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DOC #	REV #	TITLE	INSTRUCTIONS

THE FOLLOWING PROCEDURE(S), DRAWING (S) HAVE BEEN REVISIED, PLEASE REMOVE YOUR CURRENT COPY AND REPLACE WITH ATTACHED UPDATED PROCEDURE:

IP-EP-115 REV.52
IP-EP-210 REV.22
IP-EP-240 REV.7
IP-EP-250 REV.37

EFFECTIVE
SEP 13 2016
DATE

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IP3 SHIFT MANAGER	DELIVERED BY DOCUMENTS	IP3 53FT. ELEVATION	**1 COPY** OF ALL EP'S
IP2 CONTROL ROOM	DELIVERED BY DOCUMENTS	IP2 53FT. CCR	**1 COPY** OF ALL EP'S
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IP2 SIMULATOR - CLASSROOM 5	DELIVERED BY DOCUMENTS	IP2 SIMULATOR BLDG.	**3 COPIES** OF ALL EP'S **EXCEPT E-PLAN**
NRC RESIDENT INSPECTOR	NRC	IP2 88FT. ELEVATION	**1 COPY** OF ALL EP'S
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NEW YORK STATE OEM	TED FISCH	**OFFSITE**	**1 COPY** OF THE FOLLOWING: E-PLAN , IP-EP-115, 120, 210, 250, 310, 340, 360, 410, 420, 430, 620 & IP-1055
WESTCHESTER COUNTY OEM	DENNIS DELBORGO	**OFFSITE**	**1 COPY** OF E-PLAN, IP-EP-310 & 340
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Procedure/Document Number: IP-EP-210	Revision: 22
Equipment/Facility/Other: IPEC	
Title: Central Control Room	

Part I. Description of Activity Being Reviewed (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

This revision made changes to, added or deleted EP forms.

- Replaced IPEC site specific Form EP-14 with Fleet Standard EP-7-ALL.

Part II. Emergency Plan Sections Reviewed (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE OR EAL OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10 CFR 50.54(q)(2) DOCUMENTATION IS REQUIRED.

- Section H Emergency Facility and Equipment

Part III. Ability to Maintain the Emergency Plan (Answer the following questions related to impact on the ability to maintain the emergency plan):

1. Do any elements of the activity change information contained in the emergency plan (procedure section 3.0[6])?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**
2. Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**
3. Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**
4. Do any elements of the activity change the Evacuation Time Estimate results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**
5. Do any elements of the activity change the Onshift Staffing Analysis results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

Procedure/Document Number: IP-EP-210	Revision: 22
Equipment/Facility/Other: IPEC	
Title: Central Control Room	

Part IV. Maintaining the Emergency Plan Conclusion The questions in Part II do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part IV document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
2. Check the box below when the 10 CFR 50.54(q)(2) review completes all actions for all elements of the activity – no 10 CFR 50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.

☒ I have completed a review of this activity in accordance with 10 CFR 50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3)

The EP-14 and EP-7-ALL are both used for facility sign in. The fleet form was adopted by IPEC and the IPEC specific form was deleted in order to be consistent with the fleet and to ensure the standard fleet facilities procedures are being followed as required.

Section H of the IPEC emergency plan describes the emergency facilities and equipment used by the ERO. There was not change to the facilities or equipment with this form change.

Revision 22 of IP-EP-210 does not change the effectiveness of and does not make any changes to the IPEC emergency plan.

Part V. Signatures:

Preparer Name (Print) Rebecca A. Martin Sr. EP Project Manager	Preparer Signature Rebecca A Martin	Date: 9/8/16
(Optional) Reviewer Name (Print)	Reviewer Signature	Date:
Reviewer Name (Print) Timothy F. Garvey Nuclear EP Project Manager	Reviewer Signature Tim Garvey	Date: 9/9/16
Reviewer Name (Print) Lori A. Glander Manager, Emergency Planning or designee	Reviewer Signature Lori A Glander	Date: 9-9-16

ATTACHMENT 10.2 **IPEC PROCEDURE REVIEW AND APPROVAL**

(Page 1 of 1)

Procedure Title: Central Control Room

Procedure No: IP-EP-210 Existing Rev: 21 New Rev: 22 DRN/EC No: DRN-16-01243

Procedure Activity (MARK Applicable)	☐ Converted To IPEC, Replaces:	**Temporary Procedure Change** (MARK Applicable)
☐ NEW PROCEDURE ☐ GENERAL REVISION ☒ PARTIAL REVISION ☐ EDITORIAL REVISION ☐ VOID PROCEDURE ☐ SUPERSEDED	Unit 1 Procedure No: _____ Unit 2 Procedure No: _____ Unit 3 Procedure No: _____	☐ EDITORIAL Temporary Procedure Change (Enter Step Number in Revision Summary) ☐ ADVANCE Temporary Procedure Change ☐ CONDITIONAL Temporary Procedure Change Terminating Condition: _____
☐ RAPID REVISION	Document in Microsoft Word: ☒ Yes ☐ No	☐ VOID DRN/TPC No(s): _____

Revision Summary ☐ N/A - See Revision Summary page.

Deleted Form EP-14 and replaced with EP-7-ALL. See matrix.

Implementation Requirements

Implementation Plan? ☐ Yes ☒ No Formal Training? ☐ Yes ☒No Special Handling? ☐ Yes ☒No

RPO Dept: Emergency Planning Writer (Print Name/ Ext/ Sign): Rebecca A. Martin / x7107 / Rebecca A Martin

Review and Approval (Per Attachment 10.1, IPEC Review And Approval Requirements)

1. ☐ Technical Reviewer Anthony Ambrose / [signature] / 9/8/16
   (Print Name/ Signature/ Date)
2. ☐ Cross-Disciplinary Reviewers:
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
3. RPO Responsibilities: Lori A. Glander/ L A Glander 9-9-16
   (Print Name/ Signature/ Date)
   - ☐ PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
   - ☒ Previous exclusion from further LI-100 Review is still valid
   - ☐ PAD not required due to type of change
4. ☐ Non-Intent Determination Complete: _____
   (Print Name/ Signature/ Date)

   NO change of purpose or scope
   NO reduction in the level of nuclear safety
   NO voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for the procedure was eliminated via an alternate process
   NO change to less restrictive acceptance criteria
   NO change to steps previously identified as commitment steps
   NO deviation from the Quality Assurance Program Manual
   NO change that may result in deviations from Technical Specifications, FSAR, plant design requirements, or previously made commitments
5. ☐ On-Shift Shift Manager/CRS: N/A
   (Print Name/ Signature/ Date)
6. ☐ User Validation: User: N/A Validator: N/A
7. ☐ Special Handling Requirements Understood: N/A
   (Print Name/ Signature/ Date)

Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

Section 1

Doc/Procedure Type: (circle one) Administrative / Implementing / EPLAN

Doc/Procedure No: IP EP 210 C/R: Yes X No ___ C/R No. CR-2-16-3913 CA 3

Doc/Procedure Title: Central Control Room Rev No: 22 Rev Distribution Date: 9/13/2016

Reason for EPDCC: _____ New X Revision ___ Cancel Date of EPDCC: 9/8/16

Section 2

Change Description

1. Originator: Rebecca A. Martin Rebecca A. Martin

2. Class of Change: Technical Correction ____ New Commitment ____ Other X

3. Page numbers affected and reason for change: Replaced form EP-14 with Form EP-7-ALL.

4. Emergency Planning Documents Affected: NA

5. Emergency Planning Procedures Affected: NA

6. References: Other Procedure(s) # None Regulatory Document # None

   Other: None

7. Reviewed training requirements with department training coordinator NA date _____

8. The following are complete, or are not applicable and are so marked.

   Tech Review X 50.54q X ENN-LI-100 N/A PL-155 N/A SMM-AD-102 X

   Manager approval X

9. Both table of contents and transmittals are complete _____ date _____

10. Approved doc/procedure delivered to Document Control for distribution _____ date _____

11. Position Binders updated if applicable _____ date _____

12. Copy of EPDCC and document/procedure placed in EP file _____ date _____

CONTROLLED

Central Control Room

Prepared by:	Rebecca Martin Print Name	Rebecca A Martin Signature	9/8/16 Date
Approval:	Lori A. Glander Print Name	L A Gl Signature	9-9-16 Date

Effective Date: September 13, 2016

This procedure excluded from further LI-100 reviews.

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Central Control Room

1.0 PURPOSE

1.1 To describe emergency response activities and operations of the Central Control Room (CCR)

1.2 To provide guidance for the response to emergencies declared at Unit 2 and Unit 3

2.0 REFERENCES

2.1 Indian Point Energy Center Emergency Plan
2.2 IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite
2.3 IP-EP-610, Emergency Termination and Recovery
2.4 IP-EP-340, Meteorological Information and Dose Assessment System (MIDAS)

3.0 DEFINITIONS

None

4.0 RESPONSIBILITIES

4.1 The Emergency Director has the sole authority and responsibility for the classification and declaration of any emergency, approving offsite notifications and the making of protective action recommendations for the general public. These responsibilities may not be delegated. The Shift Manager in the role of Emergency Director makes the initial emergency classification; however the SM shall verify an independent review of the EAL selected.

4.2 Following initial declaration of an emergency, the Shift Manager (SM) shall designate a Control Room Communicator. An on-shift Nuclear Plant Operator (NPO) normally performs this function for both Units. Any other Operations staff member may be assigned to perform this function as a backup.

4.3 The Shift Manager **SHALL**, upon assuming the role of Emergency Director, continue to perform the duties of Emergency Director until properly relieved by either the on-call Emergency Director in the (A)EOF or by another qualified Emergency Director such as the Plant Operations Manager (POM).

4.4 The Shift Managers **SHALL** confer with each other for any event or condition which may affect both Units such as security, or natural events. **IF** it is agreed that both Units are affected, **THEN** the Unit 2 Shift Manager SHALL classify and declare the emergency and assume the role of site Emergency Director in accordance with this procedure, IP-EP-210, Central Control Room.

4.5 The Shift Manager **SHALL** ensure that notifications of offsite authorities are initiated within 15 minutes of declaration of any emergency classification, classification upgrade or protective action recommendation being formulated.

4.6 The Shift Manager **SHALL** ensure independent verification of the information

on the Part I and Part II forms prior to being issued to the Offsite Agencies.

4.7 The Shift Manager **SHALL** request the opposite unit to activate mobilization of the IPEC Emergency Response Organization (ERO) and activation of the emergency response facilities (TSC, OSC, EOF and JIC) upon declaration of an Alert or higher classification.

4.8 For events classified as Unusual Events, the Shift Manager, acting as Emergency Director has the ability to activate, or request the opposite unit to active, ERO callout for support as needed.

4.9 The Shift Manager is responsible for the performance of Dose Assessment calculations until such time as the (A) EOF is activated.

4.10 The Shift Manager/Plant Operations Manager (POM) **SHALL** establish and maintain accountability of all Operating Shift staff under the Shift Manager's control upon declaration of a Site Area Emergency or higher classification.

4.11 Until such time as the (A) EOF is activated, the Shift Manager/Plant Operations Manager **SHALL** assess the offsite consequences of any radiological release and, if appropriate, formulate offsite protective action recommendations. In all cases should a General Emergency be declared, protective action recommendations **SHALL** be formulated, approved and communicated to offsite authorities in accordance with implementing procedures.

4.12 For events classified as Unusual Events, the Shift Manager, acting as Emergency Director **SHALL** terminate the emergency and enter into recovery in accordance with implementing procedures. For all emergencies classified at the Alert level or higher, emergency termination and entry into the recovery phase **SHALL** be at the discretion of the On-Call Emergency Director in the (A)EOF.

4.13 The On-shift Radiation Protection Technician is responsible for monitoring Control Room habitability and establishment of Control Room contamination controls.

4.14 The Control Room Communicator **SHALL** perform duties in the Control Room (or alternate CCR if uninhabitable) under the Shift Manager's direction. These duties **SHALL** entail notifying the off-site authorities of an event at IPEC by utilizing the notification checklists (Forms EP-3N, 3A, 3S or 3G). Duties will also include use of RECS, radio, telephones and other communication equipment to provide directions and recommendations as appropriate from the Shift Manager. The CCR Communicator shall also remain ready to supply updates to the off-site authorities and support the Shift Manager (Emergency Director) with any other notifications or communications, as needed.

4.15 The Control Room Communicator is responsible for providing clear and concise communications between the CCR and other emergency response facilities.

4.16 The Control Room Support Staff person is responsible for assisting in the performance of CCR setup, second shift scheduling and faxing/record keeping.

4.17 The Facility Communicator is responsible to maintain communication with other facilities for the transfer of accurate and timely data and information.

5.0 DETAILS

5.1 The Shift Manager (SM)/Plant Operations Manager (POM) **SHALL** follow the instructions outlined in Attachment 9.1, Shift Manager/POM (Emergency Director) Checklist.

5.2 For an emergency at the other Unit, the Shift Manager (SM) **SHALL** follow the instructions outlined in Attachment 9.2, Shift Manager's Response to an Emergency at the Other Unit Checklist.

5.3 The Control Room Communicator **SHALL** follow the instructions outlined in Attachment 9.3, Control Room Communicator Checklist.

5.4 The Facility Communicator **SHALL** follow the instructions outlined in Attachment 9.4, Facility Communicator Checklist.

5.5 The On-Shift Radiation Protection Technician **SHALL** follow the instructions outlined in Attachment 9.5, On-Shift Radiation Protection Technician Checklist.

5.6 The On-Shift Chemistry Technician **SHALL** follow the instructions outlined in Attachment 9.6, On-Shift Chemistry Technician Checklist.

5.7 The Support Staff person **SHALL** follow the instructions outlined in Attachment 9.7, Support Staff Checklist.

6.0 INTERFACES

6.1 IP-EP-115, Emergency Plan Forms

6.2 IP-EP-120, Emergency Classification

6.3 IP-EP-310, Dose Assessment

6.4 IP-EP-410, Protective Action Recommendations

6.5 IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite

6.6. IP-EP-610, Emergency Termination and Recovery

6.7 IP-EP-340, Meteorological Information and Dose Assessment System (MIDAS)

6.8 0-FSG-100, BDBEE/ELAP Emergency Response

7.0 RECORDS

All Logs, Completed Forms and other records generated during an actual emergency **SHALL** be considered Quality Records and maintained for the life of the plant.

8.0 REQUIREMENTS AND COMMITMENT CROSS-REFERENCE

None

9.0 ATTACHMENTS

9.1 Shift Manager/POM (Emergency Director) Checklist

9.2 Shift Manager's Response to an Emergency at the Other Unit Checklist

9.3 Control Room Communicator Checklist

9.4 Facility Communicator Checklist

9.5 On-Shift Radiation Protection Technician Checklist

9.6 On-Shift Chemistry Technician Checklist

9.7 Support Staff Checklist

9.8 CCR Dose Assessor

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 1 of 13

NOTE:

This Attachment should not be entered by the Shift Manager if a natural or man-made catastrophic event has occurred and there is a loss of one of the Central Control Rooms. Procedure, 0-AOP-SEC-4 should be entered to support decision making by the SM.

NOTE:

The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity **NOTES**

A. **IF** at any time during the implementation of this procedure the SM is relieved by the POM or the ED in the (A)EOF, turnover **SHALL** be completed in accordance with section 2.5.

NOTE:
Authority to classify and declare an emergency is reserved solely for the Emergency Director and may not be delegated; however, the SM shall and verify an independent review of the EAL selected. The SM in the role of Emergency Director makes the initial emergency classification.

NOTE:

The Unit 2 & Unit 3 Shift Managers **SHALL** confer with each other for any event or condition which may affect both Units such as security or natural events. **IF** it is agreed that both units are affected, **THEN** the Unit 2 Shift Manager **SHALL** classify and declare the emergency and assume the role of Site Emergency Director in accordance with this procedure IP-EP-210, Central Control Room.

Attachment 9.1

Shift Manager/POM (Emergency Director) Checklist
Sheet 2 of 13

Initial Responsibility/Activity (cont.) **NOTES**

1.1 Classification of the Emergency

NOTE:

The assessment, classification, and declaration of an emergency condition is expected to be completed within 15 min after the availability of indications (i.e. plant instrumentation, plant alarms, computer displays, or incoming verbal reports) to plant operators that an EAL has been exceeded.

- **The 15 min criterion is not to be construed as a grace period to restore plant conditions to avoid declaring the event.**
- **The emergency declaration SHOULD be made promptly without waiting for the 15 min period to elapse once the EAL is recognized as being exceeded.**
- **For EALs that specify duration of the off normal condition, such as fire lasting 15 min, loss of power for 15 min etc.:**
  - **The ED SHALL make the declaration at the first available opportunity when the time has elapsed (NOT after an additional 15 minutes).**
  - **The ED SHOULD not wait until the applicable time has elapsed, but should declare the event as soon as it is determined that the condition will likely exceed the applicable time.**

NOTE:

VERIFY events that affect both units are classified as dual unit events ("BOTH UNITS" selected on NYS Part I form in MIDAS). The category that is automatically a dual unit event is Security. For events such as weather or loss of power, both units are affected as long as they are at the same level of classification (i.e. NUE). If one unit enters a higher classification at the initiating event (i.e. LOOP with one unit's EDGs all running and the other unit without EDGs running) or has to escalate then it becomes the only unit affected.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 3 of 13

Initial Responsibility/Activity (cont.) **NOTES**

A. **Classify** the emergency condition in accordance with IP-EP-120 "Emergency Classification" **AND** ensure independent verification of the EAL selected.

B. **Declare** the emergency, announce classification of the event to the Control Room **AND** document time of emergency declaration. Attachment 9.1

> **NOTE:**
>
> THE 15 - MINUTE CLOCK FOR INITIATION OF NOTIFICATION TO STATE AND LOCAL AUTHORITIES STARTS AT THIS POINT. THE 15 – MINUTE NOTIFICATION IS MET UPON FIRST ROLL CALL RESPONSE ON RECS CALL.

C. **IF** a Beyond Design Basis External Event (BDBEE) occurs that results in an Extended Loss of AC Power (ELAP) to either unit, **THEN** entry into 0-FSG-100, BDBEE/ELAP Emergency Response, is required.

> **NOTE:**
>
> Security and Operations will take steps as directed by Safeguard Instructions to protect the safety of site employees and the integrity of plant equipment.
>
> Site access and egress will be controlled per Security procedures.

D. **Obtain AND complete** steps in the applicable Emergency Notification Checklists:

1. **IF Notice of Unusual Event** is declared, use NUE checklist, Form **EP-3N**.
2. **IF ALERT** is declared, use ALERT checklist, Form **EP-3A**.
3. **IF Site Area Emergency** is declared, use SAE checklist, Form **EP-3S**.
4. **IF General Emergency** is declared, use GE checklist, Form **EP-3G**.

Attachment 9.1

Shift Manager/POM (Emergency Director) Checklist

Sheet 4 of 13

Initial Responsibility/Activity (cont.) **NOTES**

E. **IF** a General Emergency is declared, **THEN** protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations.

NOTE:
IP-EP-430 Site Assembly, Accountability and Relocation of Personnel Offsite provides guidance for the suspension of personnel assembly and accountability under certain conditions.

NOTE:
1. Notification of State and local authorities **SHALL** be initiated within 15 minutes of emergency declaration. **The 15 – minute notification is met upon FIRST ROLL CALL RESPONSE on RECS call.**
2. Notification of initial and upgrade **SHALL** be made to the NRC within 1 hour of the emergency declaration.

1.2 Assess Any Radiological Release

A. **IF** any indications exist of abnormal radiological release as a result of the emergency, **THEN** assess offsite consequences in accordance with IP-EP-310, Dose Assessment.

B. **IF** dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines **THEN** evaluate the need to modify the General Emergency PARs per IP-EP-410, Protective Action Recommendations.

1.3 Emergency Response Data System (ERDS)

A. **VERIFY** that ERDS is activated. ERDS must be activated within 1 hour of ALERT declaration **OR** higher.

B. Click Start – Programs – Nuclear Corporate Applications (ESM) – ERDS Activation – Site Activation Display

C. A "**Warning**" display screen will appear. Click on Continue.

D. A Pass Code entry screen will appear. Click on "Enter View Only Mode".

E. A "Select Reactor" message box will appear. Select the affected unit to verify and click "OK".

F. **VERIFY** ERDS Status is "**Transmitting Data**".

Attachment 9.1

Shift Manager/POM (Emergency Director) Checklist

Sheet 5 of 13

Initial Responsibility/Activity (cont.) **NOTES**

G. **IF** ERDS Status is "disconnected", **THEN** exit ERDS Activation Display. **ACTIVATE OR** request unaffected unit to activate ERDS within 1 hour.

H. **IF** TSC has been activated, TSC IT Specialist **OR** TSC Manager may be requested to activate ERDS as a backup to the CCR.

I. Click Start – Programs – Nuclear Corporate Applications (ESM) – ERDS Activation – Site Activation Display

J. A **"WARNING"** display screen will appear. Click on Continue

K. A Pass Code entry screen will appear. Obtain Pass Code from ERDS envelope in SM/POM position binder. Enter the appropriate pass code and press the "Submit" button. Pass Code is **NOT** case sensitive.

L. A "Select Reactor" message box will appear. Select the affected unit to activate.

M. **IF** emergency affects BOTH units, icon can be selected again to activate ERDS for other unit.

N. "Site ERDS Activation Display" will appear. Click "Connect" to activate ERDS.

O. **IF ERDS is not functional, obtain additional resources from the unaffected Unit to complete Forms 31 A,B,C or 42 A,B,C.**

NOTE:

These forms are EP-57, 58, 59 and EP-53, 54 and 55 respectively. Once completed, this information is to be given to the TSC to be faxed to the NRC within 60 minutes.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 6 of 13

2.0 Interim Responsibility/Activity
NOTES

NOTE:
IF while performing the Interim Responsibility/Activity steps as Emergency Director, you are relieved of Emergency Director Duties by the On-Call ED, **THEN** exit this section and enter the Continuous Responsibility/Activity (Shift Manager/POM) section at step 3.0.

2.1 Re-Classify the Emergency if Necessary

A. **IF** plant conditions change **OR** other events occur which may warrant upgrade of the emergency classification, **THEN** re-classify the emergency condition in accordance with IP-EP-120 "Emergency Classification".

B. Declare the emergency and announce the upgrade classification to Control Room personnel.

C. **IF ALERT** is declared, use ALERT checklist, Form **EP-3A.**

D. **IF Site Area Emergency** is declared, use SAE checklist, Form **EP-3S**.

E. **IF General Emergency** is declared, use GE checklist, Form **EP-3G**.

F. **IF** a General Emergency is declared, **THEN** protective action recommendations must be made in accordance with IP-EP-410, Protective Action Recommendations.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 7 of 13

Interim Responsibility/Activity (cont.) **NOTES**

2.2 Establish Radiological Controls and Maintain Onsite Personnel Safety

A. Keep Security informed of emergency classification, plant status and any radioactive release which may affect Security Personnel.

B. Once established, maintain personnel accountability.

C. **IF** the potential for abnormal radiological conditions in-plant or onsite exists, **THEN**:

1. Direct the On-Shift Radiation Protection Technician to establish radiological controls for the Control Room and initiate habitability monitoring for the Control Room.

2. Evaluate the need to relocate personnel offsite per IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite.

3. Authorize emergency exposure, if necessary, using Emergency Exposures Authorization Form (Form EP-4-ALL/EP-6).

4. **IF** Emergency Response Facilities are not operational, authorize issuance of Potassium Iodide (KI) to onsite personnel for any projected or actual Thyroid Exposure > 5 Rem CDE **OR** following declaration of a General Emergency IAW IP-EP-420, Use of Potassium Iodide by Indian Point Personnel During an Emergency.

5. **IF** authorization of issuance of Potassium Iodide (KI) is required **AND** On-Shift Radiological Protection Technician is not available (such as during a Hostile Action Based Event), **THEN** Shift Manager/POM **SHALL** conduct applicable radiological and/or KI briefings **AND** request the opposite unit Shift Manager/POM to conduct applicable radiological and/or KI briefings.

   1. Utilize Form EP-8-All/EP-65 to document date, time and name of personnel ingesting KI.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 8 of 13

Interim Responsibility/Activity (cont.) **NOTES**

2.3 Perform Periodic Update Notifications

A. Periodic update notifications to offsite authorities should be made approximately every 30 minutes or more frequently when plant conditions change. Time interval may be lengthened with concurrence of offsite agencies. For each update notification, complete (or have completed) and sign a "NYS Radiological Emergency Data Form, Part I" (Form EP-1).

B. FAX, then Email completed Part I Form to Offsite Authorities.

C. **IF** there has been a radiological release to the environment, **THEN** complete (or have completed) and sign a "NYS Radiological Data Form Part II (Form EP-2). Ensure independent verification of information prior to sending to Offsite Agencies

D. For periodic update notifications during Unusual Event, direct the CCR Communicator to confirm receipt of update notifications using "Control Room NUE Notification Checklist" (Form EP-3N).

E. For periodic update notifications during an Alert or higher classification, direct the CCR Communicator to confirm receipt of update notifications using "Control Room Alert/SAE/GE Notification Checklist (Form EP-3A, 3S or 3G as applicable).

2.4 Terminate the Emergency (Unusual Event Only)

A. When conditions warrant termination of the Unusual Event, enter IP-EP-610 Emergency Termination & Recovery and terminate the emergency per section 5.1 "Transition and Recovery Following an Unusual Event."

B. Exit this section after termination of the emergency and enter the Closeout Responsibility/Activity section at step 4.0.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 9 of 13

Interim Responsibility/Activity (cont.) **NOTES**

2.5 Turnover Emergency Director Responsibilities

> **NOTE:**
> For Unusual Events, the Shift Manager will normally maintain the Emergency Director responsibilities until the classification is terminated per IP-EP-610, Emergency Termination & Recovery. For Alert and higher classifications, the Plant Operations Manager (POM) will relieve the Shift Manager of Emergency Director Duties in the Control Room. The On-Call Emergency Director in the (A)EOF at his discretion may assume Emergency Director Duties directly from the Shift Manager via telephone turnover.

A. Provide a status briefing to the POM upon his arrival in the Control Room. The POM will request status on all of the information specified on an Essential Information Checklist. (Form EP-2-ALL/EP-9).

B. Provide copies of all completed NYS Radiological Emergency Data forms to the POM.

C. Resume duties as Shift Manager and proceed to step 3.0 in the Continuous Responsibility/Activity (Shift Manager/POM) section.

2.6 Turnover Emergency Director Responsibility's cont.

A. **IF** the POM is relieving the SM of ED responsibilities, **THEN** the POM **SHALL** continue those responsibilities where the SM left off, **AND** the SM shall resume Shift Manager Responsibilities.

B. **IF** the ED in (A)EOF is relieving the POM of ED responsibilities, **THEN** after turnover, the POM **SHALL** proceed to or continue in Section 3.0 of this procedure.

C. **IF** the ED in (A)EOF is relieving the SM of ED responsibilities, **THEN** after turnover, the SM **SHALL** proceed to or continue in Section 3.0 of this procedure.

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 10 of 13

Interim Responsibility/Activity (cont.) **NOTES**

D. After turnover to the EOF, the SM **SHALL** resume Shift Manager Responsibilities and the POM **SHALL** proceed to or continue in Section 3.0 of this procedure.

E. Due to unforeseen circumstances (illness, etc.) it may become necessary to transfer ED responsibilities back to the POM or SM.

3.0 Continuous Responsibility/Activity

3.1 Emergency Classification Upgrade or Radiological Release

A. **IF** at any time an Upgrade from the previously announced Emergency Classification is declared or if a Radiological release has occurred, **THEN:**

1. Announce the information to the Control Room.

> **NOTE:**
> No plant pages are to be made during a security condition when security procedures are in effect until determined safe to do so.

2. Direct Control Room personnel to sound the site assembly alarm and make appropriate Plant Pages per Form EP-3A, 3S or 3G if required, for the new Emergency Classification **OR** if a radiological release has occurred, without an Emergency Classification upgrade, then make appropriate Plant Pages without sounding the site assembly alarm.

3. Contact or direct Control Room personnel to contact, the unaffected Unit's Control Room to inform them of the upgrade in Emergency Classification or Radiological Release and the need to refer to IP-EP-210, Attachment 9.2, "Shift Manager Response to an Emergency at the Other Unit Checklist".

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 11 of 13

3.2 Provide Backup Plant Data to the TSC

A. **IF** the MRP-DAS is out-of-service **THEN** request the TSC to send an individual to the CCR to record plant data on Forms EP-57, 58 and 59 for Unit 3 and Forms EP-53, 54, and 55 for Unit 2 as needed, and to fax the forms to the TSC on a periodic basis or as plant status and conditions change.

3.3 Direct Entry Into Severe Accident Management

A. **IF** plant conditions warrant the transition to Severe Accident Management Guidelines (SAMG), **THEN** inform Emergency Plant Manager to have the SAMG Evaluator ready to take over Severe Accident Management.

3.4 Evaluate Emergency Action Levels

A. Continue to evaluate current plant condition and events relative to the emergency action levels as specified in IP-EP-120, Emergency Classification.

B. Make recommendations to the Emergency Director for upgrading of the emergency classification as appropriate.

3.5 Maintain Communications with the Emergency Director.

A. Keep the Emergency Director informed of current plant status and planned operations.

B. Discuss tasks and procedures the Control Room is currently performing and review priorities on a regular basis.

C. **IMMEDIATELY** inform the Emergency Director of any plant condition or event that has the potential to change the emergency classification or affect radiological release status.

3.6 Coordinate In-Plant team activities with Operations Support Position/OSC Manager

Attachment 9.1
Shift Manager/POM (Emergency Director) Checklist
Sheet 12 of 13

Interim Responsibility/Activity (cont.) **NOTES**

NOTE:
Once the OSC is activated, the dispatch of personnel **with the exception of NPOs** into the field for emergency operations is controlled from the OSC. **At an NUE OR an Alert, NPOs will report to and be dispatched from the Control Room. At an SAE OR GE, NPOs shall be dispatched out of the OSC.** Communications and directions can be provided to the teams from the Control Room; however, the OSC must retain team control for personnel safety and continuous accountability.

Continuous Responsibility/Activity (cont.) **NOTES**

A. Once the OSC is activated, coordinate the dispatch and control of NPOs assigned to perform in plant operations with the Operations Support Position located in the OSC. The telephone number is located in Emergency Telephone Directory (ETD). Utilize the Facility Communicator to coordinate this activity (Use Form EP-56).

   1. CCR should request two NPO teams, one for nuclear side tasking and one for conventional side tasking. Ensure that OSC OPS Support is updated as to their tasking and status.

B. For operations teams already dispatched and in the field prior to the OSC being activated, coordinate the transfer of team control to the OSC with the Operations Support Position.

C. Direct requests for in-plant operational support **IMMEDIATELY** to the Operations Support Position in the OSC to facilitate prompt response to Control Room needs.

D. Re-enforce Control Room priorities and needs with the OSC Manager if in-plant team support is not being provided in a timely and effective manner.

3.7 Request Technical Support as Needed to Mitigate the Emergency.

A. Request the TSC Manager to provide forward-looking technical support as needed to assist the Control Room staff in responding to the emergency.

Attachment 9.1

Shift Manager/POM (Emergency Director) Checklist

Sheet 13 of 13

Closeout Responsibility/Activity **NOTES**

B. Provide the TSC Manager with periodic briefs on current mitigation strategies and emergency procedures currently being implemented.

C. **IF** EOF is operational **AND** turnover with the Emergency Director at the EOF is completed, release unaffected unit's on shift Chemistry Technician/CCR Dose Assessor to return to the unaffected unit CCR.

3.8 Exit to Recovery Phase

Upon notification from the Emergency Director that the emergency has been terminated, exit this section and enter the Closeout Responsibility/Activity section at step 4.0 Attachment 9.1

4.0 Direct the Control Room staff to return all equipment utilized in the response to proper storage locations.

4.1 Review all documentation the Control Room staff generated during the emergency:

A. Ensure all logs, forms and other documentation is complete.

B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.

C. Collect all computer printouts and strip charts.

4.2 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.2

Shift Manager Response to an Emergency at Other Unit Checklist

Sheet 1 of 5

NOTES

NOTE:

This Attachment should not be entered by the Shift Manager if a natural or man-made catastrophic event has occurred and there is a loss of one of the Central Control Rooms. Procedure, 0-AOP-SEC-4 should be entered to support decision making by the SM.

NOTE:

The expectation for all ERO positions is to use WebEOC for log keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity

1.1 Notification of the Emergency

NOTE:

Shift Managers **SHALL** confer with each other for any event or condition which may affect both Units such as security or natural events. **IF** it is agreed that both units are affected, **THEN** the Unit 2 Shift Manager **SHALL** classify and declare the emergency and assume the role of site Emergency Director in accordance with this procedure, IP-EP-210, Central Control Room.

A. Upon notification from other Unit's Control Room that an event has been declared, announce the information to Control Room personnel.

Attachment 9.2

Shift Manager Response to an Emergency at Other Unit Checklist

Sheet 2 of 5

Initial Responsibility/Activity (cont.) **NOTES**

NOTE:
No plant pages are to be made during a security condition when security procedures are in effect until determined safe to do so.

1.2

A. UNUSUAL EVENT

1. Upon request from the affected unit, Notify **OR** Mobilize ERO using **ERO Notification Envelope**.

2. Make a PA announcement providing information regarding the event and any additional information as required restricting access to areas affected by the emergency.

B. ALERT

1. **IF** not already completed, upon request from the affected unit, Mobilize ERO using **ERO Notification Envelope**.

2. Sound the Site Assembly Alarm for (10) seconds (coordinate sounding of the assembly alarm with affected Unit CCR) and make the following announcement, (3) times, over the public address system.

"Attention all personnel, Attention all personnel, an ALERT has been declared at _____. All Emergency Response Organization personnel report to your assigned Emergency Response Facility. All other non-essential personnel are released from the site."

Attachment 9.2

Shift Manager Response to an Emergency at Other Unit Checklist

Sheet 3 of 5

Initial Responsibility/Activity (cont.) **NOTES**

3. Upon request from the Emergency Director, provide an On-Shift RP Technician **OR** On-Shift Chemistry Technician to support response.
4. **IF** requested by other Unit's SM/ED, verify ERDS is transmitting **OR** activate ERDS per Section 1.4 of Attachment 9.1 within 1 hour of declaration.

C. SITE AREA EMERGENCY / GENERAL EMERGENCY

1. **IF** not already completed, upon request from the affected unit, Mobilize ERO using **ERO Notification Envelope**.
2. Sound the Site Assembly Alarm for (10) seconds (coordinate sounding of the assembly alarm with other Unit CCR) and make the following announcement (3) times over the public address system:

"Attention all personnel, Attention all personnel, a (Site Area Emergency / General Emergency) has been declared at _____. All Emergency Response Organization personnel report to your assigned Emergency Response Facility. All other non-essential personnel report to either the Energy Education Center or the Generation Support Building."

3. **IF** a Radiological Release has occurred then direct the On-Shift Radiation Protection Technician to take proper Radiological Controls and perform Habitability surveys as required or if necessary.

Attachment 9.2
Shift Manager Response to an Emergency at Other Unit Checklist
Sheet 4 of 5

Initial Responsibility/Activity (cont.) **NOTES**

4. **IF** the affected plant Control Room has been evacuated **AND** dose assessment results indicate offsite consequences in excess of the EPA Protective Action Guidelines **THEN** evaluate the need to modify the General Emergency PARs per IP-EP-410, "Protective Action Recommendations".
5. Upon request from the Emergency Director, provide a Shift RP Technician **OR** On-Shift Chemistry Technician to support response.
6. **IF** requested by other Unit's SM/ED, verify ERDS is transmitting **OR** activate ERDS per Section 1.8 of Attachment 9.1 within 1 hour of declaration.

D. Radiological Release

1. Announce the information to the Control Room.
2. Direct Control Room personnel to make appropriate Plant Pages.
3. **IF** opposite Unit has a Radiological Release, **THEN** place CCR ventilation in Recirculation Mode.
4. Contact the On-Shift Radiation Protection Technician to take proper Radiological Controls and perform Habitability surveys as required or if necessary
5. Direct On-Shift Chemistry Technician to provide dose assessment support, as required.

2.0 Continuous Responsibility/Activity

2.1 Provide Support to Opposing Unit as Requested

A. Upon request from the Emergency Director, provide personnel, equipment and resources available to you.

2.2 Provide updates to personnel with information provided by the Emergency Director

A. When information is provided to you, use the public address system to disseminate that information to the personnel on Site.

Attachment 9.2

Shift Manager Response to an Emergency at Other Unit Checklist

Sheet 5 of 5

NOTES

2.3 Evaluate Emergency Action Levels

A. Continue to evaluate current plant condition and events relative to the Emergency Action Levels as specified in IP-EP-120, Emergency Classification and make recommendations for upgrade, if appropriate, to the Emergency Director.

3.0 Closeout Responsibility/Activity

3.1 Direct the Control Room staff to return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation the Control Room staff generated during the emergency:

A. Ensure all logs, forms and other documentation is complete.

B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.

C. Collect all computer printouts and strip charts.

3.3 Provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.3
Control Room Communicator Checklist
Sheet 1 of 6

NOTE:

The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity

NOTES

1.1 Assume the Duties of Control Room Communicator

NOTE:
1. Notification of State and local authorities **SHALL** be initiated within 15 minutes of emergency declaration. The 15 – minute notification is met upon the first ROLL CALL RESPONSE on RECS call.
2. Notification to NRC **SHALL** be initiated within 1 hour of the emergency declaration.

A. Upon being notified to fulfill the Control Room Communicator role, **IMMEDIATELY** report to the affected Unit's Control Room.

B. Inform the Shift Manager (Emergency Director) and the Control Room staff that you have assumed the duties of Control Room Communicator.

C. **IF** making the initial notification for a Notification of Unusual Event classification, **THEN**, proceed to step 1.2.

D. **IF** making the initial notification for an Alert or higher classification, **THEN**, proceed to step 1.4.

E. **IF** making a periodic update of the NUE, **THEN** proceed to step 2.1

F. **IF** making a periodic update of the Alert/SAE/GE, **THEN** proceed to step 2.2

G. **IF** making an upgrade classification, **THEN** proceed to step 2.3

Attachment 9.3

Control Room Communicator Checklist
Sheet 2 of 6

Initial Responsibility/Activity (cont.) **NOTES**

1.2 Perform Confirmation of Receipt of Initial UNUSUAL EVENT Notifications (Use Form EP-3N)

A. Obtain the completed and signed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature.

B. Verify SM has sent electronic Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.

C. Using, "Control Room NUE Notification Checklist" (Form EP-3N) start the initial roll call to State and counties within 15 minutes of the declaration of the Unusual Event. The 15 – minute notification is met upon the first ROLL CALL RESPONSE on RECS call. Confirm notification to each location.

D. **IF** time challenged to meet the 15 minute requirement, immediately initiate the RECS call. Following roll call, inform State and counties that FAX and email of Part 1 Form will follow.

E. **IF** plant condition/emergency classification changes prior to initiating notification:
   a. Disregard previous classification and continue notification with highest current classification.
   b. Follow-up notification **SHALL** include details of all conditions/emergency classifications.

F. **IF** plant condition/emergency classification changes while performing notification, **THEN** continue notification and state at the end the following "Changes in plant conditions indicate a potential for escalating the Emergency Classification. State and local authorities **SHALL** be notified within 15 minutes."

1.3 Support Shift Manager (Emergency Director) with other notifications.

A. Complete the remaining notifications as specified on the Control Room NUE Notification Checklist (Form EP-3N).

Attachment 9.3
Control Room Communicator Checklist
Sheet 3 of 6

Initial Responsibility/Activity (cont.) **NOTES**

1.4 Perform confirmation of receipt of Initial ALERT/SAE/GE Notifications (Use Form EP-3A, 3S or 3G as applicable)

A. Obtain the completed and signed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review form to ensure all required information is completed, including Shift Manager (Emergency Director) signature.
B. Verify that SM has sent Fax and E-mail of the NYS Radiological Data Form Part I to State/Counties/EOF.
C. **IF** time challenged to meet the 15 minute requirement, immediately initiate the RECS call. Following roll call, inform State and counties that FAX and email of Part 1 Form will follow.
D. Using "Control Room Notification Checklist Alert/SAE/GE (Form EP-3A, EP-3S or EP-3G as applicable), start the initial roll call to State and Counties within 15 minutes of the declaration of the Alert, SAE or GE. The 15 – minute notification is met upon the first ROLL CALL RESPONSE on RECS call. Confirm notification to each location.
E. Complete the remaining notifications as specified on the (Forms EP-3A, EP-3S or EP-3G as applicable).
F. **IF** plant condition/emergency classification changes prior to initiating notification:
   a. Disregard previous classification and continue notification with highest current classification.
   c. Follow-up notification **SHALL** include details of all conditions/emergency classifications.
G. **IF** plant condition/emergency classification changes while performing notification, **THEN** continue notification and state at the end the following "Changes in plant conditions indicate a potential for escalating the Emergency Classification. A completed Part I will be transmitted within 15 minutes.

Attachment 9.3

Control Room Communicator Checklist
Sheet 4 of 6

Initial Responsibility/Activity (cont.) **NOTES**

1.5 Support Shift Manager (Emergency Director) with other notifications

A. Determine if personnel assembly is being suspended from the Emergency Director.
B. Request direction from Shift Manager (Emergency Director) **AND** initiate notification of personnel located in the Protected Area if requested.
C. Complete the remaining notifications as specified on the (Form EP-3A, EP-3S or EP-3G Checklist as applicable).

2.0 Continuous Responsibility/Activity

2.1 Perform Periodic Update Notifications – UNUSUAL EVENT (Use Form EP-3)

NOTE:
Periodic Update Notifications to offsite authorities shall be made approximately every 30 minutes or whenever conditions change. Time interval may be lengthened with concurrence of offsite agencies.

A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Shift Manager. Review the form to ensure all required information is completed, including Emergency Director's signature.

B. Verify Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.

C. Using Control Room NUE Notification Checklist (Form EP-3N) perform notifications as needed, to make the periodic update notifications. Confirm notification to each location.

D. Fax, or have Support Staff Fax, copies of the NYS Radiological Data Form Part 1 to State/Counties/EOF.

Attachment 9.3
Control Room Communicator Checklist
Sheet 5 of 6

Continuous Responsibility/Activity (cont.) **NOTES**

2.2 Perform Periodic Update Notifications – Alert/SAE/GE (Use Form EP-3A, 3S or 3G as applicable)

> **NOTE:**
> Periodic Update Notifications to offsite authorities **SHALL** be made approximately every 30 minutes or whenever conditions change. Time interval may be lengthened with concurrence of offsite agencies.

A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) (Part II if a radiological release has occurred or is in progress) from the Emergency Director. Review form to ensure all required information is completed, including Emergency Director's signature.

B. Verify that SM has sent Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.

C. Using an Alert/SAE/GE Checklist (Form EP-3A, 3S or 3G as applicable) start the roll call to State and Counties. Confirm notification to each location.

D. Complete the remaining notifications as specified on the (Form EP-3A, 3S or 3G as applicable) Checklist.

2.3 IF the Emergency Classification is Upgraded, THEN Perform Upgrade Notifications (Use Form EP-3A, 3S or 3G as applicable)

A. Obtain the completed NYS Radiological Emergency Data Form Part I (Form EP-1) from the Emergency Director. Review form to ensure all required information is completed, including Emergency Director's signature.

B. Verify that SM has sent Fax and email of the NYS Radiological Data Form Part I to State/Counties/EOF.

Attachment 9.3
Control Room Communicator Checklist
Sheet 6 of 6

Continuous Responsibility/Activity (cont.) **NOTES**

C. Using an Alert/SAE/GE Checklist (Form EP-3A, 3S or 3G as applicable) start the roll call to State and Counties within 15 minutes of upgrade of the emergency classification.

D. Fax, or have Support Staff fax, copies of the NYS Radiological Data Form Part 1 to the State/Counties/EOF, **IF** required. Confirm notification to each location.

E. Support Shift Manager, as needed, with the remaining notifications as specified on the Checklist.

3.0 Closeout Responsibility/Activity

3.1 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations

3.2 Review all documentation the Control Room Communicators generated during the emergency:

A. Ensure all logs, forms and other documentation is complete.

B. Collect all forms, logs and other documentation.

3.3 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.4
Facility Communicator Checklist
Sheet 1 of 2

NOTE:

The expectation for all ERO positions is to use WebEOC for log keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Assume the Duties of Facility Communicator

A. Upon being notified to fulfill the Facility Communicator role, **IMMEDIATELY** report to the Control Room.

B. Inform the Shift Manager and the Control Room staff that you are assuming the duties of Facility Communicator.

C. **IF** not already established **THEN** establish an open line of communications over the Direct Line:

1. TSC
2. EOF
3. AEOF (if activated)

D. Inform the Shift Manager that you have established communications with the TSC/OSC and (A)EOF.

Attachment 9.4

Facility Communicator Checklist

Sheet 2 of 2

2.0 Continuous Responsibility/Activity **NOTES**

2.1 Maintain Communications with the TSC, OSC and (A)EOF

NOTE:
The primary responsibility of the Facility Communicator is to provide an open line of communication between the CCR and TSC; however, the Technical Advisor to the Emergency Director in the EOF will periodically monitor the communications line or will request information from the CCR and TSC.

A. Transmit information as requested by the TSC, OSC and EOF.
B. Notify the OSC Operations Support Position of teams (NPO's, Chemists etc.) that have been dispatched from the CCR and log this information into WebEOC.
C. Support Shift Manager (ED) or POM if in place, with coordination of dispatching and controlling of NPOs assigned to perform in-plant operations with the Operations Support position located in the OSC.
D. Use an ERO Log Sheet (Form EP-3-ALL/EP-10) to maintain a log.
   1. Log the time when you assumed the duties of Facility Communicator.
   2. Log significant communications pertaining to plant operations and emergency events.

3.0 Closeout Responsibility/Activity

3.1 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations

3.2 Review all documentation that was generated during the emergency:

A. Ensure all logs, forms and other documentation is complete.
B. Collect all forms, logs and other documentation.

3.3 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.5

On-Shift Radiation Protection Technician Checklist

Sheet 1 of 4

NOTE:

The expectation for all ERO positions is to use WebEOC for log keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Assume the Duties of CR Radiation Protection Technician

A. **IF** the declared emergency is an Alert or higher, **THEN** first contact the Control Point and obtain a list of personnel still in RCA.

B. **IMMEDIATELY** provide list of individuals still in the RCA to the Shift Manager.

C. Inform the Shift Manager and the Control Room staff that you are assuming the duties of the On-Shift Radiation Protection Technician.

1.2 Establish Initial CCR Radiological Protection

A. Evaluate the need and make a recommendation to establish radiological access control for the Control Room.

1. Ask the Shift Manager if there is potential for abnormal radiological conditions outside of the RCA.

2. Evaluate PRM-ARM instrumentation.

B. Place a DLR and dosimeter on the computer terminal by the RO's desk.

C. Issue DLR and dosimeters to persons who are dispatched from the CCR, if necessary.

Attachment 9.5

On-Shift Radiation Protection Technician Checklist

Sheet 2 of 4

Initial Responsibility/Activity (cont.) **NOTES**

D. **IF** conditions warrant, or the Shift Manager directs that Control Room radiological controls be established, **THEN**:

1. Set up step off pad (SOP) requiring shoe check and frisker at the CR entrance.
2. Post rear door with "NO ENTRY/EXIT" signs.
3. Place SOPs in a position that does not preclude opening the door while standing on the SOP.
4. Set up Frisker and perform periodic contamination surveys on both sides of the SOP.
5. Perform periodic (hourly or as directed) airborne contamination checks with HD-28B or equivalent.
6. Record results on applicable forms and survey maps.

2.0 Continuous Responsibility/Activity

2.1 Provide Radiological Protection.

NOTE:
The actions and responsibilities listed in this procedure are intended to assist the CCR Radiation Protection Technician in the performance of his/her duties. While some items are performed once, others are repeated over the duration of the event.

A. Provide radiological support, such as issuance of dosimetry, determination of respiratory and protective clothing requirements, and performance of radiological surveys for the following activities, as directed by the Shift Manager:

1. Search and rescue
2. Repair and corrective actions

Attachment 9.5

On-Shift Radiation Protection Technician Checklist

Sheet 3 of 4

Continuous Responsibility/Activity (cont.) **NOTES**

3. Response to fires by Fire Brigade (includes survey /decontamination of Fire Department personnel and equipment)

4. Personnel and equipment decontamination

5. As requested by the Shift Manager

B. Conduct outside surveys as requested by the Shift Manager

C. Provide Radiological Support for Personnel Medical Emergencies

1. Upon notification that a personnel medical emergency has occurred onsite, report to the scene with survey instrument(s).

2. Support Medical response as necessary.

D. **IF** radiological conditions warrant **AND** requested by the Shift Manager/ED, issue KI to control room personnel.

1. Conduct applicable radiological and/or KI briefings to CCR personnel.

2. Utilize Form EP-8-ALL/EP-65 to document date, time and name of personnel ingesting KI.

2.2 Use ERO Log Sheet(s) (Form EP-3-ALL/EP-10) to maintain a log.

A. Log the time when you assumed the duties of CCR Radiation Protection Technician.

B. Log significant communications pertaining to personnel radiological conditions and actions.

C. Log any other significant information pertaining to actions taken as duty of Radiation Protection Technician. (i.e., surveys completed dosimetry issuance, A/S results, etc.)

Attachment 9.5

On-Shift Radiation Protection Technician Checklist

Sheet 4 of 4

3.0	**Closeout Responsibility/Activity**	**NOTES**
3.1	**When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.**	
3.2	**Review all documentation that was generated during the emergency:**	
	A. Ensure all logs, forms and other documentation is complete.	
	B. Collect all forms, logs and other documentation.	
3.3	**Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.**	

Attachment 9.6

On-Shift Chemistry Technician Checklist

Sheet 1 of 2

NOTE:

The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Assume the Duties of On-Shift Chemistry Technician.

A. Upon being notified to fulfill the On-Shift Chemistry Technician role, **IMMEDIATELY** report to the Control Room.

B. Inform the Shift Manager and the Control Room staff that you are assuming the duties of On-Shift Chemistry Technician.

1.2 Assist the Shift Manager/Plant Operations Manager with Emergency Planning duties as requested.

2.0 Continuous Responsibility/Activity

2.1 Use ERO Log Sheet(s) (Form EP-3-ALL/EP-10) to maintain a log.

A. Log the time when you assumed the duties of On-Shift Chemistry Technician.

B. Log significant communications pertaining to radiological releases and emergency events.

Attachment 9.6

On-Shift Chemistry Technician Checklist

Sheet 2 of 2

3.0 Closeout Responsibility/Activity

3.1 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation generated during the emergency:

A. Ensure all logs, forms and other documentation is complete

B. Collect all forms, logs and other documentation.

3.3 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.7
Support Staff Checklist
Sheet 1 of 4

NOTE:

The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Assume the Duties of Support Staff.

A. Upon being notified to fulfill the Support Staff role, **IMMEDIATELY** report to the Control Room.

B. Inform the Shift Manager and the Control Room staff that you are assuming the duties of Support Staff.

1.2 Assist the Plant Operations Manager (POM) with CCR set-up.

A. Distribute Position Specific Binders to the following:

1. SM/POM
2. CCR Communicator
3. Facility Communicator
4. On-Shift Radiation Protection Technician
5. On-Shift Chemistry Technician
6. Support Staff

B. Plug in phones and headsets, if needed.

C. Verify the IPEC 10-mile Wind Sector Map in-place.

Attachment 9.7
Support Staff Checklist
Sheet 2 of 4

Initial Responsibility/Activity (cont.)	**NOTES**
D. Verify appropriate emergency classification signs in place (NUE, Alert, SAE, and GE).	
E. Set up and test fax machines.	
F. Notify SM/POM (ED) that CCR setup is complete.	
1.3 Assist with accountability	
A. Using (Form EP-47), Accountability Roster, generate a list of individuals that are in your facility; record badge numbers.	
B. Using (Form EP-47), Accountability Roster, record the names, badge numbers and locations of any watch personnel located in the field and forward roster to the Lead Accountability Officer (LAO).	
2.0 Continuous Responsibility/Activity	
2.1 Assist with maintaining accountability	
A. Using (Form EP-47), Accountability Roster, generate a list and record the names, badge numbers and locations of any individuals as they enter/exit the control room.	
2.2 Assist POM in scheduling second shift	
A. Rosters of trained personnel are located in the Emergency Telephone Directory.	
B. Call office extensions, beepers and home numbers as necessary to identify and schedule second shift relief. Complete CCR staffing using Form EP-43 **AND** forward to Admin & Logistics Coordinator in EOF.	

Attachment 9.7
Support Staff Checklist
Sheet 3 of 4

Continuous Responsibility/Activity (cont.) **NOTES**

2.3 Fax forms, when completed, to off-site agencies and emergency facilities

> **NOTE:**
> 1. When NYS and County EOCs are activated, discontinue faxing Part I forms to Warning Points
> 2. When the EOF assumes responsibility for offsite notifications, discontinue faxing Part I and Part II forms to offsite agencies.

A. "NYS Radiological Emergency Data Form" Part I "General Information Instructions" (Form EP-1)

1. NYS/County Warning Points
2. NYS/County EOCs
3. EOF/AEOF
4. JIC

B. "NYS Radiological Emergency Data Form" Part II "Radiological Assessment Data" (Form EP-2)

1. NYS/County EOCs
2. EOF/AEOF
3. JIC

C. When the (A)EOF assumes responsibility for offsite notifications, discontinue faxing Part I and Part II forms to offsite agencies. **IF** MRP-DAS is not operational **THEN** fax the following completed forms to the TSC and (A)EOF:

1. For Unit 2 – Form EP-53, Form EP-54, and Form EP-55.
2. For Unit 3 - Form EP-57, Form EP-58, and Form EP-59.

Attachment 9.7

Support Staff Checklist

Sheet 4 of 4

Continuous Responsibility/Activity (cont.) **NOTES**

2.4 Receive faxes from the EOF/AEOF, when activated

A. Form EP-1 "NYS Radiological Emergency Data Form" Part I "General Information Instructions" (Form EP-1)

B. Form EP-2 "NYS Radiological Emergency Data Form" Part II "Radiological Assessment Data" (Form EP-2)

3.0 Closeout Responsibility/Activity

3.1 When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation generated during the emergency:

A. Ensure all logs, forms and other documentation is complete.

B. Collect all forms, logs and other documentation.

3.3 Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.8

CCR Dose Assessor Checklist

Sheet 1 of 2

NOTE:

The expectation for all ERO positions is to use WebEOC for log-keeping purposes. Reference to traditional paper forms remains in this checklist for the situation in which WebEOC is unavailable, such as a power or computer failure.

NOTE:

This position is normally staffed by the unaffected unit's on-shift Chemistry Technician

1.0 Initial Responsibility/Activity

1.1 Assume the Duties of a CCR Dose Assessor

A. Upon being notified of a Declared Emergency **IMMEDIATELY** report to the normally assigned Control Room.

B. Inform the Shift Manager that you are available to perform the duties of the CCR Dose Assessor.

2.0 Continuous Responsibility/Activity

2.1 Assist the Shift Manager/Plant Operations Manager with Emergency Planning duties as requested.

NOTE:

IP-EP-340 Attachment 9.4 may be used for CCR Plant Vent or S/G Tube Rupture Quick Dose Calculations, and Multiple Accident Calculations.

Attachment 9.8
CCR Dose Assessor Checklist
Sheet 2 of 2

Continuous Responsibility/Activity

NOTE:

A NYS Part 2 Form **SHALL** be completed as soon as possible after it has been determined that a release above Federal Limits exists, a significant change in the radiation release, and updated approximately 30 minutes.

A. Perform Dose Assessment using IP-EP-340

B. Produce a NYS Part 2 Form

C. Get NYS Part 2 Form approved by the Shift Manager

D. Transmit NYS Part 2 Form

2.2 Determine need for a subsequent dose assessment and Part 2. Perform if necessary.

2.3 When directed by the Shift Manager, turn over Dose Assessment responsibilities to the Dose Assessor in the EOF.

3.0 **Closeout Responsibility/Activity**

3.1 **When directed by the Shift Manager, return all equipment utilized in the response to proper storage locations.**

3.2 **Review all documentation generated during the emergency:**

A. Ensure all logs, forms and other documentation is complete

B. Collect all forms, logs and other documentation.

3.3 **Provide all logs and records to the Shift Manager upon termination of the emergency and entry into the Recovery Phase.**

Procedure/Document Number: IP-EP-240	Revision: 7
Equipment/Facility/Other: IPEC	
Title: Security	

Part I. Description of Activity Being Reviewed (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

This revision made changes to, added or deleted EP forms.

- Replaced IPEC site specific Form EP-14 with Fleet Standard EP-7-ALL.

Part II. Emergency Plan Sections Reviewed (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE OR EAL OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10 CFR 50.54(q)(2) DOCUMENTATION IS REQUIRED.

- Section H Emergency Facility and Equipment

Part III. Ability to Maintain the Emergency Plan (Answer the following questions related to impact on the ability to maintain the emergency plan):

1. Do any elements of the activity change information contained in the emergency plan (procedure section 3.0[6])?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

2. Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

3. Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

4. Do any elements of the activity change the Evacuation Time Estimate results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

5. Do any elements of the activity change the Onshift Staffing Analysis results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

Procedure/Document Number: IP-EP-240	Revision: 7
Equipment/Facility/Other: IPEC	
Title: Security	

Part IV. Maintaining the Emergency Plan Conclusion The questions in Part II do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part IV document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
2. Check the box below when the 10 CFR 50.54(q)(2) review completes all actions for all elements of the activity – no 10 CFR 50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.

☒ I have completed a review of this activity in accordance with 10 CFR 50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

The EP-14 and EP-7-ALL are both used for facility sign in. The fleet form was adopted by IPEC and the IPEC specific form was deleted in order to be consistent with the fleet and to ensure the standard fleet facilities procedures are being followed as required.

Section H of the IPEC emergency plan describes the emergency facilities and equipment used by the ERO There was not change to the facilities or equipment with this form change.

Revision 7 of IP-EP-240 does not change the effectiveness of and does not make any changes to the IPEC emergency plan.

Part V. Signatures:

Preparer Name (Print) Rebecca A. Martin Sr. EP Project Manager	Preparer Signature Rebecca A Martin	Date: 9/8/16
(Optional) Reviewer Name (Print)	Reviewer Signature	Date:
Reviewer Name (Print) Timothy F. Garvey Nuclear EP Project Manager	Reviewer Signature Tim Garvey	Date: 9/9/16
Reviewer Name (Print) Lori A. Glander Manager, Emergency Planning or designee	Reviewer Signature Lori A Glander	Date: 9-9-16

ATTACHMENT 10.2 **IPEC PROCEDURE REVIEW AND APPROVAL**

(Page 1 of 1)

Procedure Title: Security

Procedure No: IP-EP-240 Existing Rev: 6 New Rev: 7 DRN/EC No: DRN-16-01244

Procedure Activity (MARK Applicable)	☐ Converted To IPEC, Replaces:	Temporary Procedure Change (MARK Applicable)
☐ NEW PROCEDURE ☐ GENERAL REVISION ☒ PARTIAL REVISION ☐ EDITORIAL REVISION ☐ VOID PROCEDURE ☐ SUPERSEDED	Unit 1 Procedure No: _____ Unit 2 Procedure No: _____ Unit 3 Procedure No: _____	☐ EDITORIAL Temporary Procedure Change (Enter Step Number in Revision Summary) ☐ ADVANCE Temporary Procedure Change ☐ CONDITIONAL Temporary Procedure Change Terminating Condition: _____
☐ RAPID REVISION	Document in Microsoft Word: ☒ Yes ☐ No	☐ VOID DRN/TPC No(s): _____

Revision Summary ☐ N/A - See Revision Summary page.

Deleted Form EP-14 and replaced with EP-7-ALL. See matrix.

Implementation Requirements

Implementation Plan? ☐ Yes ☒ No Formal Training? ☐ Yes ☒No Special Handling? ☐ Yes ☒No

RPO Dept: Emergency Planning Writer (Print Name/ Ext/ Sign): Rebecca A. Martin / x7107 / Rebecca A. Martin

Review and Approval (Per Attachment 10.1, IPEC Review And Approval Requirements)

1. ☐ Technical Reviewer Anthony Ambrose / [signature] 9/8/16
   (Print Name/ Signature/ Date)
2. ☐ Cross-Disciplinary Reviewers:
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
3. RPO Responsibilities: Lori A. Glander/ [signature] 9-9-16
   (Print Name/ Signature/ Date)
   - ☐ PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
   - ☒ Previous exclusion from further LI-100 Review is still valid
   - ☐ PAD not required due to type of change
4. ☐ Non-Intent Determination Complete: _____
   (Print Name/ Signature/ Date)

   NO change of purpose or scope
   NO reduction in the level of nuclear safety
   NO voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for the procedure was eliminated via an alternate process
   NO change to less restrictive acceptance criteria
   NO change to steps previously identified as commitment steps
   NO deviation from the Quality Assurance Program Manual
   NO change that may result in deviations from Technical Specifications, FSAR, plant design requirements, or previously made commitments
5. ☐ On-Shift Shift Manager/CRS: N/A
   (Print Name/ Signature/ Date)
6. ☐ User Validation: User: N/A Validator: N/A
7. ☐ Special Handling Requirements Understood: N/A
   (Print Name/ Signature/ Date)

Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

Section 1

Doc/Procedure Type: (circle one) Administrative / Implementing / EPLAN

Doc/Procedure No: IP EP 240 C/R: Yes X No ___ C/R No. CR-2-16-3913 CA 3

Doc/Procedure Title: Security Rev No: 7 Rev Distribution Date: 9/13/2016

Reason for EPDCC: _____ New X Revision ___ Cancel Date of EPDCC: 9/8/16

Section 2

Change Description

1. Originator: Rebecca A. Martin Rebecca A Martin

2. Class of Change: Technical Correction ____ New Commitment ____ Other X

3. Page numbers affected and reason for change: Replaced form EP-14 with Form EP-7-ALL.

4. Emergency Planning Documents Affected: NA

5. Emergency Planning Procedures Affected: NA

6. References: Other Procedure(s) # None Regulatory Document # None

   Other: None

7. Reviewed training requirements with department training coordinator NA date _____

8. The following are complete, or are not applicable and are so marked.

   Tech Review X 50.54q X ENN-LI-100 N/A PL-155 N/A SMM-AD-102 X

   Manager approval X

9. Both table of contents and transmittals are complete_____ date _____

10. Approved doc/procedure delivered to Document Control for distribution _____date_____

11. Position Binders updated if applicable _____ date _____

12. Copy of EPDCC and document/procedure placed in EP file_____ _____date_____

CONTROLLED

Security

Prepared by:	Rebecca A. Martin Print Name	Rebecca A Martin Signature	9/8/16 Date
Approval:	Lori A. Glander Print Name	L A Glander Signature	9-9-16 Date

Effective Date: September 13, 2016

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Security

1.0 PURPOSE

To describe emergency response activities and operations of the Security Force during emergencies declared as an Alert, Site Area Emergency or General Emergency in accordance with the Emergency Plan for Indian Point Energy Center.

2.0 REFERENCES

None

3.0 DEFINITIONS

None

4.0 RESPONSIBILITIES

4.1 The Security Shift Supervisor (SSS) is responsible for:

4.1.1 Initial security emergency functions

4.1.2 Ensuring notification of the Local Law Enforcement Agencies (LLEA).

4.1.3 Ensuring staffing of the Incident Command Post.

4.1.4 Ensuring control of site access and egress.

4.1.5 Establishing site accountability when directed by the Emergency Director in accordance with IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite

4.1.6 Providing emergency facility security support in the EOF as requested, if staffing permits.

4.1.7 Providing offsite responder/vehicle escort if required (fire, medical).

4.2 The Incident Command Post is responsible for:

4.2.1 Incident Command functions during a declared event.

4.2.2 Coordinating and directing the LLEA.

4.2.3 Coordinating and controlling ingress of offsite responders such as fire and medical support.

4.3 The OSC Security Coordinator is responsible for providing interface between the station Security Force and onsite Emergency Response Organization and for tracking station security personnel radiation exposures.

4.4 The Security Alarm Station Operators are responsible for:

4.4.1 Establishing and maintaining accountability of the Security Officers.

4.4.2 Keeping the on duty Security Force informed of plant conditions, hazards and emergency classifications.

4.5 Security force members assigned to the Protected Area Access Facility (PAAF) are responsible for expediting egress from the site upon sounding of the Station Assembly Alarm and controlling access of essential Emergency Response Organization personnel and keeping the Lead Accountability Officer and OSC Security Coordinator informed of individuals entering the Protected Area during initial accountability.

4.6 EOF and JIC are responsible for establishing security checkpoints at their respective facilities and controlling access to authorized personnel.

5.0 DETAILS

5.1 The Security Shift Supervisor (SSS) shall follow the instructions outlined in Attachment 9.1, Security Shift Supervisor Checklist and Attachment 9.5 Owner Controlled Area Security Checklist

5.2 The Security Alarm Station Operators shall follow the instructions outlined in Attachment 9.2, Alarm Station Checklist.

5.3 The Security Force Member (SFM) assigned to the access facilities shall follow the instructions outlined in Attachment 9.3, Access Facility Checklist.

5.4 EOF Security, when posted, shall follow the instructions outlined in Attachment 9.4, EOF Security Checklist.

5.5 Instructions for site (outside the Protected Area) security control are outlined in Attachment 9.5, Owner Controlled Area Security Checklist.

5.6 Instructions for the conduct of a security sweep and evacuation of the Owner Controlled Area are outlined in Attachment 9.6, Security Sweep/Evacuation of Owner Controlled Area.

5.7 Security established at the JIC shall follow instructions outlined in IP-EP-260, JIC.

6.0 INTERFACES

6.1 IP-EP-210, Control Room

6.2 IP-EP-230, OSC

6.3 IP-EP-250, EOF

6.4 IP-EP-260, JIC

6.5 IP-EP-430, Site Assembly, Accountability and Relocation of Personnel Offsite

7.0 RECORDS

None

8.0 REQUIREMENTS AND COMMITMENT CROSS-REFERENCE

None

9.0 ATTACHMENTS

9.1 Security Shift Supervisor Checklist

9.2 Alarm Station Checklist

9.3 Access Facility Checklist

9.4 EOF Security Checklist

9.5 Owner Controlled Area Security Checklist

9.6 Security Sweep/Evacuation of Owner Controlled Area

Attachment 9.1

Security Shift Supervisor (SSS) Checklist

Sheet 1 of 4

1.0	Initial Responsibility/Activity	Notes
1.1	**Notification of the Emergency**	
	A. Direct Alarm Station Operators to ensure all Security personnel are made aware of the emergency classification.	
	B. Notify Local Law Enforcement Agencies in coordination with the Central Control Room.	
1.2	**Ensure Staffing of the Incident Command Post**	
1.3	**Establish Initial Assembly and Protected Area Access Control**	
	At an Alert or higher classification, BOTH Unit 2 AND Unit 3 Site Assembly alarms will be sounded. WHEN the site assembly alarm is sounded or when directed by the Emergency Director:	
	A. Implement (or delegate a Security Shift Lead to implement) IP-EP-430 Attachment 2, Lead Accountability Officer (LAO) Checklist concurrent with this checklist.	
	B. Stop all ingress to the Protected Area, with the exception of Emergency Response Organization personnel, NRC, other Federal Agents and Local Law Enforcement Agencies (LLEA).	
	C. Expedite the egress of non-essential personnel from the Protected Area.	
	D. Direct Protected Area patrols to perform route alerting using instructions on the Security Route Alerting (Form EP-60).	

Attachment 9.1

Security Shift Supervisor (SSS) Checklist

Sheet 2 of 4

Initial Responsibility/Activity (cont)	**Notes**
1.4 Control Protected Area Access	
A. Direct the Access Facility to allow access to the Protected Areas ONLY by Emergency Response Organization personnel, **OR** other individuals authorized by the OSC Manager, Emergency Plant Manager, Emergency Director, or Shift Manager.	
B. During initial accountability, direct the Access Facility that when individuals enter the Protected Area, to report the name(s) of the individual(s) to the LAO and OSC Manager.	
1.5 Establish Owner Controlled Area Security Controls	
A. Direct Security Force Members at the Main Gate to only allow Emergency Response Organization personnel entry to the site. Emergency Response Organization personnel include:	
1. Indian Point personnel who are assigned to the Emergency Response Organization.	
2. Federal, State/County and LLEA officials who are reporting to the site to support emergency operations.	
3. Anyone authorized by the Emergency Director, OSC Manager, Shift Manager, or Emergency Plant Manager.	
B. When directed by the Emergency Director, dispatch Security Officer(s) to conduct a sweep and evacuation of the Owner Controlled Area, per Attachment 9.6, Security Sweep/Evacuation of Owner Controlled Area.	

Attachment 9.1

Security Shift Supervisor (SSS) Checklist

Sheet 3 of 4

Initial Responsibility/Activity (cont)	Notes
1.6 Establish Security at the EOF	
A. If a security event has not been declared and staffing permits, send (or call in from offsite) two officers to the Emergency Operations Facility (EOF).	
B. Direct them to establish a security checkpoint at the EOF in accordance with Attachment 9.4, EOF Security Checklist.	
1.7 Establish Fitness for Duty Controls	
A. **IF** personnel are being called in who were not scheduled to be at the station **THEN** call in technicians to perform breath tests as needed. Refer to the IPEC Fitness For Duty program.	
2.0 Continuous Responsibility/Activity	
2.1 Maintain Emergency Site and Protected Area Security Controls	
A. Until directed otherwise by the Emergency Director or Emergency Plant Manager/Plant Operations Manager, allow Emergency Response Organization personnel, NRC, other Federal Agents and Local Law Enforcement Agencies (LLEA) access to the Owner Controlled and Protected Areas.	
B. Keep all members of the on duty security force informed of the emergency conditions.	

Attachment 9.1

Security Shift Supervisor (SSS) Checklist

Sheet 4 of 4

3.0	Closeout Responsibility/Activity	NOTES
3.1	**Direct the Security Force Members to return all equipment utilized in the response to proper storage locations.**	
3.2	**Review all documentation the Security Force Members generated during the emergency:**	
	A. Ensure all logs, forms and other documentation are complete.	
	B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.	
	C. Collect all computer printouts.	
3.3	**Provide all logs to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.**	

Attachment 9.2

Alarm Station Checklist

Sheet 1 of 2

1.0 Initial Responsibility/Activity **Notes**

1.1 Notification of the Emergency

A. Ensure all Security personnel are made aware of the emergency classification.

1.2 Establish Initial Assembly and Protected Area Access Control

At an Alert or higher classification, BOTH Unit 2 AND Unit 3 Site Assembly alarms will be sounded. **WHEN** the site assembly alarm is sounded or when directed by the Emergency Director:

A. Conduct a radio check with each Security Force member to assure that they are accounted for.

B. Account for all Security Force Members by utilization of Duty Roster of the Security Force personnel contacted during the radio check.

C. Add to the list any individuals that may have been manually given Protected Area access (not carded in).

D. Have the completed Security Accountability Roster (with security force names and badge numbers) delivered immediately to the Lead Accountability Officer. The Security Accountability Roster should be delivered to the Lead Accountability Officer within 15 minutes of the sounding of the Site Assembly Alarm.

2.0 Continuous Responsibility/Activity

2.1 Keep Members of the Security Force informed on Emergency Conditions

A. Inform them of changes in Emergency Classification

B. Inform them of any hazardous conditions you become aware of.

Attachment 9.2

Alarm Station Checklist

Sheet 2 of 2

3.0 Closeout Responsibility/Activity

3.1 Direct the Security Force Members to return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation the Security Force Members generated during the emergency:

A. Ensure all logs, forms and other documentation are complete.

B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.

C. Collect all computer printouts.

D. Provide all logs to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.3

Access Facility Checklist

Sheet 1 of 1

1.0 Initial Responsibility/Activity — **Notes**

1.1 Establish Initial Assembly and Protected Area Access Control

At an Alert or higher classification, BOTH Unit 2 AND Unit 3 Site Assembly alarms will be sounded. **WHEN** the site assembly alarm is sounded or when directed by CAS/SAS or the Security Shift Supervisor:

A. Expedite the egress of non-essentials from the Protected Area.

B. Only allow Essential Personnel to enter the Protected Area. Essential Personnel are:

1. Members of the Emergency Response Organization (ERO members are listed in the Emergency Telephone Directory).

2. Additional personnel authorized by the Shift Manager, OSC Manager, Emergency Director, or Emergency Plant Manager.

2.0 Continuous Responsibility/Activity

2.1 Maintain Emergency Protected Area Security Controls

3.0 Closeout Responsibility/Activity

3.1 Direct the Security Force Members to return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation the Security Force Members generated during the emergency:

A. Complete all logs, forms and other documentation.

B. Provide all logs and records to the SSS upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.4

EOF Security Checklist

Sheet 1 of 4

1.0 Initial Responsibility/Activity **Notes**

1.1 Establish Security Controls at the Emergency Operations Facility (EOF)

A. Set up a Security Checkpoint at the entrance to the EOF (see attached drawing for location of security checkpoint and area to control).

NOTES:

IF there is any question if an individual should be allowed to enter the EOF **THEN** request clearance from the Emergency Director or the EOF Manager.

Individuals entering the EOF during emergencies must be screened in accordance with the Fitness for Duty program. The Emergency Director may authorize individuals not meeting these requirements into the EOF.

B. Allow only the following personnel into the EOF :

1. Indian Point Emergency Response Organization Personnel.
2. Indian Point/Entergy Corporate Personnel.
3. State and County Officials (with official identifications)
4. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency
5. Individuals authorized by the Emergency Director or the EOF Manager
6. Local Law Enforcement Agents (LLEA)

NOTE:

IF individuals are only going to another room within the Buchanan Service Center **THEN** it is not necessary to log them in and out each time they leave the EOF.

C. Maintain an "EOF Facility Sign-in Log" (Form EP-7-ALL), complete with names of all personnel within the EOF.

Attachment 9.4

EOF Security Checklist

Sheet 2 of 4

2.0 Continuous Responsibility/Activity **Notes**

2.1 Maintain access control to the EOF area

A. Continue to allow only authorized individuals into the EOF and maintain Security Sign in Log.

3.0 Closeout Responsibility/Activity

3.1 Return all equipment utilized in the response to proper storage locations.

3.2 Review all documentation generated during the emergency:

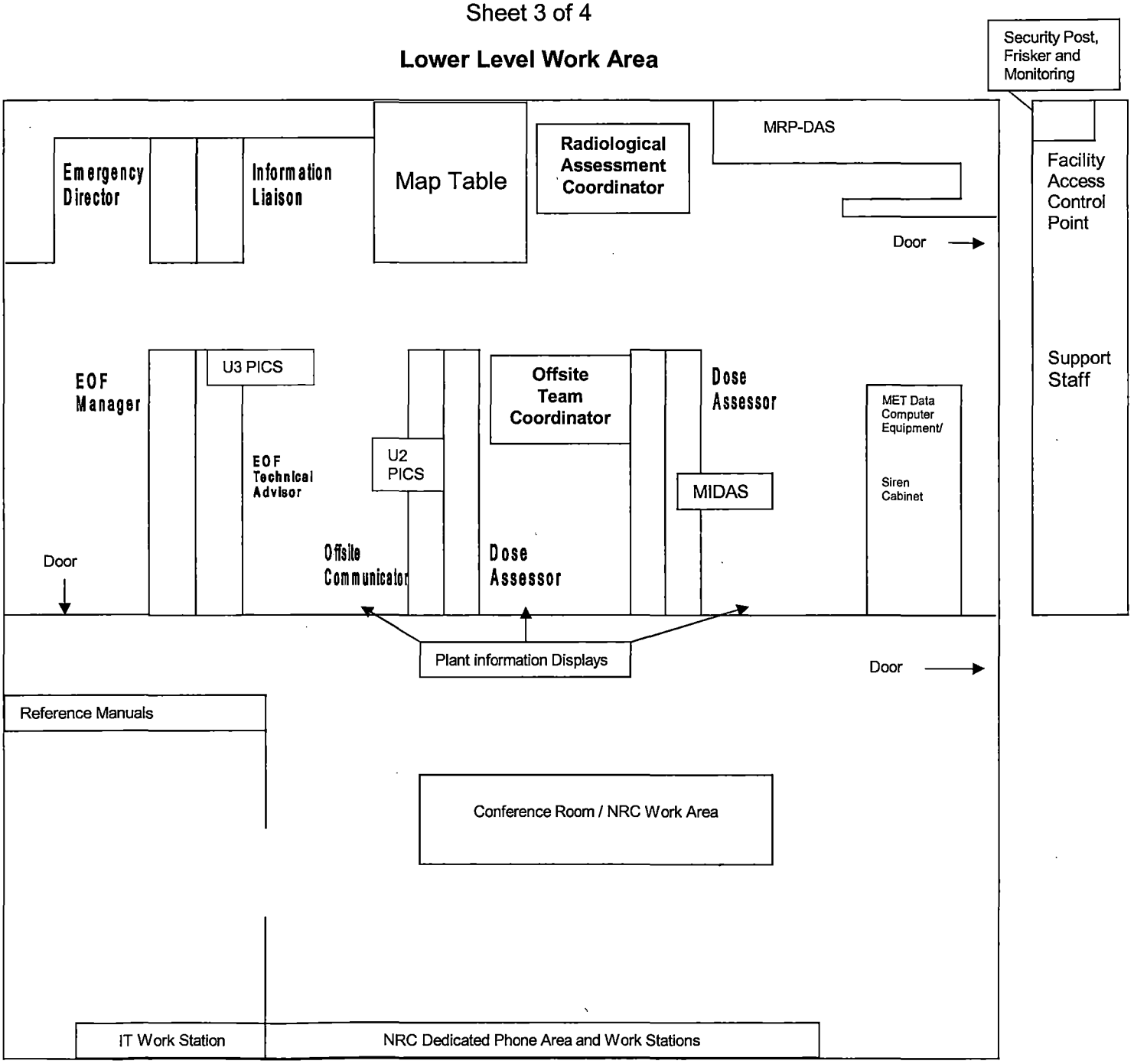
A. Ensure all logs, forms and other documentation are complete.

B. Ensure all temporary procedures used and/or developed are properly documented for use by the Recovery Organization so that necessary actions can be taken for long-term restoration.

C. Provide all logs and records to the Emergency Director upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.4
EOF Layout
Sheet 3 of 4

Lower Level Work Area

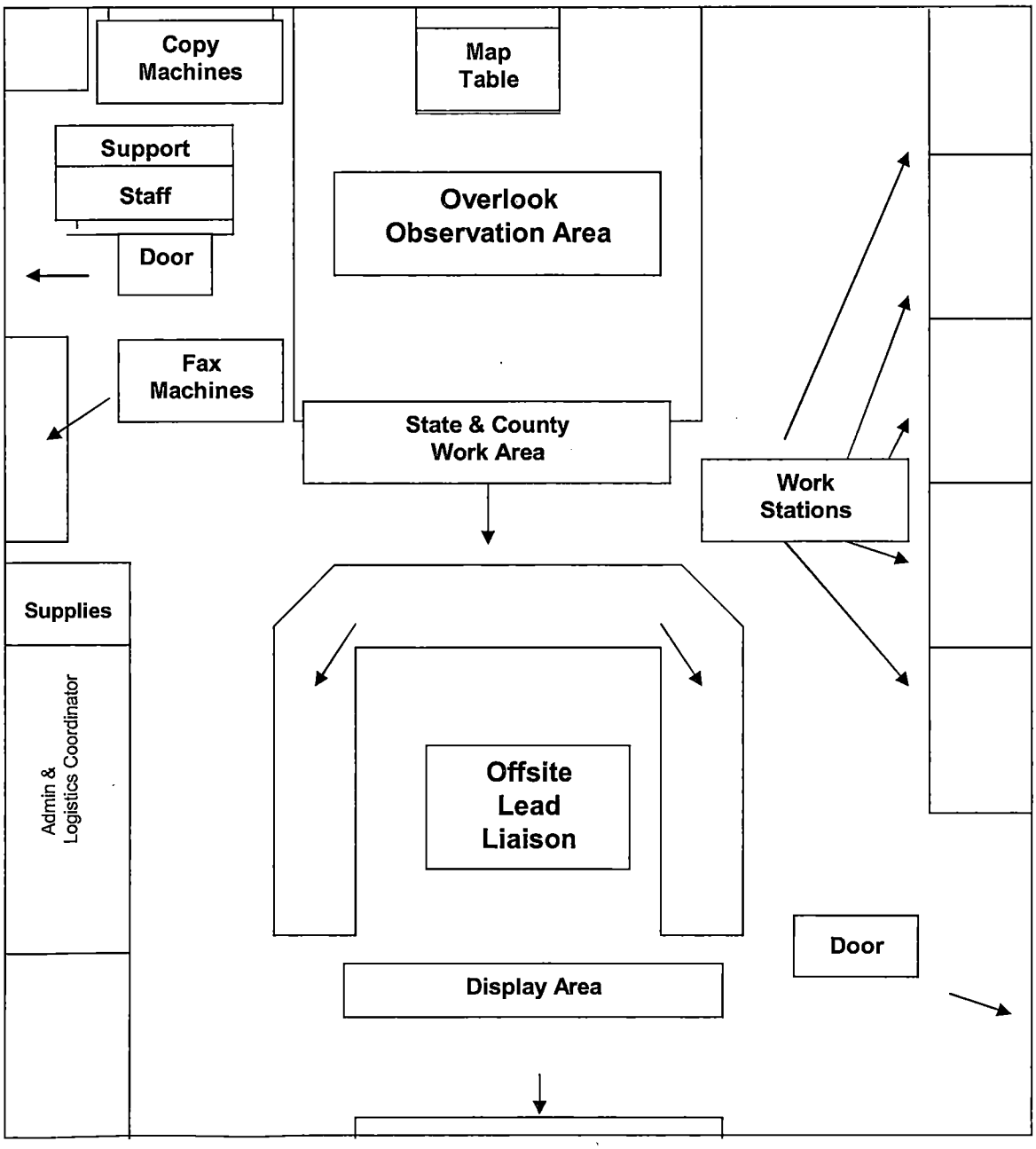


Attachment 9.4

EOF Layout

Sheet 4 of 4

Upper Level Work Area



Attachment 9.5

Owner Controlled Area Security Checklist

Sheet 1 of 1

1.0 Initial Responsibility/Activity **Notes**

1.1 Establish Owner Controlled Area Security

> **NOTE:**
> Owner Controlled Area security should be established immediately for emergency classified at a Site Area Emergency or a General Emergency. At an Alert it may be delayed for up to 2 hours

A. **WHEN** directed by CAS/SAS or the Security Shift Supervisor **THEN** limit access to the site to the following individuals

1. Indian Point Emergency Response Organization Personnel.
2. Indian Point/Entergy Corporate Personnel.
3. State and County Officials (with official identifications)
4. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency
5. Individuals authorized by the Emergency Director or the EOF Manager, or EPM.

2.0 Continuous Responsibility/Activity

2.1 Maintain access control to the Owner Controlled Area

A. Continue to allow only authorized individuals into the site.

Attachment 9.6

Security Sweep/Evacuation of Owner Controlled Area Checklist

Sheet 1 of 3

1.0 **WHEN** directed by CAS/SAS or the Security Shift Supervisor, **THEN** conduct a Security Sweep and Evacuation of the Owner Controlled Area (OCA) by performing the following:

Notes

1.1 Conduct Security Sweep

A. Proceed to the location in the OCA as directed by CAS/SAS or the Security Shift Supervisor and begin a systematic sweep of the area. Complete the attached OCA Security Sweep Checklist, noting the time the sweep of each area is completed. Portable or vehicle mounted public address equipment shall be utilized to make the following announcement in a calm voice, with direct authority:

> **"ATTENTION ALL PERSONNEL"**
>
> **"ATTENTION ALL PERSONNEL"**
>
> **"There is an event at Indian Point that requires all personnel with OCA Badges to exit the site. Use your personal vehicle to exit the site through the main gate"**
>
> **"Do NOT rush, speed or endanger others"**
>
> **"All Emergency Response Personnel Report To Your Assigned Emergency Response Facility"**

B. Repeat the above announcement as the OCA sweep is being conducted. Make frequent stops near or in wooded areas, in parking lots, and in and around buildings and trailers.

C. As required, provide additional instructions to individuals regarding the route to the nearest exit point.

D. Complete and turn in to the Security Shift Supervisor the attached checklist indicating a sweep has been completed for each portion of the OCA.

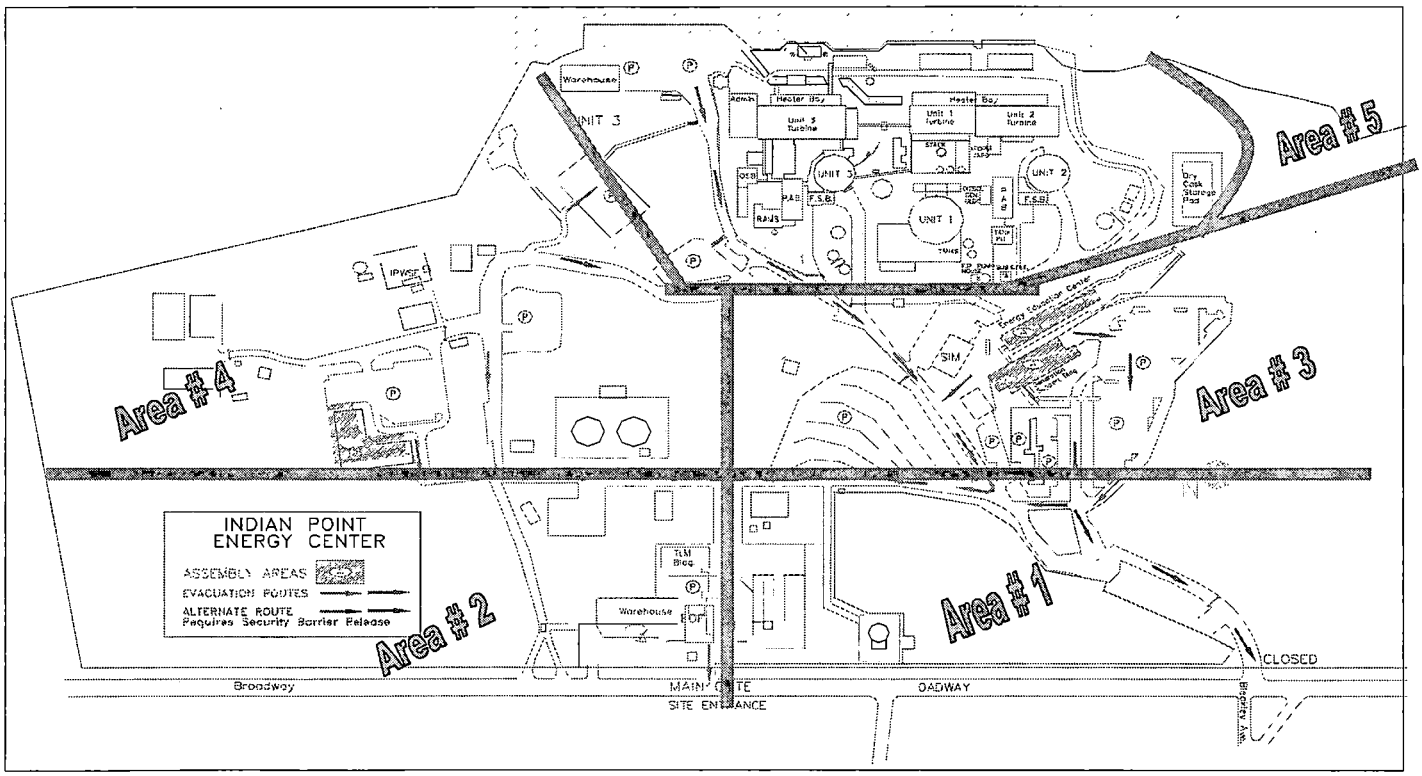
Attachment 9.6

Security Sweep/Evacuation of Owner Controlled Area Checklist

Sheet 2 of 3

		Date:	
Area*	**Description**	**Time Sweep Completed**	**Comments**
1	As far north as the Main Gate, as far west as the GSB roadway, bordered on the east by Broadway and as far south as the Kenny Lane roadway.		
2	As far north as Kenny Lane, as far east as Broadway, Indian Point Training Center to the south and as far west as the oil tanks on Overlook Road.		
3	As far north as the OCA fence, as far east as Overlook Road, to the south as far as the oil tanks on Overlook, as far west as the Energy Education Center.		
4	As far north and east as the oil tanks on Overlook Road, as far south as the Met Tower and as far east as the Interim Rad Waste Storage Facility, as far north as the protected Area fence-line, as far east as the Met Tower Roadway, west to the Hudson River.		
5	As far north as the OCA fence, as far east as the Protected Area fence-line, as far west as the Hudson River and south as far as the Protected Area fence-line.		

Attachment 9.6
Sheet 3 of 3



Procedure/Document Number: IP-EP-250	Revision: 37
Equipment/Facility/Other: IPEC	
Title: Emergency Operations Facility	

Part I. Description of Activity Being Reviewed (event or action, or series of actions that have the potential to affect the emergency plan or have the potential to affect the implementation of the emergency plan):

This revision made changes to, added or deleted EP forms.

- Replaced IPEC site specific Form EP-14 with Fleet Standard EP-7-ALL.

Part II. Emergency Plan Sections Reviewed (List all emergency plan sections that were reviewed for this activity by number and title. IF THE ACTIVITY IN ITS ENTIRETY IS AN EMERGENCY PLAN CHANGE OR EAL OR EAL BASIS CHANGE, ENTER THE SCREENING PROCESS. NO 10 CFR 50.54(q)(2) DOCUMENTATION IS REQUIRED.

- Section H Emergency Facility and Equipment

Part III. Ability to Maintain the Emergency Plan (Answer the following questions related to impact on the ability to maintain the emergency plan):

1. Do any elements of the activity change information contained in the emergency plan (procedure section 3.0[6])?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

2. Do any elements of the activity change an emergency classification Initiating Condition, Emergency Action Level (EAL), associated EAL note or associated EAL basis information or their underlying calculations or assumptions?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

3. Do any elements of the activity change the process or capability for alerting and notifying the public as described in the FEMA-approved Alert and Notification System design report?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

4. Do any elements of the activity change the Evacuation Time Estimate results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

5. Do any elements of the activity change the Onshift Staffing Analysis results or documentation?
   YES ☐ NO ☒ **IF YES, enter screening process for that element**

Procedure/Document Number: IP-EP-250	Revision: 37
Equipment/Facility/Other: IPEC	
Title: Emergency Operations Facility	

Part IV. Maintaining the Emergency Plan Conclusion The questions in Part II do not represent the sum total of all conditions that may cause a change to or impact the ability to maintain the emergency plan. Originator and reviewer signatures in Part IV document that a review of all elements of the proposed change have been considered for their impact on the ability to maintain the emergency plan and their potential to change the emergency plan.

1. Provide a brief conclusion that describes how the conditions as described in the emergency plan are maintained with this activity.
2. Check the box below when the 10 CFR 50.54(q)(2) review completes all actions for all elements of the activity – no 10 CFR 50.54(q)(3) screening or evaluation is required for any element. Otherwise, leave the checkbox blank.

☒ I have completed a review of this activity in accordance with 10 CFR 50.54(q)(2) and determined that the effectiveness of the emergency plan is maintained. This activity does not make any changes to the emergency plan. No further actions are required to screen or evaluate this activity under 10 CFR 50.54(q)(3).

The EP-14 and EP-7-ALL are both used for facility sign in. The fleet form was adopted by IPEC and the IPEC specific form was deleted in order to be consistent with the fleet and to ensure the standard fleet facilities procedures are being followed as required.

Section H of the IPEC emergency plan describes the emergency facilities and equipment used by the ERO There was not change to the facilities or equipment with this form change.

Revision 37 of IP-EP-250 does not change the effectiveness of and does not make any changes to the IPEC emergency plan.

Part V. Signatures:

Preparer Name (Print) Rebecca A. Martin Sr. EP Project Manager	Preparer Signature Rebecca A. Martin	Date: 9/2/16
(Optional) Reviewer Name (Print)	Reviewer Signature	Date:
Reviewer Name (Print) Timothy F. Garvey Nuclear EP Project Manager	Reviewer Signature Tim Garvey	Date: 9/9/16
Reviewer Name (Print) Lori A. Glander Manager, Emergency Planning or designee	Reviewer Signature L. Glander	Date: 9-9-16

ATTACHMENT 10.2 **IPEC PROCEDURE REVIEW AND APPROVAL**

(Page 1 of 1)

Procedure Title: Emergency Operations Facility

Procedure No: IP-EP-250 Existing Rev: 36 New Rev: 37 DRN/EC No: DRN-16-01245

Procedure Activity (MARK Applicable)	☐ Converted To IPEC, Replaces:	Temporary Procedure Change (MARK Applicable)
☐ NEW PROCEDURE ☐ GENERAL REVISION ☒ PARTIAL REVISION ☐ EDITORIAL REVISION ☐ VOID PROCEDURE ☐ SUPERSEDED	Unit 1 Procedure No: Unit 2 Procedure No: Unit 3 Procedure No:	☐ EDITORIAL Temporary Procedure Change (Enter Step Number in Revision Summary) ☐ ADVANCE Temporary Procedure Change ☐ CONDITIONAL Temporary Procedure Change Terminating Condition:
☐ RAPID REVISION	Document in Microsoft Word: ☒ Yes ☐ No	☐ VOID DRN/TPC No(s):

Revision Summary ☐ N/A - See Revision Summary page.

Deleted Form EP-14 and replaced with EP-7-ALL. See matrix.

Implementation Requirements

Implementation Plan? ☐ Yes ☒ No Formal Training? ☐ Yes ☒No Special Handling? ☐ Yes ☒No

RPO Dept: Emergency Planning Writer (Print Name/ Ext/ Sign): Rebecca A. Martin / x7107 / Rebecca A Martin

Review and Approval (Per Attachment 10.1, IPEC Review And Approval Requirements)

1. ☐ Technical Reviewer Anthony Ambrose / [signature] / 9/8/16
   (Print Name/ Signature/ Date)
2. ☐ Cross-Disciplinary Reviewers:
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
   Dept: N/A Reviewer: _____
   (Print Name/ Signature/ Date)
3. RPO Responsibilities: Lori A. Glander/ [signature] 9-9-16
   (Print Name/ Signature/ Date)
   - ☐ PAD required and is complete (PAD Approver and Reviewer qualifications have been verified)
   - ☒ Previous exclusion from further LI-100 Review is still valid
   - ☐ PAD not required due to type of change
4. ☐ Non-Intent Determination Complete: _____
   (Print Name/ Signature/ Date)

   NO change of purpose or scope
   NO reduction in the level of nuclear safety
   NO voiding or canceling of a procedure, unless requirements are incorporated into another procedure or the need for the procedure was eliminated via an alternate process
   NO change to less restrictive acceptance criteria
   NO change to steps previously identified as commitment steps
   NO deviation from the Quality Assurance Program Manual
   NO change that may result in deviations from Technical Specifications, FSAR, plant design requirements, or previously made commitments
5. ☐ On-Shift Shift Manager/CRS: N/A
   (Print Name/ Signature/ Date)
6. ☐ User Validation: User: N/A Validator: N/A
7. ☐ Special Handling Requirements Understood: N/A
   (Print Name/ Signature/ Date)

Emergency Planning Document Change Checklist Form

(All sections must be completed, N/A or place a check on the line where applicable)

Section 1

Doc/Procedure Type: (circle one) Administrative / Implementing / EPLAN

Doc/Procedure No: IP EP 250 C/R: Yes X No ___ C/R No. CR-2-16-3913 CA 3

Doc/Procedure Title: Emergency Operations Facility Rev No: 37 Rev Distribution Date: 9/13/2016

Reason for EPDCC: _____ New X Revision ___ Cancel Date of EPDCC: 9/8/16

Section 2

Change Description

1. Originator: Rebecca A. Martin Rebecca A. Martin

2. Class of Change: Technical Correction ____ New Commitment____ Other X

3. Page numbers affected and reason for change: Replaced form EP-14 with Form EP-7-ALL.

4. Emergency Planning Documents Affected: NA

5. Emergency Planning Procedures Affected: NA

6. References: Other Procedure(s) # None Regulatory Document # None

   Other: None

7. Reviewed training requirements with department training coordinator NA date _____

8. The following are complete, or are not applicable and are so marked.

   Tech Review X 50.54q X ENN-LI-100 N/A PL-155 N/A SMM-AD-102 X

   Manager approval X

9. Both table of contents and transmittals are complete_____ date _____

10. Approved doc/procedure delivered to Document Control for distribution _____date_____

11. Position Binders updated if applicable _____ date _____

12. Copy of EPDCC and document/procedure placed in EP file_____ _____date_____

CONTROLLED

Emergency Operations Facility

Prepared by:	Rebecca A. Martin	Rebecca A Martin	9/8/16
	Print Name	Signature	Date
Approval:	Lori A. Glander	L A Glander	9-9-16
	Print Name	Signature	Date

Effective Date: September 13, 2016

This procedure excluded from further LI-100 reviews.

This procedure was extensively revised, no revision bars were used.

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Emergency Operations Facility

1.0 PURPOSE

To describe site specific actions for the activation and operation of the Emergency Operations Facility (EOF). This procedure will be used in conjunction with the fleet procedure EN-EP-609, "Emergency Operations Facility (EOF) Operations".

2.0 REFERENCES

Indian Point Energy Center Emergency Plan

3.0 DEFINITIONS

3.1 Activated – an order has been made to activate an emergency response facility, and the facility is in the process of being staffed.

3.2 Staffed – The emergency response facility has been activated and sufficient personnel are available to perform the required functions as determined by the facility manager.

3.3 Operational – Status of an emergency facility declared by the appropriate facility manager upon determining that the facility is adequately staffed and equipment is setup and available to perform the emergency functions assigned to that facility.

4.0 RESPONSIBILITIES

4.1 (see EN-EP-609 Section 4.0 for details)

4.2 The Support Staff is responsible for providing administrative support to the EOF Staff and signing personnel in an out of the EOF

5.0 DETAILS

5.1 (see EN-EP-609 Section 5.0 for details).

5.2 For IPEC the EOF Support Staff shall follow the instructions outlined in Attachment 9.9, "Support Staff", in this procedure and in EN-EP-609 Attachment 9.4, EOF Log Keeper.

6.0 INTERFACES

6.1 IP-EP-310, Dose Assessment

6.2 IP-EP-410, Protective Action Recommendations

6.3 IP-EP-251, AEOF

6.4 IP-EP-510, Meteorological, Radiological & Plant Data Acquisition System

6.5 IP-EP-620, Estimating Total Population Exposure

6.6 IP-EP-340, Meteorological Information and Dose Assessment System (MIDAS)

6.7 IP-EP-320, Radiological Field Monitoring

6.8 0-FSG-100, BDBEE/ELAP Emergency Response

6.9 EN-EP-609, Emergency Operations Facility (EOF) Operations

6.10 EN-EP-311, Emergency Response Data System (ERDS) Activation via the Virtual Private Network (VPN)

7.0 RECORDS

Any logs or forms completed by members of the ERO during an actual declared emergency are permanent quality records.

8.0 REQUIREMENTS AND COMMITMENTS

NONE

9.0 ATTACHMENTS

9.1 Emergency Director Checklist

9.2 EOF Manager Checklist

9.3 Technical Advisor Checklist

9.4 Radiological Assessment Coordinator Checklist

9.5 Dose Assessor Checklist

9.6 Offsite Team Coordinator Checklist

9.7 Offsite Communicator Checklist

9.8 Admin & Logistics Coordinator Checklist

9.9 Support Staff Checklist

9.10 Lead Offsite Liaison Checklist

9.11 State and County Liaison Checklist

9.12 IT Specialist Checklist

9.13 Public Information Liaison Checklist

9.14 Offsite Monitoring Team Checklist (Details now moved to IP-EP-320)

9.15 EOF Communicator Checklist

9.16 EOF Layout

9.17 Directions to the Westchester Fire Training Center

9.18 Directions for EOF Public Address (PA) Systems

9.19 IPEC EOF ERO Staffing

9.20 EOF Rad Protection Monitor Checklist

9.21 ERO Staffing for Long Duration Events

Attachment 9.1
Emergency Director Checklist
Sheet 1 of 11

This is a Core Staffing position.

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.1 and the following:

1.2 Assume the position of Emergency Director.

A. Obtain a briefing from the acting ED (if the EOF has not been declared operational, either the SM or POM will be the acting ED in the Control Room):

1. Use an Essential Information Checklist (EP-2-ALL/Form EP-9) to document the briefing.
2. **IF** completed NYS Radiological Emergency Data Forms are not present in the EOF **THEN** Request the CR to fax copies of all forms used to make offsite notifications to the EOF for your review.

B. **IF** the emergency affects both units, **THEN** obtain a briefing from both CR's. Assign EOF staff appropriately to fill their assigned positions.

C. **IF** a Beyond Design Basis External Event (BDBEE) occurs that results in an Extended Loss of AC Power (ELAP) to either unit, **THEN** entry into 0-FSG-100, BDBEE/ELAP Emergency Response, is required.

1. Guidance provided includes assigning individuals to the staging areas. If at the EOF, then direct individual to obtain a hand held satellite phone from one of the alternate facilities. (Either AEOF or Alternative TSC/OSC).

Attachment 9.1
Emergency Director Checklist
Sheet 2 of 11

Initial Responsibility/Activity (cont.) **NOTES**

D. **IF** the EOF has **NOT** been declared operational **THEN**:

1. **IF** an EOF Manager is **NOT** yet present **THEN**

   (a) Ensure individuals are filling the EOF positions as they become available.

   (b) **IF** additional personnel are needed **THEN** call or direct someone to call additional individuals using the Emergency Telephone Directory.

2. **WHEN** there is sufficient EOF staff present to assume the following emergency functions:

   - Technical Advisor to assess plant conditions and recommend emergency classifications.
   - Radiological Assessment Coordinator to perform dose assessment and formulate protective action recommendations (PARs).
   - Offsite Communicator to make notifications to offsite authorities.

   THEN declare the EOF staffed, announce facility status within the facility and record time in the ED ERO Log.

3. Assign an individual to the Executive Hotline with any additional personnel (preferably an additional EOF Manager or ED).

Attachment 9.1
Emergency Director Checklist
Sheet 3 of 11

Initial Responsibility/Activity (cont.) | **NOTES**

4. Use a Emergency Director Turnover Sheet (Form EP-20) to perform a formal turnover with the acting ED in the Control Room:
   - Coordinate the official time of turnover to ensure it will not interfere with or delay required emergency classification, offsite notifications or issuance of PARs.
   - Ensure timeliness of Offsite Communicator's turnover (CCR to EOF).
   - Once the determination has been made to formally turnover ED responsibilities, make an announcement to EOF personnel that the EOF is operational and that you are now the Emergency Director. Ensure time is recorded.
5. Inform, or direct the EOF Manager to inform, the following individuals that you have assumed the duties of Emergency Director and that the EOF is operational.
   (a) Emergency Plant Manager (EPM)
   (b) Plant Operations Manager (POM)
   (c) Shift Manager (CR)
   (d) Company Spokesperson or JIC Manager (if staffed) via the Information Liaison
6. Direct EOF Manager or Offsite Communicator to notify Offsite Agencies of the time that the EOF was operational:
   (a) NRC via ENS
   (b) NYS and 4 Counties

Attachment 9.1
Emergency Director Checklist
Sheet 4 of 11

2.0 Continuous Responsibility/Activity **NOTES**

2.1 Classify Emergency Conditions. (Non-delegable)

NOTE

The assessment, classification, and declaration of an emergency condition is expected to be completed within 15 min after the availability of indications (i.e. plant instrumentation, plant alarms, computer displays, or incoming verbal reports) to plant operators that an EAL has been exceeded.

- **The 15 min criterion is not to be construed as a grace period to restore plant conditions to avoid declaring the event.**
- **The emergency declaration should be made promptly without waiting for the 15 min period to elapse once the EAL is recognized as being exceeded.**
- **For EALs that specify duration of the off-normal condition, such as fire lasting 15 min, loss of power for 15 min, etc.**
  - **The ED SHALL make the declaration at the first available opportunity when the time has elapsed (not after an additional 15 min)**
  - **The declaration should be made before the EAL is met (time duration has elapsed) when the ED has information that the off-normal condition will not be corrected with in the specific time duration.**

A. Review plant conditions with the Emergency Plant Manager (EPM) or Plant Operations Manager (POM) and ED Technical Advisor.

B. Review offsite radiological data with the Radiological Assessment Coordinator and EOF Manager.

C. Compare current information and recommendations with the thresholds on the EAL Wall Chart or Emergency Classification Procedure and if necessary the EAL Technical Basis Document.

Attachment 9.1
Emergency Director Checklist
Sheet 5 of 11

Continuous Responsibility/Activity (cont.) **NOTES**

D. Solicit recommendation for change of classification from the EPM/POM.

E. Escalate or Terminate the emergency classification when appropriate.

F. If not already communicated, then notify the EPM, POM and the EOF Staff when and at what time the new emergency classification is made.

G. **IF** the emergency is classified as a Site Area Emergency or higher **THEN** direct release of onsite non-essential personnel.

H. **IF** conditions have stabilized **THEN** review procedure IP-EP-610, Emergency Termination and Recovery for termination and entry into Recovery.

NOTE

IF the emergency is classified as a Site Area Emergency or higher verify accountability is completed within 30 minutes of the declaration of the event. Authorize search & rescue for any missing persons. Consider having Security establish security controls for the EOF.

2.2 Make Protective Action Recommendations (PARs) (non-delegable)

NOTE

Protective Action Recommendations (PARs) are to be made only at the General Emergency classification.

A. Assess, with the assistance of the Radiological Assessment Coordinator and EOF Manager, the appropriate PAR per IP-EP-410, Protective Action Recommendations.

Attachment 9.1
Emergency Director Checklist
Sheet 6 of 11

Continuous Responsibility/Activity (cont.) **NOTES**

B. Re-evaluate the adequacy of PARs when plant conditions, dose projections, meteorological, or environmental conditions change.

C. PARs **SHALL** be transmitted to offsite authorities within 15 minutes of the GE declaration and/or with the decision to revise the PAR using the offsite notification methods.

2.3 Direct initial notification of emergency classification and/or PARs to offsite authorities (State, local and NRC) (non-delegable)

NOTE

Offsite notifications to State and local authorities must be initiated within 15 minutes of making an emergency declaration **OR** PAR. **The 15 minute notification is met upon the first roll call response to the RECS call.** Notification of the NRC shall be done as soon as possible after state and local authorities have been notified and must be completed within 1 hour.

A. Direct the EOF Manager to ensure a NYS Radiological Emergency Data Form Part I (Form EP-1) is being completed.

NOTE

VERIFY events that affect both units are classified as dual unit events ("BOTH UNITS" selected on NYS Part 1 form in MIDAS). The category that is automatically a dual unit event is Security. For events such as weather or loss of power, both units are affected as long as they are at the same level of classification (i.e. NUE). If one unit enters a higher classification at the initiating event (i.e. LOOP with one unit's EDGs all running and the other unit without EDGs running) or has to escalate then it becomes the only unit affected.

Attachment 9.1
Emergency Director Checklist
Sheet 7 of 11

Continuous Responsibility/Activity (cont.) **NOTES**

B. Review and approve (sign) the completed NYS Radiological Emergency Data Form Part I (Form EP-1) (non-delegable).

C. Direct the EOF Manager to have the Offsite Communicator:

1. Electronically fax, then email the Part I form to the State and Local authorities. **IF** time challenged to meet the 15 minute notification requirement, immediately initiate RECS call. Inform facilities that FAX and email of Part I form will follow. If electronic faxing is not available, direct the use of traditional means of faxing. It may be necessary to call each location and relay the information via telephone.
2. Transmit Part I form data to the Essential Information Checklist.
3. Report to you when the task is complete.

2.4 Direct periodic update notification to offsite authorities

A. Direct the EOF Manager to ensure offsite notification of a NYS Radiological Emergency Data Form Part I within 15 min. (Part II, if required within 30 min) for the following criteria:

1. When there has been a release **OR** significant change in release rates, which would affect classification change **OR** PAR change **AND/OR** meteorological data affecting a PAR change.
2. When there has been a significant change in plant conditions, which would affect a classification change.
3. Approximately every 30 minutes if conditions are static.

Attachment 9.1
Emergency Director Checklist
Sheet 8 of 11

Continuous Responsibility/Activity (cont.) **NOTES**

> **NOTE**
> When onsite conditions are stable the time period for periodic updates may be extended with concurrence from offsite authorities.

B. Review and approve the completed NYS Radiological Emergency Data Form Part I (Form EP-1) (non-delegable).

C. Direct the EOF Manager to have Offsite Communicator fax and email Part I form to State and Local authorities and transmit Part I form data to the NRC and report to you when task is complete.

D. Ensure Part II (Form EP-2) of form is faxed to State and Counties.

2.5 Periodically meet (or request EOF Manger to meet) with offsite representatives present in the EOF (State, Local, FEMA and NRC)

A. Coordinate with the Lead Offsite Liaison to ensure representatives are kept current on:

1. Emergency events
2. Current plant conditions
3. Emergency response activities currently underway
4. Offsite radiological release status, dose assessment and PARs

B. Coordinate with ICP to ensure representatives are kept current on any security related issues.

C. Conduct periodic briefing of offsite representatives as deemed appropriate.

2.6 Review and approve/concur Entergy news releases

A. Ensure the Information Liaison is apprised of current emergency status and any significant events that may be of public interest.

Attachment 9.1
Emergency Director Checklist
Sheet 9 of 11

Continuous Activity (cont.) **NOTES**

B. Ensure that the Information Liaison obtains a copy of any news release prior to issue for your review and approval. Include ICP review as applicable.

C. Ensure that copies of news releases are given to offsite representatives in the EOF upon approval.

D. Confer with the Company Spokesperson at the JIC, EOF Manager, Technical Advisor and Radiological Assessment Coordinator if there is any question as to the accuracy of the proposed news release prior to approval

2.7 Conduct periodic facility briefings

A. **Emphasize** what the major tasks and priorities are during every briefing.

B. Direct EOF staffs to review their procedure to ensure required actions are being performed.

C. Periodically ensure the Company Spokesperson and the other facility managers are briefed on EOF activities.

2.8 Approve emergency radiation exposures and KI issuance for Entergy Workers

A. When requested by the Radiological Assessment Coordinator, approve emergency radiation exposures and/or issuance of KI for Entergy emergency workers outside the Protected Area Fence.

B. Authorize emergency exposures for all monitoring team personnel dispatched from the EOF and other EOF staff as required. Ensure this authorization is documented in the ED's Log Sheet.

C. Potassium Iodide should be issued for any projected or actual Thyroid Exposure > 5 Rem CDE.

Attachment 9.1
Emergency Director Checklist
Sheet 10 of 11

Continuous Activity (cont.) **NOTES**

2.9 Acquire and allocate Entergy and external resources as needed to support emergency response.

A. Review personnel, equipment and supply needs with the EPM and POM.

B. Make all Nuclear Organization resources available to supply needed items.

C. Direct the Admin & Logistics Coordinator to interface and coordinate with the Entergy Corporate organization to acquire needed equipment and resources that are not under the direct control of the Indian Point Nuclear Organization.

D. Request support from INPO and Federal authorities when needed.

2.10 Terminate the emergency and enter the Recovery Phase.

A. Refer to IP-EP-610, Emergency Termination and Recovery, for guidance on entry into Recovery Phase.

B. Identify who will become the Recovery Manager.

C. Notify the Recovery Manager of the intention to enter recovery.

D. Terminate the emergency and officially enter the Recovery Phase.

E. Formally turnover the emergency organization to the Recovery Manager

F. Direct notification of the following locations that Indian Point has entered the Recovery Phase:

1. The NRC via Emergency Notification System (ENS)
2. State and Counties using a NYS Radiological Emergency Data Form – Part I, via the RECS
3. Emergency Response Facilities (CR, TSC/OSC and JIC)

Attachment 9.1
Emergency Director Checklist
Sheet 11 of 11

Continuous Activity (cont.) **NOTES**

G. Ensure that a written summary of the event is provided to State and Counties per IP-EP-610, Emergency Termination and Recovery

2.11 Direct all Emergency Response Organization Managers to review documentation generated during the emergency.

A. Verify all required documentation has been completed.

B. Verify accuracy of documentation.

C. Provide additional documentation such as summary reports or closeout reports that could assist in recovery of station.

2.12 Have ERO members provide all logs and records to the Recovery Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.2
EOF Manager Checklist
Sheet 1 of 8

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.2 and the following:

1.2 Assume the position of EOF Manager.

A. Ensure EOF set-up is complete: ED PA system is operational (Attachment 9.18) and EOF positions are ready to perform their functions. Obtain Control Room official time (time on their clock) and not any difference between CR time and EOF time (satellite clock) in you log (for example +5 min.).

B. Emergency Response Data System (ERDS)

1. If requested by CCR or TSC, VERIFY ERDS is activated. Refer to procedure EN-EP-311(EOF Tech Advisor can support this request).

C. **IF** the EOF has **NOT** been declared operational **THEN**:

1. **IF** the NYS Radiological Emergency Data Form Part I (Form EP-1) (Part II if required) completed by the CR are not available in the EOF, **THEN** request CR electronically fax copies to EOF. **IF** electronic faxing is not available, direct the use of traditional means of faxing.

2. Review notification forms, noting time next notification is due.

3. **WHEN** the following core staffing is available **THEN** inform the ED that you are ready to staff the EOF.

(a) Radiological Assessment Coordinator
(b) Offsite Communicator
(c) Technical Advisor
(d) Emergency Director

Attachment 9.2
EOF Manager Checklist
Sheet 2 of 8

Initial Responsibility/Activity (cont.) **NOTES**

4. Fill Positions
   (a) Use Form EP-10-ALL, "Filling an ERO Vacancy During Facility Activation/Operation"
5. Complete or direct Admin & Logistics Coordinator to complete EOF Staffing Form (Form EP-43) and verify full EOF Staffing.
6. **IF** additional personnel are required **THEN**:
   (a) **IF** it is during normal working hours, **THEN** call or assign someone to call the Assembly Coordinator in the Energy Education Center or the Generation Support Building for additional personnel.
   (b) **IF** the needed individuals are **NOT** available onsite, **THEN** call or assign someone to call individuals at home using the Emergency Telephone Directory.
7. Ensure EOF Access Control is established:
   (a) The Admin & Logistics Coordinator should assign an individual from the excess personnel reporting to the EOF or Support Staff to be the EOF registration assistant. This individual will ensure emergency responders sign in and out of the EOF.
   (b) Direct the EOF registration assistant to obtain permission from EOF Manager or Emergency Director for anyone not properly badged.
8. Verify that the Admin & Logistics Coordinator has activated the PA system per Attachment 9.18 so they can be used during briefings.

Attachment 9.2
EOF Manager Checklist
Sheet 3 of 8

2.0 Continuous Responsibility/Activity — **NOTES**

2.1 Assist the Emergency Director in maintaining a Log

A. Assign a member of the EOF Support Staff as EOF Log keeper.

B. Periodically review the Log for accuracy.

2.2 Maintain communications on the Executive Hotline, if requested.

A. Respond to questions on the Executive Hotline. Obtain assistance from the Tech Advisor, Radiological assessment Coordinator or others to obtain required information.

2.3 Evaluate the need to release all Non-Essential Personnel and recommend release to ED if conditions warrant.

A. Check with the EPM on conditions within the Protected Area and the Radiological Assessment Coordinator on conditions outside the Protected Area.

B. Check with ICP for any security conditions.

C. Release of non-essential personnel should occur at an ALERT, if radiological plume direction does not preclude.

NOTE

IF the emergency is classified as a Site Area Emergency or higher verify accountability is completed within 30 minutes from the declaration of the event. Authorize search & rescue for any missing persons. Consider having Security establish controls for the EOF.

D. **IF** conditions exist at a Site Area Emergency **OR** General Emergency that could warrant release **THEN** consider release of non-essential personnel from site.

Attachment 9.2
EOF Manager Checklist
Sheet 4 of 8

Continuous Responsibility/Activity (cont.) | **NOTES**

E. Ensure Westchester EOC is notified via the Offsite Communicator.

F. Discuss the release of non-essential personnel with ICP and State Police to verify there is no restriction for releasing personnel.

2.4 Arrange for second Shift

A. Request the ED establish a relief time.

B. Direct Emergency Response Facilities to prepare rosters for second shift.

2.5 Relocation of the EOF to AEOF

A. **IF** plant or radiological conditions warrant **THEN** perform an organized relocation of the EOF to the AEOF.

1. Discuss relocation with the Radiological Assessment Coordinator.
2. Discuss relocation with the ICP.
3. Consider radiological exposures listed in the Radiological Assessment Coordinator checklist, actual and forecasted meteorological conditions

NOTE
Relocation may be performed at rates below those listed in the Radiological Assessment Coordinator Checklist based on plant conditions and response needs.

B. **IF** time permits **THEN** have a relief shift report to the AEOF and perform turnover prior to evacuation of EOF. Have the relief team begin set up of the AEOF. Direct them to set up the facility in accordance with procedure IP-EP-251, Attachment 9.4, AEOF Setup Checklist.

Attachment 9.2
EOF Manager Checklist
Sheet 5 of 8

Continuous Responsibility/Activity (cont.) **NOTES**

C. Determine the speed at which the relocation of personnel should occur giving consideration to the following items:

1. The impact of immediate relocation vs. projects in progress.
2. Current radiological conditions within the EOF and the Plant.
3. Radiological conditions en route.
4. The adequacy of response from the alternate location.

D. With the assistance of the Radiological Assessment Coordinator, determine if contamination controls are needed when leaving the EOF. Items to consider:

1. Are personnel going to become contaminated reaching their vehicles?
2. Are personnel going to become contaminated in route to the AEOF?
3. What steps are needed to prevent contamination of the AEOF?
4. **IF** time allows **THEN** consider arranging for a bus to relocate personnel. (this will minimize movement of potentially contaminated vehicles outside the Emergency Planning Zone)

E. Direct the Radiological Assessment Coordinator to:

1. Determine radiological controls needed to safely transfer personnel to the AEOF.
2. Consider contamination control measures needed to prevent contamination of AEOF.

Attachment 9.2
EOF Manager Checklist
Sheet 6 of 8

Continuous Responsibility/Activity (cont.) **NOTES**

3. **IF** EOF Staff members are or will be potentially contaminated **THEN**:
   a. Send personnel to the Westchester County Fire Training Center for monitoring and decontamination. (Attachment 9.17 of this procedure contains directions to the Fire Training Center.)
   b. Inform Westchester County of decision to have Indian Point ERO members decontaminated at Training Center and arrange for expeditious processing of personnel.
4. Individuals should be decontaminated prior to arrival at AEOF.
5. Transfer offsite radiological assessment responsibilities:
   a. To a qualified Radiological Assessment Coordinator located at the AEOF

      OR

   b. Back to the Control Room

F. Direct the EOF staff to relocate to the AEOF as follows:
1. Instruct Support Staff personnel to make and distribute copies of Attachment 9.5 of procedure IP-EP-251, Directions to the AEOF, to EOF Staff members, Federal, State and Local representatives in the EOF, as necessary.
2. Direct EOF Staff to wear their ID badges enroute to the AEOF and show them to authorities if necessary to transit through evacuated areas.
3. **IF** it was determined that contamination controls are needed, **THEN** brief EOF Staff members to go to the Westchester Fire Training Center for decontamination **AND** inform the AEOF staff of the required actions.
4. **IF** between 7 a.m. to 5 p.m., Monday through Friday, **THEN** responding emergency personnel should enter through the main entrance to 440 Hamilton.

Attachment 9.2
EOF Manager Checklist
Sheet 7 of 8

Continuous Responsibility/Activity (cont.) **NOTES**

5. **IF** it is during non-working hours **THEN** responding emergency personnel should enter through the side door.

G. **IF** communications systems are still functional **THEN** notify the following locations that the EOF is being relocated to the AEOF:

1. Offsite authorities verifying they have the telephone numbers they can use to maintain communications.
2. The Joint Information Center
3. The Technical Support Center
4. The Operational Support Center
5. The Control Room
6. The Corporate Duty Manager
7. The ICP

H. Coordinate evacuation of the EOF with the ED and the EPM and POM transferring ED responsibilities back to the POM if another ED cannot assume responsibilities at the AEOF.

I. Request that the EPM and POM announce the decision to evacuate and ensure relief shift is made aware of re-location.

1. Inform the POM, TSC Manager and OSC Manager of the relief time and direct to inform ERO members prior to their release.
2. Have their staffs contact relief personnel who are not currently onsite.

3.0 Closeout Activities

3.1 Termination of the emergency and entry into the Recovery Phase (The ED is responsible for directing entry into the Recovery Phase)

Attachment 9.2
EOF Manager Checklist
Sheet 8 of 8

Closeout Activities (cont.)

NOTES

A. Refer to IP-EP-610, Emergency Termination and Recovery, for guidance on entry into Recovery Phase.

B. Assist the ED in formulation of a recovery plan.

C. Notify the following locations that Indian Point has entered the Recovery Phase:

1. The NRC via Energy Notification System (ENS)
2. State and Counties using information on a NYS Radiological Emergency Data Form Part I
3. Emergency Response Facilities (CR, TSC/OSC and JIC)
4. Entergy Corporate, via Corporate Duty Manager

3.2 Ensure that a written summary of the event is provided to State and Counties per IP-EP-610, Emergency Termination and Recovery.

Attachment 9.3
Technical Advisor (TA) Checklist
Sheet 1 of 1

1.0 Initial Responsibility/Activity — **NOTES**

This is a core staffing position.

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.3 and the following:

1.2 Emergency Response Data System (ERDS)

A. **IF** requested by CCR **OR** TSC **OR** EOF Manager, **VERIFY** ERDS is activated. Refer to procedure IP-EP-311.

B. **IF** ERDS is not functional, request the CCR to complete Forms 31 A, B, C **OR** 42 A, B, C (Forms EP-53, 54, 55 or EP-57, 58, 59).

C. Once completed, this information is to be faxed to the NRC within 60 minutes.

2.0 Continuous Responsibility/Activities

2.1 Maintain a Log (WebEOC) via EOF Communicator, if available.

A. Log when you assumed the duties of Emergency Director Technical Advisor.

B. Log significant decisions, important details used to make decisions and any equipment operability issues.

C. Advise the Radiological Assessment Coordinator of any observed changes in plant radiological data. Review the affected units radiological data form (U2 42C or U3 31 B) on the electronic displays.

2.2 IF WebEOC is unavailable, maintain plant status chronology on easel pad.

A. **WHEN** easel sheet gets full **THEN**:

1. Have Support Staff transcribe information onto log sheet, place sheet with TA logs.
2. Have Support Staff hang the completed easel sheet on the wall between upper and lower levels of EOF.

2.6 Assist Radiological Assessment Coordinator in determining release point.

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 1 of 6

1.0 Initial Responsibility/Activity **NOTES**

This is a core staffing position

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.5 and the following:

1.2 Assume the position of Radiological Assessment Coordinator.

A. **IF** the EOF has **NOT** been declared operational **THEN**:

> **NOTE**
> Offsite Dose Assessment and Radiological Monitoring responsibilities may be transferred to the Radiological Assessment Coordinator before the EOF is fully staffed.

1. **WHEN** the following staff is available **THEN** inform the EOF Manager or the ED that you are ready to assume responsibilities for offsite monitoring.
   (a) Offsite Team Members (4)
   (b) Offsite Team Coordinator
2. **WHEN** ready to assume dose assessment and offsite monitoring responsibilities (outside the Protected Area) from the CR **THEN** contact the CR and formally assume these responsibilities.
3. **IF** additional personnel are required to perform offsite radiological assessments **THEN** inform the EOF Manager to direct callout of needed personnel.
4. Direct a Dose Assessor to disarm the EOF Halon Fire Protection System IAW steps in Dose Assessor Checklist.

2.0 Continuous Responsibility/Activities

2.1 Ensure habitability in the EOF

A. **IF** the following conditions are present **THEN** inform the EOF Manager and/or the ED that relocation of EOF Personnel to the AEOF should be considered.

1. Exposure rates >80 mRem/Hr TEDE **OR** 400mRem/Hr CDE Thyroid
2. Projected Whole Body Dose for a 12 hour period is > 1 Rem TEDE **OR** Thyroid Dose > 5 Rem CDE
3. Elevated airborne concentrations.

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 2 of 6

Continuous Responsibility/Activities (cont.) **NOTES**

NOTE:

Relocation may be performed at rates below those listed based on plant conditions and response needs.

2.2 Communicate Radiological Information to Security

A. Provide following information to Lead Accountability Officer (LAO) and Incident Command Post (ICP):
   1. Provide information on onsite plant radiological conditions and/or hazards.
   2. Any areas in which movement of Security Personnel or non-ERO individuals should be restricted.
   3. Site Access restrictions.

B. **IF** accountability has been called for **THEN** receive accountability status from LAO and report it to EOF Manager.

C. Determine special instructions to be provided to monitoring teams:
   a. **IF** the expected thyroid dose is greater than 5 Rem CDE (Child Thyroid) **OR** declaration of a General Emergency is a possibility, **THEN** consider issuing KI.
   b. Team tracking efforts should be directed to limit their exposure to less than 5 Rem for the entire emergency.
   c. Teams should not go into radiation fields greater that 100 mrem/hr without providing them with specific directions.

D. Direct the Offsite Team Coordinator to:
   a. Direct Offsite Monitoring Teams to survey anticipated plume path. Plume boundary is

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 3 of 6

Continuous Responsibility/Activities (cont.) **NOTES**

defined as when the open window reading is 1.5 times the closed window reading.

b. Brief teams on expected doses, plume path and any special instructions or safety precautions (such as use of KI, respirators, or protective clothing).

E. **IF** required **THEN** arrange for environmental monitoring to be performed to confirm dose projections and track any offsite radioactive plume.

2.3 Evaluate and direct the requirements for offsite emergency exposure.

A. **IF** EOF staff must receive exposure or potential exposures **THEN** initial exposure limits will be set as follows:

1. Individuals will remain within their 10CFR20 occupational dose limits. **OR**
2. Request the ED authorizes emergency exposures up to 1 Rem TEDE for all monitoring team personnel dispatched from the EOF and remainder of staff as required. This authorization **SHALL** be documented in the ED's ERO Log Sheet.

B. **IF** emergency measures require additional exposure **THEN** request the ED to raise the emergency exposure limit 1 Rem at a time up to 5 Rem.

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 4 of 6

Continuous Responsibility/Activities (cont.) **NOTES**

C. Emergency exposures beyond 5 Rem **SHALL** be authorized on an individual basis. Request the ED authorize these exposures using (Form EP-6), Emergency Exposure Authorization. General guidelines (more details are listed on authorization form).

1. ERO members may receive up to 5 Rem TEDE (per event) for any required emergency activities.
2. ERO members may be authorized emergency exposures up to 10 Rem TEDE to protect vital equipment.
3. ERO members may be authorized emergency exposures up to 25 Rem TEDE to save a life.

D. Individuals may volunteer to receive greater than 25 Rem TEDE to save a life.

E. **IF** emergency workers are exposed to contamination or airborne activities **THEN** direct radiological evaluations and monitoring as needed. (Bioassay, whole body counts, etc.).

2.4 Analyze any Planned Containment Venting

A. **IF** there is to be a planned venting of containment **THEN:**

1. **IF** time allows **THEN** request chemistry to sample containment atmosphere.
2. Complete the steps on a Containment Discharge Worksheet (Form EP-49).
3. Monitor and document release resulting from venting.

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 5 of 6

Continuous Responsibility/Activities (cont.) **NOTES**

NOTE:

When a release of radioactive materials outside the Protected Area has occurred or is about to occur, it is recommended that a Radiation Protection Technician be available in the EOF at all times to assist with radiological controls, counting samples and processing samples for shipping to outside labs.

2.5 Contamination Controls

A. **IF** a radiological release has occurred **THEN** track contamination onsite outside the Protected Area:

1. Use Radiation Protection personnel from the OSC, called in or from other plants, to survey site and monitor personnel and vehicles.
2. Ensure contamination controls are established for the EOF and Security personnel working outside the Protected Area.

B. **IF** needed **THEN** decontamination facilities can be set up at the EOF or the Westchester Fire Training Center.

2.6 Initial Post Accident Environmental Sampling

NOTE:

After a radiological release preliminary sampling may be performed to aid in development of more extensive plan for environmental sampling

A. Confer with Emergency Director and offsite radiological officials (State, County, NRC and/or FEMA) on need for sampling.

B. Confer with Environmental Monitoring personnel for sampling guidelines.

Attachment 9.4
Radiological Assessment Coordinator Checklist
Sheet 6 of 6

Continuous Responsibility/Activities (cont.) | **NOTES**

3.0 Closeout Responsibility/Activities

3.1 Direct Staff to return all equipment to proper storage location.

3.2 Determine the disposition of the field team sample media. Initiate isotopic analysis of these samples at either the onsite Chemistry Lab or offsite facilities.

3.3 Review all documentation the EOF Radiological Staff maintained during the emergency.

A. Ensure logs, forms and other documentation is complete.

B. Ensure all temporary procedures used and/or developed are properly documented for use by Recovery Organization so the necessary actions can be taken for continued plant operations.

3.4 Provide all documentation to the EOF Manager upon termination of the emergency and entry into the Recovery Phase.

Attachment 9.5
Dose Assessor Checklist
Sheet 1 of 7

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.12 and the following:

1.2 Initial Orientation

A. Confer with the Radiological Assessment Coordinator on emergency status.

1. **IF** a radiological release is in progress or plant conditions are unstable **THEN** confer with the Radiological Assessment Coordinator on the possible need for additional assistance. **IF** needed, make arrangements for a second, Dose Assessor qualified individual to provide assistance.

1.3 IF the EOF has not been staffed THEN:

A. **WHEN** directed by the Radiological Assessment Coordinator **THEN** place the EOF ventilation on internal recirculation **OR** ask the Radiological Assessment Coordinator if the action is required.

1. Obtain the key to the EOF Electrical Equipment Room from the EOF key locker.
2. Locate the EOF HVAC damper control system switches on the East wall of the EOF Electrical Equipment Room.
3. Rotate all three (3) damper control knobs CLOCKWISE to close the dampers.
4. Place the three (3) AC Unit control switches to the **"OVERRIDE"** (up) position.
5. Inform the Radiological Assessment Coordinator and log when you have placed ventilation system in recirculation and return key to Key Locker.

B. **WHEN** directed by the Radiological Assessment **THEN** disarm the EOF Halon System **OR** ask the Radiological Assessment Coordinator if the action is required.

1. Obtain the key to the FIKE Fire Suppression System control panel from the EOF key locker.

Attachment 9.5
Dose Assessor Checklist
Sheet 2 of 7

Initial Responsibility/Activities (cont.) **NOTES**

2. Open the upper compartment of the FIKE control panel located on the west wall of the EOF next to the key locker.
3. Toggle the module switch (the switch is located in the lower left corner of the panel) from the "Armed" position to the "S1" position.

1.4 Operate the AMS-4

> **NOTE**
> AMS-4 **SHALL** be started during EOF activation

A. Initial AMS-4 Start Up

1. **OPEN** filter-housing cover, remove any existing filter media **AND** install a new charcoal filter paper (# 508 Carbon Impreg.) The "lined" side should face down.
2. **CLOSE** and latch the filter housing cover.
3. **PLUG** the AMS-4 in and turn on SW1 (power) and SW2 (pump) switches located in the back of the monitor.

> **NOTE**
> **IF** beeping continues, **THEN** readjust filter paper and restart.

4. **AFTER** the AMS-4 has gone through the initial self- test cycle (approximately 5 minutes), **THEN VERIFY** the "**READY**" light is on AND activity is displayed.
5. **PRESS** "2" on the keypad **AND VERIFY** that indicated flow rate is near the posted reference flow rate for charcoal filter. A low flow rate may indicate a flow blockage OR loaded filter paper.
6. **PRESS** "1" on keypad to display airborne concentration. Negative numbers indicate the current activity is less than the historical data.

Attachment 9.5
Dose Assessor Checklist
Sheet 3 of 7

Initial Responsibility/Activities (cont.) **NOTES**

B. Normal AMS-4 Operation

NOTE
This instrument is calibrated to monitor Iodine gas and particulates.

1. **CHECK** periodically the AMS-4 flow rate by pressing "2" on the keypad. **IF** desired, **THEN** return to activity monitoring by pressing "1" on the keypad.
2. **IF** the flow rate approaches 28320 cm^3/min OR the "MIN FLOW FAIL" alarm activates **THEN** CHANGE the filter paper as per Section C.
3. **IF** the ASM-4 "DAC HOUR ALARM DETECTED" alarm activates **THEN** NOTIFY the Radiological Assessment Coordinator. The alarm set point is 60 DAC hrs, which is equivalent to 150 mRem.
4. **IF** the "FILTER DOOR, OPEN OUT OF SERVICE" alarm activates **THEN VERIFY** that the filter housing is closed and latched.
5. **IF** the gamma background in the area changes substantially **THEN** GO to Section D to set the Gamma Factor.
6. **WHEN** finished monitoring with the AMS-4 **THEN** TURN off SW1 (Power), SW2 (pump).

C. Changing AMS 4 Filter Paper

1. **TURN** SW2 (pump) **OFF**.
2. **WHEN** the audible alarm activates **THEN** PRESS "ALARM ACK.".
3. **OPEN** the filter housing cover **AND WHEN** the audible alarm activates press "ALARM ACK.".
4. **REMOVE** any existing filter media **AND** install a new charcoal filter paper (# 508 Carbon Impreg.) The "lined" side should face down.
5. **CLOSE** and latch the filer housing cover.

Attachment 9.5
Dose Assessor Checklist
Sheet 4 of 7

Initial Responsibility/Activities (cont.) **NOTES**

6. **TURN** on SW2 (pump) switch.
7. **WHEN** the audible alarm activates **THEN** press "ALARM ACK.".
8. **PRESS** "2" on the keypad **AND** verify that indicated flow rate is near the posted reference flow rate for charcoal filter. The low flow rate alarm set point is 28320 cm 3/min. A low flow rate may indicate a flow blockage OR loaded filter paper.
9. **RETURN** to Section B for normal operations.

D. Gamma Factor Set

1. **VERIFY** "READY" light is on. The AMS-4 front panel will NOT respond as expected if an alarm condition exists.
2. **PRESS** "MENU".
3. AT the prompt "password" type in "0000" **THEN** press "ENTER".
4. **PRESS** "_" button until "Calibrate" appears in display.
5. **PRESS**, "ENTER".
6. **PRESS** "_" button until "Gamma Factor Count" appears in display.
7. **PRESS**, "ENTER".
8. **WHEN** "Calibration Mode Halts Normal Operation" displays **THEN** press "ENTER".
9. **WAIT** until both Beta AND BKG counts are greater than 400 counts **THEN** observe "Factor = XX.XXX" (where XX.XXX is a number) on display **AND** press "ENTER".
10. **PRESS**, "ENTER" to accept and update Gamma Factor value.
11. **PRESS** "MENU" key twice.
12. **WHEN** "READY" light appears **AND** airborne concentrations appears on top line of display **THEN** go to Section B for normal operation. (**IF** the flow rate appears **THEN** press "1" to display activity).

Attachment 9.5
Dose Assessor Checklist
Sheet 5 of 7

2.0 Continuous Responsibility/Activities **NOTES**

2.1 Monitor Radiological Release Rates and Perform Dose Assessment Calculations

A. Perform a base line dose projection based on current readings (from PICS or Control Room) using MIDAS and procedure IP-EP-310, Dose Assessment.

B. Monitor Plant Effluent Monitors for changes in Release Rates. Notify the Radiological Assessment Coordinator immediately of any change in release status.

C. Monitor meteorological data for changes, which may effect offsite dose projections or Protective Action Recommendations.

D. IF there is a change in any parameter THEN recalculate dose projections using MIDAS and procedure IP-EP-310, Dose Assessment and report results to Radiological Assessment Coordinator immediately.

NOTE
If Multiple units are affected, USE IP-EP-410 with the combined doses calculated on FORM EP-13 for DOSE BASED PARS. DO NOT use MIDAS PARs.

2.2 Use MIDAS program or procedure IP-EP-410, Protective Action Recommendations to calculate appropriate Protective Action Recommendation. Any change of PAR must be transmitted to offsite authorities within 15 minutes.

2.3 IF there has been a release above technical specifications THEN complete "NYS Radiological Emergency Data Form, Part 2" approximately every 30 minutes and submit it to the ED for review. Transmit to the offsite by FAX and e-mail for offsite distribution using MIDAS. Manually fax if MIDAS is unavailable.

2.4 Contact the offsite agencies dose assessment personnel on the conference bridge to discuss the release information.

Attachment 9.5
Dose Assessor Checklist
Sheet 6 of 7

Continuous Responsibility/Activities (cont.) **NOTES**

2.5 Maintain the MET Data Status Board

A. Use procedure IP-EP-510, Meteorological Radiological and Plant Data Acquisition System to retrieve weather predictions.

B. Obtain the latest measured MET data from MRP-DAS every 15 minutes.

1. Update the MET Data Status Board to display the correct data.
2. Notify the Radiological Assessment Coordinator of any significant changes in the meteorological data.

C. Obtain weather forecast from MRP-DAS and/or Weather Bureau

1. Update the MET Data Status Board to display the correct data.
2. Notify the Radiological Assessment Coordinator of any significant changes in the weather forecast data.

2.8 Compare Dose Projections with Field Team Survey Results

A. Confer with Offsite Team Coordinator on survey points and reported readings.

B. Update NYS Radiological Emergency Data Form Part II with Field Team Data.

2.9 Monitor Offsite Monitoring System (formally Reuter-Stokes) data.

A. Obtain readings from MRP-DAS.

B. Inform the Radiological Assessment Coordinator of any reading greater than background.

2.10 Periodically check readings of AMS-4 and ensure proper instrument operation.

A. **IF** there is a release **THEN** monitor the AMS-4 to identity any increase in the radiological levels in the EOF.

B. Follow directions in step 1.3 of this checklist to maintain AMS-4 operations.

Attachment 9.5
Dose Assessor Checklist
Sheet 7 of 7

Continuous Responsibility/Activities (cont.) **NOTES**

2.11 Confer with the Radiological Assessment Coordinator on the need to set up EOF Radiological Controls. If needed request a Radiation Protection Technician from the OSC. Have the Radiation Protection Tech set up the EOF hallway as follows:

A. Set up stanchions, rope barricades, and friskers at both ends of the main hallway.

B. Set frisker alarm to two (2) times background.

C. Set up Step off Pads (SOPs) at both entrances.

D. Place a waste receptacle near the SOP location.

E. Post door to warehouse & exterior door (from offices) as **NO ENTRY, NO EXIT**.

3.0 Closeout Activities

3.1 Rearm the EOF Halon System

A. Obtain the key to the FIKE Fire Suppression System control panel from the EOF key locker.

B. Open the upper compartment of the FIKE control panel located on the west wall of the EOF next to the key locker.

C. Toggle the module switch (the switch is located in the lower left corner of the panel.) from the "S1" (up) position to the "Armed" (down) position.

3.2 Return the EOF ventilation to normal.

A. Obtain the key to the EOF Electrical Equipment Room from the EOF key locker.

B. Locate the EOF HVAC damper control system switches on the East wall of the EOF Electrical Equipment Room.

C. Rotate all three (3) damper control knobs COUNTER - CLOCKWISE half way to open the dampers.

D. Place the three (3) AC control switches to the "NORMAL" (down) position.

Attachment 9.6
Offsite Team Coordinator Checklist
Sheet 1 of 5

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.9 and the following:

1.2 Assume the position of Offsite Team Coordinator.

A. **IF** it is the initial activation of position **THEN:**

1. Inform the Radiological Assessment Coordinator and Dose Assessor(s) that you are now Offsite Team Coordinator.
2. **WHEN** there are 4 Offsite Monitoring Team members present, establish two Offsite Monitoring Teams. **WHEN** two additional Offsite Monitoring Team members arrive, form an Onsite Monitoring Team or another Offsite Monitoring Team at a location designated by the Radiological Assessment Coordinator.

> **NOTE**
>
> If for any reason the Entergy Offsite Monitoring Teams cannot be dispatched, contact Westchester County to assess status of their teams. Coordinate monitoring strategy with the county if possible. Contact with Westchester County can be accomplished through the Dose Assessment Conference Bridge or through the Westchester County representative at the EOF.

3. **IF** additional personnel are needed **THEN** inform the Radiological Assessment Coordinator or EOF Manager and request additional personnel.
4. Conduct a briefing with the Offsite Monitoring Teams. If available, consider using an adjacent room for the briefing, using the guidance in **IP-EP-320, Attachment 4.**

Attachment 9.6
Offsite Team Coordinator Checklist
Sheet 2 of 5

Initial Responsibility/Activity (cont.) **NOTES**

NOTE:

Offsite Monitoring Teams (OMTs) play a key role in the coordination of the State and local Counties Emergency Plans/Actions. It is an IPEC EXPECTATION to have the OMTs briefed and in the field as-soon-as-possible (i.e. within ~ 30- 45 minutes of their arrival at the EOF).

1.3 Initial Offsite Team Briefing

A. Prior to dispatching teams into the field, brief them using **IP-EP-320, Attachment 4.**

B. **IF** manned, **THEN** Contact the ICP to inform them of the OMT departure.

1.4 Use of the Offsite Radio Using the Radio Headset or Phone Handset

A. Can be used with either the stationary radio handset or a headset.

B. Headset is in the desk drawer near the console.

C. Unplug the handset cord from the phone unit and plug into the jackbox to the left of the radio handset. Remove handset from cradle (refer to job aid provided on OTC desk and in position binder).

D. Transmission can be completed using the "Transmit" button on the headset Push to talk (PTT); release to listen.

E. IF the headset is used, it is advised that the console microphone be moved out of the way to avoid any interference.

Attachment 9.6
Offsite Team Coordinator Checklist
Sheet 3 of 5

Initial Responsibility/Activity (cont.) **NOTES**

F. If using the handset, replace the handset in the phone cradle, unplug the cord from the jack-box and plug into the handset.

G. Transmission can be completed with the handset by using the "Transmit" button on the Push to talk (PTT); release to listen.

2.0 Continuous Responsibility/Activity

2.1 Transmit directions to the Offsite Monitoring Teams

> **NOTE**
> Teams should be designated as Mobile 1, 2 etc. and Site Perimeter Team

A. Use the Vehicle OnStar, radio or cell phones to communicate with teams.
B. Confer with the Radiological Assessment Coordinator and/or Dose Assessors to determine the sample points and the expected whole body exposure rates based on dose projections.

> **NOTE**
> Be sure to dispatch Offsite Monitoring Teams to monitor the plume centerline and both sides of anticipated plume if practical.

C. Enter selected sample point(s) and assigned team on Monitoring Team Radiation Field Survey Data (Form EP-30).

D. Contact each team and direct them to the designated sample point providing following information:

1. The expected dose rates.
2. Methods of traversing the plume to keep their exposure as low as possible, such as going around plume or traveling through low field areas.

E. Have teams verify instructions by repeating them back.

Attachment 9.6
Offsite Team Coordinator Checklist
Sheet 4 of 5

Continuous Responsibility/Activity (cont.) | **NOTES**

2.2 Receive and Record Offsite Monitoring Team Data

A. Have teams state sample point for which data is being transmitted.

B. Record survey data on Monitoring Team Radiation Field Survey Data and Monitoring Team Sample Data (Form EP-30 and Form EP-31).

C. Verify numbers by repeating values back to the team.

D. Inform the Radiological Assessment Coordinator or Dose Assessor immediately of survey and sample results.

2.3 Determine Radioactive Airborne Concentrations

WHEN Offsite Monitoring Teams report air sample results **THEN** determine airborne concentrations as follows:

A. Use (Form EP-32), Determination of Radioactive Airborne Concentrations to calculate µCi/cc.

B. Report concentration to Dose Assessor or Radiological Assessment Coordinator.

2.4 Maintain Offsite Monitoring Team Exposure Records.

A. **IF** any exposure rates are above background **THEN** obtain team member whole body exposure (dosimetry readings).

B. **IF** any team members are receiving radiological exposures **THEN** record exposures on Individual Exposure Tracking Log (Form EP-36) periodically.

2.5 Keep Offsite Monitoring Teams informed of major changes in emergency status:

- Changes in emergency classification
- Start or stop of any offsite releases of radioactive materials.

A. Communications **SHOULD** be within 30 minutes of a change in conditions.

Attachment 9.6
Offsite Team Coordinator Checklist
Sheet 5 of 5

Continuous Responsibility/Activity (cont.) **NOTES**

B. Routinely contact Offsite Monitoring Teams approximately every thirty minutes.

2.6 Obtain new sample locations and points from Radiological Assessment Coordinator or Dose Assessor

A. Repeat above steps to continue plume tracking until Radiological Assessment Coordinator determines surveys and sampling are no longer necessary.

2.7 To ensure continuous Offsite Monitoring capabilities, Coordinate the relief of Offsite Monitoring Team personnel, if required.

A. **IF** Offsite Monitoring Teams are deployed **AND** "In-Field" turnover of team personnel is required **THEN** utilize a spare vehicle, if available, or call the Offsite Monitoring Teams back to the EOF, Alternative TSC/OSC or AEOF, one team at a time, to facilitate turnover. The replacement team **SHOULD** be pre-briefed i.a.w step 1.3 and ready to immediately deploy when the off going team returns to the EOF, Alternative TSC/OSC or AEOF.

Attachment 9.7
Offsite Communicator Checklist
Sheet 1 of 2

1.0 Initial Responsibility/Activities **NOTES**

This is a core staffing position

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.6 and the following:

2.0 Continuous Responsibility/Activities

2.1 Perform required notifications to Offsite Authorities.

NOTE:

1. Start notification of any change in classification within 15 minutes of the classification change. IF time challenged to meet the 15 minute notification requirement, immediately initiate the RECS call. Inform facilities that FAX and email of Part I form will follow.
2. The 15 min. requirement is met upon the FIRST response to RECS call.
3. **VERIFY** events that affect both units are classified as dual unit events ("BOTH UNITS" selected on NYS Part 1 form in MIDAS). The category that is automatically a dual unit event is Security. For events such as weather or loss of power, both units are affected as long as they are at the same level of classification (i.e. NUE). If one unit enters a higher classification at the initiating event (i.e. LOOP with one unit's EDGs all running and the other unit without EDGs running) or has to escalate then it becomes the only unit affected.

A. **IF** the emergency classification changes (upgrade, terminates, and enters Recovery) **THEN** perform the following:

1. Complete (work with Dose Assessor) or obtain a completed NYS Radiological Emergency Data Form Part I (Form EP-1) from ED or EOF Manager.
2. Ensure the ED has signed the NYS Radiological Emergency Data Form to indicate approval for transmittal.

Attachment 9.7
Offsite Communicator Checklist
Sheet 2 of 2

Continuous Responsibility/Activities (cont.)

NOTES

3. Electronically fax and email the Radiological Emergency Data Form (Form EP-1) by clicking the "Send FAX" button, then when Faxing is complete, click the "Send email" button. If electronic faxing is not available, direct the use of traditional means of faxing.
4. Confirm receipt of the Radiological Emergency Data Form (Form EP-1) by offsite authorities per instructions on Offsite Communicator Notification Checklist (Form EP-3N, 3A, 3S or 3G as applicable). Ensure all locations have been contacted.
5. Maintain status board of "next notification & next briefing".

2.2 Perform Industry Group Notifications

A. Notify the following (phone numbers in Emergency Telephone Directory), document notifications in log:
   1. Entergy Risk Management Representative
   2. New York Public Service Commission
   3. INPO

B. Notify the EOF Manager which notifications were made or not made.

Attachment 9.8
Admin & Logistics Coordinator Checklist
Sheet 1 of 4

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.10 and the following:

1.2 Assume the position of Admin & Logistics Coordinator.

A. **IF** it is the initial activation of position **THEN**

1. Complete an EOF Staffing Form (Form EP-43) and verify full EOF Staffing. Report staffing status to EOF Manager (or ED).
2. Check staffing level of support staff:
   a. Should have 3 Support Staff Personnel and 1 IT Specialist Personnel.
   b. At least 1 Support Staff personnel should staff the upstairs Support Staff area and 1 individual may be used as the EOF Registration Assistant. Also assign a Manager level type individual to support the Registration Assistant.
   c. A Support Staff person should be assigned to support log entries into WebEOC and operate various screens for the Technical Advisor / Emergency Director / EOF Manager. They are to refer to EN-EP-609 Attachment 9.4, EOF Log Keeper.
   d. **IF** short of support staff **THEN** draft non-assigned ERO member to fill the Registration Assistant.
3. Ensure the Support Staff and the IT Specialist are briefed and ready to support EOF emergency response.
4. Verify the PA system is operational per Attachment 9.18.
5. Inform the EOF Manager when you are ready to provide logistics support to the ERO.
6. Contact the Corporate Duty Manager for the Northeast Regional Operations (contact information in the Emergency Telephone Directory). Provide the information as listed on the IPEC Essential Information Checklist (Form EP-9) and provide information regarding any anticipated corporate support needed by the onsite ERO. Provide him/her with the telephone number where you can be reached.

Attachment 9.8
Admin & Logistics Coordinator Checklist
Sheet 2 of 4

2.0 Continuous Responsibility/Activities **NOTES**

2.1 Process request from the Emergency Response Organization for outside assistance:

A. Arrange to fulfill requests from the ED for any corporate or outside support needed. (Such as, technical support, emergency response equipment, and resources from offsite.)

B. For any procurement issues or requests related to **Non-Entergy support**, utilize the IPEC Rapid Response List, available on the IPEC Web Site.

IF the event is expected to last more than 4 hours THEN make arrangements for meals for the ERO.

2.3 IF the event has been classified at a Site Area Emergency or General Emergency THEN:

A. Call in additional support staff, as necessary, to assist. Personnel from the following Indian Point Energy Center organizations:

1. Material Procurement / Purchasing – to assist in procurement of items needed to support the emergency response.
2. Facilities – to provide additional office equipment, supplies, food and/or make arrangements for ERO berthing onsite.
3. Nuclear Licensing – to assist in receiving and supporting the NRC Incident Response Team
4. Other – such as additional Support Staff to make phone calls or provide document-processing support.

Attachment 9.8
Admin & Logistics Coordinator Checklist
Sheet 3 of 4

Continuous Responsibility/Activities (cont.) **NOTES**

B. As necessary support should be arranged through the Corporate Duty Manager for the following areas (group titles are representative do not match actual titles):

1. Office Services group provides general office services such as: typing (machines and personnel), reproduction (Photostats and drawings), telephone dictation, office supplies, office furniture, mail delivery, photography services, facility and area maps, audio visual aids, graphics printing, and distribution service as required.
2. Finance group prepares payroll, controls accounts payable, and administers cash disbursements and expense accounts.
3. Accommodations group provides lodging if necessary for emergency workers and makes arrangements for rental cars and travel on commercial and charter carriers.
4. Human Resources group can assist for the human resource needs using existing Entergy personnel and non-Entergy personnel obtained through the New York Power Pool and the Institute of Nuclear Power Operations.
5. Purchasing group acts as purchasing agent to obtain the materials and services required by the Emergency Response Organization.
6. Legal Group provides advice to the Emergency Director as to actions which may violate federal, state or local statutory and regulatory requirements concerning the operation of the Indian Point Station, **OR** jeopardize coverage of the insurance policies and indemnity agreements. The group also provides legal counsel to Entergy employees involved in the emergency

Attachment 9.8
Admin & Logistics Coordinator Checklist
Sheet 4 of 4

Continuous Responsibility/Activities (cont.) | **NOTES**

7. Information Technologies group provides assistance to develop **AND** maintain computerized information processing systems.
8. Central Stores group helps provide class/stock material.

2.4 Continue to coordinate with Entergy organizations outside the ERO and other assistance to the ERO.

2.5 In the event of an Extended Loss of AC Power (ELAP), participate as the site 'Single Point of Contact' per instructions in 0-FSG-100 Attachment 4.

2.6 If various data systems are not operating (PICS, MRP-DAS, etc.) assure that information is being faxed to designated locations.

2.7 IF event is considered to be a long term event THEN use Attachment 9.21 as guidance to develop an ERO staffing plan.

Attachment 9.9
Support Staff Checklist
Sheet 1 of 4

1.0 Initial Responsibility/Activities — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.4 and the following:

1.2 Assume the position of Support Staff.

A. Sign in on EOF staffing board and EOF Check Point Sign-In Log (Form EP-7-ALL).

B. Obtain briefing from the Admin & Logistics Coordinator or the EOF Manager.

C. Log into WebEOC to log information throughout the event. **IF** WebEOC is unavailable, **THEN** use ERO Log Sheets (Form EP-10) to log information.

D. **IF** this is the initial activation of this position **THEN** assess the situation to determine if your immediate assistance is required.

E. **IF** relieving another Support Staff Person **THEN** perform a formal turnover with the current Support Staff:

1. Review current emergency status.
2. Inform the Admin & Logistics Coordinator that you are now part of the Support Staff.

2.0 Continuous Responsibility/Activities

2.1 IF assigned as the EOF Registration Assistant THEN:

NOTE:
IF there is any question if an individual should be allowed to enter the EOF **THEN** request clearance from the Emergency Director or the EOF Manager.

A. Allow only the following personnel into the EOF:

1. Indian Point Emergency Response Organization Personnel, as listed in the Emergency Telephone Directory.
2. Entergy Corporate Officers
3. State and County Officials
4. Federal Officials from the Nuclear Regulatory Commission and Federal Emergency Management Agency

Attachment 9.9
Support Staff Checklist
Sheet 2 of 4

Continuous Responsibility/Activities (cont.) **NOTES**

NOTE
IF individuals are only going to another room within the building or outside for a short period of time **THEN** it is not necessary to log them in and out each time they leave the EOF.

5. Individuals authorized by the Emergency Director or the EOF Manager.

B. Maintain an EOF Check Point Sign in Log, (Form EP-7-ALL) complete with names of all personnel within the EOF.

C. **IF** personnel had entered EOF without signing in prior to Registration Station being staffed **THEN** request the Admin & Logistics Coordinator to assign someone to ensure ERO members complete sign in log.

2.2 Process Plant Status Data

A. **IF** the Plant Information Computer System (PICS) is **NOT** operating **THEN** inform the EOF Manager **AND** perform the following:

1. Receive Forms 42a Unit 2 (31a Unit 3), 42b Unit 2 (31c Unit 3) and 42c Unit 2 (31b Unit 3) via Telecopier from the affected Unit's TSC.
2. Make and distribute copies of forms to EOF Staff, NRC, FEMA, State and County representatives at the EOF.
3. Telecopy forms (a, b & c) to the State and County EOC's and JIC.

B. **IF ALL** of the following systems are **NOT** operating: SPDS, Telecopiers and PICS Computer Terminals **THEN**:

1. Inform the EOF Manager that the equipment necessary to obtain plant data in the EOF is not operating

Attachment 9.9
Support Staff Checklist
Sheet 3 of 4

Continuous Responsibility/Activities (cont.) **NOTES**

2. Call the TSC and obtain Forms 42a Unit 2 (31a Unit 3), 42b Unit 2 (31c Unit 3) and 42c Unit 2 (31b Unit 3).Distribute forms as specified in Step 2.2.A.3 above.

2.3 IF electronic emailing and faxing using MIDAS is not operational, THEN process the NYS Radiological Emergency Data Form Parts I & II as follows:

A. Receive form(s) from the Offsite Communicator, verifying that the form(s) are signed by the Emergency Director.

B. Telecopy form(s) to NYS, Counties and JIC.

C. Maintain Fax Report (printed from fax machine) as record.

D. Make and distribute copies of form to NRC, FEMA, State and County representatives in the EOF.

E. Return original form and 2 copies to Offsite Communicator.

2.4 Receive and distribute telecopies from outside sources as follows ONLY if electronic display screens are not available:

A. Distribute to addressee if known.

B. For any document containing radiological data distribute copies to Radiological Assessment Coordinator, FEMA, and State and County representatives in the EOF.

C. Maintain copies of all telecopies.

2.5 Copy Chronology Easel Pad as follows (ONLY if electronic display screens are not available):

A. Receive completed easel pad from Technical Advisor.

B. Transcribe the information from the easel pad and give transcript to the Technical Advisor.

C. Tape or hang the easel pad to the wall between the upper and lower levels of the EOF

Attachment 9.9
Support Staff Checklist
Sheet 4 of 4

Continuous Responsibility/Activities (cont.) | **NOTES**

2.6 Perform accountability duty of the EOF as follows:

A. Record the names of personnel stationed in the EOF.

2.7 Assist in supporting entry of information into various logs and the operation of various display screens.

A. Post Second Shift Staffing on Staffing Board when provided by Admin & Logistics Coordinator.

2.8 Assist EOF in other assignments in a support role.

Attachment 9.10
Lead Offsite Liaison Checklist
Sheet 1 of 3

2.0 Initial Responsibility/Activities **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.8 and the following

1.2 Assume the position of Lead Offsite Liaison

NOTE
All Technical Liaisons may not be present when you assume your position. The State EOC is located in Albany and it may take 2 hours or more for individual to arrive.

A. Establish communications with State and County Technical Liaisons and ensure all liaisons are in place:

1. Using wireless phone located in the upstairs State and County work area, call into State and County Liaison Conference Bridge (Phone number and password are listed in the Emergency Telephone Directory)
2. Inform State and County Offsite Liaisons (Located at the Emergency Operations Centers (EOCs) on bridged conference call) that you are assuming Lead Offsite Liaison. List each Offsite Liaison here:

State EOC: _____
Westchester County: _____
Rockland County: _____
Putnam County: _____
Orange County: _____

Attachment 9.10
Lead Offsite Liaison Checklist
Sheet 2 of 3

Initial Responsibility/Activities (cont.) **NOTES**

3. Greet and/or contact State and County Representative as they arrive at the EOF and have them sign in on EOF Visitor Board and have them complete and don a nametag.

2.0 Continuous Responsibility/Activities

2.1 Ensure EOC Liaison Staffing

A. **IF** all State and County Technical Liaisons are **NOT** present in EOCs within two hours of EOF activation **THEN** attempt to fill positions.

2.3 Provide technical assistance to the EOF State and County Representatives and to the State and County Technical Liaisons located at the EOCs.

NOTE
When answering questions from offsite representatives:
DO NOT: 1) Express any opinions regarding the events
DO NOT: 2) Question or "second guess" ED decisions
DO NOT: 3) Provide any prognosis or guesses of where the event may go

A. Keep updated on plant and emergency conditions:
   1. The Essential Information Checklist (Form EP-9) (complete form or acquire completed form from the EOF Staff) may be used to provide consistent information to State and County Liaisons located at EOCs.
   2. Receive update on plant conditions from the Emergency Director Briefings.

B. **IF** the electronic display of the data is not available, **THEN**:
   1. Request copies (from Support Staff) of notification and data forms received from the plant and clarify the data received.

Attachment 9.10
Lead Offsite Liaison Checklist
Sheet 3 of 3

Continuous Responsibility/Activity (cont.) | **NOTES**

C. Answer questions and provide clarification as needed from the State and County Representatives (in the EOF) and State and County Offsite Liaisons regarding plant systems and operations, and how they relate to the current conditions.

D. Be prepared to brief offsite representatives on basis for decisions made by the Emergency Director.

E. Request the Emergency Director, EOF Manager, Radiological Assessment Coordinator and/or Technical Advisor to the ED assist in keeping the offsite representatives located in the EOF updated.

2.4 Keep the EOF Manager informed of actions being taken at State and County Emergency Operations Centers.

A. Report when EOCs are staffed and/or operational.

B. Report Siren Activations and Protective Actions the State or Counties are implementing.

Attachment 9.11
State and County Liaison Checklist
Sheet 1 of 2

1.0 Initial Responsibility/Activities — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.13 and the following

1.2 Assume the position of State or County Liaison.

NOTE
IF more than one liaison arrives at an EOC **THEN** one individual should assume position and other individual(s) should stand by until all EOCs have been staffed and relief schedule established.

A. Report to your assigned offsite Emergency Operations Center (EOC)
   1. **IF** possible, contact Lead Offsite Liaison before entering your location for an update on the emergency:
      a. Using wireless phone call into State and County Liaison Conference Bridge (Phone number and password are listed in the Emergency Telephone Directory)
      b. Inform the Lead Offsite Liaison of your arrival at the Emergency Operations Center and you are now the <location> Technical Liaison.
   2. **IF** the Lead Offsite Liaison is **NOT** available **THEN** contact the EOF Manager (via the Emergency Telephone Directory or Appendix C) and inform him/her of your arrival at <location>.

2.0 Continuous Responsibility/Activities

2.1 Maintain a Log

A. Use WebEOC, or if unavailable, (Form EP-10), ERO Log Sheet to log information.

B. Log when you assumed the duties of State or County Liaison

C. Log significant communications, important details on information coming into the Emergency Operations Center.

Attachment 9.11
State and County Liaison Checklist
Sheet 2 of 2

Continuous Responsibility/Activities (con't) | **NOTES**

2.2 Provide technical assistance to the Emergency Operations Center Staff.

NOTE

DO NOT: Express any opinions regarding the events.
DO NOT: Question or "second guess" ED decisions.
DO NOT: Provide any prognosis or guesses of where the event may go.

A. Contact the Lead Offsite Liaison for clarification of any questionable or confusing data, or if any question of a "sensitive" nature has been posed, such as a security issue.

B. Review MRP-DAS for changing plant conditions.

2.3 Keep the Emergency Operations Facility informed of actions being taken at your assigned Emergency Operations Center

A. Inform the Lead Offsite Liaison of Siren Activations and Protective Actions the State or Counties are implementing. Note any evacuations that are ordered.

Attachment 9.12
IT Specialist Checklist
Sheet 1 of 1

1.0 Follow Responsibility/Activities in EN-EP-609 Attachment 9.11.

Attachment 9.13
Public Information Liaison Checklist
Sheet 1 of 2

1.0 Initial Responsibility/Activity — **NOTES**

1.1 Follow Responsibility/Activities in EN-EP-609 Attachment 9.7 and the following:

1.2 Assume the position of the Public Information Liaison

A. Establish communications with the Press Release Writer (914-254-7031). If initial press release has been establish, use the appropriate press release template, have the Ed review and post as required.

B. Turn on designated computer and Essential Information Checklist (Form EP-9) computer template (on desktop), and establish email capability to the Press Release Writer (their current location email address should be established when making contact). Also send a test message to the JIC Technical Advisor.

1. Receive directions from the Press Release Writer to distribute the news release, if necessary. Distribution includes the media, JIC and EOF, and other Entergy locations. Distribute the news release(s) to media/wire services,
EOF, JIC and to the designated local officials by using
any available methods.

    a. Post to the NYALERT/JIC Website

    b. Post to WebEOC

    c. Email

2. If the NYALERT/JIC Website is not available as a backup contact IPEC's Communications Manager for distribution to the media via email. As a secondary backup in the event email is also not available continue to support the IPEC Communications Manager with either faxes (Form EP-28) or with phone calling the media.

Attachment 9.13
Public Information Liaison Checklist
Sheet 2 of 2

Initial Responsibility/Activity continued | **NOTES**

C. When JIC activity begins, establish phone contact with JIC Technical Advisor. Communicate with Press Release Writer to understand status of travel of the Press Release Writer to the JIC.

D. Provide current EOF time to the JIC for clock synchronization.

2.0 Continuous Responsibility/Activity

2.1 Provide Support to the JIC

A. Frequently update JIC Technical Advisor with information relating to plant events both verbally and using the Essential Information Checklist (Form EP-9), at roughly 30-minute intervals or as events warrant.

B. Facilitate inclusion of JIC staff during EOF Briefings via telephone

C. Respond to requests from JIC for information

D. Coordinate the technical review of news release(s) by the Emergency Director. Ensure prompt feedback to Press Release Writer via WebEOC.

2.2 Provide Feedback to EOF Staff on JIC Operations

A. Receive and post final JIC news releases on bulletin board in Information Liaison work area. Ensure prompt distribution within EOF.

B. Participate in EOF Briefings providing information on the JIC as appropriate.

Attachment 9.14
Offsite Monitoring Team Checklist
Page 1 of 1

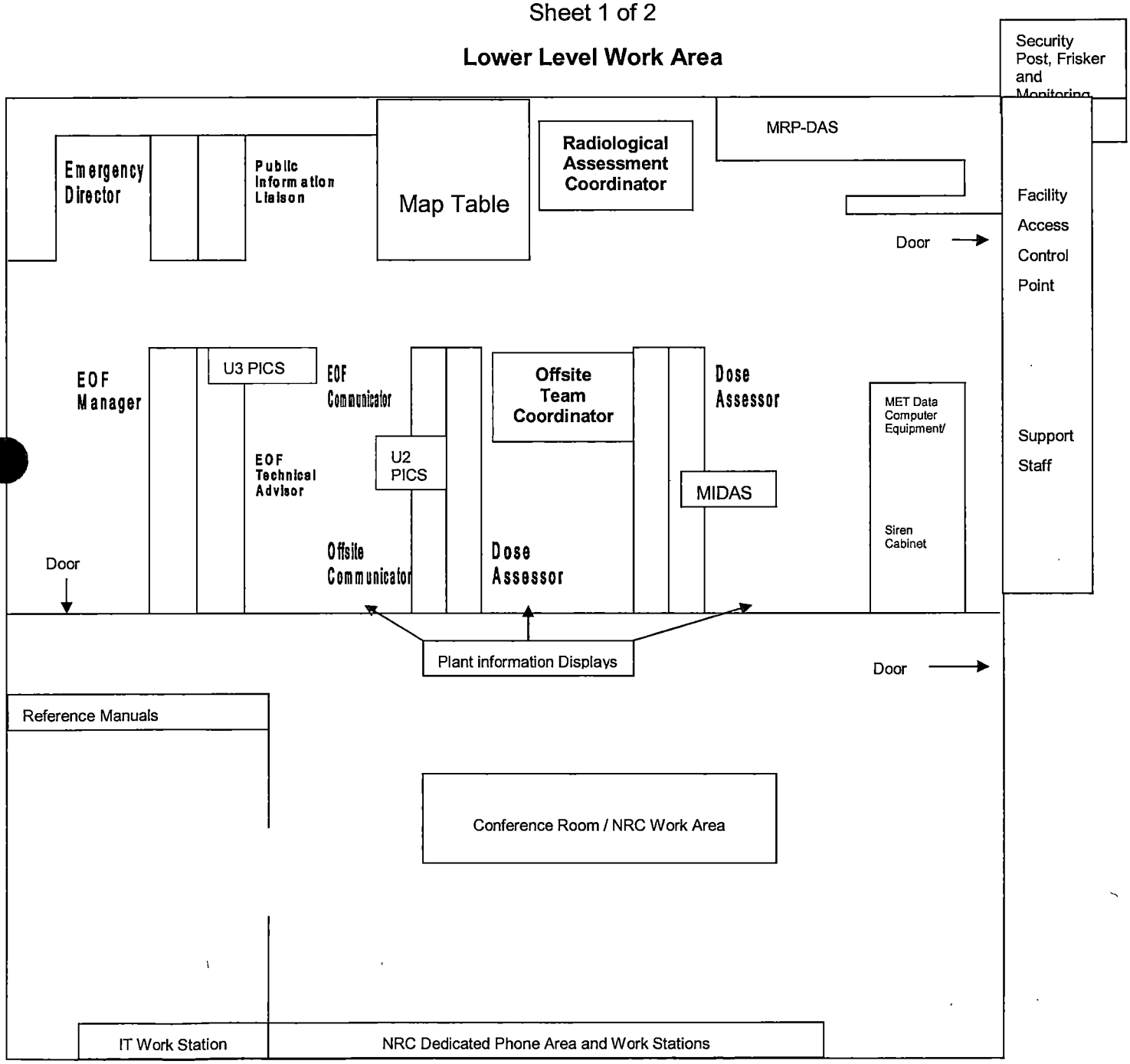
1.0 REFER TO IP-EP-320 for instructions and EN-EP-609 Attachment 9.18.

Attachment 9.15
EOF Communicator Checklist
Sheet 1 of 1

1.0 Follow Responsibility/Activities in EN-EP-609 Attachment 9.14.

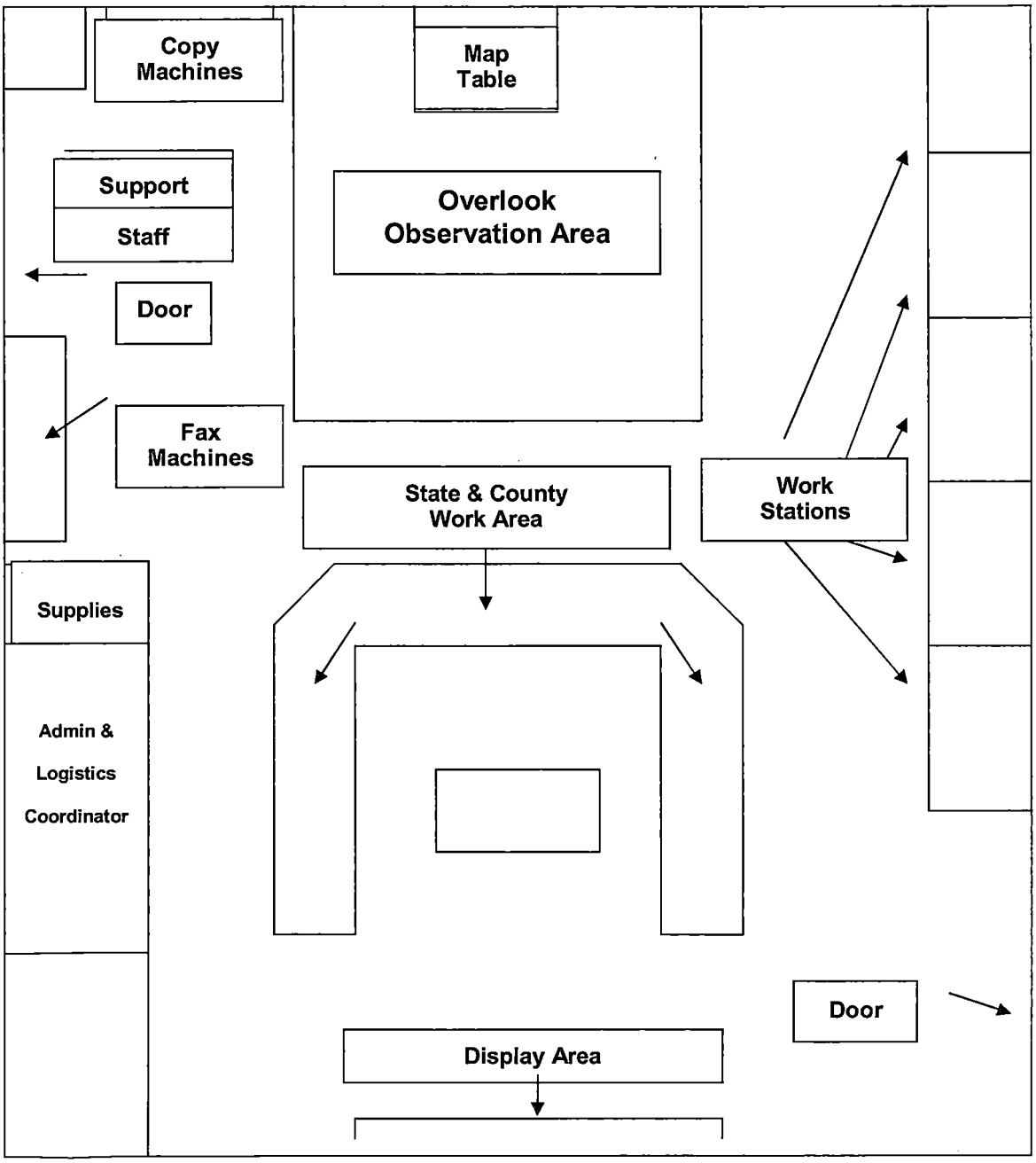
Attachment 9.16
EOF Layout
Sheet 1 of 2

Lower Level Work Area



Attachment 9.16
EOF Layout
Sheet 2 of 2

Upper Level Work Area



Attachment 9.17
Directions to Westchester County Fire Training Center
Sheet 1 of 1

Route 9 South to Route 9A South

Take 9A South approximately 12 miles – past Westchester County Police Headquarters.

Stay on 9A to Dana Road (road past "Topps")

Make a LEFT onto Dana Road.

Fire Training Center is 2nd driveway on RIGHT.

Attachment 9.18
Directions for EOF Public Address (PA) Systems
Sheet 1 of 1

1.0 General

There are three Public Address Systems (PA) in the EOF building and they have been color coded for easy identification of microphones and speakers.

2.0 Systems/Operation

2.1 Blue System comprises the plant page system. The Speakers are located in the main building hall, both ICP rooms, the EOF Command Room and the Mezzanine Lobby at the top of the stairs. Volume controls are on the walls near the speakers and on a column in the Mezzanine. Access is via the normal plant page access.

2.2 Red System is the permanently installed EOF page system. The speakers are located in the ceilings in the lobby of the EOF, the NRC Conference Room, the ICP, in the Mezzanine and in the Mezzanine Lobby at the top of the stairs. The speakers are marked with red tape. Each speaker has its own volume control knob. There are two microphones on/in the ED desk each marked with RED tape. The microphones are wireless and battery powered and simply require that they be turned on to activate the system. The system is always left powered. Note that this system does not cover the Hallways or the ICP rooms.

2.3 Green System is a wireless system with portable speaker distributed around the EOF building. Each speaker must be turned on by a switch on the back and the volume adjusted locally by a switch on the front. Speakers are in the ICP, the EOF Command Room, the NRC Conference room, the Field Team storage area, the Mezzanine proper, and the Mezzanine Lobby. An additional speaker stored in the Field Team closet can be deployed to the EOF Main Hall or ICP if needed. There are two microphones on/in the ED desk each marked with GREEN tape. The microphones are wireless and battery powered and simply require that they be turned on to activate the system. Additional batteries are available in the supplies upstairs.

Attachment 9.19
IPEC EOF ERO STAFFING
Sheet 1 of 1

At IPEC, the expectation is that ALL individuals assigned to the Emergency Operations Facility (EOF) report to the facility within 60 minutes of the declaration of an Event.

The EOF is able to be considered **STAFFED** when the following Core Individuals are present: Emergency Director, Radiological Assessment Coordinator, Technical Advisor and Offsite Communicator. Regardless of whoever else is available, these positions MUST be filled before the EOF can be considered to be **STAFFED**.

The IPEC Emergency Plan in Section B (Table B-1) requires the following to respond within 60 minutes: Offsite Communicator, Offsite Team Coordinator, Emergency Director (ED), Radiological Assessment Coordinator, 2 Offsite Monitoring Teams.

The EOF may be declared **OPERATIONAL** whenever Core Individuals are achieved **and** the EOF ED determines that the facility is adequately staffed for the event **and** equipment is set up and available to perform the emergency functions assigned to the EOF.

Attachment 9.20
EOF Rad Protection Monitor Checklist
Sheet 1 of 12

This is an optional Staffing Position

1.0 Initial Responsibility/Activity

NOTES

1.1 Assume the position of EOF Rad Protection Monitor

A. Sign in on the EOF Check Point Sign-In Log (Form EP-7-ALL).

B. Report to and receive direction from the EOF Radiological Assessment Coordinator.

C. Verify Equipment is in calibration.

D. As directed by the EOF Dose assessor or the EOF Radiological Assessment Coordinator.

1. Perform a habitability survey of the EOF and ICP and set up radiological controls as shown on sheet 13 of this Checklist.
2. Establish the capability for monitoring of Iodine, should it become necessary.

E. Set up and operate the AMS-4 utilizing skill of the craft and online procedure EN-RP-310 **OR** as follows.

NOTE
AMS **SHALL** be started during EOF activation

1. Initial AMS-4 Start Up:

Attachment 9.20
EOF Rad Protection Monitor Checklist
Sheet 2 of 12

Initial Responsibility/Activity (cont.)

NOTES

- **OPEN** filter-housing cover, remove any existing filter media **AND** install a new charcoal filter paper (#508 Carbon Impreg). The "lined" side should face down. If separate particulate and charcoal filters are used, **THEN** particulate filter is placed on top of the charcoal filter.
- **CLOSE** and latch the filter housing cover.
- **PLUG** the AMS-4 in and turn on SW1 (power) and SW2 (pump) switches located in the back of the monitor.

NOTE

IF beeping continues, **THEN** readjust filter paper and restart.

- **AFTER** the AMS-4 has gone through the initial self test cycle (approximately 5 minutes), **THEN** VERIFY the "READY" light is on **AND** activity is displayed.
- **PRESS** "2" on the keypad **AND** VERIFY that indicated flow rate is near the posted reference flow rate for charcoal filter. A low flow rate may indicate a flow blockage **OR** loaded filter paper.
- **PRESS** "1" on keypad to display airborne concentration. Negative numbers indicate the current activity is less than the historical data.

2. Normal AMS-4 Operation:

NOTE

This instrument is calibrated to monitor gas and particles.

- **CHECK** periodically the AMS-4 flow rate by pressing "2" on the keypad. **IF** desired, return to activity monitoring by pressing "1" on the keypad.

Attachment 9.20
EOF Rad Protection Monitor Checklist
Sheet 3 of 12

Initial Responsibility/Activity (cont.)

NOTES

- **IF** the flow rate approaches 28320 cm^3/min OR the "MIN FLOW FAIL" alarm activities, **THEN** CHANGE the filter paper as per Section 3.
- **IF** the AMS-4 "DAC HOUR ALARM DETECTED" alarm activates, **THEN** NOTIFY the Radiological Assessment Coordinator. The alarm set point is 60 DAC hrs, which is equivalent to 150 mRem.
- **IF** the "FILTER DOOR, OPEN OUT OF SERVICE" alarm activates, **THEN VERIFY** that the filter housing is closed and latched.
- **IF** the gamma background in the area changes substantially, **THEN GO** to Section 4 to set the Gamma Factor.
- **WHEN** finished monitoring with the AMS-4, **THEN** turn off SW1 (power), SW2 (pump).

3. Changing AMS-4 Filter Paper
   - **TURN** SW2 (pump) **OFF**
   - **WHEN** the audible alarm activates, **THEN** PRESS "ALARM ACK".
   - **OPEN** the filter housing cover **AND WHEN** the audible alarm activate, **PRESS** "ALARM ACK".
   - **REMOVE** any existing filter media **AND** install a new charcoal filter paper (#508 Carbon Impreg). The "lined" side should face down.

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Initial Responsibility/Activity (cont.) **NOTES**

- **CLOSE** and latch the filter housing cover.
- **TURN** on SW2 (pump) switch.
- **WHEN** the audible alarm activates, **THEN** **PRESS** "ALARM ACK"
- **PRESS** "2" on the keypad **AND** verify that indicated flow rate is near the posted reference flow rate for charcoal filter. The low flow rate alarm set point is 28320 cm^3/min. A low flow rate may indicate a flow blockage **OR** loaded filter paper.
- **RETURN** to Section 2 for normal operations.

4. Gamma Factor Set
   - **VERIFY** "READY" light is on. The AMS-4 front panel will NOT respond as expected if an alarm condition exists.
   - **PRESS** "MENU"
   - **AT** the prompt "password" **TYPE** in "0000" **THEN** press "ENTER".
   - **PRESS** "_" button until "Calibrate" appears in display.
   - **PRESS** "ENTER".
   - **WHEN** "Calibration Mode Halts Normal Operation" displays, **THEN** press "ENTER".
   - **WAIT** until both Beta **AND** BKG counts are greater than 400 counts **THEN** observe "Factor = XX.XXX" (where XX.XXX is a number) on display **AND** **PRESS** "ENTER".

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Initial Responsibility/Activity (cont.)

NOTES

- **PRESS** "ENTER" to accept and update Gamma Factor value.
- **PRESS** "MENU" key twice.

NOTE

WHEN "READY" light appears **AND** airborne concentrations appears on top line of display **THEN** go to Section F.2 for normal operation. (**IF** the flow rate appears, **THEN** press "1" to display activity).

F. Periodically check readings of AMS-4 and ensure proper instrument operation.
   1. IF there is a release, THEN monitor the AMS-4 to identify any increase in the radiological levels in the EOF.
   2. Follow directions in Section E of this checklist to maintain AMS-4 operations.

G. Sample Count Using the MS-2/SPA-3 utilizing skill of the craft and online procedure HP-9.021 **OR** as follows:
   1. Enclose the cartridge (e.g. in plastic wrap).
   2. Place the enclosed sample in the detector shield on the shelf closest to the detector.
   3. Set the controls on the MS-2 as follows:
      - POWER switch "ON"
      - CPM RANGE switch – appropriate multiplier setting to register expected sample count rate.
      - COUNTING TIME IN MINUTES control – set to desired counting time (normally one minute)
      - Window IN/OUT switch – "IN"
      - TEST switch – "OFF"
      - TIMED/STOP/MAN switch – "TIMED"

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Initial Responsibility/Activity (cont.) | **NOTES**

- WINDOW THRESHOLD **AND** HV ADJUST dials – set to values posted on the instrument.

4. Set to count the sample for 10 minutes and momentarily depress the RESET-START button.

5. **WHEN** the sample has finished counting, **THEN** record the digital display value on appropriate RP survey form.

6. Calculate the sample activity using the appropriate correction factor using the following formula:

   - EFF – Efficiency (as given on the instrument or as directed by the Dose Assessor or Radiological Assessment Coordinator)
   - CFF – Charcoal Correction Factor (.95 or as directed by Dose Assessor or Radiological Assessment Coordinator)

$$uCi/cc = \frac{(SampleCPM - BkgdCPM)x(1E-9)}{2.2xEFF\,Volume(L)xCCF}$$

$$Volume\ (L) = 28.32\ \frac{L}{ft^3} Volume\ (ft^3)$$

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Initial Responsibility/Activity (cont.) **NOTES**

7. Remove the cartridge from the detector chamber and store or dispose of it properly, as appropriate.
8. Do a one minute background verification count to verify it has not changed and the counter is not contaminated. **IF** contaminated **THEN** take appropriate measures to decontaminate.
9. Insert new filter.

H. Sample Count Using the Model 177 **OR** RM-14/HP-210 (or Equiv.):

1. Connect the HP-210 detector, using the coaxial cable to the terminal on the instrument marked "detector" or "probe".
2. **IF** using the RM-14 on AC, **THEN** do the following:
   - Connect it to a 120 VAC supply using the power cord which connects at the back of the instrument chassis.
   - Place the rotary switch in the X10 position.
   - Operate the toggle "Test On" switch at the chassis rear **AND** check that the indication on the meter is APPROXIMATELY 3600 CPM (± 10%).
   - Turn the toggle switch off
   - Record data on appropriate HP survey form.
3. **IF** using the instrument on battery **THEN** check battery condition by placing the rotary switch in "Batt" position **AND** record data on appropriate RP survey form.

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Initial Responsibility/Activity (cont.) **NOTES**

- Energize the instrument by turning the rotary switch from "OFF" to one of the counting ranges e.g., X1, X10, or X100.
- Check the operability of the counter.
- Place the detector in contact with the Ba-133 check source (located in the kit next to the meter).
- Read source CPM above background AND record results on appropriate RP survey form.
- Compare to count rate labeled on the source.

4. Place the detector on the sample holder (SH-4, -4a or equivalent) and check the background.
   - Record the background CPM on DETERMINATION OF RADIOACTIVE AIRBORNE CONCENTRATION (Form EP-16).
   - Use lead bricks as shielding to reduce the background CPM to read on the X1 scale (if possible).
5. Place particulate filters to be counted, one at a time, face up in the counting chamber.
6. Read sample CPM and record results on DETERMINATION OF RADIOACTIVE AIRBORNE CONCENTRATION (Form EP-16)

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EOF Rad Protection Monitor Checklist
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Initial Responsibility/Activity (cont.) **NOTES**

7. Calculate the filter activity as follows:

$$\mu Ci/cc = \frac{(Sample\ CPM - Bkgd\ CPM) \times 1.6\ E\text{-}11}{Volume\ (Cu\ Ft.) \times Eff.}$$

Above Calculation Uses:
EFF (Efficiency) = 0.1

NOTE
Should sample holders be unavailable, the filters may be counted by placing the detectors within half inch of the filter.

8. To count the iodine filter cartridges in the sample holders, modify the holders as follows:
   (a) **IF** using the SH-4, **THEN** do the following:
   - Remove the sample holder slide.
   - Place the charcoal cartridge (lip up) or the silver zeolite cartridge (face up) in the cavity created by removing the sample holder slide.
   - Place the detector on the cartridge.
   - Determine the count rate.

   (b) **IF** using the SH-4a, **THEN** pull out the slide:
   - Remove the insert.
   - Push the slide back in.
   - Place the charcoal cartridge (lip up) or the silver zeolite cartridge (face up) in the cavity created by removing the sample holder slide.
   - Place the detector on the cartridge.
   - Determine the count rate.

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Initial Responsibility/Activity (cont.) **NOTES**

9. Calculate the cartridge activity as follows:

$$\mu Ci/cc = \frac{(Sample\ CPM - Bkgd\ CPM) \times 4.6\ E\text{-}9}{Volume\ (Cu\ Ft.)}$$

Above calculation based upon use of:

EFF (Efficiency) = 0.0034 and

CCF = 1.0 for AgZe

I. Perform background and source checks approximately every hour OR as specified by the Radiological Assessment Coordinator or Dose Assessor (frequency may be adjusted, either more or less often, in consideration of current radiological conditions).

J. Using the readings from the AMS-4 Monitor and the noble gas-to-iodine ratio from Chemistry, determine the iodine activity.

   1. **IF** iodine activity is determined to be greater than $1X10^{-7}$ micro curies/cubic centimeter by any of the above methods, **THEN** notify the EOF Dose Assessor or the EOF Radiological Assessment Coordinator.

K. If directed by the EOF Radiological Assessment Coordinator or Dose Assessor then conduct decontamination of vehicles and personnel using IP-EP-350.

2.0 Continuous Responsibility/Activity

2.1 Establish and Maintain radiological habitability

A. As directed by the EOF Dose Assessor or the EOF Radiological Assessment Coordinator, perform periodic radiological monitoring particularly when a release of radioactive material into plant environments is in progress or suspected.

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Continuous Responsibility/Activity (cont.) **NOTES**

1. If there has been a Radiological Release outside of the Protected Area then set up the EOF as follows when directed by the Dose Assessor:

   a. Set up stanchions, rope barricades and friskers at both ends of the main hallway.

   b. Set Frisker alarm to (2) times background.

   c. Set up SOP's at both entrances.

   d. Place a waste receptacle near the SOP location.

   e. Post door to warehouse and exterior door (from NEM offices) as No Entry, No Exit.

B. Periodically verify habitability in the EOF. This should be done approximately once every 60 minutes or when conditions have likely worsened or when directed to by the EOF Dose Assessor or the EOF Radiological Assessment Coordinator.

2.2 Inform the EOF Radiological Assessment Coordinator when temporarily leaving the work area.

A. **IF** you are leaving the EOF Complex (the restroom is within complex) **THEN**:

   1. Inform the EOF Radiological Assessment Coordinator (for accountability purposes)
   2. Inform the EOF Radiological Assessment Coordinator when you return.

B. Upon return, obtain a briefing from the EOF Dose Assessor or the EOF Radiological Assessment Coordinator on any events, which have occurred while away.

2.3 Assist with the decontamination efforts of personnel, equipment and onsite areas as appropriate.

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EOF Rad Protection Monitor Checklist
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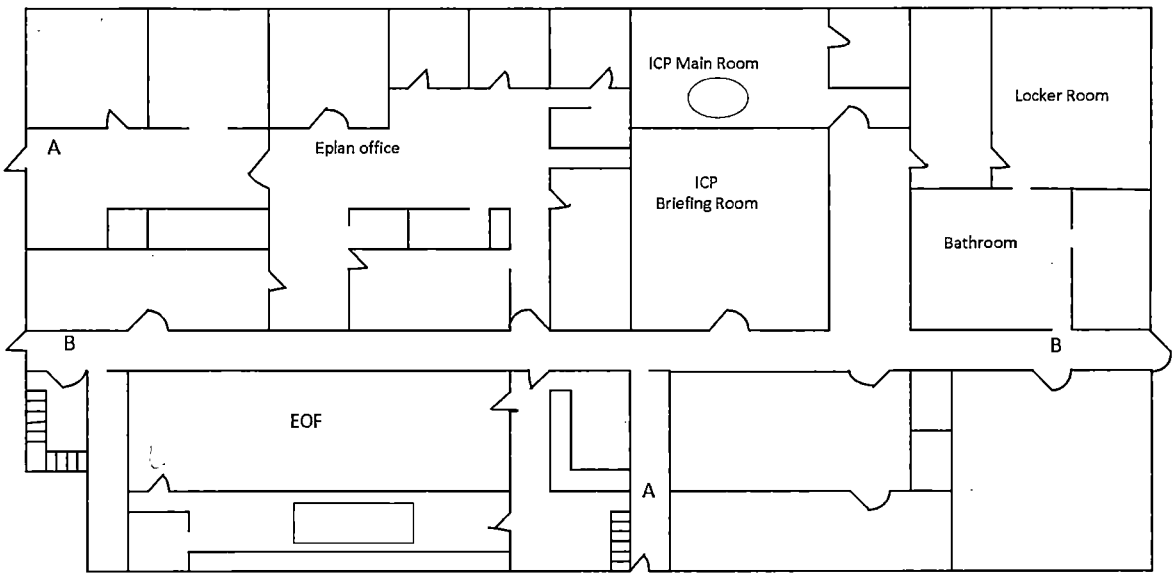

If there is indication of contamination outside of the PA then the EOF Complex may be set up to restrict access as outlined above:

If Hallway contamination <1000 dpm/100cm2

A – No Entry/ No Exit

B - Entry/ Exit to EOF Complex. Set up white SOP, with Frisker and trash receptacle available.

Attachment 9.21
ERO Staffing for Long Duration Events
Sheet 1 of 1

NOTE

The following guidance is provided to assist the Admin & Logistics Coordinator establish an initial event staffing plan for a "long duration event" expected to last multiple days. The following plan assumes an assignment of (1) ERO team/shift. The assignment of an additional ERO team/shift or additional ERO members with specific expertise is acceptable and may be assigned if the additional resources are needed.

Develop an initial long duration event staffing plan for the Emergency Response Organization using the following assumptions:

- ERO teams will work 12-hours shifts (excluding turnover)
- Work hours will be determined by the Emergency Director but will normally follow standard refueling outage schedules (ex. 0700 – 1900)
- Work hours may be adjusted as needed to allow a transition into the rotating shift schedule.
- Initial staffing of day/night shifts consists of one ERO team/shift. An additional team or ERO members with specific expertise may be added to each shift if needed.
- Relaxation of the work schedule to allow additional time off between shift rotations may be implemented based on the man-power needs and availability of fleet/industry support personnel.

___/___ 1. Assign 1 of the 4 ERO response teams (A, B, C, or D) to days and one ERO team to nights. If an additional ERO team or specific ERO position is deemed necessary, assign to each shift. Identify which ERO team/position will be the "lead" and which will serve in the "support" role.

___/___ 2. Coordinate with the ED to have the remaining ERO teams sent home with guidance to return at the start of their next scheduled shift.

___/___ 3. Using the following "Example" Staffing Matrix as a guide, develop a schedule using the "Blank" Staffing Matrix provided to ensure 24-hour coverage of the event.

Example Staffing Matrix

DUTY TEAM	M	T	W	Th.	F	Sa	Su	M	T	W	Th.	F	Sa	Su	M	T	W	Th.	F	Sa	Su
A	D	D			D	D	D			D	D				N	N			N	N	N
B	N	N			N	N	N			N	N				D	D			D	D	D
C			N	N				D	D			D	D	D			D	D			
D			D	D				N	N			N	N	N			N	N			

Blank Staffing Matrix

DUTY TEAM																					
	D	D			D	D	D			D	D				N	N			N	N	N
	N	N			N	N	N			N	N				D	D			D	D	D
			N	N				D	D			D	D	D			D	D			
			D	D				N	N			N	N	N			N	N			