DUKE ENERGY®

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ONS-2016-076

10 CFR 50.54(q)

August 24, 2016

Attn: Document Control Desk
U. S. Nuclear Regulatory Commission
11555 Rockville Pike
Rockville, Maryland 20852-2746

Subject: Duke Energy Carolinas, LLC
Oconee Nuclear Station, Units 1, 2, and 3
Docket Nos. 50-269, -270, and -287
Emergency Plan Implementing Procedures Manual
Volume 1, Revision 2016-004

Please find attached for your use and review a copy of the revision to the Oconee Nuclear Station Emergency Plan Implementing Procedures.

This revision is being submitted in accordance with 10 CFR 50.54(q) and does not reduce the effectiveness of the Emergency Plan or the Emergency Plan Implementing Procedures. If there are any questions or concerns pertaining to this revision please call Pat Street, Emergency Preparedness Manager, at 864-873-3124.

By copy of this letter, two copies of this revision are being provided to the NRC, Region II, Atlanta, Georgia.

Sincerely,

Scott L. Batson
Vice President
Oconee Nuclear Station

Attachments:
Revision Instructions
EPIP Volume 1 - Revision 2016-004
50.54(q) Evaluation

AX45
NRR

ONS-2016-076

U. S. Nuclear Regulatory Commission
August 24, 2016

xc: w/2 copies of attachments

Ms. Catherine Haney
Administrator, Region II
Marquis One Tower
245 Peachtree Center., NE Suite 1200
Atlanta GA 30303-1257

w/copy of attachments

Mr. James R. Hall, Senior Project Manager
U. S. Nuclear Regulatory Commission
Office of Nuclear Reactor Regulation
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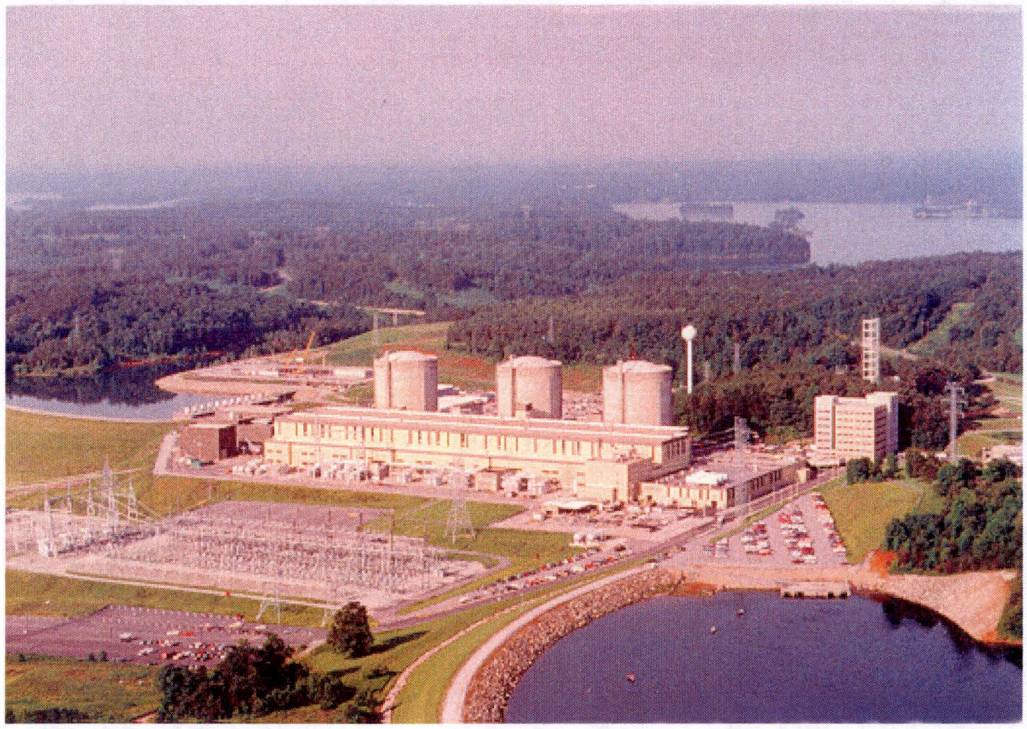
(send via E-mail)

w/o attachments

Mr. Eddy Crowe
NRC Senior Resident Inspector
Oconee Nuclear Station

ELL - EC2ZF

OCONEE NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES
Volume 1



APPROVED:

Dean Hubbard
Director, Nuclear Organizational Effectiveness

8-17-16
Date Approved

Volume 1
REVISION 2016-004
Aug 2016

July 25, 2016

OCONEE NUCLEAR STATION

SUBJECT: Emergency Plan Implementing Procedures
Volume 1, Revision 2016-004

Please make the following changes to the Emergency Plan Implementing Procedures Volume 1.

REMOVE	**INSERT**
Cover Sheet Rev. 2016-003	Cover Sheet Rev. 2016-004
RP/0/A/1000/015 A Rev 005	RP/0/A/1000/015 A Rev 006
RP/0/A/1000/003 A Rev 001	RP/0/A/1000/003 A Rev 002

Pat Street
ONS Emergency Preparedness Mgr.

10 CFR 50.54(q) Screening Evaluation Form

Screening and Evaluation Number	Applicable Sites	
EREG #: 02037166	BNP	☐
	CNS	☐
	CR3	☐
	HNP	☐
5AD #: 01953095	MNS	☐
	ONS	☒
	RNP	☐
	GO	☐

Document and Revision	
RP/0/A/1000/015 A Revision 006	Offsite Communications From The Control Room

Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

- Changes 1, 2, 3, 5, 7, 9, 10, 11, 12, 13, 15, 16, 17, 18, 23, 27, and 30 are editorial. These changes improve clarity or conciseness and provide formatting in accordance with the Procedure Writers Manual. These changes do not change intent.
- Change 4 added 4.1.B to the first note in Enclosure 4.1 to correct a previous omission
- Change 6 provides guidance in Enclosure 4.1 for hand written FERC PAR requirements to be contained on line 5 of Emergency Notification Forms
- Change 8 implements a fleet decision on Enclosure 4.1 for communicating FERC PARs for Hydro Dam/Dike Imminent Failure on line 5E of WebEOC Emergency Notification Forms.
- Change 14 provides for transition in Enclosure 4.2 to Imminent failure from Condition "A" and to Potential Failure from Condition "B" in accordance with FERC initiatives of EAP
- Change 19 combines two steps on Enclosure 4.7 for fax use instructions
- Change 20 removes leading zeros from Enclosure 4.7 Group Dial codes to reflect requirements of new fax machines
- Change 21 added contingency for loss of DEMNET to Enclosure 4.7
- Change 22 instructions moved from page 2 to page 3 of Enclosure 4.7
- Change 24 Contingency for agency not responding to DEMNET was moved from page 4 to page 1 of Enclosure 4.7
- Change 25 adds the five conditions applicable under FERC initiatives of EAP. This change also adds transition to Imminent Failure from Condition "A", and to Potential Failure from Condition "B." and "Jocassee" for clarity of applicability of Enclosure 4.7.
- Change 26 removes the leading zeros from fax machine group dial codes in Enclosure 4.7.
- Change 28 replaces Enclosure 4.8 old fax operating instructions with new fax operating instructions.
- Change 29 relocates group dial codes within Enclosure 4.8 to correspond with their order of use.
- Change 31 adds contingency for DEMNET Failure.
- Change 32 removes leading zeros from (Dial Code 008)
- Change 33 adds DEMNET instructions that corresponds to the DEMNET menu.

10 CFR 50.54(q) Screening Evaluation Form

Part II. Activity Previously Reviewed?	Yes ☐	No ☒
Is this activity Fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report? If yes, identify bounding source document number or approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below: Justification:	10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification below and complete Attachment 4, Part V.	Continue to Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part III
Bounding document attached (optional)		☐

Part III. Editorial Change	Yes ☐	No ☒
Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? Justification: Changes 4, 6, 8, 14, 19, 20, 21, 22, 24, 25, 26, 28, 29, 31, 32, and 33 are not editorial or typographical only. Changes 1, 2, 3, 5, 7, 9, 10, 11, 12, 13, 15, 16, 17, 18, 23, 27, and 30 are editorial. These changes improve clarity or conciseness and provide formatting in accordance with the Procedure Writers Manual. These changes do not change intent.	10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification and complete Attachment 4, Part V & VI.	Continue to Attachment 4, Part IV and address non editorial changes

Part IV. Emergency Planning Element and Function Screen (Reference Attachment 1, Considerations for Addressing Screening Criteria)

Does this activity involve any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II? If answer is yes, then check box.

1	10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)	
1a	Responsibility for emergency response is assigned.	☐
1b	The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.	☐
2	10 CFR 50.47(b)(2) Onsite Emergency Organization	
2a	Process ensures that onshift emergency response responsibilities are staffed and assigned	☐
2b	The process for timely augmentation of onshift staff is established and maintained.	☐
3	10 CFR 50.47(b)(3) Emergency Response Support and Resources	
3a	Arrangements for requesting and using off site assistance have been made.	☐

10 CFR 50.54(q) Screening Evaluation Form

3b	State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)	☐
4	10 CFR 50.47(b)(4) Emergency Classification System	
4a	A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)	☐
5	10 CFR 50.47(b)(5) Notification Methods and Procedures	
5a	Procedures for notification of State and local governmental agencies are capable of initiating notification of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.	☒
5b	Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)	☒
5c	The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)	☐

10 CFR 50.54(q) Screening Evaluation Form

Part IV. Emergency Planning Element and Function Screen (cont.)		
6	10 CFR 50.47(b)(6) Emergency Communications	
6a	Systems are established for prompt communication among principal emergency response organizations.	☒
6b	Systems are established for prompt communication to emergency response personnel.	☐
7	10 CFR 50.47(b)(7) Public Education and Information	
7a	Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). (NA for CR3)	☐
7b	Coordinated dissemination of public information during emergencies is established.	☐
8	10 CFR 50.47(b)(8) Emergency Facilities and Equipment	
8a	Adequate facilities are maintained to support emergency response.	☐
8b	Adequate equipment is maintained to support emergency response.	☒
9	10 CFR 50.47(b)(9) Accident Assessment	
9a	Methods, systems, and equipment for assessment of radioactive releases are in use.	☐
10	10 CFR 50.47(b)(10) Protective Response	
10a	A range of public PARs is available for implementation during emergencies. (NA for CR3)	☐
10b	Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. (NA for CR3)	☐
10c	A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.	☐
10d	KI is available for implementation as a protective action recommendation in those jurisdictions that chose to provide KI to the public.	☐
11	10 CFR 50.47(b)(11) Radiological Exposure Control	
11a	The resources for controlling radiological exposures for emergency workers are established.	☐
12	10 CFR 50.47(b)(12) Medical and Public Health Support	
12a	Arrangements are made for medical services for contaminated, injured individuals.	☐
13	10 CFR 50.47(b)(13) Recovery Planning and Post-accident Operations	
13a	Plans for recovery and reentry are developed.	☐
14	10 CFR 50.47(b)(14) Drills and Exercises	
14a	A drill and exercise program (including radiological, medical, health physics and other program areas) is established.	☐
14b	Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses.	☐
14c	Identified weaknesses are corrected.	☐
15	10 CFR 50.47(b)(15) Emergency Response Training	
15a	Training is provided to emergency responders.	☐

10 CFR 50.54(q) Screening Evaluation Form

Part IV. Emergency Planning Element and Function Screen (cont.)		
16	10 CFR 50.47(b)(16) Emergency Plan Maintenance	
16a	Responsibility for emergency plan development and review is established.	☐
16b	Planners responsible for emergency plan development and maintenance are properly trained.	☐
PART IV. Conclusion If no Part IV criteria are checked, a 10 CFR 50.54(q) Effectiveness Evaluation is not required, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V. Go to Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part VI for instructions describing the NRC required 30 day submittal.		☐
If any Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV criteria are checked, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V and perform a 10 CFR 50.54(q) Effectiveness Evaluation. Shaded block requires final approval of Screen and Evaluation by EP CFAM.		☒

Part V. Signatures:		
Preparer Name (Print): Ricky Bowser Under Instruction of Pete Kuhlman	Preparer Signature: Ricky Bowser / Pete Kuhlman	Date: 7/20/16
Reviewer Name (Print): Donald A. Crowl	Reviewer Signature:	Date: 7/21/16
Approver (EP Manager Name (Print): Patrick M Stiles	Approver Signature:	Date: 7/25/16
Approver (CFAM, as required) Name (Print)	Approver Signature: N/A	Date:

Part VI. NRC Emergency Plan and Implementing Procedure Submittal Actions	
Create two EREG General Assignments. One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.	☐
One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.	☐

10 CFR 50.54(q) Effectiveness Evaluation Form

Screening and Evaluation Number	Applicable Sites	
EREG #: 02037166	BNP	☐
	CNS	☐
	CR3	☐
	HNP	☐
5AD #: 01953095	MNS	☐
	ONS	☒
	RNP	☐
	GO	☐
Document and Revision RP/0/A/1000/015 A Revision 006	Offsite Communications from the Control Room	

10 CFR 50.54(q) Effectiveness Evaluation Form

Part I. Description of Proposed Change:

- Change 4: Added 4.1.B to Enclosure 4.1 Note above line 5 to correct a previous omission. Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.1.A or 4.1.B
- Change 6: FERC PAR requirements for Hydro Dam/Dike Imminent Failure (Condition A) are too lengthy to be reasonable hand written in the space provided by the manual version of the ENF. Enclosure 4.1 above line 5, Added "NOTE: Given that available space for handwritten information is limited on line 5, it is acceptable for what is written to span multiple boxes' worth, as long as it is contained on line 5.
- Change 8: Revised instruction to placed PARs for Hydro Dam/Dike Imminent Failure on ENF 5E. This procedure provides instructions for both manual and electronic completion of ENF. Previous revision did not address the use of WebEOC.
- Change 14: Transition to Imminent Failure from Condition "A" and to Potential Failure from Condition "B." (FERC initiatives of EAP) required revision to Enclosure 4.2 line 5.
- Change 19: Combined two steps in Enclosure 4.7 to improve procedure guidance for use of fax group dialing.
- Changes 20, 26, and 32: Removed leading zeros from group dial codes in Enclosures 4.7 and 4.10. This change reflects operation of new fax equipment. Also in Enclosure 4.7 deleted "Use Group Dial 001." Group Dial 001 changed to Group Dial 1 and is addressed in first step of Enclosure 4.7
- Change 21: Added contingency for loss of DEMNET to Enclosure 4.7.
- Change 22: Moved conditional action for communication to emergency agencies from page 2 to page 3 of Enclosure 4.7. This is a procedure use enhancement.
- Change 23: Added place keeping aids to Enclosure 4.7
- Change 24: Contingency for agency not responding to DEMNET was moved from page 4 to page 1 of Enclosure 4.7. This is a procedure use enhancement.
- Change 25: Enclosure 4.7, Transition to Imminent Failure from Condition "A", and to Potential Failure from Condition "B." Added the five conditions applicable under FERC initiatives of EAP. Added "Jocassee" for clarity of applicability.
- Change 28: Replaced fax operating instructions with new fax equipment operating instructions in Enclosure 4.8.
- Change 29: Enclosure 4.8, relocated tables to correspond with order of use. Removed dial code leading zeros. Replacement fax machines group dial code does not require the leading zeros.
- Change 31: Enclosure 4.9, Added contingency for failed DEMNET communication.
- Change 33: Revised DEMNET operating instruction in Enclosure 4.13 to reflect revised DEMNET menu.

Attachment 6, 10 CFR 50.54(q) Initiating Condition (IC) and Emergency Action Level (EAL) and EAL Bases Validation and Verification (V&V) Form, is attached (required for IC or EAL change)	Yes ☐ No ☒

10 CFR 50.54(q) Effectiveness Evaluation Form

Part II. Description and Review of Licensing Basis Affected by the Proposed Change:
Oconee Emergency Plan Revision 2015-006
Section E Notification
E.1 & E.2 Response Organization Notification

Procedures have been developed that describe the basis for notification of response organizations that is consistent with the emergency classification and action level scheme.
RP/0/A/1000/015 A (Offsite Communications from the Control Room) provides guidance for notifying offsite emergency response organizations of emergency classification and protective action recommendations.
RP/0/A/1000/015 A revision 006 makes the following changes:

- Correction of a previous omission of reference to pre-printed HAB Emergency Notification Forms.
- Transition to Imminent Failure from Condition A and to Potential Failure from Condition B to be consistent with Guidelines for Dam Safety.
- Replacement fax machines required some revision to operating instructions.
- Contingency actions for DEMNET failure were added as an enhancement.
- Relocation of procedure tables, elimination of redundancy, and consolidation of steps improve procedure usability.

These changes do not change the basis for notification or the emergency classification and action level scheme.

E.3 & E.4 Initial and Follow-up Message Formats

A single message format has been established that will be used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility. Notification and authentication procedures are in place for all designated agencies.
The Emergency Notification Form (ENF) is used by the Oconee Nuclear Site to properly notify Oconee and Pickens Counties and the South Carolina Emergency Management Division of an emergency situation at the facility in accordance with notification and authentication procedures. Revision 006 to RP/0/A/1000/015 A does not change the notification method.

E. 7 Protective Action Guides
Duke Energy Company will make Protective Action Recommendations PARs to the State of South Carolina and Pickens and Oconee County based on meteorological conditions, offsite dose projections, and plant status.
Revision 006 to RP/0/A/1000/015 A does not change any basis of any Protective Action Guide.

Section F Emergency Communications
Provisions exist for prompt communications among principal response organizations, emergency personnel, and to the public.

The Control Room has redundant two-way communications with principal response organizations and emergency personnel. Revision 006 to RP/0/A/1000/015 A does not change methods or ability to communicate with principal response organizations and emergency personnel. Communication to the public is not within the domain of the Control Room.

10 CFR 50.54(q) Effectiveness Evaluation Form

Part III. Description of How the Proposed Change Complies with Regulation and Commitments.
If the emergency plan, modified as proposed, no longer complies with planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50, then ensure the change is rejected, modified, or processed as an exemption request under 10 CFR 50.12, Specific Exemptions, rather than under 10 CFR 50.54(q):

10CFR50.47 (b) ,(5), and (6) require the following:
(5) Procedures must be established to provide initial and follow up notification of offsite response organizations.
(6) The content of initial and follow up messages to response organizations and the public has been established, and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
10CFR50, Appendix E.IV.D.3 states in part, "A licensee shall have the capability to notify responsible State and local governmental agencies within 15 minutes after declaring an emergency.
10CFR50 Appendix E. IV E. requires in part:

a. Provision for communications with contiguous State/local governments within the plume exposure pathway EPZ.
b. Provision for communications with Federal emergency response organizations.
c. Provision for communications among the nuclear power reactor control room, the onsite technical support center, and the emergency operations facility; and among the nuclear facility, the principal State and local emergency operations centers, and the field assessment teams.
d. Provisions for communications by the licensee with NRC Headquarters and the appropriate NRC Regional Office Operations Center from the nuclear power reactor control room, the onsite technical support center, and the emergency operations facility.

NUREG-0654 provides the following planning standards:
E. Notification Methods and Procedures have been established, by the licensee of State and local response organizations and for notification of emergency personnel by all response organizations; the content of initial and follow up messages to response organizations and the public has been established; and means to provide early notification and clear instruction to the populace within the plume exposure pathway Emergency Planning Zone have been established.
F. Emergency communications provisions exist for prompt communications among principal response organizations to emergency personnel and to the public.
NUREG-0696 1.3 Emergency Response Facilities, requires reliable communications between onsite and offsite emergency response personnel. NUREG 2.7 Communications requires the TSC to be the primary onsite communications center an emergency to have reliable voice communications to the control room, the OSC, the EOF, and the NRC. Facsimile transmission capability between the TSC, the EOF, and the NRC Operations Center shall also be provided.

Compliance with the above regulations and guidance is as follows:

- Change 4 corrects a previous omission of reference to pre-printed HAB Emergency Notification Forms.
- Changes 6 and 8 address use of manual and electronic ENF to communicate FERC PAR requirements for Hydro Dam/Dike Imminent Failure (Condition A).
- Changes 14 and 25 reflect change in Guidelines for Dam Safety terminology.
- Changes 19, 22, 23 improve procedure usability by relocation of procedure tables, elimination of redundancy, and consolidation of steps.
- Changes 20, 26, 28, 29, and 32 revise fax machine instruction for new equipment.
- Changes 21, 24, 31, 33 contingency actions related to DEMNET use were added, revised or moved to improve procedure usability.

10 CFR 50.54(q) Effectiveness Evaluation Form

Part IV. Description of Emergency Plan Planning Standards, Functions and Program Elements Affected by the Proposed Change (Address each function identified in Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV of associated Screen):

10 CFR 50.47(b) (5) Notification Methods and Procedures.

5a Procedures for notification of State and local governmental agencies are capable of initiating notification of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.

10 CFR 50.47(b)(8) Emergency Facilities and Equipment

8a Adequate facilities are maintained to support emergency response.

8b Adequate equipment is maintained to support emergency response.

10 CFR 50.54(q) Effectiveness Evaluation Form

Part V. Description of Impact of the Proposed Change on the Effectiveness of Emergency Plan Functions:

5a Procedures for notification of State and local governmental agencies are capable of initiating notification of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.

8a Adequate facilities are maintained to support emergency response.

8b Adequate equipment is maintained to support emergency response.

There is no reduction in effectiveness of Emergency Plan Functions.

- Change 4 corrects a previous omission of reference to pre-printed HAB Emergency Notification Forms.
- Changes 6 and 8 addresses use of manual and electronic ENF to communicate FERC PAR requirements for Hydro Dam/Dike Imminent Failure (Condition A).
- Change 14 and 25 reflects change in Guidelines for Dam Safety terminology.
- Changes 19, 22, 23 improve procedure usability by relocation of procedure tables, elimination of redundancy, and consolidation of steps.
- Changes 20, 26, 28, 29, and 32 revised fax machine instruction for new equipment.
- Changes 21, 24, 31, 33 contingency actions related to DEMNET use were added, revised or moved to improve procedure usability.

The Emergency Plan does not address operating detail of WebEOC or fax machines. WebEOC version 7.5 and Xerox WorkCentre 3615 fax machines perform the same function as their predecessor and are easily capable of initiating notification of the declared emergency within 15 minutes after declaration of an emergency and providing follow-up notification.

Jocassee Dam/Keowee Dam natural and destructive phenomena affecting plant safety were added to ONS emergency plan as part of revision 2011-01 in May 2011. These additions include emergency classification conditions and protective action recommendations, which can be found in Section D Enclosure 4.7. The transition to Imminent Failure from Condition A to be consistent with Guidelines for Dam Safety does not change the protective action required during this condition.

Contingency actions upon loss of DEMNET are consistent with the description in the Emergency Plan.

Relocation of procedure tables, elimination of redundancy, and consolidation of steps improve procedure usability.

Part VI. Evaluation Conclusion.
Answer the following questions about the proposed change.

1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes ☒	No ☐
2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes ☒	No ☐
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes ☒	No ☐
4	Choose one of the following conclusions:		

10 CFR 50.54(q) Effectiveness Evaluation Form

a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.	☒
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.	☐

Part VII. Disposition of Proposed Change Requiring Prior NRC Approval		
Will the proposed change determined to require prior NRC approval be either revised or rejected?	Yes ☐	No ☐
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90 and AD-LS-ALL-0002, Regulatory Correspondence, and include the tracking number:_____.		

10 CFR 50.54(q) Effectiveness Evaluation Form

Part VIII. Signatures: EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4).		
Preparer Name (Print): Ricky Bowser/Pete Kuhlman	Preparer Signature: Ricky Bowser / Peter J. Kuhlman	Date: 7/20/16
Reviewer Name (Print): Donald A Crowl	Reviewer Signature:	Date: 7/21/16
Approver (EP Manager) Name (Print): Patrick M Street	Approver Signature:	Date: 7/25/16
Approver (CFAM, as required) Name (Print):	Approver Signature: N/A	Date:

If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments.	
• One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.	☐
• One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.	☐

QA RECORD

Change Matrix RP/0/A/015 A Revision 006

Change Number	step	before	after	why
1.	NOTE before 2. Immediate action	The other unit that has now met a NOUE EAL classification should be noted under line 13 Remarks section along with what EAL condition is now met for that unit.	The other unit that has now met a NOUE EAL classification should be noted under line 13 Remarks section. If any other unit has a classification, the unit and classification should be noted under Line 13.	Editorial, to improve clarity.
2.	2.3, 2.3.1, 2.3.3 2.3.4, 3.1.1, 3.1.2,3.1.3	IF	**IF**	Editorial, formatting per PWM.
3.	3.4	**IAAT** Turnover with the TSC has been completed or the event has been terminated. **THEN** Stop here.	**WHEN** any of the conditions are met: ☐ The TSC has been activated. ☐ EOF is activated. ☐ The event has been terminated. **THEN** Exit this procedure.	Editorial, reformatted per PWM.
4.	First NOTE Enclosure 4.1	Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.1.A.	Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.1.A or 4.1.B	Added 4.1.B to correct a previous omission.
5.	First action under first NOTE Enclosure 4.1	Obtain one of the following, as appropriate, and complete the forms as follows:	Obtain one of the following, as appropriate:	Editorial, revised for conciseness.
6.	Enclosure 4.1 NOTE above line 5		NOTE: Given that available space for handwritten information is limited on line 5, it is acceptable for what is written to span multiple boxes' worth, as long as it is contained on line 5.	FERC PAR requirements for Hydro Dam/Dike Imminent Failure (Condition A) are too lengthy to be reasonable hand written in the space provided by the manual version of the ENF.
7.	Enclosure 4.1 Line 5	IF a Keowee Hydro Dam/Dike Condition "A" exists:	IF a Keowee **OR** Jocassee Hydro Dam/Dike Imminent Failure (Condition "A") exists:	Editorial, added "Jocassee" for clarity of applicability.
8.	Enclosure 4.1 Line 5	IF a Keowee Hydro Dam/Dike Condition "A" exists:	IF a Keowee **OR** Jocassee Hydro Dam/Dike Imminent Failure (Condition "A") exists:	Duke Energy Fleet decision on best location on ENF to

		• Mark Box B and write "Move residents living downstream of the Keowee Hydro dams to higher ground. • AND mark Box E and write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed." ☐	• Mark Box E • Write "Move residents living downstream of the Keowee Hydro dams to higher ground. • Write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed." ☐	place PARs for Hydro Dam/Dike Imminent Failure was 5E. NOTE: This procedure provides instructions for both manual and electronic completion of ENF. Previous revision Enclosure 4.1 did not apply to WebEOC.
9.	Enclosure 4.1 Line 6	Mark B (Is Occurring) if any of the conditions stated in the note above apply. If they do not apply mark None. Complete line 6, then mark Box A on this line and go to Line 8.	**IF** any of the conditions stated in the note above mark B (Is Occurring). **IF** THEY do **NOT** apply mark A, 'None'. Complete Line 6 as directed by SM/EC.	Editorial, formatting per PWM.
10.	Enclosure 4.1 Line 9	Enter the meteorological data if available from RP Shift. If unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up notification due in 60 minutes	**IF** available from RP Shift enter the meteorological data. **IF** unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.	Editorial, formatting per PWM.
11.	Enclosure 4.1 Line 11	Mark or select ALL if events affects the emergency classification on more than one unit. Mark or select one (1) unit if event affects one unit or one has a higher emergency classification.	**IF** the highest emergency classification for this event applies to more than one unit select "All".	Editorial, formatting per PWM.
12.	Enclosure 4.1 Line 12	If	**IF**	Editorial, formatting per PWM.
13.	Enclosure 4.2 Line 5	If a Keowee Hydro Dam/Dike Condition "A" does **NOT** exist, mark Box A and go to Line 6.	**IF** a Keowee Hydro Dam/Dike Imminent Failure (Condition "A") does **NOT** exist, mark Box A NONE.	Editorial, reformatted per PWM due to this being conditional statements.
14.	Enclosure 4.2 Line 5	If a Keowee Hydro Dam/Dike Condition "A" exists: • Mark Box B and write "Move residents living downstream of the Keowee Hydro Dam to higher ground."	**IF** a Jocassee **OR** Keowee Hydro Dam/Dike Imminent Failure (Condition "A") exists: • Mark Box E • Write "Move residents living downstream of the Keowee Hydro Dam	Transition to Imminent Failure from Condition "A", and to Potential Failure from Condition "B." (FERC initiatives of EAP).

		• **AND** mark Box E and write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."	to higher ground." • Write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."	
15.	Enclosure 4.2 Lines 6, 7, 9, 11, 12, AND 13	If, not	**IF**, **NOT**	Editorial, reformatted per PWM due to these being conditional statements
16.	Enclosure 4.3 Lines 6, 7, 9, 11, 12, 13, and the note before line 11	If, not	**IF**, **NOT**	Editorial, reformatted per PWM due to these being conditional statements
17.	Enclosure 4.4 Lines 6, 7, 9, 11, 12, 13, and the note before line 11	If, not	**IF**, **NOT**	Editorial, reformatted per PWM due to these being conditional statements
18.	Enclosure 4.5 Line 5, 7, and Line 14 - 16	IF	**IF**	Editorial, formatting per PWM

19.	Enclosure 4.7	☐ Fax Form - For guidance see Enclosure 4.8 (Copy/Fax Operation)	☐ Fax Form using group Dial 1 - - For guidance see Enclosure 4.8 (Copy/Fax Operation)	Combines two steps
20.	Enclosure 4.7	☐ Use Group Dial 001	DELETED	Group Dial 001 changed to Group Dial 1 and is addressed in first step of Enclosure 4.7
21.	Enclosure 4.7	Check off the following MINIMUM required agencies as they answer the phone and record time and date in table below.	☐ **IF AT ANY TIME** DEMNET is **NOT** OPERATING CORRECTLY, refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) to manually transmit the message.	Added contingency for loss of DEMNET.
22.	Enclosure 4.7	☐ **IF** Required minimum agencies did not answer the phone **THEN** Dial a point-to -point call to the absent agency. • If agency does not answer, then call the direct line form table in preceding step.	☐ **IF** Required minimum agencies did not answer the phone **THEN** Dial a point-to -point call to the absent agency. • If agency does not answer, then call the direct line form table in preceding step.	Moved to from page 2 to page 3 of Enclosure 4.7
23.	Enclosure 4.7	Check off the following MINIMUM required agencies as they answer the phone and record time and date in table below.	☐ Check off the following MINIMUM required agencies as they answer the phone and record time and date in table below.	Added place keeping aids.
24.	Enclosure 4.7	☐ **IF** one of the required agencies did **NOT** answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, and date contacted in space above.	☐ **IF** one of the required agencies did **NOT** answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, and date contacted in space above.	Contingency for agency not responding to DEMNET was moved from page 4 to page 1 of Enclosure 4.7
25.	Enclosure 4.7	☐ **IF** A Keowee dam/dike condition "A" or "B" or external flood condition exist for the site,	☐ ☐ **IF** any of the following exists for the site: • Keowee dam/dike Imminent Failure (Condition "A") • Jocassee dam/dike Imminent Failure (Condition "A")	Transition to Imminent Failure from Condition "A", and to Potential Failure from Condition "B." Added the five conditions applicable under FERC initiatives of EAP.

			• Keowee dam/dike Potential Failure (Condition 'B') • Jocassee dam/dike Potential Failure (Condition 'B') • external flood condition	Added "Jocassee" for clarity of applicability.
26.	Enclosure 4.7	FAX dial codes 003, 027, 026, 024, 025	FAX dial codes 3, 27, 26, 24, 25	Replacement fax machines group dial code does not require the leading zeros.
27.	Enclosure 4.7	☐ If one of the required agencies did not answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing to Contac Agencies) and the Emergency Telephone Directory for guidance as need. Once agency contacted, read message and then record agency name, time, and date contacted in the space above.	☐ **IF** one of the required agencies did **NOT** answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing to Contac Agencies) and the Emergency Telephone Directory for guidance as need. Once agency contacted, read message and then record agency name, time, and date contacted in the space above.	Editorial, formatting per PWM.
28.	Enclosure 4.8	☐ 1.1 FAX the notification form using the following method: A. Insert notification form, adjust document guide if needed B. Determine which Dial Code number to use C. Press the Dial Code number D. Press the START button	☐ 1.1 FAX the notification form using the following method: 1.1.1 Insert notification form, adjust document guide if necessary. 1.1.2 Select "Fax". 1.1.3 Select "Address' Book" (file folder Icon). 1.1.4 Select "Individual" or "Group" based on notification needed. 1.1.5 Select "OK". Press the green "send' button.	Replaced fax operating instructions with new fax operating instructions.
29.	Enclosure 4.8	Table of Group Dial Codes follows Table of Dial Codes. Dial codes have leading zeros.	Table of Group Dial Codes precedes Table of Dial Codes. Dial codes do not have Leading zeros.	Replacement fax machines group dial code does not require the leading zeros.

				Relocation of tables corresponds with order of use.
30.	Enclosure 4.9	Note Box follows operating instructions for Motorola 48.5 Mhz radio	Note Box moved to precede operating instructions for Motorola 48.5 Mhz radio. Added the following to the Note Box.	Editorial, formatting per PWM.

31.	Enclosure 4.9		• If DEMNET does **NOT** work, any alternate method (in order of preference such as: land lines, Mhz radio, cell phones, may be used to satisfy the notification requirement.	Added contingency for failed DEMNET communication.
32.	Enclosure 4.10	(Dial Code 008)	(Dial Code 8)	Replacement fax machines group dial code does not require the leading zeros.
33.	Enclosure 4.13	☐ To initiate a group call to the pre-selected OROs during an Emergency: 1. Select the Home Button 2. Select the (Site) Notify Folder Icon 3. Select the Orange (Site) Notify Button ☐ To initiate a Point to Point call to one specific facility: 1. Select the Home Button 2. Select the Notify Folder Icon 3. Use Navigate Arrow(s) to access the desired Facility Button 4. Select the Facility Button ☐ To initiate a custom Conference call to a selected set of facilities: 1. Select the Home Button 2. Select (Site) Notify Folder Icon 3. Select the Custom Conference Icon (the icon will change color to red) 4. Use Navigate Arrow(s) to access the desired Facility Buttons 5. Select each Facility Button to be included in the call 6. Select the Custom Conference Icon again to initiate the call	• Press and hold the "Push to Talk" Button on the handset when speaking • Communicate with facilities per governing procedure ☐ To initiate a group call to the pre-selected OROs during an Emergency: 1. Select the "Home" Button 2. Select the Orange (Site) Notify Button 3. Select "Yes" to initiate the call OR select "Cancel" 4. Select "Hang up" at the completion of the call AND replace handset in the cradle ☐ To initiate a Point to Point call to one specific facility: 1. Select the "Home" Button 2. Select a Folder Icon (ONS Plant Devices or ONS ORO Devices) 3. Select Facility Button 4. Select "Yes" to initiate the call OR select "Cancel" 5. Select "Hang up" at the completion of the call AND replace handset in the cradle ☐ To initiate an alternate Point to Point call to one specific facility:	Revised DEMNET menu.

		☐ Press and hold the Push to Talk Button on the handset when speaking ☐ Communicate with facilities per governing procedure ☐ Hang up the handset to terminate the call	1. Arrow right to Dial Icon and select the Dial Icon 2. Input the five digit code for the facility into the dial pad 3. Select "Yes" to initiate the call OR select "Clear" and "Home" 4. Select "Hang up" at the completion of the call and replace the handset in the cradle. 5. Select "Clear" and "Home" ☐ To initiate a custom Conference call to a selected set of facilities: 1. Select the "Home" Button 2. Select the "Custom Conference" Icon (The icon will change color to light purple) 3. Select the Folder Icon (ONS Plant Devices or ONS ORO Devices) 4. Select each Facility Button to be included in the call 5. Select "Home" 6. Select the "Custom Conference" Icon again. 7. Select "Yes" to initiate the call OR select "Cancel" 8. Select "Hang up" at the completion of the call AND replace handset in the cradle. This List Includes all organizations that receive the "ONS Notify" Call. ☐ ONS EP.....45718 ☐ ONS JIC Assembly Room..... 45721 ☐ ONS JIC Media Room.....45720 ☐ Oconee EOC Conference Room...45046 ☐ Oconee EOC Director.....45246 ☐ Oconee Warning Point-1..... 45346	

			☐ Pickens Conference Room.....45248 ☐ Pickens Warning Point..... 45649 ☐ SC Alt Warning Point-2 .....45301 ☐ ACWP Ops Center-2..... 45500	

Duke Energy Oconee Nuclear Station **Offsite Communications From The Control Room** **Reference Use**	Procedure No. RP/**0**/A/1000/015 A Revision No. 006 Electronic Reference No. OP009A66

Offsite Communications From The Control Room

NOTE:
- This procedure is an implementing Procedure to the Oconee Nuclear Site Emergency Plan and must be reviewed in accordance with 10CFR50.54(q) by Emergency Preparedness and forwarded to Emergency Preparedness within seven (7) working days of approval.
- For an outside line dial "9" for long distance dial "1".

1. Symptoms

☐ 1.1 Events are in progress or have occurred which require activation of the Oconee Nuclear Site Emergency Plan and notification of offsite agencies.

NOTE:

- Actions within the body of this procedure are **NOT** required to be performed in sequence.

- Emergency Notification Forms (ENF) for an Initial or Upgrade are typically completed by the SM. When the SM is **NOT** available, or when directed by the SM, the Offsite Communicator will complete the Initial/Upgrade ENF per this procedure. Otherwise, the Offsite Communicator will complete applicable Immediate and Subsequent steps for Follow-Up and Termination notifications.

- For the case of dual Notification of Unusual Events (NOUEs) on more than one unit with different EAL entry conditions, the SM would declare the NOUE on the first unit to meet an EAL threshold and perform an initial ENF.

  When the subsequent unit meets a different NOUE EAL condition, a follow-up notification should be completed in a timely manner, which is interpreted to be within 60 minutes. The 60 minute timeframe follows the guidance already in place for ALERT and above classification follow-up notifications.

  The indicated affected unit(s) on the follow-up notification would be marked ALL since more than one unit is now affected with the same EAL classification.

  The other unit that has now met a NOUE EAL classification should be noted under line 13 Remarks section.

  If any other unit has a classification, the unit and classification should be noted under Line 13.

2. Immediate Actions

☐ 2.1 Obtain the portable phone (864-882-7076) located on column in Unit 1&2 or Unit 3 CR and report to the SM/EC.

☐ 2.2 Obtain the following items from the Emergency Procedures Cart (located in TSC/OSC):

- Emergency Action Level Guideline Manual
- Yellow folder containing:
  - ◊ Emergency Telephone Directory
  - ◊ Authentication Code List
  - ◊ Emergency Notification Forms

NOTE: **INITIAL/UPGRADE** notifications MUST be communicated to Offsite Agencies within **fifteen (15) minutes** of the official emergency declaration time on Line 10 of the Emergency Notification Form.

Classification upgrades occurring prior to or while transmitting the initial message:

- Will require the notification for the lesser emergency classification within 15 minutes.
- Will require you to inform the agencies that an upgrade in classification will be coming.
- Will require you to begin a new initial message for the higher classification and complete within 15 minutes of its declaration.

PROTECTIVE ACTION RECOMMENDATION (PAR) changes must be communicated to Offsite Agencies within **fifteen (15) minutes** from the time they are determined by the SM Emergency Coordinator/Dose Assessment Liaison and marked as "Initial" on Emergency Notification form.

FOLLOW-UP FOR AN UNUSUAL EVENT - A Follow-Up notification is **NOT** required for an Unusual Event unless requested.

FOLLOW-UP notifications are required at least every **sixty (60) minutes** from the notification time on Line 2 for an **Alert, Site Area Emergency**, or **General Emergency** Classification. Significant changes in plant conditions (evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Imminent Failure (Condition "A") or Potential Failure (Condition "B") for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response) should be communicated as they occur. This frequency **may be** changed at the request of offsite agencies.

If a **FOLLOW-UP** is due and an upgrade to a higher classification is declared, there is no need to complete the follow-up ENF. In this case, the offsite agencies must be notified that the pending follow-up is being superseded by an upgrade to a higher classification and information will be provided.

FOLLOW-UP Notifications - Do **NOT** delay sending a Follow-Up notification if all information is **NOT** available. Use the same information from the previous message sheet.

Do **NOT** use acronyms. Do **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ 2.3 **IF** directed by the SM, review the SM/EC Log to determine plant conditions. Verify correct enclosure for applicable emergency event is selected.

Select the applicable enclosure for the emergency classification as determined by the SM:

☐ 2.3.1 **IF** a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Manually Completing an Initial Message for a General Emergency Event).

☐ 2.3.2 **IF** a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event).

☐ 2.3.3 **IF** an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Manually Completing an Initial Message for an Alert Event).

☐ 2.3.4 **IF** an **UNUSUAL EVENT** exists, complete Enclosure 4.4 (Guidelines for Manually Completing an Initial Message for an Unusual Event).

3. Subsequent Actions

☐ 3.1 **IAAT** The Emergency Event Classification is being **UPGRADED**.

THEN Complete an Emergency Notification Form using the correct Enclosure.

☐ 3.1.1 **IF** a **GENERAL EMERGENCY** exists, complete Enclosure 4.1 (Guidelines for Manually Completing an Initial Message for a General Emergency Event).

☐ 3.1.2 **IF** a **SITE AREA EMERGENCY** exists, complete Enclosure 4.2 (Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event).

☐ 3.1.3 **IF** an **ALERT** exists, complete Enclosure 4.3 (Guidelines for Manually Completing an Initial Message for an Alert Event).

NOTE: If changes are made to PAR's, use Enclosure 4.5(Guidelines for Manually Completing a Follow-Up Message). This should be marked as "**INITIAL**" on the Emergency Notification form.

☐ 3.2 **IAAT** A **FOLLOW-UP** notification is required for an emergency event,

THEN **GO TO** Enclosure 4.5 (Guidelines for Manually Completing a Follow-Up Message).

☐ 3.3 **IAAT** A **TERMINATION** notification is required for an emergency event,

THEN **GO TO** Enclosure 4.6 (Guidelines for Manually Completing a Termination Message)

☐ 3.4 **WHEN** any of the conditions are met:

- ☐ TSC has been activated.
- ☐ EOF is activated.
- ☐ The event has been terminated.

THEN Exit this procedure.

4. Enclosures

4.1 Guidelines for Manually Completing an Initial Message for a General Emergency Event

4.2 Guidelines for Manually Completing an Initial Message for a Site Area Emergency Event

4.3 Guidelines for Manually Completing an Initial Message for an Alert Event

4.4 Guidelines for Manually Completing an Initial Message for an Unusual Event

4.5 Guidelines for Manually Completing a Follow-Up Message

4.6 Guidelines for Manually Completing a Termination Message

4.7 Guidelines for Manually Transmitting A Message Sheet

4.8 COPY/FAX Operation

4.9 Alternate Method And Sequencing To Contact Agencies

4.10 Turnover Checklist

4.11 Response to Offsite Agency Questions

4.12 Acronym Listing

4.13 DEMNET Notification Form Quick Reference

4.14 References

Enclosure 4.1

Guidelines for MANUALLY Completing an INITIAL Message for a

GENERAL EMERGENCY EVENT

NOTE:
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.1.A or 4.1.B.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ Obtain one of the following, as appropriate:

- Enclosure 4.1.A (Nuclear Power Plant Emergency Notification Form - GENERAL EMERGENCY)
- Enclosure 4.1.B (Nuclear Power Plant Emergency Notification Form - Hostile Action Based Event - GENERAL EMERGENCY)

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.

☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 4** Enter/Verify EAL# provided by SM/EC (use Emergency Action Level Guideline Manual).

Copy/Verify exact EAL Description from the EAL manual.

NOTE: Given that available space for handwritten information is limited on line 5, it is acceptable for what is written to span multiple boxes' worth, as long as it is contained on line 5.

☐ **Line 5** Verify/mark applicable sectors.

IF KI has been recommended, mark Box D

IF a Keowee **OR** Jocassee Hydro Dam/Dike Imminent Failure (Condition "A") exists:

- Mark Box E
- Write "Move residents living downstream of the Keowee Hydro dams to higher ground."
- Write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."

Guidelines for MANUALLY Completing an INITIAL Message for a

GENERAL EMERGENCY EVENT

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.	
1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **Line 6** **IF** any of the conditions stated in the note above apply, mark B (Is Occurring). **IF** they do **NOT** apply, mark A, 'None'. Complete Line 6 as directed by SM/EC.

☐ **Line 7** **IF** Box A was marked on Line 6, mark Box A on this line and go to Line 8.

IF Box B was marked on Line 6, mark Box D (under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

IF Box C was marked on Line 6, mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by the SM/EC.

☐ **Line 9** **IF** available from RP Shift, enter the meteorological data. **IF** unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-upnotification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the SM/EC officially declares a General Emergency Event.

Guidelines for MANUALLY Completing an INITIAL Message for a

GENERAL EMERGENCY EVENT

NOTE:	The following list is used to help determine if an event includes only one unit or all units. The list may **NOT** be all inclusive. • Security event • Seismic event • Tornado on site • Hurricane force winds on site • SSF • Fire affecting shared safety related equipment

☐ **Line 11** **IF** the highest emergency classification only affects one unit, select that unit.

IF the highest emergency classification for this event applies to more than one unit, select "All".

NOTE:	Unaffected unit status is **NOT** required for initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference Line 11) and enter percent power for each unit affected.

IF affected unit is shutdown, enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the SM/EC. **IF** there are no remarks, write "None".

NOTE:	Lines 14, 15, & 16 are **NOT** required to be completed for an initial notification. DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE:	The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message Sheet).

Nuclear Power Plant Emergency Notification Form

GENERAL EMERGENCY

Enclosure 4.1.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # ___
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE PICKENS CO.: A0, A1, B1, C1 OCONEE CO.: A0, D1, E1, F1

[C] SHELTER PICKENS CO.: A2, B2, C2 OCONEE CO.: D2, E2, F2

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

[E] OTHER_____

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

7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] Degrading
9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____mph

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]

10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/_____/_____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS:

(Unaffected Unit(s) Status Not Required for Initial Notifications)

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

[C] U3 _____% Power Shutdown at Time _____ Date ___/____/____

13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

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

[B] Liquid Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____

15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

Projection performed: Time _____ Date ___/____/____

16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/____/____

NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/____

Nuclear Power Plant Emergency Notification Form
Hostile Action Based Event - GENERAL EMERGENCY
Enclosure 4.1.B

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # ____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE PICKENS CO.: OCONEE CO.:

[C] SHELTER PICKENS CO.: A0, A1, B1, C1 OCONEE CO.: A0, D1, E1, F1

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

[E] OTHER_____

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

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

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

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

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]

10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

(Unaffected Unit(s) Status Not Required for Initial Notifications)

[A] U1 ____% Power Shutdown at Time _____ Date ___/___/___

[B] U2 ____% Power Shutdown at Time _____ Date ___/___/___

[C] U3 ____% Power Shutdown at Time _____ Date ___/___/___

13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/___/___ Stop Time _____ Date ___/___/___

[B] Liquid Start Time _____ Date ___/___/___ Stop Time _____ Date ___/___/___

15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

Projection performed: Time _____ Date ___/___/___

16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/___/___

NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/___/___

Enclosure 4.2

Guidelines for MANUALLY Completing an INITIAL Message for a

SITE AREA EMERGENCY EVENT

NOTE:
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.2.A.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ Obtain Enclosure 4.2.A (Nuclear Power Plant Emergency Notification Form) for a SITE AREA EMERGENCY EVENT and complete the form as follows:

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.

☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 4** Enter/Verify EAL # provided by SM/EC (use Emergency Action Level Guideline Manual).

Copy/Verify exact EAL Description from the EAL manual.

NOTE: Given that available space for handwritten information is limited on line 5, it is acceptable for what is written to span multiple boxes' worth, as long as it is contained on line 5.

☐ **Line 5** **IF** a Jocassee **OR** Keowee Hydro Dam/Dike Imminent Failure (Condition "A") does **NOT** exist, mark Box A, NONE.

IF a Jocassee **OR** Keowee Hydro Dam/Dike Imminent Failure (Condition "A") exists:

- Mark Box E
- Write "Move residents living downstream of the Keowee Hydro dams to higher ground."
- Write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."

Guidelines for MANUALLY Completing an INITIAL Message for a

SITE AREA EMERGENCY EVENT

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.	
1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined

NOTE: A Liquid release is considered to be in progress if any of the following are met:
- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **Line 6** **IF** any of the conditions stated in the note above apply, mark B (Is Occurring).

IF they do **NOT** apply, mark A (None). Complete Line 6 as directed by SM/EC.

☐ **Line 7** **IF** Box A was marked on Line 6, then mark Box A on this line and go to Line 8.

IF Box B was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

IF Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by SM/EC.

☐ **Line 9** Enter the meteorological data if available from RP Shift. **IF** unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the SM/EC officially declares a SITE AREA EMERGENCY EVENT.

Guidelines for MANUALLY Completing an INITIAL Message for a

SITE AREA EMERGENCY EVENT

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may **NOT** be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

☐ **Line 11** **IF** the highest emergency classification only affects one unit, select that unit.

IF the highest emergency classification for this event applies to more than one unit, select "All".

NOTE: Unaffected unit status is **NOT** required for an initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference Line 11) and enter percent power for each unit affected.

IF affected unit is shutdown, then enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the SM/EC. **IF** there are no remarks, write "None".

IF an upgrade in classification occurs prior to transmitting the message, then include "upgrade to follow" on this line. {1}

NOTE: Lines 14, 15, & 16 are **NOT** required to be completed for an initial notification.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

SITE AREA EMERGENCY

Enclosure 4.2.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076
4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

   BASED ON EAL #_____ EAL DESCRIPTION: _____
5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

   [B] EVACUATE

   [C] SHELTER

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

   [E] OTHER_____
6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred
7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] Degrading
9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____mph

   (*Not Required for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]
10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/____

    (Unaffected Unit(s) Status Not Required for Initial Notifications) [B] U2 ____% Power Shutdown at Time _____ Date ___/____/____

    [C] U3 ____% Power Shutdown at Time _____ Date ___/____/____
13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

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

    [B] Liquid Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

    Projection performed: Time _____ Date ___/____/____
16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/____/____

    NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/____

Enclosure 4.3

Guidelines for MANUALLY Completing an INITIAL Message for an ALERT EVENT

NOTE:
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.3.A.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ Obtain Enclosure 4.3.A (Nuclear Power Plant Emergency Notification Form) for an ALERT EVENT and complete the form as follows:

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".
Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.

☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 4** Enter/Verify EAL # provided by SM/EC (use Emergency Action Level Guideline Manual).

Copy/Verify exact EAL Description from the EAL manual.

☐ **Line 5** Verify Protective Action Recommendation is marked as none.

Guidelines for MANUALLY Completing an INITIAL Message for an ALERT EVENT

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.	
1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **Line 6** **IF** any of the conditions stated in the note above apply, mark B (Is Occurring). **IF** they do **NOT** apply, mark A (none). Complete line 6 as directed by SM/EC.

☐ **Line 7** **IF** Box A was marked on Line 6, then mark Box A on this line and go to Line 8.

IF Box B was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

IF Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by the SM/EC.

☐ **Line 9** Enter the meteorological date if available from RP Shift. **IF** unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the SM/EC officially declares an ALERT EVENT.

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may **NOT** be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

☐ **Line 11** **IF** the highest emergency classification only affects one unit, select that unit.

IF the highest emergency classification for this event applies to more than one unit, select "All".

NOTE: Unaffected unit status is **NOT** required for an initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

IF affected unit is shutdown, then enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the SM/EC. If there are no remarks, write "None".

IF an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

NOTE: Lines 14, 15, & 16 - These lines are **NOT** required to be completed for an initial notification.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015 A

ALERT

Enclosure 4.3.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. EMERGENCY CLASSIFICATION: [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS**: [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

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

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

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

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

(*Not Required for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]

10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS:

(Unaffected Unit(s) Status Not Required for Initial Notifications)

[A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

[B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

[C] U3 _____% Power Shutdown at Time _____ Date ___/____/____

13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/____ Stop Time _____ Date ___/____/____

[B] Liquid Start Time _____ Date ___/____/____ Stop Time _____ Date ___/____/____

15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

Projection performed: Time _____ Date ___/____/____

16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/____/____

NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/____

Enclosure 4.4

Guidelines for MANUALLY Completing an INITIAL Message for an UNUSUAL EVENT

NOTE:
- The initial notification is required to be made within 15 minutes from the official declaration time on Line 10.
- The SM can terminate an Unusual Event on the same notification message sheet that an Initial Unusual Event was declared on.
- Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.4.A
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

☐ Obtain Enclosure 4.4.A (Nuclear Power Plant Emergency Notification Form) for an Unusual Event and complete the form as follows:

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

☐ **Line 2** Mark/verify "initial" notification. Time, date, and authentication to be completed after line 17.

☐ **Line 3** Verify Site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 4** Enter/Verify EAL # provided by SM/EC (use Emergency Action Level Guideline Manual).

Copy/Verify exact EAL Description from the EAL manual.

☐ **Line 5** Verify Protective Action Recommendation is marked as none.

Guidelines for MANUALLY Completing an INITIAL Message for an UNUSUAL EVENT

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.	
1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined

NOTE: A Liquid release is considered to be in progress if any of the following are met:
- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **Line 6** **IF** any of the conditions stated in the note above apply, mark B (Is Occurring). **IF** they do **NOT** apply, mark A (none). Complete line 6 as directed by SM/EC.

☐ **Line 7** **IF** Box A was marked on Line 6, then mark Box A on this line and go to Line 8.

IF Box B was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

IF Box C was marked on Line 6, then mark Box D (Under Evaluation) UNLESS RP has told you to mark Box B or C and go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by the SM/EC.

☐ **Line 9** Enter the meteorological data if available from RP Shift. **IF** unavailable, leave this line blank. Request RP Shift Dose Assessor perform calculation for Line 9 for Follow-up notification. Follow-up due in 60 minutes.

☐ **Line 10** Enter Time in military units and Date the SM/EC officially declares an UNUSUAL EVENT.

Guidelines for MANUALLY Completing an INITIAL Message for an UNUSUAL EVENT

NOTE: The following list is used to help determine if an event includes only one unit or all units. The list may **NOT** be all inclusive.

- Security event
- Seismic event
- Tornado on site
- Hurricane force winds on site
- SSF
- Fire affecting shared safety related equipment

☐ **Line 11** **IF** the highest emergency classification only affects one unit, select that unit.

IF the highest emergency classification for this event applies to more than one unit, select "All".

NOTE: Unaffected unit status is **NOT** required for an initial notification. Unit status is required for all three units for follow-up notifications.

☐ **Line 12** Mark affected unit(s) (reference line 11) and enter percent power for each unit affected.

IF affected unit is shutdown, enter the shutdown time and date.

☐ **Line 13** Add any remarks as requested by the SM/EC. **IF** there are no remarks write "None".

IF an upgrade in classification occurs prior to transmitting the message then include "upgrade to follow" on this line. {1}

NOTE: Lines 14, 15, & 16 - These lines are **NOT** required to be completed for an initial notification.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name.

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

UNUSUAL EVENT

Enclosure 4.4.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # ____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076
4. EMERGENCY CLASSIFICATION: [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

   BASED ON EAL #_____ EAL DESCRIPTION: _____
5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

   [B] EVACUATE _____

   [C] SHELTER _____

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

   [E] OTHER_____
6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred
7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] Degrading
9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____mph

   (*Not Required for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]
10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS:

    (Unaffected Unit(s) Status Not Required for Initial Notifications)

    [A] U1 _____% Power Shutdown at Time _____ Date ___/____/____

    [B] U2 _____% Power Shutdown at Time _____ Date ___/____/____

    [C] U3 _____% Power Shutdown at Time _____ Date ___/____/____
13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

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

    [B] Liquid Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

    Projection performed: Time _____ Date ___/____/____
16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/____/____

    NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/____

Enclosure 4.5

Guidelines for MANUALLY Completing a FOLLOW-UP Message

NOTE:

- Follow-up notifications are **NOT** required to be verbally transmitted. Follow-Up messages may be faxed with phone verification of receipt. This applies only if the message does **NOT** involve a change in the emergency classification or the protective action recommendation or a termination of the drill/emergency.
- A Follow-Up message is due 60 minutes from the notification time on line 2 of the previous message sheet.
- A change in Protective Action Recommendations (PARs) is due within 15 minutes from the time they are determined by the SM Emergency Coordinator/RP Shift Dose Assessor. Mark as "Initial" on Emergency Notification Form.
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).

NOTE: Pre-printed Emergency Notification Forms containing specific EAL# and EAL Description may be used in lieu of Enclosure 4.5.A

☐ Obtain Enclosure 4.5.A (Nuclear Power Plant Emergency Notification Form) and complete as directed below for a FOLLOW-UP message.

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

NOTE: For a change to Protective Action Recommendations (PARs) mark Emergency Notification Form as "**INITIAL**".

☐ **Line 2** Mark/Verify Box B is marked as Follow-Up. Notification, time, date and authentication to be completed after Line 17.

☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 4** Copy/Verify the same Emergency Classification from the previous message sheet.

Copy/Verify the same EAL # from the previous message sheet.

Copy/Verify the same EAL Description from previous message sheet

NOTE: Given that available space for handwritten information is limited on line 5, it is acceptable for what is written to span multiple boxes' worth, as long as it is contained on line 5.

☐ **Line 5** Copy the same Protective Action Recommendations from the previous message Sheet if the SM/EC has **NOT** upgraded them. If they have changed, revise PARs as directed by the SM/EC or RP Shift Dose Assessor. Mark as Initial on Emergency Notification Form.

IF a Keowee or Jocassee Hydro Dam/Dike Imminent failure (Condition "A") exists:

- Mark Box E
- Write "Move residents living downstream of the Keowee Hydro dams to higher ground."
- Write "Prohibit traffic flow across bridges identified on your inundation maps until the danger has passed."

NOTE: An airborne release is considered to be in progress if ANY of the following occurs. Review the Sorento RIA Monitor Screen to display this information.

1, 2, 3 RIA 40	Steam Generator Tube Leak
1, 2, 3 RIA 45 or 46	Shows increase in activity
1, 2, 3 RIA 47, 48 or 49	Reading > 1 cpm **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
1, 3 RIA 57 or 1, 2, 3 RIA 58	Reading > 1.0 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined
2 RIA 57	Reading > 1.6 Rad/hr **AND** greater than 1 pound pressure in containment building or actual containment breach is determined

NOTE: A Liquid release is considered to be in progress if any of the following are met:

- A known unmonitored release **AND** radioactive material exists.
- Alternate method of release determination.
- Field monitoring team results provide indications that a release is occurring.

☐ **Line 6** Mark Box A, B, or C as directed by the SM/EC.

NOTE:	If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

☐ **Line 7** **IF** Box A was marked on Line 6, then mark Box A on this line and go to Line 8.

IF Box B was marked on Line 6, then determine from the RP Shift Dose Assessor whether to mark Box B, C, or D and then go to Line 8.

IF Box C was marked on Line 6, then determine from the RP Shift Dose Assessor whether to mark Box B, C, or D and then go to Line 8.

☐ **Line 8** Mark Box A, B, or C as directed by the SM/EC.

NOTE:	If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

☐ **Line 9** Obtain meteorological data from the RP Shift Dose Assessor and complete Line 9.

☐ **Line 10** Mark Box A and copy the same Time/Date from the previous message sheet.

☐ **Line 11** Mark the same affected unit or "All" from the previous message sheet.

☐ **Line 12** Mark A, B & C then enter percent power and/or shutdown time/date for all three units for a follow-up message.

NOTE:	Examples of new information include: Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Condition "A" or "B" for a Keowee Hydro Project Dam/Dikes; or any event that would cause or require offsite agency response.

☐ **Line 13** Add any remarks or new information as requested by the SM/EC

Write "None" if there are no additional remarks.

IF an upgrade in classification occurs prior to transmitting the message, then include "upgrade to follow" on this line. {1}

NOTE:	If Line 6, Box B or Box C is marked, RP Shift should be contacted at Ext. 2313 to obtain information to complete lines 7, 9, 14, 15, and 16.

☐ **Line 14 - 16** **IF** Line 6A is selected, leave these lines blank.

IF Line 6B **OR** 6C is selected, obtain information to complete these lines from RP Shift Dose Assessor.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE:	The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name. Copy Emergency Notification Form. For guidance see Enclosure 4.8 (COPY/FAX Operation).

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message Sheet).

Nuclear Power Plant Emergency Notification Form

RP/0/A/1000/015A

FOLLOW-UP

Enclosure 4.5.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076

4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY

BASED ON EAL #_____ EAL DESCRIPTION: _____

5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE

[B] EVACUATE _____

[C] SHELTER _____

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

[E] OTHER_____

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

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

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

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

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

10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____

11. AFFECTED UNIT(S): [1] [2] [3] [All]

12. UNIT STATUS: [A] U1 ____% Power Shutdown at Time _____ Date ___/____/___

(Unaffected Unit(s) Status Not Required for Initial Notifications) [B] U2 ____% Power Shutdown at Time _____ Date ___/____/___

[C] U3 ____% Power Shutdown at Time _____ Date ___/____/___

13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec

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

FORM: [A] Airborne Start Time _____ Date ___/____/___ Stop Time _____ Date ___/____/___

[B] Liquid Start Time _____ Date ___/____/___ Stop Time _____ Date ___/____/___

15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours

Projection performed: Time _____ Date ___/____/___

16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title: **Emergency Coordinator** Time _____ Date___/____/___

NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/___

Enclosure 4.6

Guidelines for MANUALLY Completing a TERMINATION Message

☐ Obtain Enclosure 4.6.A (Nuclear Power Plant Emergency Notification Form), blank form and complete as follows for a TERMINATION message.

NOTE: Only required to complete lines 1, 3, 10, and 17. All other lines are left BLANK.

☐ **Line 1** Mark "DRILL" or "ACTUAL EVENT".

Enter Message Number (very first message is #1 and then sequential numbering required until event terminated).

☐ **Line 3** Verify site is marked as Oconee and confirmation phone number is 864-882-7076.

☐ **Line 10** Mark Box B and enter the time in military units and date SM/EC terminated the event.

DO **NOT** add or change information on the form after it has been approved by the Emergency Coordinator.

☐ **Line 17** Obtain the SM/EC signature/time/date of approval.

NOTE: The "Received By, Time and Date" on Line 17 is completed by the Offsite Agency.

☐ **Line 17** Notified By: Print your name

☐ To manually transmit this message, go to Enclosure 4.7 (Guidelines for Manually Transmitting A Message).

Nuclear Power Plant Emergency Notification Form
TERMINATION
Enclosure 4.6.A

1. [A] DRILL [B] ACTUAL EVENT MESSAGE # _____
2. [A] INITIAL [B] FOLLOW-UP NOTIFICATION: TIME_____ DATE____/____/____ AUTHENTICATION # _____
3. SITE: **Oconee Nuclear Site** Confirmation Phone # (864) 882-7076_____
4. **EMERGENCY CLASSIFICATION:** [A] UNUSUAL EVENT [B] ALERT [C] SITE AREA EMERGENCY [D] GENERAL EMERGENCY
   BASED ON EAL #_____ EAL DESCRIPTION: _____
5. **PROTECTIVE ACTION RECOMMENDATIONS:** [A] NONE
   [B] EVACUATE _____
   [C] SHELTER _____
   [D] CONSIDER THE USE OF KI (POTASSIUM IODIDE) IN ACCORDANCE WITH STATE PLANS AND POLICY.
   [E] OTHER_____
6. **EMERGENCY RELEASE:** [A] None [B] Is Occurring [C] Has Occurred
7. RELEASE SIGNIFICANCE: [A] Not applicable [B] Within normal operating limits [C] Above normal operating limits [D] Under evaluation
8. EVENT PROGNOSIS: [A] Improving [B] Stable [C] Degrading
9. METEOROLOGICAL DATA: Wind Direction* from _____ degrees Wind Speed* _____mph
   (*May not be available for Initial Notifications) Precipitation* _____ Stability Class* [A] [B] [C] [D] [E] [F] [G]
10. [A] DECLARATION [B] TERMINATION Time _____ Date ____/____/____
11. AFFECTED UNIT(S): [1] [2] [3] [All]
12. UNIT STATUS: (Unaffected Unit(s) Status Not Required for Initial Notifications)
    [A] U1 ____% Power Shutdown at Time _____ Date ___/____/____
    [B] U2 ____% Power Shutdown at Time _____ Date ___/____/____
    [C] U3 ____% Power Shutdown at Time _____ Date ___/____/____
13. REMARKS: _____

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

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

14. RELEASE CHARACTERIZATION: TYPE: [A] Elevated [B] Mixed [C] Ground UNITS: [A] Ci [B] Ci/sec [C] µCi/sec
    MAGNITUDE: Noble Gases:_____ Iodines:_____ Particulates:_____ Other: _____
    FORM: [A] Airborne Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
    [B] Liquid Start Time _____ Date ___/____/____Stop Time _____ Date ___/____/____
15. PROJECTION PARAMETERS: Projection period: _____Hours Estimated Release Duration _____Hours
    Projection performed: Time _____ Date ___/____/____
16. PROJECTED DOSE:

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

17. APPROVED BY: _____ Title **Emergency Coordinator** Time _____ Date___/____/____
    NOTIFIED BY:_____ RECEIVED BY: _____ Time _____ Date ___/____/____

Message Transmission

NOTE:
- Instructions for DEMNET are located in Fleet procedure AD-EP-ALL-0406 (DEMNET).
- Emergency Action Level Guidelines Manual and yellow folder are needed for this enclosure.

☐ Fax Form using group Dial 1- For guidance see Enclosure 4.8 (COPY/FAX Operation)

☐ **IF AT ANY TIME** DEMNET is **NOT** operating correctly, refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) to manually transmit the message.

☐ **IF** one of the required agencies did **NOT** answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, time, and date contacted in space above.

☐ Select the orange oval group button for "ONS Notify" on the DEMNET phone.
☐ As agencies answer, say "This is the Oconee Nuclear Station, please hold."
☐ Document on Line 2 of the ENF, the time/date when the first agency answers the DEMNET phone.
☐ Check off the following MINIMUM required agencies as they answer the phone and record time and date in table below. {4}

Date: _____

☐	**Oconee County** (Staffed 24 hrs.) **Law Enforcement Center** 864-638-4111, FAX: 864-638-4434 Initial notification time: _____ Follow-up notification time: _____	**OR** ☐	**Oconee County** (M-F 8:30 am -5 pm) **Emergency Management** 864-638-4200, FAX: 864-638-4216 Initial notification time: _____ Follow-up notification time: _____
☐	**Pickens County** (Staffed 24 hrs) **Law Enforcement Center** 864-898-5500, FAX: 864-898-5531 Initial notification time: _____ Follow-up notification time: _____	**OR** ☐	**Pickens County** (M-F 8:30 am.-5 pm) **Emergency Management** 864-898-5943, FAX: 864-898-5797 Initial notification time: _____ Follow-up notification time: _____
☐	**South Carolina State Warning Point** (Staffed 24 hrs) 803-737-8500 FAX: 803-737-8575 Initial notification time: _____ Follow-up notification time: _____	**OR** ☐	**Alternate South Carolina State Warning Point** 803-896-9621 FAX: 803-896-8352 Initial notification time: _____ Follow-up notification time: _____

☐ **IF** requested, authenticate message. Write in number provided by agency on line 2 and provide corresponding code word from authentication list in yellow folder.

NOTE:	For Follow-Up or Termination Messages, only verification that all agencies have received a fax is necessary.

☐ **IF** This is an initial notification and/or a change to Protective Action Recommendations

THEN Say "*This is the Oconee Nuclear Station Control Room. This is a Drill/Emergency (choose one). If you have not already received a fax or printed an electronic copy of the Emergency Notification Form, please obtain a blank copy of the form. I am going to read the entire form beginning with line 1. Please hold all questions until the entire form has been read.*"

Slowly read entire message line by line to the agencies allowing time for them to copy the information or to review fax/electronic copy of the ENF.

☐ After message has been delivered, say *"I need to verify the name of each agency representative. When I call out the agency, please give your name."*

☐ Document name of each person contacted. {4}

Initial Notification

Oconee County Law Enforcement Center	Name: _____
Oconee County Emergency Management	Name: _____
Pickens County Law Enforcement Center	Name: _____
Pickens County Emergency Management	Name: _____
South Carolina State Warning Point (or alternate)	Name: _____

Follow-Up Notification

Oconee County Law Enforcement Center	Name: _____
Oconee County Emergency Management	Name: _____
Pickens County Law Enforcement Center	Name: _____
Pickens County Emergency Management	Name: _____
South Carolina State Warning Point (or alternate)	Name: _____

NOTE: DHEC receives FAX, **NO** action required. DHEC may verify receipt of FAX with a call back.

☐ **IF** Required minimum agencies did **NOT** answer the phone

THEN Dial a point- to-point call to the absent agency.

- **IF** agency does **NOT** answer, call the direct line from table in preceding step.

☐ ☐ **IF** any of the following exists for the site:

- Keowee dam/dike Imminent Failure (Condition "A")
- Jocassee dam/dike Imminent Failure (Condition "A")
- Keowee dam/dike Potential Failure (Condition "B")
- Jocassee dam/dike Potential Failure (Condition "B")
- external flood condition

THEN Fax form using Group Dial 3

Once form is faxed, make phone calls to GEMA and National Weather Service using phone numbers in table below. GEMA will notify Hart and Elbert County.

Begin call by saying "You should have received a fax indicating Keowee Hydro Dam/Dike is in condition "A" or "B" or an external flood condition exist for the site, do you have any questions?"

☐	**Georgia Emergency Management Agency (GEMA 404-635-7000 or 404-635-7200)** FAX Dial Code 27 (Fax form for any Imminent Failure (condition "A") or Potential Failure (Condition "B") dam/dike event) **Name:** _____ Time/Date: _____ Eastern ___/___/___ MM DD YY
☐	**National Weather Service (NWS 864-879-1085)** FAX Dial Code 26 (Fax form for any Imminent Failure (condition "A") or Potential Failure (Condition "B") dam/dike event) **Name:** _____ Time/Date: _____ Eastern ___/___/___ MM DD YY
☐	**Hart County Emergency Management Agency - Georgia (GEMA will notify)** Fax Dial Code 24 (Fax form for any Imminent Failure (condition "A") or Potential Failure (Condition "B") dam/dike event)
☐	**Elbert County Emergency Management Agency - Georgia (GEMA will notify)** Fax Dial Code 25 (Fax form for any Imminent Failure (condition "A") or Potential Failure (Condition "B") dam/dike event)

☐ Record any agency questions unrelated to message on Enclosure 4.11 (Response to Offsite Agency Questions) and inform agency that you will contact them with the answer.

☐ End call by saying, *"If you haven't already, you will be receiving a fax copy of this message shortly. Additional information will be provided as it becomes available. This concludes this message."*

☐ **IF** one of the required agencies did **NOT** answer DEMNET, try alternate method to reach agency. Refer to Enclosure 4.9 (Alternate Method And Sequencing To Contact Agencies) and the Emergency Telephone Directory for guidance as needed. Once agency contacted, read message and then record agency name, time, and date contacted in space above.

☐ Retrieve Confirmation Report from fax and verify all required agencies received the message.

☐ **IF** questions were asked by an offsite agency complete all sections on Enclosure 4.11 (Response to Offsite Agency Questions). Fax the form to all agencies and follow-up with a verbal call to ensure receipt of the form and that there are no additional questions. Attach applicable message sheet to this form.

☐ Provide SM/Emergency Coordinator with completed notification form.

☐ Provide the SM/Emergency Coordinator with a status of offsite notifications:

-Agencies notified/not notified
-Any communications equipment problems:

NOTE: The following step is **NOT** applicable for termination message.

☐ **IF** meteorological data was **NOT** provided on the previous message, then initiate a follow-up message and include the met data.

☐ Attach ALL completed enclosures to the applicable message sheet.

NOTE: The following step is **NOT** applicable for termination message.

☐ Initiate turnover to the TSC Offsite Communicator by completing Enclosure 4.10 (Turnover Checklist)

_____ 1. The Control Room Offsite Communicator will fax turnover sheet to the TSC
_____ 2. Review the form with the TSC Offsite Communicator

☐ **IF** Turnover has been completed, or event is terminated

THEN go to Step 3.4 of Subsequent Actions.

☐ **IF** Turnover has **NOT** been initiated

THEN GO to Subsequent Actions 3.1

NOTE:	This enclosure provides basic operating instructions for the primary faxes in the TSC, U-1/2 Control Room and U-3 procedure room.

1. TSC/Control Room/OSC/EOF

NOTE:	The "STOP" button is used to cancel sending, receiving, registering data or cancel any other operation. Transmission of the notification form will start automatically after the dialing operation is completed. Since this is a send operation to multiple faxes, the Fax scans the document(s) prior to automatic dialing.

☐ 1.1 FAX the notification form using the following method:

1.1.1 Insert notification form. Adjust document guide as necessary.

1.1.2 Select "Fax".

1.1.3 Select "Address Book" (file folder icon).

1.1.4 Select "Individual" or "Group" based on notification needed.

1.1.5 Select "OK".

1.1.6 Press the green "send" button.

☐ 1.2 Copy the notification form using the following method:

A. Insert notification form. Adjust document guide as necessary.

B. Press copy button

C. Press START button

The following "Group Dial Codes" have been programmed into the Emergency Response Facilities (ERF) fax machines:

Group Dial Codes	***Group Agency / Location***	***Dial Codes***
1	State and Counties EOF	2, 3, 4, 5, 6, 8, 13, 18, 19, 20, 21, 22
2	Counties EMA	2 & 3
3	Keowee Flood/Georgia	24, 25, 26, 27
4	Simulators	28 & 29
5	EOF & OSC (RP/0/A/1000/015B, 3.12)	8 & 10

The following " Individual Dial Codes" have been programmed into the Emergency Response Facilities (ERF) fax machines:

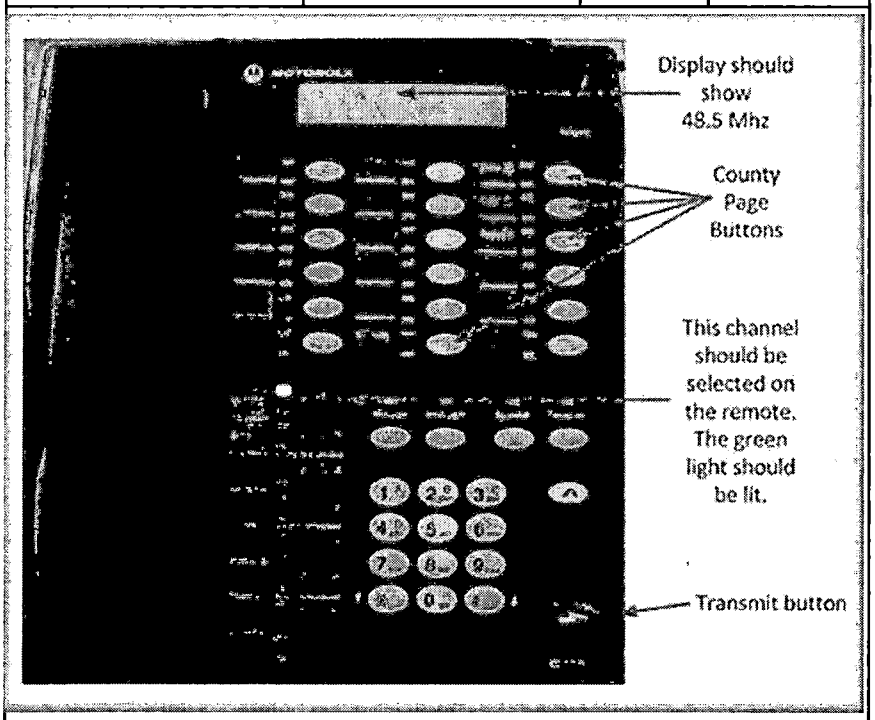
Dial Codes	***Agency / Location***	***Number***
1	Nuclear Regulatory Commission (NRC)	9-1-301-816-5151
2	Pickens County EMA	9-1-864-898-5797
3	Oconee County EMA	9-1-864-638-4216
4	SC State Warning Point	9-1-803-737-8575
5	Alternate SC State Warning Point	9-1-803-896-8352
6	SC Emergency Operations Center (SEOC)	9-1-803-737-8570
7	Department of Environmental Controls (DHEC/NEP)	9-1-803-896-4102
8	Common Emergency Operations Center (EOF)	9-1-704-382-0722
9	ONS Technical Support Center (TSC)	9-1-864-873-4308
10	ONS Operational Support Center (OSC) / Control Room 3	9-1-864-873-3728
11	ONS Alternate TSC/OSC	9-1-864-873-3597
12	Control Room 1&2	9-1-864-873-3153
13	World of Energy (WOE)	9-1-864-873-4605
14	Clemson Joint Information center (JIC)	9-1-864-624-4373
15	ONS Complex	9-1-864-873-4300
16	Nuclear Supply Chain (NSC)	9-1-864-873-3558
17	State Forward Emergency Operations Center (FEOC)	9-1-864-654-9367
18	Pickens County Law Enforcement Center (LEC)	9-1-864-898-5531
19	Oconee County Law Enforcement Center (LEC)	9-1-864-638-4434
20	Oconee County Forward EMD	9-1-855-713-3361
21	General Office Joint Information center (GO JIC)	9-1-704-382-0069
22	ECOC	9-1-704-382-3897
23	Security	9-1-864-873-3417
24	Hart County EMA	9-1-706-859-5316
25	Elbert County EMA	9-1-404-283-2022
26	National Weather Service	9-1-864-848-1582
27	Georgia Emergency Management Agency (GEMA)	9-1-404-635-7205
28	Simulator A (DRILL)	9-1-864-873-3432
29	Simulator B (DRILL)	9-1-864-873-3482

Enclosure 4.9

Alternate Method And Sequencing To Contact Agencies

NOTE:
- Phone numbers and operating instructions are included in the Emergency Telephone Directory.
- Pickens County EMA is **NOT** staffed after 1700 hours Monday-Friday or on weekends and holidays.
- Control Room Satellite telephones are located in Unit(s) 1&2 SM office and Unit 3 procedure room.
- If DEMNET does **NOT** work, any alternate method (in order of preference) such as: land lines, Mhz radio, cell phones, may be used to satisfy the notification requirement.

Motorola 48.5 Mhz Radio	*Agency /Location*	*Person Contacted*	*Time*	*Comments*
1. Ensure channel 1 selected. 2. Top display on remote should display "48.5Mhz" 3. Press the button that corresponds to the county you wish to page. 4. The green light next to the button will flash. 5. Press the transmit button on the remote or the desk microphone to send the encoder tones to the county radio to open the radios receiver at the county for communications. 6. You will hear the tones and the display will show county being paged. 7. When the tones finish and the light beside the button goes off, then you can use the handset or desk microphone to communicate with the county locations.	Oconee County LEC (KNBE-488)			
	Pickens County LEC (KNBZ-965)			
	Pickens County EMA (KNBE-480)			



"Oconee/Pickens, this is Oconee Nuclear Station WQC-699, please respond with your name and if you read this transmission loud and clear."

Enclosure 4.10

Turnover Checklist

Date: _____ Offsite Communicator's Name: _____

COMMUNICATIONS STATUS

Indicate which agencies have been contacted:	**YES**	**NO**
Oconee County Law Enforcement Center		
Oconee County Emergency Management Agency		
Pickens County Law Enforcement Center		
Pickens County Emergency Management Agency		
State Warning Point - (South Carolina Highway Dept. is a backup should the State Warning Point loose communications)		
DHEC (BSHWM)		

Communications Problems Experienced: _____

_____

_____

Site Evacuation: Yes____ No _____ Time Evacuation Initiated _____

Evacuation Location:

Daniel High School Yes _____ No _____

Keowee Elementary Yes _____ No _____

Home Yes_____No _____

Site Relocation: Yes _____ No_____ Assembly Location _____

Alternate Facility Activated: TSC: Yes _____ No_____ OSC: Yes_____No_____

Other Pertinent Information (Evacuation/relocation of site personnel; fires onsite; MERT activation and/or injured personnel transported offsite; chemical spills; explosions; Imminent Failure (Condition "A") or Potential Failure (Condition "B") for Keowee Hydro Project Dams/Dikes or any event that would cause or require offsite agency response):

_____

_____

Last Emergency Notification Form Message Number:_____

Next Message Due (Time)_____

FAX this form to the Charlotte EOF at the following number 704-382-0722. (Dial Code 8)

Enclosure 4.11

Response To Offsite Agency Questions

QUESTION # _____

Requesting Offsite Agency Name _____

Name of Individual from Agency _____

Offsite Communicator's Name _____

Applicable Emergency Notification Form Message Number ____

ENTER AGENCY QUESTION:_____

_____

_____

_____

_____

ENTER EMERGENCY COORDINATOR ANSWER: _____

_____

_____

_____

_____

Approved by Emergency Coordinator: _____

Response Provided To (Name): _____Date _____Time _____

Enclosure 4.12

ACRONYM LISTING

CAN	Community Alert Network
CDEP	County Director of Emergency Preparedness
DEMNET	Duke Emergency Management Network
DHEC (BSHWM)	Dept. of Health and Environmental Control (Bureau of Solid Hazardous Waste & Management)
EAL	Emergency Action Level
EC	Emergency Coordinator
EMA	Emergency Management Agency
ENS	Emergency Notification System
EOC	Emergency Operating Center
EOF	Emergency Operations Facility
EOFD	Emergency Operations Facility Director
ERO	Emergency Response Organization
FAX	Facsimile
FEOC	Forward Emergency Operations Center
FMT	Field Monitoring Team
GEMA	Georgia Emergency Management Agency
HPN	Health Physics Network
IAAT	If At Any Time
JIC	Joint Information Center
LEC	Law Enforcement Center
NEP	Nuclear Emergency Planning
NRC DSO	Nuclear Regulatory Commission, Director of Site Operations
NRC EOC	Nuclear Regulatory Commission, Emergency Operations Center
NSC	Nuclear Supply Chain
NWS	National Weather Service
OSC	Operational Support Center
PAR	Protective Action Recommendation
SCEHD	South Carolina Highway Department
SDEM	State Director of Emergency Management
SEOC	State Emergency Operations Center
SM	Shift Manager
SRG	Safety Review Group
SSG	Site Services Group
SWP	State Warning Point
TS	Technical Specifications
TSC	Technical Support Center

- Press and hold the "Push to Talk" Button on the handset when speaking
- Communicate with facilities per governing procedure

☐ To initiate a group call to the pre-selected OROs during an Emergency:
1. Select the "Home" Button
2. Select the Orange (Site) Notify Button
3. Select "Yes" to initiate the call OR select "Cancel"
4. Select "Hang up" at the completion of the call AND replace handset in the cradle

☐ To initiate a Point to Point call to one specific facility:
1. Select the "Home" Button
2. Select a Folder Icon (ONS Plant Devices or ONS ORO Devices)
3. Select Facility Button
4. Select "Yes" to initiate the call OR select "Cancel"
5. Select "Hang up" at the completion of the call AND replace handset in the cradle

☐ To initiate an alternate Point to Point call to one specific facility:
1. Arrow right to Dial Icon and select the Dial Icon
2. Input the five digit code for the facility into the dialpad
3. Select "Yes" to initiate the call OR select "Clear" and "Home"
4. Select "Hang up" at the completion of the call and replace the handset in the cradle.
5. Select "Clear" and "Home"

☐ To initiate a custom Conference call to a selected set of facilities:
1. Select the "Home" Button
2. Select the "Custom Conference" Icon (The icon will change color to light purple)
3. Select the Folder Icon (ONS Plant Devices or ONS ORO Devices)
4. Select each Facility Button to be included in the call
5. Select "Home"
6. Select the "Custom Conference" Icon again.
7. Select "Yes" to initiate the call OR select "Cancel"
8. Select "Hang up" at the completion of the call AND replace handset in the cradle.

This List Includes all organizations that receive the "ONS Notify" Call.

☐ ONS EP.....45718
☐ ONS JIC Assembly Room.....45721
☐ ONS JIC Media Room.....45720
☐ Oconee EOC Conference Room.....45046
☐ Oconee EOC Director.....45246
☐ Oconee Warning Point-1..... 45346
☐ Pickens Conference Room.....45248
☐ Pickens Warning Point..... 45649
☐ SC Alt Warning Point-2 45301
☐ ACWP Ops Center-2..... 45500

Device	Function	Supplemental Information
Home Button	Navigates to the Home Screen	Not available when a call is in progress
Home Screen	Enables navigation to the (Site) Notify or (Site) Decision Initiate Call Screens	Screen includes: • (Site) Notify Folder Icon • (Site) Decision Folder Icon
(Site) Notify Folder Icon	Navigates to the Notify Initiate Call Screen	
Initiate Call Screen	Calls are initiated from this screen to: • Pre-selected ORO group "(Site) Notify" • Caller selected custom group "Conference" • Caller selected Point to Point	Screen also includes: • Individual Facility Buttons • Land Line and Satellite Status Indication • Page Navigation Arrow
(Site) Notify Button	Initiates a group call to the pre-selected OROs	Primary means of contact to State and County WPs and EOCs during an Emergency
Conference Icon (Megaphone Icon)	Enables the caller to establish a custom group Conference call with multiple facilities	The Conference Icon must be selected twice to make a Conference call. First to enable facility selection and second to initiate the call.
Individual Facility Buttons	Enables the caller to select a facility to participate in a Point to Point or custom Conference call. Buttons are labeled with the facility's name	Button colors indicates facility phone status: **Grey**: One or more phones at a facility inoperable **Blue**: Operable but not connected
Land line Status Indicator	Determines if the Land line is functional. The Land line is primary means of communication via the Wide Area Network	Indicator status colors are: **Green**: In service **Red**: Unavailable
Satellite Status Indicator	Determines if the Satellite is functional. The Satellite is a backup to Land line	Indicator status colors are: **Blue**: In Standby **Green**: In Service **Red**: Unavailable
Page Navigation Arrow(s)	Navigates to pages that contain Individual Facility Buttons	Facility buttons are located on multiple pages which are numbered Page x of x
Call in Progress Screen	Provides call connection status and enables phone controls. To initiate another call, the call in progress must be terminated	Call in Progress Screen includes: • Connected to (facility) status • Microphone and Speaker volume controls • Push to talk Speaker Phone button • Hangup button

1. PIP G-07-0127
2. PIP O-11-9459
3. PIP O-12-1590
4. PIP O-13-04559
5. PIP O-13-13560
6. PIP G-14-00577
7. PIP O-14-02653
8. PIP O-14-09103
9. AD-EP-ALL-0102 (WebEOC maintenance and administration)
10. AD-EP-ALL-0202 (Emergency Response Offsite Dose Assessment)
11. AD-EP-ALL-0406 (Duke Emergency Management Network)
12. NCR 01936515
13. NCR 01937945

<< 10 CFR 50.54(q) Screening Evaluation Form >>

Screening and Evaluation Number	Applicable Sites	
EREG #: 02045341	BNP	☐
	CNS	☐
	CR3	☐
	HNP	☐
5AD #: 02045332	MNS	☐
	ONS	X
	RNP	☐
	GO	☐

Document and Revision	RP/0/A/1000/003 A Rev 2 ERDS OPERATION

Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):

Changes clarifying the reporting requirements and activation requirements as stated in 10CFR50.72(4) ensuring users activate ERDS within one hour after declaration of Alert, Site Area Emergency or General Emergency.

Changes made throughout the procedure to align with Procedure Writers Guide (PWG).

Added a new step to coordinate with the NRC prior to staff turnovers to plan for loss of data while logging in/out of computers.

Part II. Activity Previously Reviewed?	Yes ☐	No X
Is this activity Fully bounded by an NRC approved 10 CFR 50.90 submittal or Alert and Notification System Design Report? If yes, identify bounding source document number or approval reference and ensure the basis for concluding the source document fully bounds the proposed change is documented below: Justification:	10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification below and complete Attachment 4, Part V.	Continue to Attachment 4 , 10 CFR 50.54(q) Screening Evaluation Form, Part III
Bounding document attached (optional)		☐

<< 10 CFR 50.54(q) Screening Evaluation Form >>

Part III. Editorial Change	Yes ☐	No X
Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent? Refer to attached Change Matrix: Change 1; Editorial to change revision number Change 2; Changed to clarify that ERDS is not a conditional step but is required to start within one hour following the declaration of Alert, Site Area Emergency or General Emergency per 10CFR50.72(4) [PRR 02040624] Change 3; Editorial, reformatted step from paragraph format to bulleted items to make it easier to read. Change 4; Editorial, Bold and capitalized Change 5; Editorial, removed extra reference to TSC workstation which is included in 'authorized business workstation' Change 6; Editorial, changed from anything other than zero to 'NOT' zero for clarity. Change 8, 9; Editorial, Replaced bold terms with quotations in the order that would be received during activation of ERDS, highlighting and capitalized NOT. Removed redundant wording in same NOTE box. Change 10, 15, Editorial, Reformatted step to aid in placekeeping status for each unit Change 12, Editorial, IF/THEN changed to IF At Any Time to aid in placekeeping, aligns with the intent of the step to be performed if requested by the NRC at any point in the procedure. Change 14, Editorial, Deleted THEN to align with PWG still refers to applicable steps. Non-Editorial Changes; Change 7, 11 moved step 2.1.9 to new step 2.1.6 and made it an 'If at any time' statement that establishes the contingency to contact the NRC if ERDS fails to connect or has activation issues. Actions are the same but the branching is eliminated. Change 13, New step to ensure the NRC is aware of any potential brief loss in communication due to personnel turning over and logging in/out of computers. Justification: Content of the procedure remains the same, The revisions do not change the intent of the procedure to establish communication with the NRC for the transmission of data to be used for emergency assessment. Revision removes the potential for reading the step to activate ERDS as conditional and reinforces the requirement to activate per 10CFR50.72(4).	10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification and complete Attachment 4, Part V & VI.	Continue to Attachment 4, Part IV and address non editorial changes

<< 10 CFR 50.54(q) Screening Evaluation Form >>

Part IV. Emergency Planning Element and Function Screen (Reference Attachment 1, Considerations for Addressing Screening Criteria) Does this activity involve any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II? If answer is yes, then check box.		
1	10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)	
1a	Responsibility for emergency response is assigned.	☐
1b	The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.	☐
2	10 CFR 50.47(b)(2) Onsite Emergency Organization	
2a	Process ensures that onshift emergency response responsibilities are staffed and assigned	☐
2b	The process for timely augmentation of onshift staff is established and maintained.	☐
3	10 CFR 50.47(b)(3) Emergency Response Support and Resources	
3a	Arrangements for requesting and using off site assistance have been made.	☐
3b	State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)	☐
4	10 CFR 50.47(b)(4) Emergency Classification System	
4a	A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)	☐
5	10 CFR 50.47(b)(5) Notification Methods and Procedures	
5a	Procedures for notification of State and local governmental agencies are capable of initiating notification of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.	☐
5b	Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)	☐
5c	The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)	☐

<< 10 CFR 50.54(q) Screening Evaluation Form >>

Part IV. Emergency Planning Element and Function Screen (cont.)		
6	10 CFR 50.47(b)(6) Emergency Communications	
6a	Systems are established for prompt communication among principal emergency response organizations.	X
6b	Systems are established for prompt communication to emergency response personnel.	X
7	10 CFR 50.47(b)(7) Public Education and Information	
7a	Emergency preparedness information is made available to the public on a periodic basis within the plume exposure pathway emergency planning zone (EPZ). (NA for CR3)	☐
7b	Coordinated dissemination of public information during emergencies is established.	☐
8	10 CFR 50.47(b)(8) Emergency Facilities and Equipment	
8a	Adequate facilities are maintained to support emergency response.	☐
8b	Adequate equipment is maintained to support emergency response.	☐
9	10 CFR 50.47(b)(9) Accident Assessment	
9a	Methods, systems, and equipment for assessment of radioactive releases are in use.	X
10	10 CFR 50.47(b)(10) Protective Response	
10a	A range of public PARs is available for implementation during emergencies. (NA for CR3)	☐
10b	Evacuation time estimates for the population located in the plume exposure pathway EPZ are available to support the formulation of PARs and have been provided to State and local governmental authorities. (NA for CR3)	☐
10c	A range of protective actions is available for plant emergency workers during emergencies, including those for hostile action events.	☐
10d	KI is available for implementation as a protective action recommendation in those jurisdictions that chose to provide KI to the public.	☐
11	10 CFR 50.47(b)(11) Radiological Exposure Control	
11a	The resources for controlling radiological exposures for emergency workers are established.	☐
12	10 CFR 50.47(b)(12) Medical and Public Health Support	
12a	Arrangements are made for medical services for contaminated, injured individuals.	☐
13	10 CFR 50.47(b)(13) Recovery Planning and Post-accident Operations	
13a	Plans for recovery and reentry are developed.	☐
14	10 CFR 50.47(b)(14) Drills and Exercises	
14a	A drill and exercise program (including radiological, medical, health physics and other program areas) is established.	☐
14b	Drills, exercises, and training evolutions that provide performance opportunities to develop, maintain, and demonstrate key skills are assessed via a formal critique process in order to identify weaknesses.	☐
14c	Identified weaknesses are corrected.	☐
15	10 CFR 50.47(b)(15) Emergency Response Training	
15a	Training is provided to emergency responders.	☐

<< 10 CFR 50.54(q) Screening Evaluation Form >>

Part IV. Emergency Planning Element and Function Screen (cont.)		
16	10 CFR 50.47(b)(16) Emergency Plan Maintenance	
16a	Responsibility for emergency plan development and review is established.	☐
16b	Planners responsible for emergency plan development and maintenance are properly trained.	☐

PART IV. Conclusion	
If no Part IV criteria are checked, a 10 CFR 50.54(q) Effectiveness Evaluation is not required, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V. Go to Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part VI for instructions describing the NRC required 30 day submittal.	☐
If any Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV criteria are checked, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V and perform a 10 CFR 50.54(q) Effectiveness Evaluation. Shaded block requires final approval of Screen and Evaluation by EP CFAM.	X

Part V. Signatures:		
Preparer Name (Print): Pete Kuhlman	Preparer Signature:	Date: 7/18/16
Reviewer Name (Print): Don Crowl	Reviewer Signature:	Date: 7-19-16
Approver (EP Manager Name (Print): Pat Street	Approver Signature:	Date: 7/25/16
Approver (CFAM, as required) Name (Print)	Approver Signature: N/A	Date:

Part VI. NRC Emergency Plan and Implementing Procedure Submittal Actions	
Create two EREG General Assignments. • One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.	☐
• One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.	☐

<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Screening and Evaluation Number	Applicable Sites	
EREG #: 02045341	BNP	☐
	CNS	☐
	CR3	☐
	HNP	☐
5AD #: 02045332	MNS	☐
	ONS	X
	RNP	☐
	GO	☐

Document and Revision	RP/0/A/1000/003 A Rev 2 ERDS OPERATION

Part I. Description of Proposed Change:

Changes clarifying the reporting requirements and activation requirements as stated in 10CFR50.72(4) ensuring users activate ERDS within one hour after declaration of Alert, Site Area Emergency or General Emergency. Changes made throughout the procedure to align with Procedure Writers Guide (PWG).

Added a new step to coordinate with the NRC prior to staff turnovers to plan for loss of data while logging in/out of computers

Attachment 6, 10 CFR 50.54(q) Initiating Condition (IC) and Emergency Action Level (EAL) and EAL Bases Validation and Verification (V&V) Form , is attached (required for IC or EAL change)	Yes ☐ No X

Part II. Description and Review of Licensing Basis Affected by the Proposed Change:

ONS Emergency Plan;

F.1.c, The EOF organization has the responsibility to ask for federal response. However, communication with the Nuclear Regulatory Commission from the emergency response facilities, would be by use of the Emergency Telecommunication System (ETS) located in the Control Room areas, Technical Support Center, or the Emergency Operations Facility.

I.5, Meteorological information will be available to the Charlotte Emergency Operations Facility, the Technical Support Center, and the Control Room through the automated plant data system. Meteorological data averaged over a period of 15 minutes, will be available to the NRC through the ENS phone, by direct telephone communications with the individual responsible for making offsite dose assessments at the Emergency Operations Facility or through the NRC Emergency Response Data System

<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Part III. Description of How the Proposed Change Complies with Regulation and Commitments.

If the emergency plan, modified as proposed, no longer complies with planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50, then ensure the change is rejected, modified, or processed as an exemption request under 10 CFR 50.12, Specific Exemptions, rather than under 10 CFR 50.54(q):

10CFR50.47(b) Emergency Plans

(6) Provisions exist for prompt communications among principal response organizations to emergency personnel and to the public.

(9) Adequate methods, systems, and equipment for assessing and monitoring actual or potential offsite consequences of a radiological emergency condition are in use.

10CFR50 Appendix E VI. Emergency Response Data System

Establishes the requirements pertaining to ERDS, points required to transmit, transmit frequency , maintaining and testing the system.

NUREG 0654

F.1.c. Emergency Communications, states; provision for communications as needed with Federal emergency response organizations

I.5 Accident Assessment, states in part... There shall be provisions for access to meteorological information by at least the nearsite Emergency Operations Facility, the Technical Support Center, the Control Room and an offsite NRC center...

10CFR50.72(4).

"The licensee shall activate the Emergency Response Data System (ERDS) as soon as possible but not later than one hour after declaring an Emergency Class of alert, site area emergency, or general emergency

<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Part IV. Description of Emergency Plan Planning Standards, Functions and Program Elements Affected by the Proposed Change (Address each function identified in Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV of associated Screen):

10 CFR 50.47(b)(6)—Emergency Communications states the following: Provisions exist for prompt communications among principal response organizations to emergency personnel and to the public.
Two emergency planning functions have been defined for this planning standard:
(1) Systems are established for prompt communication among principal emergency response organizations.
(2) Systems are established for prompt communication to emergency response personnel.

10 CFR 50.47(b)(9)—Emergency Assessment Capability states the following: Adequate methods, systems, and equipment for assessing and monitoring actual or potential offsite consequences of a radiological emergency condition are in use.
The following emergency planning function has been defined for this planning standard:
(1) Methods, systems, and equipment for assessment of radioactive releases are in use.

Part V. Description of Impact of the Proposed Change on the Effectiveness of Emergency Plan Functions:
Refer to the attached Change Matrix;
Change 7, 11 moved step 2.1.9 to new step 2.1.6 and made it an 'If at any time' statement that establishes the contingency to contact the NRC if ERDS fails to connect or has activation issues. Actions are the same but the branching is eliminated. The step continues to maintain the function of establishing communications with the emergency response organizations by establishing contingency actions in the event ERDS fails to connect at any time in the performance of the procedure, therefore , no reduction in effectiveness.
Change 13, New step to ensure the NRC is aware of any potential brief loss in communication due to personnel turning over and logging in/out of computers. The new step is an enhancement in maintaining the function of establishing communications with the emergency response organizations by preplanning any disruption in ERDS transmittal due to personnel turnover, therefore , no reduction in effectiveness.

Justification:
Content of the procedure remains the same, The revisions do not change the intent of the procedure to establish communication with the NRC for the transmission of data which will be used for emergency assessment. Revision improves clarity to ensure activation of ERDS per 10CFR50.72(4).

Part VI. Evaluation Conclusion.
Answer the following questions about the proposed change.

1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes X	No ☐

<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes X	No ☐
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes X	No ☐
4	Choose one of the following conclusions:		
a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.		X
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.		☐
Part VII. Disposition of Proposed Change Requiring Prior NRC Approval			
Will the proposed change determined to require prior NRC approval be either revised or rejected?		Yes ☐	No ☐
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90 and AD-LS-ALL-0002, Regulatory Correspondence, and include the tracking number:_____.			

<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Part VIII. Signatures: EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4).		
Preparer Name (Print):Pete Kuhlman	Preparer Signature: Pete J. Kuhlman	Date: 7/18/16
Reviewer Name (Print):Don Crowl	Reviewer Signature:	Date: 7-19-16
Approver (EP Manager) Name (Print): Pat Street	Approver Signature:	Date: 7/25/16
Approver (CFAM, as required) Name (Print):	Approver Signature: NAM	Date:

If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments.	
• One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.	☐
• One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.	☐

QA RECORD

Attachment to 50.54q

CHANGE MATRIX

#	Page /Section	Current	Proposed Change	Reason
1.	cover/page 1 body	Revision No. 001	Revision 002	*editorial*
2.	Section 1 page 2	An Alert, Site Area Emergency, or General Emergency has been declared and ERDS is required to provide data to the NRC. ERDS is to be started within one (1) hour of the emergency declaration.	ERDS shall be started within <u>one</u> hour if an emergency classification of Alert, Site Area Emergency or General Emergency has been declared per 10CFR 50.72(4). Effort should be made to perform this action as soon as possible.	per PRR#02040624. To ensure user will start ERDS if an emergency classification of Alert, SAE or GE has been declared.
3.	Note before Step 2.1.2 page 2	ERDS can only be activated using the following business workstations: TSC NRC Communicator, TSC Operations, Unit 1 Control Room SRO, Unit 2 Control Room SRO, Unit 3 Control Room SRO, Process Computer Systems Unit 1 OAC Room or Process Computer Systems OOB Computer Room.	ERDS can only be activated using the following business workstations: ◊ TSC NRC Communicator ◊ TSC Operations ◊ Unit 1 Control Room SRO ◊ Unit 2 Control Room SRO ◊ Unit 3 Control Room SRO ◊ Process Computer Systems Unit 1 OAC Room ◊ Process Computer Systems OOB Computer Room.	editorial - to make the note easier to read
4.	Step 2.1.2	If required refer to...	**<u>IF</u>** required, refer to...	editorial formatting per procedure writer's guide.
5.	Step 2.1.3	Log onto the TSC NRC Communicator Business **(BUS)** workstation or other authorized business workstations for ERDS activation using your normal network login id.	Log onto any authorized business workstations for ERDS activation using your normal network login id.	editorial, steps mean the same thing.

6.	Step 2.1.5	Examine the OAC time information on the right side of the display and verify that OAC Time is current time and OAC Time Rate is anything other than zero (0) for each Unit to be activated. ☐ A. Unit 1 ☐ B. Unit 2 ☐ C. Unit 3	Examine the OAC time information on the right side of the display and verify that OAC Time is current time and OAC Time Rate is **NOT** zero for each Unit to be activated. ☐ Unit 1 ☐ Unit 2 ☐ Unit 3	editorial, rewording for clarity
7.	Step 2.1.6	**IF** OAC time issues are experienced, **THEN** go to step 2.1.9.	**IF AT ANY TIME** ERDS does **NOT** connect with the NRC after several minutes **OR** activation problems (Such as OAC Time Issues) are experienced, perform the following: ☐ Notify the NRC using the ENS Phone Line. ☐ Record the Date and Time of this notification. Date _____ Time _____ Initials _____	This change is NOT a technical change, and the same actions would be performed had this change not been made. the content of step 2.1.6 (new) is what used to be step 2.1.9, with the example of OAC time issues added in. this allows the user to perform this step if step 2.1.7 does **not** connect with the NRC. The sequence was changed to clarify intent.

8.	note before step 2.1.8 first bullet	The Status Column can indicate **Connecting, Reconnecting, Connected, LINK Sent, Waiting for ACCEPT, ACCEPT Received, Waiting for INITIATE** and **Transmitting Data**. However, some responses may not have been seen during actual connection due to response time and update of display. The Status of **Transmitting Data** with Messages Sent incrementing indicates appropriate connectivity for communications.	The Status Column may indicate (in order) "Connecting", "Reconnecting", "Connected", "LINK Sent", "Waiting for ACCEPT", "ACCEPT Received", "Waiting for INITIATE", or "Transmitting Data" in the process of connecting. Some statuses may **NOT** be seen during actual connection due to response time and update of display. The Status "Transmitting Data" with Messages Sent incrementing indicates appropriate connectivity for communications.	editorial , rewording for clarity
9.	note before step 2.1.8 third bullet	If the connection is lost for some reason, the Status Column will display Connecting then Reconnecting, followed by Connected, LINK Sent, Waiting for ACCEPT, ACCEPT Received, Waiting for INITIATE and Transmitting Data.	If the connection was lost then regained, the status column will cycle through the same status sequence as the initial connection.	editorial , rewording for clarity
10.	step 2.1.8	**VERIFY** that the ERDS Link Control and Status Display for each Unit activated, indicates Current Mode = Connect, Status = Transmitting Data and Messages Sent = "*Incrementing*". ☐ Unit 1 ☐ Unit 2 ☐ Unit 3	Verify the following is indicated on the ERDS Link Control and Status Display for each unit activated: Unit 1 / Unit 2 / Unit 3 ☐ ☐ ☐ Current Mode = Connect ☐ ☐ ☐ Status = Transmitting Data ☐ ☐ ☐ Messages Sent = "*Incrementing*"	editorial, reformatted to make the step clearer to the user.
11.	step 2.1.9	**IF** ERDS does not connect with the NRC after several minutes or activation problem experienced, **THEN** notify the NRC using the ENS Phone Line. A. Record the Date and Time of this notification Date____ Time_____ Initials____	moved to step 2.1.6	non-technical, see change #7

12.	2.1.10	**IF** instructed by the NRC to restart ONS ERDS communication, **THEN** re-perform steps 2.1.7 and 2.1.8	**IF AT ANY TIME** instructed by the NRC to restart ONS ERDS communication, re-perform step 2.1.7 and step 2.1.8	Allows user to move on to the next step, while leaving this step open per performance. Editorial, not a change of intent.
13.	new 2.1.10		**IF** ERDS data will be interrupted (turnover, etc.), coordinate with the NRC regional office to determined desired timing for interruption.	Added to ensure users think about possibility of losing ERDS and communicating that with the NRC prior to interrupting data flow.
14.	Step 3.1	**IF** required to return to your login screen **THEN** refer to Steps 2.1.2., 2.1.3 and 2.1.4 for guidance	**IF** required to return to your login screen, refer to Step 2.1.2, Step 2.1.3 and Step 2.1.4 for guidance.	Editorial, formatted per Procedure writer's manual
15.	Step 3.2.2	**VERIFY** that the ERDS Link Control and Status Display for each Unit activated, indicates Current Mode = Disconnect, Status = Disconnected and Messages Sent = 0. ☐ A. Unit 1 ☐ B. Unit 2 ☐ C. Unit 3	Verify the following is indicated on the ERDS Link Control and Status Display for each unit activated: Unit 1 / Unit 2 / Unit 3 ☐ ☐ ☐ Current Mode = Disconnect ☐ ☐ ☐ Status = Disconnected ☐ ☐ ☐ Messages Sent = 0	editorial, reformatted to make the step clearer to the user.

Duke Energy Oconee Nuclear Station **ERDS OPERATION** **Reference Use**	Procedure No. RP/0/A/1000/003 A Revision No. 002 Electronic Reference No. OP009ADL

ERDS Operation

NOTE: This procedure is an implementing procedure to the Oconee Nuclear Site Emergency Plan and must be:

- Reviewed in accordance with 10CFR50.54(q) prior to approval.
- Forwarded to Emergency Preparedness within seven (7) working days of approval.

1. Symptoms

ERDS shall be started within one hour if an emergency classification of Alert, Site Area Emergency or General Emergency has been declared per 10CFR 50.72(4). Effort should be made to perform this action as soon as possible.

2. Immediate Actions

2.1 ERDS Activation

☐ 2.1.1 ERDS Operation Started By: _____

NOTE:
- ERDS can only be activated using the following business workstations:
  - ◊ TSC NRC Communicator
  - ◊ TSC Operations
  - ◊ Unit 1 Control Room SRO
  - ◊ Unit 2 Control Room SRO
  - ◊ Unit 3 Control Room SRO
  - ◊ Process Computer Systems Unit 1 OAC Room
  - ◊ Process Computer Systems OOB Computer Room.
- ERDS activation is performed by an SRO or the TSC NRC Communicator.

☐ 2.1.2 **IF** required, refer to *KVM Usage Instructions* to login to user console and select the Business **(BUS)** workstation menu selection.

☐ 2.1.3 Log onto any authorized business workstations for ERDS activation using your normal network login id.

☐ 2.1.4 From the Windows Desktop, **Double-Click** on the ERDS Activation Icon to activate ERDS Link Control and Status Display.

☐ 2.1.5 Examine the OAC time information on the right side of the display and verify that OAC Time is current time and OAC Time Rate is **NOT** zero for each Unit to be activated.

☐ Unit 1
☐ Unit 2
☐ Unit 3

☐ 2.1.6 **IF AT ANY TIME** ERDS does **NOT** connect with the NRC after several minutes **OR** activation problems (Such as OAC Time Issues) are experienced, perform the following:

☐ Notify the NRC using the ENS Phone Line.

☐ Record the Date and Time of this notification.

Date _____ Time _____ Initials _____

☐ 2.1.7 Select the Connect (Activate) Target Area with the mouse to initiate ERDS communication for each ONS Unit requiring activation.

☐ Record the Date and Time ERDS communication was initiated below:

Unit 1 Date _____ Time _____ Initials _____

Unit 2 Date _____ Time _____ Initials _____

Unit 3 Date _____ Time _____ Initials _____

NOTE:

- The Status Column may indicate (in order) "Connecting", "Reconnecting", "Connected", "LINK Sent", "Waiting for ACCEPT", "ACCEPT Received", "Waiting for INITIATE", or "Transmitting Data" in the process of connecting. Some statuses may **NOT** be seen during actual connection due to response time and update of display. The Status "Transmitting Data" with Messages Sent incrementing indicates appropriate connectivity for communications.
- Other possible Statuses are:

  Suspended -> NRC has suspended transmission temporarily.
  Denied -> Plant's request for a connection has been denied by NRC.

- If the connection was lost then regained, the status column will cycle through the same status sequence as the initial connection.

☐ 2.1.8 Verify the following is indicated on the ERDS Link Control and Status Display for each unit activated:

Unit 1	Unit 2	Unit 3	
☐	☐	☐	Current Mode = Connect
☐	☐	☐	Status = Transmitting Data
☐	☐	☐	Messages Sent = "*Incrementing*"

☐ 2.1.9 **IF AT ANY TIME** instructed by the NRC to restart ONS ERDS communication, re-perform step 2.1.7 and step 2.1.8.

☐ 2.1.10 **IF** ERDS data will be interrupted (turnover, etc.), coordinate with the NRC regional office to determine desired timing for interruption.

3. Subsequent Actions

3.1 **IF** required to return to your login screen, refer to Step 2.1.2, Step 2.1.3 and Step 2.1.4 for guidance.

3.2 Stopping ERDS transmission after event termination.

NOTE:	The Status Column should indicate Terminating followed by Disconnected.

☐ 3.2.1 On the ERDS Link Control and Status Display for ONS, Select the Disconnect (Deactivate) Target Area with the mouse to terminate ERDS communication for each ONS Unit activated.

A. Record the Date and Time ERDS communication was terminated below:

☐ Unit 1 Date _____ Time _____ Initials _____

☐ Unit 2 Date _____ Time _____ Initials _____

☐ Unit 3 Date _____ Time _____ Initials _____

☐ 3.2.2 Verify the following is indicated on the ERDS Link Control and Status Display for each unit activated:

Unit 1	Unit 2	Unit 3	
☐	☐	☐	Current Mode = Disconnect
☐	☐	☐	Status = Disconnected
☐	☐	☐	Messages Sent = 0