Duke Power
A Duke Energy Company

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November 20, 2003

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

Re: McGuire Nuclear Station Units 1 & 2, Docket Nos. 50-369, 50-370
Change to Emergency Plan Implementing Procedure

Attached to this letter are a revised Emergency Plan Implementing Procedure (EPIP) Index and a copy of one (1) revised Emergency Plan Implementing Procedure. This procedure revision was evaluated pursuant to the requirements of 10 CFR 50.54 (q). This change does not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. Duke implemented this change on October 23, 2003. A copy of this change is also being sent to the NRC Office of Nuclear Material Safety and Safeguards as per 10 CFR 72.44 (f). Revision bars within the procedure indicate the revision. The following procedure index change and procedure revision have been implemented:

EPIP Index Page 1	Dated 10/23/2003	
EPIP Index Page 2	Dated 10/23/2003	
EPIP Index Page 3	Dated 10/23/2003	

REVISION to the following procedure:

RP/0/A/5700/012	Dated 10/23/2003	Rev. 22A

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Kevin Murray at (704) 875-4672.

Very truly yours,

Gary R. Peterson

Attachments

A045

xc: (w/attachment)
Mr. Luis Reyes,
Regional Administrator
U.S. Nuclear Regulatory Commission
Region II
61 Forsyth St., SW, Suite 23T85
Atlanta, Georgia 30303

(w/attachment)
Mr. Martin J. Virgilio, Director
Office of Nuclear Material Safety and Safeguards
Mail Stop T-8A23
Washington, D.C. 20555-0001

(w/attachment)
MNS Master File No. 529.01

(w/o attachment)

R. E. Martin, USNRC
U.S. Nuclear Regulatory Commission
Office of Nuclear Reactor Regulation
Washington, D.C. 20555

NRC Resident Inspector
McGuire Nuclear Station

M.T. Cash, Manager NRIA (EC050)

Electronic Licensing Library (EC05O)

EP File 111

DUKE POWER

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: _____
SAFETY ASSURANCE MANAGER

DATE APPROVED 11/19/03

EPIP Index Page 1	Dated 10/23/2003	
EPIP Index Page 2	Dated 10/23/2003	
EPIP Index Page 3	Dated 10/23/2003	
RP/0/A/5700/012	Dated 10/23/2003	Rev. 22A

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE #	TITLE	REVISION NUMBER
RP/0/A/5700/000	Classification of Emergency	Rev. 009
RP/0/A/5700/001	Notification of Unusual Event	Rev. 018
RP/0/A/5700/002	Alert	Rev. 018
RP/0/A/5700/003	Site Area Emergency	Rev. 018
RP/0/A/5700/004	General Emergency	Rev. 018
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 010
RP/0/A/5700/007	Earthquake	Rev. 007
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 004
RP/0/A/5700/009	Collisions/Explosions	Rev. 002
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 013
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 006
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 022A
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 012
RP/0/A/5700/019	Core Damage Assessment	Rev. 004
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 014
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 002
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 002
RP/0/B/5700/023	Public Affairs Emergency Response Plan	Rev. 003
OP/0/B/6200/090	PALSS Operation for Accident Sampling	DELETED

PROCEDURE #	TITLE	REVISION NUMBER
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 004
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 006
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 006
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	DELETED
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 003
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 003
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 005
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 007
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 002
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 002
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 004
SR/0/B/2000/002	Standard Procedure for EOF Services	Rev. 003
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 010
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 006

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

PROCEDURE #	TITLE		REVISION NUMBER
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation		DELETED
EP Group Manual	Section 1.1	Emergency Organization	Rev. 018
MNS RP Manual:	Section 18.1	Accident and Emergency Response	DELETED
	Section 18.2	Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3	Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4	Planned Emergency Exposure	DELETED
PT/0/A/4600/088	Functional Check of Emergency Vehicle and Equipment		Rev. 007

APPENDIX F. 703. PROCEDURE CHANGE PROCESS RECORD

(R04-03)

Duke Power Company

PROCEDURE CHANGE PROCESS RECORD

1) ID No. RP/0/A/5700/012 AHS 10/23/03

Revision No. 22 Change No. 6 A

Permanent/Restricted to _____

2) Station: McGuire Nuclear Station

3) Procedure Title: Activation of the Technical Support Center (TSC)

4) Section(s) of Procedure Affected: Enclosure 4.3

5) Requires NSD 228 Applicability Determination? If Applicability Determination is required, attach NSD 228 documentation.

☐ Yes (Major procedure change)

☒ No (Minor procedure change)

6) Description of Change: *(Attach additional pages, if necessary.)*

In Enclosure 4.3, page 2 of 4, add a new second item to read as follows:

— Evaluate the need to administer Potassium Iodide to Control Room Operators due to radiological conditions caused by Control Room unfiltered in-leakage.

7) Reason for Change:

To ensure that Control Room Operators are evaluated for possible KI administration following a design basis accident, or beyond, that involves a radioiodine release.

8) Prepared By Alan L Reave Date 10/22/03

9) Reviewed By _____ (QR) Date 10/23/03

Cross-Disciplinary Review By _____ (QR) NA JM Date 10/23/03

Reactivity Mgmt. Review By _____ (QR) NA JM Date 10/23/03

Mgmt. Involvement Review By _____ (Ops. Supt.) NA JM Date 10/23/03

10) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

11) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

12) Approved By K. L. Murray Date 10-23-03

(R04-01)

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/012
Revision No. 022

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Activation of the Technical Support Center (TSC)

(4) Prepared By J M Cooke Date 7-14-03

(5) Requires NSD 228 Applicability Determination?

- [X] Yes (New procedure or revision with major changes)
- [ ] No (Revision with minor changes)
- [ ] No (To incorporate previously approved changes)

(6) Reviewed By _____ (QR) Date 7/14/03

Cross-Disciplinary Review By _____ (QR) NA JM Date 7/14/03

Reactivity Mgmt. Review By _____ (QR) NA JM Date 7/14/03

Mgmt. Involvement Review By _____ (Ops Supt.) NA JM Date 7/14/03

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K. L. Warren Date 8-11-03

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (*Attach additional pages, if necessary*)

Duke Power Company McGuire Nuclear Station **Activation of the Technical Support Center (TSC)** **Reference Use**	Procedure No. RP/0/A/5700/012 Revision No. 022 Electronic Reference No. MC0048MF

Activation of the Technical Support Center (TSC)

1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

NOTE: If the emergency situation prevents activating the TSC within 75 minutes of declaration, the Control Room will:

- turn over responsibility for classification and notification (state and county) to the EOF.
- maintain responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC.
- maintain responsibility for continuous phone communications to the NRC until relieved by the NRC Communicator in the TSC.

2. Immediate Actions

None

3. Subsequent Actions

NOTE: This procedure is not intended to be followed in a step-by-step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.

3.1 The TSC is required to be activated for an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. It may also be activated for an UNUSUAL EVENT if deemed necessary by the Operations Shift Manager/Emergency Coordinator.

3.2 The TSC must be activated within ONE (1) HOUR AND 15 MINUTES (75 MINUTES) of an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. This time frame must be met anytime it is deemed necessary to activate the TSC.

3.3 Upon notification to activate, the Station Manager or designee shall report and notify Operations Shift Manager in the Control Room of arrival.

3.3.1 Personnel in the Emergency Response Organization (ERO) assigned to the TSC shall report to the facility upon notification to activate.

3.3.2 The initial responders shall be responsible for completing their appropriate group enclosures and reviewing their Operational Responsibilities where provided.

3.4 Each represented group is responsible for ensuring their appropriate initial checklist is completed.

3.5 The following definitions are applicable to the Emergency Notification Form for "Plant Condition":

Degrading: Plant conditions involve at least one of the following:

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

Improving: Plant conditions involve at least one of the following:

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values AND plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

- Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety AND plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Stable: Plant conditions are neither degrading nor improving.

3.6 The following definition is applicable to the Emergency Notification Form, item 10.

Emergency Release: Any unplanned, quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT.** A release is considered to be in progress if any one or more of the following occurs:

- Reactor Building EMF monitors reading indicate an increase in activity (McGuire 38, 39, or 40).

OR

Containment High Range EMF monitors reading greater than 1.5 R/hr. (McGuire 51A or 51B).

AND

Pressure inside the containment building is greater than Tech. Spec. (McGuire 0.3 psig).

OR

An actual containment breach is determined.

- Increase in activity monitored by Unit Vent EMF (McGuire 35, 36, or 37).
- Steam generator tube leak monitored by EMF (McGuire 33).
- Field Monitoring Team results.
- Knowledge of the event and its impact on system operation and resultant release pathways. {PIP M-03-0688, C.A.8}

3.7 Upon termination of the drill/emergency, the Emergency Coordinator/designee shall assume responsibility for ensuring the proper resolutions to all completed copies of the McGuire Operations Configuration Control Card(s) prior to the TSC/OSC being deactivated. The Emergency Coordinator/designee shall have overall responsibility for ensuring all cards are properly resolved or items logged prior to plant turn-over to the Operations Shift Manager. Once the items/cards have been properly resolved, the TSC/OSC may be deactivated. All completed cards shall be filed by Emergency Planning with other drill/emergency paperwork.

4. Enclosures

4.1 Emergency Coordinator TSC Activation Checklist

4.2 Assistant Emergency Coordinator TSC Activation Checklist

4.3 Radiation Protection Manager TSC Activation Checklist

4.4 Offsite Dose Assessor TSC Activation Checklist

4.5 Offsite Agency Communicator TSC Activation Checklist

4.6 NRC Communicator TSC Activation Checklist

4.7 Reactor Engineer TSC Activation Checklist

4.8 Operations Manager in the TSC Activation Checklist

4.9 Operations Procedure Support TSC Activation Checklist

4.10 System Engineering Manager TSC Activation Checklist

4.11 Emergency Planner TSC Activation Checklist

4.12 Status Coordinator TSC Activation Checklist

4.13 IAE Communications TSC Activation Checklist

4.14 Operations Manager in the Control Room Activation Checklist

4.15 Data Coordinator TSC Activation Checklist

4.16 Site Assembly Coordinator TSC Activation Checklist

4.17 Emergency Coordinator Turnover Checklist {PIP M-02-6113, C.A. 13}

4.18 Emergency Classification Termination Criteria

4.19 Fitness For Duty Questionnaire

4.20 Site Evacuation Coordinator TSC Activation Checklist

4.21 Establishing Communications Links Between SAMG Evaluators

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

NOTE:	The TSC Status Coordinator will maintain the official TSC log. The following step may be N/A'd.

——— **ESTABLISH** a log of activities.

——— **NOTIFY** the Operations Shift Manager in the Control Room of arrival.

NOTE:	If a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

_____ **IF** nearing the 75-minute activation requirement and an upgrade in emergency classification is recognized, **THEN** suspend turnover and allow the activated facility to declare and transmit the upgrade. {PIP-M-00-00541}

——— **RECEIVE** turnover from the Control Room as soon as practical utilizing Enclosure 4.17.

_____ ASSURE, prior to declaring TSC activated:

_____ 1. The following TSC positions as a minimum are filled and prepared to assume their function:

- Emergency Coordinator
- Offsite Dose Assessor
- Offsite Agency Communicator (2)
- NRC Communicator
- Reactor Engineer.

OR

2. Less than the above listed minimum TSC positions are filled,

AND

_____ The 75-minute activation requirement is near,

AND

_____ An extra person(s) is available whom the EC believes is capable of filling a missing position(s),

AND

_____ An appropriate log entry is made. {PIP-M-00-00541}

_____ IF a site assembly is in progress, or is conducted, THEN swipe your ID badge in the reader located in the TSC for personnel accountability.

_____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

_____ **CONDUCT** a Time Out prior to activating the TSC.

_____ **DECLARE** the TSC activated and announce the following via the TSC/OSC public address system: "This is _____. I am the Emergency Coordinator. The TSC is officially activated as of _____. The plant status is as follows:
_____."

OR

"This is _____. I am the Emergency Coordinator. The TSC is officially activated as of _____. I will give an update in ____ minutes."

____ ANNOUNCE over the TSC/OSC public address system the following:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator in the TSC or the OSC Coordinator in the OSC."

NOTE: The following step should be repeated following each shift turnover.

____ ANNOUNCE to TSC a reminder to complete a "Work Hour Extension Form" if applicable. {PIP 0-M98-2099}

____ ANNOUNCE to TSC to synchronize all time pieces to the satellite time display. {PIP M-00-5037}

____ TURN OFF the plant page volume in TSC.

____ DISCUSS with the Radiation Protection Manager any radiological release or offsite radiological concerns.

____ ANNOUNCE over the TSC/OSC Public Address System the following if a release has occurred:

- Assume areas are contaminated until surveyed by RP.
- No eating or drinking until the TSC and OSC are cleared by RP.

NOTE:
1. Evacuation will be coordinated by the Site Assembly/Site Evacuation Coordinator if the TSC is activated. Evacuation will be conducted according to RP/0/A/5700/011.
2. Evacuation will be conducted by the Operations Shift Manager if the TSC is not activated. Evacuation will be conducted according to RP/0/A/5700/011.

____ EVALUATE with TSC personnel and the Radiation Protection Manager the need to conduct evacuation at this time based on the following criteria.

- Alert- determine by actual plant conditions.
- Site Area Emergency- consider evacuation/relocation of non-essential personnel.
- General Emergency- evacuate all non-essential personnel.

____ NOTIFY EOF anytime personnel are relocated onsite or evacuated from the premises.

____ **REQUEST** all TSC and OSC Managers to have **FAXED** to the **OSC** the name, social security number and RP badge number of any person(s) who may be left onsite after evacuation of non-essential personnel but are located in an area other than the OSC.

NOTE: If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, **THEN:**

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones Determination, using wind direction.

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed is less than or equal to 5 MPH **THEN**:

_____ Evacuate zones L, B, M, C, N, A, D, O, R.

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH **THEN**:

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction.

—— **DIRECT** the Assistant Emergency Coordinator to FAX the turnover checklist (Enclosure 4.17) to the EOF Director (if time and situation permit). {PIP-0-M97-4112}

NOTE:	If a classification change is recognized during turnover, the turnover should not be completed until after the TSC declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

—— **CONDUCT** turnover to the EOF Director (EOFD) utilizing Enclosure 4.17.

NOTE:	Provide periodic updates to the EOFD concerning plant status and request EOFD to provide assessment and field monitoring data on a periodic basis.

—— **REQUEST** the NRC Communicator to notify the NRC the EOF is activated.

—— **ANNOUNCE** to the TSC and OSC the EOF is activated.

—— **ENSURE** ALL completed copies of the McGuire Operations Configuration Control Cards are properly resolved prior to deactivation of the TSC/OSC.

IF the TSC becomes environmentally uninhabitable due to radiological or other conditions and the Control Room remains secure (habitable), **THEN:**

—— **SELECT** individuals to move inside the Control Room or to alternate facilities.

—— **INSTRUCT** all other TSC personnel to go to the EOF.

IF the Control Room also becomes uninhabitable due to radiological or other conditions, **THEN:**

—— **INSTRUCT** TSC personnel to report to the alternate TSC, the Simulator at the Training and Technology Center, or the EOF (select the most appropriate site).

_____ **CONDUCT** a "Time-out", approximately every thirty (30) minutes, with the TSC staff to obtain current plant status. Ensure the OSC is aware of when "Time-outs" will take place.

_____ **ENSURE** all unnecessary communications are put on hold during "Time-outs".{PIP 0-M95-0160}

_____ **ESTABLISH** priorities.

_____ **ANNOUNCE** immediately, to the TSC and OSC, any emergency classification changes, including classification changes made by the EOF. {PIP M-02-2562, C.A. 11}.

_____ **ANNOUNCE**, following time out, to the TSC and OSC the emergency classification, plant status, and priorities via the TSC/OSC public address system.

_____ **ESTABLISH** a Recovery Organization PER (RP/0/A/5700/024, Recovery and Reentry Procedure) once the Emergency has been terminated. This applies primarily to Site Area Emergency and General Emergency classifications. Refer to Enclosure 4.18 for Termination Criteria.

_____ **SERVE** as Lead Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ASSISTANT EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

NOTE: The TSC Status Coordinator will maintain the official TSC log. The following step may be N/A'd.

____ **ESTABLISH** a log of activities.

____ **OBTAIN** time out forms from the procedure cabinet.

____ **ASSIST** the Emergency Coordinator in gathering information to facilitate the activation of the Technical Support Center.

____ **FAX** turnover checklist (Enclosure 4.17) to the EOF Director when directed by the Emergency Coordinator. {PIP-0-M97-4112}

____ **ACT** as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.

____ **PROACTIVELY** seek information when the Emergency Coordinator is in a reactive mode.

____ **MAKE** face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.

____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.

____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

RADIATION PROTECTION MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **ENSURE** all Radiation Protection personnel reporting to the TSC also sign the attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

____ **ESTABLISH** a log of activities.

____ **ESTABLISH** communications with RP personnel in the OSC, Shift Lab and EOF using the cell phone, dial 4980. (Let it ring until you hear a beep. This connects you to the bridge line.)

____ **COMMUNICATE** through Emergency Coordinator that dosimetry is required and a dose card shall be filled out if necessary (drill RWP is 33). {PIP 0-M94-1495}

____ **DISCUSS** the following with Emergency Coordinator:

1) Any release in progress including dose rates (especially at the site boundary).
2) Field Team status/data.
3) Onsite radiological concerns.

____ **ESTABLISH** contamination control in the TSC, OSC and Control Room as necessary.

1. **COMMUNICATE** through the Emergency Coordinator that frisking of hands and feet is required prior to entry.{PIP 0-M94-1495}

2. **ESTABLISH** smear survey frequency with OSC RP Supervisor (i.e., every 30 minutes).

RADIATION PROTECTION MANAGER
TSC ACTIVATION CHECKLIST

NOTE:	Do not N/A the following step, even if there has been no release of Iodine. A log entry must be made concerning this required evaluation for drill matrix documentation purposes.

____ **EVALUATE** the need to administer Potassium Iodide to emergency workers on site and to Field Monitoring teams in accordance with HP/0/B/1009/016.

____ **MAKE** a log entry describing the Potassium Iodide evaluation and subsequent decisions. {PIP M-99-5031}

____ **EVALUATE** with the Emergency Coordinator the need to:

1) Move any Assembly Points in the release path (include Site Evacuation Coordinator).
2) Conduct site and/or area evacuation (include Site Evacuation Coordinator).
3) Recommend protective actions for emergency workers.
4) Recommend protective actions for the public.

____ EVALUATE the need to administer Potassium Iodide to Control Room Operators due to radiological conditions caused by Control Room unfiltered in-leakage.

Ch-#: 22A
QM 10/23/03

NOTE: IF changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, THEN:

_____ Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones Determination, using wind direction.

IF containment radiation levels DO NOT exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, THEN perform one of the following:

IF wind speed is less than or equal to 5 MPH THEN:

_____ Evacuate zones L, B, M, C, N, A, D, O, R.

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH THEN:

_____ Evacuate the 2-mile radius AND 5 miles downwind as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction.

_____ IF SAMGs are implemented AND offsite releases approach, or exceed, 1Rem TEDE or 5 Rem Thyroid CDE, THEN notify the TSC Lead SAMG Evaluator. {PIP-M-99-5381}

NOTE:	For assistance in determining dose rates inside the plant during a SAMG event, contact NGO Nuclear Radiological Engineering Group. {PIP-M-00-1572}

_____ IF a situation, which is immediately hazardous to life or valuable property, exists, THEN evaluate potential dose rates by one of the following methods:

1. Contact RP shift at Ext. 4282.
2. Assess area monitors.

AND

Ensure a Request for Emergency Exposure is completed in the OSC prior to dispatch of emergency workers.

_____ REVIEW RP/0/A/5700/000 (Classification of Emergency) criteria (EMFs, offsite dose, etc.) for emergency classification changes and discuss with OPS Procedure Support position.

_____ ENSURE all TSC personnel are wearing dosimetry and using dose cards (RWP 33).

_____ ENSURE responders are aware of the need for frisking prior to entry into the TSC as conditions dictate.

_____ PREPARE for 24-hour coverage as necessary.

_____ DETERMINE if persons with special radiological exposure limits need to be evacuated (e.g., declared pregnant women, people with radio-pharmaceutical limitations).

_____ PROVIDE all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

INITIAL

{PIP M-02-6113, C.A. 38}

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

_____ **SIGN** in on the TSC staffing board and put on position badge.

_____ **SIGN** the TSC attendance sheet for a drill.

_____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

_____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

_____ **ESTABLISH** a log of activities.

_____ **TURN ON** dose assessment and data acquisition computers and acquire necessary information. Plant data used for offsite dose projections is found in Group Display, ERORD5. If data acquisition programs are unavailable, information may be obtained from SDS or the Control Room (EMF and Met data). {PIP M-02-2412, C.A. 16}

_____ **OBTAIN** copies of the following procedures:

- RP/0/A/5700/000 (Classification Of Emergency).
- SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).

_____ **IF** a loss of power, LAN, printer, etc., occurs, **THEN** perform Dose Calculations via the Lap Top Computer **PER** instructions on page 6 of 6 of this enclosure.

NOTE: Be aware of the effects of loss of power on critical EMFs.

_____ **VERIFY** operability and validity of EMFs through the Shift Lab.

_____ **VERIFY** effluent discharge alignment with Shift Lab, RPM, or RP Support as necessary.

_____ **VERIFY** the status of on-shift Dose Assessment with the shift lab and accept responsibility for dose assessment.

IF the TSC is not activated and the EC has not received turnover from the Control Room, THEN:

_____ Establish contact with and inform the OSM that the Duty Dose Assessors in the TSC have assumed responsibility for Dose Assessment

AND

_____ Provide offsite dose calculations and resultant protective action recommendations for radioactive material release to the OSM until the TSC is activated.

_____ **ESTABLISH** communications with dose assessment personnel at the EOF. Compare information, projections and strategies with the EOF. Turn over dose assessment for offsite communication purposes to EOF Dose Assessors as soon as the EOF becomes officially activated.

_____ **CHECK** operability of the HPN telephone by listening for a dial tone. If no dial tone is heard, notify the IAE Communications Specialist to pursue repairs. {PIP-M-99-3800}

_____ **RETAIN** all computer printouts or manually calculated enclosures.

_____ **TURN ON** the EMFs (54A and 54B) in the TSC from the OAC computer room by pressing the start button on each EMF control.

_____ **ENSURE** EMF22 (TSC Area Monitor) is functional.

NOTE: If a safety injection has occurred, the TSC air intakes sampled by EMF-54A and 54B will open and the filter train is placed in service. One of the air intakes must be reopened if both EMFs are in trip 2. {PIP 0-M97-4278}

_____ IF EMF54A and 54B exceed the trip 2 setpoint, THEN raise the trip 2 setpoint on the lowest reading EMF to reopen the air intake.

_____ **PERFORM** offsite dose projections and determine protective action recommendations. Dose projections shall be run at least every 30 minutes or as directed by the RPM.

NOTE: If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

____ **UPON** declaration of a General Emergency, **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, **THEN**:

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, top of page 4 of 6, Protective Action Zones Determination, using wind direction.

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 6, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed is less than or equal to 5 MPH **THEN**:

_____ Evacuate zones L, B, M, C, N, A, D, O, R.

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH **THEN**:

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, bottom of page 4 of 6, Protective Action Zones Determination, using wind direction.

___ **ENSURE** EMF54A and B are secured after drill/event is terminated.

___ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction {PIP 0-M98-3522}	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 – 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 – 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 – 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 – 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 – 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 – 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 – 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 – 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 – 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 – 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 – 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 – 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 – 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q
Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction{PIP 0-M98-3522}	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 – 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 – 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 – 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 – 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 – 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 – 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 – 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 – 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 – 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 – 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 – 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 – 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 – 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

NOTE: Fission product inventory inside containment is greater than gap activity if the containment radiation level exceeds the levels in the table below.

— **IF** the OAC is available, call up the following computer points based on need:

Unit 1 OAC		Unit 2 OAC	
M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

Time After Shutdown (Hours)	Containment Monitor Reading (R/HR) EMF51A or 51B
0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

Operation of Backup Laptop Computer

NOTE: *This computer shall be used only when no other dose assessment computers are functional.*

- In the TSC Dose Assessment area, open the wall cabinet containing the Raddose Back-up Computer. The key for the wall cabinet is in the Dose Assessment cabinet.
- Place laptop on desk under cabinet.
- IF yellow LAN cable is NOT attached to laptop, connect LAN cable to back of laptop.
- Turn the laptop on.
- WHEN prompted, press ctrl-alt-delete.
- When prompted, enter your user ID and personal domain password.
- Perform dose projections in accordance with procedure.
- WHEN laptop computer is no longer needed, shutdown computer.
- Return laptop to wall storage cabinet.

OFFSITE AGENCY COMMUNICATOR TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

____ **START** printer so that it can warm up and be ready to print ENF forms.

____ **ESTABLISH** a log of activities.

NOTE:	**ANY** information sent to the EOF other than **ENF FORMS** (TSC/EOF Turnover Sheet, SAMG Strategy Sheets, etc.) should be faxed to Fax Machine in EOF Director Area. Fax number 8-382-1825. {PIP 0-M98-2065}

____ **OBTAIN** a copy of RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center) from the procedures cabinet.

____ **EXECUTE** RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center).

____ **INFORM** Emergency Coordinator of status of offsite communications (e.g., next message due).

____ **PREPARE** for 24-hour coverage as necessary.

____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of emergency facility.

NRC COMMUNICATOR
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

____ **ESTABLISH** a log of activities.

____ **OBTAIN** a copy of the current classification procedure from the procedure cabinet:
-Notification Of Unusual Event, RP/0/A/5700/001
-Alert, RP/0/A/5700/002
-Site Area Emergency, RP/0/A/5700/003
-General Emergency, RP/0/A/5700/004.

NOTE:	The only turnover from the Control Room the TSC NRC Communicator takes is responsibility for communications to the NRC.{PIP 0-M94-1496}

____ **WHEN** the TSC is activated, **THEN** pickup and monitor the NRC ENS telephone (Located on NRC Communicator's table). {PIP-M-99-3800}

____ **IF** the Control Room Communicator is on line with the NRC, inform the parties that the TSC is activated and you are ready to assume continuous communication requirements.

____ **IF** continuous communication with the NRC is not established, notify the Control Room Communicator that you are available to perform this function, if required. {PIP-M-99-3800}

——— IF not previously established, THEN establish continuous communications upon request by the NRC. {PIP-M-99-3800}

——— **INFORM** NRC of TSC/EOF activations and plant status as requested.

_____ **PROVIDE** for 24-hour coverage as necessary.

——— **INFORM** the NRC when the TSC is deactivated. This requires an additional call using ENS when the NRC does not require continuous communications to be maintained.

——— **CONTACT** Regulatory Compliance Duty Person if the NRC is going to arrive on site.

——— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

REACTOR ENGINEER
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

——— **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

——— **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

——— **ESTABLISH** a log of activities.

_____ **OBTAIN** a copy of RP/0/A/5700/019 (Core Damage Assessment) from the procedure cabinet.

_____ **OBTAIN** a copy of affected Unit(s) Data Book. {PIP 0-M98-3522}

——— **MONITOR** core conditions as appropriate using either APD, SDS or the OAC Critical Points and Steam Tables as follows:

NOTE:	If the OAC is not available, core conditions may need to be obtained from the Operations Manager in the TSC who is in contact with the Control Room.

1. Core Subcooling.
2. Reactor Vessel Water Level (RVLIS).
3. Power level if Reactor not tripped.
4. Ask the Operations Liaison to verify all rods at bottom on reactor tripped.
5. Source Range Trends following Reactor Trip.
6. Compare each loop T-hot, T-cold and T-avg.
7. What is the most recent boron concentration, and has there been any safety injection?
8. Reactor coolant pumps On/Off Natural or Forced circulation.
9. Pressurizer Level.
10. Containment EMFs.
11. Injection flow and letdown flow (NC inventory).
12. Containment Pressure.
13. Current burnup and previous 2 cycles EFPD.
14. The number of failed rods and DEI prior to transient.
15. Fuel Pool Temperature (Phase A or Phase B Isolation).

____ **REVIEW** the previous parameters with an immediate focus on the trends of the following:

1. State of criticality and shutdown margin.
2. Core voiding.
3. Core uncovery.
4. Challenge to the fuel pellet fission product barrier.
5. Challenge to the cladding fission product barrier.
6. Challenge to the NCS pressure boundary.
7. NC cooldown rate.
8. Fuel Pool Heatup.

On a Safety Injection Signal the Auxiliary Building KC cooled loads are isolated by a phase A containment isolation signal. This includes KC cooling of the KF heat exchangers. A conservative estimate of the time for the spent fuel pool to reach saturation without forced cooling is approximately 10 hours. Within approximately 6 hours following a loss of forced cooling of the spent fuel pool, contact Accident Assessment (Nuclear Engineering General Office) in the EOF for a recommendation regarding initiating KC cooling to KF or alternate means of supplying fuel pool cooling.

____ **PREPARE** for 24-hour staffing as necessary.

____ **ASSIST** Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).

____ **REFER** to Enclosure 4.21 of this procedure for guidance on establishing communications links between SAMG evaluators.

____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

OPERATIONS MANAGER IN THE TSC
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

—— **SIGN** in on the TSC staffing board and put on position badge.

—— **SIGN** the TSC attendance sheet for a drill.

—— **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

—— **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

—— **ESTABLISH** a log of activities.

—— **ESTABLISH** communications with the Control Room, OSC and EOF using the cell phone by dialing 4500 (let it ring until you hear a beep).

NOTE:	If a Security event occurs while the TSC is activated, the OPS Manager in the TSC will serve as the focal point for the coordination of activities between the OSC, TSC and Security. The information and actions decided upon should be handled through the normal communication channels with the TSC Emergency Coordinator.

—— **IF** a Security event occurs (i.e., bomb threat, sabotage, etc.) or additional communications are needed with Security personnel, have the OSC Security Officer request the SAS Security Officer to dial into the OPS bridge line (4500).

_____ **NOTIFY** the Control Room crew, via the Operations Manager in the Control Room, of any event classification changes. {PIP-M-00-2138}

_____ IF a loss of OAC occurs, or if for some reason SDS data becomes unavailable in the TSC, select a data taker from the control room crew or some other resource. **INSTRUCT** the data taker to complete the six page "Loss of OAC Data Collection" checklist kept on file in the TSC procedure file cabinet. (The TSC Emergency Planner also has electronic access to this checklist via "Emgplan on Mnsf2"/"Forms"/"Loss of OAC Data Collection.doc".) **SPECIFY** to the data taker how frequently this checklist needs to be completed and forwarded to the OPS Manager in the TSC. FAX number 4722 in the TSC Site Assembly/Evacuation Coordinators' office may be used if deemed necessary for transmittal. **PROVIDE** copies of the completed checklist to the TSC staff as needed. {PIP M-99-5381}

_____ **PROVIDE** main communication link between the TSC and Control Room.

_____ **PROVIDE** accurate and current status information to Emergency Coordinator and during time-outs.

_____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, and contingency plans.

_____ **SUPPORT** Control Room personnel by providing resources and consultation as required.

_____ **EVALUATE** and prioritize requests for information from the TSC staff, EOF staff, NRC and others.

_____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.

_____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.

_____ **IF** necessary, **OVERRIDE** the normal controls on activities directed by the OSC.

_____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency Facility.

OPERATIONS PROCEDURE SUPPORT
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

____ **ESTABLISH** a log of activities.

____ **OBTAIN** a copy of RP/0/A/5700/000 (Classification of Emergency) from the procedures cabinet.

____ **OBTAIN** a copy of the current classification procedure from the procedure cabinet:

-Notification Of Unusual Event, RP/0/A/5700/001
-Alert, RP/0/A/5700/002
-Site Area Emergency, RP/0/A/5700/003
-General Emergency, RP/0/A/5700/004.

____ **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Required Actions In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

NOTE:	The following step provides a listen only connection. Leave head set switch in the "mute" position (position is taped).

____ **ESTABLISH** communications with OPS bridge line using the cell phone by dialing 4500. (Let it ring until you hear a beep.)

OPERATIONS PROCEDURE SUPPORT
TSC ACTIVATION CHECKLIST

_____ **ENSURE** correct emergency classifications are made by following the current plant status and procedures in use.

_____ **PROVIDE** back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.

_____ **ADVISE** Emergency Coordinator on the anticipated course of the event.

_____ **PREPARE** Control Room personnel of possible difficult points in the procedures by a look ahead.

_____ **CONSULT** the EOF for possible solutions if procedural adequacy becomes a concern.

_____ **PROVIDE** information to Offsite Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions.

_____ **PREPARE** for 24-hour coverage as necessary.

_____ **SERVE** as Lead Evaluator upon entry into Severe Accident Management Guidelines (SAMG). This duty shall include providing leadership and guidance to the other available SAMG Evaluators specifically concerning what they should be doing. {PIP-M-99-5381}

_____ **REFER** to Enclosure 4.21 of this procedure for guidance on establishing communications links between SAMG evaluators.

_____ **PROVIDE** completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

——— **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

——— **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

——— **ESTABLISH** a log of activities.

——— **ENSURE** PC is on and displaying plant status.

——— **ESTABLISH** communications with the following and provide the SEM phone number:

- TSC Engineering Support, Ext. 4917
- EOF Accident Assessment,8-382-0762
- OSC Equipment Engineering, Ext. 4971.

NOTE:	The following step provides a listen only connection. Leave head set switch in the "mute" position.

_____ **ESTABLISH** communication with the OPS bridge line, using the cell phone by dialing 4500. (Let it ring until you hear a beep.)

——— **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Required Actions In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

——— **VERIFY** Engineering Support Group is connected to the Operations headset network (listen only) after the Operations Manager in the TSC ties in the OSC and EOF.

_____ **COORDINATE** accident mitigation strategy and engineering support through effective communications with the Engineering Support Group, Accident Assessment in the EOF, and the OSC.

_____ **CONTACT** the on-duty EP Support Leader and request appropriate duty personnel MSE/CEN when outside of normal hours.

_____ **CONTINUALLY** communicate with TSC personnel, identifying areas needing Engineering support.

_____ **REPORT** all accident mitigation strategies to the Emergency Coordinator.

_____ **ASSIST** Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).

_____ **REFER** to Enclosure 4.21 of this procedure for guidance on establishing communications links between SAMG evaluators.

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

____ **SIGN** in on the TSC staffing board and put on position badge.

____ **SIGN** the TSC attendance sheet for a drill.

____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

____ **ESTABLISH** a log of activities.

____ **ASSIST** the Emergency Coordinator as required to achieve a timely turnover to the EOF. {PIP 0-M98-3522}

____ **ESTABLISH** communications with EOF Emergency Planner using the cell phone by dialing 8-831-4010, or another available bridge line.

____ **APPRISE** Emergency Coordinator of TSC/OSC announcements.

____ **IF** Emergency Planning support is needed in the OSC, **THEN** contact additional Emergency Planning personnel and request they respond to the OSC.

____ **SUPPORT** Emergency Coordinator activity (e.g., keep in procedure).

____ **PROVIDE** support for the activation and operation of the TSC.

____ **PROVIDE** necessary NRC/State/County interface.

____ **ASSIST** Off-site Agency Communicators in preparation of emergency notifications as needed.

____ **SHARE** copy of NRC Notification forms, and Emergency Notification forms with the Status Coordinator. {PIP-0-M-99-0911}

____ **UPDATE** the PARS board to reflect the protective actions identified in item 15 of the Emergency Notification form as each Emergency Notification form is approved.

____ **PROVIDE** support to other members of the TSC as requested.

_____ **PREPARE** for 24-hour coverage as necessary.

_____ **COMPLETE** the 24-Hour TSC Position Staffing Log (page 4 of 4 of this enclosure).

_____ **MONITOR** the Public Affairs telephone (4520) in TSC and place off hook if requested.

_____ **COLLECT** all completed procedures and log notes upon deactivation of the emergency facility.

_____ **CONTACT** the EP Manager to ensure that the appropriate critiques are held with the Offsite Agencies. {PIP-G-00-00209}

_____ **ASSIGN** an individual from Emergency Planning staff to follow up with an LER or written summary to the State and County authorities within 30 days.

Person assigned responsibility:

_____

_____ **RESTORE** the TSC and OSC for drills and actual events as follows:

Leave on:

_____ Fax machines

_____ ERDS computers in Data Coordinator's Office

_____ Cell phones.

Turn off:

_____ All computers (except video conferencing computers and ERDS computers)

_____ Copiers

_____ Public address components(except site PA for the TSC)

_____ Projectors.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

Perform:

_____ Clean tables off

_____ Put all trash in containers

_____ Wipe down status boards

_____ Verify all Fax machines have paper supply replenished.

_____ Verify all copiers have paper supply replenished

Replenish the following:

_____ Position specific notebooks (1 copy of procedure body and minimum 3 copies of applicable enclosures).

_____ Procedure and forms cabinet files per PT/0/A/4600/091, Enclosures 13.1, 13.2, 13.3, 13.4, and 13.5.

_____ Check TSC and OSC EP and AP notebooks, IF any book(s) seal(s) are broken, THEN notify the Operations Shift Support Technicians.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

24-HOUR TSC POSITION STAFFING LOG

	Primary		Relief	
Position	**Name**	***Shift Schedule**	**Name**	***Shift Schedule**
Emergency Coordinator				
Assistant Emergency Coordinator				
Operations Manager in the TSC				
Operations Manager in the Control Room				
Operations Procedure Support				
System Engineering Manager				
Reactor Engineer				
Radiation Protection Manager				
Status Coordinator				
Status Coordinator				
Emergency Planner				
NRC Communicator				
Site Assembly Coordinator				
Site Evacuation Coordinator				
Data Coordinator				
IAE Communications				
Offsite Agency Communicator				
Offsite Agency Communicator				
Offsite Dose Assessor				
Offsite Dose Assessor				

*List hours of coverage: i.e., 0800-2000, or 8am-8pm.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

{PIP 0-M94-1491}

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— SIGN in on the TSC staffing board and put on position badge.

——— SIGN the TSC attendance sheet for drills.

——— IF a site assembly is in progress, or is conducted, SWIPE your ID badge in the reader located in the TSC for personnel accountability.

——— CONTACT your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

——— OBTAIN the remote control for the overhead projector and the electronic message board from the TSC supply cabinet.

NOTE:	The overhead projector takes several minutes to warm up.

——— TURN main switch of remote control to ON position (located on right side of remote).

——— POINT remote to overhead projector and depress power on button.

NOTE:	The following allows the plant status sheet to be viewed in the OSC.

_____ LOG ON the Status Coordinator Computer using your ID and password.

_____ ENSURE computer time is in sync with TSC satellite display.

_____ DOUBLE CLICK on the Plant Status.doc Icon.

_____ MINIMIZE the Plant Status.doc.

——— START Net Meeting by double clicking on the OSC Status Board Icon. {M-01-4276}

WHEN Net Meeting starts and displays, THEN:

_____ SELECT the tools pull down menu.

_____ SELECT "Sharing".

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

_____ **SELECT** "Plant Status.doc" - Microsoft under "Sharing Programs".

_____ **CLICK** on the "Share" button.

_____ **CLOSE** the "Sharing Program".

_____ **MINIMIZE** Net Meeting.

_____ **MAXIMIZE** Plant Status.doc.

_____ **SAVE** as current date activation.doc (e.g., 22498 activation.doc).

_____ **PRINTOUT** plant status sheets after each significant change and prior to announced timeouts.

_____ **In** the absence of the Emergency Planner, **ANSWER** the Public Affairs telephone (ext. 4520), and lay off hook if required.

_____ **INPUT** classification information on the electronic message board using the remote control as follows:

1. To turn "ON": Press **Shift and Program** simultaneously.
2. To select programmed messages:
   a. **Unusual Event** Press **Program** then **Run** then **"1"** then **RUN.**
   b. **Alert** Press **Program** then **Run** then **"2"** then **RUN.**
   c. **Site Area Emergency** Press **Program** then **Run** then **"3"** then **RUN.**
   d. **General Emergency** Press **Program** then **Run** then **"4"** then **RUN.**
3. To Turn "OFF": Press **Shift and Program** simultaneously.

_____ **ENTER** plant/equipment status as appropriate on electronic document.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE:	The Emergency Planner is provided copies of all NRC Notification forms and Emergency Notification forms. These may be useful in maintaining the TSC log. {PIP-0-M-99-0911}

NOTE:	Log errors cannot be deleted.

_____ **CORRECT** any log errors by making a new entry and stating in the entry that this corrects a previously entered error. {PIP M-02-6113, C.A. 32}

_____**LOG ON** to "Auto log" using your logon ID and password.

——**ESTABLISH** a log to serve as official log for TSC as follows:

- Record all significant activities.
- Record all TSC EC decisions.
- Record the time of entry.
- List entries in chronological order and include enough detail to reconstruct event series at a later date.

_____ **LOG** entries should include but are not limited to the following examples:

- Emergency Coordinator and any change in Emergency Coordinator
- Time at which the TSC is activated.
- Present emergency classification, changes in classification, time of declaration
- Plant Conditions (Unit 1 and 2):
    - Core Cooling information (i.e., Time To Boiling, etc.)
    - Safety Systems Degraded
    - Power Supply Status
    - Fission Product Barrier Degradation
    - Radiation Releases.
- Procedures in effect and any transition to another procedure.
- Actions taken that are not a part of an approved procedure.
- Any abnormal or unexpected plant response.
- Major equipment manipulations.
- Major mitigation actions taken.
- Site assembly or evacuation of all or any part of the plant.
- Personnel Injuries.
- Recovery Action(s) in Progress.
- Expected time of next Time-Out.

_____ **ENSURE** the status board is maintained with current information:

- 3 or 4 highest priority "recovery actions" set by the Emergency Coordinator.
- relevant plant status information captured under "Equipment Status."

_____ **TRACK** established priorities.

_____ **PREPARE** for 24-hour coverage.

_____ **PRINT** copy of TSC Autolog.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

—— **SHUTDOWN** computer, monitor and remote control.

—— **RETURN** remote controls to supply cabinet.

—— **PROVIDE** all completed paperwork (Activation checklist and status board printouts) to Emergency Planning upon deactivation of the emergency facility.

IAE COMMUNICATIONS
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

——— **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.

——— **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

——— **ESTABLISH** a log of activities.

——— **ENSURE** all necessary equipment needed to support the TSC is operable.

- Video Conferencing
- Phones
- Faxes
- Headsets
- Page System.

——— **IF** IAE Communications support is needed in the OSC, **THEN** contact additional IAE Communications personnel and request they respond to the OSC.

——— **PREPARE** for 24-hour coverage as necessary.

——— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OPERATIONS MANAGER IN THE CONTROL ROOM TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

_____ **SIGN** in on the TSC Staffing board and put on position badge. (N/A for drills)

_____ **SIGN** the TSC attendance sheet for a drill.

_____ **RECEIVE** a verbal report from the OSM detailing plant status, emergency class, and shift staffing level.

_____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the Control Room for personnel accountability. (N/A for drills.)

_____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869} (N/A for drills.)

_____ **ESTABLISH** a log of activities.

_____ **ESTABLISH** communications with the TSC, OSC and EOF using the cell phone by dialing 4500. (Let it ring until you hear a beep.) (Each time a party connects, a beep will be heard.)

_____ **EXPEDITE** time critical tasks for the OSM by clear communication to the OSC via the OPS Liaison. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM, or designee, shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. Completion of OSC Task Work Sheet paperwork shall not delay time critical task dispatches. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is complete and the person (or team) has returned to the OSC and completed debriefing. {PIP 0-M96-1576} {PIP 0-M98-3522}

OPERATIONS MANAGER IN THE
CONTROL ROOM
TSC ACTIVATION CHECKLIST

_____ **PROVIDE** main communication link from the Control Room or Simulator to the TSC, OSC and EOF.

_____ **PROVIDE** accurate and current task status information to the OSM as needed for non-time critical tasks.

_____ **ASSIST** in making decisions on emergency classifications, mitigation strategies and contingency plans.

_____ **SUPPORT** Control Room personnel by directing resources and providing consultation as required.

_____ **EVALUATE** and prioritize for the Control Room requests for information from TSC, OSC, EOF, NRC and others.

_____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.

_____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.

_____ **OVERRIDE** normal controls on activities directed by the OSC as necessary.

_____ **AFTER** the shift NLOs have been dispatched to the OSC, inform the OSM of your responsibility to make NLOs available to the Control Room for time critical tasks as needed.

_____ **NOTIFY** the TSC OPS Procedure Support position of all Emergency Procedure transitions. {PIP 0-M97-4112}

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

DATA COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

—— SIGN in on the TSC staffing board and put on position badge.

—— SIGN the TSC attendance sheet for a drill.

—— IF a site assembly is in progress, or is conducted, SWIPE your ID badge in the reader located in the TSC for personnel accountability.

—— CONTACT your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

—— ESTABLISH a log of activities.

—— ACCESS SDS in the TSC.

NOTE: **ERDS is not activated for drills unless directed to do so by Emergency Planning. {PIP-M-00-561).**

ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the STA's Office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

ERDS is NOT activated for a Notification of Unusual Event. {PIP-0-M-99-2929}

—— IF the Emergency Response Data System (ERDS) is not activated, THEN activate ERDS as follows:

—— Ensure SDS is running on the selected terminal.

—— Click on MAIN.

—— Click on GENERAL.

—— Click on ERDS.

—— Click on ACTIVATE.

—— Record the date and time ERDS was activated in the log section of the Data Coordinator notebook located at the OAC terminals in the TSC.

DATA COORDINATOR
TSC ACTIVATION CHECKLIST

_____ **INFORM** the OSM that ERDS was activated.

_____ **INFORM** the EC that ERDS was activated.

_____ **IF** ERDS failed to activate after five (5) attempts, **THEN** have the NRC Communicator notify the NRC via ENS or other available means. {PIP-M-99-5381}.

_____ **TERMINATE** ERDS once the event is over by clicking on Terminate.

_____ **PROVIDE** support in the area of Computer Services and data acquisition.

_____ **PROVIDE** computer support for both software and hardware applications of data review in the TSC and the transfer of data to offsite locations.

_____ **PREPARE** for 24-hour coverage as necessary.

_____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

——— **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.

——— **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}

——— **ESTABLISH** a log of activities.

——— **ESTABLISH** and maintain communications with the SAS by calling Ext. 2191 to obtain status of the site assembly.

NOTE:	Extension 4458 and 4977 are forwarded to Security at 4550 when the TSC is not activated.

——— **CLEAR** the forward feature from extension 4458 and 4977 (located in the Site Assembly Coordinator office) by following the instructions located on the desk.

——— **RECORD** site assembly start time _____ (announced from Control Room or available through the Operations Manager in the TSC).

NOTE:	Approximately 20 minutes into the site assembly, the assembly locations inside the protected area will contact the Site Assembly Coordinator with names and badge numbers of personnel who were unable to swipe at the assembly locations.

——— **WHEN** Security provides a printout of unaccounted personnel, **THEN CHECK OFF** personnel who could not swipe at their assembly point (request this from Security about 20 to 25 minutes into the site assembly).

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE: During drills, the number of personnel at each assembly point inside the protected area should be determined only if time permits. This information is necessary in the event of an evacuation.

____ **CONTACT** the various site assembly points inside the protected area to determine the approximate number of personnel at each location.

NOTE: Secure personnel numbers from site assembly points inside the protected area prior to calling outside site assembly points.

____ During an actual event, **CONTACT** all site assembly points to determine the approximate number of personnel at each location.

____ **RECORD** the approximate number of personnel at each assembly point inside the protected area on the board located in the Site Assembly Coordinators office.

____ **RECORD** the approximate number of personnel at each assembly point outside the protected area on the form listing the outside site assembly points (form located in the Site Assembly Coordinator's office).

NOTE: During a TSC "time out" a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator's Table to provide status/updates. {PIP-0-M98-2065}

____ **RECORD** site assembly completion time _____.

____ **REQUEST** the OPS Manager in the TSC have the Control Room to STOP site assembly alarms and announcements.

____ **DISCUSS** standing down from site assembly with the Emergency Coordinator. If okay to stand down, **REQUEST** OPS Manager in the TSC have the Control Room to give the stand down from site assembly. If **NOT** okay to stand down from site assembly, Site Evacuation Coordinator will make announcements as directed by Enclosure 4.20.

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE:
1. The following message will be communicated to the site at the conclusion of site assembly by the control room.
2. If there is a need to use the public address system to convey a message to an individual location, refer to page 4 of 4 in this enclosure for the number of the individual location.

_____ **IF** requested to do so by the control room, **ANNOUNCE** the stand down message below:

<u>Drill Message for standing down from Site Assembly:</u> Dial 710; at the beep, dial 80, begin speaking
"Attention all personnel. This is a drill message. This is a drill message. You have been assembled as part of an emergency exercise. If this were an actual emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. You may now return to your normal work assignments. Thank you for your participation."

<u>Actual Event Message for standing down from Site Assembly:</u> Dial 710; at the beep, dial 80, begin speaking
"Attention all personnel. Conditions have stabilized (or have been downgraded) so that site assembly is no longer required. You may now return to your normal work assignment."

_____ **AFTER** the drill message for standing down from site assembly is announced, **EVALUATE** the need to initiate search and rescue of missing personnel and discuss with Emergency Coordinator.

_____ **POST** periodic site assembly updates on site assembly/evacuation board as needed.

_____ **PROVIDE** periodic updates to the Emergency Coordinator, as needed and during time outs, concerning site assembly status.

_____ **PREPARE** for 24-hour coverage for your position as necessary.

NOTE: If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.

_____ **WHEN** the TSC is deactivated, then **FORWARD** extension 4458 and 4977 to Security at extension 4550.

_____ **REPLACE** the signs on the extension 4458 and 4977 warning personnel about using the two extensions.

_____ **PROVIDE** all completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

SITE PAGING SYSTEM
INDIVIDUAL PAGING NUMBERS

NOTE: 1. 710 covers all of these areas.

2. Call numbers for individual locations are listed below.

711 , then speak	MOC
712 , then speak	Garage, Switchyard, Firing Range, & Ball field
713 , then speak	Medical
714 , then speak	NAB
715 , then speak	MTF
718 , then speak	Cowans Ford
719 , then speak	Plant
720 , then speak	Island Training Center
721 , then speak	Island Environmental Center
722 , then speak	Island Tech Services Center
723 , then speak	Island Energy Explorium

Enclosure 4.17

Emergency Coordinator Turnover Checklist

UNIT(S) AFFECTED: U1 _____ U2 _____

{PIP-M-99-3800}

	POWER LEVEL	NCS TEMP	NCS PRESS
DATE: _____			
TIME: _____	U-1 _____	_____	_____
	U-2 _____	_____	_____

CLASSIFICATION

NOUE DECLARED AT: _____
ALERT DECLARED AT: _____
SAE DECLARED AT: _____
G.E. DECLARED AT: _____
TSC ACTIVATED AT: _____
EOF ACTIVATED AT: _____
REASON FOR EMER CLASS: _____

SITE EVACUATION

	YES	NO	TIME	LOCATION OR COMMENTS
SITE ASSEMBLY				
SITE EVAC. (NON-ESSEN.)				
SITE EVAC. (ESSENTIAL)				
OTHER OFFSITE AGENCY INVOLVEMENT				
MEDICAL				
FIRE				
POLICE				

	NUMBER ASSEM.	NUMBER DEPLOYED
FIELD MON. TEAMS		

	ZONES EVACUATED	ZONES SHELTERED
PARS:		

RELEASE IN PROGRESS YES ( ) NO ( )
RELEASE PATHWAY _____
CONTAINMENT PRESSURE _____ PSIG
WIND DIRECTION _____ WIND SPEED _____

COMMUNICATIONS

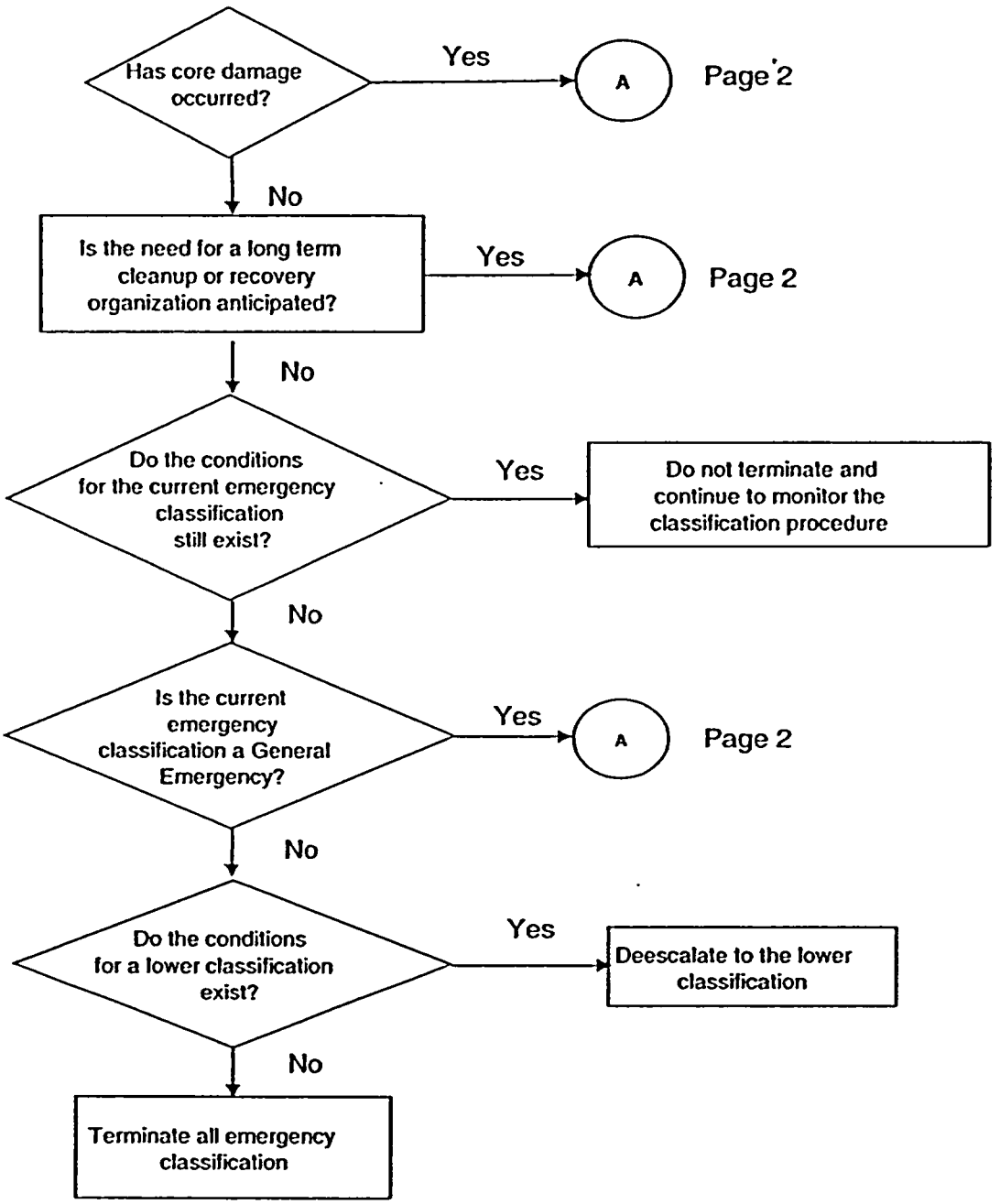
	NUMBER	TIME
LAST MESSAGE SENT:		
NEXT MESSAGE DUE:		

NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

Enclosure 4.18

Emergency Classification Termination Criteria



Enclosure 4.18

Emergency Classification Termination Criteria

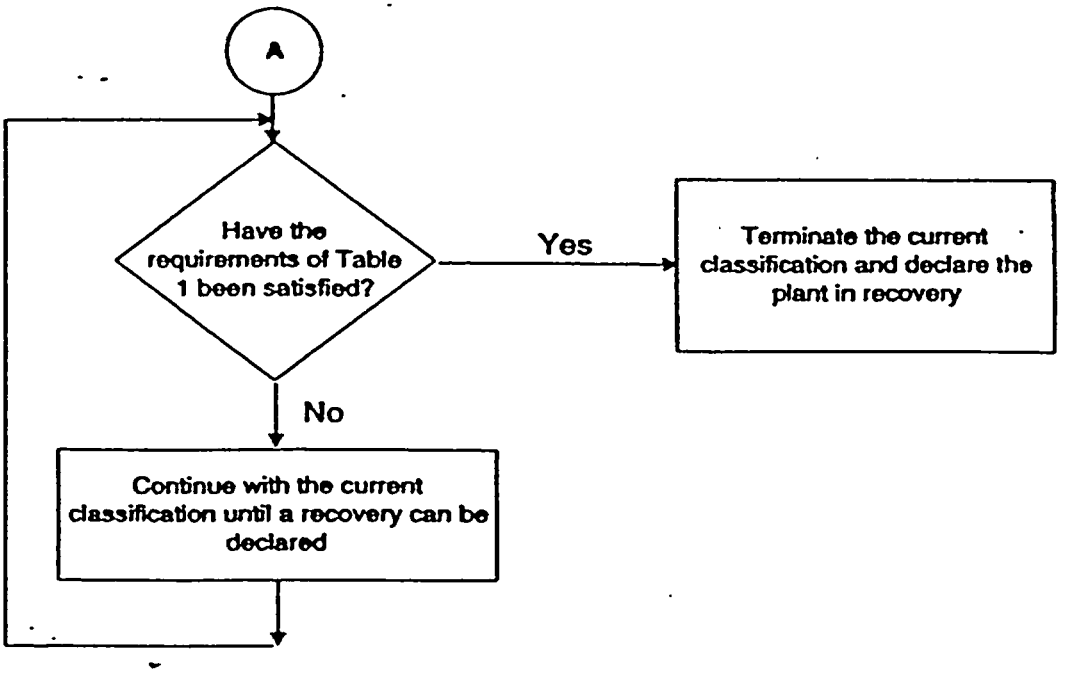


Table 1

Recovery Conditions

_____No new evacuation or sheltering protective actions are anticipated

_____Containment pressure is less than design pressure

_____Decay heat rejection to the ultimate heat sink has been established and either:

- Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling)

  OR

- No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {PIP 0-M96-1645}

_____The risks from recriticality are acceptably low

_____Radiation Protection is monitoring access to radiologically hazardous areas

_____Offsite conditions do not limit plant access

_____The News Manager, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities

_____The recovery organization is ready to assume control of recovery operations Go to RP/0/A/5700/024, (Recovery and Reentry)

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No ☐

If No, stop here and fold this form and drop it in the box provided.

YES ☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

_____ _____

Signature of Management Observer Date

Fold the form and drop it in the box provided.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

NOTE:	You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

——— **SIGN** in on the TSC staffing board and put on position badge.

——— **SIGN** the TSC attendance sheet for a drill.

——— **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.

——— **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

_____ **ESTABLISH** a log of activities.

——— **DISCUSS** with the Site Assembly Coordinator the status of the site assembly in preparation for emergency/drill message updates and possible site evacuation.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE:	If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.

____ **IF** site assembly is still in progress **ANNOUNCE** the following Initial communication over the P.A. for the appropriate situation by dialing 710, at the beep, dial 80 and begin speaking:

For an Actual Emergency: "Attention all site personnel. This is an emergency message. This is an emergency message. At the present time, we have a _____ (emergency classification). (*Report general information of the event/information of importance. Obtain this information from the Offsite agency communicator).* _____
_____
_____
_____

All personnel shall remain at their site assembly location until further instructions are given. Information will be provided to you as conditions change."

For a Drill: "Attention all site personnel. This is a drill message. This is a drill message. At the present time, we have a _____ (emergency classification). *(Report general information of the event/information of importance. Obtain this information from the Offsite Agency Communicator.):*

_____
_____
_____
_____

All personnel shall remain at their site assembly location until further instructions are given."

____ **RECORD** time of announcement _____.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE: An additional worksheet for Emergency/Drill Message Updates is on page 8 of 8.

—— **OBTAIN** off-site notification information from the Off-site Agency Communicator *each time* an off-site notification is made and prepare an Emergency/ Drill Message Update as follows:

NOTE: If it is determined that an announcement should be made to the plant outside of the normal offsite agency communication, get the Emergency/ Assistant Emergency Coordinator's approval prior to the announcement. Use the message format as follows. After the notification is made, provide a copy of the announcement to the Offsite Agency Communicators.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

—— "Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message. (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.):*

_____
_____
_____
_____."

—— **RECORD** time of announcement _____.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message. (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.):*

_____
_____
_____
_____."

—— **RECORD** time of announcement _____.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

____ **EVALUATE** with the Radiation Protection Manager, the Emergency Coordinator and other TSC personnel the need to conduct a site evacuation or relocation of on-site personnel based on the following Event Classification criteria:

Alert- determine by actual plant conditions.

Site Area Emergency- consider evacuation/relocation of non-essential personnel.

General Emergency- evacuate all non-essential personnel.

NOTE:

1. Security sweep priorities are outlined in Security Procedure EXAC-12 and are based on sweeping areas in the direction of the prevailing winds first, such as the discharge canal fishing area.
2. The owner controlled area patrol will perform sweeps and evacuate visitors without site contacts, such as fishermen along the discharge canal and persons at the Nature Trail and beach, at the ALERT level.
3. For owner controlled areas outside the protected area that must be evacuated, evacuation wardens will perform sweeps of their assigned building areas during regular working hours, Monday thru Thursday. Security will provide sweeps of all other areas, including buildings where evacuation wardens are not assigned during regular and non-regular working hours. Security will provide sweeps of all buildings during non-regular working hours.
4. Radiological conditions, wind direction, and the degree of protection provided (outside or inside a building) are examples that might influence sweep priority changes.

____ **PROVIDE** guidance to the OSC Coordinator for the priority of evacuation sweeps by Site Services and Security and if priorities are different than normal priorities.

NOTE: The following information may be provided to the EOF via the Offsite Agency Communicators. {PIP-0-M-99-0911}

____ **NOTIFY** EOF anytime personnel are relocated onsite or evacuated from the premises. {PIP-M-01-4276}

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NOTE: 1. Evacuations planned inside the Protected Area should be made by contacting Security in the OSC with instructions. Evacuations outside the protected area should be made by contacting Security in the OSC and instructing them to coordinate activities with Site Services representatives in the OSC. **When giving evacuation instructions be sure to identify the area for evacuees to relocate to,** according to procedure RP/0/A/5700/011.

2. The OSC Security phone is 4956. The OSC Site Services phone is 4963.

____ **EVALUATE** with the Radiation Protection Manager, Emergency Planner and Emergency Coordinator the following:

- Recommendations on the need, path, and transportation options for relocation of on-site personnel.
- Recommendations on need, path, and transportation options for evacuation of non-essential personnel off-site (Training Center lobby / Cowans Ford Dam or offsite / home.)
- Recommendations on need to restrict vehicle (site transportation shuttle, etc.) movement on site. {PIP 0-M97-2871}
- Recommendations on need to use a forklift or other appropriate equipment to remove obstacles so that the main entrance across the SNSW dam can be used as a contingency evacuation route.

NOTE: During a TSC "time out" a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator's Table to provide status/updates. {PIP-0-M98-2065}

____ **PROVIDE** periodic updates to Emergency Coordinator as needed and during time outs on site evacuation or on site relocation of personnel.

NOTE: OSC Site Services and EOF Services personnel will arrange for alternate transportation.

____ **PREPARE** for turnover of site personnel (TSC, OSC and other essential personnel).

The following items should be discussed with RP Manager and Emergency Planner several hours in advance of anticipated turnover time.

- Are parking lots and personal vehicles contaminated?

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

- Will buses or other alternate transportation be needed to transport personnel to and from the site?
- Will pickup/drop off points outside the EPZ need to be established?

_____ **IF** the decision is made to evacuate personnel from the site, **THEN INFORM** Off-site Agency Communicators (or the EOF if activated) to notify appropriate offsite agencies:

- Approximate number of people to be evacuated _____.
- Evacuation destination:
  - Home
  - Technical Training Center
  - Cowans Ford
  - Other's _____

_____ **PROVIDE** to the EOF an estimate of the number of people to be evacuated.

NOTE:	Security may need to notify the Mecklenburg Police (911) requesting them to assist in traffic control, if deemed necessary by the Emergency Coordinator or Security Shift Supervisor.

_____ **IF** the decision is made to evacuate, **NOTIFY** Security to assist with traffic control as needed.

_____ **IF** evacuation of non-essential personnel is planned, **REQUEST** Managers, during a time out, to identify and inform their own essential personnel to remain, as all others will be evacuated.

_____ **IF** the decision is made to evacuate, **NOTIFY** the chosen Evacuation-Relocation site of the expected arrival of personnel.

_____ Technical Training Center 9-704-579-3210. This is a cellular telephone carried by an industrial security guard who roams the site seven days a week, 24 hours a day,

_____ Powerhouse at Cowans Ford Dam - 4335. This phone rings throughout the dam site. This location is staffed Monday through Friday, 10 hours per day. **IF** no answer at 4335, call the Hydro Central Operations Office at 8-382-6838 or 8-382-6836 and request that the security gates at the plant entrance at highway NC73 and the Cowans Ford Power House be unlocked so that the Cowans Ford service bay can be used as an evacuation site.

SITE EVACUATION COORDINATOR
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NOTE: Inform Control Room that you have already contacted Security and the Evacuation site with information about the evacuation of personnel.

____ **IF** the decision is made to evacuate, **DIRECT** the Control Room to evacuate the site per (RP/0/A/5700/011) by calling the Control Room SRO at extension 4138 (then select option 3) and giving the following evacuation route information for non-essential personnel:

Non-essential personnel should:

A. Proceed to _____.
(Training Center lobby / Cowans Ford Dam / Home / Other)

____ **RECORD** the time the site evacuation begins_____. Ends_____.

____ **PREPARE** for 24-hour coverage for your position as necessary.

____ **POST** updates to the site assembly / evacuation board located in the Site Assembly Coordinators office as needed.

____ **PROVIDE** completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

ADDITIONAL WORKSHEET FOR EMERGENCY/DRILL MESSAGE UPDATES

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message. (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

____
____
____
____."

RECORD time of announcement __________. Initial__________

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message. (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

____
____
____
____."

RECORD time of announcement __________. Initial__________

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

"Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message. (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

____
____
____
____."

RECORD time of announcement __________. Initial__________

ESTABLISHING COMMUNICATIONS LINKS BETWEEN SAMG EVALUATORS

NOTE: OPS Procedure Support in the TSC will serve as the lead SAMG evaluator and will be assisted by Reactor Engineer and Systems Engineer in the TSC, as well as Accident Assessment Interface in the EOF. OPS Procedure Support is expected to **direct** the other evaluators in what they should be looking at strategically, plus ensure that SAEG-1 is completed appropriately as directed by the guidelines.

____ **ESTABLISH** communications links between the SAMG evaluators (TSC OPS Procedure Support, TSC Reactor Engineer, TSC System Engineering Manager, and EOF Accident Assessment Interface) by dialing on to the RP controller bridge at 875-4833. This is a 6-party bridge line.

____ **EVALUATE** using an alternate bridge line listed below if for some reason the RP Controller bridge is unavailable or if other communications links are desired or needed. Dial the number listed as desired to determine if that bridge is currently being used. If the desired bridge line is not being used, then the appropriate parties may dial in to use it.

EP Controller bridge (12 - party) 875-4575
McGuire site bridge (6 - party) 875-3030
McGuire site bridge (6 - party) 875-3200