Duke Power®
A Duke Energy Company

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March 15, 2004

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

Subject: Oconee Nuclear Station
Docket Nos. 50-269, -270, -287
Emergency Plan Implementing Procedures Manual
Volume C Revision 2004-03

Please find attached for your use and review copies of the revision to the Oconee Nuclear Station Emergency Plan: Volume C Revision 2004-03, March 2004.

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

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

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

Very truly yours,

R. A. Jones.
VP, Oconee Nuclear Site

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

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

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

A045

March 15, 2004

OCONEE NUCLEAR SITE
INTRASITE LETTER

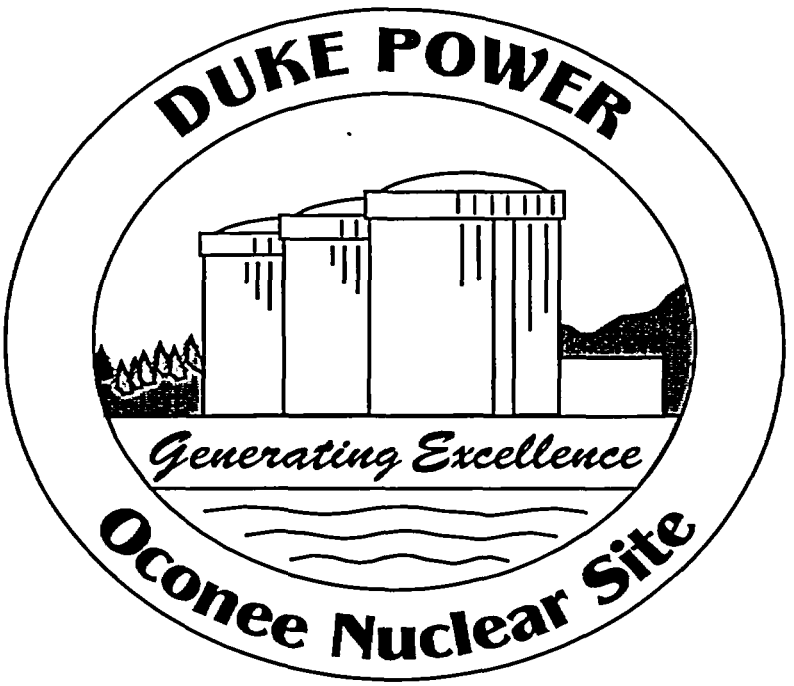
SUBJECT: Emergency Plan Implementing Procedures
Volume C, Revision 2004-03

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

REMOVE	INSERT
Cover Sheet 2004-02	Cover Sheet 2004-03
Table of Contents page 1 & 2	Table of Contents page 1 & 2
RP/0/B/1000/001 - 07/29/03	RP/0/B/1000/001 - 03/10/04
RP/0/B/1000/015 B - 12/11/01	RP/0/B/1000/015 B - 03/10/04
RP/0/B/1000/015 C - 12/11/01	RP/0/B/1000/015 C - 03/10/04
RP/0/B/1000/016 - 09/12/02	RP/0/B/1000/016 - 03/10/04
RP/0/B/1000/019 - 08/25/03	RP/0/B/1000/019 - 03/10/04
RP/0/B/1000/020 - 08/25/03	RP/0/B/1000/020 - 03/10/04
RP/0/B/1000/024 - 11/10/99	RP/0/B/1000/024 - 03/10/04
RP/0/B/1000/029 - 12/22/03	RP/0/B/1000/029 - 03/10/04

DUKE POWER

EMERGENCY PLAN
IMPLEMENTING PROCEDURES
VOLUME C



APPROVED:

Larry E. Nicholson, Manager
Safety Assurance

03/15/2004
Date Approved

03/15/2004
Effective Date

VOLUME C
REVISION 2004-03
MARCH 2004

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Duke Power Company (1) ID No. RP/0/B/1000/001

PROCEDURE PROCESS RECORD Revision No. 015

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Emergency Classification

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 02/27/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3-2-04

Cross-Disciplinary Review By _____ (QR)NA RDW Date 3-2-04

Reactivity Mgmt Review By _____ (QR)NA RDW Date 3-2-04

Mgmt Involvement Review By _____ (Ops Supt) NA RDW Date 3-2-04

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Rodney Brown Date 05/10/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Site **Emergency Classification** **Reference Use**	Procedure No. RP/0/B/1000/001 Revision No. 015 Electronic Reference No. OX002WOS

Emergency Classification

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

1. Symptoms

1.1 This procedure describes the immediate actions to be taken to recognize and classify an emergency condition.

1.2 This procedure identifies the four emergency classifications and their corresponding Emergency Action Levels (EALs).

1.3 This procedure provides reporting requirements for non-emergency abnormal events.

1.4 The following guidance is to be used by the Emergency Coordinator/EOF Director in assessing emergency conditions:

1.4.1 The Emergency Coordinator/EOF Director shall review all applicable initiating events to ensure proper classification.

1.4.2 The BASIS Document (Volume A, Section D of the Emergency Plan) is available for review if any questions arise over proper classification.

1.4.3 **IF** An event occurs on more than one unit concurrently,

THEN The event with the higher classification will be classified on the Emergency Notification Form.

A. Information relating to the problem(s) on the other unit(s) will be captured on the Emergency Notification Form as shown in RP/0/B/1000/015A, (Offsite Communications From The Control Room), RP/0/B/1000/015B, (Offsite Communications From The Technical Support Center) or RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility).

1.4.4 **IF** An event occurs,

AND A lower or higher plant operating mode is reached before the Classification can be made,

THEN The classification shall be based on the mode that existed at the time the event occurred.

1.4.5 The Fission Product Barrier Matrix is applicable only to those events that occur at Hot Shutdown or higher.

A. An event that is recognized at Cold Shutdown or lower shall not be classified using the Fission Product Barrier Matrix.

1. Reference should be made to the additional enclosures that provide Emergency Action Levels for specific events (e.g., Severe Weather, *Fire*, Security).

1.5 **IF** A transient event should occur,

THEN Review the following guidance:

1.5.1 **IF** An Emergency Action Level (EAL) identifies a specific duration

AND The Emergency Coordinator/EOF Director assessment concludes that the specified duration is exceeded or will be exceeded, (i.e.; condition cannot be reasonably corrected before the duration elapses),

THEN Classify the event.

1.5.2 **IF** A plant condition exceeding EAL criteria is corrected before the specified duration time is exceeded,

THEN The event is **NOT** classified by that EAL.

A. Review lower severity EALs for possible applicability in these cases.

NOTE:	Reporting under 10CFR50.72 may be required for the following step. Such a condition could occur, for example, if a follow up evaluation of an abnormal condition uncovers evidence that the condition was more severe than earlier believed.

1.5.3 **IF** A plant condition exceeding EAL criteria is not recognized at the time of occurrence, but is identified well after the condition has occurred (e.g.; as a result of routine log or record review)

AND The condition no longer exists,

THEN An emergency shall **NOT** be declared.

1.5.4 **IF** An emergency classification was warranted, but the plant condition has been corrected prior to declaration and notification,

THEN The Emergency Coordinator must consider the potential that the initiating condition (e.g.; Failure of Reactor Protection System) may have caused plant damage that warrants augmenting the on shift personnel through activation of the Emergency Response Organization.

A. **IF** An ***Unusual Event*** condition exists,

THEN Make the classification as required.

1. The event may be terminated in the same notification or as a separate termination notification.

B. **IF** An ***Alert, Site Area Emergency***, or ***General Emergency*** condition exists,

THEN Make the classification as required,

AND Activate the Emergency Response Organization.

1.6 Emergency conditions shall be classified as soon as the Emergency Coordinator/EOF Director assessment determines that the Emergency Action Levels for the Initiating Condition have been exceeded.

2. Immediate Actions

2.1 Determine the operating mode that existed at the time the event occurred prior to any protection system or operator action initiated in response to the event.

2.2 **IF** The unit is at Hot Shutdown or higher

AND The condition/event affects fission product barriers,

THEN GO TO Enclosure 4.1, (Fission Product Barrier Matrix).

2.2.1 Review the criteria listed in Enclosure 4.1, (Fission Product Barrier Matrix) and make the determination if the event should be classified.

2.3 Review the listing of enclosures to determine if the event is applicable to one of the categories shown.

2.3.1 **IF** One or more categories are applicable to the event,

2.3.2 **THEN** Refer to the associated enclosures.

2.3.3 Review the EALs and determine if the event should be classified.

A. **IF** An EAL is applicable to the event,

THEN Classify the event as required.

2.4 **IF** The condition requires an emergency classification,

THEN GO TO RP/0/B/1000/002, (Control Room Emergency Coordinator Procedure) Subsequent Actions.

2.5 Continue to review the emergency conditions to assure the current classification continues to be applicable.

3. Subsequent Actions

3.1 Continue to review the emergency conditions to assure the current classification continues to be applicable.

4. Enclosures

Fission Product Barrier Matrix

DETERMINE THE APPROPRIATE CLASSIFICATION USING THE TABLE BELOW: **CIRCLE EALS CHOSEN. ADD POINTS TO CLASSIFY. (SEE NOTE BELOW)**

RCS BARRIERS (BD 5-7)		FUEL CLAD BARRIERS (BD 8-9)		CONTAINMENT BARRIERS (BD 10-12)	
Potential Loss (4 Points)	**Loss (5 Points)**	**Potential Loss (4 Points)**	**Loss (5 Points)**	**Potential Loss (1 Point)**	**Loss (3 Points)**
RCS Leakrate > Makeup capacity of one HPI pump in normal makeup mode (approx. 160 gpm) with Letdown isolated.	RCS Leak rate > available makeup capacity as indicated by a loss of subcooling	Average of the 5 highest CETC ≥ 700° F	Average of the 5 highest CETC ≥ 1200° F	CETC ≥ 1200° F ≥ 15 minutes **OR** CETC ≥ 700° F ≥ 15 minutes with a *valid* RVLS reading 0"	Rapid unexplained containment pressure decrease after increase **OR** containment pressure or sump level not consistent with LOCA
SGTR > Makeup capacity of one HPI pump in normal makeup mode (approx. 160 gpm) with Letdown isolated.		*Valid* RVLS reading of 0"	Coolant activity ≥ 300 µCi/ml DEI	RB pressure ≥ 59 psig **OR** RB pressure ≥ 10 psig and no RBCU or RBS	Failure of secondary side of SG results in a direct opening to the environment with P/S leakage ≥ 10 gpm in the same SG
Entry into the PTS (Pressurized Thermal Shock) Operation NOTE: PTS is entered under either of the following: • A cooldown below 400°F @ > 100°F/hr. has occurred. • HPI has operated in the injection mode while NO RCPs were operating.	1RIA 57/58 reading ≥ 1.0 R/hr 2 RIA 57 reading ≥ 1.6 R/hr 2 RIA 58 reading ≥ 1.0 R/hr 3RIA 57/58 reading ≥ 1.0 R/hr	NOTE: RVLS is NOT valid if one or more RCPs are running OR if LPI pump(s) are running.	Hours Since SD / RIA57/58 R/hr 0 - < 0.5: ≥ 300/150 0.5 - < 2.0: ≥ 80/40 2.0 - 8.0: ≥ 32/16	Hours Since SD / RIA57/58 - R/hr 0 - < 0.5: ≥ 1800/860 0.5 - < 2.0: ≥ 400/195 2.0 - 8.0: ≥ 280/130	Failure of secondary side of SG results in a direct opening to the environment with P/S leakage ≥ 10 gpm in the other SG **AND** Feeding SG with secondary side failure from the affected unit
HPI Forced Cooling	RCS pressure spike ≥ 2750 psig			Hydrogen concentration ≥ 9%	Containment isolation is incomplete and a release path to the environment exists
Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment	Emergency Coordinator/EOF Director judgment

UNUSUAL EVENT (1-3 Total Points)	ALERT (4-6 Total Points)	SITE AREA EMERGENCY (7-10 Total Points)	GENERAL EMERGENCY (11-13 Total Points)
OPERATING MODE: 1, 2, 3, 4 ♦ Any potential loss of Containment ♦ Any loss of containment	**OPERATING MODE:** 1, 2, 3, 4 ♦ Any potential loss or loss of the Fuel Clad ♦ Any potential loss or loss of the RCS	**OPERATING MODE:** 1, 2, 3, 4 ♦ Loss of any two barriers ♦ Loss of one barrier and potential loss of either RCS or Fuel Clad Barriers ♦ Potential loss of both the RCS and Fuel Clad Barriers	**OPERATING MODE:** 1, 2, 3, 4 ♦ Loss of any two barriers and potential loss of the third barrier ♦ Loss of all three barriers
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1,2,3,4	**INITIAL NOTIFICATION REQUIREMENTS:** SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1,2,3,4	**INITIAL NOTIFICATION REQUIREMENTS:** SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1,2,3,4	**INITIAL NOTIFICATION REQUIREMENTS:** SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1,2,3,4

NOTE: An event with multiple events could occur which would result in the conclusion that exceeding the loss or potential loss threshold is IMMINENT (i.e., within 1-3 hours). In this IMMINENT LOSS situation, use judgment and classify as if the thresholds are exceeded.

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. *RCS LEAKAGE* (BD 14) OPERATING MODE: 1, 2, 3, 4 A. Unidentified leakage ≥ 10 gpm B. Pressure boundary leakage ≥ 10 gpm C. Identified leakage ≥ 25 gpm 2. *UNPLANNED* LOSS OF MOST OR ALL SAFETY SYSTEM ANNUNCIATION/ INDICATION IN CONTROL ROOM FOR > 15 MINUTES (BD 15) OPERATING MODE: 1, 2, 3, 4 A.1 *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: Units 1 & 3 1 SA1-9, 14-16, and 18 3 SA1-9, 14-16, and 18 Unit 2 2 SA1-9, 14-16 AND A.2 Loss of annunciators or indicators requires additional personnel (beyond normal shift complement) to safely operate the unit 3. INABILITY TO REACH REQUIRED SHUTDOWN WITHIN LIMITS (BD 16) OPERATING MODE: 1, 2, 3, 4 A. Required operating mode not reached within TS LCO action statement time (CONTINUED)	1. *UNPLANNED* LOSS OF MOST OR ALL SAFETY SYSTEM ANNUNCIATION/ INDICATION IN CONTROL ROOM (BD 19) OPERATING MODE: 1, 2, 3, 4 A.1 *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: Units 1 & 3 1 SA1-9, 14-16, and 18 3 SA1-9, 14-16, and 18 Unit 2 2 SA1-9, 14-16 AND A.2 Loss of annunciators /indicators requires additional personnel (beyond normal shift complement) to safely operate the unit AND A.3 *Significant plant transient in progress* OR A.4 Loss of the OAC and ALL PAM indications (END)	1. INABILITY TO MONITOR A SIGNIFICANT TRANSIENT IN PROGRESS (BD 21) OPERATING MODE: 1, 2, 3, 4 A.1 *Unplanned* loss of > 50% of the following annunciators on one unit for > 15 minutes: Units 1 & 3 1 SA1-9, 14-16, and 18 3 SA1-9, 14-16, and 18 Unit 2 2 SA1-9, 14-16 AND A.2 A *significant transient* is in progress AND A.3 Loss of the OAC and ALL PAM indications AND A.4 *Inability to directly monitor* any one of the following functions: 1. Subcriticality 2. Core Cooling 3. Heat Sink 4. RCS Integrity 5. Containment Integrity 6. RCS Inventory (END)	
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
4. *UNPLANNED* LOSS OF ALL ONSITE OR OFFSITE COMMUNICATIONS (BD 17) OPERATING MODE: All A. Loss of all onsite communications capability (ROLM system, PA system, Pager system, Onsite Radio system) affecting ability to perform Routine operations B. Loss of all onsite communications capability (Selective Signaling, NRC ETS lines, Offsite Radio System, AT&T line) affecting ability to communicate with offsite authorities. 5. FUEL CLAD DEGRADATION (BD 18) OPERATING MODE: All: A. DEI - >5μCi/ml (END)			
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1,2,3,4			

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1 ANY *UNPLANNED* RELEASE OF GASEOUS OR LIQUID RADIOACTIVITY TO THE ENVIRONMENT THAT EXCEEDS TWO TIMES THE SLC LIMITS FOR 60 MINUTES OR LONGER (BD 23) OPERATING MODE: All A. *Valid* indication on radiation monitor RIA 33 of ≥ 4.06E+06 cpm for > 60 minutes (See Note 1) B. *Valid* indication on radiation monitor RIA 45 of ≥ 9.35E+05 cpm for > 60 minutes (See Note 1) C. Liquid effluent being released exceeds two times SLC 16.11.1 for > 60 minutes as determined by Chemistry Procedure D. Gaseous effluent being released exceeds two times SLC 16.11.2 for > 60 minutes as determined by RP Procedure NOTE 1: If monitor reading is sustained for the time period indicated in the EAL AND the required assessments (procedure calculations) cannot be completed within this period, declaration must be made on the *valid* Radiation Monitor reading. (CONTINUED)	1. ANY *UNPLANNED* RELEASE OF GASEOUS OR LIQUID RADIOACTIVITY TO THE ENVIRONMENT THAT EXCEEDS 200 TIMES RADIOLOGICAL TECHNICAL SPECIFICATIONS FOR 15 MINUTES OR LONGER (BD 28) OPERATING MODE: All A. *Valid* indication on RIA 46 of ≥ 2.09E+04 cpm for >15 minutes (See Note 1) B.1 RIA 33 HIGH Alarm AND B.2 Liquid effluent being released exceeds 200 times the level of SLC 16.11.1 for > 15 minutes as determined by Chemistry Procedure C. Gaseous effluent being released exceeds 200 times the level of SLC 16.11.2 for >15 minutes as determined by RP Procedure 2. RELEASE OF RADIOACTIVE MATERIAL OR INCREASES IN RADIATION LEVELS THAT IMPEDES OPERATION OF SYSTEMS REQUIRED TO MAINTAIN SAFE OPERATION OR TO ESTABLISH OR MAINTAIN COLD SHUTDOWN (BD 30) OPERATING MODE: All A. *Valid* radiation reading ≥ 15 mRad/hr in CR, CAS, or, Radwaste CR B. *Unplanned*/unexpected *valid* area monitor readings exceed limits stated in Enclosure 4.9 (CONTINUED)	1. BOUNDARY DOSE RESULTING FROM ACTUAL/IMMINENT RELEASE OF GASEOUS ACTIVITY (BD 32) OPERATING MODE: All A. *Valid* reading on RIA 46 of ≥ 2.09E+05 cpm for >15 minutes (See Note 2) B. *Valid* reading on RIA 57 or 58 as shown on Enclosure 4.8 (See Note 2) C. Dose calculations result in a dose projection at the *site boundary* of: ≥ 100 mRem TEDE or 500 mRem CDE adult thyroid D. Field survey results indicate *site boundary* dose rates exceeding ≥100 mRad/hr expected to continue for more than one hour OR D.1 Analyses of field survey samples indicate adult thyroid dose commitment of ≥ 500 mRem CDE (3.84 E^{-7} µCi/ml) for one hour of inhalation NOTE 2: If actual Dose Assessment cannot be completed within 15 minutes, then the *valid* radiation monitor reading should be used for emergency classification. (CONTINUED)	1. BOUNDARY DOSE RESULTING FROM ACTUAL/ IMMINENT RELEASE OF GASEOUS ACTIVITY (BD 36) OPERATING MODE: All A. *Valid* reading on RIA 46 of ≥ 2.09E+06 cpm for ≥15 minutes (See Note 3) B. *Valid* reading on RIA 57 or 58 as shown on Enclosure 4.8 (See Note 3) C. Dose calculations result in a dose projection at the *site boundary* of: C.1 ≥ 1000 mRem TEDE OR C.2 ≥ 5000 mRem CDE adult thyroid D. Field survey results indicate *site boundary* dose rates exceeding ≥1000 mRad/hr expected to continue for more than one hour OR D.1 Analyses of field survey samples indicate adult thyroid dose commitment of ≥ 5000 mRem CDE for one hour of inhalation NOTE 3: If actual Dose Assessment cannot be completed within 15 minutes, then the *valid* radiation monitor reading should be used for emergency classification. (END)
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

Assumptions used for calculation of vent monitors RIA 45 & 46:

1. Average annual meteorology (1.672 E-6 sec/m^3), semi-elevated
2. Vent flow rate 65,000 cfm (average daily flow rate)
3. No credit is taken for vent filtration
4. One hour release duration for *Unusual Event*, 15 minute duration for *Alert, Site Area Emergency, General Emergency*
5. *General Emergency* PAGs are 1 rem TEDE and 5 rem CDE; *Site Area Emergency* determination is based on 10% of the *General Emergency* PAGs
6. Calculations for monitor readings are based on whole body dose
7. Standard ODCM guidance together with NUMARC guidance indicates that effluent releases are based on Technical Specification releases

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
2 UNEXPECTED INCREASE IN PLANT RADIATION OR AIRBORNE CONCENTRATION (BD 25) OPERATING MODE: All A. LT 5 reading 14" and decreasing with makeup not keeping up with leakage WITH fuel in the core B. *Uncontrolled* water level decrease in the SFP and fuel transfer canal with all irradiated fuel assemblies remaining covered by water C. 1 R/hr radiation reading at one foot away from a damaged storage cask located at the ISFSI D. *Valid* area monitor readings exceeds limits stated in Enclosure 4.9. (END)	**3. MAJOR DAMAGE TO IRRADIATED FUEL OR LOSS OF WATER LEVEL THAT HAS OR WILL RESULT IN THE UNCOVERING OF IRRADIATED FUEL OUTSIDE THE REACTOR VESSEL (BD 31)** OPERATING MODE: All A. *Valid* RIA 3, 6, 41, OR 49 HIGH Alarm B. HIGH Alarm for portable area monitors on the main bridge or SFP bridge C Report of visual observation of irradiated fuel uncovered D. Operators determine water level drop in either the SFP or fuel transfer canal will exceed makeup capacity such that irradiated fuel will be uncovered (END)	**2. LOSS OF WATER LEVEL IN THE REACTOR VESSEL THAT HAS OR WILL UNCOVER FUEL IN THE REACTOR VESSEL (BD 35)** OPERATING MODE: 5, 6 A.1 Failure of heat sink causes loss of Cold Shutdown condition AND A.2 LT 5 indicates 0 inches after initiation of RCS makeup B.1 Failure of heat sink causes loss of Cold Shutdown condition AND B.2 Either train ultrasonic level indication less than 0 inches and decreasing after initiation of RCS makeup NOTE: This Initiating Condition is also located in Enclosure 4.4., (Loss of Shutdown Functions). High radiation levels will also be seen with this condition. (END)	
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
	1. FAILURE OF RPS TO COMPLETE OR INITIATE A Rx SCRAM (BD 39) OPERATING MODE 1, 2, 3 A.1 *Valid* reactor trip signal received or required WITHOUT automatic scram AND A.1.1 DSS has inserted Control Rod Groups 5, 6, 7 OR A.1.2 Manual trip from the Control Room is successful and reactor power is less than 5% and decreasing **2. INABILITY TO MAINTAIN PLANT IN COLD SHUTDOWN (BD 41)** OPERATING MODE: 5, 6 A.1 Loss of LPI and/or LPSW AND A.2 Inability to maintain RCS temperature below 200° F as indicated by either of the following: A.2.1 RCS temperature at the LPI Pump Suction OR A.2.2 Average of the 5 highest CETCs as indicated by ICCM display OR A.2.3 Visual observation (END)	**1. FAILURE OF RPS TO COMPLETE OR INITIATE A Rx SCRAM (BD 42)** OPERATING MODE: 1, 2 A.1 *Valid* reactor trip signal received or required WITHOUT automatic scram AND A.2 DSS has NOT inserted Control Rod Groups 5, 6, 7 AND A.3 Manual trip from the Control Room was NOT successful in reducing reactor power to less than 5% and decreasing **2. COMPLETE LOSS OF FUNCTION NEEDED TO ACHIEVE OR MAINTAIN HOT SHUTDOWN (BD 43)** OPERATING MODE: 1, 2, 3, 4 A. Average of the 5 highest CETCs ≥1200° F shown on ICCM B. Unable to maintain reactor subcritical C. SSF feeding SG per EOP (CONTINUED)	**1. FAILURE OF RPS TO COMPLETE AUTOMATIC SCRAM AND MANUAL SCRAM NOT SUCCESSFUL WITH INDICATION OF CORE DAMAGE (BD 45)** OPERATING MODE: 1, 2 A.1 *Valid* Rx trip signal received or required WITHOUT automatic scram AND A.2 Manual trip from the Control Room was NOT successful in reducing reactor power to < 5% and decreasing AND A.3 Average of the 5 highest CETCs ≥1200° F on ICCM (END)
	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
		3. LOSS OF WATER LEVEL IN THE REACTOR VESSEL THAT HAS OR WILL UNCOVER FUEL IN THE REACTOR VESSEL (BD 44) **OPERATING MODE:** 5, 6 A.1 Failure of heat sink causes loss of Cold Shutdown conditions **AND** A.2 LT-5 indicates 0 inches after initiation of RCS Makeup B.1 Failure of heat sink causes loss of Cold Shutdown conditions **AND** B.2 Either train ultrasonic level indication less than 0 inches and decreasing after initiation of RCS makeup (END)	
		INITIAL NOTIFICATION REQUIREMENTS: **SEE EMERGENCY TELEPHONE DIRECTORY** **NOTIFY 1, 2, 3, 4**	

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. LOSS OF ALL OFFSITE POWER TO ESSENTIAL BUSSES FOR GREATER THAN 15 MINUTES (BD 47) OPERATING MODE: All A.1 Loss of all offsite AC power to both the Red and Yellow Busses for > 15 minutes AND A.2 Unit auxiliaries are being supplied from Keowee or CT5 **2. *UNPLANNED* LOSS OF REQUIRED DC POWER FOR GREATER THAN 15 MINUTES (BD 48)** OPERATING MODE: 5, 6 A.1 *Unplanned* loss of vital DC power to required DC busses as indicated by bus voltage less than 110 VDC AND A.2 Failure to restore power to at least one required DC bus within 15 minutes from the time of loss (END)	**1. LOSS OF ALL OFFSITE AC POWER AND LOSS OF ALL ONSITE AC POWER TO ESSENTIAL BUSSES (BD 49)** OPERATING MODE: 5, 6 Defueled A.1 MFB 1 and 2 de-energized AND A.2 Failure to restore power to at least one MFB within 15 minutes from the time of loss of both offsite and onsite AC power **2. AC POWER CAPABILITY TO ESSENTIAL BUSSES REDUCED TO A SINGLE SOURCE FOR GREATER THAN 15 MINUTES (BD 50)** OPERATING MODE: 1, 2, 3, 4 A. AC power capability has been degraded to a single power source for > 15 minutes due to the loss of all but one of: Unit Normal Transformer Unit SU Transformer Another Unit SU Transformer CT4 CT5 (END)	**1. LOSS OF ALL OFFSITE AC POWER AND LOSS OF ALL ONSITE AC POWER TO ESSENTIAL BUSSES (BD 51)** OPERATING MODE: 1, 2, 3, 4 A.1 MFB 1 and 2 de-energized AND A.2 Failure to restore power to at least one MFB within 15 minutes from the time of loss of both offsite and onsite AC power **2. LOSS OF ALL VITAL DC POWER (BD 52)** OPERATING MODE: 1, 2, 3, 4 A.1 *Unplanned* loss of *vital* DC power to required DC busses as indicated by bus voltage less than 110 VDC AND A.2 Failure to restore power to at least one required DC bus within 15 minutes from the time of loss (END)	**1. PROLONGED LOSS OF ALL OFFSITE POWER AND ONSITE AC POWER (BD 54)** OPERATING MODE: 1, 2, 3, 4 A.1 MFB 1 and 2 de-energized AND A.2 SSF fails to maintain Hot Shutdown AND A.3 At least one of the following conditions exist: A.3.1 Restoration of power to at least one MFB within 4 hours is NOT likely OR A.3.2 Indications of continuing degradation of core cooling based on Fission Product Barrier monitoring (END)
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. *FIRES/EXPLOSIONS* WITHIN THE PLANT (BD 57) OPERATING MODE: All NOTE: Within the plant means Turbine Building, Auxiliary Building, Reactor Building, Keowee Hydro. A. Fire within the plant not extinguished within 15 minutes of Control Room notification or verification of a Control Room alarm B. Unanticipated *explosion* within the plant resulting in *visible damage* to permanent structures/equipment **2. CONFIRMED SECURITY THREAT INDICATES POTENTIAL DEGRADATION IN THE LEVEL OF SAFETY OF PLANT (BD 58)** OPERATING MODE: All NOTE: RP/0/B/1000/007, (Security Event), shall be used in conjunction with all security related emergency classifications. A. Discovery of *bomb* within plant *protected area* and outside security vital areas B. *Hostage/Extortion* situation C. *Violent* civil disturbance within the owner controlled area D. *Credible* Security threat to the site (END)	**1. *FIRE/EXPLOSION* AFFECTING OPERABILITY OF PLANT SAFETY SYSTEMS REQUIRED TO ESTABLISH/MAINTAIN SAFE SHUTDOWN (BD 59)** OPERATING MODE: All NOTE: Only one train of a system needs to be affected or damaged in order to satisfy this condition. A.1 *Fire/explosions* AND A.1.1 Affected safety-related system parameter indications show degraded performance OR A.1.2 Plant personnel report *visible damage* to permanent structures or equipment required for safe shutdown **2 SECURITY EVENT IN A PLANT PROTECTED AREA (BD 60)** OPERATING MODE: All NOTE: RP/0/B/1000/007, (Security Event), shall be used in conjunction with all security related emergency classifications. A. *Intrusion* into plant *protected area* by a hostile force B. *Bomb* discovered in an area containing safety related equipment (END)	**1. SECURITY EVENT IN A PLANT VITAL AREA (BD 61)** OPERATING MODE: All NOTE: RP/0/B/1000/007, (Security Event), shall be used in conjunction with all security related emergency classifications A. *Intrusion* into any of the following plant areas by a hostile force: Reactor Building Auxiliary Building Keowee Hydro B. *Bomb* detonated in any of the following areas: • Keowee Hydro • Keowee Dam • ISFSI • Reactor Building • Auxiliary Building • SSF (END)	**1. SECURITY EVENT RESULTING IN LOSS OF ABILITY TO REACH AND MAINTAIN COLD SHUTDOWN (BD 62)** OPERATING MODE: All NOTE: RP/0/B/1000/007, (Security Event), shall be used in conjunction with all security related emergency classifications A. Loss of physical control of the control room due to security event B. Loss of physical control of the Aux Shutdown panel and the SSF due to a Security Event (END)
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY. NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
1. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING THE *PROTECTED AREA* (BD 64) OPERATING MODE: All A. Tremor felt and *valid* alarm on the strong motion accelerograph B Tornado striking within *Protected Area* Boundary C. Vehicle crash into plant structures/systems within the *Protected Area* Boundary D. Turbine failure resulting in casing penetration or damage to turbine or generator seals (CONTINUED)	**1. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING THE PLANT *VITAL* AREA (BD 69)** OPERATING MODE: All A. Tremor felt and seismic trigger actuates (0.05g) B.1 Tornado, high winds, missiles resulting from turbine failure, vehicle crashes, or other catastrophic event AND NOTE: Only one train of a safety-related system needs to be affected or damaged in order to satisfy these conditions. B.1.1 *Visible damage* to permanent structures or equipment required for safe shutdown of the unit OR B.1.2 Affected safety system parameter indications show degraded performance **2. RELEASE OF TOXIC/FLAMMABLE GASES JEOPARDIZING SYSTEMS REQUIRED TO MAINTAIN SAFE OPERATION OR ESTABLISH MAINTAIN COLD SHUTDOWN (BD 71)** OPERATING MODE: All A. Report/detection of *toxic gases* in concentrations that will be life-threatening to plant personnel B. Report/detection of flammable gases in concentrations that will affect the safe operation of the plant: • Reactor Building • Auxiliary Building • Turbine Building • Control Room (CONTINUED)	**1. CONTROL ROOM EVACUATION AND PLANT CONTROL CANNOT BE ESTABLISHED (BD 75)** OPERATING MODE: All A.1 Control Room evacuation has been initiated AND A.2 Control of the plant cannot be established from the Aux Shutdown Panel or the SSF within 15 minutes **2. KEOWEE HYDRO DAM FAILURE (BD 76)** OPERATING MODE: All A. Imminent/actual dam failure includes any of the following: • Keowee Hydro Dam • Little River Dam • Dikes A, B, C, or D • Intake Canal Dike **3. OTHER CONDITIONS WARRANT DECLARATION OF *SITE AREA EMERGENCY* (BD 77)** OPERATING MODE: All A. Emergency Coordinator/EOF Director judgment (END)	**1. OTHER CONDITIONS WARRANT DECLARATION OF GENERAL EMERGENCY (BD 78)** OPERATING MODE: All A.1 Emergency Coordinator/EOF Director judgment indicates: A.1.1 Actual/imminent substantial core degradation with potential for loss of containment OR A.1.2 Potential for *uncontrolled* radionuclide releases that would result in a dose projection at the site boundary greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid (END)
INITIAL NOTIFICATION REQUIREMENTS: **SEE EMERGENCY TELEPHONE DIRECTORY** **NOTIFY 1, 2, 3, 4**	**INITIAL NOTIFICATION REQUIREMENTS:** **SEE EMERGENCY TELEPHONE DIRECTORY** **NOTIFY 1, 2, 3, 4**	**INITIAL NOTIFICATION REQUIREMENTS:** **SEE EMERGENCY TELEPHONE DIRECTORY** **NOTIFY 1, 2, 3, 4**	**INITIAL NOTIFICATION REQUIREMENTS:** **SEE EMERGENCY TELEPHONE DIRECTORY** **NOTIFY 1, 2, 3, 4**

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
2. NATURAL AND DESTRUCTIVE PHENOMENA AFFECTING KEOWEE HYDRO (BD 66) OPERATING MODE: All A. Reservoir elevation ≥ 807 feet with all spillway gates open and the lake elevation continues to rise B. Seepage readings increase or decrease greatly or seepage water is carrying a significant amount of soil particles C New area of seepage or wetness, with large amounts of seepage water observed on dam, dam toe, or the abutments D. Slide or other movement of the dam or abutments which could develop into a failure E. Developing failure involving the powerhouse or appurtenant structures and the operator believes the safety of the structure is questionable **3. RELEASE OF TOXIC OR FLAMMABLE GASES DEEMED DETRIMENTAL TO SAFE OPERATION OF THE PLANT (BD 67)** OPERATING MODE: All A. Report/detection of toxic or flammable gases that could enter within the site area boundary in amounts that can affect normal operation of the plant B. Report by local, county, state officials for potential evacuation of site personnel based on offsite event (CONTINUED)	**3. TURBINE BUILDING FLOOD (BD 72)** OPERATING MODE: All A. Turbine Building flood requiring use of AP/1,2,3/A/1700/10, (Turbine Building Flood) **4. CONTROL ROOM EVACUATION HAS BEEN INITIATED (BD 73)** OPERATING MODE: All A.1 Evacuation of Control Room AND ONE OF THE FOLLOWING: AND A.1.1 Plant control IS established from the Aux shutdown Panel or the SSF OR A.1.2 Plant control IS BEING established from the Aux Shutdown Panel or SSF **5. OTHER CONDITIONS WARRANT CLASSIFICATION OF AN *ALERT* (BD 74)** OPERATING MODE: All A.1 Emergency Coordinator judgment indicates that: A.1.1 Plant safety may be degraded AND A.1.2 Increased monitoring of plant functions is warranted (END)		
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4	INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY NOTIFY 1, 2, 3, 4

UNUSUAL EVENT	ALERT	SITE AREA EMERGENCY	GENERAL EMERGENCY
4 OTHER CONDITIONS EXIST WHICH WARRANT DECLARATION OF AN *UNUSUAL EVENT* (BD 68) **OPERATING MODE:** All A. Emergency Coordinator determines potential degradation of level of safety has occurred (END)			
INITIAL NOTIFICATION REQUIREMENTS: SEE EMERGENCY TELEPHONE DIRECTORY **NOTIFY 1, 2, 3, 4**			

NOTE: IF Actual Dose Assessment **cannot be** completed within 15 minutes.
THEN The *valid* monitor reading should be used for Emergency Classification.

All RIA values are considered GREATER THAN or EQUAL TO

HOURS SINCE REACTOR TRIPPED	RIA 57 R/hr		RIA 58 R/hr	
	Site Area Emergency	General Emergency	Site Area Emergency	General Emergency
0.0 - < 0.5	5.9E+003	5.9E+004	2.6E+003	2.6E+004
0.5 - < 1.0	2.6E+003	2.6E+004	1.1E+003	1.1E+004
1.0 - < 1.5	1.9E+003	1.9E+004	8.6E+002	8.6E+003
1.5 - < 2.0	1.9E+003	1.9E+004	8.5E+002	8.5E+003
2.0 - < 2.5	1.4E+003	1.4E+004	6.3E+002	6.3E+003
2.5 - < 3.0	1.2E+003	1.2E+004	5.7E+002	5.7E+003
3.0 - < 3.5	1.1E+003	1.1E+004	5.2E+002	5.2E+003
3.5 - < 4.0	1.0E+003	1.0E+004	4.8E+002	4.8E+003
4.0 - < 8.0	1.0E+003	1.0E+004	4.4E+002	4.4E+003

*** RIA 58 is partially shielded**

Assumptions used for calculation of high range in-containment monitors RIA 57 and 58:

1. Average annual meteorology (7.308 E^{-6} sec/m^3)
2. Design basis leakage (5.6 E^6 ml/hr)
3. One hour release duration
4. *General Emergency* PAGs are 1 rem TEDE and 5 rem CDE; *Site Area Emergency* determination is based on 10% of the *General Emergency* PAGs
5. Calculations for monitor readings are based on CDE because thyroid dose is limiting
6. No credit is taken for filtration
7. LOCA conditions are limiting and provide the more conservative reading

NOTE: This Initiating Condition is not intended to apply to anticipated temporary increases due to planned events (e.g.; incore detector movement, radwaste container movement, depleted resin transfers, etc.).

MONITOR NUMBER	UNITS 1, 2, 3	
	UNUSUAL EVENT 1000x NORMAL LEVELS mRAD/HR	*ALERT* mRAD/HR
RIA 7, Hot Machine Shop Elevation 796	150	≥ 5000
RIA 8, Hot Chemistry Lab Elevation 796	4200	≥ 5000
RIA 10, Primary Sample Hood Elevation 796	830	≥ 5000
RIA 11, Change Room Elevation 796	210	≥ 5000
RIA 12, Chem Mix Tank Elevation 783	800	≥ 5000
RIA 13, Waste Disposal Sink Elevation 771	650	≥ 5000
RIA 15, HPI Room Elevation 758	NOTE*	≥ 5000

NOTE: RIA 15 normal readings are approximately 9 mRad/hr on a daily basis. Applying 1000x normal readings would put this monitor greater than 5000 mRad/hr just for an *Unusual Event*. For this reason, an *Unusual Event* will **NOT** be declared for a reading less than 5000 mRad/hr.

1. List of Definitions and Acronyms

NOTE:	Definitions are italicized throughout procedure for easy recognition.

1.1 **ALERT** - Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant. Any releases are expected to be limited to small fractions of the EPA Protective Action Guideline exposure levels.

1.2 **BOMB** - A fused explosive device

1.3 **CONDITION A** - Failure is Imminent or Has Occurred - A failure at the dam has occurred or is about to occur and minutes to days may be allowed to respond dependent upon the proximity to the dam.

1.4 **CONDITION B** - Potentially Hazardous Situation is Developing - A situation where failure may develop, but preplanned actions taken during certain events (such as major floods, earthquakes, evidence of piping) may prevent or mitigate failure.

1.5 **CIVIL DISTURBANCE** - A group of ten (10) or more people *violent*ly protesting station operations or activities at the site.

1.6 **CREDIBLE THREAT** - The determination of what is a credible threat to the site will be the responsibility of Security Manager/designee in consultation with the OSM. The determination of "credible" is made through use of information found in the Oconee Nuclear Station Safeguards Contingency Plan and Security implementing procedures.

1.7 **EXPLOSION** - A rapid, *violent*, unconfined combustion, or a catastrophic failure of pressurized equipment that imparts energy of sufficient force to potentially damage permanent structures, systems, or components. A sudden failure of a pressurized pipe/line could fit this definition. This definition includes MS line rupture and FW line ruptures.

1.8 **EXTORTION** - An attempt to cause an action at the station by threat of force.

1.9 **FIRE** - Combustion characterized by heat and light. Sources of smoke, such as slipping drive belts or overheated electrical equipment, do NOT constitute *fires*. Observation of flames is preferred but is NOT required if large quantities of smoke and heat are observed.

1.10 **GENERAL EMERGENCY** - Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity. Releases can be reasonably expected to exceed EPA Protective Action Guidelines exposure levels outside the Exclusion Area Boundary.

1.11 **HOSTAGE** - A person or object held as leverage against the station to ensure demands will be met by the station.

1.12 **INTRUSION/INTRUDER** - Suspected hostile individual present in a *Protected Area* without authorization.

1.13 **INABILITY TO DIRECTLY MONITOR** - Operational Aid Computer data points are unavailable or gauges/panel indications are NOT readily available to the operator.

1.14 **LOSS OF POWER** – Emergency Action Levels (EALs) apply to the ability of electrical energy to perform its intended function, reach its intended equipment. Ex. – If both MFBs, are energized but all 4160v switchgear is not available, the electrical energy can not reach the motors intended. The result to the plant is the same as if both MFBs were de-energized.

1.15 **PROTECTED AREA** - Encompasses all Owner Controlled Areas within the security perimeter fence.

1.16 **REACTOR COOLANT SYSTEM (RCS) LEAKAGE** – RCS Operational Leakage as defined in the Technical Specification Basis B 3.4.13:

> RCS leakage includes leakage from connected systems up to and including the second normally closed valve for systems which do not penetrate containment and the outermost isolation valve for systems which penetrate containment.

A. Identified LEAKAGE

LEAKAGE to the containment from specifically known and located sources, but does not include pressure boundary LEAKAGE or controlled reactor coolant pump (RCP) seal leakoff (a normal function not considered LEAKAGE).

LEAKAGE, such as that from pump seals, gaskets, or valve packing (except RCP seal water injection or leakoff), that is captured and conducted to collection systems or a sump or collecting tank;

LEAKAGE through a steam generator (SG) to the Secondary System: Primary to secondary LEAKAGE must be included in the total calculated for identified LEAKAGE.

B. Unidentified LEAKAGE

All LEAKAGE (except RCP seal water injection or leakoff) that is not identified LEAKAGE.

C. Pressure Boundary LEAKAGE

LEAKAGE (except SG LEAKAGE) through a nonisolable fault in an RCS component body, pipe wall, or vessel wall.

1.17 **RUPTURED** (As relates to Steam Generator) - Existence of Primary to Secondary leakage of a magnitude sufficient to require or cause a reactor trip and safety injection.

1.18 **SABOTAGE** - Deliberate damage, mis-alignment, or mis-operation of plant equipment with the intent to render the equipment unavailable.

1.19 **SAFETY-RELATED SYSTEMS AREA** - Any area within the *Protected area* which contains equipment, systems, components, or material, the failure, destruction, or release of which could directly or indirectly endanger the public health and safety by exposure to radiation.

1.20 **SIGNIFICANT PLANT TRANSIENT** - An *unplanned* event involving one or more of the following:

(1) Automatic turbine runback>25% thermal reactor power
(2) Electrical load rejection >25% full electrical load
(3) Reactor Trip
(4) Safety Injection System Activation

1.21 **SITE AREA EMERGENCY** - Events are in process or have occurred which involve actual or likely major failures of plant functions needed for the protection of the public. Any releases are NOT expected to result in exposure levels which exceed EPA Protective Action Guideline exposure levels outside the Exclusion Area Boundary.

1.22 **SELECTED LICENSEE COMMITMENT (SLC)** -Chapter 16 of the FSAR

1.23 **SITE BOUNDARY** - That area, including the *Protected Area*, in which DPC has the authority to control all activities including exclusion or removal of personnel and property (1 mile radius from the center of Unit 2).

1.24 **TOXIC GAS** - A gas that is dangerous to life or health by reason of inhalation or skin contact (e.g.; Chlorine).

1.25 **UNCONTROLLED** - Event is not the result of planned actions by the plant staff.

1.26 **UNPLANNED** - An event or action is UNPLANNED if it is not the expected result of normal operations, testing, or maintenance. Events that result in corrective or mitigative actions being taken in accordance with abnormal or emergency procedures are UNPLANNED.

1.27 **UNUSUAL EVENT** - Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant. No releases of radioactive material requiring offsite response or monitoring are expected unless further degradation of safety systems occurs.

1.28 **VALID** - An indication or report or condition is considered to be VALID when it is conclusively verified by: (1) an instrument channel check; or, (2) indications on related or redundant instrumentation; or, (3) by direct observation by plant personnel such that doubt related to the instrument's operability, the condition's existence, or the report's accuracy is removed. Implicit with this definition is the need for timely assessment.

1.29 **VIOLENT** - Force has been used in an attempt to injure site personnel or damage plant property.

1.30 **VISIBLE DAMAGE** - Damage to equipment or structure that is readily observable without measurements, testing, or analyses. Damage is sufficient to cause concern regarding the continued operability or reliability of affected safety structure, system, or component. Example damage: deformation due to heat or impact, denting, penetration, rupture.

Operating Modes Defined In Improved Technical Specifications

MODES

MODE	TITLE	REACTIVITY CONDITION (K_{eff})	% RATED THERMAL POWER (a)	AVERAGE REACTOR COOLANT TEMPERATURE (°F)
1	Power Operation	≥0.99	> 5	NA
2	Startup	≥0.99	≤5	NA
3	Hot Standby	<0.99	NA	≥250
4	Hot Shutdown (b)	< 0.99	NA	250 > T > 200
5	Cold Shutdown (b)	< 0.99	NA	≤ 200
6	Refueling (c)	NA	NA	NA

(a) Excluding decay heat.

(b) All reactor vessel head closure bolts fully tensioned.

(c) One or more reactor vessel head closure bolts less than fully tensioned.

1. Instructions For Using Enclosure 4.1 – Fission Product Barrier Matrix

1.1 If the unit was at Hot S/D or above, (Modes 1, 2, 3, or 4) and one or more fission product barriers have been affected, refer to Enclosure 4.1, (Fission Product Barrier Matrix) and review the criteria listed to determine if the event should be classified.

1.1.1 For each Fission Product Barrier, review the associated EALs to determine if there is a Loss or Potential Loss of that barrier. Circle any that apply.

NOTE: An event with multiple events could occur which would result in the conclusion that exceeding the loss or potential loss thresholds is imminent (i.e. within 1-3 hours). In this situation, use judgement and classify as if the thresholds are exceeded.

1.2 Three possible outcomes exist for each barrier. No challenge, potential loss, or loss. Use the worst case for each barrier and the classification table at the bottom of the page to determine appropriate classification.

1.3 The numbers in parentheses out beside the label for each column can be used to assist in determining the classification. If no EAL is met for a given barrier, that barrier will have 0 points. The points for the columns are as follows:

Barrier	Failure	Points
RCS	Potential Loss	4
	Loss	5
Fuel Clad	Potential Loss	4
	Loss	5
Containment	Potential Loss	1
	Loss	3

1.3.1 To determine the classification, add the highest point value for each barrier to determine a total for all barriers. Compare this total point value with the numbers in parentheses beside each classification to see which one applies.

1.3.2 Finally as a verification of your decision, look below the Emergency Classification you selected. The loss and/or potential loss EALs selected for each barrier should be described by one of the bullet statements.

EXAMPLE: Failure to properly isolate a 'B' MS Line Rupture outside containment, results in extremely severe overcooling.

PTS entry conditions were satisfied.

Stresses on the 'B' S/G resulted in failure of multiple S/G tubes.

RCS leakage through the S/G exceeds available makeup capacity as indicated by loss of subcooling margin.

Barrier	EAL	Failure	Points
RCS	SGTR > Makeup capacity of one HPI pump in normal makeup mode with letdown isolated	Potential Loss	4
	Entry into PTS operating range	Potential Loss	4
	RCS leak rate > available makeup capacity as indicated by a loss of subcooling	Loss	5
Fuel Clad	No EALs met and no justification for classification on judgment	No Challenge	0
Containment	Failure of secondary side of SG results in a direct opening to the environment	Loss	3

RCS _5_ + Fuel _0_ + Containment _3_ = Total _8_

A. Even though two Potential Loss EALs and one Loss EAL are met for the RCS barrier, credit is only taken for the worst case (highest point value) EAL, so the points from this barrier equal 5.

B. No EAL is satisfied for the Fuel Clad Barrier so the points for this barrier equal 0.

C. One Loss EAL is met for the Containment Barrier so the points for this barrier equal 3.

D. When the total points are calculated the result is 8, therefore the classification would be a *Site Area Emergency.*

E. Look in the box below "*Site Area Emergency*". You have identified a loss of two barriers. This agrees with one of the bullet statements. The classification is correct.

Duke Power Company (1) ID No. RP/O/B/1000/015B

PROCEDURE PROCESS RECORD

Revision No. 004

EPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Off-Site Communications From The Technical Support Center

(4) Prepared By Ray Waterman (Signature) Ray Waterman Date 02/03/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By [signature] (QR) Date 03/02/04

Cross-Disciplinary Review By _____ (QR) NA RR2 Date 03/02/04

Reactivity Mgmt Review By _____ (QR) NA RR2 Date 03/02/04

Mgmt Involvement Review By _____ (Ops Supt) NA RR2 Date 03/02/04

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [signature] Date 03/18/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Station **Offsite Communications From The Technical Support Center** **Reference Use**	Procedure No. RP/**0**/B/1000/015B Revision No. 004 Electronic Reference No. OX0091S2

Offsite Communications From The Technical Support Center

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

1. Symptoms

1.1 Events are in progress or have occurred which require activation of the Technical Support Center and notification of offsite agencies.

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

2. Immediate Actions

☐ 2.1 Sign in on board.

☐ 2.2 Obtain the following items from the Emergency Procedures Cart.

_____ Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms

_____ Emergency Action Level Guideline Manual

_____ RP/0/B/1000/009 (Procedure for Site Assembly Accountability)

_____ RP/0/B/1000/010 (Procedure for Emergency Evacuation/Relocation of Site Personnel)

_____ RP/0/B/1000/017 (Spill Response)

☐ 2.3 Acquire and maintain the Emergency Drill/Event Time Log.

☐ 2.4 Contact the Control Room Offsite Communicator

- Assist as needed with completing the next message to offsite agencies
- Obtain, review, and distribute the last completed Emergency Notification Form to:

  _____ TSC Emergency Coordinator

  _____ Operations Superintendent

  _____ Engineering Manager

  _____ Emergency Planner

  _____ NRC Communicator

  _____ NRC Inspector(s).

- Prepare and receive turnover by completing Enclosure 4.11 (Turnover Checklist)

☐ 2.5 Report to the TSC Emergency Coordinator that turnover has been completed.

NOTE: **INITIAL/UPGRADE** notifications MUST be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time. (This time is entered on Line 6 of the Emergency Notification Form.)

PROTECTIVE ACTION RECOMMENDATION changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the TSC Emergency Coordinator/Dose Assessment Liaison.

FOLLOW -UP FOR AN UNUSUAL EVENT - A Follow-Up notification is NOT required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the transmittal time on Line 3 for an **Alert, Site Area Emergency,** or **General Emergency** Classification. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies.

FOLLOW-UP Notifications - Do not delay sending a Follow-Up notification if all information is not available. Use the same information from the previous message sheet.

Do NOT use acronyms.

2.6 Review plant conditions with the TSC Emergency Coordinator and complete an Emergency Notification Form as applicable.

NOTE: The first message sheet in any classification is an INITIAL notification. The very first message for any drill/emergency will be numbered one (1). ALL other messages will be sequentially numbered until the event is terminated. **VERIFY correct Enclosure is being used.**

☐ 2.6.1 **If an UNUSUAL EVENT** initial exists, complete Enclosure 4.1.

☐ 2.6.2 If an **ALERT** initial or upgrade exists, complete Enclosure 4.2.

☐ 2.6.3 If a **SITE AREA EMERGENCY** initial or upgrade exists, complete Enclosure 4.3.

☐ 2.6.4 If a **GENERAL EMERGENCY** initial or upgrade exists, complete Enclosure 4.4.

NOTE: If changes in Protective Action Recommendations are made, complete an Emergency Notification form using the guidance in Enclosure 4.5 "Guidelines for Completion of Follow-up Message."

☐ 2.6.5 If a **FOLLOW-UP** notification is required complete Enclosure 4.5.

☐ 2.6.6 If a **TERMINATION** notification is required complete Enclosure 4.6.

3. Subsequent Actions

☐ 3.1 IAAT An emergency classification is **UPGRADED**, or a **FOLLOW-UP** message is due, or a change in **PROTECTIVE ACTION RECOMMENDATIONS** (PARs) occurs, or an event is **TERMINATED**

THEN Go to **Immediate Actions, Step 2.6** to complete an Emergency Notification Form.

☐ 3.2 IAAT The EOF State/County Offsite Communicator is available, and additional notification is NOT immediately required and an upgrade in classification is NOT imminent,

THEN Conduct turnover with the **EOF State/County Offsite Communicator**.

3.2.1 Prepare for turnover with the EOF State/County Offsite Communicator by updating Enclosure 4.11 (Turnover Checklist) with any new or additional information.

3.2.2 Using Speed Dial 07, fax completed Enclosure 4.11 (Turnover Checklist) to the EOF and review form with the EOF State/County Offsite Communicator.

3.2.3 Report to the TSC Emergency Coordinator that turnover has been completed.

☐ 3.3 Provide the TSC Emergency Coordinator with a status of offsite notifications:

3.3.1 Provide a copy of the completed Emergency Notification Form to all TSC primary positions.

3.3.2 Identify the offsite agencies notified/not notified.

3.3.3 Identify any communications equipment problems.

3.3.4 Identify any offsite agency questions requiring information that was not included on the Emergency Notification Form.

A. Record questions on Enclosure 4.12 (Response to Offsite Agency Questions).

B. Have TSC Emergency Coordinator approve response by signing and dating it.

C. Attach the question and answer sheet to the Emergency Notification Form used when the question was asked and provide to applicable agency/agencies.

D. Document the date and time answers were called back and the name of the agency contact receiving the information.

☐ 3.4 Verify site assembly accountability and record information as required by RP/0/B/1000/009 (Procedure For Site Assembly).

3.4.1 Verify OSC Security Liaison has dispatched MERT for missing personnel.

3.4.2 Report site assembly accountability status to the TSC Emergency Coordinator.

☐ 3.4.3 The TSC Offsite Communicator(s) should complete applicable sections of RP/0/B/1000/17 (Spill Response), as requested by the TSC Emergency Coordinator and with the help of Environmental Management.

☐ 3.5 Complete applicable sections of RP/0/B/1000/10 (Procedure for Evacuation/Relocation of Site Personnel), as requested by the TSC Emergency Coordinator.

☐ 3.6 Contact Offsite Agencies for additional resources when requested by the TSC Emergency Coordinator. Use the Emergency Telephone Directory to determine telephone number of agencies.

☐ 3.7 Retrieve all FAX copies and distribute to applicable TSC personnel.

☐ 3.8 During back shift and weekends, retrieve the Community Alert Notification (CAN) report. Using Speed Dial 29 fax report to OSC and EOF.

☐ 3.9 Inform the EOF State/County Offsite Communicator about changes in plant conditions (fires, spills; injuries; etc.) as they occur.

☐ 3.10 Provide this completed procedure to the TSC Technical Assistant at end of event.

4. Enclosures

4.1 Guidelines for Completion of Unusual Event Initial Notification

4.2 Guidelines for Completion of Alert Initial or Upgrade Event

4.3 Guidelines for Completion of Site Area Emergency Initial or Upgrade Event

4.4 Guidelines for Completion of a General Emergency Notification

4.5 Guidelines for Completion of Follow-up Message

4.6 Guidelines for Completion of a Termination Message

4.7 Guidelines for Transmitting an Initial or Upgrade Message

4.8 Guidelines for Transmitting a Follow-up or Termination Message

4.9 Copy/FAX Operation

4.10 Alternate Method and Sequence to Contact Offsite Agencies

4.11 Turnover Checklist

4.12 Response to Offsite Agency Questions

4.13 Acronym Listing

Guidelines for Completion of
UNUSUAL EVENT

☐ 1. COMPLETE ENCLOSURE 4.1.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".
- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the Offsite Communicator's name.

NOTE:	Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines an Unusual Event exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**
If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**
- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐ 2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[X] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____
[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[X] A NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE_____
[C] SHELTER IN-PLACE_____
[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

☐ 1. COMPLETE ENCLOSURE 4.2.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the Offsite Communicator's name.

NOTE: Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines if an Alert exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**
If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with TSC Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: Include this information if available from TSC Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐ 2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

_____

_____

_____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):

[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[X] A NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Completion of
SITE AREA EMERGENCY

☐1. COMPLETE ENCLOSURE 4.3.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the Offsite Communicator's name.

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines a Site Area Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**

If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 15

- Mark A unless a Keowee Hydro Dam/Dike condition exists.
- If a Keowee Hydro Dam/Dike Condition "A" DOES exists **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [X] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [X] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [X] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY		
2 MILES		
5 MILES		
10 MILES		

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[A] NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

☐ 1. COMPLETE ENCLOSURE 4.4.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the Offsite Communicator's name

NOTE:	Lines 3 and 4 are completed when message is transmitted.

Line 6 EMERGENCY DECLARED AT: **Time/Date the TSC Emergency Coordinator determines a General Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: Verify with Operations Support which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the TSC Emergency Coordinator.

Line 9 REACTOR STATUS: **Verify status with Operations Support.**
If ALL is marked in Line 2 include the shutdown time/date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Dose Assessor and complete as follows. (Note: For liquid releases OSC Chemistry may provide information.)**

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: Include this information if available from Dose Assessor and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 15

- Mark B and C as directed by the Emergency Coordinator and obtain sectors from TSC Dose Assessment Liaison.
- If a Keowee Hydro Dam/Dike Condition 'A' DOES exists, **Mark B** and write "*Move residents living downstream of the Keowee Hydro Project dams to higher ground.*" Also **Mark D** and write "*Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.*"

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐ 2. GO TO Enclosure 4.7 (Guidelines for Transmitting an Initial or Upgrade Message).

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [X] GENERAL EMERGENCY

6. [X] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [X] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____
[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[A] NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE: Oconee County _____ Pickens County _____
[C] SHELTER IN-PLACE: Oconee County _____ Pickens County _____
[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

☐ 1. COMPLETE A BLANK EMERGENCY NOTIFICATION FORM.

Line 1 Mark "DRILL" or "ACTUAL".

- Mark "Follow-up"
- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**
- Reported By: Write your name

Line 5 Mark the same Emergency Classification that was included on the previous message sheet.

Line 6 Mark A (Emergency Declaration At:) and include the Time/Date from the previous message sheet.

Line 7 EMERGENCY DESCRIPTION/REMARKS: Add any new information at the beginning of the line as directed by the TSC Emergency Coordinator, and then repeat the same EAL from the previous message sheet.

Examples of new information: Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response.

Line 8. Verify Plant Conditions with Operations Support.

If Plant conditions have not changed since the previous message sheet, repeat the same information from the previous message sheet.

If Plant conditions have changed since the previous message sheet, determine the plant conditions and Mark A, B, or C as appropriate.

Line 9 REACTOR STATUS

If ALL is marked in Line 2 Include the Shutdown Time/Date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Guidelines for Completion of FOLLOW-UP MESSAGE

Lines 10 - 13 Emergency Release(s) - Obtain information from Dose Assessor/OSC Chemistry

- **Line 10 – A** (NONE) – If a release is **not** occurring or **has not** occurred, Mark A and write "**Not Required**" on lines 11-13

- **Line 10 – B** (POTENTIAL) – If there is a **potential** for a release, Mark B and write "**Not Required**" on lines 11-13

- **Line 10 – C** (IS OCCURRING) – If an unplanned airborne or liquid release is occurring **AND** release information is **not available**, Mark C and write "**Not Available**" on lines 11-13. If information is available, go to the next step.

- **Line 10 – C** (IS OCCURRING) – If an unplanned airborne or liquid release is occurring **AND** release information **is available**, Mark C and complete lines 11-13 as follows:

  - Line 11 – Mark **Ground Level** and Mark A for **Airborne** OR Mark **B** for **Liquid** and include **release start time/date**

  - Line 12 – Mark **Curies Per Sec** if Airborne OR Mark **Curies** if **Liquid**

  - Line 12 – If release is **Below Normal Operating Limits**, Mark **Below** and write "**Not Required**" across remainder of lines 12-13

  - Line 12 – If release is **Above Normal Operating Limits**, Mark **Above** and include information as given by Dose Assessor/OSC Chemistry on remainder of line 12

  - Line 13 – Include information as given by Dose Assessor/OSC Chemistry for all releases **Above Normal Operating Limits**

- **Line 10 – D** (HAS OCCURRED) – If an unplanned airborne or liquid release has occurred, Mark **D** and follow the guidance above as applicable under "**Is Occurring**" to complete lines 11-13.

Line 14 - METEOROLOGICAL DATA: Include this information as given from Dose Assessor and Mark boxes A, B, C, and D.

Line 15

- If the TSC Emergency Coordinator has **NOT** changed the Recommended Protective Actions, repeat the same Recommended Protective Actions from the previous message sheet.

- If Protective Actions Recommendations have changed **Mark B and Mark C** and obtain sectors from TSC Dose Assessor.

- If a Keowee Hydro Dam/dike condition "A" exists, **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

- If instructed by the TSC Dose Assessor based on projected thyroid dose, **Mark D** and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy."

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐ **2. GO TO Enclosure 4.8 (Guidelines for Transmitting a Follow-up or Termination Message)**

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [ ] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

_____

_____

_____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):

[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[A] NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Enclosure 4.6

Guidelines for Completion of a TERMINATION Message

☐ **1. Use a blank Emergency Notification Form.**

Line 1 Mark "DRILL" or "ACTUAL"

- Do **NOT** mark Initial or Follow Up for a Termination notification
- **MESSAGE NUMBER**, sequential numbering is required.

Line 2 Repeat previous message sheet information for site and unit.

Reported by: Write your name.

Lines 3 - 5 Leave Blank

Line 6 Mark B (Termination At) and include the Termination time provided by the TSC Emergency Coordinator.

Lines7 - 15 Leave Blank

Line 16 APPROVED BY: TSC Emergency Coordinator signature time & date of approval.

☐ **2. GO TO Enclosure 4.8 (Guidelines for Transmitting a Follow-up or Termination Message).**

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [ ] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 882-7076

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

_____

_____

_____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):

[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[A] NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) Emergency Coordinator (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Transmitting an Initial or Upgrade Message

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Emergency Notification Form. Enclosure 4.9 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies. Determine from the Emergency Coordinator or Turnover Checklist (Enclosure 4.11) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 17. If they have **NOT** been activated, use Speed Dial 14.
- ☐ Notify SC State/County agencies using Selective Signaling by **Dialing *4**. If Selective Signaling is unavailable, refer to Enclosure 4.10 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST agency** responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD names of responding individuals** at this time.
- ☐ Check off the State and County agencies as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

  Oconee County Law Enforcement Center (LEC) **OR** Oconee County EPD
  Pickens County Law Enforcement Center (LEC) **OR** Pickens County EPD
  State Warning Point Emergency Preparedness Division (EPD) **OR** State EOC

  [Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

Oconee County LEC	(416)	Oconee County EPD	(417)*
Pickens County LEC	(410)	Pickens County EPD	(419)*
State Warning	(518)		

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 4.12 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition "A" or "B" for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Subsequent Actions, Step 3.1.**

Guidelines for Transmitting a Follow-Up or Termination Message

INSTRUCTIONS FOR TRANSMITTING THE MESSAGE USING FAX

☐ Record Line 3 Transmittal Time/Date

NOTE:	Enclosure 4.9 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 4.10 (Alternate Method and Sequence to Contact Agencies).

☐ Copy the Emergency Notification Form

NOTE:	Determine from the Emergency Coordinator or Turnover Checklist (Enclosure 4.11) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 17. If they have **NOT** been activated, use Speed Dial 14.

☐ Fax the copy to offsite agencies.

NOTE:	Pickens County LEC does not have a FAX machine.

☐ During off-hours use Selective Signaling by dialing 410 to provide the follow-up message to Pickens County LEC.

☐ Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.

☐ **GO TO Subsequent Actions, Step 3.1.**

NOTE: This enclosure provides basic operating instructions for the primary faxs in the TSC, U-1/2 Control Room, OSC, and EOF. Refer to the Operator Manuals for detailed information.

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" red triangle button is used to cancel sending, receiving, registering data or cancel any other operation.

☐ 1.1 **COPY** the approved Emergency Notification Form. To copy using the FAX machine, perform the following:

A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.

B. Press the blue **COPY** button

C. Press the green **START/SCAN** button

NOTE: Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the FAX scans the document(s) prior to automatic dialing.

☐ 1.2 **FAX** the copy (do not FAX original) of the notification form use the following method:

A. Insert copy **face down** (top end first). Adjust document guide if needed

B. Determine which **Speed Dial Code number** to use

C. Press the **Speed Dial Code number** (button located in center of telephone key pad are of control panel)

D. Press the green **START/SCAN** button

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

Speed Dial Code	Agency/Location Sent To
01	NRC
02	Pickens County EPD
03	Oconee County EPD
04	SC State Warning Point
05	State Emergency Operations Center
06	DHEC-BSHWM
07	EOF
08	OSC
09	World Of Energy
10	Alternate TSC
11	Oconee Complex
12	Site Services Group & Nuclear Supply Chain
13	EOF Joint Information Center
14	Dial Group: Pickens County EPD Oconee County EPD SC State Warning Point Oconee County LEC EOF World Of Energy GO JIC
15	Dial Group: Pickens County EPD Oconee County EPD
16	Forward Emergency Operations Center
17	Dial Group: Pickens County EPD Oconee County EPD SEOC EOF World Of Energy GO JIC
18	Oconee County LEC
19	Safety Assurance
20	GO Joint Information Center
21	Security
25	National Weather Service
26	Georgia Emergency Management Agency
27	Dial Group: National Weather Service & Georgia Emergency Management Agency
29	Dial Group: EOF OSC
30	ONS SRG/RC/EC
31	Dial Group: OSC Security

Enclosure 4.10

Alternate Method and Sequence to Contact Offsite Agencies

NOTE:	Phone numbers and radio operating instructions are included in the Emergency Telephone Directory.

☐ **1. Contact agencies using the following alternate methods in the sequence specified below.**

1.1 Rolm Phone System (direct outside line).

1.2 Portable Phone System (direct outside line)

1.3 Offsite Base Radio from the Control Room:

1.3.1 Push SEL on WQC699 frequency panel.

1.3.2 Adjust volume control knob to a high setting.

1.3.3 Enter the group call radio code 30* using the numeric key pad, OR enter the applicable radio code for the offsite agency.

Oconee County LEC	32*
Pickens County LEC	35*
Pickens County EPD	31*

NOTE:	Pickens County EPD is not staffed after 1700 hours Monday - Friday or on weekends and holidays.

1.3.4 Press MONITOR button to determine if the selected frequency is in use.

1.3.5 Depress FOOT PEDAL or XMIT button AND keep engaged while talking.

1.3.6 Call the offsite agency being contacted by using applicable identifier. FOR EXAMPLE - "Oconee Control Room to Oconee LEC."

Oconee County LEC	Oconee LEC
Pickens County LEC	Pickens LEC
Pickens County EPD	Pickens EOC
U 1&2 Control Room	Oconee Control Room

1.3.7 Release FOOT PEDAL or XMIT button to receive incoming response from offsite agency.

1.3.8 Record Time/Call letters of agency(ies) receiving notification on back of the Emergency Notification Form.

Oconee County LEC	KNBE-488
Pickens County LEC	KNBZ-965
Pickens County EPD	KNBE-480

1.3.9 End radio transmission using Call Letters WQC699.

☐ **2. GO TO Subsequent Actions, Step 3.1**

Date: _____ Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

Indicate which agencies have been contacted:	YES	NO
Oconee Law Enforcement Center		
Pickens Law Enforcement Center		
State Warning Point (SCHD)		
Pickens Emergency Preparedness Division		
Oconee Emergency Preparedness Division		
DHEC (BSHWM)		
South Carolina State Emergency Operations Center (SEOC)		

Communications Problems Experienced: _____

_____

_____

Site Evacuation: Yes_____ No _____ **Time Evacuation Initiated** _____

Evacuation Location:
- Daniel High School Yes _____ No _____
- Keowee Elementary Yes _____ No _____
- Home Yes_____No _____

Site Relocation: Yes _____ No_____ **Assembly Location** _____

Alternate Facility Activated: **TSC:** Yes _____ No_____ **OSC:** Yes_____No_____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

_____

_____

Last Emergency Notification Form Message Number:_____

Next Message Due (Time)_____

Enclosure 4.12

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number ____

ENTER AGENCY QUESTION:_____

_____

_____

_____

_____

ENTER TSC EMERGENCY COORDINATOR ANSWER: _____

_____

_____

_____

_____

Approved by Emergency Coordinator:_____

Response Provided To (Name): _____**Date** _____ **Time** _____

ACRONYM LISTING

CAN	Community Alert Network
CDEP	County Director of Emergency Preparedness
DHEC (BSHWM)	Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management)
EAL	Emergency Action Level
EC	Emergency Coordinator
ENS	Emergency Notification System
EOC	Emergency Operating Center
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
EPD	Emergency Preparedness Division
ERO	Emergency Response Organization
FAX	Facsimile
FEOC	Forward Emergency Operations Center
FMT	Field Monitoring Team
GEMA	Georgia Emergency Management Agency
HPN	Health Physics Network
IAAT	If At Any Time
JIC	Joint Information Center
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning
NRC DSO	Nuclear Regulatory Commission, Director of Site Operations
NRC EOC	Nuclear Regulatory Commission, Emergency Operations Center
NSC	Nuclear Supply Chain
NWS	National Weather Service
OSC	Operational Support Center
OSM	Operations Shift Manager
PAR	Protective Action Recommendation
SCHD	South Carolina Highway Department
SDEP	State Director of Emergency Preparedness
SEOC	State Emergency Operations Center
SRG	Safety Review Group
SSG	Site Services Group
SS	Selective Signaling
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

Duke Power Company (1) ID No. RP/0/B/1000/015C

PROCEDURE PROCESS RECORD

Revision No. 004

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Off-Site Communications From The Emergency Operations Facility

(4) Prepared By Robert Taylor (Signature) [signature] Date 03/01/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3/2/04

Cross-Disciplinary Review By _____ (QR)NA RAW Date 3/2/04

Reactivity Mgmt Review By _____ (QR)NA RAW Date 3/2/04

Mgmt Involvement Review By _____ (Ops Supt) NA RAW Date 3/2/04

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [signature] Date 03/10/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Required enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Station **Offsite Communications From The Emergency Operations Facility** **Reference Use**	Procedure No. RP/0/B/1000/015 C Revision No. 004 Electronic Reference No. OX0091SC

Offsite Communications from the Emergency Operations Facility

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

1. Symptoms

1.1 Events are in progress or have occurred which require activation of the Emergency Operations Facility and notification of offsite agencies.

NOTE: Actions within the body of this procedure are **NOT** required to be performed in sequence.

2. Immediate Actions

NOTE:

- **UPGRADE** notifications MUST be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time. (This time is entered on Line 6 of the Emergency Notification Form.)
- **PROTECTIVE ACTION RECOMMENDATION changes** must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the EOF Director/Radiological Assessment Manager.
- **FOLLOW-UP** notifications are required at least every **sixty (60) minutes** for an **Alert, Site Area Emergency,** or **General Emergency** Classification. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition 'A' or 'B' for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies. A Follow-Up notification is not required for an Unusual Event unless requested.
- **FOLLOW-UP** Notifications - Do not delay sending a Follow-up notification if all information is not available.
- Do **NOT** use Acronyms

2.1 Go to Enclosure 4.1 (EOF Data Collector Response) if you are the **EOF Data Collector.**

2.2 Go to Enclosure 5.1 (EOF State/County Communicator Response) if you are **the EOF State/County Communicator.**

2.3 If you are the **EOF OFFSITE COMMUNICATIONS MANAGER,** perform the following actions.

☐ 2.3.1 Obtain the following items from the Emergency Procedures Cart.

_____ A. Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms

☐ 2.3.2 Verify adequate staffing has been met by ensuring that the State/County Communicator and Data Collector are in place.

_____ A. If the Data Collector is **NOT** available, then go to Step 2.1 and perform his/her responsibilities.

☐ 2.3.3 Identify State/County Liaisons.

_____ A. Assign State/County Liaisons to the SC State EOC, Pickens County EOC, and Oconee County EOC.

Assigned EOC	State/County Liaison Name
SC State	_____
Pickens County	_____
Oconee County	_____

☐ 2.3.4 Acquire and maintain the Emergency Drill/Event Time Log.

☐ 2.3.5 Review available Emergency Notification Form(s) from the TSC and determine time next message is due.

☐ 2.3.6 Distribute copies of the last Emergency Notification Form as follows:

_____ EOF Director

_____ Emergency Planner

_____ Data Collector

_____ Ops Interface Manager

_____ Radiological Assessment Manager

_____ State/County Communicator

_____ Post one copy on window

_____ 3 copies in bin on wall

_____ NRC Inspector(s) as applicable

_____ State/County Representative(s) as applicable

☐ 2.3.7 Ensure that the EOF Director is updated on the following items:

A. Turnover completion. Provide Enclosure 5.6 (Turnover Checklist) to the EOF Director

B. Identify the Offsite Agencies notified/not notified

C. Communications Problems

NOTE:
- The first message sheet in **ANY** classification is an INITIAL notification.
- The first message for any drill/emergency will be numbered one (1). **ALL** other messages will be sequentially numbered until the event is terminated.
- Verify correct enclosure is being used by the EOF Data Collector and EOF State/County Communicator.

☐ 2.4 Monitor offsite notification process to ensure that the Data Collector correctly completes the Emergency Notification Form, and the State/County Communicator notifies offsite agencies in the required time frame using applicable enclosures:

A. **UNUSUAL EVENT** - Enclosure 4.2

B. **ALERT** - Enclosure 4.3

C. **SITE AREA EMERGENCY** - Enclosure 4.4

D. **GENERAL EMERGENCY** - Enclosure 4.5

E. **FOLLOW-UP** notification - Enclosure 4.6

F. **TERMINATION** notification - Enclosure 4.7

G. Guidelines for Transmitting an Initial or Upgrade Message - Enclosure 5.2

H. Guidelines for Transmitting a Follow-Up or Termination Message - Enclosure 5.3

2.5 Obtain EOF Director approval of completed Emergency Notification Form.

2.6 Make copy of Emergency Notification Form and provide original and copy to the State/County Communicator for transmission to offsite agencies.

3. Subsequent Actions

☐ 3.1 If you are the **EOF OFFSITE COMMUNICATIONS MANAGER** ensure the EOF Director is updated on the following items:

____Provide EOF Director with status of offsite notifications

____Identify the Offsite Agencies notified/not notified

____Communications Problems

____Questions from offsite agencies requiring answers

☐ 3.2 Assist the Data Collector and State/County Communicator as requested.

☐ 3.3 Monitor offsite notification process to ensure that the Data Collector correctly completes the Emergency Notification Form, and the State/County Communicator notifies offsite agencies in the required time frame using applicable enclosures listed in Step 2.4.

☐ 3.4 Ensure the EOF Director approves Enclosure 5.7 (Response to Offsite Agency Questions) when agencies have questions unrelated to the message sheet.

☐ 3.4.1 Provide approved Enclosure 5.7 to the State/County Communicator for verbal transmission and faxing to the offsite agency.

☐ 3.5 Retrieve FAX copies of the Emergency Notification Form and distribute per Step 2.3.5.

☐ 3.6 Retrieve other FAX copies, including the Community Alert Notification (CAN) Report, and distribute to the EOF Director and Emergency Planning.

☐ 3.7 Provide this completed procedure to EOF Director at end of event.

4. Enclosures for Completing Emergency Notification Form

4.1 EOF Data Collector Response

4.2 Guidelines for Completion of Unusual Event

4.3 Guidelines for Completion of Alert

4.4 Guidelines for Completion of Site Area Emergency

4.5 Guidelines for Completion of General Emergency

4.6 Guidelines for Completion of Follow-up Message

4.7 Guidelines for Completion of Termination Message

5. Enclosures for Transmitting Emergency Notification Form

5.1 EOF State/County Communicator Response

5.2 Guidelines for Transmitting an Initial or Upgrade Message

5.3 Guidelines for Transmitting a Follow-up or Termination Notification

5.4 COPY/FAX Operation

5.5 Alternate Method and Sequence to Contact Offsite Agencies

5.6 Turnover Checklist

5.7 Response to Offsite Agency Questions

6. Enclosure for Acronyms

6.1 Acronym Listing

EOF Data Collector Response

1. Immediate Actions

☐ 1.1 Obtain the following items from the Emergency Procedures Cart.

_____ A. Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms

_____ B. Emergency Action Level Guideline Manual

☐ 1.2 Review available Emergency Notification Form(s) from the TSC and determine time next message is due.

☐ 1.3 Review plant conditions with the EOF Director and complete an Emergency Notification Form as applicable.

NOTE: The first message sheet in any classification is an INITIAL notification. The first message for any drill/emergency will be numbered one (1). ALL other messages will be sequentially numbered until the event is terminated. **VERIFY correct enclosure is being used.**

☐ 1.3.1 If an **UNUSUAL EVENT** initial exists, complete Enclosure 4.2.

☐ 1.3.2 If an **ALERT** initial or upgrade exists, complete Enclosure 4.3

☐ 1.3.3 If a **SITE AREA EMERGENCY** initial or upgrade exists, complete Enclosure 4.4.

☐ 1.3.4 If a **GENERAL EMERGENCY** initial or upgrade exists, complete Enclosure 4.5.

NOTE: If changes in Protective Action Recommendations are made, complete an Emergency Notification form using the guidance in Enclosure 4.6 (Guidelines for Completion of Follow-Up Message).

☐ 1.3.5 If a **FOLLOW-UP** notification is required complete Enclosure 4.6

☐ 1.3.6 If a **TERMINATION** notification is required complete Enclosure 4.7

2. Subsequent Actions

☐ 2.1 IAAT An emergency classification is **UPGRADED**, or a **FOLLOW UP** message is due, or a change in **PROTECTIVE ACTION RECOMMENDATIONS (PARs)** occurs, or an event is **TERMINATED**

THEN Go to **Immediate Actions, Step 1.3** to complete an Emergency Notification Form.

2.2 Provide this completed procedure to the EOF Director at end of event.

Guidelines for Completion of UNUSUAL EVENT

☐ 1. COMPLETE ENCLOSURE 4.2.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".
- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the State/County Communicator's name.

NOTE:	Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines an Unusual Event exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager.**
If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases obtain this information from the TSC Offsite Communicator.)**
- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

☐ 2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

☐ 3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[X] A NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [X] A Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: [A] IMPROVING [X] B STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY		
2 MILES		
5 MILES		
10 MILES		

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[X] A NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE_____
[C] SHELTER IN-PLACE_____
[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for completion of
ALERT

☐ 1. COMPLETE ENCLOSURE 4.3.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the State/County Communicator's name.

NOTE:	Lines 3 and 4 are completed when message is transmitted

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines if an Alert exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.**

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases obtain this information from the TSC Offsite Communicator.)**

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

☐ 2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

☐ 3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[A] NOTIFICATION OF UNUSUAL EVENT [X] B ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [X] A Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: [A] IMPROVING [X] B STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____
[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[X] A NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE_____
[C] SHELTER IN-PLACE_____
[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Completion of
SITE AREA EMERGENCY

☐ 1. COMPLETE ENCLOSURE 4.4.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".

- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the State/County Communicator's name.

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines a Site Area Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the Shutdown Time/Date or % Power for all three units.**

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases State/County Communicator must obtain this information from the TSC Offsite Communicator.)**

- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 METEOROLOGICAL DATA: **Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If meteorological data is NOT available, write "Not Available" on Line 14.**

Line 15

- Mark A unless a Keowee Hydro Dam/Dike condition exists.
- If a Keowee Hydro Dam/Dike Condition "A" **DOES** exists **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

☐ 2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

☐ 3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [X] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [X] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [X] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

NOT AVAILABLE

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____
[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[A] NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE_____
[C] SHELTER IN-PLACE_____
[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Completion of GENERAL EMERGENCY

☐ 1. COMPLETE ENCLOSURE 4.5.A - EMERGENCY NOTIFICATION FORM

Line 1 Mark "DRILL" or "ACTUAL".
- MESSAGE NUMBER, sequential numbering is required.

line 2 UNIT:
- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the State/County Communicator's name

NOTE:	Lines 3 and 4 are completed when message is transmitted.

Line 6 EMERGENCY DECLARED AT: **Time/Date the EOF Director determines a General Emergency exists.**

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Verify with Operations Interface Manager which description to use from the Emergency Action Level Guideline Manual, PLUS any "Remarks" requested by the EOF Director.**

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager. If ALL is marked in Line 2 include the shutdown time/date or % Power for all three units.**
- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Line 10 EMERGENCY RELEASES: **Verify airborne releases with Rad Assessment Manager and complete as follows. (Note: For liquid releases State/County Communicator must obtain this information from the TSC Offsite Communicator.)**
- No releases are occurring, Mark A.
- The potential for a release of radioactive materials exists, Mark B.
- A release of radioactive materials is in progress, Mark C.
- A release of radioactive materials has occurred, Mark D.

Line 14 MET DATA: Include this information if available from Rad Assessment Manager and Mark boxes A, B, C, and D. If MET data is NOT available, write "Not Available" on Line 14.

Line 15
- Mark B and C as directed by the EOF Director and obtain sectors from Rad Assessment Manager.
- If a Keowee Hydro Dam/Dike Condition 'A' DOES exists, **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*

☐ 2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).

☐ 3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [X] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:
[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [X] [D] GENERAL EMERGENCY

6. [X] [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [X] [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):
[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

NOT AVAILABLE

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____
[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS
[A] NO RECOMMENDED PROTECTIVE ACTIONS
[B] EVACUATE: Oconee County _____ Pickens County _____
[C] SHELTER IN-PLACE: Oconee County _____ Pickens County _____
[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

EMERGENCY NOTIFICATION

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Completion of
FOLLOW-UP MESSAGE

☐ 1. COMPLETE A BLANK EMERGENCY NOTIFICATION FORM.

Line 1 Mark "DRILL" or "ACTUAL".

- Mark "Follow-up"
- MESSAGE NUMBER, sequential numbering is required.

Line 2 UNIT:

- If the event is applicable to one unit only, designate 1, 2, or 3 for the appropriate unit.
- **If more than one unit is involved in the event, enter ALL.**

REPORTED BY: Enter the State/County Communicator's name

Line 5 Mark the same Emergency Classification that was included on the previous message sheet.

Line 6 Mark A (Emergency Declaration At:) and include the Time/Date from the previous message sheet.

Line 7 EMERGENCY DESCRIPTION/REMARKS: **Add any new information at the beginning of the line as directed by the EOF Director, and then repeat the same EAL from the previous message sheet.**

Examples of new information: Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response.

Line 8. PLANT CONDITION: **Verify Plant Conditions with Operations Interface Manager.**

If Plant conditions have not changed since the previous message sheet, repeat the same information from the previous message sheet.

If Plant conditions have changed since the previous message sheet, determine the plant conditions and Mark A, B, or C as appropriate.

Line 9 REACTOR STATUS: **Verify status with Operations Interface Manager.**

If ALL is marked in Line 2 Include the Shutdown Time/Date or % Power for all three units.

- If the reactor(s) is/are shutdown, Mark A, include the Time/Date of shutdown.
- If the reactor(s) is/are still at power, Mark B, include the power level.

Lines 10 - 13 Emergency Release(s) - Obtain information from Rad Assessment Manager for airborne releases and from the TSC Offsite Communicator for liquid releases.

- **Line 10 – A** (NONE) – If a release is **not** occurring or **has not** occurred, Mark A and write "**Not Required**" on lines 11-13

- **Line 10 – B** (POTENTIAL) – If there is a **potential** for a release, Mark B and write "**Not Required**" on lines 11-13

- **Line 10 – C** (IS OCCURRING) – If an unplanned airborne or liquid release is occurring **AND** release information is **not available**, Mark C and write "**Not Available**" on lines 11-13. If information is available, go to the next step.

- **Line 10 – C** (IS OCCURRING) – If an unplanned airborne or liquid release is occurring **AND** release information **is available**, Mark C and complete lines 11-13 as follows:

  - Line 11 – Mark **Ground Level** and Mark A for **Airborne** OR Mark **B** for **Liquid** and include **release start time/date**

  - Line 12 – Mark **Curies Per Sec** if Airborne OR Mark **Curies** if **Liquid**

  - Line 12 – If release is **Below Normal Operating Limits**, Mark **Below** and write "**Not Required**" across remainder of lines 12-13

  - Line 12 – If release is **Above Normal Operating Limits**, Mark **Above** and include information as given by Rad Assessment Manager/OSC Chemistry on remainder of line 12

  - Line 13 – Include information as given by Rad Assessment Manager/OSC Chemistry for all releases **Above Normal Operating Limits**

- **Line 10 – D** (HAS OCCURRED) – If an unplanned airborne or liquid release has occurred, Mark **D** and follow the guidance above as applicable under "**Is Occurring**" to complete lines 11-13.

Line 14 - METEOROLOGICAL DATA: **Include this information as given from Rad Assessment Manager and Mark boxes A, B, C, and D.**

Line 15

- If the EOF Director has NOT changed the Recommended Protective Actions, repeat the same Recommended Protective Actions from the previous message sheet.
- If Protective Actions Recommendations have changed **Mark B and Mark C** and obtain sectors from **Rad Assessment Manager.**
- If a Keowee Hydro Dam/dike condition "A" exists, **Mark B** and write *"Move residents living downstream of the Keowee Hydro Project dams to higher ground."* Also **Mark D** and write *"Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."*
- If instructed by the Rad Assessment Manager based on projected thyroid dose, **Mark D** and write, "Consider the use of KI (potassium iodide) in accordance with state plans and policy."

☐ **2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).**

☐ **3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.**

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [ ] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS:_____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):

[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY		
2 MILES		
5 MILES		
10 MILES		

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[A] NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

1.	Name	Date/time	Oconee County Law Enforcement Center (864) 638-4111 Selective Signaling - 416
2.	Name	Date/time	Pickens County Law Enforcement Center (864) 898-5500 Selective Signaling - 410
3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

Guidelines for Completion of a TERMINATION Message

☐ **1. Use a blank Emergency Notification Form.**

Line 1 — Mark "DRILL" or "ACTUAL"

- Do NOT mark Initial or Follow Up for a Termination notification
- **MESSAGE NUMBER**, sequential numbering is required.

Line 2 — UNIT: Repeat previous message sheet information for site and unit.

REPORTED BY: Enter State/County Communicator's name.

Lines 3 - 5 — Leave Blank

Line 6 — Mark B (Termination At) and include the Termination time provided by the EOF Director.

Lines 7 - 15 — Leave Blank

☐ **2. Give form to EOF Communications Manager for EOF Director's signature, time and date of approval (Line 16).**

☐ **3. GO TO Enclosure 4.1, Step 2 Subsequent Actions.**

EMERGENCY NOTIFICATION

1. [A] THIS IS A DRILL [B] ACTUAL EMERGENCY [ ] INITIAL [ ] FOLLOW-UP MESSAGE NUMBER_____

2. SITE: Oconee UNIT:_____ REPORTED BY:_____

3. TRANSMITTAL TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (864) 624-4365

4. AUTHENTICATION (If Required):_____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

[A] NOTIFICATION OF UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

6. [A] Emergency Declaration At: [B] Termination At: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: [A] IMPROVING [B] STABLE [C] DEGRADING

9. REACTOR STATUS: [A] SHUTDOWN: TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY [B] _____% POWER

10. EMERGENCY RELEASE(S):

[A] NONE (Go to item 14.) [B] POTENTIAL (Go to item 14.) [C] IS OCCURRING [D] HAS OCCURRED

**11. TYPE OF RELEASE: [ ] ELEVATED [ ] GROUND LEVEL

[A] AIRBORNE: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

[B] LIQUID: Started:_____ Time (Eastern) ____/____/____ MM DD YY Stopped:_____ Time (Eastern) ____/____/____ MM DD YY

**12. RELEASE MAGNITUDE [ ] CURIES PER SEC [ ] CURIES NORMAL OPERATING LIMITS [ ] BELOW [ ] ABOVE

[A] NOBLE GASES_____ [B] IODINES_____

[C] PARTICULATES_____ [D] OTHER_____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: [ ] NEW [ ] UNCHANGED PROJECTION TIME:_____ (EASTERN)

	TEDE mrem	Thyroid CDE mrem
SITE BOUNDARY	_____	_____
2 MILES	_____	_____
5 MILES	_____	_____
10 MILES	_____	_____

ESTIMATED DURATION:_____HRS.

**14. METEOROLOGICAL DATA: [A] WIND DIRECTION (from)_____° [B] SPEED (MPH)_____

[C] STABILITY CLASS _____ [D] PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

[A] NO RECOMMENDED PROTECTIVE ACTIONS

[B] EVACUATE_____

[C] SHELTER IN-PLACE_____

[D] OTHER_____

16. APPROVED BY:_____ (Name) EOF Director (Title) TIME/DATE:_____ (Eastern) ____/____/____ MM DD YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on Initial Notifications

GOVERNMENT AGENCIES NOTIFIED

NOTE: RECORD THE NAME, DATE, AND TIME AGENCIES NOTIFIED.

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3.	Name	Date/time	SC State Warning Point (SCHD) (803) 737-8500 Selective Signaling - 518
4.	Name	Date/time	Pickens County EPD (864) 898-5943 Selective Signaling - 419
5.	Name	Date/time	Oconee County EPD (864) 638-4200 Selective Signaling - 417
6.	Name	Date/time	DHEC (BSHWM) Callback only (803) 253-6488
7.	Name	Date/time	

State/County Communicator Response

1. Immediate Actions

☐ 1.1 Obtain the following from the Emergency Procedures Cart:

1.1.1 Yellow folder containing the Emergency Telephone Directory, Authentication Code List, Emergency Notification Forms

☐ 1.2 Review Emergency Notification form(s) from the TSC and determine time next message is due. If no message sheets have been received, then contact the TSC Offsite Communicator and obtain status.

☐ 1.3 **IAAT** The TSC Offsite Communicator is available, and an upgrade in classification is **NOT** imminent or the next message is **NOT** immediately due,

THEN receive turnover from the TSC Offsite Communicator.

_____ A. Complete Enclosure 5.6 (Turnover Checklist).

_____ B. Review Enclosure 5.6 (Turnover Checklist) with the TSC Offsite Communicator.

_____ C. Provide completed Enclosure 5.6 (Offsite Communicator Turnover sheet) to the EOF Communications Manager.

☐ 1.4 **IAAT** an emergency classification is initially declared or being **UPGRADED, TERMINATED,** or a **FOLLOW-UP** message is due

THEN initiate offsite notification as directed by the EOF Communications Manager using the following enclosures:

_____ A. If an **INITIAL** or **UPGRADE** notification is required, use Enclosure 5.2 (Guidelines for Transmitting an Initial or Upgrade Message) to transmit the message.

_____ B. If a **FOLLOW-UP** or **TERMINATION** notification is required complete Enclosure 5.3 (Guidelines for Transmitting a Follow-up or Termination Message).

2. Subsequent Actions

☐ 2.1 Transmit messages to Offsite Agencies as they occur and within the required time frame in accordance with **Immediate Actions, Step 1.4.**

☐ 2.2 Record any offsite agency questions unrelated to the current message sheet on Enclosure 5.7 (Response to Offsite Agency Questions) and complete as follows:

_____ A. Assign sequential number to questions as received.

_____ B. Identify the Agency and name of individual asking question.

_____ C. Enter State/County Communicator name. Identify Emergency Notification Form message number to which this question refers.

_____ D. Write description of question from agency and repeat back information for understanding and accuracy.

_____ E. Provide Enclosure 5.7 (Response to Offsite Agency Questions) to the EOF Communications Manager for EOF Director answer and approval.

_____ F. Fax the form and verbally transmit information to applicable agency/agencies. Attach the question and approved answer sheet to the Emergency Notification Form to which question applies.

_____ G. Document the date and time answers were called back and the name of the agency contact receiving the information.

_____ H. Any follow-up questions should be treated as a new question(s) and another form generated.

☐ 2.3 Maintain periodic contact with the TSC Offsite Communicator to receive updates about changes in plant conditions as they occur.

2.3.1 Keep EOF Communications Manager appraised of new or emerging information.

☐ 2.4 Provide this completed procedure to the EOF Director at end of event.

Enclosure 5.2

Guidelines for Transmitting an Initial or Upgrade Message

INSTRUCTIONS FOR VERBAL TRANSMISSION OF MESSAGE

- ☐ Copy Emergency Notification Form. Enclosure 5.4 (Copy/FAX Operation) is available for reference.
- ☐ Initiate faxing the **copy** (Do **NOT** fax original) to offsite agencies. Determine from the EOF Director or Turnover Checklist (Enclosure 5.6) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 36. If they have **NOT** been activated, use Speed Dial 37.
- ☐ Notify SC State/County agencies using Selective Signaling. If the SEOC and county EPDs **ARE activated,** then individually dial 417, 419, and 518. If they have **NOT** been activated **dial *4.** If Selective Signaling is unavailable, refer to Enclosure 5.5 (Alternate Method and Sequence to Contact Offsite Agencies).
- ☐ **Record start time of verbal call on Line 3 TRANSMITTAL TIME/DATE** whenever Selective Signaling Group Call number has been dialed and **FIRST agency** responds.
- ☐ Ask agencies to hold line for a "drill **OR** emergency message" from Oconee Nuclear Station.
- ☐ Do **NOT RECORD names of responding individuals** at this time.
- ☐ Check off the State and County agencies as they answer. At a minimum, the message must be provided to the following three (3) listed agencies:

  Oconee County Law Enforcement Center (LEC) **OR** Oconee County EPD
  Pickens County Law Enforcement Center (LEC) **OR** Pickens County EPD
  State Warning Point Emergency Preparedness Division (EPD) **OR** State EOC

  [Note: *Oconee County EPD and Pickens County EPD are only staffed Monday - Friday during normal work day hours.] If all required agencies did not respond to group call, dial the Selective Signaling number for the applicable agency/agencies no more than two times.

Oconee County LEC	(416)	Oconee County EPD	(417)*
Pickens County LEC	(410)	Pickens County EPD	(419)*
State Warning/SEOC	(518)		

- ☐ If an Offsite agency requests **authentication**, then ask for an "authentication code number". Using the Authentication Code List, locate the authentication code number and corresponding authentication code word. Record the authentication code number and corresponding authentication code word on Line 4 and provide to Offsite agencies.
- ☐ Distinctly and slowly read each line beginning with Line 1 to offsite agencies. After message sheet has been read, ask if there are any questions. Record any questions unrelated to the message sheet on Enclosure 5.7 (Response To Offsite Agency Questions).
- ☐ Record Name of individual receiving notification on Emergency Notification Form.
- ☐ Inform agencies that additional information will be provided as it becomes available.
- ☐ If informed that a Condition "A" or "B" for Keowee Hydro Dam event exists, FAX the Emergency Notification Form to GEMA and the NWS by using Speed Dial 27 on the FAX.
- ☐ Retrieve Confirmation Report from FAX and verify that all agencies received the message.
- ☐ **GO TO Enclosure 5.1, Step 2 Subsequent Actions**

Guidelines for Transmitting a Follow-Up or Termination Message

INSTRUCTIONS FOR TRANSMITTING THE MESSAGE USING FAX

☐ Record Line 3 Transmittal Time/Date

> **NOTE:** Enclosure 5.4 (Copy/FAX Operation) is available for reference. (Note: If FAX unavailable, use Selective Signaling to contact agencies. If Selective Signaling is unavailable, refer to Enclosure 5.5 (Alternate Method and Sequence to Contact Agencies).

☐ Copy the Emergency Notification Form

> **NOTE:** Determine from the EOF Director or Turnover Checklist (Enclosure 5.6) if the State Emergency Operations Center (SEOC) and Oconee and Pickens County EPDs have been activated. If they **ARE activated**, use Speed Dial 36. If they have **NOT** been activated, use Speed Dial 37.

☐ Fax the copy to offsite agencies.

> **NOTE:** Pickens County LEC does not have a FAX machine.

☐ During off-hours use Selective Signaling by dialing 410 to provide the follow-up message to Pickens County LEC.

☐ Retrieve Confirmation Report from FAX and verify that all agencies received the FAX.

☐ **GO TO Enclosure 5.1, Step 2 Subsequent Actions**

NOTE: This enclosure provides basic operating instructions for the primary faxs in the TSC, U-1/2 Control Room, OSC, and EOF. Refer to the Operator Manuals for detailed information.

1. TSC/Control Room/OSC/EOF

NOTE: The "STOP" red triangle button is used to cancel sending, receiving, registering data or cancel any other operation.

☐ 1.1 COPY the approved Emergency Notification Form. To copy using the FAX machine, perform the following:

A. Insert notification form **face down** (top end first) into the Automatic Document Feeder. Adjust document guide if needed.

B. Press the blue **COPY** button

C. Press the green **START/SCAN** button

NOTE: Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the FAX scans the document(s) prior to automatic dialing.

☐ 1.2 FAX the copy (do not FAX original) of the notification form use the following method:

A. Insert copy **face down** (top end first). Adjust document guide if needed

B. Determine which **Speed Dial Code number** to use

C. Press the **Speed Dial Code number** (button located in center of telephone key pad are of control panel)

D. Press the green **START/SCAN** button

The following Speed Dial Codes have been programmed into the fax in the TSC/Unit 1&2 Control Room/OSC/EOF:

Speed Dial Code	Agency/Location Sent To
01	State Emergency Operations Center
02	State Warning Point
03	Oconee County EPD
04	Pickens County EPD
05	TSC
06	Oconee LEC
07	Forward Emergency Operations Center
08	NRC Atlanta
09	DHEC/Nuclear Emergency Planning
10	NRC Washington
11	GO/Joint Information Center
14	World of Energy
25	National Weather Service
26	Georgia Emergency Management Agency
27	National Weather Service Georgia Emergency Management Agency
34	NRC Atlanta NRC Washington
35	Dial Group: Pickens County EPD Oconee County EPD SEOC TSC NRC Atlanta DHEC-Nuclear Emergency Planning NRC Washington
36	Dial Group: Pickens County EPD Oconee County EPD State Emergency Operations Center TSC World Of Energy GO/Joint Information Center
37	Dial Group: Pickens County EPD Oconee County EPD State Emergency Operations Center Oconee LEC TSC World Of Energy GO/Joint Information Center

Enclosure 5.5

Alternate Method and Sequence to Contact Offsite Agencies

NOTE:	Phone numbers and radio operating instructions are included in the Emergency Telephone Directory.

☐ **1. Contact agencies using the following alternate methods in the sequence specified below.**

1.1 Rolm Phone System (direct outside line located in EOF Offsite Communications Room)

1.2 SC State Decision Line Phone (located in EOF Director's area)

1.3 Radio WQC699 (located in the EOF Field Monitoring Room)

1.4 Radio WNLU432 (located in the EOF Offsite Communications Room)

☐ **2. GO TO Enclosure 5.2 and complete message transmission.**

Date: _____ Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

Indicate which agencies have been contacted:	YES	NO
Oconee Law Enforcement Center		
Pickens Law Enforcement Center		
State Warning Point (SCHD)		
Pickens Emergency Preparedness Division		
Oconee Emergency Preparedness Division		
DHEC (BSHWM)		
South Carolina State Emergency Operations Center (SEOC)		

Communications Problems Experienced: _____

_____

_____

Site Evacuation: Yes_____ No _____ **Time Evacuation Initiated** _____

Evacuation Location:
Daniel High School Yes _____ No _____
Keowee Elementary Yes _____ No _____
Home Yes_____No _____

Site Relocation: Yes _____ No_____ **Assembly Location** _____

Alternate Facility Activated: **TSC:** Yes _____ No_____ **OSC:** Yes_____No_____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

_____

_____

Last Emergency Notification Form Message Number:_____

Next Message Due (Time)_____

Enclosure 5.7

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number _____

ENTER AGENCY QUESTION: _____

_____

_____

_____

_____

ENTER EOF DIRECTOR ANSWER: _____

_____

_____

_____

_____

Approved by EOF Director: _____

Response Provided To (Name): _____ **Date** _____ **Time** _____

ACRONYM LISTING

CAN	Community Alert Network
CDEP	County Director of Emergency Preparedness
DHEC (BSHWM)	Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management)
EAL	Emergency Action Level
EC	Emergency Coordinator
ENS	Emergency Notification System
EOC	Emergency Operating Center
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
EPD	Emergency Preparedness Division
ERO	Emergency Response Organization
FAX	Facsimile
FEOC	Forward Emergency Operations Center
FMT	Field Monitoring Team
GEMA	Georgia Emergency Management Agency
HPN	Health Physics Network
IAAT	If At Any Time
JIC	Joint Information Center
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning
NRC DSO	Nuclear Regulatory Commission, Director of Site Operations
NRC EOC	Nuclear Regulatory Commission, Emergency Operations Center
NSC	Nuclear Supply Chain
NWS	National Weather Service
OSC	Operational Support Center
OSM	Operations Shift Manager
PAR	Protective Action Recommendation
SCHD	South Carolina Highway Department
SDEP	State Director of Emergency Preparedness
SEOC	State Emergency Operations Center
SRG	Safety Review Group
SSG	Site Services Group
SS	Selective Signaling
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

Duke Power Company (1) ID No. RP/0/B/1000/016

PROCEDURE PROCESS RECORD

Revision No. 006

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title MERT Activation Procedure For Medical, Confined Space and High Angle Rescue Emergencies

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 03/01/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3/2/04

Cross-Disciplinary Review By _____ (QR)NA RAW Date 3/2/04

Reactivity Mgmt Review By _____ (QR)NA RAW Date 3/2/04

Mgmt Involvement Review By _____ (Ops Supt) NA RAW Date 3/2/04

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Rodney Brown Date 03/16/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

Duke Power Company Oconee Nuclear Site	Procedure No. RP/0/B/1000/016
MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies	Revision No. 006
Reference Use	Electronic Reference No. OX002WPD

MERT Activation Procedure for Medical, Confined Space, and High Angle Rescue Emergencies

1. Symptoms

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

1.1 Conditions exist where medical treatment, confined space, high angle rescue, and/or transport of injured personnel is required.

1.2 This procedure shall provide guidance to Shift personnel and Emergency Coordinator for response, actions, coordination and transportation associated with a medical emergency either from the Control Room or the Operational Support Center.

2. Immediate Actions

2.1 Refer to Enclosure 4.1, (Medical Emergency Actions - Routine Operations), for response and action guidelines for emergency medical incidents that occur during routine operations.

2.2 Refer to Enclosure 4.2, (Medical Emergency Actions - OSC/TSC Activated), for response and action guidelines for emergency medical incidents that occur when OSC/TSC are operational.

2.3 Refer to Enclosure 4.3, (Oconee Nuclear Site - General Area Layout), for directions to provide the ambulance service for entry to the site.

3. Subsequent Actions

3.1 Complete Enclosure 4.1, (Medical Emergency Actions, - Routine Operations) or Enclosure 4.2, (Medical Emergency Actions - OSC/TSC Activated), and submit to the Emergency Planning Section.

4. Enclosures

4.1 Medical Emergency Actions - Routine Operations

4.2 Medical Emergency Actions - OSC/TSC Activated

4.3 Oconee Nuclear Site - General Area Layout

4.4 Medical Emergency Response Team - Patient Treatment Form

4.5 Reference

1. Medical Emergency Actions Routine Operations

NOTE:
- Security Manager or designee in the Operational Support Center (OSC) will assume responsibility for running this procedure Enclosure 4.2, Medical Emergency Actions OSC/TSC Activated) after the TSC/OSC is established and turnover is accepted from Operations. The Security Manager or designee will also assume the responsibility of MERT Communicator after activation of the TSC/OSC.
- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure. Check marks are acceptable in these blanks.

_____ 1.1 Complete the procedure steps that apply to this medical emergency, N/A steps not performed.

_____ 1.2 Complete the following accident information:

Name of person reporting injury _____

Call back number _____

Name of person(s) injured:

_____ _____

_____ _____

Supervisor of injured person: _____

Location injury occurred _____

Brief description of injury _____

_____

Date _____ Time _____

NOTE: Do **NOT** activate MERT when a security event is in progress until Security confirms that it is safe for MERT members to respond.

_____ 1.3 **IF** There is a **Security Event** in progress,

THEN Continue with Step 1.3.1 or 1.3.2 as appropriate; if **NOT**, go to Step 1.4.

_____ 1.3.1 **IF** The patient is outside the Protected Area,

THEN Dial 9-911 from the Operations Shift Manager's phone or Unit 1 Control Room SRO's phone or dial 911 from the Bell South line: Units 1/2 and 3 Control Rooms. Request EMS to respond along with local law enforcement.

_____ 1.3.2 **IF** The patient is inside the Protected Area,

THEN Wait until Security gives assurance that it is safe for MERT to respond before proceeding to Step 1.4.

_____ 1.4 Activate MERT to respond to the medical emergency.

_____ 1.4.1 Use Plant Page to request all MERT members to respond to the incident.

_____ 1.4.2 Use the radio paging system to request MERT members to respond to the incident.

A. Use the following directions to activate radios and pagers encoded to the MERT alert tones:

- Transmit "Standby for Emergency Message"
- Press the "Instant Call" button labeled "MERT"
- Wait for the red "Transmit" light on the radio to turn off
- Transmit message

_____ 1.4.3 Repeat Steps 1.4.1 and 1.4.2.

NOTE: Do **NOT** call Security if there is a security event in progress.

_____ 1.4.4 Call Security at one of the following extensions and request they have Security MERT members respond to the emergency.

SAS (Secondary Alarm Station) - 2205 or 2767

CAS (Central Alarm Station) - 2222 or 2958

_____ 1.4.5 **IF** The incident location is away from the main plant (WOE, Complex, Keowee Hydro, etc.) and incident occurs during normal working hours,

THEN Notify Shuttle Bus at 5353 to come to the main plant entrance to transport MERT members to those locations.

NOTE: The primary location for Triage, should it be needed, is the Maintenance Support Building Cafeteria. An alternate location may need to be selected depending on the area of the plant involved in the incident.

_____ 1.5 **IF** A mass casualty event has occurred or is suspected, and a centralized treatment area is needed, and plant conditions allow,

THEN Make a PA Announcement emphasizing the following:

- Location of the Triage area
- Warn that only trained medical personnel should move injured people unless there are life threatening conditions in the area.

NOTE:
- Occupational Health Unit may call direct and request an ambulance without going through the emergency line (4911). Immediate notification will then be made to the Operations Shift Manager or his designee.
- Patients with less serious injuries or illnesses may be transported to offsite medical facilities by personal or company vehicle if site Medical or MERT Command gives approval.

_____ 1.6 **IF** Hospital evaluation is needed as determined by MERT Command or as indicated by Step 1.6.1,

THEN Arrange transport of patient to the hospital by one of the following means:

_____ • EMS (ambulance)

Dial 9-911 from the Operations Shift Manager's phone or Unit 1 Control Room SRO's phone or dial 911 from the Bell South line - Units 1/2 and 3 Control Rooms. Refer to Step 1.6.2, prior to requesting EMS.

_____ • Company vehicle (less serious injury)

_____ • Personal vehicle (less serious injury)

_____ 1.6.1 **IF** Any of the following illnesses or injuries are reported on emergency line (4911),

THEN Immediately request EMS (ambulance) to respond to the site:

- unconsciousness
- cardiac arrest
- fall greater than 10-12 feet (qualified as multi-trauma)
- obvious fractures (with deformity or open wounds)
- amputations
- allergic reaction WITH airway compromise (swollen lips, tongue)
- poisonous snake bite
- head injury with altered level of consciousness (confusion, disorientation)
- altered mental status (confusion, disorientation)
- seizure (grand mal)

- respiratory distress
- entrapped person
- crushing injuries

NOTE:	EMS personnel will not prepare for a radiologically contaminated patient while enroute to the site unless the EMS dispatcher is requested to relay this information to them at the time of dispatch.

_____ 1.6.2 **IF** The patient is known or suspected to be radiologically contaminated,

THEN Have the EMS dispatcher inform the EMS personnel to expect a contaminated person.

_____ 1.6.3 Notify Security at 2222 that the ambulance is enroute.

_____ 1.6.4 Notify MERT Command that the ambulance is enroute.

_____ 1.6.5 Notify World of Energy/Public Affairs Duty Person (Ext. 4602 during operating hours).

_____ 1.7 Notify the Occupational Health Unit at ONS during normal working hours (4652).

NOTE:	**IF**	Transportation of a radiologically contaminated person to an offsite medical facility is required.
	THEN	The NRC must be notified within eight (8) hours (ref. 10CFR50.72 (b) (3) (xii).

_____ 1.8 **IF** Radiological contamination is involved and the person is being sent to a hospital.

THEN: Complete the following

_____ 1.8.1 Request MERT Command to FAX the Patient Treatment Form to the appropriate hospital as soon as possible.

_____ 1.8.2 Determine if a Radiation Protection Technician accompanied the contaminated patient to the hospital.

IF A RP Technician did not go with the ambulance to the hospital

THEN Arrange for the first available one to go and assist the hospital with radiation monitoring and contamination control as needed.

_____ 1.8.3 Notify Operations Shift Manager to refer to NSD 202 for reportability requirements.

_____ 1.9 Remind MERT Command that a Patient Treatment Form or Refusal of Treatment/Transport Against Medical Advice Form needs to be completed for all patients and that the completed form is to be sent to the Medical Unit for inclusion in the patients medical file. {2}

NOTE: The Safety Duty Person should refer to the Environmental Health & Safety Manual for additional information.

_____ 1.10 After normal working hours the Operations Shift Manager or designee shall report the following incidents to ONS Safety Duty Person who will determine if additional people need to be notified

- Fatality (including heart attacks at work)
- Injuries requiring offsite medical treatment
- Admission of 3 or more employees to the hospital for in-patient care
- Serious accidents (near miss) whereby personnel could have sustained a disabling injury although not resulting in an injury
- Electric contact, shock or flash burns
- Injuries or burns resulting from a fire
- Vehicle accidents
- Accident involving serious property damage
- Accident involving potential DPC liability

_____ 1.11 OSM shall verify the following notifications in the event of a fatality (including all fatal heart attacks at work) or admission of 3 or more employees to the hospital for in-patient care.

_____ 1.11.1 Notify Safety Duty person who will notify OSHA (8 hours oral reporting requirement).

_____ 1.11.2 Refer to NSD 202 for other reportability requirements.

_____ 1.11.3 Notify Site VP or his designee.

_____ 1.12 Notify the STA to make appropriate notifications of the transport of an employee to an off site medical facility.

_____ 1.13 IF A death, near death, or major traumatic injury incident occurs, {1}

THEN Notify Employee Assistance Program at extension 3315 or 704-382-7900.

1.13.1 Inform the EAP person of the event and the possible need to conduct a critical incident debriefing.

_____ 1.14 The Operations Shift Manager or designee shall ensure notification of next of kin, if applicable.

- Fatality - Appropriate Division Manager performs notifications.
- Injury requiring hospitalization - Employee's Supervisor or Manger perform

_____ 1.15 Submit completed Enclosure 4.1, (Medical Emergency Actions-Routine Operations) to the Emergency Planning Section.

1. Medical Emergency Actions – OSC/TSC Activated

NOTE:

- Security Manager or designee in the Operational Support Center (OSC) will assume responsibility for running this procedure (Enclosure 4.2) after the TSC/OSC is established and turnover is accepted from Operations. The Security Manager or designee will also assume the responsibility of MERT Communicator after activation of the TSC/OSC.
- Community Alert Network will recall 3 MERT members to the site. One of these MERT members may assist the Security Manager in running this procedure.
- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure. Check marks are acceptable in these blanks.

_____ 1.1 Contact the Control Room and determine if MERT was activated prior to OSC/TSC activation and if turnover for MERT Communicator is needed from the Control Room to the OSC.

_____ 1.2 Complete the procedure steps that apply to this medical emergency, N/A steps not performed.

_____ 1.3 Complete the following accident information:

Name of person reporting injury _____

Call back number _____

Name of person(s) injured:

_____ _____

_____ _____

Supervisor of injured person: _____

Location injury occurred _____

Brief description of injury _____

_____

Date: _____ Time: _____

NOTE: Do **NOT** activate MERT when a security event is in progress until Security confirms that it is safe for MERT members to respond.

_____ 1.4 **IF** There is a **Security Event** in progress,

THEN Continue with Step 1.4.1 or 1.4.2 as appropriate; if **NOT**, go to Step 1.5.

_____ 1.4.1 **IF** The patient is outside the Protected Area and radiological conditions will allow,

THEN Dial 9-911 from the Security Managers phone (ext. 3176 – OSC and ext. 3421- Alt. OSC) and request a response from EMS and law enforcement.

_____ 1.4.2 **IF** The patient is inside the Protected Area,

THEN Wait until it is safe for MERT to respond before activating MERT.

NOTE: Do **NOT** use the plant paging system for activating MERT when the OSC/TSC are activated.

_____ 1.5 **IF** The patient is located inside the Protected Area,

THEN Request MERT to respond in the following order.

1. Designated MERT (CAN call backs, Safety, etc.) members in the OSC, if present.
2. Call Security SAS or CAS for Security MERT to respond.
3. MERT (ERO personnel, RP, Chem., etc.) members in OSC.

_____ 1.6 **IF** The patient is located outside the Protected Area,

THEN Select one of the following options for providing medical response:

- Request Medical Unit to have nurse respond if available. (extension 4652)
- Send MERT if manpower is available.
- Request a response from EMS and law enforcement if radiological conditions allow.

NOTE: The primary location for Triage, should it be needed, is the Maintenance Support Building Cafeteria. An alternate location may need to be selected depending on the area of the plant involved in the incident.

_____ 1.7 **IF** A mass casualty event has occurred or is suspected, and a centralized treatment area is needed, and plant conditions allow,

THEN Make a PA Announcement emphasizing the following:

- Location of the Triage area
- Warn that only trained medical personnel should move injured people unless there are life threatening conditions in the area

NOTE:
- Occupational Health Unit may call direct and request an ambulance without going through the emergency line (4911). Immediate notification will then be made to the Emergency Coordinator.
- Patients with less serious injuries or illnesses may be transported to offsite medical facilities by personal or company vehicle if site Medical or MERT Command gives approval.

_____ 1.8 **IF** Hospital evaluation is needed as determine by MERT Command or as indicated by step 1.8.1.

THEN Arrange transport of patient to the hospital by one of the following means:

_____ • EMS (ambulance)

Dial 9-911 from the Security Manager's phone (ext. 3176 – OSC and ext. 3421 Alternate OSC) and request EMS (Ambulance) to respond. Refer to Step 1.8.2 , prior to requesting EMS.

_____ • Company vehicle (less serious injury)

_____ • Personal vehicle (less serious injury)

_____ 1.8.1 **IF** Any of the following illnesses or injuries are reported on emergency line (4911),

THEN Immediately request EMS (ambulance) to respond to the site:

- unconsciousness
- cardiac arrest
- fall greater than 10-12 feet (qualified as multi-trauma)
- obvious fractures (with deformity or open wounds)
- amputations
- allergic reaction WITH airway compromise (swollen lips, tongue)
- poisonous snake bite
- head injury with altered level of consciousness (confusion, disorientation)
- altered mental status (confusion, disorientation)
- seizure (grand mal)
- respiratory distress
- entrapped person
- crushing injuries

NOTE: EMS personnel will not prepare for a radiologically contaminated patient while enroute to the site unless the EMS dispatcher is requested to relay this information to them at the time of dispatch.

_____ 1.8.2 **IF** The patient is known or suspected to be radiologically contaminated,

THEN Have the EMS dispatcher inform EMS personnel to expect a contaminated patient.

_____ 1.8.3 Notify Security at 2222 that the ambulance is enroute.

_____ 1.8.4 Notify MERT Command that the ambulance is enroute.

_____ 1.8.5 Notify World of Energy /Public Affairs Duty Person.

_____ 1.9 Notify the Occupational Health Unit at ONS during normal working hours (4652).

NOTE:	IF	Transportation of a radiologically contaminated person to an offsite medical facility is required,
	THEN	The NRC must be notified within eight (8) hours (ref. 10CFR50.72 (b) (3) (xii).

_____ 1.10 IF Radiological contamination is involved and the person is being sent to a hospital,

THEN Complete the following:

_____ 1.10.1 Request MERT Command to FAX the Patient Treatment Form to the appropriate hospital as soon as possible.

_____ 1.10.2 Determine if a Radiation Protection Technician accompanied the contaminated patient to the hospital. If a RP Technician did not go with the ambulance to the hospital, arrange for the first available one to go and assist the hospital with radiation monitoring and contamination control as needed.

_____ 1.10.3 Notify Emergency Coordinator to refer to NSD 202 for reportability.

_____ 1.11 Remind MERT Command that a Patient Treatment Form, or Refusal of Treatment/Transport Against Medical Advice Form needs to be completed for all patients and that the completed form is to be sent to the Medical Unit for inclusion in the patients medical file. {2}

_____ 1.12 Notify Offsite Communicator (extension 3706) of MERT activation and/or injured personnel transported offsite.

NOTE: The Safety Duty Person should refer to the Environmental Health and Safety Manual for additional information.

_____ 1.13 Report the following incidents to ONS Safety Duty Person who will determine if additional people need to be notified:

- Fatality (including heart attacks at work)
- Injuries requiring offsite medical treatment
- Admission of 3 or more employees to the hospital for in-patient care
- Serious accidents (near miss) whereby personnel could have sustained a disabling injury although not resulting in an injury
- Electric contact, shock or flash burns
- Injuries or burns resulting from a fire
- Vehicle accidents
- Accident involving serious property damage
- Accident involving potential DPC liability

_____ 1.14 OSM shall verify the following notifications in the event of a fatality (including all fatal heart attacks at work) or 3 or more admissions of employees to the hospital for in-patient care.

_____ 1.14.1 Notify Safety Duty person who will notify OSHA (8 hour reporting requirement).

_____ 1.14.2 Refer to NSD 202 for other reporting requirements.

_____ 1.14.3 Notify Site VP or his designee

_____ 1.15 Notify the Emergency Coordinator of the transport of an employee to an offsite medical facility.

_____ 1.16 **IF** A death, near death, or major traumatic injury incident occurs, {1}

THEN Notify Employee Assistance Program at extension 3315 or 704-832-7900.

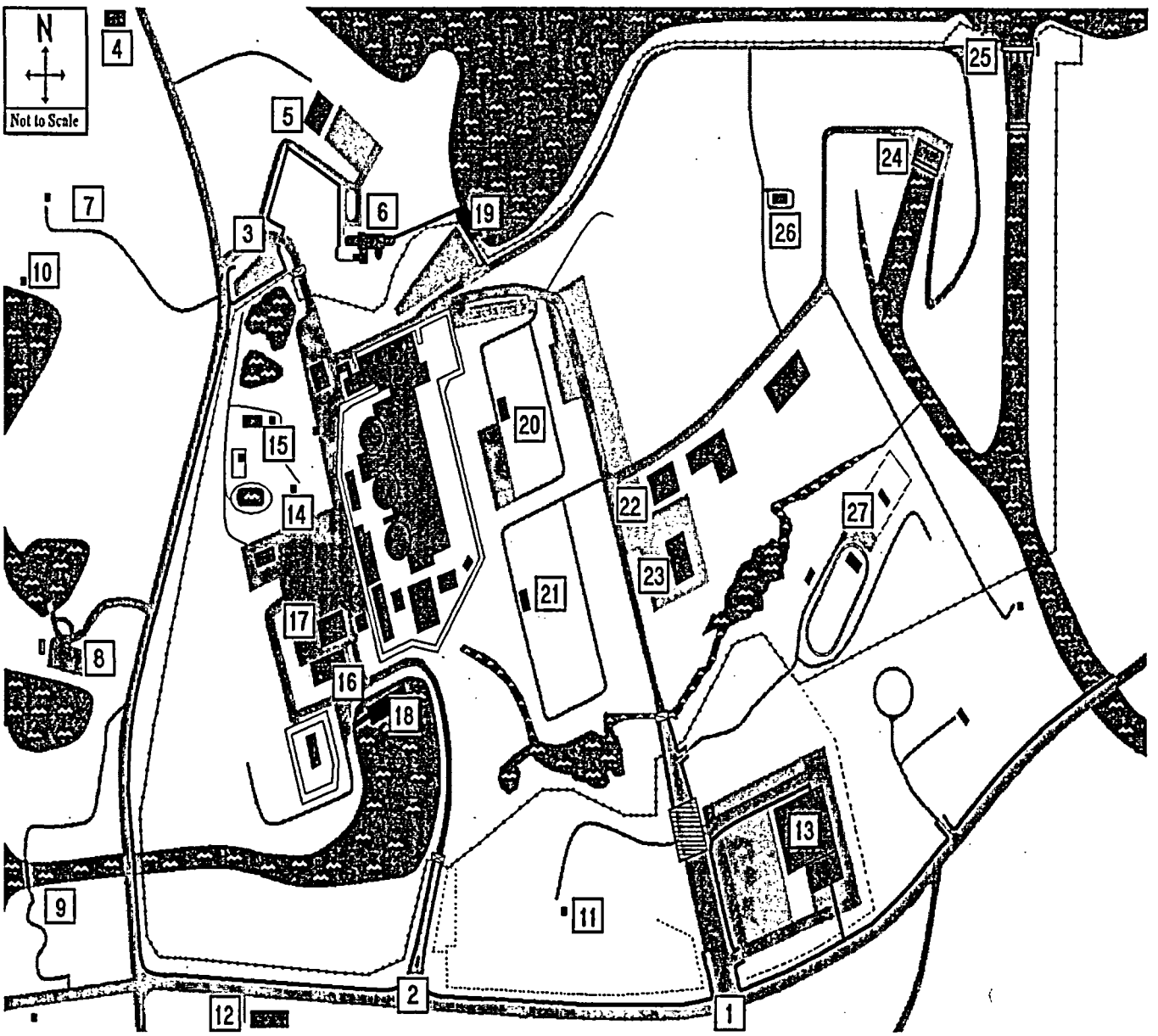
_____ 1.16.1 Inform the EAP person of the event and the possible need to conduct a critical incident debriefing.

_____ 1.17 Ensure notification of next of kin, if applicable, for either of the following conditions.

- Fatality - Appropriate Division Manager performs notifications.
- Injury requiring hospitalization - Employee's Supervisor or Manager performs notification.

_____ 1.18 Submit the completed Enclosure 4.2, (Medical Emergency Actions-OSC/TSC Activated) to the Emergency Planning Section.

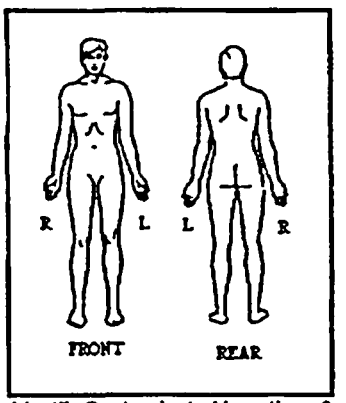
1. General Area Layout



Map	Location		Map	Location
1	Main Site Entrance - Highway 183		14	Elevated Water Storage Tank
2	Intake Entrance - Highway 183		15	Microwave Tower and Adjacent Buildings
3	Highway 130 Entrance - Highway 130		16	Workforce Staffing Building - 8023
4	Crescent Resources Building		17	"Appendix R" Eluipment Warehouse - 8019
5	Operations Training Facility - 8002		18	Oconee Station Intake Structure
6	World of Energy - 8003		19	Oconee Station Discharge Structure
7	Meteorological Tower/Softball Field		20	230 Kv Switchyard (upper)
8	Employee Recreation Site		21	525 Kv Switchyard (lower)
9	Oconee Intake Canal Skimmer Wall		22	Maintenance Training Facility - 8051
10	Mosquito Control Facility & Boathouse		23	Oconee Garage - 8049
11	"L-1" yard and Adjacent Buildings		24	Keowee Hydro Station
12	Site Inprocessing Building - 8029		25	Keowee Intake Structure and Spillway
13	Oconee Complex - 8032		26	Grass Cutters Maintenance Shed - 8060
			27	Security Range & Track and Adjacent Buildings

1. Medical Emergency Response Team – Patient Treatment Form

Duke Power Company Oconee Nuclear Site	Medical Unit-885-4652 OPS Shift Manager-885-3271



Identify Contaminated Locations & Levels (if applicable)

Date: _____ Time of Incident: _____
Patient Name: _____ Age: _____ Sex: M F
Work Group: _____ Work Supervisor: _____

Incident Location: _____
Chief complaint: _____
Injury/Illness Description: _____
_____

Medications: _____ Allergies: _____
PMH: _____

Vital signs: BP:____/____ Pulse: _____ Respirations: ____(___Normal ___Shallow ___Labored) Time: _____
BP:____/____ Pulse: _____ Respirations: ____(___Normal ___Shallow ___Labored) Time: _____
BP:____/____ Pulse: _____ Respirations: ____(___Normal ___Shallow ___Labored) Time: _____

Level of Consciousness: Alert ___ Pain ___ Verbal ___ Unresponsive ___

Treatment: _____
_____
_____
_____
_____
_____
_____

Is patient contaminated? ___yes ___no If yes, and transporting to hospital, is RP Technician enroute? ___yes ___no
Patient Disposition: ____Medical ____Return to Work ____Home ____ Personal Physician ____ Hospital
Patient Instructions: _____
MERT Command: _____ Primary Responder: _____
Additional Responders: _____
_____
_____

****Fax completed form to Oconee Hospital (885-7384), ASAP, when transporting to hospital****

1. PIP O-02-00585
2. PIP O-03-07116

Duke Power Company (1) ID No. RP/0/B/1000/019

PROCEDURE PROCESS RECORD Revision No. 015

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Technical Support Center Emergency Coordinator Procedure

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 02/27/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By _____ (QR) Date _____

Cross-Disciplinary Review By _____ (QR)NA Date _____

Reactivity Mgmt Review By _____ (QR)NA Date _____

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

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Rodney Brown Date 03/16/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Station	Procedure No. RP/0/B/1000/019
Technical Support Center Emergency Coordinator Procedure	Revision No. 015
Reference Use	Electronic Reference No. OX002WPG

Technical Support Center Emergency Coordinator Procedure

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

1. Symptoms

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

2. Immediate Actions

NOTE:
- Enclosure 4.2 contains listing of abbreviations/acronyms.
- Actions in Sections 2.0 and 3.0 **are NOT** required to be followed in any particular sequence.
- Place keeping aids: ☐ at left of steps may be used for procedure place keeping (☑). Major events are required to be documented in the TSC Emergency Coordinator Log.

☐ 2.1 Establish the Technical Support Center as operational by doing the following:

☐ 2.1.1 Use the attached Enclosure 4.3, (TSC Personnel Log Sheets) for sign-in by all personnel reporting to the TSC. Assign responsibility to the TSC Log Keeper.

☐ 2.1.2 Ensure **Names** are also listed on the TSC Personnel Status Board in the TSC

NOTE: The TSC **must** assume turnover from the Control Room within **75 minutes** of the initiating Emergency Classification time.

☐ 2.1.3 Determine the following minimum staff requirements for TSC activation.

	NAME
Emergency Coordinator	_____
Dose Assessment Liaison	_____
Nuclear Engineering	_____
Offsite Communicator	_____
Tech Assistant to EC	_____

☐ 2.1.4 Verify that the phone system is operational or make other provisions for communications.

☐ 2.1.5 Verify that the OSC is Operational.

☐ 2.1.6 Verify that a log of TSC actions and activities has been started.

☐ 2.1.7 **IF** Activation of the Alternate TSC is required prior to completion of turnover with the OSM.

THEN **REFER TO** Step 1.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).

☐ 2.2 Receive turnover from the Operations Shift Manager using Enclosure 4.1, (Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet)

TSC and OSC Activated Time _____

☐ 2.3 Determine the status of Site Accountability from the TSC Offsite Communicator.

☐ 2.3.1 Request the TSC/OSC Liaison to have a **Search & Rescue Team** dispatched from the OSC if personnel within the Protected Area have not been accounted for by their group.

☐ 2.4 Verify that the electronic status board is set up and that someone is available to maintain it.

☐ 2.5 Discuss any off-site radiological concerns with the TSC Dose Assessment Liaison.

☐ 2.6 Activate the TSC/OSC Public Address (PA) System {7}

☐ 2.6.1 Flip the power switch UP on the PA system amplifier located inside the communications cabinet.

☐ 2.6.2 Depress the microphone switch and hold in position while making PA announcements.

☐ 2.6.3 Announce the following information over the TSC/OSC PA System:

☐ A. The current Emergency Classification level and plant status.

☐ B. TSC/OSC activation time {7}

☐ C. "Anyone who has consumed alcohol within the past five (5) hours notify either the Emergency Coordinator in the TSC or the OSC Manager in the OSC."

☐ D. "Personnel should assume that areas are contaminated until surveyed by RP."

☐ E. "No eating or drinking, until the TSC and OSC are cleared by RP."

☐ 2.7 Turn office page over ride switch **ON**, and dial **70** on the Emergency Coordinator's phone.

2.7.1 Announce the following information over the Plant Public Address System:

Drill Message:

Attention all site personnel. This is _____. I am the Emergency Coordinator.
(name)

This is a drill. This is a drill.

You have been assembled as a part of an emergency exercise. The simulated emergency conditions are _____

_____

_____

If this were a real 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. At this time, however, we will continue with the emergency exercise and you may now return to your normal work assignments. I repeat.... you may now return to your normal work assignments.

Thank you for your participation.

Emergency Message:

Attention all site personnel. This is _____. I am the Emergency Coordinator.
(name)

This is an emergency message.

At the present time we have a(n) _____ emergency classification. The plant status is as follows _____

_____

_____

Please remain at your site assembly location until you receive further instructions. Information will be provided to you as conditions change.

☐ 2.8 Contact the State Director Emergency Management at the SEOC.

	NAME	TELEPHONE NUMBERS
SDEM	_____	1(803) 737-8500

2.8.1 Inform the TSC Offsite Communicator whenever the SEOC is activated.

2.8.2 **IF** The SEOC has not been activated,

THEN Contact the County Directors of Emergency Management (CDEM) to discuss plant status.

Oconee CDEM	_____	1(864) 638-4200
Pickens CDEM	_____	1(864) 898-5943

☐ 2.9 Perform the following concurrently.

- Use Step 2.10 for emergency classification.
- Use Step 2.11 for turnover to the EOF Director.
- Use steps in 3.0 for tasks that must continue regardless of emergency classification.

(Step 2.10 on next page)

☐ 2.10 Review emergency classification and verify that it meets the criteria of RP/0/B/1000/001 (Emergency Classification).

- Discuss changing plant conditions with the Superintendent of Operations.
- Discuss emergency classification prior to making recommendations.

☐ 2.10.1 **IF** An **Unusual Event Classification** exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification.

NOTE:
- Remind the TSC NRC Communicator to complete the NRC Event Notification Worksheet and Plant Status Sheet prior to contacting the NRC.
- NRC should be notified immediately after notification of Offsite Agencies **but NOT** later than **one (1) hour** after declaration of the emergency.

☐ B. Notify NRC of event classification

NOTE:
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National weather service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County.
- Enclosure 4.7 provides a description of Condition A and B. {9}

☐ C. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

☐ D. Discuss classification with SDEM and CDEM

	NAME	TELEPHONE NUMBERS
SDEM	_____	1(803) 737-8500
Oconee CDEM	_____	1(864) 638-4200
Pickens CDEM	_____	1(864) 898-5943

(Unusual Event Classification guidance continued on next page)

☐ E. IF An Unusual Event classification is being terminated

THEN **REFER TO** Enclosure 4.5, (Emergency Classification Termination Criteria) of this procedure for termination guidance.

NOTE: The Emergency Planning Section shall develop a written report, for signature by Site Vice President, to the State Emergency Management Agency, Oconee County EMA, and Pickens County EMA within 24 working hours of the event termination.

☐ 1. Notify Emergency Planning that the Unusual Event has been terminated.

☐ 2. Emergency Planning shall hold a critique following termination of the Unusual Event.

(Step 2.10.2, Alert Classification on next page)

☐ 2.10.2 **IF** An Alert Classification exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification

☐ B. Follow Up Notifications (updates) are required a minimum of every 60 minutes

- Significant changes in plant status should be communicated to offsite agencies as they occur

☐ C. Notify NRC of change in classification

☐ D. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ E. Discuss change in classification with the State Director of Emergency Management (SDEM) and County Directors of Emergency Management (CDEM)

	NAME	TELEPHONE NUMBERS
SDEM	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,
   THEN Contact the CDEM to discuss plant status.

Oconee CDEM	_____	1(864) 638-4200
Pickens CDEM	_____	1(864) 898-5943

NOTE:
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}
- Enclosure 4.7 provides a description of Condition A and B. {9}

☐ F. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.3, Site Area Emergency Classification on next page)

☐ 2.10.3 **IF** A Site Area Emergency Classification exists,

THEN Initiate the following actions:

☐ A. Notify counties/state within 15 minutes of event classification

☐ B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15 (B) and (D):

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.

2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ C. Follow Up Notifications (updates) are required a minimum of every 60 minutes

1. Significant changes in plant status should be communicated to offsite agencies as they occur

☐ D. Notify NRC of change in classification

☐ E. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ F. Discuss change in classification with SDEM and CDEM

	NAME	TELEPHONE NUMBERS
SDEM	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,

THEN Contact the CDEM to discuss plant status.

Oconee CDEM	_____	1(864) 638-4200
Pickens CDEM	_____	1(864) 898-5943

☐ G. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN **REFER TO** Step 3.1.

NOTE:
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}
- Enclosure 4.7 provides a description of Condition A and B {9}

☐ H. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.10.4, General Emergency Classification, on next page)

2.10.4 **IF** A **General Emergency Classification** exists,

THEN Initiate the following actions:

☐ A. Evacuate 2 mile radius and 5 miles downwind **unless** conditions make evacuation dangerous. Shelter all sectors not evacuated. Request the TSC Dose Assessment Liaison to determine the actual sectors affected.

☐ B. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15B and D:

1. Move residents living downstream of the Keowee Hydro Project dams to higher ground.

2. Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ C. Notify counties/state within 15 minutes of event classification

☐ D. Follow Up Notifications (updates) are required a minimum of every 60 minutes

1. Significant changes in plant status should be communicated to offsite agencies as they occur

☐ E. Notify NRC of change in classification

☐ F. Start ERDS (TSC NRC Communicator - RP/0/B/1000/003A, ERDS Operation)

☐ G. Discuss change in classification and Protective Action Recommendations with SDEM and/or CDEM. Provide any known information concerning conditions that would make evacuation dangerous.

	NAME	TELEPHONE NUMBERS
SDEM	_____	1(803) 737-8500

1. **IF** The SEOC has not been activated,

THEN Contact the CDEM to discuss plant status.

Oconee CDEM	_____	1(864) 638-4200
Pickens CDEM	_____	1(864) 898-5943

☐ H. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN **REFER TO** Step 3.1.

NOTE:
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the TSC Offsite Communicator to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}
- Enclosure 4.7 provides a description of Condition A and B. {9}

☐ I. **IF** Condition B at Keowee exists,

THEN Notify Hydro Central (refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {4}

(Step 2.11 on next page)

☐ 2.11 When notified by the EOF Director that the Emergency Operations Facility (EOF) is operational, notify the following TSC personnel to exchange information with their counterpart in the EOF.

TSC Dose Assessment Liaison
TSC Offsite Communicator
Control Room/EOF Liaison (Operations Network)

NOTE: EOF Director will notify the Emergency Coordinator when the information has been received and establish a time for turnover. Turnover should be initiated **as soon as possible.** A goal of 30 minutes should be used to complete turnover after the EOF is declared *Operational.* {1}

☐ 2.11.1 Obtain the current copy of the Emergency Notification Form and plant status. The EOF Director shall provide to the Emergency Coordinator the information he has been provided with in the following areas:

- Present Emergency Classification _____ Time ____

  Initial Emergency Classification _____ Time ____
- Initiating Condition/Unit affected
- Present status of affected unit(s), including significant equipment out of service

  Improving ____ Stable ___ Degrading ___
- Status of unaffected unit(s):

  Unit 1 shutdown at _____ or at ____% power

  Unit 2 shutdown at _____ or at ____% power

  Unit 3 shutdown at _____ or at ____% power
- Emergency Releases: NO _____ YES _____ {7}

  Airborne ____ Liquid ____ Is occurring ____ Has occurred ____ Time _____
  Normal Operating Limits: Below ____ Above ____
  Protective Action Recommendations
- Site Evacuation NO ____ YES ____ If yes, location _____

  Time of evacuation _____
- Last Message Number ____ Next Message due at ___

☐ 2.11.2 Emergency Coordinator turnover to EOF Director complete.

EOF Activated _____ Time ____

☐ 2.11.3 Request NRC Communicator to notify the NRC EOC that the EOF is activated.

☐ 2.11.4 Make announcement to TSC/OSC that EOF is activated. {6}

3. Subsequent Actions

3.1 **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,

THEN Perform the following actions:

☐ 3.1.1 Notify Hydro Central and provide information related to the event. Refer to Section 6 of the Emergency Telephone Directory. {4}

☐ 3.1.2 Relocate Keowee personnel to the Operational Support Center if events occur where their safety could be affected.

☐ 3.1.3 Notify Hydro Central if Keowee personnel are relocated to the OSC. {4}

NOTE: A loss of offsite communications capabilities (Selective Signaling and the WAN) could occur within 1.5 hours after Keowee Hydro Dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be started **AS SOON AS POSSIBLE.**

☐ 3.1.4 **IF** The EOF **is NOT** activated,

THEN Notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer to Selective Signaling Section of the Emergency Telephone Directory (page 9).

☐ 3.1.5 Notify Security to alert personnel at the Security Track/Firing Range and Warehouse #5 to relocate to work areas inside the plant.

☐ 3.1.6 Relocate personnel at the following locations to the World of Energy/Operations Training Center:

NOTE: Plant access road to the Oconee Complex could be impassable within 1.5 hours if the Keowee Hydro Dam fails. A loss of the Little River Dam or Dikes A-D will take longer to affect this road.

____ Oconee Complex

____ Oconee Garage

____ Oconee Maintenance Training Facility

☐ 3.1.7 Ensure Operations has dispatched operators to the SSF and established communications.

☐ 3.2 Periodically evaluate with TSC personnel the need to conduct evacuation. Log the status of this action on the TSC Status Board.

NOTE:
- Twenty-four (24) hour staffing **must be** accomplished prior to personnel being evacuated from the site. RP/0/B/1000/010, (Procedure for Emergency Evacuation/Relocation of Site Personnel).
- Determine if personnel with special radiological exposure limits need to be evacuated (e.g.; declared pregnant women, personnel with radio-pharmaceutical limitations).

3.2.1 Consider the following for making Site Evacuation decisions:

- Alert - determined by actual plant conditions
- Site Area Emergency - consider evacuation/relocation of non-essential site personnel. World of Energy personnel should be evacuated at the same time as non-essential personnel.
- General Emergency - evacuate all non-essential personnel. Notify the EOF Director to evacuate the World of Energy.
- Notify the EOF anytime personnel are relocated on site or evacuated from the site.

WARNING: Use of the Outside Air Booster Fans during a Security Event may introduce incapacitating agents into the Control Room. {5}

☐ 3.3 Periodically evaluate the need to operate the outside air booster fans (Control Room Pressurization and Filter System - CRVS) with TSC personnel. Log status of this system on the TSC Status Board.

NOTE:
- Outside air booster fans are used to provide positive pressure in the Control Room/TSC/OSC to prevent smoke, toxic gas, or radioactivity from entering the area as required by NUREG 0737, Control Room Habitability.
- Chlorine Monitor Alarm will either stop the outside air booster fans **OR** will not allow them to start.

☐ 3.3.1 **IF** Smoke/toxic gas in the Turbine Building or Auxiliary Building is expected to reach the Control Room,

THEN Instruct the Control Room to turn **ON** the outside air booster fans.

Fans On ____ Time_____

☐ A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

3.3.2 **IF** RIA-39 is in **Alarm**

THEN Verify that the Control Room has turned on the outside air booster fans.

☐ A. Request OSC to verify operability of the Control Room Ventilation System per AP/1,3/A/1700/018, (Abnormal Release of Radioactivity).

☐ B. Request backup air sample from the OSC to verify RIA alarm

☐ C. **IF** Air sample determines that RIA-39 alarm is not valid,

THEN Secure outside air booster fans.

☐ D. **IF** Air sample determines that RIA-39 alarm is valid,

THEN Isolate the source of airborne contamination to the Control Room/TSC/OSC

☐ E. **IF** Dose levels in the Control Room/TSC/OSC are being increased by the addition of outside filtered air,

THEN Secure outside air booster fans.

Fans Off _____ Time _____

☐ 3.4 Periodically evaluate the need to activate the Alternate TSC and/or OSC.

3.4.1 **IF** Activation of the Alternate TSC and/or OSC is required,

THEN **REFER TO** Step 2.0 of Enclosure 4.6, (Alternate TSC/OSC Activation).

3.4.2 Notify the EOF Director once relocation to the Alternate TSC is completed.

NOTE: The NRC will send a response team to the site at a Site Area or General Emergency Classification.

☐ 3.5 **IF** An NRC team is enroute,

THEN Perform the following steps:

☐ 3.5.1 Notify Alternate Emergency Coordinator to report to the TSC for an update on plant conditions.

A. Record Alternate Emergency Coordinator's name on Enclosure 4.4 (NRC Site Team Response Form).

B. Brief Alternate Emergency Coordinator on current plant conditions.

☐ 3.5.2 Provide Enclosure 4.4 (NRC Site Team Response Form), to the TSC NRC Communicator.

A. Instruct TSC NRC Communicator to complete Steps 1.2 – 1.5 of Enclosure 4.4 (NRC Site Team Response Form).

☐ 3.5.3 Notify OSC Manager and request RP Manager and Security to implement actions required to process NRC Site Team.

☐ 3.6 Provide periodic updates to the EOFD concerning plant status. Request the EOFD to provide dose assessment and field monitoring data to the TSC on a periodic basis.

3.6.1 IF Failed Fuel Condition Three (3) has been determined,

THEN Immediately notify the EOFD.

A. Failed Fuel Condition Three (3) requires additional Protective Action Recommendations.

☐ 3.7 Authorize exposure greater than normal operating limits for planned equipment repair missions and/or emergency lifesaving missions.

3.7.1 Approval may be either verbal or written.

3.7.2 This authority may be delegated to the RP Manager in the OSC.

☐ 3.8 Update TSC and OSC personnel approximately every 30 minutes on the Emergency Classification and plant status via the TSC/OSC public address system. (Timer is available in the Emergency Procedures Cart)

☐ 3.9 Establish twenty-four (24) hour staffing and have the Managers prepare as needed.

3.9.1 TSC Personnel Log Sheets (Enclosure 4.3) are to be used for this purpose.

NOTE: Long term use of the SFP as a makeup source will deplete the SFP inventory. Engineering has evaluated and approved the following method for refilling of the SFP with filtered lake water.

☐ 3.10 IF Offsite fire apparatus is needed to provide water to the Spent Fuel Pool,

THEN Request the EOFD to contact the Oconee CDEM to provide sufficient fire apparatus (at least 3 pumper trucks of 1000 gpm, or greater capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh, or Keowee Rural Volunteer Fire Departments should be requested to provide support).

☐ 3.10.1 Provide the OSC Manager with the following information and request support from the OSC:

- Fire apparatus is being dispatched from Oconee County to provide water to the Spent Fuel Pool
- Request Security Liaison to have Security Officers meet the fire apparatus at the determined site entrance
- Request Maintenance Manager to initiate MP/0/A/3009/012A (Emergency Plan For Refilling Spent Fuel Pool).

NOTE:
- 10CFR50.54(x) allows for reasonable actions that depart from a License Condition or Technical Specification to be performed in an emergency when this action is immediately needed to protect the health and safety of the public and no action consistent with the License Condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent.
- 10CFR50.54(y) requires approval of any 10CFR50.54(x) actions by a Licensed Senior Operator.
- Implementation of Oconee Severe Accident Guidelines (OSAG) requires the use of 10CFR50.54 (x) and (y) provisions.

☐ 3.11 **IF** Plant conditions require a decision to implement 10CFR50.54(x),

THEN Perform the following steps:

☐ 3.11.1 Obtain approval of a Licensed Senior Reactor Operator prior to taking any action.

☐ 3.11.2 Document decision and actions taken in the affected units log.

☐ 3.11.3 Document decision and actions taken in the Control Room Emergency Coordinator Log.

NOTE: NRC must be notified of any 10CFR50.54(x) decisions and actions within one (1) hour.

☐ 3.11.4 Request Control Room/TSC NRC Communicator to report decision and actions taken to the NRC.

NOTE: 10CFR50.72 requires NRC notification for specific plant conditions.

☐ 3.12 **IF** Plant conditions require NRC notification under 10CFR50.72,

THEN Request the Control Room/TSC NRC Communicator to provide this notification using the guidance in OMP 1-14, (Notifications).

☐ 3.13 **IF** A LOCA exists inside containment,

THEN Request the Operations Superintendent to have Operations personnel refer to OP/0/A/1104/019 (Control Room Ventilation System) to verify proper operation of the Control Room Ventilation System. {3}

☐ 3.14 Announce SAMG transition to TSC/OSC/EOF personnel so proper signage can be displayed with current plant conditions. {6}

☐ 3.15 Establish a Recovery Organization (Section M of the ONS Emergency Plan, Volume A, located in the Operations Shift Manager's office) once the emergency has been terminated.

3.15.1 Request the OSC Manager to review Section M of the Emergency Plan (Volume 17A is located in Unit 3 Control Room) to begin preparation for recovery.

3.16 Emergency Planning Section shall be responsible for completing all Procedure Process Records of Emergency Plan Implementing procedures initiated by the TSC.

☐ 3.17 Ensure TSC is returned to ready condition for next drill or actual event.

☐ 3.17.1 Ensure TSC PA override switch is put in off position. {8}

4. Enclosures

4.1 Operations Shift Manager to TSC Emergency Coordinator Turnover Sheet

4.2 Emergency Preparedness Acronyms

4.3 TSC Personnel Log

4.4 NRC Site Team Response Form

4.5 Emergency Classification Termination Criteria

4.6 Alternate TSC/OSC Activation

4.7 Keowee Hyrdo Project Dams/Dikes - Condition A/B Descriptions {9}

4.8 References

Enclosure 4.1

Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet

EMERGENCY CLASSIFICATION _____ TIME DECLARED _____

DESCRIPTION OF EVENT _____

_____

Unit One Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____
Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____
MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS _____

_____

Unit Two Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____

Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____

MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS _____

_____

Unit Three Status:

Reactor Power _____ RCS Pressure _____ RCS Temperature _____
Auxiliaries Being Supplied Power From _____ ES Channels Actuated _____
MAJOR EQUIPMENT OUT OF SERVICE _____

_____

JOBS IN PROGRESS _____

_____

Enclosure 4.1

Operations Shift Manager To TSC Emergency Coordinator Turnover Sheet

Classification Procedure in Use:

RP/0/B/1000/002 Control Room Emergency Coordinator Procedure

Is RP/0/B/1000/003A, ERDS Operation, in use? Yes _____ No _____ If Yes, Unit No. _____

Step No. _____

Is RP/0/B/1000/007, (Security), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/016, (Medical), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/017, (Spill Response), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/022, (Fire/Flood), in use? Yes _____ No _____ If Yes, Step No. _____

Is RP/0/B/1000/29, (Fire Brigade) in use? Yes _____ No _____ If Yes, Step No. _____

Is Step 5.4 of OMP 1-18 (Implementation Standard During Abnormal And Emergency Events) in use?* Yes _____ No _____

* If yes, implementation of emergency worker exposure limits must be announced over Public Address System. {3}

IF Condition A, Dam Failure, has been declared for Keowee Hydro Project,

THEN provide the following information to the TSC Emergency Coordinator:

- Status of Offsite Agency Notifications _____
- Recommendations made to offsite agencies _____
- Status of relocation of site personnel _____

What is the status of Site Assembly? (This question is only applicable for those times that the Emergency Response Organization is activated after hours, holidays, or weekends.)

_____

_____

Next message due to Offsite Agencies at Time: _____

Operations Shift Manager/CR _____ Time: _____

Emergency Coordinator/TSC _____ Time: _____

1. Emergency Preparedness Acronyms

CDEM	County Director of Emergency Management
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operation, Facility Director
ETS	Emergency Telephone System
LEC	Law Enforcement Center
NRC	Nuclear Regulatory Commission
EOC	Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendation
SCC	State/County Communicator
SDEM	State Director of Emergency Management
SEOC	State Emergency Operations Center
SWP	State Warning Point
TSC	Technical Support Center

DATE: _____

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	SOCIAL SECURITY / EMPLOYEE ID	TIME IN AT TSC	SHIFT SCHEDULE	NAME (Last, First, MI)	SOCIAL SECURITY / EMPLOYEE ID	SHIFT SCHEDULE
Emergency Coordinator**							
Offsite Communicator**							
Dose Assessment Liaison*							
Nuclear Engineering**							
Tech Assist to EC (Mech Engineer)**							
Asst. Emergency Coordinator							
Operations Superintendent							
TSC/OSC Liaison							

*45 Minute Responder
** 75 Minute Responder

PRIMARY					RELIEF		
POSITION	NAME (Last, First, MI)	SOCIAL SECURITY ——— EMPLOYEE ID	TIME IN AT TSC	SHIFT SCHEDULE	NAME (Last, First, MI)	SOCIAL SECURITY ——— EMPLOYEE ID	SHIFT SCHEDULE
TSC/OSC Liaison Support							
Engineering Manager							
NRC Communicator (ENS)							
Dose Assessors							
Engineering Mgr. Assistant							
Operations Superintendent Assistant							
Emergency Planning							
Community Relations (WOE)							
Local I/T							

1. NRC Site Team Response Form

1.1 Alternate Emergency Coordinator _____
(name)

1.2 NRC Site Team Personnel Information:

NAME	SOCIAL SECURITY NUMBER
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1.3 Estimated Time of Arrival (ETA): _____

1.4 Mode of Transportation: _____

Access Gate (Circle One): Hwy 130 - Main Station/WOE Entrance (Gate 1)

Hwy 183 - Intake Owner Controlled Area (OCA) Gate (Gate 3)

Hwy 183 - Complex/Branch OCA Gate (Gate 4)

1.5 Telecopy this form to the OSC and Security using Speed Dial Code 031 or One-Touch Dial Code 31.

1.6 GET and BBA Requirements Waived:

RP Manager _____ Date _____

Enclosure 4.5

Emergency Classification Termination Criteria

IF The following guidelines applicable to the present emergency condition have been met or addressed,

THEN An emergency condition may be considered resolved when:

- ☐ 1.1 Existing conditions no longer meet the existing emergency classification criteria and it appears unlikely that conditions will deteriorate further.
- ☐ 1.2 Radiation levels in affected in-plant areas are stable or decreasing to below acceptable levels.
- ☐ 1.3 Releases of radioactive material to the environment greater than Technical Specifications are under control or have ceased.
- ☐ 1.4 The potential for an uncontrolled release of radioactive material is at an acceptably low level.
- ☐ 1.5 Containment pressure is within Technical Specification requirements.
- ☐ 1.6 Long-term core cooling is available.
- ☐ 1.7 The shutdown margin for the core has been verified.
- ☐ 1.8 A fire, flood, earthquake, or similar emergency condition is controlled or has ceased.
- ☐ 1.9 Offsite power is available per Technical Specification requirements.
- ☐ 1.10 All emergency action level notifications have been completed.
- ☐ 1.11 The Area Hydro Manager has been notified of termination of Condition B for Keowee Hydro Project.
- ☐ 1.12 The Regulatory Compliance Section has evaluated plant status with respect to Technical Specifications and recommends Emergency Classification termination.
- ☐ 1.13 Emergency terminated. Request the TSC Offsite Communicator to complete an Emergency Notification Form for a Termination Message using guidance in RP/0/B/1000/015B, (Offsite Communications From The Technical Support Center), and provide information to offsite agencies.

Date/Time of Termination: _____/_____ Emergency Coordinator Initials: _____

- Return to Step 2.10.1.E.1

1. Activation of the Alternate TSC prior to completion of turnover with the OSM

☐ 1.1 Request OSC Manager/SPOC Supervisor to initiate steps to setup the Alternate TSC located in RP/0/B/1000/25 (OSC Manager Procedure).

☐ 1.2 Request TSC Logkeeper (or designee) to announce over the plant PA that the Alternate TSC is being activated.

☐ 1.3 Relocate TSC personnel, except for the following, to the Alternate TSC, Room 316 of the Oconee Office Building:

- ☐ 1.3.1 TSC Offsite Communicator (1)
- ☐ 1.3.2 TSC Logkeeper
- ☐ 1.3.3 Emergency Planning (if available)

☐ 1.4 Return to Step 2.2 of this procedure and complete turnover with the OSM.

- ☐ 1.4.1 Report to the Alternate TSC with remaining support personnel after completion of turnover.

2. Activation of the Alternate TSC/OSC

☐ 2.1 Direct the TSC/OSC Liaison to inform the OSC Manager of the need to relocate the following emergency response facilities:

_____ TSC

_____ OSC

_____ TSC and OSC

☐ 2.2 Provide guidance on best available route to personnel being relocated to the Alternate TSC.

2.2.1 **IF** A radiological release is in progress,

THEN Direct the TSC/OSC Liaison to request RP to determine the best available route to the Alternate TSC.

☐ 2.3 Direct the following TSC personnel to report to the Alternate TSC to assist with setup of the facility and establish communications with the TSC:

_____ (1) TSC Offsite Communicator

_____ (1) Dose Assessor

_____ Ops Superintendent Assistant

_____ TSC/OSC Liaison Technical Assistant

☐ 2.4 Direct the TSC NRC Communicator to inform the NRC that the Alternate TSC is being activated.

☐ 2.5 Direct the remaining TSC personnel to report to the Alternate TSC.

☐ 2.6 Inform the EOF Director that the Alternate TSC is being activated and that TSC personnel, including the Emergency Coordinator, are enroute to that facility.

☐ 2.7 Return to Step 3.4.2 of this procedure after reporting to the Alternate TSC.

Keowee Hydro Project Dams/Dikes - Condition A/B Descriptions

NOTE:
- Duke Power Company (DPC) Hydro Group personnel are responsible for evaluation/inspection of Keowee Hydro Project Dams/Dikes AND determining if a Condition A or B exists.
- DPC Hydro Group personnel will communicate the results of evaluations/inspections to the Keowee Hydro Operator. The Keowee Hydro Operator will notify the OSM.

1. Condition A - Failure is Imminent or has occurred

A failure at the dam/dike has occurred or is about to occur.

2. Condition B - Potentially Hazardous Situation is developing

A situation where failure may develop, but preplanned actions taken during certain events (e.g., major flood, earthquakes, evidence of piping) may prevent or mitigate failure.

The following situations will result in a Condition B determination/declaration:

- Reservoir elevation at Keowee Hydro Station is 807 ft msl with all spillway gates open and lake elevation continuing to rise.
- Situations involving earth dam or abutments as follows:
  a) Large increase or decrease in seepage readings OR seepage water is carrying a significant amount of soil particles;
  b) New area of seepage or wetness, with large amounts of seepage water observed on dam, dam toe, or the abutments;
  c) A slide or other movement of the dam or abutments which could develop into a failure.
- Developing failure involving the powerhouse or appurtenance structures is highly irregular to the point where the operator feels safety of the structures is questionable.
- Developing failure involving the concrete spillway or bulkhead is unusual and the safety of the structure is questionable.
- Any other situation involving plant structures which shows the potential for a developing failure.

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-01-01395
4. PIP O-01-03460
5. PIP O-01-03696
6. PIP O-02-00264
7. PIP O-02-03705
8. PIP O-02-7089
9. PIP-O-03-2447

Duke Power Company (1) ID No. RP/0/B/1000/020

PROCEDURE PROCESS RECORD

Revision No. 009

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Emergency Operations Facility Director Procedure

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 02/27/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3/2/04

Cross-Disciplinary Review By (QR)NA ROW Date 3/2/04

Reactivity Mgmt Review By (QR)NA ROW Date 3/2/04

Mgmt Involvement Review By (Ops Supt) NA ROW Date 3/2/04

(7) Additional Reviews

Reviewed By Date

Reviewed By Date

Temporary Approval *(if necessary)*

By (OSM/QR) Date

By (QR) Date

(9) Approved By Rodney Burn Date 03/10/04

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

(10) Compared with Control Copy Date

Compared with Control Copy Date

Compared with Control Copy Date

(11) Date(s) Performed

Work Order Number (WO#)

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By Date

(13) Procedure Completion Approved Date

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Site **Emergency Operations Facility Director Procedure** **Reference Use**	Procedure No. RP/**0**/B/1000/020 Revision No. 009 Electronic Reference No. OX002WPH

Emergency Operations Facility Director Procedure

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

1. Symptoms

1.1 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 has been initiated.

2. Immediate Actions

NOTE:
- Place Keeping Aids: ☐ at left of steps may be used for procedure place keeping (☑). Major events are required to be documented in the EOF Director's log.
- The EOF must be operational within **75 minutes** of an **Alert** or higher classification (except for security events involving intrusion/attempted intrusion into the site during normal working hours). Turnover may or may not have occurred. Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the offsite agencies. {7}
- Enclosure 3.4, (Emergency Preparedness Acronyms) contains a list of abbreviations.

☐ 2.1 Sign in on the EOF Personnel Status Board.

☐ 2.2 Initiate a log of major activities and decisions.

☐ 2.3 Assure EOFD PA system has been turned on in the telephone room.

☐ 2.4 Turn switch to "ALL CALL" for announcements to all rooms.

2.4.1 Select individual room if only one room is to receive announcement.

☐ 2.5 Notify the Emergency Coordinator in the TSC of arrival and establish an open phone line.

2.5.1 Dial 66-3921 **OR** 66-3704 on the 624-4350 line (Reference: Emergency Telephone Directory, page 14). {5}

☐ 2.6 **IF** the Emergency Response Organization is being activated after normal working hours due to a security event involving an intrusion/attempted intrusion into site,

THEN notify the Operations Shift Manager (Control Room Emergency Coodinator) of arrival and establish a turnover time. {7}

2.6.1 Dial 9-882-7076 **OR** 66-3271 on the 624-4350 phone.

☐ 2.7 Assure access control has been established.

☐ 2.8 Make EOF announcement concerning fitness-for-duty.

"Any one who has consumed alcohol within the past five (5) hours, notify either the EOF Director or the appropriate EOF Manager."

NOTE: During a security event involving an intrusion/attempted intrusion into the site by a hostile force after normal working hours activation of the TSC will be delayed. In this situation it is not required for the EOF/TSC counterparts to make contact. {7}

☐ 2.9 Declare the EOF operational when the following positions are filled, and they have contacted their counterpart in the TSC.

2.9.1 Ensure that the following names are listed on the EOF Personnel Status Board.

	NAME
EOF Director	_____
Offsite Communications Manager	_____
State/County Communicator	_____
Radiological Assessment Manager	_____
Operations Interface Manager	_____
Access Control Security Guard	_____

☐ 2.9.2 EOF Operational Time: _____ {3}

☐ 2.10 Contact the Emergency Coordinator at the TSC and inform him that the EOF is operational and will commence gathering plant status information **OR** contact the OSM and indicate that the EOF is Operational. {7}

2.10.1 **IF** the OSM is contacted,
THEN **GO TO** Step 2.12 to conduct turnover with the OSM.

NOTE: If the TSC is able to be activated, the following individuals will exchange information. Three separate enclosures will be provided to the EOF Director. These enclosures are a part of RP/0/B/1000/021, (Operations Interface (EOF)), RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) and RP Manual Section 11.3, (Off-Site Dose Assessment And Data Evaluation)

TSC	EOF
Dose Assessment Liaison	Radiological Assessment Manager
Offsite Communicator	State/County Communicator
EOF Liaison	Operations Interface Manager

NOTE:
- EOF Managers will inform the EOFD when information is received.
- Turnover with the TSC should be initiated **As Soon As Possible.** A goal of **30 minutes** should be used to complete turnover after the EOF is declared *Operational.* {1}

☐ 2.11 Contact Emergency Coordinator to conduct turnover using the information prepared by the EOF Managers.

- Present emergency classification _____ Time _____

  Initial emergency classification _____ Time _____
- Initiating Condition/Unit affected: _____
  _____
  _____
- Present status of affected unit(s), including significant pieces of equipment out of service.

  Improving _____ Stable _____ Degrading _____

  Status of unaffected unit(s):

  Unit 1 shutdown at _____ or at _____ %power.

  Unit 2 shutdown at _____ or at _____ %power.

  Unit 3 shutdown at _____ or at _____ %power.
- Equipment out of service: _____
- Emergency Releases: NO _____ YES _____
  Airborne ___ Liquid ___ Is occurring ___ Has occurred ___ Time ___
  Normal operating limits: Below ___ Above ___
- Protective Action Recommendations:
  None _____
  Oconee County: _____

  Pickens County: _____

  Site Evacuation NO _____ YES _____ If yes, where _____
  Time of evacuation _____
- Last message number _____ Next message due at _____.

☐ 2.11.1 Request Emergency Coordinator to provide periodic updates to the EOFD concerning plant status.

☐ 2.11.2 Inform the Emergency Coordinator that the EOFD will provide dose assessment and field monitoring data on a periodic basis.

☐ 2.11.3 Record EOF Activation Time: _____

☐ 2.12 **IF** the TSC is not activated due to a security event,
THEN contact the OSM at 9-882-7076 **OR** 66-3271 **AND** conduct turnover using the following information (completed with information from the most recent emergency notification form). {7}

- Present Emergency Classification _____ Time of Classification _____

  Initial Emergency Classification _____ Time of Classification _____

- Initiating Condition/Unit(s) Affected: _____
  _____
  _____

- Present status of affected unit(s), including significant equipment out of service.

  Plant Condition: Improving ____ Stable _____ Degrading _____
  Status of affected unit(s):
  Unit 1 shutdown at _____ or at _____ % Power.

  Unit 2 shutdown at _____ or at _____ % Power.

  Unit 3 shutdown at _____ or at _____ % Power.

  Equipment out of service: _____

- Emergency Releases:
  None ____ Potential _____ Is Occurring _____ Has Occurred ____

- Protective Action Recommendations:
  None ____
  Oconee County: _____

  Pickens County: _____

- Last Message Number _____ Next Message due at (time): _____

☐ 2.12.1 Request the OSM to provide updates to the EOFD concerning plant status as needed.

☐ 2.12.2 Inform the OSM that the EOFD will provide dose assessment and field monitoring data as needed.

☐ 2.12.3 Record EOF Activation Time: _____

NOTE: TSC remains responsible for all Offsite Notifications required by Title III (Hazardous Materials Spills).

☐ 2.13 Announce to all EOF personnel that the EOF is activated. Provide time of activation and name of EOF Director.

NOTE: For all drills, precede messages with "This is a drill."

Example message:

"May I have your attention please. The EOF is activated as of (time) hours. This is (Name). I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center.

The plant status is....."

☐ 2.14 Determine that the EOF Managers understand they are responsible for each of the following actions:

NAME

EOF Director _____

- Emergency Classification
- Protective Action Recommendations
- Approval of news releases.

NOTE: News releases may be approved by Public Spokesperson if the news releases only contain information already approved by the EOFD on the notification form.

EOF Offsite Communications Manager _____

- Notification to offsite agencies.
- Contact for offsite agency support (i.e.; medical, fire, law enforcement)
- Assign State/County Liaisons to the SC State EOC, Pickens County EOC, and Oconee County EOC.

Operations Interface Manager _____

- Emergency classification recommendation
- Plant status

Radiological Assessment Manager _____

- Dose Calculations
- Field Monitoring
- HPN Communication
- TSC radio to the EOF operational

NOTE: The following two managers do not have to be in place in a required time frame. Sign off Step 2.14 when the first four managers are identified. Continuation to Step 2.15 should commence while completing this step.

News Director _____

- Interface with news media.
- Update of company officers.
- Update Industry groups. This includes INPO.
- Provide technical briefer to the Joint Information Center (JIC). (Note: JIC is in the EOF).

Step 2.14 Continued to next page.

Sites Services Group Manager

- Update of Duke Power Insurance Department
- Access Control
- Responsible for any actions relating to Security
- Facility equipment repair
- Assure 24 hr. Staffing for EOF positions

☐ 2.15 Notify SEMD and Oconee and Pickens CEMD that the EOF has assumed turnover from the TSC. This duty may be assigned to the following positions:

- EOF Logkeeper
- Emergency Planning Manager

2.15.1 Contact SEMD after each message is transmitted to provide additional information/follow-up.

☐ 2.16 Verify with the News Director that the Executive Vice President, Nuclear Generation, has been notified of the emergency status.

☐ 2.17 Make an announcement over the EOF PA system requesting persons who are medical first responders or EMT's to register that information with the SSG Manager.

☐ 2.18 Request the Emergency Planning Manager to notify the Emergency Crisis Operations Center (ECOC) Duty Person {9}

2.18.1 Send page to pager # 777-1008 and provide call back number at EOF.

2.18.2 Provide information to the ECOC Duty Person concerning current event classification and status.

☐ 2.19 EOF Director may approve entry of personnel to the Emergency Operations Facility if the individual's training is not current. Each case would be decided on its own merits. Document decision in the EOF Director's log.

☐ 2.20 Hold round-table discussions with EOF managers every hour. (Secure timer from procedures cart.)

☐ 2.21 Keep EOF personnel updated on changing plant conditions after each round-table discussion. This duty may be assigned to the EOF Logkeeper.

☐ 2.22 **REFER TO** Enclosure 3.1, (Emergency Classification Tracking Sheet).

3. Enclosures

3.1 Emergency Classification Tracking Sheet

3.2 Emergency Classification Termination/Reduction Flowchart

3.3 Recovery Guidelines

3.4 Emergency Preparedness Acronyms

3.5 10 Mile EPZ Map

3.6 References

1. Emergency Classification Tracking

Review emergency classification and verify it meets the criteria of RP/0/B/1000/001, (Emergency Classification). Discuss changing plant conditions with Emergency Coordinator. Discuss classification prior to making recommendation.

☐ 1.1 **IF** A General Emergency is/or should be classified,
THEN **GO TO** Step 4.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 1.2 **IF** A Site Area Emergency is/or should be classified,
THEN **GO TO** Step 3.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 1.3 **IF** An Alert is/or should be classified,
THEN **GO TO** Step 2.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

2. Alert

NOTE: If Steps 2.1 and 2.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

☐ 2.1 Discuss need to change classification with the Emergency Coordinator. Determine the following:

- Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE: World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

- Status of non-essential personnel evacuation
- Have any chemical spills occurred? If yes, what?
- Has fire brigade responded to any fires? Has offsite fire department responded?
- Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}

☐ 2.2 Declare an Alert. Notify Offsite Communications Manager to complete an Emergency Notification Form in accordance with RP/0/B/1000/015C, (Offsite Communications From the Emergency Operations Facility), get it approved, and fax to the offsite agencies. (The Alert is officially declared when the Emergency Action Levels for the initiating condition have been exceeded.)

2.2.1 Time of declaration: _____

NOTE:
- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Offsite Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

☐ 2.3 When the message form is completed and the form has been sent, contact the SEMD at the SEOC. This is in addition to contact by the State/County Communicator.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

☐ 2.3.1 **IF** the SEOC has **NOT** been activated,
THEN Contact the County Emergency Management Directors (CEMD) to discuss plant status.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 2.3.2 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}

☐ 2.4 Notify Emergency Coordinator of change in classification. Request Emergency Coordinator to notify the NRC EOC regarding current emergency classification.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

☐ 2.5 Announce the emergency class and the time of classification to EOF personnel.

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

☐ 2.6 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are located in the procedures cart.

☐ 2.7 Review emergency classification to determine if it is current and meets the criteria of RP/0/B/1000/001, (Emergency Classification).

☐ 2.7.1 **IF** the emergency classification remains as an Alert,
THEN have the Offsite Communications Manager continue updating the state and counties by message form every **60 minutes**.

☐ 2.7.2 Keep EOF personnel informed concerning plant conditions.

☐ 2.7.3 Keep EC aware of offsite conditions.

☐ 2.7.4 Log actions in the EOF Director's log.

☐ 2.7.5 Remain in this step until plant conditions dictate a change in emergency classification.

☐ 2.8 **IF** A Site Area Emergency is determined,
THEN **GO TO** Step 3.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 2.9 **IF** A General Emergency is determined,
THEN **GO TO** Step 4.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 2.10 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

3. Site Area Emergency

NOTE:	If Steps 3.1 and 3.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

☐ 3.1 Discuss need to change classifications with the Emergency Coordinator. Determine the following:

- Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE:	World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

- Status of non-essential personnel evacuation?
- Have any chemical spills occurred? If yes, what?
- Has fire brigade responded to any fires? Has offsite fire department responded?
- Has dam failure for Keowee or Jocassee occurred? Actions taken?
- Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}

☐ 3.2 Declare a Site Area Emergency. Notify Offsite Communications Manager to complete an Emergency Notification Form in accordance with RP/0/B/1000/015C, (Offsite Communications From the Emergency Operations Facility), get it approved, and fax to the offsite agencies. (The Site Area Emergency is officially declared when the Emergency Action Levels for the initiating condition have been exceeded.)

3.2.1 Time of declaration: _____

NOTE:
- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Offsite Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County. {2}

☐ 3.3 **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure **AND** include on the Emergency Notification Form under Section 15 (B) and (D):

- ♦ Move residents living downstream of the Keowee Hydro Project dams to higher ground.
- ♦ Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed

☐ 3.4 When message form has been sent, contact SEMD. This is in addition to contact by the State/County Communicator.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

☐ 3.4.1 **IF** the SEOC has **NOT** been activated,
THEN Contact the County Emergency Management Directors (EMD) to discuss plant status.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 3.4.2 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}

☐ 3.5 Notify Emergency Coordinator of change in classification. Request Emergency Coordinator to notify the NRC EOC regarding current emergency classification.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

☐ 3.6 Announce the emergency class **AND** the time of classification to EOF personnel.

☐ 3.7 **IF** Fire apparatus is needed to provide water to the spent fuel pool,
THEN Contact the Oconee CEMD to provide sufficient fire apparatus (at least three pumper trucks of 1000 gpm, or greater, capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh and Keowee Rural Volunteer Fire Departments should be requested to provide support). Provide instructions concerning entry to the site.

NOTE: A loss of offsite communications capabilities (Selective Signaling and the WAN) could occur within **1.5 hours** after Keowee Hydro dam failure. Rerouting of the Fiber Optic Network through Bad Creek should be stated **AS SOON AS POSSIBLE.**

☐ 3.8 **IF** A Condition A, Keowee Dam failure, exists,
THEN Request Sites Services Group to notify Telecommunications Group in Charlotte to begin rerouting the Oconee Fiber Optic Network. Refer them to Selective Signaling Section of the Emergency Telephone Directory (page 9).

☐ 3.9 Request Radiological Assessment Manager to provide information regarding potential sectors that would be affected should emergency be upgraded to a General Emergency.

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

☐ 3.10 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are available in the emergency procedures cart.

☐ 3.11 Review emergency classification to determine if it is current and meets the criteria of RP/0/B/1000/001, (Emergency Classification).

☐ 3.11.1 **IF** the emergency classification remains as a Site Area Emergency,
THEN have the Offsite Communications Manager continue updating the counties by message form every **60 minutes.**

☐ 3.11.2 Keep EOF personnel informed concerning plant conditions.

☐ 3.11.3 Keep EC aware of offsite conditions.

☐ 3.11.4 Log actions in the EOF Director's log.

☐ 3.11.5 Remain in this step until plant conditions dictate a change in emergency classification.

☐ 3.12 **IF** A General Emergency is determined,
THEN **GO TO** Step 4.0 of this enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 3.13 **IF** the termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN **GO TO** Step 5.0 of this enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

☐ 3.14 **IF** the reduction criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) has been met,
THEN **REFER TO** Step 3.16.

☐ 3.15 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility), get it approved, and send it to the offsite agencies.

☐ 3.16 When message form has been sent, contact SEMD to discuss emergency classification reduction. This is in addition to contact by the State/County Communicator.

	NAME	Telephone Numbers
SEPD	_____	8-1(803)737-8500

3.16.1 **IF** the SEOC has **NOT** been activated,
THEN Contact the County Emergency Management Directors (CEMD) to discuss plant status.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 3.17 Consider the present working copy procedure as being completed since the classification is reduced to an Alert.

☐ 3.17.1 Obtain a new working copy of RP/0/B/1000/020, (Emergency Operations Facility Director Procedure) from the procedures cart and **GO TO** Enclosure 3.1, (Emergency Classification Tracking Sheet) Step 2.1.

4. General Emergency

NOTE: If Steps 4.1 AND 4.2 are verified to have been completed by the Emergency Coordinator then they may be marked COMPLETE on this procedure.

☐ 4.1 Discuss changing plant conditions AND emergency classification with Emergency Coordinator prior to making recommendation. Determine the following:

- Have any medical emergencies occurred? Status? Transported offsite? Where?

NOTE: World Of Energy personnel **must be** evacuated if non-essential site personnel are evacuated.

- Status of non-essential personnel evacuation?
- Have any chemical spills occurred? If yes, what?
- Has fire brigade responded to any fires? Have offsite fire departments responded?
- Has dam failure at Keowee or Jocassee occurred? Actions taken?
- Has a Condition B been determined for a Keowee Hydro Project Dam/Dike? {2}

NOTE:
- The General Emergency is officially declared at this time.
- Protective Action recommendations are the sole responsibility of the EOF Director. Use input from other managers. Continually review plant status for change in Protective Action Recommendations. Review the requirements of RP/0/B/1000/024, (Protective Action Recommendations).

☐ 4.2 Declare a General Emergency. Initial protective action recommendation is to evacuate 2 mile radius and 5 miles downwind.

4.2.1 Time of Declaration: _____

NOTE:
- Message form transmission must begin within **15 minutes** of declaration.
- Condition B for Keowee Hydro Project Dams/Dikes also requires notification of the Georgia Emergency Management Agency and National Weather Service. Remind the EOF Offsite Communications Manager to notify these agencies in addition to and after SC State, Oconee County, and Pickens County.

{2}

☐ 4.2.2 Notify Offsite Communications Manager to begin completing a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility).

A. Request Radiological Assessment Manager to determine the exact sectors to be evacuated and sheltered using HP/0/B/1009/018, (Offsite Dose Projections).

NOTE: Enclosure 3.5, (10 Mile EPZ Map), provides a map of the 10 mile EPZ for reference.

{8}

B. Provide the following protective action recommendations for use by the offsite communicator to complete the emergency notification form.

	PICKENS COUNTY							OCONEE COUNTY						
	0-2 mile	2-5 mile			5-10 mile			0-2 mile	2-5 mile			5-10 mile		
	A0	A1	B1	C1	A2	B2	C2	A0	D1	E1	F1	D2	E2	F2
EVACUATE														
SHELTER														

{8}

C. **IF** Condition A, Dam Failure (Keowee or Jocassee) exists,
THEN Make the following protective action recommendations to Oconee County and Pickens County for imminent/actual dam failure and include on the Emergency Notification Form under Section 15 (B) and (D):

- ♦ Move residents living downstream of the Keowee Hydro Project dams to higher ground.
- ♦ Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed.

☐ 4.3 When message form is completed and the form has been sent, contact SEMD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

☐ 4.3.1 **IF** the State Emergency Operations Center has been activated, **THEN** contact the SEMD.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

☐ 4.3.2 **IF** the State Emergency Operations Center has **NOT** been activated, **THEN** contact the CEMD.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 4.3.3 Request SEMD or CEMD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEMD or CEMD:

_____

_____

B. Information received from : _____ Time: _____

☐ 4.4 Notify the Emergency Coordinator of the change in classification **AND** the current protective action recommendations. Request Emergency Coordinator to notify the NRC EOC of the change in emergency classification **AND** the protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

☐ 4.5 Announce the emergency class **AND** the time of classification to EOF personnel. Provide the current protective action recommendations.

☐ 4.6 **IF** Condition B at Keowee exists,
THEN Notify Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {2}{6}

☐ 4.7 **IF** Fire apparatus is needed to provide water to the Spent Fuel Pool,
THEN Contact the Oconee CEMD to provide sufficient fire apparatus (at least three pumper trucks of 1000 gpm, or greater, capacity) to Oconee Nuclear Site (If available, Keowee Ebenezer, Corinth Shiloh and Keowee Rural Volunteer Fire Departments should be requested to provide support). Provide instructions concerning entry to the site.

☐ 4.8 Evaluate plant status.

☐ 4.8.1 **IF** emergency classification remains as a General Emergency,
THEN have Offsite Communications Manager continue updating the counties by message form every **60 minutes.**

☐ 4.8.2 Keep EOF personnel informed concerning plant conditions.

☐ 4.8.3 Keep EC aware of offsite conditions.

☐ 4.8.4 Log actions in the EOF Director's log.

☐ 4.8.5 Remain in this step until plant conditions dictate a change in protective action **OR** emergency classification.

☐ 4.8.6 **IF** Additional protective action recommendations are required by RP/0/B/1000/024, (Protective Action Recommendations),
THEN **GO TO** Step 4.9.

☐ A. Additional PAR Determination Time: _____ {4}

☐ 4.8.7 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) are met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

NOTE: Transmission of a change in protective action recommendations **must** begin within **15 minutes** of determination.

☐ 4.9 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) providing the additional protective action recommendations, get it approved, and send it to the offsite agencies.

☐ 4.10 When the message form has been sent, contact SEMD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

☐ 4.10.1 **IF** the State Emergency Operations Center has been activated,
THEN contact the SEMD.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

☐ 4.10.2 **IF** the State Emergency Operations Center has **NOT** been activated,
THEN contact the CEMD.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 4.10.3 Request SEMD or CEMD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEMD or CEMD:

_____

_____

B. Information received from : _____ Time: _____

☐ 4.11 Notify the Emergency Coordinator of the change in protective action recommendations.

4.11.1 Request Emergency Coordinator to notify the NRC EOC of the change in protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

☐ 4.12 Announce the current protective action recommendation **AND** plant status to EOF personnel.

☐ 4.13 Evaluate Plant status.

4.13.1 **IF** emergency classification remains as a General Emergency,
THEN have the Offsite Communications Manager continue updating the counties by message form every **60 minutes.**

☐ 4.13.2 Keep EOF personnel informed concerning plant conditions.

☐ 4.13.3 Keep EC aware of offsite conditions.

☐ 4.13.4 Log actions in the EOF Director's log.

☐ 4.13.5 Remain in this step until plant conditions dictate a change in protective action **OR** emergency classification.

☐ 4.13.6 **IF** Additional protective action recommendations are required by RP/0/B/1000/024, (Protective Action Recommendations),
THEN **GO TO** Step 4.14.

☐ A. Additional PAR Determination Time: _____ {4}

☐ 4.13.7 **IF** The termination criteria of Enclosure 3.2, (Emergency Classification Termination Criteria) are met,
THEN **GO TO** Step 5.0 of this Enclosure, (Enclosure 3.1, Emergency Classification Tracking Sheet).

NOTE: Transmission of a change in protective action recommendations **must** begin within **15 minutes** of determination.

☐ 4.14 Notify Offsite Communications Manager to complete a message form in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) providing the additional protective action recommendations, get it approved, and send it to the offsite agencies.

☐ 4.15 When the message form has been sent, contact SEMD. This is in addition to contact by the State/County Communicator.

Protective Action Recommendation: Read from the approved emergency notification form the protective action recommendations. Provide any known information concerning conditions that would make evacuation dangerous.

☐ 4.15.1 **IF** the State Emergency Operations Center has been activated,
THEN contact the SEMD.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

☐ 4.15.2 **IF** the State Emergency Operations Center has **NOT** been activated,
THEN contact the CEMD.

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 4.15.3 Request SEMD or CEMD to call back after a decision has been made on actual protective actions recommended by the State and Counties for the plume exposure pathway population.

A. Record below the actions that have been taken by SEMD or CEMD

_____

_____

B. Information received from : _____ Time: _____

☐ 4.16 Notify the Emergency Coordinator of the change in protective action recommendations.

4.16.1 Request Emergency Coordinator to notify the NRC EOC of the change in protective action recommendations.

NOTE: Announcements should be made approximately every **30 minutes**. Provide current plant status also.

☐ 4.17 Announce the current protective action recommendation **AND** plant status to EOF personnel.

NOTE: SSG will manage the staffing sheets and route to the EOF Director.

☐ 4.18 Evaluate the need for 24-hour staffing and instruct managers to prepare for it if needed. Telephone numbers and staffing sheets are available in the emergency procedures cart.

☐ 4.19 **WHEN** termination criteria are met, **GO TO** Step 5.0 of Enclosure 3.1 (Emergency Classification Tracking Sheet).

5. Termination

☐ 5.1 **IF** Terminating from an Alert or Site Area Emergency,
THEN **GO TO** Step 5.3.

☐ 5.2 **IF** In a General Emergency,
THEN Discuss with the NRC Director of Site Operations (NRCDSO) and the SEMD that the termination criteria have been met.

5.2.1 Secure agreement from the two directors to terminate the event.

5.2.2 Document names and time decision made below.

	NAME	Telephone Numbers	Time
SEMD	_____	8-1(803)737-8500	_____
NRCDSO	_____	(In person in EOF)	_____

☐ 5.3 Request Offsite Communications Manager to complete message form and send it in accordance with RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility) to terminate the emergency.

☐ 5.4 **IF** terminating from an Alert or a Site Area Emergency,
THEN notify the following agencies.

	NAME	Telephone Numbers
SEMD	_____	8-1(803)737-8500

5.4.1 **IF** the SEOC has **NOT** been activated,
THEN contact the County Emergency Management Directors (CEMD).

Oconee CEMD	_____	8-1(864)638-4200
Pickens CEMD	_____	8-1(864)898-5943

☐ 5.5 **IF** terminating from an emergency involving dam failure (Keowee or Jocassee),
THEN discuss termination with Hydro Central (Refer to Section 6 of the Emergency Telephone Directory, Keowee Hydro Project Dam/Dike Notification). {6}

☐ 5.6 Establish Recovery Organizations if needed.

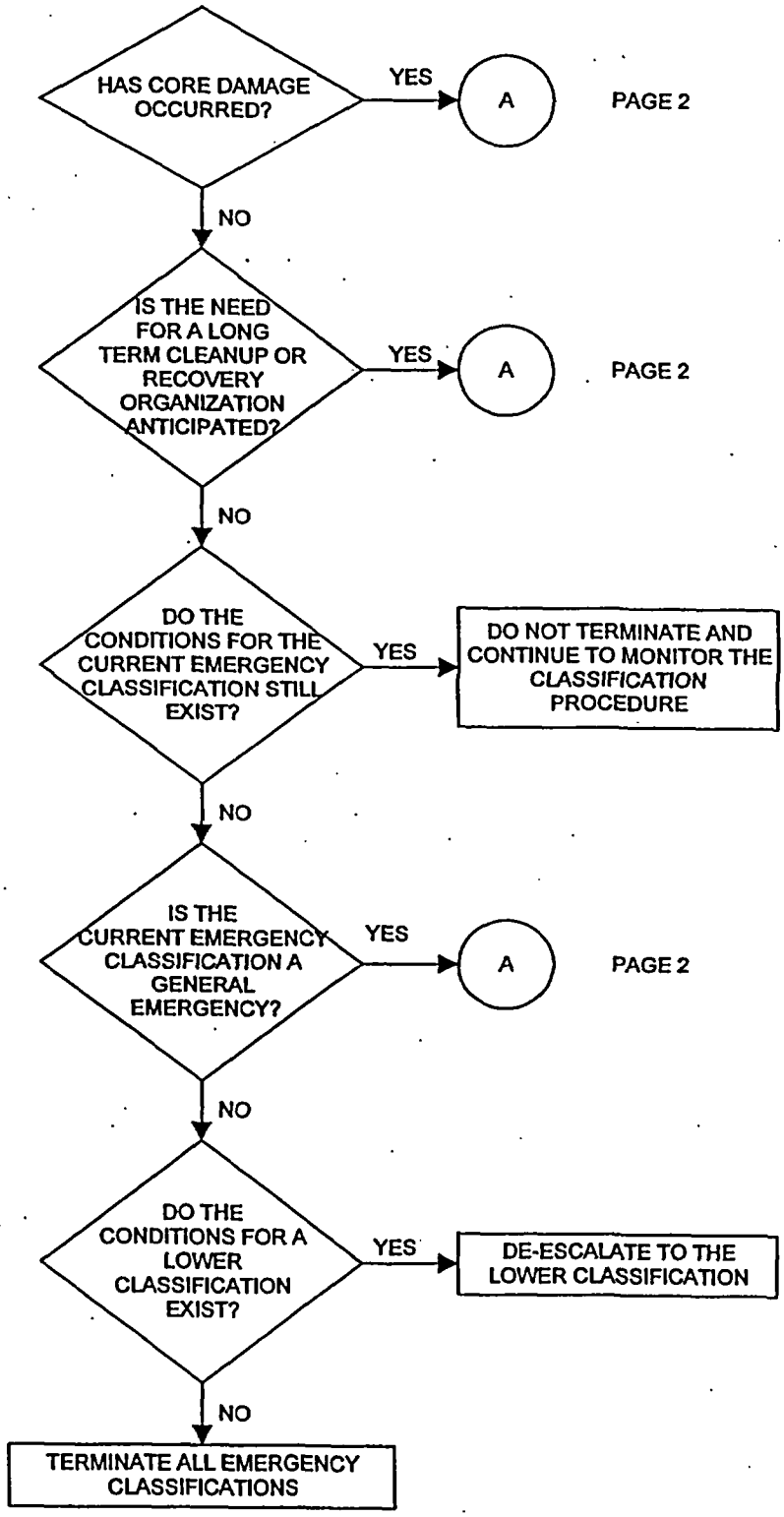
5.6.1 **GO TO** Enclosure 3.3, (Recovery Guidelines).

5.6.2 **IF** Recovery Organizations are **NOT** required,
THEN GO TO Step 5.7.

☐ 5.7 Request Emergency Planning to provide a copy of the License Event Report (LER) to state and county agencies at the time it is sent to the NRC.

Enclosure 3.2

Emergency Classification Termination Criteria



Enclosure 3.2

Emergency Classification Termination Criteria

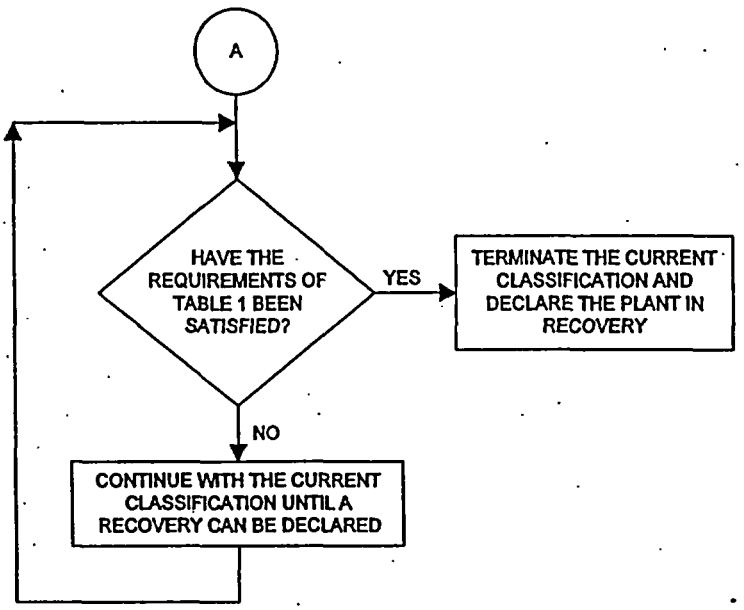


TABLE 1

RECOVERY CONDITIONS
____ NO NEW EVACUATION OR SHELTERING PROTECTIVE ACTIONS ARE ANTICIPATED
____ CONTAINMENT PRESSURE IS LESS THAN DESIGN PRESSURE
____ CONTAINMENT HYDROGEN LEVELS ARE BEING MAINTAINED WITHIN LIMITS
____ LONG TERM CORE/DEBRIS COOLING HAS BEEN ESTABLISHED
____ THE RISKS FROM RECRITICALITY ARE ACCEPTABLY LOW
____ RADIATION PROTECTION IS MONITORING ACCESS TO RADIOLOGICALLY HAZARDOUS AREAS
____ OFF-SITE CONDITIONS DO NOT LIMIT PLANT ACCESS
____ THE NEWS DIRECTOR, NRC OFFICIALS, AND STATE REPRESENTATIVES HAVE BEEN CONSULTED TO DETERMINE THE AFFECTS OF TERMINATION ON THEIR ACTIVITIES
____ THE RECOVERY ORGANIZATION IS READY TO ASSUME CONTROL OF RECOVERY OPERATIONS

1. Recovery Guidelines

The Recovery Manger shall be responsible for the following:

☐ 1.1 Make a PA announcement as follows:

"Agreement has been reached between Duke, the State of South Carolina and the NRC that the General Emergency classification is terminated. Recovery Operations are being initiated at the site. Actions are underway to determine when people who have been evacuated from their homes can return. As this information is made available, it will be released to the public."

☐ 1.2 Establish a Recovery Organization to handle offsite consequences.

1.2.1 The offsite recovery organization will stay at the EOF and work with the counties and state if radiological conditions exist beyond the ONS site boundary.

1.2.2 The onsite recovery organization will be established by the Emergency Coordinator.

☐ 1.3 Make the following assignments:

Recovery Manager _____

Radiological Assessment Manager _____

Field Monitoring Coordinator _____

Emergency Planning Manager _____

Sites Services Group Manager _____

☐ 1.4 Assure staffing for long-term operation.

NOTE: Once recovery has been determined, the emergency notification message forms are no longer used.

☐ 1.5 Contact the SEMD to discuss work in progress at the EOF and determine communication channels and notifications expected.

☐ 1.6 Discuss with each manager the activities they have in progress.

☐ 1.7 Radiological Assessment Responsibilities

1.7.1 Provide ingestion pathway dose assessments

1.7.2 Provide ongoing communications with DHEC Nuclear Emergency Planning

1.7.3 Evaluate environmental concentrations within the radiological footprint

1.7.4 Provide technical assistance to Joint Information Center

1.7.5 Help plan for reactor building purge as needed

☐ 1.8 Emergency Planning Responsibilities

1.8.1 Communications to the State and County Management Directors

1.8.2 Review information being released through the news medium

☐ 1.9 Sites Services Group Manager Responsibilities

1.9.1 Assure ANI (insurance) is set up for public inquiry

1.9.2 Provide services as required

☐ 1.10 Joint Information Center Responsibilities

1.10.1 Providing news releases

1.10.2 Work with media/public to reduce rumors

☐ 1.11 Responsibilities of the Site's Outage Manager

1.11.1 Provide Recovery Manager with updates on work in progress at the site

☐ 1.12 Keep the Emergency Operations Facility activated and staffed until consensus is reached by Duke and State of South Carolina there is no basis for continuous staffing.

☐ 1.12.1 Record time and date that Emergency Operations Facility/Joint Information Center were closed.

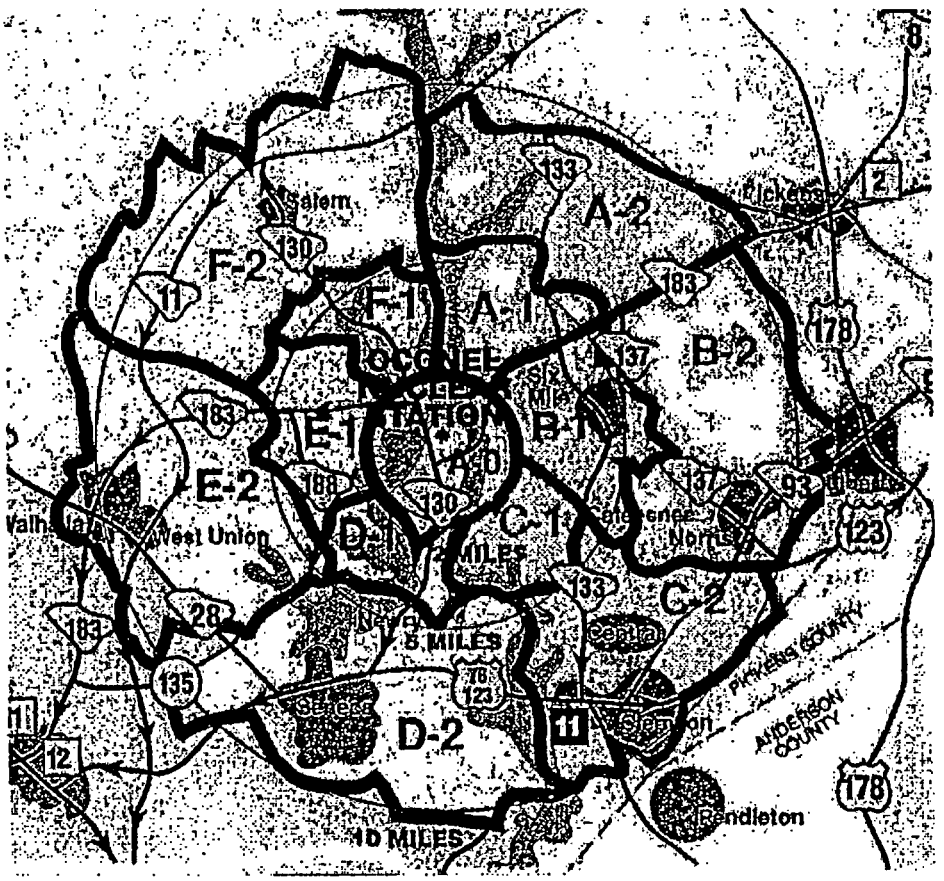
A. EOF/JIC Closed _____
Time/Date

BSHWM	Bureau of Solid and Hazardous Waste Management
CEMD	County Emergency Management Director
DHEC	Department of Health and Environmental Control
EC	Emergency Coordinator
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
EPA	Emergency Preparedness Agency
FAX	Facsimile
FEOC	Forward Emergency Operations Center (Clemson)
FTS-2000	NRC Emergency Telephone Communication System
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning (BSHWM)
NRCDSO	Nuclear Regulatory Commission Director of Site Operations
NRC EOC	Nuclear Regulatory Commission Emergency Operations Center
OSC	Operational Support Center
PAR	Protective Action Recommendations
SCC	State/County Communicator
SEMD	State Emergency Management Director/Division
SEOC	State Emergency Operations Center (Columbia)
SSG	Site Services Group
SWP	State Warning Point
TSC	Technical Support Center

Enclosure 3.5

10 Mile EPZ Map

RP/0/B/1000/020



Radius From Site (miles)	Pickens County Sectors	Oconee County Sectors
0-2	A0	A0
2-5	A-1, B-1, C-1	D-1, E-1, F-1
5-10	A-2, B-2, C-2	D-2, E-2, F-2

1. PIP References

1. PIP O-98-04996
2. PIP O-99-00743
3. PIP O-99-03527
4. PIP O-99-03971
5. PIP O-99-04165
6. PIP O-01-03460
7. PIP O-02-01452
8. PIP O-02-05829
9. PIP O-03-04133

Duke Power Company (1) ID No. RP/0/B/1000/024

PROCEDURE PROCESS RECORD Revision No. 004

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Protective Action Recommendations

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 02/26/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3/2/04

Cross-Disciplinary Review By _____ (QR)NA RBW Date 3/2/04

Reactivity Mgmt Review By _____ (QR)NA RBW Date 3/2/04

Mgmt Involvement Review By _____ (Ops Supt) NA RBW Date 3/2/04

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

Temporary Approval *(if necessary)*

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Rodney Burn Date 03/15/04

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

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification:

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

☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Required enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Site	Procedure No. RP/0/B/1000/024
Protective Action Recommendations	Revision No. 004
Reference Use	Electronic Reference No. OX002WPL

Protective Action Recommendations

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

This procedure is intended to provide a means to quickly determine protective actions for radiological accidents at Oconee Nuclear Site by the Emergency Coordinator in the Technical Support Center or the EOF Director in the Emergency Operations Facility.

1. Symptoms

1.1 General Emergency Declared

2. Immediate Action

NOTE:	Technical Support Center and Emergency Operations Facility may use HP/0/B/1009/018, (Offsite Dose Projections), to determine sectors.

_____ _____ Date/Time Initial

2.1 Evacuate 2 mile radius and 5 miles downwind unless conditions make evacuation dangerous. Shelter any sectors not evacuated. Consult Enclosure 4.2, (Sectors To Be Potentially Evacuated), to determine the sectors.

_____ _____ Date/Time Initial

2.2 Evacuate non-essential personnel from the site.

_____ _____ Date/Time Initial

2.3 Review wind direction and wind speed every **15 minutes** to determine if additional downwind sectors need to be evacuated.

_____ _____ Date/Time Initial

2.4 Follow notification requirements to offsite agencies in accordance with RP/0/B/1000/015B, (Offsite Communications From The Technical Support Center), or RP/0/B/1000/015C, (Offsite Communications From The Emergency Operations Facility).

3. Subsequent Action

NOTE:	Subsequent Actions will be completed by either the Technical Support Center or the Emergency Operations Facility.

Date/Time Initial

3.1 Evaluate fuel and containment status (building pressure and/or containment breach).

Date/Time Initial

3.2 Assess fuel damage. Request Nuclear Engineering in the TSC to provide the assessment.

Date/Time Initial

3.3 Review evacuation time estimates for the EPZ, Enclosure 4.3, (Evacuation Time Estimates).

NOTE:	Transmission of a change in protective actions **must** begin within **15 minutes** of determination.

3.4 Make determination if additional protective actions are required:

3.4.1 Change in Meteorological Conditions (wind speed/wind direction)

Date/Time Initial

A. Additional protective actions as recommended by the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager utilizing HP/0/B/1009/018, (Offsite Dose Projections).

3.4.2 Fuel Damage detected by Monitors

Date/Time Initial

A. Additional protective actions as recommended by the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager utilizing HP/0/B/1009/018, (Offsite Dose Projections).

3.4.3 Potassium Iodide for the General Public

Date/Time Initial

A. Potassium Iodide recommended to the General Public as determined by the TSC Dose Assessment Liaison or EOF Radiation Assessment Manager utilizing HP/0/B/1009/018 (Offsite Dose Projections). {1}

3.4.4 Severe core damage (Condition 3 failed fuel per RP/0/B/1000/18, (Core Damage Assessment)).

_____ _____ A. Evacuate 5 mile radius and 10 miles downwind.
Date/Time Initial

1. TSC Dose Assessment Liaison or EOF Radiological Assessment Manager shall be responsible for determining the sectors to be evacuated and sheltered.

_____ _____ 3.5 Determine if any of the sheltered population affected by ground contamination should be evacuated based on information from field monitoring teams. Consult with EOF Radiological Assessment Manager.
Date/Time Initial

3.5.1 Provide any updated protective action recommendations to offsite agencies.

3.6 Review dose projections with the TSC Dose Assessment Liaison or EOF Radiological Assessment Manager to determine if protective action recommendations may be required beyond the 10 mile EPZ.

_____ _____ 3.6.1 **IF** protective action recommendations are required beyond 10 miles,
Date/Time Initial

THEN notify the State EPD Director, as per RP/0/B/1000/019, (Technical Support Center Emergency Coordinator Procedure), or, RP/0/B/1000/020, (Emergency Operations Facility Director Procedure), and request that the state consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ Sectors.

4. Enclosures

4.1 Protective Action Recommendations Flowchart

4.2 Sectors To Be Potentially Evacuated

4.3 Evacuation Time Estimates

4.4 References

CONDITION	FUEL DAMAGE SYMPTOMS	CONTAINMENT STATUS	PROTECTIVE ACTION RECOMMENDED
General Emergency Declared	♦ Loss of critical functions required for core protection ♦ High CETCs ♦ RB High rad levels	Not applicable	Evacuate 2 mile radius and 5 miles downwind unless conditions make evacuation dangerous. (See Note 1). Shelter any sector in the 10 mile EPZ not evacuated.
Additional protective recommendations will be based on the following conditions from either the Technical Support Center or the Emergency Operations Facility. TSC or the EOF shall continue assessment based on all available plant and field monitoring information. Modify protective actions as necessary. Locate and evacuate people from hot spots. Do not relax protective actions until the source of the threat is clearly under control.			
Fuel Damage Detected by Monitors	♦ High rad levels as determined by Reactor Building and unit vent monitors	Known containment breach or RB pressure greater than 1 PSIG	Dose calculations required to determine additional evacuation requirements. EOF Radiological Assessment Manager shall determine the additional sectors to be evacuated or sheltered.
Projected Thyroid Dose is greater than 5 REM thyroid CDE	Projected thyroid CDE as calculated by the TSC or EOF	Not Applicable	Recommend that potassium iodide be given to the General Public. {1}
Condition 3 failed fuel as determined by RP/0/B/1000/018, (Core Damage Assessment)	♦ RB high rad levels ($\geq 1.0 \times 10^4$ R/hr) ♦ H_2 increasing ($\geq$ 1.4% - SBLOCA; $\geq$ 2.9% - LBLOCA) ♦ Core Water Level <50%	No credit is taken for containment.	Evacuate 5 mile radius and 10 miles downwind. Shelter any sector not evacuated. EOF Radiological Assessment Manager shall determine the additional sectors to be evacuated or sheltered.

Note 1. Dangerous travel conditions or immobile infirmed population.

1. Sectors To Be Potentially Evacuated

☐ 1.1 Secure meteorological information from SDS in the TSC or EOF.

☐ 1.2 Determine the meteorological instrumentation to use based on time of day. All meteorology data obtained from the onsite met tower or river tower must be a 15 minute average. National Weather Service data is a standard observation and is not a 15 minute average.

CHART A

Time of Day 1000 to 1600	First Priority	Second Priority	Third Priority	Fourth Priority
Wind speed	10M reading	River tower	60M reading times 0.5	NWS* x 0.5
Wind Direction	60M reading	10M reading	River tower	NWS

*Conversion factors for NWS data:
mph = 1.15 knots
°C = .555(°F - 32)

CHART B

Time of Day 1600 to 1000 and River wind between 210° and 360° or 0° and 70°	First Priority	Second Priority	Third Priority
Wind speed	10M reading	60M reading x 0.5	Assume 1 mph
Wind Direction	60M reading	10M reading	Assume 0-360°

CHART C

Time of day 1600 to 1000 and River wind between 70° and 210°or not available	Meteorological Assumptions
Wind speed	Assume 1 mph
Wind Direction	Assume 0-360°

1.3 Determine sectors to be potentially evacuated using Option A or B below based on time of day.

☐ 1.3.1 Option A - Daytime (1000 - 1600 hr)

A. If using NWS wind direction assume A0 for 2 mile radius, A1, B1, C1, D1, E1, F1 for 5 mile downwind sectors to evacuate.

B. If wind speed is ≥ 5 mph, use Table 2 below to determine downwind sectors to evacuate.

C. If wind speed is < 5 mph, assume A0 for 2 mile radius, and A1, B1, C1, D1, E1, F1 for 5 miles downwind sectors to evacuate.

TABLE 2

WIND DIRECTION	2 MILE RAD.	5 MILES DW	10 MILES DW
14.1° - 27°	A0	C1, D1, E1	C2, D2, E2
27.1° - 42°	A0	C1, D1, E1	D2, E2
42.1° - 66°	A0	D1, E1	D2, E2
66.1° - 85°	A0	D1, E1	D2, E2, F2
85.1° - 104°	A0	D1, E1, F1	D2, E2, F2
104.1° - 129°	A0	E1, F1	E2, F2
129.1° - 156°	A0	A1, E1, F1	A2, E2, F2
156.1° - 175°	A0	A1, E1, F1	A2, F2
175.1° - 181°	A0	A1, F1	A2, F2
181.1° - 219°	A0	A1, B1, F1	A2, B2, F2
219.1° - 255°	A0	A1, B1	A2, B2
255.1° - 271°	A0	A1, B1, C1	A2, B2, C2
271.1° - 297°	A0	B1, C1	B2, C2
297.1° - 312°	A0	B1, C1	B2, C2, D2
312.1° - 345°	A0	B1, C1, D1	B2, C2, D2
345.1° - 14°	A0	C1, D1	C2, D2

NOTE: Use wind speed and direction from Chart B, Step 1.2.

☐ 1.3.2 Option B - Nighttime (1600 - 1000 hr)

A. If river wind direction is between 210° - 360° or 0° - 70° use OPTION A above to determine sectors.

B. If river wind direction is between 70° - 210° or is not available, assume A0 for 2 mile radius and A1, B1, C1, D1, E1, F1 for downwind sectors to evacuate.

☐ 1.4 Check the appropriate blocks below for the appropriate sectors to evacuate and to shelter. All sectors not evacuated must be sheltered.

PROTECTIVE ACTION RECOMMENDATION	PICKENS COUNTY							OCONEE COUNTY						
	A0	A1	B1	C1	A2	B2	C2	A0	D1	E1	F1	D2	E2	F2
EVACUATE														
SHELTER														

Evacuation Time Estimate

Analysis Case	Approx. Distance (Miles)	Approx. Direction	Subareas Included [5]	Evacuation Time (minutes)[3] Fair Weather Winter Weekday	Fair Weather Winter Weeknight	Fair Weather Summer Weekend	Adverse Weather[4] Winter Weekday	Adverse Weather[4] Winter Weeknight	Adverse Weather[4] Summer Weekend
1	0-2	180°, E	A-0[1]	160	160	160	160	160	160
2	0-2	180°, W	A-0[2]	160	160	160	160	160	160
3	0-5	90°, NE	A-0[1], A-1	180	180	180	180	180	180
4	0-5	90°, SE	A-0[1], B-1, C-1	160	160	160	160	160	160
5	0-5	90°, NW	A-0[2], E-1, F-1	160	160	160	180	180	180
6	0-5	90°, SW	A-0[2], D-1	160	160	160	180	180	160
7	0-10	90°, NE	A-0[1], A-1, A-2	180	180	180	200	200	200
8	0-11	90°, SE	A-0[1], B-1, C-1, B-2, C-2	200	180	180	260	200	200
9	0-12	90°, NW	A-0[2], E-1, F-1, E-2, F-2	200	200	200	220	220	200
10	0-13	90°, SW	A-0[2], D-1, D-2	215	200	200	270	225	215
11	0-14	180°, E	Pickens County - A-0[1], A-1, B-1, C-1, A-2, B-2, C-2	200	180	180	260	200	200
12	0-13	180°, W	Oconee County - A-0[2], D-1, E-1, F-1, D-2, E-2, F-2	215	200	200	270	225	215
13	0-14	360°	Entire EPZ - A-0[1], A-0[2], A-1, B-1, C-1, A-2, B-2, C-2, D-1, E-1, F-1, D-2, E-2, F-2	215	200	200	270	225	215

[1] Pickens County portion of Subareas A-0.

[2] Oconee County portion of Subareas A-0.

[3] Includes times associated with notification, preparation and travel out of the EPZ area, rounded to nearest 5-minute interval. Evacuation of outdoor transient facilities throughout the entire EPZ is included in all evacuation cases, per the offsite RERP's.

[4] Reduction in roadway capacities and travel speeds of 20% for summer weekend conditions (rain), 30% for winter weekday and winter weeknight conditions (ice).

NOTE: Subareas = Sectors

Evacuation Time Estimate

Analysis Case	Approx. Distance (Miles)	Approx. Direction	Subareas Included[5]	Evacuation Time (minutes)[3] Fair Weather Winter Weekday	Fair Weather Winter Weeknight	Fair Weather Summer Weekend	Adverse Weather[4] Winter Weekday	Adverse Weather[4] Winter Weeknight	Adverse Weather[4] Summer Weekend
1	0-2	180°, E	A-0[1]	160	160	160	160	160	160
2	0-2	180°, W	A-0[2]	160	160	160	160	160	160
3	0-5	90°, NE	A-0[1], A-1	180	180	180	180	180	180
4	0-5	90°, SE	A-0[1], B-1, C-1	160	160	160	160	160	160
5	0-5	90°, NW	A-0[2], E-1, F-1	160	160	160	180	180	180
6	0-5	90°, SW	A-0[2], D-1	160	160	160	180	180	160
7	0-10	90°, NE	A-0[1], A-1, A-2	180	180	180	200	200	200
8	0-11	90°, SE	A-0[1], B-1, C-1, B-2, C-2	200	180	180	260	200	200
9	0-12	90°, NW	A-0[2], E-1, F-1, E-2, F-2	200	200	200	220	220	200
10	0-13	90°, SW	A-0[2], D-1, D-2	215	200	200	270	225	215
11	0-14	180°, E	Pickens County - A-0[1], A-1, B-1, C-1, A-2, B-2, C-2	200	180	180	260	200	200
12	0-13	180°, W	Oconee County - A-0[2], D-1, E-1, F-1, D-2, E-2, F-2	215	200	200	270	225	215
13	0-14	360°	Entire EPZ - A-0[1], A-0[2], A-1, B-1, C-1, A-2, B-2, C-2, D-1, E-1, F-1, D-2, E-2, F-2	215	200	200	270	225	215

[1] Pickens County portion of Subareas A-0.
[2] Oconee County portion of Subareas A-0.
[3] Includes times associated with notification, preparation and travel out of the EPZ area, rounded to nearest 5-minute interval.
Evacuation of outdoor transient facilities throughout the entire EPZ is included in all evacuation cases, per the offsite RERP's.
[4] Reduction in roadway capacities and travel speeds of 20% for summer weekend conditions (rain), 30% for winter weekday and winter weeknight conditions (ice).

NOTE: Subareas = Sectors

1. References

1. O-04-0284

Duke Power Company (1) ID No. RP/0/B/1000/029

PROCEDURE PROCESS RECORD Revision No. 010

PREPARATION

(2) Station OCONEE NUCLEAR STATION

(3) Procedure Title Fire Brigade Response

(4) Prepared By Robert Taylor (Signature) Robert Taylor Date 03/01/04

(5) Requires NSD 228 Applicability Determination?

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

(6) Reviewed By Ray Waterman (QR) Date 3/1/04

Cross-Disciplinary Review By (QR)NA RAW Date 3/1/04

Reactivity Mgmt Review By (QR)NA RAW Date 3/1/04

Mgmt Involvement Review By (Ops Supt) NA RAW Date 3/1/04

(7) Additional Reviews

Reviewed By Date

Reviewed By Date

Temporary Approval *(If necessary)*

By (OSM/QR) Date

By (QR) Date

(9) Approved By Rodney Burn Date 03/15/04

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

(10) Compared with Control Copy Date

Compared with Control Copy Date

Compared with Control Copy Date

(11) Date(s) Performed

Work Order Number (WO#)

COMPLETION

(12) Procedure Completion Verification:

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

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

Verified By Date

(13) Procedure Completion Approved Date

(14) Remarks *(Attach additional pages)*

Duke Power Company Oconee Nuclear Station	Procedure No. RP/0/B/1000/029
Fire Brigade Response	Revision No. 010
Reference Use	Electronic Reference No. OX0091UU

Fire Brigade Response

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

1. Symptoms

1.1 Fire, explosions or conditions (smoke, smoldering, burning) associated with a fire have been reported to the Control Room or to the OSC when activated.

1.2 This procedure shall provide guidance to shift personnel and Emergency Coordinator for response, actions, and coordination associated with an incident involving real or suspected fires.

2. Immediate Actions

2.1 IF Fire Brigade response is being considered during routine operations

THEN Go to Enclosure 4.1 (Fire Brigade Response - Routine Operations)

2.2 IF Fire Brigade response is being considered

AND The OSC/TSC are activated

THEN Go to Enclosure 4.2 (Fire Brigade Response - OSC/TSC Activation).

3. Subsequent Actions

____ 3.1 WHEN HPSW Pump NO longer required perform the following:

3.1.1 Ensure HPSW Pump switch returned to required position per OP/0/A/1104/011 (High Pressure Service Water).

3.1.2 If required reset Mulsifyres per OP/0/A/1104/011 (High Pressure Service Water).

3.1.3 If required close any Fire Hydrant that was opened. {4}

____ 3.2 IF Fire Brigade equipment or supplies have been used,

THEN Ensure that all equipment is returned to its proper place and consumable supplies are replaced or ordered.

NOTE:	Original copies of the Fire Emergency Report can be located in NSD 112, Fire Brigade Organization and Training.

_____ 3.3 Complete Enclosure 4.3 (Fire Emergency Report).

_____ 3.3.1 Forward a copy to the Fire Protection Engineer.

_____ 3.3.2 Initiate a PIP if Enclosure 4.3 (Fire Emergency Report) is completed. Include all important information from Enclosure 4.3 (Fire Emergency Report) in PIP.

_____ 3.3.3 Forward this procedure to the Emergency Planning Section.

_____ 3.4 Conduct a post incident critique for events requiring full Fire Brigade activation.

4. Enclosures

4.1 Fire Brigade Response - Routine Operations

4.2 Fire Brigade Response - OSC/TSC Activation

4.3 Fire Emergency Report

4.4 Fire Brigade Leader Checklist

4.5 Safety Officer's Checklist

4.6 Instructions for DE-energizing Transformers

4.7 References

1. Fire Brigade Response - Routine Operations

- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure.
- Check marks are acceptable in these blanks.
- Complete the procedure steps that apply to this incident.
- N/A steps not performed.

1.1 Complete the following with information taken from the caller:

Name/Group of person reporting fire/smoke_____

_____

Location of fire/smoke_____

Equipment/components affected by fire/smoke_____

_____

Time _____ Date _____

Are there people in the immediate area who need to be warned or relocated to a safe area?

_____

Are there any injured people? _____

Call back number _____

_____ 1.1.1 **IF** It is obvious that a full Fire Brigade response is needed

THEN Immediately perform steps 1.4.3, 1.4.4 and 1.4.5.

_____ 1.1.2 Upon completion of step 1.4.5, return to step 1.2.

_____ 1.2 Notify OSM and STA.

_____ 1.3 Refer to the Fire Plan for the location reported for fire in Step 1.1

_____ 1.3.1 Request support from an unaffected unit. (Refer to Fire Plan SOG #10 for Fire Brigade equipment locations).

NOTE: The Operations Shift Manager (OSM) or designee may activate a full Fire Brigade response without sending someone to investigate first, if deemed necessary. Possible situations that warrant full response could include:

- Multiple reports from individuals
- Multiple alarms,
- Other system indications
- Any other indicators that the Operations Shift Manager deems significant.

_____ 1.4 **IF** Fire is involved or suspected **INSIDE** the protected area

THEN Perform the following:

_____ 1.4.1 Send one operator, with a radio, to the fire/smoke location to perform one of the following:

A. Extinguish the fire (if possible) with portable extinguisher (notify Control Room)

OR

B. **IF** Fire Brigade response is required

THEN Notify Control Room immediately.

_____ 1.4.2 **IF** Fire Brigade response is **NOT** needed

THEN Perform the following:

A. Direct NEO to

- Search affected area for victims
- Activate MERT if required per RP/0/B/1000/016, Medical Response.
- IF **NO** fire was discovered then exit this procedure.
- If fire was discovered then GO TO Step 1.4.9.

_____ 1.4.3 **IF** A full Fire Brigade response is needed

THEN Perform the following:

A. Direct NEO to:

- Search effected area for victims
- Evacuate surrounding areas
- Pre-stage nearby equipment for Fire Brigade
- Report to Fire Brigade Leader for further instructions

NOTE: The plant page announcement is needed to activate Fire Brigade members from SPOC, RP and Chemistry because they do not carry radios or pagers. {6}

B. Use plant page to request all Fire Brigade and MERT members to respond to the fire.

1. Include any information, if known, that would be important to Fire Brigade members responding to the incident location. (eg. Hazardous materials, smoke, structural damage, etc.)
2. Include the statement "All non-Fire Brigade personnel please avoid the "_____." (fire location area)

_____ 1.4.4 Use the following directions to activate radios and pagers using the Zetron Paging Encoder.

A. Transmit "Standby for Emergency Message"

B. Press the "Instant Call" button labeled "Fire Brigade"

C. Wait for the red "Transmit" light on the radio to turn off

D. Transmit message including information, if known, that would be important to Fire Brigade members responding to the staging area (e.g. hazardous materials, smoke, structural damage, etc.).

_____ 1.4.5 Use the Duke Internal Paging System to alert on duty Operations personnel of the activation of the fire brigade. {7}

SHIFT	GROUP PAGER NUMBER
'A' Shift	777-0392
'B' Shift	777-7705
'C' Shift	778-3411
'D' Shift	777-0002
'E' Shift	778-5157

_____ A. Provide the staging location for the fire brigade if it is known at the time the page is sent.

NOTE: A plant page announcement is needed to ensure evacuation of fire locations.

_____ 1.4.6 All Non Fire Brigade personnel please evacuate (all levels of) _____(fire location area). {8}

No one is to enter (any levels of) _____(fire location area) until further notification.

Example: MSB canteen: Evacuate entire building

1st. floor admin. building: Evacuate entire building

_____ 1.4.7 Get staging area location from the Fire Brigade Leader then repeat Steps 1.4.3.B, 1.4.4 and 1.4.5.

_____ 1.4.8 Notify SRO to evaluate the need for staging personnel at the SSF.

_____ 1.4.9 Establish and maintain communications with Fire Brigade Leader to provide assistance as needed. {3}

A. Available equipment, refer to SOG #10 in the Fire Plan.

B. Critical equipment in vicinity of fire (Fire Plan)

_____ 1.4.10 **IF** Hazardous materials are involved,

THEN Refer to RP/0/B/1000/017 (Spill Response Procedure)

_____ 1.4.11 **IF** An oil filled transformer is involved in a fire.

THEN Request Oconee County Fire Department to dispatch the Keowee Fire Department to the site.

Dial 9-911	from Ext 3271	Operations Shift Manger's phone
Dial 9-9-11	from Ext. 2159	Unit 1 Control Room SRO's phone or
Dial 911	from 882-7076	Units 1,2, & 3 Control Room, Bell South lines

_____ 1.4.12 **IF** Any of the following transformers requires immediate de-energizing:

#1, #2, #3, 1T, 2T, 3T, CT1, CT2, CT3, 3X,3Y, 3Z or 3S

THEN Go to Enclosure 4.6. {9}

NOTE: Minimum flow concerns for HPSW pumps can develop if an HPSW pump is operating with discharge flow <1450 gpm. Most deluge/mulsifyre systems satisfy this requirement therefore, 1.4.13.A may not be necessary if large quantities of water are being discharged from the HPSW system.

_____ 1.4.13 **IF** The Fire Brigade identifies a fire requiring application of water for extinguishment,

AND Power is available to operate HPSW pumps {5}

THEN perform the following:

NOTE: These steps are in order of preference.

A. Perform one of the following:

1. Activate Mulsifyre Transformer No. 3Y [3Y Currently spare] (T-3-B42)
   OR
2. Activate any one of the following (preferably not loaded or energized):
   - Mulsifyre Transformer CT-1 (T-3-B14)
   - Mulsifyre Transformer No.CT-2 (T-3-D29)
   - Mulsifyre Transformer No.CT-3. (T-3-B42)

   OR
3. Remove cap and open any fire Hydrant within protected area or switchyard with a 2.5" outlet.

NOTE: HPSW Pump should be started ≤ 30 minutes from start of fire.

B. Start HPSW Pump per OP/0/A/1104/011 (High Pressure Service Water). {1} {4}

C. Make a PA announcement to discontinue use of HPSW for non-essential purposes. {1}

D. Evaluate any Auxiliary Building Flooding Concerns (Refer to Auxiliary Building Flood AP). {2}

NOTE: The 16 inch HPSW supply lines to the Auxiliary Building are isolated due to the potential for Auxiliary Building flooding.

_____ 1.4.14 **IF** It is desired to increase water pressure and flow to the Auxiliary Building

THEN Take actions as necessary to open HPSW-20 and HPSW-21. {10}

_____ 1.4.15 **IF** Fire occurs on backshifts or weekends

AND Additional Fire Brigade support is needed,

THEN Perform the following:

A. Select the off duty shift(s) that will impact the safe operation of the plant the least by being recalled (i.e., shifts other than on coming shift).

_____ A _____ B _____ C _____ D _____ E

B. Call the Switchboard Operator and request them to call the shift(s) selected in Step A.

C. Use the Duke Internal Paging System to alert the off duty shift selected in Step A to respond back to the site for fire brigade duties. {7}

SHIFT	GROUP PAGER NUMBER
'A' Shift	777-0392
'B' Shift	777-7705
'C' Shift	778-3411
'D' Shift	777-0002
'E' Shift	778-5157

NOTE: All site phones except for the following are blocked from accessing the public 911 emergency service line.

_____ 1.4.16 **IF** Oconee County Fire Department assistance is needed for manpower, equipment or the fire last longer than 5 minutes after the application of extinguishing agent. {6}

Dial 9-911	from Ext 3271	Operations Shift Manger's phone
Dial 9-9-11	from Ext. 2159	Unit 1 Control Room SRO's phone or
Dial 911	from 882-7076	Units 1,2, & 3 Control Rooms, Bell South lines

A. Request a response from:

- Keowee Fire Department
- Keowee Ebenezer Fire Department
- Corinth-Shiloh Fire Department

B. Instruct the fire department dispatcher to have departments enter the site through the complex entrance of Hwy. 183.

C. Call Security (ext. 2222) and request that they have a Security Officer escort the fire department to the fire location.

1.4.17 **IF** Fire is isolated on a building roof or other elevated structure, {5}

THEN

Dial 9-911	from Ext. 3271	Operations Shift Manager's phone
Dial 9-911	from Ext. 2159	Unit 1 Control Room SRO's phone
Or		
Dial 911	from 882-7076	Units 1 /2 and 3 Control Rooms, Bell South lines

A. Request a response from the Keowee Fire Department and the county ladder truck.

B. Instruct the fire department dispatcher to have departments enter the site through the complex entrance off Hwy. 183.

C. Call Security (ext. 2222) and request that they have a Security officer escort the fire department to the fire location.

NOTE:
- Offsite fire departments are normally responsible for fire suppression activities outside the Protected Area. The Fire Brigade may provide limited support for a fire outside the Protected Area if resources allow.
- The Fire Plan for Keowee Hydro calls for sending the Fire Brigade to extinguish fires there.
- Security will automatically send a Security Officer to investigate alarms on fire detection systems that are monitored by Security in the PAP. Security will call the emergency line to report the existence of a fire or a need for further investigation by plant personnel as needed.

_____ 1.5 **IF** Fire is involved or suspected **OUTSIDE** the Protected Area,

THEN Call Security (ext. 2222) and request that a Security Officer be dispatched to the suspected fire location to verify fire location and nature of the fire.

Request Security Shift Supervisor to relay information back to the Control Room via the emergency line (4911).

_____ 1.5.1 **IF** Security confirms that there is a fire or the situation has the potential for developing into one,

THEN Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Consider requesting assistance from the offsite fire departments at this time. {6}

IF offsite assistance is needed

GO TO Step 1.5.3.

NOTE:
- This Step does **NOT** apply for the Keowee Hydro Station, which has its own fire pump.
- Minimum flow concerns for HPSW pumps can develop if a HPSW pump is operating with discharge flow <1450 gpm. Most deluge/mulsifyer systems satisfy this requirement therefore, 1.5.2.A may not be necessary if large quantities of water are being discharged from the HPSW system..

_____ 1.5.2 **IF** The Fire Brigade identifies a fire requiring application of water for extinguishment

AND Power is available to operate HPSW pumps {5}

THEN Perform the following:

NOTE: These steps are in order of preference.

A. Perform one of the following:

1. Activate Mulsifyre Transformer No. 3Y [3Y Currently spare] (T-3-B42)
   OR
2. Activate any one of the following (preferably not loaded or energized):
   - Mulsifyre Transformer CT-1 (T-3-B14)
   - Mulsifyre Transformer No.CT-2 (T-3-D29)
   - Mulsifyre Transformer No.CT-3. (T-3-B42)

   OR
3. Remove cap and open any fire Hydrant within protected area or switchyard with a 2.5" outlet.

NOTE: HPSW Pump should be started ≤ 30 minutes from start of fire.

B. Start HPSW Pump per OP/0/A/1104/011 (High Pressure Service Water). {1} {4}

C. Make a PA announcement to discontinue use of HPSW for non-essential purposes. {1}

NOTE: All site phones except for the following are blocked from accessing the public 911 emergency service line.

_____ 1.5.3 **IF** Oconee County Fire Department assistance is needed,

THEN

Dial 9-911	from Ext. 3271	Operations Shift Manager's phone
Dial 9-911	from Ext. 2159	Unit 1 Control Room SRO's phone
	or	
Dial 911	from 882-7076	Units 1/2 and 3 Control Rooms, Bell South line

_____ 1.5.4 Request a response from:

- Keowee Fire Department
- Keowee Ebenezer Fire Department
- Corinth-Shiloh Fire Department

A. Instruct the fire department dispatcher to have departments enter the site through the complex entrance off Hwy 183.

B. Call Security (ext. 2222) and request that they have a Security Officer escort the fire department to the fire location.

NOTE: Keowee Hydro Station is located in Pickens County. Dialing 9-911 will **NOT** access the Pickens County Fire Dispatch.

_____ 1.5.5 **IF** Six Mile Fire Department assistance is needed for a fire at Keowee Hydro Station,

THEN Call the Pickens County Sheriffs Department (898-5500) and request the response of Six Mile Fire Department to Keowee Hydro Station.

- Call Security (ext. 2222) and request that they have a Security Officer escort the fire department to the fire location.

_____ 1.6 Return to Section 3, Subsequent Actions.

1. Fire Brigade Response – OSC/TSC Activation

- Actions may be followed in any sequence.
- Lines left of procedure steps are used to indicate place in procedure.
- Check marks are acceptable in these blanks.
- Complete the procedure steps that apply to this incident.
- N/A steps not performed.

_____ 1.1 Complete the following with information taken from the Work Control Assistant who received the emergency line call:

Name/Group of person reporting fire/smoke_____

_____

Location of fire/smoke_____

Equipment/components affected by fire/smoke_____

_____

Time _____ Date _____

Are there people in the immediate area who need to be warned or relocated to a safe area?

_____

Are there any injured people? _____

Call back number _____

_____ 1.2 Refer to Fire Plan for the location reported for fire in Step 1.1.

_____ 1.2.1 Request support from an unaffected unit. (Refer to Fire Plan SOG#10 for Fire Brigade Equipment locations).

NOTE: The Emergency Coordinator or designee may activate a full Fire Brigade response without sending someone to investigate first, if deemed necessary. Possible situations that warrant full response could include:

- Multiple reports from individuals
- Multiple alarms,
- Other system indications
- Any other indicators that the Emergency Coordinator deems significant.

_____ 1.3 **IF** Fire is involved or suspected **INSIDE** the Protected Area,

THEN Perform one of the following as required.

_____ 1.3.1 Send one operator, with a radio, to the fire/smoke location to perform one of the following:

A. Extinguish the fire (if possible) with portable extinguisher (notify Control Room)

OR

B. **IF** Fire Brigade response is required

THEN Notify OSC SRO immediately.

_____ 1.3.2 **IF** Fire Brigade response is **NOT** needed,

THEN Perform the following:

A. Direct NEO to search affected area for victims

B. Activate MERT if required per RP /0/B/1000/016 (Medical Response)

C. IF **NO** fire was discovered then exit this procedure.

D. If fire was discovered then GO TO Step 1.3.5.

_____ 1.3.3 **IF** A full Fire Brigade response is needed,

THEN Perform the following:

A. Direct NEO to:

- Search effected area for victims
- Evacuate surrounding areas
- Pre-stage nearby equipment for Fire Brigade
- Report to Fire Brigade Leader for further instructions

B. Dispatch Fire Brigade Members assigned to the OSC.

C. Request the OSC Security Manager to have MERT respond along with the Fire Brigade to the fire location.

_____ 1.3.4 Establish and maintain communications with Fire Brigade Leader to provide assistance as needed. {3}

A. Available equipment (Refer to SOG #10 in the Fire Plan)

B. Critical equipment in vicinity of fire (Fire Plan)

_____ 1.3.5 **IF** Hazardous materials are involved,

THEN Refer to RP/0/B/1000/017 (Spill Response Procedure).

_____ 1.3.6 **IF** An oil filled transformer is involved in a fire,

THEN Request Oconee County Fire Department to dispatch the Keowee Fire Department to the site.

Dial 9-911	from Ext. 3271	Operations Shift Manager's phone
Dial 9-911	from Ext. 2159	Unit 1 Control Room SRO's phone or
Dial 911	from 882-7076	Units 1, 2 and 3 Control Rooms, Bell South lines

A. Instruct the fire department dispatcher to have Keowee Fire Department enter the site through the complex entrance off Hw 183.

_____ 1.3.7 **IF** Any of the following transformers requires immediate de-energizing:

#1, #2, #3, 1T, 2T, 3T, CT1, CT2, CT3, 3X, 3Y, 3Z or 3S

THEN Go to Enclosure 4.6. {9}

NOTE: Minimum flow concerns for HPSW pumps can develop if a HPSW pump is operating with discharge flow <1450 gpm. Most deluge/mulsifyer systems satisfy this requirement therefore, 1.3.8.A may not be necessary if large quantities of water are being discharged from the HPSW system..

_____ 1.3.8 **IF** The Fire Brigade identifies a fire requiring application of water for extinguishment,

AND Power is available to operate HPSW pumps {5}

THEN Perform the following

NOTE: These steps are in order of preference.

A. Perform one of the following:

1. Activate Mulsifyre Transformer No. 3Y [3Y Currently spare] (T-3-B42)
   OR
2. Activate any one of the following (preferably not loaded or energized):
   - Mulsifyre Transformer CT-1 (T-3-B14)
   - Mulsifyre Transformer No.CT-2 (T-3-D29)
   - Mulsifyre Transformer No.CT-3. (T-3-B42)

   OR
3. Remove cap and open any fire Hydrant within protected area or switchyard with a 2.5" outlet.

NOTE: HPSW Pump should be started ≤ 30 minutes from start of fire.

B. Start HPSW Pump per OP/0/A/1104/011 (High Pressure Service Water). {1} {4}

C. Make a PA announcement to discontinue use of HPSW for non-essential purposes. {1}

D. Evaluate any Auxiliary Building Flooding Concerns (Refer to Auxiliary Building Flood AP). {2}

NOTE: The 16 inch HPSW supply lines to the Auxiliary Building are isolated due to the potential for Auxiliary Building flooding.

_____ 1.3.9 **IF** It is desired to increase water pressure and flow to the Auxiliary Building

THEN Take actions as necessary to open HPSW-20 and HPSW-21. {10}

_____ 1.3.10 Notify SRO to evaluate the need for staging personnel at the SSF.

_____ 1.3.11 **IF** Fire occurs on backshifts or weekends

AND Additional Fire Brigade support is needed,

THEN Perform the following:

A. Select the off duty shift(s) that will impact the safe operation of the plant the least by being recalled (i.e., shifts other than on coming shift).

_____A _____B _____C _____D _____E

B. Call the Switchboard Operator and request them to recall the shift(s) selected in Step A.

C. Use the Duke Internal Paging System to alert the off duty shift selected in Step A to respond back to the site for fire brigade duties. {7}

SHIFT	GROUP PAGER NUMBER
'A' Shift	777-0392
'B' Shift	777-7705
'C' Shift	778-3411
'D' Shift	777-0002
'E' Shift	778-5157

_____ 1.3.12 **IF** Oconee County Fire Department assistance is needed for additional manpower, equipment or the fire lasts longer than 5 minutes after the application of extinguishing agent. {6}

THEN Request that the Offsite Communicator call and request a fire department response from:

- Keowee Fire Department
- Keowee-Ebenezer Fire Department
- Corinth Shiloh Fire Department

A. Have the Offsite Communicator instruct the fire department dispatcher to have the responding departments to enter the site through the complex entrance off Hwy 183.

B. Request that a Security officer meet and escort the fire department to the fire location.

1.3.13 **IF** Fire is located on a building roof or other elevated structure, {5}

THEN Request the Offsite Communicator call and request a response from the Keowee Fire Dept. and the county ladder truck.

A. Have the Offsite Communicator instruct the fire department dispatcher to have the responding units to enter the site through the complex entrance off Hwy 183.

B. Request that a Security officer meet and escort the fire department to the fire location.

NOTE:
- Offsite fire departments are normally responsible for fire suppression activities outside the Protected Area. The Fire Brigade may provide limited support for a fire outside the Protected Area if resources allow.
- The Fire Plan for Keowee Hydro calls for sending the Fire Brigade to extinguish fires there.
- Security will automatically send a Security Officer to investigate alarms on fire detection systems that are monitored by Security in the PAP. Security will call the emergency line to report the existence of a fire or a need for further investigation by plant personnel as needed.

____ 1.4 **IF** Fire is involved or suspected **OUTSIDE** the Protected Area,

THEN Request that a Security Officer be dispatched to the suspected fire location to verify the location and status of the fire. Request that information be relayed back to the OSC via the emergency line (4911).

____ 1.4.1 **IF** Security confirms that there is a fire or the situation has the potential for developing into one,

THEN Send a Fire Brigade Leader and one Fire Brigade Member or the full Fire Brigade if resources allow. Consider requesting assistance from the offsite fire departments at this time. {6}

IF Offsite assistance is needed

GO TO Step 1.4.3

NOTE:
- This step does **NOT** apply for the Keowee Hydro Station, which has its own fire pump.
- Minimum flow concerns of HPSW pumps can develop if a HPSW pump is operating with discharge flow <1450 gpm. Most deluge/mulsifyer systems satisfy this requirement therefore, 1.4.2.A may not be necessary if large quantities of water are being discharged from the HPSW system.

_____ 1.4.2 **IF** The Fire Brigade identifies a fire requiring application of water for extinguishment,

AND Power is available to operate HPSW pumps. {5}

THEN Perform the following:

NOTE: These steps are in order of preference.

A. Perform one of the following:

1. Activate Mulsifyre Transformer No. 3Y [3Y Currently spare] (T-3-B42)
OR
2. Activate any one of the following (preferably not loaded or energized):
   - Mulsifyre Transformer CT-1 (T-3-B14)
   - Mulsifyre Transformer No.CT-2 (T-3-D29)
   - Mulsifyre Transformer No.CT-3. (T-3-B42)

   OR
3. Remove cap and open any fire Hydrant within protected area or switchyard with a 2.5"outlet.

NOTE: HPSW Pump should be started ≤ 30 minutes from start of fire.

B. Start HPSW Pump per OP/0/A/1104/011 (High Pressure Service Water). {1} {4}

C. Make a PA announcement to discontinue use of HPSW for non-essential purposes. {1}

_____ 1.4.3 **IF** Oconee County Fire Department assistance is needed,

THEN Request that the Offsite Communicator call and request a fire department response from:

- Keowee Fire Department
- Keowee-Ebenezer Fire Department
- Corinth Shiloh Fire Department

A. Have the Offsite Communicator instruct the fire department dispatcher to have the responding units to enter the site through the complex entrance off Hwy 183.

B. Request that a Security Officer meet and escort the fire department to the fire location.

NOTE: Keowee Hydro Station is located in Pickens County.

_____ 1.4.4 **IF** Six Mile Fire Department assistance is needed for a fire at Keowee Hydro Station,

THEN Request the Offsite Communicator call the Pickens County Sheriffs Department (898-5500) and request Six Mile Fire Department to respond to Keowee Hydro Station.

- Request that a Security Officer meet and escort the fire department to the fire location.

_____ 1.5 Return to Section 3, Subsequent Actions.

FIRE EMERGENCY REPORT

Station/Location: _____ Date: _____

Location (Unit/Area): _____

Time Discovered: _____ Discovered By: _____

Operations Shift Manager: _____

Evacuation: Yes _____ No _____ Partial _____ Other _____

Fire Brigade Response: Yes _____ No _____

Time Fire Extinguished: _____

List All Fire Protection Equipment Used _____

_____

_____

Operation Satisfactory: Yes _____ No _____ (Use Back For Details)

Equipment Restored For Use: Yes _____ No _____ If no, Explain (Use Back for Details)

Outside Assistance Called: No _____ Yes _____ Agency(s) _____

_____

Area Involved: _____

Point of Origin (If known): _____

Cause (If known _____

Damage To:

- Building _____
- Equipment _____
- Personal _____
- Other _____

Injuries Reported: _____

Briefly Describe What Happened: _____

_____

_____

_____ _____

*Signature of Fire Brigade Leader *Signature of Operations Shift Manager

*Notify Safety Representative of Fires Involving Personal Injury (Refer to Duty List for after hours).

Fire Brigade Leader Checklist

TASK	✔
Don Fire Brigade Leader Vest	
Determine Staging Area and Communicate to Control Room • Safe accessibility • Minimal distractions • Appropriate vicinity	
Establish The Following Teams/Priorities: • Entry Team - Priority = search & rescue/fight fire • Backup Team - Priority = backup Entry Team/help fight fire • Rapid Intervention Team - Priority = Rescue Fire Fighters (if required)	
Stress The Following Items With All Teams Prior To Dispatching To Fire: • Safety of Team is top priority • Stay with the hose/rescue line at all times • Maintain contact with your team at all times • All teams report to Safety Officer prior to entering fire zone and after exiting fire zone for accountability	
Assess The Fire: • Request CR to dispatch additional resources as required: - Off Duty Shifts and/or Offsite Fire Departments - - (Fire active > 5 minutes after extinguishing agent is applied) - Outside Equipment Truck and/or Equipment Carts - CO2 or Wheeled Dry Chemical Extinguishers - Foam Units • Exposures - Critical Equipment Concerns - Above/Below Fire?, Fire/Smoke/Water?, Electrical Hazards? • Report Critical Equipment Concerns to CR for Emergency Plan Consideration	
Request Location of Nearest Fire Hose Locations From Control Room: • Elevation/column # • Communicate locations to teams	
Request Assistance From RP/Security • Request Security At The Scene To Control Access To The Area • If Radiological Concerns Exist, Request CR To Notify RP	
Refer To Fire Plan As Required: • Hazards/Ventilation • Refer To SOG #10 for Fire Brigade equipment locations	
If Hazardous Materials Involved, Request CR to Dispatch Haz-Mat Team	

TASK	✔
Don Safety Officer Vest	
Establish Accountability For FB Members • Name tags/accountability board	
Perform PPE Checks of Fire Fighters • All skin covered • All turnout gear openings closed • SCBA cylinder full ($\geq$ 4000 psi) • SCBA cylinder valves fully open • PASS device operational	
Log Team Assignments on Accountability Board • Log time on air • Log entry times • Log team assignments	
Assign MERT Responsibilities • Stand by with medical equipment • Monitor FB members for signs of heat exhaustion/stress/etc. • Provide drinking water for fire fighters	
Maintain Continuos Contact With Fire Brigade Leader	
Evaluate SCBA Needs • If required, request CR to have SCBA cylinder fill trailer delivered • If required, request CR to have Spare SCBA cylinders delivered. • If required, request CR to have spare SCBAs (for additional responders) delivered	

1 Unit 1 Transformers

1.1 **IF** Transformer 1 and/or 1T is affected perform the following:

IF Desired, electrically isolate affected transformer 1, 1T as follows:

- Trip Unit 1 Turbine-Generator
- Ensure open PCB-20
- Ensure open PCB-21
- Ensure Auxiliaries transfer.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

IF Transformer CT1 mulsifyre is affected, perform the following:

IF Desired, electrically isolate affected transformer CT1 as follows:

- Ensure open PCB-17
- Ensure open PCB-18
- Ensure 1TA AUTO-MAN Transfer Switch in MAN
- Ensure open 1TA SU 6.9 KV FDR Breaker
- Ensure 1TB AUTO-MAN Transfer Switch in MAN
- Ensure open 1TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO-MAN Transfer Switch in MAN
- Ensure open E11 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO-MAN Transfer Switch in MAN
- Ensure open E21 MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

2. Unit 2 Transformers

2.1 IF Transformer 2 and/or 2T is affected perform the following:

IF Desired, electrically isolate affected transformer 2, 2T as follows:

- Trip Unit 2 Turbine-Generator
- Ensure open PCB-23
- Ensure open PCB-24
- Ensure Auxiliaries transfer.

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

IF Transformer CT2 mulsifyre is affected, perform the following:

IF Desired, electrically isolate affected transformer CT2 as follows:

- Ensure open PCB-26
- Ensure open PCB-27
- Ensure 2TA AUTO/MAN Transfer Switch in MANUAL
- Ensure open 2TA SU 6.9 KV FDR Breaker
- Ensure 2TB AUTO/MAN Transfer Switch in MANUAL
- Ensure open 2TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO/MAN Transfer Switch in MANUAL
- Ensure open E1 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO/MAN Transfer Switch in MANUAL
- Ensure open E2, MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

3. Unit 3 Transformers

3.1 **IF** Transformer 3X, 3Y, 3Z, 3S, 3T is affected perform the following:

NOTE:	If the transformer which is **NOT** connected to the system is involved, it is **NOT** required to be isolated.

IF Desired, electrically isolate affected transformer 3X, 3Y, 3Z, 3S, 3T as follows:

- Trip Unit 3 Turbine-Generator
- Ensure open PCB-58
- Ensure open PCB-59
- Ensure Auxiliaries transfer.

Within 1 hour, open Red and Yellow Bus Disconnects for the open PCBs.

IF Transformer CT3 mulsifyre is affected, perform the following:

IF Desired, electrically isolate affected transformer CT3 as follows:

- Ensure open PCB-28
- Ensure open PCB-30
- Ensure 3TA AUTO-MAN Transfer Switch in MANUAL
- Ensure open 3TA SU 6.9 KV FDR Breaker
- Ensure 3TB AUTO-MAN Transfer Switch in MANUAL
- Ensure open 3TB SU 6.9 KV FDR Breaker
- Ensure MFB1 AUTO-MAN Transfer Switch in MANUAL
- Ensure open E13 MFB1 STARTUP FDR breaker
- Ensure MFB2 AUTO-MAN Transfer Switch in MANUAL
- Ensure open E23 MFB2 STARTUP FDR breaker.

Refer to SLC 16.9.2 and NSD-316

Within 4 hours, open Red and Yellow Bus Disconnects for the open PCBs.

1. References:

{1} PIP 01-0405

{2} PIP 99-1286

{3} PIP 01-1220

{4} PIP 02-03870

{5} PIP 02-03489

{6} PIP 02-07174

{7} PIP 03-00251

{8} PIP 03-01359

{9} PIP 03-04929

{10} PIP 98-3017