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March 18, 2004

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

Re: McGuire Nuclear Station Units 1 & 2, Docket Nos. 50-369, 50-370

Change to Emergency Plan Implementing Procedures

Attached to this letter are a revised Emergency Plan Implementing Procedure (EPIP) Index and a notice of revision to ten (10) Emergency Plan Implementing Procedures. These procedure revisions were evaluated pursuant to the requirements of 10 CFR 50.54 (q). The changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. Duke implemented these changes on February 25, 2004 & March 1, 2004, and March 3, 2004. A copy of these changes is also being sent to the NRC Office of Nuclear Material Safety and Safeguards as per 10 CFR 72.44 (f). Revision bars within the procedures indicate the revision. The following procedure index changes and procedure revisions have been implemented:

EPIP Index Page 1	Dated 02/25/2004	Rev. 44
EPIP Index Page 2	Dated 02/25/2004	Rev. 44

REVISION to the following procedures:

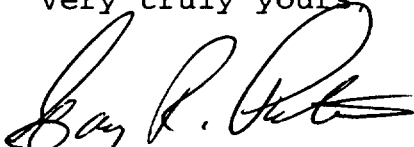
SR/0/B/2000/003	Dated 02/25/2004	Rev. 012
SR/0/B/2000/004	Dated 02/25/2004	Rev. 007
RP/0/A/5700/000	Dated 3/1/2004	Rev. 010
RP/0/A/5700/001	Dated 3/3/2004	Rev. 020
RP/0/A/5700/002	Dated 3/3/2004	Rev. 020
RP/0/A/5700/003	Dated 3/3/2004	Rev. 020
RP/0/A/5700/004	Dated 3/3/2004	Rev. 020
RP/0/A/5700/012	Dated 3/3/2004	Rev. 024
RP/0/A/5700/018	Dated 3/3/2004	Rev. 013
RP/0/B/5700/029	Dated 3/3/2004	Rev. 001

A045

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Page 2

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

Very truly yours,



Gary R. Peterson

Attachments

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

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

(w/attachment)
MNS Master File No. 529.01

(w/o attachment)

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

NRC Resident Inspector
McGuire Nuclear Station

M.T. Cash, Manager NRIA (EC050)

Electronic Licensing Library (EC050)

EP File 111

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
RP/0/A/5700/000	Classification of Emergency	Rev. 010
RP/0/A/5700/001	Notification of Unusual Event	Rev. 020
RP/0/A/5700/002	Alert	Rev. 020
RP/0/A/5700/003	Site Area Emergency	Rev. 020
RP/0/A/5700/004	General Emergency	Rev. 020
RP/0/A/5700/006	Natural Disasters	Rev. 010
RP/0/A/5700/007	Earthquake	Rev. 007
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 004
RP/0/A/5700/009	Collisions/Explosions	Rev. 002
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 013
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 006
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 024
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 013
RP/0/A/5700/019	Core Damage Assessment	Rev. 004
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 015
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 002
RP/0/A/5700/026	Operations/Engineering Required Actions in the Technical Support Center (TSC)	Rev. 003
RP/0/B/5700/023	Public Affairs Emergency Response Plan	Rev. 003
RP/0/B/5700/029	Notifications to Offsite Agencies From The Control Room	Rev. 001
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 004
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 006
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 006

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 003
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 005
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 002
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 007
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 002
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 002
SH/0/B/2005/003	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 000
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 004
SR/0/B/2000/002	Standard Procedure for EOF Services	Rev. 003
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 012
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 007
EP Group Manual	Section 1.1 Emergency Organization	Rev. 018
PT/0/A/4600/088	Functional Check of Emergency Vehicle and Equipment	Rev. 007

DUKE POWER

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: 
SAFETY ASSURANCE MANAGER

DATE APPROVED 3/7/04

EPIP Index Page 1	Dated 2/25/2004	Rev. 44
EPIP Index Page 2	Dated 2/25/2004	Rev. 44
SR/0/B/2000/003	Dated 02/25/2004	Rev. 012
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RP/0/A/5700/000	Dated 3/1/2004	Rev. 010
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RP/0/A/5700/012	Dated 3/3/2004	Rev. 024
RP/0/A/5700/018	Dated 3/3/2004	Rev. 013
RP/0/B/5700/029	Dated 3/3/2004	Rev. 001

(R04-01)

Duke Power Company
PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES

(1) ID No.: SR/0/B/2000/003
Revision No.: 012

PREPARATION

(2) Procedure Title Activation of the Emergency Operations Facility

(3) Prepared By [Signature] Date 2/10/04

(4) Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5) Technical Advisor	<u>[Signature]</u>		
(6) Requires NSD 228 Applicability Determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	YES = New procedure or reissue with major changes NO = Reissue with minor changes OR to incorporate previously approved changes		
(7) Review (QR)	By _____ Date _____	By <u>Alan L. Berger</u> Date <u>2/18/04</u>	By <u>Gregory L. Mitchell</u> Date <u>2-10-04</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>2/18/04</u>	By <u>GM</u> Date <u>2-10-04</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>2/18/04</u>	By <u>GM</u> Date <u>2-10-04</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>ALB</u> Date <u>2/18/04</u>	By <u>GM</u> Date <u>2-10-04</u>
(8) Additional Reviews	By _____ (QA) Date _____	By _____ (QA) Date _____	By _____ (QA) Date _____
	By _____ Date _____	By _____ Date _____	By <u>E. J. Brodke</u> Date <u>2/10/04</u>
(9) Approved	By _____ Date _____	By <u>R. L. Murray</u> Date <u>2-25-04</u>	By <u>Richard L. Swinart</u> Date <u>2-11-04</u>
(10) Use Level	Reference Use		

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

(11) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

- Yes NA Check lists or blanks properly 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 and properly dated, identified, and marked?
- Yes NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (attach additional pages, if necessary)

**Duke Power Company
McGuire Nuclear Station**

Activation of the Emergency Operations Facility

Reference Use

Procedure No.

SR/0/B/2000/003

Revision No.

012

Electronic Reference No.

MC007003

Activation of the Emergency Operations Facility

1. Symptoms

Conditions exist where events are in progress or have occurred which resulted in activation of the Emergency Operations Facility (EOF) Emergency Response Organization (ERO).

2. Immediate Actions

2.1 Upon notification to activate, ERO personnel assigned to the EOF shall report to that facility.

3. Subsequent Actions

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

3.1 The EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification.

3.2 Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the offsite agencies.

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

3.4 **IF** additional positions are needed to support the emergency, or for 24-coverage, **THEN** the following are available for telephone numbers.

- Catawba

Home phone numbers are located in the Catawba Nuclear site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

- 3.5 The following SDS Group Displays have been established for emergency response use. To access these group displays, type GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

Catawba Specific	
<u>Group Display Name</u>	<u>Group Display Description</u>
ERDS1	ERDS Group 1
ERDS2	ERDS Group 2
EROCONT	Selected values associated with containment.
EROCORE1	Incore temperature values
EROCORE2	Additional incore temperature values
EROCORE3	Additional incore temperature values
EROINJCT	Selected letdown/charging values
EROPLEAK	Selected primary to containment leakage values
EROSLEAK	Selected primary to secondary leakage values
EROPRIM	Selected primary system values
ERORD5	Selected Raddose V Assessment Points
ERORXG	Selected Value for Reactor Engineer
EROSAMG	Selected SAMG Values
EROSECND	Selected secondary system values

McGuire Specific	
<u>Group Display Name</u>	<u>Group Display Description</u>
ERO-1	Selected plant parameters
EROCONT	Emergency Response Containment
EROCORE	Emergency Response Incore
EROINJCT	Emergency Response Injection
EROPRIM	Emergency Response Primary
ERORD5	Selected Raddose V Assessment Points
EROSECND	Emergency Response Secondary. {9} {10}

- 3.6 To resolve equipment problems, contact the following:

- Computer problems - EOF Data Coordinator
- Other equipment problems - EOF Services Manager

- 3.7 If the emergency class is upgraded (e.g., from Alert to Site Area Emergency) or an upgrade in the Protective Action Recommendations (PARS) is made, state and counties must be notified as soon as possible and within 15 minutes after the change is declared by the Emergency Coordinator/EOF Director. {12}

3.8 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {12} {13}

3.9 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:

A. Notify the agencies that an upgrade has occurred and that new information will be provided within 15 minutes.

B. Suspend any further transmission of the message that was being transmitted.
{12} {13}

3.10 Definitions

3.10.1 The following definitions are applicable to the Emergency Notification Form, Line 8: {1} {7}

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Stable: Plant conditions are neither **degrading** nor **improving**.

3.10.2 The following definitions are applicable to the Emergency Notification Form, Line 10:

- **EMERGENCY RELEASE** - Any unplanned and quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT**. A release is considered to be in progress if any one or more of the following occurs:
- Reactor Building EMF monitors reading indicates an increase in activity (Catawba and McGuire 38, 39, or 40).

OR

Containment High Range EMF monitors reading greater than 1.5 R/hr. (Catawba 53A or 53B) (McGuire 51A or 51B)

AND

Pressure inside the containment building is greater than Tech. Specs. (Catawba and McGuire 0.3 psig)

OR

An actual containment breach is determined.

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

3.10.3 **OPERATIONAL** - The Emergency Response Facility (e.g., Technical Support Center, Operations Support Center, Emergency Operations Facility) is staffed and ready to perform assigned emergency response functions.

3.10.4 **ACTIVATED** - The Emergency Operations Facility has accepted turnover and has direction and control of assigned emergency response functions.

4. Enclosures

- 4.1 EOF Director/Assistant EOF Director Checklist
- 4.2 Catawba Protective Actions
- 4.3 McGuire Protective Actions
- 4.4 Emergency Classification Downgrade/Termination
- 4.5 Radiological Assessment Manager Checklist
- 4.6 EOF Dose Assessor Checklist
- 4.7 Field Monitoring Coordinator Checklist
- 4.8 Radio Operator Checklist
- 4.9 EOF Offsite Agency Communicator Checklist
- 4.10 Access Control Director Checklist
- 4.11 Accident Assessment Manager Checklist
- 4.12 Accident Assessment Interface Checklist
- 4.13 Operations Interface Checklist
- 4.14 Administrative Support Checklist
- 4.15 Reactor Physics Checklist
- 4.16 EOF Emergency Planner Checklist
- 4.17 EOF Log Recorder/Status Keeper Checklist
- 4.18 EOF Data Coordinator Checklist
- 4.19 EOF Services Manager Checklist
- 4.20 Establishing Communications Links Between McGuire SAMG Evaluators { 11 }
- 4.21 Fitness for Duty Questionnaire
- 4.22 Commitments for SR/0/B/2000/003

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE: The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

_____ Establish a log of activities.

- NOTE:**
1. If the emergency situation prevents activating the TSC within 75 minutes of declaration, the Control Room will:
 - turn over responsibility for classification and state and county notification to the EOF.
 - maintain responsibility for NRC Event Notification until released by the NRC Communicator in the TSC.
 - maintain responsibility for continuous phone communications to the NRC until relieved by the NRC communicator in the TSC.
 2. If the TSC remains unavailable and the EOF cannot take responsibility for classification and state and county notification, the Control Room will maintain these responsibilities until one of the facilities is capable of turnover.

_____ Establish communications with the Emergency Coordinator or Assistant Emergency Coordinator in the affected site's TSC as follows:

- Use the affected site's EOF Director to Emergency Coordinator Ringdown phone
- OR**
- Catawba TSC, dial 8-831-5870
- OR**
- McGuire TSC, dial 8-875-4950.

EOF Director/Assistant EOF Director Checklist Page 2 of 10

____ Verify the following EOF positions, as a minimum, are filled, have checked out their assigned equipment/procedures and are prepared to assume their EOF duties prior to declaring the EOF operational:

- ____ EOF Director
- ____ Accident Assessment Manager
- ____ Radiological Assessment Manager
- ____ Access Control Director
- ____ Off-Site Agency Communicator
- ____ Off-Site Agency Communicator.

____ Begin monitoring the EOF Director's area incoming fax machine. {13}

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

____ Announce over the EOF public address system the following:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

____ Declare the EOF operational. EOF operational time: _____.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

____ Announce the following over the EOF public address system:

"Attention all EOF personnel. This is _____ and as of _____ hours,
(EOF Director's Name)
the EOF is operational."

____ Inform the Emergency Coordinator or Assistant Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

____ Read the definitions for the following terms contained in Steps 3.10 in the body of this procedure:

- Stable
- Improving
- Degrading
- Emergency Release

NOTE: The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

____ Verify the following positions, at a minimum, are ready to activate (i.e., have received the necessary information from their TSC counterpart, etc.) and are positioned to perform the next offsite agency communication via the Emergency Notification Form (ENF).

- ____ Accident Assessment Manager
- ____ Radiological Assessment Manager
- ____ Lead Off-Site Agency Communicator

NOTE: 1. The Emergency Coordinator or Assistant Emergency Coordinator will fax a copy of Emergency Coordinator Turnover Checklist to the EOF. A copy of the "Emergency Coordinator Turnover Checklist" form is provided on page 9 of this enclosure for use if needed.

2. The Assistant EOF Director should be attentive for any incoming faxes. {13}

NOTE: If a classification change is recognized during turnover, the turnover should not be completed until after the activated facility (TSC) declares and transmits the notification to the offsite agencies. {12}

____ Receive turnover from Emergency Coordinator or Assistant Emergency Coordinator utilizing the "Emergency Coordinator Turnover Checklist".

____ Begin preparing, or delegate to the Assistant EOF Director, for briefing Offsite Agencies using the job aide on page 10 of 10. {8}

NOTE: The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Offsite Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

____ Inform the Emergency Coordinator that the EOF is ready to activate.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF public address system the following:

"Attention all EOF personnel. The EOF was activated at _____ hours. This is _____. I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center. The current emergency classification is _____. The following is a summary of the plant status _____

Additional information will be provided to you as conditions change. The next offsite agency notification shall be transmitted by _____ hours. The EOF staff shall prepare for a time-out and a roundtable discussion at _____ hours."

_____ Discuss current emergency classification with the EOF staff and verify that it meets the criteria of:

- Catawba RP/0/A/5000/001
- OR**
- McGuire RP/0/A/5700/000.

_____ **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {12} {13}

IF an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:

- _____ A. Notify the agencies that an upgrade has occurred and that new information will be provided within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {12} {13}

_____ Upon declaration of a Site Area Emergency, consult with the Accident Assessment Manager and the Radiological Assessment Manager to determine potential zones for protective action recommendations should the event progress to a General Emergency.

- NOTE:**
1. Catawba offsite Protective Actions Recommendations are defined in Enclosure 4.2.
 2. McGuire offsite Protective Actions Recommendations are defined in Enclosure 4.3.

_____ Upon declaration of a General Emergency, the EOF Director shall IMMEDIATELY (within 15 minutes) make Protective Action Recommendations to offsite authorities via the Emergency Notification Form (ENF).

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the offsite agencies within 15 minutes.

- _____ Evaluate specific plant conditions, offsite dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in the previous notification.
- _____ Review dose projections with Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.
- _____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10-mile EPZ.
- _____ Discuss, or delegate to the Assistant EOF Director the responsibility to discuss plant status with the County Directors of Emergency Preparedness (CDEP), the State Liaisons or the State Directors of Emergency Preparedness (SDEP) as necessary/requested using one of the following methods:
 - The EOF State Liaisons will communicate information from the EOF Director to County/State representatives using the Decision Line.

NOTE: If using the EOF/Assistant EOF Director telephone, individual State and/or County numbers can be obtained from the appropriate site's Emergency Telephone Directory.

- Use the Decision Lines or the EOF/Assistant EOF Director telephone to contact the appropriate states/counties. Obtain the Decision Line Dial Codes or phone numbers from the appropriate Emergency Telephone Directory. {7}

Catawba Site Specific

_____ York CDEP _____

_____ Mecklenburg CDEP _____

_____ Gaston CDEP _____

_____ NC SDEP _____

_____ SC SDEP _____

McGuire Site Specific

_____ Mecklenburg CDEP _____

_____ Gaston CDEP _____

_____ Lincoln CDEP _____

_____ Iredell CDEP _____

_____ Catawba CDEP _____

_____ Cabarrus CDEP _____

_____ NC SDEP _____

IF Duke Power has provided Protective Action Recommendations to the States and Counties, **THEN** request SDEPs and CDEPs to inform the EOF Director of the decisions for actual Protective Actions for the plume exposure pathway populations. Record SDEPs' and CDEPs' protective action decisions below:

Zones Evacuated: _____

Zones Sheltered: _____

Information Received from: _____

Inform Emergency Coordinator or Assistant Emergency Coordinator of SDEPs' and CDEPs' protective action decisions and other offsite conditions.

Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every 30 minutes with the EOF staff to discuss:
 - Emergency Classification
 - Protective Action Recommendations
 - Emergency Notification Form status
 - Offsite dose projections
 - Mitigation strategies
 - Termination criteria as defined in Enclosure 4.4.
- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public address system following EOF time-outs.
- The Emergency Coordinator or Assistant Emergency Coordinator updates may be broadcast on the EOF public address system.
- Advise Emergency Coordinator or Assistant Emergency Coordinator of the following:
 - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate
 - Emergency Classification changes
 - Protective Action Recommendations changes
 - Mitigation strategies
 - Contingency plans.

NOTE: Reasonable actions that depart from a license condition or technical specification may be performed in an emergency, per 10CFR50.54(x), 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. Deviation from an Emergency Procedure constitutes a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be:

- Approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action, and
- Documented in the Reactor Operators Logbook, and
- Documented in the TSC Logbook, and
- Reported to the NRC within one hour using:
 - Catawba RP/0/B/5000/013, "NRC Notification Requirements" or {3}
 - McGuire RP/0/B/5000/010, "NRC Immediate Notification Requirements".

- Ensure that 10CFR50.54(x) actions are approved prior to performing the action.
- Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:
 - Catawba RP/0/A/5000/018
 - McGuire System Radiation Protection Manual Section VI-6.

- Approve personnel with training deficiencies prior to their participation as EOF staff members. This approval shall be documented in the EOF Log.
- Assist Emergency Coordinator or Assistant Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines.
- Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.

____ Verify that the EOF Emergency Planner completes the "EOF 24-Hour Staffing Log" located in Enclosure 4.16.

____ Assist the TSC Emergency Coordinator or Assistant TSC Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG). { 11 }

NOTE: The offsite Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

____ Establish Recovery Organization if needed using:

- Catawba RP/0/A/5000/025
- McGuire RP/0/A/5700/024.

____ Conduct a critique following termination of a drill or actual event.

____ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out the emergency event in accordance with the applicable procedure:

____ Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

____ Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

____ Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

____ General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004.

Emergency Coordinator Turnover Checklist

UNIT(S) AFFECTED: CATAWBA U1 _____ U2 _____ McGuire U1 _____ U2 _____

GENERAL	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____ _____	NCS PRESS _____ _____	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ TSC ACTIVATED AT: _____ ALERT DECLARED AT: _____ EOF ACTIVATED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____				
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM.	_____	NUMBER DEPLOYED	_____
	OFFSITE PARS	ZONES EVACUATED	_____	ZONES SHELTERED	_____
	RELEASE IN PROGRESS	YES ()	_____	NO ()	_____
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____		WIND SPEED	_____
OFFSITE COMMUNICATIONS		NUMBER		TIME	
	LAST MESSAGE SENT:	_____		_____	
	NEXT MESSAGE DUE:	_____		_____	
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				

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

Job Aid {8}

		AVAILABLE	NOT AVAILABLE	COMMENTS
S/G HEAT REMOVAL	AFW TRAIN A	_____	_____	
	AFW TRAIN B	_____	_____	
	TD AFW TRAIN	_____	_____	
ECCS	NV TRAIN A	_____	_____	COMMENTS
	NV TRAIN B	_____	_____	
	NI TRAIN A	_____	_____	
	NI TRAIN B	_____	_____	
	ND TRAIN A	_____	_____	
	ND TRAIN B	_____	_____	
	STAND BY MU WATER PMP	_____	_____	
COOLING WATER	KC TRAIN A	_____	_____	COMMENTS
	KC TRAIN B	_____	_____	
	RN TRAIN A	_____	_____	
	RN TRAIN B	_____	_____	
POWER SYSTEMS	BUSLINE A	_____	_____	COMMENTS
	BUSLINE B	_____	_____	
	DG A	_____	_____	
	DG B	_____	_____	
	SATA	_____	_____	
	SATB	_____	_____	
	TRAIN A DC POWER	_____	_____	
	TRAIN B DC POWER	_____	_____	
SSF DG	_____	_____		
CONTAINMENT	CONT. SPRAY TRAIN A	_____	_____	COMMENTS
	CONT. SPRAY TRAIN B	_____	_____	
	H ² IGNITERS TRAIN A	_____	_____	
	H ² IGNITERS TRAIN B	_____	_____	
	CONT. AIR RETURN FANS TRAIN A	_____	_____	
	CONT. AIR RETURN FANS TRAIN B	_____	_____	
	CONT. ISOL. TRAIN A	ACTUATED	ISOL.COMPL.	
	CONT. ISOL. TRAIN B	_____	_____	

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g., Briefing the NRC).

INITIAL

{20}

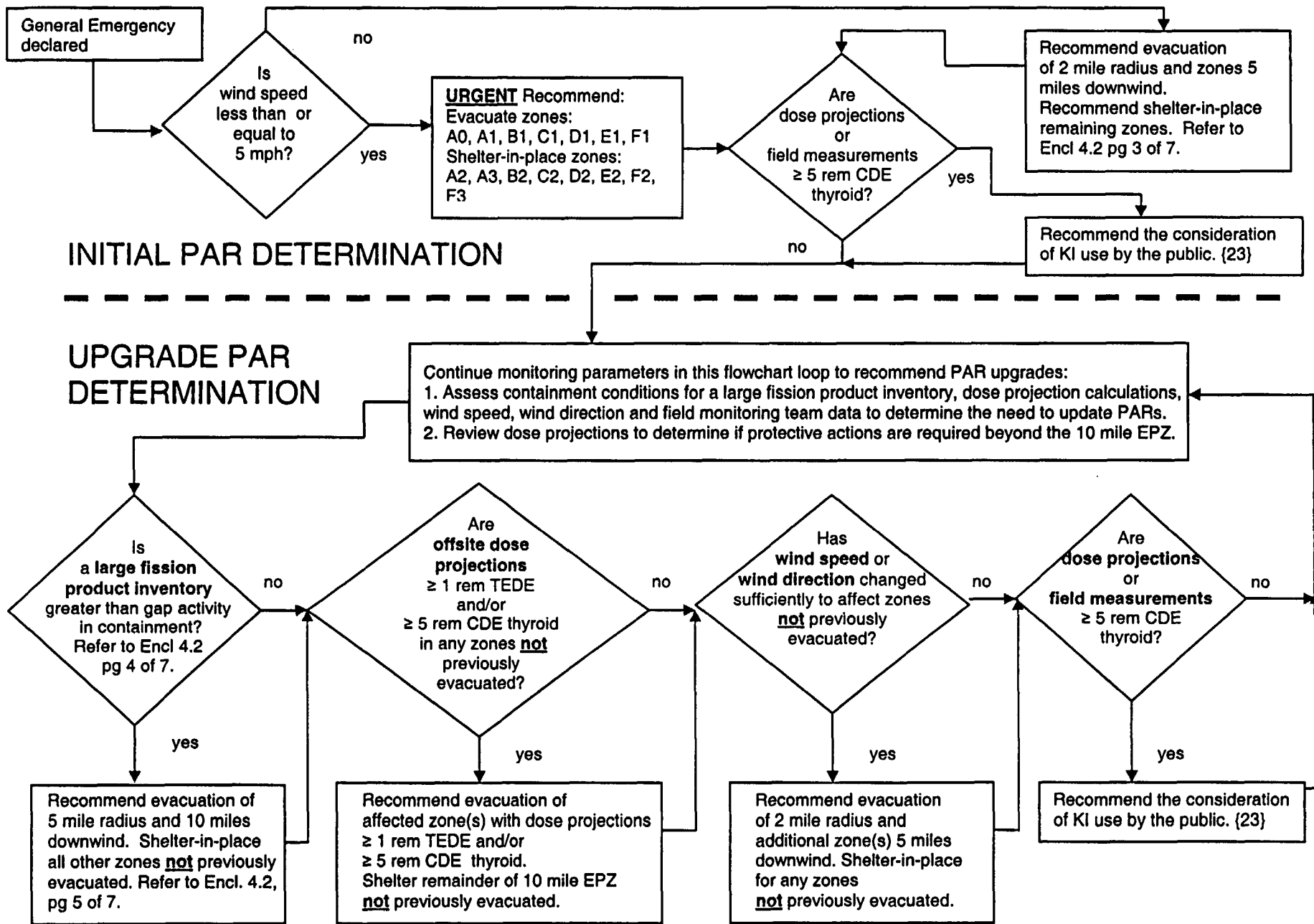
NOTE: Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The offsite Protective Action Recommendations (PARs) specified in this enclosure are based on the PAGs listed below. PAG for KI taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002. {23}

PROTECTIVE ACTION GUIDES (PAGs)

Projected Dose

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10-mile EPZ not evacuated.
N/A	≥5 rem	Consider the use of KI (potassium iodide) in accordance with State Plans and Policy.

Catawba Offsite Protective Actions



**Catawba Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

NOTE:{5}1. If necessary, obtain needed data from one of the following sources in order of sequence:
 A. DPC Meteorological Lab (8-382-0139)
 B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)

— Upon declaration of a General Emergency, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 15 of the Emergency Notification Form (ENF). Determine the PARs based on the 15-minute average lower wind speed (computer point C1P0253) and the 15-minute average upper wind direction (computer point C1P0250) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1

AND

Shelter-in-place zones: A2, A3, B2, C2, D2, E2, F2, F3

OR

<u>WIND SPEED GREATER THAN 5 MILES PER HOUR</u>		
Wind Direction (Degrees from North)	Evacuate 2-Mile Radius and 5 Miles Downwind	Shelter
348.75 - 11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 - 33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 - 56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 - 78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 - 101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 - 123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 - 146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 - 168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
168.76 - 191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
191.26 - 213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 - 236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 - 258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 - 281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 - 303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 - 326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 - 348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

**Catawba Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- NOTE:**
1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies within 15 minutes.
 2. **IF** the containment radiation level exceeds the levels in the EMF Containment Monitor Reading Table below, fission product inventory inside containment is greater than gap activity.

EMF Containment Monitor Reading Table

Time After Shutdown (Hours)	EMF Containment Monitor Reading (R/HR) EMF53A and/or 53B (100% gap activity release)
0-2	864
2-4	624
4-8	450
>8	265

Evaluate large fission product inventory in the containment as follows:

_____ **IF** the OAC is available, call up the following computer points to determine containment radiation levels.

Unit 1 OAC	Unit 2 OAC
C1A1308 ----- 1EMF53A	C2A1308 ----- 2EMF53A
C1A1314 ----- 1EMF53B	C2A1314 ----- 2EMF53B

_____ **IF** the OAC is unavailable, get the EMF containment monitor readings from the control room.

Catawba Offsite Protective Actions

Subsequent Protective Action Recommendations Steps

IF containment radiation levels exceed the levels in the EMF Containment Monitor Reading Table, **THEN:**

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the Protective Action Zones Determination Table below, using wind direction.

AND

_____ Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

Protective Action Zones Determination Table

**(For Containment Radiation Levels Exceeding GAP Activity)
(For Any Wind Speed)**

Wind Direction (Degrees from North) {20}	Evacuate 5-Mile Radius and 10 Miles Downwind	Shelter
348.75 - 11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 - 33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 - 56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3
56.26 - 78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 - 101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3
101.26 - 123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 - 146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 - 168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, D2
168.76 - 191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 - 213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 - 236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 - 258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 - 281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 - 303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 - 326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D3, E2, F2, F3
326.26 - 348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

_____ On a continuing basis, evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification.

**Catawba Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

- Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

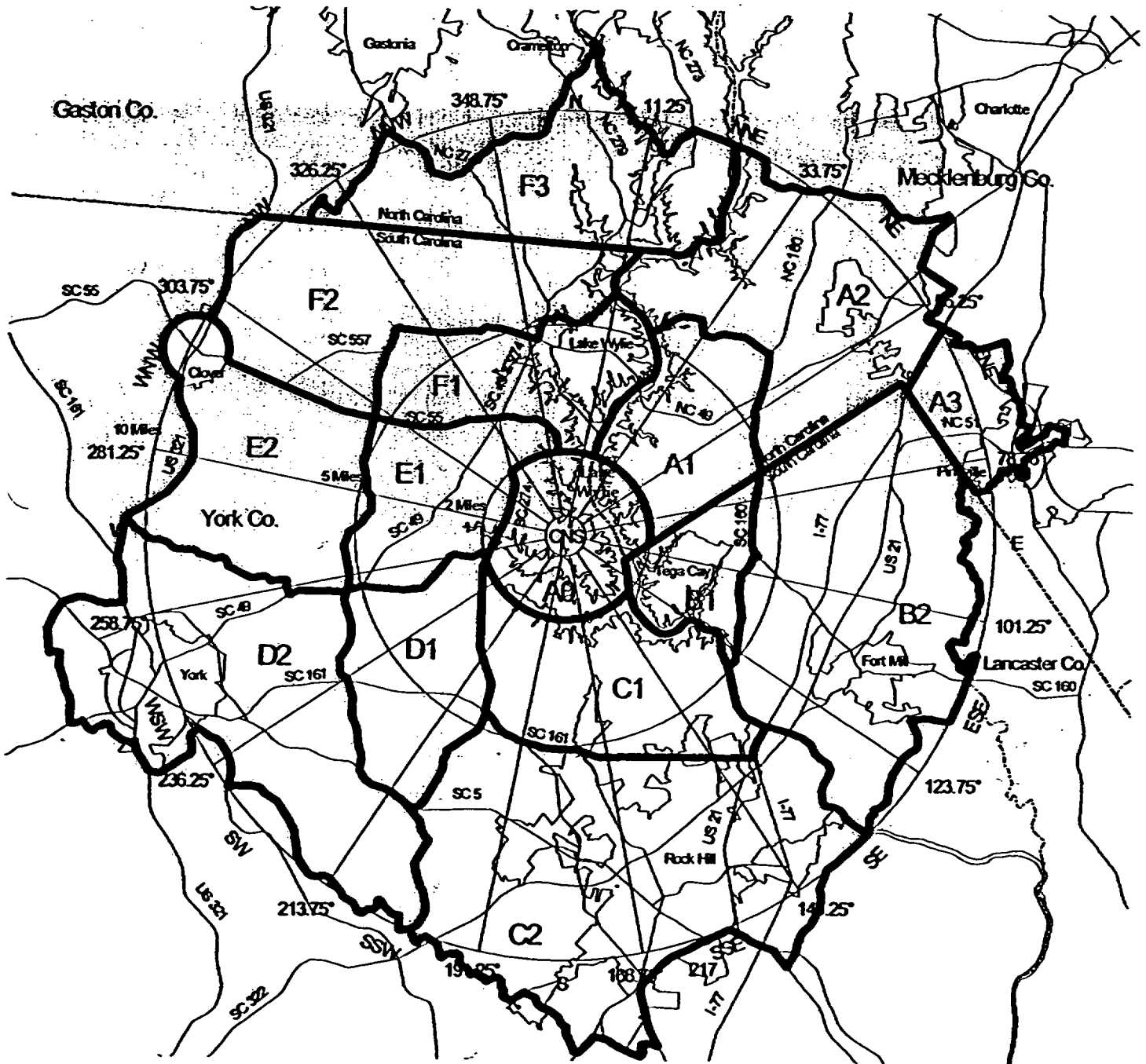
- **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request that they consider sheltering/evacuating the general population located beyond the affected 10-mile EPZ.

Enclosure 4.2

Catawba Offsite Protective Actions
(2 and 5 mile radius, inner circles)

SR/0/B/2000/003

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INITIAL

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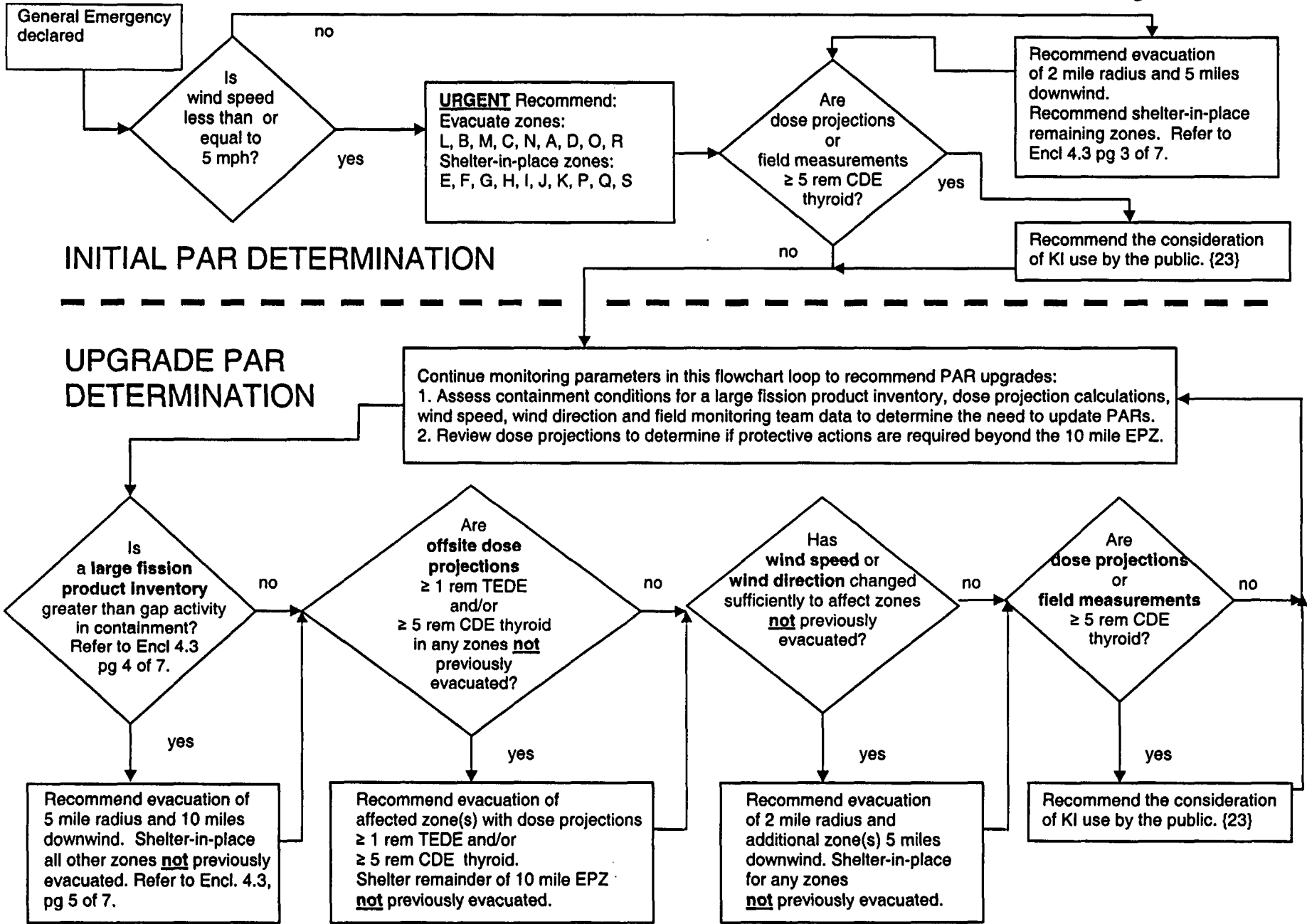
NOTE: Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The offsite Protective Action Recommendations (PARs) specified in this enclosure are based on the PAGs listed below. PAG for KI taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002. {23}

PROTECTIVE ACTION GUIDES (PAGs)

Projected Dose

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 - mile EPZ not evacuated.
N/A	≥ 5 rem	Consider the use of KI (potassium iodide) in accordance with State Plans and Policy.

McGuire Offsite Protective Actions Flowchart



**McGuire Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

NOTE:{5}1. If necessary, obtain needed data from one of the following so ^{No}..... in order of sequence:
 A. DPC Meteorological Lab (8-382-0139)
 B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)

— Upon declaration of a General Emergency, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 15 of the Emergency Notification Form (ENF). Determine the PARs based on the 15-minute average lower wind speed (computer point MIP0848) and the 15-minute average upper wind direction (computer point MIP0847) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

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

AND

Shelter-in-place zones: E, F, G, H, I, J, K, P, Q, S

OR

<u>WIND SPEED GREATER THAN 5 MILES PER HOUR</u>		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2-Mile Radius and 5 Miles Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

NOTE:

1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies within 15 minutes.
2. **IF** the containment radiation level exceeds the levels in the EMF Containment Monitor Reading Table (below), fission product inventory inside containment is greater than gap activity.

EMF Containment Monitor Reading Table	
Time After Shutdown (Hours)	EMF Containment Monitor Reading (R/HR) EMF51A and/or 51B (100% gap activity release)
0-2	864
2-4	624
4-8	450
>8	265

Evaluate large fission product inventory in the containment as follows:

_____ **IF** the OAC is available, call up the following computer points to determine containment radiation levels.

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

_____ **IF** the OAC is unavailable, get the EMF containment monitor readings from the control room.

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

IF containment radiation levels exceed the levels in the EMF Containment Monitor Reading Table,
THEN:

— Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the Protective Action Zones Determination Table, using wind direction.

AND

— Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

Protective Action Zones Determination Table

(For Containment Radiation Levels Exceeding GAP Activity) (For Any Wind Speed)		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction {20}	Evacuate 5-Mile Radius and 10 Miles Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

— On a continuing basis, evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification.

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

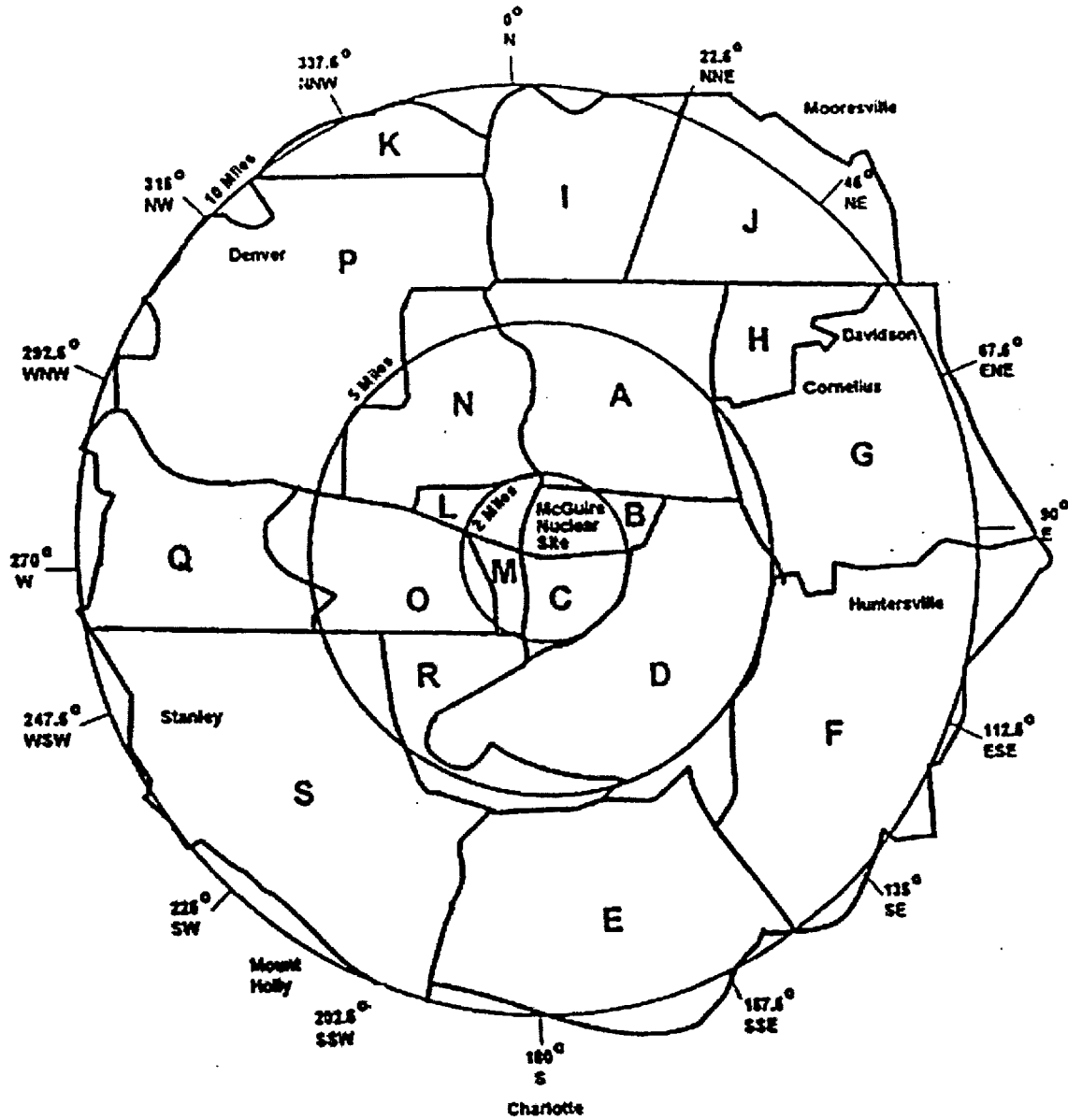
- _____ Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

- _____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request that they consider sheltering/evacuating the general population located beyond the affected 10-mile EPZ.

McGUIRE PROTECTIVE ACTION ZONES

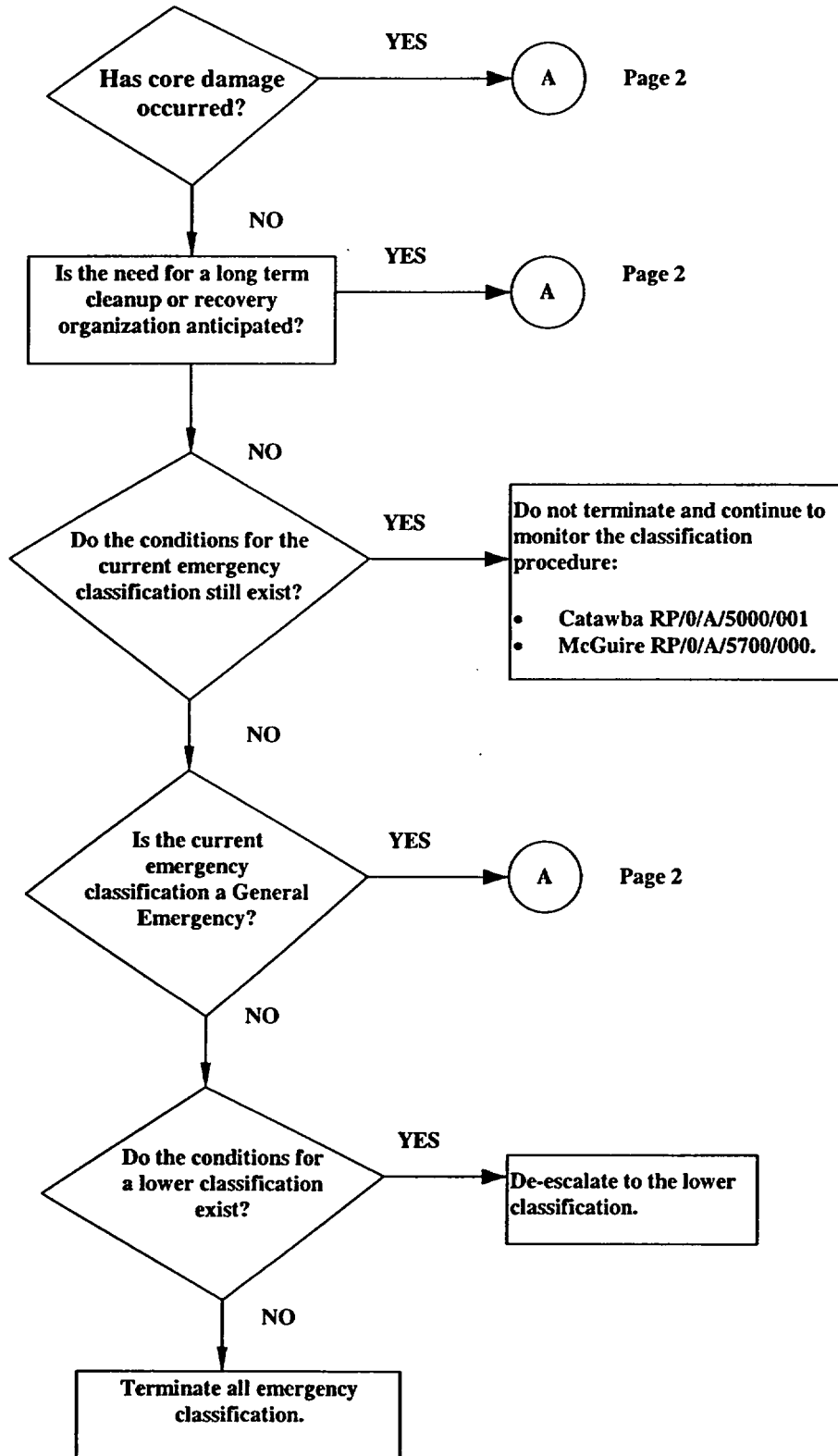
(2 and 5 mile radius, inner circles)

10-MILE EPZ



Emergency Classification Downgrade/Termination
Criteria

INITIAL



**Emergency Classification Downgrade/Termination
Criteria**

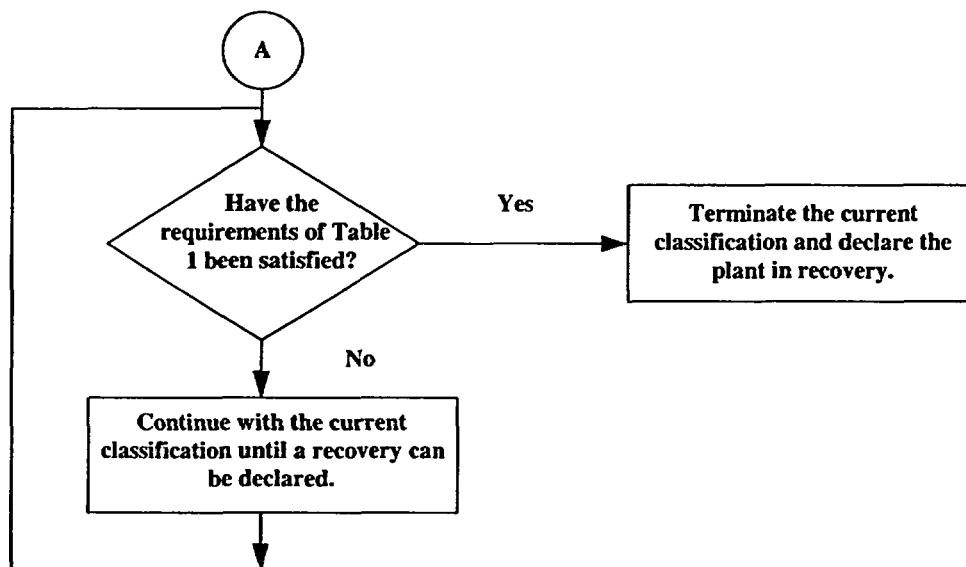


Table 1

- _____ No new evacuation or sheltering protective actions are anticipated.
- _____ Containment pressure is less than design pressure.
- _____ Decay heat rejection to the ultimate heat sink has been established and either:
 - Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),

OR

 - No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {2}
- _____ The risks from recriticality are acceptably low.
- _____ Radiation Protection is monitoring access to radiologically hazardous areas.
- _____ Offsite conditions do not limit plant access.
- _____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
- _____ The recovery organization is ready to assume control of recovery operations:
 - Catawba - RP/0/B/5000/025
 - McGuire - RP/0/A/5700/024.

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure that the FMC has established communication with the Field Monitoring teams if the Field Monitoring teams have been dispatched. {18}
- _____ Notify EOF Director that the Radiological Assessment Manager (RAM) position is operational.
- _____ Ensure all Radiation Protection personnel reporting to the EOF also sign in on the staffing board.
- _____ Ensure that the EOF Dose Assessors are kept informed of pertinent plant information including, but not limited to:
 - 1) The time of TSC activation
 - 2) The time of EOF activation
 - 3) The time of reactor trip
 - 4) Status of safety injection
 - 5) Status of onsite radiological conditions
 - 6) When the next emergency notification message is due. {15}
- _____ Power up the Radiological Assessment Computer.
- _____ Verify EOF Offsite Agency Communicators have opened an electronic Emergency Notification Form.
- _____ Log on to the Emergency Notification Form by following the instructions in the EOF Radiological Assessment Manager's position notebook behind the ENF Logon Instructions tab.
- _____ Verify the electronic Emergency Notification Form can be accessed.
- _____ Establish a log of activities.
- _____ Discuss the following with the EOF Director:
 - 1) Any release in progress, including dose rates (especially at the site boundary)
 - 2) Field Team status/data
 - 3) On-site radiological concerns.

Radiological Assessment Manager Checklist

_____ Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001

OR

McGuire RP/0/A/5700/000.

Catawba Specific

_____ Obtain HP/0/B/1009/009, "Guidelines for Accident and Emergency Response," and perform duties as described in the procedure.

_____ Establish communications with the TSC via the RP Loop; communication established after beep. {4}

_____ Review dose projections to determine if Protective Action Recommendations for KI are required for the General Public. {23}

_____ Review dose projections to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the offsite agencies within 15 minutes.

_____ Evaluate with the EOF Director recommendations for public protective actions.

_____ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

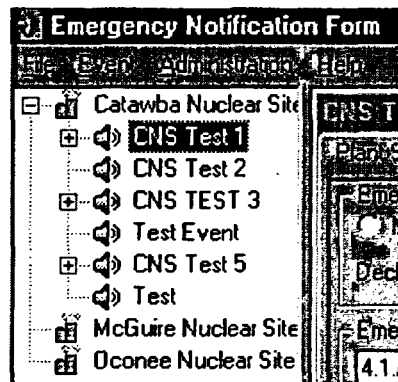
_____ Provide radiological information on the electronic Emergency Notification Form as per the directions beginning on page 3 of this enclosure.

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

ELECTRONIC ENF INSTRUCTIONS

_____ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site).

_____ Select Current Event (i.e., Loss of Offsite Power, 03/08/99 1st Quarter Drill, CNS Test etc.).



- NOTE:**
- Offsite Communicators are responsible for creating the Event. If event has not been created, contact the Offsite Communicators.
 - The Radiological Assessment Manager is responsible for completing and maintaining the Release and Met./Off-site Dose Sections. Information for these Sections may be loaded directly from the RADDPOSE V Program.
 - RADDPOSE V information for the electronic emergency notification form must be saved to the "ini" file.

_____ Verify that a RADDPOSE V Dose Run for the current event has been performed.

- NOTE:** Radiological dose projection information is **not** required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification. However, it may be loaded/transmitted if available within the required timeframe.

_____ Select the **Release** Section tab for the specific event.

Radiological Assessment Manager Checklist

The screenshot shows a software window titled "CNS Test 1". At the top, there are several tabs: "Parameters", "Process/Alarm", "MPPS", "Measurement", and "Communication". Below the tabs, there are several sections of controls:

- A section with radio buttons for "None", "Skip", "Process", and "Hardware".
- A section with a radio button for "Elevated" and a "Skip" button.
- Two date/time input fields: "Start" (04/26/1999 11:30) and "Stop" (// // // //).
- A section with radio buttons for "None", "Normal", "High", and "Very High".
- A table of numerical values:

Unplanned	7.98E+00
Planned	7.45E-02
Reference	6.29E-04
Unit	

At the bottom of the window, there are several buttons, including "Load From RadDose".

NOTE: If automatic load feature is not operational, manually enter the RADDPOSE information.

Select the "Load From RadDose" button on the bottom of the screen.

Screen will request confirmation of specific dose run to be loaded. Click Yes or No.

Verify loaded data is correct.

Click the "Save" button at the bottom of the screen. This will update the status indicator for this section.

NOTE: Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old

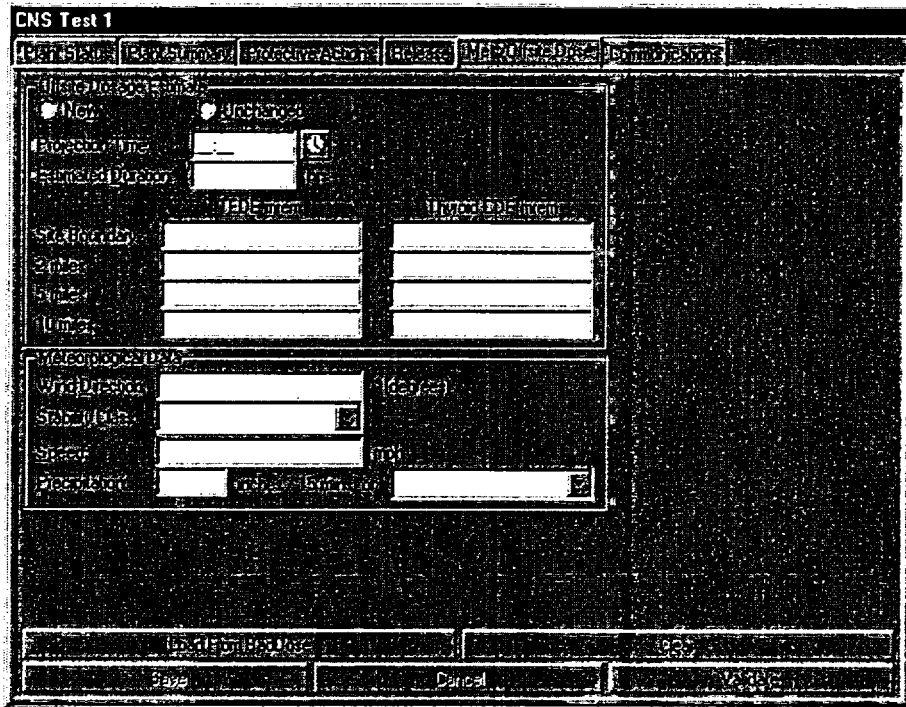
Yellow - information is 10 to 15 minutes old

Red - information is greater than 15 minutes old.

Registration	Event Summary	Receipts/Action	Release	Met./Offsite Dose	Communications	Task/Message	Navigation
07/20/1999 17:47	07/20/1999 17:48	07/20/1999 17:49	07/20/1999 17:45	07/20/1999 17:49	07/20/1999 17:50	07/19/1999 18:27	07/19/1999
RED	RED	RED	GREEN	RED	RED		RED

_____ Immediately proceed to the **Met./Offsite Dose** Section.

_____ Select the **Met./Offsite Dose** Section tab for the specific event.



NOTE: If automatic load feature is not operational, manually enter the RADDOSE information.

- _____ Select the **“Load From RadDose”** button on the bottom of the screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No.**
- _____ Verify loaded data is correct.
- _____ Click the **“Save”**. This will update the status indicator for this section.

NOTE: Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

- Black** - information and time conflict
- Green** - information is 0 to 10 minutes old
- Yellow** - information is 10 to 15 minutes old
- Red** - information is greater than 15 minutes old.

Plan Status	Plan Summary	Relative Dates	Release	Max Allowable Dose	Commenced	Estimate	Release
07/18/1999 12:05	07/19/1999 12:48	07/18/1999 12:49	07/20/1999 12:45	07/20/1999 12:49	07/18/1999 12:50	07/18/1999 12:57	07/19/1999
RED	RED	RED	GREEN	RED	RED		RED

- _____ Verify that Dose Assessment is routinely performing RADDOSE V updates.
- _____ Continue to update or validate the ENF information form as appropriate

ENF UPDATES

If a new dose run is available perform the following:

- _____ Select the **“Load From RadDose”** button on the bottom of each screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No.**
- _____ Verify loaded data is correct.
- _____ Click the **“Save”**. This will update the status indicator for this section. **Status indicators will reflect Update.**

VALIDATION

If the existing dose information is still current and new information does not need to be loaded perform the following:

____ Verify Data is current

____ Select the “**Validate**” button on the bottom right of the screen of each section. **Status indicators will reflect Update.**

<p>NOTE: Protective Action Recommendations will be loaded into the ENF by the Accident Assessment Manager.</p>

____ Evaluate protective actions with the Accident Assessment Manager and the EOF Director.

Initial EOF Activation Checklist

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE: RADDOSE V information must be saved to the "ini" file in order for the Radiological Assessment Manager to transfer the information to the electronic emergency notification form.

_____ Obtain a copy of SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).

_____ Initiate a Log of Activities.

_____ Turn on dose assessment and data acquisition computers and acquire necessary information. **IF** data acquisition programs are unavailable, **THEN** request from TSC information obtained from SDS or the Control Room (EMF and Met data).

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

_____ Verify operability and validity of EMFs through the TSC.

_____ Verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.

_____ Establish communications with dose assessment personnel at the TSC. Compare information, projections and strategies with the TSC.

_____ Obtain turnover from the TSC.

_____ Verify operability of the Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on the HPN phone.

- NOTE:**
1. The NRC Regional Office will request activation of the HPN phone through Emergency Notification System (ENS) telephone if desired.
 2. Information that may be requested over the HPN line could include, but is not limited to the following:
 - Is there any change to the classification of the event? If so, what is the reason?
 - Have toxic or radiological releases occurred or been projected (including changes in the release rate)?
 - If so, what are the actual or currently projected onsite and offsite releases, and what is the basis for this assessment?
 - What are the health effects or consequences to onsite and offsite people?
 - How many onsite or offsite people are being or will be affected and to what extent?
 - Is the event under control? When was control established, or what is the planned action to bring the event under control?
 - What mitigative actions are currently underway or planned?
 - What onsite protective measures have been taken or are planned?
 - What offsite protective actions are being considered or have been recommended to state and local officials?
 - What are the current meteorological conditions?
 - What are the dose and dose rate readings onsite and offsite? {16}

_____ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone.

NOTE:

1. Perform offsite dose projections and determine protective action recommendations.
2. Dose projections shall be run at least every 30 minutes or as directed by the RAM.

_____ Analyze source-term data, formulate source-term mitigation strategies, and provide information to the Radiological Assessment Manager, members of the EOF and TSC Dose Assessors as required.

_____ Perform dose projections as appropriate to plant conditions.

_____ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

Enclosure 4.6
EOF Dose Assessor Checklist

SR/0/B/2000/003
Page 3 of 3

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

- _____ Evaluate dose projections and provide protective action recommendations to the Radiological Assessment Manager and the EOF Director.
- _____ **IF** SAMGs are implemented **AND** offsite releases approach or exceed 100mRem TEDE or 500mRem Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (located in the Accident Assessment Area). {22}
- _____ **IF** SAMGs are implemented **AND** offsite releases approach or exceed 1Rem TEDE or 5 Rem Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (Located in the Accident Assessment Area). {14}
- _____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Field Monitoring Coordinator Checklist

INITIAL

- NOTE:**
1. You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.
 2. Field Teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions).

_____ Establish a log of activities.

- NOTE:**
1. For drill or exercise met data, choose the appropriate site simulator SDS resource.
 2. For Catawba real time met data, choose the SDS resource for either unit.
 3. For McGuire real time met data, choose only the Unit 1 SDS resource. Unit 2 SDS does not provide met data.

_____ To access meteorological data via SDS, perform the following:

- go to the DAE
- search DAE for SDS
- select the desired SDS resource [SDS (OAC) Catawba Simulator, Unit 1, Unit 2 **OR** SDS (OAC) McGuire Simulator, Unit 1, Unit 2]
- select Trends
- select Group Display
- scroll down the alphabetical list and select FBS-MET for McGuire **OR** select MET for Catawba. {22}

Field Monitoring Coordinator Checklist

_____ When the EOF Radio Operator has established communications with the field monitoring teams, notify the TSC Dose Assessors and begin providing direction to the field monitoring teams. {19}

Catawba Specific

Perform duties as described in the following:

- HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"
- HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication".

_____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

_____ Provide all completed procedures and copies of logs to the EOF Emergency Planner upon deactivation of the EOF.

Enclosure 4.8
Radio Operator Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey Data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}
- _____ Establish contact with Field Teams.
- _____ Relay instructions obtained from the Field Monitoring Coordinator to the Field Teams.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- Put on position badge.
- Sign in on the EOF staffing board.
- Establish a log of activities
- Perform the duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility).
- Ensure emergency notification times are satisfied.
- Provide all completed paperwork to Emergency Planning upon deactivation of emergency facility.

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the staffing board located in the EOF Director's area.
- _____ Establish a log of activities.
- _____ Conduct turnover with Corporate Security to enable them to return to their normal jobs.
 - For Drills Only, ask security to secure the interior doors.
- _____ Process responders found on the Access List as follows:
 - Request a photo ID from all personnel entering the EOF.
 - Verify the identity of all personnel by comparing the photo ID to facial features.

Catawba Specific

Drills

- Set up Class Tracking program and scan Duke participant badges upon entry into the EOF (instructions at Access Control Point).
- Direct participants to sign the CNS EOF Drill/Event Participation form for the appropriate position.

Actual Events or Scanner Inoperable

- Direct participants to sign the Exercise/Drill/Event/Attendance Sheet.
- Direct participants to sign the CNS ERO Drill/Event Participation form for the appropriate position.

McGuire Specific

Drills

- Set up Class Tracking program and scan Duke participant badges upon entry into the EOF (instructions at Access Control Point).

Actual Events or Scanner Inoperable

- Direct participants to sign the Exercise/Drill/Event/Attendance Sheet.
- Direct all personnel to obtain the appropriate EOF position badge.

_____ Process responders not found on the Access List as follows:

- Request EOF access from the appropriate EOF group primary, EOF Director, or Assistant EOF Director.
- Request approved credentials from all visitors, Federal, State and Offsite Agency officials desiring EOF access and direct them to sign the Drill/Event Participation List for visitors, Federal, State and Offsite Agencies (Enclosure 4.10, page 3).

_____ Notify Corporate Security to secure EOF following deactivation of the emergency facility.

_____ Notify Facility Services at 382-4948 to clean the EOF following deactivation of the EOF.

_____ Place new EOF Access List in appropriate box at EOF Access Control desk.

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

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 1 of 9

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

____ Put on position badge.

____ Sign in on the EOF staffing board.

____ Establish a log of activities.

____ **IF** additional positions are needed to support the emergency, **THEN** staff the Administrative Support and the Reactor Physics positions as appropriate.

- Catawba

Home phone numbers are located in the Catawba Nuclear Site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

____ Obtain a copy of the "Classification of Emergency" procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet:

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004.

_____ Ensure PC is on and displaying plant status.

_____ Log on to the Emergency Notification Form by following the instructions in the EOF Accident Assessment Manager's position notebook behind the ENF Logon Instructions tab.

_____ Verify electronic Emergency Notification Form can be accessed.

_____ Provide the required information on the electronic Emergency Notification Form as per the directions beginning on page 4 of this enclosure.

_____ **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {12} {13}

IF an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:

_____ A. Notify the agencies that an upgrade has occurred and that new information will be provided within 15 minutes.

_____ B. Suspend any further transmission of the message that was being transmitted. {12} {13}

_____ Perform the following steps as needed.

_____ Coordinate the following functions:

- Accident Assessment Interface
- Operations Interface
- Reactor Physics (as needed)
- Administrative Support (as needed).

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the offsite agencies within 15 minutes.

_____ Work closely with the Radiological Assessment Manager and be prepared to discuss the following topics during the EOF staff time-outs or earlier as appropriate:

- Emergency classification recommendations utilizing the "Classification of Emergency" procedure for the affected station:
 - Catawba: RP/0/A/5000/001
 - McGuire: RP/0/A/5700/000
- Protective action recommendations
- Current plant status
- Accident mitigation strategies with priorities
- Anticipated course of the event
- Possible solutions if procedural adequacy becomes a concern
- Prioritization of key issues.

NOTE: Refer to Step 3.10 in the main body of this procedure for definitions associated with the Emergency Notification Form.

_____ Provide information contained in Sections 5 through 9 of the Emergency Notification Form.

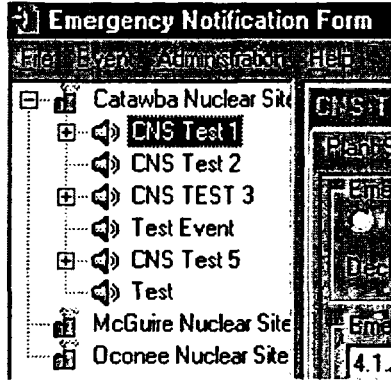
_____ Coordinate with the Radiological Assessment Manager to provide the information contained in Section 15 of the Emergency Notification Form.

_____ Assist TSC Emergency Coordinator as a decision maker upon entry into Severe Accident Management Guidelines (SAMGs) (as requested).

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

ELECTRONIC ENF INSTRUCTIONS

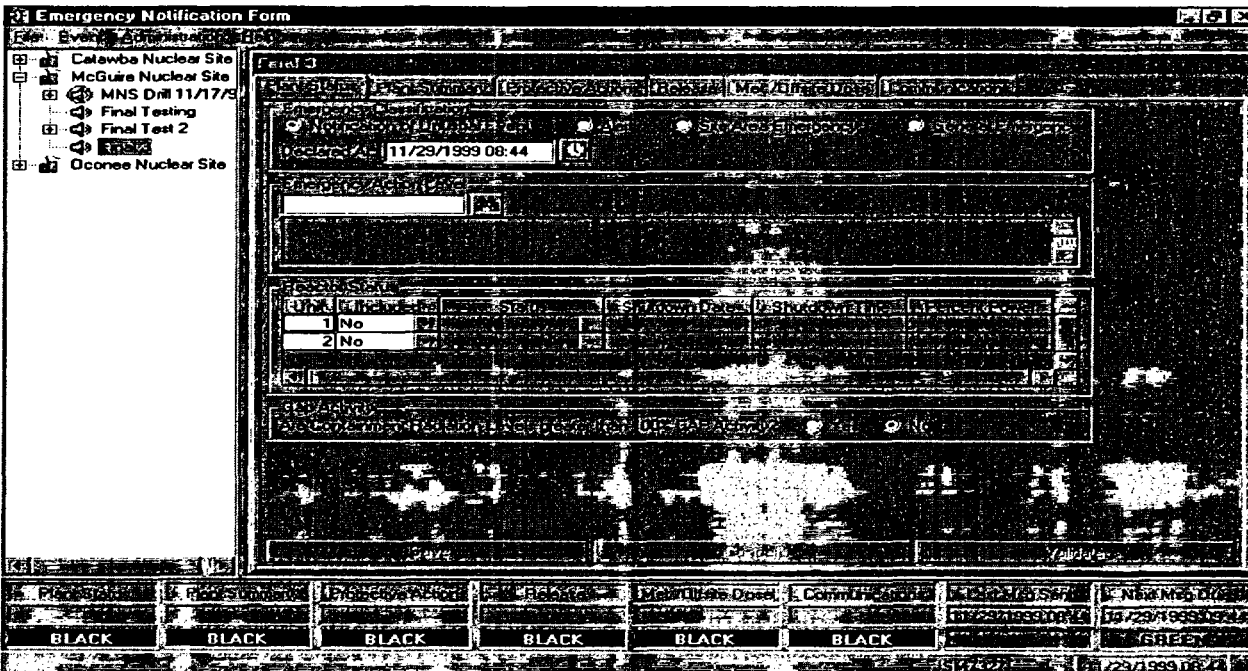
- Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site).
- Select Current Event (i.e., Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.).



NOTE: Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Offsite Communicators.

NOTE: Accident Assessment is responsible for completing and maintaining the Plant Status, Plant Summary and Protective Action sections of the ENF.

- Select the Plant Status Section tab for the specific event.



Accident Assessment Manager Checklist

_____ Complete the following:

- **Emergency Classification:** Select appropriate classification and declaration time.
- **Emergency Action Level (EAL):** Select appropriate EAL.
- **Reactor Status:** Enter Reactor Status information for each unit and indicate which unit is affected. **(Included)**
- **Gap Activity:** For Alert and Site Area Emergency Check NO.

For **General Emergency**, refer to SR/0/B/2000/003, Enclosure 4.2 (Catawba) or 4.3 (McGuire), to determine if containment radiation levels are > 100% of Gap Activity. Confirm with the RAM and EOF Director.

_____ Click the "Save" button at the bottom of the screen.

Plant Status	Plant Summary	Protective Actions	Release	Met/Diffuse Data	Communications	ASU/MS/SEP	INCS/MS/EP
07/28/1999 09:28	07/10/1999 14:57	08/10/1999 04:59	07/28/1999 04:09	07/28/1999 03:10	08/10/1999 06:59	06/27/1999 16:20	05/22/1999
GREEN	RED	RED	RED	RED	RED		RED

Note: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

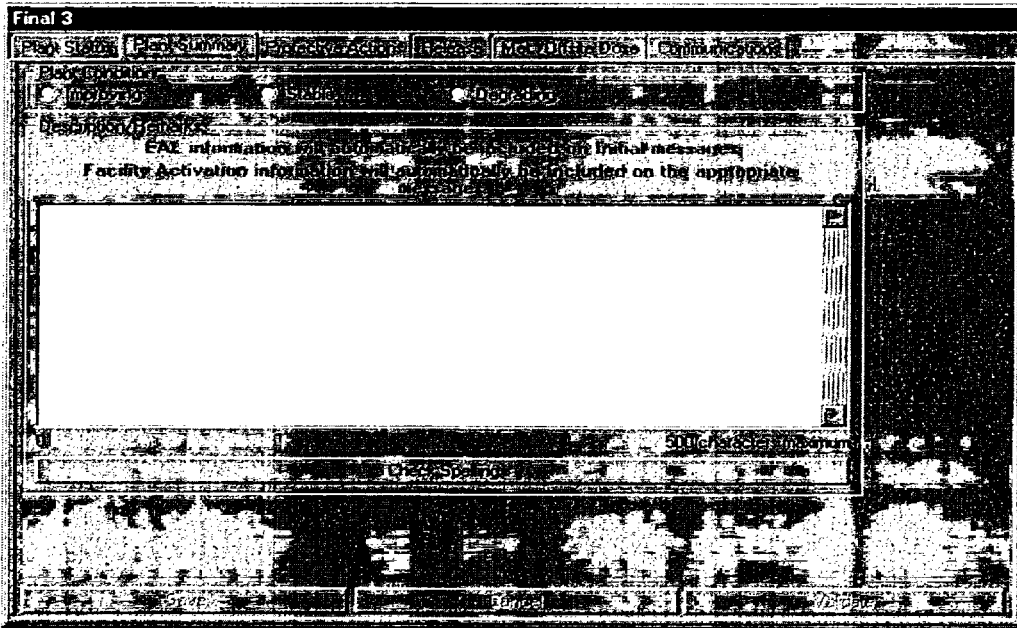
Black - information and time conflict

Green - information is 0 to 5 minutes old

Yellow - information is 5 to 15 minutes old

Red - information is greater than 15 minutes old.

_____ Select the **Plant Summary** Section tab for the specific event.



Complete the following information:

_____ **Plant Condition:** (Select Improving, Stable , or Degrading) Confirm with the EOF Director. {7}

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Stable: Plant conditions are neither **degrading** nor **improving**.

_____ **Description/Remarks:** Write a concise description for declaring the event, or changes since last notification. **The first message in the classification will automatically include the EAL information.** Include any other information that may affect the offsite Agencies (see list below). Follow-up messages should include relevant information and changes that have occurred since the last message. **(Don't just repeat the EAL information or the last message.)**

NOTE: Remember to "close the loop" on items from previous notifications.

Examples of additional information to be included in line 7.

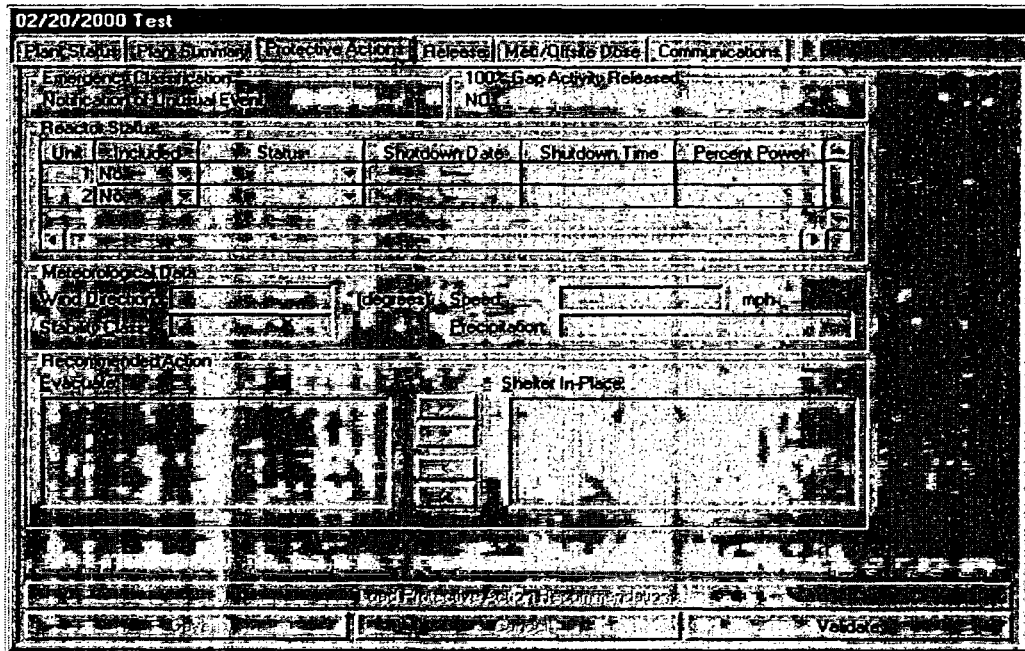
- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event).
- Major/Key Equipment Out of Service.
- Emergency response actions underway.
- Fire(s) onsite.
- Flooding related to the emergency.
- Explosions.
- Loss of offsite Power.
- Core Uncovery.
- Core Damage.
- Medical Emergency Response Team activation related to the emergency.
- Personnel injury related to the emergency or death.
- Transport of injured individuals offsite - specify whether contaminated or not.
- Site Evacuation/relocation of site personnel.
- Saboteurs/Intruders/Suspicious devices/Threats.
- Chemical or Hazardous Material Spills or Releases.
- Extraordinary noises audible offsite.
- Any event causing/requiring offsite agency response.
- Any event causing increased media attention.

_____ Click the "Save" button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

NOTE: Protective Action Determination is **only** required for a **General Emergency**.

_____ Select the **Protective Action** section tab.



_____ If the Emergency Classification **IS NOT** a General Emergency verify by selecting the "Validate" button at the bottom right of the screen. (The status indicator at the bottom of the screen will be updated.)

_____ If the Emergency Classification **IS** a General Emergency perform the following:

- Select the Load Protective Action bar at the bottom of the screen. (Protective actions will automatically be loaded into the program based on wind speed, direction, and gap activity.)
- With input from the Radiological Assessment Manager (RAM), verify loaded Protective Actions are correct utilizing SR/0/B/2000/003 Enclosure 4.2 (Catawba) or Enclosure 4.3 (McGuire).
- If the RAM recommends a protective action for KI (potassium iodide), it must be added by the Offsite Agency Communicator after the message is built. Inform the Offsite Agency Communicator of the need to add this to the message. {23}
- Click the "Save" button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

_____ Establish a routine to periodically validate the data of **each section** to assure information is current by performing the following:

- Verify Data is current.
- If the information is still current and no additional information needs to be added, select the **“Validate”** button on the bottom right of the screen of each section.
- If the section needs to be revised and/or additional information needs to be added, enter the updated information, then select the **“Save”** button on the bottom left of the screen of each section.

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities.

_____ Ensure PC is on and displaying affected station and unit plant status.

Catawba Specific

_____ Establish bridge line for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

_____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

_____ Establish communication link with System Engineering Manager in the TSC, as needed by dialing 8-875-4954.

_____ Obtain a copy of the Classification of Emergency procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000.

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet.

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

_____ Obtain a copy of the Core Damage Assessment procedure for the affected station from the procedure cabinet.

- Catawba: RP/0/A/5000/015
- McGuire: RP/0/A/5700/019

_____ Obtain a copy of Accident Assessment Technical Manual.

_____ Gather plant status information using the Accident Assessment Initial Information Request Form found on page 4 of this enclosure.

_____ Upon declaration of a General Emergency **IMMEDIATELY RECOMMEND** to Accident Assessment Manager protective actions for the initial Emergency Notification Form using:

- Catawba: Enclosure 4.2
- McGuire: Enclosure 4.3.

_____ Perform the following steps as needed throughout the event:

_____ **IF** condition warrants, **THEN** determine analysis of the reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment).

_____ **IF** condition warrants, **THEN** provide:

- Estimates of core uncover times
- Interpretations of reactor water level data.

_____ Follow status of the Emergency Operations Procedures (EOPs) and discuss with the Accident Assessment Manager.

_____ Maintain communication with the Radiological Assessment group in the EOF.

_____ Advise Operations Interface of the anticipated course of events.

_____ Provide information for status board in the Accident Assessment Group room and maintain the appropriate logs.

_____ Advise Accident Assessment Manager on the following:

- Anticipated course of events
- Diagnosis of the accident and mitigation strategies
- Analysis of core and containment
- Core damage and fission product release potential
- Background information of system design
- Emergency classifications.

_____ Support Systems Engineering Manager in the TSC in accident and mitigation strategies.

_____ Assist the TSC as an evaluator upon entry into Severe Accident Management Guidelines (as requested).

_____ **REFER** to Enclosure 4.20 of this procedure for guidance on establishing communications links between McGuire SAMG evaluators.

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

Initial Information Request

Initial Information Request	Results
Emergency Classification Status	
EAL Declaration Chronology	
Protective Actions Status	
Reactor/Turbine Status	
Power Level	
Time of Trip & On What Signal	
Any Abnormal Response	
NC Pump Status	
Core Cooling Status (subcooled margin/ RVLIS/natural circulation)	
Orange or Red CSFs Alarms Received	
Safety Injection	
When Actuated & on What Signal	
NV, NI, ND, Ice Condenser Status	
Feedwater	
CF and CA Status	
Main Steam	
Isolation Status	
SMSV, SM PORV, SB Status	
Electric Power	
600V, 4160V, D/G Status	
Containment	
Isolation Status	
NS and VX Status	
Security/Fire/Flooding/HAZMAT/Other Hazards	
Plant Conditions Status	
Off-site Releases	
Status	

Enclosure 4.13
Operations Interface Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

Catawba Specific

- _____ Establish communications for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

- _____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

- _____ Perform the following steps as needed throughout the event:
 - _____ Serve as the communications interface with the Accident Assessment Group and the TSC Operations Group.
 - _____ Advise Accident Assessment Group on the following:
 - Emergency Operations Procedures (EOPs)
 - Diagnosis of the accident and mitigation strategies
 - Emergency classification.
 - _____ Advise TSC of the anticipated course of events.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.14
Administrative Support Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Obtain a copy of Accident Assessment Manual, Emergency Operating Procedures and affected plant PRA manual from Nuclear Engineering office area.
- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PCs are on and functional.
- _____ Establish a log of activities.
- _____ Notify other positions of the Accident Assessment Group at the direction of the Accident Assessment Manager.
- _____ Record recommendations of the Accident Assessment team and plant status as appropriate on the status board in the Accident Assessment group room.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.15
Reactor Physics Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain any applicable nuclear design calculations from the Nuclear Engineering office area.
- _____ Establish communications with the TSC Reactor Engineer.
- _____ **IF** conditions warrant, **THEN** determine analysis of the reactor core and the fuel with respect to:
 - Reactor Physics parameters
 - Core subcriticality.
- _____ Provide Accident Assessment Manager with information concerning any abnormal core conditions.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 1 of 9

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

NOTE: The Public Address amplifier is in the Janitor Storage Room across from the bathroom. The controls are in a yellow box mounted on the wall on the right side of the room.

- _____ Turn on the EOF Public Address system.
- _____ Power up and log on Emergency Planner Computer as follows.
 - _____ Log on using "eofws" as the USER ID.
 - _____ Enter the Password (eofws911).
 - _____ Display Autolog-EP by performing the following:
 - _____ Access the DAE.
 - _____ Access the Emergency Response Organization (ERO) Folder.
 - _____ Select Autolog 2.2 CNS-MNS ERO
 - _____ Enter your User ID.
 - _____ Enter the password (password).
 - _____ Click "Login as Current SS".
 - _____ Click OK.
 - _____ **IF** the appropriate station log is not displayed, **THEN** select the appropriate station log by clicking on "File" and then "Open" on the menu bar.
- _____ Obtain the Emergency Planner headset from the Emergency Planner Desk area and dial into the EP bridge line using 8-831-4010 or another available bridge line.

Enclosure 4.16
Emergency Planner Checklist

SR/O/B/2000/003
Page 2 of 9

- _____ Contact the Enterprise Crisis Operations Center (ECOC) Director by pager at 8-777-1008 and provide your call back number. Have on hand all emergency notification forms (ENFs) transmitted to state and local agencies up to this time. Be prepared to answer questions concerning information on the ENFs as well as any other information requested by ECOC Director when called back. {21}

- _____ Support EOF Director with the following:
 - _____ Complete EOF Director Checklist items as requested.
 - _____ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.
 - _____ Interface with the NRC.
 - _____ Interface with federal, state and local agencies.

- _____ Assist Off-Site Agency Communicators in preparation of emergency notifications as needed.

- _____ Compile a 24-Hour Staffing Log for each EOF position. The log is contained in this enclosure.

- _____ Verify that EOF Public Affairs personnel have considered 24-hour staffing.

- _____ Upon deactivation of the EOF, collect all completed paperwork and forward to the appropriate Emergency Planning Manager.

- _____ Upon deactivation of the EOF, complete "EOF Post Event Checklist."

Emergency Planner Checklist

EOF DIRECTOR AREA

24-HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name	*Shift Schedule	Name	*Shift Schedule
EOF Director				
Assistant EOF Director				
EOF Staff Support/ Status Keeper				
EOF Log Recorder				
EOF Emergency Planner				
Radiological Assessment Manager				
Accident Assessment Manager				

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

Emergency Planner Checklist

DOSE ASSESSMENT AREA

24-HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name	*Shift Schedule	Name	*Shift Schedule
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor (HPN)				
Field Monitoring Coordinator				
Radio Operator				

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

Emergency Planner Checklist

ACCIDENT ASSESSMENT AREA

24-HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name	*Shift Schedule	Name	*Shift Schedule
EOF Data Coordinator				
EOF Data Coordinator (As Needed)				
Accident Assessment Interface				
Accident Assessment Interface (As Needed)				
Reactor Physics (As Needed)				
Administrative Support (As Needed)				
Operations Interface				

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

Emergency Planner Checklist

OFFSITE AGENCY COMMUNICATOR

24-HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name	*Shift Schedule	Name	*Shift Schedule
Lead EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				

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

ACCESS CONTROL AREA
24-HOUR POSITION EOF STAFFING LOG

Position	Primary		Relief	
	Name	*Shift Schedule	Name	*Shift Schedule
EOF Access Control Director				
EOF Services Manager				

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

Emergency Planner Checklist

EOF FACILITY POST EVENT CHECKLIST

- Obtain printed copy of EOF Log.
- Archive Log by selecting the "Archive" button.
- Shutdown the AutoLog program.

When prompted to "Log off and remain Shift Supervisor" select NO.

Retrieve:

- Completed Procedures
- Notes.

NOTE: The Ericsson Cellular phones need to remain on to charge properly.

Turn off:

- Copiers
- Computers (Except leave the Data Coordinator Server Computer turned on)
- Video monitors
- Public address components
- Projectors.

Perform:

- Applicable sections of SR/0/B/4600/086 to replenish supply cabinet and procedure inventories
- Clean tables off
- Put all trash in containers
- Erase status boards
- Verify all Fax machines have paper supply replenished (5 Fax machines)
- Verify all copiers have paper supply replenished (2 Copiers).

Replenish the following:

Position Specific Notebooks (Procedure, Checklist, Log Sheets):

- EOF Director
- Radiological Assessment Manager
- EOF Dose Assessor
- Field Monitoring Coordinator
- Radio Operator
- EOF Offsite Agency Communicator
- Access Control Director
- Accident Assessment Manager
- Accident Assessment Interface
- EOF Operations Interface
- EOF Administrative Support
- Reactor Physics
- EOF Emergency Planner

Emergency Planner Checklist

- EOF Log Recorder/Status Keeper
- EOF Data Coordinator
- EOF Services Manager
- EOF Access List in Access Control Director's area.

EOF Log Recorder/Staff Support/
Status Keeper Checklist

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PC is on.

NOTE:

1. Instructions for the use of the AutoLog program are provided in the EOF.
2. The TSC Status Coordinator will enter plant status information (i.e., priorities, mitigation actions, classification changes, etc.). The EOF Log Recorder should enter EOF specific information and other information as directed by the EOF Director or Assistant EOF Director. There will be some duplicate information in the TSC and EOF logs (i.e., Classification changes, etc.).
3. Log errors cannot be deleted.

- _____ **CORRECT** any log error by making a new entry and stating in the entry that this corrects a previously entered error. {17}
- _____ Establish an official log of all significant EOF activities and EOF Director decisions using the AutoLog computer program.
- _____ **IF** the AutoLog computer program is not available, **THEN** establish a manual log of all significant EOF activities and EOF Director decisions.
- _____ **IF** requested by the EOF Director, prepare a sequence of events list and revise it as necessary.
- _____ Maintain EOF status boards.
- _____ Track established priorities on EOF status board as requested by EOF Director.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.18
EOF Data Coordinator Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Verify EOF computer hardware, software, and data display equipment is operational per Section I of the Data Coordinator's Reference Manual.
- _____ Provide the following computer support as required:
 - Software and hardware applications support
 - Data acquisition support
 - Communication with TSC Data Coordinator.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.19
EOF Services Manager Checklist

SR/0/B/2000/003
Page 1 of 2

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Unlock supply cabinet.
- _____ Establish duty function contacts for the following EOF service areas and list on board in EOF service area:
 - Administration/Commissary
 - Communications
 - Transportation Services
 - Risk Management
 - Procurement.
- _____ Perform the duties as described in SR/0/B/2000/002.
- _____ Establish a log of activities.
- _____ Provide general administrative support, office supplies and ensure office equipment is functioning properly.
- _____ Provide food and beverages to meet nutritional needs.
- _____ Provide facilities to meet personal needs (dining facilities, toilets, trash receptacles and disposal) as required.
- _____ Contact Communications to troubleshoot and repair telephone systems, mobile radios and pagers as required.
- _____ Contact Transportation Services or others to arrange for necessary equipment for the movement of materials and personnel as required.
- _____ Arrange for accommodations for personnel as required.
- _____ Contact Risk Management to serve as liaison between Duke and the insurance companies in gathering data and establishing claims offices to disburse emergency assistance funds to evacuees as required.

EOF Services Manager Checklist

- _____ Coordinate all activities related to the procurement of materials, equipment and services from outside suppliers including arranging for transportation and receiving as required.
- _____ Contact additional personnel and arrange schedule for continuous support as required.
- _____ Ensure that all trash and left over food products are properly contained and arrange for disposal.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**ESTABLISHING COMMUNICATIONS
LINKS BETWEEN MCGUIRE SAMG
EVALUATORS**

INITIAL

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

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

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

EP Controller bridge (12 - party) 875-4575

McGuire site bridge (6 - party) 875-3030

McGuire site bridge (6 - party) 875-3200

Enclosure 4.21
Fitness for Duty Questionnaire

SR/0/B/2000/003
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

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

MARK THE APPROPRIATE BOX

No

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

Yes

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

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES NO

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

Signature Of Management Observer Date

Fold the form and drop it in the box provided.

Commitments for SR/0/B/2000/003

- {1} PIP 0-M97-4210 NRC-1
- {2} PIP 0-M96-1645
- {3} PIP 2-C96-0273
- {4} PIP 0-C98-3123
- {5} PIP 0-M98-3522
- {6} PIP 0-M98-2065
- {7} PIP 0-C00-3830
- {8} PIP 0-M99-3800
- {9} PIP M-99-2593
- {10} PIP M-00-1107
- {11} PIP G-02-00399 (deleted Meteorologist Checklist, replaced with new enclosure)
- {12} PIP M-01-3565
- {13} PIP M-01-3711
- {14} PIP M-99-5381
- {15} PIP C-02-5851
- {16} PIP G-02-00360
- {17} PIP M-02-6113, C.A.32
- {18} PIP M-02-2412, C.A.17
- {19} PIP M-03-2174
- {20} PIP M-02-3086, C.A. 32
- {21} PIP M-03-2808, C.A. 1
- {22} PIP M-03-3294, C.A. 10
- {23} PIP G-03-606

(R04-01)

Duke Power Company
PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES

(1) ID No.: SR/0/B/2000/004
Revision No.: 007

PREPARATION

(2) Procedure Title Notification to States and Counties from the Emergency Operations Facility

(3) Prepared By Jane R. Parker Date 2/10/04

(4) Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5) Technical Advisor	<u>BR SA</u>		
(6) Requires NSD 228 Applicability Determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	YES = New procedure or reissue with major changes NO = Reissue with minor changes OR to incorporate previously approved changes		
(7) Review (QR)	By _____ Date _____	By <u>Alan L. Brown</u> Date <u>2/19/04</u>	By <u>GARY C. Mitchell</u> Date <u>2-10-04</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>ACB</u> Date <u>2/19/04</u>	By <u>NAGM</u> Date <u>2-10-04</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>ACB</u> Date <u>2/19/04</u>	By <u>NAGM</u> Date <u>2-10-04</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>ACB</u> Date <u>2/19/04</u>	By <u>NAGM</u> Date <u>2-10-04</u>
(8) Additional Reviews	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By <u>E. J. Beadle</u> Date <u>2/10/04</u>
(9) Approved	By _____ Date _____	By <u>R. Z. Murray</u> Date <u>2-25-04</u>	By <u>Michael L. Swigart</u> Date <u>2-11-04</u>
(10) Use Level	<u>REFERENCE USE</u>		

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

(11) Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____
Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____
Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

- Yes NA Check lists or blanks properly 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 and properly dated, identified, and marked?
- Yes NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (attach additional pages, if necessary)

Duke Power Company Catawba/McGuire Nuclear Station	Procedure No. SR/0/B/2000/004
	Revision No. 007
	Electronic Reference No. MP00715S

Notification to States and Counties from the Emergency Operations Facility

Reference Use

Notifications to States and Counties from the Emergency Operations Facility

1. Symptoms

- 1.1 An emergency has been declared and an Offsite Agency Notification is required.

NOTE: The first Emergency Offsite Agency Communicator to arrive should promptly perform the "Immediate Actions" regardless of the assigned role.

2. Immediate Actions

NOTE:

- Ensure Enclosure 4.9 (EOF Offsite Agency Communicator Checklist) of procedure SR/0/B/2000/003 is completed.
- Steps of this procedure may be performed out of sequence at the discretion of the communicator. Sign-off lines are for place keeping and are not required to be initialed. The notification form will serve as the official documentation for the notification to offsite agencies.
- Changes in Protective Actions Recommendations shall be transmitted within 15 minutes.
- Changes in Protective Actions Recommendations and termination Notifications shall be transmitted verbally.

- ___ 2.1 EOF Offsite Communicators shall proceed directly to the Emergency Operations Facility.
- ___ 2.2 Obtain position notebook from the book shelf in the EOF Director's area.
- ___ 2.3 Circle which Site has declared the Emergency, i.e., **McGuire** or **Catawba**.
- 2.4 Acquire information from the TSC on the communication status described below.
- ___ 2.4.1 Emergency Classification: (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency).
- ___ 2.4.2 Emergency Declared at _____ hrs.
- ___ 2.4.3 Last Message # _____ transmitted out at _____ (time).

____ 2.4.4 Next Message Due at _____ (time).

____ 2.4.5 Verify that a Fax copy of previous notifications has been sent to the EOF.

____ 2.4.6 Any other pertinent information related to the emergency:

____ 2.5 Power up/check printers, fax machines, copiers, etc.

____ 2.6 Provide copies of previously transmitted message forms to:

- All positions in the EOF Director area
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

- _____ 2.7 Power up and log on to the Offsite Communicator computer by using the following:
- Log On ID - eofws
 - Password – (eofws911)
 - Domain - NAM.
- _____ 2.8 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. **Reference Enclosure 4.1 for logon instructions if needed.**
- _____ 2.9 Verify that the electronic ENF can also be accessed by:
- _____ Accident Assessment Manager
- _____ Rad Assessment Manager.
- _____ 2.10 Verify that the default printer for the Electronic ENF is set to the printer in the EOF Offsite Agency Communicator area.
- _____ 2.11 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify EOF Data Coordinator of any computer problems.**

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluents, Fire/Explosion and Security Events, Natural Disasters, Hazards and other conditions affecting plant safety from:

Catawba: RP/0/A/5000/001 – Classification of Emergency.
McGuire: RP/0/A/5700/000 - Classification of Emergency.

Consider this when completing the “unit designation” on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

3. Subsequent Actions

NOTE: The facility that declares the emergency classification should be the facility that makes the emergency notification to the offsite agencies.

- _____ 3.1 EOF Lead Communicator should review duties listed in **Enclosure 4.9**, (EOF Lead Offsite Communicator Duties).

- _____ 3.2 Update the following Status Boards in the EOF to include the information from Step 2.4 (i.e., next message due, etc.).
- EOF Director's Area
 - Offsite Agency Communicator's Area.

NOTE: Ensure EOF will have adequate time to develop and provide next notification **before** EOF Director activates the EOF.

- _____ 3.3 Inform the EOF Director, Accident Assessment Manager and Radiological Assessment Manager when next notification is due.
- _____ 3.4 Notify EOF Director when EOF Communicators are prepared to accept communication responsibilities from the TSC.
- _____ 3.5 Immediately after the EOF Director declares the EOF as activated, contact the TSC to:
- _____ 3.5.1 Verify EOF has responsibility for communicating and transmitting the next message.
 - _____ 3.5.2 Verify which agencies are participating. (Drill/Exercise Only)
- _____ 3.6 Immediately following EOF activation, go to Enclosure 4.1, Section 3 **Communications** screen, to prepare for next ENF transmission.
- _____ 3.7 **IF** desired, **THEN** obtain a copy of the Authentication Code Word list from:
- Catawba – the Catawba procedure cabinet in the EOF Director's area.
 - McGuire - the McGuire procedure cabinet in the EOF Director's area.
- _____ 3.8 Have one of the other EOF OSAC's arrange for 24-hour EOF OSAC coverage.
- _____ 3.9 Review the following information concerning notifications.

3.10 Initial Notifications

3.10.1 **IF** an upgrade to a higher classification occurs while transmitting any message, **THEN**:

- _____ A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a higher classification is declared. Emphasis should be placed on providing current information and **NOT** on providing a follow-up just to meet follow-up deadline. If a follow-up is due and an upgrade to a higher classification is declared, Offsite Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided within 15 minutes.

NOTE: Follow-up messages that involve a change in the Protective Action Recommendations shall be communicated to the offsite agencies within 15 minutes and should be communicated verbally. All other follow-up messages may be faxed with phone verification of receipt.

NOTE:

1. The first notification made in each of the four Emergency Classifications is called an Initial Notification.
2. The message number will remain sequential throughout the event beginning with the Control Room.

_____ 3.10.2 Make Initial Notifications within **15 minutes** of entering each of the Emergency Classifications (i.e., Classification changes) and communicate verbally.

_____ 3.10.3 Document the time and basis of any PARS changes.

3.11 Follow-up Notifications

NOTE: Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications.

_____ Make follow-up notifications to state and county government officials according to the following schedule:

Every hour until the emergency is terminated,

OR

If there is any significant change to the situation (make notification as soon as possible),

OR

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

NOTE: At some time during the event as the various EOCs are staffed, offsite agencies may request that the Notification form be faxed to other Fax numbers. When this occurs make arrangements to have the form faxed to the requested numbers.

3.12 Termination Notification

The last notification sent to the Offsite Agencies is for terminating the event. Termination notifications will be designated as follow-up messages.

3.13 Other Information

In addition to the Emergency Action Level information entered on Line 7 of the Emergency Notification Form (ENF), other events/occurrences will need to be reported to the Offsite Agencies as well. This would include any event, which has the potential to affect the public. The following list of examples is not an all-inclusive list. Each event should be carefully evaluated and discussed with the EOF Director to assure pertinent information is forwarded to the offsite agencies. Notification to offsite agencies should take place as soon as possible. {PIP 0-M98-2065}

NOTE: These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form (ENF). These events may need offsite agency action or resolution.

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention

4. Enclosures

- 4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.2 Emergency Notification Form (ENF) Completion
- 4.3 Emergency Notification Form (ENF) Transmission
- 4.4 Fax Instructions
- 4.5 Message Authentication Code List
- 4.6 Authentication Guideline
- 4.7 Emergency Notification Form (ENF) (for Catawba) {PIP M-03-1404, C.A. 33}
- 4.8 Emergency Notification Form (ENF) (for McGuire) {PIP M-03-1404, C.A.33}
- 4.9 EOF Lead Offsite Agency Communicator Duties

**Electronic Emergency Notification Form
(ENF) Completion/Transmission****1. Electronic Notification Form Logon**

___ 1.1 If not already performed, assure OffSite Communicator Computer is operational.

___ 1.2 Verify the computer internal clock is synchronized with the facility clock. Compensate for any differences as necessary.

NOTE: If computer or Electronic Notification Form is not operational, report it to the EOF Data Coordinator. Refer to **Enclosures 4.2 and 4.3** for manual completion and standard transmission of the Notification Form.

___ 1.3 If not already performed, log on to the Electronic Notification Form by performing the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.
- Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for “Nuclear Generation”.
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.

- Login the Program entering the following information:

User Name: Your Network Logon ID (i.e., brs1064)

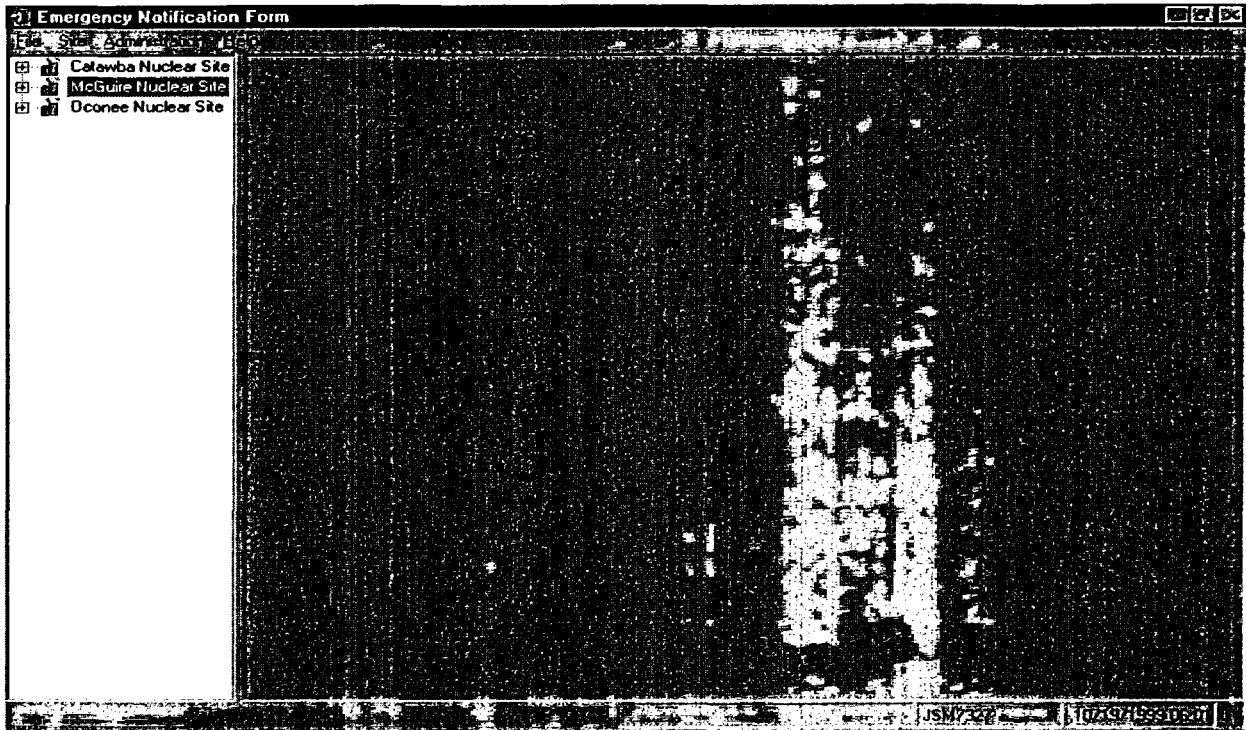
Password: Your Network Password

Domain: NAM.

Electronic Emergency Notification Form
(ENF) Completion/Transmission

2. Electronic Notification Form Completion (Create Event)

- 2.1 Highlight the appropriate station (Catawba or McGuire) for the event.



NOTE: The TSC should normally create the event for the specific Drill or Emergency.

- 2.2 **IF** the TSC has already created an event for this drill or emergency, **THEN** select that event and go to procedure Section 3, **Communications** screen.
- 2.3 **IF** the TSC was unable to, or has not created an event for this drill or emergency, **THEN** create a new event by performing the following: Select **Site** from the menu, then **New Event**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

2.4 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** -Select Drill or Actual Emergency
- For **Description** - Indicate the type of Event (i.e., Loss of Offsite Power, 03/08/99 1st Quarter Drill)
- For **Emergency Classification** – Select the appropriate Emergency Classification and time of declaration
- For **Message Information** – Has previous message been sent? (Yes or No).

NOTE: • The last message information is used to set the automatic functions of the program (i.e., number, transmittal times, etc.).

• For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

2.4.1 For **Last Message Information** – If previous message(s) **has** been sent manually:

- Select (Initial or Follow-up)
- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time).

2.5 Select **Create Event** button at the bottom of the screen. (Event Screen should be created.)

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- 2.6 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

NOTE: • Ensure the EOF is activated prior to beginning this section.

3. Communications Screen

- 3.1 Select Communications tab at the top right of the Event Screen (Last Tab on the Event screen).
- 3.2 Complete the Communicator "Name" information. (This is the individual performing the phone communications with the State and County agencies.)
- 3.3 Complete the applicable information in the "Event Management" section as follows:
- Select the "Managing Site".
 - Select and verify the appropriate facility (TSC or EOF) activation time.
 - Select the "Save" button.

The screenshot displays the '02/20/2000 Test' window with the following fields and options:

- Name:** [Empty text field]
- Next Message Information:**
 - Type: Initial Follow Up
 - Number: [1]
- Event Management:**
 - Managing Site
 - Non-emergency/Unusual Event
 - Alarm
 - Site Area Emergency
 - General Emergency
- Facility:** [Dropdown menu]
- Site:** [Dropdown menu]
- Buttons:** Back, New Message, Cancel, Validate

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: The Accident Assessment Manager is responsible for the **Plant Status, Plant Summary and Protective Action** screens.

Rad Assessment Manager is responsible for the **Release and Met/Offsite Dose** screens.

- _____ 3.4 Verify that the Rad Assessment and Accident Assessment positions have accessed the ENF program and have begun entering information.
- _____ 3.5 Monitor the Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen to assure information is being routinely updated.
- _____ 3.6 Updating the information on a particular panel may be performed by double clicking on the desired indicator panel at the bottom of the form and then selecting "Validate" if all information is correct.

NOTE: Except for the "Next Msg Due" indicator panel all indicator information is as follows:

Black -No information or information/time conflict.

Green – information is 0 to 10 minutes old.

Yellow – information is 10 to 15 minutes old.

Red – information is greater than 15 minutes old.

NOTE: For the "Next Msg Due" indicator panel all indicator information is as follows:

Initial Messages:

Black - No information or information/time conflict.

Green – Next message due in 10 – 15 minutes.

Yellow – Next message due in 5 – 9 minutes.

Red – Next message due in 5 minutes or past due.

Follow-Up Messages:

Black - No information or information/ time conflict.

Green – Next message due in 30 to 60 minutes.

Yellow – Next message due in 15 to 29minutes.

Red – Next message due in < 15 mins. or past due.

- _____ 3.7 Periodically validate information on the Communicator screen by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the Communicator Indicator to Green Status.)
- _____ 3.8 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom left of the screen. (This will also update the Communicator Indicator.)

Enclosure 4.1
Electronic Emergency Notification Form
(ENF) Completion/Transmission

SR/0/B/2000/004
Page 6 of 23

4. Building a Message

_____ 4.1 When it is time to develop a message to be communicated to the offsite agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated.

- Verify Status indicators for the various screens at the bottom of the screen are current (i.e., Green).
- If the information needs to be updated or validated, have the responsible individual update or validate their designated screen.
- Select the Communications screen, then select the Build New Message bar at the bottom of the screen. Information from the various screens will be incorporated into the message.

_____ 4.2 Review the form to verify information is correct.

- **IF** the information is correct proceed to step 4.5.

NOTE: If the Accident Assessment Manager or Radiological Assessment Manager has made changes to their panels you can update the message by selecting “**Message**” from the Toolbar and then choosing “**Refresh**”.

_____ 4.3 If information needs to be revised, perform the following:

- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form, then select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

4.4 **IF** instructed by the Accident Assessment Manager or Radiological Assessment Manager based on projected Thyroid doses, perform the following {PIP-G-03-606}:

- _____ • Select **Message** from the tool bar, then **Edit Message**.
- _____ • On **Line 15**, check the box for "other" and type, "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy."
- _____ • When editing is complete, select **Save**.
- _____ • Select **Message** from the toolbar, then **Preview Message**.

_____ 4.5 If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 4.6 Have the EOF Director review and sign the form.

5. Transmitting Message

- _____ 5.1 Locate a copy the Authentication Code Word List.
- _____ 5.2 For Initial Notifications (15 Minutes) proceed to Section 6.
- _____ 5.3 For Follow-up Notifications, proceed to Section 7.
- _____ 5.4 For Terminations message, proceed to Section 8.

6. Transmission of Initial Notifications

NOTE:

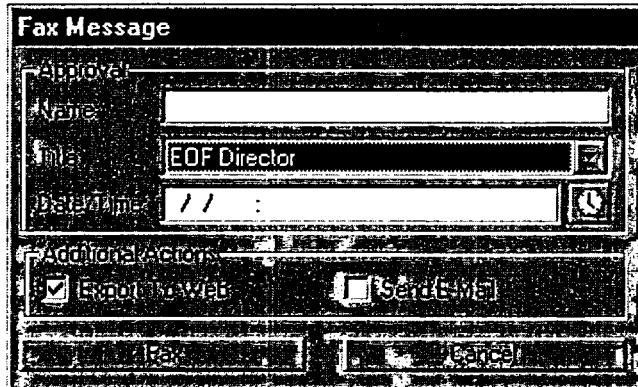
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions.
3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

- _____ 6.1 Once the ENF has been approved, one Offsite Agency Communicator shall perform steps 6.1.1 – 6.3 while another Offsite Agency Communicator establishes contacts as per step 6.6.

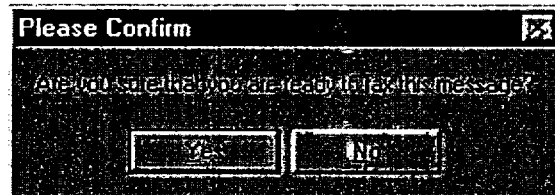
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

6.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

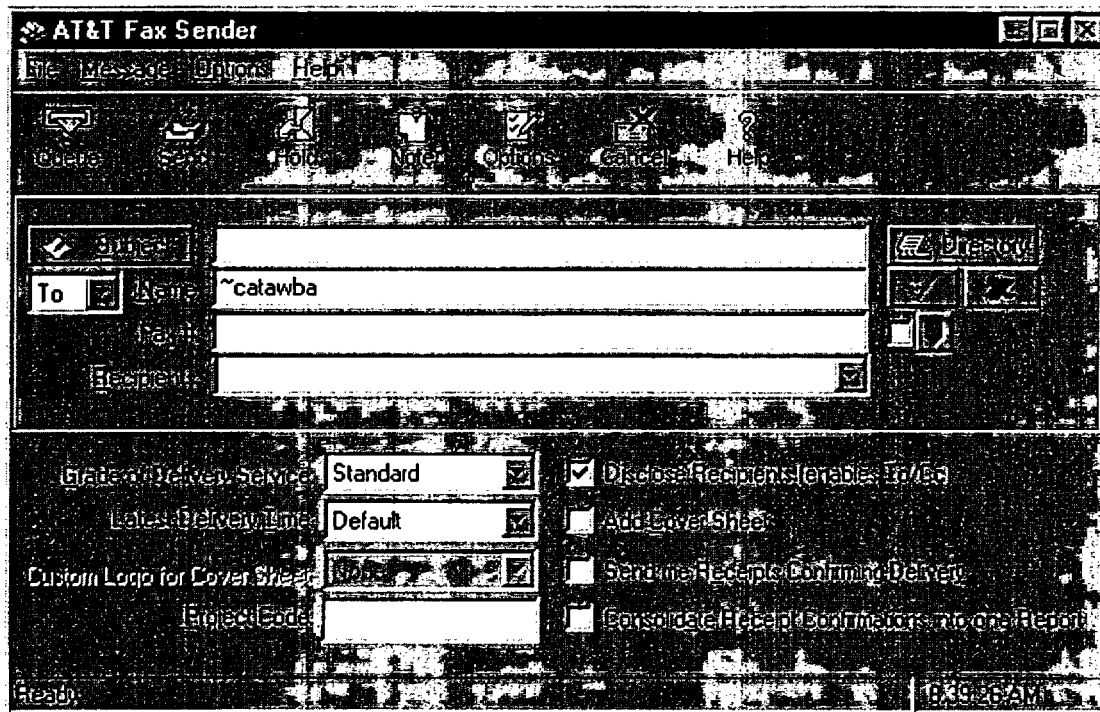


- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.



**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

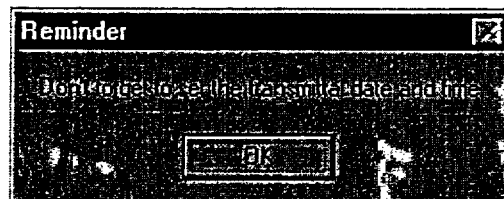
NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.



6.2 On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.

6.3 Perform the following:

- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**
- Select "OK" on reminder panel for setting the transmittal time and date.



- **IF** desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- **IF** the fax program does not appear to be working, (i.e., fax not being transmitted) refer to Enclosure 4.4 for alternate fax instructions.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- _____ 6.4 **IF** an upgrade to a higher classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- 6.5 **IF** an upgrade to a higher classification occurs while transmitting any message, **THEN:**
- _____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. (PIP-M-01-3711)
- _____ 6.6 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:
- Activate the Group Call function by dialing *5 (CNS) or *1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually.)

NOTE:

1. The transmittal time will need to be handwritten on the copy of the ENF that the EOFD has previously signed.
2. The time when the first party answers should be recorded in Item #3 on the front side of the form (copy signed by the EOF Director).

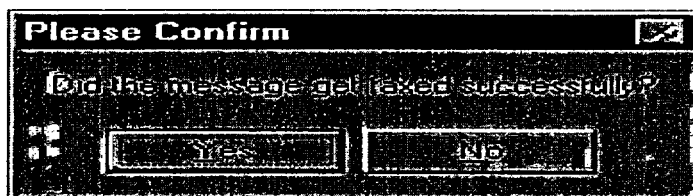
- When all available parties are verified on the line, document the time when the first party answered in Item #3 on the front of the ENF form (copy signed by the EOF Director).

NOTE: Authentication Code should be handwritten into the signed ENF form.

- Read the following statement "This is the **Catawba** or **McGuire** (whichever applies) Nuclear Station EOF. This is a drill or actual emergency (whichever applies)."
- Verify that all available agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them you will provide the information.)**
- Read the information on the ENF, line by line, to the Offsite Agencies.
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.

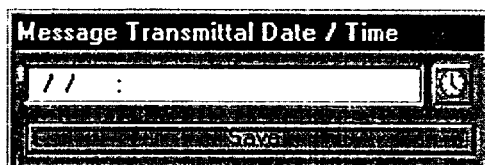
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- After the information has been covered, inform the agencies the following: "This concludes message # _____. Are there any questions?"
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7 (Catawba) or Enclosure 4.8 (McGuire).
- Continuous attempts to contact missing agencies must be made using commercial lines, radio, etc., if unable to complete the notifications as per 6.6. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose "**Set Transmittal Date/Time**".
- Select "Yes" at the prompt if the Fax was successfully sent.

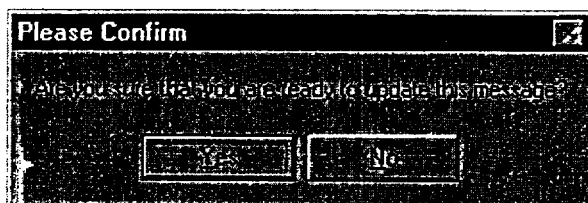


NOTE: The transmittal date will be automatically populated on the message.

- Complete the message transmittal Date and Time and select "Save".



- If information is correct, select the "Yes" button.



Electronic Emergency Notification Form
(ENF) Completion/Transmission

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

- _____ 6.7 If a question is outside of ENF information, do not answer the question but perform the following:
- Authenticate the request (if question is a return call, you give the number).
 - Have the request evaluated by the EOF Director.
 - Document the question, answer, and have the EOF Director sign.
 - Document the time the answer was provided to the Offsite Agency.
- _____ 6.8 Repeat the above steps as necessary to communicate other **Initial** messages.
- _____ 6.9 Provide copies of the transmitted ENF to the following:
- All positions in the EOF Director area
 - Accident Assessment Group
 - Dose Assessment Group
 - Field Monitoring Coordinator
 - Wall Folder (2 copies).
- _____ 6.10 Update next message due on the following white boards:
- Offsite Agency Communicator's Area
 - EOF Director's Area.

Electronic Emergency Notification Form
(ENF) Completion/Transmission

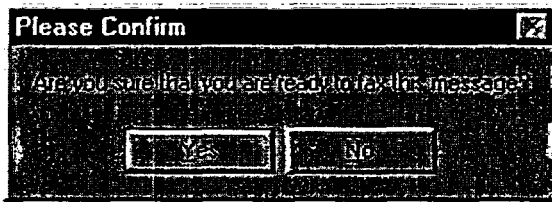
7. Transmission of Follow-up Notification

7.1 Once the ENF has been approved, one Offsite Agency Communicator shall perform steps 7.2 - 7.3 while another Offsite Agency Communicator establishes contacts as per step 7.6.

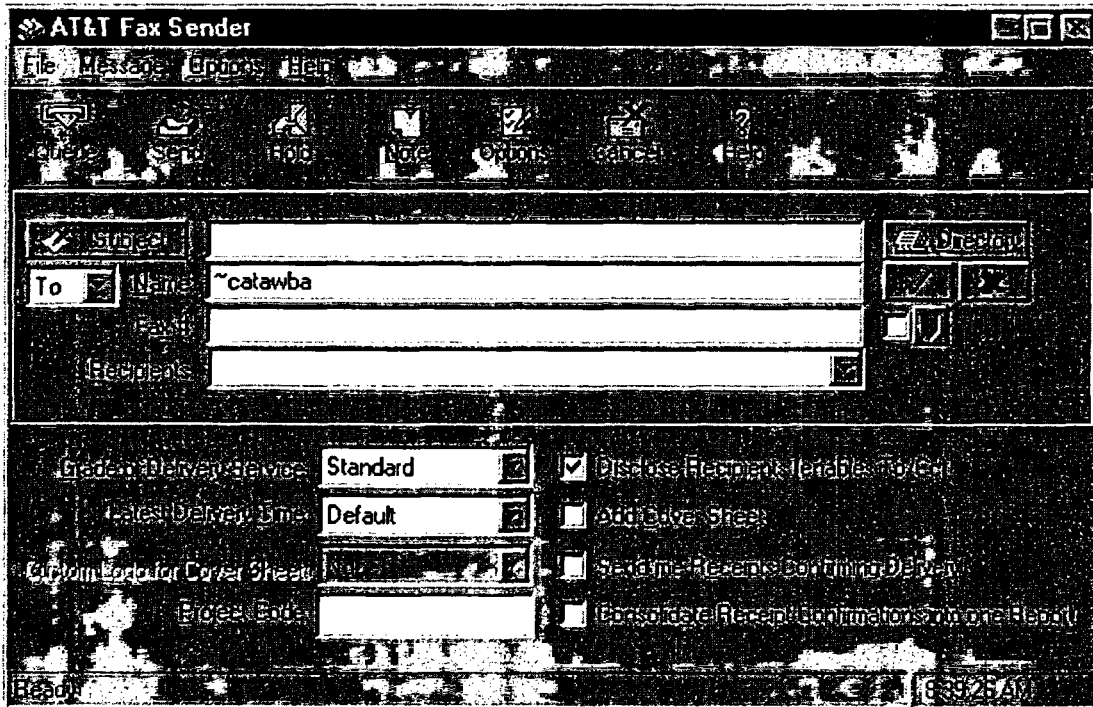
NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

7.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.



NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen.



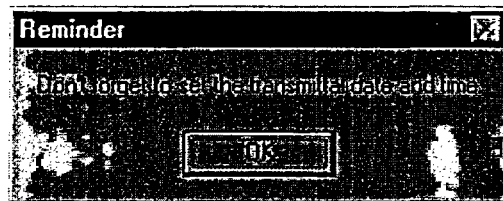
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

7.3 Perform the following:

- On ATT Fax Sender Panel, Type ~**catawba** or ~**mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**

NOTE: For Follow-up messages, the transmittal time will be the time that the first available agency is on the line to verify Fax transmission.

- Select "OK" on reminder panel for setting the transmittal time and date.



NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- **IF** desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- **IF** the fax program does not appear to be working (i.e., fax not being transmitted), refer to Enclosure 4.4 for alternate fax instructions.

7.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}

7.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN:**

- A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.
- B. Suspend any further transmission the message that was being transmitted. {PIP-M-01-3711}

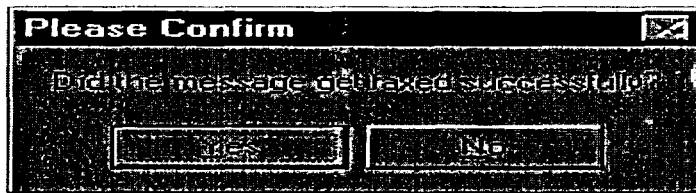
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

7.6 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually.)
- Verify that all available agencies are on the line. Document the time when the first party answered in Item #3 on the front of the ENF form (copy signed by the EOF Director).
- Verify that all Agencies have received the Faxed ENF. (If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)
- Ask if there are any questions regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7 (Catawba) or Enclosure 4.8 (McGuire).

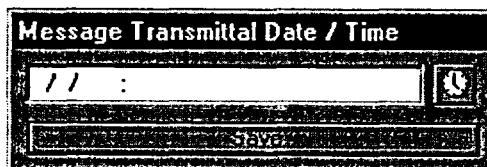
7.7 After message transmission is complete, select **Message** from the toolbar, then choose “**Set Transmittal Date/Time**”.

- Select “Yes” at the prompt if the Fax was successfully sent.

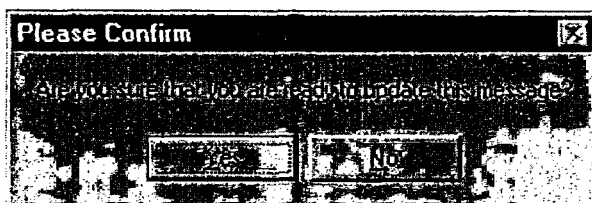


NOTE: The transmittal date and time will automatically be added on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

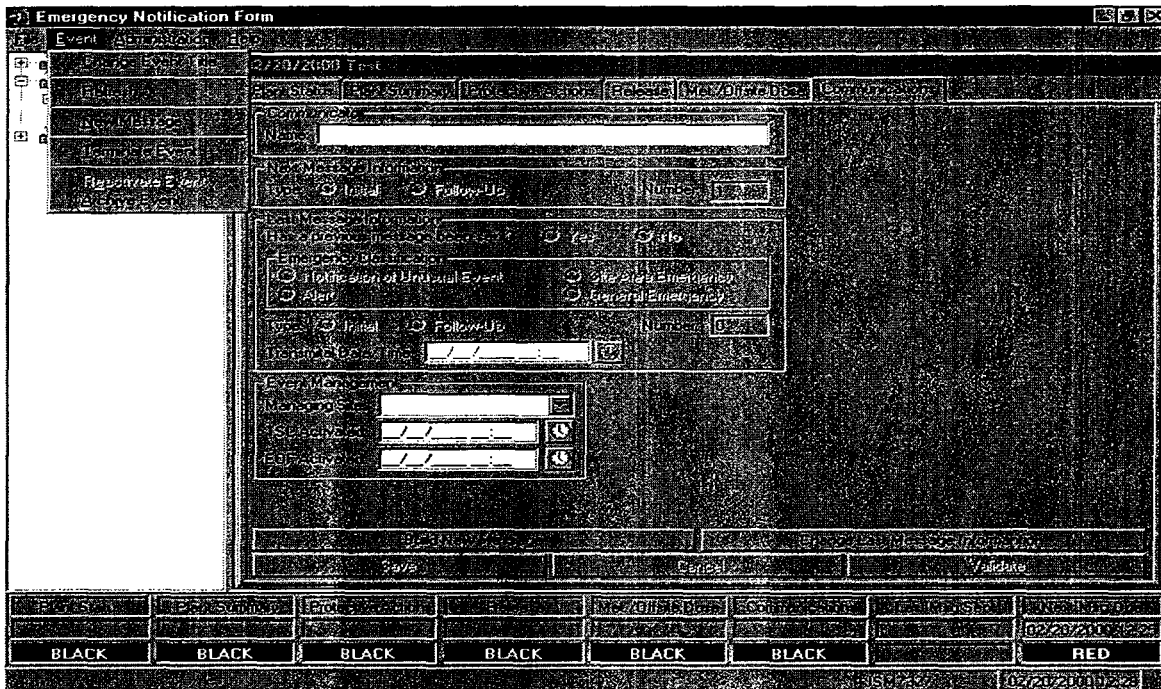
- _____ 7.8 If a question is outside of ENF information, do not answer the question but perform the following:
- Authenticate the request (if question is a return call, you give the number).
 - Have the request evaluated by the EOF Director.
 - Document the question, answer, and have the EOF Director sign.
 - Document the time the answer was provided to the Offsite Agency.
- _____ 7.9 Repeat the above steps as necessary to communicate other **Follow-Up** messages.
- _____ 7.10 Provide copies of the transmitted ENF to the following:
- All positions in the EOF Director Area
 - Accident Assessment Group
 - Dose Assessment Group
 - Field Monitoring Coordinator
 - Wall Folder (2 copies).
- _____ 7.11 Update next message due on the following white boards:
- Offsite Agency Communicator's Area.
 - EOF Director's Area.

Electronic Emergency Notification Form
(ENF) Completion/Transmission

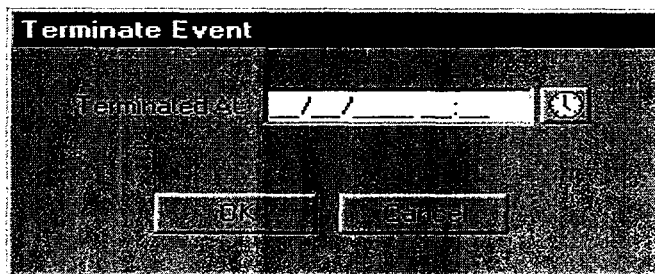
8. Termination Message

- NOTE:**
1. Termination notifications are communicated verbally.
 2. Termination notification is marked as a Follow-up.
 3. When terminating from a General Emergency, "No Recommended Protective Action" **MUST** be selected in the Electronic Notification form.

8.1 From the Menu bar, select the specific Event. (Ensure that the event is highlighted) and then select **Terminate Event**.

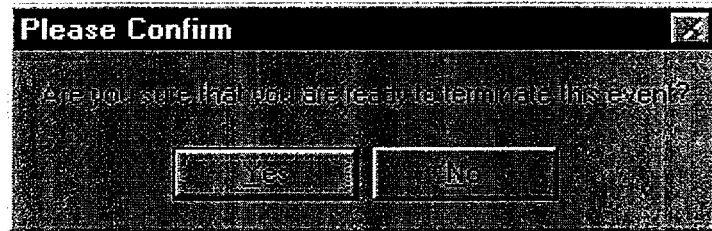


8.2 Enter Termination Time and Date, then Click **OK**.



**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

_____ 8.2.1 Confirm that event is ready to be Terminated by clicking "Yes".



- A Message will be generated with appropriate information.

_____ 8.3 Review the form to verify information is correct.

- If the information is correct proceed to step 8.5.

_____ 8.4 If information needs to be revised, perform the following:

- Return to the events panel by selecting the specific event.
- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form by double clicking on the specific message.
- Select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

<p>NOTE: If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.</p>
--

_____ 8.5 **WHEN** the form information is correct, **THEN**:

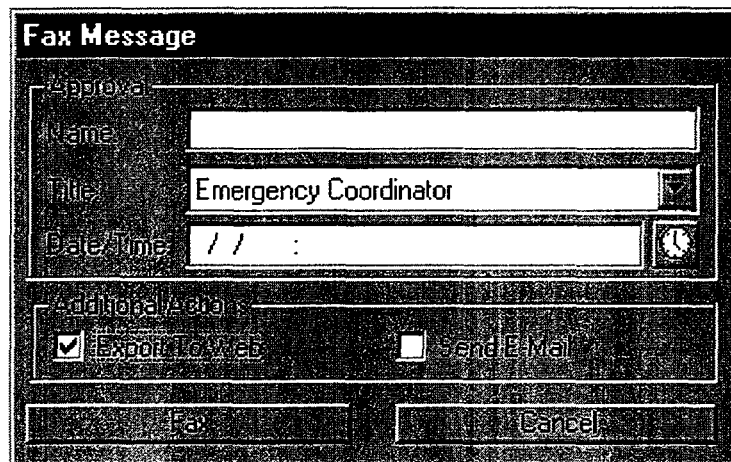
- Print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the EOF Director review and sign the form.

_____ 8.6 Once the ENF has been approved, one Offsite Agency Communicator shall perform steps 8.7 – 8.8 while another Offsite Agency Communicator establishes contacts per steps 8.9.

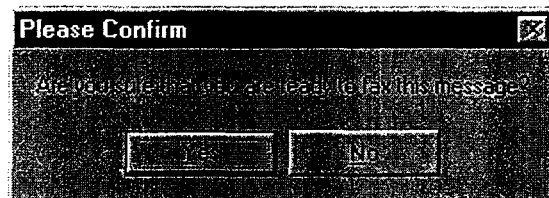
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

8.7 To Fax the Electronic form, Select **Message** from the Toolbar, THEN **Fax**.

NOTE: The “Export to Web” and “Send E-Mail” boxes will be either checked or unchecked. Unless directed otherwise, leave the “Export to Web” and “Send E-Mail” boxes as they are when the “Fax Message” Prompt appears.



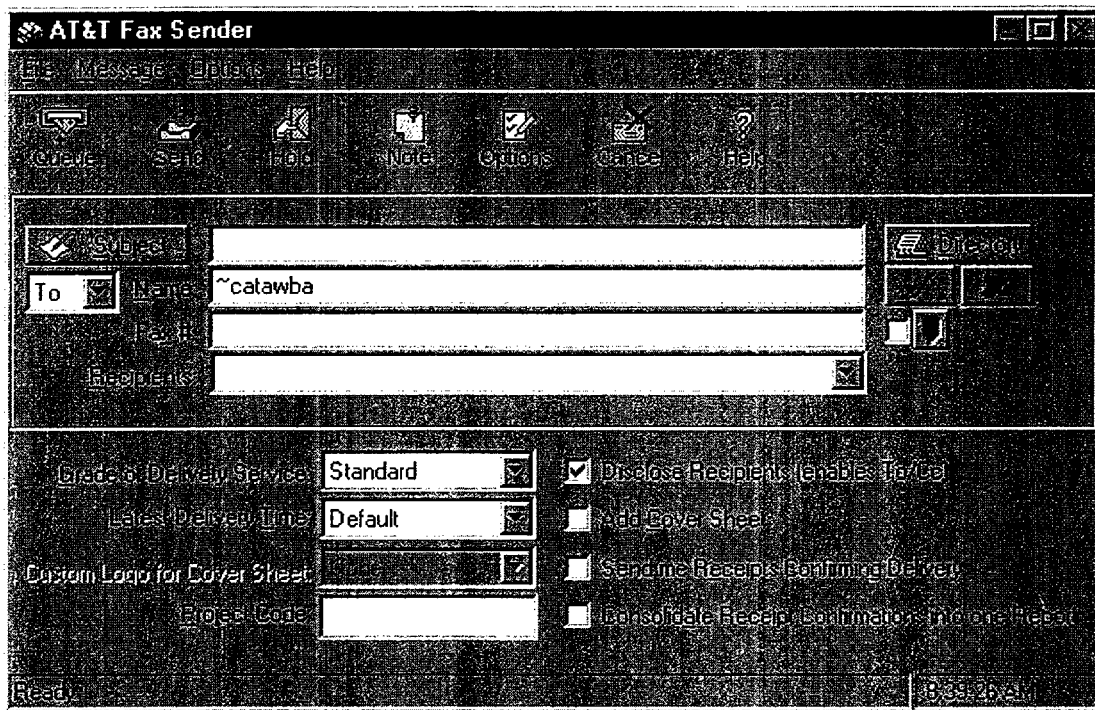
- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form.



**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

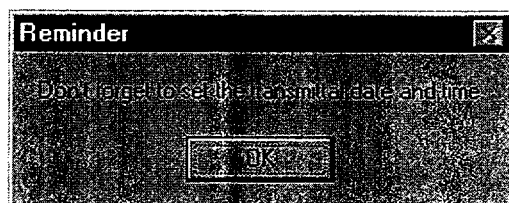
NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen.



8.8 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**
- Select "OK" on reminder panel for setting the transmittal time and date.



**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- **IF** desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- **IF** the fax program does not appear to be working, (i.e., fax not being transmitted), refer to Enclosure 4.4 for alternate fax instructions.

8.9 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually.)

NOTE:

1. The transmittal time will need to be handwritten on the copy of the ENF that the EOFD has previously signed.
2. The time when the first party answers should be recorded in Item #3 on the front side of the ENF form.

- Verify that all available agencies are on the line. Document the time when the first party answered in Item #3 on the front of the ENF form (copy signed by the EOF Director).
- Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Offsite Agencies. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

NOTE: Authentication Code should be handwritten on the copy of the ENF that the EOFD has previously signed.

- For Termination Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- Ask if there are any questions regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7 (Catawba) or Enclosure 4.8 (McGuire).
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.

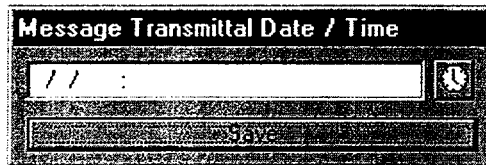
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- Select "Yes" at the prompt if the Fax was successfully sent.

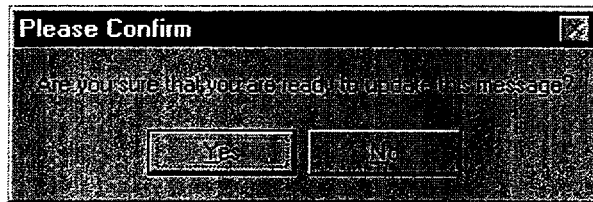


NOTE: The transmittal date and time will be automatically be added on the message.

- Complete the message transmittal Date and Time and select "Save".



- At the confirmation prompt select "Yes" if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

8.10 **IF** a question is outside of ENF information, do **NOT** answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Offsite Agency.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

_____ 8.11 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director Area.
- Accident Assessment Group.
- Dose Assessment Group.
- Field Monitoring Coordinator.
- Wall Folder (2 copies).

_____ 8.12 Shut down the Program by performing the following:

- From the **Menu Bar**, Select "**File**", then "**Exit**".
- Shut down the Computer by Selecting the "**Start**" button, then "**Shutdown**", then, "**Shutdown the computer**".

**Emergency Notification Form (ENF)
Completion**

1. Initial and Follow-up Completion (Information for the Completion of the ENF)

- 1.1 Obtain a copy of the Emergency Notification Form from the Catawba or McGuire Procedure Cabinet located in the EOF Directors area.

NOTE: * Items 11-14 may be skipped on initial notifications.

Item #	Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) Initial: First message in each of the 4 classifications. Follow-up: Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the Control Room.	EOF Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	EOF Comm.
3.	Assure confirmation phone number. Write in the transmittal time. NOTE: This is the time when the first party answers as you call the State and Counties.	EOF Comm.
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	EOF Comm.
5.	Check appropriate classification.	Acc. Assess.
6.	Mark the appropriate box and write time and date current classification was declared.	Acc. Assess
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. (See page 7 of 8, section 3.13 of the body of the procedure, for additional information). The first message from the EOF should include a statement indicating that the EOF has been activated. Do not use acronyms or abbreviations. For Follow-up messages, include relevant information and changes that have occurred since the last message (Don't just restate the EAL or last message).	Acc. Assess.
8.	<p>Mark appropriate plant condition:</p> <p>Degrading: Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening AND plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. <p>Improving: Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values AND plant conditions could result in a lower classification or emergency termination before the next follow-up notification. Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic radioactive material leak, fire) have become less of a threat to plant operations or personnel safety AND plant conditions could result in a lower classification or emergency termination before the next follow-up notification. <p>Stable: Plant conditions are neither degrading nor improving.</p>	Acc. Assess.
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	Acc. Assess.

**Emergency Notification Form (ENF)
Completion**

10.	<p>Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs:</p> <ul style="list-style-type: none"> • Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A and/or 53B for Catawba or 51A and/or 51B for McGuire read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined. • Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. • Steam generator tube leak monitored by EMF 33. 	Rad. Assess.
11.*	<p>* Items 11-14 may be left blank on <u>initial</u> notifications. Indicate type of release and time/date. Mark Ground Level for any airborne releases.</p>	Rad. Assess.
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad. Assess.
13.*	Write estimate of projected offsite dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad. Assess.
14.*	Provide meteorological data.	Rad. Assess.
15.	<p>Indicate appropriate recommended protective actions as recommended by Duke Power and the EOF Director.</p> <ul style="list-style-type: none"> • For Unusual Event, Alert, and Site Area Emergency, Mark box "A". • For General Emergency, mark and complete information for boxes B and C using: Catawba - SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.2 McGuire - SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.3 <p>If instructed by Radiological Assessment Manager based on projected Thyroid dose, check box and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}</p>	Rad. Assess.
16.	Have EOF Director approve message.	EOF Dir.

Emergency Notification Form (ENF)

Completion

2. Termination Notification Completion (Manual ENF Termination)

2.1 When the emergency/drill has been terminated, complete the ENF as described below.

- NOTE:**
1. Termination notifications are communicated **verbally**.
 2. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information EOF
1.	Check appropriate blocks. NOTE: Message #s are sequentially numbered throughout the drill/emergency starting with the Control Room.	Accident Assessment Mgr.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Accident Assessment Mgr.
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission.	
4.	Authentication <u>will be completed</u> while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Accident Assessment Mgr.
6.	Mark box "B" and write time and date of termination.	Accident Assessment Mgr.
7.-15.	No information is required.	Offsite Communicator
16.	Have EOF Director approve message.	EOF Director

1. Transmitting a Message

- 1.1 Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

SELECTIVE SIGNALING	
NOTE:	Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). * 5 (CNS) or * 1 (MNS) may be used initially to contact county and warning points/EOCs.
NOTE:	The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and remove the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset however, the handset must be removed from the cradle when the headset is in use.
1.	Pick up receiver (no dial tone will be heard). Dial * 5 (CNS) or * 1 (MNS) and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2.
2.	Alternately, the agencies may be contacted individually by dialing the three-digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.
3.	Continue this process until all applicable agencies are on the line.

NOTE: If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.

- 1.2 1st - Commercial Telephone (Bell Line) (Conference Call).

• **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.1 for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

• **MCGUIRE**

Refer to Enclosure 4.10 (EOF Programmable Conference Telephones) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

Emergency Notification Form Transmission

Page 2 of 6

1.3 2nd - North Carolina and/or South Carolina Emergency Management Radio.

_____ • **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

_____ • **MCGUIRE**

Refer to Enclosure 4.12 (EOF North Carolina Emergency Management Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the State Emergency Management Radio.

1.4 3rd - Duke Power Radio Network (Low Band System).

_____ • **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of the Duke Power Low Band Radios.

_____ • **MCGUIRE**

Refer to Enclosure 4.11 (EOF County Emergency Response Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the Duke Power Low Band Radio.

NOTE: Report any failures to the EOF Director/Emergency Planner.

2. Message Transmission

_____ 2.1 For transmitting Initial Notifications, proceed to Section 3.

_____ 2.2 For transmitting Follow-up Notifications, proceed to Section 4.

3. Initial Notification Transmission

_____ 3.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}

3.2 **IF** an upgrade to a higher classification occurs while transmitting any message, **THEN**:

_____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied with 15 minutes.

_____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

Emergency Notification Form Transmission

3.3 When you are prepared to transmit a message, contact the appropriate agencies using the desired method. If an offsite agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails.)

• CATAWBA

Message # _____

CNS SELECTIVE SIGNAL	CNS BELL LINE	ROLL CALL
Dial *5: calls all state /county WP/EOCs simultaneously OR Individual Selective Signal #	Individual phone numbers OR One touch dial button	As each agency answers say: "This is Catawba Nuclear Station; please hold."
513 York County WP/EOC	803/329-1110	
116 Mecklenburg Co. WP/EOC	704/943-6200	
112 Gaston County WP/EOC	704/866-3300	
314 North Carolina WP/EOC	919/733-3943	
518 South Carolina WP/EOC	803/737-8500	
*** 514 SC FEOC	To be determined by S.C.	

• McGUIRE

MNS SELECTIVE SIGNAL	MNS BELL LINE	ROLL CALL
Dial *1: calls all state /county WP/EOCs simultaneously OR Individual Selective Signal #	Individual phone numbers OR One touch dial button	As each agency answers say: "This is McGuire Nuclear Station; please hold."
112 Gaston County WP/EOC	704/866-3300/3243	
113 Lincoln County WP/EOC	704/735-8202/736-8511	
114 Iredell County WP/EOC	704/878-3039	
116 Mecklenburg Co. WP/EOC	704/943-6200	
118 Catawba County WP/EOC	828/464-3112	
119 Cabarrus County WP/EOC	704/920-3000	
314 North Carolina WP/EOC	919/733-3943	

Emergency Notification Form Transmission

NOTE: The time when the first party answers should be recorded in Item #3 on the front side of the ENF form (copy the EOF Director signs).

_____ 3.4 When all available agencies are connected, document the time when the first party answered on line 3 as the transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."

_____ 3.5 **IF** this is the **FIRST** message from the EOF, inform the states and counties that the EOF has been activated and that you are taking over responsibility for communications from Catawba or McGuire Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**

NOTE: All **initial** notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.

_____ 3.6 Authenticate and Transmit the Emergency Notification (ENF) message providing line-by-line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions.)

_____ 3.7 Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

NOTE: Date and time do not need to be filled in on back of form if all parties were on line at the time of message transmission.

_____ 3.8 Inform the agencies of the following:

- This concludes message # _____.
- They will be receiving a Fax copy of this message shortly.
- Are there any questions about the message?

Emergency Notification Form Transmission

- _____ 3.9 If question is outside of ENF information, do not answer question.
- Authenticate the request (if question is a return call).
 - Have the request evaluated by the EOF Director.
 - Document the question, answer, and the time the answer was transmitted in the Offsite Agency Communicator's Logbook.
- _____ 3.10 Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4 (Fax Instructions).
- _____ 3.11 Repeat steps as needed to communicate other initial messages.
- _____ 3.12 Provide copies of the Emergency Notification Form to the:
- All positions in the EOF Director area
 - Accident Assessment Group
 - Dose Assessment Group
 - Field Monitoring Coordinator
 - Wall Folder (2 copies).

4. Follow-up Notification Transmission

NOTE: Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency.

- _____ 4.1 Verify that all sections have been completed and that the message has been approved.
- _____ 4.2 Fax a copy of the form to the Offsite Agencies per Enclosure 4.4 (Fax Instructions).
- _____ 4.3 Call the Offsite Agencies.
- _____ 4.4 Verify all available parties are online and document the time when the first party answers as the transmittal time in Item #3 on the front of the ENF form (copy signed by EOF Director).
- _____ 4.5 Verify the each received the Notification Form via fax.

Emergency Notification Form Transmission

_____ 4.6 Ask if there are any questions.

If a question is outside of ENF information, do not answer question but perform the following:

- Authenticate the request (if question is a return call) (callee gives number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and the time the answer was transmitted in the Offsite Agency Communicator's Logbook.

_____ 4.7 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.

_____ 4.8 Repeat the above steps as necessary to communicate other follow-up messages.

_____ 4.9 Provide hard copies of the Emergency Notification Form to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

1. The primary method of faxing the notification form is via the Electronic Notification Form Program.

If a problem is experienced with the Electronic Notification Form fax, send the Fax to the Agencies via one of the following methods: Simultaneously via AT&T Enhanced Fax Process or Individually via the Off-Site Communicator Fax Machine.

2. Simultaneously (AT&T Enhanced Fax Faxes Simultaneously to the Offsite Agencies)

_____ 2.1 Place the Notification form in the Offsite Communicator Fax machine.

_____ 2.2 Using the Fax telephone located next to the Offsite Communicator Fax machine, perform the following:

- Press the pre-programmed button labeled **AT&T Broadcast Fax** (or Dial 1-800-232-9674).
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #).
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*).
- When Login is verified Successful, **Press 1** (to send a message).
- Press *** 5** (Recipient List).
- Press **#** (Own Private List).
- For Catawba Nuclear Station distribution Press **1 #**(List Name).
- For McGuire Nuclear Station distribution Press **2 #**(List Name).
- Press *** #** (No other Lists to add).
- Press **Start** on the Fax Machine.
- The AT&T Enhanced Fax Service will then fax the notification form to the Primary Offsite Agencies.

NOTE: To receive messages from the Fax Service (i.e., could not deliver a fax to specific location), refer to Section 5.

3. Individually (via fax machine to the Primary Agencies (WP/EOCs))

3.1 Fax the Notification Form individually using the Fax machine per the following list:

CATAWBA

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-737-8575
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	1-803-831-3532

McGUIRE

	Press	MNS News Group	or dial	8-875-5602
	Press	Joint Information Ctr. (JIC)	or dial	382-0069
	Press	Lincoln County WP/EOC	or dial	1-704-732-9035
	Press	Iredell County WP/EOC	or dial	1-704-878-5354
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	Catawba County WP/EOC	or dial	1-828-465-1220
	Press	Cabarrus County WP/EOC	or dial	1-704-784-1919
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	8-875-1954

4. Additional Fax Options/Instructions

4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- Place the Fax you are transmitting face down into the Fax Machine.
- Press the pre-programmed one-touch speed dial numbers (i.e., Meck Co. WP/EOC, NC WP, etc.) that you want to receive the Fax.
- Press **Start**.

4.2 To send a Fax to a single location using one-touch dialing or direct dialing:

- Insert the document face down into the Fax and press the designated agency button labeled on the Fax Machine.
- Verify Fax was sent to the agencies via the Fax report(s). Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

5.1 To Retrieve messages from the AT&T Enhanced Fax service, perform the following:

_____ 5.1.1 Place the Notification form in the Offsite Communicator Fax machine.

_____ 5.1.2 Using the Fax telephone located next to the Offsite Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Enhanced Fax** (or Dial 1-800-232-9674).
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #).
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*).
- When Login is verified Successful, **Press 2** (to receive a message).

This page is left intentionally blank.

1. Placing A Call

When providing Emergency Notification Form (ENF) information to the Offsite Agencies, the Communicator should:

- _____ 1.1 Ask a State or County Representative to provide a number from the Authentication Code Word list.
- _____ 1.2 Then give them the code word corresponding with the number from Enclosure 4.5, "Message Authentication Code List."
- _____ 1.3 Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

2. Receiving A Call

When receiving a call from offsite and the identity of the party calling is not known, you should:

- _____ 2.1 Provide a number from Enclosure 4.5, "Message Authentication Code List," to the caller.
- _____ 2.2 The caller will then provide the word corresponding with the number of the Authentication Code List.
- _____ 2.3 Document in Communicator's Logbook.

RULE OF THUMB:

Callee gives the number

Caller gives the word

EMERGENCY NOTIFICATION

1. A THIS IS A DRILL B ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____

2. SITE: Catawba Nuclear Station UNIT: _____ REPORTED BY: _____

TRANSMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY CONFIRMATION PHONE NUMBER: (704) 382-0724

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

2. 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 _____ ESTIMATED DURATION: _____ HRS.
2 MILES _____
5 MILES _____
10 MILES _____

**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

Record the name, date, time and agencies notified:

1. _____
(name)
_____ (date) _____ (time) **York County**
(agency) Sel. Sig. 513
Bell Line (803) 329-1110

2. _____
(name)
_____ (date) _____ (time) **Mecklenburg County**
(agency) Sel. Sig. 116
Bell Line (704) 943-6200

3. _____
(name)
_____ (date) _____ (time) **Gaston County**
(agency) Sel. Sig. 112
Bell Line (704) 866-3300

4. _____
(name)
_____ (date) _____ (time) **South Carolina WP/EOC**
(agency) Sel. Sig. 518
Bell Line (803) 737-8500

5. _____
(name)
_____ (date) _____ (time) **North Carolina WP/EOC**
(agency) Sel. Sig. 314
Bell Line (919) 733-3943

EMERGENCY NOTIFICATION

1. THIS IS A DRILL ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Station UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ CONFIRMATION PHONE NUMBER: (704) 382-0724
(Eastern) MM DD YY

4. AUTHENTICATION (If Required): _____
(Number) (Code-word)

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION IMPROVING STABLE DEGRADING

9. REACTOR STATUS: SHUTDOWN: TIME/DATE: _____ / _____ / _____ % POWER
(Eastern) MM DD YY

10. EMERGENCY RELEASE(S):
 NONE (Go to item 14.) POTENTIAL (Go to item 14.) IS OCCURRING HAS OCCURRED

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

AIRBORNE: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) MM DD YY Time (Eastern) MM DD YY

LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) MM DD YY Time (Eastern) MM DD YY

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

NOBLE GASES _____ IODINES _____

PARTICULATES _____ 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: WIND DIRECTION (from) _____ ° SPEED (MPH) _____

STABILITY CLASS _____ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

NO RECOMMENDED PROTECTIVE ACTIONS

EVACUATE _____

SHELTER IN-PLACE _____

OTHER _____

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

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

Record the name, date, time and agencies notified:

1. _____
 (name)

(date) (time)

NC State
 (agency) EOC Sel. Sig. 314
 EOC Bell Line 1-919- 733-3943

2. _____
 (name)

(date) (time)

Mecklenburg County
 (agency) WP Sel. Sig. 116
 WP Bell Line 704-943-6200

3. _____
 (name)

(date) (time)

Gaston County
 (agency) WP Sel. Sig. 112
 WP Bell Line 1-704- 866-3300

4. _____
 (name)

(date) (time)

Lincoln County
 (agency) WP Sel. Sig. 113
 WP Bell Line 1-704- 735-8202

5. _____
 (name)

(date) (time)

Iredell County
 (agency) WP Sel. Sig. 114
 WP Bell Line 1-704- 878-3039

6. _____
 (name)

(date) (time)

Catawba County
 (agency) WP Sel. Sig. 118
 WP Bell Line 1-828- 464-3112

7. _____
 (name)

(date) (time)

Cabarrus County
 (agency) WP Sel. Sig. 119
 WP Bell Line 1-704- 920-3000

EOF Lead Offsite Agency Communicator
Duties

Lead Person:

NOTE: The first EOACs to arrive at the EOF should promptly perform each of the "Immediate Actions" listed in SR/0/B/2000/004 regardless of which role they expect to perform.

- _____ Sign in on the white board in the EOF Director's area as the "Offsite Agency Communicator". Also sign in and ensure that the other EOF offsite agency communicators have signed in on the white board in the offsite agency communicator's area.
- _____ Ensure adequate staffing of Emergency Offsite Agency Communicators (EOACs).
- _____ Ensure all the EOACs have a copy of and understand the correct procedure and that they know their duties.
- _____ Ensure that the EOACs are fit for duty prior to EOF becoming operational.
- _____ Keep the EOF Director informed of progress in preparing to take turnover from the site
- _____ Be the chief interface with the EOF Director.
- _____ Have one of the EOACs arrange for 24-hour EOAC coverage.
- _____ Check with dose assessment early and often to ensure that they don't delay an ENF. (It takes several minutes to calculate doses so be sure that they have a 15 -minute warning before we need their data. If they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Manager involved at once -- **do not delay!**)
- _____ Resolve any questions concerning procedure or actions (the Emergency Planner can help).
- _____ Ensure that all messages (ENFs) are accurate, complete, and issued on time.
- _____ Decide when to omit dose data on the ENF (in the interest of timeliness).
- _____ Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events (e.g., injuries, fires, intruders, etc.) are reported and that later ENF's follow-up on those events and report their resolution ("close the loop").
- _____ Make it clear to the EOF Director that his/her approval is needed several minutes before the transmittal deadline.
- _____ Proofread the ENF prior to giving it to the EOF Director for approval. Give the EOF Director sufficient time to review/change the ENF.
- _____ Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.

**EOF Lead Offsite Agency Communicator
Duties**

- _____ Work with the EOF Support groups to fix any problems with the FAX machines, selective signaling, computers, software, etc. Advise the EOF Director of these problems.
- _____ Decide which ENFs will be FAXed only (vs read and FAXed).
- _____ Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.
- _____ After the drill/event tell the primary EOAC what role was filled by each communicator and of any comments/questions concerning their action in the drill/event.

ENF Person:

- _____ Start EOAC computer and log in to electronic ENF.
- _____ Verify that all users can access electronic ENF.
- _____ Complete ENF section 1 either electronically or on paper (NOTE: ENF section 1, lines 3 and 4 are provided by the phone person).
- _____ Monitor progress of Accident Assessment and Rad Assessment is completing their sections of the ENF. Review their input.
- _____ Have the lead EOAC and the EOF Director review the ENF when it is ready.
- _____ Ensure SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.9 (EOF Offsite Agency Communicator Checklist) is completed.
- _____ Ensure all ENF software users are working on the current ENF message.
- _____ Collect and turn in all appropriate documentation to Emergency Planning at the end of the drill/event.

Phone Person

- _____ Get current authentication code word list.
- _____ Call the TSC to advise them of the start of communications checks.
- _____ Perform communications checks with participating offsite agencies.
- _____ Call all participating offsite agencies to begin process of communicating each ENF.
- _____ Have this communication authenticated by one of the offsite agencies.
- _____ Complete ENF section 1, lines 3 and 4, and then print the ENF.
- _____ Communicate ENF contents to offsite agencies (by FAX and/or voice).
- _____ Verify that all offsite agencies received each ENF (and get name of individual recipient).
- _____ Handle all questions from the offsite agencies.
- _____ Sign off completed task of procedure.

**EOF Lead Offsite Agency Communicator
Duties**

Floater

- _____ Assist and provide brief relief to Phone, Lead and ENF persons as needed.
- _____ Copy and distribute each ENF promptly.
- _____ Use FAX machine to transmit ENFs when needed.
- _____ Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.
- _____ Update the EOF Director's Area and the EOAC status boards with the next message due number and time each time an ENF is completed. (This applies to all ENFs regardless of site or origination - Control Room, TSC, and EOF).

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Classification of Emergency

(4) Prepared By Alex L. Beaver Date 2/20/2004

(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 2/24/04

Cross-Disciplinary Review By _____ (QR) NA [Signature] Date 2/24/04

Reactivity Mgmt. Review By _____ (QR) NA [Signature] Date 2/24/04

Mgmt. Involvement Review By _____ (Ops Supt.) NA [Signature] Date 2/24/04

(7) Additional Reviews

Reviewed By Gary Hull Date 2/25/04

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 3-1-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Classification of Emergency

Reference Use

Procedure No.

RP/0/A/5700/000

Revision No.

010

Electronic Reference No.

MC0048M3

Classification of Emergency

1.0 Symptoms

1.1 Notification of Unusual Event

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

1.2 Alert

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

1.3 Site Area Emergency

- 1.3.1 Events are in process or have occurred which involve actual or likely major failures of plant functions needed for protection of the public.
- 1.3.2 Any releases are not expected to exceed EPA Protective Action Guideline exposure levels except near the site boundary.

1.4 General Emergency

- 1.4.1 Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.
- 1.4.2 Releases can be reasonably expected to exceed EPA Protective Action Guidelines exposure levels offsite for more than the immediate site area.

2.0 Immediate Actions

- _____ 2.1 Determine operating mode that existed at the time the event occurred prior to any protection system or operator action initiated in response of the event.
- _____ 2.2 **IF** the plant was in Mode 1-4 and a **valid** condition affects fission product barriers, **THEN** proceed to Enclosure 4.1 (Fission Product Barrier Matrix).

- _____ 2.3 **IF** a General Emergency is **NOT** declared in Step 2.2, **OR** the condition does not affect fission product barriers, **THEN** review the listing of enclosures to determine if the event is applicable to one of the categories shown.
- _____ 2.4 Compare actual plant conditions to the Emergency Action Levels evaluated in 2.2 and/or 2.3, then declare the appropriate Emergency Class as indicated.
- _____ 2.5 Implement the applicable Emergency Response Procedure (RP) for that classification and continue with subsequent steps of this procedure.

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

3.0 Subsequent Actions

- _____ 3.1 To escalate, de-escalate, or terminate the Emergency, compare plant conditions to the Initiating Conditions of Enclosures 4.1 through 4.7.
- _____ 3.2 Refer to enclosure 4.9, Emergency Declaration Guidelines, as needed.
- _____ 3.3 Refer to section D of the McGuire EPLAN as the basis document for classification of emergencies as needed.

4.0 Enclosures

- 4.1 Fission Product Barrier Matrix
- 4.2 System Malfunctions
- 4.3 Abnormal Rad Levels/Radiological Effluent
- 4.4 Loss of Shutdown Functions
- 4.5 Loss of Power
- 4.6 Fire/Explosion and Security Events
- 4.7 Natural Disasters, Hazards and Other Conditions Affecting Plant Safety
- 4.8 Definitions/Acronyms
- 4.9 Emergency Declaration Guidelines
- 4.10 Radiation Monitor Readings for Enclosure 4.3 EALs
- 4.11 Commitment Reference for Emergency Action Levels

Enclosure 4.1
Fission Product Barrier Matrix

Use EALs to determine Fission Product Barrier status (Intact, Potential Loss, or Loss). Add points for all 3 barriers. Classify according to the table on page 2 of 5 of this enclosure.

Note 1: This table is only applicable in Modes 1-4.

Note 2: Also, an event (or multiple events) could occur which results in the conclusion that exceeding the Loss or Potential Loss thresholds is **imminent** (i.e., within 1-3 hours). In this **imminent** loss situation, use judgement and classify as if the thresholds are exceeded.

Note 3: When determining Fission Product Barrier status, the Fuel Clad Barrier should be considered to be lost or potentially lost if the conditions for the Fuel Clad Barrier loss or potential loss EALs were met previously (**validated** and **sustained**) during the event, even if the conditions do not currently exist.

Note 4: Critical Safety Function (CSF) indications are not meant to include transient alarm conditions which may appear during the start-up of engineered safeguards equipment. A CSF condition is satisfied when the alarmed state is **valid** and **sustained**. The STA should be consulted to affirm if any CSF has been **validated** and an appropriate function restoration procedure implemented prior to that CSF being used as the basis to classify an emergency. {1}

EAL #	Unusual Event	EAL #	Alert	EAL #	Site Area Emergency	EAL #	General Emergency
4.1.U.1	Potential Loss of Containment	4.1.A.1	Loss OR Potential Loss of Nuclear Coolant System	4.1.S.1	Loss OR Potential Loss of Both Nuclear Coolant System AND Fuel Clad	4.1.G.1	Loss of All Three Barriers
4.1.U.2	Loss of Containment	4.1.A.2	Loss OR Potential Loss of Fuel Clad	4.1.S.2	Loss AND Potential Loss Combinations of Both Nuclear Coolant System AND Fuel Clad	4.1.G.2	Loss of Any Two Barriers AND Potential Loss of the Third
		4.1.A.3	Potential Loss of Containment AND Loss OR Potential Loss of Any Other Barrier	4.1.S.3	Loss of Containment AND Loss OR Potential Loss of Any Other Barrier		

Enclosure 4.1
Fission Product Barrier Matrix

NOTE: If a barrier is affected, it has a single point value based on a "potential loss" or a "loss". "Not Applicable" is included in the matrix as a place holder only, and has no point value assigned.

Barrier	Points (1-5)	Potential Loss (X)	Loss (X)	Total Points	Classification
Containment		1	3	1 - 3	Unusual Event
NCS		4	5	4 - 6	Alert
Fuel Clad		4	5	7 - 10	Site Area Emergency
Total Points				11 - 13	General Emergency

1. Compare plant conditions against the Fission Product Barrier Matrix on pages 3 through 5 of 5.
2. Determine the "potential loss" or "loss" status for each barrier (Containment, NCS and Fuel Clad) based on the EAL symptom description.
3. For each barrier, write the highest single point value applicable for the barrier in the "Points" column and mark the appropriate "potential loss" **OR** "loss" column.
4. Add the points in the "Points" column and record the sum as "Total Points".
5. Determine the classification level based on the number of "Total Points".
6. In the table on page 1 of this enclosure, under one of the four "classification" columns, select the event (e.g. 4.1.A.1 for Loss of Nuclear Coolant System) that best fits the loss of barrier description.
7. Using that EAL number (e.g. 4.1.A.1) select the preprinted notification form **OR** a blank form and complete the required information for Emergency Coordinator/EOF Director approval and transmittal.

Fission Product Barrier Matrix

4.1.C CONTAINMENT BARRIER

POTENTIAL LOSS - (1 Point)	LOSS - (3 Points)
-------------------------------	----------------------

4.1.N NCS BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	----------------------

4.1.F FUEL CLAD BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
--------------------------------	----------------------

1. Critical Safety Function Status

- Containment-RED. • Not applicable.
- Core Cooling - RED Path is indicated for >15 minutes.

2. Containment Conditions

- Containment Pressure > 15 PSIG. • Rapid unexplained decrease in containment pressure following initial increase.
- H2 concentration > 9%. • Containment pressure or sump level response not consistent with LOCA conditions.
- Containment pressure greater than 3 psig with less than one full train of NS and VX-CARF operating.

CONTINUED

1. Critical Safety Function Status

- NCS Integrity-RED. • Not applicable.
- Heat Sink-RED.

2. NCS Leak Rate

- Unisolable leak exceeding the capacity of one charging pump in the normal charging mode with letdown isolated. • GREATER THAN available makeup capacity as indicated by a loss of NCS subcooling.

CONTINUED

1. Critical Safety Function Status

- Core Cooling-ORANGE. • Core Cooling-RED.
- Heat Sink-RED.

2. Primary Coolant Activity Level

- Not applicable. • Coolant Activity GREATER THAN 300 µCi/cc Dose Equivalent Iodine (DEI) I-131.

CONTINUED

Enclosure 4.1
Fission Product Barrier Matrix

4.1.C CONTAINMENT BARRIER

POTENTIAL LOSS -

(1 Point)

LOSS -

(3 Points)

3. Containment Isolation Valves Status After Containment Isolation Actuation

- Not applicable.
- Containment isolation is incomplete and a release path from containment exists.

4. SG Secondary Side Release With Primary-to-Secondary Leakage

- Not applicable.
- Release of secondary side to the environment with primary-to-secondary leakage GREATER THAN Tech Spec allowable.

CONTINUED

4.1.N NCS BARRIER

POTENTIAL LOSS -

(4 Points)

LOSS -

(5 Points)

3. SG Tube Rupture

- Primary-to-Secondary leak rate exceeds the capacity of one charging pump in the normal charging mode with letdown isolated.
- Indication that a SG is Ruptured and has a Non-Isolable secondary line fault.
- Indication that a SG is ruptured and a prolonged release of contaminated secondary coolant is occurring from the affected SG to the environment.

4. Containment Radiation Monitoring

- Not applicable.
- Not applicable.

CONTINUED

4.1.F FUEL CLAD BARRIER

POTENTIAL LOSS -

(4 Points)

LOSS -

(5 Points)

3. Containment Radiation Monitoring

- Not applicable.
- Containment radiation monitor 51 A or 51 B reading >117 R/hr.

4. Emergency Coordinator/EOF Director Judgement

- Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates **LOSS** or **POTENTIAL LOSS** of the fuel clad barrier.

END

Enclosure 4.1
Fission Product Barrier Matrix

4.1.C CONTAINMENT BARRIER

POTENTIAL LOSS - (1 Point)	LOSS - (3 Points)
-----------------------------------	--------------------------

4.1.N NCS BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
------------------------------------	--------------------------

4.1.F FUEL CLAD BARRIER

POTENTIAL LOSS - (4 Points)	LOSS - (5 Points)
------------------------------------	--------------------------

5. Significant Radioactive Inventory In Containment

- Containment Rad. Monitor EMF51A or 51B Reading @ time since shutdown:
 - > 470 R/hr @ 0 - 0.5 hr
 - > 170 R/hr @ 0.5 - 2 hr
 - > 125 R/hr @ 2 - 4 hr
 - > 90 R/hr @ 4 - 8 hr
 - > 53 R/hr @ > 8 hr.
- Not applicable.

6. Emergency Coordinator /EOF Director Judgement

- Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates **LOSS** or **POTENTIAL LOSS** of the containment barrier.

END

5. Emergency Coordinator/EOF Director Judgement

- Any condition, including inability to monitor the barrier, that in the opinion of the Emergency Coordinator/EOF Director indicates **LOSS** or **POTENTIAL LOSS** of the NCS barrier.

END

Enclosure 2
System Malfunctions

RP/0/A/5700/000
Page 1 of 2

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.2.U.1 Inability to Reach Required Shutdown Within Technical Specification Limits.

OPERATING MODE: 1, 2, 3, 4

4.2.U.1-1 Plant is not brought to required operating mode within Technical Specifications LCO Action Statement Time.

4.2.U.2 Unplanned Loss of Most or All Safety System Annunciation or Indication in the Control Room for Greater Than 15 Minutes.

OPERATING MODE: 1, 2, 3, 4

4.2.U.2-1 The following conditions exist:

Unplanned loss of most (>50%) annunciators associated with safety systems for greater than 15 minutes.

AND

In the opinion of the Operations Shift Manager/Emergency Coordinator/EOF Director, the loss of the annunciators or indicators requires additional personnel (beyond normal shift compliment) to safely operate the unit.

CONTINUED

4.2.A.1 Unplanned Loss of Most or All Safety System Annunciation or Indication in Control Room With Either (1) a Significant Transient in Progress, or (2) Compensatory Non-Alarming Indicators Unavailable.

OPERATING MODE: 1, 2, 3, 4

4.2.A.1-1 The following conditions exist:

Unplanned loss of most (>50%) annunciators associated with safety systems for greater than 15 minutes.

AND

In the opinion of the Operations Shift Manager/Emergency Coordinator/EOF Director, the loss of the annunciators or indicators requires additional personnel (beyond normal shift compliment) to safely operate the unit.

AND

EITHER of the following:

- A significant plant transient is in progress.

OR

- Loss of the OAC.

END

4.2.S.1 Inability to Monitor a Significant Transient in Progress.

OPERATING MODE: 1, 2, 3, 4

4.2.S.1-1 The following conditions exist:

Loss of most (>50%) annunciators associated with safety systems.

AND

A significant plant transient is in progress.

AND

Loss of the OAC.

AND

Inability to provide manual monitoring of any of the following Critical Safety Functions:

- subcriticality
- core cooling
- heat sink
- containment.

END

END

Enclosure 4.2
System Malfunctions

RP/0/A/5700/000
Page 2 of 2

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.2.U.3 Fuel Clad Degradation.

OPERATING MODE: 1, 2, 3*

4.2.U.3-1 Dose Equivalent I-131 greater than the Technical Specification allowable limit. (*mode 3 with $T_{avg} \geq 500^{\circ}F$)

4.2.U.4 Reactor Coolant System (NCS) Leakage.

OPERATING MODE: 1, 2, 3, 4

4.2.U.4-1 Unidentified leakage ≥ 10 gpm.

4.2.U.4-2 Pressure boundary leakage ≥ 10 gpm.

4.2.U.4-3 Identified leakage ≥ 25 gpm.

4.2.U.5 Unplanned Loss of All Onsite or Offsite Communications.

OPERATING MODE: ALL

4.2.U.5-1 Loss of all onsite communications capability (internal phone system, PA system, onsite radio system) affecting the ability to perform routine operations.

4.2.U.5-2 Loss of all offsite communications capability (Selective Signaling, NRC ETS lines, offsite radio system, commercial phone system) affecting the ability to communicate with offsite authorities.

END

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.U.1 Any Unplanned Release of Gaseous or Liquid Radioactivity to the Environment that Exceeds Two Times the SLC Limits for 60 Minutes or Longer.

4.3.A.1 Any Unplanned Release of Gaseous or Liquid Radioactivity to the Environment that Exceeds 200 Times the SLC limits for 15 Minutes or Longer.

4.3.S.1 Boundary Dose Resulting from an Actual or Imminent Release of Radioactivity that Exceeds 100 mRem TEDE or 500 mRem CDE Adult Thyroid for the Actual or Projected Duration of the Release.

4.3.G.1 Boundary Dose Resulting from an Actual or Imminent Release of Radioactivity that Exceeds 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid for the Actual or Projected Duration of the Release.

OPERATING MODE: ALL

OPERATING MODE: ALL

OPERATING MODE: ALL

OPERATING MODE: ALL

Note: (This applies to all EALs in the 4.3.U.1 IC). If the monitor reading is **sustained** for the time period indicated in the EAL AND the required assessments (procedure calculations) cannot be completed within this time period, declaration must be made based on the **valid** radiation monitor reading.

Note: (This applies to all EALs in the 4.3.A.1 IC). If the monitor reading is **sustained** for the time period indicated in the EAL AND the required assessments (procedure calculations) cannot be completed within this time period, declaration must be made based on the **valid** radiation monitor reading.

Note 1: These EMF readings are calculated based on average annual meteorology, site boundary dose rate, and design unit vent flow rate. Calculations by the dose assessment team use actual meteorology, release duration, and unit vent flow rate. Therefore, these EMF readings should not be used if dose assessment team calculations are available.

Note 1: These EMF readings are calculated based on average annual meteorology, site boundary dose rate, and design unit vent flow rate. Calculations by the dose assessment team use actual meteorology, release duration, and unit vent flow rate. Therefore, these EMF readings should not be used if dose assessment team calculations are available.

4.3.U.1-1 A **valid** indication on radiation monitor EMF- 49L, EMF-44L or EMF-31 (when aligned to RC) of $\geq 5.45E+06$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or SH/0/B/2005/001.

4.3.A.1-1 A **valid** indication on radiation monitor EMF- 49H of $\geq 1.56E+03$ cpm for ≥ 15 minutes or will likely continue for ≥ 15 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or SH/0/B/2005/001.

(Continued)

(Continued)

(Continued)

(Continued)

Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

- 4.3.U.1-2 A **valid** indication on radiation monitor EMF- 36L of $\geq 2.05E+04$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or SH/0/B/2005/001.
- 4.3.U.1-3 A **valid** indication on radiation monitor EMF-31 (when aligned to WC or WWCB) of $\geq 9.174 E+03$ cpm for ≥ 60 minutes or will likely continue for ≥ 60 minutes which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or SH/0/B/2005/001.
- 4.3.U.1-4 Gaseous effluent being released exceeds two times **SLC** 16.11-6 for ≥ 60 minutes as determined by Radiation Protection (RP) procedure.
- 4.3.U.1-5 Liquid effluent being released exceeds two times **SLC** 16.11-1 for ≥ 60 minutes as determined by Radiation Protection (RP) procedure.

(Continued)

- 4.3.A.1-2 A **valid** indication on radiation monitor EMF- 36L of $\geq 2.05E+06$ cpm for ≥ 15 minutes or will likely continue for ≥ 15 minutes, which indicates that the release may have exceeded the initiating condition and indicates the need to assess the release with procedure HP/0/B/1009/010, HP/0/B/1009/029, or SH/0/B/2005/001.
- 4.3.A.1-3 Gaseous effluent being released exceeds 200 times the level of **SLC** 16.11-6 for ≥ 15 minutes as determined by Radiation Protection (RP) procedure.
- 4.3.A.1-4 Liquid effluent being released exceeds 200 times the level of **SLC** 16.11-1 for ≥ 15 minutes as determined by Radiation Protection (RP) procedure.

(Continued)

- Note 2: If dose assessment team calculations cannot be completed in 15 minutes, then valid monitor reading should be used for emergency classification.
- 4.3.S.1-1 A **valid** indication on radiation monitor EMF-36H of $\geq 3.4 E + 03$ cpm **sustained** for ≥ 15 minutes.
- 4.3.S.1-2 Dose assessment team calculations indicate dose consequences greater than 100 mRem TEDE or 500 mRem CDE Adult Thyroid at the **site boundary**.
- 4.3.S.1-3 Analysis of field survey results or field survey samples indicates dose consequences greater than 100 mRem TEDE or 500 mRem CDE Adult Thyroid at the **site boundary**.

END

- Note 2: If dose assessment team calculations cannot be completed in 15 minutes, then valid monitor reading should be used for emergency classification.
- 4.3.G.1-1 A **valid** indication on radiation monitor EMF-36H of $\geq 3.4 E + 04$ cpm **sustained** for ≥ 15 minutes.
- 4.3.G.1-2 Dose assessment team calculations indicate dose consequences greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid at the **site boundary**.
- 4.3.G.1-3 Analysis of field survey results or field survey samples indicates dose consequences greater than 1000 mRem TEDE or 5000 mRem CDE Adult Thyroid at the **site boundary**.

END

Enclosure 4.3

Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.U.2 Unexpected Increase in Plant Radiation or Airborne Concentration.

4.3.A.2 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.

Does not apply to spent fuel in dry cask storage. Refer to EPLAN section D basis document.

OPERATING MODE: ALL

OPERATING MODE: ALL

4.3.U.2-1 Indication of uncontrolled water level decrease of greater than 6 inches in the reactor refueling cavity with all irradiated fuel assemblies remaining covered by water.

4.3.A.2-1 An unplanned valid trip II alarm on any of the following radiation monitors:

4.3.U.2-2 Uncontrolled water level decrease of greater than 6 inches in the spent fuel pool and fuel transfer canal with all irradiated fuel assemblies remaining covered by water.

Spent Fuel Building
Refueling Bridge
1EMF-17
2EMF-4

4.3.U.2-3 Unplanned valid area EMF reading exceeds the levels shown in Enclosure 4.10.

Spent Fuel Pool Ventilation
1EMF-42
2EMF-42

END

Reactor Building Refueling
Bridge
1EMF-16*
2EMF-3*

Containment Noble Gas
1EMF-39*
2EMF-39*

*Applies to Mode 6 and No Mode Only.

(Continued)

Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.A.2-2 Plant personnel report that water level drop in reactor refueling cavity, spent fuel pool, or fuel transfer canal has or will exceed makeup capacity such that any irradiated fuel will become uncovered.

4.3.A.2-3 NC system wide range level <358 inches after initiation of NC system make-up.

AND

Any irradiated fuel assembly not capable of being lowered into spent fuel pool or reactor vessel.

4.3.A.2-4 Spent Fuel Pool or Fuel Transfer Canal level decrease of >2 feet after initiation of makeup.

AND

Any irradiated fuel assembly not capable of being fully lowered into the spent fuel pool racks or transfer canal fuel transfer system basket.

(Continued)

Abnormal Rad Levels/Radiological Effluent

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.3.A.3 Release of Radioactive Material or Increases in Radiation Levels Within the Facility That Impedes Operation of Systems Required to Maintain Safe Operations or to Establish or Maintain Cold Shutdown.

OPERATING MODE: ALL

4.3.A.3-1 Valid reading on EMF-12 greater than 15 mR/hr in the Control Room.

4.3.A.3-2 Valid indication of radiation levels greater than 15 mR/hr in the Central Alarm Station (CAS) or Secondary Alarm Station (SAS).

4.3.A.3-3 Valid area EMF reading exceeds the levels shown in Enclosure 4.10.

END

Loss of Shutdown Functions

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

END

4.4.A.1 Failure of Reactor Protection System Instrumentation to Complete or Initiate an Automatic Reactor Trip Once a Reactor Protection System Setpoint Has Been Exceeded and Manual Trip WAS Successful.

4.4.S.1 Failure of Reactor Protection System Instrumentation to Complete or Initiate an Automatic Reactor Trip Once a Reactor Protection System Setpoint Has Been Exceeded and Manual Trip WAS NOT Successful.

4.4.G.1 Failure of the Reactor Protection System to Complete an Automatic Trip and Manual Trip WAS NOT Successful and There is Indication of an Extreme Challenge to the Ability to Cool the Core.

OPERATING MODE: 1, 2, 3

OPERATING MODE: 1

OPERATING MODE: 1

4.4.A.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room is successful and reactor power is less than 5% and decreasing.

(Continued)

4.4.S.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room was not successful in reducing reactor power to less than 5% and decreasing.

(Continued)

4.4.G.1-1 The following conditions exist:

Valid reactor trip signal received or required and automatic reactor trip was not successful.

AND

Manual reactor trip from the control room was not successful in reducing reactor power to less than 5% and decreasing.

AND

EITHER of the following conditions exist:

- Core Cooling CSF-RED
- Heat Sink CSF-RED.

END

Loss of Shutdown Functions

UNUSUAL EVENT

ALERT

4.4.A.2 Inability to Maintain Plant in Cold Shutdown.

OPERATING MODE: 5, 6

4.4.A.2-1 Total loss of ND and/or RN and/or KC.

AND

One of the following:

- Inability to maintain reactor coolant temperature below 200°F

OR

- **Uncontrolled** reactor coolant temperature rise to >180°F.

END

SITE AREA EMERGENCY

4.4.S.2 Complete Loss of Function Needed to Achieve or Maintain Hot Shutdown.

OPERATING MODE: 1, 2, 3, 4

4.4.S.2-1 Subcriticality CSF-RED.

4.4.S.2-2 Heat Sink CSF-RED.

4.4.S.3 Loss of Water Level in the Reactor Vessel That Has or Will Uncover Fuel in the Reactor Vessel.

OPERATING MODE: 5, 6

4.4.S.3-1 Failure of heat sink causes loss of cold shutdown conditions.

AND

Lower range Reactor Vessel Level Indication System (RVLIS) decreasing after initiation of NC system makeup.

(Continued)

GENERAL EMERGENCY

Loss of Shutdown Functions

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.4.S.3-2 Failure of heat sink causes loss of cold shutdown conditions.

AND

Reactor Coolant (NC) system narrow range level less than 6 inches and decreasing after initiation of NC system makeup.

4.4.S.3-3 Failure of heat sink causes loss of cold shutdown conditions.

AND

Either train ultrasonic level indication less than 6 inches and decreasing after initiation of NC system makeup.

END

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.5.U.1 Loss of All Offsite Power to Essential Busses for Greater Than 15 Minutes.

4.5.A.1 Loss of All Offsite Power and Loss of All Onsite AC Power to Essential Busses During Cold Shutdown Or Refueling Mode.

4.5.S.1 Loss of All Offsite Power and Loss of All Onsite AC Power to Essential Busses.

4.5.G.1 Prolonged Loss of All (Offsite and Onsite) AC Power.

OPERATING MODE: 1, 2, 3, 4

OPERATING MODE: 1, 2, 3, 4

OPERATING MODE: 1, 2, 3, 4

4.5.U.1-1 The following conditions exist:

OPERATING MODE: 5, 6, No Mode

4.5.S.1-1 Loss of all offsite and onsite AC power as indicated by:

4.5.G.1-1 Prolonged loss of all offsite and onsite AC power as indicated by:

Loss of offsite power to essential buses ETA and ETB for greater than 15 minutes.

4.5.A.1-1 Loss of all offsite and onsite AC power as indicated by:

Loss of power on essential buses ETA and ETB.

Loss of power on essential buses ETA and ETB for greater than 15 minutes.

AND

Loss of power on essential buses ETA and ETB.

AND

AND

Both emergency diesel generators are supplying power to their respective essential busses.

AND

Failure to restore power to at least one essential bus within 15 minutes.

Standby Shutdown Facility (SSF) fails to supply NC pump seal injection OR CA supply to Steam Generators.

AND

(Continued)

(Continued)

(Continued)

(Continued)

UNUSUAL EVENT

OPERATING MODE: 5, 6, No Mode

4.5.U.1-2 The following conditions exist:
Loss of offsite power to essential buses ETA and ETB for greater than 15 minutes.

AND

One emergency diesel generator is supplying power to its respective essential bus.

Continued

ALERT

4.5.A.2 AC Power to Essential Busses Reduced to a Single Power Source for Greater Than 15 Minutes Such That An Additional Single Failure Could Result in Station Blackout.

OPERATING MODE: 1, 2, 3, 4

4.5.A.2-1 The following condition exists:

AC power capability has been degraded to one essential bus powered from a single power source for > 15 min. due to the loss of all but one of:

- SATA
- SATB
- ATC
- ATD
- D/G A
- D/G B.

END

SITE AREA EMERGENCY

4.5.S.2 Loss of All Vital DC Power.

OPERATING MODE: 1, 2, 3, 4

4.5.S.2-1 The following conditions exist:

Loss of both unit related EVDA and EVDD busses as indicated by bus voltage less than 110 VDC.

AND

Failure to restore power to at least one required DC bus within 15 minutes from the time of loss.

END

GENERAL EMERGENCY

At least one of the following conditions exist:

- Restoration of at least one essential bus within 4 hours is NOT likely
- Indication of continuing degradation of core cooling based on Fission Product Barrier monitoring.

END

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.5.U.2 **Unplanned Loss of Required DC Power During Cold Shutdown or Refueling Mode for Greater than 15 Minutes.**

OPERATING MODE: 5, 6

4.5.U.2-1 The following conditions exist:

Unplanned loss of both unit related EVDA and EVDD busses as indicated by bus voltage less than 110 VDC.

AND

Failure to restore power to at least one required DC bus within 15 minutes from the time of loss.

END

Fire/Explosion and Security Events

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.6.U.1 **Fire Within Protected Area Boundary NOT Extinguished Within 15 Minutes of Detection OR Explosion Within the Protected Area Boundary.**

4.6.A.1 **Fire or Explosion Affecting the Operability of Plant Safety Systems Required to Establish or Maintain Safe Shutdown.**

4.6.S.1 **Security Event in a Plant Vital Area.**

4.6.G.1 **Security Event Resulting in Loss Of Ability to Reach and Maintain Cold Shutdown.**

OPERATING MODE: ALL

OPERATING MODE: 1, 2, 3, 4, 5, 6

OPERATING MODE: ALL

OPERATING MODE: ALL

4.6.U.1-1 **Fire in any of the following areas NOT extinguished within 15 minutes of control room notification or verification of a control room fire alarm.**

4.6.A.1-1 **The following conditions exist: (includes non-security events)**

4.6.S.1-1 **Intrusion into any of the following plant areas by a hostile force:**

4.6.G.1-1 **Loss of physical control of the control room due to security event.**

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- CAS
- SAS
- Doghouses
- FWST
- Turbine Building
- Service Building
- Interim Radwaste Building
- Equipment Staging Building
- ISFSI.

Fire or explosion in any of the following areas:

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- CAS
- SAS
- FWST
- Doghouses (Applies in Mode 1, 2, 3, 4 only).

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS.

4.6.G.1-2 **Loss of physical control of the Standby Shutdown Facility and Auxiliary Shutdown Panel due to security event.**

AND

4.6.S.1-2 **Security confirmed bomb discovered/exploded in a vital area.**

4.6.S.1-3 **Security confirmed sabotage in a plant vital area.**

END

END

(Continued)

(Continued)

Fire/Explosion and Security Events

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.6.U.1-2 Report by plant personnel of an unanticipated **explosion** within the **protected area** boundary resulting in **visible damage** to permanent structures or equipment or a loaded cask in the ISFSI.

Note:

One of the following:

Only one train of a system needs to be affected or damaged in order to satisfy this condition.

4.6.U.2 **Confirmed Security Event Which Indicates a Potential Degradation in the Level of Safety of the Plant or ISFSI.**

- Affected safety system parameter indications show degraded performance
- Plant personnel report **visible damage** to permanent structures or equipment within the specified area.

OPERATING MODE: All

4.6.U.2-1 Security confirmed **bomb** device discovered within plant **Protected Area** including the ISFSI and outside **Vital Areas**.

4.6.A.2 **Fire or Explosion Affecting the Operability of Plant Safety Systems Required to Establish or Maintain Safe Shutdown.**

4.6.U.2-2 **Hostage situation/extortion.**

4.6.U.2-3 A **violent civil disturbance** within the owner controlled area.

OPERATING MODE: No Mode

4.6.U.2-4 A credible terrorist threat as determined by Security.

4.6.A.2-1 The following conditions exist: (includes non-security events) **Fire or explosion** in any of the following areas:

- Spent Fuel Pool
- Auxiliary Building.

END

AND

(Continued)

Fire/Explosion and Security Events

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

One of the following:

Note: Only one train of a system needs to be affected or damaged in order to satisfy this condition.

- Spent Fuel Pool level and/or temperature show degraded performance
- Plant personnel report **visible damage** to permanent structures or equipment supporting Spent Fuel Pool Cooling.

4.6.A.3 Security Event in a Plant Protected Area.

OPERATING MODE: ALL

4.6.A.3-1 Intrusion into plant Protected Area by a hostile force.

END

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.7.U.1 Natural and Destructive Phenomena Affecting the Protected Area.

4.7.A.1 Natural and Destructive Phenomena Affecting the Plant Vital Area.

4.7.S.1 Control Room Evacuation Has Been Initiated and Plant Control Cannot Be Established.

4.7.G.1 Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of General Emergency.

OPERATING MODE: ALL

OPERATING MODE: ALL

OPERATING MODE: ALL

OPERATING MODE: ALL

4.7.U.1-1 Tremor felt and valid alarm on the "strong motion accelerograph".

4.7.A.1-1 Valid "OBE Exceeded" Alarm on 1AD-13, E-7

4.7.S.1-1 The following conditions exist:

4.7.G.1-1 Other conditions exist which in the Judgement of the Emergency Coordinator/EOF Director indicate:

4.7.U.1-2 Tremor felt and valid alarm on the "Peak shock annunciator".

4.7.A.1-2 Tornado or high winds:

Control Room evacuation has been initiated per AP/1(2)/A/5500/017, or AP/1(2)/A/5500/024. {3}

(1) actual or **imminent** substantial core degradation with potential for loss of containment,

4.7.U.1-3 Report by plant personnel of tornado striking within **protected area** boundary/ISFSI.

Tornado striking plant structures within the **vital area**:

- Reactor Building
- Auxiliary Building
- FWST
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS.

AND

Control of the plant cannot be established from the Auxiliary Shutdown Panel or the Standby Shutdown Facility within 15 minutes.

OR

4.7.U.1-4 Vehicle crash into plant structures or systems within **protected area** boundary/ISFSI.

4.7.U.1-5 Report of turbine failure resulting in casing penetration or damage to turbine or generator seals.

(Continued)

OR

Sustained winds \geq 60 mph for > 15 minutes.

(Continued)

(2) potential for **uncontrolled** radionuclide releases. These releases can reasonably be expected to exceed Environmental Protection Agency Protective Action Guideline levels outside the **site boundary**.

END

(Continued)

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.7.U.1-6 Independent Spent Fuel Cask tipped over or dropped greater than 12 inches.

4.7.U.1-7 Uncontrolled flooding in the ISFSI area.

4.7.U.1-8 Tornado generated missile(s) impacting the ISFSI.

4.7.U.2 **Release of Toxic or Flammable Gases Deemed Detrimental to Safe Operation of the Plant.**

OPERATING MODE: ALL

4.7.U.2-1 Report or detection of **toxic** or **flammable gases** that could enter within the **site area boundary** in amounts that can affect safe operation of the plant.

4.7.U.2-2 Report by Local, County or State Officials for potential evacuation of site personnel based on offsite event.

(Continued)

4.7.A.1-3 **Visible structural damage** caused by either:

- Vehicle crashes, **OR**
- Turbine failure generated missiles, **OR**
- Other catastrophic events

on any of the following plant structures:

- Reactor Building
- Auxiliary Building
- FWST
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS
- Ultimate heat sink (Standby Nuclear Service Water Pond Dam and Dikes and Cowan's Ford Dam and associated Dikes).

(Continued)

4.7.S.2 **Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of Site Area Emergency.**

OPERATING MODE: ALL

4.7.S.2-1 Other conditions exist which in the Judgement of the Emergency Coordinator/EOF Director indicate actual or likely major failures of plant functions needed for protection of the public.

END

Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

4.7.U.3 Other Conditions Existing Which in the Judgement of the Emergency Coordinator/EOF Director Warrant Declaration of an Unusual Event.

4.7.A.2 Release of Toxic or Flammable Gases Within a Facility Structure Which Jeopardizes Operation of Systems Required to Maintain Safe Operations or to Establish or Maintain Cold Shutdown.

OPERATING MODE: ALL

OPERATING MODE: ALL

4.7.U.3-1 Other conditions exist which in the judgement of the Emergency Coordinator/EOF Director indicate a potential degradation of the level of safety of the plant.

Note: Structures for the below EALs:

- Reactor Building
- Auxiliary Building
- Diesel Generator Rooms
- Control Room
- Standby Shutdown Facility
- Doghouses
- CAS
- SAS.

END

4.7.A.2-1 Report or detection of toxic gases within a Facility Structure in concentrations that will be life threatening to plant personnel.

4.7.A.2-2 Report or detection of flammable gases within a Facility Structure in concentrations that will affect the safe operation of the plant.

(Continued)

Enclosure 4.1

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Natural Disasters, Hazards, And Other Conditions Affecting Plant Safety

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

**4.7.A.3 Control Room Evacuation
Has Been Initiated.**

OPERATING MODE: ALL

4.7.A.3-1 Control Room evacuation has
been initiated per
AP/1(2)/A/5500/017, or
AP/1(2)/A/5500/024. {3}

**4.7.A.4 Other Conditions Existing
Which in the Judgement of
the Emergency
Coordinator/EOF Director
Warrant Declaration of an
Alert.**

OPERATING MODE: ALL

4.7.A.4-1 Other conditions exist which
in the Judgement of the
Emergency Coordinator/EOF
Director indicate that plant
safety systems may be
degraded and that increased
monitoring of plant functions
is warranted.

END

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.

ALL (As relates to Operating Mode Applicability) – At all times.

BOMB- A fused explosive device.

CIVIL DISTURBANCE - A group of ten (10) or more people violently protesting station operations or activities at the site. A civil disturbance is considered to be violent when force has been used in an attempt to injure site personnel or damage plant property.

CONFINEMENT BOUNDARY - The barrier(s) between areas containing radioactive substances and the environment.

EXPLOSION - A rapid, violent unconfined combustion, or a catastrophic failure of pressurized equipment (e.g., a steamline or feedwater line break) that imparts energy sufficient to potentially damage or creates shrapnel to actually damage permanent structures, systems or components. An electrical breaker flash that creates shrapnel and results in damage to other components beyond scorching should also be considered.

EXTORTION - An attempt to cause an action at the site by threat of force.

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. An electrical breaker flash that creates high temperatures for a short duration and merely localized scorching to that breaker and its compartment should not be considered a fire.

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 Guideline exposure levels offsite for more than the immediate site areas.

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

HOSTILE FORCE - One or more individuals present in a protected area without authorization that may have or have threatened to use force in an attempt to injure site personnel or damage plant property.

IMMINENT - Expected to occur within 1-3 hours.

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

Enclosure 4.8
Definitions/Acronyms

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INTRUSION/INTRUDER - Suspected hostile individual present in a protected area without authorization.

ISFSI - Independent Spent Fuel Storage Installation.

NO MODE - Defueled.

PROLONGED - a duration beyond normal limits, defined as "greater than 15 minutes" or as determined by the judgement of the Emergency Coordinator.

PROTECTED AREA - Encompasses all owner controlled areas within the security perimeter fence.

REACTOR COOLANT SYSTEM (RCS/NCS) LEAKAGE – RCS Operational Leakage as defined in the Technical Specification Basis B 3.4.13.

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.

SABOTAGE - Deliberate damage, misalignment, or misoperation of plant equipment with the intent to render the equipment unavailable.

SECURITY EVENT - A security related emergency situation for which prompt response by the Security Force, immediate action by plant personnel, and/or assistance from offsite agencies may be required to apprehend intruders and mitigate the effects of or prevent radiological sabotage.

SIGNIFICANT 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, (5) thermal power oscillations $\geq 10\%$.

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 except near the site boundary.

SITE BOUNDARY - That area, including the protected area, in which Duke Power Company has the authority to control all activities, including exclusion or removal of personnel and property.

SLC - Selected Licensee Commitments.

SUSTAINED - A duration of time long enough to confirm that the CSF is valid (not momentary).

TOTAL EFFECTIVE DOSE EQUIVALENT (TEDE) - The sum of external dose exposure to a radioactive plume, to radionuclides deposited on the ground by the plume, and the internal exposure from inhaled radionuclides deposited in the body.

Enclosure 4.8
Definitions/Acronyms

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

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

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**.

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.

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 in this definition is the need for timely assessment.

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

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, cracking, paint blistering.

VITAL AREA - Areas within the **PROTECTED AREA** that house equipment important for nuclear safety. Access to a **VITAL AREA** is allowed only if an individual has been authorized to be in that area per the Security plan, therefore **VITAL AREA** is a Security term.

Enclosure 4.9
Emergency Declaration Guidelines

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THE FOLLOWING GUIDANCE IS TO BE USED BY THE EMERGENCY COORDINATOR IN ASSESSING EMERGENCY CONDITIONS.

- The Emergency Coordinator shall review all applicable initiating events to ensure proper classification.
- The BASIS Document (located in Section D of the McGuire Nuclear Site Emergency Plan) is available for review if any questions arise over proper classification.
- If an event occurs on more than one unit concurrently, the event with the higher classification will be classified on the emergency notification form. Information relating to the problem on the other unit will be captured on the emergency notification form.
- If an event occurs, and a lower or higher plant operating mode is reached before the classification can be made, the classification shall be based on the mode that existed at the time the event occurred.
- The fission product barrier matrix is applicable only to those events that occur at hot shutdown or higher. An event that is recognized at cold shutdown or lower shall not be classified using the fission product barrier matrix. Reference would be made to the additional enclosures that provide emergency action levels for specific events (e.g. severe weather, fire, security).
- If a transient event should occur, the following guidance is provided.
 1. Some emergency action levels specify a specific duration. For these EALs, the classification is made when the Emergency Coordinator assessment concludes that the specified duration is exceeded or will be exceeded (i.e. condition cannot be reasonably corrected before the duration elapses), whichever is sooner.
 2. If a plant condition exceeding EAL criteria is corrected before the specified duration time is exceeded, the event is NOT classified by that EAL. Lower Severity EALs, if any, shall be reviewed for possible applicability in these cases.
 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, an emergency shall NOT be declared. Reporting under 10CFR50.72 may be required. 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.
 4. If an emergency classification was warranted, but the plant condition has been corrected prior to declaration and notification, the following are applicable: {2}
 - a. For UNUSUAL EVENT, the emergency shall be declared and the condition shall be reported. The event should be terminated in a follow-up notification as soon as time permits, but within one hour.

Emergency Declaration Guidelines

- b. For ALERT, SITE AREA EMERGENCY, and GENERAL EMERGENCY, the emergency shall be declared and the Emergency Response Organization shall be activated. The TSC Emergency Coordinator shall be responsible for terminating the emergency as soon as time permits when appropriate.
- c. The Control Room Emergency Coordinator (Operations Shift Manager) shall ensure that any required follow-up notifications are conducted as required prior to activation of the TSC.

DETERMINATION OF "EVENT TIME" (TIME THE 15 MINUTE OFFSITE NOTIFICATION CLOCK STARTS)

1. If plant conditions require implementation of EP/1 or 2/A/5000/E-0 (Reactor Trip or Safety Injection), increased emphasis shall be given to evaluation of plant conditions for determination of EAL(s) when "kickout" of the diagnostic procedure occurs. "Event Time" is the time at which the EAL(s) is determined to be valid by the Emergency Coordinator/EOF Director.
2. If plant conditions do not require implementation of EP/1 or 2/A/5000/E-0 (Reactor Trip or Safety Injection), and conditions of a specific EAL are met, the "Event Time" is the time at which the EAL(s) is determined to be valid by the Emergency Coordinator/EOF Director.
3. The time the event is classified shall be entered on the initial emergency notification form.

MOMENTARY ENTRY INTO A HIGHER CLASSIFICATION

If, while in an emergency classification, the specified EALs of a higher classification are met momentarily, and in the judgment of the Emergency Coordinator are not likely to recur, the entry into the higher classification must be acknowledged. Acknowledgment is performed as follows:

If this condition occurs prior to the initial notification to the emergency response organization and off site agencies, the initial message should note that the site is currently in the lower classification, but had momentarily met the criteria for the higher classification. It should also be noted that plant conditions have improved and stabilized to the point that the criteria for the higher classification are not expected to be repeated.

Radiation Monitor Readings for Enclosure 4.3 EALs

Note: These values are not intended to apply to anticipated temporary increases due to planned events (e.g. incore detector movement, radwaste container movement, depleted resin transfers, etc.)

Detector	Elevation	Column	Identifier	Unusual Event mrad/hr	Alert mrad/hr
1EMF-1	695'	FF, GG-56	Aux. Bldg. Corridor	500	5000
1EMF-5	716'	FF-54	Unit 1 NM Sample Room	600	5000
1EMF-8	733'	HH-56	Aux. Bldg. Corridor	100	5000
1EMF-10	750'	LL-56	Aux. Bldg. Corridor	100	5000
1EMF-13	775'	QQ-56	Shift Lab/Count Room	100	5000
1EMF-17	786'	N/A	Unit 1 Spent Fuel Pool Refueling Bridge	100	5000
2EMF-1	716'	EE, FF-58	Unit 2 NM Sample Room	300	5000
2EMF-4	786'	N/A	Unit 2 Spent Fuel Pool Refueling Bridge	100	5000
2EMF-9	767'	JJ-59	Aux. Bldg. Corridor	100	5000

Commitment Reference for Emergency Action Levels

- {1} PIP-M-00-2138, CA # 18
- {2} PIP-M-02-0187, CA # 6
- {3} PIP-M-01-2860, CA #2

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Notification of Unusual Event

(4) Prepared By Jan R. Lento Date 2/16/04

(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 Alan L. Beaver (QR) Date 2/27/2004

Cross-Disciplinary Review By _____ (QR) NA AEB Date 2/27/2004

Reactivity Mgmt. Review By _____ (QR) NA AEB Date 2/27/2004

Mgmt. Involvement Review By _____ (Ops Supt.) NA AEB Date 2/27/2004

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 3.3.04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Notification of Unusual Event

Reference Use

Procedure No.

RP/0/A/5700/001

Revision No.

020

Electronic Reference No.

MC0048M4

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- _____ 2.1 The following Enclosures should be given to the appropriate personnel:
- The OSM should execute Enclosure 4.1 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.2 (STA Immediate and Subsequent Actions) in a timely manner.
- _____ 2.2 Have an SRO make offsite notifications PER RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

3. Subsequent Actions

3.1 Follow-up Notifications

Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and not on providing a follow-up just to meet follow-up deadline.

- _____ 3.1.1 **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
- _____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room):
- Every four hours until the emergency is terminated
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.

- 3.2 Ensure completion of Enclosure 4.3 (Emergency Coordinator Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: An EOF Director preprogrammed fax button is available on the control room fax machine.

A TSC preprogrammed fax button is available on the control room fax machine.

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

- 3.3 **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration, then turn over responsibility for classification and notification (state and county) to the EOF as follows:

- Fax a completed copy of Enclosure 4.3 to the EOF Director.
- Contact the EOF Director at 8-382-0760.
- Perform a turnover to the EOF Director, using completed Enclosure 4.3.

AND

- Maintain responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC,

AND

- Maintain responsibility for continuous phone communications to the NRC Operations Center until relieved by the NRC Communicator in the TSC.

- 3.4 **IF** the TSC remains unavailable and the EOF cannot take responsibility for classification and notification (state and county), maintain these responsibilities until one of the facilities is capable of accepting turnover.

- 3.5 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- Fax turnover sheet to the TSC.

3.6 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.6.1 Remain in an Unusual Event.

_____ 3.6.2 Escalate to a more severe class.

_____ 3.6.3 Terminate the emergency.

3.7 Termination Notifications

_____ 3.7.1 Make termination notification to State and County authorities **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

_____ 3.7.2 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

_____ NRC Operations Officer Contacted _____ / / _____
Date Time

_____ 3.8 Assign an individual from the Emergency Planning Staff to follow up with an LER or written summary to the State and County authorities within 30 days.

Person assigned responsibility _____.

4. Enclosures

4.1 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.2 STA Immediate and Subsequent Actions {PIP 0-M97-4638}

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

OSM Immediate and Subsequent Actions

1. Immediate Actions

Initial

1.1 The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:

1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

1.1.2 Dial 710; pause, dial 80. Following the beep, announce "an Unusual Event has been declared". Provide a brief description of the event (may be written below).

1.1.3 Repeat the preceding announcement one time.

1.1.4 Turn off the outside page speakers.

1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) on Line 10 (EMERGENCY RELEASE) on the Emergency Notification Form is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

OSM Immediate and Subsequent Actions

Page 2 of 2

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. (PIP-M-01-3711)
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- a) Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - b) Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration. Site assembly for a Notification of Unusual Event is optional due to conditions and not expected as for an Alert or higher classification.

- 2.1 **REFER TO** RP/0/A/5700/011, (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.3 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

STA Immediate and Subsequent Actions

Page 1 of 2

1. Immediate Actions

None

2. Subsequent Actions

Initial

- ____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- ____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- ____ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- ____ 2.4 For a security event, **GO TO** Step 2.7.
- ____ 2.5 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- ____ 2.5.1 For a Drill "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at _____ (time)."
- ____ 2.5.2 For an Emergency "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at _____ (time)."
- AND**
- "Activate the CAN system."

STA Immediate and Subsequent Actions

Page 2 of 2

- _____ 2.6 **IF** the event is **NOT** a security event, **GO TO** Step 2.11
- _____ 2.7 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 2.8 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 2.9 **WHEN** the security event is stabilized to the point that ERO members can come on site, **GO TO** Step 2.5.
- _____ 2.10 **IF** a security event is in progress **DO NOT** perform step 2.11.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- _____ 2.11 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 2.11.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at _____ (time)."
- _____ 2.11.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at _____ (time)."
AND
 "Activate the CAN system."

**Enclosure 4.3
Emergency Coordinator Turnover Checklist**

UNIT(S) AFFECTED: U1 _____ U2 _____
{8}

GENL.	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____	NCS PRESS _____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ TSC ACTIVATED AT: _____ ALERT DECLARED AT: _____ EOF ACTIVATED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____			
SITE ASSEMBLY SITE EVACUATION	YES NO TIME LOCATION OR COMMENTS	SITE ASSEMBLY _____ SITE EVAC. (NON-ESSEN.) _____ SITE EVAC. (ESSENTIAL) _____ OTHER OFFSITE AGENCY INVOLVEMENT _____ MEDICAL _____ FIRE _____ POLICE _____		
RADIOLOGICAL	FIELD MON. TEAMS NUMBER ASSEM. _____ NUMBER DEPLOYED _____	ZONES EVACUATED _____	ZONES SHELTERED _____	KI (General Public) Yes () No ()
	OFFSITE PARS _____	RELEASE IN PROGRESS YES () NO ()		
	RELEASE PATHWAY _____			
	CONTAINMENT PRESSURE _____ PSIG			
	WIND DIRECTION _____	WIND SPEED _____		
OFFSITE COMMUNICATIONS	NUMBER TIME	LAST MESSAGE SENT: _____ NEXT MESSAGE DUE: _____ NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.		
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____ _____				

Duke Power Company
PROCEDURE PROCESS RECORD

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Alert

(4) Prepared By [Signature] Date 2/14/04

(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 Alan L. Beaver (QR) Date 2/27/2004
 Cross-Disciplinary Review By _____ (QR) NA AKB Date 2/27/2004
 Reactivity Mgmt. Review By _____ (QR) NA AKB Date 2/27/2004
 Mgmt. Involvement Review By _____ (Ops Supt.) NA AKB Date 2/27/2004

(7) Additional Reviews

Reviewed By _____ Date _____
 Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____

(9) Approved By K. L. Murray Date 3.3.04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Alert

Reference Use

Procedure No.

RP/0/A/5700/002

Revision No.

020

Electronic Reference No.

MC0048M5

Alert

1. Symptoms

Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- _____ 2.1 The following Enclosures should be given to the appropriate personnel:
- The OSM should execute Enclosure 4.1 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.2 (STA Immediate and Subsequent Actions) in a timely manner.
- _____ 2.2 Have an SRO make offsite notifications **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline.

_____ 3.1.1 **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

_____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

_____ 3.2 Ensure completion of Enclosure 4.3 (Emergency Coordinator Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: An EOF Director preprogrammed fax button is available on the control room fax machine.

A TSC preprogrammed fax button is available on the control room fax machine.

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

3.3 **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration, then turn over responsibility for classification and notification (state and county) to the EOF as follows:

- _____ • Fax a completed copy of Enclosure 4.3 to the EOF Director.
- _____ • Contact the EOF Director at 8-382-0760.
- _____ • Perform a turnover to the EOF Director, using completed Enclosure 4.3.

AND

_____ Maintain responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC,

AND

_____ Maintain responsibility for continuous phone communication to the NRC Operations Center until relieved by the NRC Communicator in the TSC.

3.4 **IF** the TSC remains unavailable and the EOF cannot take responsibility for classification and notification (state and county), maintain these responsibilities until one of the facilities is capable of accepting turnover.

3.5 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:

- _____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

- _____ • Fax turnover sheet to the TSC.

3.6 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.7 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- _____ 3.7.1 Remain in an Alert.
- _____ 3.7.2 Escalate to a more severe class.
- _____ 3.7.3 Reduce the Emergency Class.
- _____ 3.7.4 Terminate the emergency.

3.8 Termination Notifications

- _____ 3.8.1 Make termination notification to State and County authorities **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

4. Enclosures

- 4.1 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.2 STA Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.3 Emergency Coordinator Turnover Checklist {PIP M-02-6113, C. A. 13}

1. Immediate Actions

Initial

1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

1.1.2 Dial 710, pause, dial 80. Following the beep, announce "an Alert has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

1.1.3 Repeat the preceding announcement one time.

1.1.4 Turn off the outside page speakers.

1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) on Line 10 (EMERGENCY RELEASE) on the Emergency Notification Form is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP- M-01-3711}
- 1.5 **IF** an upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies that an upgrade has occurred and that new information will be printed within 15 minutes.
 - _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- _____ 2.1 **REFER TO** RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

1.1 For a security event, **GO TO** Step 1.5.

1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Alert declared at _____ (time)."

1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the STA's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

1.3.1 Ensure SDS is running on the selected terminal.

1.3.2 Click on MAIN.

1.3.3 Click on GENERAL.

1.3.4 Click on ERDS.

1.3.5 Click on ACTIVATE.

1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ / _____ / _____
Eastern mm dd yy

1.3.7 Inform the OSM that ERDS was activated.

1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

1.4 **IF** the event is **NOT** a security event, **GO TO** Step 2.1

- _____ 1.5 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 1.6 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 1.7 For an actual emergency activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration **PER** Step 1.3.
- _____ 1.8 **WHEN** the security event is stabilized to the point that ERO members can come on site, **GO TO** Step 1.2.

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

**Enclosure 4.3
Emergency Coordinator Turnover Checklist**

RP/0/A/5700/002
Page 1 of 1

UNIT(S) AFFECTED: U1 _____ U2 _____
{8}

GENERAL	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____	NCS PRESS _____	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ TSC ACTIVATED AT: _____ ALERT DECLARED AT: _____ EOF ACTIVATED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____ _____				
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM. _____		NUMBER DEPLOYED _____	
	OFFSITE PARS	ZONES EVACUATED _____		ZONES SHELTERED _____	KI (General Public) Yes () No ()
	RELEASE IN PROGRESS	YES ()		NO ()	
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____		WIND SPEED	_____
OFFSITE COMMUNICATIONS		NUMBER		TIME	
	LAST MESSAGE SENT:	_____		_____	
	NEXT MESSAGE DUE:	_____		_____	
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE					

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Site Area Emergency

(4) Prepared By [Signature] Date 2/16/04

(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 Alan L. Beaver (QR) Date 2/27/2004

Cross-Disciplinary Review By _____ (QR)	NA <u>ACB</u>	Date <u>2/27/2004</u>
Reactivity Mgmt. Review By _____ (QR)	NA <u>ACB</u>	Date <u>2/27/2004</u>
Mgmt. Involvement Review By _____ (Ops Supt.)	NA <u>ACB</u>	Date <u>2/27/2004</u>

(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 3-3-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Site Area Emergency

Reference Use

Procedure No.

RP/0/A/5700/003

Revision No.

020

Electronic Reference No.

MC0048M6

Site Area Emergency

1. Symptoms

Events are in process or have occurred which involve actual or potential major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.1 (OSM Immediate and Subsequent Actions) in a timely manner.
- The STA should execute Enclosure 4.2 (STA Immediate and Subsequent Actions) in a timely manner.

_____ 2.2 Have an SRO make offsite notifications PER RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE: 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline.

_____ 3.1.1 **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

_____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities PER RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

_____ 3.2 Ensure completion of Enclosure 4.3 (Emergency Coordinator Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: An EOF Director preprogrammed fax button is available on the Control Room fax machine.

A TSC preprogrammed fax button is available on the Control Room fax machine.

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

3.3 **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration, then turn over responsibility for classification and notification (state and county) to the EOF as follows:

- _____ • Fax a completed copy of Enclosure 4.3 to the EOF Director.
- _____ • Contact the EOF Director at 8-382-0760.
- _____ • Perform a turnover to the EOF Director, using completed Enclosure 4.3.

AND

_____ Maintain responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC,

AND

_____ Maintain responsibility for continuous phone communication to the NRC Operations Center until relieved by the NRC Communicator in the TSC.

- _____ 3.4 **IF** the TSC remains unavailable and the EOF cannot take responsibility for classification and notification (state and county), maintain these responsibilities until one of the facilities is capable of accepting turnover.
- _____ 3.5 **WHEN** TSC Emergency Coordinator is ready to receive turnover, **THEN** perform one of the following to facilitate turnover:
- _____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.
- OR**
- _____ • Fax turnover sheet to the TSC.
- _____ 3.6 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with incident.
- _____ 3.7 Protective Actions On-site
- _____ 3.7.1 Consider evacuation of non-essential site personnel. **REFER TO** RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- _____ 3.7.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
- A. Contact RP Shift at Ext. 4282.
 - B. Assess area monitors.
- _____ 3.7.3 Complete Enclosure 4.4 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.
- _____ 3.8 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
- _____ 3.8.1 Remain in an Site Area Emergency.
 - _____ 3.8.2 Escalate to a more severe class.
 - _____ 3.8.3 Reduce the Emergency Classification.
 - _____ 3.8.4 Terminate the emergency.

3.9 Termination Notifications

- _____ 3.9.1 Make termination notification to State and County authorities **PER**
RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

4. Enclosures

- 4.1 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.2 STA Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.3 Emergency Coordinator Turnover Checklist {PIP M-02-6113, C. A. 13}
- 4.4 Request for Emergency Exposure

1. Immediate Actions

Initial

_____ 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

_____ 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

_____ 1.1.2 Dial 710; pause, dial 80. Following the beep, announce "A Site Area Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

_____ 1.1.3 Repeat the preceding announcement one time.

_____ 1.1.4 Turn off the outside page speakers.

_____ 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

_____ 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) on Line 10 (EMERGENCY RELEASE) on the Emergency Notification Form is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

- 1.4 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** notify the Offsite Agency Communicator to discard ENF paperwork and proceed to higher classification procedure. {PIP-0-M01-3711}
- 1.5 **IF** and upgrade in classification occurs while transmitting any message, **THEN** notify the Offsite Agency Communicator to perform the following:
- _____ A. Notify the agencies an upgrade has occurred, and that new information will be provided within 15 minutes.
 - _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

- _____ 2.1 **IF** a site assembly has not already been initiated, **THEN REFER TO** RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.
- _____ 2.2 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- ____ 1.1 For a security event, **GO TO** Step 1.5.
- ____ 1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- ____ 1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at _____ (time)."
- ____ 1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at _____ (time)."
AND
"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the STA's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

- ____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- ____ 1.3.1 Ensure SDS is running on the selected terminal.
- ____ 1.3.2 Click on MAIN.
- ____ 1.3.3 Click on GENERAL.
- ____ 1.3.4 Click on ERDS.
- ____ 1.3.5 Click on ACTIVATE.
- ____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy
- ____ 1.3.7 Inform the OSM that ERDS was activated.
- ____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

- _____ 1.4 **IF** the event is **NOT** a security event, **GO TO** Step 2.1
- _____ 1.5 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event drill.
- _____ 1.6 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event emergency.
- _____ 1.7 For an actual emergency activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration **PER** Step 1.3.
- _____ 1.8 **WHEN** the security event is stabilized to the point that ERO members can come on site, **GO TO** Step 1.2.

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

**Enclosure 4.3
Emergency Coordinator Turnover Checklist**

UNIT(S) AFFECTED: U1 _____ U2 _____
{8}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
		U-2 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____		TSC ACTIVATED AT: _____	
	ALERT DECLARED AT: _____		EOF ACTIVATED AT: _____	
	SAE DECLARED AT: _____			
	G.E. DECLARED AT: _____			
	REASON FOR EMER CLASS: _____			
SITE ASSEMBLY SITE EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____
	MEDICAL	_____	_____	_____
	FIRE	_____	_____	_____
	POLICE	_____	_____	_____
RADIOLOGICAL	NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____	_____	
	ZONES EVACUATED	ZONES SHELTERED		KI (General Public)
	OFFSITE PARS	_____	_____	Yes () No ()
	RELEASE IN PROGRESS	YES ()	NO ()	
	RELEASE PATHWAY	_____		
	CONTAINMENT PRESSURE	_____ PSIG		
WIND DIRECTION	_____	WIND SPEED _____		
OFFSITE COMMUNICATIONS	NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____	
	NEXT MESSAGE DUE:	_____	_____	
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.			
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE				

**Enclosure 4.4
Request for Emergency Exposure (a)**

RP/0/A/5700/003
Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

- (a) Excludes declared pregnant women.
- (b) Includes skin and body extremities.
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title General Emergency

(4) Prepared By [Signature] Date 2/16/04

(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 Alan T. Beaver (QR) Date 2/27/2004
 Cross-Disciplinary Review By _____ (QR) NA AKB Date 2/27/2004
 Reactivity Mgmt. Review By _____ (QR) NA AKB Date 2/27/2004
 Mgmt. Involvement Review By _____ (Ops Supt.) NA AKB Date 2/27/2004

(7) Additional Reviews

Reviewed By _____ Date _____
 Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 3-3-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

General Emergency

Reference Use

Procedure No.

RP/0/A/5700/004

Revision No.

020

Electronic Reference No.

MC0048M7

General Emergency

1. Symptoms

Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2. Immediate Actions

NOTE: • The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

- _____ 2.1 The following Enclosures should be given to the appropriate personnel:
- The OSM should execute Enclosure 4.1 (OSM Immediate and Subsequent Actions) in a timely manner.
 - The STA should execute Enclosure 4.2 (STA Immediate and Subsequent Actions) in a timely manner.
- _____ 2.2 Have an SRO make offsite notifications **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

3. Subsequent Actions

3.1 Follow-up Notifications

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

- _____ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification.

_____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing **PER** RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room):

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

_____ 3.2 Ensure completion of Enclosure 4.3 (Emergency Coordinator Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

NOTE: An EOF Director preprogrammed fax button is available on the control room fax machine.

A TSC preprogrammed fax button is available on the Control Room fax machine.

IF changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

3.3 **IF** the emergency situation prevents activating the TSC within 75 minutes of declaration, then turn over responsibility for classification and notification (state and county) to the EOF as follows:

_____ • Fax a completed copy of Enclosure 4.3 to the EOF Director.

_____ • Contact the EOF Director at 8-382-0760.

_____ • Perform a turnover to the EOF Director using completed Enclosure 4.3.

AND

_____ Maintain responsibility for NRC Event Notification until relieved by the NRC Communicator in the TSC,

AND

_____ Maintain responsibility for continuous phone communications to the NRC Operations Center until relieved by the NRC Communicator in the TSC.

_____ 3.4 **IF** the TSC remains unavailable and the EOF cannot take responsibility for classification and notification (state and county), maintain these responsibilities until one of the facilities is capable of accepting turnover.

3.5 **WHEN** TSC Emergency Coordinator is ready to receive turnover **THEN** perform one of the following to facilitate turnover:

_____ • Hand deliver turnover sheet to the TSC Emergency Coordinator.

OR

_____ • Fax turnover sheet to the TSC.

_____ 3.6 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.7 Protective Actions Onsite

_____ 3.7.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. **REFER TO** RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).

_____ 3.7.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:

- a. Contact RP Shift at Ext. 4282
- b. Assess area monitors

_____ 3.7.3 Complete Enclosure 4.4 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.8 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

_____ 3.8.1 Remain in a General Emergency,

OR

_____ 3.8.2 Terminate the emergency. **REFER TO** RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.9 Termination Notifications

- 3.9.1 Make termination notification to State and County authorities **PER**
RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room).

4. Enclosures

- 4.1 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.2 STA Immediate and Subsequent Actions {PIP 0-M97-40638}
- 4.3 Emergency Coordinator Turnover Checklist {PIP M-02-6113, C. A. 13}
- 4.4 Request for Emergency Exposure

1. Immediate Actions

Initial

1.1 The Operations Shift Manager or designee SHALL ANNOUNCE the event over the plant P.A. system by performing the following:

1.1.1 Turn on the outside page speakers.

NOTE: • For drill purposes, state "This is a drill. This is a drill."
• Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

1.1.2 Dial 710; pause, dial 80. Following the beep, announce "a General Emergency has been declared". Provide a brief description of the event (may be written below) and announce "Activate the TSC/OSC and EOF".

Four horizontal lines for writing a brief description of the event.

1.1.3 Repeat the preceding announcement one time.

1.1.4 Turn off the outside page speakers.

NOTE: IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

1.2 Ensure Protective Action Recommendations to the Offsite Agencies are made and transmitted within 15 minutes PER RP/0/B/5700/029 (Notifications to Offsite Agencies from the Control Room), Enclosure 4.4 (Protective Action Recommendations).

OSM Immediate and Subsequent Actions

— 1.3 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

— 1.4 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) on Line 10 (EMERGENCY RELEASE) on the Emergency Notification Form is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029 (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert or higher declaration.

— 2.1 **IF** a site assembly has not already been initiated, **THEN REFER TO** RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation) to evaluate and initiate a site assembly.

— 2.2 Augment shift resources to assess and respond to the emergency situation as needed.

— 2.3 **GO TO** Step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- _____ 1.1 For a security event, **GO TO** Step 1.5.
- _____ 1.2 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.2.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at _____ (time)."
- _____ 1.2.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at _____(time)."
AND
 "Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the STA's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

- _____ 1.3 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- _____ 1.3.1 Ensure SDS is running on the selected terminal.
- _____ 1.3.2 Click on MAIN.
- _____ 1.3.3 Click on GENERAL.
- _____ 1.3.4 Click on ERDS.
- _____ 1.3.5 Click on ACTIVATE.
- _____ 1.3.6 Record the time and date ERDS was activated. TIME/DATE _____ _/ _/ _
Eastern mm dd yy
- _____ 1.3.7 Inform the OSM that ERDS was activated.
- _____ 1.3.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.
- _____ 1.4 **IF** the event is **NOT** a security event, **GO TO** Step 2.1.

- ___ 1.5 For a drill, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC and OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event drill.
- ___ 1.6 For an actual emergency, **IF** a security event exists and offsite ERO staging is desired before giving instructions to report to the TSC/OSC, **THEN** contact Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900, and give instructions to activate the TSC/OSC/EOF, according to the Emergency Response Pager Instructions for a security event emergency.
- ___ 1.7 For an actual emergency activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration **PER** Step 1.3.
- ___ 1.8 **WHEN** the security event is stabilized to the point that ERO members can come on site, **GO TO** Step 1.2.

2. Subsequent Actions

- ___ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Enclosure 4.2.
- ___ 2.2 Contact Duke Management using RP/0/A/5700/014, Enclosure 4.3 as soon as possible following event declaration.
- ___ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Emergency Coordinator Turnover Checklist

UNIT(S) AFFECTED: U1 _____ U2 _____

{8}

GENERAL	DATE: _____	POWER LEVEL		NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____	_____
		U-2 _____	_____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____	TSC ACTIVATED AT: _____			
	ALERT DECLARED AT: _____	EOF ACTIVATED AT: _____			
	SAE DECLARED AT: _____				
	G.E. DECLARED AT: _____				
	REASON FOR EMER CLASS: _____				
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM. _____	NUMBER DEPLOYED _____		
	OFFSITE PARS	ZONES EVACUATED _____	ZONES SHELTERED _____	KI (General Public) Yes () No ()	
	RELEASE IN PROGRESS	YES ()	NO ()		
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____ PSIG			
	WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATIONS		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE					

Request for Emergency Exposure (a)

Activity	Total Effective Dose Equivalent (TEDE)	Lens of Eye	Other Organs (b)
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

(a) Excludes declared pregnant women.

(b) Includes skin and body extremities.

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
 (RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
 (Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

Duke Power Company
PROCEDURE PROCESS RECORD

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

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

(4) Prepared By James R. Painter Date 2/16/04

(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 Alan L. Beaver (QR) Date 3/1/2004
 Cross-Disciplinary Review By _____ (QR) NA MB Date 3/1/2004
 Reactivity Mgmt. Review By _____ (QR) NA MB Date 3/1/2004
 Mgmt. Involvement Review By _____ (Ops Supt.) NA MB Date 3/1/2004

(7) Additional Reviews

Reviewed By _____ Date _____
Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____
By _____ (QR) Date _____

(9) Approved By R.L. Murray Date 3-3-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Activation of the Technical Support Center (TSC)

Reference Use

Procedure No.

RP/0/A/5700/012

Revision No.

024

Electronic Reference No.

MC0048MF

Activation of the Technical Support Center (TSC)

1. Symptoms

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

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

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

2. Immediate Actions

None

3. Subsequent Actions

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

- 3.1 The TSC is required to be activated for an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. It may also be activated for an UNUSUAL EVENT if deemed necessary by the Operations Shift Manager/Emergency Coordinator.
- 3.2 The TSC must be activated within ONE (1) HOUR AND 15 MINUTES (75 MINUTES) of an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. This time frame must be met anytime it is deemed necessary to activate the TSC.
- 3.3 Upon notification to activate, the Station Manager or designee shall report and notify Operations Shift Manager in the Control Room of arrival.
 - 3.3.1 Personnel in the Emergency Response Organization (ERO) assigned to the TSC shall report to the facility upon notification to activate.

- 3.3.2 The initial responders shall be responsible for completing their appropriate group enclosures and reviewing their Operational Responsibilities where provided.
- 3.4 Each represented group is responsible for ensuring their appropriate initial checklist is completed.
- 3.5 The following definitions are applicable to the Emergency Notification Form for “Plant Condition”:

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Stable: Plant conditions are neither **degrading** nor **improving**.

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

Emergency Release: Any unplanned, quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT.**

A release is considered to be in progress if any one or more of the following occurs:

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

OR

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

AND

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

OR

An actual containment breach is determined.

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

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

4. Enclosures

- 4.1 Emergency Coordinator TSC Activation Checklist
- 4.2 Assistant Emergency Coordinator TSC Activation Checklist
- 4.3 Radiation Protection Manager TSC Activation Checklist
- 4.4 Offsite Dose Assessor TSC Activation Checklist
- 4.5 Offsite Agency Communicator TSC Activation Checklist
- 4.6 NRC Communicator TSC Activation Checklist
- 4.7 Reactor Engineer TSC Activation Checklist
- 4.8 Operations Manager in the TSC Activation Checklist
- 4.9 Operations Procedure Support TSC Activation Checklist
- 4.10 System Engineering Manager TSC Activation Checklist
- 4.11 Emergency Planner TSC Activation Checklist
- 4.12 Status Coordinator TSC Activation Checklist
- 4.13 IAE Communications TSC Activation Checklist
- 4.14 Operations Manager in the Control Room Activation Checklist
- 4.15 Data Coordinator TSC Activation Checklist
- 4.16 Site Assembly Coordinator TSC Activation Checklist
- 4.17 Emergency Coordinator Turnover Checklist {PIP M-02-6113, C.A. 13}
- 4.18 Emergency Classification Termination Criteria
- 4.19 Fitness For Duty Questionnaire
- 4.20 Site Evacuation Coordinator TSC Activation Checklist
- 4.21 Establishing Communications Links Between SAMG Evaluators

Enclosure 4.1
EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 1 of 5

INITIAL

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

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

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

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

—— **ESTABLISH** a log of activities.

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

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

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

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

Enclosure 4.1
EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 2 of 5

_____ **ASSURE**, prior to declaring TSC activated:

- _____ 1. The following TSC positions as a minimum are filled and prepared to assume their function:
- Emergency Coordinator
 - Offsite Dose Assessor
 - Offsite Agency Communicator (2)
 - NRC Communicator
 - Reactor Engineer.

OR

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

AND

_____ The 75-minute activation requirement is near,

AND

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

AND

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

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

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

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

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

_____."

OR

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

Enclosure 4.1
EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 3 of 5

_____ **ANNOUNCE** over the TSC/OSC public address system the following:

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

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

_____ **ANNOUNCE** to TSC a reminder to complete a “Work Hour Extension Form” if applicable. {PIP 0-M98-2099}

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

_____ **TURN OFF** the plant page volume in TSC.

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

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

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

NOTE:

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

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

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

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

Enclosure 4.1
EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 4 of 5

NOTE: Offsite Protective Action Recommendations are defined in Enclosure 4.4.

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY** make Protective Action Recommendations to offsite authorities.

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

_____ Evaluate specific plant conditions, offsite dose projections, field monitoring team data, and assess the need to update Protective Action Recommendations made to states and counties in the previous notification.

_____ Review dose projections with Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

_____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10-mile EPZ.

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

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

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

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

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

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

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

Enclosure 4.1
EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 5 of 5

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

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

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

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

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

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

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

_____ **ESTABLISH** priorities.

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

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

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

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

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

ASSISTANT EMERGENCY COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

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

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

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

- _____ **ESTABLISH** a log of activities.
- _____ **OBTAIN** time out forms from the procedure cabinet.
- _____ **ASSIST** the Emergency Coordinator in gathering information to facilitate the activation of the Technical Support Center.
- _____ **FAX** turnover checklist (Enclosure 4.17) to the EOF Director when directed by the Emergency Coordinator. {PIP-0-M97-4112}
- _____ **ACT** as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
- _____ **PROACTIVELY** seek information when the Emergency Coordinator is in a reactive mode.
- _____ **MAKE** face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
- _____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
- _____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

RADIATION PROTECTION MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

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

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **ENSURE** all Radiation Protection personnel reporting to the TSC also sign the attendance sheet for a drill.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869 }
- _____ **ESTABLISH** a log of activities.
- _____ **ESTABLISH** communications with RP personnel in the OSC, Shift Lab and EOF using the cell phone, dial 4980. (Let it ring until you hear a beep. This connects you to the bridge line.)
- _____ **COMMUNICATE** through Emergency Coordinator that dosimetry is required and a dose card shall be filled out if necessary (drill RWP is 33). {PIP 0-M94-1495 }
- _____ **DISCUSS** the following with Emergency Coordinator:
 - 1) Any release in progress including dose rates (especially at the site boundary).
 - 2) Field Team status/data.
 - 3) Onsite radiological concerns.
- _____ **ESTABLISH** contamination control in the TSC, OSC and Control Room as necessary.
 1. **COMMUNICATE** through the Emergency Coordinator that frisking of hands and feet is required prior to entry. {PIP 0-M94-1495 }
 2. **ESTABLISH** smear survey frequency with OSC RP Supervisor (i.e., every 30 minutes).

RADIATION PROTECTION MANAGER
TSC ACTIVATION CHECKLIST

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

_____ **EVALUATE** the need to administer Potassium Iodide to emergency workers on site and to Field Monitoring teams in accordance with SH/0/B/2005/003.

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

_____ **MAKE** log entries to describe any Potassium Iodide evaluations and subsequent decisions. {PIP M-99-5031}

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

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

NOTE: Offsite Protective Action Recommendations are defined in Enclosure 4.4.

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY** make Protective Action Recommendations to offsite authorities.

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

_____ Evaluate specific plant conditions, offsite dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in the previous notification.

_____ Review dose projections to determine if Protective Action Recommendations for KI are required for the General Public. {PIP-G-03-606}

_____ Review dose projections with Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

_____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10-mile EPZ.

RADIATION PROTECTION MANAGER
TSC ACTIVATION CHECKLIST

_____ **IF** SAMGs are implemented **AND** offsite releases approach or exceed 100mRem TEDE or 500 mRem Thyroid CDE **THEN** notify the TSC Lead SAMG Evaluator. {PIP M-03-3294}

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

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

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

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

AND

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

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

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

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

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

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

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

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

CONFIDENTIAL

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

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

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

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

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

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

_____ **ESTABLISH** a log of activities.

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

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

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

_____ **IF** a loss of power, LAN, printer, etc., occurs, **THEN** perform Dose Calculations via the Lap Top Computer **PER** instructions on page 10 of 10 of this enclosure.

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

_____ **VERIFY** operability and validity of EMFs through the Shift Lab responsibility for dose assessment.

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

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

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

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

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

AND

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

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

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

NOTE:

1. The NRC Regional Office will request activation of the HPN phone through Emergency Notification System (ENS) telephone if desired.
2. Information that may be requested over the HPN line could include, but is not limited to the following:
 - Is there any change to the classification of the event? If so, what is the reason?
 - Have toxic or radiological releases occurred or been projected (including changes in the release rate)?
 - If so, what are the actual or currently projected onsite and offsite releases, and what is the basis for this assessment?
 - What are the health effects or consequences to onsite and offsite people?
 - How many onsite or offsite people are being or will be affected and to what extent?
 - Is the event under control? When was control established, or what is the planned action to bring the event under control?
 - What mitigative actions are currently underway or planned?
 - What onsite protective measures have been taken or are planned?
 - What offsite protective actions are being considered or have been recommended to state and local officials?
 - What are the current meteorological conditions?
 - What are the dose and dose rate readings onsite and offsite?

_____ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone. {PIP M-03-2286}

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

- _____ **RETAIN** all computer printouts or manually calculated enclosures.
- _____ **TURN ON** the EMFs (54A and 54B) in the TSC from the OAC computer room by pressing the start button on each EMF control.
- _____ **ENSURE** EMF22 (TSC Area Monitor) is functional.

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

- _____ **IF** EMF54A and 54B exceed the trip 2 setpoint, **THEN** raise the trip 2 setpoint on the lowest reading EMF to reopen the air intake.
- _____ **PERFORM** offsite dose projections and determine Protective Action Recommendations. Dose projections shall be run at least every 30 minutes or as directed by the RPM.

McGuire Offsite Protective Actions
{PIP M-02-3086, C.A. 32}

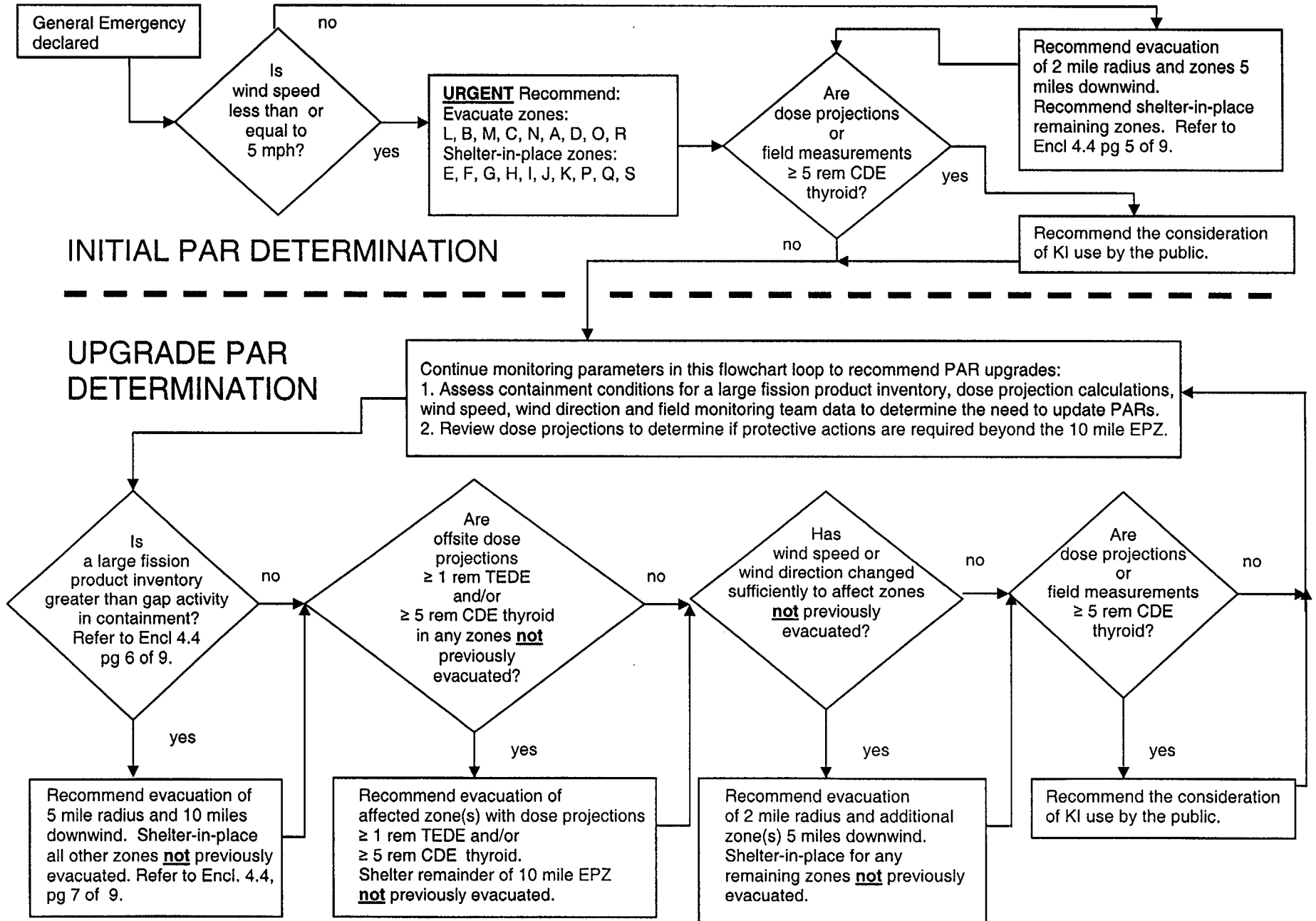
NOTE: Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The offsite Protective Action Recommendations (PARs) specified in this enclosure are based on the PAGs listed below. PAG for KI taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry KI in Radiation Emergencies, Questions and Answers, FDA Guidance, December 2002. {PIP-G-03-606}

PROTECTIVE ACTION GUIDES (PAGs)
Projected Dose

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 Rem	< 5 Rem	No Protective Action is required based on projected dose.
≥ 1 Rem	≥ 5 Rem	Evacuate affected zones and shelter the remainder of the 10-mile EPZ not evacuated.
N/A	≥ 5 Rem	Consider the use of KI (Potassium Iodide) in accordance with State Plans and Policy

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

McGuire Offsite Protective Actions Flowchart { PIP-G-03-606 }



OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

**McGuire Offsite Protective Actions
Immediate Protective Action Recommendations Steps**

NOTE: 1. If necessary, obtain needed data from one of the following sources in order of sequence:
A. DPC Meteorological Lab (8-382-0139)
B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)

— Upon declaration of a General Emergency, make immediate PROTECTIVE ACTION RECOMMENDATIONS (PARs) within 15 minutes to be entered on Line 15 of the Emergency Notification Form (ENF). Determine the PARs based on the 15 minute average lower wind speed (computer point M1P0848) and the 15 minute average upper wind direction (computer point M1P0847) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

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

AND

Shelter-in-place zones: E, F, G, H, I, J, K, P, Q, S

OR

WIND SPEED GREATER THAN 5 MILES PER HOUR

Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2-Mile Radius and 5 Miles Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

_____ **IF** does projections indicate that Thyroid dose will be ≥ 5 Rem, KI use by the General Public must be recommended in accordance with State Plans and Policy. {PIP-G-03-606}

- NOTE:**
1. **IF** changes to the initial Protective Action Recommendations are recommended, these changes must be transmitted to the offsite agencies with 15 minutes.
 2. **IF** the containment radiation level exceeds the levels in the EMF Containment Monitor Reading Table (below), fission product inventory inside containment is greater than gap activity.

_____ After the Initial PARS are transmitted to offsite agencies, check for large fission product inventory in containment as follows:

EMF Containment Monitor Reading Table	
Time After Shutdown (Hours)	EMF Containment Monitor Reading (R/HR) EMF51A and/or 51B (100% gap activity release)
0-2	864
2-4	624
4-8	450
>8	265

Evaluate large fission product inventory in the containment as follows:

_____ **IF** the OAC is available, call up the following computer points to determine containment radiation levels.

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

_____ **IF** the OAC is unavailable, get the EMF containment monitor readings from the control room.

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

**McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps**

IF containment radiation levels exceed the levels in the EMF Containment Monitor Reading Table, **THEN:**

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the Protective Action Zones Determination Table, using wind direction.

AND

_____ Shelter remaining zones as shown in the Protective Action Zones Determination Table, using wind direction.

Protective Action Zones Determination Table

(For Containment Radiation Levels Exceeding GAP Activity)
(For Any Wind Speed)

Wind Direction (deg from N) Chart Recorder IEEBCR9100 Point # 8 Average Upper Wind Direction {20}	Evacuate 5-Mile Radius and 10 Miles Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

_____ On a continuous basis, evaluate specific plant conditions (including large fission product inventory in containment), offsite dose projections, wind speed and wind direction, field monitoring team data and assess the need to update Protective Action Recommendations made to the states and counties in the previous notification.

Enclosure 4.4
OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 8 of 9

McGuire Offsite Protective Actions
Subsequent Protective Action Recommendations Steps

- _____ **IF** dose projections indicate that Thyroid dose will be ≥ 5 Rem, KI use by the General Public must be recommended in accordance with State Plans and Policy. {PIP-G-03-606}
- _____ Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.
- _____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request that they consider sheltering/evacuating the general population located beyond the affected 10-mile EPZ.
- _____ **ENSURE** EMF54A and B are secured after drill/event is terminated.
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Operation of Backup Laptop Computer

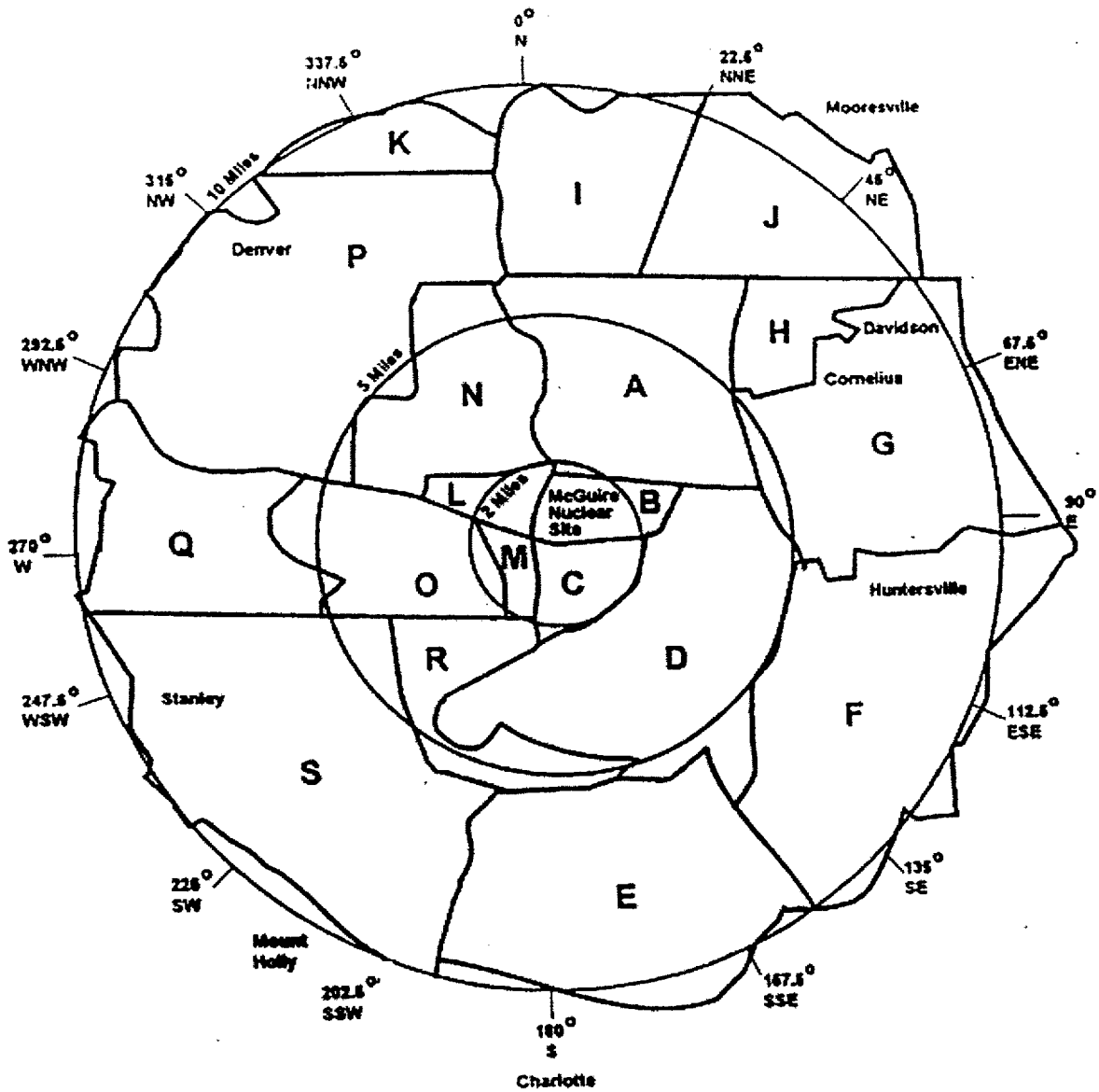
NOTE: This computer shall be used only when no other dose assessment computers are functional.

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

OFFSITE DOSE ASSESSOR
TSC ACTIVATION CHECKLIST

McGuire Offsite Protective Actions

McGUIRE PROTECTIVE ACTION ZONES
(2 and 5 mile radius, inner circles)
10-MILE EPZ



OFFSITE AGENCY COMMUNICATOR
TSC ACTIVATION CHECKLIST

INITIAL

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

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **START** printer so that it can warm up and be ready to print ENF forms.
- _____ **ESTABLISH** a log of activities.

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

- _____ **OBTAIN** a copy of RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center) from the procedures cabinet.
- _____ **EXECUTE** RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center).
- _____ **INFORM** Emergency Coordinator of status of offsite communications (e.g., next message due).
- _____ **PREPARE** for 24-hour coverage as necessary.
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of emergency facility.

NRC COMMUNICATOR
TSC ACTIVATION CHECKLIST

INITIAL

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

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869 }
- _____ **ESTABLISH** a log of activities.
- _____ **OBTAIN** a copy of the current classification procedure from the procedure cabinet:
 - Notification Of Unusual Event, RP/0/A/5700/001
 - Alert, RP/0/A/5700/002
 - Site Area Emergency, RP/0/A/5700/003
 - General Emergency, RP/0/A/5700/004.

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

- _____ **WHEN** the TSC is activated, **THEN** pickup and monitor the NRC ENS telephone (Located on NRC Communicator's table). {PIP-M-99-3800 }
- _____ **IF** the Control Room Communicator is on line with the NRC, inform the parties that the TSC is activated and you are ready to assume continuous communication requirements.
- _____ **IF** continuous communication with the NRC is not established, notify the Control Room Communicator that you are available to perform this function, if required. {PIP-M-99-3800 }

NRC COMMUNICATOR
TSC ACTIVATION CHECKLIST

- **IF** not previously established, **THEN** establish continuous communications upon request by the NRC. {PIP-M-99-3800}
- **INFORM** NRC of TSC/EOF activations and plant status as requested.
- **PROVIDE** for 24-hour coverage as necessary.
- **INFORM** the NRC when the TSC is deactivated. This requires an additional call using ENS when the NRC does not require continuous communications to be maintained.
- **CONTACT** Regulatory Compliance Duty Person if the NRC is going to arrive on site.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.7
REACTOR ENGINEER
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 1 of 2

INITIAL

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

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **ESTABLISH** a log of activities.
- _____ **OBTAIN** a copy of RP/0/A/5700/019 (Core Damage Assessment) from the procedure cabinet.
- _____ **OBTAIN** a copy of affected Unit(s) Data Book. {PIP 0-M98-3522}
- _____ **MONITOR** core conditions as appropriate using either APD, SDS or the OAC Critical Points and Steam Tables as follows:

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

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

REACTOR ENGINEER
TSC ACTIVATION CHECKLIST

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

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

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

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

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

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

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

OPERATIONS MANAGER IN THE TSC
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ESTABLISH** communications with the Control Room, OSC and EOF using the cell phone by dialing 4500 (let it ring until you hear a beep).

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

- **IF** a Security event occurs (i.e., bomb threat, sabotage, etc.) or additional communications are needed with Security personnel, have the OSC Security Officer request the SAS Security Officer to dial into the OPS bridge line (4500).
- **NOTIFY** the Control Room crew, via the Operations Manager in the Control Room, of any event classification changes. {PIP-M-00-2138}

OPERATIONS MANAGER IN THE TSC
TSC ACTIVATION CHECKLIST

- _____ **IF** a loss of OAC occurs, or if for some reason SDS data becomes unavailable in the TSC, select a data taker from the control room crew or some other resource. **INSTRUCT** the data taker to complete the six page "Loss of OAC Data Collection" checklist kept on file in the TSC procedure file cabinet. (The TSC Emergency Planner also has electronic access to this checklist via "Emgplan on Mnsf2"/"Forms"/"Loss of OAC Data Collection.doc".) **SPECIFY** to the data taker how frequently this checklist needs to be completed and forwarded to the OPS Manager in the TSC. FAX number 4722 in the TSC Site Assembly/Evacuation Coordinators' office may be used if deemed necessary for transmittal. **PROVIDE** copies of the completed checklist to the TSC staff as needed. {PIP M-99-5381}
- _____ **PROVIDE** main communication link between the TSC and Control Room.
- _____ **PROVIDE** accurate and current status information to Emergency Coordinator and during time-outs.
- _____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, and contingency plans.
- _____ **SUPPORT** Control Room personnel by providing resources and consultation as required.
- _____ **EVALUATE** and prioritize requests for information from the TSC staff, EOF staff, NRC and others.
- _____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.
- _____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.
- _____ **IF** necessary, **OVERRIDE** the normal controls on activities directed by the OSC.
- _____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency Facility.

OPERATIONS PROCEDURE SUPPORT
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **OBTAIN** a copy of RP/0/A/5700/000 (Classification of Emergency) from the procedures cabinet.
- **OBTAIN** a copy of the current classification procedure from the procedure cabinet:
 - Notification Of Unusual Event, RP/0/A/5700/001
 - Alert, RP/0/A/5700/002
 - Site Area Emergency, RP/0/A/5700/003
 - General Emergency, RP/0/A/5700/004.
- **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Required Actions In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

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

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

OPERATIONS PROCEDURE SUPPORT
TSC ACTIVATION CHECKLIST

- _____ **ENSURE** correct emergency classifications are made by following the current plant status and procedures in use.
- _____ **PROVIDE** back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.
- _____ **ADVISE** Emergency Coordinator on the anticipated course of the event.
- _____ **PREPARE** Control Room personnel of possible difficult points in the procedures by a look ahead.
- _____ **CONSULT** the EOF for possible solutions if procedural adequacy becomes a concern.
- _____ **PROVIDE** information to Offsite Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions.
- _____ **PREPARE** for 24-hour coverage as necessary.
- _____ **SERVE** as Lead Evaluator upon entry into Severe Accident Management Guidelines (SAMG). This duty shall include providing leadership and guidance to the other available SAMG Evaluators specifically concerning what they should be doing. {PIP-M-99-5381}
- _____ **REFER** to Enclosure 4.21 of this procedure for guidance on establishing communications links between SAMG evaluators.
- _____ **PROVIDE** completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 }
- **ESTABLISH** a log of activities.
- **ENSURE** PC is on and displaying plant status.
- **ESTABLISH** communications with the following and provide the SEM phone number:
 - TSC Engineering Support, Ext. 4917
 - EOF Accident Assessment, 8-382-0762
 - OSC Equipment Engineering, Ext. 4971.

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

- **ESTABLISH** communication with the OPS bridge line, using the cell phone by dialing 4500. (Let it ring until you hear a beep.)
- **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Required Actions In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.
- **VERIFY** Engineering Support Group is connected to the Operations headset network (listen only) after the Operations Manager in the TSC ties in the OSC and EOF.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

- _____ **COORDINATE** accident mitigation strategy and engineering support through effective communications with the Engineering Support Group, Accident Assessment in the EOF, and the OSC.
- _____ **CONTACT** the on-duty EP Support Leader and request appropriate duty personnel MSE/CEN when outside of normal hours.
- _____ **CONTINUALLY** communicate with TSC personnel, identifying areas needing Engineering support.
- _____ **REPORT** all accident mitigation strategies to the Emergency Coordinator.
- _____ **ASSIST** Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).
- _____ **REFER** to Enclosure 4.21 of this procedure for guidance on establishing communications links between SAMG evaluators.
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.11
EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 1 of 4

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ASSIST** the Emergency Coordinator as required to achieve a timely turnover to the EOF. {PIP 0-M98-3522}
- **ESTABLISH** communications with EOF Emergency Planner using the cell phone by dialing 8-831-4010, or another available bridge line.
- **APPRISE** Emergency Coordinator of TSC/OSC announcements.
- **IF** Emergency Planning support is needed in the OSC, **THEN** contact additional Emergency Planning personnel and request they respond to the OSC.
- **SUPPORT** Emergency Coordinator activity (e.g., keep in procedure).
- **PROVIDE** support for the activation and operation of the TSC.
- **PROVIDE** necessary NRC/State/County interface.
- **ASSIST** Off-site Agency Communicators in preparation of emergency notifications as needed.
- **SHARE** copy of NRC Notification forms, and Emergency Notification forms with the Status Coordinator. {PIP-0-M-99-0911}
- **UPDATE** the PARS board to reflect the protective actions identified in item 15 of the Emergency Notification form as each Emergency Notification form is approved.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

NOTE: The Site Assembly Coordinator may request assistance from the Emergency Planner when calling/receiving information from the site assembly points outside the protected area. {PIP M-03-3918, C.A.7}

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

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

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

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

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

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

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

Person assigned responsibility:

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

Leave on:

_____ Fax machines

_____ ERDS computers in Data Coordinator's Office

_____ Cell phones.

Turn off:

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

_____ Copiers

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

_____ Projectors.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

Perform:

- Clean tables off
- Put all trash in containers
- Wipe down status boards
- Verify all Fax machines have paper supply replenished.
- Verify all copiers have paper supply replenished.

Replenish the following:

- Position specific notebooks (1 copy of procedure body and minimum 3 copies of applicable enclosures).
- Procedure and forms cabinet files per PT/0/A/4600/091, Enclosures 13.1, 13.2, 13.3, 13.4, and 13.5.
- Check TSC and OSC EP and AP notebooks, **IF** any book(s) seal(s) are broken, **THEN** notify the Operations Shift Support Technicians.

EMERGENCY PLANNER
TSC ACTIVATION CHECKLIST

24-HOUR TSC POSITION STAFFING LOG

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

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

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

{PIP 0-M94-1491} {PIP M-03-1596, C.A. 12}

INITIAL

NOTE: 1. Pages 1-3 of this enclosure are for use only by the keeper of the Plant Status Board using the S/C computer on the left.
2. You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for drills.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **OBTAIN** the remote controls for the overhead projector and the electronic message board from the TSC supply cabinet.

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

- _____ **POINT** small remote to overhead projector and depress power on button.

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

- _____ **LOG ON** to the Plant Status Computer (S/C computer to the left) using your ID and password.
- _____ **ENSURE** computer time is in sync with TSC satellite display.
- _____ **DOUBLE CLICK** on the Plant Status.doc icon.
- _____ **MINIMIZE** the Plant Status.doc.
- _____ **START** Net Meeting by double clicking on the OSC Status Board icon. {M-01-4276}

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

- _____ **WHEN** Net Meeting starts and displays:
 - _____ **SELECT** the tools pull down menu.
 - _____ **SELECT** "Sharing".
 - _____ **SELECT** "Plant Status.doc" - Microsoft under "Sharing Programs".
 - _____ **CLICK** on the "Share" button.
 - _____ **CLOSE** the "Sharing Program".
 - _____ **MINIMIZE** Net Meeting.
- _____ **MAXIMIZE** Plant Status.doc.
- _____ **SAVE** as current date.doc (e.g., 010103.doc).
- _____ **ENTER** initial information on the Plant Status document:
 - _____ Complete date and time.
 - _____ Mark emergency or drill.
 - _____ Obtain established priorities from Emergency Coordinator.
 - _____ Document classification, unit status, and equipment status as it becomes available.
 - _____ Obtain RWP number from RP Manager.
- _____ **PRINTOUT** plant status sheet after all initial entries are complete.
- _____ **CONTINUE** to update the Plant Status document as conditions and priorities change, especially during time-outs or round table updates, remembering to make date and time changes as required.
- _____ **PRINTOUT** plant status sheets after each significant change and prior to announced timeouts.
- _____ **IN** the absence of the Emergency Planner, **ANSWER** the Public Affairs telephone (ext. 4520), and lay off hook if required.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

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

____ **TRACK** established priorities.

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

____ **WHEN** the drill/event is terminated by Emergency Coordinator announcement:

____ **PRINTOUT** final plant status sheet after documenting termination time.

____ **SHUTDOWN** Plant Status Computer.

____ **SHUTDOWN** overhead projector.

____ **SHUTDOWN** electronic message board.

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

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

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

NOTE: 1. Pages 4-7 of this enclosure are for use only by the keeper of Autolog using the S/C computer on the right.
2. You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC attendance sheet for drills.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **LOG ON** to the Autolog Computer (S/C computer to the right) using your ID and password.

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

NOTE: Log errors cannot be deleted.

- _____ **CORRECT** any log errors by making a new entry and stating in the entry that this corrects a previously entered error. {PIP M-02-6113, C.A. 32}
- _____ **TO ACCESS** "Autolog", perform the following:
 - _____ Click on DAE icon.
 - _____ Click on "Search DAE".
 - _____ Type in autolog and click on search.
 - _____ Select Autolog CNS-MNS ERO.

NOTE: **Do Not** check the box to "log in as current SS".

- _____ **LOG ON** to "Autolog" using your logon ID and "password" as the password.
- _____ **CHECK** the top of the screen to verify that McGuire log is displayed (i.e. Autolog-McGuire).

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

_____ **IF** the McGuire log is not displayed, **SELECT** McGuire log by performing the following:

_____ Select file.

_____ Select open.

_____ Select McGuire.

_____ Click OK.

_____ Close any other autolog databases that are open.

_____ **VERIFY** "Filter" pulldown field is set to "All".

_____ **VERIFY** "Sort" pulldown field is set to Log Date / Time.

_____ **EDIT** date and time as necessary.

_____ **TO** add a new log entry, **SELECT** the "add" button from the toolbar.

_____ **ENSURE** entry type on pulldown is set on "standard" and that sub-log pulldown is set to "TSC".

NOTE: The rubber stamp feature on log entry screen has designated predefined entries (Alert, Site Area, Drill, TSC activated, etc.) that can be selected for specific log entries. To select a rubber stamp entry, select pulldown button beside rubber stamp icon, then select the desired stamp.

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

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

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

____ **WHEN** the drill/event is terminated by Emergency Coordinator announcement:

____ **DOCUMENT** termination time.

____ **PRINT** copy of TSC Autolog for record-keeping.

____ **ARCHIVING** will be performed in the EOF. If the EOF was not activated, request the Emergency Planner in the TSC to perform archiving.

**STATUS COORDINATOR
TSC ACTIVATION CHECKLIST**

_____ **SHUTDOWN** Autolog Computer.

_____ **PROVIDE** all completed paperwork (Activation checklist and autolog printout) to
Emergency Planning upon deactivation of the emergency facility.

IAE COMMUNICATIONS
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ENSURE** all necessary equipment needed to support the TSC is operable.
 - Video Conferencing
 - Phones
 - Faxes
 - Headsets
 - Page System.
- **IF** IAE Communications support is needed in the OSC, **THEN** contact additional IAE Communications personnel and request they respond to the OSC.
- **PREPARE** for 24-hour coverage as necessary.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OPERATIONS MANAGER IN THE
CONTROL ROOM
TSC ACTIVATION CHECKLIST

INITIAL

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

- _____ **SIGN** in on the TSC Staffing board and put on position badge. (N/A for drills)
- _____ **SIGN** the TSC attendance sheet for a drill.
- _____ **RECEIVE** a verbal report from the OSM detailing plant status, emergency class, and shift staffing level.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the Control Room for personnel accountability. (N/A for drills.)
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 } (N/A for drills.)
- _____ **ESTABLISH** a log of activities.
- _____ **ESTABLISH** communications with the TSC, OSC and EOF using the cell phone by dialing 4500. (Let it ring until you hear a beep.) (Each time a party connects, a beep will be heard.)
- _____ **EXPEDITE** time critical tasks for the OSM by clear communication to the OSC via the OPS Liaison. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM, or designee, shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. Completion of OSC Task Work Sheet paperwork shall not delay time critical task dispatches. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is complete and the person (or team) has returned to the OSC and completed debriefing. { PIP 0-M96-1576 } { PIP 0-M98-3522 }

OPERATIONS MANAGER IN THE
CONTROL ROOM
TSC ACTIVATION CHECKLIST

- _____ **PROVIDE** main communication link from the Control Room or Simulator to the TSC, OSC and EOF.
- _____ **PROVIDE** accurate and current task status information to the OSM as needed for non-time critical tasks.
- _____ **ASSIST** in making decisions on emergency classifications, mitigation strategies and contingency plans.
- _____ **SUPPORT** Control Room personnel by directing resources and providing consultation as required.
- _____ **EVALUATE** and prioritize for the Control Room requests for information from TSC, OSC, EOF, NRC and others.
- _____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.
- _____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.
- _____ **OVERRIDE** normal controls on activities directed by the OSC as necessary.
- _____ **AFTER** the shift NLOs have been dispatched to the OSC, inform the OSM of your responsibility to make NLOs available to the Control Room for time critical tasks as needed.
- _____ **NOTIFY** the TSC OPS Procedure Support position of all Emergency Procedure transitions.
{PIP 0-M97-4112}
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.15
DATA COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 1 of 2

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ACCESS** SDS in the TSC.

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

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

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

- **IF** the Emergency Response Data System (ERDS) is not activated, **THEN** activate ERDS as follows:
 - Ensure SDS is running on the selected terminal.
 - Click on MAIN.
 - Click on GENERAL.
 - Click on ERDS.
 - Click on ACTIVATE.
- Record the date and time ERDS was activated in the log section of the Data Coordinator notebook located at the OAC terminals in the TSC.

Enclosure 4.15

RP/0/A/5700/012

**DATA COORDINATOR
TSC ACTIVATION CHECKLIST**

Page 2 of 2

- _____ **INFORM** the OSM that ERDS was activated.
- _____ **INFORM** the EC that ERDS was activated.
- _____ **IF** ERDS failed to activate after five (5) attempts, **THEN** have the NRC Communicator notify the NRC via ENS or other available means. {PIP-M-99-5381}.
- _____ **TERMINATE** ERDS once the event is over by clicking on Terminate.
- _____ **PROVIDE** support in the area of Computer Services and data acquisition.
- _____ **PROVIDE** computer support for both software and hardware applications of data review in the TSC and the transfer of data to offsite locations.
- _____ **PREPARE** for 24-hour coverage as necessary.
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ESTABLISH** and maintain communications with the SAS by calling Ext. 2191 to obtain status of the site assembly.

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

- **CLEAR** the forward feature from extension 4458 and 4977 (located in the Site Assembly Coordinator office) by following the instructions located on the desk.
- **RECORD** site assembly start time _____ (announced from Control Room or available through the Operations Manager in the TSC).

NOTE: Approximately 15 to 20 minutes into the site assembly, the assembly locations inside the protected area will contact the Site Assembly Coordinator with names and badge numbers of personnel who were unable to swipe at the assembly locations. {PIP M-03-3918}

- **WHEN** Security provides a printout of unaccounted personnel, **THEN CHECK OFF** personnel who could not swipe at their assembly point (request this from Security, ext. 2191, about 20 to 25 minutes into the site assembly). {PIP M-03-3918}

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

- NOTE:**
1. During drills, the number of personnel at each assembly point inside the protected area should be determined only if time permits. This information is necessary in the event of an evacuation.
 2. It is not necessary to contact the control room, TSC, and OSC assembly points to gather personnel numbers information. {PIP M-03-3918, C.A. 9}

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

- NOTE:** Securing personnel numbers from site assembly points inside the protected area should receive priority over calling outside site assembly points for personnel numbers. However, gathering inside and outside numbers may occur simultaneously if the TSC Emergency Planner is available to assist.

_____ Request assistance from the TSC Emergency Planner (if available) to make calls to gather personnel numbers at assembly points outside the protected area. {PIP M-03-3918, C.A.7}

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

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

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

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

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

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

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

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

Drill Message for standing down from Site Assembly: Dial 710; at the beep, dial 80, begin speaking

"Attention all personnel. This is a drill message. This is a drill message. You have been assembled as part of an emergency exercise. If this were an actual emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. You may now return to your normal work assignments. Thank you for your participation."

Actual Event Message for standing down from Site Assembly: Dial 710; at the beep, dial 80, begin speaking

"Attention all personnel. Conditions have stabilized (or have been downgraded) so that site assembly is no longer required. You may now return to your normal work assignment."

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

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

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

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

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

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

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

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

SITE ASSEMBLY COORDINATOR
TSC ACTIVATION CHECKLIST

SITE PAGING SYSTEM
INDIVIDUAL PAGING NUMBERS

- NOTE:**
1. 710 covers all of these areas.
 2. Call numbers for individual locations are listed below.

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

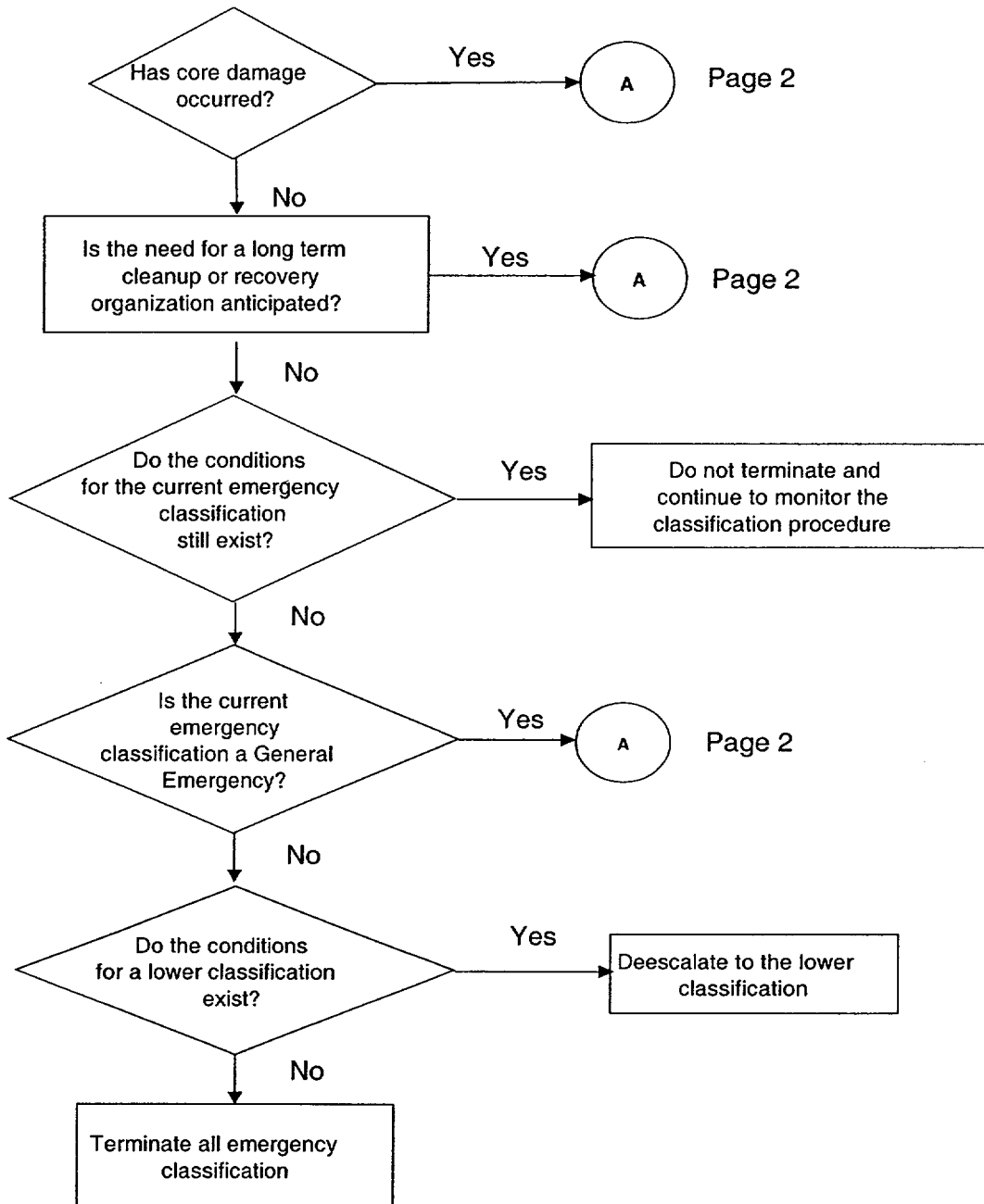
Emergency Coordinator Turnover Checklist

UNIT(S) AFFECTED: U1 _____ U2 _____

{8}

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS
	TIME: _____	U-1 _____	_____	_____
		U-2 _____	_____	_____
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____		TSC ACTIVATED AT: _____	
	ALERT DECLARED AT: _____		EOF ACTIVATED AT: _____	
	SAE DECLARED AT: _____			
	G.E. DECLARED AT: _____			
	REASON FOR EMER CLASS: _____			
SITE ASSEMBLY SITE EVACUATION	YES	NO	TIME	LOCATION OR COMMENTS
RADIOLOGICAL	FIELD MON. TEAMS	NUMBER ASSEM.	NUMBER DEPLOYED	
		_____	_____	
	OFFSITE PARS	ZONES EVACUATED	ZONES SHELTERED	KI (General Public)
		_____	_____	Yes () No ()
	RELEASE IN PROGRESS	YES ()	NO ()	
		_____	_____	
	RELEASE PATHWAY	_____		
CONTAINMENT PRESSURE	_____	PSIG		
WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATIONS	NUMBER	TIME		
	LAST MESSAGE SENT: _____	_____		
	NEXT MESSAGE DUE: _____	_____		
NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				
OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE				

Enclosure 4.18
Emergency Classification Termination
Criteria



Emergency Classification Termination
Criteria

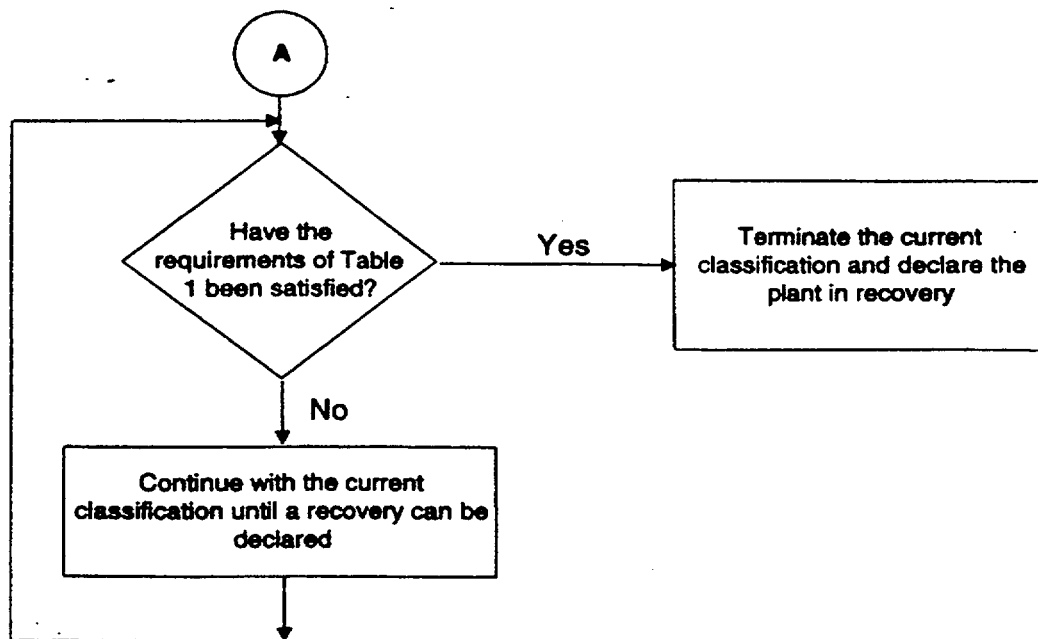


Table 1

Recovery Conditions	
<input type="checkbox"/>	No new evacuation or sheltering protective actions are anticipated.
<input type="checkbox"/>	Containment pressure is less than design pressure.
<input type="checkbox"/>	Decay heat rejection to the ultimate heat sink has been established and either: <ul style="list-style-type: none"> • Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling)
	OR
<input type="checkbox"/>	No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {PIP 0-M96-1645}
<input type="checkbox"/>	The risks from recriticality are acceptably low.
<input type="checkbox"/>	Radiation Protection is monitoring access to radiologically hazardous areas.
<input type="checkbox"/>	Offsite conditions do not limit plant access.
<input type="checkbox"/>	The News Manager, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
<input type="checkbox"/>	The recovery organization is ready to assume control of recovery operations Go to RP/0/A/5700/024, (Recovery and Reentry).

Enclosure 4.19
Fitness for Duty Questionnaire

RP/0/A/5700/012
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

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

MARK THE APPROPRIATE BOX

No

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

YES

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

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES NO

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

Signature of Management Observer

Date

Fold the form and drop it in the box provided.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

INITIAL

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

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC attendance sheet for a drill.
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **DISCUSS** with the Site Assembly Coordinator the status of the site assembly in preparation for emergency/drill message updates and possible site evacuation.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

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

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

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

_____ **RECORD** time of announcement _____.

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

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

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

_____."

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

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

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

_____."

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

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

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

Alert- determine by actual plant conditions.

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

General Emergency- evacuate all non-essential personnel.

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

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

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

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

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

- NOTE:** 1. Evacuations planned inside the Protected Area should be made by contacting Security in the OSC with instructions. Evacuations outside the protected area should be made by contacting Security in the OSC and instructing them to coordinate activities with Site Services representatives in the OSC. **When giving evacuation instructions be sure to identify the area for evacuees to relocate to**, according to procedure RP/0/A/5700/011.
2. The OSC Security phone is 4956. The OSC Site Services phone is 4963.

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

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

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

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

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

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

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

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

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

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

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

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

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

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

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

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

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

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

Non-essential personnel should:

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

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

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

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

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

SITE EVACUATION COORDINATOR
TSC ACTIVATION CHECKLIST

ADDITIONAL WORKSHEET FOR EMERGENCY/DRILL MESSAGE UPDATES

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

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

_____.”

RECORD time of announcement _____. Initial _____

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

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

_____.”

RECORD time of announcement _____. Initial _____

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

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

_____.”

RECORD time of announcement _____. Initial _____

ESTABLISHING COMMUNICATIONS LINKS
BETWEEN SAMG EVALUATORS

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

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

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

EP Controller bridge (12 - party) 875-4575

McGuire site bridge (6 - party) 875-3030

McGuire site bridge (6 - party) 875-3200

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Notifications to the State and Counties from the Technical Support Center

(4) Prepared By James R. Hunter Date 2/14/04

(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 Alan L. Beaver (QR) Date 2/27/2004

Cross-Disciplinary Review By _____ (QR)	NA <u>ACB</u>	Date <u>2/27/2004</u>
Reactivity Mgmt. Review By _____ (QR)	NA <u>ACB</u>	Date <u>2/27/2004</u>
Mgmt. Involvement Review By _____ (Ops Supt.)	NA <u>ACB</u>	Date <u>2/27/2004</u>

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (*if necessary*)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 3-3-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

**Notifications to the State and Counties
from the Technical Support Center**

Reference Use

Procedure No.

RP/0/A/5700/018

Revision No.

013

Electronic Reference No.

MC0048ML

Notifications to the State and Counties from the Technical Support Center

1. Symptoms

An emergency has been declared and Offsite Agency Communicators have been called to staff the Technical Support Center.

2. Immediate Actions

Initial

- 2.1 Obtain a copy of the authentication code word list and copies of the Emergency Notification Form from the procedures cabinet.

NOTE:

1. If selective signaling system fails, attempt to contact offsite agencies via bell lines.
2. If primary communication system fails, go to Enclosure 4.6, County Emergency Response Radio.
3. Report any failures to IAE Communications and the Emergency Planner.

- 2.2 Go to RP/0/A/5700/014, (Emergency Telephone Directory), Enclosure 4.1 to obtain Emergency Response Numbers.

3. Subsequent Actions

- 3.1 Provide copies of previously transmitted message forms to the following: {PIP 0-M-99-0911}:
- Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

- _____ 3.2 Power up the Offsite Agency Communicator computer and log on to the network using the instructions in the back of the Offsite Agency Communicator's notebook in the TSC.
- _____ 3.3 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. Reference Enclosure 4.2 for logon instructions if needed.
- _____ 3.4 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to Enclosure 4.3 and 4.4 for manual completion and transmission of the notification form. Notify TSC Data Coordinator of any computer problems.

NOTE: If the Control Room is ready to provide a follow-up notification, advise the Emergency Coordinator to have the Control Room transmit that notification before turning over to the TSC.

- _____ 3.5 Notify the Emergency Coordinator that you are ready to take over communications to the states and counties. Also, tell him/her when the next notification is due.
- 3.6 Immediately after the Emergency Coordinator declares that the TSC is activated:
- _____ • Notify the Control Room Offsite Agency Communicator that the TSC is now responsible for notifications and will transmit the next message.
 - _____ • Obtain from the Control Room Offsite Agency Communicator which offsite agencies will not be participating. (DRILL OR EXERCISE ONLY)

NOTE: The Electronic ENF program automatically puts the Technical Support Center activation time in line 7 of the ENF.

- _____ 3.7 Notify the state and counties that the TSC has been activated. This may be accomplished by writing in the description/remarks section on the next transmitted Emergency Notification Form; "Technical Support Center activated at _____ (time)."
- _____ 3.8 If the emergency class is upgraded to a higher classification (e.g., from Alert to Site Area Emergency) or an upgrade in the Protective Action Recommendations (PARS) is made, state and counties must be notified as soon as possible and within 15 minutes after the change is declared by the Emergency Coordinator.
- _____ 3.9 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}

- _____ 3.10 **IF** an upgrade in classification occurs while transmitting the initial message, **THEN**:
- _____ A. Notify the agencies an upgrade has occurred and that new information will be provided within 15 minutes.
 - _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 3.11 **IF** any situation occurs that affects the offsite agencies, (i.e., potentially contaminated individual is transported offsite, site evacuation is ordered), **THEN** the state and counties must be notified as soon as possible.
- _____ 3.12 Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fire/Explosion and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}
- 3.13 Notifications
- _____ 3.13.1 **Initial notifications** (The first emergency class declaration and then any change in an emergency classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.3 for manual Emergency Notification Form completion/transmission instructions.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Offsite Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- _____ 3.13.2 **Follow-up notifications** (anything other than a change in classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.4 for manual follow-up Emergency Notification Form completion/transmission instructions. Make follow-up notifications according to the following schedule:

Unusual Event	Alert, Site Area and General
<p>Every 4 hours until the emergency is closed out</p> <p style="text-align: center;"><u>OR</u></p> <p>If there is any significant change to the situation</p> <p style="text-align: center;"><u>OR</u></p> <p>As agreed upon with <u>each</u> individual agency and documentation shall be maintained for any agreed upon schedule change.</p>	<p>Every hour until the emergency is closed out</p> <p style="text-align: center;"><u>OR</u></p> <p>If there is any significant change to the situation</p> <p style="text-align: center;"><u>OR</u></p> <p>As agreed upon with <u>each</u> individual agency and the interval <u>shall not</u> be greater than 2 hours to any agency.</p>

- _____ 3.13.3 **Termination notification:** Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.5 for manual Emergency Notification Form completion/transmission instructions.
- 3.14 **IF** any calls are received requesting information about the emergency which is not contained on the notification form, **THEN:**
 - _____ 3.14.1 Authenticate the request to ensure the person is a state or county official.
 - _____ 3.14.2 Have the Emergency Coordinator approve transmittal of the information.
 - _____ 3.14.3 Document the question, answer, and the time the answer was transmitted on the log sheet in the Offsite Agency Communicator's notebook.

- 3.15 Notify Dose Assessment when responsibility for offsite communications has been transferred to the EOF

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.3 Manual Initial Notification Completion/Transmission
- 4.4 Manual Follow-up Notification Completion/Transmission
- 4.5 Manual Termination Notification Completion/Transmission
- 4.6 County Emergency Response Radio
- 4.7 Operation of the FAX

Emergency Notification Form

EMERGENCY NOTIFICATION

1. THIS IS A DRILL ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____

2. SITE McGuire Nuclear Station UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ (Eastern) ____/____/____ MM DD YY CONFIRMATION PHONE NUMBER: (704) 875-1951

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

5. EMERGENCY CLASSIFICATION:

NOTIFICATION OF UNUSUAL EVENT ALERT SITE AREA EMERGENCY GENERAL EMERGENCY

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION IMPROVING STABLE DEGRADING

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

10. EMERGENCY RELEASE(S): NONE (Go to item 14.) POTENTIAL (Go to item 14.) IS OCCURRING HAS OCCURRED

**11. TYPE OF RELEASE: ELEVATED GROUND LEVEL

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

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

NOBLE GASES _____ B IODINES _____

PARTICULATES _____ D OTHER _____

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

TEDE mrem Thyroid CDE mrem

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
2 MILES _____
5 MILES _____
10 MILES _____

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

STABILITY CLASS _____ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

NO RECOMMENDED PROTECTIVE ACTIONS
 EVACUATE _____
 SHELTER IN-PLACE _____
 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.

Enclosure 4.1
Emergency Notification Form

RP/0/A/5700/018
Page 2 of 2

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) (time) **NC State**
(agency) EOC Sel. Sig. 314
EOC Bell Line 1-919- 733-3943

2. _____
(name)

(date) (time) **Mecklenburg County**
(agency) WP Sel. Sig. 116
WP Bell Line 704-943-6200

3. _____
(name)

(date) (time) **Gaston County**
(agency) WP Sel. Sig. 112
WP Bell Line 1-704- 866-3300

4. _____
(name)

(date) (time) **Lincoln County**
(agency) WP Sel. Sig. 113
WP Bell Line 1-704- 735-8202

5. _____
(name)

(date) (time) **Iredell County**
(agency) WP Sel. Sig. 114
WP Bell Line 1-704- 878-3039

6. _____
(name)

(date) (time) **Catawba County**
(agency) WP Sel. Sig. 118
WP Bell Line 1-828- 464-3112

7. _____
(name)

(date) (time) **Cabarrus County**
(agency) WP Sel. Sig. 119
WP Bell Line 1-704- 920-3000

1. Electronic Notification Form Logon

NOTE: In order to be able to FAX the ENF you must log on as per the instructions in the back of the Offsite Agency Communicator's notebook. **DO NOT** log on to the computer with your LAN ID.

1.1 **IF** not already performed, **THEN** ensure Offsite Communicator Computer is operational.

- Power up the Offsite Agency Communicator computer and log on to the network using the instructions in the back of the Offsite Agency Communicator's notebook in the TSC.
- Verify the computer internal clock is synchronized with the facility clock in the Emergency Coordinator's Area. (Adjust as necessary.)

NOTE: If the computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.3, 4.4 and 4.5** for manual completion and standard transmission of the Notification Form.

1.2 If not already performed, log on to the Electronic Notification Form by performing one of the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.
- Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for "Nuclear Generation".
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.
- Login the Program entering the following information:

User Name: Your Network Logon ID (i.e., JSM7327)

Password: Your Network Password

Domain: NAM

Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen are color coded to assure information is being routinely updated. Indicator information is as follows:

Black - information and time conflict.

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

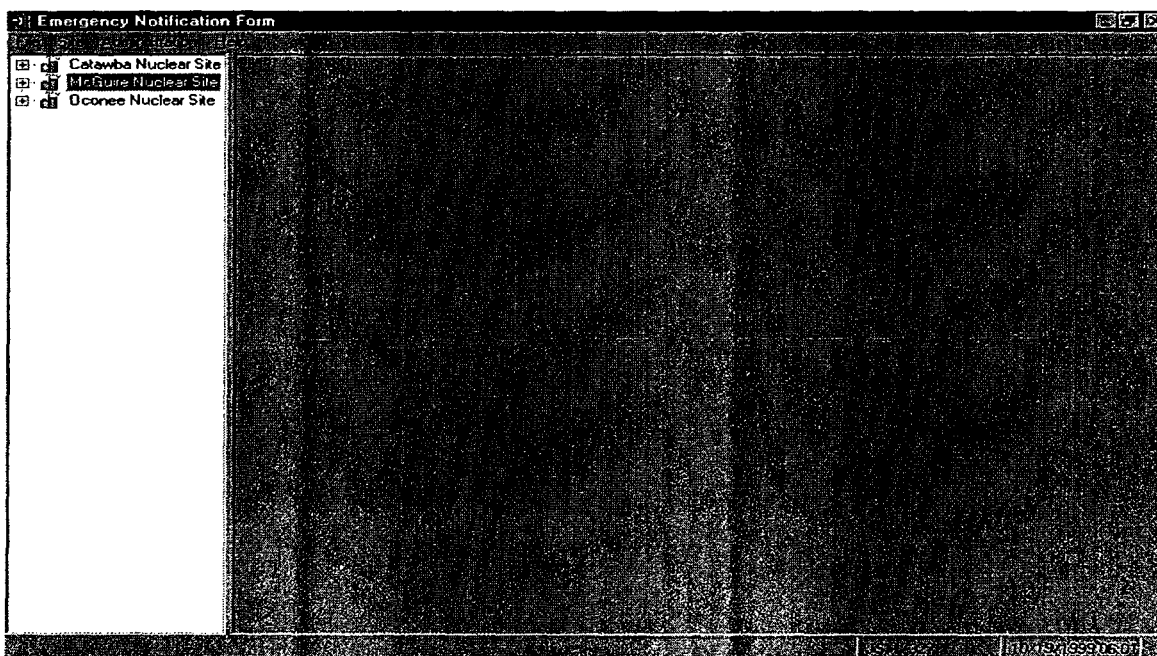
Red - information is greater than 15 minutes old.

Information for the various Electronic ENF screens should come from the following areas:

Plant Status Screen:	Operations Procedure Support.
Plant Summary Screen:	TSC Emergency Coordinator/Off Site Agency Communicator.
Release Screen:	Operations/TSC Dose Assessors (RadDose V data).
Met/Offsite Dose Screen:	TSC Dose Assessors (RadDose V data).
Protective Actions Screen:	Operations/Radiation Protection Manager/TSC Dose Assessors.
Communications Screen:	Offsite Agency Communicator.

2. Electronic Notification Form Completion (Create Event)

2.1 Highlight the appropriate station (McGuire) for the event.



Electronic Emergency Notification Form (ENF)
Completion/Transmission

- 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event**.

- 2.3 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** - Select Drill or Actual Emergency.
- For **Description** - Indicate the type of Event (i.e., Loss of Offsite Power, 03/08/99 1st Quarter Drill).
- For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.

For **Message Information** - Has previous message been sent? (Yes or No)

NOTE: The last message information is used to set the automatic functions of the program (i.e., number, transmittal times, etc.).

NOTE: For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

_____ 2.3.1 For **Last Message Information** – If previous message **has** been sent:

- Select (Initial or Follow-up).
- Number (Last Message Number).
- Transmittal Date/Time (Last Message Transmittal Time).

_____ 2.4 Select **Create Event** button at the bottom of the screen. (Event Screen should be created.)

_____ 2.5 If all information is correct select “Yes” at the prompt “Are you sure you are ready to create this event?”.

NOTE: For the “Next Msg Due” indicator panel all indicator information is as follows:

Initial Messages:

Black - information and time conflict.

Green – Next message due in 10 – 15 minutes.

Yellow – Next message due in 5 – 9 minutes.

Red – Next message due in < 5 minutes or past due.

Follow Up Messages:

Black - information and time conflict.

Green – Next message due in 30 – 60 minutes.

Yellow – Next message due in 15 – 29 minutes.

Red – Next msg due in <15 minutes or past due.

Electronic Emergency Notification Form (ENF)
Completion/Transmission**3. Plant Status Screen**

3.1 Select the "Plant Status" Tab (First Tab on the Event screen) and perform the following:

- Verify and update as necessary the "Emergency Classification" and "Declared At:" time field.
- Click on the Emergency Action Level (EAL) pull down menu and select the appropriate Emergency Action Level.
- Once the appropriate EAL has been highlighted, click on the "Select" button.
- In the "Reactor Status" section, select the appropriate unit(s) and status.
- If the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct.

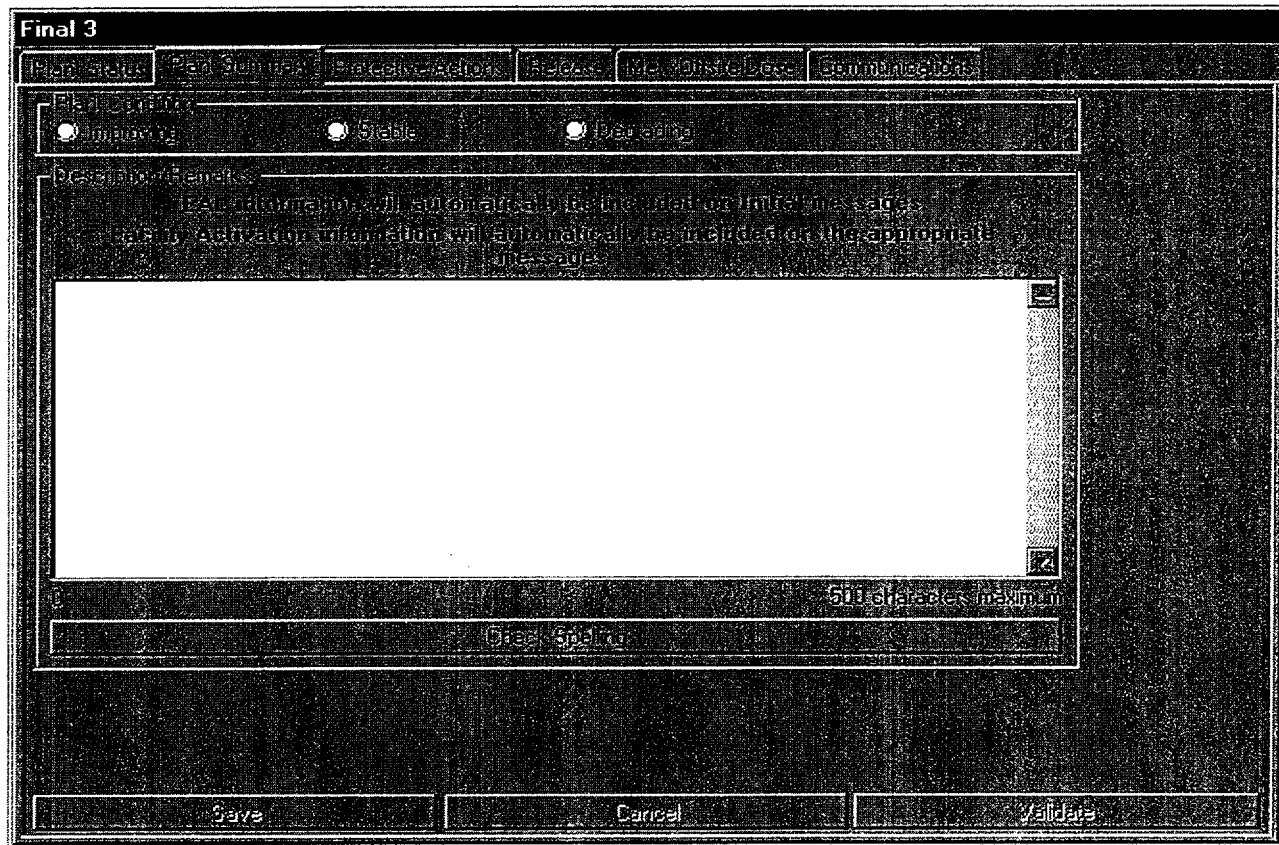
NOTE: If you indicate that Gap Activity has been exceeded then you must be in a General Emergency.

- Update the "Gap Activity" status as necessary. If "yes" is selected, confirm correct with TSC Dose Assessors, Radiation Protection Manager and TSC Emergency Coordinator. {PIP-M-00-4908, C/A #3}.
- When all information is completed select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

4. Plant Summary Screen

4.1 Select the "Plant Summary" Tab (Second Tab on the Event screen).



4.2 Under the "Plant Conditions" section select the appropriate condition.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

Stable: Plant conditions are neither **degrading** nor **improving**.

- NOTE:**
1. Remember to "close the loop" on items from previous notifications.
 2. EAL information will automatically be included on INITIAL messages.
 3. Facility activation information will automatically be included on the appropriate message.

4.3 Under the "Description" section add description of changes since last notification or significant information for the current message. Items to be considered for inclusion are as follows: { 0-M98-2065 }

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of offsite Power
- Core Uncovery
- Core Damage
- MERT activation related to the emergency
- Extraordinary noises audible offsite
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Any event causing/requiring offsite agency response
- Any event causing increased media attention.

4.4 When input is complete select the "Save" button.

5. Release Screen

5.1 Select the "Release" Tab (Fourth Tab on the event screen).

The screenshot displays the 'Emergency Notification Form' application window. The title bar reads 'Emergency Notification Form'. On the left, a tree view shows a hierarchy of sites and tests, with 'Procedure Test' selected. The main window has several tabs: 'Release', 'Met/Offsite Dose', and 'Form 6.3.01'. The 'Release' tab is active, showing options for 'None', 'Potential', and 'Elevated'. Below these are fields for 'Start' and 'Stop' times, and a section for 'Ground Level' with 'None' and 'Above' radio buttons. At the bottom, there are 'Save', 'Cancel', and 'Validate' buttons. A status bar at the very bottom shows a grid of color indicators: BLACK, BLACK, BLACK, BLACK, BLACK, BLACK, and RED.

- Select the appropriate Emergency Release condition (i.e., None, Potential, etc.).
- If "None" is selected select the "Save" button and Go To section 6 (Met/Offsite Dose Screen).
- Verify that "Ground Level" Release is selected.
- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select "Load From RadDose" button.
- At the confirmation prompt verify that the time and date for the Radose information is correct and select "Yes".
- After data verification select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

6. Met/Offsite Dose Screen

6.1 Select the "Met/Offsite Dose" Tab (Fifth Tab on the Event screen).

Procedure Test 2

Plan/Status | Rad Summary | Projective Actions | Release | **Met/Offsite Dose** | Communications

Offsite Dosegr Estimate

WBL Unchanged

Projection Time: [Clock Icon]

Estimated Duration: [Clock Icon]

	TED Emten	Report EDE mten
1000 Hours	<input type="text"/>	<input type="text"/>
2 miles	<input type="text"/>	<input type="text"/>
5 miles	<input type="text"/>	<input type="text"/>
10 miles	<input type="text"/>	<input type="text"/>

Met/Offsite Data

Wind Direction: Degrees

Wind Speed: mph

Direction: Degrees / miles

Rad Dose File Dates

Release: Met/Offsite:

Load From RadDose [Button] [Close]

Save [Button] Cancel [Button] Validate [Button]

- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select "Load From RadDose" button.
- At the confirmation prompt verify that the time and date for the RadDose information is correct and select "Yes".
- After data verification select the "Save" button.

7. Protective Actions Screen

NOTE: The Protective Actions Screen is only enabled when you are in a General Emergency Classification.

7.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

- If the Emergency Classification **IS NOT** a General Emergency select the "Validate" button and GO TO Step 8.
- If the Emergency Classification **IS** a General Emergency select "Load Protective Action Recommendations".
- If the TSC Dose Assessors recommend a protective action for KI, it must be added after the message is built. Refer to step 9.2. {PIP-G-03-606}
- After the protective action recommendations are verified select the "Save" button.

8. Communications Screen

- 8.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen).
- 8.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)
- 8.3 Complete the applicable information in the "Event Management" section as follows:
- Select the "Managing Site".
 - Select and validate the appropriate facility (TSC or EOF) activation time.

NOTE: Last Message information should be automatically populated if a previous message has been sent. If a previous message has not been sent this portion of the screen should be disabled.

- Once all applicable information has been completed select "Save".
- 8.4 Periodically validate information on the screens by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the screens to Green Status.)
- 8.5 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator.)

9. Building a Message

- 9.1 When it is time to develop a message to be communicated to the Offsite Agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated.

- Verify Status indicators for the various screens at the bottom of the screen are current.
- Select the Communications screen, then select the **Build New Message** bar at the bottom of the screen. Information from the various screens will be incorporated into the message.
- Review the form to verify information is correct.

- 9.2 If information needs to be revised, select **Message** from the Toolbar, then **Edit**.

- If instructed by the TSC Dose Assessors based on projected Thyroid dose, on Line 15, check the box "D" for "other" and type "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select Save.
- To return to the message form, select **Message** from the Toolbar, then **Preview Message**.
- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

- 9.3 Have the TSC Emergency Coordinator review and sign the form.

10. Transmitting Message

- 10.1 Locate a copy of the Authentication Code Word List.
- 10.2 For Initial Notifications (15 Minutes), proceed to Section 11.
- 10.3 For Follow-up Notifications, proceed to Section 12.
- 10.4 For Termination Notifications, proceed to Section 13.

11. Transmission of Initial Notifications

_____ 11.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}

_____ 11.2 **IF** an upgrade to a higher classification occurs while transmitting any message, **THEN**:

_____ A. Notify agencies that an upgrade has occurred, and that new information will be supplied within 15 minutes.

_____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

NOTE:

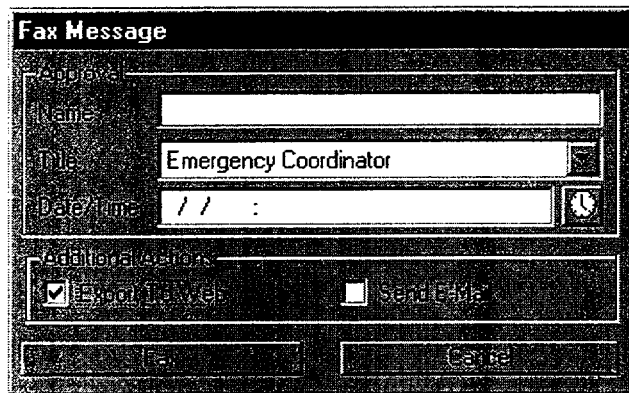
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
2. If Selective Signaling is not operational, the bell telephones lines may be used to call agencies individually or see **Enclosure 4.6** for radio instructions.
3. If the ENF Fax program is not operational refer to **Enclosure 4.7** for additional instructions.

_____ 11.3 Once the ENF has been approved, one Offsite Agency Communicator shall perform steps 11.4 – 11.7 while another Offsite Agency Communicator establishes contacts as per step 11.8.

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

_____ 11.4 To fax the electronic form, Select **Message** from the Toolbar, **THEN Fax.**

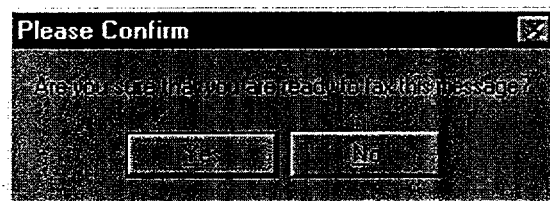
Electronic Emergency Notification Form (ENF)
Completion/Transmission



A dialog box titled "Fax Message" with a dark background. It contains several input fields: "Name" (empty), "Title" (containing "Emergency Coordinator"), and "Date/Time" (containing " / / "). Below these is an "Additional Options" section with two checkboxes: "Send to Web" (checked) and "Send to File" (unchecked). At the bottom are "OK" and "Cancel" buttons.

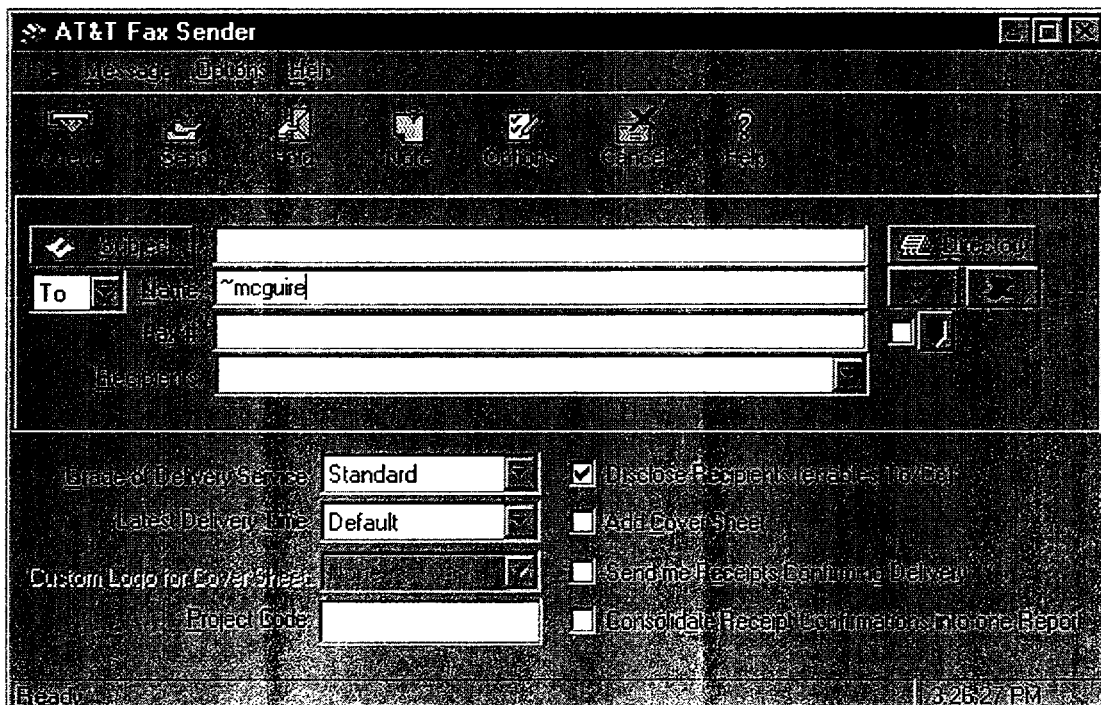
- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.

11.5 Select "Yes" on confirmation panel if ready to fax the form.



A small dialog box titled "Please Confirm" with a dark background. It contains a single line of text: "Are you sure you want to fax this message?". Below the text are two buttons: "Yes" and "No".

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.

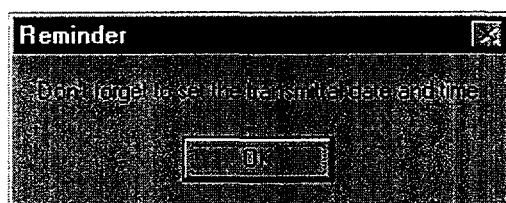


A window titled "AT&T Fax Sender" with a dark background. It features a menu bar with "Message", "Print", and "Help". Below the menu bar is a toolbar with icons for "Print", "Send", "Fax", "File", "Options", "Cancel", and "Help". The main area contains several input fields: "To" (containing "mcguire"), "From" (empty), and "Subject" (empty). Below these are several checkboxes and dropdown menus: "Standard" (selected), "Default" (selected), "Project Code" (empty), "Missed Resend (Email: 10/0)", "Add Cover Sheet", "Send me Fax Confirmation Delivered", and "Consolidate Fax Confirmation Reports". The status bar at the bottom shows "Ready" and "3:25:27 PM".

11.6 On ATT Fax Sender Panel, Type ~**mcguire** in the Name block.

11.7 Perform the following:

- Click the Green colored "check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**
- Select "OK" on reminder panel for setting the transmittal time and date.



- **IF** desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- **IF** the fax program does not appear to be working, (i.e., fax not being transmitted), refer to Enclosure 4.4 for alternate fax instructions.

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

11.8 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:

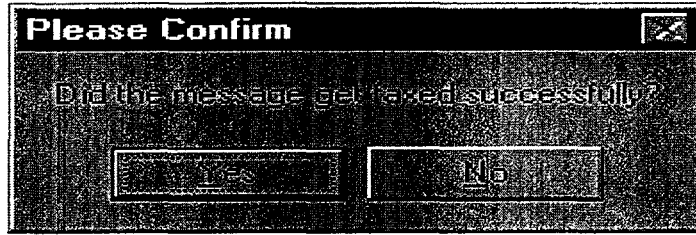
- Activate the Group Call function by dialing *1 and verify that all available agencies answer. At least one attempt using the individual selective signaling code must be made for the missing agencies. Proceed with the notification promptly after an attempt to get the missing agencies on the line.

- NOTE:**
1. The transmittal time will need to be handwritten on the copy of the ENF that the Emergency Coordinator has previously signed.
 2. The time when the first party answers should be recorded in Item #3 on the front side of form (copy signed by the TSC Emergency Coordinator).

- When all available parties are verified on the line, document the time when the first party answered in Item #3 on the front of the form (copy sign by the TSC Emergency Coordinator).
- Read the following statement "This is McGuire Nuclear Station TSC. This is a drill or actual emergency (whichever applies)".
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- Read the information on the ENF, line-by-line, to the Offsite Agencies.

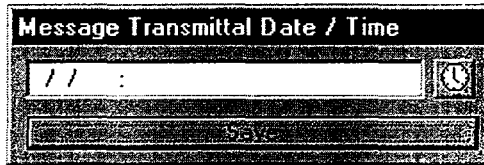
NOTE: Authentication Code should be handwritten into the signed ENF form.

- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: "This concludes message # ____ . Are there any questions?"
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio, etc., if unable to complete the notifications as per 11.8. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.
- Select "Yes" at the prompt if the Fax was successfully sent.

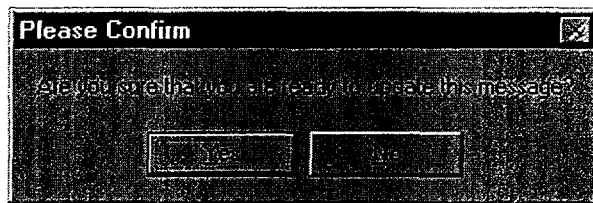


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



____ 11.9 Write the authentication Number and Codeword on the ENF.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 11.10 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Offsite Agency.

_____ 11.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

Electronic Emergency Notification Form (ENF)
Completion/Transmission

11.12 To perform follow-up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.

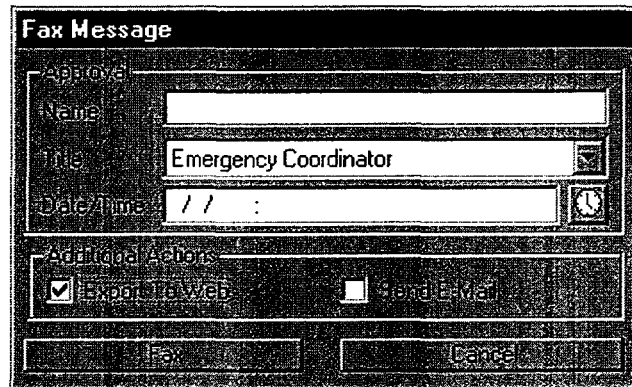
Status	Shutdown/DAG	Shutdown/Int	Reactor Power
1 No			
2 No			

11/29/1999

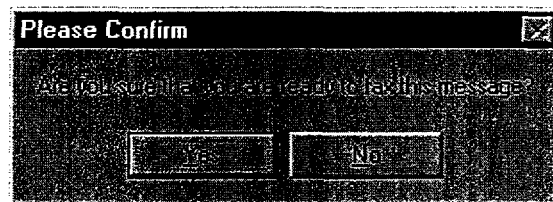
12. Transmission of Follow-up Notification

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message " Prompt appears.

12.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

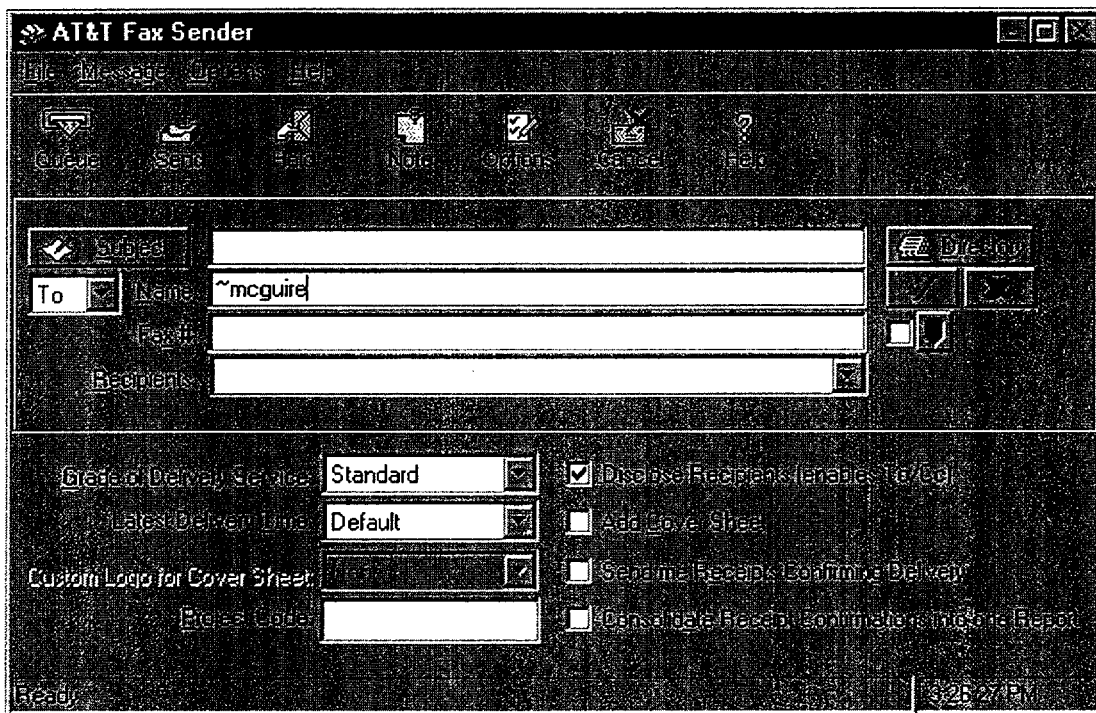


- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.



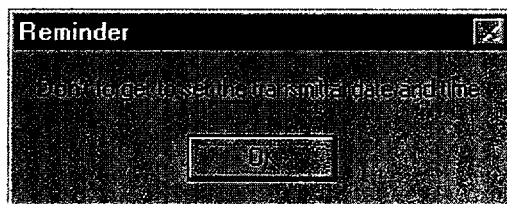
Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.



12.2 Perform the following:

- On ATT Fax Sender Panel, Type **~mcguire** in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**
- Select "OK" on reminder panel for setting the transmittal time and date.



NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- IF the fax program does not appear to be working, (i.e., fax not being transmitted), refer to Enclosure 4.4 for alternate fax instructions.

12.3 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually.)

NOTE:

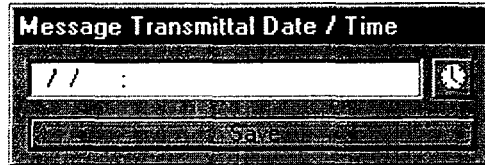
1. The transmittal time will need to be handwritten on the copy of the ENF signed by the TSC Emergency Coordinator.
2. The time when the first party answers should be recorded in Item #3 on the front side of the ENF form.

- Verify that all available agencies are on the line. Document the time when the first party answers in Item #3 on the front of the ENF form (copy signed by the TSC Emergency Coordinator).
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select **“Yes”** at the prompt if the Fax was successfully sent.

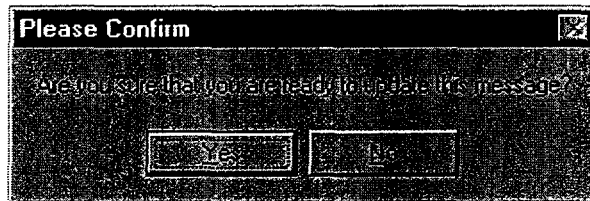


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 12.4 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Offsite Agency.

_____ 12.5 Repeat the previous step as necessary to communicate answers to questions concerning other Follow-up notifications.

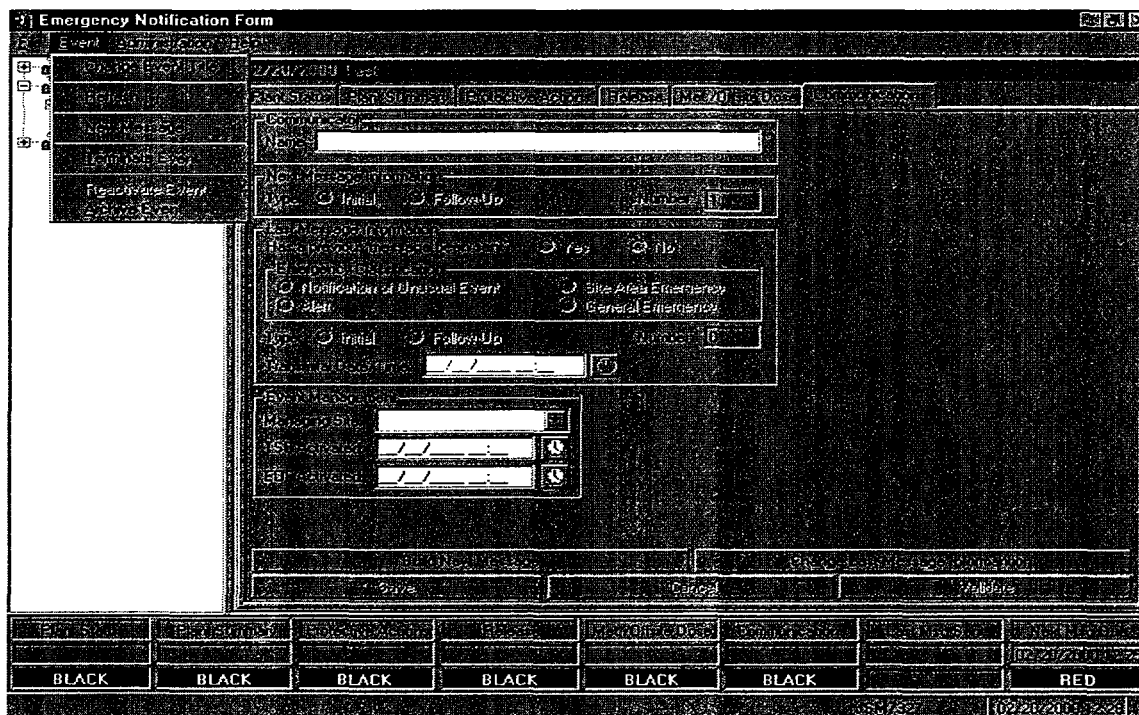
12.6 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

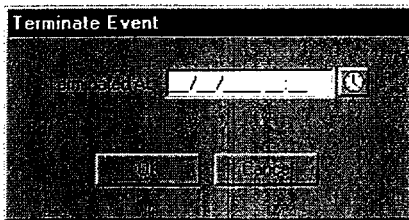
13. Termination Message

- NOTE:
1. Termination notifications are communicated verbally.
 2. Termination notification is marked as a Follow-up.

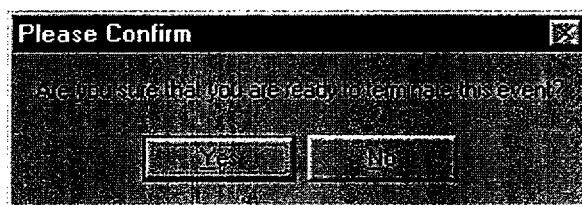
13.1 From the Menu bar for the specific Event, Select Event, Then select Terminate Event.



13.2 Enter Termination Time and Date, then Click **OK**.



13.3 Confirm that event is ready to be Terminated by clicking "Yes".



13.4 Message will be generated with appropriate information.

- If information needs to be revised, select **Message** from the Toolbar, THEN **Edit**.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- To return to the message form, select **Message** from the Toolbar, THEN **Preview**.

13.5 Review the form to verify information is correct.

- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the TSC Emergency Coordinator review and sign the form.

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

13.6 Once approved, fax the Electronic form by performing the following:

- Select **Message** from the Toolbar, THEN **Fax**.

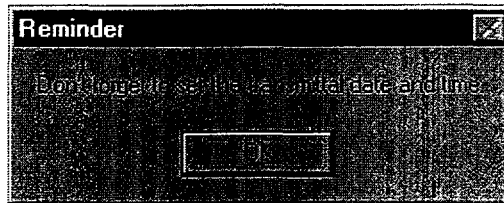
- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form.

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.7 for alternate Fax instructions.

- On ATT Fax Sender Panel, Type **~mcguire** in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously.)**

Electronic Emergency Notification Form (ENF)
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- Select "OK" on reminder panel for setting the transmittal time and date.



NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
- IF the fax program does not appear to be working, (i.e., fax not being transmitted), refer to Enclosure 4.4 for alternate fax instructions.

13.7 Establish communications with the Offsite Agencies via the Selective Signaling Phone per the following:

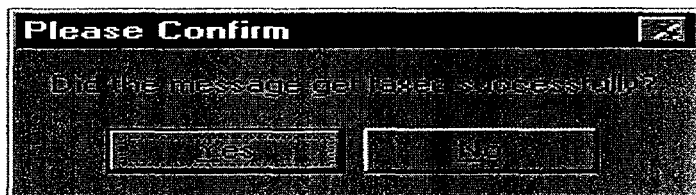
- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually.)

NOTE:

1. The transmittal time will need to be handwritten on the copy of the ENF signed by the TSC Emergency Coordinator.
2. The time when the first party answers should be recorded in Item #3 on the front side of the ENF form.

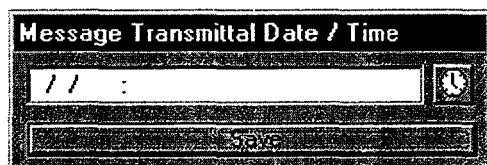
- Verify that all available agencies are on the line. Document the time when the first party answers in Item #3 on the front of the ENF form (copy signed by the TSC Emergency Coordinator).
- Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Offsite Agencies. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.

- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select **“Yes”** at the prompt if the Fax was successfully sent.

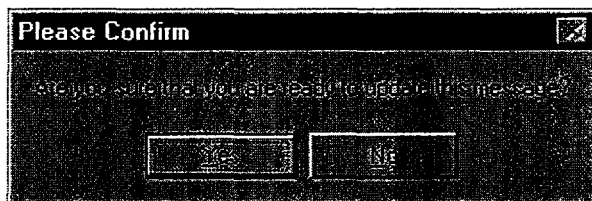


NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select **“Save”**.



- At the confirmation prompt select **“Yes”** if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

13.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Offsite Agency.

Enclosure 4.2

**Electronic Emergency Notification Form (ENF)
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13.9 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- _____ • Emergency Coordinator
- _____ • Emergency Planner
- _____ • NRC Communicator
- _____ • Offsite Dose Assessors
- _____ • Site Evacuation Coordinators
- _____ • Drill Coordinator (During drills only).

**Manual Initial Notification
Completion/Transmission**

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

NOTE: ONLY items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.

1.1 Complete the Emergency Notification Form as follows:

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time and date. The transmittal time is the time the first party answers when verifying all agencies are on the line.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support
7.	NOTE: Reference RP/0/A/5700/000, (Classification of Emergency). Enter a brief description of the reason for declaring the emergency classification (in layman's terms if possible). DO NOT use system abbreviations, acronyms or jargon that may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}	OPS Procedure Support

Manual Initial Notification
Completion/Transmission

<p>8.</p>	<p>Mark appropriate plant condition.</p> <p><u>Degrading:</u> Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> • Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values <u>AND</u> plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. • Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening <u>AND</u> plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. <p><u>Improving:</u> Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> • Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values <u>AND</u> plant conditions could result in a lower classification or emergency termination before the next follow-up notification. • Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety <u>AND</u> plant conditions could result in a lower classification or emergency termination before the next follow-up notification. <p><u>Stable:</u> Plant conditions are neither <u>degrading</u> nor <u>improving</u>.</p>	<p>OPS Procedure Support</p>
<p>9.</p>	<p>Write the time and date of Reactor Shutdown or Reactor Power level as applicable.</p>	<p>OPS Procedure Support</p>

**Manual Initial Notification
Completion/Transmission**

	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>3. Base the determination of emergency release on:</p> <ul style="list-style-type: none"> • EMF readings, • containment pressure and other indications, • field monitoring results, • knowledge of the event and its impact on systems operation and resultant release paths. <p>4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none"> • <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity, <p style="text-align: center;"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5 R/hr,</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p style="text-align: center;"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none"> • Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity. • Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage. • Confirmed activity in the environment reported by Field Monitoring Teams(s). • Knowledge of the event and its impact on systems operation and resultant release paths 	
<p>10.</p>	<p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none"> • A. NONE: clearly no emergency release is occurring or has occurred. • B. POTENTIAL: discretionary option for the EC or EOFD. • C. IS OCCURRING: meets the specified conditions. • D. HAS OCCURRED: previously met the specified conditions. 	<p>R.P. Shift/Dose Assessors</p>

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
Page 4 of 5

15.	Mark appropriate recommended protective actions. If instructed by RP Shift/Dose Assessors based on projected Thyroid dose, check box "D" and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Enclosure 4.1 for back-up numbers.
 3. Go to Enclosure 4.6 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.

- _____ 2.1 **IF** an upgrade in classification occurs prior to transmitting the initial message, **THEN** discard ENF paperwork and proceed to higher classification procedure. {PIP-M-01-3711}
- _____ 2.2 **IF** an upgrade in classification occurs while transmitting any message, **THEN:**
- _____ A. Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.
- _____ B. Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}
- _____ 2.3 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- _____ 2.4 **IF** the Selective Signaling Group Call fails, **THEN GO TO** RP/0/A/5700/014, Enclosure 4.1 for manual Selective Signaling numbers.

**Manual Initial Notification
Completion/Transmission**

NOTE: The time when the first party answers should be recorded in Item #3 on the front side of the form (copy signed by the TSC Emergency Coordinator).

- 2.5 As the State and counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.6 Verify all available State and Counties are on the line, document the time when the first party answered in item #3 on the form (copy signed by the TSC Emergency Coordinator). This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.7 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.8 Read the complete message, line-by-line, beginning with item # 1 allowing time to copy.
- 2.9 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate code word. Write the number and codeword on the form.
- 2.10 After communicating the message, ask if there are any questions. Record individuals' names and time on the back of the form. This time is the same time as item #3.
- 2.11 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. Refer to Enclosure 4.7 for FAX operation.
- 2.12 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.
- 2.13 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
 - • Emergency Coordinator
 - • Emergency Planner
 - • NRC Communicator
 - • Offsite Dose Assessors
 - • Site Evacuation Coordinators
 - • Drill Coordinator (During drills only).

**Manual Follow-Up Notification
Completion/Transmission**

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7 and 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. NOTE: This is the time when the first party answers as you call the State and Counties to verify that they received the FAX. Write in the date.	
4.	Authentication is not necessary when FAXing to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support

**Manual Follow-Up Notification
Completion/Transmission**

7.	<p>NOTE: Reference RP/0/A/5700/000, (Classification of Emergency).</p> <p>Enter EAL Number and Emergency Description of the reason for the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}</p> <p>In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: { 0-M98-2065}</p> <ul style="list-style-type: none"> • Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event) • Major/Key Equipment Out of Service • Emergency response actions underway • Fire(s) onsite • Flooding related to the emergency • Explosions • Loss of offsite Power • Core Uncovery • Core Damage • Medical Emergency Response Team activation related to the emergency • Personnel injury related to the emergency or death • Transport of injured individuals offsite - specify whether contaminated or not • Site Evacuation/relocation of site personnel • Saboteurs/Intruders/Suspicious Devices/Threats • Chemical or Hazardous Material Spills or Releases • Extraordinary noises audible offsite • Any event causing/requiring offsite agency response • Any event causing increased media attention • Remember to "close the loop" on items from previous notifications. 	OPS Procedure Support
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**Manual Follow-Up Notification
Completion/Transmission**

8.	<p>Mark appropriate plant condition. {PIP 0-M97-4210 NRC-1}</p> <p><u>Degrading:</u> Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> • Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values <u>AND</u> plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. • Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening <u>AND</u> plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification. <p><u>Improving:</u> Plant conditions involve at least one of the following:</p> <ul style="list-style-type: none"> • Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending favorably toward expected or desired values <u>AND</u> plant conditions could result in a lower classification or emergency termination before the next follow-up notification. • Environmental site conditions (ex. wind, ice/snow, ground tremors hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety <u>AND</u> plant conditions could result in a lower classification or emergency termination before the next follow-up notification. <p><u>Stable:</u> Plant conditions are neither <u>degrading</u> nor <u>improving</u>.</p>	OPS Procedure Support
9.	Write the time and date of Reactor Shutdown or Reactor Power Level as applicable.	OPS Procedure Support

**Manual Follow-Up Notification
Completion/Transmission**

	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>3. Base the determination of emergency release on:</p> <ul style="list-style-type: none"> • EMF readings, • containment pressure and other indications, • field monitoring results, • knowledge of the event and its impact on systems operation and resultant release paths. <p>4. An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none"> • <u>Either</u> containment particulate, gaseous, iodine monitor (EMFs 38,39 and/or 40) readings indicate an increase in activity, <p style="text-align: center;"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p style="text-align: center;"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none"> • Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity. • Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage. • Confirmed activity in the environment reported by Field Monitoring Teams(s). • Knowledge of the event and its impact on systems operation and resultant release paths. 	
<p>10.</p>	<p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none"> • A. NONE: clearly no emergency release is occurring or has occurred • B. POTENTIAL: discretionary option for the EC or EOFD. • C. IS OCCURRING: meets the specified conditions. • D. HAS OCCURRED: previously met the specified conditions. 	<p>R.P. Shift/Dose Assessors</p>

**Manual Follow-Up Notification
Completion/Transmission**

11.	Indicate type of release and time/date. Mark Ground Level for any airborne releases.	R.P. Shift/Dose Assessors
12.	Indicate release magnitude and whether release is above or below normal operating limits.	R.P. Shift/Dose Assessors
13.	Write estimate of projected offsite dose and estimated duration. Check new or unchanged. If unchanged from the previous notification, the information does not have to be repeated.	R.P. Shift/Dose Assessors
14.	Provide meteorological data.	R.P. Shift/Dose Assessors
15.	Mark appropriate recommended protective actions. If instructed by RP Shift/Dose Assessors based on projected Thyroid dose, check box "D" and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message. (Front page only) This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- 2.1 Insert the Emergency Notification Form face down in the Automatic Document Feeder on the FAX.
- 2.2 Press "GROUP FAX".
- 2.3 Press "SEND/RECEIVE".

NOTE:

1. The transmittal time will need to be handwritten on the copy of the ENF form signed by the TSC Emergency Coordinator.
2. The time when the first party answers should be recorded in Item #3 on the front side of the ENF form.

- 2.4 Verify the State and Counties received the FAX by calling them. Document the time when the first party answered in Item #3 on the front of the ENF form (copy signed by the TSC Emergency Coordinator).

**Manual Follow-Up Notification
Completion/Transmission**

2.6 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- _____ • Emergency Coordinator
- _____ • Emergency Planner
- _____ • NRC Communicator
- _____ • Offsite Dose Assessors
- _____ • Site Evacuation Coordinators
- _____ • Drill Coordinator (During drills only).

**Manual Termination Notification
Completion/Transmission**

1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: A termination message should be marked a FOLLOW-UP on the Emergency Notification Form.

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time the first party answers as you are verifying all available agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date of termination.	OPS Procedure Support
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

Manual Termination Notification
Completion/Transmission

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All termination notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Enclosure 4.1 for back-up numbers.
 3. Go to Enclosure 4.6 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- 2.2 **IF** the Selective Signaling Group Call fails, **THEN GO TO** RP/0/A/5700/014, Enclosure 4.1 for manual Selective Signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**

- NOTE:**
1. The transmittal time will need to be handwritten on the copy of the ENF signed by the TSC Emergency Coordinator.
 2. The time when the first party answers should be recorded in Item #3 on the front side of the ENF form.

- 2.4 Verify all available State and Counties are on the line. Document the time when the first party answers in Item #3 on the front of the ENF form (copy signed by the TSC Emergency Coordinator).
- 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.6 Read the complete message, line-by-line, beginning with item # 1 allowing time to copy.
- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and time on the back of the form.

**Manual Termination Notification
Completion/Transmission**

- _____ 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. **REFER TO** Enclosure 4.7 for FAX operation.

- _____ 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

- 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
 - _____ • Emergency Coordinator
 - _____ • Emergency Planner
 - _____ • NRC Communicator
 - _____ • Offsite Dose Assessors
 - _____ • Site Evacuation Coordinators
 - _____ • Drill Coordinator (During drills only).

Enclosure 4.6
County Emergency Response Radio

RP/0/A/5700/018
Page 1 of 1

- NOTE:**
1. This radio will only contact the county warning points. The state cannot be contacted on this radio. Have one of the counties relay the message.
 2. You may refer to RP/0/A/5700/014, Enclosure 4.1 for individual radio codes.

Group Call:

_____ 1. Press **20** and **POUND SIGN (#)** to activate all county radio units.

_____ 2. When the **TALK** light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Technical Support Center to all counties, do you copy?"

Once all counties respond, begin transmitting the message, using step 2.5 through step 2.12 of Enclosure 4.3.

At least one attempt using the individual radio code must be made for the missing agencies.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

_____ 3. If a county fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Technical Support Center to (Agency you are calling), do you copy?"

Once the county responds, begin transmitting the message, using step 2.5 through step 2.12 of Enclosure 4.3.

_____ 4. After you have finished transmitting the message, conclude the message by saying:

"This is WQC700 base clear."

_____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per section 2 of Enclosure 4.3. Document the time these agencies were contacted on the back of the notification form.

NOTE: The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls. The group call also transmits a copy to the EOF in the General Office.

1. TO SEND A FAX TO ALL COUNTIES AND STATE OF NORTH CAROLINA

- _____ • Insert the document face down into the FAX.
- _____ • Press Group FAX.
- _____ • Press "SEND/RECEIVE" button.

2. TO SEND A FAX TO A SINGLE LOCATION USING ONE-TOUCH DIALING

_____ 2.1 Insert the document face down into the FAX

_____ 2.2 Select location(s) to receive the fax:

- _____ • Press EOF in General Office
- _____ • Press State of North Carolina WP
- _____ • Press Mecklenburg County
- _____ • Press Gaston County
- _____ • Press Lincoln County
- _____ • Press Iredell County
- _____ • Press Catawba County
- _____ • Press Cabarrus County
- _____ • Press NC State EOC.

_____ 2.3 **WHEN** the appropriate individual selection is made, **THEN** press "SEND/RECEIVE" button.

NOTE: If programmed functions fail, go to RP/0/A/5700/014, Enclosure 4.1 for manual FAX numbers.

3. SEND A FAX TO A SINGLE LOCATION DIALING MANUALLY

- _____ • Insert the document face down in the FAX.
- _____ • Using the keypad, dial the number that you wish to call.
- _____ • Press "SEND/RECEIVE" button.

Duke Power Company
PROCEDURE PROCESS RECORD

PREPARATION

(2) Station MCGUIRE NUCLEAR STATION

(3) Procedure Title Notifications To Offsite Agencies From The Control Room

(4) Prepared By [Signature] Date 2/16/04

(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 Alan L. Brown (QR) Date 3/1/2004

Cross-Disciplinary Review By _____ (QR) NA ALB Date 3/1/2004

Reactivity Mgmt. Review By _____ (QR) NA ALB Date 3/1/2004

Mgmt. Involvement Review By _____ (Ops Supt.) NA ALB Date 3/1/2004

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By K.L. Murray Date 3-3-04

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

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Notifications to Offsite Agencies from the Control Room

Reference Use

Procedure No.

RP/0/B/5700/029

Revision No.

001

Electronic Reference No.

MP0072V0

Notifications to the State and Counties from the Control Room

1. Symptoms

Events are in progress or have occurred that require implementing the McGuire Emergency Plan and notification of offsite agencies. {PIP-M-02-2012}

2. Immediate Actions

- 2.1 For Initial Notifications, perform Enclosure 4.1 (Completion and Transmission of an Initial Notification).

3. Subsequent Actions

- 3.1 For Follow-up Notifications, perform Enclosure 4.2 (Completion and Transmission of a Follow-up Notification).
- 3.2 For Termination Messages, perform Enclosure 4.3 (Completion and Transmission of a Termination Notification).

4. Enclosures

- 4.1 Completion and Transmission of an Initial Notification**
- 4.2 Completion and Transmission of a Follow-up Notification**
- 4.3 Completion and Transmission of a Termination Notification**
- 4.4 Protective Action Recommendations**
- 4.5 Authentication Codeword List**
- 4.6 Emergency Notification Form (ENF)**
- 4.7 NRC Event Notification Worksheet**

Enclosure 4.1
Completion and Transmission of an Initial
Notification

RP/0/B/5700/029
Page 1 of 6

NOTE: Initial notification to the State and Counties must be made within 15 minutes of the event declaration per Emergency Notification Form (ENF).

1. **IF** an upgrade in classification occurs prior to transmitting the initial message, discard ENF paperwork and begin a new initial message for the higher classification. {PIP-M-01-3711}

NOTE: Pre-printed ENF's are available for use.

2. Complete an Emergency Notification Form by one of the following:

Obtain a preprinted ENF

OR

Complete Enclosure 4.6 (Emergency Notification Form)

NOTE: Messages are sequentially numbered throughout the drill/event. The initial message for the drill/event is message number 1.

- 2.1 Complete Line 1 as follows:

2.1.1 Check if Drill or Actual Emergency.

2.1.2 Check "Initial".

2.1.3 Record message number.

NOTE: Certain Events could occur that affect both units, example: Security or seismic events, WG tank release, etc. Consideration of this should be given when completing "unit designation". {PIP-0-M-97-4638}

2.2 Complete Line 2. ("Reported by" is your name).

NOTE: Lines 3 and 4 are completed during message transmittal.

2.3 Complete Line 5 by checking correct event classification.

Enclosure 4.1
Completion and Transmission of an Initial
Notification

RP/0/B/5700/029
Page 2 of 6

2.4 Complete Line 6 as follows.

- 2.4.1 Check box A.
- 2.4.2 Record time/date event declared.

2.5 Complete Line 7 by entering EAL number and Emergency Description.

2.6 Complete Line 8 by checking appropriate block:

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

- Plant parameters (ex. temperature, pressure level, voltage, frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

STABLE: Plant conditions are neither DEGRADING nor IMPROVING.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

2.7 Complete Line 9 as follows:

- 2.7.1 Check box A or B.
- 2.7.2 Record shutdown time/date **OR** % Rx Power.

Enclosure 4.1
Completion and Transmission of an Initial
Notification

RP/0/B/5700/029
Page 3 of 6

NOTE: An Emergency Release is any unplanned quantifiable discharge to the environment associated with the declared event. {PIP-0-M-97-4256}

2.8 Complete Line 10 as follows:

_____ 2.8.1 **IF** any of the following exists, check "C" or "D" as appropriate:

- EMF 38, 39, or 40 readings indicate an increase with containment pressure greater than .3 psig
- EMF 38, 39, or 40 readings indicate an increase with a known leak path existing from containment
- EMF 51A or 51B indicates greater than 1.5 R/hr with containment pressure greater than .3 psig
- EMF 51A or 51B indicates greater than 1.5 R/hr with a known leak path existing from containment
- EMFs 35, 36 and/or 37 readings indicate an increase in activity.
- EMF33 or other alternate means indicate Steam Generator tube leakage.

_____ 2.8.2 **IF** the potential for an emergency release exists, check box B.

_____ 2.8.3 **IF** no emergency release exists, check box A.

2.9 Complete Line 15 as follows:

_____ 2.9.1 **IF** Notification of Unusual Event, Alert, **OR** Site Area Emergency, check box A.

_____ 2.9.2 **IF** General Emergency, perform the following:

- 2.9.2.1 Determine Protective Action Recommendations per Enclosure 4.4 (Protective Action Recommendations).
- 2.9.2.2 Check B and record affected zones for evacuation.
- 2.9.2.3 Check C and record affected zones for sheltering.
- 2.9.2.4 **IF** notified by RP Dose Assessment that dose projections indicate Thyroid dose will be equal to or greater than 5 Rem, check box "D" and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}

Enclosure 4.1
Completion and Transmission of an Initial
Notification

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2.10 Complete Line 16 as follows:

- 2.10.1 Have the Emergency Coordinator approve.
- 2.10.2 Record time/date.

3. Transmit the message to Offsite Agencies as follows:

_____ 3.1 **IF** an upgrade in classification occurs while transmitting any message, perform the following:

- 3.1.1 Notify agencies that an upgrade has occurred and that new information will be supplied within 15 minutes.
- 3.1.2 Suspend any further transmission of the message that was being transmitted. {PIP-M-01-3711}

3.2 Establish communications with Offsite Agencies as follows:

3.2.1 Use the Selective Signaling Telephone by depressing "*" (star) 1".

_____ 3.2.2 **IF** Selective Signaling Telephone fails, notify the Offsite Agencies in the order listed:

- 3.2.3.1 Iredell County: 1-704-878-3039
- 3.2.3.2 Mecklenburg County: 704-943-6200
- 3.2.3.3 Gaston County: 1-704-866-3300
- 3.2.3.4 Lincoln County: 1-704-735-8202
- 3.2.3.5 Catawba County: 1-828-464-3112
- 3.2.3.6 State Warning Point: 1-919-733-3943
- 3.2.3.7 Cabarrus County: 1-704-920-3000

_____ 3.2.3 **IF** the Selective Signaling Telephone and outside bell lines fail, use the County Response Radio by depressing "20".

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NOTE: Message transmittal time is the time the first agency is contacted.
--

- 3.3 Complete Line 3.
- 3.4 Place a check mark by the State and Counties on back of form as they come on the line.
- 3.5 Advise the State and County Agencies of an Emergency Notification from the McGuire Control Room and to get out an Emergency Notification Form.
- 3.6 Beginning with Line 1, slowly read the complete message line by line, allowing the receivers ample time to copy.

_____ 3.7 **WHEN** you reach Line 4, perform the following:

- 3.7.1 Refer to Enclosure 4.5 (Authentication Codeword List).
 - 3.7.2 Ask the State or a County to authenticate the message, by providing a number.
 - 3.7.3 You provide appropriate Codeword.
 - 3.7.4 Record the Number and Codeword on Line 4.
- 3.8 After communicating the Notification, ask if there are any questions.
 - 3.9 Record individuals' name, date and time on the back of the notification form. (This time is the same time as Line 3).

_____ 3.10 **IF** unable to contact any agency, continuous attempts must be made to contact the missing agency (agencies).

_____ 3.11 **WHEN** the missing agency is contacted, record the name, time and date the agency (agencies) was contacted on the back of the notification form.

3.12 FAX a copy (front page only) to the agencies as follows:

- 3.12.1 Insert the Emergency Notification Form face down in the FAX.
- 3.12.2 Press "GROUP FAX" button.
- 3.12.3 Press "SEND/RECEIVE" button.

_____ 3.13 **IF** programmed functions fail, **REFER TO** RP/0/A/5700/014 (Emergency Telephone Directory), Enclosure 4.1 (Emergency Response Numbers) for manual FAX numbers.

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Completion and Transmission of an Initial
Notification

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

4. The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.2 (Completion and Transmission of a Follow up Notification) as follows:

NOTE: For a Notification of Unusual Event the required time frequency for a follow-up message is four hours.

- Every hour until the emergency is terminated.

OR

- If there is any significant change to the situation.

OR

- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

NOTE: Use the **RED NRC OPS CENTER** button on the Operations Shift Support Technician's fax machine for hard copy transmittal. This button also supplies copies to the site NRC Resident's office.

5. Notify the NRC Operations Center by completing Enclosure 4.7 (NRC Event Notification Worksheet) and transmitting (fax, then verbally call the NRC Operations Center) immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014 (Emergency Telephone Directory), Enclosure 4.2 (NRC Telephone Numbers).
- _____ 6. **WHEN** this enclosure has been completed, inform the OSM reporting any deficiencies or problems encountered.

Enclosure 4.2
Completion and Transmission of a Follow-up
Notification Form

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NOTE: **IF** lines 8 - 14 have not changed from the previous message, only lines 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do **NOT** abbreviate "N/A."

1. **IF** an upgrade in classification occurs prior to transmitting the Follow up Notification, perform the following:

- 1.1 Discard ENF paperwork
- 1.2 Perform Enclosure 4.1 (Completion and Transmission of an Initial Notification)
- 1.3 Begin a new initial message for the higher classification procedure. {PIP-M-01-3711}

NOTE: Pre-printed ENF forms are available.

2. Complete an Emergency Notification Form by one of the following:

- Obtain a preprinted ENF

OR

- Complete Enclosure 4.6 (Emergency Notification Form)

NOTE: Messages are sequentially numbered throughout the drill/event.

2.1 Complete Line 1 as follows:

- 2.1.1 Check if Drill or Actual Emergency.
- 2.1.2 Check "Follow-up".
- 2.1.3 Record message number sequentially.

NOTE: Certain Events could occur that affect both units, example: Security or seismic events, WG tank release, etc. Consideration of this should be given when completing "unit designation". {PIP-0-M-97-4638}

- 2.2 Complete Line 2 ("Reported by" is your name).

Enclosure 4.2
Completion and Transmission of a Follow-up
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NOTE: Authentication is not required when faxing a follow-up message.

- 2.3 Complete Line 5 by checking correct event classification.
- 2.4 Complete Line 6 as follows:
 - 2.4.1 Check box A.
 - 2.4.2 Record time/date event declared.
- 2.5 Complete on Line 7 by entering EAL Number and Emergency Description. Additional information concerning changes in plant conditions since last notification should be provided. Examples are Emergency Response actions underway, core uncover/damage, chemical/hazardous spills, etc. {PIP-0-M98-2065}
- 2.6 Complete Line 8 by checking appropriate block:

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

- Plant parameters (ex. temperature, pressure level, voltage frequency) are trending favorably toward expected or desired values **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) have become less of a threat to plant operations or personnel safety **AND** plant conditions could result in a lower classification or emergency termination before the next follow-up notification.

STABLE: Plant conditions are neither **DEGRADING** nor **IMPROVING**.

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

- Plant parameters (ex. temperature, pressure, level, voltage, frequency) are trending unfavorably away from expected or desired values **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.
- Environmental site conditions (ex. wind, ice/snow, ground tremors, hazardous/toxic/radioactive material leak, fire) impacting plant operations or personnel safety are worsening **AND** plant conditions could result in a higher classification or Protective Action Recommendation (PAR) before the next follow-up notification.

Enclosure 4.2
Completion and Transmission of a Follow-up
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2.7 Complete Line 9 as follows:

- 2.7.1 Check Box A or B.
- 2.7.2 Record shutdown time/date **OR** % Rx Power.

NOTE: NOTE: An Emergency Release is any unplanned quantifiable discharge to the environment associated with a declared event. PIP-0-M-97-4256

2.8 Complete Line 10 as follows:

_____ 2.8.1 **IF** any of the following exists, check "C" or "D" as appropriate:

- EMF 38, 39, or 40 readings indicate an increase with containment pressure greater than .3 psig
- EMF 38, 39, or 40 readings indicate an increase with a known leak path existing from containment
- EMF 51A or 51B indicates greater than 1.5 R/hr with containment pressure greater than .3 psig
- EMF 51A or 51B indicates greater than 1.5 R/hr with a known leak path existing from containment
- EMFs 35, 36 and/or 37 readings indicate an increase in activity.
- EMF33 or other alternate means indicate Steam Generator tube leakage.

_____ 2.8.2 **IF** the potential for an emergency release exists, check box B.

_____ 2.8.3 **IF** no emergency release exists, check box A.

_____ 2.9 **IF** follow-up notification is due and information for Steps 2.10 through 2.13 cannot be obtained from RP shift, mark lines 11-14 on Enclosure 4.6 (Emergency Notification Form) "Not Available" and go to Step 2.14.

2.10 Complete Line 11 as follows:

- Check GROUND LEVEL
- Check A for AIRBORNE **OR** B for LIQUID

_____ 2.10.1 **IF** available, record time/date release started **AND** time/date release stopped.

Enclosure 4.2
Completion and Transmission of a Follow-up
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2.11 Complete Line 12 as follows:

- Check CURIES PER SECOND
- Check "BELOW" **OR** "ABOVE" normal operating limits
- Check the appropriate blocks A, B, C, or D **AND** record value(s).

NOTE: **IF** unchanged from the previous notification, the following information does not have to be repeated.

2.12 Complete Line 13 as follows:

—— 2.12.1 **IF** projected offsite dose is unchanged, check "UNCHANGED", **GO TO** Step 2.13.

—— 2.12.2 **IF** projected offsite dose has changed:

- Check "NEW".
- Record projection time.
- Record estimated duration.
- Record TEDE and Thyroid CDE values.

2.13 Complete Line 14 as follows:

- Check A, B, C, and D.
- Record appropriate values.

Enclosure 4.2
Completion and Transmission of a Follow-up
Notification Form

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2.14 Complete Line 15 as follows:

_____ 2.14.1 **IF** Notification of Unusual Event, Alert, **OR** Site Area Emergency check box A.

_____ 2.14.2 **IF** General Emergency, perform the following:

- A. Determine Protective Action Recommendations per Enclosure 4.4 (Protective Action Recommendations).
- B. Check B and record affected zones for evacuation.
- C. Check C and record affected zones for sheltering.
- D. **IF** notified by RP Dose Assessment that dose projections indicate Thyroid dose will be equal to or greater than 5 Rem , check box "D" and write "Consider the use of KI (potassium iodide) in accordance with State Plans and Policy." {PIP-G-03-606}

2.15 Complete Line 16 as follows:

2.15.1 Have the Emergency Coordinator approve.

2.15.2 Record time/date.

_____ 2.16 **IF** the follow-up message includes Initial Protective Action Recommendations (PARS) or a change in the Initial PARS, **THEN** verbally transmit the message **PER** Enclosure 4.1 (Completion and Transmission of an Initial Message), Step 3.

2.17 Complete Line 3 with time message is ready to be faxed.

NOTE: For routine, follow-up notification, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of emergency.

2.18 Fax a copy (front page only) to the Agencies as follows:

2.18.1 Insert Emergency Notification Form face down in the FAX.

2.18.2 Press "GROUP FAX" button.

2.18.3 Press "SEND/RECEIVE" button.

Enclosure 4.2
Completion and Transmission of a Follow-up
Notification Form

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_____ 2.19 **IF** programmed functions fail, **REFER TO** RP/0/A/5700/014 (Emergency Telephone Directory), Enclosure 4.1 (Emergency Response Numbers) for manual FAX numbers.

2.20 Contact the State and Counties and ensure the following:

- 2.20.1 FAX was received.
- 2.20.2 Answer any questions.
- 2.20.3 Record the individuals' name, date and time on the back of the notification form. (This time is the same time as Line 3)

Enclosure 4.3
Completion and Transmission of a
Termination Form

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NOTE: Messages are sequentially numbered throughout the drill/event.

1. Complete Enclosure 4.6 (Emergency Notification Form) as follows:

1.1 Complete Line 1 as follows:

- 1.1.1 Check if Drill or Actual Emergency.
 - 1.1.2 Check "Follow-up".
 - 1.1.3 Record message number sequentially.
- 1.2 Complete Line 2. ("Reported by" is your name).

NOTE: Lines 3 and 4 are completed during message transmittal.

1.3 Complete Line 6 as follows:

- 1.3.1 Check box B.
- 1.3.2 Record time/date event terminated.

1.4 Complete Line 16 as follows:

- 1.4.1 Have Emergency Coordinator approve.
- 1.4.2 Record date/time.

2. Transmit the message to offsite agencies as follows:

2.1 Establish communication with offsite agencies as follows:

- 2.1.1 Use the Selective Signaling Telephone by depressing "*" (star) 1".

**Enclosure 4.3
Completion and Transmission of a
Termination Form**

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- _____ 2.1.2 **IF** Selective Signaling Telephone fails, notify the offsite agencies in the order listed:
- 2.1.3.1 Iredell County: 1-704-878-3039
 - 2.1.3.2 Mecklenburg County: 704-943-6200
 - 2.1.3.3 Gaston County: 1-704-866-3300
 - 2.1.3.4 Lincoln County: 1-704-735-8202
 - 2.1.3.5 Catawba County: 1-828-464-3112
 - 2.1.3.6 State Warning Point: 1-919-733-3934
 - 2.1.3.7 Cabarrus County: 1-704-920-3000
- _____ 2.1.3 **IF** the Selective Signaling Telephone and Bell lines fail, use the County Response Radio by depressing "20".

NOTE: Message transmittal time is the time the first agency is contacted.
--

- 2.2 Complete Line 3.
- 2.3 Place a check mark by the state and counties listed on back of form as they come on line.
- 2.4 Advise the state and counties you have an emergency notification from the McGuire Control Room and to get out an Emergency Notification Form.
- 2.5 Beginning with Line 1, slowly read the complete message line by line, allowing the receivers ample time to copy.

_____ 2.6 **WHEN** you reach Line 4, perform the following:

- 2.6.1 Refer to Enclosure 4.5 (Authentication Codeword List).
- 2.6.2 Ask the State or a County to authenticate the message by providing a number.
- 2.6.3 You provide appropriate Codeword.
- 2.6.4 Record the Number and Code word on Line 4.

Enclosure 4.3
Completion and Transmission of a
Termination Form

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2.7 After communicating the message, ask if there are any questions.

2.8 Record individuals' names and times on the back of the form. (This time is the same time as Line 3).

_____ 2.9 **IF** unable to contact any agency, continuous attempts must be made to contact the missing agency (agencies).

_____ 2.10 **WHEN** the missing agency is contacted, record the name, date and time the agency was contacted on the back of the form.

2.11 FAX a copy (front page only) to the agencies as follows:

2.11.1 Insert the Emergency Notification Form face down in the FAX.

2.11.2 Press "GROUP FAX" button.

2.11.3 Press "SEND/RECEIVE" button.

_____ 2.12 **IF** programmed functions fail, **REFER TO** RP/0/A/5700/014 (Emergency Telephone Directory), Enclosure 4.1 (Emergency Response Numbers) for manual FAX numbers.

Protective Action Recommendations

NOTE: Protective Action Recommendations (PARS) are based on the following:

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS (PAGs)

Total Effective Dose Equivalent (TEDE) (Projected Dose)	Committed Dose Equivalent (CDE) Thyroid (Projected Dose)	Recommendation
< 1 rem	< 5 Rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 Rem	Evacuate affected zones and shelter the remainder of the 10- mile EPZ not evacuated.
N/A	≥ 5 Rem	Consider the use of KI (potassium iodine) in accordance with State Plans and Policy.

Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. PAG for KI taken from Potassium Iodine as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001, and Guidance for Industry KI in Radiation Emergencies, Questions and Answers, FDA Guidance, December 2002. {PIP-G-03-606}

1. **IF** a General Emergency is declared, determine Initial Protective Action Recommendations as follows (PIP-M-02-6163):

- 1.1 Obtain the wind speed and direction, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed) and point #8 (Average Upper Wind Direction).

Wind Speed/Direction: _____ / _____

1.2 **IF** Chart Recorder unavailable, obtain wind direction from one of the following sources, preferred sequence;

A. Unit 1 OAC

- Average Lower Wind Speed - M1P0848
- Average Upper Wind Direction - M1P0847.

B. DPC Meteorological Lab (8-382-0139)

C. National Weather Service in Greer, S.C. (1-864-848-9972 or 1-800-268-7785).

Protective Action Recommendations

1.3 **IF** wind speed less than or equal to 5 MPH, recommend the following:

- 1.3.1 Evacuate zones L, B, M, C, N, A, D, O, R
- 1.3.2 Shelter zones E, F, G, H, I, J, K, P, Q, S

1.4 **IF** wind speed is greater than 5 MPH, evacuate and shelter zones as shown in the table below based on wind direction:

Protective Action Zones Determination

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

1.5 **IF** notified by RP Dose Assessment that dose projections indicate that Thyroid dose will be ≥ 5 Rem, KI use by the General Public must be recommended in accordance with State Plans and Policy. {PIP-G-03-606}

2. After the Initial PARS are transmitted to offsite agencies, check for large fission product inventory in containment as follows:

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

- | | |
|------------|------------|
| Unit 1 OAC | Unit 2 OAC |
| M1A0829 | M2A0829 |
| M1A0835 | M2A0835 |

Protective Action Recommendations

2.2 **IF** the OAC is unavailable, use the following EMF's:

Unit 1	Unit 2
1EMF51A	2EMF51A
1EMF51B	2EMF51B

2.3 Check if containment radiation level exceeds the following limits based on time after shutdown:

TIME AFTER SHUTDOWN (hours)	EMF51A(B) reading(R/HR)
0-2	864
2-4	624
4-8	450
>8	265

3. **IF** containment radiation level exceeds limits in Step 2.3, perform the following:

3.1 Evacuate and shelter zones in the table below based on wind direction:

Protective Action Zones Determination

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

Protective Action Recommendations

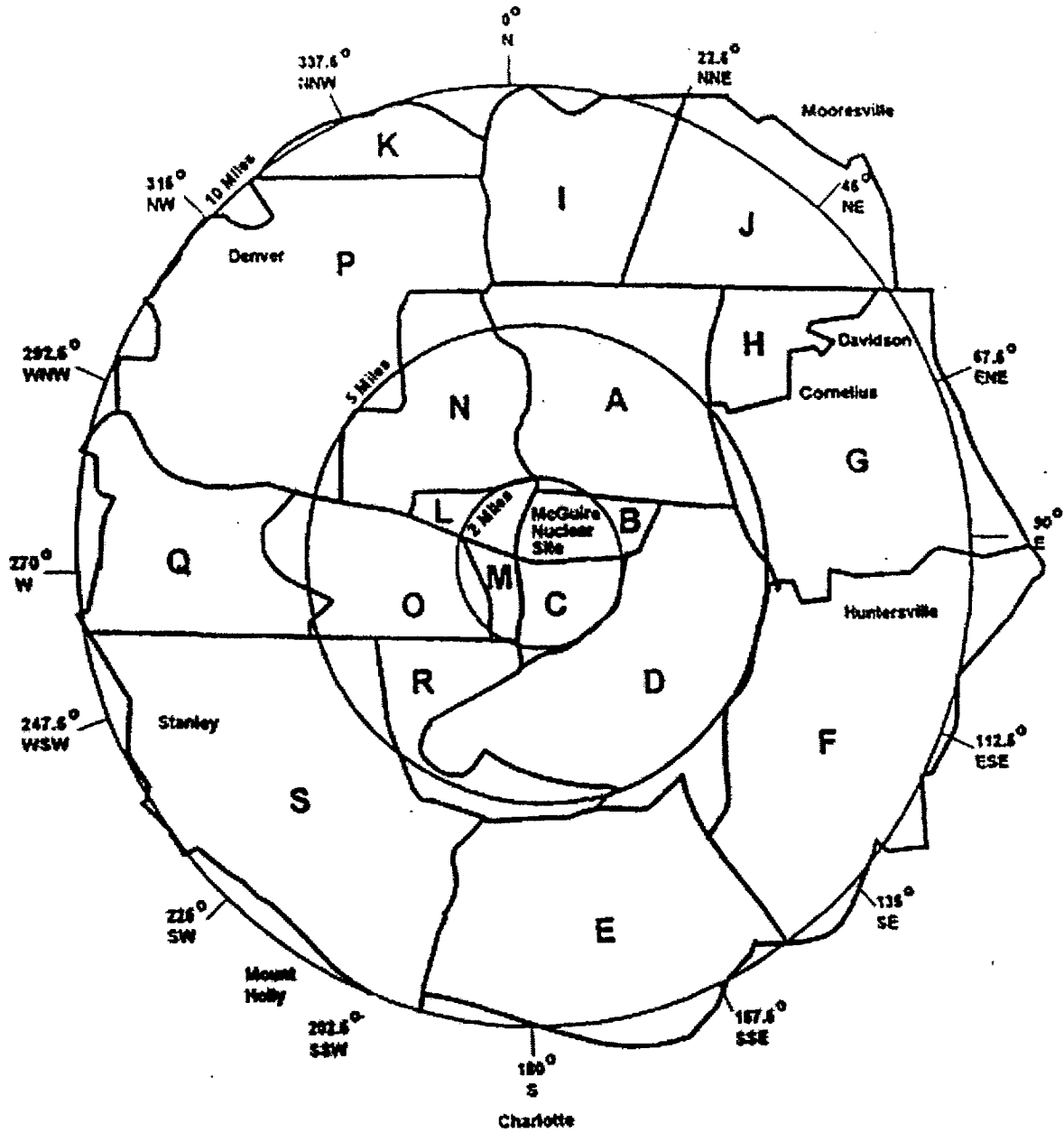
- 4. A McGuire EPZ map is located on page 5 of 5, if it is desired to visually see zones evacuated or sheltered.
- _____ 5. **IF** notified by RP Dose Assessment that dose projections indicate that Thyroid dose will be ≥ 5 Rem, KI use by the General Public must be recommended in accordance with State Plans and Policy. {PIP-G-03-606}
- _____ 6. On a continuing basis, evaluate plant conditions for the need to update PARS. This evaluation should include EMF51A/B readings, wind speed and direction.

Protective Action Recommendations

McGUIRE PROTECTIVE ACTION ZONES

(2 and 5 mile radius, inner circles)

10-MILE EPZ



Enclosure 4.5
AUTHENTICATION CODEWORD LIST

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Enclosure 4.6
Emergency Notification Form

EMERGENCY NOTIFICATION

1. A THIS IS A DRILL B ACTUAL EMERGENCY INITIAL FOLLOW-UP MESSAGE NUMBER _____
2. SITE McGuire Nuclear Station UNIT: _____ REPORTED BY: _____
3. TRANSMITTAL TIME/DATE: _____ (Eastern) MM / DD / YY CONFIRMATION PHONE NUMBER: (704) 875-6044
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 Thyroid CDE
mrem mrem
- SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.
- 2 MILES _____
5 MILES _____
10 MILES _____

- **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.

**Enclosure 4.6
Emergency Notification Form**

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GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) (time) **NC State**
(agency) EOC Sel. Sig. 314
EOC Bell Line 1-919- 733-3943

2. _____
(name)

(date) (time) **Mecklenburg County**
(agency) WP Sel. Sig. 116
WP Bell Line 704-943-6200

3. _____
(name)

(date) (time) **Gaston County**
(agency) WP Sel. Sig. 112
WP Bell Line 1-704- 866-3300

4. _____
(name)

(date) (time) **Lincoln County**
(agency) WP Sel. Sig. 113
WP Bell Line 1-704- 735-8202

5. _____
(name)

(date) (time) **Iredell County**
(agency) WP Sel. Sig. 114
WP Bell Line 1-704- 878-3039

6. _____
(name)

(date) (time) **Catawba County**
(agency) WP Sel. Sig. 118
WP Bell Line 1-828- 464-3112

7. _____
(name)

(date) (time) **Caharrus County**
(agency) WP Sel. Sig. 119
WP Bell Line 1-704- 920-3000

**Enclosure 4.7
NRC Event Notification Worksheet**

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NOTE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

CLASSIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
-----------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ Region II (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS
GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)
(50.72 b1 (I)(B)) TS Deviation

8-Hr Non-Emergency 10CFR 50.72(b)3
(50.72 b3 (II)(A)) Degraded Condition
(50.72 b3 (II)(B)) Unanalyzed Condition
(50.72 b3 (IV)(A)) Valid Actuation of System listed in Encl. 4.3.
(50.72 b3 (V)(A)) Safe S/D Capability
(50.72 b3 (V)(B)) RHR Capability
(50.72 b3 (V)(C)) Control of Rad Release
(50.72 b3 (V)(D)) Accident Mitigation
(50.72 b3 (X)(III)) Lost ENS
(50.72 b3 (X)(III)) Lost Other Assess./Comms
(50.72 b3 (X)(III)) Emergency Siren INOP
(50.72 b3 (XII)) Offsite Medical

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) TS Required S/D
(50.72 b2 (IV)(A)) ECCS Discharge to RCS
(50.72 b2 (IV)(B)) RPS Actuation - critical scram
(50.72 b2 (XI)) Offsite Notification
(72.75)(b1) Rad exposure & release action impairment.
(72.75)(b2) Spent Fuel Storage SSC defect.
(72.75)(b3) Spent Fuel Storage degradation.
(72.75)(b4) Fuel Storage License deviation.
(72.75)(b5) Fuel Storage related offsite medical.
(72.75)(b6) Fire/Explosion damage to Spent Fuel Storage.

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.
(72.75)(c1) Contamination event restrictions.
(72.75)(c2) Fuel Storage equipment failure.

EVENT DESCRIPTION

Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.

Continue on Enclosure 4.3 page 2 of 2 if necessary.

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

APPROVED BY: _____ TIME/DATE: _____ / _____ / _____
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

**Enclosure 4.7
NRC Event Notification Worksheet**

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RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)					
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description	

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: _____ TIME: _____	COOLANT ACTIVITY: PRIMARY SECONDARY (Last Sample) Xe eq. _____ mCi/ml Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml Iodine eq. _____ mCi/ml	

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.7 Page 1 of 2)