

ATTACHMENT 3

EP-AA-112-100-F-50, Revision D, "*Shift Emergency Director Checklist (CNG)*"

Emergency Plan Implementing Procedure

~~(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)~~



SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

Non-delegable responsibilities include the following:

- Classify emergencies
- Direct and approve offsite emergency notifications to the state and local authorities
- Approve the issuance of KI
- Approve emergency exposures
- Make Protective Action Recommendations to offsite authorities

1 INITIAL ACTIONS

1.1 Entry into the Emergency Plan

1.1.1 **PRINT** your name and today's date to indicate that you are the individual performing this checklist:

Name: _____ **Date:** _____

1.1.2 **CALL or DIRECT** an available individual to call the Shift Communicator(s) and Shift Dose Assessor(s) to the Control Room.

NOTES: The following step is applicable only to those Units that have implemented FLEX.

1.1.3 **If SAFER FLEX equipment is deemed necessary, then DIRECT** that the Nuclear Duty Officer be contacted at [REDACTED] and **DIRECT** SAFER response organization activation.

1.1.4 **If SAFER FLEX equipment is deemed necessary, then REFER** to Sections 2.5 and 3.3 for additional actions.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

1.2 Emergency Classification and PAR

NOTES: Emergency Classification and declaration shall be completed as soon as possible but no later than 15 minutes from the time indications an EAL threshold being met or exceeded are available in the Control Room.

For security events, **DO not** make announcements, summon the ERO or **ACTIVATE** ERFs until communications with the Security Shift Supervisor has determined that it is safe to do so.

1.2.1 If entry is due to a security event, **then PERFORM** the appropriate actions in the station specific procedure in parallel with completing this checklist.

Tab 1

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1.2.2 **CLASSIFY** the events in progress using EP-CE-111, Emergency Classification and Protective Action Recommendations.

Tab 2
EAL Wall
Chart

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A. If time permits, **then VALIDATE** the emergency classification with the STA (peer check), if available.

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B. **DECLARE** the event by announcing the following:

"I am declaring a(n) _____ (EAL) at
_____ (time) due to

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_____ (brief reason) and
assuming the role as Shift Emergency Director."

1.2.3 **DETERMINE** if protective actions for onsite personnel are necessary using EP-AA-113-F-53, Onsite Protective Measures Flowchart.

Tab 3

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1.2.4 Within 15 minutes of event classification, **SELECT** the appropriate announcement from EP-AA-112-F-57, Emergency PA Announcements and **ANNOUNCE** or **DIRECT** PA announcements.

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Tab 4

1.2.5 **DETERMINE** the appropriate PAR per EP-CE-111, Emergency Classification and Protective Action Recommendations and the station specific PAR Flowchart.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

1.3 Notifications for Classification or PAR

1.3.1 If the classification is an Unusual Event, then **COMPLETE** ERO notification/activation per EP-AA-112-100-F-57, ERONS Notification Details (CNG).

Tab 5

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NMP Only

A. **PROVIDE** ERONS Notification Details and **DIRECT** the unaffected unit Shift Manager or Shift Communicator to perform ERO notification/activation.

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B. **PROVIDE** completed ERONS form to Shift Communicator and **DIRECT** them to notify/activate ERO.

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C. If no one is available to notify ERO, then **NOTIFY/ACTIVATE** ERO using EP-AA-112-100-F-57, ERONS Notification Details (CNG)

Tab 5

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Ginna Only

1.3.2 If upgrading from an Unusual Event, then **COMPLETE** a new EP-AA-112-100-F-57 and **CONTINUE** to step 1.3.3.B within 15 minutes of event declaration. [FB0706]

Tab 5

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1.3.3 If the classification is an Alert or higher and the ERO has not been activated, then **DIRECT** activation per EP-AA-112-100-F-57.

Tab 5

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NMP Only

A. **PROVIDE** ERONS Notification Details and **DIRECT** the unaffected unit Shift Manager or Shift Communicator to perform ERO Notification.

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B. **PROVIDE** completed ERONS form to Shift Communicator and **DIRECT** them to notify/activate ERO.

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C. If no one is available to notify ERO, then **NOTIFY** ERO using EP-AA-112-100-F-57, ERONS Notification Details (CNG)

Tab 5

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Notifications to the state and local are required within 15 minutes of Emergency Declaration or a change of PAR.

1.3.4 State and Local Notification

- A. **COMPLETE** station specific initial notification form.

Tab 7

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Ginna Only

- 1) **USE** EP-CE-114-100-F-06, GNP Release in Progress Determination, to assist in determining release status.

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- B. If time permits, then **OBTAIN** a peer check of completed form information.
- C. **PROVIDE** completed form to Shift Communicator and **DIRECT** them to notify State and Local.

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NOTE: NRC Notification (ENS) shall be completed immediately after notification of the appropriate state and local agencies, but not later than one hour after event classification.

1.3.5 NRC Notification

- A. **DIRECT** (or perform) NRC notifications EP-AA-114, Notifications.

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2 **ACTIONS AS EMERGENCY DIRECTOR**

2.1 **General Operations**

- 2.1.1 If the emergency involves any type or size LOCA, then **ENSURE** Control Room(s) emergency ventilation is initiated.

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Ginna Only

- A. **PLACE** CREATS in EMERGENCY mode by depressing one of the following push buttons:
- **Control Room Manual Isolation A.**
 - **Control Room Manual Isolation B.**

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

- 2.1.2 **COMPLETE** EP-AA-112-200-F-51, Plant Status Report, to support Emergency Response Facility activation and turnover activities.
- A. **DIRECT** the Shift Communicator (or other individual) to fax the completed form to the following locations:
- TSC, EOF, OSC and JIC
 - **[NMP Only]** Other Unit Control Room
- B. **When** contacted by the TSC Operations Manager, **then UPDATE** Plant Status Report information as needed.
- 2.1.3 If non-station personnel (fire, ambulance, Law Enforcement or other) personnel are called to assist onsite, **then MAKE** arrangements to expedite their access.
- NOTE: Activities involving establishment of ICP coordination should be delegated to the EOF Director or the Station Emergency Director (ED) as soon as practical.
- 2.1.4 If notified by station personnel or Offsite First Responders (LLEA, Fire, EMS, and so forth) that an ICP has been established, **then:**
- A. **RECORD** the location of the ICP:
- _____
- B. **RECORD** the coordination actions that have been requested:
- _____
- (None / Dispatch ICP Liaison(s) / Other)
- C. **INFORM** the Shift Security Supervisor, TSC Security Coordinator and the Corporate Emergency Director of the ICP location.
- D. **COORDINATE** necessary and prudent actions to support ICP activities.
- 1) **CONTACT** the Station ED to provide appropriate ICP support (Operations, Security, RP or other liaisons, as appropriate).
- 2.1.5 **MAINTAIN** accountability of all personnel assigned to the Control Room, including teams / personnel dispatched from the Control Room.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Actions that depart from Technical Specifications and licensing conditions are permitted per 10 CFR 50.54(x) provided:

- An emergency exists and such action is immediately needed to protect the health and safety of the public when no adequate or equivalent means of protection consistent with Technical Specifications or License Conditions are apparent.
- The NRC resident, NRC Operations Center and Operations Department Manager are notified of the deviation prior to the action if time permits and if not, as soon as possible but in all cases within one hour.

2.1.6 **APPROVE and DIRECT** extreme plant mitigating actions (outside procedural guidance). ☐

2.1.7 **If requested, then PROVIDE** information to the Corporate Communications Staff on event. ☐

2.1.8 **When** contacted by the OSC to transfer control of in-plant teams to the OSC, **then PERFORM** the actions of Section 4.1. ☐

2.2 Emergency Classifications

2.2.1 Continually **COMPARE** plant conditions with the EALs for possible changes in Emergency Classification. ☐

2.2.2 **If** a change in Emergency Classification is appropriate, **then GO** to Section 1.2 of this checklist. ☐

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

2.3 Protective Action Recommendations (PAR)

NOTE: **CONSIDER** the following changes as triggers to review for potential changes in PARs:

- Changes in release status or magnitude of release
- Changes in dose projections
- Changes in meteorological conditions (wind shift / stability class)

Notifications to the state and local are required within 15 minutes of a change in PAR.

2.3.1 **DETERMINE** the appropriate PAR per EP-CE-111, Emergency Classification and Protective Action Recommendations and station specific PAR Flowchart.

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CCNPP Only

A. If there is a change in PAR not related to a change in classification, then **COMPLETE** EP-CE-114-100-F-04, CCNPP PAR Update and **ENSURE** notifications are made within 15 minutes of PAR update.

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B. **COMPLETE** station specific initial notification form.

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C. **PROVIDE** completed form to Shift Communicator and **DIRECT** them to notify State and Local.

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D. **DIRECT** Shift Communicator or Control Room Staff to notify the NRC using EP-AA-114, Notifications.

Tab 16
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Ginna Only

1) **USE** EP-CE-114-100-F-06, GNP Release in Progress Determination, for guidance to determine release status.

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2.4 Personnel Protection Measures

2.4.1 Continually **COMPARE** plant conditions to determine protective actions for onsite personnel using EP-AA-113-F-53, Onsite Protective Measures Flowchart.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

2.4.2 **IMPLEMENT** appropriate Evacuation and Accountability actions per EP-CE-113, Personnel Protective Actions and station specific Evacuation, Assembly and Accountability forms.

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2.4.3 If accountability has been established, **then COORDINATE** with the Security Shift Supervisor and TSC Security Coordinator to ensure accountability is maintained inside the Protected Area.

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2.4.4 If notified of missing or unaccounted for personnel, **then COORDINATE** search and rescue actions with the Security Shift Supervisor or TSC Security Coordinator.

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NOTE: Emergency exposure limits greater than 5 Rem TEDE may be applicable for stopping a release, saving lives and/or protecting major equipment or large populations. Ensure actions have been considered which could avoid excess exposures.

2.4.5 If emergency workers are expected to receive exposures ≥ 5 Rem TEDE, **then AUTHORIZE** Emergency Exposures per EP-CE-113, Personnel Protective Actions.

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NOTE: Potassium Iodide (KI) tablets may be issued prior to or after exposures to high levels of airborne radioiodides.

2.4.6 If a Site Area Emergency or higher with a release, **then AUTHORIZE** Administration of KI per EP-CE-113, Personnel Protective Actions.

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NOTE: The steps in Section 2.5 are applicable only to those Units that have implemented FLEX.

2.5 Safer Response Plan Activation And Coordination

NOTES: - The steps 2.5.1 through 2.5.6 are applicable only if an Extended Loss of Alternating Current Power (ELAP) occurs and the Unit has implemented FLEX.

- Handheld Iridium satellite phones must have a clear view of the southwest sky to function.

2.5.1 If an installed phone system is **not** functioning in the Main Control Room (MCR), **then USE** the handheld Iridium satellite phone until an installed phone system is restored. **(CM-3, CM-4, CM-5)**

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2.5.2 As necessary, dispatch an individual to obtain the designated FLEX bullhorns from their protected storage location. **(CM-3, CM-4, CM-5)**

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Consider the following when establishing priorities:

- Restoration of -
 - Onsite **and** offsite electrical power,
 - Ultimate heat sink availability, **and**
 - Site internal **and** external communication systems;
- Prioritization, retrieval, and installation of FLEX equipment,
- Obtaining additional support personnel for the site; **and**

Route accessibility into the site, between the onsite FLEX equipment storage building and the final onsite staging location(s), and between onsite Staging Areas "A" and "B."

2.5.3 **OBTAIN** a copy of the SAFER Response Plan for the affected site(s) **and REFER** to Section 6.1, "Site Interface Procedure" for additional guidance, as necessary. ☐

2.5.4 **PROVIDE** initial assessment **and** updates to the Corporate (or Station) Emergency Director on: ☐

- Site accessibility,
- SAFER FLEX equipment priorities, **and**
- Onsite Staging Area availability **and** readiness.

NOTES: ☐ Steps 2.5.5 and 2.5.6 are applicable only to those sites that have an installed satellite phone system in the MCR.

- The back-up power supply for the installed satellite phone system in the MCR has an 8 hour back-up power supply.
- Directions for restoring power to the MCR installed satellite phone system and for the set-up of the MCR back-up satellite equipment are located with the MCR back-up satellite equipment.
- Deployment of the MCR back-up satellite phone equipment requires at least two (2) individuals.

2.5.5 **DIRECT** the restoration of power to the installed satellite phone system as resources allow. (**CM-3, CM-4, CM-5**) ☐

2.5.6 If the installed MCR satellite phone system is **not** functioning **and** power to the system has been verified, **then DIRECT** set-up of the back-up satellite phone equipment as resources allow. (**CM-3, CM-4, CM-5**) ☐

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

2.5.7 When SAFER FLEX equipment delivery is expected, then as additional site personnel become available **PERFORM** the following actions, as appropriate:

A. **VERIFY** that a management individual, preferably an additional ERO Radiation Protection (RP) Manager (or RP management individual), has been dispatched to the appropriate Offsite Staging Area (Staging Area "C" or "D") to **PERFORM** a pre-job brief including site event status, and **PROVIDE** dosimetry and KI, if appropriate, to SAFER response individuals that will be entering the site's 10-mile emergency planning zone.

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B. **DETERMINE** the availability and status of the onsite staging areas (Staging Areas "B" and "A") and **COMMUNICATE** the status to the Station or Corporate Emergency Director, as appropriate.

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NOTE: At a minimum, personnel from Security, Maintenance, Radiation Protection, and Operations should be available.

C. **VERIFY** adequate personnel are available onsite to **BRIEF, RECEIVE, and DIRECT** onsite activity associated with the delivery of SAFER FLEX equipment.

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D. **When** there are sufficient personnel to receive equipment and Staging Area "B" is available, **then**

a. **COMMUNICATE** to the Corporate Emergency Director to **DIRECT** the delivery of the SAFER FLEX equipment to Staging Area "B" and

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b. **DIRECT** the dispatch of a team to meet the SAFER response team at Staging Area "B."

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c. If helicopter transport is being used, **then DIRECT** the dispatch of additional personnel in accordance with the Site specific Congested Area Flight Plan to restrict the helicopter area during equipment unloading.

E. **DIRECT** the set-up and installation of the SAFER FLEX equipment in the plant (Staging Area "A"), as appropriate.

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F. **PROVIDE** updates on the status of the above items and equipment priorities to the Station or Corporate Emergency Director, as appropriate.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

- G. **When** the SAFER FLEX equipment is installed **and** operational at Staging Area "A" **and** the SAFER technician is no longer needed for equipment support, **then COMMUNICATE to the Station or Corporate Emergency Director** that the SAFER technician may be released.

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CCNPP and NMP

2.5.8 **If** the site meets either of the following conditions:

- Extended Loss of AC Power (ELAP)
- or**
- Plant parameters or conditions require implementation of SAM strategies for both units,

then NOTIFY TSC and EOF, as applicable, to initiate expanded capability staffing per EP-AA-130-F-01, Emergency Response Expanded Capability Staffing Guidelines. **(CM-1, CM-2)**

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2.6 Update Notifications

NOTE: Updates to local and State agencies should be made:

- **[CCNPP]** Approximately every 3 hours unless below listed conditions change when updates will be made within 60 minutes of change.
- **[GNP, NMP]** Approximately every 30 minutes
- For a significant change in plant conditions
- For a change in radiological release status

2.6.1 **PERFORM** periodic Update Notifications per EP-CE-114-100, Emergency Notifications.

Tab 6

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2.7 Termination and Recovery

NOTE: Events classified at Alert or higher will be terminated by the Corporate ED in the EOF.

2.7.1 **When** conditions begin to stabilize and/or improve, **then COMPLETE** EP-EP-CE-111-F-01, Event Termination Checklist, to determine appropriate conditions for termination.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

2.7.2 **NOTIFY** State, Local and NRC within one hour of termination.

A. **COMPLETE** station specific initial notification form.

Tab 7

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B. **PROVIDE** completed form to Shift Communicator and **DIRECT** them to notify State and Local.

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C. **DIRECT** Shift Communicator or Control Room Staff to notify the NRC per EP-AA-114 Notifications.

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2.7.3 **PERFORM** appropriate steps in EP-CE-115, Termination and Recovery.

Tab 11

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2.8 **Transfer of ERO Command and Control**

2.8.1 **When** contacted by an oncoming Shift Emergency Director for shift relief or Corporate ED for turnover of ED duties, **then GIVE** a time when conditions would permit the turnover process.

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2.8.2 **When** conditions permit, **then CONDUCT** a turnover using EP-AA-112-400-F-70, Command and Control Turnover Briefing Form.

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2.8.3 **ANNOUNCE** transfer of authority to Control Room staff.

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2.8.4 **LOG** the transfer.

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2.8.5 **REVIEW** the log and documents used during the event for completeness.

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3 ONGOING ACTIONS AFTER TRANSFER OF COMMAND AND CONTROL

3.1 **General Operations**

3.1.1 **ASSIST** the Corporate ED in identifying changes in emergency classification.

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A. **If** an EAL threshold for a higher emergency classification is met, **then** immediately **INFORM** the Corporate ED or the EOF Technical Advisor.

Tab 2
EAL Wall
Chart

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3.1.2 **MAINTAIN** accountability of all personnel assigned to the Control Room, including teams / personnel dispatched from the Control Room.

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3.1.3 **DISCUSS** any actions that could initiate or significantly increase a release to the public with the Corporate ED prior to implementation of those actions.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Corporate ED, Station ED, OSC Director, EOF Director and JIC Manager will participate in Inter-Facility Briefs.

3.1.4 If conditions permit, then **PARTICIPATE** in Inter-Facility Briefings as arranged by the Corporate ED. Be prepared to discuss: ☐

- Plant Status
- Current Control Room priorities
- Status of mitigating actions underway
- Need for additional resources

3.1.5 Communicate with the TSC Operations Manager on the following: ☐

- Plant status;
- Actions being taken in Control Room / potential impact to onsite / offsite activities;
- Required mitigating actions and priorities;
- Request additional support activities or resources.
- Entry into EOPs or SAMGs occurs

3.2 Dispatching Personnel for in-Plant Tasks

3.2.1 If an operations-only task is required by an emergency procedure or off-normal procedure, or is deemed immediately necessary to protect the plant, then operator(s) may be directly dispatched to complete the task: ☐

NOTE: Shift non-licensed operators are normally stationed in the OSC once activated. They should continue to carry their radios to be contacted directly by Control Room if necessary.

- A. **BRIEF** the operator(s) on the task. ☐
- B. **DIRECT** the operator(s) to report to the OSC Ops Lead or Assistant OSC Director prior to leaving the OSC so they can be properly tracked. ☐
- C. **NOTIFY** the OSC Operations Lead (or TSC Operations Manager if the OSC Ops Lead is not available) of the task and the names of the operator(s) assigned. ☐

NOTES: The Control Room is responsible for maintaining accountability and tracking for any personnel dispatched directly from the Control Room.

Only the Control Room may give permission or direction for these personnel to move from the original work location.

- D. **MAINTAIN** communications with the operator(s) until they complete the task assignment. ☐

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Designating a team task as "Urgent" moves the team to the front of the line for briefing and expedites the dispatch process. Urgent tasks require one or more of the following attributes:

- Life Saving, Search, Rescue, Medical Emergency or Fire Fighting
- Time Critical Tasks (as designated by the Station ED, Shift ED, or TSC Operations Manager).

3.2.2 **When** a non-urgent task outside of the Control Room is required, **then COMMUNICATE** the task requirements to the TSC Operations Manager or Station ED. ☐

NOTES: ☐ Steps 3.3 through 3.5 are applicable only if an Extended Loss of Alternating Current Power (ELAP) occurs and a Unit has implemented FLEX.

- Steps 3.3 and 3.4 are applicable only to those sites that have an installed satellite phone system in the MCR.
- The back-up power supply for the installed satellite phone system in the MCR has an 8 hour back-up power supply.
- Directions for restoring power to the MCR installed satellite phone system and for the set-up of the MCR back-up satellite equipment are located with the MCR back-up satellite equipment.
- Deployment of the MCR back-up satellite phone equipment requires at least two (2) individuals.

3.3 **DIRECT** the restoration of power to the installed satellite phone system as resources allow. (CM-3, CM-4, CM-5) ☐

3.4 **If** the installed MCR satellite phone system is not functioning and power to the system has been verified, **then DIRECT** set-up of the back-up satellite phone equipment as resources allow. (CM-3, CM-4, CM-5) ☐

3.5 **When** SAFER FLEX equipment delivery is expected, then as additional site personnel become available, **then PERFORM** the following actions, as appropriate:

3.5.1 **VERIFY** that a management individual, preferably an additional ERO Radiation Protection (RP) Manager (or RP management individual), has been dispatched to the appropriate Offsite Staging Area (Staging Area "C" or "D"). ☐

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

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|--|---|--------------------------|
| 3.5.2 | DETERMINE the availability and status of the onsite staging areas (Staging Areas "B" and "A") and COMMUNICATE the status to the Station or Corporate Emergency Director, as appropriate. | <input type="checkbox"/> |
| <p>NOTE: At a minimum, personnel from Security, Maintenance, Radiation Protection, and Operations should be available.</p> | | |
| 3.5.3 | VERIFY adequate personnel are available onsite to BRIEF, RECEIVE, and DIRECT onsite activity associated with the delivery of SAFER FLEX equipment. | <input type="checkbox"/> |
| 3.5.4 | When there are sufficient personnel to receive equipment and Staging Area "B" is available, then | |
| A. | COMMUNICATE to the Corporate Emergency Director to DIRECT the delivery of the SAFER FLEX equipment to Staging Area "B" and | <input type="checkbox"/> |
| B. | DIRECT the dispatch of a team to meet the SAFER response team at Staging Area "B." | <input type="checkbox"/> |
| C. | If helicopter transport is being used, then DIRECT the dispatch of additional personnel in accordance with the Site specific Congested Area Flight Plan to restrict the helicopter area during equipment unloading. | <input type="checkbox"/> |
| 3.5.5 | DIRECT the set-up and installation of the SAFER FLEX equipment in the plant (Staging Area "A"), as appropriate. | <input type="checkbox"/> |
| 3.5.6 | PROVIDE updates on the status of the above items and equipment priorities to the Station or Corporate Emergency Director, as appropriate. | <input type="checkbox"/> |
| 3.5.7 | When the SAFER FLEX equipment is installed and operational at Staging Area "A" and the SAFER technician is no longer needed for equipment support, then COMMUNICATE to the Station or Corporate Emergency Director that the SAFER technician may be released. | <input type="checkbox"/> |
| 3.6 | If Severe Accident Management Guidelines (SAMGs) are entered, then ASSUME the role of SAMG Implementer. | <input type="checkbox"/> |

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

CCNPP and NMP

3.7 If the site meets either of the following conditions:

- Extended Loss of AC Power (ELAP)
or
- Plant parameters or conditions require implementation of SAM strategies for both units,

then **NOTIFY** TSC and EOF, as applicable, to initiate expanded capability staffing per EP-AA-130-F-01, Emergency Response Expanded Capability Staffing Guidelines. (**CM-1, CM-2**)

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4 SITUATIONAL ACTIONS

4.1 Transfer Control of In-Plant Teams

4.1.1 **When** contacted by the OSC and informed that the OSC is activated, **then:**

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PROVIDE the following information to the OSC concerning in-plant teams currently dispatched into the plant: (Operators, Fire Brigade, Maintenance Personnel, and so forth)

- Known or suspected plant hazards
- Team member names
- Assignment description and expected time of return
- Team location
- Communications methods

4.1.2 **ACKNOWLEDGE** that the OSC is now taking control of the in-plant teams as well as for all subsequent teams dispatched from the OSC.

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Record Time: _____

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

5 CLOSEOUT ACTIONS

- 5.1 **REPLENISH** the contents of this position binder in accordance with the binder index at the end of this checklist.
- 5.2 **ASSEMBLE and/or DIRECT** the Shift Communicator to assemble and organize all EP documentation pertaining to the event.
- 5.3 **PROVIDE** documentation to the Emergency Preparedness Department.
- 5.4 **DIRECT and PARTICIPATE** in post event critiques / reviews as necessary.

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SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

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| 17 | EP-AA-130-F-01, Emergency Response Expanded Capability Staffing Guidelines (CM-1, CM-2) | 1 |
| 18 | [CCNPP] EP-CE-111-F-02, Calvert Cliffs PAR Flowchart [GNP] EP-CE-111-F-03, Ginna PAR Flowchart [NMP] EP-CE-111-F-04, Nine Mile PAR Flowchart | 1 |

* Denotes the number of copies of procedure or form to be placed in the position binder (initially or when binder is restocked after event). The minimum number needed to make binder functional is one. Additional documents can be copied, taken from other ERO position binders or be obtained electronically.

** Position Specific Checklist placed before Tab 1.

Commitments

1. Calvert Cliffs

CM-1 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Steps 2.5.8, 3.7, Position Binder Tab 17)

CM-3 Constellation Nuclear Group LLC's letter to NRC, "Sixty-Day Response to 10CFR 50.54(f) Request for Information," dated May 11, 2012 (1702533-03) (Steps 2.5.1, 2.5.2, 2.5.5, 2.5.6, 3.3, 3.4)

2. Ginna

CM-4 Constellation Nuclear Group LLC's letter to NRC, "Sixty-Day Response to 10CFR 50.54(f) Request for Information," dated May 11, 2012 (1704212-01) (Steps 2.5.1, 2.5.2, 2.5.5, 2.5.6, 3.3, 3.4)

[FB0706] R.E Ginna Nuclear Power Plant IER L2 11-39, Lack of Timely Emergency Response Organization and Emergency Response Facility Activation to provide for the expected time from declaration to actual initiation of ERONS. (Step 1.3.2)

SHIFT EMERGENCY DIRECTOR CHECKLIST (CNG)

3. Nine Mile Point

CM-2 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Steps 2.5.8, 3.7, Position Binder Tab 17)

CM-5 Constellation Nuclear Group LLC's letter to NRC, "Sixty-Day Response to 10CFR 50.54(f) Request for Information," dated May 11, 2012 (1705309-46) (Steps 2.5.1, 2.5.2, 2.5.5, 2.5.6, 3.3, 3.4)

ATTACHMENT 4

EP-AA-112-100-F-51, Revision C, "*Shift Communicator Checklist (CNG)*"

Emergency Plan Implementing Procedure

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SHIFT COMMUNICATOR CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

1 INITIAL ACTIONS

- 1.1 **PRINT** your name and today's date to indicate that you are the individual performing this checklist:

Name: _____ Date: _____

- 1.2 **INITIATE and MAINTAIN** a position log using EP-AA-112-F-08, ERO Position Log, to document significant actions, decisions and communications related to your position.

2 ONGOING ACTIONS

2.1 Emergency Notifications

- 2.1.1 As directed, **PERFORM** the following notifications:

- ERO – EP-AA-112-100-F-57, ERONS Notification Details (CNG)
- State and Local – EP-CE-114-100, Emergency Notifications
- NRC – EP-AA-114, Notifications

- 2.1.2 **When** the Shift Emergency Director provides completed Plant Status Reports, **then FAX** EP-AA-112-200-F-51, Plant Status Report to the following:

- TSC, EOF, OSC and JIC
- **[NMP Only]** Other Unit Control Room

- 2.1.3 **If** notified by the EOF State / Local Communicator that the EOF is assuming responsibility for offsite notifications, **then GO** to Section 3.1 of this checklist.

☐

Tab 1

☐

Tab 2

Tab 4

Tab 5

☐

Tab 3

☐☐

SHIFT COMMUNICATOR CHECKLIST (CNG)

- 2.1.4 If notified by the ENS Communicator that the TSC is assuming responsibility for ENS Communications, **then GO** to Section 3.2 of this checklist. ☐
- 2.1.5 **When** all emergency communications functions have been transferred or the event is terminated, **then GO** to Section 4 of this checklist. ☐
- 2.2 Shift Turnover
- 2.2.1 **BRIEF** your relief as to events that have transpired and status of any work in progress: ☐
- Review all completed notifications to NRC and Offsite.
 - Time of last completed notification(s) to NRC and Offsite.
 - Time of next required notification(s) to NRC and Offsite.
- 2.2.2 **When** you have been relieved, **then INFORM** the Shift Emergency Director and identify your relief. ☐
- 3 SITUATIONAL ACTIONS**
- 3.1 Transfer of Offsite Notification duties to the EOF
- 3.1.1 **When** contacted by the EOF State / Local Communicator that the EOF is assuming responsibility for offsite notification duties, **then**: ☐
- A. **PROVIDE** the following offsite notification status information to the EOF State / Local Communicator for the most recent offsite agency notification forms: ☐
- Number: _____ Time Completed: _____ Time Next Due: _____
- B. **ENSURE** all prior offsite agency notification forms have been received in the EOF. ☐
- C. **RECORD** the time that the transfer of Offsite Agency Notification responsibilities was complete: ☐
- Time Transfer Completed:** _____
- D. **REPORT** to the Shift Emergency Director that responsibility for Offsite Agency Notification duties has been transferred to the EOF. ☐

SHIFT COMMUNICATOR CHECKLIST (CNG)

3.2 Transfer of ENS Communicator duties to the TSC

3.2.1 **When** notified by the ENS Communicator that the TSC is assuming responsibility for ENS Communications, **then**:

A. **PROVIDE** the following ENS Communications status information to the TSC ENS Communicator for the most recent ENS Worksheet:

Number: ____ **Time Completed:** ____

B. **ENSURE** all prior ENS Worksheets have been received in the TSC.

C. **RECORD** the time that the transfer of ENS Notification responsibilities was complete:

Time Transfer Completed: ____

D. **REPORT** to the Shift Emergency Director that responsibility for ENS Communications has been transferred to the TSC.

4 CLOSEOUT ACTIONS

4.1 **NOTIFY** the Shift Emergency Director that the Shift Communicator position responsibilities are complete and the position is being closed.

4.2 **REQUEST** a new assignment from the Shift Emergency Director.

4.3 **REPLENISH** the contents of this position binder in accordance with the Binder Index at the end of this checklist.

4.4 **ASSEMBLE** and **ORGANIZE** all EP documentation pertaining to the event.

4.5 **PARTICIPATE** in post event critiques / reviews as necessary.

SHIFT COMMUNICATOR CHECKLIST (CNG)

| Position Binder Tab Index | | |
|---------------------------|--|-----------|
| Tab # | Contents | Quantity* |
| ** | EP-AA-112-100-F-51, Shift Communicator Checklist | 4 |
| 1 | EP-AA-112-F-08, ERO Position Log | 5 |
| 2 | EP-CE-114-100, Emergency Notifications | 1 |
| 3 | EP-AA-112-200-F-51, Plant Status Report | 5 |
| 4 | LS-AA-1150, Reactor Plant Event Notification Worksheet | 5 |
| 5 | EP-AA-114, Notifications | 1 |

* Denotes typical quantity of copies of procedures or forms to be placed in position binder. Forms are also available in designated storage areas in Emergency Response Facilities, can be copied or can be obtained electronically. The minimum number to be placed in the position binder is one.

** Position Specific Checklist placed before Tab 1.

ATTACHMENT 5

EP-AA-112-100-F-54, Revision B, "*Security Shift Supervisor Checklist (CNG)*"

Emergency Plan Implementing Procedure

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SECURITY SHIFT SUPERVISOR CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

1 INITIAL ACTIONS

1.1 **CONTACT** the Shift Emergency Director and report that you are the Security Shift Supervisor.

☐

1.2 If contacted by the TSC Security Coordinator, then **PROVIDE** a briefing concerning security status, ongoing actions, and Protected Area Accountability / Evacuation status.

☐

2 ONGOING ACTIONS

2.1 Support of ERO Activities

2.1.1 If an event is occurring or has occurred that is covered by the Site Security Plan, then **PERFORM** the appropriate Security Event actions keeping the Shift Emergency Director/ Corporate Emergency Director informed of ongoing activities.

☐

2.1.2 If notified by either station personnel or Offsite First Responders (LLEA, Fire, EMS, and so forth) that ICP has been established, then:

A. **RECORD** the location of the ICP:

☐

B. **RECORD** the coordination actions that have been requested:

☐

(None / Dispatch ICP Liaison(s) / Other)

SECURITY SHIFT SUPERVISOR CHECKLIST (CNG)

C. **ENSURE** the Shift Emergency Director, TSC Security Coordinator and the Corporate Emergency Director have been informed of the location of the ICP. ☐

D. **COORDINATE** necessary and prudent station security actions to support the ICP activities. ☐

2.1.3 **MAINTAIN** emergency site access controls, limiting access to individuals needed to support emergency response.

A. **OBTAIN** authorization to omit individuals who are not part of ERO from the TSC. ☐

2.1.4 **ASSIST** in the support of ERO activities as requested by the TSC Security Coordinator. ☐

2.1.5 **UPDATE** the TSC Security Coordinator concerning nuclear security status and actions periodically, or as conditions change. ☐

2.1.6 If informed that accountability has been ordered, **then PERFORM or DIRECT** accountability per station specific Assembly, Evacuation and, Accountability Instructions. **Tab 1** ☐

A. **ENTER** the time accountability is completed in your log. ☐

B. **AFTER** initial accountability has been completed, **then:**
1) **RESTRICT** access to the Protected Area to ERO personnel. ☐

2) **MAINTAIN** accountability of security personnel. ☐

3) **ASSIST** with search and rescue activities. ☐

2.1.7 If informed that an evacuation has been ordered, **then PERFORM** or direct evacuation per station specific Assembly, Evacuation and, Accountability Instructions. **Tab 1** ☐

CCNPP and Ginna Only

2.1.8 If directed or a hostile action has made the Control Room uninhabitable, **then COMPLETE** the ERO notification actions per EP-AA-112-100-F-57, ERONS Notification Details (CNG). **Tab 4 [CCNPP and Ginna]** ☐

SECURITY SHIFT SUPERVISOR CHECKLIST (CNG)

2.1.9 If contacted by the TSC Security Coordinator that non-ERO responders have been recalled to the station, then:

A. **RECORD** the names of any non-ERO responders allowed access to the station. ☐

B. **PROVIDE** the names of any non-ERO responders to Access Control Point officers. ☐

2.1.10 If informed that the NRC Incident Response Team (IRT) is in route to the station, then **PROVIDE** support for their arrival as requested. ☐

2.1.11 If contacted by the TSC Security Coordinator to assist in search and rescue operations, then:

A. **ASSIGN** nuclear security officers as needed to support search and rescue teams. ☐

B. **USE** available security resources to identify possible locations of missing personnel. ☐

2.1.12 If notified that the use of KI has been authorized, then

A. **INFORM** all affected security officers that the use of KI has been authorized and is recommended. ☐

B. **ARRANGE** a delivery method for any officer that does not have the prescribed dose of KI with the TSC Security Coordinator. ☐

2.2 **Shift Turnover**

2.2.1 **BRIEF** your relief as to the EP events that have transpired and status of any work in progress. ☐

- Assembly / Accountability / Evacuation
- Security officers assigned to EP duties
- Hazardous Areas where special precautions may be needed

2.2.2 When you have been relieved, then **INFORM** the TSC Security Coordinator and identify your relief. ☐

3 **SITUATIONAL ACTIONS**

None

SECURITY SHIFT SUPERVISOR CHECKLIST (CNG)

4 CLOSEOUT ACTIONS

- | | | |
|-----|--|--------------------------|
| 4.1 | REPLENISH your position binder in accordance with the Binder Index at the end of this checklist. | <input type="checkbox"/> |
| 4.2 | ASSEMBLE and ORGANIZE all EP documentation pertaining to the event. | <input type="checkbox"/> |
| 4.3 | DIRECT and PARTICIPATE in post event critiques / reviews as necessary. | <input type="checkbox"/> |

SECURITY SHIFT SUPERVISOR CHECKLIST (CNG)

| Position Binder Tab Index | | |
|---------------------------|---|-----------|
| Tab # | Contents | Quantity* |
| ** | EP-AA-112-100-F-54, Security Shift Supervisor Checklist | 4 |
| 1 | [CCNPP] EP-CE-113-F-01, CCNPP Assembly, Evacuation, and Accountability [NMP] EP-CE-113-F-03, NMP Assembly, Evacuation, and Accountability [GNP] EP-CE-113-F-02, Ginna Assembly, Evacuation, and Accountability | 1 |
| 2 | Empty | |
| 3 | Empty | |
| 4 | EP-AA-112-100-F-57, ERONS Notification Details (CNG) | 5 |
| 5 | [CCNPP] EP-AA-113-F-54, Emergency Access Control Point Log | 5 |

* Denotes typical quantity of copies of procedures or forms to be placed in position binder. Forms are also available in designated storage areas in Emergency Response Facilities, can be copied or can be obtained electronically. The minimum number to be placed in the position binder is one.

** Position Specific Checklist placed before Tab 1.

ATTACHMENT 6

EP-AA-112-100-F-57, Revision B, "*ERONS Notification Details (CNG)*"

Emergency Plan Implementing Procedure

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**ERONS NOTIFICATION DETAILS (CNG)**

This revision is a major rewrite; **no** annotations are used.

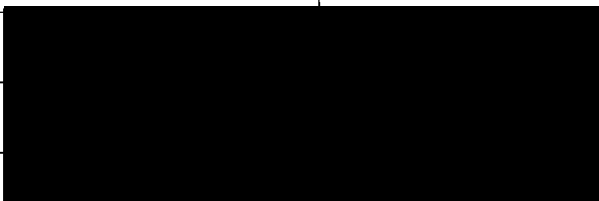
The automated system will initiate the call out for site personnel required to meet the ERO staffing requirements.

Section 1 - Initiate Primary Activation / Termination of Notification System using the Internet

Section 2 - Initiate Alternate Activation / Termination of Notification System using live Everbridge Agent

1. INITIATE PRIMARY ACTIVATION / TERMINATION OF NOTIFICATION SYSTEM USING THE INTERNET

1.1. **CIRCLE** the appropriate station from the table below.

| Station | Username | Password |
|----------------|---|----------|
| Calvert Cliffs |  | |
| Ginna | | |
| NMP | | |

1.2. **CIRCLE** the appropriate Activation / Termination for the event from the table below.

| Actual Event Respond to Facility | Unusual Event | Actual Event Alternative Facility Response | Event Termination | Activation Cancellation | Unusual Event Termination |
|--|--|--|---|---|---|
| For Alert, Site Area, or General Emergency *Optional for Unusual event. | Notification Only for CCNPP and NMP GINNA Only ERO Response | For Security events or other events as determined by the Emergency Director. | Notification that the event has been terminated | Notification that the activation has been cancelled | GINNA ONLY Notification that UE has been terminated |

ERONS NOTIFICATION DETAILS (CNG)

NOTE: The user name and password are case sensitive. Four (4) failed attempts to log in will lock the system.

- 1.3. **OPEN** Everbridge using the shortcut icon on your desktop computer. If shortcut icon is **not** available or **not** functioning, **OPEN** a web browser, **then TYPE:**

A. If the internet is not available, **then GO** to Step 2.

- 1.4. **ENTER** the appropriate station specific Username and Password from Step 1.1 and **SELECT** "Sign in".

- 1.5. **VERIFY** the appropriate Station Name is displayed, **CLICK** "Proceed".

- 1.6. **CLICK** on +New Incident button.

- 1.7. **CLICK** on the appropriate incident from step 1.2.

- 1.8. **VERIFY** the appropriate incident is displayed.

- 1.9. If the incident displayed is not correct, **then CLICK** correct incident from list and **RETURN** to Step 1.8.

- 1.10. If the incident displayed is correct, **then CLICK** on "NEXT".

A. **CLICK** check box to "Close Incident after successful send".

B. **CLICK** on "SEND".

C. If confirm message box appears, **then CLICK** "Yes".

- 1.11. On the next screen validate there is a date and time in Sent On column.

Record Time _____

- 1.12. **SELECT** "Log Out" to exit the Everbridge Notification program.

- 1.13. **VERIFY** that a call to the Control Room from the ERO notification system is received within 10 minutes after the system was initiated.

- 1.14. If a confirmation call is **not** received in the Control Room within 10 minutes confirming activation, **then PROCEED** to Section 2, Initiate Activation / Termination of Notification System Using Live Everbridge Agent.

- 1.15. **INFORM** the Shift Emergency Director of the status of the ERO Notification System Initiation and **EXIT** this procedure.

ERONS NOTIFICATION DETAILS (CNG)**2. INITIATE ALTERNATE ACTIVATION / TERMINATION OF NOTIFICATION SYSTEM USING LIVE EVERBRIDGE AGENT**

2.1. **TRANSPOSE** data from steps 1.1 and 1.2 to this form **and OBTAIN** peer check that data was transposed correctly. ☐

2.2. **CIRCLE** the appropriate station from the table below. ☐

| Station | Organization Name | Everbridge Name | | Username | Hint Question Response |
|-----------------|-------------------|-----------------|-----------------|----------|------------------------|
| | | First | Last | | |
| Calvert Cliffs | Calvert Cliffs | CCNPP | ERONS Activator | | |
| Ginna | Ginna | Ginna | ERONS Activator | | |
| Nine Mile Point | Nine Mile Point | Nine Mile Point | ERONS Activator | | |

2.3. **CIRCLE** the appropriate Activation Incident for the event from the table below. ☐

| Actual Event Respond to Facility | Unusual Event | Actual Event Alternative Facility Response | Event Termination | Activation Cancellation | Unusual Event Termination |
|--|--|--|---|---|--|
| For Alert, Site Area, or General Emergency *Optional for Unusual event. | Notification Only for CCNPP and NMP GINNA Only ERO Response | For Security events or other events as determined by the Emergency Director. | Notification that the event has been terminated | Notification that the activation has been cancelled | GINNA ONLY Notification that UE has been terminated |

ERONS NOTIFICATION DETAILS (CNG)

- | | | |
|-------|--|--------------------------|
| 2.4. | CONTACT Everbridge Live Agent: 1-877-220-4911 . | <input type="checkbox"/> |
| 2.5. | When asked for your Username, First Name and Last Name then PROVIDE the appropriate information from step 2.2. | <input type="checkbox"/> |
| 2.6. | When asked provide a callback number. | <input type="checkbox"/> |
| 2.7. | When asked your Hint question, then PROVIDE the Station selected from step 2.2. | <input type="checkbox"/> |
| 2.8. | When asked if you will be using a notification template or creating a new notification, STATE using an incident template. | <input type="checkbox"/> |
| 2.9. | When asked for the template title, PROVIDE the appropriate information from step 2.3. | <input type="checkbox"/> |
| 2.10. | REQUEST that the Agent check the box to close the incident before sending. | <input type="checkbox"/> |
| 2.11. | When asked by the Everbridge Agent "Would you like me to send this Incident now?" then REPLY Yes. | <input type="checkbox"/> |
| 2.12. | VERIFY with the Everbridge Agent that the ERO Activation Incident has been successfully initiated. | <input type="checkbox"/> |
| 2.13. | RECORD the time _____ | <input type="checkbox"/> |
| 2.14. | VERIFY that a call to the Control Room from the ERO notification system is received within 10 minutes after the system was initiated. | <input type="checkbox"/> |
| 2.15. | INFORM the Shift Emergency Director of the status of the ERO Notification System Initiation and EXIT this procedure. | <input type="checkbox"/> |

ATTACHMENT 7

EP-AA-112-200-F-61, Revision B, "Security Coordinator Checklist (CNG)"

Emergency Plan Implementing Procedure

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SECURITY COORDINATOR CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

1 INITIAL ACTIONS

1.1 Mobilization

1.1.1 **PRINT** your name and today's date to indicate that you are the individual performing this checklist:

Name: _____ Date: _____

1.1.2 **PREPARE** to assume your assigned duties as follows:

- A. **[NMP Only]** Card into the facility.
- B. **ENTER** your arrival information on Facility Accountability Log.
- C. **PRINT** your name on the TSC Staffing Board.
- D. **ATTACH** your position nametag.
- E. **OBTAIN** any other supplies needed to perform your assigned tasks.
- F. If your position uses computer, **then START** and/or **SIGN IN** on computer and **VERIFY** it is functioning properly.

1.1.3 **INITIATE** and **MAINTAIN** a position log using EP-AA-112-F-08, ERO Position Log, to document significant actions, decisions and communications related to your position.

1.1.4 **CONTACT** the TSC Director and **INFORM** them of your arrival.

- A. **OBTAIN** an initial briefing on event and any security needs.

☐☐☐☐☐☐☐☐

Tab 1

☐☐☐

SECURITY COORDINATOR CHECKLIST (CNG)

1.2 Activation

1.2.1 CONTACT the on duty Security Shift Supervisor to:

- **DETERMINE** the status of station security
- **DETERMINE** if any outside assistance has been requested (police, ambulance, fire, etc.) and current status
- Status of Protected Area Accountability, if required

1.2.2 If additional resources are needed to support security force or completions of your assigned tasks, **then ARRANGE** for additional support.

- A. If you need assistance with communications or tracking security issues, **then REQUEST** an individual from the security department (Security Officer, Security Management) to be dispatched or called in to the TSC to assist.

1.2.3 INFORM the TSC Director of:

- When you are ready to assume assigned duties
- Any security issues needing attention

1.2.4 REMIND onsite ERO Managers and Directors to notify you of any FFD screenings necessary because of unscheduled call-outs of emergency workers.

- A. **COORDINATE** FFD Verification for all Emergency Response Facilities, for personnel who declare use of prohibited substances.

2 ONGOING ACTIONS

2.1 General Operations

2.1.1 REQUEST assistance and **COORDINATE** emergency activities with Local Law Enforcement Agencies (LLEAs).

- A. If any onsite activities may impact LLEA activities, **then NOTIFY** the applicable federal, state and local agencies.
- B. If you become aware that an Incident Command Post (ICP) is set up, **then INFORM** the Corporate Emergency Director (ED) and Station Emergency Director (ED) immediately.

SECURITY COORDINATOR CHECKLIST (CNG)

- C. If the Station ED requests a security representative be dispatched to the ICP, then:
- 1) **MAKE** arrangements for an ICP security liaison.
 - 2) **BRIEF** the liaison on requirements and communications paths.
 - 3) **DISPATCH** liaison to ICP.
- D. **COORDINATE** onsite security actions with the ICP as appropriate.
- E. **INFORM** the Station ED of any contact with LLEAs.

2.1.2 **ENSURE** that requests for security assistance for offsite Emergency Response Facilities are provided, if possible.

NMP Only

2.1.3 **COORDINATE** Emergency Access Controls with Security Supervisor.

NOTE: During any event and specifically during an incident significant enough to require on-site/off-site protective actions or involving a security event, the NRC may request participation by the Licensee's Security contact on the NRC Operations Center Security bridge line.

- 2.1.4 If requested, then **COMMUNICATE** with the NRC on Security aspects of the event. Questions the NRC may ask includes:
- Has the facility sustained significant damage (including the central and secondary alarm stations), damage to the physical security features or security force, or loss of licensed materials?
 - What are the sources and status of off-site emergency assistance (e.g. local law enforcement, State, Federal (especially Federal Bureau of Investigation), National Guard)?
 - Is additional Federal Assistance required (for example, personnel, material, communications)?
 - What compensatory measures have been implemented (for example, temporary barriers, relocation of responders)?

SECURITY COORDINATOR CHECKLIST (CNG)

- 2.1.5 **CONSULT** with the TSC Radiation Protection Manager (RPM) on protective measures that should be taken by security department personnel, as appropriate. ☐
- A. **ENSURE** appropriate consideration is given to personnel: ☐
- Check Points / Roadblocks / Patrols
 - Bullet Resistance Enclosures
 - Other responding LLEAs
- B. **ENSURE** all onsite security personnel (including police, highway patrol, national guard, etc.) obtain required dosimetry, as appropriate. ☐
- 2.1.6 If a radiological release occurs, **then CONTACT** the TSC RPM to determine areas security force should avoid. ☐
- A. **COORDINATE** with Security Shift Supervisor to ensure personnel **DO not REMAIN** in plume pathway areas. ☐
- 2.1.7 **COMMUNICATE** in a timely manner all Station ED directions for the use of security personnel on site to the Security Shift Supervisor. ☐
- 2.1.8 **ENSURE** appropriate security information is posted on information boards (facility status boards and or computer information systems). ☐
- 2.1.9 **COORDINATE** the assignment of security personnel to OSC Teams during security related events. ☐
- 2.1.10 **EXPEDITE** ingress and egress for emergency response personnel, NRC Response Team personnel, and/or materials needed to support emergency response. ☐
- A. **INSTRUCT** the Security Force to advise persons they admit of special instructions for safe routes or avoiding hazardous areas in the area of the plant. ☐
- 2.1.11 When TSC briefings are scheduled, **PARTICIPATE** in TSC briefings providing overview of security activities. ☐
- 2.1.12 If arrangements are being made for 24-hour ERO staffing, **then DEVELOP** long term staffing plan for augmented security personnel. ☐

SECURITY COORDINATOR CHECKLIST (CNG)

2.2 Security Contingency

2.2.1 **MONITOR** events and discuss the potential sabotage with TSC Operations Manager and other members of the ERO.

☐

A. **INFORM** the Station ED and Security Shift Supervisor of any potential indications of sabotage or other security related event.

☐

2.2.2 **If** a security event has occurred or there is ongoing security event, **then**:

☐

A. **COORDINATE** the movement of onsite emergency personnel with Security Force.

☐

B. **ASSIST** in the performance of actions in the station specific procedures.

Tab 2

☐

2.3 Site Evacuation

2.3.1 **If** Site Evacuation is called for, **then PERFORM** actions in accordance with station specific assembly, evacuation, and accountability instructions.

Tab 3

☐

2.3.2 **COORDINATE** with the Security Shift Supervisor to have the security force perform a sweeps of Owner Controlled Area (OCA) to ensure all personnel have been notified to evacuate and are evacuating.

☐

2.4 Accountability

2.4.1 **If** accountability is called for, **then PERFORM** actions in accordance with station specific assembly, evacuation, and accountability instructions.

Tab 3

☐

ENTER the time accountability is completed: _____

SECURITY COORDINATOR CHECKLIST (CNG)

2.4.2 **COORDINATE** Search and Rescue with the Station ED and the OSC Director.

☐

A. **PRIOR** to dispatch of an OSC team to search for unaccounted for personnel, **MAKE** attempts to contact the missing person(s) using the following:

☐

- Plant PA
- Contacting the individuals at their work station
- Contacting individuals by dialing their pager
- Contacting on cell phone (if they have one)
- Contacting the individual's supervisor

2.5 Shift Turnover

2.5.1 **BRIEF** your relief as to events that have transpired and status of any work in progress. Suggested topics to include:

☐

- Onsite security issues
- Incident Command Post operations
- Status of Protected Area or Site Evacuations
- Accountability
- Review your log entries

2.5.2 **INFORM** the TSC Director when you have been relieved.

☐

2.5.3 **LOG** the transfer in the ERO Position Log.

☐

2.5.4 **REVIEW** the log and documents you completed during your shift for accuracy and completeness.

☐

3 SITUATIONAL ACTIONS

None

SECURITY COORDINATOR CHECKLIST (CNG)

4 CLOSEOUT ACTIONS

- 4.1 **RETURN** your area and equipment to a state of readiness and direct TSC personnel to do the same. ☐
- 4.2 **REPLENISH** the contents of this ERO position binder in accordance with the table at the end of this checklist. ☐
- 4.3 **ASSEMBLE and REVIEW** documentation, completed by your ERO Position, for legibility and completeness. ☐
- 4.4 **DELIVER** completed TSC event documentation to TSC Director. ☐
- 4.5 **PARTICIPATE** in post event critiques / reviews. ☐

SECURITY COORDINATOR CHECKLIST (CNG)

| Position Binder Tab Index | | |
|---------------------------|--|-----------|
| Tab # | Contents | Quantity* |
| ** | EP-AA-112-200-F-61, Security Coordinator Checklist | 4 |
| 1 | EP-AA-112-F-08, ERO Position Log | 5 |
| 2 | [CCNPP] ERPIP-3.0, Attachment 24 [GNP] None [NMP] OP-NM-106-104 | 1 |
| 3 | [CCNPP] EP-CE-113-F-01, CCNPP Assembly, Evacuation and Accountability [GNP] EP-CE-113-F-02, Ginna Assembly, Evacuation and Accountability [NMP] EP-CE-113-F-03, NMP Assembly, Evacuation and Accountability | 1 |

* Denotes the number of copies of procedure or form to be placed in the position binder (initially or when binder is restocked after event). The minimum number needed to make binder functional is one. Additional documents can be copied, taken from other ERO position binders or be obtained electronically.

** Position Specific Checklist placed before Tab 1.

ATTACHMENT 8

EP-AA-112-400-F-50, Revision C, "*Corporate Emergency Director Checklist (CNG)*"

Emergency Plan Implementing Procedure

~~(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)~~



CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

Non-delegable responsibilities include the following:

- Classify emergencies
- Direct and approve offsite emergency notifications to the state and local authorities
- Approve the issuance of KI
- Approve emergency exposures
- Make Protective Action Recommendations to offsite authorities

1 INITIAL ACTIONS

1.1 Mobilization

1.1.1 **PRINT** your name and today's date to indicate that you are the individual performing this checklist:

Name: _____ Date: _____

1.1.2 **PREPARE** to assume your assigned duties as follows:

- A. **PRINT** your name on the EOF Staffing Board.
- B. **DON** your position nametag.
- C. **OBTAIN** any other supplies needed to perform your assigned tasks.
- D. If your position uses computer, **then START and/or SIGN** in on computer and verify it is functioning properly.

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1.1.3 **INITIATE and MAINTAIN** a position log using EP-AA-112-F-08, ERO Position Log, to document significant actions, decisions and communications related to your position.

Tab 1

☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: If possible, the Shift Emergency Director will have a completed Plant Status Report faxed to the EOF prior to completion of EOF staffing.

1.1.4 **REVIEW** Plant Status Report with EOF Technical Advisor. ☐

1.1.5 **CONTACT** the Station ED or the Shift Emergency Director. ☐

A. **PROVIDE** your name and inform them you are the oncoming Corporate ED. ☐

B. **OBTAIN** a brief update of event and onsite conditions. ☐

C. **INQUIRE** if there are any immediate needs prior to your assuming command and control. ☐

1.1.6 **PROVIDE** a short update to the EOF Staff. ☐

- Your name and title
- Brief overview of event
- Immediate expectations

NOTE: The EOF Director has the primary responsibility for staffing and activation of the EOF. They will obtain your concurrence prior to declaring the facility activated.

1.1.7 **COORDINATE** activation of the EOF with the EOF Director. ☐

1.1.8 **ENSURE** the Exelon Nuclear Duty Officer (NDO) is informed of the event. ☐

1.1.9 If conditions warrant or the SAFER Response Plan has been activated, then refer to step 3.1 for additional actions. ☐

1.2 Assume Command and Control

1.2.1 **When** the EOF has been activated, **then DETERMINE** if you have the capability and resources to assume command and control. Consider the following: ☐

- Ability to classify events ☐
- Ability to make PARs ☐
- Ability to perform offsite communications ☐
- Ability to perform radiological assessment ☐

1.2.2 **CONTACT** the Shift Emergency Director (or current Corporate ED in EOF) and determine when conditions will permit turnover of command and control duties. ☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

1.2.3 **When** conditions permit, **then CONDUCT** a formal turnover using EP-AA-112-400-F-70, Command and Control Turnover Briefing Form (CNG).

Tab 2☐

1.2.4 **ANNOUNCE** to the EOF that you have assumed overall command and control at: _____ (time).

☐

1.2.5 **DIRECT** the EOF Director to notify other Emergency Response Facilities and Offsite Agencies (counties, state and NRC) that you now have overall command and control.

☐

1.3 **Emergency Response Facilities (ERF) Staffing**

NOTE: The EOF Director is responsible for activation of the EOF. They will confer with you prior to activation.

☐

1.3.1 **CONFIRM** ERFs are being properly staffed and activated.

A. **CONTACT** (or direct staff to contact) the following for facility staffing status:

☐

- TSC (Station ED) ☐
- OSC (OSC Director) ☐
- JIC (JIC Manager) ☐

B. **If** there are staffing issues, **then ENSURE** resources are directed to facilitate staffing and activation of ERFs.

☐

1.3.2 **CONFER** with the Station ED to determine if 24 hour ERO staffing will be required.

☐

A. **If** it is determined the event will require a shift relief, **then ESTABLISH** a shift turnover time for the facilities.

☐

B. **INFORM** the EOF Director to start shift roster development and shift callouts.

☐

2 ONGOING ACTIONS

2.1 **General Operations**

NOTE: In the event that a qualified ERO member is not available to fill a position, an individual considered capable of fulfilling the position's responsibilities may be assigned to the position upon approval of the Corporate ED while attempts are made to obtain a qualified ERO member.

☐

2.1.1 **If** requested by facility directors, **then APPROVE**, as needed, filling ERO positions with individuals not listed on the ERO Roster.

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Activities involving establishment of Incident Command Post (ICP) interface can be delegated to the EOF Director or the Station ED.

2.1.2 If notified by offsite emergency management or Security that an ICP is being (or has been) established, **then**:

NOTE: Unless otherwise directed by the ICP Commander, an Operations and a Security Liaison are required to be dispatched.

A. **DETERMINE** the following:

- Where is the ICP? _____
- What are the interfacing requirements?
None ☐ Dispatch ICP Liaisons ☐ Other ☐

NOTE: ICP Liaisons should get an "ICP Liaison Go Kit" from either the Protected Area security access area or the EOF.

B. If ICP Liaisons are required **then**:

- 1) **LOCATE** and dispatch an Operations Liaison to the ICP.
(Choose from off shift RO/SROs, EOF Tech Advisors, TSC Ops Manager or Ops Training Personnel.)
- 2) **LOCATE** and dispatch a Security Liaison to the ICP. (Choose from off shift Security Management or TSC Security Coordinator.)

C. **CONTACT** TSC Security Coordinator to direct the coordination of any ICP needs.

NOTE: The Corporate ED will as conditions dictate, initiate an Inter-Facility Briefing.

2.1.3 **PARTICIPATE** in the Inter-Facility Briefing with the following ERO members:

- | | |
|---|------------------------|
| • Station ED | • EOF Director |
| • OSC Director | • JIC Manager |
| • Shift Emergency Director (if available) | • Company Spokesperson |
| (if available) | |

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

- A. The topics can include the following:
- Plant status (stable, de-grading, improving)
 - Current station priorities and the status of actions being taken
 - Onsite protective measures (evacuation, accountability, etc.)
 - Current EOF priorities and the status of actions being taken
 - Offsite actions being taken and/or issues
 - Public Information issues or concerns
 - Need for additional resources

2.1.4 **ESTABLISH** and/or **REVIEW** EOF priorities.

☐

NOTE: Facility briefings should be conducted as needed (or approximately every 60 minutes as determined by the Corporate ED).

2.1.5 **CONDUCT** periodic EOF briefings.

2.1.6 **INTEGRATE** the stations response efforts with local, State and Federal response by:

- A. Performing periodic communications with appropriate offsite authorities (such as EOC Directors, the Governor's Office and NRC Executive Team Director).
- B. Evaluating any request for outside agency (local, State or Federal) assistance and coordinate such support as appropriate.

☐☐

2.1.7 **KEEP** Station Senior Management informed of emergency status.

☐

2.1.8 **EVALUATE** and **APPROVE**, as appropriate the expenditure and redirection of company resources to support emergency response.

☐

NOTE: The EOF Director has the primary responsibility to prepare for arrival of NRC Site Team.

2.1.9 If the NRC Site Team is dispatched, **then ENSURE** stations activities are coordinated with NRC team personnel.

☐

NOTE: The NRC Executive Team Director (NRC Chairman or designated Commissioner) may desire to speak periodically with the Licensee's senior management representative.

- A. If requested, **then PROVIDE** information regarding the event to the NRC Executive Team Director.

☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Actions that depart from Technical Specifications and licensing conditions are permitted per 10 CFR 50.54(x) provided:

- An emergency exists and such action is immediately needed to protect the health and safety of the public when no adequate or equivalent means of protection consistent with Technical Specifications or License Conditions are apparent.
- The NRC resident, NRC Operations Center and Operations Department Manager are notified of the deviation prior to the action if time permits and if not, as soon as possible but in all cases within one hour.

2.1.10 **APPROVE** extreme plant mitigating actions (outside procedural guidance) that may affect offsite areas. ☐

2.1.11 **REVIEW and APPROVE** the technical content of news releases. ☐

2.2 Emergency Classification

NOTE: Declaration of an Emergency Classification shall be completed as soon as possible but no later than 15 minutes of the time indications are available that an EAL has been met or exceeded.

2.2.1 Continually **COMPARE** known conditions with the EALs for possible changes in emergency classification. Using following:

- EAL Wall Chart
- EP-CE-111, Emergency Classification and Protective Action Recommendations.

**EAL Wall
Chart**

Tab 4

☐

2.2.2 If the triggering event is a security event, then **PERFORM** the appropriate actions in station specific procedures, prior to proceeding with this checklist.

Tab 3

☐

2.2.3 If a change in classification is appropriate, **THEN**:

**Tab 9
[CCNPP]**

- A. If time permits then **VALIDATE** the change in emergency classification with the Station ED or the Shift ED. ☐
- B. **DECLARE** the event by announcing the following: ☐
- "I am declaring a(n) _____ (EAL) at _____
(time) due to _____ (brief reason)
and assuming the role as Corporate Emergency Director."

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

- C. **DETERMINE** the need for PARs per Section 2.4 of this checklist. ☐
- D. **DIRECT** event initial notifications are performed in per Section 2.3 of this checklist. ☐
- E. **INFORM** the Station ED and the JIC Manager of the change in classification. ☐
- F. **PERFORM** a briefing with the EOF Staff providing details on the emergency classification. ☐
- G. **If** the triggering event is a security event, **then DIRECT** the JIC Manager to suspend the release any information related to security / law enforcement actions or details on the nature of the security threat. ☐

2.3 Offsite Notifications

NOTES: Initial notifications to local and State agencies are required to be initiated within 15 minutes of an upgrade to emergency classification or PAR.

Notification of event termination is required to be made within 60 minutes.

2.3.1 Initial Notifications

- A. **[GNP and NMP only] DIRECT** the State / Local Communicator to complete appropriate station specific Offsite Notification Form(s). ☐
 - 1) **REVIEW and APPROVE** the Offsite Notification Form, for transmittal to local and State agencies. ☐

Tab 12

NOTES: NRC notification should be made concurrently or immediately following state and local notifications, but no later than one hour after a change in classification.

NRC notifications will be performed by the TSC ENS Communicator once the TSC has been activated.

- B. **[GNP and NMP only] If** TSC ENS Communicator is **not** available, **then DIRECT** the EOF Technical Advisor to notify the NRC via the ENS phone line. ☐
- C. **[CCNPP only] COMPLETE** appropriate station specific Initial Notification Form(s). ☐
 - 1) **PROVIDE** completed Initial Notification Form to State/ Local Communicator to complete appropriate Offsite Notifications. ☐

Tab 9

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

- D. **CONFIRM** that notifications have been completed. ☐

2.3.2 Follow-Up Notifications

NOTE: Follow-Up Notifications to local and State agencies should be made:

- Within approximately 15 minutes of a significant change in plant conditions.
- Within approximately 15 minutes of a change in radiological release status.
- **[CCNPP Only]** Approximately every 3 hours unless above listed conditions change (or as requested by State and local authorities).
- **[GNP, NMP Only]** Approximately every 30 minutes unless above listed conditions change (or as requested by State and local authorities).

- A. **[CCNPP Only] COMPLETE** appropriate form and direct State/Local Communicator to transmit the forms to offsite agency. ☐

Tab 10

Tab 11

- B. **[GNP, NMP Only] DIRECT** the State / Local Communicator complete and transmit appropriate forms to offsite agencies. ☐

2.4 Protective Action Recommendations

NOTE: Consider the following changes as triggers to review for potential changes in PARs:

- A change in classification level to General Emergency
- A changes to any Fission Product Barriers status
- Changes in release status or magnitude of release
- Changes in dose projections
- Changes in meteorological conditions (wind shift / stability class)

- 2.4.1 **DETERMINE** the appropriate PAR per EP-CE-111, Emergency Classification and Protective Action Recommendations and station specific PAR Flowchart. ☐

Tab 4

Tab 15

- 2.4.2 **[GNP, NMP Only]** If there is a change in PAR not related to a change in classification, **then ENSURE** notifications are made within 15 minutes per Section 2.3 of this checklist. ☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

- 2.4.3 **[CCNPP Only]** If there is a change in PAR not related to a change in classification, **then ENSURE** notifications are made within 15 minutes per Section 2.3 of this checklist and complete EP-CE-114-100-F-04, CCNPP PAR Update.

Tab 13
[CCNPP
Only]

☐

2.5 Personnel Protective Measures

NOTES: The Station ED has responsibility for directing actions for Protected Area or Site Evacuations and ensuring accountability of all onsite personnel.

- 2.5.1 **[NMP Only]** For events with significant damage to the site when no announcement has been made refer to EP-CE-113-F-03, NMP Evacuation, Assembly and Accountability, for alternate accountability actions.

Tab 5

☐

Tab 6

☐

- 2.5.2 If there is a change of emergency classification, release status or other onsite hazard, **then USE** EP-AA-113-F-53, Onsite Protected Measure Flowchart, to determine appropriate evacuation and accountability actions.

- A. If evacuation or accountability is called for, **then INFORM** the Station ED to implement required actions.

☐

NOTE: Emergency exposures limits greater than 5 Rem TEDE may be applicable for stopping a release, saving lives and/or protecting major equipment or large populations. Ensure actions have been considered which could avoid excess exposures.

- 2.5.3 If requested by the Radiation Protection Manager in the EOF or the Radiation Protection Manager in the TSC to approve emergency exposures, **then REVIEW and APPROVE** request, if appropriate.

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- 2.5.4 If requested by the EOF Radiation Protection Manager or the TSC Radiation Protection Manager to approve the issuance of radioisotope blocking agents (KI) for station emergency response personnel, **then REVIEW and APPROVE** the request.

☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

2.6 Termination and Recovery

NOTES: Planning for Recovery may begin prior to actual termination, as time and resources allow, see Termination and Recovery procedure for guidance.

Support Groups may be called and formed to assist the ERO with recovery planning.

2.6.1 **DIRECT** ERO staff to identify necessary recovery actions using forms and guidance in EP-CE-115, Termination and Recovery.

Tab 7

☐

2.6.2 **When** conditions begin to stabilize and/or improve, **then COMPLETE** EP-CE-111-F-01, Event Termination Checklist, to determine appropriate conditions for termination.

Tab 8

☐

2.6.3 **PERFORM** appropriate steps in EP-CE-115, Termination and Recovery.

Tab 7

☐

2.7 Shift Turnover

2.7.1 **When** contacted by an oncoming Corporate ED, **then GIVE** a time when conditions would permit the turnover process.

☐

2.7.2 **When** conditions permit, **then CONDUCT** a turnover using EP-AA-112-400-F-70, Corporate Emergency Director Turnover Sheet.

Tab 2

☐

2.7.3 **LOG** the transfer in the ERO Position Log.

☐

2.7.4 **REVIEW** the log and documents you completed during your shift for accuracy and completeness.

☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)**3 SITUATIONAL ACTIONS****3.1 Beyond Design Basis External Event (BDBEE) Response***(Only applicable to Units that have implemented FLEX)*

NOTES: - Normal communication methods with the site may **not** be available. **REFER** to the Emergency Telephone Directory for additional communication tools, including satellite telephone numbers.

- **CONSIDER** the following when evaluating priorities:

- Restoration of -
 - Onsite **and** offsite electrical power, and
 - Ultimate heat sink availability;
- Prioritization, retrieval, and installation of FLEX equipment;
- Obtaining additional support personnel for the site; **and**
- Route accessibility into the site, between the onsite FLEX equipment storage building and the final onsite staging location(s), **and** between onsite Staging Areas "A" and "B."

3.1.1 **ESTABLISH** communication with the Shift (or Station) Emergency Director (or designee) **and OBTAIN** a briefing of the current conditions **and** priorities. ☐

3.1.2 **If** conditions warrant activation of the SAFER Response organization (i.e., SAFER FLEX equipment is necessary) **and** the SAFER response organization has not been activated, **then DIRECT** the EOF Logistics Manager to **REQUEST** activation of the SAFER response organization. ☐

3.1.3 **OBTAIN** a copy of the SAFER Response Plan for the affected site(s) **and REFER** to Section 6.1, "Site Interface Procedure" for additional guidance, as necessary. ☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

NOTE: Conditions at the site may warrant that additional personnel responding to assist the site, as well as the location of the TSC and/or OSC, may need to be relocated to another facility or location. This could be the site's Alternative Facility, one of the Offsite Staging Areas ("C" (Primary) or "D" (Backup)), Relocation Center, or any other nearby Exelon facility/nuclear site, which remains accessible based on road and weather conditions.

3.1.4 **SOLICIT** information pertaining to the current status of roads into the site and within 25-miles of the site (including closures) from the Logistics Manager, Shift Emergency Director or the Emergency Director for the respective State, as appropriate. ☐

3.1.5 **DETERMINE** site accessibility based on current weather, road conditions and information from the site. ☐

- If the site is not readily accessible, then **DETERMINE** an alternate muster location for additional site support personnel to report to and **COMMUNICATE** alternate muster location to the Logistics Manager and site. ☐

3.1.6 **PROVIDE** routine updates to the Station Emergency Director on the status of the FLEX response activities (e.g., use of an alternate reporting location, FLEX equipment transport, and use of the Offsite Staging area(s) ("C" or "D")). ☐

3.1.7 **CONSULT** with the Station Emergency Director to **DETERMINE** when the site is prepared to receive SAFER FLEX equipment at Onsite Staging Area ("B"). ☐

- When the site is ready to receive SAFER FLEX equipment, then **DIRECT** the EOF Logistics Manager to **CONTACT** the SAFER response organization and **DIRECT** the SAFER FLEX equipment to be sent to the onsite Staging Area ("B"). ☐

3.1.8 When notified that SAFER technician is no longer needed for equipment support at Staging Area "A," then **INFORM** the EOF Logistics Manager that the SAFER technician may be released. ☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

CCNPP and NMP only

3.1.9 EXPANDED CAPABILITY STAFFING

- A. If the Shift Emergency Director has declared an Extended Loss of AC Power (ELAP) or SAMGs have been implemented on multiple units at a site, **then DIRECT** the EOF Logistics Manager to implement Expanded Capability Staffing per EP-AA-130-F-01, Emergency Response Expanded Capability Guideline. **(CM-1, CM-2)**

☐

Tab 14

4 CLOSEOUT ACTIONS

- 4.1 **PROVIDE** your position binder to the EOF Director to be replenished.
- 4.2 **ASSEMBLE and/or DIRECT** the EOF Director to assemble and organize all Corporate ED documentation pertaining to the event.
- 4.3 **DIRECT** (and participate in) post event critiques / reviews.

☐☐☐

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

| Position Binder Tab Index | | |
|---------------------------|---|------------|
| Tab # | Contents | Quantity * |
| ** | EP-AA-112-400-F-50, Corporate Emergency Director Checklist | 4 |
| 1 | EP-AA-112-F-08, ERO Position Log | 5 |
| 2 | EP-AA-112-400-F-70, Command and Control Turnover Briefing Form | 5 |
| 3 | [CCNPP] ERPIP-3.0, Attachment 24 [GNP] ER-SEC.1, ER-SEC.2 and ER-SEC.3 [NMP] OP-NM-106-104 | 1 |
| 4 | EP-CE-111, Emergency Classification and Protective Action Recommendations | 1 |
| 5 | [NMP] EP-CE-113-F-03, NMP Evacuation, Assembly and Accountability | 1 |
| 6 | EP-AA-113-F-53, Onsite Protective Measures Flowchart | 5 |
| 7 | EP-CE-115, Termination and Recovery | 1 |
| 8 | EP-CE-111-F-01, Event Termination Checklist | 5 |
| 9 | [CCNPP] EP-CE-114-100-F-01, CCNPP Initial Notification Form | 5 |
| 10 | [CCNPP] EP-CE-114-100-F-02, CCNPP Follow Up Notification Form | 5 |
| 11 | [CCNPP] EP-CE-114-100-F-03, CCNPP Detailed Follow Up Communications Form | 5 |
| 12 | [GNP] EP-CE-114-100-F-06, GNP Release in Progress Determination | 5 |

(Continued to next page)

CORPORATE EMERGENCY DIRECTOR CHECKLIST (CNG)

| | | |
|----|--|---|
| 13 | [CCNPP] EP-CE-114-100-F-04, CCNPP PAR Update | 5 |
| 14 | EP-AA-130-F-01, Emergency Response Expanded Capability Guideline (CM-1, CM-2) | 1 |
| 15 | [CCNPP] EP-CE-111-F-02, Calvert Cliffs PAR Flowchart [GNP] EP-CE-111-F-03, Ginna PAR Flowchart [NMP] EP-CE-111-F-04, Nine Mile PAR Flowchart | 1 |

* Denotes the number of copies of procedure or form to be placed in the position binder (initially or when binder is restocked after event). The minimum number needed to make binder functional is one. Additional documents can be copied, taken from other ERO position binders or be obtained electronically.

** Position Specific Checklist placed before Tab 1.

Commitments

1. Calvert Cliffs

CM-1 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Step 3.1.9, Position Binder Tab 14)

2. Nine Mile Point

CM-2 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Step 3.1.9, Position Binder Tab 14)

ATTACHMENT 9

EP-AA-112-400-F-54, Revision C, "EOF Logistics Manager (CNG)"

Emergency Plan Implementing Procedure

~~**(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)**~~



EOF LOGISTICS MANAGER CHECKLIST (CNG)

Section 1, Initial Actions

Section 2, Ongoing Actions

Section 3, Situational Actions

Section 4, Closeout Actions

NOTES: Steps in this checklist may be performed in an order other than listed or they may be omitted if not applicable.

Incoming Shift Relief individuals perform appropriate steps of Initial Actions to take over position responsibilities.

Contact numbers for ERO positions and facilities are in the Emergency Phone Directory.

1 INITIAL ACTIONS

1.1 Mobilization

1.1.1 **PRINT** your name and today's date to indicate that you are the individual performing this checklist:

☐

Name: _____ Date: _____

1.1.2 **PREPARE** to assume your assigned duties as follows:

A. **PRINT** your name on the EOF Staffing Board.

☐

B. **DON** your position nametag.

☐

C. **OBTAIN** any other supplies needed to perform your assigned tasks.

☐

D. **If** your position uses computer, **then** start and/or sign in on computer and verify it is functioning properly.

☐

1.1.3 **INITIATE and MAINTAIN** a position log using EP-AA-112-F-08, ERO Position Log, to document significant actions, decisions and communications related to your position.

Tab 1

☐

1.1.4 **INFORM** the EOF Director of your arrival.

☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

1.2 Activation

1.2.1 **ASSESS** EOF Administrative staffing and augment as necessary.
Your initial minimum staff should be:

- Computer Specialist ☐
- Administrative Staff Member # 1 ☐
- Administrative Staff Member # 2 ☐

1.2.2 **PROVIDE** an initial briefing to your staff on the status of emergency conditions and initial actions required.

1.2.3 **INFORM** the EOF Director when the Administrative support staff is ready to support EOF operations.

1.2.4 **REVIEW** EOF staffing to ensure required individuals are responding.

- A. **REVIEW** EOF Staffing Board, confirm all EOF positions are present and have signed in.
- B. **CONFER** with the EOF Director, other EOF personnel and the EOF Technical Advisor to ensure staffing needs has been met.
- C. If additional personnel are needed to fill normal or supplemental staffing, **then** call out or direct the Administrative staff to call out required individuals.

1.2.5 If facility clocks are not already automatically synchronized, **then**, synchronize, or direct staff to synchronize, facility clocks with plant computer time.

- A. If clocks are automatically synchronized to official time other than plant computer, **then** make a log entry noting difference in time between facility clocks and plant computer time.

1.2.6 **CONFER** with EOF Director on establishing ERO Relief Shifts prior to releasing extra responders.

- A. If shifts are being set up at this time, **then** see section 2.3 of this checklist for guidance on establishing shifts.

EOF LOGISTICS MANAGER CHECKLIST (CNG)

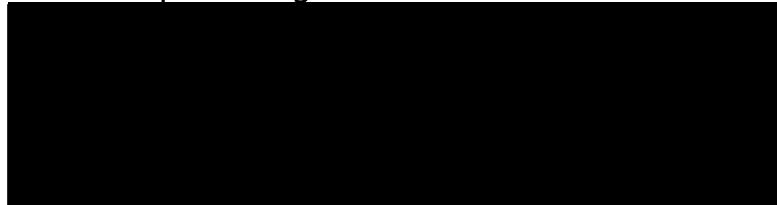
1.2.7 **[NMP Only] VERIFY** Operation of both "Procedure Recovery" computers.

☐

A. **LOG-IN** to computer using the local account

☐

-
-
-



B. **LOCATE** procedures in directory C:\OnLine
Procedures\WORD PROCEDURE FILES

☐

1.2.8 If the SAFER response organization has been contacted for support, then **REFER** Section 3.1 for additional actions.

☐

2 ONGOING ACTIONS

2.1 General Operations

2.1.1 **MANAGE** the activities of the EOF Administrative staff. Key administrative support activities include:

☐

- Receiving and sending information.
- Duplication and Distribution of documents
- Assisting in retrieving hard copies of electronic documents
- Developing ERO shift rosters
- Calling out of ERO personnel

2.1.2 **MONITOR** and **MAINTAIN** access control to the EOF, as necessary.

☐

A. If a security officer is not present in the EOF, then have a member of the EOF Administrative staff assist with access control.

☐

B. **OBTAIN** authorization for individual not pre-approved for EOF access from the EOF Director or the Corporate Emergency Director.

☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- 2.1.3 Periodically **REVIEW** facility status boards to ensure they are accurate and current. ☐
- A. **DIRECT** appropriate EOF Staff to update status boards as necessary. ☐
- 2.1.4 **OVERSEE** the activities of the Computer Specialist, arranging for additional communications or computer equipment or support if needed. ☐
- 2.1.5 **When** EOF briefings are scheduled, **then** participate in EOF briefings providing overview of support staff activities. ☐

NMP Only

- 2.1.6 **COORDINATE** Emergency Access Controls with the TSC Security Coordinator. ☐

2.2 Logistics Support

NOTE: All organizations may be called on to assist the ERO.

- 2.2.1 **COORDINATE** the obtaining of resources needed to support emergency operations that include, but are not limited to: ☐
- Administrative services and equipment
 - Accommodations and transportation for responding offsite personnel, including engineering support, RP support, etc.
 - Finance and purchasing services
 - Commissary / food services
 - Labor Relations or Human Resources services
 - Legal or insurance services
 - Warehouse / supply services
 - Facility services
- 2.2.2 **COORDINATE** with the EOF Director and appropriate corporate organizations on providing personnel, equipment, training, or other resource support. ☐
- 2.2.3 **COORDINATE** with the JIC Logistics Manager on providing personnel, equipment, training, or other resource support. ☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- 2.2.4 **COORDINATE** with the TSC Director on providing personnel, equipment, training, or other resource needed to support stations mitigative strategies. ☐
- 2.2.5 **COORDINATE** delivery of food and other services with the following positions: ☐
- The TSC Security Coordinator for site access
 - The EOF Radiation Protection Manager (RPM) for radiological considerations if applicable
 - The TSC Director for OSC / TSC delivery logistics
 - The JIC Logistics Manager for JIC delivery logistics
- 2.2.6 **ENSURE** the EOF Director is informed of offsite agencies', requests, and offers of assistance that are brought to your attention. ☐
- 2.2.7 If personnel are requested to provide assistance to offsite agencies (support relocation/reception center operations or other tasks), **then**: ☐
- A. **ENSURE** Corporate ED approves support activities. ☐
 - B. **COORDINATE** actions needed to provide assistance as necessary. ☐
 - C. **ESTABLISH** communications paths and support for any personnel dispatched to provide assistance. ☐
- 2.2.8 If the EOF and JIC are operating on the backup power supplied by a diesel generator, **then** ensure adequate fuel supplies are available. ☐
- 2.3 Preparations For 24 Hour Staffing
- 2.3.1 **When** informed by the EOF Director 24 hour staffing of Emergency Response Facilities will be required, **then**: ☐

NOTE: Completion of EOF and JIC relief preparations and callout can be performed by either EOF Administrative Staff or JIC Administrative Staff or both, depending on current work loads of staffs. Coordinate tasks with JIC Manager, as necessary.

- A. **DIRECT** the EOF Admin Staff to begin completion of EP-AA-112-400-F-80, EOF Staffing Roster filling in names of current personnel filling emergency positions.

Tab 2

☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- 2.3.2 **CONFER** with the EOF Director to determine which ERO Team will be the primary reliefs and inform the Administrative Staff to use these individuals a primary source of reliefs.

☐

NOTE: In the event that a qualified ERO member is not available to fill a position, an individual considered capable of fulfilling the position's responsibilities may be assigned to the position upon approval of the Corporate Emergency Director while attempts are made to obtain a qualified ERO member.

- 2.3.3 **CONTINUE** to oversee EOF Administrative Staff's preparations for 24 hour staffing, resolving issues as necessary.

☐

- A. **INFORM** Administrative staff which ERO Team to use as primary source of reliefs.
- B. **DIRECT** the staff to fill in names of relief shift and contact number using the Emergency Telephone Directory.
- C. **CONFER** with EOF personnel and inform the EOF Administrative staff of any supplemental personnel (non-Standard ERO positions) needed to be added to relief EOF Staffing Form.

☐☐☐

- 2.3.4 **When** EOF Staffing Form is complete, **then**:

- A. **OBTAIN** shift times from EOF Director and inform admin staff of times.

☐

Second Shift Start Time: _____

- B. **ENTER** shift time on form.

☐

- C. **REVIEW** completed form with EOF Director.

☐

- D. **DIRECT** Administrative staff to call out reliefs.

☐

- E. **CONTINUE** to oversee EOF Administrative Staff's shift callout, resolving issues (personnel cannot be reached, unable to respond, etc.) as necessary.

☐

- 2.3.5 **ASSIST** other emergency response facilities with arrangements for continuous staffing, as necessary.

☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

2.3.6 If personnel are expected to remain at the site for an extended period of time due to an event that has caused or is expected to cause wide-spread disruption of local services and/or infrastructure in the vicinity of the site, **then ASSIST** the affected site in obtaining food, water, and other supplies, as required. (IER 13-10 Rec 9)

2.3.7 If the HR Crisis Management Team is established, **then CONTACT** the HR Crisis Team Leader **and ENSURE** that relief/rotation schedules consider actions taken to support personnel adversely impacted by the event. (IER 13-10 Rec 7)

2.4 **Shift Turnover**

2.4.1 **BRIEF** your relief as to events that have transpired and status of any work in progress. Suggested topics to include:

- Logistics Support Activities
- Administrative Support issues
- Review your log entries

2.4.2 **INFORM** the EOF Director when you have been relieved.

2.4.3 **LOG** the turnover in the ERO Position Log.

2.4.4 **REVIEW** the log and documents you completed during your shift for completeness.

3 SITUATIONAL ACTIONS

3.1 **Beyond Design Basis External Event (BDBEE) Response**
(Only applicable to Units that have implemented FLEX.)

3.1.1 **DIRECT** the Administrative Staff to **CONTACT** an additional Corporate Emergency Director, Logistics Manager, Administrative Staff, JIC Security and other support personnel as necessary, and **DIRECT** them to **RESPOND** to the EOF.

3.1.2 **OBTAIN** a copy of the SAFER Response Plan for the affected site(s) and **REFER** to Section 6.1, "Site Interface Procedure" for additional guidance.

☐☐☐☐☐☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

NOTE: While both Offsite Staging Areas will be activated, Offsite Staging Area "C" should be used unless there is an actual or anticipated problem with its use or access.

3.1.3 **NOTIFY** the Offsite Staging Area ("C" and "D") facility (e.g., airport) managers to prepare for use of the Offsite Staging Areas.

☐

A. **VERIFY** with both Offsite Staging Area Facility Managers that the designated area is available, can be made ready for use, and that normal facility security will be available.

☐

Staging Area "C"

☐

Staging Area "D"

☐

B. If the facility does not have security available, then **COORDINATE**, through the JIC Security, with the appropriate State/local Emergency Operations Center (EOC) to arrange for routine patrols of the Offsite Staging Area.

☐

3.1.4 **OBTAIN** road conditions into the site and within 25-miles around the site (including road closure) based on information from the site and State/local agencies.

☐

A. **SOLICIT** support from the JIC Security, as appropriate.

☐

3.1.5 **OBTAIN** the site SAFER FLEX equipment priorities from the EOF Director.

☐

3.1.6 **ESTABLISH** contact with the Corporate Supply duty individual and **OBTAIN** a turnover on the status of the SAFER response and the SAFER response individual's contact phone number.

☐

3.1.7 **ASSUME** responsibilities as the Single Point of Contact (SPOC) for SAFER coordination.

☐

A. **CONTACT** the SAFER response individual at the phone number provided by the Corporate Supply duty individual;

☐

- If **not** able to contact the SAFER response individual at the phone number obtained from the Corporate Supply duty individual, **then** contact the SAFER response organization at [REDACTED]

☐

B. **INFORM** the SAFER response individual that you are assuming the SPOC responsibilities;

☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- C. **COMMUNICATE** the site's current SAFER FLEX equipment priorities **and INFORM** them that the Offsite Staging Area ("C" and "D") facility managers have been notified; and ☐

- D. **PROVIDE** a contact telephone number. ☐

NOTE: Coordination of Federal helicopter support may be accomplished through the State agency or through the NRC Operations Center.

- 3.1.8 If the Site is not accessible, then **NOTIFY SAFER and** simultaneously coordinate obtaining helicopter support with SAFER, State and Federal agencies.

NOTE: The SAFER response organization will establish an open bridge line [REDACTED], it may be beneficial to join the bridge line to listen in on the SAFER activities and ask questions as appropriate.

- 3.1.9 **ESTABLISH** ongoing updates with the SAFER response organization. ☐

- A. **OBTAIN** the estimated time of arrival of the SAFER response team **and** equipment shipment at the following locations:

1) Staging Area Team at Staging Area C/D **ETA**

2) Equipment shipment at State line
(or dispatch from the FedEx hub airport) **ETA**

3) Equipment shipment at Staging Area C/D **ETA**

- B. **OBTAIN** personal information from the SAFER response organization for those SAFER response personnel who will be coming onsite. ☐

- 1) If the Site has a vehicle access checkpoint prior to reaching Onsite Staging Area "B," then **OBTAIN** the names **and** driver's license numbers of the SAFER response truck drivers **and** provide that information to the JIC Security for vehicle access pre-authorization. ☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- | | |
|---|--------------------------|
| 2) OBTAIN the names and social security numbers of the SAFER response personnel who will be entering into the site protected area (Staging Area "A") and provide that information to the JIC Security to perform visitor access screening. | <input type="checkbox"/> |
| – If site access is denied to any of the SAFER response personnel, then immediately NOTIFY the SAFER response organization and provide them the name(s) of any individual(s) denied access. | <input type="checkbox"/> |
| 3) When the visitor access screening is complete, then INFORM the SAFER response organization. | <input type="checkbox"/> |
| 3.1.10 UPDATE the appropriate Offsite Staging Area ("C" or "D") facility manager of the estimated time of the arrival of SAFER Staging Area Team and equipment shipment. | <input type="checkbox"/> |
| A. INFORM the Offsite Staging Area facility manager of the facility that is not planned on being used that they should remain on stand-by. | <input type="checkbox"/> |
| 3.1.11 ENSURE that the State is notified and updated of the estimated time of arrival of the SAFER equipment transport trucks at the State line (or dispatch from the FedEx hub airport). | <input type="checkbox"/> |
| 3.1.12 PROVIDE initial and periodic updates to the EOF Director and Corporate Emergency Director on the status of: | <input type="checkbox"/> |
| – SAFER organization response and the transport of SAFER FLEX equipment, | |
| – Offsite and Onsite Staging Areas availability and readiness, | |
| – Additional site ERO and support personnel response, and | |
| – Additional EOF ERO personnel response. | |

EOF LOGISTICS MANAGER CHECKLIST (CNG)

NOTE: Consideration should be given to contacting personnel to fill the following onsite Emergency Response Organization positions:

- Station Emergency Director
- Operations Manager
- TSC Director
- Technical Manager
- TSC Radiation Protection Manager
- OSC Director
- Maintenance Manager

3.1.13 **DIRECT** the Administrative Staff to **CONTACT** additional personnel based on personnel priorities communicated by the site, and

- If the site is accessible, then **DIRECT** additional response personnel to report to the site. ☐
- If the site is not accessible, then **DIRECT** additional response personnel to report to an alternate muster location as determined by the Corporate Emergency Director. ☐
- If the HR Crisis Management Team is established, then **CONTACT** the HR Crisis Team Leader and **ENSURE** that consideration is given to actions taken to support activities associated with Site personnel adversely impacted by the event. ☐

3.1.14 If personnel are expected to remain at the site for an extended period of time due to an event that has caused or is expected to cause wide-spread disruption of local services and/or infrastructure in the vicinity of the site, then **ASSIST** the affected site in obtaining food, water, and other supplies, as required. ☐

3.1.15 **REQUEST** the State police, though the JIC Security, to provide an escort for the equipment trucks from the State line (or from the FedEx hub airport) to the Offsite Staging Area and from the Offsite Staging Area to the owner controlled area (OCA). ☐

- A. If the State police are not able to provide an escort, then **COORDINATE** though the JIC Security transport to the Offsite Staging Area, as appropriate with the State and local response agencies as appropriate. ☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

3.1.16 **When SAFER equipment delivery is anticipated to arrive at Offsite Staging Area "C" (or "D"), then COORDINATE** with the TSC the dispatch of a management individual, preferably an additional ERO Radiation Protection (RP) Manager (or RP management individual), to Staging Area "C" (or "D") to **PERFORM** a pre-job brief including site event status, and **PROVIDE** dosimetry and KI, if appropriate, to SAFER response individuals that will be entering the site's 10-mile emergency planning zone.

☐

3.1.17 **OBTAIN** the current status of roads (including closures) for the State and local counties along the pre-designated transport routes from the Offsite Staging Area "C" (or "D") to Onsite Staging Area "B" and **DETERMINE** accessible route.

☐

A. **SOLICIT** support from the JIC Security, as appropriate.

☐

3.1.18 **OBTAIN** support, as necessary, to clear roads on the chosen travel routes from the Offsite Staging Area "C" (or "D") to Onsite Staging Area "B."

☐

3.1.19 **CONTINUE to MONITOR and OBTAIN** information pertaining to the status of the Offsite and Onsite Staging Areas and access conditions.

☐

A. **PROVIDE UPDATES** to the EOF and SAFER response organization, periodically or as conditions change.

☐

NOTES: - Traffic control/monitoring will need to be established to ensure that when a helicopter with an external load crosses a road there are no vehicles on the road under the helicopter.

- Recommended traffic control/monitoring locations are provided in the Site specific Congested Area Flight Plans.

- Coordination of Federal helicopter support may be accomplished through the State agency or through the NRC Operations Center.

EOF LOGISTICS MANAGER CHECKLIST (CNG)

- 3.1.20 If SAFER equipment delivery is to be made by helicopter transport, then
- A. **OBTAIN** a copy of the Site specific Congested Area Fight Plan, and
- B. **COORDINATE** with State/Local Law Enforcement Agencies, through the EOF Security Coordinator, traffic control/monitoring points.
- 3.1.21 If access control has been established for any of the areas along the chosen routes between the Offsite Staging Area "C" (or "D") and the site, then **COORDINATE**, through the EOF Security Coordinator, with the State and local authorities' entry for equipment trucks (and/or helicopter) into the affected area.
- 3.1.22 When the SAFER FLEX equipment arrives at the Offsite Staging Area "C" (or "D"), **VERIFY** with the SAFER Staging Area Lead that the equipment shipments are prioritized to align the with the site's current priorities.
- 3.1.23 When directed by the Corporate Emergency Director, then **DIRECT and COORDINATE** shipment of equipment from the Offsite Staging Area "C" (or "D") to the Onsite Staging Area "B" with the SAFER Staging Area Lead, State and local authorities, and the site.
- 3.1.24 When informed that the SAFER technician is no longer needed for SAFER FLEX equipment support, then **NOTIFY** SAFER that the technician may be released.

☐☐☐☐☐☐☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

CCNPP and NMP Only

3.2 Expanded Capability Staffing (CM-1, CM-2)

3.2.1 If directed by the Corporate Emergency Director, then IMPLEMENT Expanded Capability Staffing per EP-AA-130-F-01, Emergency Response Expanded Capability Staffing Guidelines.

- A. **If** the TSC is activated, **then COORDINATE** actions with the TSC Director to fill positions in EP-AA-130-F-01.
- B. **REVIEW** Emergency Telephone Directory **and IDENTIFY** available additional ERO responders to support the affected site.

NOTE: Expanded Capability positions are not part of the ERO and may be filled with personnel possessing appropriate technical expertise. For example, an open mechanical engineer position may be filled by a Corporate Engineering staff member with a mechanical engineering background.

- C. **DETERMINE** if all Expanded Capability positions in EP-AA-130-F-01, can be filled with available ERO responders.
- **If** a position cannot be filled with an available additional ERO responder, **then CONTACT** the Nuclear Duty Officer for assistance in obtaining personnel from unaffected sites within the region and/or Corporate staff to fill open Expanded Capability positions.
 - **OBTAIN** logistical support to assist in personnel access to the site, as necessary, based upon off-site conditions.

Tab 4

☐☐☐☐☐☐

EOF LOGISTICS MANAGER CHECKLIST (CNG)

4 CLOSEOUT ACTIONS

- | | | |
|-------|---|--------------------------|
| 4.1 | DIRECT the EOF Administrative staff to: | <input type="checkbox"/> |
| 4.1.1 | ASSIST with collection and collating of EOF records completed during the event. | <input type="checkbox"/> |
| 4.1.2 | RETURN work areas and equipment used to a state of readiness and perform inventories, as necessary. | <input type="checkbox"/> |
| 4.2 | REPLENISH the contents of this ERO position binder in accordance with the table at the end of this checklist. | <input type="checkbox"/> |
| 4.3 | ASSEMBLE and REVIEW documentation, completed by your ERO Position and the Admin Staff, for legibility and completeness. | <input type="checkbox"/> |
| 4.4 | DELIVER completed event documentation to EOF Director. | <input type="checkbox"/> |
| 4.5 | PARTICIPATE in post event critiques / reviews. | <input type="checkbox"/> |

EOF LOGISTICS MANAGER CHECKLIST (CNG)

| Position Binder Tab Index | | |
|---------------------------|--|-----------|
| Tab # | Contents | Quantity* |
| ** | EP-AA-112-400-F-54, Logistics Manager Checklist | 4 |
| 1 | EP-AA-112-F-08, ERO Position Log | 5 |
| 2 | EP-AA-112-400-F-80, EOF Staffing Roster | 5 |
| 3 | Empty | |
| 4 | EP-AA-130-F-01, Emergency Response Expanded Capability Staffing Guidelines (CM-1, CM-2) | 1 |

* Denotes the number of copies of procedure or form to be placed in the position binder (initially or when binder is restocked after event). The minimum number needed to make binder functional is one. Additional documents can be copied, taken from other ERO position binders or be obtained electronically.

** Position Specific Checklist placed before Tab 1.

Commitments

1. Calvert Cliffs

CM-1 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Step 3.2, Position Binder Tab 4)

2. Nine Mile Point

CM-2 Constellation Energy Nuclear Group, LLC's Letter to NRC, "Response to Recommendations 9.3, Emergency Preparedness – Staffing, Requested Information Items 1, 2, and 6 – Phase 1 Staffing Assessment", dated April 26, 2013. (1702806-05 and 06) (Step 3.2, Position Binder Tab 4)

ATTACHMENT 10

EP-AA-122-100-F-22, Revision B, *"ERONS Activation for Call In and Drive In Drills"*

Emergency Plan Implementing Procedure

~~**(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)**~~



ERONS ACTIVATION FOR CALL IN AND DRIVE IN DRILLS

(This revision is a complete rewrite, no rev bars included)

ACTIVATE ERONS as follows:

1. **CIRCLE** the appropriate station from the table below

| Station | Username (case sensitive) | Password (case sensitive) |
|----------------|------------------------------|------------------------------|
| Calvert Cliffs | | |
| Ginna | | |
| NMP | | |

2. **CIRCLE** the appropriate Drill event from the table below.

| | |
|---------------|----------------|
| Call In Drill | Drive In Drill |
|---------------|----------------|

ERONS ACTIVATION FOR CALL IN AND DRIVE IN DRILLS

NOTE: The user name and password are case sensitive. Four (4) failed attempts to log in will lock the system.

3. **OPEN** Everbridge using the shortcut icon on your desktop computer.
 - a. If shortcut icon is **not** available or **not** functioning, **OPEN** a web browser, then **TYPE:** [REDACTED]
4. **ENTER** the appropriate station specific Username and Password from Step 1 and **SELECT** "Sign in".
5. **VERIFY** the appropriate Station Name is displayed, **CLICK** "Proceed".
6. **CLICK** on +New Incident button.
7. **CLICK** on the appropriate incident from step 2.
8. **VERIFY** the appropriate incident is displayed.
9. If the incident displayed is not correct, then **CLICK** correct incident from list and **RETURN** to Step 8.
10. If the incident displayed is correct, then **CLICK** on "NEXT".
 - a. **CLICK** check box to "Close Incident after successful send".
 - b. **CLICK** on "SEND".
 - c. If confirm message box appears, then **CLICK** "Yes".
11. On the next screen validate there is a date and time in Sent On column.
Record Time _____
12. **SELECT** "Log Out" to exit the Everbridge Notification program.

ATTACHMENT 11

EP-CE-114-100, Revision 2, "*Emergency Notifications*"

Emergency Plan Implementing Procedure

~~**(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)**~~



EMERGENCY NOTIFICATIONS

1. PURPOSE

- 1.1. To provide instructions for the notification and mobilization of the Emergency Response Organization (ERO).
- 1.2. To provide instructions for the prompt notification of state and local authorities in the event of a declared emergency at an Exelon nuclear power station.
- 1.3. To provide instructions for notification of the NRC for declared emergency events.

| | |
|-------------------------------|----------------------|
| ERO Notification | REFER to Section 4.1 |
| State and Local Notifications | REFER to Section 4.2 |
| NRC Notifications | REFER to Section 4.3 |

2. TERMS AND DEFINITIONS

- 2.1. ERONS - ERO Notification System - An automated computer callout system used to assist with notification of station emergency response personnel.
- 2.2. NRC Emergency Telecommunication System (ETS) - A dedicated telephone system to communicate important plant information to the NRC during an emergency. This includes the Emergency Notification System (ENS) known as the "red phone", the Health Physics Network (HPN), and other lines for NRC use.
- 2.3. Radiological Emergency Communication System (RECS) - A dedicated telephone system used to provide initial notification of an emergency, and continuing emergency information to New York State, affected counties and unaffected nuclear units.
- 2.4. State Watch Center (SWC) - New York State's center for receipt and dissemination of warnings of an attack upon the United States as well as actual or impending natural or man-made disasters. The SWC is located in Albany, New York.
- 2.5. State Watch Center and County Warning Points - Designated locations that are staffed 24 hours a day which will receive initial notification of an event at the station and notify appropriate State and local authorities. These location will continue to receive notifications until State and local Emergency Operations Centers (EOCs) are activated.

3. **RESPONSIBILITIES**

3.1. The following ERO positions have responsibilities in this procedure:

- Shift Emergency Director
- Shift Communicator
- Corporate Emergency Director
- EOF Director
- State and Local Communicator
- ENS Communicator
- HPN Communicator
- Security Shift Supervisor

4. MAIN BODY

4.1. ERO Notification

CCNPP and Ginna Only

4.1.1. If this section is being implemented by Security because a hostile action has made the Control Room uninhabitable, **then GO** directly to EP-AA-112-100-F-57, ERONS Notification Details (CNG) and **INITIATE** ERO callout using Actual Event Alternative Facility Incident. .

4.1.2. Attachment 4, GNP Notifications Flowpath is an overview of notification actions by event.

4.2. ERONS Activation

4.2.1. **REFER** to EP-AA-112-100-F-57 for activation instructions.

4.3. State and Local Notifications

NOTE: Initial notifications to State Watch Center and local Warning Points or EOCs must be started (roll call complete) within 15 minutes of event classification and/or a change in the station's Protective Action Recommendation (PAR).

4.3.1. Initial Notifications

1. The Shift Emergency Director while in overall command and control or the Corporate Emergency Director once command and control is transferred shall approve all initial notifications.
2. **PERFORM** station specific Initial Notifications per appropriate attachment:
 - Attachment 1, CCNPP State and Local Notifications
 - Attachment 2, Ginna State and Local Notifications
 - Attachment 3, NMP State and Local Notifications

4.3.2. Follow-up Notifications

1. Follow-Up Notifications should be scheduled as follows:
 - Within approximately 15 minutes of a significant change in plant status or change in release status.
 - Approximately every 30 minutes or as requested by State and local authorities of emergency. [GINNA, NMP]
 - Approximately every 3 hours or as requested by State and local authorities of emergency. [CCNPP]
2. **PERFORM** station specific Follow-up notifications per appropriate attachment:
 - Attachment 1, CCNPP State and Local Notifications
 - Attachment 2, Ginna State and Local Notifications
 - Attachment 3, NMP State and Local Notifications

4.4. NRC Notifications

- 4.4.1. **REFER** to EP-AA-114, Notification for NRC notification.

5. **DOCUMENTATION**

- 5.1. EP-AA-112-F-53, GNP Plant Data Sheet
- 5.2. EP-AA-112-F-54, NMP Plant Data Sheet (Unit 1)
- 5.3. EP-AA-112-F-55, NMP Plant Data Sheet (Unit 2)
- 5.4. LS-AA-1150, Reactor Plant Event Notification
- 5.5. EP-AA-112-100-F-57, ERONS Notification Details (CNG)
- 5.6. EP-CE-114-100-F-05, NMP Station Notification Fact Sheet – Part 1
- 5.7. EP-CE-114-100-F-07, GNP NYS Radiological Emergency Data Form Part 1
- 5.8. EP-AA-112-400-F-59, GNP NYS Radiological Emergency Data Form Part 2
- 5.9. EP-AA-112-400-F-60, NMP Station Notification Fact Sheet – Part 2

6. **REFERENCES**

- 6.1. Calvert Cliffs Nuclear Power Plant Emergency Response Plan
- 6.2. Ginna Station Nuclear Emergency Response Plan
- 6.3. Nine Mile Point Site Emergency Plan
- 6.4. EP-AA-114, Notifications
- 6.5. EP-CE-114-100-F-06, GNP Release in Progress Determination

7. **ATTACHMENTS**

- 7.1. Attachment 1 – CCNPP State and Local Notifications
- 7.2. Attachment 2 – Ginna State and Local Notifications
- 7.3. Attachment 3 – NMP State and Local Notifications
- 7.4. Attachment 4 – GNP Notifications Flowpath

ATTACHMENT 1
CCNPP State and Local Notifications
Page 1 of 4

1. **OBTAIN** a completed and approved CCNPP Notification Form from the Shift Emergency Director or Corporate Emergency Director.
2. **CHECK** the notification form for completion and accuracy.
 - A. If you find errors on form, then **INFORM** the Shift Emergency Director or Corporate Emergency Director immediately of possible error.

NOTE: Details on the Offsite Agency Telephone system are provided at the end of this attachment.

3. **CONTACT** state and counties using one of the following methods:
 - A. **LIFT** the handset **and DEPRESS** the "OFFSITE CONFERENCE" button on the dedicated offsite agency phone to simultaneously call the 5 Agencies. (Primary Method)
 - B. If primary call method does not work, then **ATTEMPT** to complete notification using "B/U OFFSITE CONFERENCE" button.
 - C. If no conference calls work or separate calls must be made on the dedicated offsite phone, then **DEPRESS** button for respective agency:

| | |
|--|---------------|
| Calvert County | = "CALVERT" |
| St. Mary's County | = "ST. MARYS" |
| Dorchester County | = "DORCH" |
| Maryland Emergency Management Agency | = "MEMA" |
| Maryland Department of the Environment | = "MDE" |
 - D. If dedicated phone fails, then **USE** any available operating phone to call agencies using phone numbers listed on Initial Notification Form.

ATTACHMENT 1
CCNPP State and Local Notifications
Page 2 of 4

- E. If **no** phone is available, then **ATTEMPT** to contact agencies using Radio Communications Console.

Set Talk Group to following:

| | |
|--|--|
| Calvert County | = "EMR RSP2" |
| St. Mary's County | = "EMR RSP2" |
| Dorchester County | = "EMR RSP2" |
| Maryland Emergency Management Agency | = Deskset "EMR RSP2"/CR Console "153.44MHz" |
| Maryland Department of the Environment | = TSCA "EMR RSP2"/CR Console "153.44MHz" |

NOTE: During off hours the Maryland Department of the Environment (MDE) is **not** staffed, agency response is not required. The Maryland Emergency Management Agency (MEMA) will forward information to MDE until offices are manned.

4. As each agency answers, then **SAY** "This is Calvert Cliffs. Standby for an emergency message. Please **REPORT** your agency and your name."

NOTE: Agency phone numbers are listed on the notification forms.

- A. If an agency did **not** answer, then **PLACE** a separate call using the outside line phone after providing the Initial or Follow-up Notification information to the agencies on line.
5. **RECORD** time, name, and method of contact in Contact Table (bottom of Notification Form).
6. After all agencies are on line, then **SAY**:
"Please get a(n) _____ (Initial Notification Form, Follow-Up Communication Form or Detailed Follow-up Communication Form corresponding to the form provided to the Communicator). I will wait for you to get the form."

ATTACHMENT 1
CCNPP State and Local Notifications
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7. **WHEN** all agencies have the form or 1 minute has elapsed, **SAY**:
 - A. "I will give out the information on the form completely once".
 - B. "If information is missed, please stay on the line and I will repeat what is missed."
8. **GIVE** out the form information.
 - Initial Notification Form, Items A.1 through A.7
 - Follow-Up Communications Form, Items A.1 through A.11
 - Detailed Follow-Up Communications Form, Items A.1 through A.23
9. **REPEAT** information given.
10. **ASK** each agency if the full message was received.
11. **INFORM** the Shift Emergency Director or Corporate Emergency Director State and county notifications are complete.
12. **PROVIDE** the EOF, TSC, OSC and JIC with a copy of the completed notification forms (for example, Fax, email, hand deliver).
13. Incoming Calls:

NOTE: Incoming calls from outside agencies to Calvert Cliffs simultaneously ring all Calvert Cliffs phones (Control Room, TSC, and Safe Shutdown Panels).

- A. **DEPRESS** button adjacent to flashing LCD line indicator.
- B. **LIFT** handset.
- C. **SAY**, "This is Calvert Cliffs."
- D. **GIVE** your location (CR, TSC, EOF, and so forth).
- E. **REQUEST** person's name and **RECORD** name and time of call.
- F. **TERMINATE** call by either pressing "RLS" or hanging-up.

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14. If directed to access the ERO SharePoint, then:

NOTE: OSC Work Activities and priorities may be displayed on the computer big screen located behind panels in the shift turnover area.

- A. **CLICK ON** "CCNPP Drill/Event Data" tab.
- B. **CLICK** on link titled "OSC Work Activities" located on the left hand side of page, under the "Lists" column.
- C. **NOTIFY** the Shift Emergency Director of the OSC Work Activities display.
- D. **WHEN** computer displays are limited, periodically **PRINT and PROVIDE** an OSC Work Activities update to the Shift Emergency Director.

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NOTE: Notification forms can be completed either manually or electronically. Guidelines for completion of New York State Radiological Emergency Data Form (Part I) are on back of the form.

1. **COMPLETE** (or **OBTAIN** completed form) EP-CE-114-100-F-07, GNP NYS Radiological Emergency Data Form Part 1.

NOTE: Peer check of the RECS form should be performed prior to transmittal and can be noted with an initial by the approver's signature

- A. When Command & Control is in the Control Room, then the Shift Emergency Director or Shift Communicator, as applicable, is responsible for filling out the form and signing the prepared line on the RECS form. The approved by line shall be signed by the Shift Emergency Director.
 - B. When Command & Control is in the EOF, the Corporate Emergency Director, EOF Director or State / Local Communicator may fill out the form. (The ED has responsibility for form content.)
 - C. Shift Emergency Director or Corporate Emergency Director shall review and approve form prior to transmittal (non-delegable).
2. **USE** available communications systems to transmit information or form to State and Counties.

NOTE: The communications systems are listed in preferred order of use. If first listed item does not function use next available system on list.

- A. From the Control Room:
 - 1) RECS phone: Use the RECS telephone systems for primary communications. If unavailable **GO TO** option "2)".
 - 2) Normal plant phones. These phones are in the 315 area code. If unavailable **GO TO** option "3)".
 - 3) Control Room Blue phones. These phones are located in the Control Room and the Shift Manager's office. These phones are an outside phone line. These phones are in the 315 area code. The telephone numbers for these phones are [REDACTED] and [REDACTED]. If unavailable **GO TO** option "4)".
 - 4) Control Room Cellular Phone. This phone is located in the Shift Manager's office. The call back number for this phone is [REDACTED]. If unavailable **GO TO** option "5)".

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5) Control Room Hardwired Satellite Phone.

- This phone requires a "001" to access the satellite provider.
- After the 001, enter the area code and telephone number.
- The callback telephone number for this phone is [REDACTED]

B. From the EOF

- 1) RECS phone: Use the RECS telephone systems for primary communications. **If unavailable GO TO option "2)".**
- 2) Normal EOF phones: These phones are in the 315 area code. **If unavailable GO TO option "3)".**
- 3) EOF Centrex phones: These phones require a "9" to dial outside. These phones are in the 315 area code. **If unavailable, GO TO option "4)".**
- 4) EOF Hardwired Satellite Phones:

- These phones require a "001" to access the satellite provider.
- After the "001", **ENTER** the area code and the telephone number.
- The callback telephone numbers for these phones are [REDACTED]

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C. From the Central Alarm Station (CAS):

NOTE: CAS communications systems will only be used for notifications if the Control Room and the Technical Support Center are not available and the EOF has not assumed responsibility for Notifications.

- 1) Normal Plant phones: These phones are in the 315 area code. If unavailable go to option "2)".
- 2) CAS Satellite Phone:
 - This phone requires a "001" to access the satellite provider.
 - After the "001", **ENTER** the area code and the telephone number.
 - The callback telephone number for this phone is [REDACTED]

NOTES: Follow-up notifications are made by updating information on EP-CE-114-100-F-07, GNP NY State Radiological Emergency Data Form Part 1 and transmitting it to state and local agencies.

3. Initial notification to New York State, Monroe and Wayne counties shall be completed within 15 minutes of declaration of an event or change of PAR.

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4. **REPORT** information on completed EP-CE-114-100-F-07, GNP NY State Radiological Emergency Data Form Part 1.
- A. **PICK UP** the receiver and **DEPRESS** "A" then "*" for all call. **WAIT** 5 seconds, then **DEPRESS** the "Push to Talk" bar on the handset and **STATE**:
- "This is Ginna Station. Please stand by for roll call."**
- "New York State"** (wait for response)
- "Monroe County"** (wait for response)
- "Wayne County"** (wait for response)
- B. If not all agencies answer the roll call, then **PROVIDE** the information (per step C) to parties on line, then manually **CALL** absent parties immediately afterwards using backup systems listed in section II of this attachment and **PROVIDE** them with information.
- 1) If the RECS line is Out of Service (OOS) or an agency does not respond to Roll Call, then **CONTACT** the agencies using the numbers below:
- Call Wayne County at [REDACTED] (Wayne County Warning Point).
 - Call Monroe County at [REDACTED] (Monroe County Warning Point).
 - Call New York State at [REDACTED] (New York State Watch Center).
 - Backup number – [REDACTED]
- C. **REPORT** the information by reading the statement number and the statement including the designation letter (for example, "Item three, Classification 'Alpha' Unusual Event").
- D. Upon completion of transmitting the information, **PERFORM** roll call again.
- E. **RESET** the RECS system by depressing "A", then **PRESS** "#", then **HANG UP** receiver.

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- F. **FAX** all New York State Radiological Emergency Data Forms to the following locations using the pre-programmed group fax button.
- 1) If the fax is not pre-programmed, then **SEND** the fax to each location by dialing the number:

Location

Fax Number

Wayne County
Wayne County 911
Monroe County
Monroe County 911
New York State
TSC
EOF/JIC
OSC



- G. If it is the first notification for the event, and an Emergency Preparedness representative has not been notified, then **NOTIFY** Emergency Preparedness (contact numbers located in Emergency Telephone Directory).
- H. **VERIFY** with the Shift Emergency Director that plant management and the Resident NRC Inspector have been notified per OPG - Notification.

5. Supplemental Information

NOTES: Event 1 and Event 2 printouts should not be transmitted by the Control Room, **but** should be faxed by the TSC Administrative Staff when it is sufficiently staffed to do so.

- A. Plant Data (actions performed by State / Local Communicator)
- 1) **REQUEST** the EOF/JIC Computer Specialist assure the Plant Process Computer System (PPCS) is operational.
- a) If PPCS is not operational, then **OBTAIN** completed EP-AA-112-F-53, Ginna Plant Data Sheet and fax (or have admin staff fax) to state and local agencies.

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- 2) If PPCS is operational, then **VERIFY** with the EOF/JIC Computer Specialist that the PPCX (plant computer data) is being transmitted to New York State, Wayne County and Monroe County via computer modem.
 - a) If data is not automatically being transmitted to state and counties, then **OBTAIN** and fax Event 1 and Event 2 printouts and **PROVIDE** to state and counties:
 - (1) From the PPCS top menu **SELECT**:
 - "Emergency Plan Menu"
 - "Group Event 1"
 - "Report"
 - (2) **CLICK** "File" then "Print" or **SELECT** the printer icon.
 - (3) From the PPCS top menu **SELECT**:
 - "Emergency Plan Menu"
 - "Group Event 2"
 - "Report"
 - "File" then "Print" or **SELECT** the printer icon

B. Radiological Data

NOTE: Radiological data should be transmitted to state and local agencies as conditions change or approximately every hour. If there are adverse radiological conditions, then the times can be changed with agreement from offsite responders.

- 1) **REQUEST** the EOF Radiological Assessment Staff complete EP-AA-112-400-F-59, GNP NY State Radiological Emergency Data Form (Part 2).
 - a) EP-CE-114-100-F-06, GNP Release in Progress Determination may be used to determine release status when completing part II.
- 2) The State / Local Communicator shall transmit completed forms to the State and local agencies.

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NOTE: The Part 1 Notification Fact Sheet is used to make initial notifications within 15 minutes for a change of classification or PAR and for follow up (update) notifications approximately every 30 minutes.

1. The Shift Emergency Director (control room) or the State and Local Communicator (EOF) will initiate the EP-CE-114-100-F-05, NMP Station Notification Fact Sheet – Part 1.
2. **REVIEW** the form for accuracy.
 - A. **ENSURE** the form is readable and no information is missing (except notification # and transmission information, such as time transmitted and name of communicator).
 - B. **VERIFY** the form does not contain any abbreviations or nuclear terminology that a non-nuclear person would find confusing.
 - C. **VERIFY** that it has been approved by the Shift Emergency Director or Corporate Emergency Director and **NOTE** the time that the initial roll call must be completed by (at bottom right of form).
3. **VERIFY** that you understand all entries.
4. **OBTAIN** any necessary clarification from the Shift Emergency Director or Corporate Emergency Director.
5. If not done, then **PROVIDE** the Notification # in the top right corner of the Part 1 Form.

NOTE: In a multi-unit event, the unit (including JAF) with the higher classification or indication of more significant challenges to protecting the public shall provide the information to the county and state first.

6. **NOTIFY** Oswego County and New York State.
 - A. **PICK UP** the RECS receiver, dial a* and **WAIT** 10 seconds.
 - B. If the RECS line is unavailable, then **USE** any available phone to reach an outside line.

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NOTE: Fixed satellite phones are available in the Control Rooms and TSC. Portable satellite phones are available in the Control Rooms, the EOF, the TSC and Oswego County EOC and E911. Instructions for satellite phone use are in the Emergency Telephone Directory.

1) **CALL** Oswego County on one of the following numbers:

- 
- 
- 

2) **When** the county answers, **then INFORM** them that you are Nine Mile Point making a backup RECS call **and ASK** them to hold while you conference in the state.

3) **PRESS** the "Conf" button.

4) **DIAL** New York State on one of the following numbers:

- Primary: 
- Backup: 

5) **When** the state answers, **then INFORM** them that you are Nine Mile Point making a backup RECS call **and ASK** them to hold while you conference in the county.

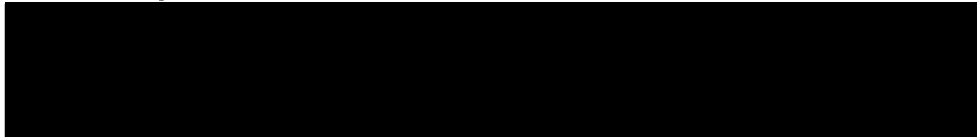
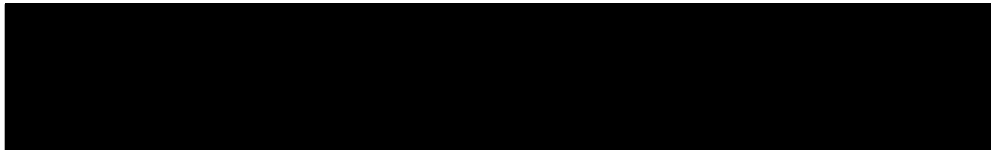
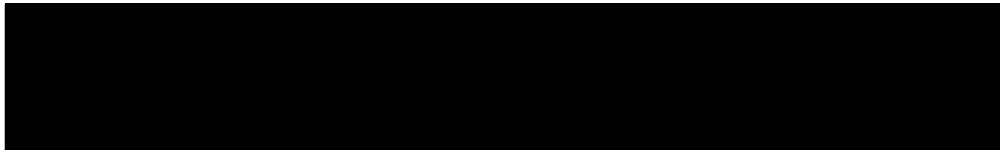
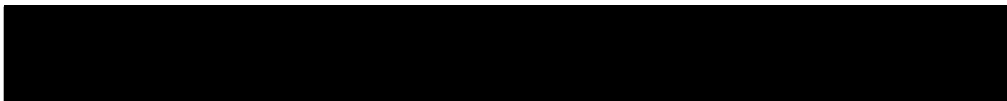
6) **PRESS** "connect" to bring the county back into the call.

C. **CONDUCT** roll call, checking the appropriate box when each agency responds.

D. **READ** the Entire Part 1 Form, speaking slowly and deliberately. **USE** the phonetic alphabet, when appropriate.

- 1) For each box that is checked "step change ", **STATE** "this is a step change".
- 2) **FILL IN** line 1 on the form with the date, time and method of notification (RECS or other). The time should correspond to the time when both the county and state have responded to the initial roll call.
- 3) **FILL IN** line 12 on the form with your name and telephone number.

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- E. **PROVIDE** any repeats or clarifications as necessary to the county and state.
 - F. **CONDUCT** the verification roll call.
 - G. **COMPLETE** the line indicating time out on the form.
 - H. **INFORM** the Shift Emergency Director or Corporate Emergency Director that the county and state notifications are complete.
7. **FAX** the Notification Fact Sheet – Part 1 to all locations.
- A. If notification is from the Control Room, **then USE** rapid dial #10, which faxes to the following locations:

 - B. If notification is from the EOF, **then USE** rapid dial #10, which faxes to the following locations:

 - C. **VERIFY** that all locations received the fax, **RESEND** if necessary
8. When appropriate, the RAC will complete EP-AA-112-400-F-60, NMP Station Notification Fact Sheet – Part 2 with radiological data.
- A. **FAX** the completed Part 2 form using rapid dial #10, which faxes to the following locations:

9. When appropriate, the Operations Communicator may complete the Notification Fact Sheet – Part 3 ((EP-AA-112-F-54, NMP Plant Data Sheet (Unit 1), EP-AA-112-F-55, NMP Plant Data Sheet (Unit 2)).
- A. **FAX** the completed Part 3 form using rapid dial #20, which faxes to the following locations:


ATTACHMENT 4
GNP Notifications Flowpath
Page 1 of 1

| EVENT | ACTION | TIMING |
|----------------------------------|---|--|
| A. UNUSUAL EVENT NOTIFICATIONS | 1. Activate Emergency Response Organization | 1. Within 15 minutes of event declaration |
| | 2. RECS line notification to State and Counties | 2. Within 15 minutes of event declaration |
| | 3. Fax RECS form to State and Counties | 3. No time requirement |
| | 4. Notify US NRC | 4. Immediately after state/county notification, not to exceed 1 hour after event declaration |
| | 5. Verify with Shift Emergency Director that Ginna management and USRNC resident have been notified | 5. No time requirement |
| | 6. Notify RG&E Energy Control Center | 6. No time requirement |
| B. ALERT OR HIGHER NOTIFICATIONS | 1. Activate Emergency Response Organization | 1. Within 15 minutes of event declaration |
| | 2. RECS line notification to State and Counties | 2. Within 15 minutes of event declaration |
| | 3. If HAB event refer to D. below. | 3. No time requirement |
| | 4. Fax RECS form to State and Counties | 4. No time requirement |
| | 5. Notify NRC | 5. Immediately after state/county notification, not to exceed 1 hour after event declaration |
| | 6. Verify with Shift Emergency Director that Ginna management and USNRC resident have been notified | 6. No time requirement |
| | 7. Notify RG&E Energy Control Center | 7. No time requirement |
| C. WHEN ASSISTANCE IS REQUESTED | 1. Notify Security | 1. No time requirement |
| | 2. Verify with Shift Emergency Director that Ginna management and USNRC resident have been notified | 2. No time requirement |
| D. HOSTILE ACTION NOTIFICATION | 1. Activate the Incident Command Post Liaisons | 1. No time requirement |
| | 2. Shift Emergency Director notify the NRC per ER-SEC.2 & ER-SEC.3 | 2. Within 15 minutes of discovery of hostile action. |

ATTACHMENT 12

EP-CE-113-F-03, Revision C, "*NMP Evacuation, Assembly and Accountability*"

Emergency Plan Implementing Procedure

~~(Exelon Confidential/Proprietary Information Withhold Under 10 CFR 2.390)~~



NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

NMP Protected Area Evacuation

NOTES: Only ERO Personnel, and those personnel specifically authorized by the Shift Emergency Director or Emergency Director shall remain within the Protected Area following a Protected Area Evacuation.

Personnel already in an Emergency Response Facility (including the control rooms) do not need to card in again if they carded in when they initially arrive at the facility.

I. Shift Emergency Director

- A. **When** it has been determined that a Protected Area Evacuation is required and is safe, **ENSURE:**

NOTE: Announcement to perform Protected Area Evacuation may be made as part of emergency classification announcement.

1. The appropriate announcement is made by the following:
 - a) **PLACE** the GAltronic in Merge.
 - b) **SOUND** Evacuation Alarm for 10 seconds.
 - c) **If** Protected Area Evacuation is being initiated and the announcement is **not** being made as part of an emergency classification announcement, **then MAKE** the following announcement: (circle applicable items)

"Attention, Attention all personnel. This is (a drill / an actual event). Nine Mile Point is evacuating the Protected Area due to: _____

Emergency Response Organization personnel are to report to their Emergency Response Facilities and card in. All other personnel shall evacuate the Protected Area. Personnel should exit via Unit 2 and report to the P-Building. Personnel shall remain at this location until further notice.

Personnel in protective clothing should;

leave the area removing PCs as indicated at the Step Off Pad

or

leave the area immediately and obtain Radiation Protection assistance at the access control point.

I repeat this is (a drill / an actual event)."

- d) **REPEAT** alarm and announcement.
2. Accountability actions are completed per NMP Accountability.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

NMP Protected Area Evacuation (Continued)

- B. As necessary, **AUTHORIZE** personnel needed for emergency response to remain within the Protected Area.
 - 1. **INSTRUCT** personnel authorized to remain within the Protected Area where to report.
 - 2. **INFORM** the Shift Security Supervisor who has been authorized to remain and where they were instructed to report.
 - 3. **LOG** the names of personnel authorized to remain within the Protected Area.

II. Security Shift Supervisor

- A. **ACKNOWLEDGE** receipt of evacuation alarm to the Shift Emergency Director.
- B. **IMPLEMENT** accountability actions per NMP Accountability.
- C. **DISPATCH** security force members as necessary to ensure evacuation of Protected Area.
- D. **LOCK** down security access to the Protected Area as necessary, permitting only personnel responding to the emergency to enter the protected area.
- E. **ESTABLISH** road blocks as necessary to restrict access to Exclusion Area.
- F. **SUPPORT** orderly and timely evacuation of the Protected Area up to and including opening of vehicle gates to expedite personnel evacuation of the Protected Area.

III. Security Force Personnel

- A. Immediately upon hearing the alarm and announcement, **CALL** in to appropriate Security Site Supervisor or alarm station operator and report your location.

IV. Management Representatives in the P-Building and Nuclear Learning Center

- A. **When** informed of a Protected Area Evacuation, **REPORT** to the respective entrances of the building.
- B. **CONTACT** the TSC Director and report your name and telephone number for use if additional assistance is required of evacuees.
- C. **DIRECT** all personnel to remain within the building.
- D. **COORDINATE** the re-entry of Protected Area evacuees when needed for assistance by the Shift Emergency Director or Corporate Emergency Director (ED) or when event is terminated by:
 - 1. Contacting the Radiation Protection Manager in the TSC for radiological restrictions and route for entry.
 - 2. Contacting Security Shift Supervisor and ensure person will be permitted access.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

NMP Accountability

I. Normal Accountability Process

A. Shift Emergency Manager

NOTE: Announcement to perform accountability may be made as part of emergency classification announcement.

1. Upon determination that accountability of personnel within the Protected Area is necessary, **ENSURE** the accountability announcement is made.

B. Security Shift Supervisor

NOTE: Initial accountability should be completed within 30 minutes of the accountability announcement. The initial accountability process is considered complete when:

- The Personnel Accountability Report is generated, **and**
 - The names of individuals in a known location, including personnel telephoning in, are deleted from the Personnel Accountability Report, **and**
 - A final tally of missing personnel is prepared.
1. **NOTIFY** Control Room of receipt of accountability announcement.
 2. **VERIFY** entrance turnstiles are locked down and that Security Force Members (SFM) at access points allows only personnel responding to the emergency to enter the Protected Area without delay.
 3. **ENSURE** the site access Emergency Status Board is posted and updated.
 4. Approximately 15 minutes after the initial accountability announcement, **CALL** the Control Room and request that a second announcement directing all personnel who have not carded in to do so now.
 5. Approximately 20 minutes after the initial announcement, **RUN** the computer generated initial accountability list and start tracking unaccounted individuals.
 - a) **If** the security computer is unavailable, **then GO TO** Step B.14 of this attachment for required actions.
 - b) **USE** any means possible to track persons, including GAltronic, security computer, telephone and so forth.
 6. **ENSURE** that prior to 30 minutes after the accountability announcement, initial accountability is complete.
 7. **PROVIDE** the names of the missing personnel to the Station ED (if TSC is operational) or the Shift Emergency Director (if the TSC is not operational).
 8. **SUPPORT** search and rescue operations as appropriate.
 9. **REPEAT** applicable accountability actions approximately every 30 minutes or as required to ensure all personnel within the Protected Area remain accounted for.
 10. **DIRECT** establishment of roadblocks at the exclusion area boundary (if necessary) as personnel become available and as necessary to restrict access.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

II. NMP Accountability (Continued)

1. **DIRECT** security patrols of the exclusion area as personnel become available and as necessary.
2. **ASSIST** as requested in visitor and contractor evacuations.
3. Upon termination, **RESTORE** security computer to normal status.
4. If there is a failure of the security computer, **then PERFORM** accountability actions as follows:
 - a) **REQUEST** Shift Emergency Director or the Corporate ED sound station alarm and announcement failure of security computer.
 - b) **DETERMINE** missing personnel using one of the following methods:
 - (1) If a list of personnel onsite is available, **then USE** lists generated by management representatives from each onsite assembly area (emergency facility) and latest list of personnel on-site to determine missing personnel.
 - (2) If a list of personnel onsite is **not** available, **then DIRECT** accounting of personnel by Department / ERO supervisors.
 - c) **PROVIDE** list of missing personnel to Station ED (if TSC operational) or Shift Emergency Director (if TSC not operational).

III. **Alternate Accountability**

NOTES: ERO personnel report to their designated ERF and non-ERO personnel report to the Offsite Assembly Area for event with significant damage to the site when no announcement has been made.

The persons designated below may make use of any available personnel to assist in the effort to account for personnel.

A. Corporate Emergency Director

1. **DESIGNATE** individuals as:
 - Offsite Assembly Area Coordinator(s)
 - Onsite Accountability Coordinator(s)
2. **When** provided list of personnel still onsite and at Offsite Assembly Area, **COMPARE** lists of known persons to personnel rosters available in the EOF in the Significant Site Events binder and determine the names of those missing.
3. **ESTABLISH** search and rescue teams as necessary.

B. The Offsite Assembly Area Coordinator shall:

1. **GATHER** the names of personnel who reported there.
2. **PROVIDE** this list to the Corporate ED.

C. The Onsite Accountability Coordinator shall:

1. **GATHER** names of personnel in all ERFs.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

IV. Alternate Accountability (Continued)

2. **GATHER** names of other personnel known to be within the exclusion area boundary from any available source.
3. **PROVIDE** this information to the Corporate ED.

NMP Owner Controlled Area Evacuation

I. **Shift Emergency Director or Station ED**

A. If a release is in progress or imminent, determine plume direction, **then**:

1. If evacuation is considered safe, **then**:

NOTE: If there is no release in progress and personnel are needed to support emergency response, evacuees may be directed to report directly to their homes.

- a) **DETERMINE** route of travel information to the Offsite Assembly Area based on plume direction.
 - b) **CONTACT** Oswego County Emergency Management Office and inform them of evacuation and request assistance if required.
 - c) **DIRECT** personnel to make an announcement per EP-AA-112-F-57, Emergency PA Announcements.
 - (1) **ENSURE** evacuation, accountability and route of travel information is included as appropriate.
 - d) **CONFER** with the TSC Director and determine the number and type of personnel that will be required to remain within the Protected Area to provide support for the emergency.
 - e) **VERIFY** implementation of accountability.
 - f) **CONTACT** the JAFNPP Control Room:
 - (1) **INFORM** the JAFNPP SM (or equivalent) that Nine Mile Point is performing an Owner Controlled Area Evacuation.
 - (2) **RECOMMEND** they perform an Owner Controlled Area Evacuation.
2. If the evacuation is unsafe, **then**:
 - a) **DIRECT** personnel to make announcement per EP-AA-112-F-57, Emergency PA Announcements, (No evacuation, accountability required).
 - b) **VERIFY** implementation of NMP Accountability.
 - c) **CONTACT** JAFNPP Control Room:
 - (1) **INFORM** the JAFNPP SM (or equivalent) that Nine Mile Point will be performing an exclusion area as soon as it is safe.
 - (2) **PROVIDE** reason evacuation is unsafe.
 - (3) **RECOMMEND** they perform an Owner Controlled Area Evacuation when it is safe.
 - d) **CONTINUE** to evaluate conditions, evacuate as soon as it is safe.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

NMP Owner Controlled Area Evacuation (Continued)

- B. If the evacuation is being ordered only as a result of JAFNPP ordered Owner Controlled Area Evacuation, **then** the Unit 1 SM/ED should:
1. **DETERMINE** plume direction then:
 - a) **DETERMINE** route of travel to the Offsite Assembly Area as appropriate for plume direction.
 - b) **ENSURE** an announcement is made per NMP Protected Area Evacuation.
- C. **When** time permits, **DETERMINE** when to release evacuees from the Offsite Assembly Area.
- D. If further evacuations are necessary (from their homes), **then** these will be directed via protective action measures taken by Oswego County Officials.

II. Security Site Supervisor

- A. **DETERMINE** security needs and ensure sufficient SFMs are assigned.
- B. **ENSURE** accountability actions are performed per NMP Accountability.
- C. If not already accomplished, **then ESTABLISH** roadblocks to prevent unauthorized individuals from entering the exclusion area.
- D. If not already accomplished, **then ASSIGN** SFMs as necessary to ensure rapid egress from the Protected Area.
- E. If law enforcement personnel (including National Guard) are within the Owner Controlled Area (OCA), **then** either:
1. **INSTRUCT** them to leave the OCA, and either:
 - Return to their base, **or**
 - Muster at a location outside the OCA
 - OR**
 2. If law enforcement's continued presence in the exclusion area is essential, **then CONTACT** the Radiation Protection Manager in the TSC and request dosimetry and Potassium Iodide (KI), if warranted, for issue to law enforcement personnel. As soon as practical, ensure dosimetry/KI, if warranted, is issued to law enforcement personnel and instructions for its use are provided, as applicable
- F. **DISTRIBUTE** copies of maps to evacuees showing designated routes to the Offsite Assembly Area as necessary.
- G. As SFMs become available, **DIRECT** SFMs as necessary to tour the Exclusion Area (normally unoccupied areas such as Firing range, Scriba Switch yard, etc.) to inform personnel unaware of the evacuation order to evacuate to the Offsite Assembly Area or home (based upon announcement).
- H. If available, **then ASSIGN** a SFM to Offsite Assembly Area for crowd and vehicle control.

NMP EVACUATION, ASSEMBLY, AND ACCOUNTABILITY (CNG)

NMP Owner Controlled Area Evacuation (Continued)

III. First supervisor or above to arrive at the Offsite Assembly Area

- A. **ESTABLISH** contact with Control Room(s) using any telephones available.
- B. **DETERMINE:**
 - 1. Plant Status: _____
 - 2. Onsite Conditions: _____
 - 3. No Release or Release **If** release **then** Direction of Release: _____
 - 4. Emergency Classification Level: _____
 - 5. Protective Actions initiated on and offsite: _____
 - 6. Reason for Evacuation: _____
- C. **APPOINT** individual to start a log of persons arriving **and HAVE** each individual sign in.
- D. **ENSURE** that evacuees are registered upon arrival, monitored and decontaminated as appropriate.
- E. **CONTACT** and inform the Shift Emergency Director or Corporate Emergency Director of the telephone number of the Offsite Assembly Area and the name of the person in charge.
- F. **ASSIST** the EOF in the development of a coordinated re-entry plan or return to work schedules, or both.
- G. **CONTACT** the Shift Emergency Director or the Corporate ED **and DETERMINE** evacuee status (sent home, maintained, or other).
- H. **When** offsite assembly area is no longer required, **then TERMINATE** activities at this location.