

CLINTON POWER STATION

Job Performance Measure

Determine an EP Protective Action Recommendation with a subsequent wind direction change

JPM Number: 997777.02

Revision Number: 02

Date: 07/17/2003

Developed By:	<u>T. Pickley</u>	<u>7/17/03</u>
	Instructor	Date
Validated By:	<u>J. Anderson</u>	<u>10/10/03</u>
	SME or Instructor	Date
Review By:	<u>P. K. Ryan</u>	<u>7/28/03</u>
	Operations Representative	Date

JOB PERFORMANCE MEASURE VALIDATION CHECKLIST

NOTE: All steps of this checklist should be performed upon initial validation. Prior to JPM usage, revalidate JPM using steps 8 through 11 below.

- _____ 1. Task description and number, JPM description and number are identified.
- _____ 2. Knowledge and Abilities (K/A) references are included.
- _____ 3. Performance location specified. (in-plant, control room, or simulator)
- _____ 4. Initial setup conditions are identified.
- _____ 5. Initiating and terminating cues are properly identified.
- _____ 6. Task standards identified and verified by SME review.
- _____ 7. Critical steps meet the criteria for critical steps and are identified with an asterisk (*).
- _____ 8. Verify the procedure referenced by this JPM matches the most current revision of that procedure:
Procedure Rev. _____ Date _____
- _____ 9. Pilot test the JPM:
 - a. verify cues both verbal and visual are free of conflict, and
 - b. ensure performance time is accurate.
- _____ 10. If the JPM cannot be performed as written with proper responses, then revise the JPM.
- _____ 11. When JPM is revalidated, SME or Instructor sign and date JPM cover page.

SME/Instructor Date

SME/Instructor Date

SME/Instructor Date

CLINTON POWER STATION
SYSTEM JPM

JPM NUMBER: 997777.02

REVISION: 02

Revision Record (Summary)

1. **Revision 01,** This is a new JPM. Revision 0 previously used.
2. **Revision 02,** Updated for new procedure

CLINTON POWER STATION
SYSTEM JPM

JPM NUMBER: 997777.02

REVISION: 02

Operator's Name: _____
Job Title: NLO RO SRO STA SRO Cert

JPM Title: Determine an EP Protective Action Recommendation with a subsequent wind direction change.

JPM Number: 997777.02

Revision Number: 01

Task Number and Title: 997777.02: Determine an EP Protective Action Recommendation with a subsequent wind direction change.

Suggested Testing Environment: Control Room

Actual Testing Environment: Simulator Plant Control Room

Testing Method: Simulate **Faulted:** No
 Perform **Alternate Path:** No

Time Critical: Yes

Estimated Time to Complete: 14 minutes **Actual Time Used:** _____ minutes

References: EP-AA-1003r4, RADIOLOGICAL EMERGENCY PLAN ANNEX FOR CLINTON STATION, EP-AA-111r7 EMERGENCY CLASSIFICATION AND PROTECTIVE ACTION RECOMMENDATIONS

EVALUATION SUMMARY:

Were all the Critical Elements performed satisfactorily? Yes No

The operator's performance was evaluated against the standards contained in this JPM, and has been determined to be: Satisfactory Unsatisfactory

Comments: _____

Evaluator's Name: _____

Evaluator's Signature: _____ Date: _____

CLINTON POWER STATION
SYSTEM JPM

JPM NUMBER: 997777.02

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EVALUATOR INSTRUCTIONS:

Provide NARS form with first 8 blocks filled in and the Initial Conditions (Attachment A)

INITIAL CONDITIONS AND INITIATING CUE:

A LOCA has occurred in the plant. Level is less than -187 in. and containment pressure is 15 psig. The inboard and outboard MSIVs on the D Main Steam Line have failed to shut. No release of radioactive materials has occurred. An EAL Upgrade to General Emergency has been declared. The EROC has completed the NARS Form with the exception of section 9. Fill out section 9. Report when the task is complete.

START TIME: _____

CLINTON POWER STATION
SYSTEM JPM

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PERFORMANCE INFORMATION

Critical steps are denoted with an asterisk (*) to the left of the step number and appear in **BOLDED** letters. Failure to meet the standards for a critical step constitutes failure of the Job Performance Measure. The sequence of steps is assumed unless denoted in the comments section of the JPM.

PERFORMANCE STEPS

***1. 9. RECOMMENDED ACTIONS**

UTILITY RECOMMENDATION

[A] NONE

[B] EVACUATE SUB-AREAS (ILLINOIS): 1, 3, 4

[C] EVACUATE SUB-AREAS (IOWA): _____

STANDARD: Determines Protective Action Recommendation using EP-AA-111 & Attachment 7
Writes in SUB-AREAS (ILLINOIS): 1, 3, 4

CUE: When recommendation has been made, report as the communicator that a wind shift occurred.
Provide NARS Form. (Attachment B)

COMMENTS: **START TIME FOR NEXT SECTION:** _____ (Time Critical)

SAT _____ UNSAT _____

CLINTON POWER STATION
SYSTEM JPM

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*2. **9. RECOMMENDED ACTIONS**

UTILITY RECOMMENDATION

[A] NONE

[B] EVACUATE SUB-AREAS (ILLINOIS): 1, 3, 4, 5

[C] EVACUATE SUB-AREAS (IOWA): _____

STANDARD: Determines Protective Action Recommendation using EP-AA-111 & Attachment 7
Writes in SUB-AREAS (ILLINOIS): 1, 3, 4, 5

CUE: A wind shift has occurred. Fill out section 9 for the new conditions.

COMMENTS: **STOP TIME FOR THIS SECTION:** _____ (< 15 Minutes)

SAT _____ UNSAT _____

STOP TIME: _____

CLINTON POWER STATION
SYSTEM JPM

JPM NUMBER: 997777.02

REVISION: 02

K/A REFERENCE NUMBERS

Importance Rating

K/A SYSTEM NUMBER

K/A NUMBER

RO

SRO

GENERIC

2.4.44

2.1

4.0

CLINTON POWER STATION
SYSTEM JPM

JPM NUMBER: 997777.02

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INITIATING CUE

A LOCA has occurred in the plant. Level is less than -187 in. and containment pressure is 15 psig. The inboard and outboard MSIVs on the D Main Steam Line have failed to shut. No release of radioactive materials has occurred. An EAL Upgrade to General Emergency has been declared. The EROC has completed the NARS Form with the exception of section 9. Fill out section 9. Report when the task is complete.

ATTACHMENT 1
NUCLEAR ACCIDENT REPORTING SYSTEM (NARS)
Page 1 of 2

UTILITY MESSAGE NO. 4

STATE MESSAGE NO. N/A

1. STATUS

ACTUAL

DRILL/EXERCISE

2. STATION

BRAIDWOOD

BYRON

CLINTON

DRESDEN

LASALLE

QUAD CITIES

ZION

3. ONSITE CONDITION

UNUSUAL EVENT

ALERT

SITE AREA EMERGENCY

GENERAL EMERGENCY

RECOVERY

TERMINATED

4. ACCIDENT CLASSIFIED

TIME (3[A-E]): XX:XX

DATE(3[A-E]): XX / XX / XX

EAL#: FG1

ACCIDENT TERMINATED

TIME: N/A

DATE: N/A

5. RELEASE STATUS

NONE



OCCURRING



TERMINATED



6. TYPE OF RELEASE

NOT APPLICABLE

GASEOUS

LIQUID

7. WIND DIR

270

(DEGREES FROM)

8. WIND SPEED

METERS/SEC.: N/A

MILES/HR.: 10

9. RECOMMENDED ACTIONS

UTILITY RECOMMENDATION

NONE (UE, Alert and SAE Only)

EVACUATE ILLINOIS SUB-AREAS (GE Only): _____

EVACUATE IOWA SUB-AREAS (GE Only): _____

STATE RECOMMENDATION

NONE

SHELTER SUB-AREAS: _____

EVACUATE SUB-AREAS: _____

RECOMMEND POTASSIUM IODIDE (KI) PER PROCEDURES

COMMENCE RETURN OF PUBLIC

OTHER _____

10. ADDITIONAL INFORMATION

11. TRANSMITTED BY:

NAME

PHONE NUMBER

TIME/DATE

EXELON: _____

STATE: _____

COUNTY: _____

12. RECEIVED BY:

NAME

ORGANIZATION

TIME/DATE

NAME

ORGANIZATION

Approved By: _____

Verified With: _____

ATTACHMENT 1
NUCLEAR ACCIDENT REPORTING SYSTEM (NARS)
Page 1 of 2

UTILITY MESSAGE NO. 4

STATE MESSAGE NO. N/A

1. STATUS

- ACTUAL
- DRILL/EXERCISE

2. STATION

- BRAIDWOOD
- BYRON
- CLINTON
- DRESDEN

- LASALLE
- QUAD CITIES
- ZION

3. ONSITE CONDITION

- UNUSUAL EVENT
- ALERT
- SITE AREA EMERGENCY
- GENERAL EMERGENCY
- RECOVERY
- TERMINATED

4. ACCIDENT CLASSIFIED

TIME (3[A-E]): XX:XX
 DATE(3[A-E]): XX / XX / XX
 EAL#: FG1

ACCIDENT TERMINATED

TIME: N/A
 DATE: N/A

5. RELEASE STATUS

- NONE ←
- OCCURRING ←
- TERMINATED ←

6. TYPE OF RELEASE

- NOT APPLICABLE
- GASEOUS
- LIQUID

7. WIND DIR

320
 (DEGREES FROM)

8. WIND SPEED

METERS/SEC.: N/A
 MILES/HR.: 10

9. RECOMMENDED ACTIONS

UTILITY RECOMMENDATION

- NONE (UE, Alert and SAE Only)
- EVACUATE ILLINOIS SUB-AREAS (GE Only): _____
- EVACUATE IOWA SUB-AREAS (GE Only): _____

STATE RECOMMENDATION

- NONE
- SHELTER SUB-AREAS: _____
- EVACUATE SUB-AREAS: _____
- RECOMMEND POTASSIUM IODIDE (KI) PER PROCEDURES
- COMMENCE RETURN OF PUBLIC
- OTHER _____

10. ADDITIONAL INFORMATION

11. TRANSMITTED BY:

	<u>NAME</u>	<u>PHONE NUMBER</u>	<u>TIME/DATE</u>
[A] EXELON:	_____	_____	_____
[B] STATE:	_____	_____	_____
[C] COUNTY:	_____	_____	_____

12. RECEIVED BY:

	<u>NAME</u>	<u>ORGANIZATION</u>	<u>TIME/DATE</u>
	_____	_____	_____

	<u>NAME</u>	<u>ORGANIZATION</u>
Approved By:	_____	_____
Verified With:	_____	_____