

EMERGENCY NOTIFICATION MESSAGE FORMAT
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I. PURPOSE

The purpose of this Annex is to show the message format to be used by nuclear power facilities to transmit initial and follow-up Emergency Notification messages to State and Local warning points and EOCs.

II. EXECUTION

- A. Blank copies of this format will be positioned in the nuclear power facility control room, utility TSC and EOF, state and risk county warning points, state and risk county EOCs and with appropriate individuals on the warning points' notification list.
- B. Since the information that can be transmitted by this format is minimal, it may be necessary to add additional comments. It is not the intent of this format to limit the amount of information provided by the nuclear power facility.
- C. Once communication is established between the nuclear power facility and locations other than the warning points (e.g., key individuals, EOCs, and SERT - see PART 1, Figure 2), additional information may be required by the government agency concerned to meet the needs of the developing situation. If necessary, another message format may be added to the transmission of this form by the government agency concerned.
- D. All messages, regardless of format, will be assigned a message number.
- E. Any messages transmitted to locations other than the State or County warning point/EOC must be addressed to an individual or specific agency.

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NUCLEAR POWER PLANT EMERGENCY NOTIFICATION FORM

1. ☒ DRILL ☐ ACTUAL EVENT MESSAGE # _____
2. ☒ INITIAL ☐ FOLLOW-UP NOTIFICATION: TIME _____ DATE ____/____/____ AUTHENTICATION # _____
3. SITE: _____ Confirmation Phone # (____) _____

4. EMERGENCY CLASSIFICATION: ☒ UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

BASED ON EAL # _____ EAL DESCRIPTION: _____

5. PROTECTIVE ACTION RECOMMENDATIONS: ☒ NONE

☐ EVACUATE _____

☐ SHELTER _____

☐ CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.

☐ OTHER _____

6. EMERGENCY RELEASE: ☒ None ☐ Is Occurring ☐ Has Occurred

7. RELEASE SIGNIFICANCE: ☒ Not applicable ☐ Within normal operating limits ☐ Above normal operating limits ☐ Under evaluation

8. EVENT PROGNOSIS: ☒ Improving ☐ Stable ☐ Degrading

9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____ mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* ☒ ☐ ☐ ☐ ☐ ☐ ☐

10. ☒ DECLARATION ☐ TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): ☒ 1 ☐ 2 ☐ 3 ☐ All

12. UNIT STATUS:
(Unaffected Unit(s) Status Not Required for Initial Notifications)

☒ U1 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U2 _____ % Power Shutdown at Time _____ Date ____/____/____

☐ U3 _____ % Power Shutdown at Time _____ Date ____/____/____

13. REMARKS: _____

FOLLOW-UP INFORMATION (Lines 14 through 16 Not Required for Initial Notifications)

EMERGENCY RELEASE DATA. NOT REQUIRED IF LINE 6 A IS SELECTED.

14. RELEASE CHARACTERIZATION: TYPE: ☒ Elevated ☐ Mixed ☐ Ground UNITS: ☒ Ci ☐ Ci/sec ☐ μ Ci/sec

MAGNITUDE: Noble Gases: _____ Iodines: _____ Particulates: _____ Other: _____

FORM: ☒ Airborne Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

☐ Liquid Start Time _____ Date ____/____/____ Stop Time _____ Date ____/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours

Projection performed: Time _____ Date ____/____/____

16. PROJECTED DOSE:

	<u>DISTANCE</u>	<u>TEDE (mrem)</u>	<u>Adult Thyroid CDE (mrem)</u>
Site boundary	_____	_____	_____
2 Miles	_____	_____	_____
5 Miles	_____	_____	_____
10 Miles	_____	_____	_____

17. APPROVED
BY: _____ Title _____ Time _____ Date ____/____/____
NOTIFIED
BY: _____ RECEIVED
BY: _____ Time _____ Date ____/____/____

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