

April 27, 2004

803 831 4251

803 831 3221 fax

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

Subject: Duke Energy Corporation
Catawba Nuclear Station Units 1 and 2
Docket Nos. 50-413 and 50-414
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following
Emergency Plan Implementing Procedures:

RP/0/A/5000/006A Notifications to States and Counties from the
Control Room (Rev. 017, Change #1)
RP/0/A/5000/006B Notifications to States and Counties from the
Technical Support Center (Rev. 017, Change #1)
RP/0/A/5000/015 Core Damage Assessment (Rev. 005, Change #1)
RP/0/A/5000/020 Technical Support Center (TSC) Activation
Procedure (Rev. 018, Change #1)
SR/0/B/2000/003 Activation of the Emergency Operations Facility
(Rev. 012, Change #A)
SR/0/B/2000/004 Notification to States and Counties from the
Emergency Operations Facility (Rev. 007,
Change #A)

These revisions are being submitted in accordance with 10CFR
50.54(q) and do not decrease the effectiveness of the Emergency
Plan Implementing Procedures or the Emergency Plan.

There are no new regulatory commitments in these documents. By
copy of this letter, two copies of the above documents are being
provided to the NRC, Region II.

If there are any questions, please call Tom Beadle at 803-831-
4027.

Very truly yours,


D. M. Jamil

Attachments

A045

U.S. Nuclear Regulatory Commission
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xc (w/attachments):

L. A. Reyes
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

(w/o attachments):

S. E. Peters
NRC Project Manager (CNS)
U.S. Nuclear Regulatory Commission
Mail Stop O-8 G9
Washington, DC 20555-0001

E. F. Guthrie
Senior Resident Inspector (CNS)
U.S. Nuclear Regulatory Commission
Catawba Nuclear Site

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 015)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 037)
RP/0/A/5000/003	Alert (Rev. 040)
RP/0/A/5000/004	Site Area Emergency (Rev. 042)
RP/0/A/5000/005	General Emergency (Rev. 042)
RP/0/A/5000/006	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 017 - Change #1)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 017 - Change #1)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 022)
RP/0/A/5000/008	Deleted
RP/0/B/5000/008	Spill Response (Rev. 022)
RP/0/A/5000/009	Collision/Explosion (Rev. 008)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 016)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 029)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 005 - Change #1)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

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CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (Rev. 001)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 018 - Change #1)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 004)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 013)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 003)
RP/0/B/5000/026	Site Response to Security Events (Rev. 006)
RP/0/B/5000/028	Public Affairs Emergency Response Plan (Rev. 002)

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DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
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VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 056)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 028)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 019)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 040)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Deleted
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Deleted
HP/2/B/1009/017	Deleted
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

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DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 007)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 003)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 003)
SH/0/B/2005/003	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 000)
OP/0/A/6200/021	Deleted
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 - Change #A)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 007 - Change #A)

April 23, 2004

DUKE POWER COMPANY
PROCEDURE CHANGE PROCESS RECORD(1) ID No. RP/0/A/5000/006 ARevision No. 017 Change No. 1
Permanent(2) Station CATAWBA(3) Procedure Title Notifications to States and Counties From the Control Room(4) Section(s) of Procedure Affected: Enclosure 4.3

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

☐ Yes (Major Procedure Change)☐ No (Minor Procedure Change)

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

Enclosure 4.3, page 2 of 2, item 10, first bullet sentence:

delete by lining through the words:

"or EMF monitors 53A or 53B read greater than 1.5R/hr
shutdown or 8R/hr at power"

(7) Reason for Change:

Temperature Induced Current (TIC) affects EMF 53A and EMF 53B.
High Energy line break in containment renders EMF monitors inaccurate
for rad levels below 9R/hr for 9 minutes after the event. See
PIP C04-1445 and 10CFR 50.54(g) screening for details.

(8) Prepared By E. T. Beale Date 4/21/04(9) Reviewed By Gary L Mitchell (QR) Date 4-23-04Cross-Disciplinary Review By _____ (QR) N/A GM Date 4-23-04Reactivity Mgmt. Review By _____ (QR) N/A GM Date 4-23-04Mgmt. Involvement Review By _____ (Ops.Supt.) N/A GM Date 4-23-04

(10) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(11) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(12) Approved By Glen P. H. Date 04-23-04

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5000/006 A
Revision No. 017

PREPARATION

- () Station Catawba
- (3) Procedure Title Notifications to States and Counties from the Control Room
- (4) Prepared By BR Smith Date 1/15/04
- (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 GARY L MITCHELL (QR) Date 1-23-04
 Cross-Disciplinary Review By _____ (QR) NA Date 1-23-04
 Reactivity Mgmt. Review By _____ (QR) NA Date 1-23-04
 Mgmt. Involvement Review By _____ (Ops. Supt.) NA Date 1-23-04
- (7) Additional Reviews
 Reviewed By Michael O. Nanney Date 01/16/04
 Reviewed By Lori P. Byers Date 02/05/04
- (8) Temporary Approval (if necessary)
 By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____
- (9) Approved By Richard L. Swigart Date 2/23/04
- (10) PERFORMANCE (Compare with control copy every 14 calendar days while work is being performed.)
 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)

<p>Duke Power Company Catawba Nuclear Station</p> <p>Notifications to States and Counties from the Control Room</p> <p>Reference Use</p>	<p>Procedure No.</p> <p>RP/0/A/5000/006 A</p>
	<p>Revision No.</p> <p>017</p>
	<p>Electronic Reference No.</p> <p>CN005GNQ</p>

1. Symptoms

- 1.1 An emergency classification has been declared and an off-site agency notification is required.

2. Immediate Actions

Initial Notifications

- NOTE:**
1. The first notification for each of the four emergency classifications is the **Initial Notification**. The transmittal time for an initial notification must be within 15 minutes of the time the emergency classification was declared. Subsequent messages within the same classification are designated as **Follow-up Notifications** (see Section 3).
 2. If any calls are received requesting information about the emergency and information is **NOT** on the Emergency Notification Form, refer to step 3.4 of Subsequent Actions.
 3. Changes in Protective Action Recommendations and Termination notifications **must** be transmitted verbally.
 4. Changes in Protective Action Recommendations must be transmitted within 15 minutes.
 5. All notifications are expected to be accurate and timely. If an error is discovered after information has been communicated, immediately (<15 minutes) correct the information using a follow-up notification. Corrected PARs should be discussed immediately with local emergency management officials using the decision line or other agency communications means. The decision to act upon the corrected information is made by the off-site agencies.
 6. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

Operations Shift Manager/Emergency Coordinator Duties:

- 2.1 Obtain pre-printed Emergency Notification Form (ENF) for the appropriate EAL. These forms are located in the Control Room Off-site Agency Communicator's desk drawer.
- 2.2 Complete appropriate lines of the Emergency Notification Form for transmittal as the Initial Notification. Lines 11-14 may be left blank on Initial Notifications. Refer to Enclosure 4.3 for line by line instructions.
- 2.3 Delegate transmittal of Initial Emergency Notification Form to Control Room Off-site Agency Communicator.

Control Room Off-site Agency Communicator Duties:

- 2.4 Obtain copy of Authentication Code List (see Enclosure 4.7 for location) and Off-site Agency Communicator Guide (Enclosure 4.2) from Control Copy of Off-site Agency Communicator's Notebook.
- 2.5 Verbally transmit the Initial Emergency Notification Form to the Off-site Agencies using Enclosure 4.2 as a guide.

<p>NOTE: TSC Communicators will assist with faxing the notification form if requested.</p>

- 2.6 After verbal transmission of initial notification, fax a copy of the Emergency Notification Form (front side only) to Energy Quest, TSC, EOF, JIC and Off-site Agencies. Refer to Enclosure 4.9 (Fax Communicator Checklist).

3. Subsequent Actions

Follow Up Notifications

- NOTE:**
1. Notifications following Initial Notifications within the same emergency classification are designated Follow-up Notifications.
 2. Follow-up Notifications are required as follows:

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.
 3. OSM/Emergency Coordinator should never approve a Follow-up Notification for a lesser classification after an upgrade to a higher classification is declared. Emphasis should be placed on providing current information and NOT on providing a message to meet a superseded deadline. If a follow-up is due and an upgrade in classification is declared, 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.
 4. Termination of the emergency will be transmitted as a Follow-up Notification per Enclosure 4.4 (Termination).
 5. Follow-up Notification due times are tracked using Enclosure 4.6 (Emergency Status Sheet).
 6. Changes in Protective Action Recommendations and Termination notifications must be transmitted verbally.
 7. Changes in Protective Action Recommendations must be transmitted within 15 minutes.
 8. All notifications are expected to be accurate and timely. If an error is discovered after information has been communicated, immediately (<15 minutes) correct the information using a follow-up notification. Corrected PARs should be discussed immediately with local emergency management officials using the decision line or other agency communications means. The decision to act upon the corrected information is made by the off-site agencies.
 9. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

- 3.1 Complete ENF for Follow-up Notifications. Refer to Enclosure 4.3 for line by line instructions.
 - 3.2 Delegate transmittal of Follow-up Emergency Notification to Control Room Communicator.
 - 3.3 Transmit Follow-up Emergency Notifications to Off-site Agencies by one of the following methods:
 - 3.3.1 Verbally - Follow verbal transmission by faxing a courtesy copy to the EOF, TSC, EnergyQuest, JIC and Off-site Agencies.
- OR
- 3.3.2 Fax the Off-site Agencies, Energy Quest, TSC, EOF, and JIC a copy of the Emergency Notification Form. Call each Off-site Agency to verify receipt and give opportunity for questions. Record Off-site Agency representative name on backside of Emergency Notification Form.
- 3.4 **Other Information**
 - 3.4.1 IF any off-site call is received in the Control Room requesting information about the emergency which is not contained on the Emergency Notification Form, perform the following:
 - 1. Authenticate (Enclosure 4.8) the request to ensure the caller is a legitimate Off-site Agency Official.
 - 2. Log the question, caller's name and agency in the Off-site Agency Communicator's Logbook. (Logbook is located at the Off-site Agency Communicator's desk in the Control Room).
 - 3. OSM/Emergency Coordinator will provide information requested and sign the log entry to document approval for transmission. Transmittal time should also be documented in the logbook.

4. Enclosures

- 4.1 Emergency Notification Form (ENF)
- 4.2 Emergency Notification to Off-site Agencies, Off-site Communicator Guide
- 4.3 Initial/Follow-up Notification Message Completion
- 4.4 Termination Notification Completion/Transmission
- 4.5 Communications Systems
- 4.6 Emergency Status Sheet
- 4.7 Authentication Code List Locations
- 4.8 Authentication Instructions
- 4.9 Fax Communicator Checklist
- 4.10 Additional Reportable Events

EMERGENCY NOTIFICATION

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

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

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (803) 831-8185 (Control Rm)

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: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time(Eastern) Date Time(Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time(Eastern) Date Time(Eastern) Date

**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: _____
TEDE Thyroid CDE
mrem mrem (Eastern)

SITE BOUNDARY _____ ESTIMATED DURATION: _____ HRS.

2 MILES _____
5 MILES _____
10 MILES _____

**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: _____ Operations Shift Manager TIME/DATE: _____ / _____ / _____
(Name) (Title) (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)	York County		
(date)	(time)	(agency)	Sel. Sig. 513 Bell Line (803) 329-1110
2.

(name)	Mecklenburg County		
(date)	(time)	(agency)	Sel. Sig. 116 Bell Line (704) 943-6200
3.

(name)	Gaston County		
(date)	(time)	(agency)	Sel. Sig. 112 Bell Line (704) 866-3300
4.

(name)	South Carolina WP/EOC		
(date)	(time)	(agency)	Sel. Sig. 518 Bell Line (803) 737-8500
5.

(name)	North Carolina WP/EOC		
(date)	(time)	(agency)	Sel. Sig. 314 Bell Line (919) 733-3300
6.

(name)			
(date)	(time)	(agency)	
7.

(name)			
(date)	(time)	(agency)	

**Emergency Notification to Off-site Agencies,
Off-site Communicator Guide**

- NOTE:**
1. Use Selective Signal phone as primary communication device. Use Bell line as first back-up, radios as second back-up and the Satellite Phone as the third back-up.
 2. Selective Signal may be used simultaneously with Bell line (or other back-up) if an agency fails to receive Selective Signal call.
 3. Refer to Enclosures 4.5 for further information regarding back-up communication devices.
 4. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

1. Establish communications with Off-site Agencies using the Selective Signaling phone:

Use *5 to call all primary agencies simultaneously or each agency may be dialed individually.

- As each agency answers, say:

<i>"This is Catawba Nuclear Station, Hold Please."</i>		
	SELECTIVE SIGNAL	BELL LINE
Time	Selective Signal # Agency	Individual phone numbers OR one touch dial button
	513 York County (WP/EOC)	1-803-329-1110
	116 Mecklenburg County (WP/EOC)	1-704-943-6200
	112 Gaston County (WP/EOC)	1-704-866-3300
	518 S.C. (WP/EOC)	1-803-737-8500
	314 N.C. (WP/EOC)	1-919-733-3300

2. Document the time the first agency answers the call as the Transmittal Time on line 3 of Emergency Notification Form.

2.1 Perform a roll call to verify that all agencies are on the line.

3. **WHEN** all agencies are "on the line," say the following:

"This is the Catawba Nuclear Station Control Room. This is a drill/emergency. The following is Emergency Notification Information. Please obtain a blank emergency notification form to record the following message."

Enclosure 4.2
Emergency Notification to Off-site Agencies,
Off-site Communicator Guide

RP/0/A/5000/006 A
Page 2 of 3

4. Transmit Notification Message

- 4.1 Slowly read Emergency Notification Message line by line to the agencies allowing time for them to copy the information.
- 4.2 To authenticate on line 4 per the following:
 - Ask one of the agencies to give you a number
 - Give the corresponding word (document on line 4)
 - Refer to Enclosure 4.8 if authentication instructions are needed
- 4.3 Continue reading the Emergency Notification message until completed.

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

5. Obtain names of each agency representative. Say:

"I need to verify the name of each agency representative. When I call out the agency, please give your name."

- Document the name of the individual on the back of the Emergency Notification Form.

6. Ask if there are any questions.

- 6.1 **IF** there are no questions, go to step 7.
- 6.2 **IF** the question is in reference to information on the Emergency Notification Form, provide the information to the requesting agency.
- 6.3 **IF** the question is not in reference to information on the Emergency Notification Form, perform the following:
 - 6.3.1 Document the question in the Communicator's logbook.
 - 6.3.2 Document the name of the agency making the request.
 - 6.3.3 Document the name of the individual making the request.
 - 6.3.4 Have the OSM evaluate the question.
 - 6.3.5 Have the OSM document the answer in the Communicator's logbook.
 - 6.3.6 Have the OSM sign and date the log entry.
 - 6.3.7 Contact the requesting agency.

Enclosure 4.2

Emergency Notification to Off-site Agencies,
Off-site Communicator Guide

RP/0/A/5000/006 A

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6.3.8 Provide the answer to the requesting agency.

6.3.9 Document the time the answer was provided in the Communicator's logbook.

- NOTE:**
1. All incoming calls must be authenticated.
 2. A representative from the South Carolina Department of Health and Environmental Control (SC DHEC) will typically call in on the confirmation line to verify issuance of ENF.

7. Say:

"You will be receiving a fax copy of this message shortly. This concludes this message."

8. Fax the notification form to the off-site agencies using Enclosure 4.9.

Enclosure 4.3
Initial/Follow-up Notification Message
Completion

RP/0/A/5000/006 A
Page 1 of 2

Line	Fill out the Emergency Notification Form as follows:	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.	OSM or Designee
2.	Write in site and unit or units affected and the "Reported by" name NOTE: "Reported by" is communicator's name.	OSM. or Designee
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: Initial - when the first agency answers the call. Follow-up - when the first agency answers the call (when called to verify receipt of the faxed ENF or transmit verbally).	Communicator
4.	Authentication will be completed while transmitting the notification to states and counties (Encl. 4.7/4.8).	Communicator
5.	Check appropriate emergency classification.	OSM or Designee
6.	Mark box "A" and write time and date current classification is declared.	OSM or Designee
7.	NOTE 1: Preprinted notification forms with EAL specific information on line 7 may be used. Include any additional information as noted per 7B. NOTE 2: Do not use acronyms or technical abbreviations! It <u>is</u> appropriate to abbreviate understood terms such as gallons per minute (gpm). A. Write a concise description for declaring the current emergency classification. B. Follow emergency description with any other information that requires off-site agency support. Refer to Enclosure 4.10 for additional reportable events. 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).	OSM or Designee

(continued)

Enclosure 4.3
Initial/Follow-up Notification Message
Completion

RP/0/A/5000/006 A
Page 2 of 2

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 <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>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 <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>Stable: Plant conditions are neither degrading nor improving.</p>	OSM or Designee
9.	Write time and date Reactor Shutdown <input type="checkbox"/> or Reactor Power <input type="checkbox"/> level as applicable.	OSM or Designee
10.	<p>Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14.</p> <p>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 or 53B read greater than 1.5 R/hr shutdown or 8 R/hr at power) AND pressure inside the containment building 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. 	OSM or Designee
11. thru 14.	<ul style="list-style-type: none"> Items 11-14 may be left blank on initial notifications. Items 11-14 - On-Shift Dose Assessment will provide information for follow-up messages. <p style="text-align: center;">Mark Ground Level for any airborne releases.</p>	OSM or Designee
15	<ul style="list-style-type: none"> For Unusual Event, Alert, & Site Area Emergency, mark box "A." For General Emergency, mark and complete information for boxes B & C using RP/0/A/5000/005 (General Emergency). 	
16.	Have Operations Shift Manager approve message.	OSM or Designee

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878
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GLM

Enclosure 4.4
Termination Notification
Completion/Transmission

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Fill out the Emergency Notification Form as follows:

NOTE: When sending a termination notification, a follow-up message should be marked on the Emergency Notification Form.

1. Completion

Item #	Action	Source of Information
1.	Check appropriate blocks NOTE: Message #'s are sequentially numbered throughout the drill/emergency starting with the Control Room. Termination Notification is to be designated as "Follow-up."	Operations Shift Manager or Designee
2.	Write in site and unit or units affected. Note: Reported by is communicator's name	Operations Shift Manager or Designee
3.	A. Transmittal time is the time the first agency answers the call. B. Assure confirmation phone number that state and counties may call back on is listed.	
4.	Authentication will be completed while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Operations Shift Manager or Designee
6.	Mark box "B" and write time and date of termination.	Operations Shift Manager or Designee
7	Enter Event/Drill has been terminated as of _____.	
16.	Have Operations Shift Manager/Emergency Coordinator approve message.	Operations Shift Mgr./ Emergency Coordinator

Enclosure 4.4
Termination Notification
Completion/Transmission

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2. Transmission

NOTE: All termination notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to states 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." because this is ambiguous.

1. Document the transmittal time on line 3. The transmittal time is when the first agency is verified on the line.
2. Tell them you have a termination notification and to get out the notification form.
3. Read the message aloud to the State and Counties allowing time for them to copy the information.
4. When you reach item # 4, ask the State or a County to provide a number from the authentication code word list. Then give them the code word corresponding with that number. Write the number and code word on the form.
5. After communicating the entire message, ask if there are any questions. Ask for individual's names and write the names on the back of the form.
6. After verbally transmitting the message, fax (front page only) of the notification form to the appropriate agencies per Enclosure 4.9.

Enclosure 4.5
Communications Systems

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The following is the suggested priority for the communications systems used to notify the state and counties.

1. **Selective Signaling System**
2. **Commercial Telephone (Conference Call – bottom of this page)**
3. **Radios**
 - *a. **SC and NC Emergency Radio (States) (Located in the TSC only – If this radio is needed, send a person to the TSC to make this communication)**
 - *b. **Duke Power Low Band Radio Network (Gaston & Mecklenburg Counties only)**
4. ***Satellite Telephone**
 - * Refer to the Emergency Response Telephone Directory for operating instructions

SELECTIVE SIGNALING

NOTES: 1. 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 may be used initially to contact county and warning points/EOCs.

2. 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 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.

513 York County (WP/EOC)

116 Mecklenburg County (WP/EOC)

112 Gaston County (WP/EOC)

518 SC (WP/EOC)

314 NC (WP/EOC)

3. Continue this process until all applicable agencies are on the line.

DUKE ROLM TELEPHONE (Conference Call)

1. Pick up the receiver, PRESS preprogrammed button or dial agency number; when they pick up, tell them to hold, PRESS FLASH

2. PRESS preprogrammed number or dial 2nd agency number; when they pick up, tell them to hold, PRESS CONF. Tell both parties to hold, then PRESS FLASH.

3. Repeat Step 2 until you have conferenced all of the appropriate agencies.

Emergency Status Sheet

Initial Notification Within 15 minutes

Simulator #3167

EOF # (704)382-0724

TSC # 3438 or (803)831-7410

WP-117

513

112

116

518

EOC-314

Communication Check: York

Gaston

Meck

SC

NC

UNUSUAL EVENT

Time Declared:

Message Due Out:

Messages

Time

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Follow-up Msg (1 hr)

ALERT

Time Declared:

Message Due Out:

Messages

Time

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Follow-up Msg (1 hr)

SITE AREA EMERGENCY

Time Declared:

Message Due Out:

Messages

Time

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Follow-up Msg (1 hr)

GENERAL EMERGENCY

Time Declared:

Message Due Out:

Messages

Time

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Msg #_Out_____

Next Msg Due _____

Follow-up Msg (1 hr)

Enclosure 4.7
Authentication Code List Locations

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The Authentication Code List is a controlled listing of numbers and corresponding words provided by the state(s). This listing is used by the site and the off-site agencies to "authenticate" communications between the various parties. This listing is utilized primarily in notifications to the off-site agencies during events and drills. This listing provides assurance to the communication "*receiver*" that information from the "*transmitter*" is valid and authentic. Communication authentication may be performed anytime the *receiver* of information wishes to assure the information is authentic. This is accomplished by having the *receiver* provide a number from the code word list and then having the *transmitter* provide the corresponding word to that specified number from the list.

The Authentication Code List (EP Group Manual Guideline 5.1.7) is located in:

1. Off-site Communicator Notebook inside the front cover of the notebook
2. Off-site Communicator Notebook under the "Authentication Code List" tab
3. Communicator desk bottom right drawer in the "Authentication Code List" file folder

Authentication instructions are located in Enclosure 4.8 of this procedure.

Enclosure 4.8
Authentication Instructions

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Page 1 of 1

PLACING A CALL

When providing Emergency Notification Form information to the Off-site Agencies, the Communicator should:

1. Ask a State or County Representative to provide a number from the Authentication Code list.
2. Then give them the code word corresponding with the number from the Authentication Code List.
3. Write the number and code word on the Emergency Notification Form (Line 4).

RECEIVING A CALL

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

1. Provide a number from the Authentication Code List to the caller.
2. The caller will then provide the word corresponding with the number of the Authentication Code List.
3. Document in Communicator's Logbook.
4. Rule of Thumb: Caller - gives word
Callee - gives number

Enclosure 4.9
Fax Communicator Checklist

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1. Faxing Process

1:1 This enclosure provides instruction for faxing the ENF to the primary WP/EOCs. Refer to the following sections of this enclosure for the desired method:

- 1.1.1 Section 2 - AT&T Enhanced Fax - Preprogrammed Button Method
- Section 3 - AT&T Enhanced Fax - Dialing Method
- Section 4 - Individually (Via Fax Machine)

2. AT&T Enhanced Fax - Preprogrammed Button Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.
 4. The # sign is already programmed into preprogrammed autodial buttons.

2.1 Place the Notification Form face down in the Fax machine.

2.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speakerphone option (SP-Phone button) or handset.

2.3 Perform the following:

2.3.1 Press the preprogrammed button labeled *AT&T Enhanced Fax*.

2.3.2 Wait to hear: "*Welcome to AT&T Enhanced Fax*," then

2.3.3 After you hear, "*Please enter subscriber ID and # sign*," then press the preprogrammed button labeled *Subscriber ID*, then

2.3.4 After you hear, "*Please enter password and # sign*," press the preprogrammed button labeled *Password* (you will hear "*Logging in, please wait*")

2.3.5 Wait to hear: "*Login Successful*," then

2.3.6 Press **1**, then

2.3.7 Press *** 5** (Recipient List), then

2.3.8 Press **#** (Own Private List), then

2.3.9 Press **1 #** (List Name), then

2.3.10 Press *** #** (No other lists to add)

Fax Communicator Checklist

- _____ 2.3.11 Press **START** on the Fax machine.
- _____ 2.3.12 Wait (form will be processed through Fax machine).
- _____ 2.3.13 When the Fax is verified sent, hang up the phone. (The Fax Service will then fax the Notification Form to the designated facilities, which includes the Control Room).
- _____ 2.4 Ensure the primary off-site agencies have received the Fax.

3. AT&T Enhanced Fax - Dialing Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
Duke ECOC		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 3.1 Place the Notification Form face down in the Fax machine.
- _____ 3.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speakerphone option (SP-Phone button) or handset.
- 3.3 Perform the following:
 - _____ 3.3.1 Dial **1-800-232-9674**, then
 - _____ 3.3.2 Wait to hear: *"Welcome to AT&T Enhanced Fax,"* then
 - _____ 3.3.3 Dial **5 3 0 9 1 2 8 #** (Subscriber ID), then
 - _____ 3.3.4 Dial **4 8 6 6 6 3 5 2 #** (Password) (You will hear *"Logging in, please wait"*)
 - _____ 3.3.5 Wait to hear: *"Login Successful,"* then
 - _____ 3.3.6 Press **1**, then
 - _____ 3.3.7 Press *** 5** (Recipient List), then
 - _____ 3.3.8 Press **#** (Own Private List), then
 - _____ 3.3.9 Press **1 #** (List Name), then
 - _____ 3.3.10 Press *** #** (No other lists to add)
 - _____ 3.3.11 Press **START** on the Fax machine.

Enclosure 4.9

Fax Communicator Checklist

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- ____ 3.3.12 Wait (form will be processed through the Fax machine).
- ____ 3.3.13 When the Fax is verified sent, hang up the phone (the Fax Service will then fax the Notification Form to the designated facilities, which includes the Control Room).
- ____ 3.4 Ensure the primary off-site agencies have received the fax.

4. Individually (Via Fax Machine)

- 4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:
- ____ 4.1.1 Place the Fax you are transmitting face down into the Fax machine.

NOTE: Perform steps 4.1.2 and 4.1.3 in rapid succession.

- 4.1.2 Press the preprogrammed one-touch speed dial numbers for the following:

	Press	York Co. WP/EOC
	Press	Gaston Co. WP/EOC
	Press	Meck Warning Pt.
	Press	S.C. WP/EOC
	Press	N.C. WP/EOC
	Press	TSC
	Press	EOF
	Press	Energy Quest
	Press	Joint Information Ctr. (JIC)
	Press	Duke ECOC

- ____ 4.1.3 Press Start.

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

- ____ 4.2.1 Insert the document face down
- 4.2.2 Press the designated agency button labeled on the Fax machine or dial the Fax number for the specific Agency one at a time.

	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

Fax Communicator Checklist

	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	EOF	or dial	1-704-382-0722
	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
	Press	Duke ECOC	or dial	8-382-3897

- _____ 4.2.3 Verify Fax was sent to the designated agency or agencies. Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

- 5.1 IF a Fax is not delivered via the AT&T Enhanced Fax process or if there are problems experienced utilizing the AT&T Enhanced Fax process, the system will generate an ERROR MESSAGE. To retrieve messages from the AT&T Enhanced Fax Service, perform the following:

- _____ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine

- _____ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- _____ A. Press the preprogrammed button labeled AT&T Enhanced Fax
B. (or dial 1-800-232-9674)

- _____ C. Press the preprogrammed button labeled Subscriber ID
D. (or dial 5 3 0 9 1 2 8 #)

- _____ E. Press the preprogrammed button labeled Password
F. (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)

- _____ G. When Login is verified Successful, Press 2 (to receive a message)

- _____ 5.1.3 Press Start on the Fax machine.

- _____ 5.1.4 When prompted, hang up phone.

5.2

Additional Reportable Events

During a declared emergency, the following are events that should be reported to Off-site Agencies in addition to the Emergency Action Level (EAL) requirements. 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. These events may need off-site agency action or resolution.

- Fires
- Flooding
- Explosions
- Major/Key Equipment Out of Service
- Loss of Off-site Power
- Core Uncoverings
- Core Damage
- Injuries
- Deaths
- Contaminated Individuals
- Individuals Transported Off Site
- Site Evacuations
- Saboteurs
- Intruders
- Chemical or Hazardous Material Spills or Releases
- Extraordinary Noise Audible Off Site
- Any event causing/requiring Off-site Agency response
- Any event causing increased media attention
- Other unrelated classifiable events of lesser severity
- Emergency response actions underway

DUKE POWER COMPANY
PROCEDURE CHANGE PROCESS RECORD(1) ID No. RP/0/A/5000/006 BRevision No. 017 Change No. 1
Permanent(2) Station CATAWBA(3) Procedure Title Notifications to States and Counties From the Technical Support Center(4) Section(s) of Procedure Affected: Enclosure 4.2

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

☐ Yes (Major Procedure Change)☐ No (Minor Procedure Change)

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

Enclosure 4.2, page 2 of 3, item 10, first bullet sentence:

delete by lining through the words:

"or EMF monitors 53A or 53B read greater than 1.5R/hr
Shutdown or 8R/hr at power"

(7) Reason for Change:

Temperature Induced Current (TIC) affect EMF 53A and EMF 53B.

High energy line break in containment renders EMF monitors inaccurate
for rad levels below 9R/hr for 9 minutes after the event.

See PIP C04-01445 and 10CFR 50.54(g) screening for details.

(8) Prepared By E. J. Beady Date 4/21/04(9) Reviewed By GARY L MITCHELL (QR) Date 4-23-04Cross-Disciplinary Review By _____ (QR) N/A OM Date 4-23-04Reactivity Mgmt. Review By _____ (QR) N/A OM Date 4-23-04Mgmt. Involvement Review By _____ (Ops.Supt.) N/A OM Date 4-23-04

(10) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(11) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(12) Approved By Glenn P. H... Date 04-23-04

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5000/006 BRevision No. 017**PREPARATION**

- (3) Station Catawba
- (3) Procedure Title Notifications to States and Counties from the Technical Support Center
- (4) Prepared By BR LK Date 1/15/04
- (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 GARY C Mitchell (QR) Date 01/23/04
- Cross-Disciplinary Review By _____ (QR) NA Date 1-23-04
- Reactivity Mgmt. Review By _____ (QR) NA Date 1-23-04
- Mgmt. Involvement Review By _____ (Ops. Supt.) NA Date 1-23-04
- (7) Additional Reviews
- Reviewed By Michael O. Narvany Date 01/16/04
- Reviewed By R. Dixon Date 01/28/04
- (8) Temporary Approval (if necessary)
- By _____ (OSM/QR) Date _____
- By _____ (QR) Date _____
- (9) Approved By Richard L Swigart Date 2/23/04

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
Catawba Nuclear Station**

**Notifications to States and Counties
from the Technical Support Center**

Reference Use

Procedure No.

RP/0/A/5000/006 B

Revision No.

017

Electronic Reference No.

CN005GNR

1. Symptoms

- 1.1 An emergency has been declared and an Off-Site Agency notification is required.

2. Immediate Actions

NOTE:

1. Steps may be performed out of sequence at the discretion of the communicator.
2. 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 of the Off-site Agencies.
3. Changes in Protective Action Recommendations must be transmitted within 15 minutes.
4. Changes in Protective Action Recommendations and Termination Notifications must be transmitted verbally.
5. All notifications are expected to be accurate and timely. If an error is discovered after information has been communicated, immediately (<15 minutes) correct the information using a follow-up notification. Corrected PARs should be discussed immediately with local emergency management officials using the decision line or other agency communications means. The decision to act upon the corrected information is made by the off-site agencies.
6. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

2.1 TSC activation:

2.1.1 One TSC Communicator shall proceed directly to the Control Room (C/R) (Simulator during drills) to obtain an update from Operations.

2.1.2 The TSC Turnover Communicator should communicate with the TSC to provide turnover information per section 2.3.

2.2 A second Off-site Communicator shall proceed to the TSC and sign in on the TSC "sign-in" board and begin the Off-site Communicator duties.

2.2.1 Contact the Off-site Communicator in the Control Room and perform the following:

- A. Obtain the TSC Communicator's Notebook to have immediate access to the Authentication Code List and blank hard copies of the Notification form.
- B. Ensure that notification forms initiated in the Control Room have been faxed.
- C. Provide copies of the previously transmitted forms to the following:

___ Emergency Coordinator
___ Dose Assessment
___ TSC Logkeeper
___ NRC

___ OPS Supt.
___ NRC Communicator
___ Emergency Planner

_____ D. Inform the C/R that you are going to begin the communications check with the Off-site Agencies.

_____ 2.3 Acquire information on the communication status described below:

- Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency)
- Emergency Declared at _____ hrs.
- Last Message # _____ transmitted out at _____ (time)
- Next Message Due at _____ (time)
- Any other pertinent information related to the emergency.

NOTE: Refer to Enclosure 4.3 (Page 1) for Selective Signaling and/or alternate communications instructions.

_____ 2.4 Perform a check of Selective Signaling to verify it is operational.

_____ 2.5 After completion of the Selective Signaling check, inform the Emergency Coordinator that communications can be established and assist in coordinating turn over from the Control Room.

NOTE:

1. As the situation dictates, completion of the Notification form may be accomplished utilizing the Electronic Notification Form program or manually by completing a hard copy.
2. **IF** the Electronic Notification Form (ENF) program is **NOT** operational or practical, refer to Enclosure 4.2 for manual completion and Enclosure 4.3 for standard transmission of the notification form. Notify TSC Data Coordinator of any computer problems.

_____ 2.6 Power up Off-Site Communicator computer and LOGON to the Network per the following: User Name: CNSEP2
Password: CNSEP2
Domain: NAM

_____ 2.7 Ensure that the electronic version of the Emergency Notification Form (ENF) can be accessed. (Reference Enclosure 4.1, Step 1.2 for logon instructions).

_____ 2.8 Ensure that the electronic ENF can also be accessed by:

_____ Dose Assessment

_____ 2.9 Verify the Off-Site Communicator area clock is synchronized with the OAC satellite clock. (Located above Screen #2 in the TSC Emergency Coordinator's Area.)

3. Subsequent Actions

- _____ 3.1 Update the Off-site Communicator Status Board in the TSC to include the information from Section 2.3.

NOTE:

1. The facility that makes a classification should be the facility that makes the notification to the Off-site Agencies.
2. The timing of TSC activation shall not interfere with the time requirements for off-site agency notifications.
3. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

- _____ 3.2 Ensure prior to TSC activation that the TSC will have adequate time, after TSC activation, to make the next notification.

- _____ 3.3 Inform the TSC Emergency Coordinator and Dose Assessment of when the next message is due, THEN update "Next Message Due" on TSC Coordinator Area Board and Off-site Communicator's board.

- _____ 3.4 Notify TSC Emergency Coordinator when the TSC Communicators are prepared to accept communication responsibilities from the Control Room.

- _____ 3.5 Immediately after the TSC Emergency Coordinator declares the TSC as activated, inform the C/R that the TSC is now responsible for all future notifications.

- _____ 3.6 Review the following information concerning notifications.

3.7 Initial Notifications

The first notification made in each of the four Emergency Classifications is called an Initial Notification. Initial Notifications shall be made within 15 minutes of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The Message Number will remain sequential throughout the event beginning with the first message from the Control Room. Refer to Enclosure 4.1 for Electronic Emergency Notification Form Completion/Transmission instructions OR Enclosures 4.2 and 4.3 for Manual Emergency Notification Form Completion/Transmission instructions.

3.8 Follow-up Notifications

- NOTE:**
1. Follow-up notifications that involve a change in Protective Action Recommendations shall be communicated to the Off-site Agencies within 15 minutes and should be communicated verbally. All other Follow-up messages may be faxed with phone verification of receipt.
 2. 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, 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.
 3. All notifications are expected to be accurate and timely. If an error is discovered after information has been communicated, immediately (<15 minutes) correct the information using a follow-up notification. Corrected PARs should be discussed immediately with local emergency management officials using the decision line or other agency communications means. The decision to act upon the corrected information is made by the off-site agencies.
 4. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

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 closed out

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 point during the event as the various EOCs are staffed, Off-site Agencies may request that the Notification Form be faxed to other fax numbers within their facilities. When this occurs make arrangements to have the form faxed to the requested numbers.

3.9 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages. (Refer to Enclosure 4.2, Section 2.)

3.10 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the initial Emergency Notification Form (ENF), other events/occurrences, protective action recommendation changes, etc. that will affect the Off-site Agencies will need to be reported to the Off-Site Agencies as well. This would include any event which has the potential to affect the public. Enclosure 4.9 lists some examples but it is not an all-inclusive list. Each event should be carefully evaluated and discussed with the TSC Emergency Coordinator to assure pertinent information is forwarded to the Off-Site Agencies. *

* - Notification of the Off-site Agencies should take place as soon as possible (i.e.: 15 minutes)

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 Authentication Code List Locations
- 4.6 Authentication Guideline
- 4.7 Emergency Notification Form (ENF)
- 4.8 TSC Lead Off-Site Agency Communicator Duties
- 4.9 Additional Reportable Events

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

- ____ 1.1 **IF** not already performed, ensure Off-Site Communicator Computer is operational.
 - ____ 1.1.1 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in Section 2, (Immediate Actions section in front of the procedure) step 2.6.
 - ____ 1.1.2 Ensure the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE: (If computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to Enclosures 4.2 and 4.3 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 the following:
 - ____ 1.2.1 Select the Duke Application Environment (DAE) Icon.
 - ____ 1.2.2 Select "My Applications"
 - ____ 1.2.3 Select (ERO) Emergency Response Organization
 - ____ 1.2.4 Select ENF v2.0 - CNS MNS ERO
 - ____ 1.2.5 Login the Program entering the following information:

User Name: Your Network Logon ID (i.e. BRS1064)
Password: Your Network Password
Domain: NAM

2. Electronic Notification Form Completion (Create Event)

- ____ 2.1 Highlight the appropriate station (Catawba) for the event.
- ____ 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:
 - ____ 2.3.1 For Event Information - Select Drill or Actual Emergency

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- _____ 2.3.2 For **Description** - Indicate the type of Event (i.e., Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
- _____ 2.3.3 For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.
- _____ 2.3.4 For **Message Information** - Has previous message been sent? (Yes or No).

<p>NOTE: The last message information is used to set the automatic functions of the program (ie: message number, transmittal times, etc.).</p>

2.3.5 For **Last Message Information** – If previous message has been sent:

- _____ A. Select (Initial or Follow-up)
- _____ B. Number (Last Message Number)
- _____ C. 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”.

Information for the various Electronic ENF screens should come from the following areas:

Screen/panel	Information Source	Screen/Panel Completed by
Plant Status Screen	Operations Procedure Support	Off-site Agency Communicators
Plant Summary Screen	Emergency Coordinator/Asst.	Off-site Agency Communicators
Release Screen:	Operations/ TSC Dose Assessors	Dose Assessors
Met/Offsite Dose Screen	TSC Dose Assessors	Dose Assessors
Protective Actions Screen	Operations/ TSC Dose Assessors	Off-site Agency Communicators
Communications Screen	Off-site Agency Communicators	Off-site Agency Communicators

3. Plant Status Screen

- _____ 3.1 Select the “Plant Status” Tab (First Tab on the Event screen.)
- _____ 3.2 Ensure and update as necessary the “Emergency Classification” and “Declared At:” time field.
- _____ 3.3 Select the appropriate Emergency Action Level by performing the following:
- _____ 3.3.1 Click the Binocular Icon in the Emergency Action Level section

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- _____ 3.3.2 Choose the appropriate base EAL number (i.e., 4.2 System Malfunction)
- _____ 3.3.3 Click the to expand the menu options.
- _____ 3.3.4 Click the for the appropriate Classification to expand the menu options.
- _____ 3.3.5 Highlight the appropriate EAL (ex: 4.2.A.1)
- _____ 3.3.6 Click the "Select" button
- _____ 3.4 Once the appropriate EAL has been chosen, highlight the "Select" button.
- _____ 3.5 In the "Reactor Status" section, select the appropriate unit(s) and status.
- _____ 3.6 **IF** the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct

NOTE: <u>IF</u> you indicate that Gap Activity has been exceeded, you must be in a General Emergency.

- _____ 3.7 Update the "Gap Activity" per the following:
 - _____ 3.7.1 For "Alert" or "Site Area Emergency" select "NO".
 - _____ 3.7.2 For General Emergency have Dose Assessment refer to RP/0/A/5000/005, Enclosure 4.3, to determine if containment radiation levels are >100% of GAP activity.
- _____ 3.8 When all information is completed select the "Save" button.

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. Confirm with the OPS superintendent or the TSC Emergency Coordinator.

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- NOTE:**
1. Remember to "close the loop" on items from previous notifications.
 2. EAL information will automatically be included on INITIAL messages only.
 3. Facility activation information will automatically be included on the appropriate message.

- _____ 4.3 Under the "Description/Remarks" section, write a concise description for declaring the event, or changes since the last notification. The first message in the classification will automatically include the EAL information. Subsequent messages should continue to explain the details as they occur then include any other information that may affect the Off-site Agencies [See Enclosure 4.9]. Follow-up messages should include relevant information and changes that have occurred since the last message. **Don't just repeat the EAL or the last message.**
- _____ 4.4 When all information is completed, select the "Save" button.

5. Release Screen and Met/Offsite Dose Screen

- _____ 5.1 These screens will be completed by the TSC Dose Assessors.
- _____ 5.2 Verify with the TSC Dose Assessors that they are in the process of acquiring RadDose data and are preparing to upload the information to the Electronic Notification form program.
- _____ 5.3 Ensure the status indicator at the bottom of the screen for the Release and Met/Offsite Dose have been updated (changed to green).

6. Protective Actions Screen

- NOTE:**
1. The Protective Actions Screen is only enabled when you are in a General Emergency Classification.
 2. **IF** Dose Assessment recommends a protective action for KI distribution, it must be added after the message is built (refer to step 8.1.6).

- _____ 6.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)
- _____ 6.2 **IF** the Emergency Classification **IS NOT** a General Emergency, select the "Validate" button and GO TO Step 7.
- _____ 6.3 **IF** the Emergency Classification **IS** a General Emergency, load protective action recommendations by performing the following:

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- 6.3.1 Select "Load Protective Action Recommendations" (Protective Actions will automatically be loaded into the ENF program based on Wind Speed, Wind Direction, and Gap Activity).
- 6.3.2 With input from Dose Assessment, verify that the loaded Protective Action Recommendations are correct utilizing RP/0/A/5000/005.
- 6.3.3 If additional individual evacuation zones need to be added or deleted, use the transfer functions (<, <<, >, >>) to transfer the zones.

____ 6.4 After the protective action recommendations are verified select the "Save" button.

NOTE: Status Indicator at the bottom of the screen should change to green indicating that the information has been updated.

7. Communications Screen

- ____ 7.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)
- ____ 7.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)
- ____ 7.3 Complete the applicable information in the "Event Management" section as follows:
 - ____ 7.3.1 Select the "Managing Site".
 - ____ 7.3.2 Select and enter the appropriate facility (TSC or EOF) activation time.

NOTE: Last Message information should be automatically populated if a previous message has been sent. If information is incorrect, it may be revised by selecting the "Change Last Message Information" bar near the bottom of the screen.

____ 7.4 Once all applicable information has been completed select "Save."

NOTE: Updating the information on a particular panel may be performed by double clicking on the desired indicator panel designator at the bottom of the screen. Status indicator information is as follows:

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

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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: The "Next Msg Due" time interval color indicators are as follows:

Initial Notifications

Black - No information or information time conflict
Green - Next Message is due in 10-15 minutes minutes
Yellow - Next message is due in 5-9 minutes minutes
Red - Next message is due in 5 mins. or is past due.

Follow-Up Notifications

Black - No information or information time conflict
Green - Next Message is due in 30-60
Yellow - Next message is due in 15-29
Red - Next message is due <15 min. or is past due.

- ____ 7.5 Periodically validate information on the Off-site Agency Communicator assigned 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).
- ____ 7.6 **IF** information needs to be updated, make the appropriate changes on the appropriate screen and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

8. Building a Message

- ____ 8.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

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

- ____ 8.1.1 Ensure 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 the designated screen.
- ____ 8.1.2 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.
- ____ 8.1.3 Review the form to verify information is correct.
- ____ 8.1.4 **IF** information is correct proceed to step 8.1.7.

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- _____ 8.1.5 **IF** information needs to be revised, perform the following:
- A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.
 - B. Make changes as necessary and inform the responsible group of those changes.
 - C. When editing is complete, select **Save**.
 - D. Return to the message form, then select **Message** from the Toolbar, then **Refresh**.
 - E. Select "Yes" if you are ready to refresh the form.
- _____ 8.1.6 **IF** requested by Dose Assessment to include Protective Action Recommendations regarding the issuing of KI (Potassium Iodide), perform the following:
- A. Select the current message or build the message if one has not already been created.
 - B. From the menu bar, select **Message**, then **Edit Message**.
 - C. Scroll down to line 15 and select "Other" by placing a check in the box next to "Other."
 - D. Type the following sentence in the box to the right of "Other":
"Consider the use of KI (Potassium Iodide) in accordance with state plans and policies."
 - E. When editing is complete, select "Save."
 - F. Select **Message** from the tool bar, then **Preview Message**.
 - G. Verify information has been captured in the message.

NOTE: You will be prompted that the information needs to be updated if status indicator is any color other than "Green." Refer to step 8.1.1.
--

- _____ 8.1.7 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
- _____ 8.1.8 Have the TSC Emergency Coordinator review and sign the form.

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9. Transmitting Message

- ____ 9.1 Locate a copy the Authentication Code Word List.
- ____ 9.2 For Initial Notifications (15 Minutes) proceed to Section 10.
- ____ 9.3 For Follow-up Notifications, proceed to Section 11.

10. 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.
 4. Although the official transmittal time is designated as the time the first agency answers the call, it is important to assure that every effort is made to communicate to all of the agencies at the same time.

- ____ 10.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 10.1.1 – 10.3.4 while another Off Site Agency Communicator establishes contacts as per step 10.4.

- 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.

- ____ 10.1.1 To fax the electronic form, Select Message from the Toolbar, THEN Fax.
- ____ 10.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- ____ 10.1.3 Select the Fax Button on this panel.
- ____ 10.1.4 Select "Yes" on confirmation panel if ready to fax the form.

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- NOTE:**
1. The AT&T Fax Sender Panel should now be initialized and appear on screen.
 2. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
 3. **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.

_____ 10.2 On ATT Fax Sender Panel, type ~catawba in the Name block.

_____ 10.3 Perform the following:

- _____ 10.3.1 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.)*
- _____ 10.3.2 Then select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously).**
- _____ 10.3.3 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.

_____ 10.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- _____ 10.4.1 Activate the Group Call function by dialing *5 and verify that all available agencies answer. If all agencies do not respond, contact the missing agency individually via selective signaling.
- _____ 10.4.2 When the first agency answers the call, document that time as the transmittal time.

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

- _____ 10.4.3 Read the following statement "This is Catawba Nuclear Station TSC. This is a drill or actual emergency (whichever applies).
- _____ 10.4.4 Ensure 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.)**

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- _____ 10.4.5 Read the information on the ENF, line by line, to the Off-site Agencies.
- _____ 10.4.6 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.
- _____ 10.4.7 After the information has been covered, inform the agencies the following: "This concludes message # _____. Are there any questions?"
- _____ 10.4.8 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.
- _____ 10.4.9 Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.4.1. Document the times these agencies were contacted on the back of the notification form.
- _____ 10.4.10 After message transmission is complete, select **Message** from the toolbar, then choose "**Set Transmittal Date/Time.**"
- _____ 10.4.11 Select "Yes" at the prompt if the fax was successfully sent.
- _____ 10.4.12 Complete the message transmittal Date and Time and select "Save".
- _____ 10.4.13 **IF** information is correct, select the "Yes" button."
- 10.5 **IF** a question is outside of ENF information, do not answer the question but perform the following:
 - _____ 10.5.1 Authenticate the request (if question is a return call, you give the number).
 - _____ 10.5.2 Have the request evaluated by the TSC Emergency Coordinator.
 - _____ 10.5.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
 - _____ 10.5.4 Document the time the answer was provided to the Off-site Agency.
- _____ 10.6 Repeat the above steps as necessary to communicate other **Initial** messages.
- _____ 10.7 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.
- _____ 10.8 Update the next message due time on the TSC Emergency Coordinator Area white board.

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NOTE: 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.

11. Transmission of Follow-up Notification

- 11.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 11.1.1 – 11.3.5 while another Off-site Agency Communicator establishes contacts as per step 11.4.

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.

- _____ 11.1.1 Select Message from the Toolbar, THEN Fax.
- _____ 11.1.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- _____ 11.1.3 Select the Fax Button on this panel.
- _____ 11.1.4 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.

- _____ 11.2 On ATT Fax Sender Panel, type ~catawba in the Name block.
- _____ 11.3 Perform the following:
 - _____ 11.3.1 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.)*
 - _____ 11.3.2 Then select the Send button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously).**
 - _____ 11.3.3 Select "OK" on the reminder panel for setting the transmittal time and date.

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- NOTE:**
1. For Follow-up messages, the transmittal time will be the time that the first agency is verified on the line to verify Fax transmission.
 2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
 3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
 4. **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.

- _____ 11.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:
- _____ 11.4.1 Use * 5 to call all primary agencies or each agency may be dialed individually.
- _____ 11.4.2 Document the transmittal time as the time the first agency answers the call (when called to verify receipt of the faxed ENF or to transmit verbally).
- _____ 11.4.3 Ensure 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.)
- _____ 11.5 Ask if there are any questions, regarding the Follow-up ENF information.
- _____ 11.6 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.
- _____ 11.7 After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time."**
- _____ 11.8 Select "Yes" at the prompt if the Fax is successfully sent.
- _____ 11.9 Enter transmittal date and time.
- _____ 11.9.1 Select "Yes" if you are ready to update this message (transmittal time will be added to message).
- _____ 11.10 **IF** a question is received outside of ENF information, do not answer the question but perform the following:
- _____ 11.10.1 Authenticate the request (if question is a return call, you give the number).
- _____ 11.10.2 Have the request evaluated by the TSC Emergency Coordinator.

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- _____ 11.10.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
- _____ 11.10.4 Document the time the answer was provided to the Off-site Agency.
- _____ 11.11 Repeat the above steps as necessary to transmit other Follow Up messages.
- _____ 11.12 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.
- _____ 11.13 Update next message due on the Emergency Coordinator area white board and Off-site Communicator board.

NOTE: 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.

12. Termination Message

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

- _____ 12.1 Be sure specific Event is highlighted, THEN, from the Menu bar for the specific Event, Select Event, then Terminate Event.
- _____ 12.2 Enter Termination Time and Date, then Click OK.
 - _____ 12.2.1 Confirm that event is ready to be Terminated by clicking "Yes."
- _____ 12.3 Message will be generated with appropriate information.
 - _____ 12.3.1 **IF** information is correct, proceed to step 12.4.
 - _____ 12.3.2 **IF** information needs to be revised, perform the following:
 - _____ A. Select the appropriate screen by double-clicking the appropriate panel designation at the bottom of the screen.
 - _____ B. Make changes as necessary and inform the responsible group of those changes.
 - _____ C. When editing is complete, select Save.
 - _____ D. Return to the message form, then select Message from the Toolbar, then Refresh.

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_____ E. Select "Yes" if you are ready to refresh the form.

_____ 12.4 Review the form to verify information is correct.

_____ 12.4.1 **IF** message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

_____ 12.4.2 Have the TSC Emergency Coordinator review and sign the form.

_____ 12.5 Once approved, one Off-site Agency Communicator shall perform steps 12.5.1-12.5.8 while another Off-site Agency Communicator establishes contacts per step 12.6.

_____ 12.5.1 Fax the Electronic form selecting **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.

_____ 12.5.2 Enter the Name, Title, and Date/Time from Line 16 of the ENF.

_____ 12.5.3 Select the Fax Button on this panel.

_____ 12.5.4 Select "Yes" on confirmation panel if ready to fax the form.

NOTE: 1. If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.
2. The AT&T Fax Sender Panel should now be initialized and appear on screen.

_____ 12.5.5 On ATT Fax Sender Panel, type ~catawba in the Name block.

_____ 12.5.6 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.)*

_____ 12.5.7 Then select the **Send** button at the top of the panel. **(The ENF will be Faxed to the agencies simultaneously).**

_____ 12.5.8 Select "OK" on the reminder panel for setting the transmittal time and date.

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- NOTE:**
1. For Follow-up messages, the transmittal time will be the time when the first agency answers (when called to verify receipt of the faxed ENF or to transmit verbally).
 2. Allow 4 to 5 minutes if it is desired that the Notification Form be received by the agencies prior to contacting them by phone.
 3. **IF** desired, monitor the Fax status by clicking the AT&T Mail button at the bottom of the screen (i.e., maximize the program).
 4. **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.

- _____ 12.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:
- _____ 12.6.1 Use * 5 to call all primary agencies or each agency may be dialed individually.
- _____ 12.6.2 Document the transmittal time as the time the first agency answers the call (when called to verify receipt of the faxed ENF or to transmit verbally).
- _____ 12.6.3 Assure that the Agencies have received the Fax. (If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)
- _____ 12.6.4 For Termination Notifications, when your 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.
- _____ 12.6.5 Read the message to the Off-site Agencies.
- _____ 12.7 Ask if there are any questions regarding the termination message.
- _____ 12.8 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.
- _____ 12.9 After message transmission is complete, select Message from the toolbar, then choose "Set Transmittal Date/Time."
- _____ 12.10 Select "Yes" at the prompt if the fax is successfully sent.
- _____ 12.11 Complete the message transmittal Date and Time and select "Save."
- _____ 12.12 At the confirmation prompt select "YES" if you are ready to update this message.

Electronic Emergency Notification Form
(ENF) Completion/Transmission

- ☐ 12.13 If a question is outside of ENF information, do not answer the question but perform the following
 - ☐ 12.13.1 Authenticate the request (if question is a return call, you give the number).
 - ☐ 12.13.2 Have the request evaluated by the TSC Emergency Coordinator.
 - ☐ 12.13.3 Document the question, answer, and have the TSC Emergency Coordinator sign.
 - ☐ 12.13.4 Document the time the answer was provided to the Off-site Agency.
- ☐ 12.14 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

Enclosure 4.2
Emergency Notification Form (ENF)
Completion

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1. Initial and Follow-up Completion

Item	NOTE: Items 11-14 may be skipped on initial notifications 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 C/R.	TSC Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	TSC Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is when the first agency answers the call.)	TSC Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	TSC Comm.
5.	Mark appropriate classification.	OPS Supt
6.	Mark the appropriate emergency classification box & write time & date current classification was declared.	OPS Supt
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. Refer to Enclosure 4.9 for additional reportable events. The first message from the TSC should include a statement indicating that the TSC 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).	OPS Supt
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 desire 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>	OPS Supt

Emergency Notification Form (ENF)
Completion

9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	OPS Supt.
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 or 53B read greater than 1.5 R/hr shutdown or 8 R/hr at power) 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</p> <p>Indicate type of release and time/date. Mark Ground Level for any airborne releases. TSC Dose Assessment will provide dose information for follow-up messages.</p>	Rad Assess
12. *	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess
13. *	Write estimate of projected off-site 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>Indicated appropriate recommended protective actions.</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 RP/0/A/5000/005 (GE) For Protective Action Recommendations involving the use of KI (Potassium Iodide), mark box "D." Write the following on the line beside box D: "Consider the use of KI (Potassium Iodide) in accordance with state plans and policies." 	Rad Assess.
16.	Have Emergency Coordinator approve message.	Emer. Coord.

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GMM

**Emergency Notification Form (ENF)
Completion**

2. Termination Notification Completion

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

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

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

Enclosure 4.3
Emergency Notification Form (ENF)
Transmission

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1. Transmitting a Message

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

NOTE:

1. 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 may be used initially to contact county and state warning points/EOCs.
2. 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.

- _____ 1.1.1 Pick up receiver (no dial tone will be heard). Dial * 5 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 1.1.2).
- _____ 1.1.2 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.

513 York County (WP/EOC)	116 Mecklenburg County (WP/EOC)
112 Gaston County (WP/EOC)	518 SC (WP/EOC)
314 NC (WP/EOC)	

- _____ 1.1.3 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)

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

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

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

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

Enclosure 4.3
Emergency Notification Form (ENF)
Transmission

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

NOTE: Report any failures to the TSC Emergency Coordinator/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

When you are prepared to transmit a message, contact the appropriate agencies using the established method.

SELECTIVE SIGNAL		BELL LINE	ROLL CALL
Individual Selective OR Signal #	Dial *5: calls all state /county WP/EOC's simultaneously	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	
112 Gaston County WP/EOC		704/866-3300	
116 Mecklenburg Co. WP/EOC		704-943-6200	
518 South Carolina WP/EOC		803/737-8500	
314 North Carolina WP/EOC		919/733-3300	

IF an off-site 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).

- 3.1 When the first agency answers the call, document the time on line 3 as transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."
- 3.2 **IF** this is the FIRST message from the TSC, inform the states and counties that the TSC has been activated and that you are taking over responsibility for communications from Catawba Nuclear Station. This should be noted on Line 7 of the Emergency Notification Form (ENF).

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Emergency Notification Form (ENF)
Transmission

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3.3 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).

3.3.1 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.

3.4 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.

3.5 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?

3.6 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 Emergency Coordinator.
- Document the question, answer, and the time the answer was transmitted in the Off-site Agency Communicator's Logbook.

3.7 Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4, Fax Communicator Checklist.

3.8 Repeat steps as needed to communicate other initial messages.

3.9 Provide copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.1C.

Enclosure 4.3
Emergency Notification Form (ENF)
Transmission

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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 Off-site Agencies per Enclosure 4.4.
- _____ 4.3 Use *5 to call all primary agencies or each agency may be dialed individually.
- _____ 4.4 Document the transmittal time as the time the first agency answers the call (when called to verify receipt of the faxed ENF or to transmit verbally).
- _____ 4.5 Verify each agency has received the Notification Form.
- _____ 4.6 Ask if there are any questions.
 - IF** a question is outside of ENF information, do not answer question.
 - Authenticate the request (if question is a return call) (callee gives number).
 - Have the request evaluated by the TSC Emergency Coordinator
 - Document the question, answer, and the time the answer was transmitted in the Off-Site 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 copies of the transmitted message form to the list of individuals in Section 2, (Immediate Actions) step 2.2.

Enclosure 4.4
Fax Instructions

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1. Faxing Process

- 1.1 This enclosure provides instruction for faxing the ENF to the primary WP/EOCs. Refer to the following sections of this enclosure for the desired method:

Section 2 - AT&T Enhanced Fax - Preprogrammed Button Method

Section 3 - AT&T Enhanced Fax - Dialing Method

Section 4 - Individually (Via Fax Machine)

2. AT&T Enhanced Fax - Preprogrammed Button Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 2.1 Place the Notification Form face down in the Fax machine.
- _____ 2.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.
- 2.3 Perform the following:
- _____ 2.3.1 Press the preprogrammed button labeled *AT&T Enhanced Fax*.
- _____ 2.3.2 Wait to hear: "*Welcome to AT&T Enhanced Fax*," then,
- _____ 2.3.3 Press the preprogrammed button labeled *Subscriber ID*, then
- _____ 2.3.4 Press the preprogrammed button labeled *Password* (You will hear "*Logging in, please wait*")
- _____ 2.3.5 Wait to hear: "*Login Successful*," then
- _____ 2.3.6 Press 1, then
- _____ 2.3.7 Press * 5 (Recipient List), then
- _____ 2.3.8 Press # (Own Private List), then
- _____ 2.3.9 Press 1 # (List Name), then
- _____ 2.3.10 Press * # (No other lists to add)

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Fax Instructions

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- _____ 2.3.11 Press **START** on the Fax machine.
- _____ 2.3.12 Wait. (Form will be processed through Fax machine).
- _____ 2.3.13 When prompted, hang up the phone. (This will be indicated by the Fax machine LCD readout and alarm. The Fax Service will then fax the Notification form to the designated facilities).
- _____ 2.4 Ensure the primary off-site agencies have received the Fax.

3. AT&T Enhanced Fax - Dialing Method

- NOTE:**
1. This process will fax to the following locations simultaneously:

York County	North Carolina	Technical Support Center (TSC)
Gaston County	South Carolina	Emergency Operations Facility (EOF)
Mecklenburg County	EnergyQuest	Joint Information Center (JIC)
		Control Room
		Duke ECOC
 2. If a problem is experienced using the AT&T Enhanced Fax Service, send the fax to the agencies individually utilizing one of the other faxing methods.
 3. Process may be completed without waiting for the prompts.

- _____ 3.1 Place the Notification Form face down in the Fax machine.
- _____ 3.2 Using the AT&T Enhanced Fax Phone located by the Fax machine, take the phone off the hook by using the speaker phone option (SP-Phone button) or handset.
- 3.3 Perform the following:
 - _____ 3.3.1 Dial **1-800-232-9674**, then
 - _____ 3.3.2 Wait to hear: *"Welcome to AT&T Enhanced Fax,"* then
 - _____ 3.3.3 Dial **5 3 0 9 1 2 8 #** (Subscriber ID), then
 - _____ 3.3.4 Dial **4 8 6 6 6 3 5 2 #** (Password) (You will hear *"Logging in, please wait"*)
 - _____ 3.3.5 Wait to hear: *"Login Successful,"* then
 - _____ 3.3.6 Press **1**, then
 - _____ 3.3.7 Press *** 5** (Recipient List), then
 - _____ 3.3.8 Press **#** (Own Private List), then
 - _____ 3.3.9 Press **1 #** (List Name), then

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Fax Instructions

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- _____ 3.3.10 Press * # (No other lists to add)
- _____ 3.3.11 Press **START** on the Fax machine.
- _____ 3.3.12 Wait. (Form will be processed through Fax machine).
- _____ 3.3.13 When the Fax is verified sent, hang up the phone. The Fax Service will then fax the Notification form to the designated facilities).
- _____ 3.4 Ensure the primary off-site agencies have received the fax.

4. Individually (Via Fax Machine)

- 4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:
 - _____ 4.1.1 Place the Fax you are transmitting face down into the Fax machine.

NOTE: Perform steps 4.1.2 and 4.1.3 in rapid succession.

- _____ 4.1.2 Press the preprogrammed one-touch speed dial numbers for the following in the order designated:

	Press	York Co. WP/EOC
	Press	Gaston Co. WP/EOC
	Press	Meck Warning Pt.
	Press	S.C. WP/EOC
	Press	N.C. WP/EOC
	Press	EOF
	Press	EnergyQuest
	Press	Joint Information Ctr. (JIC)
	Press	Duke ECOC

- _____ 4.1.3 Press **Start**.
- 4.2 To send a Fax to a **single** location using one-touch dialing or direct dialing:
 - _____ 4.2.1 Insert the document face down

Enclosure 4.4
Fax Instructions

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- 4.2.2 Press the designated agency button labeled on the Fax machine or dial the Fax number for the specific agency one at a time.

	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	EOF	or dial	1-704-382-0722
	Press	EnergyQuest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
	Press	Duke ECOC	or dial	8-382-3897

- ____ 4.2.3 Verify Fax was sent to the designated agency or agencies via the Fax report(s) or phone. Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

- 5.1 IF a Fax is not delivered via the AT&T Enhanced Fax process or if there are problems experienced utilizing the AT&T Enhanced Fax process, the system will generate an ERROR MESSAGE. To retrieve messages from the AT&T Enhanced Fax Service, perform the following:

- ____ 5.1.1 Place the Notification form in the Off-site Communicator Fax machine
- ____ 5.1.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:
- ____ A. Press the preprogrammed button labeled **AT&T Enhanced Fax**
(or dial 1-800-232-9674)
 - ____ B. Press the preprogrammed button labeled **Subscriber ID**
(or dial 5 3 0 9 1 2 8 #)
 - ____ C. Press the preprogrammed button labeled **Password**
(or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)
 - ____ D. When Login is verified Successful, Press 2 (to receive a message)
- ____ 5.1.3 Press Start on the Fax machine.
- ____ 5.1.4 When prompted, hang up phone (Fax machine alarm and LCD indication).

Enclosure 4.5
Authentication Code List Locations

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The Authentication Code List is a controlled listing of numbers and corresponding words provided by the state(s). This listing is used by the site and the off-site agencies to "authenticate" communications between the various parties. This listing is utilized primarily in notifications to the off-site agencies during events and drills. This listing provides assurance to the communication "*receiver*" that information from the "*transmitter*" is valid and authentic. Communication authentication may be performed anytime the *receiver* of information wishes to assure the information is authentic. This is accomplished by having the *receiver* provide a number from the code word list and then having the *transmitter* provide the corresponding word to that specified number from the list.

The Authentication Code List (EP Group Manual Guideline 5.1.7) is located in:

1. Off-site Communicator Notebook inside the front cover of the notebook
2. Off-site Communicator Notebook under the "Authentication Code List" tab
3. Technical Support Center file cabinet in the "Authentication Code List" file folder

Authentication instructions are located in Enclosure 4.6 of this procedure.

1. Placing a Call

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

- 1.1 Ask a State or County Representative to provide a number from the Authentication Code List.
- 1.2 Then give them the code word corresponding with the number from the 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 off site and the identity of the party calling is not known, you should:

- 2.1 Provide a number from the 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

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

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

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (803) 831-7410 (TSC)

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: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time(Eastern) Date Time(Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time(Eastern) Date Time(Eastern) Date

**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: _____ TSC Emergency Coordinator TIME/DATE: _____ / _____ / _____
(Name) (Title) (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.

<u>(name)</u>	<u>York County</u>		
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	Sel. Sig. 513 Bell Line (803) 329-1110
2.

<u>(name)</u>	<u>Mecklenburg County</u>		
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	Sel. Sig. 116 Bell Line (704) 943-6200
3.

<u>(name)</u>	<u>Gaston County</u>		
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	Sel. Sig. 112 Bell Line (704) 866-3300
4.

<u>(name)</u>	<u>South Carolina WP/EOC</u>		
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	Sel. Sig. 518 Bell Line (803) 737-8500
5.

<u>(name)</u>	<u>North Carolina WP/EOC</u>		
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	Sel. Sig. 314 Bell Line (919) 733-3300
6.

<u>(name)</u>			
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	
7.

<u>(name)</u>			
<u>(date)</u>	<u>(time)</u>	<u>(agency)</u>	

Enclosure 4.8
TSC Lead Off-Site Agency Communicator
Duties

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- Sign in on the white board in the TSC Emergency Coordinator's area as the "Off-Site Agency Communicator." Also sign in and ensure that at least two TSC Off-Site Agency Communicators (OACs) have signed in on the white board in our area.
- Ensure all OACs have a copy of the correct procedure and that they know their duties.
- Ensure the OACs are fit for duty prior to taking turnover from the site.
- Ensure 24 hour coverage if necessary.
- Keep the TSC Emergency Coordinator informed of our progress in preparing to take turnover from the site. Ensure that we promptly get copies of each site-issued Emergency Notification Form (ENF).
- Act as chief interface with the TSC Emergency Coordinator.
- Monitor completion of the other sections to assure time commitments are met. Contact the individual edit groups as appropriate to assure Notification Form is being completed.
- Check with Dose Assessment early and often to ensure that they don't delay a ENF. (It can take them 10 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 Coordinator involved at once--do not delay!)

NOTE: Rad data is not required for initial notifications.

- Resolve any questions concerning OACs' procedure or actions (the Emergency Planner can help).
- Ensure all messages (ENFs) are accurate, complete, and are issued on time.
- Decide when to omit radiological 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 listed in Section 3.9 are reported and that later ENFs follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the TSC Emergency Coordinator for approval. Give the TSC Emergency Coordinator sufficient time to review/change the ENF.
- Work with the Emergency Planner, Nuclear Supply Chain and/or Data Coordinators to fix any problems with the Fax machines, selective signaling, computers etc. Advise the TSC Emergency Coordinator of these problems.
- 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 OAC what role was filled by each OAC and of any comments/questions concerning their actions in the drill/event.

Enclosure 4.9
Additional Reportable Events

RP/0/A/5000/006 B
Page 1 of 1

During a declared emergency, the following are events that should be reported to Off-site Agencies in addition to the Emergency Action Level (EAL) requirements. 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. These events may need off-site agency action or resolution.

- Fires
- Flooding
- Explosions
- Major/Key Equipment Out of Service
- Loss of Off-site Power
- Core Uncoverings
- Core Damage
- Injuries
- Deaths
- Contaminated Individuals
- Individuals Transported Off Site
- Site Evacuations
- Saboteurs
- Intruders
- Chemical or Hazardous Material Spills or Releases
- Extraordinary Noise Audible Off Site
- Any event causing/requiring Off-site Agency response
- Any event causing increased media attention
- Other unrelated classifiable events of lesser severity
- Emergency response actions underway

DUKE POWER COMPANY
PROCEDURE CHANGE PROCESS RECORD(1) ID No. RP/0/A/5000/015Revision No. 005 Change No. 1
Permanent(2) Station CATAWBA(3) Procedure Title Core Damage Assessment(4) Section(s) of Procedure Affected: Figure 1 page 4 of 12.

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

☐ Yes (Major Procedure Change)☐ No (Minor Procedure Change)

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

Replace Figure 1, page 4 of 12 with page 2 of 2 of this change.

(7) Reason for Change:

Temperature Induced Current (TIC) affects EMF 53A and EMF 53B.

High Energy line break in containment render EMF monitor inaccurate for rad levels below 9R/hr for 9 minutes after the event.

See PIP C04-01445 and 10 CFR 50.54(g) screening for details.

(8) Prepared By E. J. Beadle Date 4/21/04(9) Reviewed By Gary C. Mitchell (QR) Date 4-23-04Cross-Disciplinary Review By _____ (QR) N/A Gm Date 4-23-04Reactivity Mgmt. Review By _____ (QR) N/A Gm Date 4-23-04Mgmt. Involvement Review By _____ (Ops.Supt.) N/A Gm Date 4-23-04

(10) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(11) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(12) Approved By Glenn P. H... Date 04-23-04

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5000/015

Revision No. 5

REPARATION

(2) Station CATAWBA NUCLEAR STATION

(3) Procedure Title Core Damage Assessment

(4) Prepared By DAWELL Date 2/27/02

(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 A. H. Ode (QR) Date 2/28/02

Cross-Disciplinary Review By _____ (QR) NA GA Date 2/28/02

Reactivity Mgmt. Review By _____ (QR) NA GA Date 2/28/02

Mgmt. Involvement Review By _____ (Ops. Supt.) NA GA Date 2/28/02

(7) Additional Reviews

Reviewed By Gary L Mitchell (GP) Date 2-28-02

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(9) Approved By Richard A Swingart Date 2-28-02

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 ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in N/A, as appropriate?

☐ Yes ☐ N/A Required enclosures attached?

☐ Yes ☐ N/A Data sheets attached, completed, dated, and signed?

☐ Yes ☐ N/A Charts, graphs, etc. attached, dated, identified, and marked?

☐ Yes ☐ N/A Procedure requirements met?

Verified By _____ Date _____

Procedure Completion Approved _____ Date _____

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

Duke Power Company Catawba Nuclear Station Core Damage Assessment --E.P.I.P-- Continuous Use	Procedure No. RP/0/A/5000/015
	Revision No. 005
	Electronic Reference No. CN005GNY

Core Damage Assessment

1. Symptoms

NOTE: This procedure will normally be performed by Nuclear Engineers while in the Technical Support Center (TSC) to provide a means of determining the status of the core based on various parameters.

- 1.1 1(2) EMF 53, "Containment Radiation Monitor" in alarm.
- 1.2 High Core Exit Thermocouple (CET) readings.
- 1.3 Low Reactor Vessel Level Indication System (RVLIS) levels.
- 1.4 High containment hydrogen concentrations.
- 1.5 Any condition in which failed fuel is suspected.

2. Immediate Actions

None

3. Subsequent Actions

3.1 Identify Current Plant Status

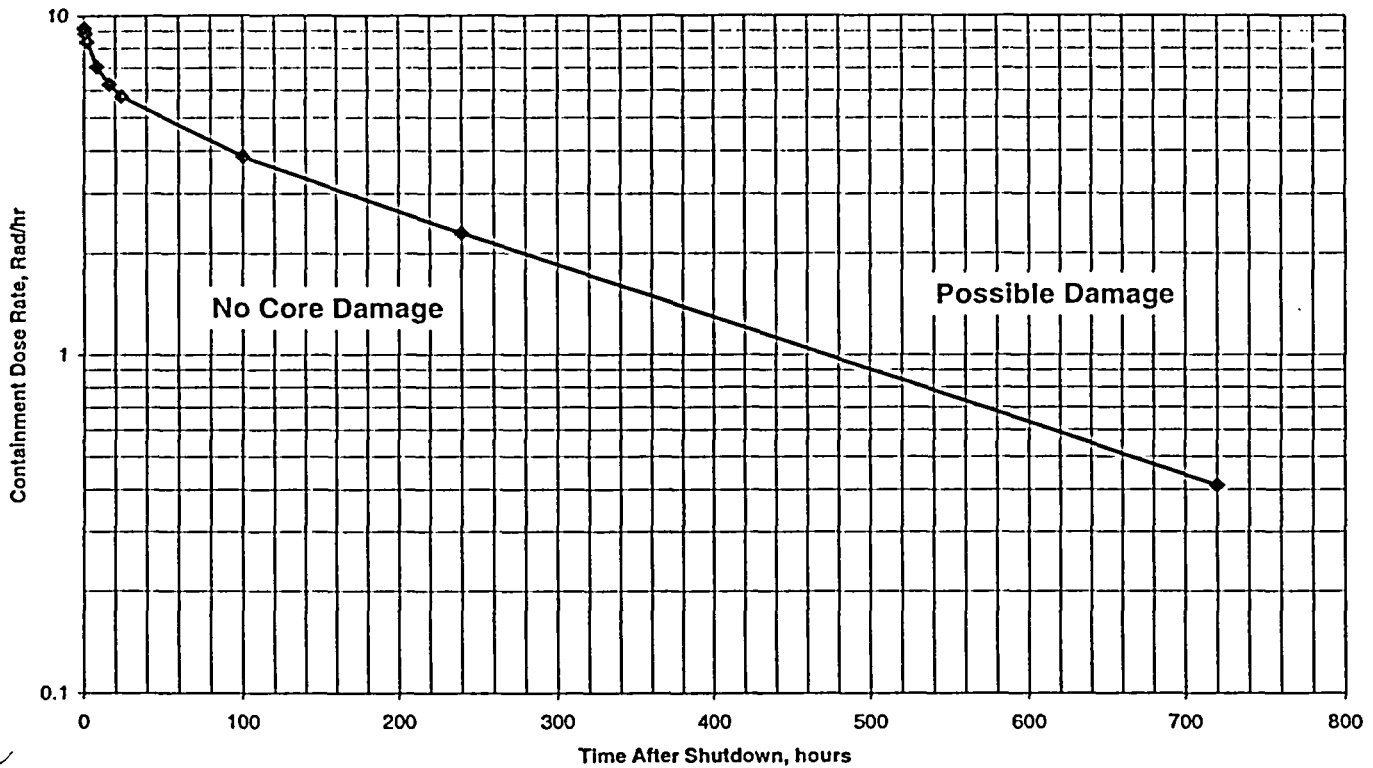
____ 3.1.1 Complete the following table based on current plant data.

Time of data, (mm/dd/yy hh:mm)		
Time of Reactor Shutdown, T ₀		Hours
Core Exit Thermocouples (CET) (GD ERORXG, P0828)		Deg F
RVLIS (GD ERORXG, P0180 or P0181)		%
Containment Radiation Monitors 1(2)EMF 53A or B (GD ERORXG, A1308 or A1314)		R/hr

____ 3.1.2 Determine possible status of reactor core using table below:

Plant Status	Fuel Rod Fission Product Status
CET less than 700 °F <u>AND</u> Containment radiation less than Figure 1 <u>AND</u> RVLIS greater than 55%	No core damage
CET less than 2000 °F <u>AND</u> Containment radiation less than Figure 2 <u>AND</u> RVLIS greater than 40%	Possible fuel rod clad damage
CET greater than 2000 °F <u>OR</u> Containment radiation greater than Figure 2 <u>OR</u> RVLIS less than 40%	Possible fuel overtemperature damage

Figure 1
Containment Radiation Level vs. Time for RCS Release



NOTE: During the onset of a LOCA or HELB accident, the release of steam/high temperature fluids into lower containment can result in the generation of thermally induced currents. These currents can result in erroneous output on EMF 53A/B for up to the first 19 minutes of an event. The following table provides a delineation of the background radiation, the maximum expected output due to TIC and the time required for the TIC effect to dissipate.

Figure 1	Containment Radiation Level vs. Time for RCS Release
Time After Shutdown (hrs)	Containment Dose Rate (Rad/hr)
0.5	9.1808
1	8.8621
2	8.3792
8	7.0574
16	6.2611
24	5.7672
100	3.8545
240	2.3002
720	0.41169

Thermal Induced Current (TIC) Effects on EMF 53A/B Indication		
Radiation Field	Maximum Output	TIC Error Duration
1.5 R/hr	29.6 R/hr	19 minutes
9.0 R/hr	36.7 R/hr	9 minutes
20.0 R/hr	47.7 R/hr	3 minutes
25.0 R/hr	52.5 R/hr	1 minute
30.0 R/hr	57.2 R/hr	NO DELAY
40.0 R/hr	66.8 R/hr	NO DELAY
50.0 R/hr	76.3 R/hr	NO DELAY
100.0 R/hr	129.1 R/hr	NO DELAY

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Figure 2
Containment Radiation Level vs. Time for 1% Fuel Overtemperature Release

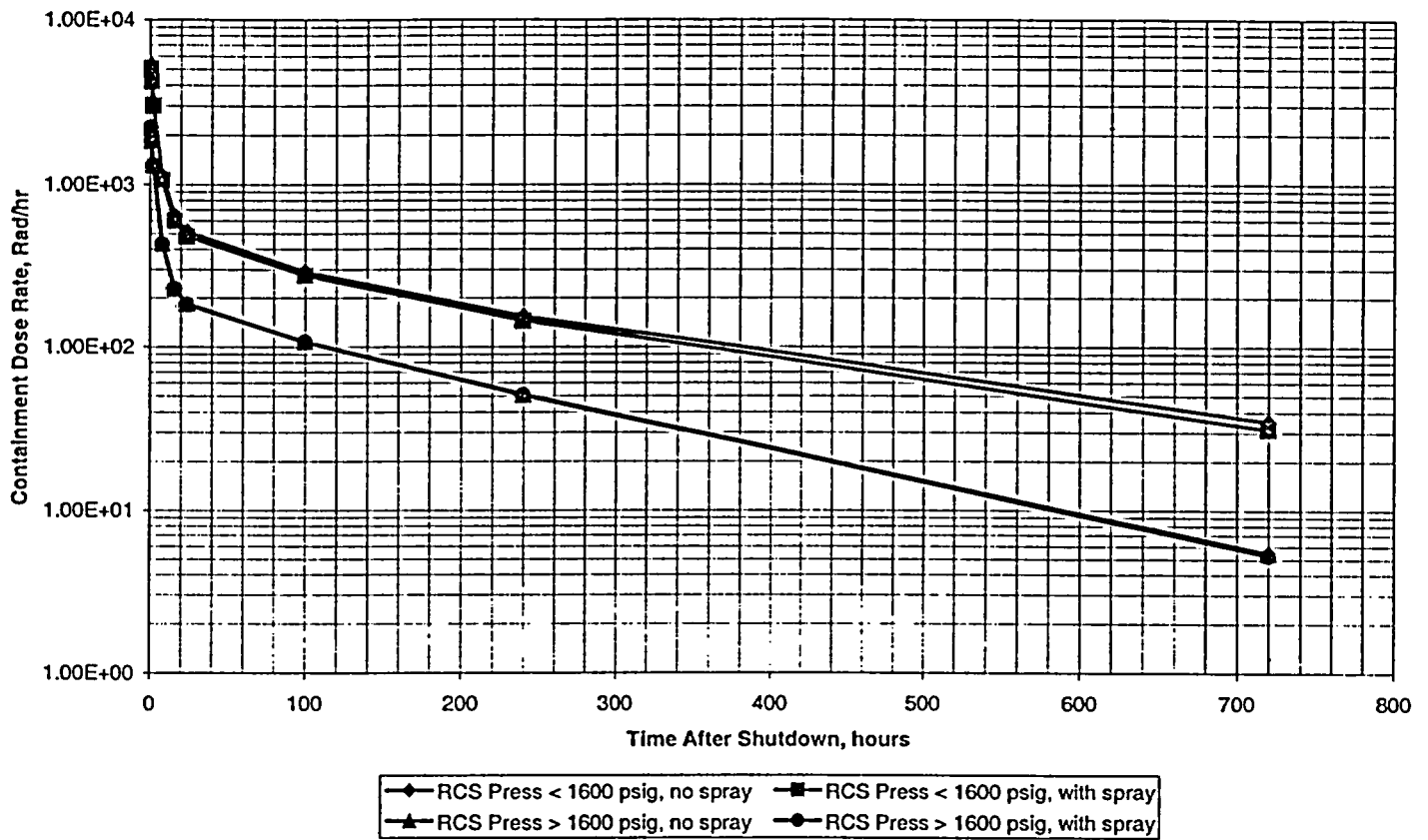


Figure 2	Containment Radiation Level vs. Time for 1% Fuel Overtemperature Release			
Time After Shutdown (hrs)	RCS Pressure < 1600 psig, no Spray (Rad/Hr)	RCS Pressure < 1600 psig, with Spray (Rad/Hr)	RCS Pressure > 1600 psig, no Spray (Rad/Hr)	RCS Pressure > 1600 psig, with Spray (Rad/Hr)
0.5	5.30E+03	5.07E+03	2.23E+03	2.21E+03
1	4.39E+03	4.20E+03	1.85E+03	1.84E+03
2	3.16E+03	3.02E+03	1.32E+03	1.31E+03
8	1.13E+03	1.06E+03	4.32E+02	4.29E+02
16	6.45E+02	5.97E+02	2.30E+02	2.27E+02
24	5.15E+02	4.79E+02	1.84E+02	1.82E+02
100	2.90E+02	2.76E+02	1.08E+02	1.07E+02
240	1.54E+02	1.45E+02	5.11E+01	5.06E+01
720	3.49E+01	3.13E+01	5.44E+00	5.26E+00

____ 3.1.3 IF status of core is "no core damage", exit this procedure and continue to monitor plant conditions. If conditions warrant, re-run this procedure.

IF status of core is "possible fuel rod cladding damage", proceed to Step 3.2.

IF status of core is "possible fuel overtemperature damage", proceed to Step 3.3.

3.2 Clad Damage Assessment

NOTE: EMF 53 may not be useful to assess core damage for containment bypass sequences (e.g., S/G tube ruptures).

____ 3.2.1 Record 1(2)EMF 53 reading and other data:

_____ R/hr at _____ hours after shutdown.

Containment Spray: ☐ ON ☐ OFF

RCS Pressure: _____ psig

____ 3.2.2 Determine "Predicted Containment Radiation Level at 100% Clad Damage" using Figure 3.

Predicted Containment Radiation Level at 100% Clad Damage:

_____ R/Hr

____ 3.2.3. Estimate clad damage:

$\% \text{ Clad Damage}_{\text{CRM}} = (\text{EMF 53} \div \text{Predicted Cont. Rad Level at 100\%}) * 100$

$\% \text{ Clad Damage}_{\text{CRM}} = (\text{_____} \div \text{_____}) * 100 = \text{_____} \%$

Figure 3
Containment Radiation Level vs. Time for 100% Clad Damage Release

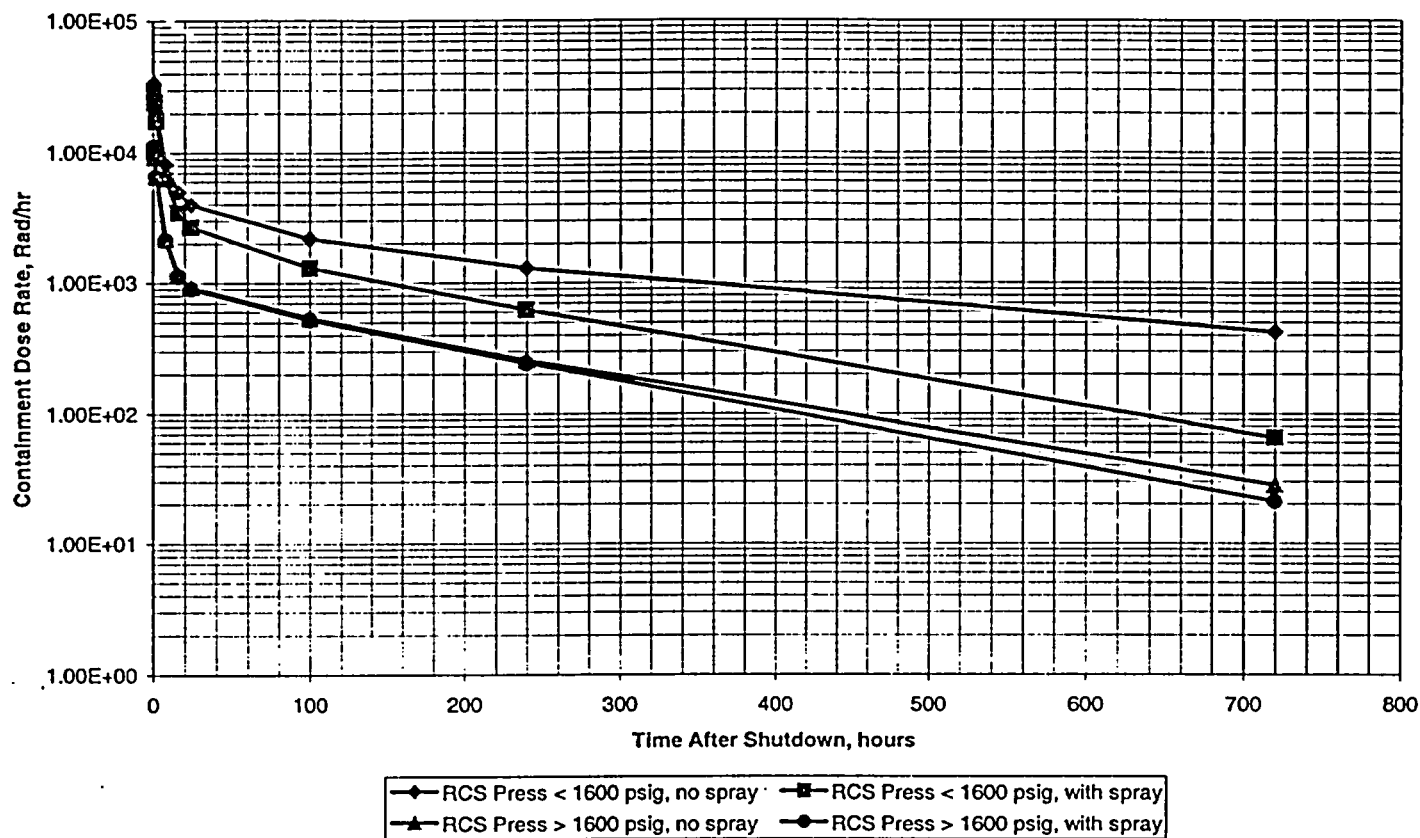


Figure 3	Containment Radiation Level vs. Time for 100% Clad Damage Release			
Time After Shutdown (hrs)	RCS Pressure < 1600 psig, no Spray (Rad/Hr)	RCS Pressure < 1600 psig, with Spray (Rad/Hr)	RCS Pressure > 1600 psig, no Spray (Rad/Hr)	RCS Pressure > 1600 psig, with Spray (Rad/Hr)
0.5	3.37E+04	2.91E+04	1.11E+04	1.10E+04
1	2.78E+04	2.42E+04	9.24E+03	9.17E+03
2	2.03E+04	1.75E+04	6.58E+03	6.52E+03
8	8.09E+03	6.25E+03	2.17E+03	2.13E+03
16	4.96E+03	3.48E+03	1.15E+03	1.12E+03
24	3.98E+03	2.68E+03	9.24E+02	8.98E+02
100	2.19E+03	1.30E+03	5.40E+02	5.22E+02
240	1.29E+03	6.23E+02	2.57E+02	2.44E+02
720	4.22E+02	6.54E+01	2.81E+01	2.10E+01

- ____ 3.2.4 Record number of available core exit thermocouples(CETs)(GD EROCORE1(2,3)): _____
- ____ 3.2.5 IF RCS pressure is greater than 1600 psig, record number of CETs greater than 1400 °F: _____
- ____ 3.2.6 IF RCS pressure is less than 1600 psig, record number of CETs greater than 1200 °F: _____
- ____ 3.2.7 Estimate clad damage:

$$\% \text{ Clad Damage}_{\text{CET}} = (3.2.5 \text{ OR } 3.2.6 \div 3.2.4) * 100$$

$$\% \text{ Clad Damage}_{\text{CET}} = (\text{ } \div \text{ }) * 100 = \text{ } \%$$

- ____ 3.2.8 Confirm reasonableness of clad damage estimates using expected responses below:
- RVLIS less than 54% AND greater than 39%
 - Hot Leg RTD greater than T_{sat} AND less than 650°F
 - Source Ranges greater than 10^4 cps
 - Difference in clad damage estimates from Containment Radiation Monitor (EMF 53) and CETs less than 50%, using:

$$ABS \left[\frac{\% \text{CladDamage}_{\text{CRM}} - \% \text{CladDamage}_{\text{CET}}}{\% \text{CladDamage}_{\text{CRM}}} \right]$$

- ____ 3.2.9 IF the expected response is not obtained, determine if the deviation can be explained from the accident progression

- Injection of water to the RCS
- Bleed Paths from the RCS
- Direct radiation to the containment radiation monitors

OR

from conservatism in the predictive model

- fuel burnup
- fission product retention in the RCS
- fission product removal from containment

____ 3.2.10 Report estimate of clad damage to TSC Engineering Manager and to EOF Reactor Physics.

3.3 Fuel Overtemperature Damage Assessment

____ 3.3.1 Record 1(2)EMF 53 reading and other data:

_____ R/hr at _____ hours after shutdown.

Containment Spray: ☐ ON ☐ OFF

RCS Pressure: _____ psig

____ 3.3.2 Determine "Predicted Containment Radiation Level at 100% Overtemp Damage" using Figure 4.

Predicted Containment Radiation Level at 100% Overtemp Clad Damage:

_____ R/Hr

____ 3.3.3 Estimate core damage:

$\% \text{ Core Damage}_{\text{CRM}} = (\text{EMF 53} \div \text{Predicted Cont. Rad Level at 100\%}) * 100$

$\% \text{ Core Damage}_{\text{CRM}} = (\text{_____} \div \text{_____}) * 100 = \text{_____} \%$

Figure 4
Containment Radiation Level vs. Time for 100% Fuel Overtemperature Release

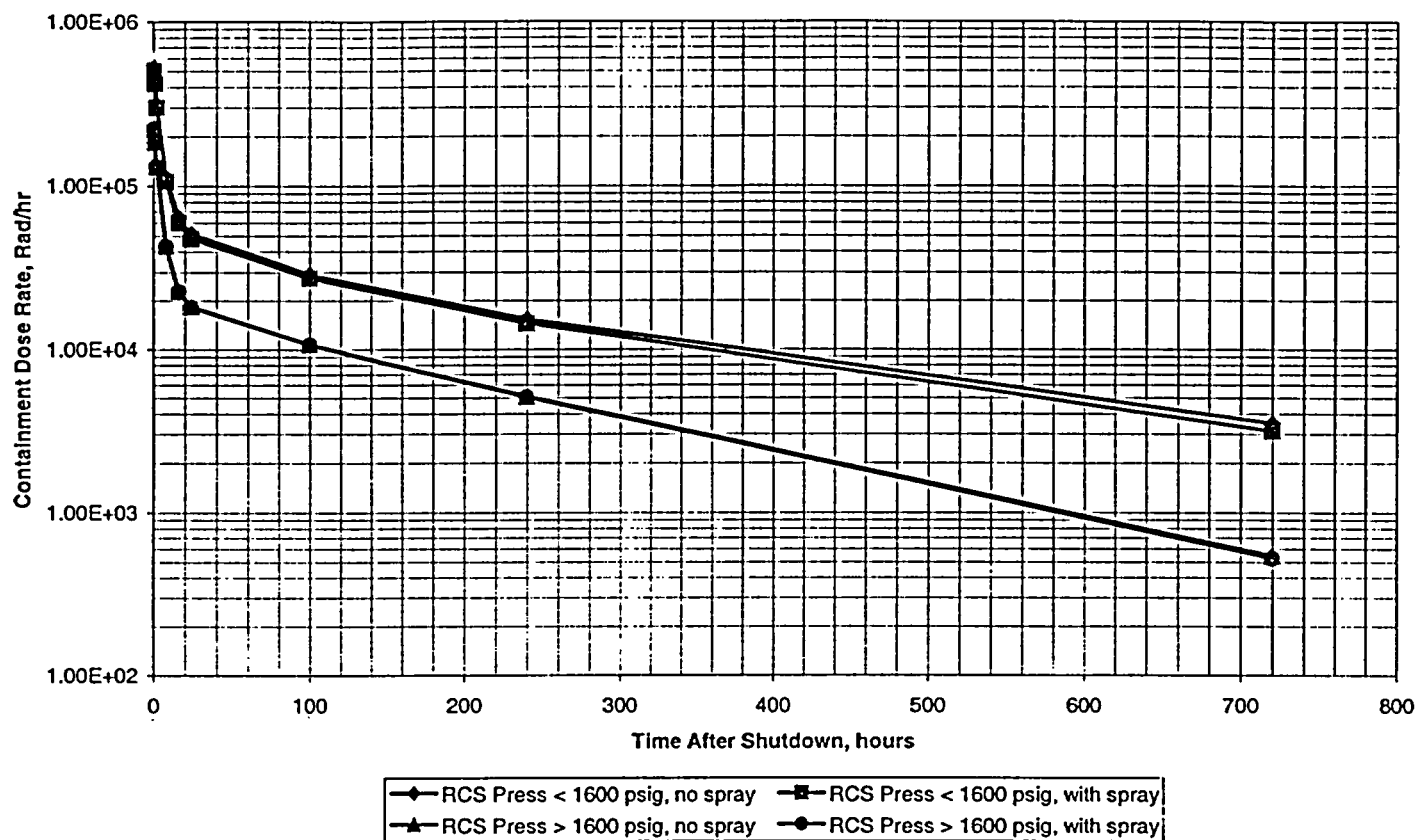


Figure 4	Containment Radiation Level vs. Time for 100% Fuel Overtemperature Release			
Time After Shutdown (hrs)	RCS Pressure < 1600 psig, no Spray (Rad/Hr)	RCS Pressure < 1600 psig, with Spray (Rad/Hr)	RCS Pressure > 1600 psig, no Spray (Rad/Hr)	RCS Pressure > 1600 psig, with Spray (Rad/Hr)
0.5	5.30E+05	5.07E+05	2.23E+05	2.21E+05
1	4.39E+05	4.20E+05	1.85E+05	1.84E+05
2	3.16E+05	3.02E+05	1.32E+05	1.31E+05
8	1.13E+05	1.06E+05	4.32E+04	4.29E+04
16	6.45E+04	5.97E+04	2.30E+04	2.27E+04
24	5.15E+04	4.79E+04	1.84E+04	1.82E+04
100	2.90E+04	2.76E+04	1.08E+04	1.07E+04
240	1.54E+04	1.45E+04	5.11E+03	5.06E+03
720	3.49E+03	3.13E+03	5.44E+02	5.26E+02

_____ 3.3.4 Record number of available core exit thermocouples(CETs)(GD EROGROU1(2,3)): _____

_____ 3.3.5 Record number of CETs greater than 2000 °F: _____

_____ 3.3.6 Estimate core damage:

$$\% \text{ Core Damage}_{\text{CET}} = (3.3.5 \div 3.3.4) * 100$$

$$\% \text{ Core Damage}_{\text{CET}} = (\text{_____} \div \text{_____}) * 100 = \text{_____} \%$$

_____ 3.3.7 Confirm reasonableness of core damage estimates using expected responses below.

- RVLIS less than 39%
- Hot Leg RTD greater than 650°F
- Source Ranges greater than 10^4 cps
- Difference in core damage estimates from Containment Radiation Monitors (CRM) and CET's less than 50%, using:

$$ABS \left[\frac{\% \text{ Core Damage}_{\text{CRM}} - \% \text{ Core Damage}_{\text{CET}}}{\% \text{ Core Damage}_{\text{CRM}}} \right]$$

_____ 3.3.8 IF the expected response is not obtained, determine if the deviation can be explained from the accident progression

- Injection of water to the RCS
- Bleed Paths from the RCS
- Direct radiation to the containment radiation monitors

OR

from conservatism in the predictive model

- fuel burnup
- fission product retention in the RCS
- fission product removal from containment

_____ 3.3.9 Report estimate of core damage to TSC Engineering Manager and to EOF Reactor Physics.

4. Enclosures

None

5. References

- 5.1 Duke Power Calculation DPC-1229.00-00-0006, "Estimated Sample Dose and CDAG Setpoint Calculations in Support of PASS Removal", Rev 0, 6/01/01.
- 5.2 WCAP-14696-A, " Westinghouse Owners Group Core Damage Assessment Guidance", Revision 1, November, 1999.
- 5.3 Unit Data Book.
- 5.4 MNS procedure RP/0/A/5700/019, Core Damage Assessment.

DUKE POWER COMPANY
PROCEDURE CHANGE PROCESS RECORD(1) ID No. RP/0/B/5000/020Revision No. 018 Change No. 1
Permanent(2) Station CATAWBA(3) Procedure Title Activation of the Technical Support Center(4) Section(s) of Procedure Affected: Step 3.2.6

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

☐ Yes (Major Procedure Change)☐ No (Minor Procedure Change)

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

Step 3.2.6 Release, substep A.delete by lining through the words:" OREMF monitors 53A or 53B read greater than 1.5 R/hr"

(7) Reason for Change:

Temperature Induced Current (TIC) affect EMF 53A and EMF 53B.High energy line break in containment renders EMF monitors inaccurate for rad levels below 9 R/hr for 9 minutes after the event.See PIP C04-01445 and 10CFR 50.54(g) screening for details(8) Prepared By E.J. Budge Date 4/21/04(9) Reviewed By GARY L MITCHELL (QR) Date 4-23-04Cross-Disciplinary Review By _____ (QR) N/A Gm Date 4-23-04Reactivity Mgmt. Review By _____ (QR) N/A Gm Date 4-23-04Mgmt. Involvement Review By _____ (Ops.Supt.) N/A Gm Date 4-23-04

(10) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(11) Temporary Approval (if necessary)

By _____ (OSM/QR) Date _____

By _____ (QR) Date _____

(12) Approved By Glen P. Hen Date 04-23-04

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0A/5000/020
Revision No. 018

PREPARATION

- (2) Station Catawba
- (3) Procedure Title Technical Support Center (TSC) Activation Procedure
- (4) Prepared By E. D. Biddle Date 8/5/03
- (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 GARY L MITCHELL (QR) Date 8-5-03
 Cross-Disciplinary Review By _____ (QR) NA Gen Date 8-5-03
 Reactivity Mgmt. Review By _____ (QR) NA Gen Date 8-5-03
 Mgmt. Involvement Review By _____ (Ops. Supt.) NA Gen Date 8-5-03
- (7) Additional Reviews
 Reviewed By _____ Date _____
 Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
 By _____ (OSM/QR) Date _____
 By _____ (QR) Date _____
- Approved By Richard L Swigart Date 08/07/03

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

- (10) Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
- (11) Date(s) Performed _____
 Work Order Number (WO#) _____

COMPLETION

- (12) Procedure Completion Verification:
☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Required enclosures attached?
☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Procedure requirements met?
- Verified By _____ Date _____
- (13) Procedure Completion Approved _____ Date _____
- (14) Remarks (Attach additional pages, if necessary)

Duke Power Company Catawba Nuclear Station Technical Support Center (TSC) Activation Procedure Reference Use	Procedure No. RP/0/A/5000/020
	Revision No. 018
	Electronic Reference No. CN005GNZ

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.

2. Immediate Actions

NOTE:

1. The TSC must be "ACTIVATED" within 75 minutes of the emergency classification time.
2. This procedure is not required to be followed in step-by-step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.
3. Specific telephone numbers are not provided in this procedure. Telephone numbers are located in the Emergency Response Telephone Directory. A hard copy of the Emergency Response Telephone Directory is located in the TSC. An electronic version of the Emergency Response Telephone Directory is available on the Catawba Nuclear Site Emergency Planning Web Page.

- 2.1 Upon notification to activate the TSC, Emergency Response Organization (ERO) personnel assigned to the TSC shall report to the TSC.
- 2.2 The Emergency Coordinator may initially report to the Control Room to discuss plant status with the Operations Shift Manager.
- 2.3 IF the TSC is not habitable, direct the OSC Coordinator and TSC staff to establish emergency response operations in the Administration Building per Enclosure 4.18, "Setup of the Alternate TSC and OSC."

3. Subsequent Actions

- 3.1 Each represented group is responsible for ensuring their appropriate Checklist is completed (Enclosures 4.1 through 4.16) and for reviewing their Responsibilities.
- 3.2 The following definitions are applicable to the Emergency Notification Form:
 - 3.2.1 **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.

3.2.2 **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.

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

3.2.4 **Critical Task:** A task that must be completed as soon as possible and normally becomes the number one priority task. The Assessment and repair Team is dispatched immediately from the OSC. Examples include: SSF Startup, Fire Response, MERT or any task vital to protection of the reactor core.

3.2.5 **Essential Personnel:** Any personnel required to assist in the performance of assigned emergency response tasks. These personnel would not evacuate in the event of Site Evacuation

3.2.6 **Release:** 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:

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

~~—OR—~~

~~—EMF monitors 53A or 53B read greater than 1.5 R/hr—~~

AND

Pressure inside the containment building is greater than Tech. Specs.

OR

An actual containment breach is determined.

- B. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37
- C. Steam generator tube leak monitored by EMF 33.

Chg 1
ENG
4/23/04
GLM

3.2.7 10CFR50.54(x) Action - Reasonable actions that depart from a license condition or Technical Specification may be performed in an emergency when this action is immediately needed to protect the health and safety of the public, and no action consistent with the license condition or Technical Specification that can provide adequate or equivalent protection is immediately apparent. Deviation from the intent of an emergency procedure constitutes a 10CFR50.54(x) action.

3.3 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.

Group Display Name	Group Display Description
3.3.1 EROCONT	Selected values associated with Containment
3.3.2 EROCORE1	Incore temperature values
3.3.3 EROCORE2	Additional Incore temperature values
3.3.4 EROCORE3	Additional Incore temperature values
3.3.5 EROEMF	Selected EMF instantaneous values
3.3.6 EROEMF15	Selected EMF 15 minute average values
3.3.7 EROENV	Selected Meteorological values
3.3.8 EROINJCT	Selected Letdown/Charging values
3.3.9 EROPLEAK	Selected Primary to Containment Leakage Values
3.3.10 EROPRIM	Selected Primary system values
3.3.11 ERORD5	Selected Raddose V Dose Assessment Points
3.3.12 EROSAMG	Selected SAMG values
3.3.13 EROSECND	Selected Secondary system values
3.3.14 EROSLEAK	Selected Primary to Secondary Leakage Values
3.3.15 ERORXG	Selected values for the Reactor Engineer
3.3.16 ERDS1	ERDS Group 1
3.3.17 ERDS2	ERDS Group 2

3.4 Personnel with training deficiencies must be approved by the Emergency Coordinator prior to participating as an ERO member. This approval shall be documented in the TSC Log.

3.5 RP/0/B/5000/022, "Evacuation Coordinator Procedure," shall be used as the controlling procedure for the Evacuation Coordinator position.

3.6 Contact the TSC Data Coordinator for resolution of any computer hardware/software problems, or the OSC NSC Manager for resolution of other equipment problems.

3.7 Emergency Planning shall coordinate participation in a post-event critique with the states and counties to determine and document lessons learned.

4. Enclosures

- 4.1 Emergency Coordinator
- 4.2 TSC Dose Assessor
- 4.3 TSC Off-Site Agency Communicator
- 4.4 NRC Communicator
- 4.5 Operations Superintendent
- 4.6 Operations Engineer
- 4.7 Assistant Operations Engineer
- 4.8 Engineering Manager
- 4.9 Reactor Engineer
- 4.10 System Support Engineer
- 4.11 TSC Emergency Planner
- 4.12 TSC Logkeeper
- 4.13 TSC Data Coordinator
- 4.14 RP Support
- 4.15 Security Manager
- 4.16 Assistant Emergency Coordinator
- 4.17 TSC Pre-activation Checklist
- 4.18 Setup of Alternate TSC and OSC
- 4.19 Commitments for RP/0/A/5000/020

Enclosure 4.1
Emergency Coordinator Checklist

RP/0/A/5000/020
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Initial

Prepare to assume the position of TSC Emergency Coordinator

- _____ Print your name and arrival time on the TSC sign-in board.
- _____ Sign TSC roster as Emergency Coordinator.
- _____ Obtain an electronic dosimeter (ED) at TSC entrance.
- _____ Manually activate the ED under RWP #33.
- _____ Establish 24-hour staffing for the TSC Emergency Coordinator position:
 - _____ Determine a shift rotation from the available TSC Emergency Coordinators
 - _____ Print the names of assigned shift TSC Emergency Coordinator and the 24-hour relief person on the TSC sign-in board
- _____ Read the following definitions as they apply to the Emergency Notification Form (listed in Subsequent Actions):
 - Improving
 - Stable
 - Degrading
 - Release
 - 10CRFR50.54(x)
 - Critical Task
- _____ Review the TSC Emergency Coordinator Task List
- _____ **IF** a shift turnover is in progress, perform the following steps:
 - _____ Review the events and actions taken by the shift on duty.
 - _____ Verify the current status of the TSC, OSC and EOF.
 - _____ Verify the time of the next off-site notification and which facility will perform it.
 - _____ Assume the duty of TSC Emergency Coordinator.
 - _____ Ensure the TSC and OSC are adequately staffed with essential personnel to continue emergency facility operations.
- _____ Perform the following actions based on the situation and progress in the event:
 - _____ Activate the TSC and OSC.
 - _____ Turn over command and control of the event to the EOF Director.
 - _____ Execute actions identified on the TSC Emergency Coordinator Task List.
 - _____ Implement Contingency Actions as necessary.

Enclosure 4.1
Emergency Coordinator Checklist

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Initial

Activate TSC/OSC (Station Manager or designee assumes role of TSC Emergency Coordinator) by completing the following steps:

- _____ A. Ensure Enclosure 4.17, "TSC Pre-activation Checklist," is being completed:
 - _____ 1. Contact TSC Emergency Planner to determine status.
 - _____ 2. **IF** TSC Emergency Planner is not available, assign Enclosure 4.17 completion to a TSC Off-site Agency Communicator.

NOTE: Job aids (Emergency Coordinator Site Update and TSC/OSC/EOF Update Briefing) are available in the position notebook for use in the preparation of announcements to be made over the public address system.

- _____ B. Contact OSM to determine the current status of the emergency situation.
- _____ C. Inform the TSC and OSC of the status of the emergency situation.
- _____ D. **WHEN** Public Affairs calls in on the Bell Line in preparation for the Public Spokesperson's media briefing, be prepared to:
 - _____ Discuss the details of the event.
 - _____ Provide requested information from the TSC and OSC staffs.
- _____ E. Conduct a pre-activation conference with the TSC staff and OSC Coordinator:
 - _____ 1. Ensure TSC is adequately staffed (minimum to activate).
 - _____ 2. Ensure OSC is adequately staffed (minimum to activate).
 - _____ 3. Ensure TSC Off-site Communicators are prepared to perform off-site notifications.
- _____ F. Ensure Enclosure 4.17, "TSC Pre-activation Checklist," is complete (Emergency Planner or Off-site Communicator).

NOTE:

- 1. The TSC Emergency Coordinator is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the EOF is activated.
- 2. Command and control of the event shall be transferred from the Control Room to the TSC in a manner that does not interfere with emergency response actions or notifications/recommendations to off-site agencies.

- _____ G. **WHEN** conditions allow, contact the Operations Shift Manager (OSM) to take turnover of command and control as follows:
 - _____ 1. Complete the "OSM to Emergency Coordinator Turnover Form."

Enclosure 4.1
Emergency Coordinator Checklist

RP/0/A/5000/020
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- _____ 2. Announce to the OSM that the TSC Emergency Coordinator is taking command and control of the emergency.
- _____ 3. Ensure the OSM acknowledges turnover of command and control from the Control Room to the TSC and activation of the TSC/OSC.
- _____ H. Declare TSC/OSC activated as of _____ hours.
- _____ I. Inform the site of the TSC/OSC activation and the status of the emergency situation.

Turn over command and control of the event to the EOF Director by completing the following steps:

NOTE:

- 1. Command and control of the event shall be transferred from the TSC to the EOF in a manner that does not interfere with emergency response actions or notifications/recommendations to off-site agencies.
- 2. The EOF Director is responsible for classifying emergencies, notifying off-site agencies and making Protective Action Recommendations. This responsibility shall not be delegated and remains in effect until the termination of the event or transfer of command and control back to the TSC.

- _____ A. **WHEN** conditions allow, contact the EOF Director to give turnover of command and control by performing the following:
 - _____ 1. Complete the Emergency Coordinator Turnover Form in this enclosure.
 - _____ 2. Fax the completed Turnover Form to the EOF.
 - _____ 3. Conduct a verbal turnover with the EOF Director.
 - _____ 4. **WHEN** the Emergency Coordinator assumes command and control of the event and declares the EOF activated, verbally acknowledge the declaration.
- _____ B. Announce to the TSC and OSC that the EOF is activated as of _____ hours.
- _____ C. Ensure the NRC is notified (NRC Communicator) that the EOF is activated (taken the command and control function for the emergency).

Enclosure 4.1
Emergency Coordinator Checklist

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Task List

Tasks performed upon TSC activation until EOF is activated:

- _____ Declare emergency classifications (RP/0/A/5000/001).
- _____ Approve Emergency Notification Forms (RP/0/A/5000/006B).
- _____ Approve Protective Action Recommendations to off-site agencies (RP/0/A/5000/005).
- _____ Evaluate the emergency situation for classification downgrade or termination (Emergency Classification Downgrade/Termination Criteria and RP/0/A/5000/006B).

Tasks performed upon TSC activation until the termination of the emergency:

- _____ Set priorities for staff and work actions.
- _____ Identify critical tasks (defined in step 3.2) and immediately inform the OSC Coordinator.
- _____ **IF** the emergency involves one or more of the following specific events, consider implementing the Contingency Actions listed in this enclosure:
 - Radiological Release
 - Security Threat
 - Severe Accident
 - 10CFR50.54(x)
 - Facility and Equipment Failures
- _____ Approve NRC Notifications (RP/0/B/5000/013).
- _____ Conduct TSC staff briefings to update ERF staffs (EOF, OSC, TSC) on a periodic and as-needed basis (30-60 minutes, depending on the change in status).
- _____ Direct TSC Off-site Communicators to fax the completed TSC/OSC/EOF Update Briefing form to the OSC and EOF.
- _____ Update site personnel on a periodic and as-needed basis over the public address system (a job aid, Emergency Coordinator Update, is available in the position notebook for use in the preparation of announcements to be made over the public address system).
- _____ Authorize the evacuation of non-essential personnel (RP/0/A/5000/010).
- _____ Establish Recovery Organization following emergency termination (RP/0/B/5000/025).
- _____ Conduct a turnover of TSC Emergency Coordinator responsibilities with the oncoming shift.

Enclosure 4.1
Emergency Coordinator Checklist

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Contingency Actions for Specific Events List

Radiological Events

_____ Discuss the consequences of any radiological release on site and off site with TSC Dose Assessors.

NOTE: A decision to evacuate site personnel at Alert and Site Area Emergency should be based on avoided dose and the ability to functionally support plant operations.

_____ Evaluate the need to relocate personnel on site or conduct a site evacuation of non-essential personnel with the RP Manager (OSC) and the TSC staff.

_____ **IF** a decision is made to relocate personnel on site, notify the EOF Director of the planned action.

_____ **IF** a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel:

_____ TSC Emergency Planner

_____ EOF Director

_____ Off-site Agencies

_____ Evaluate the need to issue a blanket dose extension for the event with the RP Manager.

_____ **IF** a blanket dose extension is issued, announce the following to TSC and OSC staff:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). The RP Manager has approved a blanket dose extension for this event. If you have any questions concerning your dose limit, please contact RP in the OSC." (If a drill or exercise, announce "This is a drill.")

_____ **IF** emergency worker doses are expected to exceed the blanket dose extension limits, ensure the RP Manager implements RP/0/B/5000/018, "Emergency Worker Dose Extension."

_____ Ensure RP surveys the TSC and OSC for radioactive contamination prior to the delivery and consumption of food or drink.

_____ **IF** RP determines that eating and drinking is allowed in the TSC and OSC, make the following announcement:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). Eating and drinking are now allowed in the TSC and OSC." (If a drill or exercise, announce, "This is a drill.")

Enclosure 4.1
Emergency Coordinator Checklist

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Contingency Actions for Specific Events List

Security Threat:

NOTE: Security events attributed to an "insider" threat require securing all CAD doors to vital areas and implementation of the 2-person rule.

_____ Evaluate considerations listed in RP/0/B/5000/026 (Site Response to a Security Threat) with the Security Manager and TSC Emergency Planner.

_____ **IF** off-site power is lost, ensure the RN System is protected to support D/G operations.

NOTE: A decision to evacuate site personnel at Alert and Site Area Emergency should be based on the security response plan and the ability to functionally support plant operations.

_____ Evaluate the need to shelter or relocate personnel on site or conduct a site evacuation of non-essential personnel with the Security Manager and the TSC Emergency Planner.

_____ **IF** a decision is made to locate and isolate a hostile force, make the following announcement to the site:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). A security event is in progress. Seek shelter in your current location and report suspicious activities to Security." (If a drill or exercise, announce, "This is a drill.")

_____ **IF** a decision is made to relocate personnel on site, notify the EOF Director of the planned action.

_____ **IF** a decision is made to evacuate non-essential personnel to an off-site location, ensure the following are notified of locations and the number of personnel evacuated:

_____ TSC Emergency Planner

_____ EOF Director

_____ Off-site Agencies

_____ Ensure the Security Manager screens all information for Safeguards implications prior to releasing the information from the TSC.

Enclosure 4.1
Emergency Coordinator Checklist

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Contingency Actions for Specific Events List

Severe Accident (SAMG):

- _____ **IF** SACRG-1 or SACRG-2 is implemented by the Control Room, make the following announcement to the TSC and OSC:

"Attention all personnel. This is an emergency (a drill). This is an emergency (a drill). This is the TSC Emergency Coordinator. As of _____ hours the Control Room has entered SACRG-1(2). I am the Lead Decision Maker. Evaluate plant conditions using the SAMG Diagnostic Flow Chart and the Severe Challenge Status Tree." (If a drill or exercise, announce, "This is a drill.")

Use of 10CFR50.54(x) (defined in Subsequent Actions of this procedure):

- _____ **IF** a decision to implement 10CFR50.54(x) is made, ensure as a minimum that a licensed SRO approves the intended action prior to taking the action.
- _____ Ensure the following requirements are met within one hour of initiating an action justified by 10CFR50.54(x):
- _____ Report the action to the NRC using RP/0/B/5000/013 (NRC Notification Requirements). {1}
 - _____ Document the action taken in the Reactor Operator's Logbook.
 - _____ Document the action taken in the TSC Log.

Facility and Equipment Failures

- _____ **IF** video conferencing fails between the TSC and OSC, delegate a person to establish and maintain phone communications with the OSC.
- _____ **IF** the TSC becomes uninhabitable, relocate the TSC staff to the Administration Building per Enclosure 4.18. "Setup of the Alternate TSC and OSC."

Enclosure 4.1
Emergency Coordinator Checklist

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OSM to Emergency Coordinator Turnover Form

1. Plant Status:

Unit 1: _____

Unit 2: _____

2. Emergency Classification: _____

Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

_____ Radioactive Release

Y/N

_____ Injured Personnel

Y/N

_____ Other (Specify _____)

Y/N

6. Protective Actions in Progress:

_____ Site Assembly (Time Initiated _____)

Y/N

_____ Off-Site Protective Actions Recommended

Y/N (List) _____

_____ Other (Specify _____)

Y/N

7. Response Procedure In Progress: _____

RP _____ RP _____ RP _____

8. Actions in Progress:

Enclosure 4.1
Emergency Coordinator Checklist

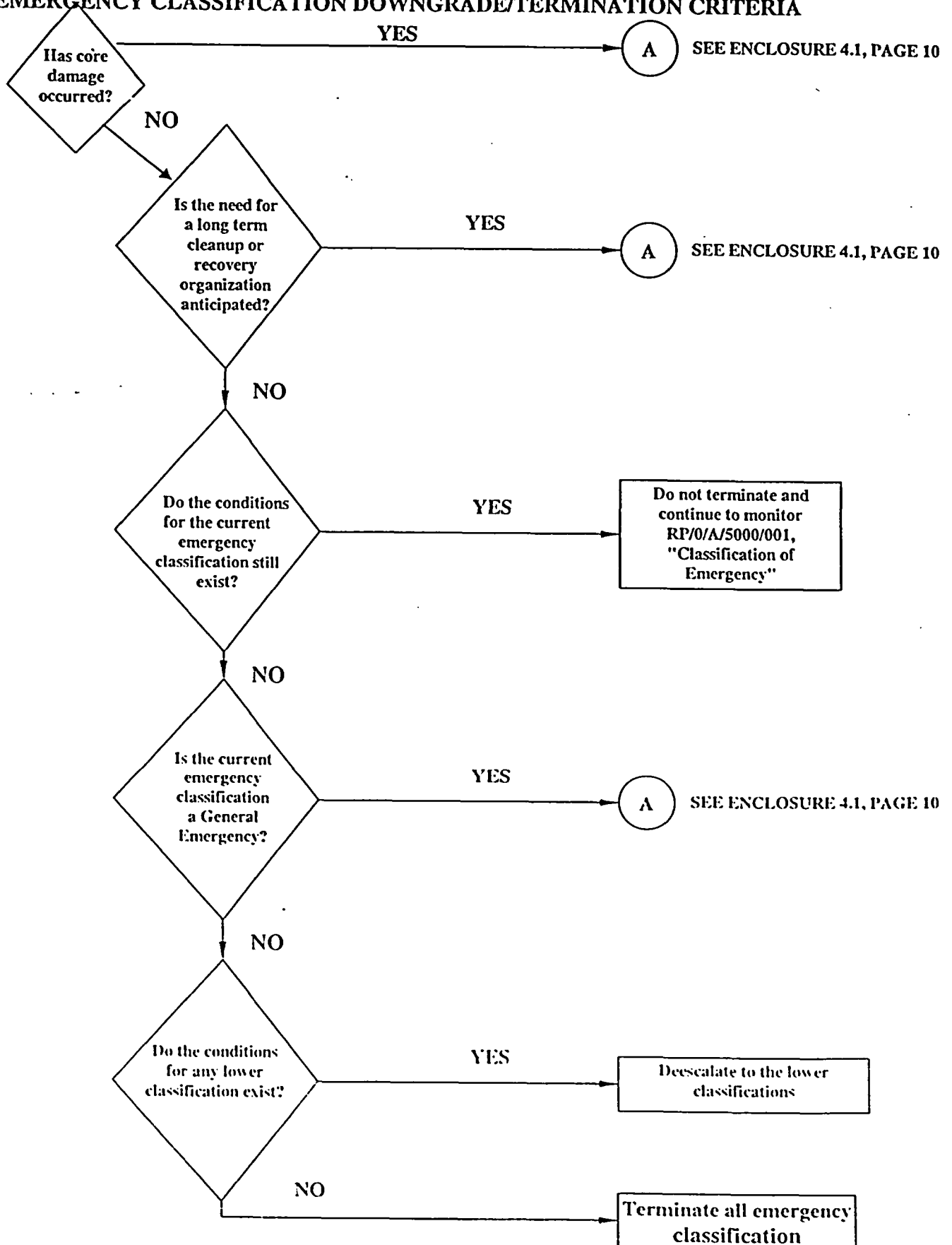
RP/0/A/5000/020
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UNIT(S) AFFECTED: CATAWBA U1 _____ U2 _____ MCGUIRE U1 _____ U2 _____

GENERAL	DATE: _____ TIME: _____	POWER LEVEL U-1 _____ U-2 _____	NCS TEMP _____ _____	NCS PRESS _____ _____																																													
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____ REASON FOR EMER. CLASS _____ _____																																																
SITE ASSEMBLY SITE EVACUATION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 15%;">TIME</th> <th style="width: 35%;">LOCATION OR COMMENTS</th> </tr> </thead> <tbody> <tr> <td>SITE ASSEMBLY</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SITE EVAC. (NON-ESSEN.)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>SITE EVAC. (ESSENTIAL)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>OTHER OFFSITE AGENCY INVOLVEMENT</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>MEDICAL</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>FIRE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>POLICE</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>					YES	NO	TIME	LOCATION OR COMMENTS	SITE ASSEMBLY	_____	_____	_____	_____	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____	MEDICAL	_____	_____	_____	_____	FIRE	_____	_____	_____	_____	POLICE	_____	_____	_____	_____					
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OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE _____ _____																																																	

Emergency Coordinator Turnover Form

EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA



EMERGENCY CLASSIFICATION DOWNGRADE/TERMINATION CRITERIA

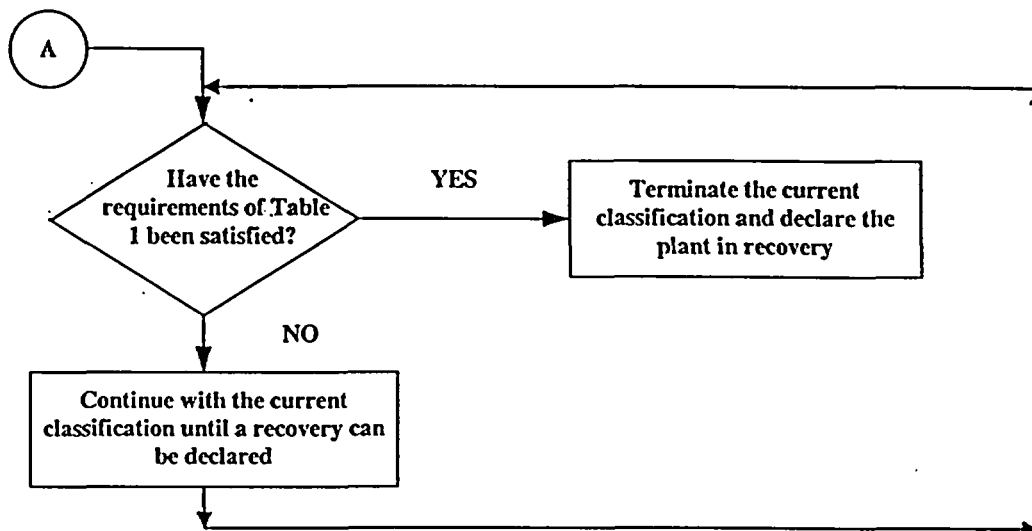


TABLE 1

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: Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling).
<u>OR</u>	
	No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection.
<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"/>	Off-site conditions do not limit plant access
<input type="checkbox"/>	The Public Information Coordinator, 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: <ul style="list-style-type: none">• Catawba - RP/0/B/5000/025• McGuire - RP/0/A/5700/024

Enclosure 4.1
Emergency Coordinator Checklist

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PROCESSES/SITUATIONS	RP#	RESPONSIBILITY
PROCESSES		
Core Damage Assessment	RP/15	Reactor Engineer
Classification of Emergency	RP/01	Operations Superintendent
Emergency Classification Response	RP/02-NOUE RP/03-Alert RP/04-SAE RP/05-GE	Operations Engrs/OSM
Emergency Dose Extension	RP/18	Radiation Protection Mgr (OSC)
Emergency Notification Form/ Offsite Agency Notifications	RP/06B	Offsite Communicators, Operations, Dose Assessment, Emergency Planner
OSC Activation	RP/24	OSC Coordinator and OSC Staff
NRC Notifications	RP/13	NRC Communicator, Reg Compliance (on call)
Public Affairs and News Media Mgmt	RP/28	Community Relations (Media Mgr and Public Spokesperson)
Recovery and Re-entry	RP/25	EOF Director and TSC Emergency Coordinator
Site Assembly	RP/10, immediate actions	Security
Site Evacuation	RP/10, subsequent actions RP/22	Emergency Planner, Security, Radiation Protection, Evacuation Coordinator, Evacuation Coordinator
TSC Activation	RP/20	TSC Emergency Coordinator and TSC Staff
SITUATIONS		
Site Response to a Security Threat	RP/26	Operations Engrs/Environmental/ Emergency Planner
Collisions or Explosions	RP/09	Operations (Fire Bde)
Fire	RP/29	Operations (Fire Bde)
Medical Emergency	N/A	Security (MERT)
Natural Disasters (Tornado, Hurricane, Earthquake, Flooding, Low Lake Level)	RP/07	Operations OSM, Emergency Planner
Severe Weather Preparations (High Winds, Heavy Icing)	RP/30	All Site Groups
Spills/HAZMAT	RP/08	Operations (Fire Bde), HAZMAT, EH&S, NSC (OSC)

Enclosure 4.2
TSC Dose Assessor Checklist

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Initial

- NOTE:**
1. Off-site Agency Communicators will be contacting Dose Assessment to provide information for the Electronic Emergency Notification Form.
 2. Procedure steps may be completed out of sequence at the discretion of the person performing this enclosure.

- ☐ Upon arrival in the TSC, perform the following:
 - Print name and time arrived on TSC sign-in board.
 - Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
 - Sign in on the TSC roster.
 - Obtain an electronic dosimeter (ED) at TSC entrance.
 - Manually activate the ED under RWP #33.
 - Obtain and put on position badge.
- ☐ Establish a TSC Dose Assessor position log of activities (e.g., evolutions impacting this position, decisions made by this position, communications to/from other groups).
- ☐ Perform the following to start the TSC air monitoring:

EMF 55A	EMF 55B
<input type="checkbox"/> A. IF ON, press STOP button.	<input type="checkbox"/> A. IF ON, press STOP button.
<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.	<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.
<input type="checkbox"/> C. Wait 30 seconds before proceeding to start monitors.	<input type="checkbox"/> C. Wait 30 seconds before proceeding to start monitors.
<input type="checkbox"/> D. Start monitor by pressing start.	<input type="checkbox"/> D. Start monitor by pressing start.
<input type="checkbox"/> E. Acknowledge any alarms.	<input type="checkbox"/> E. Acknowledge any alarms.
<input type="checkbox"/> F. Wait 30 seconds.	<input type="checkbox"/> F. Wait 30 seconds.
<input type="checkbox"/> G. IF the alarm or monitor fails to start, repeat steps A thru F.	<input type="checkbox"/> G. IF the alarm or monitor fails to start, repeat steps A thru F.
<input type="checkbox"/> H. IF the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.	<input type="checkbox"/> H. IF the EMF monitor fails to operate properly, request that TSC RP support initiate manual air sampling of the TSC.
<input type="checkbox"/> I. IF necessary, initiate a work request for inspection/repair of EMF monitor.	<input type="checkbox"/> I. IF necessary, initiate a work request for inspection/repair of EMF monitor.

- ☐ Evaluate any protective actions that have been recommended.

Enclosure 4.2
TSC Dose Assessor Checklist

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- ☐ Power up both the Dose Assessment and Electronic Notification Form computers and LOGON to the Network per the following:

User Name: CNSEP2
Password: CNSEP2
Domain: NAM

- ☐ Initiate the following emergency response procedures, as necessary:
- SH/0/B/2005/001, "Emergency Response Offsite Dose Projections"
 - HP/0/B/1009/014, "Radiation Protection Actions Following an Uncontrolled Release of Liquid Radioactive Material"
 - HP/0/B/1009/006, "Alternative Method for Determining Dose Rate within the Reactor Building"
- ☐ Prepare to complete the Dose Assessment portion of the Electronic Notification Form by obtaining a copy of the TSC Dose Assessors Electronic Notification Form Instructions located in the TSC Dose Assessors Notebook.
- ☐ Ensure the NRC Health Physics Network (HPN) is activated.

NOTE: 1. EMF isolation or loss of sample flow can indicate invalid EMF readings.
2. Be aware of the effects of loss of power on critical EMFs.

- ☐ Calculate off-site dose projections approximately every fifteen minutes or at frequency intervals appropriate to plant conditions.
- ☐ IF necessary, contact OSC RP Supervisor to request radiation surveys inside the Protected Area fence.

NOTE: CNS bridge line and wireless phone instructions are located in the TSC Dose Assessor notebook.

- ☐ Establish communications with EOF Dose Assessment Team via the Dose Assessment bridge line.
- ☐ Perform the following as needed:
- Provide computer off-site dose projection results.
 - Coordinate turnover to the EOF.
 - Provide support to the EOF team after EOF activation as needed.
 - Be prepared to resume dose assessment activities if EOF functions are transferred back to the TSC.
- ☐ Provide a listing of essential personnel for your position that should not leave the site during a site evacuation to RP Support.

Enclosure 4.2
TSC Dose Assessor Checklist

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NOTE: A job aid (TSC Update Briefing - Dose Assessor) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- ☐ Consider the following items that may be applicable in order to provide the latest status to the Emergency Coordinator staff and ERO during TSC update briefings:
- Any potential release or release in progress (especially at the site boundary).
 - Specific areas where off-site dose rates increasing
 - Meteorological Data (wind speed and wind direction, measured Δ temperature, stability class, and precipitation)
 - Dose projections based on changes in meteorological status
 - Dose projections at site boundary
 - Off-site dose projections that may be above or below normal operating limits
 - Any release in progress, including dose rates
 - Field Team Status/Data
 - Analyzed source term
 - Source Term Mitigation Strategies
 - Special evaluation for off-site dose consequences in such cases as a containment loss of integrity or steam generator tube rupture
 - Projected or changing plant conditions
 - Increase or decrease of release path EMF readings
 - Significant changes in radiological conditions
 - On-site radiological concerns
 - Radiological EAL criteria per RP/0/A/5000/001

NOTE:

1. 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.
2. Off-site dose assessment results, including projections, are to immediately follow the initial notifications.
3. The primary method of providing dose information to the Off-site Agency Communicators is via the Electronic Notification Form program, however, situations may dictate the use of the hard copy Emergency Notification Forms.

- ☐ Provide Off-site Agency Communicators with dose assessment information and other pertinent radiological information as requested utilizing the Electronic Notification Form program.
- ☐ Recommend off-site and on-site protective actions to the Emergency Coordinator (until TSC/EOF dose assessor turnover occurs and the EOF is activated).

Enclosure 4.2
TSC Dose Assessor Checklist

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- ☐ Perform the following to stop the TSC air monitoring upon securing from TSC activation:

EMF 55A	EMF 55B
<input type="checkbox"/> A. <u>IF</u> ON, press STOP button.	<input type="checkbox"/> A. <u>IF</u> ON, press STOP button.
<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.	<input type="checkbox"/> B. Acknowledge any alarms by pressing the ACKNOWLEDGE button.
<input type="checkbox"/> C. Verify monitors are OFF by confirming the ON light goes out and that the acknowledge and alarm lights are ON .	<input type="checkbox"/> C. Verify monitors are OFF by confirming the ON light goes out and that the acknowledge and alarm lights are ON .
<input type="checkbox"/> D. Repeat steps A, B and C as necessary.	<input type="checkbox"/> D. Repeat steps A, B and C as necessary.
<input type="checkbox"/> E. <u>IF</u> necessary, initiate a work request for inspection/repair of EMF monitor.	<input type="checkbox"/> E. <u>IF</u> necessary, initiate a work request for inspection/repair of EMF monitor.

- ☐ Restore dose assessor work area and all equipment to a ready state condition after a drill or event is terminated.
- ☐ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.3
TSC Off-Site Agency Communicator Checklist

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Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Establish a TSC Off-Site Agency Communicator position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups
- _____ Obtain a copy of RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."
- _____ Execute RP/O/A/5000/006B, "Notifications to the State and Counties from the Technical Support Center."
- _____ Verify all TSC clocks are synchronized with the Control Room satellite clock.
- _____ Ensure off-site agency communicators in the EOF are aware of information affecting off-site agencies even after turnover has occurred (e.g., fire in the motor control center has been put out).

NOTE: A job aid (TSC Update Briefing - Off-site Communications) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- _____ Provide the status of off-site agency notifications to the Emergency Coordinator and staff during TSC update briefings.
- _____ Provide the TSC Emergency Planner with a listing of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.4
NRC Communicator Checklist

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NOTE: The NRC Communicator position is initially filled by shift personnel in the Control Room. This position transfers to the TSC upon TSC activation.

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Establish an NRC Communicator position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups

NOTE: RP/0/B/5000/013, "NRC Notification Requirements," provides primary and alternate phone numbers for the NRC Operations Center.

- _____ Establish continuous communications with the NRC Operations Center upon request by the NRC.
- _____ Perform the following activities as necessary throughout the event:
 - A. Inform the NRC of TSC/EOF activation/deactivation.
 - B. Inform the NRC of plant conditions at all times.
 - C. IF the Regulatory Compliance Engineer position is staffed, inform the RC Engineer of planned NRC activities.
 - D. Inform the Logkeeper of all NRC notifications.

NOTE: Instructions for use of the OPS bridge line are provided in the Emergency Response Telephone Directory.

- _____ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure the phone/headset is on mute.
- _____ Provide the TSC OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.5
Operations Superintendent Checklist

RP/0/A/5000/020
Page 1 of 3

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Establish an Operations Superintendent position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

- _____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- _____ Perform the following as necessary throughout the event:
 - A. Provide technical expertise regarding solutions to operational problems to the TSC, Control Room, OSC and other members of the ERO as required.
 - B. Advise Emergency Coordinator on the anticipated course of the event.
 - C. Assist in making decisions on emergency classifications, mitigation strategies, and contingency plans.
 - D. Ensure each operating shift is staffed with adequate personnel to support all emergency situations, augmenting with additional resources as necessary.
 - E. Assist the TSC Off-Site Agency Communicators in completion of the Emergency Notification Forms using Step 3.2 for definitions associated with Emergency Notification Form.

Enclosure 4.5
Operations Superintendent Checklist

RP/0/A/5000/020
Page 2 of 3

Initial

_____ Establish direct communications with OSM for the following conditions:

- A. During all 10CFR50.54x discussions.
- B. Anytime it is required to back-track in procedures.
- C. Anytime the TSC recommends skipping procedure steps.
- D. During all discussion of significant troubleshooting plans.
- E. Anytime confusion, misunderstanding or disagreement exists between the Control Room and the TSC.

NOTE: A job aid (TSC Update Briefing - Operations) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- A. Provide the status of the following items as applicable to the Emergency Coordinator staff during update briefings.
 - Current Emergency Classification
 - Basis for Current Emergency Classification/Anticipated Changes to Emergency Classification
 - Current Mode
 - NC Temperature
 - NC Pressure
 - S/G Level
 - Current Plant Condition (Improving/Stable/Degrading)
 - Basis for Current Plant Condition
 - Key Problem Area/Recommended Priorities
- B. Evaluate and prioritize requests for information from the TSC staff, EOF staff, NRC and others.
- C. Evaluate and consult with Control Room personnel on suggested mitigation strategies.

_____ Assist Emergency Coordinator as a Decision-maker upon entry into Severe Accident Management Guidelines.

_____ Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

- A. Complete the "Operations 24-Hour TSC Essential Staffing List"
- B. Provide the TSC Logkeeper with the completed staffing list.

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

Enclosure 4.5
Operations Superintendent Checklist

RP/0/A/5000/020
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Operations 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - DESIRED		
Operations Superintendent	(1) _____ / _____	(1) _____
Operations Engineer	(1) _____ / _____	(1) _____
Assistant Operations Engineer	(1) _____ / _____	(1) _____
NRC Communicator	(1) _____ / _____	(1) _____
Control Room/TSC Communicator	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential OPS Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____
	(5) _____ / _____	(5) _____
	(6) _____ / _____	(6) _____
	(7) _____ / _____	(7) _____
	(8) _____ / _____	(8) _____

Enclosure 4.6
Operations Engineer Checklist

RP/0/A/5000/020
Page 1 of 1

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Establish an Operations Engineer position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups

<p>NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.</p>
--

- _____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- _____ Perform the following as necessary throughout the event:
 - A. Follow Response Procedures (RPs) and ensure completion of appropriate steps.
 - B. Maintain contact with Operations personnel in the Control Room, OSC and EOF.
 - C. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
 - D. Consult the EOF for possible solutions if procedural adequacy becomes a concern.
 - E. Provide information to Off-site Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions and protective action recommendations due to plant conditions using Step 3.2 for definitions associated with the Emergency Notification Form.
- _____ Serve as Lead Evaluator upon entry into Severe Accident Management Guidelines
- _____ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- _____ Provide all completed paperwork to Emergency Planning upon TSC deactivation.

<p>NOTE: Procedures should be replaced by SSAs when pages are removed or the procedure is written upon.</p>
--

- _____ Notify the shift SSA of specific procedures to restore in the Operations TSC procedure files upon TSC deactivation.

Enclosure 4.7
Assistant Operations Engineer Checklist

RP/0/A/5000/020
Page 1 of 1

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Establish an Assistant Operations Engineer position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups
- _____ Obtain a copy of RP/0/A/5000/001, "Classification of Emergency," from the procedure cabinet.
- _____ Obtain a copy of the current classification procedure and any applicable EOP.

<p>NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.</p>
--

- _____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- _____ Perform the following as necessary throughout the event:
 - A. Support Control Room and TSC with EOPs and RPs.
 - B. Provide recommends to the Operations Superintendent for emergency classification and protective action recommendation changes based on plant conditions.
 - C. Assist the Operation Engineer in following Response Procedures (RPs) and ensure completion of appropriate steps.
 - D. Assist the Operations Engineer in providing back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.
 - E. Assist the Operations Engineer in preparing Control Room personnel of possible difficult points in the procedures by a look ahead.
 - F. Assist Operations Engineer in development of Severe Accident Management Guidelines Strategies.
- _____ Provide the OPS Superintendent with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.8
Engineering Manager Checklist

RP/0/A/5000/020
Page 1 of 4

Initial

- _____ Print name and time arrived on TSC sign-in board
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.

NOTE: The Engineering Manager's OAC computer screen is normally displayed on the large screen to the left of the TSC Emergency Coordinator.

- _____ Ensure Engineering Manager PC is on and displaying plant status.
- _____ Establish an Engineer Manager position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

- _____ Establish communications with the Control Room, OSC and EOF with the Ericsson phone/headset via the OPS bridge line.
- _____ Confirm that the System Support Engineer has verified the Technical Support Center Ventilation System to be operable (capable of operating in filter mode).
- _____ Confirm that the System Engineer has verified the proper response of TSC computers (information displayed matches plant conditions).
- _____ Obtain the following information from the System Support Engineer
 - A. System Initiating Event
 - B. System Fault
 - C. Equipment Out Of Service
- _____ Establish verbal communications with TSC Dose Assessment personnel.
- _____ Establish communications with OSC Equipment Engineer.
OSC Equipment Engineer Contacted: _____
- _____ Establish communications with the Accident Assessment Manager in the EOF.
EOF Accident Assessment Manager Contacted: _____

Enclosure 4.8
Engineering Manager Checklist

RP/0/A/5000/020
Page 2 of 4

Initial

_____ Perform the following as necessary throughout the event:

- A. Continually assess plant conditions and inform the TSC Emergency Coordinator of potential for changing conditions.
- B. Provide the status of the following items to the Emergency Coordinator staff during update briefings. (Update briefings are conducted at approximately 30 minute intervals). The following page provides a sheet that may be used to note status information.
 - Known system fault(s)
 - Level of Core Damage
 - Estimated time to core uncover/core damage
 - Shutdown Margin
 - Subcooling Margin
 - ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)
 - Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)
 - Reactor Vessel Integrity Status
 - Manage overall site engineering effort and ensure adequate levels of engineering resources are available to support the TSC and OSC.
 - Serve as point of contact for TSC Reactor Engineer, TSC Systems Support Engineer and OSC Equipment Engineer.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

_____ A. Complete the "Engineering 24 Hour TSC Essential Staffing List."

_____ B. Provide the TSC Logkeeper with the completed staffing list.

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

Engineering Manager Status Information

1. Known system fault(s)

2. Level of Core Damage

3. Estimated time to core uncover/core damage

4. Shutdown Margin (TIME/MARGIN)

5. Subcooling Margin (TIME/MARGIN)

6. ECCS Status (injection flow rates, proper ECCS response) (Primary heat removal capability)

7. Aux Feed Status (feedwater flows, proper CA response) (Secondary heat removal capability)

8. Reactor Vessel Integrity Status

9. Containment Integrity Status (including penetrations and intersystem flow paths)

Enclosure 4.8
Engineering Manager Checklist

RP/0/A/5000/020
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Engineering 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Reactor Engineer	(1) _____ / _____	(1) _____
75 MINUTE RESPONDERS - DESIRED		
Engineering Manager	(1) _____ / _____	(1) _____
Systems Support Engineer	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential Engineering Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____

Enclosure 4.9
Reactor Engineer Checklist

RP/0/A/5000/020
Page 1 of 3

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Turn on Reactor Engineer computer, log on LAN under ID with write privilege for NE-LIB and verify software.
- _____ Establish a Reactor Engineer position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups
- _____ IF applicable, obtain a copy of and execute RP/0/A/5000/015, "Core Damage Assessment."

NOTE: Instructions for use of the Ericsson phone and OPS bridge line are provided at phone location and in the Emergency Response Telephone Directory.

- _____ To listen in on the Operations communication loop, dial the OPS bridge line. Be sure that the phone/headset is on mute.
- _____ Perform the following as necessary throughout the event:
 - A. Evaluate plant and reactor performance using available data in terms of:
 - Level of core damage.
 - Estimated time to core uncover/core damage
 - Shutdown margin
 - Subcooling margin
 - Trend appropriate parameters to monitor recovery

NOTE: The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.

- B. Provide TSC Engineering Manager and/or TSC Operations Superintendent with information concerning any abnormal core conditions.
- C. Ensure control and accountability of Special Nuclear Materials.
- D. Exchange information with EOF Accident Assessment Group as requested.

Enclosure 4.9
Reactor Engineer Checklist

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_____ Provide the Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

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

Shutdown Margin

[illegible]

Core Status

[illegible]

Enclosure 4.10
System Support Engineer Checklist

RP/0/A/5000/020
Page 1 of 3

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.

_____ Manually activate the ED under RWP #33.

_____ Establish a System Support Engineer position log that captures as a minimum:

- A. Evolutions impacting this position
- B. Decisions made by this position
- C. Communication to/from other work groups

_____ Verify the proper response of TSC computers (information displayed matches plant conditions).

_____ Verify that the Technical Support Center Ventilation System is operable (capable of operating in filter mode).

_____ Provide the following information to the TSC Engineering Manager:

A. Initiating Event:

B. Primary Systems Equipment OOS:

C. Primary Systems Faults:

D. Secondary Systems Equipment OOS:

E. Secondary Systems Faults:

F. Electrical Systems Equipment OOS:

G. Electrical Systems Faults:

H. Containment Status (including penetrations and interfacing systems VE, VY, SM, ND, NV)

Enclosure 4.10
System Support Engineer Checklist

RP/0/A/5000/020
Page 2 of 3

Initial

_____ Perform the following as necessary throughout the event:

NOTE: The "TSC Engineering Manager Update Worksheet" of this enclosure may be used to maintain data to be provided to the TSC Engineering Manager.

- A. Provide TSC Engineering Manager and/or TSC Operations Superintendent with the following information:
 - Known system fault(s)
 - ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability)
 - Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability)
 - Trend appropriate parameters to monitor recovery.
- B. Advise TSC Engineering Manager on current systems status and accident mitigation strategies.
- C. Exchange information with EOF Accident Assessment Group.

_____ Provide the TSC Engineering Manager with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

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

Enclosure 4.10
System Support Engineer Checklist
TSC Engineering Manager Update Worksheet

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TIME: _____

Known system fault(s)(including containment integrity): _____

ECCS Status (injection flow rates, proper ECCS response, Primary heat removal capability): _____

Aux Feed Status (feedwater flows, proper CA response, Secondary heat removal capability):

Trend appropriate parameters to monitor recovery: _____

Enclosure 4.11
TSC Emergency Planner Checklist

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Page 1 of 10

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board area.
- _____ Manually activate the ED under RWP #33.
- _____ Complete Enclosure 4.17, "TSC Pre-activation Checklist," and provide completed enclosure to Emergency Coordinator for approval.
- _____ Obtain a current copy of the qualified Catawba Nuclear Site Emergency Response Organization.
- _____ Verify that all TSC and OSC positions are staffed by qualified Catawba Nuclear Site Emergency Response Organization personnel.
- _____ Perform the following as necessary throughout the event:
 - A. Directly support the Emergency Coordinator providing:
 - Support for activation and operation of the TSC.
 - Emergency Plan information
 - Interface with NRC
 - Interface with state and county agencies
 - Any other support as requested by the Emergency Coordinator
 - B. Facilitate the operation of the TSC.
 - C. Assist Off-Site Agency Communicators in preparation of emergency notification forms.
 - D. Act as site evacuation point of contact for Emergency Coordinator AND serve as interface between Security Manager, Evacuation Coordinator and the Radiation Protection Manager for evacuation purposes.
 - E. IF a security event occurs, perform the following for the Emergency Planner bridge line:
 - _____ Notify Community Relations to contact the TSC on the Emergency Planner bridge line.
 - _____ Hang up the Community Relations speakerphone located to the left of the Emergency Coordinator's position.
 - _____ Demand authentication from any person entering the bridge line.
 - _____ Record the name and function of all persons on the bridge line.
 - _____ Connect Security Manager to bridge line to ensure only appropriate information is discussed.

TSC Emergency Planner Checklist

____ Establish communications with the EOF Emergency Planner on the Emergency Planning bridge line.

____ Establish communications with the Evacuation Coordinator and keep Evacuation Coordinator informed of site evacuation status.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.

____ A. Complete the "Command and Special Staff 24 Hour TSC Essential Staffing List."

____ B. Provide the TSC Logkeeper with the completed staffing list.

____ Assist the NRC Resident in setting up listen only communication on the OPS bridge line.

____ WHEN the emergency event (or drill) is terminated, announce over the TSC/OSC public address system:

"Attention in the TSC and OSC. Gather all completed procedures and event log sheets. Give all documentation to Emergency Planning. A post event critique will be held at _____ hours on ____ / ____ / ____ in the TSC."

Enclosure 4.11
TSC Emergency Planner Checklist

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Command and Special Staff 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Emergency Coordinator	(1) _____ / _____	(1) _____
75 MINUTE RESPONDERS - DESIRED		
Assistant Emergency Coordinator	(1) _____ / _____	(1) _____
Security Manager	(1) _____ / _____	(1) _____
TSC Emergency Planner	(1) _____ / _____	(1) _____
TSC Off-site Agency Communicator	(1) _____ / _____	(1) _____
TSC Logkeeper	(1) _____ / _____	(1) _____
TSC Data Coordinator	(1) _____ / _____	(1) _____
Evacuation Coordinator	(1) _____ / _____	(1) _____
NRC Resident	(1) _____ / _____	(1) _____
ON CALL PERSONNEL		
Regulatory Compliance Engineer (as needed)	(1) _____ / _____	(1) _____

Enclosure 4.11
TSC Emergency Planner Checklist

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24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
ADDITIONAL ESSENTIAL PERSONNEL		
Additional Essential Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____
	(5) _____ / _____	(5) _____
	(6) _____ / _____	(6) _____
	(7) _____ / _____	(7) _____
	(8) _____ / _____	(8) _____
	(9) _____ / _____	(9) _____
	(10) _____ / _____	(10) _____
	(11) _____ / _____	(11) _____
	(12) _____ / _____	(12) _____
	(13) _____ / _____	(13) _____
	(14) _____ / _____	(14) _____
	(15) _____ / _____	(15) _____
	(16) _____ / _____	(16) _____
	(17) _____ / _____	(17) _____
	(18) _____ / _____	(18) _____
	(19) _____ / _____	(19) _____
	(20) _____ / _____	(20) _____

Enclosure 4.11
TSC Emergency Planner Checklist
TSC Facility Post Event Checklist

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Initial

- ☐ Obtain printed copy of TSC Log
 - ☐ Retrieve:
 - ☐ Video Tapes
 - ☐ Completed Procedures
 - ☐ Notes
 - ☐ Turn off:
 - ☐ Copier
 - ☐ Computers
 - ☐ PA System (Used for Critique)
 - ☐ OSC Video Conferencing System (Leave EOF Video Conference computer on)
 - ☐ Video Monitors
 - ☐ Perform:
 - ☐ Supply Cabinet Inventory (PT/0/B/4600/004) Checklist
 - ☐ Clean Tables Off
 - ☐ Put all Trash in Containers
 - ☐ Erase Status Boards
 - ☐ Procedure Cabinet Inventory
-
- ☐ RP/0/A/5000/001 3 copies
 - ☐ RP/0/A/5000/002 3 copies
 - ☐ RP/0/A/5000/003 3 copies
 - ☐ RP/0/A/5000/004 3 copies
 - ☐ RP/0/A/5000/005 3 copies
 - ☐ RP/0/A/5000/006B 2 copies
 - ☐ RP/0/A/5000/007 2 copies
 - ☐ RP/0/B/5000/008 2 copies
 - ☐ RP/0/A/5000/009 2 copies
 - ☐ RP/0/A/5000/010 2 copies
 - ☐ RP/0/B/5000/013 2 copies
 - ☐ RP/0/A/5000/015 2 copies
 - ☐ RP/0/A/5000/018 2 copies

Enclosure 4.11
TSC Emergency Planner Checklist
TSC Facility Post Event Checklist

RP/0/A/5000/020
Page 6 of 10

NOTE: RP/0/A/5000/020 enclosure copies shall be attached to Procedure Process Record and main body of RP/0/A/5000/020

___	RP/0/A/5000/020	2 copies
___	Enclosure 4.1	1 copy
___	Enclosure 4.2	1 copy
___	Enclosure 4.3	1 copy
___	Enclosure 4.4	1 copy
___	Enclosure 4.5	1 copy
___	Enclosure 4.6	1 copy
___	Enclosure 4.7	1 copy
___	Enclosure 4.8	1 copy
___	Enclosure 4.9	1 copy
___	Enclosure 4.10	1 copy
___	Enclosure 4.11	1 copy
___	Enclosure 4.12	1 copy
___	Enclosure 4.13	1 copy
___	Enclosure 4.14	1 copy
___	Enclosure 4.15	1 copy
___	Enclosure 4.16	1 copy (Include a copy of Enclosure 4.1)
___	Enclosure 4.17	1 copy
___	Enclosure 4.18	1 copy
___	RP/0/B/5000/022	2 copies
___	RP/0/B/5000/025	2 copies
___	RP/0/B/5000/026	2 copies
___	RP/0/B/5000/029	2 copies
___	RP/0/B/5000/030	2 copies
___	HP/0/B/1009/001	2 copies
___	HP/0/B/1009/003	2 copies
___	HP/0/B/1009/004	2 copies
___	HP/0/B/1009/007	2 copies
___	HP/0/B/1009/009	2 copies
___	HP/0/B/1009/014	2 copies
___	HP/0/B/1009/016	2 copies
___	HP/0/B/1009/019	2 copies
___	HP/0/B/1009/024	2 copies
___	HP/0/B/1009/026	2 copies
___	SH/0/B/2005/001	5 copies

Enclosure 4.11
TSC Emergency Planner Checklist

RP/0/A/5000/020
Page 7 of 10

TSC Facility Post Event Checklist

- ___ SAMG Drill Strategy Sheets 5 copies
- ___ SAMG Emergency Strategy Sheets 5 copies
- ___ EG/1/A/CSAM/SACRG1 2 copies
- ___ EG/1/A/CSAM/SACRG2 2 copies
- ___ EG/2/A/CSAM/SACRG1 2 copies
- ___ EG/2/A/CSAM/SACRG2 2 copies
- ___ EG/0/A/CSAM/DFC 5 copies
- ___ EG/0/A/CSAM/SAG-1 5 copies
- ___ EG/0/A/CSAM/SAG-2 5 copies
- ___ EG/0/A/CSAM/SAG-3 5 copies
- ___ EG/0/A/CSAM/SAG-4 5 copies
- ___ EG/0/A/CSAM/SAG-5 5 copies
- ___ EG/0/A/CSAM/SAG-6 5 copies
- ___ EG/0/A/CSAM/SAG-7 5 copies
- ___ EG/0/A/CSAM/SCST 5 copies
- ___ EG/0/A/CSAM/SCG-1 5 copies
- ___ EG/0/A/CSAM/SCG-2 5 copies
- ___ EG/0/A/CSAM/SCG-3 5 copies
- ___ EG/0/A/CSAM/SCG-4 5 copies
- ___ EG/0/A/CSAM/SAEG-1 5 copies
- ___ EG/0/A/CSAM/SAEG-2 5 copies
- ___ SAAG File No: 428 - CA-1 through CA-7 5 sets

- ___ Copy of Qualified ERO Listing (TSC & OSC only) for procedure cabinet

- ___ ERO Position Specific Notebooks - attach the following enclosures to copy of Procedure Process Record and main body of Procedure RP/0/A/5000/020:
 - ___ Enclosure 4.1 1 copy
 - ___ Enclosure 4.2 1 copy (Include 2 copies of TSC Dose Assessor Electronic Notification Form Instructions [EP Group Manual Guideline 5.6.4, Encl. 5.1])
 - ___ Enclosure 4.3 1 copy (Include 1 copy of RP/0/A/5000/006B and 5 copies of Emergency Notification Form)
 - ___ Enclosure 4.4 1 copy
 - ___ Enclosure 4.5 1 copy
 - ___ Enclosure 4.6 1 copy
 - ___ Enclosure 4.7 1 copy
 - ___ Enclosure 4.8 1 copy
 - ___ Enclosure 4.9 1 copy
 - ___ Enclosure 4.10 1 copy
 - ___ Enclosure 4.11 1 copy
 - ___ Enclosure 4.12 1 copy
 - ___ Enclosure 4.13 1 copy

Enclosure 4.11
TSC Emergency Planner Checklist
TSC Facility Post Event Checklist

RP/0/A/5000/020
Page 8 of 10

Initial

- ☐ Enclosure 4.14 1 copy
- ☐ Enclosure 4.15 1 copy
- ☐ Enclosure 4.16 1 copy (Include a copy of Enclosure 4.1)
- ☐ Enclosure 4.17 1 copy
- ☐ Enclosure 4.18 1 copy

☐ Perform the following with regards to the TSC Ericsson phones:

- ☐ Assure all TSC cell phones have been turned off
- ☐ Remove battery from phone and place in charger

☐ - Replenish:

- ☐ Procedure cabinet
- ☐ Supplies as necessary (Reseal Cabinets)

☐ Call:

- ☐ Cleaning Crew
- ☐ Southern Food (If items need to be picked up)

☐ Turn in to Emergency Planning:

- ☐ Logs
- ☐ Completed Procedures
- ☐ Notes
- ☐ Video Tapes
- ☐ Supply Inventory Checklist

TSC Emergency Planner Checklist

OSC Facility Post Event Checklist

Initial

_____ Print:

_____ Copy of OSC Log

_____ Team Task Sheets

_____ Retrieve:

_____ Video Tapes

_____ Completed Procedures

_____ Notes

_____ Turn off:

_____ Copier

_____ Computers

_____ PA System

_____ Video Conferencing System Monitors (not computers)

_____ Video Monitors

_____ Perform:

_____ Supply Cabinet Inventory If Tamper Seal Is Broken (PT/0/B/4600/04) Checklist

_____ Clean Tables Off

_____ Put all Trash In Containers

_____ Erase Status Boards

_____ Procedure Cabinet Inventory

_____ RP/0/B/5000/008 2 copies

_____ RP/0/A/5000/010 2 copies

_____ RP/0/B/5000/029 2 copies

_____ RP/0/B/5000/030 2 copies

_____ RP/0/A/5000/024 1 copy

_____ HP/0/B/1000/006 2 copies

_____ HP/0/B/1009/001 2 copies

_____ HP/0/B/1009/003 2 copies

_____ HP/0/B/1009/005 2 copies

_____ HP/0/B/1009/006 2 copies

_____ HP/0/B/1009/007 2 copies

_____ HP/0/B/1009/008 2 copies

_____ HP/0/B/1009/009 4 copies

_____ HP/0/B/1009/014 2 copies

_____ HP/0/B/1009/016 2 copies

Enclosure 4.11
TSC Emergency Planner Checklist

RP/0/A/5000/020
Page 10 of 10

OSC Facility Post Event Checklist

Initial

- _____ Replace: RP/0/A/5000/024 - 1 copy each
 - _____ Equipment Engineer
 - _____ Maintenance Manager
 - _____ Radiation Protection Manager
 - _____ Radiation Protection Supervisor
 - _____ DRC Supervisor
 - _____ Chemistry Manager
 - _____ EH&S Manager
 - _____ OSC Coordinator
 - _____ OSC Operations Supervisor
 - _____ OSC Log/Status Keeper
 - _____ NSC Manager
 - _____ Procedure Cabinet

- _____ Replenish:
 - _____ Procedures
 - _____ Supplies as necessary (Reseal Cabinets)

- _____ Call:
 - _____ Cleaning Crew
 - _____ Southern Foods if items need to be picked up

- _____ Turn in to Emergency Planning
 - _____ Logs
 - _____ Team Task Sheets
 - _____ Completed Procedures
 - _____ Notes
 - _____ Video Tapes
 - _____ Supply Inventory Checklist (PT/0/B/4600/004)

Enclosure 4.12
TSC Logkeeper Checklist

RP/0/A/5000/020
Page 1 of 1

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board.
- _____ Manually activate the ED under RWP #33.

NOTE: The TSC Log is normally displayed on the large screen to the right of the TSC Emergency Coordinator.

- _____ Startup TSC Logkeeper Computer.

NOTE: Instructions for operating the electronic message board are displayed on the back of the electronic message board remote control.

- _____ Verify that current Emergency Classification is displayed on electronic message board.
- _____ Perform the following as necessary throughout the event:

NOTE: Incorrect log entries are corrected by a new entry in the log.

1. Provide logkeeping of the event for the Emergency Coordinator.
2. **IF** Autolog becomes inoperable, maintain log manually.
3. Ensure the electronic event classification status board is maintained with current emergency classification.
4. Coordinate data displays as requested by the Emergency Coordinator.
5. Ensure that emergency declaration times stated in the TSC Log are consistent with the emergency declaration times stated on the applicable Emergency Notification Form.

- _____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

- _____ Store the 24 Hour TSC Essential Staffing Lists for the following TSC functions:

- Command and Special Staff
- Operations
- Radiation Protection
- Engineering

- _____ Provide a printed copy of the final TSC Log to Emergency Planning upon deactivation of the TSC.

TSC Data Coordinator Checklist

Initial

- _____ Ensure TLD has been obtained.
- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board.
- _____ Manually activate the ED under RWP #33.
- _____ Obtain a copy of the Data Coordinator's Reference Manual located in the OAC Area of the TSC.

NOTE:	<ol style="list-style-type: none">1. Emergency Response Data System (ERDS) transmission to the NRC is required to be initiated within one hour of declaring an actual Alert or higher Emergency Classification.2. The Control Room normally initiates ERDS transmission.3. ERDS transmission is simulated for drills/exercises.
--------------	---

- _____ IF classification is Alert or higher, verify ERDS data transmission to the NRC has been established by the Control Room.
- _____ IF ERDS data transmission has not been established, troubleshoot as necessary and initiate ERDS data transmission per Data Coordinator's Reference Manual.
- _____ Perform the following as necessary throughout the event:
 - A. Verify that TSC and OSC electronic equipment is operating properly per the Data Coordinator's Reference Manual.
 - B. Establish contact with EOF Data Coordinator.
 - C. Ensure data is available in the TSC and OSC for use in accident mitigation.
 - D. Manage data gathering and dissemination by:
 - Maintaining IT hardware/software in the TSC and OSC.
 - Ensuring necessary software graphics and displays operate and meet the needs of the TSC and OSC.
 - Providing TSC and OSC hardware/software oversight.
 - Maintain ERDS transmission to the NRC.
- _____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.14
RP Support Checklist

RP/0/A/5000/020
Page 1 of 5

Initial

_____ Print name and time arrived on TSC sign-in board.

_____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.

_____ Sign TSC roster located at the TSC sign-in board.

_____ Obtain an electronic dosimeter (ED) from the TSC sign-in board.

_____ Manually activate the ED under RWP #33.

_____ Establish an RP Support position log that captures as a minimum:

- A. Evolutions impacting this position
- B. Decisions made by this position
- C. Communication to/from other work groups

Perform the following actions upon arrival at the TSC:

- A. Open TSC Emergency Kit
- B. Place portable instruments into service.
- C. Provide TSC personnel Self Reading Dosimeters (SRDs) as necessary; (e.g., Pocket Dosimeters).
- D. Provide Dose Cards to TSC personnel, as necessary.
- E. Monitor TSC dose rates, as necessary.
- F. Initiate contamination control requirements, as appropriate
- G. Inform Emergency Coordinator when eating and drinking is permitted in the TSC and OSC.

_____ Set up personnel monitoring equipment based on contamination levels and site conditions; (e.g., TSC Portal Monitor, and frisker, as necessary).

- A. Initiate personnel monitoring contamination control requirements, as necessary.
- B. Establish a travel path for personnel entering the TSC, as necessary.
- C. Establish a travel path for personnel exiting the TSC, as necessary.
- D. Ensure personnel monitoring equipment is used by personnel in the TSC.

_____ Activate Field Monitoring Team (FMT) organization based on information from dose assessors and potential radiological releases.

NOTE:

- 1. Notify RP Supervisor and TSC Dose Assessor of any field teams assigned prior to OSC activation.
- 2. Field teams may be directed by the EOF Field Monitoring Coordinator (FMC) prior to activation of the EOF.

- A. Contact OSC RP Management (RP Supervisor or RP Duty Shift) for FMT support.
- B. Request FMT support based on number of RP personnel available in OSC.
- C. Request FMT support based on current meteorological conditions.
- D. Request additional FMTs per notification by TSC Dose Assessor or EOF Field Monitor Coordinator, as appropriate.

Enclosure 4.14
RP Support Checklist

RP/0/A/5000/020
Page 2 of 5

Initial

_____ Contact Field Monitor Team members in Emergency Equipment Storage Room, as appropriate.

- A. Determine personnel assignment to Field Monitor Teams.
- B. Initiate HP/0/B/1009/019, "Emergency Radio System Operation Maintenance, and Communication"

_____ Update FMT personnel on plant radiological status.

- A. Update FMT personnel on any previous or current off-site releases; (e.g., plume of radioactive material, liquid or gaseous activity that has been released).
- B. Update FMT personnel on potential off-site release; (e.g., plume of radioactive material, liquid or gaseous activity that may be released).

_____ Obtain current meteorological information.

- A. Assess initial plume movement based on meteorological information.

_____ Dispatch one or more Field Monitor Teams as follows:

<u>Call Sign</u>	<u>Members</u>	<u>Transportation</u>
Sample Van 1	2	Emergency Van
Sample Van 2	2	Emergency Van
Alpha	2	Land Vehicle
Bravo	2	Land Vehicle (as necessary)
Charlie	2	Land Vehicle (as necessary)
Delta	2	Land Vehicle (as necessary)

_____ Dispatch Field Monitor Teams based on stability class, wind direction, wind speed, and time of release, as follows:

- A. Sample Van 1 to left side of the plume.
- B. Sample Van 2 to right side of the plume.
- C. Alpha Survey Team to the 0.5 mile site radius to traverse the plume at its estimated arc.
- D. Bravo Survey Team in an attempt to intersect the leading edge of the plume.
- E. Charlie and Delta Survey Teams to assist in defining any affected areas.

_____ Request field team to assess potential offsite radiological conditions; (e.g., dose rates from gaseous or liquid release).

_____ Instruct Emergency Sample Vans to obtain environmental samples as necessary per HP/0/B/1009/004. "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of Catawba Nuclear Station".

Enclosure 4.14
RP Support Checklist

RP/0/A/5000/020
Page 3 of 5

Initial

- NOTE:**
1. Changes in meteorological conditions may affect assembly points.
 2. On site survey teams, inside the protected area, dispatched from OSC (e.g., Foxtrot Team) should report survey results to OSC RP Supervision.
 3. TSC RP Support or EOF Field Monitor Coordinator are to be notified of on site survey results using telephone or radio, as appropriate.

_____ If necessary, assist EOF Field Monitoring Coordinator (FMC) direct field teams.

_____ Monitor radio communication between FMC/Radio Operator and field teams.

_____ Notify RPM and TSC Dose Assessor of plume directional movement as determined by field team surveys.

A. Communicate significant meteorological changes to RPM and TSC Dose Assessor.

_____ Monitor dose rates in TSC.

A. Initiate discussion with RPM on the need to evacuate TSC if General Area dose rate approaches 5 mrem/hr and dose rate is expected to continue.

B. Initiate discussions with RPM regarding need to provide dose extensions for Field Monitoring team members, when appropriate.

_____ Inform RPM and TSC Dose Assessor of any on-site or near site hazards.

A. Notify RPM of vehicle accidents.

B. Notify RPM of personnel accidents.

C. Notify RPM of safety incidents reported by the FMTs

_____ Maintain a 10 mile radius map in the TSC.

A. Confirm approximate plume shape and location using accumulated field team information.

B. Illustrate approximate plume shape and location on the map using accumulated field data.

C. Post current FMT locations.

D. Post latest instrument survey results for each field monitoring location.

_____ Assess field-monitoring strategies for plume assessment.

A. Review plant radiological status.

B. Review field data and meteorological information approximately every fifteen minutes for any changes.

_____ Advise TSC Dose Assessor of field monitoring results.

_____ Issue re-zeroed pocket dosimeters to TSC personnel when necessary.

A. Issue dose cards to TSC personnel when necessary.

Enclosure 4.14
RP Support Checklist

RP/0/A/5000/020
Page 4 of 5

Initial

- _____ Maintain an organized file of sample results/data generated from FMT activities.
- _____ Coordinate radiological monitoring of food items supplied to the TSC with Nuclear Supply Chain and Emergency Planning representatives.
- _____ Provide radiological event information to Field Monitor Coordinator (FMC) at EOF, as necessary.

NOTE TSC RP Support becomes functionally responsible to OSC RPM upon EOF activation.

- _____ Restore RP Emergency Response Kit equipment to a ready state condition after a drill or event is terminated.

Determine the essential personnel that will remain on site to staff and support TSC operations should a site evacuation be required for the emergency situation.
 - _____ A. Complete the "Radiation Protection 24 Hour TSC essential Staffing List."
 - _____ B. Provide the TSC Logkeeper with the completed staffing list.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the TSC.

Enclosure 4.14
RP Support Checklist

RP/0/A/5000/020
Page 5 of 5

Radiation Protection 24 Hour TSC Essential Staffing List

JOB FUNCTION	CURRENT RESPONDER'S NAME/ ARRIVAL TIME	24 HOUR STAFFING RELIEF'S NAME
75 MINUTE RESPONDERS - REQUIRED		
Dose Assessors	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
75 MINUTE RESPONDERS - DESIRED		
RP Support	(1) _____ / _____	(1) _____
OTHER ESSENTIAL PERSONNEL		
Other Essential RP Personnel (as needed)	(1) _____ / _____	(1) _____
	(2) _____ / _____	(2) _____
	(3) _____ / _____	(3) _____
	(4) _____ / _____	(4) _____

Enclosure 4.15
Security Manager Checklist

RP/0/A/5000/020
Page 1 of 2

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located at the TSC sign-in board.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board.
- _____ Manually activate the ED under RWP #33.

NOTE: Security has the lead role for locating unaccounted personnel identified during a Site Assembly.

- _____ Coordinate with the OSC Radiation Protection Manager to control security officer dose in the field.
- _____ Notify OSC DRC Supervisor of any MERT responses before or after TSC/OSC activation.
- _____ Establish a Security Manager position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups

NOTE: A job aid (TSC Update Briefing - Security) is available in the position notebook to provide thoroughness and consistency in the preparation and delivery of TSC updates.

- _____ Provide the status of Security operations to the Emergency Coordinator and staff during TSC update briefings.

NOTE: Site Assembly shall be completed within 30 minutes of initiation of the action to determine site accountability. The completion time is that time when the Emergency Coordinator is informed by the Security Manager that site assembly is complete.

- _____ Provide site assembly status information to the Emergency Coordinator as soon as it is determined.
 - A. Number of unaccounted personnel inside the protected area
 - B. Evaluate the number of unaccounted personnel to determine if making an announcement by name for these personnel to re-swipe their badge in a site assembly card reader is feasible
 - C. Approximate number of personnel assembled inside and outside the protected area
- _____ Notify the Emergency Coordinator when site assembly is completed.

Enclosure 4.15
Security Manager Checklist

RP/0/A/5000/020
Page 2 of 2

_____ Serve as Security point of contact for:

- A. Site Assembly Accountability
- B. Site Evacuation
- C. MERT Support
- D. Security Plan Implementation

_____ Coordinate evacuation with Evacuation Coordinator and Emergency Planner.

- A. Provide Emergency Coordinator with approximate number of site evacuees.
- B. Ensure RP is preparing for appropriate evacuation site.
- C. Inform the Emergency Coordinator when site evacuation has been completed.

_____ Provide the TSC Emergency Planner with the names of essential personnel associated with your position that would not leave the site should a site evacuation be necessary.

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

Enclosure 4.16
Assistant Emergency Coordinator Checklist

RP/0/A/5000/020
Page 1 of 2

Initial

- _____ Print name and time arrived on TSC sign-in board.
- _____ Print the name of 24-hour staffing relief for your position on the TSC sign-in board.
- _____ Sign TSC roster located in the TSC sign-in board area.
- _____ Obtain an electronic dosimeter (ED) from the TSC sign-in board.
- _____ Manually activate the ED under RWP #33.
- _____ Establish an Assistant Emergency Coordinator position log that captures as a minimum:
 - A. Evolutions impacting this position
 - B. Decisions made by this position
 - C. Communication to/from other work groups
- _____ Review Enclosure 4.1, "Emergency Coordinator Checklist" and "Emergency Coordinator Responsibilities."
- _____ Perform the following as necessary throughout the event:
 - A. Assist the Emergency Coordinator in activation of the Technical Support Center
 - B. Assist the TSC Off-Site Agency Communicator prepare Emergency Notification Forms.

NOTE: Job aids are available in this position's notebook to provide thoroughness and consistency in the preparation and delivery of updates to the site and emergency response facilities (TSC/OSC/EOF):

- Emergency Coordinator Site Update
- TSC/OSC/EOF Update Briefing

- C. Prepare routine updates to the site and emergency response facilities for the Emergency Coordinator.
- D. Fax a copy of each completed "TSC/OSC/EOF Update Briefing" form to the EOF Director.
- E. Assist the Emergency Coordinator in turnover to the EOF
 - Complete the "Emergency Coordinator Turnover Form" from Enclosure 4.1.
 - Review the completed "Emergency Coordinator Turnover Form" with the Emergency Coordinator.
 - Fax the "Emergency Coordinator Turnover Form" to the EOF for use by the EOF Director during turnover.
- F. Act as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
- G. Proactively seek information when the Emergency Coordinator is in a reactive mode.

- H. Make face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
- I. Serve as the Emergency Coordinator when needed.
- J. Assist in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.

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

Enclosure 4.17
TSC Pre-activation Checklist

RP/0/A/5000/020
Page 1 of 2

Initial

____ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 45 minutes of the Emergency Declaration.

____ TSC Dose Assessor

____ Time arrived in TSC

NOTE: NRC Communicator position is filled by shift personnel. This position is initially located in the Control Room and transfers to the TSC upon TSC activation.

____ Verify that personnel qualified to perform the following functions are present in the TSC. These personnel are required to be present within 75 minutes of the Emergency Declaration.

____ Emergency Coordinator

____ Time arrived in TSC

____ TSC Off-Site Agency Communicator (2)

____ Time arrived in TSC

____ Time arrived in TSC

____ Reactor Engineer (Core/Thermal Hydraulics)

____ Time arrived in TSC

____ Announce the following using the TSC/OSC Public Address:

- A. "Anyone who has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator or the OSC Coordinator."
- B. "All personnel in the TSC and OSC must have on a TLD and a self-reading dosimeter. Assume areas are contaminated until surveyed by RP."
- C. "No eating or drinking until the TSC and OSC are cleared by RP."

____ IF less than 30 minutes have elapsed since a site assembly was initiated, make the following announcement using the plant PA System:

"A site assembly is in progress. If you have not swiped your identification badge at a site assembly point card reader, swipe the card at this time."

Enclosure 4.17
TSC Pre-activation Checklist

RP/0/A/5000/020
Page 2 of 2

Initial

Contact Corporate Security at 382-1234 to ensure that they have been notified to unlock the EOF.

Verify the Engineering Manager has determined the operability of the TSC Ventilation (pressurization and filter) System.

IF TSC Ventilation System is inoperable, notify the Emergency Coordinator of the following available information:

A. Reason for inoperability _____

B. Expected time duration for return service _____.

C. Radiological hazard to TSC personnel _____

Verify the TSC Off-Site Agency Communicator is prepared to take over communications with state and local agencies:

A. Emergency Notification Forms are available.

B. Selective Signaling phone or outside lines are functional.

TSC Pre-activation Checklist complete at _____
(Time)

Enclosure 4.18
Setup of Alternate TSC and OSC

RP/0/A/5000/020
Page 1 of 7

- _____ 1. **IF** Ericsson phones with headsets and ERO position procedure books can be obtained from the TSC and OSC, take them to the alternate TSC/OSC location (Administration Building layout at end of this enclosure.).
- _____ 2. **IF** equipment and procedures in the TSC and OSC are not available, utilize phone equipment and make copies of procedures located in the Administration Building to set up emergency response operations in the following steps.
- _____ 3. Locate assigned Administration Building area on layout drawing at the end of this enclosure.
- _____ 4. Set up assigned location as follows:
 - _____ A. Obtain phone equipment necessary to conduct ERO function at assigned location and connect to wall outlets.
 - _____ B. **IF** a computer is needed, obtain one that is not being used for another ERO function (e.g., Regulatory Compliance section, Business Management group, Human Resources group) and plug it into an electrical outlet and data port connections.
 - _____ C. **IF** necessary, obtain copies of your position's procedure enclosure from the "Emergency Planning Procedures" cabinet:
 - RP/0/A/5000/020 (TSC Activation Procedure)
 - RP/0/A/5000/024 (OSC Activation Procedure)
 - _____ D. **IF** your position utilizes the Emergency Response Organization programs to perform your function, select DAE, Search DAE and type in "emergency." The ERO program provides the following:
 - Autolog - Log Keepers
 - ENFv2.0 - Off-site Agency Communicators
 - ERO Database - Emergency Planner
 - SDS Simulator - Operations and Engineering
 - Setup for RADOSE 5 - Radiation Protection
 - _____ E. **IF** copies of plant procedures are required, perform one of the following:
 - For Emergency Plan Implementing Procedures (RPs), make a copy from the Control Copy located in the "Emergency Planning Procedures" cabinet.
 - For all other procedures print a copy from NEDL Portal on DAE.

Enclosure 4.18
Setup of Alternate TSC and OSC

RP/0/A/5000/020
Page 2 of 7

_____ 5. Assume or continue ERO role per facility activation procedures:

- RP/0/A/5000/020 (TSC Activation Procedure)
- RP/0/B/5000/024 (OSC Activation Procedure)

RP/0/A/5000/020
Page 3 of 7

TEAM BRIEFING AREA
DRC

FMT DVR

Room 153B

RP OPS

MNT CIM

Room 153A

OSC STAFF MGRS
Room 153A

KITCHEN

MAIL ROOM

HR

EMERGENCY KIT STORAGE

BBA

137B

137A

BREAK ROOM

BUS

HR

HR

HR

HR

HR

HR

EP

RP MGR

COMM REL

COPIER

PA

EQUIP

BUSINESS

DATA COORD

NRC COMM

EMERGENCY PLANNING

OPS/ENGRS

SAFETY REVIEW

RP DOSE ASSESSORS

SRG MGR

RC MGR

REG COMPLIANCE

OFF-SITE COMMUNICATORS

LOBBY

HP COORD

BUS MGR

Business Office

NRC

EQUIP

Interim TSC

VP

ENGR MGR

STA MGR

VP ASST.

SA MGR

HR MGR

PA MGR

TSC Manager's Office
OPS, EC, Assist EC, Sec, Log keeper

Enclosure 4.18
Setup of Alternate TSC and OSC

RP/0/A/5000/020
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ALTERNATE TSC/OSC IN THE ADMIN BLDG



TSC FUNCTIONAL AREAS:

DAVE ROOM - COMMAND AND CONTROL CENTER (EC, MAJOR STAFF, & LOGKEEPER)

SRG CUBES - OPS ENGRS, DOSE ASSESSORS, SYSTEM AND RX ENGRS

EP MGR OFFICE - OFFSITE COMMUNICATORS

EP CUBES - NRC COMMUNICATOR AND DATA COORDINATOR



OSC FUNCTIONS:

ROOM 152 - OSC MANAGERS

ROOM 153A/B - OSC WORK GROUPS



NRC FUNCTIONS:

RESIDENT'S OFFICES - RESIDENTS

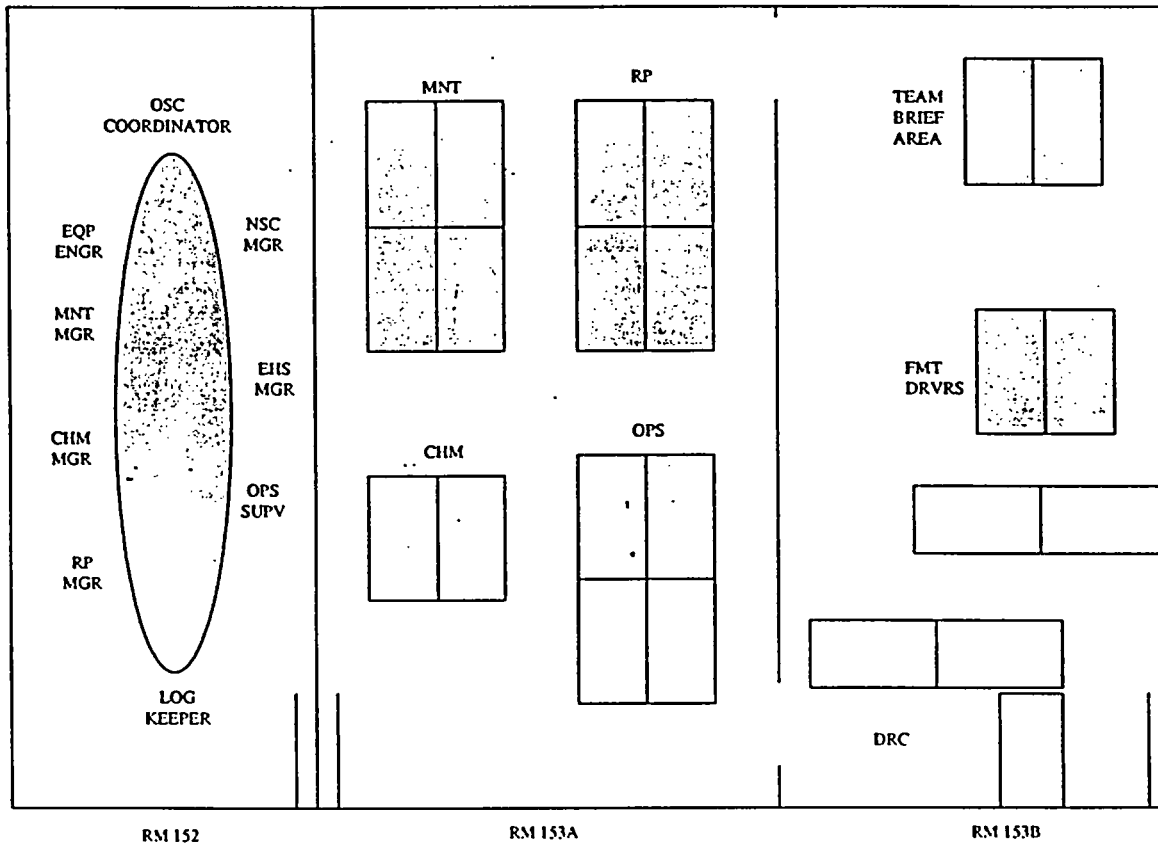
BUSINESS OFFICES AND BUSINESS CUBES - NRC INSPECTION TEAM WORK SPACE AND PHONES



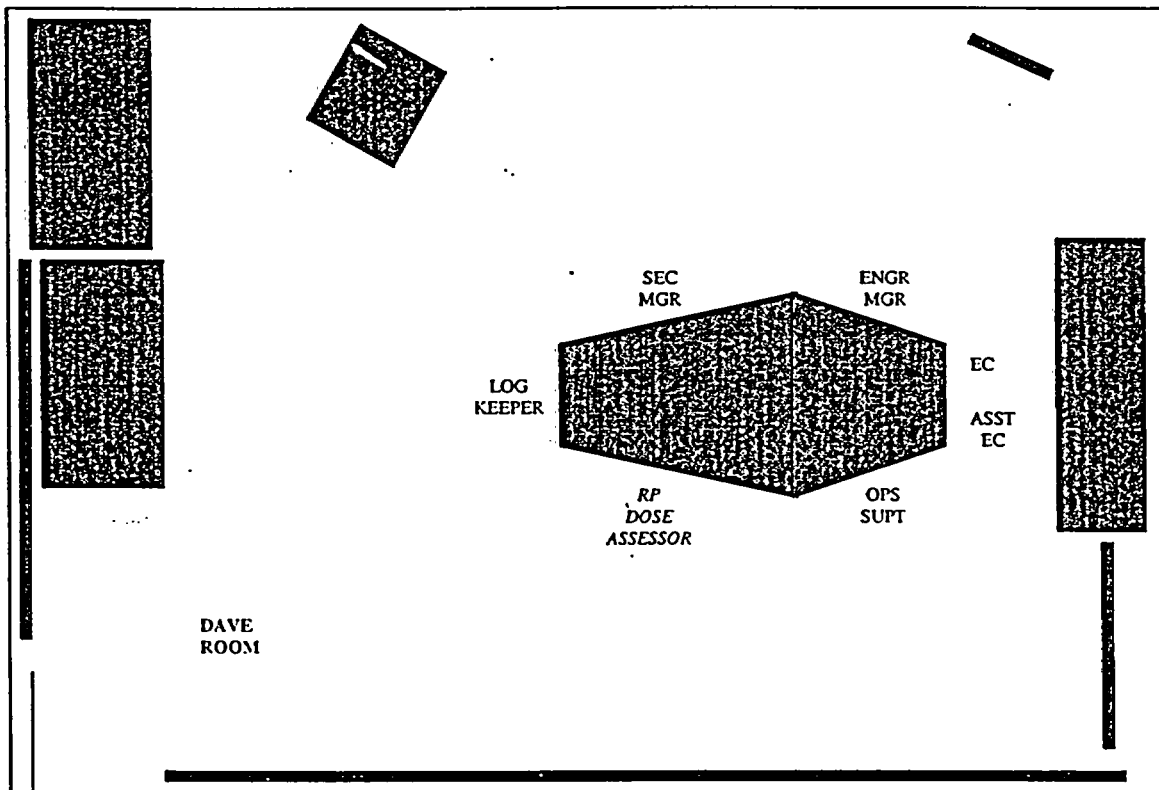
LOCAL GOVERNMENT AGENCIES:

ROOM 137A/B - COMMUNICATION LINKS TO VEHICLES PARKED NEXT TO BLDG.

ALTERNATE TSC/OSC IN THE ADMIN. BLDG.



ALTERNATE TSC/OSC IN THE ADMIN. BLDG



BRIDGE LINES (4) and ERICSSON PHONES (8)

OPS (3994/12) - OPS Supt, OPS Engr, OPS Asst Engr, TSC/CR Communicator,
OPS Supv (OSC) OPS Interface (EOF)

RP (4980/12) - RP Mgr (OSC), RP Dose Assessors (TSC), RP Dose Assessors (EOF)

EP (4010/12) - E Planner (TSC), E Planner (EOF), P/A (Energy Quest)

EP (4011/6) - EC/Asst EC
5 on 1 spkr phone

OSC Coordinator
8 on 2 spkr phones

OPS Supt

OPS Supv

Engr Mgr

Equip Engr

Sec Mgr

MNT Mgr

RP Dose Assess

RP Mgr

CHM Mgr

EOF Director @ EOF

EHS Mgr

NSC Mgr

Offsite Communicators

Enclosure 4.19

Commitments for RP/0/A/5000/020

RP/0/A/5000/020
Page 1 of 1

{1} PIP 2-C96-0273

APPENDIX F. 703. PROCEDURE CHANGE PROCESS RECORD

(R04-03)

Duke Power Company

PROCEDURE CHANGE PROCESS RECORD

- (1) ID No: SR/O/B/2000/003
Revision No. 012 Change No. A
Permanent/Restricted to _____
- (2) Station: McGuire Nuclear Station
- (3) Procedure Title: Activation of the Emergency Operations Facility
- (4) Section(s) of Procedure Affected: Step 3.10.2, second bullet, first OR statement
- (5) Requires NSD 228 Applicability Determination? If Applicability Determination is required, attach NSD 228 documentation.
☐ Yes (Major procedure change)
☒ No (Minor procedure change)
- (6) Description of Change: (Attach additional pages, if necessary.)
Add (For McGuire only) and one line delete
(Catawba 53A or 53B)
- (7) Reason for Change:
Catawba PIP C-04-1445
- (8) Prepared By Rebecca L. Hosty Date 4-21-04
- (9) Reviewed By Alan L. Beaver / Gary L. Mitchell (QR) Date 4/21/04
Cross-Disciplinary Review By _____ (QR) NA ALB Date 4/21/04
Reactivity Mgmt. Review By _____ (QR) NA ALB Date 4/21/04
Mgmt. Involvement Review By _____ (Ops. Supt.) NA ALB Date 4/21/04
- (10) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____
- (11) Temporary Approval (if necessary)
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____
- (12) Approved By R.L. Murray / E.D. Buddle 4/23/04 Date 4-21-04

(R04-01)

Duke Power Company
**PROCEDURE PROCESS RECORD
 FOR STANDARD PROCEDURES**

(1) ID No.: SR/0/B/2000/003Revision 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 <u>OR</u> to incorporate previously approved changes		
(7) Review (QR)	By _____ Date _____	By <u>Alan L. Beaver</u> Date <u>2/18/04</u>	By <u>Cathy L. Mitchell</u> Date <u>2-10-04</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> NA <u>ALB</u> Date <u>2/18/04</u>	By <u>CA</u> NA <u>CA</u> Date <u>2-10-04</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>ALB</u> NA <u>ALB</u> Date <u>2/18/04</u>	By <u>CA</u> NA <u>CA</u> Date <u>2-10-04</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>ALB</u> NA <u>ALB</u> Date <u>2/18/04</u>	By <u>CA</u> NA <u>CA</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. Biddle</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. Swinert</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
EROSSECND	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
EROSSECND	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

(For McGuire only)
Ch.#: 012A
AEB 4/21/04
GLM 4/23/04

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.

____ 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).

Enclosure 4.1
EOF Director/Assistant EOF Director Checklist

SR/0/B/2000/003
Page 5 of 10

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.

Enclosure 4.1
EOF Director/Assistant EOF Director Checklist

SR/0/B/2000/003
Page 6 of 10

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.

Enclosure 4.1

SR/0/B/2000/003

Emergency Coordinator Turnover Checklist

Page 9 of 10

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

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 _____		
		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 4.1
EOF Director/Assistant EOF Director Checklist

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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}

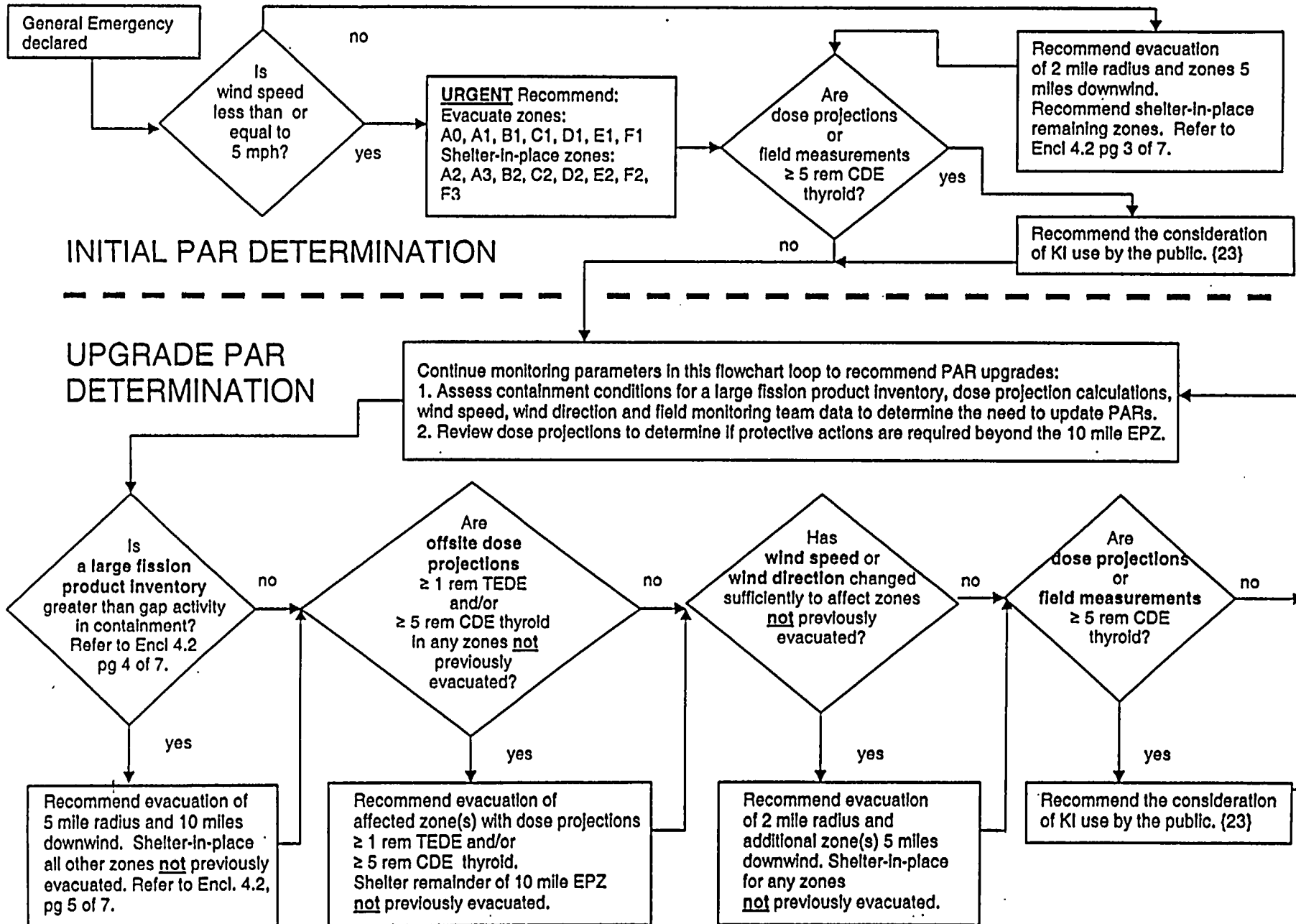
NOTE: Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The offsite Protective Action Recommendations (PARs) specified 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

WIND SPEED GREATER THAN 5 MILES PER HOUR

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.

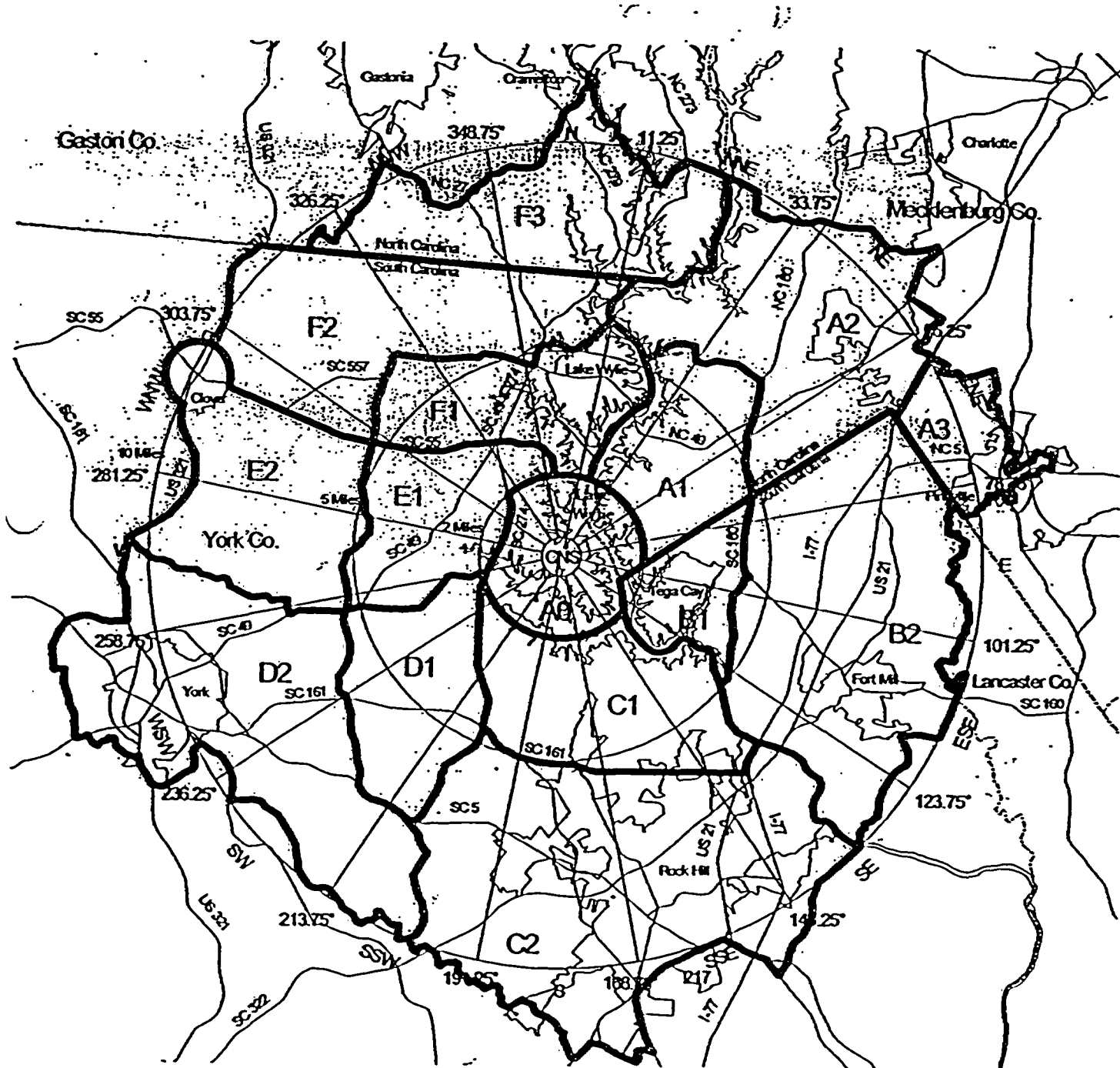
- **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request that they consider sheltering/evacuating the general population located beyond the affected 10-mile EPZ.

Enclosure 4.2

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

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INITIAL

{20}

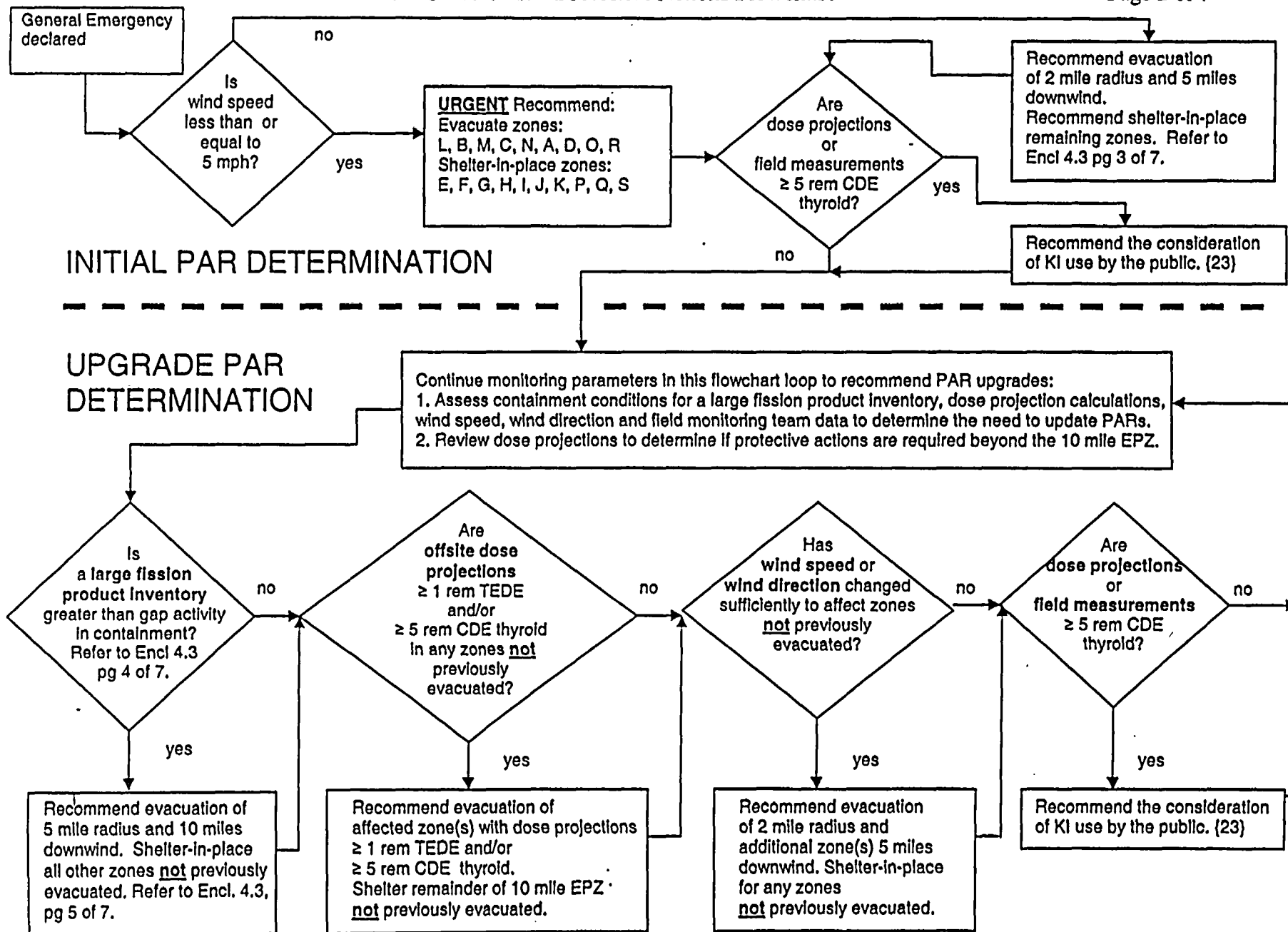
NOTE: Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The offsite Protective Action Recommendations (PARs) specified 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.

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 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

**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**

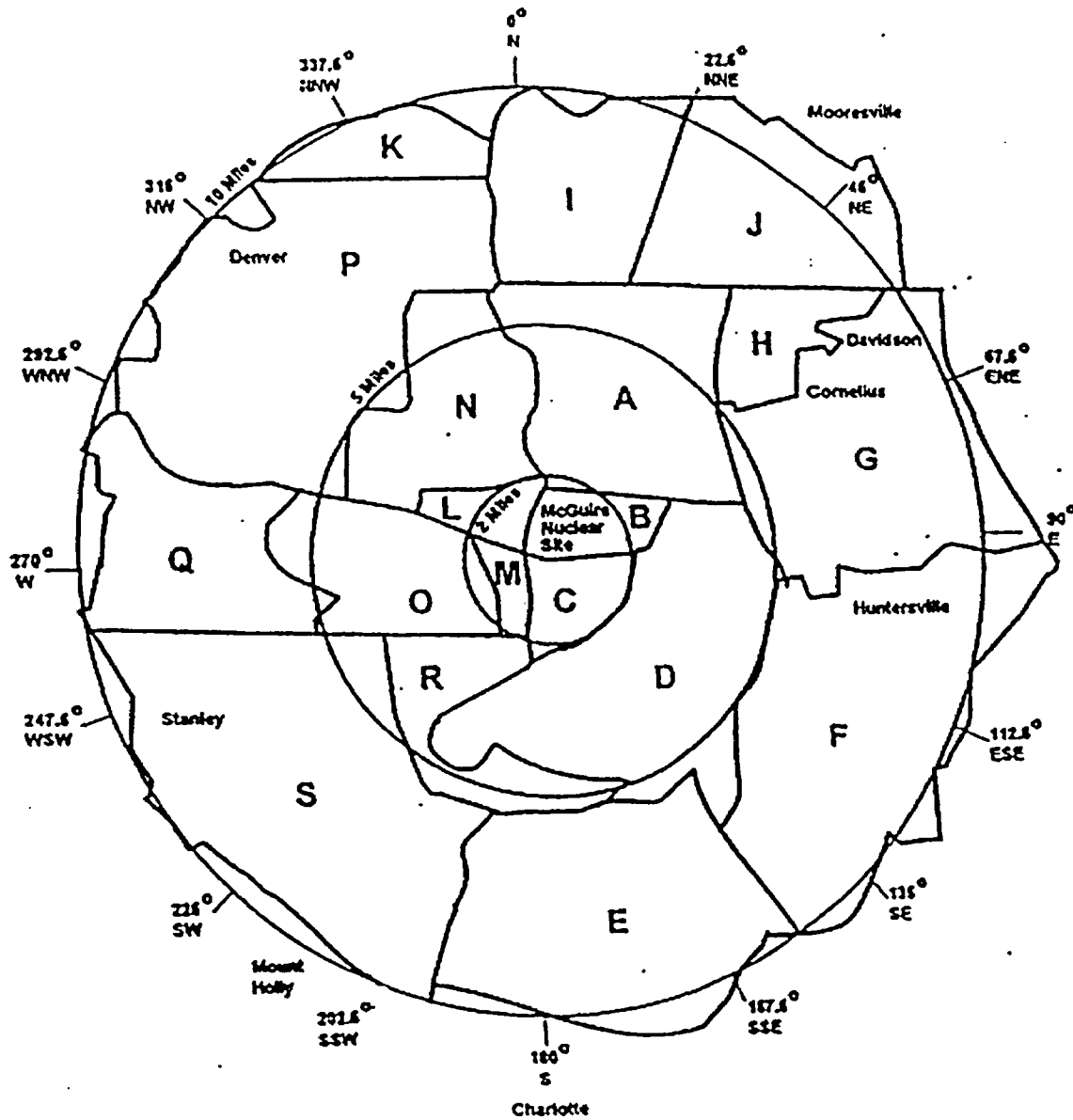
- Review dose projections with the Radiological Assessment Manager to determine if Protective Action Recommendations are required beyond the 10-mile EPZ.

- **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

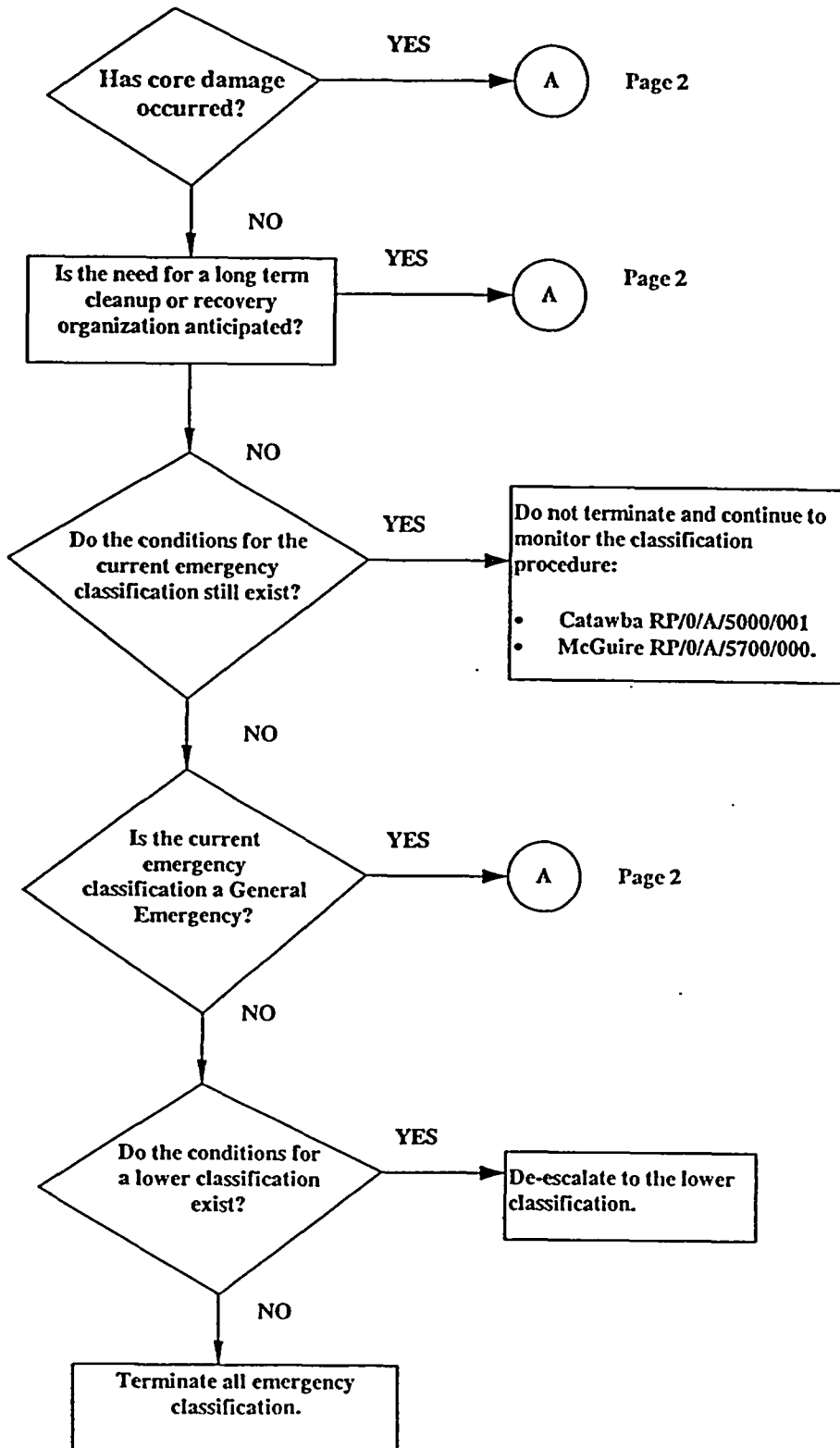
(2 and 5 mile radius, inner circles)

10-MILE EPZ



**Emergency Classification Downgrade/Termination
Criteria**

INITIAL



Emergency Classification Downgrade/Termination Criteria

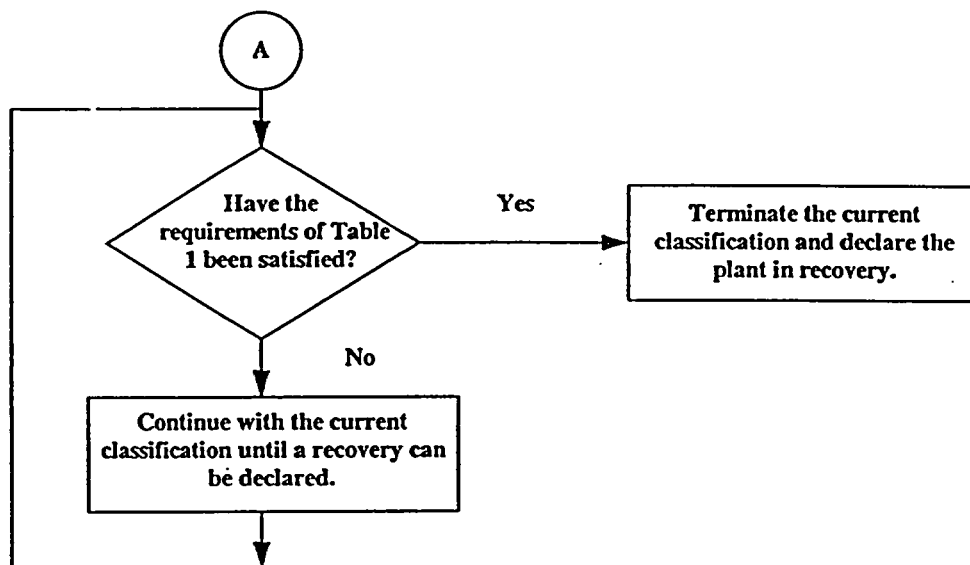


Table 1

- _____ 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.

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/0/B/2000/003
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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.

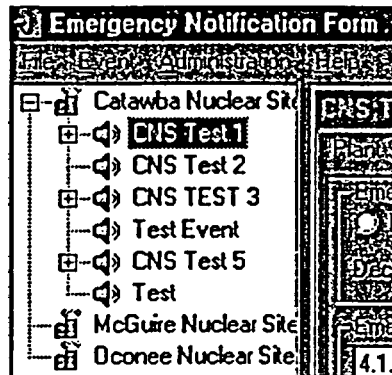
NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

- _____ 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 RADDOSSE V Program.
 - RADDOSSE V information for the electronic emergency notification form must be saved to the "ini" file.

—— Verify that a RADDOSSE 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.

CNS Test 1

File Edit View Tools Help About

04/26/1999 11:30

WADG 7.90E+00

LDR 7.45E-02

PDR 6.29E-04

Load From RadDose Save Cancel

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

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/0/B/2000/003
Page 5 of 7

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.

Event Summary	Event Summary	Event Summary	Event Summary	Met/Offsite Dose	Met/Offsite Dose	Met/Offsite Dose	Met/Offsite Dose
07/18/99 14:47	07/18/99 14:47	07/18/99 14:47	07/18/99 14:47	07/18/99 14:47	07/18/99 14:47	07/18/99 14:47	07/18/99 14:47
RED	RED	RED	RED	RED	RED	RED	RED

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

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

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/0/B/2000/003
Page 6 of 7

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.

10/28/99 12:47	10/28/99 12:47	10/28/99 12:47	10/28/99 12:47	10/28/99 12:47	10/28/99 12:47	10/28/99 12:47	10/28/99 12:47
RED	RED	RED	RED	RED	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.

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/0/B/2000/003
Page 7 of 7

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.

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

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

Enclosure 4.6
EOF Dose Assessor Checklist
Initial EOF Activation Checklist

SR/0/B/2000/003
Page 1 of 3

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.

Enclosure 4.6
EOF Dose Assessor Checklist

SR/0/B/2000/003
Page 2 of 3

- 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.

Enclosure 4.7
Field Monitoring Coordinator Checklist

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

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}

Enclosure 4.7
Field Monitoring Coordinator Checklist

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

_____ 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.

Enclosure 4.9
EOF Offsite Agency Communicator 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
- _____ 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.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 1 of 3

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.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 2 of 3

_____ 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.

[illegible]

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

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 2 of 9

_____ 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}

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 3 of 9

_____ 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.).

Emergency Notification Form

Environmental Protection Agency

☐ Catawba Nuclear Site

☐ **CNS Test 1**

☐ **CNS Test 2**

☐ **CNS TEST 3**

☐ **Test Event**

☐ **CNS Test 5**

☐ **Test**

☐ McGuire Nuclear Site

☐ Oconee Nuclear Site

PARTS

Dial

4.1

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.

[illegible]

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/O/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	Emergency Action	Reactor Status	Reactor Status	Communications	Reactor Status	Reactor Status
07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28	07/27/1999 15:28
RED	RED	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:

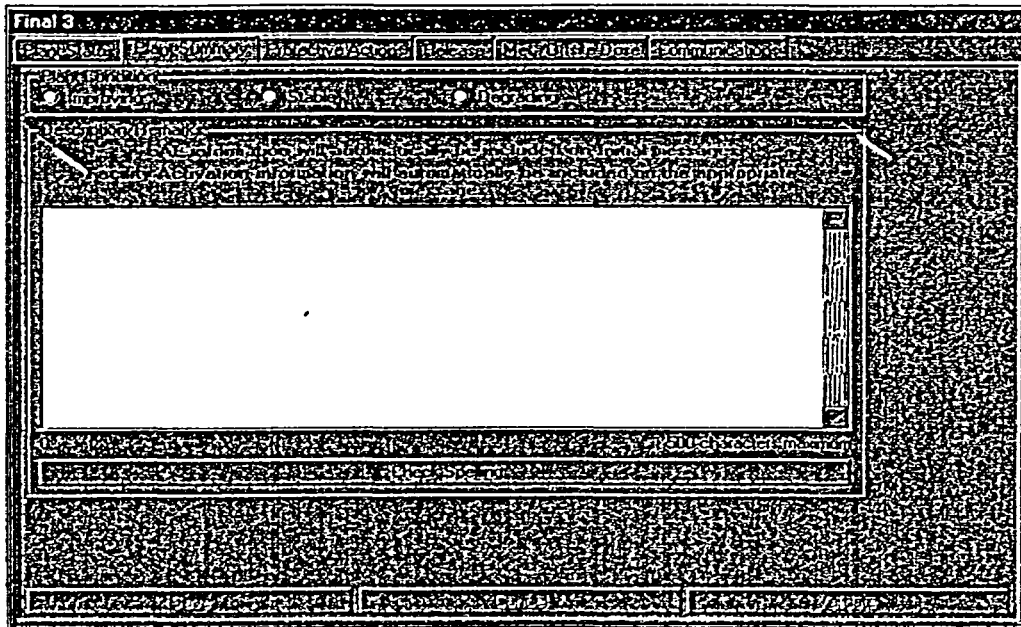
Black - information and time conflict

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**.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 7 of 9

_____ **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.

Enclosure 4.11
Accident Assessment Manager Checklist

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

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.

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 1 of 4

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.

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 2 of 4

_____ 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).

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 3 of 4

_____ **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.

Accident Assessment Interface Checklist

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/0/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."

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 3 of 9

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.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 4 of 9

DOSE ASSESSMENT AREA

24-HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	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.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 5 of 9

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.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 6 of 9

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.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 7 of 9

ACCESS CONTROL AREA
24-HOUR POSITION EOF STAFFING LOG

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

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

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 8 of 9

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

Enclosure 4.16
Emergency Planner Checklist

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

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

Enclosure 4.17
EOF Log Recorder/Staff Support/
Status Keeper 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.
- _____ 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.

Enclosure 4.19
EOF Services Manager Checklist

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

- _____ 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.

- {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

APPENDIX F. 703. PROCEDURE CHANGE PROCESS RECORD

(R04-03)

Duke Power Company

PROCEDURE CHANGE PROCESS RECORD

- (1) ID No. SR/O/B/2006/004

Revision No. 007 Change No. A
Permanent/Restricted to _____
- (2) Station: McGuire Nuclear Station
- (3) Procedure Title: Notification to States and Counties from the Emergency Operations Facility
- (4) Section(s) of Procedure Affected: Enclosure 4.2
- (5) Requires NSD 228 Applicability Determination? If Applicability Determination is required, attach NSD 228 documentation.

☐ Yes (Major procedure change)
☒ No (Minor procedure change)
- (6) Description of Change: (Attach additional pages, if necessary.)
Enclosure 4.2, page 2 of 3, item #10, first bullet, one line delete 53A and/or 53B for Catawba or
- (7) Reason for Change:
Catawba PIP C-04-1445
- (8) Prepared By Rebecca L. Hasty Date 4-21-04
- (9) Reviewed By Alex L. Brown / Gary Mitchell 4/24/04 (QR) Date 4/21/04
Cross-Disciplinary Review By _____ (QR) NA ALB Date 4/21/04
Reactivity Mgmt. Review By _____ (QR) NA ALB Date 4/21/04
Mgmt. Involvement Review By _____ (Ops. Supt.) NA ALB Date 4/21/04
- (10) Additional Reviews
Reviewed By _____ Date _____
Reviewed By _____ Date _____
- (11) Temporary Approval (if necessary)
By _____ (OSM/QR) Date _____
By _____ (QR) Date _____
- (12) Approved By R.L. Murray / E.T. Bude 4/23/04 Date 4-21-04

(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 James R. Painter 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 L. McFadden</u> Date <u>2-10-04</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>ARB</u> Date <u>2/19/04</u>	By <u>NA GM</u> Date <u>2-10-04</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>ARB</u> Date <u>2/19/04</u>	By <u>NA GM</u> Date <u>2-10-04</u>
Mgmt. Involvement Review (Ops. Supt.)	By _____ NA _____ Date _____	By <u>ARB</u> Date <u>2/19/04</u>	By <u>NA GM</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. Beville</u> Date <u>2/10/04</u>
(9) Approved	By _____ Date _____	By <u>K. L. Murray</u> Date <u>2-25-04</u>	By <u>Richard 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 Notification to States and Counties from the Emergency Operations Facility Reference Use	Procedure No. SR/0/B/2000/004
	Revision No. 007
	Electronic Reference No. MP00715S

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

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

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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.

<p>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.</p>

- ____ 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)

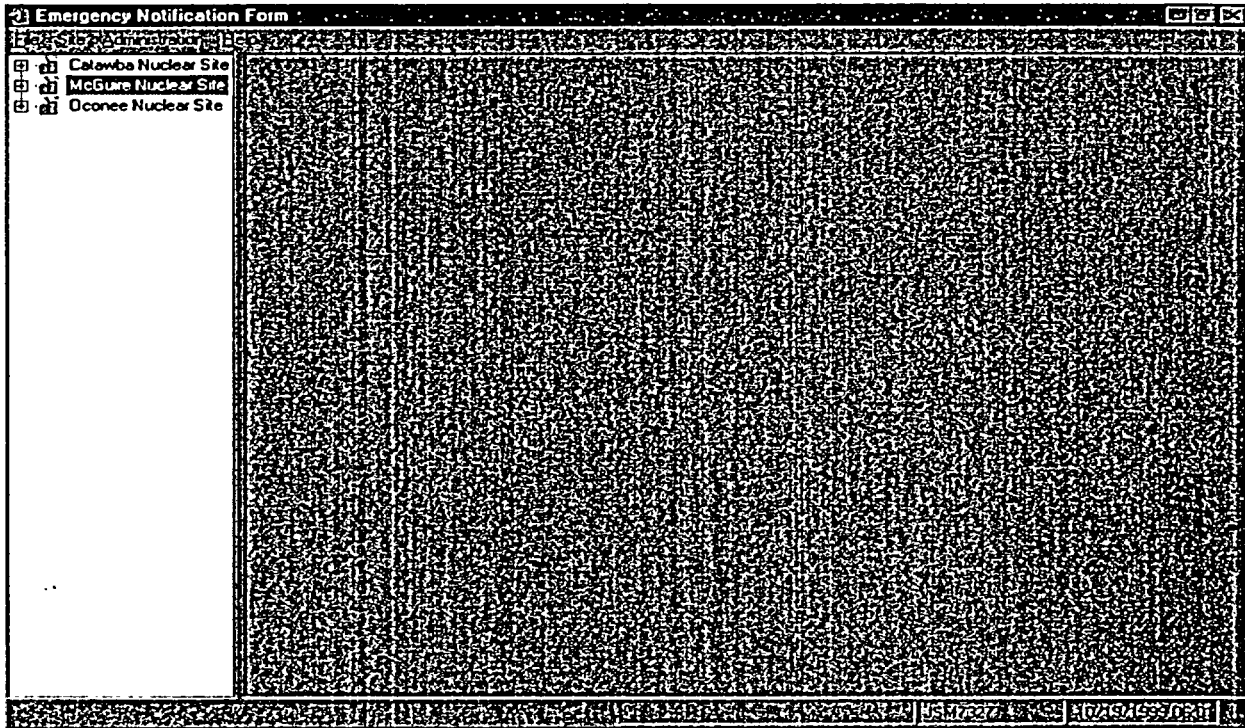
Password: Your Network Password

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.

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

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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
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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.

Enclosure 4.1
Electronic Emergency Notification Form
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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

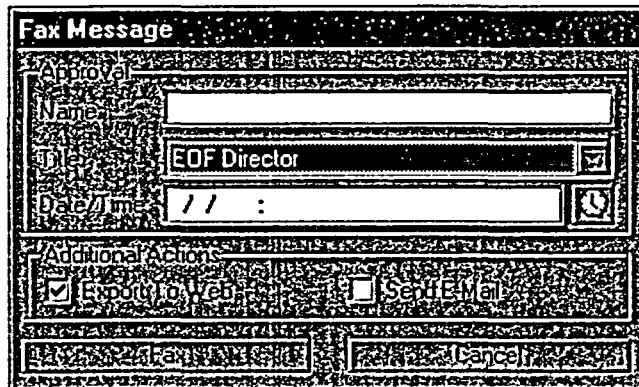
- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not 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.



Fax Message

Approval

Name: _____

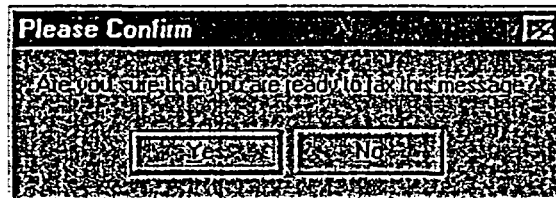
Title: EOF Director ☒

Date/Time: / / : ☐

Additional Actions

☒ Export To Web ☐ Send E-Mail

- 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.



Please Confirm ☒

Are you sure that you are ready to fax this message?

**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.

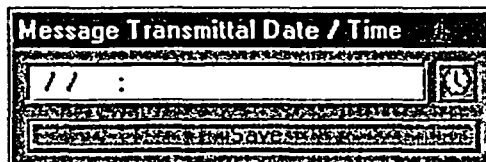
**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

- 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.

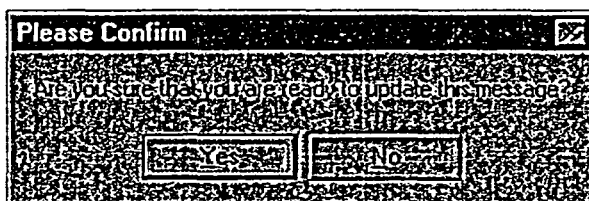


NOTE: The transmittal date will be automatically populated on the message.

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



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



Enclosure 4.1
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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**

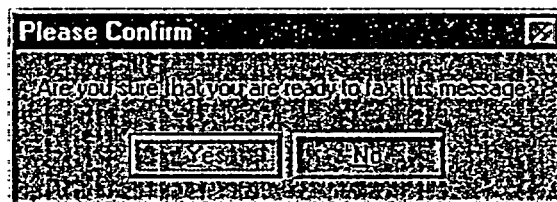
7. Transmission of Follow-up Notification

- 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.

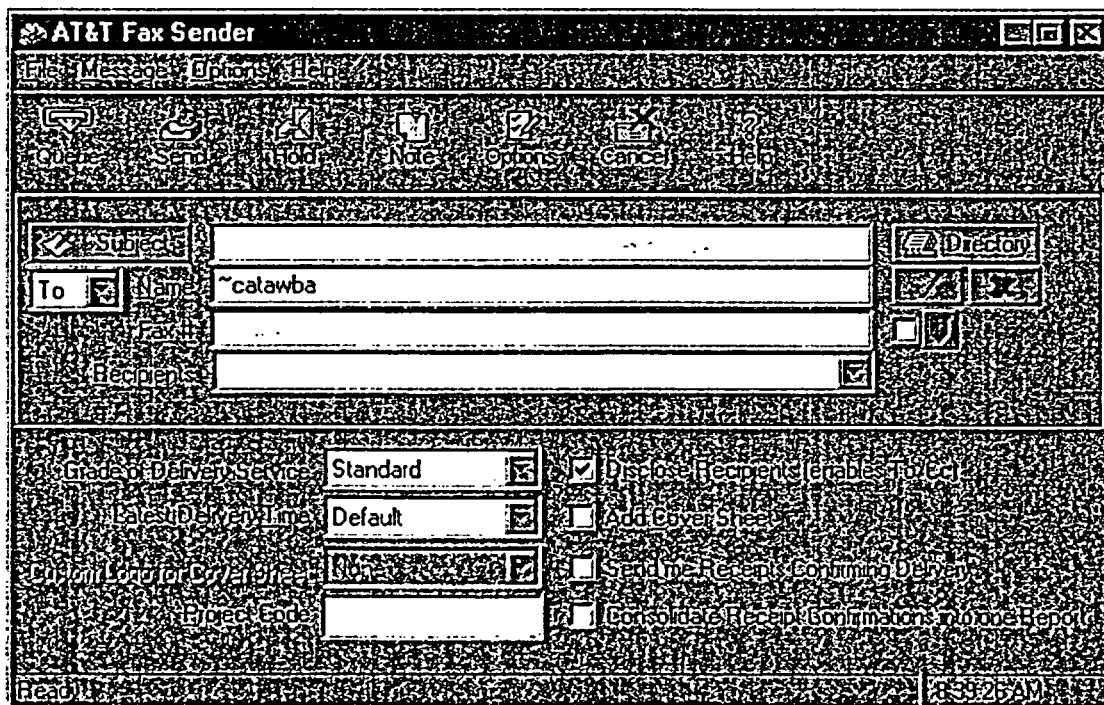
NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- 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
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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}

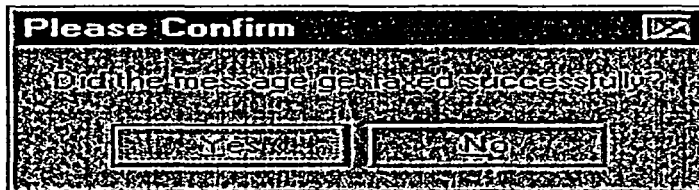
Electronic Emergency Notification Form
(ENF) Completion/Transmission

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).

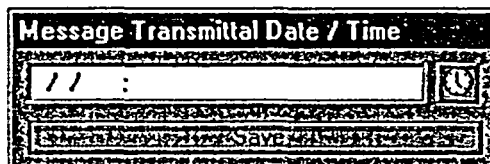
7.7 After message transmission is complete, select Message from the toolbar, then choose "Set Transmittal Date/Time".

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

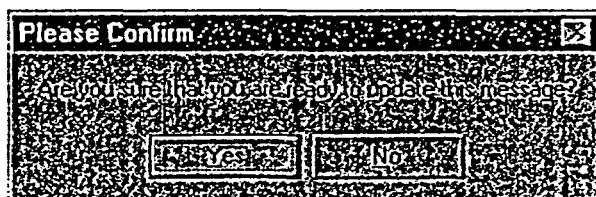


NOTE: The transmittal date and time will automatically be added on the message.

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



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



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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.

Enclosure 4.1
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____ 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.

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.

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

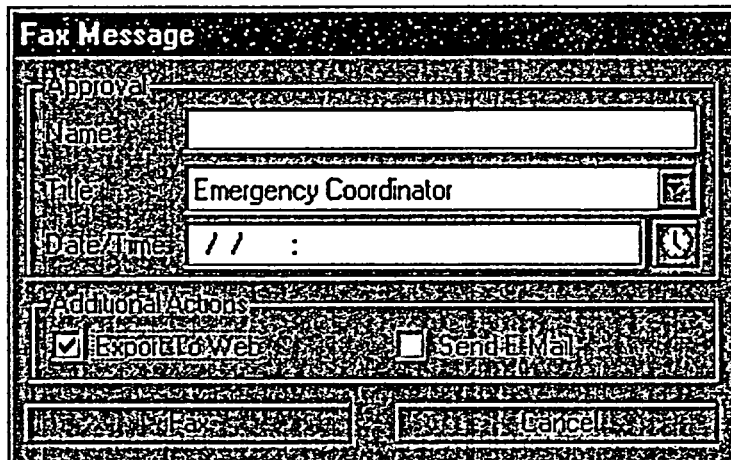
- Print out a copy by selecting Message from the Toolbar, then Print.
- Have the EOF Director review and sign the form.

____ 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.

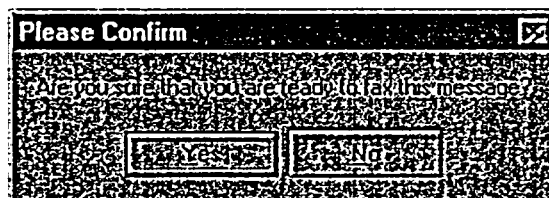
NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.



The "Fax Message" dialog box contains the following fields and controls:

- Approval:**
 - Name:** A text input field.
 - Title:** A text input field containing "Emergency Coordinator".
 - Date/Time:** A text input field with a date/time picker icon.
- Additional Actions:**
 - ☒ **Export to Web**
 - ☐ **Send E-Mail**
- Buttons:** "Fax", "Cancel", and "OK".

- 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.



The "Please Confirm" dialog box contains the following text and controls:

- Title Bar:** "Please Confirm" with a close button icon.
- Text:** "Are you sure that you are ready to fax this message?"
- Buttons:** "Yes" and "No".

**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".

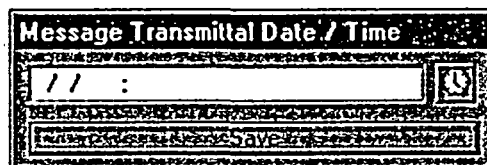
Electronic Emergency Notification Form
(ENF) Completion/Transmission

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

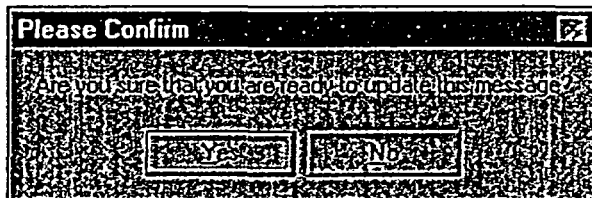


NOTE: The transmittal date and time will be automatically be added on the message.

- 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"**.

Enclosure 4.2
Emergency Notification Form (ENF)
Completion

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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. <u>Do not use acronyms or abbreviations.</u> 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.	Mark appropriate plant condition: Degrading: Plant conditions involve at least one of the following: <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. Improving: Plant conditions involve at least one of the following: <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. Stable: Plant conditions are neither degrading nor improving.	Acc. Assess.
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	Acc. Assess.

Enclosure 4.2
Emergency Notification Form (ENF)
Completion

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<p>Ch. #: 07A AEB GLM 4/23/04</p>	<p>10. 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. 	<p>Rad. Assess.</p>
<p>11.*</p>	<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>	<p>Rad. Assess.</p>
<p>12.*</p>	<p>Indicate release magnitude and whether release is above or below normal operating limits.</p>	<p>Rad. Assess.</p>
<p>13.*</p>	<p>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.</p>	<p>Rad. Assess.</p>
<p>14.*</p>	<p>Provide meteorological data.</p>	<p>Rad. Assess.</p>
<p>15.</p>	<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>	<p>Rad. Assess.</p>
<p>16.</p>	<p>Have EOF Director approve message.</p>	<p>EOF Dir.</p>

Enclosure 4.2
Emergency Notification Form (ENF)
Completion

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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 will be completed 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

Emergency Notification Form Transmission

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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

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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 OR WP/EOCs simultaneously 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 OR WP/EOCs simultaneously 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	

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.

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_____ 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.

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

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

3. 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

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

☐ A NOBLE GASES _____

☐ B IODINES _____

☐ C PARTICULATES _____

☐ D OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

SITE BOUNDARY _____

2 MILES _____

5 MILES _____

10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

☐ C STABILITY CLASS _____ ☐ D PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

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

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

3. 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

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

☐ A NOBLE GASES _____

☐ B IODINES _____

☐ C PARTICULATES _____

☐ D OTHER _____

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

TEDE
mrem

Thyroid CDE
mrem

SITE BOUNDARY _____
 2 MILES _____
 5 MILES _____
 10 MILES _____

ESTIMATED DURATION: _____ HRS.

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

15. RECOMMENDED PROTECTIVE ACTIONS

☐ A NO RECOMMENDED PROTECTIVE ACTIONS

☐ B EVACUATE _____

☐ C SHELTER IN-PLACE _____

☐ D OTHER _____

16. APPROVED BY: _____ (Name)

Emergency
Coordinator
(Title)

TIME/DATE: _____ (Eastern) MM / DD / YY

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on Initial Notifications.

GOVERNMENT AGENCIES NOTIFIED

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
- _____ (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

Enclosure 4.9
EOF Lead Offsite Agency Communicator
Duties

SR/0/B/2000/004
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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).