

ENCLOSURE - I  
SONGS EPIP INDEX

*Superseded per letter 1 & 2 to EP 12 Dec 1954*

| <u>Procedures</u> | <u>Current Revision</u> | <u>Current TCN's</u> | <u>Title</u>                                  |
|-------------------|-------------------------|----------------------|---|
| S0123-VIII-0.9    | Rev. 7                  |                      | Action EPIP Index                             |
| S01-VIII-1        | Rev. 2                  | TCN 2-1              | Recognition and Classification of Emergencies |
| S023-VIII-1       | Rev. 2                  | TCN 2-2              | Recognition and Classification of Emergencies |
| S0123-VIII-10     | Rev. 3                  |                      | Emergency Coordinator Duties                  |
| S0123-VIII-20     | Rev. 2                  | TCN 2-2              | Emergency Planning Coordinator Duties         |
| S0123-VIII-20.1   | Rev. 0                  |                      | OSC Emergency Planning Coordinator Duties     |
| S0123-VIII-30     | Rev. 2                  | TCN 2-1              | Operations Leader Duties                      |
| S0123-VIII-30.1   | Rev. 4                  | TCN 4-1              | Shift Communicator Duties                     |
| S0123-VIII-30.2   | Rev. 2                  | TCN 2-2              | Emergency Public Address Announcements        |
| S0123-VIII-40     | Rev. 3                  | TCN 3-3              | Health Physics Leader Duties                  |
| S0123-VIII-40.1   | Rev. 3                  |                      | Health Physics Coordinator Duties             |
| S01-VIII-40.100   | Rev. 1                  | TCN 1-3              | Source Term and Dose Assessment               |
| S023-VIII-40.100  | Rev. 2                  | TCN 2-2              | Source Term and Dose Assessment               |
| S0123-VIII-50     | Rev. 2                  | TCN 2-1              | Technical Leader Duties                       |
| S0123-VIII-60     | Rev. 2                  | TCN 2-2              | Security Leader Duties                        |
| S0123-VIII-60.1   | Rev. 1                  | TCN 1-2              | Shift Commander Duties                        |
| S0123-VIII-70     | Rev. 2                  | TCN 2-2              | Administrative Leader Duties                  |
| S0123-VIII-70.1   | Rev. 3                  | TCN 3-1              | Site Telephone Operator Duties                |
| S0123-VIII-80     | Rev. 2                  | TCN 2-1              | Emergency Group Leader Duties                 |
| S0123-VIII-0.1    | Rev. 2                  |                      | Administrative EPIP Index                     |
| S0123-VIII-0.200  | Rev. 0                  | TCN 0-2              | Emergency Plan Drills                         |
| S0123-VIII-0.201  | Rev. 0                  | TCN 0-3              | Surveillance Requirements                     |
|                   |                         |                      | Emergency Facilities and Equipment            |

8510070185 850927  
PDR ADOCK 05000206  
F PDR

ENCLOSURE I (continued)

SONGS EPIP INDEX

| <u>Procedures</u> | <u>Current<br/>Revision</u> | <u>Current<br/>TCN's</u> | <u>Title</u>                                      |
|-------------------|-----------------------------|--------------------------|---|
| S0123-VIII-0.202  | Rev. 1                      | TCN 1-2                  | Assignment of Emergency<br>Response Personnel     |
| S0123-VIII-0.204  | Rev. 1                      | TCN 1-4                  | Evacuation of Non-Emergency<br>Response Personnel |
| S0123-VIII-0.301  | Rev. 1                      | TCN 1-3                  | Offsite/Onsite<br>Communications Checks           |

SAN ONOFRE NUCLEAR GENERATING STATION  
UNITS 1, 2 AND 3  
COMPLETE REVISION  
EFFECTIVE DATE 7-31-84

EPIP  
REVISION 1  
TCN 13

S0123-VIII-0.301  
PAGE 2 OF 70

OFFSITE/ONSITE COMMUNICATIONS CHECKS

TABLE OF CONTENTS

| <u>SECTION</u>   | <u>PAGE</u> |
|--|-------------|
| 1.0 OBJECTIVE  | 3           |
| 2.0 REFERENCES   | 3           |
| 3.0 PREREQUISITES  | 3           |
| 4.0 PRECAUTIONS  | 4           |
| 5.0 CHECK-OFF LIST(S)  | 4           |
| 6.0 INSTRUCTIONS   |             |
| 6.1 Offsite Communications Checks                                      | 5           |
| 6.2 Interjurisdictional Teletype                                       | 6           |
| 6.3 Onsite Communications Checks                                       | 6           |
| 6.4 Installation/Removal/Relocation of Telecommunications<br>Equipment | 7           |
| 6.5 Theft/Vandalism of Emergency Telecommunications Equipment          | 7           |
| 7.0 ACCEPTANCE CRITERIA  | 8           |
| 8.0 RECORDS  | 8           |
| 9.0 ATTACHMENTS  | 8           |

QA PROGRAM AFFECTING

0494F/wls

OFFSITE/ONSITE COMMUNICATIONS CHECKS

1.0 OBJECTIVE

- 1.1 To verify that offsite communications between SONGS and state, local, and federal authorities can be successfully made using emergency communications equipment.
- 1.2 To verify that communications within SONGS Emergency Response Facilities (ERF), e.g., Emergency Operations Facility (EOF), Control Rooms (CR), Evacuation Shutdown Panels (EVSD), Technical Support Centers (TSC), and Operations Support Centers (OSC) can be successfully made using emergency communications equipment.
- 1.3 To identify communications equipment malfunction(s) and ensure that the appropriate corrective actions are taken.
  - 1.3.1 To ensure that the required report(s) of communication(s) failure(s) are submitted to the USNRC within the time frames specified in 10CFR50.72, and Station/Unit Operating Instructions.
- 1.4 To meet the Communications Link Drill requirements of Reference 2.2.

2.0 REFERENCES

2.1 Station Procedures

- 2.1.1 EPIP SO123-VIII-30.1, "Shift Communicator Duties"

2.2 Other

- 2.2.1 NUREG-0654/FEMA-REP 1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"
- 2.2.2 10 CFR 50, Appendix E

3.0 PREREQUISITES

- 3.1 Prior to use of an uncontrolled (pink) copy of this Station Document to perform work, verify that it is current by utilizing one of the following methods:
  - 3.1.1 Checking a controlled copy and any TCNs;
  - 3.1.2 Accessing an SCE Document Configuration System (SDCS) TSO Terminal;
  - 3.1.3 Referencing a current (within one week) Configuration Control Log and associated daily update;
  - 3.1.4 Contacting CDM by telephone or through counter inquiry;

3.0 PREREQUISITES (Continued)

3.1.5 Obtaining an uncontrolled (pink) copy of the Station Document from CDM.

3.2 All communications testing of OFFSITE communications is to be performed between the hours 0800 to 1600, Monday through Friday, to ensure optimum manning of all stations. Tests outside of these hours require approval of Station Emergency Preparedness.

NOTE: Communications testing of ONSITE communications will be made by Station Emergency Preparedness personnel in accordance with Section 6.3, and Attachments 9.13 and 9.14, of this procedure.

4.0 PRECAUTIONS

4.1 Ensure that all offsite/onsite contacts are immediately made aware that the communication is only a test and that no emergency exists.

4.2 Strict compliance with the procedural instructions contained in each Check-Off List is mandatory.

4.3 NRC must be notified within ONE HOUR for any event that results in a major loss of communications capability, e.g., Emergency Notification System, or offsite notification system. (10 CFR 50.72)

4.3.1 Responsibility for the above report resides with the Compliance Manager. Therefore, immediate notification to the Unit Shift Superintendent, to allow prompt follow-up notification to the Station Compliance Manager, is mandatory.

4.3.2 Detailed Log entries concerning the above report are mandatory.

NOTE: Loss of onsite power (to include UPS) and offsite power, simultaneously, will require that voice radio communications with the Energy Control Center, on Emergency Channel 1 (158.130 MHz) (VHF) be established to make the above report.

Health Physics Emergency Response Vehicles provide this capability by means of the installed mobile voice radio.

5.0 CHECK-OFF LIST(S)

5.1 Attachments 9.1 through 9.15

## 6.0 INSTRUCTIONS

### 6.1 Offsite Communications Checks

- 6.1.1 Nuclear Operations Assistants (NOAs)/Shift Communicator(s), shall perform the monthly telecommunications tests of each of the following emergency communications systems, recording the results of such tests on the appropriate Attachment:

| <u>PHONE</u>   | <u>ATT.</u> | <u>PHONE</u>  | <u>ATT.</u> |
|----------------|-------------|---------------|-------------|
| IAT (Yellow)   | 9.1         | ODAC (Beige)  | 9.2         |
| PERT (Ivory)   | 9.4         | EDC (White)   | 9.3         |
| HPN (Green)    | 9.6         | ENS (Red)     | 9.7         |
| SOES (Blue)    | 9.5         |               |             |
| "7777" (Black) | 9.9         | UBFH (Orange) | 9.8         |

- .1 Unit Nuclear Operations Assistants shall, on alternate months, conduct the offsite communications checks in accordance with the schedule published by Station Emergency Preparedness.
  - .2 The NOA of the Unit tasked to conduct the offsite communications checks, will coordinate the monthly check with the NOA supporting the communications checks in the other Unit(s).
- 6.1.2 Use of emergency communications equipment during a drill, exercise, or in a declared emergency, shall be documented and will satisfy the testing requirements of this procedure. The appropriate attachments shall be completed at the conclusion of the drill exercise, or declared emergency, and forwarded to Station Emergency Preparedness for review, and filing at CDM.
- .1 Emergency communications equipment not used during a drill, exercise, or in a declared emergency, shall be tested as soon as possible within the required time frame(s), and the results forwarded to Station Emergency Preparedness for review, and filing at CDM.
- 6.1.3 Inoperable communications equipment, (i.e. telephones, intercommunications systems, radios/radio consoles, facsimile transmission equipment, PA systems, etc.,) shall be immediately reported to the Repair Desk/Test Board, Alhambra PAX 8-46181 for repair.
- .1 Ensure that the Repair Desk/Test Board, Alhambra, is aware that the communications equipment being reported is high priority emergency response telecommunications equipment and must be repaired immediately.
  - .2 Ensure that the Repair Desk/Test Board, Alhambra, is aware that, upon completion of the repairs, a call-back verification that repairs have been completed, is absolutely essential.

## 6.0 INSTRUCTIONS (Continued)

6.1.3.3 Upon call-back verification from the Repair Desk/Test Board, Alhambra, or SONGS Telecommunications Division, that repairs have been completed, RETEST the equipment, and complete the final endorsement to that Attachment. Then forward the Attachment(s) to Station Emergency Preparedness.

.4 The provisions of Section 6.1.3, preceding, are also applicable to the conduct of onsite telecommunications checks performed by personnel of the Station Emergency Preparedness Division and the Site Communications Equipment operators.

NOTE: During a declared emergency and/or drill exercise, a telecommunications repairman is available in the OSC. Call the EGL at the appropriate OSC for assistance.

### 6.2 Interjurisdictional Teletype

TCN | 6.2.1 Attachment 9.11 is used to document use and tests of the Interjurisdictional Teletype. | TCN

1-2 | 6.2.2 Whenever the Interjurisdictional Teletype is used, an entry must be made in the Log (Attachment 9.11). | 1-2

TCN | 6.2.3 Upon reviewing the Interjurisdictional Teletype Log (Attachment 9.11), and the teletype has not been in use during the current month, conduct and document a test during the monthly offsite telecommunications checks. | TCN

6.2.4 Completed Interjurisdictional Teletype Test Logs will be signed and forwarded in accordance with the instructions contained thereon.

### 6.3 Onsite Communications Checks

6.3.1 Nuclear Operations Assistant(s)/Shift Communicator(s), conducting the monthly Plant Emergency Response Telephone (PERT) communications check, must also ensure that the PERT extensions in the following locations are checked:

PERT 25: located in the Unit 1 Conference Room (OSC).  
PERT 24, Unit 1 Shut Down Panel 38, is to be installed (TBI).

PERT 05: located in the upper left hand drawer of the OSC 2&3 OSC Communicator's desk. The desk is locked. The desk key is hanging in the OSC Emergency Kit and the key to the E-kit may be obtained from the HP foreman, Units 2 and 3.

6.0 INSTRUCTIONS (Continued)

6.3.1 (Continued)

PERT 26: located in the Units 2 and 3 Evacuation Shut Down Panel, Elevation 50', Room C4-77, directly across from the elevator. The key to this room is held by Units 2 and 3 on-shift NOA.

6.3.2 Communications check of the TELETALK system between the Emergency Coordinator's station in the TSC's and the Control Rooms, will be accomplished monthly by Station Emergency Preparedness personnel.

6.3.3 Station Emergency Preparedness personnel will conduct a monthly test of emergency equipment in the Units 1, 2 and 3 TSC/OSC to include:

PAX/BELL telephones to include direct outside lines in the TSCs/OSCs and the NRC Consultation Area(s).

Voice radio communications to include hand-held radios in the OSCs and radio consoles in the TSCs/OSCs.

Facsimile Machine(s) in the TSCs.

1-2 | TCN | 6.3.4 A monthly test of the ROLM CBX operator's console will be conducted by a Site Communications Equipment Operator as assigned. Results of the test will be documented on Attachment 9.14 and submitted to Station Emergency Preparedness Division for review and disposition. | 1-2 | TCN |

6.4 Installation/Removal/Relocation of Telecommunications Equipment

6.4.1 Installation, removal, relocation, of telecommunications equipment within the Control Rooms, and Units 2 and 3 Evacuation Shut Down Panel/Essential Plant Parameter Monitoring Panel, is the responsibility of the Operations Division of the affected Unit.

6.4.2 Installation, removal, relocation, of telecommunications equipment within the TSCs/OSCs, is the responsibility of the Station Emergency Preparedness Division.

6.4.3 The responsible discipline will prepare the required PSCOMM-72, "Telecommunications Installation and Service Request," and send an information copy to the Station Emergency Preparedness Division.

6.5 Theft/Vandalism of Emergency Telecommunications Equipment

6.5.1 An ED-143, "Report of Criminal Acts," shall be submitted within 24 hours of awareness of theft or vandalism of emergency response telecommunications equipment.



## 6.0 INSTRUCTIONS (Continued)

- 6.5.2 Submission of the ED-143, "Report of Criminal Acts," report shall be the responsibility of the discipline having cognizance. See Sections 6.1 and 6.4.

## 7.0 ACCEPTANCE CRITERIA

- 7.1 Acceptance criteria is as stated herein and as amplified in the applicable Check-Off List.

## 8.0 RECORDS

- TCN | 8.1 The "ORIGINAL" copies of the completed document will be forwarded to the Station Emergency Preparedness Section. If the communication check is unsatisfactory the document will be kept on file at the Emergency Preparedness Section. When phone (or other communication equipment) is fixed, the document will be returned to the NOA/Shift Communicator for final check. Documents will then be returned to Station Emergency Preparedness. | TCN

- 8.1.1 After review and signature by Station Emergency Preparedness, copies of the SCE 41-255, CDM Documentation Control Data Transmittal, and signature "Duplicate Original" copies of the Check-Off List(s) will be returned to each Unit for insertion in the Unit Compliance File. The "Original" copies will be sent to CDM for permanent retention and file.

- 8.1.2 One copy of the completed Check-Off List(s), with SCE 41-255, CDM Documentation Control Data Transmittal, will be forwarded to Corporate Nuclear Affairs and Emergency Planning (NA&EP) for information and retention.

## 9.0 ATTACHMENTS

- 9.1 Check-Off List 1, Interagency Telephone (IAT) - Monthly Check - Yellow Phone
- 9.2 Check-Off List 2, Offsite Dose Assessment Center (ODAC) Monthly Check - Beige Phone
- 9.3 Check-Off List 3, Edison Decision Circuit (EDC) - Monthly Check, - White Phone
- 9.4 Check-Off List 4, Plant Emergency Response (PERT) - Monthly Check - Ivory Phone
- 9.5 Check-Off List 5, State Office of Emergency Services (SOES) Monthly Check - Blue Phone
- 9.6 Check-Off List 6, Health Physics Network (HPN) - Monthly Check - Green Phone

9.0 ATTACHMENTS (Continued)

- 9.7 Check-Off List 7, Emergency Notification System (ENS) -  
Monthly Check - Red Phone
- 9.8 Check-Off List 8, USMC Base Fire Hotline (UBFH) - Monthly  
Check - Orange Phone
- 9.9 Check-Off List 9, USMC Base Telephone (UBT) Ext. 7777 - Monthly  
Check - Black Phone
- TCN | 9.10 Check-Off List 10, Units 2 & 3 Evacuation Shutdown Panel/Essential  
Plant Parameter Monitoring Panel | TCN  
(EVSD/EPPM)-Monthly Check
- TCN | 9.11 Check-Off List 11, Interjurisdictional Teletype Test Log-Daily Check | TCN
- 9.12 Check-Off List 12, Unit 1 Emergency Response Facilities (TSC/OSC).  
Telecommunications-Monthly Check
- 9.13 Check-Off List 13, Units 2 and 3 Emergency Response Facilities  
(TSC/OSC) Telecommunications-Monthly Check
- TCN | 9.14 Check-Off List 14, ROLM CBX Operator's Console Check, TSC-1 and | TCN  
TSC-2 & 3-Monthly Check

INTERAGENCY TELEPHONE (IAT) - MONTHLY CHECK - YELLOW PHONE

1.0 FUNCTION

- 1.1 The IAT serves as a dedicated communications link between SONGS and offsite agencies. It is used to transmit information, plant status, and recommended actions associated with emergency situations.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ 1-2

- 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

- 1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ 1-2

- 2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of Station Emergency Preparedness (SEP). \_\_\_\_\_

- TCN | 2.4 Notify all offsite stations 2 hours prior to test. If possible notify all offsite stations 24 hours in advance of test. \_\_\_\_\_ TCN

3.0 REFERENCES

- 3.1 Table 1 of this Attachment lists the locations and telephone numbers of the stations to be tested.

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the IAT in a drill or emergency event, proceed to Section 5.0.

- 4.1 To initiate a call on the Yellow Phone, depress the star symbol (\*) followed by the two digit Station number.

4.0 TEST INSTRUCTIONS (Continued)

- 4.2 To transmit on the Yellow Phone, depress the bar in the center of the handset.

NOTE: Failure to depress the transmit bar will block transmission.

- 4.3 Contact the EOF Communications Coordinator (EOFCC) at 58-303 and request he proceed to the \*07 and \*08 extensions of the EOF.

1-2 | 4.3.1 Request that a person be sent to the Emergency News Center (ENC) to ensure that the IAT Monitor in the ENC is operating. | 1-2

4.3.2 Request that the person monitoring at the ENC report back to the NOA, by PAX telephone, immediately following completion of the IAT offsite check.

- 4.4 Contact the alternate Unit NOA and request he standby at the IAT extension in the Unit Technical Support Center.

- 4.5 Contact the remaining stations using the alternate numbers on Table 1 and request manning of their IAT station(s). Note contact name and time on Table 1.

- 4.6 After allowing adequate time for manning of the stations, simultaneously contact all stations from the Control Room extension by dialing \*99, the group code.

NOTE: All stations will be answering simultaneously.

- 4.6.1 As the stations answer, inform the contacts that this is only a test and to stand by.

.1 Note the stations responding on Table 1.

- 4.6.2 Once all stations have answered, again inform them of the test. As a group, ask them the following questions and request each agency to respond negatively or positively to each question.

.1 Can you locate copies of your "Emergency Notification Forms," "Simplified Description of Events" lists, and a copy of "SONGS Manual of Emergency Events?"

.2 Do you have questions regarding the notification process?

4.0 TEST INSTRUCTIONS (Continued)

- 4.6.2.3 If a contact responds negatively, note this deficiency on Table 1 and contact Emergency Preparedness. TCN
- 4.6.3 Inform the agencies that you will be contacting them again to test their individual lines and request the alternate Unit NOA to remain on the line.
- 4.7 From the TSC Yellow Phone, contact each station in Table 1 using their Yellow Phone two-digit number.
- 4.8 When the station is contacted, note the name of the contact and the time on Table 1. Verify communication between the station and the alternate Unit NOA in the TSC.
- 4.8.1 If unable to contact a station, proceed to the next station. At the conclusion of Table 1, attempt to contact the stations previously inaccessible. Report inoperable telephones per step 6.1 of this procedure.
- 4.8.2 If the time required to contact a station is excessive, document the problem in the "Comments" section. Deficiencies will be evaluated by Station Emergency Preparedness for required corrective action.
- 4.9 Retain the assistance of the EOFCC if proceeding to Attachment 9.2.

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the IAT in a drill, exercise or actual emergency event, note the following information and complete applicable sections of Table 1.

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

NOTE: See completed attachments to SO123-VIII-30.1  
(Emergency Notification List) for verification.

TABLE 1  
IAT CHECK-LIST

| ORGANIZATION / LOCATION   | IAT # | *99( ) | ALTERNATE #                      | NAME OF CONTACT | TIME | FORMS  | UNDERSTANDS | INITIALS |
|---|-------|--------|----------------------------------|-----------------|------|--------|-------------|----------|
| Offsite Dose Assessment Center  | *07   |        | 58-361; 58-368<br>58-369; 58-371 |                 |      | YES/NO | YES/NO      |          |
| Liaison Center  | *08   |        | 58-335                           |                 |      | YES/NO | YES/NO      |          |
| Alternate EOF, Santa Ana  | *34   |        | 52-375; 52-300                   |                 |      | YES/NO | YES/NO      |          |
| USMC Duty Officer<br>1600-0700 Mon. - Fri.<br>24 hours - Weekends/Holidays  | *22   |        | 1-619-725-5617                   |                 |      | YES/NO | YES/NO      |          |
| USMC Emerg. Ops Center<br>or Ops. & Trng Center   | *23   |        | 1-619-725-5007<br>1-619-725-5914 |                 |      | YES/NO | YES/NO      |          |
| State Parks Pendleton Coast   | *24   |        | 492-0802                         |                 |      | YES/NO | YES/NO      |          |
| City of San Clemente  | *25   |        | 361-8201                         |                 |      | YES/NO | YES/NO      |          |
| City of San Juan Capistrano<br>(0800-1700 Mon. - Fri.)<br>Station #27 answers for this<br>station during other hours. | *26   |        | 1-493-1171x212                   |                 |      | YES/NO | YES/NO      |          |
| Orange Co. Communications<br>(Answers for station #26<br>backshifts/weekends)   | *27   |        | 1-834-2127                       |                 |      | YES/NO | YES/NO      |          |
| Orange Co. Emerg. Ops. Cent.  | *28   |        | 1-834-2323                       |                 |      | YES/NO | YES/NO      |          |
| San Diego County Office<br>of Disaster Preparedness   | *29   |        | 1-619-565-3490                   |                 |      | YES/NO | YES/NO      |          |
| C.H.P. Santa Ana  | *30   |        | 547-3232<br>547-8318             |                 |      | YES/NO | YES/NO      |          |
| C.H.P. San Diego  | *32   |        | 1-619-283-6331<br>1-619-238-6497 |                 |      | YES/NO | YES/NO      |          |
| San Diego Office of<br>Emergency Preparedness   | *33   |        | 1-619-565-3490                   |                 |      | YES/NO | YES/NO      |          |
| Unit 1  | *03   |        | 56-726                           |                 |      |        |             |          |
| Technical Support Center  |       |        |                                  |                 |      |        |             |          |
| Units 2 & 3   | *05   |        | 56-396/397                       |                 |      | N/A    | N/A         |          |

TEST ACCEPTANCE CRITERIA

6.1 The Interagency Telephone (IAT) Monthly Check is considered satisfactory if (1) the Yellow Phones prove operable in contacting all Stations (2) the alternate numbers are successful in contacting all stations listed and (3) each agency has the proper forms and lists and understands the purpose of the Notification call.

6.1.1 The Interagency Telephone Monthly Check is satisfactory.

YES/NO  
Circle One INITIALS

6.1.2 If "NO", inform SRO Operations Supervisor and Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

COMMENTS

Test PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME

Test REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME

Test ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME

6.0 TEST ACCEPTANCE CRITERIA (Continued)

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END \*\*\*\*\*  
\*\*\*\*\* OF MONTH, THE RETEST MAY BE WAIVED IN LIEU OF\*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

ReTest REVIEWED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)

ReTest ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")



OFFSITE DOSE ASSESSMENT CENTER (ODAC)  
MONTHLY CHECK - BEIGE PHONE

1.0 FUNCTION

- 1.1 The ODAC functions as a dedicated phone circuit providing a communication link between the Health Physics Leader in the TSC, and the Offsite Dose Assessment Center (ODAC) in the EOF.
- 1.2 The ODAC phones are automatic "ring-down." Dialing is not necessary. Lifting the handset will initiate ringing at the receiving location.

2.0 PREREQUISITES

INITIALS

1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ 11-2

2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ 11-2

2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the ODAC in a drill or emergency event, proceed to Section 5.0.

- 4.1 If not done previously, contact the alternate Unit NOA to request manning of the ODAC Station at the Health Physics Leader's position in the TSC. Additionally, contact the EOFCC at PAX 58-303 and request manning of the ODAC Station in the EOF.
- 4.2 Request the Alternate Unit NOA and the EOFCC pick up the ODAC phone at their respective locations when ringing commences.
- 4.3 Pick up extension of the ODAC in the TSC.

4.0 TEST INSTRUCTIONS (Continued)

- 4.4 When the EOFCC and Alternate Unit NOA answer, verify clear communications and ringing capability of the ODAC phones at those locations.

NOTE: The Unit 1 ODAC phone is maintained in the TSC Emergency Kit, and must be connected to the amphenol connector located at the HPL position in Unit 1 TSC. Ensure adequate time is given to allow for this action.

4.4.1 Note EOFCC's Name/Time of Contact: \_\_\_\_\_

4.4.2 Alternate Unit NOA Name/Time of Contact: \_\_\_\_\_

- 4.5 Request alternate Unit NOA and EOFCC hang up momentarily in order to test the automatic ring-down of the system from their Stations.

4.5.1 Have EOFCC pick up his handset. Verify ringing capability of Unit 1 and Units 2 & 3 ODAC phone.

4.5.2 Have the alternate Unit NOA pick up his handset. Verify ringing capability at EOF and TSC conducting test.

- 4.6 Retain the assistance of the EOFCC and alternate Unit NOA if proceeding to Attachment 9.3.

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the ODAC in a drill, exercise or declared emergency event, note the following information.

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The ODAC is considered satisfactory if a clear communications link existed between the EOF and alternate Unit TSC and automatic ring-down occurred.

6.1.1 The ODAC Hotline Monthly Check is satisfactory.

YES/NO  
Circle One \_\_\_\_\_ INITIALS \_\_\_\_\_

0 TEST ACCEPTANCE CRITERIA (Continued)

- 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

COMMENTS

Test PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME

Test REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME

Test ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME

ReTest REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME

ReTest ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

EDISON DECISION CIRCUIT (EDC) - MONTHLY CHECK - WHITE PHONE

1.0 FUNCTION

- TCN |
- 1.1 The EDC provides a dedicated phone circuit for communications between the Emergency Coordinator (EC) in the Technical Support Center (TSC) and corporate officials in the Emergency Operations Facility (EOF), and the Emergency News Center (ENC), San Clemente (monitoring capability only).
- 1.2 The EDC has no ringing capability. A PAX line must be used to contact the other station.
- | TCN

2.0 PREREQUISITES

INITIALS

- 1-2 |
- 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_
- 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_
- 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_
- 1-2 |

- 2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

- 3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the EDC in a drill or emergency event, proceed to Section 5.0.

- 4.1 Contact Nuclear Affairs and Emergency Planning (NA&EP) at PAX 58303, and request manning of the EDC in the emergency response facilities specified in Section 1.1, preceding.
- 4.2 Request the alternate Unit Nuclear Operations Assistant (NOA), and the personnel located at the offsite emergency response facilities, to pick up the EDC in their areas.
- 4.3 Establish a three-way conversation to ensure that the EDC circuit is operable.
- TCN |
- | TCN

4.0 TEST INSTRUCTIONS (Continued)

- 4.4 Unit 1. If you are performing monthly check have ENC call you on 56-730 to verify monitoring capability.
- 4.5 Unit 2&3. If you are performing monthly check, have ENC call you on 56-397 to verify monitoring capability.
- 4.6 Note the name, and time of contact, at the following locations:  
Alternate Unit NOA: \_\_\_\_\_  
EOF: \_\_\_\_\_  
ENC (Monitoring capability only): \_\_\_\_\_  
Time: \_\_\_\_\_
- 4.7 Retain the assistance of the EOFCC and the alternate Unit NOA if proceeding to Attachment 9.4.

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the EDC in a drill exercise or declared emergency event, note the following information:

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_  
Event No(s). \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The EDC Monthly Check is considered satisfactory if a clear communications link exists with the five-way conversation.

6.1.1 The EDC Monthly Check is satisfactory.

YES/NO  
Circle One

INITIALS

- 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

Test REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END \*\*\*\*\*  
\*\*\*\*\* OF MONTH, THE RETEST MAY BE WAIVED IN LIEU OF\*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

ReTest REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

PLANT EMERGENCY TELEPHONE (PERT) - MONTHLY CHECK - IVORY PHONE

1.0 FUNCTION

- 1.1 The PERT functions as a dedicated phone circuit providing a communication link between all SONGS emergency response centers.
- 1.2 The PERT operates with a two-digit code assigned to each station. During an emergency event, these phones are manned continuously functioning as the primary "in-house" communications link.

2.0 PREREQUISITES

INITIALS

1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ | 1-2

2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ | 1-2

2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

1-2 | 2.4 Ensure headset/handset switches are in the correct position. (Rotate counterclockwise for the handset position). \_\_\_\_\_ | 1-2

3.0 REFERENCES

3.1 Tab "B" of the Emergency Response Telephone Directory lists all PERT stations.

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the PERT in a drill or emergency event, proceed to Section 5.0.

4.1 Contact the alternate Unit NOA at the TSC station of the PERT. Request he remain on the line throughout communications with the EOF (steps 4.2 through 4.4).

4.1.1 Establish contact with the EOF communications coordinator (EOFCC) at 58-303 (if not done previously).

4.0 TEST INSTRUCTIONS (Continued)

- 4.2 From the PERT station in the TSC, contact the EOFCC at the 22 station. Verify ringing capability, voice communication between both TSCs and the EOF, and proper labeling of the station.

4.2.1 Note time of contact \_\_\_\_\_.

- 4.3 Contact the EOFCC at the 23 station. Verify ringing capability, voice communication between both TSCs and the EOF and proper labeling of the station.

4.3.1 Note time of contact \_\_\_\_\_.

- 4.4 Contact the EOFCC at the 21 station. Verify ringing capability, voice communication between both TSC's and the EOF and proper labeling of the station.

4.4.1 Note time of contact \_\_\_\_\_.

- 4.5 Note your contacts names:

Alternate Unit NOA \_\_\_\_\_ EOFCC \_\_\_\_\_

- 4.6 Terminate the assistance of the EOFCC. The remainder of the test will not require EOFCC assistance.

- 4.7 Using the alternate Unit NOA, and a secondary NOA at the testing Unit, conduct a communications check with the PERT phones listed below:

| <u>UNIT 1</u>                       | <u>O.K. (✓)</u> | <u>UNITS 2 and 3</u> | <u>O.K. (✓)</u> |
|-------------------------------------|-----------------|----------------------|-----------------|
| <u>03 (TSC)</u>                     |                 | <u>04 (TSC)</u>      |                 |
| <u>02 (CR)</u>                      |                 | <u>06 (CR)</u>       |                 |
| <u>09 (TSC)</u>                     |                 | <u>07 (TSC)</u>      |                 |
| <u>20 (TSC)</u>                     |                 | <u>08 (TSC)</u>      |                 |
| <u>25 (OSC)</u>                     |                 | <u>05 (OSC)*</u>     |                 |
| <u>24 (SDP#38(To be installed))</u> |                 | <u>26 (EVSD)</u>     |                 |

\*PERT Station 05, Units 2 and 3 OSC. Phone is locked in the upper left hand drawer of the OSC Communicator's desk. Key to the desk is in the Emergency Kit, Room 403 (OSC). Key to the Emergency Kit door and padlock may be obtained from HP Foreman's Office, 70' Elevation, Units 2 and 3. Upon completion of test, lock desk and return keys to E-Kit and HPF.

4.7.1 Note Alternate Unit NOA's name \_\_\_\_\_

4.7.2 Note secondary NOA's name \_\_\_\_\_



#### 4.0 TEST INSTRUCTIONS (Continued)

- 4.8 Request the alternate Unit NOA and secondary NOA answer the PERT Stations as they are contacted. Verify ringing capability, voice communications, and proper labeling.
- 4.9 Request the Units 2 and 3 NOA assisting, to proceed to the Evacuation Shutdown Panel, 50' Elevation, Room C4-77, Control Building, Units 2 and 3, and call you at a designated PERT phone upon his arrival. Verify ringing capability, voice communication, and proper labeling.
- 4.10 Terminate the assistance of the NOA's assisting in the phone test, unless otherwise required.

#### 5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the PERT in a drill, exercise or declared emergency, note the following information:

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

- 5.1.2 Note that contact was made at the following stations:

|    | <u>UNIT 1</u>                    | <u>O.K. (✓)</u> | <u>UNITS 2 and 3</u> | <u>O.K. (✓)</u> |
|----|----------------------------------|-----------------|----------------------|-----------------|
| .1 | <u>23-(EOF)</u>                  |                 | <u>23-(EOF)</u>      |                 |
| .2 | <u>22-(EOF)</u>                  |                 | <u>22-(EOF)</u>      |                 |
| .3 | <u>21-(EOF)</u>                  |                 | <u>21-(EOF)</u>      |                 |
| .4 | <u>03-(TSC)</u>                  |                 | <u>04-(TSC)</u>      |                 |
| .5 | <u>02-(CR)</u>                   |                 | <u>06-(CR)</u>       |                 |
| .6 | <u>09-(TSC)</u>                  |                 | <u>07-(TSC)</u>      |                 |
| .7 | <u>20-(TSC)</u>                  |                 | <u>08-(TSC)</u>      |                 |
| .8 | <u>25-(OSC)</u>                  |                 | <u>05-(OSC)</u>      |                 |
| .9 | <u>24-(ECR)(To be installed)</u> |                 | <u>26-(ECR)</u>      |                 |

6.0 TEST ACCEPTANCE CRITERIA

6.1 The PERT Monthly Check is considered satisfactory if a clear communications line existed between all stations, all stations rang properly, and the yellow "circuit-in-use" light functioned correctly.

6.1.1 The PERT Monthly Check is satisfactory.

YES/NO  
(Circle One)

INITIALS

TCN | 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature. | TCN

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY

\_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

Test REVIEWED BY

\_\_\_\_\_  
(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY

\_\_\_\_\_  
(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

TCN

6.0 TEST ACCEPTANCE CRITERIA (Continued)

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

ReTest REVIEWED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)

ReTest ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
- Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

STATE OFFICE OF EMERGENCY SERVICES (SOES) - MONTHLY CHECK - BLUE PHONE

1.0 FUNCTION

- 1.1 The SOES functions as a dedicated communications link from SONGS to provide information as requested by the State Office of Emergency Services.
- 1.2 The SOES station in the TSC is utilized prior to EOF activation. Following activation of the EOF, all communications are made via the SOES station in the EOF.
- 1.3 The SOES phones are equipped with a ring-down button which, when depressed, will cause the receiving station to ring. Ringing will stop when the button is released.

2.0 PREREQUISITES

INITIALS

1-2 2.1 Date and revision number of the basic document and this attachment match the controlled copy. \_\_\_\_\_ 1-2

2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

1-2 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ 1-2

2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the SOES in a drill or emergency event, proceed to Section 5.0.

- 4.1 Pick up the blue phone in the TSC and depress the red ring-down button several times for approximately five seconds each.

4.0 TEST INSTRUCTIONS (Continued)

4.2 When answered, inform the contact that this is only a test of the SOES Hotline.

4.2.1 Note name of contact \_\_\_\_\_

4.2.2 Note time of contact \_\_\_\_\_

4.3 Request the contact depress his red ring-down button to test the SOES station ringing function in the TSC's.

4.4 Terminate communications.

4.5 Unit 1. If you are performing monthly check contact Units 2 & 3 and EOF. Have them perform steps 4.1 through 4.4

4.6 Unit 2 & 3. If you are performing monthly check, contact Unit 1 and EOF. Have them perform step 4.1 through 4.4.

5.0 DRILLS/EMERGENCY EVENTS

5.1 If the requirements of this test are satisfied by use of the SOES in a drill, exercise or declared emergency, note the following information:

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

6.1 The SOES Hotline Monthly Check is considered satisfactory if a clear communications link existed between the OES and SONGS, and the ring-down button functioned adequately.

6.1.1 The OES Hotline Monthly Check is satisfactory.

YES/NO  
Circle One \_\_\_\_\_ INITIALS \_\_\_\_\_

6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN | Test REVIEWED BY \_\_\_\_\_

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

NOTE:

When reporting trouble to the Trouble Desk, Energy Control Station, Alhambra, refer to the system as the "AUTOMATED ALERT SYSTEM," Circuit Number 9FDDA904512.

TCN | \*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN | ReTest REVIEWED BY \_\_\_\_\_

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

HEALTH PHYSICS NETWORK (HPN) MONTHLY CHECK - GREEN PHONE

1.0 FUNCTION

- 1.1 The HPN functions as a communications link to provide Health Physics information to the NRC when requested.
- 1.2 The HPN also functions as a secondary communications link to the NRC Operations Center in the event of failure of the Emergency Notification System (Red Phone).

2.0 PREREQUISITES

INITIALS

1-2 | 2.1 Date and revision number of the basic document and this attachment match the controlled copy. \_\_\_\_\_

2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

1-2 | 2.2.1 List applicable TCN's or write "N/A." \_\_\_\_\_

2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

TCN | 3.0 REFERENCE

3.1 Information on plastic holder above HPN telephone \_\_\_\_\_

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the HPN in a drill or emergency event, proceed to Section 5.0.

4.1 Request a qualified individual man the Green Phone in the NRC Consultation Room (NRCCR). Instruct him to pick up the handset when the "in-use" light illuminates.

TCN  
1-2

1-2

TCN

4.0 TEST INSTRUCTIONS (Continued)

- 4.2 Pick up the Green Phone in the TSC and dial the NRC Operations Center (22).

NOTE: A dial tone will not be heard when receiver is lifted. When the appropriate two-digit code is dialed, an audible ringing signal will not be heard. Ringing is heard at the called station and will continue for 30 (thirty) seconds or until answered. If call is not answered within 30 (thirty) seconds, dial again.

- 4.3 When the NRC answers, inform the contact this is a test of the SONGS HPN Hotline; note the name of the contact and the time.

4.3.1 Note the name of contact \_\_\_\_\_.

4.3.2 Note the time of contact \_\_\_\_\_.

- 4.4 Verify that the individual in the NRCCR has communications ability with the NRC Operations Center.

4.4.1 Note name of operator in NRCCR \_\_\_\_\_.

- 4.5 If, after dialing 22 repeatedly, there is no answer from NRC Operations Center, dial the AT&T Maintenance Supervisor (using the PAX phone) at (202) 955-8368, and report the difficulties being experienced. Make the appropriate entry in the "COMMENTS" section of this Attachment, and in the shift relief status log.

- 4.6 Terminate communications and release the assistance of all involved.

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the HPN in a drill exercise or declared emergency event, note the following information.

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The HPN Hotline Monthly Check is considered satisfactory if a clear communications link existed between the NRC Operations Center and SONGS.

6.1.1 The HPN Hotline Monthly Check is satisfactory.

YES/NO  
Circle One INITIALS



6.0 TEST ACCEPTANCE CRITERIA (Continued)

6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

COMMENTS: \_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

Test REVIEWED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)

Test ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

ReTest REVIEWED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)

ReTest ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

EMERGENCY NOTIFICATION SYSTEM (ENS) - MONTHLY CHECK - RED PHONE

1.0 FUNCTION

- 1.1 The ENS functions as a communications link to transmit reports to the NRC as required by Technical Specifications and Emergency Plan Implementing Procedures.
- 1.2 The ENS phones are automatic "ring-down." Dialing is not necessary. Lifting the receiver will initiate ringing at the receiving location.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.2 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ | 1-2

- 2.3 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

- 1-2 | 2.3.1 List applicable TCNs or write "N/A." \_\_\_\_\_ | 1-2

- 2.4 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

- 3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the ENS in a drill or emergency event, proceed to Section 5.0.

- TCN | 4.1 Station an individual at the Red Phones in following locations and note their names: | TCN

4.1.1 NRC Consultation Room: Unit 1: \_\_\_\_\_ Unit 2&3: \_\_\_\_\_

4.1.2 Control Operator's Desk: Unit 1: \_\_\_\_\_ Unit 2&3: \_\_\_\_\_

4.1.3 Shift Superintendent's Office: Unit 1 \_\_\_\_\_

4.1.4 EOF E-50: \_\_\_\_\_

NOTE: Picking up the red phone handset will cause the phone to automatically ring at the NRC Operations center (Bethesda, Maryland).

4.0 TEST INSTRUCTIONS (Continued)

4.2 Unit 1 performing monthly check.

- 4.2.1 Instruct the EOF to pick up their extension of the ENS when the "in use" indicator illuminates.
- 4.2.2 Proceed to the TSC and pickup the red phone handset.
- 4.2.3 When the NRC answers, inform the contact that this is only a test of the SONGS ENS hotline.
- 4.2.4 Note the name/time of contact \_\_\_\_\_
- 4.2.5 Request that all extensions confirm communications with the NRC Operations center.
- 4.2.6 Request that all extensions answer their phone when NRC does call back. At this time have all extensions hang up and request that the NRC perform a call back to verify system Operability.
- 4.2.7 Have Units 2 and 3 perform steps 4.2.2, 4.2.3 and 4.2.5 and have them call you and confirm communications with the NRC.

4.3 Units 2 and 3 performing monthly check.

- 4.3.1 Proceed to the TSC and pickup the red phone handset.
- 4.3.2 When the NRC answers, inform the contact that this is only a test of SONGS ENS hotline.
- 4.3.3 Note the name/time of contact \_\_\_\_\_
- 4.3.4 Request that all extensions answer their phone when NRC does call back. At this time have all extensions hang up and request that the NRC perform a call back to verify system operability.
- 4.3.5 Have Unit 1 perform steps 4.2.1 through 4.2.6 and have them call you to confirm communications with the NRC.

4.4 Terminate communications and release the assistance of all involved.

5.0 DRILLS/EMERGENCY EVENTS

5.1 If the requirements of this test are satisfied by use of the ENS in a drill exercise or declared emergency, note the following information:

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

6.1 The ENS Hotline Monthly Check is considered satisfactory if a clear communications link existed between the NRC Operations Center and SONGS.

6.1.1 The ENS Hotline Monthly Check is satisfactory.

|            |          |
|------------|----------|
| YES/NO     | INITIALS |
| Circle One |          |

6.1.2 When the ENS telecommunications check is found to be "UNSATISFACTORY:"

IMMEDIATELY INFORM THE SHIFT SUPERINTENDENT.

Remind him that, in accordance with 10CFR50.72, a ONE HOUR REPORT of failure of ENS must be made to USNRC.

NOTE: The Station Compliance Manager is directly responsible for making the ONE HOUR REPORT TO USNRC. Therefore, immediate notification to that office (or the Compliance Duty Manager after hours) is mandatory. ENSURE A LOG ENTRY IS MADE FOR FUTURE REFERENCE.

Report the ENS "out-of service" to the Energy Control Center (ECC), Trouble/Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is a high priority emergency response telecommunications circuit requiring expeditious repair.

Notify Station Emergency Preparedness.

Document all actions taken to restore the ENS to service in the NOA Log and in the "COMMENTS" section below.

Retest the ENS when repairs have been completed, and indicate "SATISFACTORY RETEST" in the "COMMENTS" Section. (Then send this document to Station Emergency Preparedness for review.)(See Section 6.1.3.)

6.1.3 If "NO," inform the NRC Incident Response Center, Washington, D. C. (ERTD, Tab I), by commercial telephone line of the system failure, actions being taken to restore the ENS to service, and estimated time of repair. Upon completion of repair, using the ENS, again call the NRC Incident Response Center to retest the circuit and announce that repairs have been completed.

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY

\_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN Test REVIEWED BY

\_\_\_\_\_  
(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY

\_\_\_\_\_  
(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY

\_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN ReTest REVIEWED BY

\_\_\_\_\_  
(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY

\_\_\_\_\_  
(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

2 cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

USMC BASE FIRE HOTLINE (UBFH) - MONTHLY CHECK - ORANGE PHONE

1.0 FUNCTION

- 1.1 The USMC Base Fire Hotline (UBFH) functions as a dedicated phone circuit between SONGS and the Camp Pendleton "911" Emergency Dispatch Center to provide assistance to SONGS in emergency situations.
- 1.2 The UBFH also functions as a communications link between the SONGS Fire Department and the Camp Pendleton "911" Emergency Dispatch Center to provide mutual assistance in emergency situations. The Orange Phone in the Emergency Services Office (AWS building) is checked daily by an ESO.
- 1.3 The UBFH phones are automatic "ring-down." Dialing is not necessary. Lifting of its receiver will initiate ringing at the receiving location.

2.0 PREREQUISITES

INITIALS

- 1-2
- 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_
  - 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_
    - 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_
  - 2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

- 3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the UBFH in a drill or emergency event, proceed to Section 5.0.

- 4.1 Obtain the assistance of a secondary NOA or qualified individual in performing this test.

4.1.1 Note the secondary NOA's name \_\_\_\_\_

NOTE: If the UBFH is inoperable, contact the USMC Test Board at PAX 59310 or 1-619-725-4118. If the USMC Test Board is unsuccessful in trouble shooting the problem, contact the Alhambra Test Board at PAX 8-46181 for investigation of onsite equipment per Section 6.1.4 of this procedure.

#### 4.0 TEST INSTRUCTIONS (Continued)

- 4.2 Request the secondary NOA to remain near the UBFH extension in the Shift Superintendent's office while you proceed to the extension in the TSC.
- 4.3 Upon arrival at the TSC, call the secondary NOA on a PAX line and instruct him to pick up the handset of the Orange Phone.
- 4.4 Immediately pick up the Orange Phone in the TSC as ringing has already commenced.
- 4.5 When the Camp Pendleton "911" Emergency Dispatch Center answers, inform them that this is a test of the UBFH.
  - 4.5.1 Note the contact's name \_\_\_\_\_
  - 4.5.2 Note the time of contact \_\_\_\_\_
- 4.6 Request the secondary NOA verify voice communications with the contact from the Shift Superintendent's orange phone.
- 4.7 Terminate the assistance of both contacts. Terminate communications.

#### 5.0 DRILLS/EMERGENCY EVENTS

- 5.1 If the requirements of this test are satisfied by use of the UBFH in a drill, exercise or declared emergency, note the following information:
  - 5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)  
Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_  
Event No(s). \_\_\_\_\_

NOTE: If the requirements of this test are satisfied by use of the UBFH in a drill or emergency event, proceed to Section 5.0.

#### 6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The Fire Hotline Monthly Check is considered satisfactory if a clear communications link existed between the Camp Pendleton "911" Emergency Dispatch Center and the TSC/Shift Superintendent's Office.

6.0 TEST ACCEPTANCE CRITERIA (Continued)

6.1.1 The Fire Hotline Monthly Check is Satisfactory.

YES/NO  
Circle One

INITIALS

6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

COMMENTS: \_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

Test REVIEWED BY \_\_\_\_\_

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

ReTest REVIEWED BY \_\_\_\_\_

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")



USMC BASE TELEPHONE (UBT) EXT. 7777 - MONTHLY CHECK - BLACK PHONE

1.0 FUNCTION

- 1.1 The UBT functions as a direct access phone circuit to the USMC Base Support Services utilizing the USMC phone exchange.
- 1.2 The UBT also functions as an alternate means of communication, utilizing the San Diego Pacific Telephone Exchange, should the San Clemente Pacific Telephone Exchange fail to function adequately.

2.0 PREREQUISITES

INITIALS

1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ | 1-2

2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ | 1-2

2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. Tests outside these hours require approval of SEP. \_\_\_\_\_

3.0 REFERENCES

3.1 None

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use of the UBT in a drill or emergency event, proceed to Section 5.0.

4.1 Using the Black Phone in the TSC, dial "4111" to reach the USMC base switchboard operator.

NOTE: If the UBT is inoperable, contact the USMC Test Board at PAX 59310 or 1-619-725-4118. If the USMC Test Board is unsuccessful in trouble shooting the problem, contact the Alhambra Test Board at PAX 8-46181 for investigation of onsite equipment per Section 6.1.4 of this procedure.

TCN | 4.0 TEST INSTRUCTIONS (Continued)

4.2 When the operator answers, inform him/her that you are conducting the SONGS UBT monthly check.

4.2.1 Note the operator's number \_\_\_\_\_.

4.2.2 Note the time of contact \_\_\_\_\_.

4.3 Terminate communications.

5.0 DRILLS/EMERGENCY EVENTS

5.1 If the requirements of this test are satisfied by use of the UBT in a drill, exercise or declared emergency, note the following information:

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s). \_\_\_\_\_

NOTE: If the requirements of this test are satisfied by use of the UBT in a drill or emergency event, proceed to Section 5.0.

6.0 TEST ACCEPTANCE CRITERIA

6.1 The USMC Base Telephone Extension Monthly Check is considered satisfactory if a clear communications link existed between the base operator and SONGS.

6.1.1 The USMC Base Telephone Extension Monthly Check is satisfactory.

YES/NO  
Circle One INITIALS

TCN | 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature. TCN |

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY

\_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

Test REVIEWED BY

\_\_\_\_\_  
(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY

\_\_\_\_\_  
(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

\*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST CAN BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY

\_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

ReTest REVIEWED BY

\_\_\_\_\_  
(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY

\_\_\_\_\_  
(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

\*UNITS 2 AND 3 EVACUATION SHUTDOWN PANEL/ESSENTIAL PLANT PARAMETER  
MONITORING PANEL (EVSD/EPPM) (\*SEE NOTE 1)

1.0 FUNCTION

- 1.1 The communications systems in this attachment are located at the Evacuation Shutdown Panel (EVSD) and the Essential Plant Parameter Monitoring Panel (EPPM). They are used for communication, should a shutdown from outside the Control Room be necessary.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.1 Date and revision number of the basic document and this attachment match the controlled copy. \_\_\_\_\_ | 1-2

- 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

- 1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ | 1-2

- 2.3 This test is performed between 0800 and 1600 (Monday through Friday) to ensure optimum manning of all stations. \_\_\_\_\_

3.0 REFERENCES

- 3.1 Emergency Response Telephone Directory (ERTD)

4.0 TEST INSTRUCTIONS

NOTE: If the requirements of this test are satisfied by use in a drill or emergency event, proceed to Section 5.0.

- 4.1 Request three individuals proceed to the EVSD and the EPPM as follows:

- 4.1.1 EVSD - 50' Switchgear Room (directly across from elevator)

- 4.1.2 EPPM

- .1 Unit 2 - 45' Penetration Room

- .2 Unit 3 - 45' Penetration Room

NOTE 1: THIS CHECK LIST IS APPLICABLE TO UNITS 2 and 3 ONLY.

.1.4      \_\_\_\_\_  
            (PAX #)      (Name)

5.0 DRILLS/EMERGENCY EVENTS (Continued)

5.1.2.2 Unit 2 EPPM

.2.1 \_\_\_\_\_  
(PAX #) (Name)

.3 Unit 3 EPPM

.3.1 \_\_\_\_\_  
(PAX #) (Name)

6.0 TEST EVALUATION

6.1 Did a clear communications link exist with the EVSD? YES/NO \*  
(Circle One)

6.2 Did a clear communications link exist with the Unit 2 EPPM? YES/NO \*  
(Circle One)

6.3 Did a clear communications link exist with the Unit 3 EPPM? YES/NO \*  
(Circle One)

TCN | \* If "NO," inform Station Emergency Preparedness. Call the Repair Desk, PAX 8-46181, ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone(s) to SATISFACTORY condition in the "COMMENTS" section. RETEST the telephone when repairs have been completed and, if SATISFACTORY; complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TCN

6.0 TEST EVALUATION (Continued)

Test PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN | Test REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_ TCN

Test ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

TCN | \*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY

(Nuclear Operations Assistant)(Init)

DATE/TIME \_\_\_\_\_

TCN | ReTest REVIEWED BY

(Emergency Planning Specialist)

DATE/TIME \_\_\_\_\_ TCN

ReTest ACCEPTED BY

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

12 | cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

SAN ONOFRE NUCLEAR GENERATING STATION  
UNITS 1, 2 AND 3

EPIP  
 REVISION 1  
 ATTACHMENT 9.11  
 TCN 13

SO123-VIII-0.301  
PAGE 47 OF 70

INTERJURISDICTIONAL TELETYPE TEST LOG

[illegible]



INTERJURISDICTIONAL TELETYPE TEST LOG

| DATE/TIME | INITIATOR<br>NAME/LOCATION | RECEIVER<br>NAME/LOCATION | SATISFACTORY* | INITIALS |
|-----------|----------------------------|---------------------------|---------------|----------|
|           |                            |                           | YES/NO        |          |
|           |                            |                           | YES/NO        |          |
|           |                            |                           | YES/NO        |          |
|           |                            |                           | YES/NO        |          |
|           |                            |                           | YES/NO        |          |
|           |                            |                           | YES/NO        |          |

\* If "NO," contact the following:

Orange County Communications Center on the IAT

Report the loss of teletype communications to the Trouble Desk, Energy Control Center, Alhambra (PAX 8-46181), ensure that you receive a trouble ticket number and request immediate initiation of a trouble ticket to SONGS Telecommunications.

Inform Station Emergency Preparedness (PAX 56656).

Inform the Alternate Unit(s) NOA/Shift Communicator."

RETEST THE TELETYPE WHEN REPAIRS HAVE BEEN COMPLETED, AND REPORT TO STATION EMERGENCY PREPAREDNESS THAT IT HAS BEEN REPAIRED.

When the Log has been filled in, forward it to Station Emergency Preparedness for disposition as indicated.

COMMENTS: \_\_\_\_\_

Log COMPLETED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Nuclear Operations Assistant)(Init)

Log REVIEWED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)

Log ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

UNIT 1 EMERGENCY RESPONSE FACILITIES (TSC/OSC) TELECOMMUNICATIONS CHECK

1.0 FUNCTION

- 1.1 The telecommunications equipment found in the ERFs serve as dedicated communications links within SONGS and cognizant offsite agencies. It is used to transmit vital information concerning plant status, coordination of supporting functions, and recommended actions facilitating the mitigation of declared emergencies at SONGS.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy. \_\_\_\_\_ | 1-2

- 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated. \_\_\_\_\_

- 1-2 | 2.2.1 List applicable TCNs or write "N/A." \_\_\_\_\_ | 1-2

3.0 REFERENCES

- 3.1 Table 1 of this Attachment lists emergency response telecommunications equipment to be tested.

4.0 TEST INSTRUCTIONS

4.1 PAX/BELL TELEPHONES

- 4.1.1 At each Bell direct line, unlock the instrument, remove the handset from the cradle, listen for the dial tone, and dial an adjacent telephone within the ERF.

- 4.1.2 At each PAX telephone, unlock the instrument, remove the handset from the cradle, listen for the dial tone, and dial an adjacent telephone within the ERF.

- .1 Depress each station button on the telephone, lift the handset, and listen for the dial tone.
- .2 Depress the IC (intercom) button, lift the handset, and dial an IC number on an adjacent telephone within the ERF.
- .3 Depress the "ON" button, activating the speaker-phone, and listen for the dial tone.
- .4 Note any deficiencies and report those deficiencies to the Trouble Desk/Test Board, Alhambra (8-46181). (See Section 6.1.3 of this procedure).

4.0 TEST INSTRUCTIONS (Continued)

4.2 CANON FACSIMILE MACHINE, MODEL FAX-510

4.2.1 The facsimile machine is always "ON". Use the following procedure to test the transmit/receive capabilities of the machine.

.1 To Transmit ensure that

Power is "ON".

Ensure "CHECK PAPER" indicator is "OFF".

If indicator is lighted, put a new roll of paper in the machine.

Set the receiving mode on "AUTOMATIC".

Set the document being transmitted in the tray FACE DOWN and slide the document all the way in.

To transmit multiple (up to five pages) documents, slide the documents in until the leading edge is aligned with the ORANGE LINE in the viewing window.

Call the receiving station.

When the high-pitched answering tone is heard, press "START".

Ensure that the "TRANSMITTING" indicator is flickering on and off, then

Hang up the telephone.

Termination of transmission will be signalled by a "beep," and the machine will return to the ready state.

.2 To Receive ensure that:

Power is "ON".

Controls are on "AUTOMATIC".

When the telephone rings, DO NOT PICK UP THE HANDSET. The machine will automatically receive, and stop when reception has been completed.

NOTE: A copy of the Operating Instructions for the FAX-510 is on the table with the machine.

4.0 TEST INSTRUCTIONS (Continued)

- 4.2.2 Check the paper supply. If required, replace the roll of paper with a roll from the filing cabinet.

NOTE: Material Code is 790-00501-On Line

- 4.2.3 Report trouble to the Diagnostic Center at 1-800-824-8247.

4.3 VOICE RADIO TELECOMMUNICATIONS EQUIPMENT

4.3.1 Radio Consoles (TSC/OSC)

- .1 Turn the console "ON".
- .2 Depress the appropriate Channel Selector button.
- .3 Depress the "Transmit" bar on the table microphone and call the station selected, e.g., "UNIT OPERATIONS, THIS IS TSC-ONE. RADIO CHECK. HOW DO YOU HEAR ME. OVER."
- .4 When the station called responds, acknowledge the transmission, e.g., "THIS IS UNIT ONE TSC. TEN TWO. TEN FOUR. UNIT ONE TSC CLEAR."
- .5 Turn the radio console "OFF."

NOTE: When operating on VHF frequencies, i.e., the VHF radio(s) must be outside the building. VHF radios cannot operate off the repeater system inside the building. Only UHF radios are compatible with the repeater system and can properly function inside or outside.

4.3.2 Hand-Held Portable Radios (UHF/VHF)

- .1 Ensure a charged battery is affixed to the bottom of the radio.
- .2 Turn the radio "ON."
- .3 Adjust the squelch control (until the 'rushing' noise is no longer heard).

#### 4.0 TEST INSTRUCTIONS (Continued)

##### 4.3.2.4 Test each radio as follows:

With the control radio "ON," and the radio to be tested "ON," depress the push to talk (PTT) button on the side of the radio. Both radios should emit a signal.

Using the radio(s) to be tested, depress the PTT button(s). The control radio and radio(s) being tested should emit a signal.

- .5 Upon completion of the test(s) replace the radios in the battery charger.

##### 4.3.3 Teletalk

###### .1 Sending/Transmitting

Ensure switch is in the "ON" position. (The "ON/OFF" switch is located on the underside of the Teletalk).

DEPRESS clear plastic call button for the station to be called. A RED LIGHT will appear on the Teletalk. The station called will answer on the speaker.

DEPRESS GREEN BAR to talk. RELEASE GREEN BAR to listen.

When conversation is terminated, DEPRESS AND RELEASE the clear plastic station called button. The RED LIGHT will go out.

###### .2 Receiving/Listening

Ensure switch is in the "ON" position.

A WHITE LIGHT will appear opposite the station calling.

Do NOT depress the lighted WHITE button.

DEPRESS the RED BAR. This opens the channel to the unit. (The RED BAR will "lock" in the depressed position, allowing hands-free operation.)

When the conversation is terminated, DEPRESS AND RELEASE the GREEN BAR. (This will "unlock" the RED BAR, disconnecting the unit from the station calling).

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 When the requirements of these tests are met by using the telecommunications equipment during a drill, exercise or a declared emergency, note the following information and complete the applicable sections on Table 1.

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s) \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The Unit 1 ERF Monthly Telecommunications check is considered "SATISFACTORY" when the telecommunications equipment listed in Table 1 proves 100% operable, or contact can be made by alternate communications means.

6.1.1 The ERF Monthly Telecommunications check: INITIALS

Is SATISFACTORY \_\_\_\_\_

Is UNSATISFACTORY \_\_\_\_\_

- TCN | 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature. | TCN

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_

(Emergency Planning Specialist)(Init)

DATE/TIME \_\_\_\_\_

Test ACCEPTED/REVIEWED BY \_\_\_\_\_

(Circle one)

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

TCN | \*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY\*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\* THE NEXT MONTHLY CHECK. IF REPAIRS HAVE BEEN\*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_

(Emergency Planning Specialist)(Init)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

TABLE 1 - UNIT 1 TELECOMMUNICATIONS CHECK-LIST

DATE \_\_\_\_\_

| EQUIPMENT                  | : | OPERABLE | : | DISCREPANCIES NOTED/CORRECTED |
|----------------------------|---|----------|---|-------------------------------|
| RADIO CONSOLES:            | : |          | : |                               |
| TSC                        | : |          | : |                               |
| OSC                        | : |          | : |                               |
| RADIO, GE, MODEL PE/PY     | : |          | : |                               |
| S0615                      | : |          | : |                               |
| S0616                      | : |          | : |                               |
| S0618                      | : |          | : |                               |
| S0620                      | : |          | : |                               |
| S0621                      | : |          | : |                               |
| S0650                      | : |          | : |                               |
| S0653                      | : |          | : |                               |
| S0654                      | : |          | : |                               |
| S0657                      | : |          | : |                               |
| S0659                      | : |          | : |                               |
| S0661                      | : |          | : |                               |
| S0663                      | : |          | : |                               |
| S0664                      | : |          | : |                               |
| S0668                      | : |          | : |                               |
| S0669                      | : |          | : |                               |
| BATTERY CHARGER #2100321   | : |          | : |                               |
| PAX/BELL TELEPHONES (OSC): | : |          | : |                               |
| 492-0721 (EGL)             | : |          | : |                               |
| 56-701 (EGL)               | : |          | : |                               |
| 56-626 (OSC Comm)          | : |          | : |                               |



TABLE 1 - UNIT 1 TELECOMMUNICATIONS CHECK-LIST

DATE \_\_\_\_\_

| EQUIPMENT                   | : IC : | OPERABLE : | DISCREPANCIES NOTED/CORRECTED |
|-----------------------------|--------|------------|-------------------------------|
| PAX/BELL TELEPHONES (OSC):  | :      | :          | :                             |
| 56-166 (HPF)                | :      | :          | :                             |
| 56-711 (HP COMM)            | :      | :          | :                             |
| 56-715 (MAINT SUPVR)        | :      | :          | :                             |
| 56-636 (OPNS COORD)         | :      | :          | :                             |
| 56-114 (CONTROLLER)         | :      | :          | :                             |
| PAX/BELL TELEPHONES (TSC):  | :      | :          | :                             |
| 56-726 (EC)                 | : 23 : | :          | :                             |
| 56-729 (EC ASS'T)           | : 8 :  | :          | :                             |
| 56-733 (EA)                 | : 9 :  | :          | :                             |
| 56-886 (EPC)                | : 21 : | :          | :                             |
| 56-731 (NOA)                | : 7 :  | :          | :                             |
| 56-725 (AL)                 | : 4 :  | :          | :                             |
| 56-727 (HPL)                | : 1 :  | :          | :                             |
| 56-887 (HP ENGR)            | : 24 : | :          | :                             |
| 56-732 (TL)                 | : 3 :  | :          | :                             |
| 56-728 (STA)                | : 5 :  | :          | :                             |
| 56-730 (CL)                 | : 6 :  | :          | :                             |
| 59-380 (SL)                 | :      | :          | :                             |
| 492-2841 (USNRC)            | :      | :          | :                             |
| 492-2846 (USNRC)            | :      | :          | :                             |
| 492-3894 (FAX)              | :      | :          | :                             |
| 56-751 (CONTROLLER)         | :      | :          | :                             |
| FAX MACHINE TEST - TRANSMIT | :      | :          | :                             |
| FAX MACHINE TEST - RECEIVE  | :      | :          | :                             |
| TELETALK                    | :      | :          | :                             |

DATE and TIME \_\_\_\_\_

FACSIMILE MACHINE TEST

This is a test of the transmission and reception of printed documentation from the Emergency Response Facility, located at the San Onofre Nuclear Generating Station (SONGS), Unit One, Technical Support Center.

RECEIVER:

Please note the time of receipt, your printed name and activity in the spaces provided.

When the below information has been completed, please retransmit to:  
(Phone number checked)

( ) (714) 492-3894

( ) PAX 89370

This is a monthly surveillance test of this facsimile machine.

TIME OF RECEIPT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_  
(Please Print)

THE NAME OF YOUR ACTIVITY: \_\_\_\_\_  
(Please Print)

\*\*\*\*\*

TIME OF RECEIPT OF RETRANSMISSION: \_\_\_\_\_

\_\_\_\_\_  
(INSPECTOR)

\_\_\_\_\_  
(INITIALS)

\_\_\_\_\_  
(EMERGENCY PLANNING COORDINATOR)

UNITS 2 AND 3 EMERGENCY RESPONSE FACILITIES (TSC/OSC) TELECOMMUNICATIONS CHECK

1.0 FUNCTION

- 1.1 The telecommunications equipment found in the ERFs serve as dedicated communications links within SONGS and cognizant offsite agencies. It is used to transmit vital information concerning plant status, coordination of supporting functions, and recommended actions facilitating the mitigation of declared emergencies at SONGS.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy.

- 2.2 Temporary Change Notices affecting this procedure have been reviewed and changes incorporated.

- 2.2.1 List applicable TCNs or write "N/A."

3.0 REFERENCES

- 3.1 Table 1 of this Attachment lists emergency response telecommunications equipment to be tested.

4.0 TEST INSTRUCTIONS

4.1 PAX/BELL TELEPHONES

- 4.1.1 At each Bell direct line, unlock the equipment, remove the handset from the cradle, listen for the dial tone, and dial an adjacent telephone within the ERF.

- 4.1.2 At each PAX telephone, unlock the equipment, remove the handset from the cradle, listen for the dial tone, and dial an adjacent telephone within the ERF.

- .1 Depress each station button on the telephone, lift the handset, and listen for the dial tone.
- .2 Depress the IC (intercom) button, lift the handset, and dial an IC number on an adjacent telephone within the ERF.
- .3 Depress the "ON" button, activating the speakerphone, and listen for the dial tone.

4.0 TEST INSTRUCTIONS (Continued)

4.1.2.4 Note any deficiencies and report those deficiencies to the Trouble Desk/Test Board, Alhambra (8-46181). (See Section 6.1.4 to this procedure.)

4.2 CANON FACSIMILE MACHINE, MODEL FAX-510

4.2.1 The facsimile machine is always "ON". Use the following procedure to test the transmit/receive capabilities of the machine.

.1 To Transmit ensure that

Power is "ON".

Ensure "CHECK PAPER" indicator is "OFF".

If indicator is lighted, put a new roll of paper in the machine.

Set the receiving mode on "AUTOMATIC".

Set the document being transmitted in the tray FACE DOWN and slide the document all the way in.

To transmit multiple (up to five pages) documents, slide the documents in until the leading edge is aligned with the ORANGE LINE in the viewing window.

Call the receiving station.

When the high-pitched answering tone is heard, press "START".

Ensure that the "TRANSMITTING" indicator is flickering on and off, then

Hang up the telephone.

Termination of transmission will be signalled by a "beep," and the machine will return to the ready state.

4.0 TEST INSTRUCTIONS (Continued)

4.2.1.2 To Receive ensure that:

Power is "ON".

Controls are on "AUTOMATIC".

When the telephone rings, DO NOT PICK UP THE HANDSET. The machine will automatically receive, and stop when reception has been completed.

NOTE: A copy of the Operating Instructions for the FAX-510 is on the table with the machine.

4.2.2 Check the paper supply. If required, replace the roll of paper with a roll from the filing cabinet.

NOTE: Material Code is 790-00501-On Line

4.2.3 Report trouble to the Diagnostic Center at 1-800-824-8247.

4.3 VOICE RADIO TELECOMMUNICATIONS EQUIPMENT

4.3.1 Radio Consoles (TSC/OSC)

- .1 Turn the console "ON".
- .2 Depress the appropriate Channel Selector button.
- .3 Depress the "Transmit" bar on the table microphone and call the station selected, e.g., "UNIT OPERATIONS, THIS IS TSC-TWO. RADIO CHECK. HOW DO YOU HEAR ME. OVER."
- .4 When the station called responds, acknowledge the transmission, e.g., "THIS IS UNIT TWO TSC. TEN TWO. TEN FOUR. UNIT TWO TSC CLEAR."
- .5 Turn the radio console "OFF".

NOTE: When operating on VHF frequencies, i.e., the VHF radio(s) must be outside the building. VHF radios cannot operate off the repeater system inside the building. Only UHF radios are compatible with the repeater system and can properly function inside or outside.

#### 4.0 TEST INSTRUCTIONS (Continued)

##### 4.3.2 Hand-Held Portable Radios (UHF/VHF)

- .1 Ensure a charged battery is affixed to the bottom of the radio.
- .2 Turn the radio "ON."
- .3 Adjust the squelch control (until the 'rushing' noise is no longer heard).
- .4 Test each radio as follows:

With the control radio "ON," and the radio to be tested "ON," depress the push to talk (PTT) button on the side of the radio. Both radios should emit a signal.

Using the radio(s) to be tested, depress the PTT button(s). The control radio and radio(s) being tested should emit a signal.

- .5 Upon completion of the test(s) replace the radios in the battery charger.

##### 4.3.3 Teletalk

- .1 Sending/Transmitting

Ensure switch is in the "ON" position. (The "ON/OFF" switch is located on the underside of the Teletalk).

DEPRESS clear plastic call button for the station to be called. A RED LIGHT will appear on the Teletalk. The station called will answer on the speaker.

DEPRESS GREEN BAR to talk. RELEASE GREEN BAR to listen.

When conversation is terminated, DEPRESS AND RELEASE the clear plastic station call button. The RED LIGHT will go out.

- .2 Receiving/Listening

Ensure switch is in the "ON" position.

A WHITE LIGHT will appear opposite the station calling.

Do NOT depress the lighted WHITE button.

DEPRESS the RED BAR. This opens the channel to the unit. (The RED BAR will "lock" in the depressed position, allowing hands-free operation).

4.0 TEST INSTRUCTIONS (Continued)

4.3.3.2 (Continued)

When the conversation is terminated, DEPRESS AND RELEASE the GREEN BAR. (This will "unlock" the RED BAR, disconnecting the unit from the station calling).

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 When the requirements of this test are met by using the tele-communications equipment during a drill, exercise or a declared emergency, note the following information and complete the applicable sections of Table 1.

5.1.1 Drill/Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit \_\_\_\_\_

Event No(s) \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The Units 2 and 3 ERF Monthly Telecommunications check is considered "SATISFACTORY" when the telecommunications equipment listed in Table 1 proves 100% operable, or contact can be made by alternate communications means.

6.1.1 The ERF Monthly Telecommunications check: INITIALS

IS SATISFACTORY \_\_\_\_\_

IS UNSATISFACTORY \_\_\_\_\_

- TCN | 6.1.2 If "NO", inform Station Emergency Preparedness. Call the Repair Desk (PAX 8-46181), ensure that you receive a trouble ticket number, inform them that this is an emergency response telephone trouble call, and request expeditious repair. Document all actions taken to restore the telephone to SATISFACTORY condition in the "COMMENTS" section below. RETEST the telephone when repairs have been completed and, if SATISFACTORY, complete the endorsement, which immediately follows the initial endorsement, and forward this Attachment to Station Emergency Preparedness for review and signature. | TCN

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)(Init)

TCN | Test ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator) TCN

TCN | \*\*\*\*\* IF TELECOMMUNICATIONS CHECK IS UNSATISFACTORY \*\*\*\*\*  
\*\*\*\*\* AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF \*\*\*\*\*  
\*\*\*\*\* MONTH, THE RETEST MAY BE WAIVED IN LIEU OF THE \*\*\*\*\*  
\*\*\*\*\* NEXT MONTHLY CHECK.- IF REPAIRS HAVE BEEN \*\*\*\*\*  
\*\*\*\*\* ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\* ENDORSEMENT: \*\*\*\*\* TCN

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND  
TELECOMMUNICATIONS SURVEILLANCE IS SATISFACTORY.

ReTest PERFORMED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Specialist)(Init)

ReTest ACCEPTED BY \_\_\_\_\_ DATE/TIME \_\_\_\_\_  
(Emergency Planning Coordinator)

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")

0494F



TABLE 1 - UNITS 2 AND 3 TELECOMMUNICATIONS CHECK-LIST

DATE \_\_\_\_\_

| EQUIPMENT                  | : | OPERABLE | : | DISCREPANCIES NOTED/CORRECTED |
|----------------------------|---|----------|---|-------------------------------|
| RADIO CONSOLES:            | : | :        |   |                               |
| TSC                        | : | :        |   |                               |
| OSC                        | : | :        |   |                               |
| RADIO, GE, MODEL PE/PY     | : | :        |   |                               |
| S0610                      | : | :        |   |                               |
| S0613                      | : | :        |   |                               |
| S0614                      | : | :        |   |                               |
| S0617                      | : | :        |   |                               |
| S0619                      | : | :        |   |                               |
| S0651                      | : | :        |   |                               |
| S0652                      | : | :        |   |                               |
| S0655                      | : | :        |   |                               |
| S0656                      | : | :        |   |                               |
| S0658                      | : | :        |   |                               |
| S0660                      | : | :        |   |                               |
| S0662                      | : | :        |   |                               |
| S0665                      | : | :        |   |                               |
| S0666                      | : | :        |   |                               |
| S0667                      | : | :        |   |                               |
| BATTERY CHARGER #227315136 | : | :        |   |                               |
| PAX/BELL TELPHONES (OSC):  | : | :        |   |                               |
| 492-8815 (EGL)             | : | :        |   |                               |
| 56-491 (EGL)               | : | :        |   |                               |

| EQUIPMENT                   | : IC : | OPERABLE : | DISCREPANCIES NOTED/CORRECTED |
|-----------------------------|--------|------------|-------------------------------|
| PAX/BELL TELEPHONES: (OSC)  | : :    | :          |                               |
| 56-508 (OSC COMM)           | : :    | :          |                               |
| 92-7742 (HPF)               | : :    | :          |                               |
| 56-421 (HPF/COMM)           | : :    | :          |                               |
| 56-173 (MAINTSUPVR)         | :      | :          |                               |
| 56-796 (OPNS COORD)         | :      | :          |                               |
| 56-654 (CONTROLLER)         | :      | :          |                               |
| PAX/BELL TELEPHONES (TSC):  | : :    | :          |                               |
| 56-224 (EC)                 | : 1:   | :          |                               |
| 56-590 (EA)                 | : 3:   | :          |                               |
| 56-498 (EPC)                | : :    | :          |                               |
| 56-396 (NOA)                | : 5:   | :          |                               |
| 56-397 (NOA)                | : 6:   | :          |                               |
| 56-516 (AL)                 | : 22:  | :          |                               |
| 56-507 (HPL)                | : 4:   | :          |                               |
| 56-597 (HPL)                | :      | :          |                               |
| 56-504 (TSL)                | : 8:   | :          |                               |
| 56-503 (SL)                 | : 21:  | :          |                               |
| 56-506 (CDM REP)            | :      | :          |                               |
| 56-517 (USNRC)              | :      | :          |                               |
| 492-2070 (USNRC)            | :      | :          |                               |
| 492-4141 (USNRC)            | :      | :          |                               |
| 492-3896 (FAX)              | :      | :          |                               |
| 492-2161 (NOA/COMM)         | :      | :          |                               |
| FAX MACHINE TEST - TRANSMIT | :      | :          |                               |
| FAX MACHINE TEST - RECEIVE  | :      | :          |                               |
| TELETALK                    | :      | :          |                               |

DATE AND  
TIME \_\_\_\_\_

FACSIMILE MACHINE TEST

This is a test of the transmission and reception of printed documentation from the Emergency Response Facility, located at the San Onofre Nuclear Generating Station (SONGS), Units 2 and 3, Technical Support Center.

RECEIVER:

Please note the time of receipt, your printed name and activity in the spaces provided.

When the below information has been completed, please retransmit to: (Phone number checked)

( ) (714) 492-3894

( ) PAX 89390

This is a monthly surveillance test of this facsimile machine.

TIME OF RECEIPT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_  
(Please Print)

THE NAME OF YOUR ACTIVITY: \_\_\_\_\_  
(Please Print)

\*\*\*\*\*

TIME OF RECEIPT OF RETRANSMISSION: \_\_\_\_\_

\_\_\_\_\_  
(INSPECTOR) (INITIALS)

\_\_\_\_\_  
(EMERGENCY PLANNING COORDINATOR)

ROLM CBX OPERATOR'S CONSOLE OPERABILITY CHECK, TSC-1 AND TSC-2 & 3

1.0 FUNCTION

- 1.1 The ROLM CBX Operator's Console in the Technical Support Centers (TSC) serves as a back-up means of communications when the AWS Building becomes uninhabitable. The consoles are used to maintain telephone communications, onsite and offsite, during a declared emergency.

2.0 PREREQUISITES

INITIALS

- 1-2 | 2.1 Date and revision number of the basic document and this Attachment match the controlled copy

- 2.2 Temporary Change Notices (TCN) affecting this procedure has been reviewed and changes incorporated.

- 2.2.1 List applicable TCNs or write "N/A."

3.0 REFERENCES

- 3.1 None

4.0 TEST INSTRUCTIONS

- 4.1 Before beginning the tests that follow, place the console in the "DAY" mode by depressing the switch on the left side of the console to the down position.

- 4.1.1 Observe that the green light on the display panel lights, and the "NITE" light on the display panel turns off.

4.2 Lamp Test.

- 4.2.1 The Lamp Test Switch (LTS) is located at the rear of the console, adjacent to the Power Switch (PS).

- .1 Lift the LTS to the "up" position.

CAUTION  
=====

Do not hold the LTS in the "up" position longer than ten seconds. Do not inadvertently turn the PS "OFF"!

- .2 Observe that all lights on the display panel are operating.

- .3 Test complete.

#### 4.0 TEST INSTRUCTIONS (Continued)

##### 4.3 Extend Calls.

4.3.1 External calls are received in chronological order on Loop Select Buttons (LPS) #1 through #10. Internal calls are received in inverse order on LPS #10 through #1.

- .1 Press ringing LPS to complete connection with outside party.
- .2 Calling party asks for a PAX extension number.
- .3 Dial the PAX extension on the digital pad of the CBX console.
- .4 Observe the condition of the called extension on the display panel of the console, under "EXTENSION STATUS."
- .5 After observing the "RINGING" indication, press the "RELEASE" button.
- .6 Repeat the procedure with an internal call.
- .7 Test complete.

##### 4.4 Camp On.

4.4.1 An incoming call has been received, the PAX extension number has been keyed in, and the "BSY" extension status is displayed on the display panel of the CBX console.

- .1 Press "CANCEL" to reconnect to the calling party
- .2 Inform the caller of the busy condition.
- .3 If caller wishes to "HOLD" for that extension, press "CAMP".
- .4 Test complete.

##### 4.5 Paging.

4.5.1 Depress the "PAGE" button (bottom left hand button of the ten button complex to the right of the console).

- .1 With the "PAGE" button depressed, announce:  
"THIS IS A TEST OF THE PUBLIC ADDRESS PAGING SYSTEM.  
ONE. TWO. THREE. FOUR. FIVE. TEST COMPLETE."
- .2 Release the "PAGE" button;
- .3 Test complete.

4.0 TEST INSTRUCTIONS (Continued)

4.6 Nite Mode.

- 4.6.1 Upon completion of the tests, return the "NITE SWITCH" to its' original position in the "UP" position, and complete the "TEST ACCEPTANCE CRITERIA" in Section 6.0.

5.0 DRILLS/EMERGENCY EVENTS

- 5.1 When the requirements of this test are met by using the ROLM CBX Operator's Console during a drill exercise or a declared emergency, note the following information, and complete the Check-Off List in Section 4.1:

5.1.1 Drill Exercise/Declared Emergency  
(Circle One)

Date \_\_\_\_\_ Time \_\_\_\_\_ Unit(s) \_\_\_\_\_

Event Numer(s) \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA

- 6.1 The monthly operability of the ROLM CBX Operator's Console in the TSCs has been conducted.

6.1.1 Unit 1 is: INITIALS

SATISFACTORY \_\_\_\_\_

UNSATISFACTORY \_\_\_\_\_

6.1.2 Units 2 and 3 are:

SATISFACTORY \_\_\_\_\_

UNSATISFACTORY \_\_\_\_\_

- 6.1.3 If the monthly ROLM CBX Operability Check is UNSATISFACTORY, inform Station Emergency Preparedness. Call the Trouble Desk, PAX 8-46181, ensure that you receive a trouble ticket number, inform them that this an emergency response telecommunications equipment trouble call, and request expeditious repair. Document all actions taken to restore the ROLM CBX Operator's Console to SATISFACTORY condition in the "COMMENTS" section, below. RETEST THE CONSOLE WHEN REPAIRS HAVE BEEN COMPLETE, AND INCLUDE RESULTS OF THE RETEST IN THE "COMMENTS" SECTION. THEN, SEND THIS ATTACHMENT TO STATION EMERGENCY PREPAREDNESS FOR REVIEW AND SIGNATURE.

COMMENTS: \_\_\_\_\_

6.0 TEST ACCEPTANCE CRITERIA (Continued)

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Test PERFORMED BY \_\_\_\_\_

(Emergency Planning Specialist)(Init)

DATE/TIME \_\_\_\_\_

Test ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

\*\*\*\*\*IF TELECOMMUNICATION CHECK IS UNSATISFACTORY \*\*\*\*\*  
\*\*\*\*\*AND REPAIRS HAVE NOT BEEN COMPLETED BY END OF\*\*\*\*\*  
\*\*\*\*\*MONTH, THE RETEST MAY BE WAIVED IN LIEU OF \*\*\*\*\*  
\*\*\*\*\*THE NEXT MONTHLY CHECK. IF REPAIRS HAVE \*\*\*\*\*  
\*\*\*\*\*BEEN ACCOMPLISHED, COMPLETE THE FOLLOWING \*\*\*\*\*  
\*\*\*\*\*ENDORSEMENT: \*\*\*\*\*

DISCREPANCIES NOTED ON THIS REPORT HAVE BEEN CORRECTED, AND THE CBS  
OPERATOR'S CONSOLE FULFILLS ALL REQUIREMENTS.

ReTest PERFORMED BY \_\_\_\_\_

(Inspector)

(Initials)

DATE/TIME \_\_\_\_\_

ReTest ACCEPTED BY \_\_\_\_\_

(Emergency Planning Coordinator)

DATE/TIME \_\_\_\_\_

cc: Shift Supt, Unit 1 (A-73) ("DUPLICATE ORIGINAL")  
Surveillance Coordinator, Units 2 & 3 (B-41-U) ("DUPLICATE ORIGINAL")  
Mgr, NA&EP (E-49)  
Station Emergency Preparedness (N-52)  
CDM Files ("ORIGINAL")