENC is activated.</p>	<p>TIME _____</p> <p>DATE _____</p>		
90 MIN.	<p><b>AMERICAN NUCLEAR INSURERS</b> (ANI) 860-561-3433</p>	<p><u>NOTE 4</u></p> <p>Not required to notify ANI for Unusual Events</p>	<p>TIME _____</p> <p>DATE _____</p>		

ATTACHMENT 8

SECONDARY COMMUNICATOR LOG

Table of Contents

<u>Pages</u>	
1 - 2	Notifications & Data Collection/Transmission
3 - 4	Incoming Calls (BNE, DEMA, OEM, AAAG, etc.)
6	Major Equipment & Electrical Status (MEES) form
7	Operational Status Board (OSB) form
8 - 9	Station Status Checklist (SSCL) form
10	Common Site UNUSUAL EVENT – Station Status Checklist form

PSE&G  
CONTROL  
COPY # HECG0065

Emergency Classification: (circle)	UE	ALERT	SAE	GE
Name: _____ (Print)	Position: CM2 /TSC2/ EOF2 (Circle)			

A. NOTIFICATIONS

**NOTE**

A new Attachment 8 is required to be implemented if the classification changes or Protective Action Recommendations (PAR) Upgrades.

Initials

1. OBTAIN a copy of Attachment 6 and ASSIST Primary Communicator with 15-minute notifications, as necessary. \_\_\_\_\_  
CM2/TSC2/EOF2
  
2. DIFECT the Shift Rad Pro Tech (SRPT) (x3741) to implement EPIP 301H, RPT Onshift Response. (N/A for Common Site)
 

Name: _____	Time: _____	_____ CM2
-------------	-------------	--------------
  
3. For an ALERT or higher emergency;
  - a. If an on-shift SRO is not available to fill the OSC Operations Supervisor position, CALLOUT an additional SRO and have him/her report to the OSC.
 

Name: _____	Time: _____	_____ CM2
-------------	-------------	--------------

- b. **ACTIVATE ERDS** within 60 minutes from EITHER the OS Office or the CR SPDS terminal;
- 1) **PRESS <ERDS>** key.
  - 2) **PRESS <Pg Up>** key to select "ACTIVATE ERDS COMMUNICATION."
  - 3) **FOLLOW** screen prompts.

Initials

\_\_\_\_\_  
CM2

**A. NOTIFICATIONS (cont'd)**

4. **OBTAIN** a copy of the ICMF and FAX the ICMF to Group A (EOF2 – FAX to Group C).

\_\_\_\_\_  
CM2/TSC2/EOF2

5. **COMPLETE** a **Station Status Checklist (SSCL)** Form, Pg. 7 or **Common Site UNUSUAL EVENT Station Status Checklist (SSCL)** Form, Pg. 9;

- ( ) a. **OBTAIN OS (TSS/SSM)** assistance, as needed for Pg. 1.
- ( ) b. **OBTAIN SRPT (RAC/RSM)** assistance, as needed for Pg. 2. (N/A for Common Site)
- ( ) c. **FAX** to Group B. (EOF2 – FAX to Group D)
- ( ) d. IF fax transmission of the SSCL is incomplete, THEN CONTACT the State Agencies listed below, READ the data, AND DOCUMENT on SSCL, Pg. 2.

**DEMA** Delaware Emergency Management Agency 302-659-2290  
**BNE** NJ Bureau of Nuclear Engineering 609-984-7700

\_\_\_\_\_  
CM2/TSC2/EOF2

6. **OBTAIN** a completed **NRC Data Sheet** from the CM-1 and FAX form to Group B (EOF2 – FAX to Group D)

\_\_\_\_\_  
CM2/TSC2/EOF2

7. **REPEAT** Step 5 approximately every half hour OR IMMEDIATELY for significant changes in Station status, until either Turnover or relief.

\_\_\_\_\_  
CM2/TSC2/EOF2

8. **TURNOVER** responsibility for offsite notifications and offsite data updates (SSCLs) to the oncoming facility (TSC or EOF);

- ( ) a. **GIVE** names and phone numbers of contacts already made with any Offsite Agencies.
- ( ) b. **GIVE** time for next SSCL.

\_\_\_\_\_  
CM2/TSC2

**B. DATA COLLECTION/TRANSMISSION**

Initials

1. WHEN in an ALERT or higher emergency  
OR AFTER significant changes in plant status;  
THEN COMPLETE the Major Equipment and Electrical Status (MEES) Form.
- ( ) a. OBTAIN Licensed Operator review.
  - ( ) b. GIVE a copy to the OSC Coordinator.
  - ( ) c. FAX to Group C.

\_\_\_\_\_ CM2

**B. DATA COLLECTION/TRANSMISSION (cont'd)**

2. IF requested by the TSC,  
THEN COMPLETE the Operational Status Board (OSB) Form every 15 minutes;  
(TSS may modify the frequency or data list as appropriate)
- ( ) a. OBTAIN Licensed Operator review.
  - ( ) b. FAX to Group C

\_\_\_\_\_ CM2

3. VERIFY availability of "OPERATIONAL STATUS BOARD (OSB) FORM"  
data on the VAX printer.

- ( ) a. IF OSB data is available,  
THEN SELECT or REQUEST Rad Pro to select Menu Option #2  
(Current Ops Status) every 15 minutes on the VAX LA 120.
- ( ) b. IF VAX data is NOT available,  
THEN OBTAIN data from CRIDS Page Display # 232.
- ( ) c. IF CRIDS data is NOT available,  
THEN REQUEST the CM2 in CR to begin transmitting the OSB form.

\_\_\_\_\_ TSC2

4. ENSURE the Facility OSB and MEES Status Boards are updated;

- ( ) a. IF OSB data is NOT available,  
THEN REQUEST CM2 to perform step B.2, above. (data set and frequency  
of updates may be revised by the TSS based on event circumstances)
- ( ) b. WHEN significant changes in plant systems status occur,  
THEN REQUEST CM2 to perform step B.1, above.

\_\_\_\_\_ TSC2/EOF2

5. WHEN the emergency is terminated,  
THEN FORWARD this document and all completed Forms to the OS (TSS/SSM).

\_\_\_\_\_ CM2/TSC2/EOF2

**C. INCOMING CALLS**

STATE OFFICIALS

1. IF Notifications authority has transferred,  
THEN DIRECT the caller to contact the TSC (or EOF if activated).

\_\_\_\_\_ CM2/TSC2

2. WHEN contacted by any State Agency Officials (listed here),

- DEMA - Delaware Emergency Management Agency
- AAAG - Delaware Accident Assessment Advisory Group
- BNE - NJ Bureau of Nuclear Engineering
- DEP - NJ Department of Environmental Protection
- OEM - NJ Office of Emergency Management

THEN PERFORM the following:

STATE OFFICIALS

- ( ) a. OBTAIN and RECORD;
- | <u>Agency</u> | <u>Caller's Name</u> | <u>Phone #</u> |
|---------------|----------------------|----------------|
| _____         | _____                | _____          |
| _____         | _____                | _____          |
- ( ) b. READ the latest EC approved SSCL.
- ( ) c. IF caller is NJ-BNE, DEMA, or AAAG,  
THEN also READ the approved NRC Data Sheet Event Description.

CM2/TSC2/EOF2

NEWS MEDIA

**CAUTION**

**Communicators are NOT authorized to release any information to the News Media.**

3. WHEN contacted by any News Media representative,  
READ the appropriate message below;

- ( ) a. IF the ENC is not activated (Unusual Event), say;  
"You are requested to contact the Nuclear Communications Office  
at any of the following numbers; 856-339-1186."
- ( ) b. IF the ENC is activated (ALERT or higher), say;  
"You are requested to contact the Media Information Operator at  
any of the following numbers; 856-273-0188, -0282, -0386, -  
0479, or -0586."

CM2/TSC2/EOF2

NRC OPERATIONS CENTER

4. WHEN directed by the NRC to TERMINATE ERDS transmission,  
THEN GO TO any CR SPDS terminal AND PROCEED as follows;
- a. PRESS <ERDS> key.
  - b. PRESS <Pg Dn> key to select "TERMINATE ERDS COMMUNICATION."
  - c. FOLLOW screen prompts.
  - d. WHEN completed, NOTIFY the OS.

---

CM2

**HOPE CREEK**

**MAJOR EQUIPMENT AND ELECTRICAL STATUS**

DATE: \_\_\_\_\_  
UPDATE TIME: \_\_\_\_\_

NOTE: Y = IN SERVICE N = OUT OF SERVICE (CIRCLE ANY UNAVAILABLE EQUIPMENT)			REACTIVITY CONTROL		ELECT. FEED	Y/N	CONTAINMENT CONTROL		ELECT. FEED	Y/N		
			SLC PUMPS	A	B212		FRVS RECIRC FANS	A	B410			
				B	B222			E	B450			
			RWCU PUMPS	A	B254			B	B420			
	B	B264		F	B460							
							C	B430				
							D	B440				
WATER COOLING SYSTEMS			ELECT. FEED	Y/N	CRD PUMPS	A	B430		FRVS VENT FANS	A	B212	
						B	B440			B	B222	
SW PUMPS	A	A401		ELECTRICAL STATUS			Y/N	H2 RECOMBINERS	A	B410		
	C	A403		OFFSITE AC POWER AVAILABLE					B	B480		
	B	A402		EMERGENCY DIESELS	RUN	LOADED		PCIG COMPRESSORS	A	B232		
	D	A404							B	B242		
SACS PUMPS	A	A401		EDG	A			SERVICE AIR COMPRESSORS	ELECT. FEED Y/N			
	C	A403			B			00K107	A120			
	B	A402			C			10K107	A110			
	D	A404			D							
RACS PUMPS	A	B415		HVAC		ELECT. FEED	Y/N	EMER. INST. AIR COMPRESSOR	ELECT. FEED	Y/N		
	B	B426		TURBINE BLDG		A	A110	10K100	B450			
	C	B250		CHILLED WATER CHILLERS		B	A120	ECCS				
CIRC WATER PUMPS	A	A501			C	A101		ELECT. FEED Y/N				
	B	A502			D	A110		RHR PUMPS				
	C	A501		TURBINE BLDG		A	B130	A			A401	
	D	A502		CHILLED WATER		B	B120	C			A403	
CONDENSATE/FEEDWATER	ELECT. FEED	Y/N	CIRC PUMPS		C	B110	B			A402		
PRIMARY CONDENSATE PUMPS	A	A110	CONTROL AREA		A	B431	D			A404		
	B	A120	CHILLED WATER				RCIC PUMPS			STEAM		
	C	A102	CIRC PUMPS		B	B441	HPCI PUMPS			STEAM		
SECONDARY CONDENSATE PUMPS	A	A110	CONTROL AREA		A	A403	CORE			A	A401	
	B	A120	CHILLED WATER				SPRAY PUMPS			C	A403	
	C	A104	CHILLERS		B	A404				B	A402	
FEED WATER PUMPS	A	STEAM	TSC		A	B451				D	A404	
	B	STEAM	CHILLED WATER									
	C	STEAM	CIRC PUMPS		B	B461						
			TSC		A	A401						
			CHILLED WATER									
			CHILLERS		B	A402						

LICENSED OPERATOR REVIEW: \_\_\_\_\_

INITIALS

# OPERATIONAL STATUS BOARD - HOPE CREEK

NOTE: 1) IF REQUESTED, TRANSMIT THIS FORM TO GROUP C (TSC AND EOF) EVERY 15 MINUTES.  
2) PROVIDE A COPY TO THE OSC COORDINATOR.  
3) SEE CRIDS PAGE 232 FOR DATA.

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

## TIMES (24-HOUR CLOCK)

	INST E PLAN	UNITS				
<b>I. BALANCE OF PLANT</b>						
A. CST LEVEL	(1)	X 10 <sup>4</sup> GAL				
B. CONDENSER PRESSURE	(2)	IN. HGa				
C. RCIC FLOW	(3)	GPM				
D. FEED FLOW	(4)	MLB/HR				
<b>II. ECCS</b>						
A. RHR FLOW-A	(5)	GPM				
Mode (LPCI, S/D Cooling, Drywell Spray, Pool Cooling)						
RHR FLOW-C	(5)	GPM				
RHR FLOW-B	(6)	GPM				
Mode (LPCI, S/D Cooling, Drywell Spray, Pool Cooling)						
RHR FLOW-D	(6)	GPM				
B. HPCI PUMP FLOW	(7)	GPM				
C. CORE SPRAY FLOW-A	(8)	GPM				
CORE SPRAY FLOW-B	(9)	GPM				
D. SRV (OPEN) STATUS	(10)	# OPEN				
<b>III. RX COOLANT SYSTEM</b>						
A. POWER	(11-16)	% or CPS				
B. WATER LEVEL	(17,20,21,22)	IN.				
C. PRESSURE	(18,19)	PSIG				
D. TEMPERATURE	(23)	DEGREES F				
E. RECIRC FLOW - A LOOP	(24)	X 10 <sup>3</sup> GPM				
RECIRC FLOW - B LOOP	(24)	X 10 <sup>3</sup> GPM				
F. JET PUMP FLOW (TOTAL)	(25)	MLB/HR				
<b>IV. CONTAINMENT</b>						
A. DRYWELL PRESSURE	(26,27)	PSIG				
TEMPERATURE	(28,29)	DEGREES F				
H2 CONC.	(30,31)	%				
O2 CONC.	(30,31)	%				
B. SUPP. CHAMBER PRESS.	(26,27)	PSIG				
AIR TEMPERATURE	(28,29)	DEGREES F				
WATER LEVEL	(32)	IN.				
WATER TEMPERATURE	(33,34)	DEGREES F				
C. RX BLDG. DELTA P	(35,36)	IN. H <sub>2</sub> O				
<b>V. SSCL</b>						
A. OFFSITE POWER AVAILABLE?		YES/NO				
B. 3 OR MORE DG'S AVAILABLE?		YES/NO				
C. DID ANY ECCS ACTUATE?		YES/NO				
D. IS THE PRIMARY CONTAINMENT BARRIER FAILED?		YES/NO				
LICENSED OPERATOR REVIEW		INITIALS:				
OTHER SIGNIFICANT ITEMS						

Operational Information

HOPE CREEK GENERATING STATION Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted By: Name \_\_\_\_\_ Position \_\_\_\_\_

(CR/TSC/EOF)

1. Date and Time Event Declared: Date \_\_\_\_\_ Time \_\_\_\_\_ (24 hr clock)

2. Event Classification:  Unusual Event  Site Area Emergency  
 Alert  General Emergency

3. Cause of Event: Primary Initiating Condition used for declaration

EAL #(s) \_\_\_\_\_

Description of the event \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Status of Reactor:  Scrammed Time of Scram \_\_\_\_\_  
 At Power  Startup  Hot Shutdown  Cold Shutdown  Refuel

5. Rx Pressure \_\_\_\_\_ psig Rx Temp \_\_\_\_\_ °F Rx Water Level \_\_\_\_\_ in.

6. Is offsite power available?  YES  NO

7. Are three or more diesel generators available?  YES  NO

8. Did any Emergency Core Cooling Systems actuate?  YES  NO

9. Is the Containment barrier failed? (Loss per EAL section 3.3)  YES  NO

10. Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

APPROVED: \_\_\_\_\_

EC or TSS or SSM

Rev. 09

**STATION STATUS CHECKLIST**  
**( PAGE 2 OF 2 )**  
**RADIOLOGICAL INFORMATION**

ECG  
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HOPE CREEK GENERATING STATION - CALCULATION TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

**1. GASEOUS RELEASE > TECH SPEC (T/S) LIMITS:**

(T/S LIMITS: 1.2 E+04  $\mu$ Ci/sec NG or 1.7E+01  $\mu$ Ci/sec IODINE)

YES: [ ] RELEASE START TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

NO: [ ]

- A. RELEASE TERMINATED: YES [ ] NO [ ] N/A [ ]
- B. ANTICIPATED OR KNOWN DURATION OF RELEASE: \_\_\_\_\_ HOURS
- C. TYPE OF RELEASE: GROUND [ ] ELEVATED: [ ] N/A [ ]
- D. ADJUSTED WIND SPEED: \_\_\_\_\_ (mph) \_\_\_\_\_ (m/sec) WIND DIR (deg from) \_\_\_\_\_
- E. STABILITY CLASS: \_\_\_\_\_ (A-G)
- F. VENT PATH OF RELEASE: NPV [ ] SPV [ ] FRVS [ ] HTV [ ]
- G. NG RELEASE RATE: NPV \_\_\_\_\_ SPV \_\_\_\_\_ FRVS \_\_\_\_\_  
 HTV \_\_\_\_\_ ( $\mu$ Ci/sec)
- H. I-131 RELEASE RATE: NPV \_\_\_\_\_ SPV \_\_\_\_\_ FRVS \_\_\_\_\_  
 HTV \_\_\_\_\_ DEFAULT ( $\mu$ Ci/sec) (circle if default)
- I. TOTAL RELEASE RATE NOBLE GAS: \_\_\_\_\_ ( $\mu$ Ci/sec)
- J. TOTAL RELEASE RATE IODINE-131: \_\_\_\_\_ ( $\mu$ Ci/sec)

**2. PROJECTED OFFSITE DOSE RATE CALCULATIONS:**

DISTANCE FROM VENT (IN MILES)	XU/Q (1/M2)	TEDE RATE (MREM/HR)	TEDE DOSE (4 DAY) (MREM)	THYROID-CDE RATE (MREM/HR)	THYROID-CDE DOSE (MREM)	TIME FOR PLUME TO TRAVEL (MIN)
MEA 0.56	_____	_____	_____	_____	_____	_____
2.00	_____	_____	_____	_____	_____	_____
LPZ 5.00	_____	_____	_____	_____	_____	_____
EPZ 10.00	_____	_____	_____	_____	_____	_____

**3. OTHER PERTINENT INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. UPDATE TO STATES (IF VERBALLY TRANSMITTED):**

	NAME	TIME	INITALS
STATE OF NEW JERSEY:	_____	_____	_____
STATE OF DELAWARE:	_____	_____	_____
AGENCY:	_____	_____	_____

APPROVED: \_\_\_\_\_

EC or RAC or RSM

**Common Site Unusual Event  
STATION STATUS CHECKLIST**

**Operational Information** Message Date \_\_\_\_\_ Time \_\_\_\_\_

Transmitted by: Name \_\_\_\_\_ Position \_\_\_\_\_

1. Date and Time Event Declared: Date \_\_\_\_\_ Time: \_\_\_\_\_

2. Cause of event: Primary Initiating Condition used for declaration

EAL# \_\_\_\_\_

Description of the event:

\_\_\_\_\_

\_\_\_\_\_

33FT. LEVEL WIND DIRECTION (From): \_\_\_\_\_ WIND SPEED \_\_\_\_\_  
(From MET Computer) (DEGREES) (MPH)

3. Status of the Reactors	Mode: (Power, Startup, Hot Standby, Hot S/D, Cold S/D, Refuel.)	Rx Pressure	Rx Temp / Hottest Core Exit TC	Rx Water Level
Hope Creek		psig	°F	in.
Salem 1		psig	°F	covered
Salem 2		psig	°F	covered

	Hope Creek		Salem 1		Salem 2	
	YES	NO	YES	NO	YES	NO
4. Is offsite power available?						
5. Are two or more diesel generators operable?						
6. Did any Emergency Core Cooling Systems actuate?						
7. Is any Containment Barrier failed? (Loss per EAL section 3.3)						
8. Radiological release (> Tech Spec Limit) in progress		X		X		X

9. Other pertinent information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
EC Initials  
(Approval to Transmit ICMF)

**ATTACHMENT 9  
NON-EMERGENCY NOTIFICATIONS REFERENCE  
(HOPE CREEK)**

**I. INSTRUCTIONS**

**NOTE**

This attachment is the source of the names and telephone numbers for making Non-Emergency reports as directed by the ECG Attachment in effect at this time.

**NOTE**

The Operations Superintendent (OS) may direct a communicator to make the required notification calls. The responsibility to ensure completion of each step outlined in the ECG attachment and to ensure notification information is accurate remains with the OS.

- A. REFER to Section II of this Attachment and NOTIFY the required Individuals/ Organizations IAW the ECG Attachment in effect.
  
- B. IF required to activate an individual's pager, THEN PERFORM the following:
  - 1. DETERMINE a non-NETS phone number for the pager holder to call back on and MAKE a note of the full call back phone number.
  - 2. DIAL the pager number of the individual you are trying to contact listed in the Communications Log.
  - 3. WHEN you hear "Beep, Beep, Beep," THEN ENTER the call back phone number.
  - 4. HANG UP the phone.
  - 5. CONTINUE making other notifications per Step A.

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**II. TELEPHONE NUMBER REFERENCE**

**NOTE**

**NOTIFY ONLY those individuals by title required by the particular ECG Attachment in effect at this time.**

TITLES/NAMES	WORK#	HOME#	PAGER#	CAR#
<b><u>OPERATIONS MGR</u></b>				
Kurt Krueger	3049	856-878-0875	866-680-2511	609-230-9417
Dan Boyle	1282	856-223-9247	866-214-8051	609-230-4084
<b><u>VP - OPERATIONS</u></b>				
Tim O'Connor	2900	610-274-2023	877-959-5384	609-230-5679
Lon Waldinger	2752	610-793-2833	866-688-0668	609-458-2904

GOVERNMENT AGENCY	PRIMARY#	SECONDARY#
LAC DISPATCHER	NETS x5404	856-935-7300 856-935-8127 (FAX)
NRC OPERATIONS CENTER	(ENS) 301-816-5100	1-301-951-0550 1-301-415-0550 1-301-415-0553 9-1-301-816-5151(FAX)
NRC REGION ONE OFFICE	610-337-5000	800-432-1156 (toll free)

TITLES/NAMES	WORK#	HOME#	CELL PHONE #
<b><u>NRC RESIDENTS</u></b>			
Marc Ferdas	1017 or 935-3850	856-424-3346	484-868-2185
Mel Gray	1078 or 935-3850	302-475-1471	484-868-1488
George Malone	1041 or 935-5151	610-578-0443	484-868-2190
Dan Orr	1019 or 935-5151	610-932-3144	484-868-1483
NRC Office	2962 or 935-5151 Fax 935-3741		

**II. TELEPHONE NUMBER REFERENCE (cont'd)**

TITLES/NAMES	WORK#	HOME#	PAGER#
<b><u>PUBLIC INFO MGR</u></b>			
Skip Sindoni	1002	856-478-4364	877-722-7510
Chic Cannon	5210	302-832-7974	877-645-7017
<b><u>EMERG PREP REPRESENTATIVE</u></b>			
David Burgin	1595	856-582-1323	877-702-2853
Craig Banner	1157	856-728-5043	877-696-9131
Jim Schaffer	1575	856-935-5606	877-828-6607
<b><u>EXTERNAL AFFAIRS</u></b>			
Ross Bell	1239	856-455-7435	877-502-5863
Ed Johnson	1486	856-678-2257	877-735-2508
<b><u>RADIOLOGICAL SUPPORT REPRESENTATIVE</u></b>			
Bob Gary	3578	856-678-4718	877-755-4016
John Russell	2410	856-241-1350	877-722-3616
<b><u>RADIATION PROTECTION MANAGER</u></b>			
Terry Cellmer	3037	856-358-3316	877-712-2872
Brian Sebastian	2421	856-451-7571	866-213-3840
Bob Gary	3578	856-678-4718	877-755-4016
<b><u>NUCLEAR LICENSING</u></b>			
<b><u>DUTY PAGER HOLDER</u></b>			
John Nagle	3171	610-527-5913	877-798-5662
Gabe Salamon	5296	610-274-2297	866-680-3503
<b><u>ENVIRONMENTAL LICENSING (contact one)</u></b>			
Jim Eggers	1339	609-953-9075	866-691-0143
Dave Hurka	1275	302-325-9476	866-691-2722





## II. REPORTING

### Initials

- OS 1. ENSURE that a Notification (NOTIF) is prepared.  
NOTIF # \_\_\_\_\_
- OS 2. FORWARD this attachment, along with the Notification and any supporting documentation to the Operations Manager (OM).
- OM 3. REVIEW this ECG attachment, the Notification and any other relevant information for correct classification of event and corrective action taken.
- OM 4. FORWARD this attachment and any other supporting documentation to the LER Coordinator (LERC).
- LERC 5. PREPARE required reports.  
Report or LER Number \_\_\_\_\_
- LERC 6. FORWARD this attachment to the Manager – Nuclear Safety & Licensing (MNSL).
- MNSL 7. ENSURE that offsite (state and local) reporting requirements have been met.
- LERC 8. Submit 30 day written report to the NRC in accordance with the EPP, sections 4.1 and 5.4.2, as applicable.
- MNSL 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.

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ATTACHMENT 16  
SPILL/DISCHARGE REPORTING

**CAUTION**

15-minute notification to the NJDEP Hot Line is required for a discharge directly to the river as identified in Section II Steps 2 and 3 OR if clean up requires more than 24 hours as described in Step 6. 2 or 24-hour notification may be required for chemical discharge as described in Section II Step 4.

**INSTRUCTIONS (HOPE CREEK OS or Designee)**

- A. REFER to Attachment 9, Non-Emergency Notifications Reference for the current listing of individuals and phone numbers.
- B. INITIAL each indicated step when completed; use NA for steps that do not apply.
- C. Implemented by: \_\_\_\_\_ Date: \_\_\_\_\_

**ECG CLASSIFICATION AND APPLICABLE RALs**

IF the spill has passed through Engineered Fill and INTO the ground water, then RAL 11.5.2.a applies.

IF the spill has entered into a storm drain or has resulted in a discharge to the Delaware River from ANY source, then RAL 11.5.2.b applies.

**I. REPORT INFORMATION**

**NOTE**

Collection of the following information should be done as expeditiously as possible. DO NOT delay mitigation activities and notifications to complete all sections below; add data as they become available. Accurate, timely information is critical to proper clean up, classification and notification. Information with asterisks should be placed on the SPILL/DISCHARGE NJDEP NOTIFICATION FORM (FORM-1).

- 1. Name of person reporting spill/discharge \_\_\_\_\_
- 2. Date/time called received \_\_\_\_\_ / \_\_\_\_\_
- 3. Call received by/title \_\_\_\_\_ / \_\_\_\_\_
- 4\*. Time spill/discharge started \_\_\_\_\_ . If unknown, what is caller's best estimate of time that spill/discharge started? \_\_\_\_\_
- 5\*. Brief description of event \_\_\_\_\_

6\*. Material spilled/discharged, include concentration for chemical spills/discharges \_\_\_\_\_

7\*. Has spill/discharge been terminated? ( ) Yes ( ) No

8\*. What actions are being taken to terminate discharge and/or contain spill? \_\_\_\_\_

9\*. Quantity \_\_\_\_\_

10\*. EXACT location of spill/discharge \_\_\_\_\_

11. Distance to nearest storm drain \_\_\_\_\_

12. Did material enter storm drain? ( ) Yes ( ) No

13. Description of substrate material where spill occurred (concrete, asphalt, dirt, grass, stones, etc.) \_\_\_\_\_

14. Other information from caller (Was anyone else notified, etc.) \_\_\_\_\_

## II. NOTIFICATIONS

### Initials

\_\_\_ 1. IMMEDIATELY DISPATCH Loss Prevention to the location of the Spill/Discharge:

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

- ( ) a. DIRECT Loss Prevention to COORDINATE containment and clean up of the spilled material.
- ( ) b. IF OIL is observed ON THE RIVER (more than just a sheen), THEN DIRECT Loss Prevention to position oil booms around the affected water intakes to limit uptake into plant systems (i.e. - prevent heat exchanger fouling) and DIRECT LOSS PREVENTION to notify the National Response Center.
- ( ) c. DOCUMENT clean-up actions and plans on FORM 2, SPILL CLEAN UP & REMEDIATION LOG.

Initials

2. **IF OIL** has been discharged to the Delaware River through either a permitted outfall, overland or via some other conveyance and has produced a sheen on the river, **THEN** the spill is REPORTABLE to NJDEP.

**COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1) IMMEDIATELY (within 15 minutes) notify NJDEP (phone numbers are on form)**

a. **INFORM Environmental Licensing about status of 15 minute NJDEP call:**

Call was made within 15 minutes of discovery/confirmation.

Call was NOT made within 15 minutes, but was made within \_\_\_\_\_ minutes of discovery/confirmation.

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

b. **DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.**

c. **Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

d. **Record reportability recommendation**

NRC  Yes, within \_\_\_\_\_ hours  No

NJDEP  Yes, within \_\_\_\_\_ hours  No

Other (specify, e.g. National Response Center, USCG, etc.) \_\_\_\_\_

Yes, within \_\_\_\_\_ hours  No

CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.

**OTHERWISE GO TO STEP 3.**

**NOTE**

Continue with spill assessment while awaiting return phone calls.

Initials

3. **IF** a chemical discharge was made **DIRECTLY** to the Delaware River and did **NOT** discharge through a NJPDES permitted outfall

**THEN** the spill is **REPORTABLE** to NJDEP.

**COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1) IMMEDIATELY (within 15 minutes) notify NJDEP (phone numbers are on form)**

( ) a. **INFORM Environmental Licensing about status of 15 minute NJDEP call:**

( ) Call was made within 15 minutes of discovery/confirmation.

( ) Call was NOT made within 15 minutes, but was made within \_\_\_\_\_ minutes of discovery/confirmation.

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) b. **DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.**

( ) c. **Obtain additional direction from Environmental Licensing concerning reportability and recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) d. **Record reportability recommendation**

NRC ( ) Yes, within \_\_\_\_\_ hours ( ) No

NJDEP ( ) Yes, within \_\_\_\_\_ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) \_\_\_\_\_

( ) Yes, within \_\_\_\_\_ hours ( ) No

**CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.**

**OTHERWISE GO TO STEP 4.**

**NOTE**  
Continue with spill assessment while awaiting return phone calls.

Initials

\_\_\_ 4. **IF** a chemical discharge was made to the Delaware River through a NJPDES permitted outfall,

**THEN** the spill may be REPORTABLE as a 2 OR 24 hour phone call to NJDEP.

a. CONTACT Environmental Licensing to assist in determination of reportability.

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

b. Record reportability recommendation

NRC  Yes, within \_\_\_\_\_ hours  No

NJDEP  Yes, within \_\_\_\_\_ hours  No

Other (specify, e.g. National Response Center, USCG, etc.) \_\_\_\_\_

Yes, within \_\_\_\_\_ hours  No

CONTINUE with spill assessment and clean up and make notifications in accordance with Steps 11 and 12.

COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1) if required.

Notify NJDEP within the time frame determined by Environmental Licensing (phone numbers are on form).

c. INFORM Environmental Licensing after NJDEP call is made:

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

d. DIRECT Environmental Licensing to make any required notifications in accordance with the DPCC/DCR plan.

e. Obtain additional direction from Environmental Licensing concerning recommended remediation actions; document recommended actions on FORM-2, Spill Clean-Up & Remediation Log.

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

**OTHERWISE GO TO STEP 5.**

Initials

\_\_\_ 5. **IF** the spill was:

- o into a secondary containment,
- o **OR** onto the ground,
- o **OR** onto an impervious surface;

**AND** the material **CAN BE** completely cleaned up within 24 hours;

**THEN** the spill is not reportable to NJDEP.

- ( ) CONTINUE assessment and coordination of cleanup; and document on FORM-2, Spill Clean-Up & Remediation Log.
- ( ) **WHEN** cleanup is complete, **GO TO** Section III, EVENT DOCUMENTATION.
- ( ) **IF** spill is **NOT** cleaned up within 24 hours, **GO TO** Step 6.

**NOTE**

Failure to complete clean up within 24 hours requires a 15-minute report to the NJDEP Hot Line. This report can be made at anytime within the 24-hour clean-up period when it is realized that the clean-up will not be complete within 24 hours.

**OTHERWISE GO TO STEP 7.**

\_\_\_ 6. **IF** the material can not be cleaned up within 24 hours

**THEN** contact Environmental Licensing and

**COMPLETE "SPILL/DISCHARGE NJDEP NOTIFICATION FORM" (FORM 1) IMMEDIATELY (within 15 minutes) notify NJDEP (phone numbers are on form)**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
Environmental Licensing name time

( ) a. Record reportability recommendation

NRC ( ) Yes, within \_\_\_\_\_ hours ( ) No

NJDEP ( ) Yes, within \_\_\_\_\_ hours ( ) No

Other (specify, e.g. National Response Center, USCG, etc.) \_\_\_\_\_

( ) Yes, within \_\_\_\_\_ hours ( ) No

CONTINUE with spill assessment and clean up and document on FORM-2, Spill Clean-Up & Remediation Log; make notifications in accordance with Steps 11 and 12.

**OTHERWISE GO TO STEP 7.**



Initials

\_\_\_ 11. **IF Environmental Licensing determines that the spill/discharge is reportable to the NRC**

( ) **IF NOT** done previously,

**THEN NOTIFY the Operations Manager (OM).**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **NOTIFY Hope Creek OS and provided description of event.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **Complete NRC Data Sheet, ECG Attachment 5.**

( ) **Notify the NRC Operations Center within 4 hours.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **NOTIFY LAC Dispatcher within 4 hours.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **Notify the NRC Resident Inspector.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **NOTIFY Public Information Manager (PIM) - Nuclear.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **NOTIFY Nuclear Licensing.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **NOTIFY External Affairs.**

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

( ) **FAX the NRC Data Sheet to BOTH Public Information and Licensing using the programmed numbers on the telecopier.**

Initials

\_\_\_ 12. **IF Environmental Licensing determines that the spill/discharge is reportable to any other agency**

( ) Contact other agencies as directed by Environmental Licensing.

Agency Name/Phone Number \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ notified at \_\_\_\_\_ hours  
name time

\_\_\_ 13. When notifications are complete and clean-up is done, **GO TO Section III, Event Documentation.**

**III. EVENT DOCUMENTATION**

\_\_\_ 1. ENSURE that a Notification (NOTIF) is written

OS

NOTIF # \_\_\_\_\_

\_\_\_ 2. FORWARD this attachment, along with the NRC Data Sheet and OS any supporting documentation to the Operations Manager (OM).

OS

\_\_\_ 3. REVIEW this ECG attachment, the NOTIF and any other relevant OM information for correct classification of event and corrective action taken.

OM

\_\_\_ 4. CONTACT the LER Coordinator (LERC) and request that the required written reports be prepared. Provide this attachment and any other supporting documentation received from the OS.

OM

\_\_\_ 5. PROVIDE Environmental Licensing with a copy of this attachment including the spill/discharge notification report received from the OS.

LERC

\_\_\_ 6. PREPARE LER if required. If an LER is prepared, contact Environmental Licensing and ensure that the information on the LER and on the NJDEP Confirmation Report are consistent.

LERC

Report or LER Number \_\_\_\_\_

\_\_\_ 7. FORWARD this attachment to the Manager – Nuclear Safety & Licensing (MNSL).

LERC

\_\_\_ 8. ENSURE that offsite (state and local) reporting requirements have been met.

MNSL

\_\_\_ 9. Forward this Attachment/LER package to the Central Technical Document Room for microfilming.

MNSL

DEFINITION OF TERMS

**Spill – “Spill” is synonymous with leak AND “leak” is defined as:**

**"Leak" or "leakage" means any escape of a hazardous substance from the ordinary containers employed in the normal course of storage, transfer, processing or use, into a secondary containment or diversion system or onto a surface from which it is cleaned up and removed prior to its escape into the waters or onto the lands of the State.**

**Discharge –**

**"Discharge" means any intentional or unintentional action or omission, unless pursuant to and in compliance with the conditions of a valid and effective Federal and State Permit, resulting in the releasing, spilling, pumping, pouring, emitting, emptying or dumping of a hazardous substance into the waters or onto the lands of the State or into waters outside the jurisdiction of the State when damage may result to the lands, waters or natural resources within the jurisdiction of the State. This term does not include "leak."**

**SPILL/DISCHARGE NJDEP NOTIFICATION FORM  
FORM-1**

Primary phone number to NJDEP (DCPP Hot Line): 1-877-927-6337  
Backup phone number to NJSP: 1-609-882-2000

1. Contact the NJDEP Operator using the above phone numbers.
2. WHEN PROMPTED by the voice answering machine,  
THEN SELECT 5 for reporting non-emergency releases and an Operator will take the report
3. RECORD NOTIFICATION TIME: \_\_\_\_\_
4. PROVIDE the following information:

"This is notification of a Spill/Discharge"

This is (name) \_\_\_\_\_, from Hope Creek Generating Station.

My call back phone # is 856-339-3027 or 856-339-\_\_\_\_\_.

The Spill/Discharge location is (provide specific location) \_\_\_\_\_

at Hope Creek Generating Station located at End of Alloway Creek Neck Road, Hancocks Bridge, Lower Alloways Creek Township in Salem County.

The Common name for the spilled/discharged substance is \_\_\_\_\_ and we estimated the quantity spilled to be \_\_\_\_\_ and the substance (HAS) or (HAS NOT) been contained.

The spill/discharge began at: \_\_\_\_\_ on \_\_\_\_\_  
time date

The spill/discharge was discovered at: \_\_\_\_\_ on \_\_\_\_\_

The spill/discharge ended at: \_\_\_\_\_ on \_\_\_\_\_

A description of the incident is: \_\_\_\_\_

Ongoing actions to contain/clean up the spill are: \_\_\_\_\_

33 ft. Wind Direction from: \_\_\_\_\_ degrees. Wind Speed: \_\_\_ mph (use MET Computer)

If the spill is NOT PSEG Nuclear's responsibility, THEN PROVIDE the following info:

Responsible person(s): \_\_\_\_\_

Company Name, Address and Phone #: \_\_\_\_\_

May I have your Operator Number please? \_\_\_\_\_

May I have our CASE Number please? \_\_\_\_\_

**SPILL CLEAN-UP & REMEDIATION LOG  
FORM-2**

Spill Location: \_\_\_\_\_

Material: \_\_\_\_\_ Date of spill: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time	Action	Point of Contact	Result