SRO Admin Job Performance Measure "E"

Facility: **Vogtle**

Task No: V-LO-TA-40005

Task Title: Classify an Emergency Event, Complete EN Form

JPM No: V-NRC-JP-NMP-EP-110-HL17

K/A Reference: G2.4.41 SRO 4.6

Examinee: Carla NRC Examiner: _____

Facility Evaluator: _____ Date: _____

Method of testing:

Simulated Performance _____ Actual Performance_____

Classroom _____ Simulator _____ Plant _____

Read to the examinee:

I will explain the initial conditions, which steps to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

THIS IS A TIME CRITICAL JPM

Initial Conditions:

- **Unit 1 is in Mode 3 following a reactor trip from power 20 minutes ago:**
- **SG # 1 has developed a 375 gpm SGTR, the crew actuated SI and has entered 19030-C, E-3 Steam Generator Tube Rupture.**
- **1RE-005 and 1RE-006 are both indicating 2.6 E+6 mr/hr.**
- **The Unit Operator after investigating a Main Steam Safety Leaking annunciator has just reported a Code Safety has lifted for SG # 1 and will NOT reseat.**
- **The Outside Area Operator has confirmed steam blowing out of the safety valve.**
- **Wind direction is from 69 degrees at a speed of 5.8 mph.**
- **Stability class – D, no precipitation.**
- **RE-12839C is in HIGH alarm.**
- **WebEOC is not functional at all facilities.**
- **The ENN communicator has completed roll call.**

Initiating Cue:

Complete Checklist 1-Classification Determination of NMP-EP-110, "Emergency Classification Determination and Initial Action" to determine the HIGHEST emergency classification level,

AND

Complete Figure 1-Emergency Notification Form of NMP-EP-111, "Emergency Notifications."

Task Standard: A Site Area Emergency declared with Emergency Notification Form (Figure 1) completed. No PARs are required.

Required Materials: 1. NMP-EP-110, "Emergency Classification Determination" Ver 1.0

2. NMP-EP-111, "Emergency Notifications" Ver 4.0

Signoff Checklist 2 steps 1 through 5.

3. NMP-EP-112, "Protective Action Recommendations" Ver 1.0

General References: None

Time Critical Task: YES

Validation Time: 15 minutes separately for both Classification Determination and Emergency Notification Form completion (30 minutes total).

Critical items on Emergency Notification Form are per Procedure 60201-C, "Simulator Training & Documentation", which specifies lines required to be done correctly to be satisfactory performance for Emergency Preparedness NRC Performance Indicator.

Critical steps denoted with an asterisk

NMP-EP-110 Checklist 1
CLASSIFICATION DETERMINATION

START TIME CRITICAL FOR CLASSIFICATION DETERMINATION_____

1. Determine the appropriate Initiating Condition Matrix for the classification of the event based on the current operating mode:

   ☑ HOT IC/EAL Matrix Evaluation Chart (Go to step 2) to evaluate the Barriers
   ☐ COLD IC/EAL Matrix Evaluation Chart (Go to step 3)

Standard: HOT IC/EAL checked and initialed by the ED.

Comment:

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2. Evaluate the status of the fission product barrier using Figure 1, Fission Product Barrier Evaluation.

   a. Select the condition of each fission product barrier:

	LOSS	POTENTIAL LOSS	INTACT
Fuel Cladding Integrity	☐	☐	☑
Reactor Coolant System	☑	☐	☐
Containment Integrity	☑	☐	☐

   b. Determine the highest applicable fission product barrier Initiating Condition (IC):

   (select one) ☐ FG1 ☑ FS1 ☐ FA1 ☐ FU1 ☐ None

Standard: LOSS of RCS Barrier and LOSS of Containment Integrity barriers checked. Fuel Cladding Integrity checked as INTACT.

Comment:

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3. Evaluate and determine the highest applicable IC/EAL using the Matrix Evaluation Chart identified in step 1, then go to step 4.

IC# _____FS1_____ or ☐ None

Standard: Figure 3, HOT Initiating Matrix chosen and EAL FS1 filled in IC# line.

Comment:

***4.** **Check the highest emergency classification level identified from either step 2b or 3.**

Classification	Based on IC#	Classification	Based on IC#
☐ General	_____	☐ Alert	_____
☑ Site-Area	___FS1_____	☐ NOUE	_____
		☐ None	N/A

Remarks (Identify the specific EAL, as needed):

_____

Standard: Site-Area Classification block is checked and IC# FS1 filled in.

Comment:

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5. Declare the event by approving the Emergency Classification.

_____Date: _____/_____/_____ Time: _____
Emergency Director

Standard: Signature, Date and Time filled in.

STOP TIME CRITICAL FOR CLASSIFICATION DETERMINATION_____

Comment:

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6. Obtain Meteorological Data (not required prior to event declaration):

Wind Direction (from) 69° Wind Speed 5.8 mph
Stability Class D Precipitation None

Standard: Candidate obtains Met Tower Data from Initial Conditions.

Comment:

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7. Initiate Checklist 2, Emergency Plan Initiation

Standard: Complete steps 6 and 7 of Checklist 2, Emergency Plan Initiation.

Comment:

START TIME CRITICAL FOR EMERGENCY NOTIFICATION FORM_____

NMP-EP-111, Attachment 1, Part 1 – Guidance for Initial EN Form Completion

Standard: Candidate selects NMP-EP-111 Attachment 1, Part 1

Comment:

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*1. **Item 1: Message Number is automatically assigned during the transmittal process if using the electronic EN Form tool. Message numbers are sequential for the duration of the Event.**

Standard: Block A (Drill) is checked.

Comment:

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*2. **Item 2: INITIAL will be checked for any notification associated with the declaration and/or change of an emergency classification.**

Standard: Block A (Initial) is checked.

Comment:

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3. Item 3: SITE - Confirm the correct site is displayed. The site location is automatically completed based on prior selections.

   CONFIRMATION PHONE NUMBER: Select from the drop down list

Standard: Vogtle is already filled in.

Comment:

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*4. Item 4: EMERGENCY CLASSIFICATION

EAL NUMBER: Select from the drop down list (N/A for Manual method)

EVENT DESCRIPTION: Confirm the brief description of the initiating conditions for the emergency classification declared is auto completed based on the EAL number selected. The event description block cannot be edited. Additional information or information relative to competing events should be included on line 13, REMARKS. (N/A for Manual method)

Standard: SITE AREA EMERGENCY block checked. BASED ON EAL # FS1 filled in. EAL description: Loss or Potential Loss of ANY Two Barriers.

Comment:

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*5. Item 5: PROTECTIVE ACTION RECOMMENDATIONS

Check Block "A" NONE

Standard: Block "A" NONE is checked.

Comment:

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*6. Item 6: EMERGENCY RELEASE

NOTES: 1. The Emergency Director has the discretion to declare that a radiological release is occurring based on plant conditions that indicate a release is in progress. (i.e., A Steam Generator Tube Rupture with an ARV lifting, site specific effluent radiation monitor readings, etc.)
2. Information for items 6, 7, and 9 are obtained from dose assessment (e.g., Dose Assessment Staff in either the TSC or the EOF, as appropriate).

IF:	THEN:
Dose assessment results (automated or manual) have been completed AND indicate an emergency radiological release is underway	Check B. Is Occurring
At least one effluent monitor* is in alarm, AND completed dose projection results (automated or manual) are not available*	**Check B Is Occurring**
Elevated indications do not exist on any effluent monitor*	Check A. None
Dose assessment results (automated or manual) have been completed AND indicate an emergency radiological release is NOT underway	Check A. None
Dose assessment results indicate an emergency radiological release occurred previously AND is no longer underway.	Check C. Has Occurred"

*Applicable monitors are listed in Table 3

Standard: Block "B" (Is Occurring) is checked.

Comment:

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7. Item 7: RELEASE SIGNIFICANCE (Monitors are listed in table 3)
Use the following table to determine the release significance:

IF an abnormal plant condition exists

AND:	THEN:
Elevated indications do not exist on any effluent monitor*	Check A. Not applicable
Elevated indications exist on at least one effluent monitor* AND no effluent monitors are in alarm AND completed dose assessment results (automated or manual) are not available	Check D Under evaluation
Item 6B or 6C is marked and NO effluent monitor is or has been in alarm OR has exceeded the specified threshold	Check B Within normal operating limits
6B or 6C is marked and ANY effluent monitor is or has been in alarm OR has exceeded the specified threshold	**Check "C. Above normal operating limits**
Dose assessment results indicate an emergency radiological release occurred previously AND is no longer underway.	Check "C. Above normal operating limits

*Applicable monitors are listed in Table 3

Standard: Block "C" Above normal operating limits, is checked.

Comment:

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8. Item 8: EVENT PROGNOSIS

Indicative of plant conditions and the ability to prevent core damage (e.g., improving, stable, or degrading).

Mark box A Improving if mitigation efforts appear successful, progressing toward termination.

Mark box B Stable if escalation to a higher classification is unlikely based on current conditions.

Mark box C Degrading if escalation to a higher emergency classification or PAR change is likely.

Standard: Block "B" (Stable) is checked.

Comment:

NOTE: **1. All reported meteorological data should be 15 minute average data. Data provided for meteorological parameters should be consistent with data utilized for PARs dose projections reported in line 16, if applicable.**

2. Inconsistencies in meteorological data utilized for dose projections and the meteorological data reported on emergency notification forms can result in discrepancies in dose assessments performed by SNC and applicable State and Federal agencies.

***9. Item 9: METEOROLOGICAL DATA**

Record the 15-minute averaged "Wind Direction from", Wind Speed and Precipitation values and check the appropriate "Stability Class (ΔT)". Sources for meteorological data are listed in Table 4.

Standard: Met Tower Data given in Initial Conditions. Wind direction is from **69 degrees** at a speed **of 5.8 mph.** Stability class – D, with no precipitation. Only direction and speed are critical.

Comment:

***10. Item 10: DECLARATION or TERMINATION**

Enter the time and date (mm/dd/yy) when the current emergency classification was declared or terminated.

Standard: Block "A" (Declaration) checked. Time and Date filled in from Checklist 1, NMP-EP-110, Emergency Classification Determination.

Comment:

***11. Item 11: AFFECTED UNIT(S) Check the affected unit or "ALL" block if both units are affected by the EAL indicated in item 4. For events involving equipment that is common to both units, "ALL" should be selected.**

Standard: Block "1" checked.

Comment:

NOTE:	**The unaffected unit's status is not required for initial notifications. However, the unaffected unit's status is required for follow-up notifications.**

12. Item 12: UNIT STATUS

IF the affected unit is operating, THEN indicate the % power. If the affected unit is shutdown, then enter the time (HH:MM) and date of the shutdown.

Standard: Block "A" (Unit 1) checked. Appropriate power and shutdown time (20 minutes ago) filled in.

No information for Unit 2 is given, no information required.

Comment:

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13. Item 13: REMARKS

Standard: None filled in.

Comment:

NOTE:	**Lines 14 through 16 (FOLLOW-UP ACTIONS) should be completed and transmitted as soon as dose projection information is available after the onset of any release otherwise, GO to Step 17 - APPROVAL.**

14. Item 14: RELEASE CHARACTERIZATION
15. Item 15: PROJECTION PARAMETERS
16. Item 16: PROJECTED DOSE

Standard: Items 14 – 16 are left blank.

Comment:

STOP TIME CRITICAL FOR EMERGENCY NOTIFICATION FORM_____

***17. Item 17: Review and Approval**

a. Manual Form - IF possible, obtain a peer check of the completed form. The Emergency Director must approve the form. Verbal authorization may be given to a delegate such as the EOF Manager to sign on behalf of the ED.

Standard: Signature Time and Date filled in within 15 minutes of Classification Declaration Block on Line 10.

Comment:

1525.

THIS IS A TIME CRITICAL JPM

Initial Conditions:

- **Unit 1 is in Mode 3 following a reactor trip from power 20 minutes ago.** 1505.
- **SG # 1 has developed a 375 gpm SGTR, the crew actuated SI and has entered 19030-C, E-3 Steam Generator Tube Rupture.**
- **1RE-005 and 1RE-006 are both indicating 2.6 E+6 mr/hr.**
- **The Unit Operator after investigating a Main Steam Safety Leaking annunciator has just reported a Code Safety has lifted for SG # 1 and will NOT reseat.**
- **The Outside Area Operator has confirmed steam blowing out of the safety valve.**
- **Wind direction is from 69 degrees at a speed of 5.8 mph.**
- **Stability class – D, no precipitation.**
- **RE-12839C is in HIGH alarm.**
- **WebEOC is not functional at all facilities.**
- **The ENN communicator has completed roll call.**

Faulted Ruptured

Initiating Cue: **Complete Checklist 1-Classification Determination of NMP-EP-110, "Emergency Classification Determination and Initial Action" to determine the HIGHEST emergency classification level,**

AND Site Area FS1

Complete Figure 1-Emergency Notification Form of NMP-EP-111, "Emergency Notifications."

KEY Darkened boxes and highlighted text are critical

Figure 1 – Emergency Notification Form (page 1 of 2)

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # 1
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/__ AUTHENTICATION #_____
3. SITE: Vogtle Confirmation Phone #1-706-826-3562(SIM)

4. EMERGENCY CLASSIFICATION: [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY
BASED ON EAL# FS1 EAL DESCRIPTION: Loss or Potential Loss of Two Barriers
- SG TR w/ SI
- Loss of Ctmt

5. PROTECTIVE ACTION RECOMMENDATIONS: [A] NONE
[B] EVACUATE
[C] SHELTER
[D] Advise Remainder of EPZ to Monitor Local Radio/TV Stations/Tone Alert Radios for Additional Information and Consider the use of KI (potassium iodide) in accordance with State plans and policy.
[E] OTHER

6. EMERGENCY RELEASE: [A] None [B] Is Occurring [C] Has Occurred

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [X] Above normal operating limits [D] Under evaluation

8. EVENT PROGNOSIS: [A] Improving [X] Stable [C] Degrading → Expects RE-006 trend up or could turn up.

9. METEOROLOGICAL DATA: Wind Direction from 69 degrees* Wind Speed 5.8 mph*

(*May not be available for Initial Notifications)* Precipitation None * Stability Class* [A] [B] [C] [X] [E] [F] [G]

10. [A] DECLARATION [B] TERMINATION Time Checklist 1 line 5 Date checklist 1 date / /

11. AFFECTED UNIT(S): [1] [2] [All]

12. UNIT STATUS: (Unaffected Unit(s) Status Not Required for Initial Notifications)
[X] U1 0 % Power Shutdown at Time T -20 min Date Today /____
[B] U2 ____% Power Shutdown at Time _____ Date ___/____/____

13. REMARKS: None

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: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
[B] Liquid Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours
Projection performed: Time _____ Date ___/____/____ Accident Type: _____

16. PROJECTED DOSE:

DISTANCE	TEDE (mrem)	Adult Thyroid CDE (mrem)
Site boundary		
2 Miles		
5 Miles		
10 Miles		

17. APPROVED BY: Signature Title_____ Time <T+15 from Inc ID Date / TODAY /

NOTIFIED BY: _____

RECEIVED BY: _____ Time _____Date___/____/____
(To be completed by receiving organization)

Verification of Completion

Job Performance Measure No. V-NRC-JP-NMP-EP-112-HL17

Examinee's Name:

Examiner's Name:

Date Performed:

Number of Attempts:

Time to Complete:

Question Documentation:

Question:_____
_____
_____

Response:_____
_____
_____
_____

Result: Satisfactory/Unsatisfactory

Examiner's signature and date: _____ _____

Figure 1 – Emergency Notification Form (page 1 of 2)

1. [X] DRILL [ ] ACTUAL EVENT — MESSAGE # 1
2. [X] INITIAL [ ] FOLLOW-UP — NOTIFICATION: TIME_____ DATE____/____/__ AUTHENTICATION #_____
3. SITE: Vogtle — Confirmation Phone #_____

4. EMERGENCY CLASSIFICATION: [ ] A UNUSUAL EVENT [ ] B ALERT [X] C SITE AREA EMERGENCY [ ] D GENERAL EMERGENCY
BASED ON EAL# FS1. EAL DESCRIPTION: Loss or Potential loss of any two Barriers

5. PROTECTIVE ACTION RECOMMENDATIONS: [X] A NONE
[ ] B EVACUATE
[ ] C SHELTER
[ ] D Advise Remainder of EPZ to Monitor Local Radio/TV Stations/Tone Alert Radios for Additional Information and Consider the use of KI (potassium iodide) in accordance with State plans and policy.
[ ] E OTHER

6. EMERGENCY RELEASE: [ ] A None [X] B Is Occurring [ ] C Has Occurred

7. RELEASE SIGNIFICANCE: [ ] A Not applicable [ ] B Within normal operating limits [X] C Above normal operating limits [ ] D Under evaluation

8. EVENT PROGNOSIS: [ ] A Improving [ ] B Stable [X] C Degrading

9. METEOROLOGICAL DATA: Wind Direction from 69 degrees* Wind Speed 5.8 mph*

(*May not be available for Initial Notifications)* Precipitation 0 * Stability Class* [ ] A [ ] B [ ] C [X] D [ ] E [ ] F [ ] G

10. [X] A DECLARATION [ ] B TERMINATION Time 1537 Date 4/9/12

11. AFFECTED UNIT(S): [X] 1 [ ] 2 [ ] All

12. UNIT STATUS: (Unaffected Unit(s) Status Not Required for Initial Notifications)
[X] U1 0 % Power Shutdown at Time 1505 Date 4/9/12
[ ] U2 ____ % Power Shutdown at Time _____ Date __/____/____

13. REMARKS: none.

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: [ ] A Elevated [ ] B Mixed [ ] C Ground UNITS: [ ] A Ci [ ] B Ci/sec [ ] C µCi/sec

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

FORM: [ ] A Airborne Start Time _____ Date __/____/____ Stop Time _____ Date __/____/____
[ ] B Liquid Start Time _____ Date __/____/____ Stop Time _____ Date __/____/____

15. PROJECTION PARAMETERS: Projection period: _____ Hours Estimated Release Duration _____ Hours
Projection performed: Time _____ Date __/____/____ Accident Type: _____

16. PROJECTED DOSE:

DISTANCE	TEDE (mrem)	Adult Thyroid CDE (mrem)
Site boundary		
2 Miles		
5 Miles		
10 Miles		

17. APPROVED BY: _____ Title EP Time 1547 Date 4/9/12

NOTIFIED BY: _____

RECEIVED BY: _____ Time _____ Date __/____/____
(To be completed by receiving organization)

Checklist 1 – Classification Determination (page 1 of 1)

NOTE: Key Parameters should be allowed to stabilize to accurately represent plant conditions prior to classifying an event.

Initial Actions Completed by CR

1. **Determine** the appropriate Initiating Condition Matrix for classification of the event based on the current operating mode: Mode 3.
   - ☑ HOT IC/EAL Matrix Evaluation Chart (**GO** to Step **2**) to evaluate the Barriers)
   - ☐ COLD IC/EAL Matrix Evaluation Chart (**GO** to Step **3**)
2. Evaluate the status of the fission product barrier using Figure 1, Fission Product Barrier Evaluation.
3. Select the condition of each fission product barrier: CR

	LOSS	POTENTIAL LOSS	INTACT
Fuel Cladding Integrity	☐	☐	☑
Reactor Coolant System	☑	☐	☐
Containment Integrity	☑	☐	☐

4. Determine the highest applicable fission product barrier Initiating Condition (IC): CR

(select one) ☐ FG1 ☑ FS1 ☐ FA1 ☐ FU1 ☐ None

3. **Evaluate** and **determine** the highest applicable IC/EAL using the Matrix Evaluation Chart identified in step 1 **THEN GO** to step **4**. CR

IC# FS1 or ☐ None

4. **Check** the **highest** emergency classification level identified from either step 2b or 3: CR

Classification	Based on IC#	Classification	Based on IC#
☐ General		☐ Alert	
☑ Site-Area	FS1	☐ NOUE	
		☐ None	N/A

Remarks (Identify the specific EAL, as needed):

5. **Declare** the event by approving the Emergency Classification. CR

CR Emergency Director Date: 4/9/12 Time: 1537

6. **Obtain** Meteorological Data (not required prior to event declaration): CR

Wind Direction (from) 69 Wind Speed 5.8 . Stability Class D Precipitation 0

7. **Initiate** Checklist 2, Emergency Plan Initiation. CR