

**Catawba Nuclear Station**  
**Emergency Plan Implementing Procedures:**  
**RP/0/A/5000/002, Rev 49**  
**RP/0/A/5000/003, Rev 54**  
**RP/0/A/5000/004, Rev 57**  
**RP/0/A/5000/005, Rev 60**

**Attachment 4**  
**EPIP 10CFR 50.54(q) Evaluations and screens**



# Duke Energy

ACTION REQUEST - 02256570

## Action Request Details

Type : EREG Orig Date : 02/07/2019 08:21 Discovery Date :  
Subject : RP/0/A/5000/002 REV 49

### Description

CONTACT SITE EP SUPERVISOR FOR ASSISTANCE IN PREPARING EP01, EP02, AND EP03. ENSURE EREG IS CROSS-REFERENCED TO THE REG AR WHICH INITIATED IT. COMPLETE 50.54(Q) SCREEN AND EVALUATION IF REQUIRED

### Notes

Priority : Report To : Status : APPROVED 02/07/2019  
Severity : Due Date : 03/10/2019 Event Date :  
Originator : I44004 Originator Group :  
Facility : CN Department : 13650 Organization :  
Owed To : Owed To Group : QUALREVW  
Owed To Fac : CN Department : Discipline :

## Action Request Status History

Updated Date	Updated By	AR Status	AR Due Date
02/07/2019	I44004	INPROG	02/11/2019
02/07/2019	I44004	APPROVED	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004		03/10/2019

## Action Request Attributes

Request Attribute	Values	Reqd	Date
BOUNDED EREG AR	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
EREG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
REG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			



# Duke Energy

ACTION REQUEST - 02256570

## Action Request Notes

## Action Request Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Approval Review

Route List : 001

Route List Initiator :

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
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## Action Request Trend/Cause

## Action Request Keywords

Keyword

Keyword Description

## Action Request Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256570

## Action Request Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AR Cls</u>	<u>Description</u>
AR	02218775		5AD	COMP-NA	N	RP/0/A/5000/002 - 0000215962 NOTIFICATION OF UNUSUAL EVENT
AR	02256533		PRR	COMPLETE	N	RP/0/A/5000/002 rev 049
AS	02187203	1900	GNRL	COMPLETE	N	EP Excellence Plan - Action SD-EP-4.2
AS	02194997	0200	PI	COMPLETE	N	Revise AD-EP-ALL-0602 to improve templates to focus on why a

## Action Request Assignment Details

ASSIGNMENT NUMBER : 01 SUB :

Type	: EP01	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) SCREEN			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) SCREEN IN ACCORDANCE WITH AD-EP-ALL-0602.

## Action Request Assignment Completion Notes

I have reviewed the 50.54 screen for RP/0/A/5000/002 rev 49. I approve the screening.

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	





# Duke Energy

ACTION REQUEST - 02256570

02/07/2019 I44004 AWAIT/C  
02/08/2019 MEHARE COMPLETE

## Action Request Assignment Attributes

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	13:49	APPROVED	02/08/2019	14:12		BRUNSON
MEHARE				A	02/08/2019	14:12	APPROVED	02/08/2019	15:40		HARE

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Rev</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256570

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS CIs</u>	<u>Description</u>
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## Action Request Assignment Appendices

APPENDIX 1

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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ATTACHMENT 4

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

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256570	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2218775	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>
Document and Revision RP/0/A/5000/002, Notification of Unusual Event, Rev 49 (PRR 2256533)		
<p>Part I. Description of Activity Being Reviewed (event or action, or series of actions that may result in a change to the emergency plan or affect the implementation of the emergency plan):</p> <p>Enclosure 4.2, Command and Control Turnover Briefing Form, was revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.</p> <p>Specific Changes are:</p> <p>Added: "Mode _____ Shutdown Date: _____ Time: _____" to each of the Unit Status blocks</p> <p>Added: "Take Cover Order: YES NO TIME: _____"</p> <p>Added: "Rapid Evacuation: YES NO TIME: _____"</p> <p>Added: "Last ENF Number: _____"</p> <p>Added: "Continuous Communications with NRC Established: YES NO"</p> <p>Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks</p> <p>Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks</p> <p>Changed: "Turnover: (From): [ ] CR / [ ] TSC" to "(From): [ ] CR / [ ] TSC/ [ ] EOF"</p> <p>Changed: "(TO) [ ] TSC / [ ] EOF" to "(TO) [ ] CR / [ ] TSC/ [ ] EOF"</p> <p>Changed: "Units(s) Affected (circle) [ ] All [ ]1 [ ]2 [ ]3" to "Units(s) Affected (circle) [ ]1 [ ]2 [ ]3"</p> <p>Changed: "Last ENF Sent (time): _____" to "Last Notification completed (time): _____"</p> <p>Changed: "Last Message Sent (time): _____" to "Notified (time): _____"</p>		

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Rev 48 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/002

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Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HRP ( ) RNP								Turnover: (circle) (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3								(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event declared at _____ EAL #: _____ Alert Declared at _____ EAL #: _____											
Site Area Emergency declared at _____ EAL #: _____ General Emergency Declared at _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving	
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								EOP/APs in Progress (optional):			
Station Priorities:											
Site Assembly: YES NO TIME: _____								Other Agency Involvement:			
Site Evacuation: YES NO TIME: _____								<input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER			
Location/Comments:								Additional Information (Injuries):			

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/002

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Radiological: Emergency Worker dose limits approved: YES NO Who _____	
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____	
Release Pathway: _____	WIND SPEED: _____ WIND DIRECTION: _____
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____	
KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO	
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____	
NRC Communication: Last Message Sent (time): _____	
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO	
Upon the transfer of Command and Control, the following will be performed by:	
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC
Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Name of Individual turning over Duties: _____	
Turnover Complete: YES NO (circle)	TSC/EOF Activated at: _____ (circle) Time Date Name Individual assuming duties
Additional Information:	

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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

Rev 49 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP:0/A/5000/002

Page 1 of 2

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP						Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF					
Unit(s) Affected: (circle) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3						(TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
Response Procedures in Progress (optional):						EOPIAPs in Progress (optional):					
Station Priorities:											



## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

Part III. Editorial Change		Yes	<input type="checkbox"/>	No	X
Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?		10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification and complete Attachment 4, Part V.		Continue to Attachment 4, Part IV and address non editorial changes	
Justification:					
Part IV. Emergency Planning Element and Function Screen (Reference Attachment 1, Considerations for Addressing Screening Criteria)					
Does this activity involve any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II? If answer is yes, then check box.					
1	10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)				
1a	Responsibility for emergency response is assigned.				X
1b	The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.				<input type="checkbox"/>
2	10 CFR 50.47(b)(2) Onsite Emergency Organization				
2a	Process ensures that onshift emergency response responsibilities are staffed and assigned				<input type="checkbox"/>
2b	The process for timely augmentation of onshift staff is established and maintained.				<input type="checkbox"/>
3	10 CFR 50.47(b)(3) Emergency Response Support and Resources				
3a	Arrangements for requesting and using off site assistance have been made.				<input type="checkbox"/>
3b	State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)				<input type="checkbox"/>
4	10 CFR 50.47(b)(4) Emergency Classification System				
4a	A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)				<input type="checkbox"/>
5	10 CFR 50.47(b)(5) Notification Methods and Procedures				
5a	Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.				<input type="checkbox"/>
5b	Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)				<input type="checkbox"/>
5c	The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)				<input type="checkbox"/>



## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

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

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

Part IV. Emergency Planning Element and Function Screen (cont.)		
16	10 CFR 50.47(b)(16) Emergency Plan Maintenance	
16a	Responsibility for emergency plan development and review is established.	<input type="checkbox"/>
16b	Planners responsible for emergency plan development and maintenance are properly trained.	<input type="checkbox"/>
PART IV. Conclusion		
If no Part IV criteria are checked, then provide Justification and complete Part V below. Justification:		<input type="checkbox"/>
If any Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV criteria are checked, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V and perform a 10 CFR 50.54(q) Effectiveness Evaluation. Program Element 4a requires final approval of Screen and Evaluation by EP CFAM.		X

Part V. Signatures:		
EP CFAM Final Approval is required for changes affecting Program Element 4a. If CFAM approval is <b>NOT</b> required, then mark the EP CFAM signature block as not applicable (N/A) to indicate that signature is not required.		
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: See CAS
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS
Approver (EP Manager Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS
Approver (EP CFAM, as required) Name (Print) N/A	Approver Signature: N/A	Date: N/A

QA RECORD



# Duke Energy

ACTION REQUEST - 02256570

## Action Request Assignment Details

ASSIGNMENT NUMBER : 02 SUB :

Type	: EP02	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) EVALUATION			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) EVALUATION IN ACCORDANCE WITH AD-EP-ALL- 0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q eval for RP/0/A/5000/002.

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	
02/07/2019	I44004	AWAIT/C	
02/08/2019	DMBRUNS	ACC/ASG	
02/08/2019	I44004	AWAIT/C	
02/08/2019	DMBRUNS	ACC/ASG	
02/08/2019	I44004	AWAIT/C	
02/08/2019	MEHARE	COMPLETE	

## Action Request Assignment Attributes



# Duke Energy

ACTION REQUEST - 02256570

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Minor editorial comment. DMB

Minor editorial comment. DMB

Updated On

20190208

Updated By

DMBRUNS

20190208

DMBRUNS

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : 144004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/08/2019	14:06	APPROVED	02/08/2019	14:13		BRUNSON
DMBRUNS				A	02/08/2019	13:53	RETURNED	02/08/2019	14:02		BRUNSON
DMBRUNS				A	02/07/2019	13:52	RETURNED	02/08/2019	13:48		BRUNSON
MEHARE				A	02/08/2019	14:13	APPROVED	02/08/2019	15:44		HARE

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Rev</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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# Duke Energy

ACTION REQUEST - 02256570

## Action Request Assignment Appendices

### APPENDIX 1

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256570	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2218775	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>
Document and Revision RP/0/A/5000/002, Notification of Unusual Event, Rev 49 (PRR 2256533)		
<b>Part I. Description of Proposed Change:</b> Enclosure 4.2, Command and Control Turnover Briefing Form, is being revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.  Specific Changes are: Added: "Mode _____ Shutdown Date: _____ Time: _____" to each of the Unit Status blocks Added: "Take Cover Order: YES NO TIME: _____" Added: "Rapid Evacuation: YES NO TIME: _____" Added: "Last ENF Number: _____" Added: "Continuous Communications with NRC Established: YES NO"  Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks  Changed: "Turnover: (From): [ ] CR / [ ] TSC" to "(From): [ ] CR / [ ] TSC / [ ] EOF" Changed: "(TO) [ ] TSC / [ ] EOF" to "(TO) [ ] CR / [ ] TSC / [ ] EOF" Changed: "Units(s) Affected (circle) [ ] All [ ]1 [ ]2 [ ]3" to "Units(s) Affected (circle) [ ]1 [ ]2 [ ]3" Changed: "Last ENF Sent (time): _____" to "Last Notification completed (time): _____" Changed: "Last Message Sent (time): _____" to "Notified (time): _____"		

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

Rev. 5

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

Rev 48 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/002

Page 1 of 2

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BMP ( ) HNP ( ) RNP								Turnover: (circle) (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3								(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving	
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								EOP/APs in Progress (optional):			
Station Priorities:											
Site Assembly: YES NO TIME: _____								Other Agency Involvement:			
Site Evacuation: YES NO TIME: _____								<input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER			
Location/Comments:								Additional Information (Injuries):			

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

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/002

Page 2 of 2

Radio logical: Emergency Worker dose limits approved: YES NO Who \_\_\_\_\_

Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number \_\_\_\_\_

Release Pathway: \_\_\_\_\_ WIND SPEED: \_\_\_\_\_ WIND DIRECTION: \_\_\_\_\_

Offsite PARS Recommended: YES NO Zones Evacuated: \_\_\_\_\_ Zones Sheltered: \_\_\_\_\_

KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO

Off-Site Notifications: Last ENF Sent (time): \_\_\_\_\_ Next ENF Due (time): \_\_\_\_\_

NRC Communication: Last Message Sent (time): \_\_\_\_\_

Have Communicators discussed Turnover with acquiring facility Communicators? YES NO

Upon the transfer of Command and Control, the following will be performed by:

Event Classification: ☐ CR ☐ TSC PAR Decision Making: ☐ CR ☐ TSC ☐ EOF

State and Local Notification: ☐ CR ☐ TSC ☐ EOF NRC Notifications: ☐ CR ☐ TSC

Emergency Exposure Controls & KI: ☐ CR ☐ TSC Control of FMTs: ☐ CR ☐ TSC ☐ EOF

Dose Assessment: ☐ CR ☐ TSC ☐ EOF

Name of individual turning over Duties: \_\_\_\_\_

Turnover Complete: YES NO TSC / EOF Activated at: \_\_\_\_\_  
(circle) (circle) Time Date Name individual assuming duties

Additional Information:



EMERGENCY PLAN CHANGE SCREENING AND  
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<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Rev 49 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/002

Page 1 of 2

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP						Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Unit(s) Affected: (circle) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____						Alert Declared at: _____ EAL #: _____					
Site Area Emergency Declared at: _____ EAL #: _____						General Emergency Declared at: _____ EAL #: _____					
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
Response Procedures in Progress (optional):						EOP/APs in Progress (optional):					
Station Priorities:											

## ATTACHMENT 5

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**<< 10 CFR 50.54(g) Effectiveness Evaluation Form >>**

Enclosure 4.2		RP: O/A/5000/002 Page 2 of 2	
<b>Command and Control Turnover Briefing Form</b>			
<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Location/Comments:</b>  <b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____		
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____			
<b>Release in Progress:</b> YES NO Field Monitoring Teams Deployed: YES NO Number: _____			
<b>Release Pathway:</b> _____ <b>WIND SPEED:</b> _____ <b>WIND DIRECTION:</b> _____			
<b>Offsite PARS Recommended:</b> YES NO <b>Zones Evacuated:</b> _____ <b>Zones Sheltered:</b> _____			
<b>KI Recommended:</b> YES NO <b>Dose Assessment Available:</b> YES NO <b>Have Dose Assessors discussed Turnover?</b> YES NO			
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____			
<b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO			
<b>Have Communicators discussed Turnover with acquiring facility Communicators?</b> YES NO			
<b>Upon the transfer of Command and Control, the following will be performed by:</b>			
<b>Event Classification:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <b>PAR Decision Making:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>State and Local Notification:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF <b>NRC Notifications:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC			
<b>Emergency Exposure Controls &amp; KI:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <b>Control of FMTs:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>Dose Assessment:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>Name of Individual turning over Duties:</b> _____			
<b>Turnover Complete:</b> YES NO <b>TSC / EOF Activated at:</b> _____ (circle)                                  (circle)                                  Time                                  Date                                  Name individual assuming duties			
<b>Additional Information:</b> _____			

Attachment 6, 10 CFR 50.54(q) Initiating Condition (IC) and Emergency Action Level (EAL) and EAL Bases Validation and Verification (V&V) Form , is attached (required for IC or EAL change)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
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### Part II. Description and Review of Licensing Basis Affected by the Proposed Change:

**Licensing Basis of the ERO**

The Assignment of Responsibilities is described in the originally approved CNS Emergency Plan, Revision 2 (dated January 1983), sections A.1.b, Concept of Operations, A.1.c, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.

The current licensing basis regarding Assignment of Responsibility is described in CNS Emergency Plan Section A, Revision 150 (dated September 2017) sections A.1.b, Concept of Operations, A.1.C, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.

During revisions to these sections, the titles of some of the Emergency Response personnel and facilities have changed (i.e., Shift Supervisor to Shift Manager, Crisis Management Center to Emergency Operations Facility), but the individuals responsible for Command and Control and the transfer process for Command and Control has remained the same. The summation of the incremental changes over time do

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

not reduce the effectiveness of the CNS Emergency Plan when compared to the NRC-approved Plan.

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 2, lists RP/0/A/5000/002, as an implementing procedure. (AD-EP-ALL-0104 had not been created when the CNS Emergency Plan was initially approved by the NRC.)

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 147, lists RP/0/A/5000/002, and AD-EP-ALL-0104 as implementing procedures.

**List Commitments Associated with the Change**

A search to identify site specific commitments related to the ERO positions and their assigned responsibilities was performed. No site specific commitments were identified aside from those in the Emergency Plan.

**RG 1.219 Guidance on Making Changes to Emergency Plans for Nuclear Power Reactors, Rev 1. (July 2016)**  
**3.5 Emergency Plan**

a. "Emergency plan" means the document(s) that the licensee prepared and maintains that identifies and describes its methods for maintaining emergency preparedness and responding to emergencies. An emergency plan includes the plan that the NRC originally approved and all subsequent changes that the licensee made with and without prior NRC review and approval under 10 CFR 50.54(q). See 10 CFR 50.54(q)(1)(ii) for additional information.

b. This definition highlights that "emergency plan" includes the documents that describes the programmatic methods that the licensee uses to maintain emergency preparedness and to respond to emergencies. These methods, or program elements, are the implementation aspects of the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50 and generally correspond to the evaluation criteria of NUREG-0654 or approved alternatives that supply specific acceptable methods for complying with the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50. Such programmatic documents are subject to the 10 CFR 50.54(q) change process. Non-programmatic documents, such as training rosters, equipment and maintenance test reports, lesson plans, and other documents that "document the performance" of the program elements, as opposed to those that "establish" the program elements, are not included.

c. Ordinarily, sub-tier documents such as emergency plan implementing procedures (EPIPs) are not considered to be part of an emergency plan for the purpose of evaluating proposed changes. If a licensee relocates a programmatic description from the emergency plan to a sub-tier document, that programmatic description continues to be subject to the 10 CFR 50.54(q) change process. For example, licensees have relocated the details of emergency classification schemes from the emergency plan to an EPIP or to large wall charts maintained in the control room. Because the EPIP or wall chart is now the means to demonstrate compliance with the planning standards in 10 CFR 50.47(b)(4), these sub-tier documents are subject to 10 CFR 50.54(q). Repeating, as opposed to relocating, program element descriptions in sub-tier documents do not necessarily make the sub-tier documents subject to the 10 CFR 50.54(q) change process. However, the descriptions in the various documents must remain consistent.

e. This definition also highlights the need to consider the NRC-approved plan and the subsequent changes in reviewing against 10 CFR 50.54(q) to ensure that a series of incremental changes (each determined not to reduce the effectiveness of the plan) do not reduce the effectiveness of the plan when compared to the

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

NRC-approved plan.

The differences in approved revisions and the current revisions of the Emergency Plans have been reviewed and they have been determined to meet the regulatory requirements required during revisions. Each revision has been reviewed by the NRC during the inspection process.

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

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The changes described continue to meet NRC requirements as described in 10 CFR 50.47(b) and 10 CFR 50, Appendix E and Emergency Plan Sections A and P.

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

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

The following portion of planning standard §50.47(b)(1) is related to the change:

*Primary responsibilities for emergency response by the nuclear facility licensee have been assigned, and each principal response organization has staff to augment its initial response on a continuous basis.*

The function for §50.47(b)(1) related to this change are:

- a. *Responsibility for emergency response is assigned.*

Appendix E to Part 50 lists the following:

*IV. Content of Emergency Plans*

*A. Organization*

*The organization for coping with radiological emergencies shall be described, including definition of authorities, responsibilities, and duties of individuals assigned to the licensee's emergency organization and the means for notification of such individuals in the event of an emergency. Specifically, the following shall be included:*

- 1. A description of the normal plant operating organization.*
- 2. A description of the onsite emergency response organization (ERO) with a detailed discussion of:*
  - a. Authorities, responsibilities, and duties of the individual(s) who will take charge during an emergency;*

The NUREG-0654 Part II.A elements for §50.47(b)(1) related to this change are:

- A.1.d. Each organization shall identify a specific individual by title who shall be in charge of the emergency response.*
- A.2. Each principal organization shall be capable of continuous (24-hour) operations for a protracted period. The individual in the principal organization who will be responsible for assuring continuity of resources (technical, administrative, and material) shall be specified by title.*

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The description of the authorities, responsibilities and duties of the individual(s) who will take charge in an emergency is maintained. There is no reduction in effectiveness of the CNS Emergency Plan.

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

Part VI. Evaluation Conclusion.			
Answer the following questions about the proposed change.			
1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes X	No <input type="checkbox"/>
2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes X	No <input type="checkbox"/>
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes X	No <input type="checkbox"/>
4	Choose one of the following conclusions:		
a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.	X	
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.	<input type="checkbox"/>	
Part VII. Disposition of Proposed Change Requiring Prior NRC Approval			
Will the proposed change determined to require prior NRC approval be either revised or rejected?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90, AD-LS-ALL-0002, Regulatory Correspondence, and AD-LS-ALL-0015, License Amendment Request and Changes to SLC, TRM, and TS Bases, and include the tracking number: _____.			

EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

Part VIII. Signatures: EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4) (i.e., Emergency Action Levels and Emergency Action Level Bases). If CFAM approval is <b><u>NOT</u></b> required, then mark the CFAM signature block as not applicable (N/A) to indicate that signature is not required.						
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: 2/7/2019				
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS				
Approver (EP Manager) Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS				
Approver (CFAM, as required) Name (Print): N/A	Approver Signature: N/A	Date: N/A				
<p>If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments. If required by Section 5.6, Submitting Reports of Changes to the NRC, then create two EREG General Assignments.</p> <table border="1"> <tr> <td> <ul style="list-style-type: none"> <li>One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.</li> <li>One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.</li> </ul> </td> <td align="center">x</td> </tr> <tr> <td></td> <td align="center">x</td> </tr> </table>			<ul style="list-style-type: none"> <li>One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.</li> <li>One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.</li> </ul>	x		x
<ul style="list-style-type: none"> <li>One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.</li> <li>One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.</li> </ul>	x					
	x					

QA RECORD



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Details

Type : EREG Orig Date : 02/07/2019 11:05 Discovery Date :  
Subject : RP/0/A/5000/003 Rev 54

### Description

CONTACT SITE EP SUPERVISOR FOR ASSISTANCE IN PREPARING EP01, EP02, AND EP03. ENSURE EREG IS CROSS-REFERENCED TO THE REG AR WHICH INITIATED IT. Perform 50.54(q) screen and evaluation

### Notes

Priority : Report To : Status : APPROVED 02/07/2019  
Severity : Due Date : 03/10/2019 Event Date :

Originator : I44004 Originator Group :  
Facility : CN Department : 13650 Organization :

Owed To : Owed To Group : QUALREVV  
Owed To Fac : CN Department : Discipline :

## Action Request Status History

Updated Date	Updated By	AR Status	AR Due Date
02/07/2019	I44004	INPROG	02/11/2019
02/07/2019	I44004	APPROVED	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004		03/10/2019

## Action Request Attributes

Request Attribute	Values	Reqd	Date
BOUNDED EREG AR	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
EREG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
REG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			





# Duke Energy

ACTION REQUEST - 02256620

## Action Request Notes

## Action Request Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Approval Review

Route List : 001

Route List Initiator :

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
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## Action Request Trend/Cause

## Action Request Keywords

<u>Keyword</u>	<u>Keyword Description</u>
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## Action Request Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256620

## Action Request Cross References

Ref	Ref	Ref	Ref Nbr	Status	Limit	Description
Type	Nbr	Sub	Type		AR Cls	
AR	02214028		5AD	COMP-NA	N	RP/0/A/5000/003 - 0000215963 ALERT
AR	02256534		PRR	COMPLETE	N	RP/0/A/5000/003 rev 054
AS	02187203	1900	GNRL	COMPLETE	N	EP Excellence Plan - Action SD-EP-4.2
AS	02194997	0200	PI	COMPLETE	N	Revise AD-EP-ALL-0602 to improve templates to focus on why a

## Action Request Assignment Details

ASSIGNMENT NUMBER : 01 SUB :

Type	: EP01	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) SCREEN			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) SCREEN IN ACCORDANCE WITH AD-EP-ALL-0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q screen for RP/0/A/5000/003 rev.54

## Action Request Assignment Status History

Updated Date	Updated By	Assgn Status	Assgn Due Date
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	
02/07/2019	I44004	AWAIT/C	



# Duke Energy

ACTION REQUEST - 02256620

02/08/2019

MEHARE

COMPLETE

## Action Request Assignment Attributes

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	13:57	APPROVED	02/08/2019	14:14		BRUNSON
MEHARE				A	02/08/2019	14:14	APPROVED	02/08/2019	15:47		HARE

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Doc</u>	<u>Sub</u>		<u>Minor</u>				
<u>Facility</u>	<u>Type</u>	<u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Rev</u>	<u>Title</u>

## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

APPENDIX 1

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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

Screening and Evaluation Number	Applicable Sites	
EREG #: _____ 2256620 _____	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: _____ 2214028 _____	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>

Document and Revision  
RP/0/A/5000/003, Alert, Rev 54 (PRR 2256534)

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

Deleted the following steps:

2.8 Initiate Emergency Response Data System (ERDS) transmission by performing the following:

- 2.8.1 Logon to the SRO, BOP or OAC Room business computer on either unit.
- 2.8.2 Click the "ERDS" Icon on the desktop.
- 2.8.3 Once the ERDS logon window appears, enter the password (erds).
- 2.8.4 Once the ERDS window appears, ensure the "Current Mode" value for the affected unit is "Disconnect".
- 2.8.5 Click on the "Connect (Activate)" button for the unit.
- 2.8.6 Click on "Yes" in the message box that appears.
- 2.8.7 The value of "Status" for the unit should soon change to "Transmitting Data" and the value of "Messages Sent" should begin incrementing.
- 2.8.8 IF ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERS transmission upon arrival in the TSC.

Enclosure 4.2, Command and Control Turnover Briefing Form, was revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.

Specific Changes are:

Added: "Mode \_\_\_\_\_ Shutdown Date: \_\_\_\_\_ Time: \_\_\_\_\_" to each of the Unit Status blocks

Added: "Take Cover Order: YES NO TIME: \_\_\_\_\_"

Added: "Rapid Evacuation: YES NO TIME: \_\_\_\_\_"

Added: "Last ENF Number: \_\_\_\_\_"

Added: "Continuous Communications with NRC Established: YES NO"

Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks

Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Changed: "Turnover: (From): ☐ CR / ☐ TSC" to "(From): ☐ CR / ☐ TSC/ ☐ EOF"

Changed: "(TO) ☐ TSC / ☐ EOF" to "(TO) ☐ CR / ☐ TSC/ ☐ EOF"

Changed: "Units(s) Affected (circle) ☐ All ☐ 1 ☐ 2 ☐ 3" to "Units(s) Affected (circle) ☐ 1 ☐ 2 ☐ 3"

Changed: "Last ENF Sent (time): \_\_\_\_\_" to "Last Notification completed (time): \_\_\_\_\_"

Changed: "Last Message Sent (time): \_\_\_\_\_" to "Notified (time): \_\_\_\_\_"

Rev 53 Enclosure 4.2

Enclosure 4.2

RP/0/A/5000/003

Command and Control Turnover Briefing Form

Page 1 of 2

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP						Turnover: (circle) (From): <input type="checkbox"/> C/R / <input type="checkbox"/> TSC					
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3						(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving	
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):						EOP/APs in Progress (optional):					
Station Priorities:											
Site Assembly: YES NO TIME: _____						Other Agency Involvement:					
Site Evacuation: YES NO TIME: _____						<input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER					
Location/Comments:						Additional Information (Injuries):					

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

Enclosure 4.2

Command and Control Turnover Briefing Form

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Radiological: Emergency Worker dose limits approved: YES NO Who _____	
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____	
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____	
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____	
KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO	
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____	
NRC Communication: Last Message Sent (time): _____	
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO	
Upon the transfer of Command and Control, the following will be performed by:	
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC
Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Name of Individual turning over Duties: _____	
Turnover Complete: YES NO TSC / EOF Activated at: _____	
(circle)	(circle) Time Date Name individual assuming duties
Additional Information:	

EMERGENCY PLAN CHANGE SCREENING AND  
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<< 10 CFR 50.54(q) Screening Evaluation Form >>

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Enclosure 4.2

Command and Control Turnover Briefing Form

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I

Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP						Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):						Emergency/Abnormal Procedures in Progress (optional):					
Station Priorities:											



EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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**<< 10 CFR 50.54(q) Screening Evaluation Form >>**

Site Assembly: YES NO TIME: _____ Location/Comments: _____ Site Evacuation: YES NO TIME: _____ Take Cover Order: YES NO TIME: _____ Rapid Evacuation: YES NO TIME: _____						Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____					
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____											
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____											
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____											
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____											
KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO											
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: ____ Next ENF Due (time): _____											
<b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO											
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO											
<b>Upon the transfer of Command and Control, the following will be performed by:</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC            State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF            Site Emergency Exposure Controls &amp; KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC            Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF         </div> <div style="width: 48%;">           PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF            NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC            Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF         </div> </div>											
Name of Individual turning over Duties: _____											
Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle)       (circle)                                Time                                Date                                Name individual assuming duties											
<b>Additional Information:</b> _____											

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

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

Part III. Editorial Change		Yes	<input type="checkbox"/>	No	X
Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?		10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification and complete Attachment 4, Part V.		Continue to Attachment 4, Part IV and address non editorial changes	
Justification:					
Part IV. Emergency Planning Element and Function Screen (Reference Attachment 1, Considerations for Addressing Screening Criteria)					
Does this activity involve any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II? If answer is yes, then check box.					
1	10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)				
1a	Responsibility for emergency response is assigned.				X
1b	The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.				<input type="checkbox"/>
2	10 CFR 50.47(b)(2) Onsite Emergency Organization				
2a	Process ensures that onshift emergency response responsibilities are staffed and assigned				<input type="checkbox"/>
2b	The process for timely augmentation of onshift staff is established and maintained.				<input type="checkbox"/>
3	10 CFR 50.47(b)(3) Emergency Response Support and Resources				
3a	Arrangements for requesting and using off site assistance have been made.				<input type="checkbox"/>
3b	State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)				<input type="checkbox"/>
4	10 CFR 50.47(b)(4) Emergency Classification System				
4a	A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)				<input type="checkbox"/>
5	10 CFR 50.47(b)(5) Notification Methods and Procedures				
5a	Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.				<input type="checkbox"/>
5b	Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)				<input type="checkbox"/>
5c	The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)				<input type="checkbox"/>

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

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





# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Details

ASSIGNMENT NUMBER : 02 SUB :

Type	: EP02	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) EVALUATION			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) EVALUATION IN ACCORDANCE WITH AD-EP-ALL- 0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q eval for RP/0/A/5000/003 rev 54.

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	
02/07/2019	I44004	AWAIT/C	
02/08/2019	DMBRUNS	ACC/ASG	
02/08/2019	I44004	AWAIT/C	
02/08/2019	MEHARE	COMPLETE	

## Action Request Assignment Attributes



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Minor editorial comments. ~DMB

Updated On

20190208

Updated By

DMBRUNS

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	14:03	RETURNED	02/08/2019		13:52	BRUNSON
MEHARE				A	02/08/2019	14:14	APPROVED	02/08/2019		15:50	HARE
DMBRUNS				A	02/08/2019	13:56	APPROVED	02/08/2019		14:14	BRUNSON

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Doc</u>	<u>Sub</u>	<u>Minor</u>				
<u>Facility</u>	<u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Rev</u>	<u>Title</u>

## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u>	<u>Ref</u>	<u>Ref</u>	<u>Ref Nbr</u>	<u>Limit</u>		
<u>Type</u>	<u>Nbr</u>	<u>Sub</u>	<u>Type</u>	<u>Status</u>	<u>AS CIs</u>	<u>Description</u>



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Appendices

### APPENDIX 1

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256620	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2214028	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>
Document and Revision RP/0/A/5000/003, Alert, Rev 54 (PRR 2256534)		
<p>Part I. Description of Proposed Change:</p> <p>Enclosure 4.2, Command and Control Turnover Briefing Form, is being revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.</p> <p>Specific Changes are:</p> <p>Added: "Mode _____ Shutdown Date: _____ Time: _____" to each of the Unit Status blocks</p> <p>Added: "Take Cover Order: YES NO TIME: _____"</p> <p>Added: "Rapid Evacuation: YES NO TIME: _____"</p> <p>Added: "Last ENF Number: _____"</p> <p>Added: "Continuous Communications with NRC Established: YES NO"</p> <p>Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks</p> <p>Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks</p> <p>Changed: "Turnover: (From): [ ] CR / [ ] TSC" to "(From): [ ] CR / [ ] TSC / [ ] EOF"</p> <p>Changed: "(TO) [ ] TSC / [ ] EOF" to "(TO) [ ] CR / [ ] TSC / [ ] EOF"</p> <p>Changed: "Units(s) Affected (circle) [ ] All [ ]1 [ ]2 [ ]3" to "Units(s) Affected (circle) [ ]1 [ ]2 [ ]3"</p> <p>Changed: "Last ENF Sent (time): _____" to "Last Notification completed (time): _____"</p> <p>Changed: "Last Message Sent (time): _____" to "Notified (time): _____"</p>		



EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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Rev 53 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/003

Page 1 of 2

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP						Turnover: (circle) (From): <input type="checkbox"/> C/R / <input type="checkbox"/> TSC			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3						(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____									
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____									
Unit 1				Unit 2				Unit 3	
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press
<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving	
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)	
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:	
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:	
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A	
Response Procedures in Progress (optional):						EOI/APs in Progress (optional):			
Station Priorities:									
Site Assembly: YES NO TIME: _____						Other Agency Involvement:			
Site Evacuation: YES NO TIME: _____						<input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER			
Location/Comments:						Additional Information (Injuries):			

EMERGENCY PLAN CHANGE SCREENING AND  
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Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/003

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Radiological: Emergency Worker dose limits approved: YES NO Who _____	
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____	
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____	
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____	
KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO	
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____	
NRC Communication: Last Message Sent (time): _____	
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO	
Upon the transfer of Command and Control, the following will be performed by:	
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC
Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Name of Individual turning over Duties: _____	
Turnover Complete: YES NO TSC / EOF Activated at: _____	
(circle)	(circle) Time Date Name individual assuming duties
Additional Information:	

EMERGENCY PLAN CHANGE SCREENING AND  
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Rev 54 Enclosure 4.2

Enclosure 4.2

Command and Control Turnover Briefing Form

RP/0/A/5000/003

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I

Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP						Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss				FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss				FPB Status (circle appropriate condition) Fuel Intact Potential Loss Loss RCS Intact Potential Loss Loss Cont Intact Potential Loss Loss			
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):						Emergency/Abnormal Procedures in Progress (optional):					
Station Priorities:											

ATTACHMENT 5

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

<b>Enclosure 4.2</b>		RP/0/A/5000/003 Page 2 of 3
<b>Command and Control Turnover Briefing Form</b>		
<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	Location/Comments: _____  <b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____	
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____		
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____ Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____ Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____ KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO		
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____ <b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO Have Communicators discussed Turnover with acquiring facility Communicators? YES NO		
<b>Upon the transfer of Command and Control, the following will be performed by:</b> Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		
Name of Individual turning over Duties: _____  Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle)         (circle)                      Time                      Date                      Name individual assuming duties Additional Information: _____		
<b>Attachment 6, 10 CFR 50.54(q) Initiating Condition (IC) and Emergency Action Level (EAL) and EAL Bases Validation and Verification (V&amp;V) Form , is attached (required for IC or EAL change)</b>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Part II. Description and Review of Licensing Basis Affected by the Proposed Change:</b>		
<p><b>Licensing Basis of the ERO</b></p> <p>The Assignment of Responsibilities is described in the originally approved CNS Emergency Plan, Revision 2 (dated January 1983), sections A.1.b, Concept of Operations, A.1.c, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.</p> <p>The current licensing basis regarding Assignment of Responsibility is described in CNS Emergency Plan Section A, Revision 150 (dated September 2017) sections A.1.b, Concept of Operations, A.1.C, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.</p> <p>During revisions to these sections, the titles of some of the Emergency Response personnel and facilities have changed (i.e., Shift Supervisor to Shift Manager, Crisis Management Center to Emergency Operations Facility), but the individuals responsible for Command and Control and the transfer process for</p>		

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Command and Control has remained the same. The summation of the incremental changes over time do not reduce the effectiveness of the CNS Emergency Plan when compared to the NRC-approved Plan.

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 2, lists RP/0/A/5000/003, as an implementing procedure. (AD-EP-ALL-0104 had not been created when the CNS Emergency Plan was initially approved by the NRC.)

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 147, lists RP/0/A/5000/003, and AD-EP-ALL-0104 as implementing procedures.

**List Commitments Associated with the Change**

A search to identify site specific commitments related to the ERO positions and their assigned responsibilities was performed. No site specific commitments were identified aside from those in the Emergency Plan.

**RG 1.219 Guidance on Making Changes to Emergency Plans for Nuclear Power Reactors, Rev 1. (July 2016)**  
3.5 Emergency Plan

- a. "Emergency plan" means the document(s) that the licensee prepared and maintains that identifies and describes its methods for maintaining emergency preparedness and responding to emergencies. An emergency plan includes the plan that the NRC originally approved and all subsequent changes that the licensee made with and without prior NRC review and approval under 10 CFR 50.54(q). See 10 CFR 50.54(q)(1)(ii) for additional information.
- b. This definition highlights that "emergency plan" includes the documents that describes the programmatic methods that the licensee uses to maintain emergency preparedness and to respond to emergencies. These methods, or program elements, are the implementation aspects of the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50 and generally correspond to the evaluation criteria of NUREG-0654 or approved alternatives that supply specific acceptable methods for complying with the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50. Such programmatic documents are subject to the 10 CFR 50.54(q) change process. Non-programmatic documents, such as training rosters, equipment and maintenance test reports, lesson plans, and other documents that "document the performance" of the program elements, as opposed to those that "establish" the program elements, are not included.
- c. Ordinarily, sub-tier documents such as emergency plan implementing procedures (EPIPs) are not considered to be part of an emergency plan for the purpose of evaluating proposed changes. If a licensee relocates a programmatic description from the emergency plan to a sub-tier document, that programmatic description continues to be subject to the 10 CFR 50.54(q) change process. For example, licensees have relocated the details of emergency classification schemes from the emergency plan to an EPIP or to large wall charts maintained in the control room. Because the EPIP or wall chart is now the means to demonstrate compliance with the planning standards in 10 CFR 50.47(b)(4), these sub-tier documents are subject to 10 CFR 50.54(q). Repeating, as opposed to relocating, program element descriptions in sub-tier documents do not necessarily make the sub-tier documents subject to the 10 CFR 50.54(q) change process. However, the descriptions in the various documents must remain consistent.
- e. This definition also highlights the need to consider the NRC-approved plan and the subsequent changes in reviewing against 10 CFR 50.54(q) to ensure that a series of incremental changes (each determined not to reduce the effectiveness of the plan) do not reduce the effectiveness of the plan when compared to the

<b>EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)</b>	<b>AD-EP-ALL-0602</b>
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<p>NRC-approved plan.</p> <p>The differences in approved revisions and the current revisions of the Emergency Plans have been reviewed and they have been determined to meet the regulatory requirements required during revisions. Each revision has been reviewed by the NRC during the inspection process.</p>
<p><b>Part III. Description of How the Proposed Change Complies with Regulation and Commitments.</b></p> <p>If the emergency plan, modified as proposed, no longer complies with planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50, then ensure the change is rejected, modified, or processed as an exemption request under 10 CFR 50.12, Specific Exemptions, rather than under 10 CFR 50.54(q):</p> <p>The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.</p> <p>The changes described continue to meet NRC requirements as described in 10 CFR 50.47(b) and 10 CFR 50, Appendix E and Emergency Plan Sections A and P.</p>

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

The following portion of planning standard §50.47(b)(1) is related to the change:

*Primary responsibilities for emergency response by the nuclear facility licensee have been assigned, and each principal response organization has staff to augment its initial response on a continuous basis.*

The function for §50.47(b)(1) related to this change are:

- a. *Responsibility for emergency response is assigned.*

Appendix E to Part 50 lists the following:

*IV. Content of Emergency Plans*

*A. Organization*

*The organization for coping with radiological emergencies shall be described, including definition of authorities, responsibilities, and duties of individuals assigned to the licensee's emergency organization and the means for notification of such individuals in the event of an emergency. Specifically, the following shall be included:*

- 1. A description of the normal plant operating organization.*
- 2. A description of the onsite emergency response organization (ERO) with a detailed discussion of:*
  - a. Authorities, responsibilities, and duties of the individual(s) who will take charge during an emergency;*

The NUREG-0654 Part II.A elements for §50.47(b)(1) related to this change are:

- A.1.d. Each organization shall identify a specific individual by title who shall be in charge of the emergency response.*
- A.2. Each principal organization shall be capable of continuous (24-hour) operations for a protracted period. The individual in the principal organization who will be responsible for assuring continuity of resources (technical, administrative, and material) shall be specified by title.*

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The description of the authorities, responsibilities and duties of the individual(s) who will take charge in an emergency is maintained. There is no reduction in effectiveness of the CNS Emergency Plan.

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Part VI. Evaluation Conclusion.			
Answer the following questions about the proposed change.			
1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4	Choose one of the following conclusions:		
a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.	<input checked="" type="checkbox"/>	
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.	<input type="checkbox"/>	
Part VII: Disposition of Proposed Change Requiring Prior NRC Approval			
Will the proposed change determined to require prior NRC approval be either revised or rejected?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90, AD-LS-ALL-0002, Regulatory Correspondence, and AD-LS-ALL-0015, License Amendment Request and Changes to SLC, TRM, and TS Bases, and include the tracking number: _____.			



EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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<p>Part VIII. Signatures: EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4) (i.e., Emergency Action Levels and Emergency Action Level Bases). If CFAM approval is <b>NOT</b> required, then mark the CFAM signature block as not applicable (N/A) to indicate that signature is not required.</p>				
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: 2/7/2019		
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS		
Approver (EP Manager) Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS		
Approver (CFAM, as required) Name (Print): N/A	Approver Signature: N/A	Date: N/A		
<p>If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments. If required by Section 5.6, Submitting Reports of Changes to the NRC, then create two EREG General Assignments.</p> <ul style="list-style-type: none"> <li>One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.</li> <li>One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.</li> </ul>		<table border="1"> <tr> <td>X</td> </tr> <tr> <td>X</td> </tr> </table>	X	X
X				
X				

QA RECORD



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Details

ASSIGNMENT NUMBER : 04 SUB :

Type	: GNRL	Due Date	: 02/25/2019	Pri Resp Fac	:
Status	: ACC/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: PROVIDE 50.54(Q) INFO TO LICENSING FOR NRC 30 DAY SUBMITTAL			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE SUBMITTED TO SATISFY THIS REQUIREMENT. SUBMIT TO LICENSING, A SUMMARY, AS DESCRIBED IN AD-EP-ALL- 0602, OR THE FULL 50.54(Q) REVIEWING ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL FOR SUBMITTAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004	ACC/ASG	



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
FINAL ISSUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IMPORTANT TO NRC		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IT LABOR ESTIMATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
LTAM ISSUE ID		N	
Name :			



# Duke Energy

ACTION REQUEST - 02256620

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PHC DUE DATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PLANT HEALTH ISSUE ?		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
RTTQ		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
T+1 CRITIQUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
WBS		N	
Name :			

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Type</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
---------------------------	--------------------------	--------------------------	---------------------------	--------------------------	---------------	-------------------------------	--------------------

## Action Request Assignment Appendices

## Action Request Assignment Details

ASSIGNMENT NUMBER : 05 SUB :

Type	: GNRL	Due Date	: 03/10/2019	Pri Resp Fac	:
Status	: NTFY/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: TONYA S LOWERY			Sec Resp Fac	:
Subject	: LICENSING SUBMIT 50.54(Q) TO NRC WITHIN 30 DAYS OF CHANGE			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 10380	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE



# Duke Energy

ACTION REQUEST - 02256620

SUBMITTED TO SATISFY THIS REQUIREMENT. SUBMIT, WITHIN 30 DAYS OF IMPLEMENTING THE CHANGE, THE FULL 50.54(Q) OR SUMMARY (AS DESCRIBED IN AD-EP-ALL-0602) FOR ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/25/2019	I44004		03/10/2019
02/25/2019	I44004	NTFY/ASG	

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
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# Duke Energy

ACTION REQUEST - 02256620

FINAL ISSUE

N

Name :

Request Attribute  
IMPORTANT TO NRC  
Name :

Values

Reqd  
N

Date

Request Attribute  
IT LABOR ESTIMATE  
Name :

Values

Reqd  
N

Date

Request Attribute  
LTAM ISSUE ID  
Name :

Values

Reqd  
N

Date

Request Attribute  
PHC DUE DATE  
Name :

Values

Reqd  
N

Date

Request Attribute  
PLANT HEALTH ISSUE ?  
Name :

Values

Reqd  
N

Date

Request Attribute  
RTTQ  
Name :

Values

Reqd  
N

Date

Request Attribute  
T+1 CRITIQUE  
Name :

Values

Reqd  
N

Date

Request Attribute  
WBS  
Name :

Values

Reqd  
N

Date



# Duke Energy

ACTION REQUEST - 02256620

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS CIs</u>	<u>Description</u>
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## Action Request Assignment Appendices



**\*\*\*END OF REPORT\*\*\***



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Details

Type : EREG Orig Date : 02/07/2019 12:20 Discovery Date :  
Subject : RP/0/A/5000/004 rev 57

### Description

CONTACT SITE EP SUPERVISOR FOR ASSISTANCE IN PREPARING EP01, EP02, AND EP03. ENSURE EREG IS CROSS-REFERENCED TO THE REG AR WHICH INITIATED IT. Perform 50.54(q) screen and evaluation

### Notes

Priority : Report To : Status : APPROVED 02/07/2019  
Severity : Due Date : 03/10/2019 Event Date :  
Originator : I44004 Originator Group :  
Facility : CN Department : 13650 Organization :  
Owed To : Owed To Group : QUALREVV  
Owed To Fac : CN Department : Discipline :

## Action Request Status History

Updated Date	Updated By	AR Status	AR Due Date
02/07/2019	I44004	INPROG	02/11/2019
02/07/2019	I44004	APPROVED	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004		03/10/2019

## Action Request Attributes

Request Attribute	Values	Reqd	Date
BOUNDED EREG AR	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
EREG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
REG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Notes

## Action Request Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Approval Review

Route List : 001

Route List Initiator :

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
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## Action Request Trend/Cause

## Action Request Keywords

Keyword

Keyword Description

## Action Request Reference Documents

<u>Doc</u> <u>Facility</u>	<u>Sub</u> <u>Type</u>	<u>Type</u> <u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256648

## Action Request Cross References

Ref	Ref	Ref	Ref Nbr	Status	Limit	Description
Type	Nbr	Sub	Type		AR Cls	
AR	02214108		5AD	COMP-NA	N	RP/0/A/5000/004 - 0000215964 SITE AREA EMERGENCY
AR	02256535		PRR	COMPLETE	N	RP/0/A/5000/004 rev 057
AS	02187203	1900	GNRL	COMPLETE	N	EP Excellence Plan - Action SD-EP-4.2
AS	02194997	0200	PI	COMPLETE	N	Revise AD-EP-ALL-0602 to improve templates to focus on why a

## Action Request Assignment Details

ASSIGNMENT NUMBER : 01 SUB :

Type	: EP01	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) SCREEN			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) SCREEN IN ACCORDANCE WITH AD-EP-ALL-0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q screening for RP/0/A/5000/004 rev 57.

## Action Request Assignment Status History

Updated Date	Updated By	Assgn Status	Assgn Due Date
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	



# Duke Energy

ACTION REQUEST - 02256648

02/07/2019 I44004 AWAIT/C  
02/08/2019 MEHARE COMPLETE

## Action Request Assignment Attributes

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	14:14	APPROVED	02/08/2019	14:15		BRUNSON
MEHARE				A	02/08/2019	14:15	APPROVED	02/08/2019	15:52		HARE

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

APPENDIX 1

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

Rev. 5

ATTACHMENT 4

Page 1 of 8

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

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256648	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2214108	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>

Document and Revision

RP/0/A/5000/004, Site Area Emergency, Rev 57 (PRR 2256535)

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

Deleted the following steps:

2.8 Initiate Emergency Response Data System (ERDS) transmission by performing the following:

- 2.8.1 Logon to the SRO, BOP or OAC Room business computer on either unit.
- 2.8.2 Click the "ERDS" Icon on the desktop.
- 2.8.3 Once the ERDS logon window appears, enter the password (erds).
- 2.8.4 Once the ERDS window appears, ensure the "Current Mode" value for the affected unit is "Disconnect".
- 2.8.5 Click on the "Connect (Activate)" button for the unit.
- 2.8.6 Click on "Yes" in the message box that appears.
- 2.8.7 The value of "Status" for the unit should soon change to "Transmitting Data" and the value of "Messages Sent" should begin incrementing.
- 2.8.8 IF ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERS transmission upon arrival in the TSC.

Enclosure 4.3, Command and Control Turnover Briefing Form, was revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.

Specific Changes are:

Added: "Mode \_\_\_\_\_ Shutdown Date: \_\_\_\_\_ Time: \_\_\_\_\_" to each of the Unit Status blocks

Added: "Take Cover Order: YES NO TIME: \_\_\_\_\_"

Added: "Rapid Evacuation: YES NO TIME: \_\_\_\_\_"

Added: "Last ENF Number: \_\_\_\_\_"

Added: "Continuous Communications with NRC Established: YES NO"

Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks

Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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ATTACHMENT 4

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

Changed: "Turnover: (From): ☐ CR / ☐ TSC" to "(From): ☐ CR / ☐ TSC / ☐ EOF"

Changed: "(TO) ☐ TSC / ☐ EOF" to "(TO) ☐ CR / ☐ TSC / ☐ EOF"

Changed: "Units(s) Affected (circle) ☐ All ☐ 1 ☐ 2 ☐ 3" to "Units(s) Affected (circle) ☐ 1 ☐ 2 ☐ 3"

Changed: "Last ENF Sent (time): \_\_\_\_\_" to "Last Notification completed (time): \_\_\_\_\_"

Changed: "Last Message Sent (time): \_\_\_\_\_" to "Notified (time): \_\_\_\_\_"

Rev 56 Enclosure 4.3

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

Page 1 of 1

Station: ( ) CHS ( ) MNS ( ) OHS ( ) BNP ( ) HNP ( ) RNP								Turnover: (circle) (From): <input type="checkbox"/> C/R / <input type="checkbox"/> TSC			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3								(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
						I					
<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								EOP/APs in Progress (optional):			
Station Priorities:											



EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

Rev. 5

ATTACHMENT 4

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

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

Page 2 of 1

Site Assembly: YES NO TIME: _____ Site Evacuation: YES NO TIME: _____ Location/Comments: _____		Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____	
Radiological: Emergency Worker dose limits approved: YES NO Who _____			
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____			
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____			
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____			
KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO			
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____			
NRC Communication: Last Message Sent (time): _____			
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO			
Upon the transfer of Command and Control, the following will be performed by:			
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC		PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC	
Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC		Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
Name of Individual turning over Duties: _____			
Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle) (circle) Time Date Name individual assuming duties			
Additional Information: _____			

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

Rev. 5

ATTACHMENT 4

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

Rev 57 Enclosure 4.3

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

Page 1 of 2

Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____								Alert Declared at: _____ EAL #: _____			
Site Area Emergency Declared at: _____ EAL #: _____								General Emergency Declared at: _____ EAL #: _____			
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition) Fuel <u>Intact</u> Potential Loss <u>Loss</u> RCS <u>Intact</u> Potential Loss <u>Loss</u> Cont <u>Intact</u> Potential Loss <u>Loss</u>				FPB Status (circle appropriate condition) Fuel <u>Intact</u> Potential Loss <u>Loss</u> RCS <u>Intact</u> Potential Loss <u>Loss</u> Cont <u>Intact</u> Potential Loss <u>Loss</u>				FPB Status (circle appropriate condition) Fuel <u>Intact</u> Potential Loss <u>Loss</u> RCS <u>Intact</u> Potential Loss <u>Loss</u> Cont <u>Intact</u> Potential Loss <u>Loss</u>			
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes <u>No</u> N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

ATTACHMENT 4

Page 5 of 8

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

Enclosure 4.3		RP/0/A/5000/004 Page 2 of 2	
Command and Control Turnover Briefing Form			
<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Location/Comments:</b>  <b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER <b>Additional Information (Injuries):</b>		
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____			
<b>Release in Progress:</b> YES NO <b>Field Monitoring Teams Deployed:</b> YES NO <b>Number</b> _____			
<b>Release Pathway:</b> _____ <b>WIND SPEED:</b> _____ <b>WIND DIRECTION:</b> _____			
<b>Offsite PARS Recommended:</b> YES NO <b>Zones Evacuated:</b> _____ <b>Zones Sheltered:</b> _____			
<b>KI Recommended:</b> YES NO <b>Dose Assessment Available:</b> YES NO <b>Have Dose Assessors discussed Turnover?</b> YES NO			
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____			
<b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO			
<b>Have Communicators discussed Turnover with acquiring facility Communicators?</b> YES NO			
<b>Upon the transfer of Command and Control, the following will be performed by:</b>			
<b>Event Classification:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <b>PAR Decision Making:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>State and Local Notification:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF <b>NRC Notifications:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC			
<b>Site Emergency Exposure Controls &amp; KI:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <b>Control of FMTs:</b> _____ <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>Dose Assessment:</b> <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
<b>Name of Individual turning over Duties:</b> _____			
<b>Turnover Complete:</b> YES NO <b>TSC / EOF</b> <b>Activated at:</b> _____ (circle)                      (circle)                      Time                      Date                      Name individual assuming duties			
<b>Additional Information:</b>			

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

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

Part III. Editorial Change		Yes	<input type="checkbox"/>	No	X
Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?		10 CFR 50.54(q) Effectiveness Evaluation is not required. Enter justification and complete Attachment 4, Part V.		Continue to Attachment 4, Part IV and address non editorial changes	
Justification:					
Part IV. Emergency Planning Element and Function Screen (Reference Attachment 1, Considerations for Addressing Screening Criteria)					
Does this activity involve any of the following, including program elements from NUREG-0654/FEMA REP-1 Section II? If answer is yes, then check box.					
1	10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)				
1a	Responsibility for emergency response is assigned.				X
1b	The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.				<input type="checkbox"/>
2	10 CFR 50.47(b)(2) Onsite Emergency Organization				
2a	Process ensures that onshift emergency response responsibilities are staffed and assigned				<input type="checkbox"/>
2b	The process for timely augmentation of onshift staff is established and maintained.				<input type="checkbox"/>
3	10 CFR 50.47(b)(3) Emergency Response Support and Resources				
3a	Arrangements for requesting and using off site assistance have been made.				<input type="checkbox"/>
3b	State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)				<input type="checkbox"/>
4	10 CFR 50.47(b)(4) Emergency Classification System				
4a	A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)				<input type="checkbox"/>
5	10 CFR 50.47(b)(5) Notification Methods and Procedures				
5a	Procedures for notification of State and local governmental agencies are capable of alerting them of the declared emergency within 15 minutes (60 minutes for CR3) after declaration of an emergency and providing follow-up notification.				<input type="checkbox"/>
5b	Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)				<input type="checkbox"/>
5c	The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)				<input type="checkbox"/>

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

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





# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Details

ASSIGNMENT NUMBER : 02 SUB :

Type	: EP02	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) EVALUATION			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) EVALUATION IN ACCORDANCE WITH AD-EP-ALL- 0602.

## Action Request Assignment Completion Notes

I approve the 50.54Qeval for RP/0/A/5000/004 rev 57.

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	
02/07/2019	I44004	AWAIT/C	
02/08/2019	DMBRUNS	ACC/ASG	
02/08/2019	I44004	AWAIT/C	
02/08/2019	MEHARE	COMPLETE	

## Action Request Assignment Attributes



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Minor editorial comments. ~DMB

Updated On

20190208

Updated By

DMBRUNS

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	14:18	RETURNED	02/08/2019	13:53		BRUNSON
MEHARE				A	02/08/2019	14:15	APPROVED	02/08/2019	15:55		HARE
DMBRUNS				A	02/08/2019	14:01	APPROVED	02/08/2019	14:15		BRUNSON

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Doc</u>	<u>Sub</u>	<u>Minor</u>					
<u>Facility</u>	<u>Type</u>	<u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Rev</u>	<u>Title</u>

## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
-----------------	-------------	---------------	-----------------------------	-------------------------------	----------------------------	-------------------------------	------------	-----------------------------

## Action Request Assignment Cross References

<u>Ref</u>	<u>Ref</u>	<u>Ref</u>	<u>Ref Nbr</u>	<u>Limit</u>		
<u>Type</u>	<u>Nbr</u>	<u>Sub</u>	<u>Type</u>	<u>Status</u>	<u>AS CIs</u>	<u>Description</u>





# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Appendices

### APPENDIX 1

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256648	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2214108	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>
Document and Revision RP/0/A/5000/004, Site Area Emergency, Rev 57 (PRR 2256535)		
<b>Part I. Description of Proposed Change:</b>  Enclosure 4.3, Command and Control Turnover Briefing Form, is being revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.  Specific Changes are: Added: "Mode _____ Shutdown Date: _____ Time: _____" to each of the Unit Status blocks Added: "Take Cover Order: YES NO TIME: _____" Added: "Rapid Evacuation: YES NO TIME: _____" Added: "Last ENF Number: _____" Added: "Continuous Communications with NRC Established: YES NO"  Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks  Changed: "Turnover: (From): [ ] CR / [ ] TSC" to "(From): [ ] CR / [ ] TSC / [ ] EOF" Changed: "(TO) [ ] TSC / [ ] EOF" to "(TO) [ ] CR / [ ] TSC / [ ] EOF" Changed: "Units(s) Affected (circle) [ ] All [ ]1 [ ]2 [ ]3" to "Units(s) Affected (circle) [ ]1 [ ]2 [ ]3" Changed: "Last ENF Sent (time): _____" to "Last Notification completed (time): _____" Changed: "Last Message Sent (time): _____" to "Notified (time): _____"		

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Rev 56 Enclosure 4.3

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

Page 1 of 1

Station: ( ) CNS ( ) MNS ( ) OHS ( ) BNP ( ) HNP ( ) RNP						Turnover: (circle) (From): <input type="checkbox"/> C/R / <input type="checkbox"/> TSC					
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3						(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change					
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
						I					
<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont.	Intact	Potential Loss	Loss	Cont.	Intact	Potential Loss	Loss	Cont.	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):						EOP/APs in Progress (optional):					
Station Priorities:											

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

Page 2 of 1

Site Assembly: YES NO TIME: _____ Site Evacuation: YES NO TIME: _____ Location/Comments: _____		Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____
Radiological: Emergency Worker dose limits approved: YES NO Who _____		
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____		
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____		
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____		
KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO		
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____		
NRC Communication: Last Message Sent (time): _____		
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO		
Upon the transfer of Command and Control, the following will be performed by:		
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC		
Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		
Name of individual turning over Duties: _____		
Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle) (circle) Time Date Name individual assuming duties		
Additional Information: _____		

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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Rev 57 Enclosure 4.3

Enclosure 4.3

Command and Control Turnover Briefing Form

RP/0/A/5000/004

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Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP				Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3							
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____				Alert Declared at: _____ EAL #: _____			
Site Area Emergency Declared at: _____ EAL #: _____				General Emergency Declared at: _____ EAL #: _____			
Unit 1				Unit 2			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel <u>Intact</u> Potential Loss <u>Loss</u>				Fuel <u>Intact</u> Potential Loss <u>Loss</u>			
RCS <u>Intact</u> Potential Loss <u>Loss</u>				RCS <u>Intact</u> Potential Loss <u>Loss</u>			
Cont. <u>Intact</u> Potential Loss <u>Loss</u>				Cont. <u>Intact</u> Potential Loss <u>Loss</u>			
Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):				Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:							



## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

not reduce the effectiveness of the CNS Emergency Plan when compared to the NRC-approved Plan.

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 2, lists RP/0/A/5000/004, as an implementing procedure. (AD-EP-ALL-0104 had not been created when the CNS Emergency Plan was initially approved by the NRC.)

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 147, lists RP/0/A/5000/004, and AD-EP-ALL-0104 as implementing procedures.

**List Commitments Associated with the Change**

A search to identify site specific commitments related to the ERO positions and their assigned responsibilities was performed. No site specific commitments were identified aside from those in the Emergency Plan.

**RG 1.219 Guidance on Making Changes to Emergency Plans for Nuclear Power Reactors, Rev 1. (July 2016)**  
**3.5 Emergency Plan**

a. "Emergency plan" means the document(s) that the licensee prepared and maintains that identifies and describes its methods for maintaining emergency preparedness and responding to emergencies. An emergency plan includes the plan that the NRC originally approved and all subsequent changes that the licensee made with and without prior NRC review and approval under 10 CFR 50.54(q). See 10 CFR 50.54(q)(1)(ii) for additional information.

b. This definition highlights that "emergency plan" includes the documents that describes the programmatic methods that the licensee uses to maintain emergency preparedness and to respond to emergencies. These methods, or program elements, are the implementation aspects of the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50 and generally correspond to the evaluation criteria of NUREG-0654 or approved alternatives that supply specific acceptable methods for complying with the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50. Such programmatic documents are subject to the 10 CFR 50.54(q) change process. Non-programmatic documents, such as training rosters, equipment and maintenance test reports, lesson plans, and other documents that "document the performance" of the program elements, as opposed to those that "establish" the program elements, are not included.

c. Ordinarily, sub-tier documents such as emergency plan implementing procedures (EPIPs) are not considered to be part of an emergency plan for the purpose of evaluating proposed changes. If a licensee relocates a programmatic description from the emergency plan to a sub-tier document, that programmatic description continues to be subject to the 10 CFR 50.54(q) change process. For example, licensees have relocated the details of emergency classification schemes from the emergency plan to an EPIP or to large wall charts maintained in the control room. Because the EPIP or wall chart is now the means to demonstrate compliance with the planning standards in 10 CFR 50.47(b)(4), these sub-tier documents are subject to 10 CFR 50.54(q). Repeating, as opposed to relocating, program element descriptions in sub-tier documents do not necessarily make the sub-tier documents subject to the 10 CFR 50.54(q) change process. However, the descriptions in the various documents must remain consistent.

e. This definition also highlights the need to consider the NRC-approved plan and the subsequent changes in reviewing against 10 CFR 50.54(q) to ensure that a series of incremental changes (each determined not to reduce the effectiveness of the plan) do not reduce the effectiveness of the plan when compared to the

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

NRC-approved plan.

The differences in approved revisions and the current revisions of the Emergency Plans have been reviewed and they have been determined to meet the regulatory requirements required during revisions. Each revision has been reviewed by the NRC during the inspection process.

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

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The changes described continue to meet NRC requirements as described in 10 CFR 50.47(b) and 10 CFR 50, Appendix E and Emergency Plan Sections A and P.



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

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

The following portion of planning standard §50.47(b)(1) is related to the change:

*Primary responsibilities for emergency response by the nuclear facility licensee have been assigned, and each principal response organization has staff to augment its initial response on a continuous basis.*

The function for §50.47(b)(1) related to this change are:

- a. *Responsibility for emergency response is assigned.*

Appendix E to Part 50 lists the following:

IV. Content of Emergency Plans

A. Organization

*The organization for coping with radiological emergencies shall be described, including definition of authorities, responsibilities, and duties of individuals assigned to the licensee's emergency organization and the means for notification of such individuals in the event of an emergency. Specifically, the following shall be included:*

1. *A description of the normal plant operating organization.*
2. *A description of the onsite emergency response organization (ERO) with a detailed discussion of:*
  - a. *Authorities, responsibilities, and duties of the individual(s) who will take charge during an emergency;*

The NUREG-0654 Part II.A elements for §50.47(b)(1) related to this change are:

- A.1.d. *Each organization shall identify a specific individual by title who shall be in charge of the emergency response.*

- A.2. *Each principal organization shall be capable of continuous (24-hour) operations for a protracted period. The individual in the principal organization who will be responsible for assuring continuity of resources (technical, administrative, and material) shall be specified by title.*

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The description of the authorities, responsibilities and duties of the individual(s) who will take charge in an emergency is maintained. There is no reduction in effectiveness of the CNS Emergency Plan.

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

Part VI. Evaluation Conclusion. Answer the following questions about the proposed change.			
1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes X	No <input type="checkbox"/>
2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes X	No <input type="checkbox"/>
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes X	No <input type="checkbox"/>
4	Choose one of the following conclusions:		
a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.	X	
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.	<input type="checkbox"/>	
Part VII. Disposition of Proposed Change Requiring Prior NRC Approval			
Will the proposed change determined to require prior NRC approval be either revised or rejected?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90, AD-LS-ALL-0002, Regulatory Correspondence, and AD-LS-ALL-0015, License Amendment Request and Changes to SLC, TRM, and TS Bases, and include the tracking number: _____.			

EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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<< 10 CFR 50.54(q) Effectiveness Evaluation Form >>

<p>Part VIII. Signatures: EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4) (i.e., Emergency Action Levels and Emergency Action Level Bases). If CFAM approval is <b>NOT</b> required, then mark the CFAM signature block as not applicable (N/A) to indicate that signature is not required.</p>		
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: 2/7/2019
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS
Approver (EP Manager) Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS
Approver (CFAM, as required) Name (Print): N/A	Approver Signature: N/A	Date: N/A
<p>If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments. If required by Section 5.6, Submitting Reports of Changes to the NRC, then create two EREG General Assignments.</p> <ul style="list-style-type: none"> <li>One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.</li> <li>One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.</li> </ul>		
		X
		X

QA RECORD



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Details

ASSIGNMENT NUMBER : 04 SUB :

Type	: GNRL	Due Date	: 02/25/2019	Pri Resp Fac	:
Status	: NTFY/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: PROVIDE 50.54(Q) INFO TO LICENSING FOR NRC 30 DAY SUBMITTAL			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE SUBMITTED TO SATISFY THIS REQUIREMENT: SUBMIT TO LICENSING, A SUMMARY, AS DESCRIBED IN AD-EP-ALL- 0602, OR THE FULL 50.54(Q) REVIEWING ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL FOR SUBMITTAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004	NTFY/ASG	



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
FINAL ISSUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IMPORTANT TO NRC		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IT LABOR ESTIMATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
LTAM ISSUE ID		N	
Name :			



# Duke Energy

ACTION REQUEST - 02256648

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PHC DUE DATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PLANT HEALTH ISSUE ?		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
RTTQ		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
T+1 CRITIQUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
WBS		N	
Name :			

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Updated On

Updated By

\*\*\* No Routing Comments Found \*\*\*

### Routing Comments from the X602 Panel

Updated On

Updated By

\*\*\* No Return Comments Found \*\*\*

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
-----------------	---------------------------	---------------------------	-----------------	--------------	------------	----------------------------	--------------

## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

## Action Request Assignment Details

ASSIGNMENT NUMBER : 05 SUB :

Type	: GNRL	Due Date	: 03/10/2019	Pri Resp Fac	:
Status	: ACC/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: TONYA S LOWERY			Sec Resp Fac	:
Subject	: LICENSING SUBMIT 50.54(Q) TO NRC WITHIN 30 DAYS OF CHANGE			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 10380	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE



# Duke Energy

ACTION REQUEST - 02256648

SUBMITTED TO SATISFY THIS REQUIREMENT. SUBMIT, WITHIN 30 DAYS OF IMPLEMENTING THE CHANGE, THE FULL 50.54(Q) OR SUMMARY (AS DESCRIBED IN AD-EP-ALL-0602) FOR ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/25/2019	I44004		03/10/2019
02/25/2019	I44004	NTFY/ASG	
02/25/2019	TSLOWER	ACC/ASG	

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			





# Duke Energy

ACTION REQUEST - 02256648

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
FINAL ISSUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IMPORTANT TO NRC		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IT LABOR ESTIMATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
LTAM ISSUE ID		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PHC DUE DATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PLANT HEALTH ISSUE ?		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
RTTQ		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
T+1 CRITIQUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
WBS		N	
Name :			



# Duke Energy

ACTION REQUEST - 02256648

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Updated On

Updated By

\*\*\* No Routing Comments Found \*\*\*

### Routing Comments from the X602 Panel

Updated On

Updated By

\*\*\* No Return Comments Found \*\*\*

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

**\*\*\*END OF REPORT\*\*\***



# Duke Energy

## ACTION REQUEST - 02256656

### Action Request Details

Type : EREG      Orig Date : 02/07/2019 12:51      Discovery Date :  
Subject : RP/0/A/5000/005

#### Description

CONTACT SITE EP SUPERVISOR FOR ASSISTANCE IN PREPARING EP01, EP02, AND EP03. ENSURE EREG IS CROSS-REFERENCED TO THE REG AR WHICH INITIATED IT. Perform 50.54(q) screen and evaluation

#### Notes

Priority :      Report To :      Status : APPROVED 02/07/2019  
Severity :      Due Date : 03/10/2019      Event Date :  
  
Originator : I44004      Originator Group :  
Facility : CN      Department : 13650      Organization :  
  
Owed To :      Owed To Group : QUALREVV  
Owed To Fac : CN      Department :      Discipline :

### Action Request Status History

Updated Date	Updated By	AR Status	AR Due Date
02/07/2019	I44004	INPROG	02/11/2019
02/07/2019	I44004	APPROVED	
02/25/2019	I44004		02/25/2019
02/25/2019	I44004		03/10/2019

### Action Request Attributes

Request Attribute	Values	Reqd	Date
BOUNDED EREG AR	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
EREG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			

Request Attribute	Values	Reqd	Date
REG AR CROSS XREF	N	Y	02/07/2019
Name : STACI N WHITE			



# Duke Energy

ACTION REQUEST - 02256656

## Action Request Notes

## Action Request Routing/Return Comments

### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Approval Review

Route List : 001

Route List Initiator :

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
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## Action Request Trend/Cause

## Action Request Keywords

Keyword

Keyword Description

## Action Request Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256656

## Action Request Cross References

Ref Type	Ref Nbr	Ref Sub	Ref Nbr Type	Status	Limit AR Cls	Description
AR	02214116		5AD	COMP-NA	N	RP/0/A/5000/005 - 0000215965 GENERAL EMERGENCY
AR	02256536		PRR	COMPLETE	N	RP/0/A/5000/005 rev 060
AS	02187203	1900	GNRL	COMPLETE	N	EP Excellence Plan - Action SD-EP-4.2
AS	02194997	0200	PI	COMPLETE	N	Revise AD-EP-ALL-0602 to improve templates to focus on why a

## Action Request Assignment Details

ASSIGNMENT NUMBER : 01 SUB :

Type	: EP01	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) SCREEN			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) SCREEN IN ACCORDANCE WITH AD-EP-ALL-0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q screen for RP/0/A/5000/005.

## Action Request Assignment Status History

Updated Date	Updated By	Assgn Status	Assgn Due Date
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	



# Duke Energy

## ACTION REQUEST - 02256656

02/07/2019  
02/08/2019

I44004  
MEHARE

AWAIT/C  
COMPLETE

### Action Request Assignment Attributes

### Action Request Assignment Routing/Return Comments

#### Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

#### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

### Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	14:21	APPROVED	02/08/2019	14:16		BRUNSON
MEHARE				A	02/08/2019	14:16	APPROVED	02/08/2019	15:57		HARE

### Action Request Assignment Cause/Action

### Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
-----------------	---------------------------	---------------------------	-----------------	--------------	------------	----------------------------	--------------

### Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Status</u>
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# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

APPENDIX 1



EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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ATTACHMENT 4  
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<< 10 CFR 50.54(q) Screening Evaluation Form >>

Screening and Evaluation Number	Applicable Sites	
EREG #: 2256656	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2214116	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>

Document and Revision  
RP/0/A/5000/005, General Emergency, Rev 60 (PRR 2256536)

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

Deleted the following steps:

2.8 Initiate Emergency Response Data System (ERDS) transmission by performing the following:

2.8.1 Logon to the SRO, BOP or OAC Room business computer on either unit.

2.8.2 Click the "ERDS" Icon on the desktop.

2.8.3 Once the ERDS logon window appears, enter the password (erds).

2.8.4 Once the ERDS window appears, ensure the "Current Mode" value for the affected unit is "Disconnect".

2.8.5 Click on the "Connect (Activate)" button for the unit.

2.8.6 Click on "Yes" in the message box that appears.

2.8.7 The value of "Status" for the unit should soon change to "Transmitting Data" and the value of "Messages Sent" should begin incrementing.

2.8.8 IF ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERS transmission upon arrival in the TSC.

Enclosure 4.5, Command and Control Turnover Briefing Form, was revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.

Specific Changes are:

Added: "Mode Shutdown Date: Time: " to each of the Unit Status blocks

Added: "Take Cover Order: YES NO TIME: "

Added: "Rapid Evacuation: YES NO TIME: "

Added: "Last ENF Number: "

Added: "Continuous Communications with NRC Established: YES NO"

Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks

Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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

Changed: "Turnover: (From): ☐ CR / ☐ TSC" to "(From): ☐ CR / ☐ TSC / ☐ EOF"

Changed: "(TO) ☐ TSC / ☐ EOF" to "(TO) ☐ CR / ☐ TSC / ☐ EOF"

Changed: "Units(s) Affected (circle) ☐ All ☐ 1 ☐ 2 ☐ 3" to "Units(s) Affected (circle) ☐ 1 ☐ 2 ☐ 3"

Changed: "Last ENF Sent (time): \_\_\_\_\_" to "Last Notification completed (time): \_\_\_\_\_"

Changed: "Last Message Sent (time): \_\_\_\_\_" to "Notified (time): \_\_\_\_\_"

Rev 59 Enclosure 4.5

Enclosure 4.5

RP/0/A/5000/005

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Command and Control Turnover Briefing Form

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP								Turnover: (circle) (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3								(TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____											
Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving		<input type="checkbox"/> Stable	<input type="checkbox"/> Degrading	<input type="checkbox"/> Improving	
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								EOP/APs in Progress (optional):			
Station Priorities:											

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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

Enclosure 4.5

Command and Control Turnover Briefing Form

RP/0/A/5000/005  
Page 2 of 2

Site Assembly: YES NO TIME: _____ Site Evacuation: YES NO TIME: _____ Location/Comments: _____		Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____	
Radiological: Emergency Worker dose limits approved: YES NO Who _____ Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____ Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____ Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____ KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO			
Off-Site Notifications: Last ENF Sent (time): _____ Next ENF Due (time): _____ NRC Communication: Last Message Sent (time): _____ Have Communicators discussed Turnover with acquiring facility Communicators? YES NO			
Upon the transfer of Command and Control, the following will be performed by: Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF			
Name of individual turning over Duties: _____ Turnover Complete: YES NO TSC / EOF Activated at: _____ (circle) (circle) Time Date Name individual assuming duties Additional Information: _____			

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

AD-EP-ALL-0602

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ATTACHMENT 4

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

Rev 60 Enclosure 4.5

Enclosure 4.5

Command and Control Turnover Briefing Form

RP/0/A/5000/005

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Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3								(TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF			
								<input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____								Alert Declared at: _____ EAL #: _____			
Site Area Emergency Declared at: _____ EAL #: _____								General Emergency Declared at: _____ EAL #: _____			
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

## Rev. 5

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## Page 3 of 4

Continue to  
Attachment 4,  
10 CFR  
50.54(q)  
Screening  
Evaluation  
Form, Part III

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

Bounding document attached (optional)

☐

## Part III. Editorial Change

Is this activity an editorial or typographical change only, such as formatting, paragraph numbering, spelling, or punctuation that does not change intent?

Justification:

Yes

☐

No

X

10 CFR 50.54(q)  
Effectiveness  
Evaluation is not  
required. Enter  
justification and  
complete  
Attachment 4,  
Part V.Continue to  
Attachment 4,  
Part IV and  
address non  
editorial  
changes

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

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

## 1. 10 CFR 50.47(b)(1) Assignment of Responsibility (Organization Control)

1a Responsibility for emergency response is assigned.

X

1b The response organization has the staff to respond and to augment staff on a continuing basis (24-7 staffing) in accordance with the emergency plan.

☐

## 2. 10 CFR 50.47(b)(2) Onsite Emergency Organization

2a Process ensures that onshift emergency response responsibilities are staffed and assigned

☐

2b The process for timely augmentation of onshift staff is established and maintained.

☐

## 3. 10 CFR 50.47(b)(3) Emergency Response Support and Resources

3a Arrangements for requesting and using off site assistance have been made.

☐

3b State and local staff can be accommodated at the EOF in accordance with the emergency plan. (NA for CR3)

☐

## 4. 10 CFR 50.47(b)(4) Emergency Classification System

4a A standard scheme of emergency classification and action levels is in use. (Requires final approval of Screen and Evaluation by EP CFAM.)

☐

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

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

☐

5b Administrative and physical means have been established for alerting and providing prompt instructions to the public within the plume exposure pathway. (NA for CR3)

☐

5c The public ANS meets the design requirements of FEMA-REP-10, Guide for Evaluation of Alert and Notification Systems for Nuclear Power Plants, or complies with the licensee's FEMA-approved ANS design report and supporting FEMA approval letter. (NA for CR3)

☐

## &lt;&lt; 10 CFR 50.54(q) Screening Evaluation Form &gt;&gt;

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

EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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**<< 10 CFR 50.54(q) Screening Evaluation Form >>**

<b>Part IV. Emergency Planning Element and Function Screen (cont.)</b>		
16	<b>10 CFR 50.47(b)(16) Emergency Plan Maintenance</b>	
16a	Responsibility for emergency plan development and review is established.	<input type="checkbox"/>
16b	Planners responsible for emergency plan development and maintenance are properly trained.	<input type="checkbox"/>
<b>PART IV. Conclusion</b>		
If no Part IV criteria are checked, then provide Justification and complete Part V below.		<input type="checkbox"/>
<p>If any Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part IV criteria are checked, then complete Attachment 4, 10 CFR 50.54(q) Screening Evaluation Form, Part V and perform a 10 CFR 50.54(q) Effectiveness Evaluation. Program Element 4a requires final approval of Screen and Evaluation by EP CFAM.</p> <p>The changes to the Command and Control Turnover Briefing Form will be further evaluated in an Effectiveness Evaluation.</p> <p>Duke Energy has transitioned to an "always-on" mode of ERDS transmission, making the steps to activate ERDS unnecessary. A Controlled Support Document (CSD) for ERDS troubleshooting has replaced the steps to activate ERDS. Deletion of the ERDS Activation steps does not affect any of the 50.47(b) emergency planning standards, as ERDS is addressed in 10 CFR Appendix E to Part 50 in section VI, Emergency Response Data System, not in the 50.47(b) Planning Standards.</p> <p>With regard to 10 CFR Appendix E to Part 50 in section VI, ERDS remains a direct near real-time electronic data link between the licensee's onsite computer system and the NRC Operations Center, and the features listed in Section VI are maintained: the testing method and frequency; the software and hardware; the selected plant parameters; and the transmission rate. No further evaluation of the removal of the ERDS steps is required by 50.54(q).</p>		<b>X</b>
<b>Part V. Signatures:</b> EP CFAM Final Approval is required for changes affecting Program Element 4a. If CFAM approval is <b>NOT</b> required, then mark the EP CFAM signature block as not applicable (N/A) to indicate that signature is not required.		
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: See CAS
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS
Approver (EP Manager Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS
Approver (EP CFAM, as required) Name (Print) N/A	Approver Signature: N/A	Date: N/A

QA RECORD





# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Details

ASSIGNMENT NUMBER : 02 SUB :

Type	: EP02	Due Date	: 02/11/2019	Pri Resp Fac	:
Status	: COMPLETE	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: 50.54(Q) EVALUATION			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

COMPLETE 50.54(Q) EVALUATION IN ACCORDANCE WITH AD-EP-ALL- 0602.

## Action Request Assignment Completion Notes

I approve the 50.54Q eval for RP/0/A/5000/005.

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/07/2019	I44004		02/11/2019
02/07/2019	I44004	NTFY/ASG	
02/07/2019	I44004	ACC/ASG	
02/07/2019	I44004	AWAIT/C	
02/08/2019	DMBRUNS	ACC/ASG	
02/08/2019	I44004	AWAIT/C	
02/08/2019	MEHARE	COMPLETE	

## Action Request Assignment Attributes



# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Routing/Return Comments

### Routing Comments from the X601 Panel

Minor editorial comments. ~DMB

Updated On

20190208

Updated By

DMBRUNS

### Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

Route List : 001

Route List Initiator : I44004

<u>Passport</u>	<u>Fac</u>	<u>Group</u>	<u>/</u>	<u>Type</u>	<u>Send</u> <u>Date</u>	<u>Send</u> <u>Time</u>	<u>Action</u> <u>Taken</u>	<u>Action</u> <u>Date</u>	<u>/</u>	<u>Time</u>	<u>Last Name</u>
DMBRUNS				A	02/07/2019	14:24	RETURNED	02/08/2019		13:54	BRUNSON
MEHARE				A	02/08/2019	14:16	APPROVED	02/08/2019		15:58	HARE
DMBRUNS				A	02/08/2019	14:09	APPROVED	02/08/2019		14:16	BRUNSON

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u>	<u>Rev</u> <u>Status</u>
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## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS CIs</u>	<u>Description</u>
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# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Appendices

### APPENDIX 1

EMERGENCY PLAN CHANGE SCREENING AND  
EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)

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Screening and Evaluation Number	Applicable Sites	
EREG #: 2256656	BNP	<input type="checkbox"/>
	CNS	<input checked="" type="checkbox"/>
	CR3	<input type="checkbox"/>
	HNP	<input type="checkbox"/>
5AD #: 2214116	MNS	<input type="checkbox"/>
	ONS	<input type="checkbox"/>
	RNP	<input type="checkbox"/>
	GO	<input type="checkbox"/>
Document and Revision RP/0/A/5000/005, General Emergency, Rev 60 (PRR 2256536)		
<b>Part I. Description of Proposed Change:</b>  Enclosure 4.5, Command and Control Turnover Briefing Form, is being revised to align with the Command and Control Turnover Form in AD-EP-ALL-0104, ERO Common Guidelines and Forms.  Specific Changes are: Added: "Mode _____ Shutdown Date: _____ Time: _____" to each of the Unit Status blocks Added: "Take Cover Order: YES NO TIME: _____" Added: "Rapid Evacuation: YES NO TIME: _____" Added: "Last ENF Number: _____" Added: "Continuous Communications with NRC Established: YES NO"  Deleted: "[ ] Stable [ ] Degrading [ ] Improving" from each of the Unit Status blocks Deleted: "ERDS Activated: Yes No N/A" from each of the Unit Status blocks  Changed: "Turnover: (From): [ ] CR / [ ] TSC" to "(From): [ ] CR / [ ] TSC / [ ] EOF" Changed: "(TO) [ ] TSC / [ ] EOF" to "(TO) [ ] CR / [ ] TSC / [ ] EOF" Changed: "Units(s) Affected (circle) [ ] All [ ]1 [ ]2 [ ]3" to "Units(s) Affected (circle) [ ]1 [ ]2 [ ]3" Changed: "Last ENF Sent (time): _____" to "Last Notification completed (time): _____" Changed: "Last Message Sent (time): _____" to "Notified (time): _____"		

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Command and Control Turnover Briefing Form

Station: ( ) CNS ( ) MNS ( ) ONS ( ) BNP ( ) HNP ( ) RNP								Turnover: (circle) (From): <input type="checkbox"/> C/R / <input type="checkbox"/> TSC (TO) <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Unit(s) Affected: (circle) ( ) All ( ) 1 ( ) 2 ( ) 3											
Emergency Classification: Unusual Event declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving				<input type="checkbox"/> Stable <input type="checkbox"/> Degrading <input type="checkbox"/> Improving			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								EOP/APs in Progress (optional):			
Station Priorities:											

EMERGENCY PLAN CHANGE SCREENING AND  
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Enclosure 4.5

Command and Control Turnover Briefing Form

RP/0/A/5000/005  
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Site Assembly: YES NO TIME: _____ Site Evacuation: YES NO TIME: _____ Location/Comments: _____	Other Agency Involvement: <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____
--	---

Radiological: Emergency Worker dose limits approved: YES NO Who \_\_\_\_\_

Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number \_\_\_\_\_

Release Pathway: \_\_\_\_\_ WIND SPEED: \_\_\_\_\_ WIND DIRECTION: \_\_\_\_\_

Offsite PARS Recommended: YES NO Zones Evacuated: \_\_\_\_\_ Zones Sheltered: \_\_\_\_\_

KI Recommended: YES NO Current Dose Run Available: YES NO Have Dose Assessors discussed Turnover? YES NO

Off-Site Notifications: Last ENF Sent (time): \_\_\_\_\_ Next ENF Due (time): \_\_\_\_\_

NRC Communication: Last Message Sent (time): \_\_\_\_\_

Have Communicators discussed Turnover with acquiring facility Communicators? YES NO

Upon the transfer of Command and Control, the following will be performed by:

Event Classification: ☐ CR ☐ TSC PAR Decision Making: ☐ CR ☐ TSC ☐ EOF

State and Local Notification: ☐ CR ☐ TSC ☐ EOF NRC Notifications: ☐ CR ☐ TSC

Emergency Exposure Controls & KI: ☐ CR ☐ TSC Control of FMTs: ☐ CR ☐ TSC ☐ EOF

Dose Assessment: ☐ CR ☐ TSC ☐ EOF

Name of Individual turning over Duties: \_\_\_\_\_

Turnover Complete: YES NO TSC / EOF Activated at: \_\_\_\_\_  
(circle) (circle) Time Date Name individual assuming duties

Additional Information: \_\_\_\_\_

EMERGENCY PLAN CHANGE SCREENING AND  
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Enclosure 4.5

Command and Control Turnover Briefing Form

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Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3								(TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF			
								<input type="checkbox"/> Shift Change			
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____								Alert Declared at: _____ EAL #: _____			
Site Area Emergency Declared at: _____ EAL #: _____								General Emergency Declared at: _____ EAL #: _____			
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)				FPB Status (circle appropriate condition)			
Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss	Fuel	Intact	Potential Loss	Loss
RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss	RCS	Intact	Potential Loss	Loss
Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss	Cont	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A				ERDS Activated: Yes No N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

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

<b>Enclosure 4.5</b>		RP/A/5000/005 Page 8 of 8
<b>Command and Control Turnover Briefing Form</b>		
<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Location/Comments:</b>	<b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries):
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____		
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____ Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____ Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____ KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO		
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____ <b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO Have Communicators discussed Turnover with acquiring facility Communicators? YES NO		
<b>Upon the transfer of Command and Control, the following will be performed by:</b> Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		
Name of Individual turning over Duties: _____  Turnover Complete: YES NO TSC / EOF Activated at _____ (circle)       (circle)                                Time                                Date                                Name individual assuming duties Additional Information:		

Attachment 6, 10 CFR 50.54(q) Initiating Condition (IC) and Emergency Action Level (EAL) and EAL Bases Validation and Verification (V&V) Form , is attached (required for IC or EAL change)

Yes ☐  
No ☒

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

#### Licensing Basis of the ERO

The Assignment of Responsibilities is described in the originally approved CNS Emergency Plan, Revision 2 (dated January 1983), sections A.1.b, Concept of Operations, A.1.c, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.

The current licensing basis regarding Assignment of Responsibility is described in CNS Emergency Plan Section A, Revision 150 (dated September 2017) sections A.1.b, Concept of Operations, A.1.C, Block Diagram of Organization Interrelationships, and A.1.d, Key Decision Making.

During revisions to these sections, the titles of some of the Emergency Response personnel and facilities have changed (i.e., Shift Supervisor to Shift Manager, Crisis Management Center to Emergency Operations Facility), but the individuals responsible for Command and Control and the transfer process for Command and Control has remained the same. The summation of the incremental changes over time do



## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

not reduce the effectiveness of the CNS Emergency Plan when compared to the NRC-approved Plan.

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 2, lists RP/0/A/5000/005, as an implementing procedure. (AD-EP-ALL-0104 had not been created when the CNS Emergency Plan was initially approved by the NRC.)

Section P, Responsibility for the Planning Effort, in the CNS Emergency Plan, Revision 147, lists RP/0/A/5000/005, and AD-EP-ALL-0104 as implementing procedures.

**List Commitments Associated with the Change**

A search to identify site specific commitments related to the ERO positions and their assigned responsibilities was performed. No site specific commitments were identified aside from those in the Emergency Plan.

**RG 1.219 Guidance on Making Changes to Emergency Plans for Nuclear Power Reactors, Rev 1. (July 2016)**  
**3.5 Emergency Plan**

- a. "Emergency plan" means the document(s) that the licensee prepared and maintains that identifies and describes its methods for maintaining emergency preparedness and responding to emergencies. An emergency plan includes the plan that the NRC originally approved and all subsequent changes that the licensee made with and without prior NRC review and approval under 10 CFR 50.54(q). See 10 CFR 50.54(q)(1)(ii) for additional information.
- b. This definition highlights that "emergency plan" includes the documents that describes the programmatic methods that the licensee uses to maintain emergency preparedness and to respond to emergencies. These methods, or program elements, are the implementation aspects of the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50 and generally correspond to the evaluation criteria of NUREG-0654 or approved alternatives that supply specific acceptable methods for complying with the planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50. Such programmatic documents are subject to the 10 CFR 50.54(q) change process. Non-programmatic documents, such as training rosters, equipment and maintenance test reports, lesson plans, and other documents that "document the performance" of the program elements, as opposed to those that "establish" the program elements, are not included.
- c. Ordinarily, sub-tier documents such as emergency plan implementing procedures (EPIPs) are not considered to be part of an emergency plan for the purpose of evaluating proposed changes. If a licensee relocates a programmatic description from the emergency plan to a sub-tier document, that programmatic description continues to be subject to the 10 CFR 50.54(q) change process. For example, licensees have relocated the details of emergency classification schemes from the emergency plan to an EPIP or to large wall charts maintained in the control room. Because the EPIP or wall chart is now the means to demonstrate compliance with the planning standards in 10 CFR 50.47(b)(4), these sub-tier documents are subject to 10 CFR 50.54(q). Repeating, as opposed to relocating, program element descriptions in sub-tier documents do not necessarily make the sub-tier documents subject to the 10 CFR 50.54(q) change process. However, the descriptions in the various documents must remain consistent.
- e. This definition also highlights the need to consider the NRC-approved plan and the subsequent changes in reviewing against 10 CFR 50.54(q) to ensure that a series of incremental changes (each determined not to reduce the effectiveness of the plan) do not reduce the effectiveness of the plan when compared to the

EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
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<p>NRC-approved plan.</p> <p>The differences in approved revisions and the current revisions of the Emergency Plans have been reviewed and they have been determined to meet the regulatory requirements required during revisions. Each revision has been reviewed by the NRC during the inspection process.</p>
<p>Part III. Description of How the Proposed Change Complies with Regulation and Commitments.</p> <p>If the emergency plan, modified as proposed, no longer complies with planning standards in 10 CFR 50.47(b) and the requirements in Appendix E to 10 CFR Part 50, then ensure the change is rejected, modified, or processed as an exemption request under 10 CFR 50.12, Specific Exemptions, rather than under 10 CFR 50.54(q):</p> <p>The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.</p> <p>The changes described continue to meet NRC requirements as described in 10 CFR 50.47(b) and 10 CFR 50, Appendix E and Emergency Plan Sections A and P.</p>

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

The following portion of planning standard §50.47(b)(1) is related to the change:

*Primary responsibilities for emergency response by the nuclear facility licensee have been assigned, and each principal response organization has staff to augment its initial response on a continuous basis.*

The function for §50.47(b)(1) related to this change are:

- a. *Responsibility for emergency response is assigned.*

Appendix E to Part 50 lists the following:

IV. *Content of Emergency Plans*

A. *Organization*

*The organization for coping with radiological emergencies shall be described, including definition of authorities, responsibilities, and duties of individuals assigned to the licensee's emergency organization and the means for notification of such individuals in the event of an emergency. Specifically, the following shall be included:*

1. *A description of the normal plant operating organization.*
2. *A description of the onsite emergency response organization (ERO) with a detailed discussion of:*
  - a. *Authorities, responsibilities, and duties of the individual(s) who will take charge during an emergency;*

The NUREG-0654 Part II.A elements for §50.47(b)(1) related to this change are:

- A.1.d. *Each organization shall identify a specific individual by title who shall be in charge of the emergency response.*
- A.2. *Each principal organization shall be capable of continuous (24-hour) operations for a protracted period. The individual in the principal organization who will be responsible for assuring continuity of resources (technical, administrative, and material) shall be specified by title.*

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

The changes made to the Command and Control Turnover Briefing Form continue to support the assignment of responsibility by aligning the Command and Control Turnover Briefing Form between the two procedures currently used by the Shift Manager, TSC Emergency Coordinator and EOF Director. Aligning the content of these two forms to be identical contributes to each individual understanding the status of the emergency in an efficient manner, and reduces the potential for human error during the turnover process.

The description of the authorities, responsibilities and duties of the individual(s) who will take charge in an emergency is maintained. There is no reduction in effectiveness of the CNS Emergency Plan.

## &lt;&lt; 10 CFR 50.54(q) Effectiveness Evaluation Form &gt;&gt;

## Part VI. Evaluation Conclusion.

Answer the following questions about the proposed change.

1	Does the proposed change comply with 10 CFR 50.47(b) and 10 CFR 50 Appendix E?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2	Does the proposed change maintain the effectiveness of the emergency plan (i.e., no reduction in effectiveness)?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3	Does the proposed change maintain the current Emergency Action Level (EAL) scheme?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
4	Choose one of the following conclusions:		
a	The activity does continue to comply with the requirements of 10 CFR 50.47(b) and 10 CFR 50, Appendix E, and the activity does not constitute a reduction in effectiveness or change in the current Emergency Action Level (EAL) scheme. Therefore, the activity can be implemented without prior NRC approval.	<input checked="" type="checkbox"/>	
b	The activity does not continue to comply with the requirements of 10 CFR 50.47(b) or 10 CFR 50 Appendix E or the activity does constitute a reduction in effectiveness or EAL scheme change. Therefore, the activity cannot be implemented without prior NRC approval.	<input type="checkbox"/>	

## Part VII. Disposition of Proposed Change Requiring Prior NRC Approval

Will the proposed change determined to require prior NRC approval be either revised or rejected?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, then initiate a License Amendment Request in accordance 10 CFR 50.90, AD-LS-ALL-0002, Regulatory Correspondence, and AD-LS-ALL-0015, License Amendment Request and Changes to SLC, TRM, and TS Bases, and include the tracking number: _____.		

EMERGENCY PLAN CHANGE SCREENING AND EFFECTIVENESS EVALUATIONS 10 CFR 50.54(Q)	AD-EP-ALL-0602
	Rev. 5

**ATTACHMENT 5**  
Page 10 of 10

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

<b>Part VIII. Signatures:</b> EP CFAM Final Approval is required for changes affecting risk significant planning standard 10 CFR 50.47(b)(4) (i.e., Emergency Action Levels and Emergency Action Level Bases). If CFAM approval is <b>NOT</b> required, then mark the CFAM signature block as not applicable (N/A) to indicate that signature is not required.		
Preparer Name (Print): Staci White	Preparer Signature: See CAS	Date: 2/7/2019
Reviewer Name (Print): See CAS	Reviewer Signature: See CAS	Date: See CAS
Approver (EP Manager) Name (Print): See CAS	Approver Signature: See CAS	Date: See CAS
Approver (CFAM, as required) Name (Print): N/A	Approver Signature: N/A	Date: N/A
If the proposed activity is a change to the E-Plan or implementing procedures, then create two EREG General Assignments. If required by Section 5.6, Submitting Reports of Changes to the NRC, then create two EREG General Assignments.		
• One for EP to provide the 10 CFR 50.54(q) summary of the analysis, or the completed 10 CFR 50.54(q), to Licensing.		X
• One for Licensing to submit the 10 CFR 50.54(q) information to the NRC within 30 days after the change is put in effect.		X

QA RECORD



# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Details

ASSIGNMENT NUMBER : 04 SUB :

Type	: GNRL	Due Date	: 02/25/2019	Pri Resp Fac	:
Status	: NTFY/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: STACI N WHITE			Sec Resp Fac	:
Subject	: PROVIDE 50.54(Q) INFO TO LICENSING FOR NRC 30 DAY SUBMITTAL			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 13650	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE SUBMITTED TO SATISFY THIS REQUIREMENT: SUBMIT TO LICENSING, A SUMMARY, AS DESCRIBED IN AD-EP-ALL- 0602, OR THE FULL 50.54(Q) REVIEWING ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL FOR SUBMITTAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	144004	INPROG	
02/25/2019	144004		02/25/2019
02/25/2019	144004	NTFY/ASG	



# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
FINAL ISSUE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IMPORTANT TO NRC		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
IT LABOR ESTIMATE		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
LTAM ISSUE ID		N	
Name :			



# Duke Energy

ACTION REQUEST - 02256656

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PHC DUE DATE		N	

Name :

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
PLANT HEALTH ISSUE ?		N	

Name :

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
RTTQ		N	

Name :

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
T+1 CRITIQUE		N	

Name :

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
WBS		N	

Name :

## Action Request Assignment Routing/Return Comments

Routing Comments from the X601 Panel

\*\*\* No Routing Comments Found \*\*\*

Updated On

Updated By

Routing Comments from the X602 Panel

\*\*\* No Return Comments Found \*\*\*

Updated On

Updated By

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action





# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
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## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Rev</u>	<u>Rev</u> <u>Status</u>
-----------------	-------------	---------------	-----------------------------	-------------------------------	----------------------------	-------------------------------	--------------------------	-----------------------------

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

## Action Request Assignment Details

ASSIGNMENT NUMBER : 05 SUB :

Type	: GNRL	Due Date	: 03/10/2019	Pri Resp Fac	:
Status	: NTFY/ASG	Reschedule	:	Pri Resp Group	:
Assigned To	: TONYA S LOWERY			Sec Resp Fac	:
Subject	: LICENSING SUBMIT 50.54(Q) TO NRC WITHIN 30 DAYS OF CHANGE			Sec Resp Group	:
Aff Facility	: CN	Unit	:	System	:
UCR	:	Schedule Ref	:		
Organization	:	Department	: 10380	Discipline	:
Est Manhrs	:	Ext Comp Date	:		

### Description

THE REGULATION AT 10 CFR 50.54(Q)(5) REQUIRES THE LICENSEE TO SUBMIT, AS SPECIFIED IN 10 CFR 50.4(B)(5)(II), A REPORT OF EACH CHANGE TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL, INCLUDING A SUMMARY OF ITS ANALYSIS, WITHIN 30 DAYS AFTER THE CHANGE IS PUT IN EFFECT. THE NRC HAS STATED THAT THE SUMMARY REPORT OR A FULL COPY OF THE COMPLETED 50.54(Q) MAY BE



# Duke Energy

ACTION REQUEST - 02256656

SUBMITTED TO SATISFY THIS REQUIREMENT. SUBMIT, WITHIN 30 DAYS OF IMPLEMENTING THE CHANGE, THE FULL 50.54(Q) OR SUMMARY (AS DESCRIBED IN AD-EP-ALL-0602) FOR ALL CHANGES TO THE EMERGENCY PLAN MADE WITHOUT PRIOR NRC APPROVAL TO THE NRC'S DOCUMENT CONTROL DESK, WITH A COPY TO THE APPROPRIATE REGIONAL OFFICE, AND A COPY TO THE APPROPRIATE NRC RESIDENT INSPECTOR. IF THE COMMUNICATION IS ON PAPER, THE SUBMISSION TO THE DOCUMENT CONTROL DESK MUST BE THE SIGNED ORIGINAL.

## Action Request Assignment Completion Notes

## Action Request Assignment Status History

<u>Updated Date</u>	<u>Updated By</u>	<u>Assgn Status</u>	<u>Assgn Due Date</u>
02/07/2019	I44004	INPROG	
02/25/2019	I44004		03/10/2019
02/25/2019	I44004	NTFY/ASG	

## Action Request Assignment Attributes

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1A COMMITTED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
1B CHANGE BASIS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
2A COMMENTS		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
BENEFIT REALIZED		N	
Name :			

<u>Request Attribute</u>	<u>Values</u>	<u>Reqd</u>	<u>Date</u>
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# Duke Energy

ACTION REQUEST - 02256656

FINAL ISSUE

N

Name :

Request Attribute  
IMPORTANT TO NRC  
Name :

Values

Reqd  
N Date

Request Attribute  
IT LABOR ESTIMATE  
Name :

Values

Reqd  
N Date

Request Attribute  
LTAM ISSUE ID  
Name :

Values

Reqd  
N Date

Request Attribute  
PHC DUE DATE  
Name :

Values

Reqd  
N Date

Request Attribute  
PLANT HEALTH ISSUE ?  
Name :

Values

Reqd  
N Date

Request Attribute  
RTTQ  
Name :

Values

Reqd  
N Date

Request Attribute  
T+1 CRITIQUE  
Name :

Values

Reqd  
N Date

Request Attribute  
WBS  
Name :

Values

Reqd  
N Date



# Duke Energy

ACTION REQUEST - 02256656

## Action Request Assignment Routing/Return Comments

Routing Comments from the X601 Panel

Updated On

Updated By

\*\*\* No Routing Comments Found \*\*\*

Routing Comments from the X602 Panel

Updated On

Updated By

\*\*\* No Return Comments Found \*\*\*

## Action Request Assignment Completion Approval

## Action Request Assignment Cause/Action

## Action Request Assignment Reference Documents

<u>Facility</u>	<u>Doc</u> <u>Type</u>	<u>Sub</u> <u>Type</u>	<u>Document</u>	<u>Sheet</u>	<u>Rev</u>	<u>Minor</u> <u>Rev</u>	<u>Title</u>
-----------------	---------------------------	---------------------------	-----------------	--------------	------------	----------------------------	--------------

## Action Request Assignment Reference Equipment

<u>Facility</u>	<u>Unit</u>	<u>System</u>	<u>Equip</u> <u>Type</u>	<u>Equip</u> <u>Number</u>	<u>Equip</u> <u>Tag</u>	<u>Equip</u> <u>Status</u>	<u>Rev</u> <u>Rev</u>	<u>Rev</u> <u>Status</u>
-----------------	-------------	---------------	-----------------------------	-------------------------------	----------------------------	-------------------------------	--------------------------	-----------------------------

## Action Request Assignment Cross References

<u>Ref</u> <u>Type</u>	<u>Ref</u> <u>Nbr</u>	<u>Ref</u> <u>Sub</u>	<u>Ref Nbr</u> <u>Type</u>	<u>Status</u>	<u>Limit</u> <u>AS Cls</u>	<u>Description</u>
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## Action Request Assignment Appendices

**\*\*\*END OF REPORT\*\*\***

<div>Duke Energy Catawba Nuclear Station</div> <div>Notification of Unusual Event</div> <div>Reference Use</div>	Procedure No. RP/0/A/5000/002
	Revision No. 049
	Electronic Reference No. CN005GNL

## REVISION REMARKS Rev 049

Reference AR(s): 02256533

Revised Enclosure 4.2 (Command and Control Turnover Briefing Form) to match AD-EP-ALL-0104.

Specific changes for Enclosure 4.2

Deleted ALL from Units affected block

Unit Status blocks:

deleted stable, degrading and improving

added shutdown date and time

Procedures in progress box:

replaced EOP/APs with Emergency/Abnormal Procedures

Site assembly block:

Added Take Cover Order (yes/no) and time

Added Rapid Evacuation (yes/no) and time.

Radiological block:

Replaced current dose run with dose assessment

Notification / Communications block

Replaced ENF Sent with Notification Completed and Last ENF Number \_\_\_\_\_

Added Continuous communications with NRC Established (yes/no)

## Notification of Unusual Event

### 1. Symptoms

- 1.1 This condition exists when events are in process or have occurred which indicate a potential degradation of the level of safety of the plant or indicate a security threat to facility protection has been initiated.

### 2. Immediate Actions

**NOTES:** 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Only the Emergency Coordinator can complete Item 13 of the Emergency Notification Form to approve message for transmission

- \_\_\_\_\_ 2.1 Notify off-site agencies within 15 minutes of Emergency declaration time using Emergency Notification Form. Refer to the appropriate notification procedure:
- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
  - AD-EP-ALL-0304, "State and County Notifications."
- \_\_\_\_\_ 2.2 Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." Notification shall be made immediately after notification to the Off-Site Agencies and shall be completed within one hour of the emergency declaration time.
- \_\_\_\_\_ 2.3 IF there is an indication of a radioactive release AND the TSC is not activated, contact Dose Assessment Qualified Individual to perform off-site dose assessment per AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment.
- \_\_\_\_\_ 2.4 IF a radioactive release or hazardous material spill is occurring or has occurred AND the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. IF no answer, dial 9+1+800-777-3853 (then enter pager number 777-3333) to activate the Environmental Management group pager. Include area code with call-back number.



\_\_\_\_\_ 2.5 **IF** a Security Event exists, perform the following:

- Discuss the need to make the following announcement over the PA system with Security at extension 5364:

*"This is the Shift Manager. A Security Event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the SAS at extension 5765 or 5766." Repeat announcement.*

- **IF** the security event involves a **CREDIBLE THREAT** to the site, implement 2-person rule for access to all vital areas.

**NOTE:** Normally the Emergency Response Organization (ERO) is not activated at the Unusual Event (UE) classification; however, the Shift Manager or Station Manager may decide to activate at the UE classification.

\_\_\_\_\_ 2.6 **IF** a decision is made to activate the Emergency Response Organization (ERO), consider the following prior to activating the ERO:

\_\_\_\_\_ 2.6.1 **IF** Security has closed access to the site, activate the ERO per RP/0/B/5000/026, Enclosure 4.3.

\_\_\_\_\_ 2.6.2 **IF** access to the site is permitted, perform the following:

\_\_\_\_\_ A. Notify site personnel to staff the TSC, OSC and EOF by making the following announcement **twice** over the public address system:

*"This is the Shift Manager. A notification of unusual event has been declared. Units(s) \_\_\_\_\_ is (are) affected. Activate the TSC, OSC and EOF."*

**NOTE:** Enclosure 4.1 is formatted to allow step performance in sequence or simultaneously based on available resources (one activation method per page).

\_\_\_\_\_ B. Activate the Emergency Response Organization per Enclosure 4.1 of this procedure.

\_\_\_\_\_ 2.7 **IF** the ERO is **NOT** activated, notify the Public Affairs duty person by pager.

**NOTE:** 1. Turnover of command and control to the TSC relieves the SM/Emergency Coordinator of classification, Notification and Protective Action Recommendation (PAR) responsibilities.

2. Turnover to the EOF relieves the SM/Emergency Coordinator of Notification and Protective Action Recommendation (PAR) responsibilities **ONLY**.

2.8 Turnover the responsibility of command and control for the emergency as follows:

- \_\_\_\_\_ 2.8.1 **IF** the emergency situation does **NOT** prevent activation of the TSC within 75 minutes, provide turnover to the TSC Emergency Coordinator using Enclosure 4.2.
- \_\_\_\_\_ 2.8.2 **IF** the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform the following:
- \_\_\_\_\_ • A turnover for Notification and Protective Action Recommendation (PAR) **ONLY** using Enclosure 4.2.
  - \_\_\_\_\_ • Maintain command and control of classification until TSC is capable of accepting turnover.
- \_\_\_\_\_ 2.8.3 **IF** neither facility can take turnover, maintain command and control until the facility is capable of accepting turnover.

### 3. Subsequent Actions

**NOTE:** Subsequent Actions are not required to be followed in any particular sequence.

- \_\_\_\_\_ 3.1 **IF** ERO has not been activated, notify Duty Station Manager (see current duty list).
- \_\_\_\_\_ 3.2 Perform Follow-up Notifications using applicable "Notifications to States and Counties" procedure:
- Every hour until the emergency is terminated.
- OR**
- If there is any significant change to the situation.
- OR**
- As agreed upon with an Emergency Management official from each individual agency.

- \_\_\_\_\_ 3.3 **IF** Security Event announcement, discussed above, was made over the PA system, make the following announcement over the PA system after the Security Event has been terminated:

*"This is the Shift Manager. The Security Event has been terminated. Return to normal work activity."* **Repeat announcement.**

- \_\_\_\_\_ 3.4 Augment shift resources to assess and respond to the emergency situation as needed.
- \_\_\_\_\_ 3.5 Close out the Emergency by a verbal summary to county and state authorities. Document this summary using Enclosure 4.3.
- \_\_\_\_\_ 3.6 Assign an individual to provide a written summary to state and county authorities within thirty days. This report could be an LER or written report if an LER is not required.

Person assigned responsibility \_\_\_\_\_

#### **4. Enclosures**

- 4.1 Emergency Organization Activation
- 4.2 Command and Control Turnover Briefing Form
- 4.3 Unusual Event Close Out Briefing with States and Counties

## 1. Activate the ERO using the Emergency Response Organization Notification System (ERONS)

- NOTE:**
1. Emergency Response Organization Notification System (ERONS) instructions for drills and actual emergencies are located in AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).
  2. A Job Aid for ERONS is located in the communicator's area that directs the Operator to notify Security to activate the ERO.
  3. The ERONS will deliver a confirmation call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 1.1 **IF** ERONS is **NOT** available, immediately **GO TO** Step 2.
- ☐ 1.2 Activate the ERO per AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).

## 2. Activate the ERO using the Nuclear Callout System

- ☐ 2.1 **IF** the Nuclear Callout System is **NOT** available via the computer (DAE Link), immediately **GO TO** Step 2.3.
  - ☐ 2.1.1 Start the Nuclear Callout System as follows:
    - ☐ A. Select or Search for **Nuclear Callout System** from the DAE.
    - ☐ B. Select "Run Application".
  - ☐ 2.1.2 At the Nuclear Callout System Login Screen, perform the following:
    - ☐ A. Refer to the Password Card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the username and password.
    - ☐ B. Enter Username.
    - ☐ C. Enter Password.
    - ☐ D. Select **Create Job** from the Start page pull down menu.
    - ☐ E. Click the **Login** button.

**Emergency Organization Activation**

- ☐ 2.1.3 Select the appropriate message to be sent from the **Select Template/Saved Job** drop down menu as follows:
- ☐ A. For an **ERO Drill**, select **!5 CNS Drill**.
  - ☐ B. For an actual **Emergency** event, select **!6 CNS Emergency**.
  - ☐ C. Click the **Review & Send** button at the bottom of the page.
  - ☐ D. Click the **Submit** button at the bottom of the page.

**NOTE:** The Nuclear Callout system will deliver a call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 2.2 Verify the Nuclear Callout System activation is successful.

## Emergency Organization Activation

- ☐ 2.3 **IF** the Nuclear Callout system activation via the computer was **NOT** successful, perform an activation via the telephone (VoiceREACH) per the following:
  - ☐ 2.3.1 Call **866-515-0663** (The system will play the VoiceREACH greeting).
    - ☐ A. Refer to the Password Card located in the Control Room, Central Alarm Station (CAS), or Secondary Alarm Station (SAS) to obtain the user number and numeric password.
    - ☐ B. Enter the User Number followed by the # key.
    - ☐ C. Enter the Numeric Password followed by the # key.
    - ☐ D. You will be prompted to "*wait while we verify your ID and Password.*"
    - ☐ E. Press **1** to create a message.
    - ☐ F. Press **1** to enter a list distribution number.
    - ☐ G. Enter **4** (Distribution List Number) followed by the # key.
    - ☐ H. Press **1** to confirm your list distribution number.
    - ☐ I. Press **2** to select your message.
    - ☐ J. Press # to play the same message for both live and answering machine recipients.
    - ☐ K. Press **2** to specify your script.
    - ☐ L. Press **1** to select a script number.
  - ☐ 2.3.2 Select the appropriate message to be sent:
    - ☐ A. For an **ERO Drill**, press **5**.
    - ☐ B. For an actual **Emergency** event, press **6**.
  - ☐ 2.3.3 Press **1** to confirm.
  - ☐ 2.3.4 Press **1** for immediate delivery (The system will give you a job number. It may take ~20 seconds.).
  - ☐ 2.3.5 Press **9** to end the call and send the voice broadcast.

## Enclosure 4.2

## Command and Control Turnover Briefing Form

RP/0/A/5000/002

Page 1 of 2

<b>Station:</b> <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								<b>Turnover:</b> (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
<b>Unit(s) Affected:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
<b>Emergency Classification:</b> Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
<b>Unit 1</b>				<b>Unit 2</b>				<b>Unit 3</b>			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>			
<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss
<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss
<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

## Command and Control Turnover Briefing Form

Page 2 of 2

<b>Site Assembly:</b> YES NO TIME: _____ Location/Comments: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____	
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____	
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____	
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____	
KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO	
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____	
<b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO	
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO	
<b>Upon the transfer of Command and Control, the following will be performed by:</b>	
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC
Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Name of Individual turning over Duties: _____	
Turnover Complete: YES NO (circle)	TSC / EOF (circle) Activated at: _____ Time Date Name individual assuming duties
Additional Information: _____	



RP/0/A/5000/002  
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<b>Duke Energy</b> <b>Catawba Nuclear Station</b>  <b>Alert</b>   <b>Reference Use</b>	Procedure No. <b>RP/0/A/5000/003</b>
	Revision No. <b>054</b>
	Electronic Reference No. <b>CN005GNM</b>

REVISION REMARKS Rev 054

Reference AR(s) 02256534; 02223554

Deleted step 2.8 for initiating ERDS

Revised Enclosure 4.2 (Command And Control Turnover Briefing Form) to Match AD-EP-ALL-0104 Attachment 2 (Command And Control Turnover Briefing Form)

Enclosure 4.2 changes:

Deleted ALL from Units affected block

Unit Status blocks:

deleted stable, degrading and improving

added shutdown date and time

Procedures in progress box:

replaced EOP/APs with Emergency/Abnormal Procedures

Site assembly block:

Added Take Cover Order (yes/no) and time

Added Rapid Evacuation (yes/no) and time.

Radiological block:

Replaced current dose run with dose assessment

Notification / Communications block

Replaced ENF Sent with Notification Completed and Last ENF Number \_\_\_\_\_

Added Continuous communications with NRC Established (yes/no)

## Alert

### 1. Symptoms

- 1.1 Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant or a security event that involves probable life threatening risk to site personnel or damage to site equipment because of **HOSTILE ACTION**.

### 2. Immediate Actions

**NOTE:**

1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.
2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

- \_\_\_\_\_ 2.1 **IF** a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security at 3255 or 5766.

- \_\_\_\_\_ 2.1.1 **IF** site assembly and activation of the TSC/OSC are not feasible, refer to RP/0/B/5000/026, "Site Response to Security Events", for guidance and N/A the associated steps in this procedure under Immediate Actions concerning site assembly and ERO activation:

- \_\_\_\_\_ 2.1.2 **IF** the security event involves a **CREDIBLE THREAT** to the site, implement 2-person rule for access to all vital areas.

- \_\_\_\_\_ 2.1.3 Consider delaying other actions in this procedure that could endanger site personnel until the security threat is terminated.

- \_\_\_\_\_ 2.2 **IF** TSC, OSC and EOF have **NOT** been previously activated, notify the ERO to staff emergency response facilities by performing the following steps (2.2.1 and 2.2.2):

- \_\_\_\_\_ 2.2.1 Notify site personnel to activate the TSC and OSC by making the following announcement **twice** over public address system:

*"This is the Shift Manager. An Alert has been declared. Unit(s) \_\_\_\_\_ is (are) affected. Activate the TSC, OSC, and EOF."*

- \_\_\_\_\_ 2.2.2 Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.

\_\_\_\_\_ Notify off-site agencies within 15 minutes of Emergency declaration time using an Emergency Notification Form. Refer to one of the following notification procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- AD-EP-ALL-0304, "State and County Notifications"

- \_\_\_\_\_ 2.4     Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." Notifications shall be made immediately after notification to the Off-Site Agencies and shall be completed within one hour of the emergency declaration time.
- \_\_\_\_\_ 2.5     **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact Dose Assessment Qualified Individual to perform off-site dose assessment per AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment.
- \_\_\_\_\_ 2.6     **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, dial 9+1+800-777-3853 (then enter pager number 777-3333) to activate the Environmental Management group pager. Include area code with call-back number.
- \_\_\_\_\_ 2.7     Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

### 3. Subsequent Actions

<b>NOTE:</b> Subsequent Actions are not required to be followed in any particular sequence.
---

3.1 **IF** a security event has occurred, perform the following to account for site personnel:

\_\_\_\_\_ 3.1.1 **WHEN** Security notifies the SM that the security threat has been terminated, make the following announcement **twice** over the public address system:

*"This is the Shift Manager. The security event has been terminated. The security event has been terminated."*

\_\_\_\_\_ 3.1.2 Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

\_\_\_\_\_ 3.2 Ensure RP has dispatched On-Site monitoring and Off-Site Monitoring Teams with associated communications equipment per AD-EP-ALL-0106, "Activation and Operation of the Operations Support Center".

\_\_\_\_\_ 3.3 Perform Follow-up Notifications using applicable "Notifications to States and Counties" procedure.

- Every hour until the emergency is terminated.

**OR**

- If there is any significant change to the situation.

**OR**

- As agreed upon with an Emergency Management official from each individual agency.

\_\_\_\_\_ 3.4 AD-EP-ALL-0205, "Emergency Exposure Controls" shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

\_\_\_\_\_ 3.5 Augment shift resources to assess and respond to the emergency situation as needed.

\_\_\_\_\_ 3.6 Announce over the plant public address system the current emergency classification level and summary of plant status.

- \_\_\_\_\_ 3.7 Assess emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in an Alert.

**OR**

Escalate to a more severe emergency classification.

**OR**

Reduce to a less severe emergency classification.

(Refer to Enclosure 4.3)

**OR**

Terminate the emergency (Refer to AD-EP-ALL-0101, "Emergency Classification").

- \_\_\_\_\_ 3.8 Announce any emergency classification level changes over the plant public address system, including a summary of plant status.

**NOTE:**

1. Turnover of command and control to the TSC relieves the SM/Emergency Coordinator of Classification, Notification and Protective Action Recommendation (PAR) responsibilities.
2. Turnover to the EOF relieves the SM/Emergency Coordinator of Notification and Protective Action Recommendation (PAR) responsibilities **ONLY**.

- \_\_\_\_\_ 3.9 Turnover the responsibility of command and control for the emergency as follows:

\_\_\_\_\_ 3.9.1 **IF** the emergency situation does **NOT** prevent activation of the TSC within 75 minutes, provide turnover to the TSC Emergency Coordinator using Enclosure 4.2.

\_\_\_\_\_ 3.9.2 **IF** the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform the following:

- \_\_\_\_\_ • A turnover for Notifications and Protective Action Recommendation (PAR) **ONLY** using Enclosure 4.2.

- \_\_\_\_\_ • Maintain command and control of classification until TSC is capable of accepting turnover.

\_\_\_\_\_ 3.9.3 **IF** neither facility can take turnover, maintain command and control until the facility is capable of accepting turnover.

- \_\_\_\_\_ 3.10 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.
- \_\_\_\_\_ 3.11 Close out the emergency with a verbal summary to county and state authorities. Document this summary using Enclosure 4.4.
- \_\_\_\_\_ 3.12 Assign an individual to provide a written report to county and state authorities within thirty days. This report could be an LER or a written report if an LER is not required.

Person assigned responsibility \_\_\_\_\_

#### **4. Enclosures**

- 4.1 Emergency Organization Activation
- 4.2 Command and Control Turnover Briefing Form
- 4.3 Criteria for Downgrading an Emergency Level
- 4.4 Alert Close Out Briefing with States and Counties



**1. Activate the ERO using the Emergency Response Organization Notification System (ERONS)**

- NOTE:**
1. Emergency Response Organization Notification System (ERONS) instructions for Drills and actual Emergencies are located in AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).
  2. A Job Aid for ERONS is located in the communicator's area that directs the Operator to notify Security to activate the ERO .
  3. The ERONS will deliver a confirmation call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 1.1 **IF** the ERONS is **NOT** available, immediately **GO TO** Step 2.
- ☐ 1.2 Activate the ERO per AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).

**2. Activate the ERO using the Nuclear Callout System**

- ☐ 2.1 **IF** the Nuclear Callout System is **NOT** available via the computer (DAE Link), immediately **GO TO** Step 2.3.
  - ☐ 2.1.1 Start the Nuclear Callout System as follows:
    - ☐ A. Select or Search for **Nuclear Callout System** from the DAE.
    - ☐ B. Select "Run Application".
  - ☐ 2.1.2 At the Nuclear Callout System Login Screen, perform the following:
    - ☐ A. Refer to the Password Card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the username and password.
    - ☐ B. Enter Username.
    - ☐ C. Enter Password.
    - ☐ D. Select **Create Job** from the Start page pull down menu.
    - ☐ E. Click the **Login** button.

**Enclosure 4.1**  
**Emergency Organization Activation**

RP/0/A/5000/003  
Page 2 of 3

- ☐ 2.1.3 Select the appropriate message to be sent from the **Select Template/Saved Job** drop down menu as follows:
- ☐ A. For an **ERO Drill**, select **!5 CNS Drill**.
  - ☐ B. For an actual **Emergency** event, select **!6 CNS Emergency**.
  - ☐ C. Click the **Review & Send** button at the bottom of the page.
  - ☐ D. Click the **Submit** button at the bottom of the page.

**NOTE:** The Nuclear Callout system will deliver a call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 2.2 Verify the Nuclear Callout System activation is successful.
- ☐ 2.3 **IF** the Nuclear Callout system activation via the computer was **NOT** successful, perform an activation via the telephone (VoiceREACH) per the following:
- ☐ 2.3.1 Call **866-515-0663** (The system will play the VoiceREACH greeting).
- ☐ A. Refer to the Password Card location in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the user number and numeric password.
  - ☐ B. Enter the User Number followed by the # key.
  - ☐ C. Enter the Numeric Password followed by the # key.
  - ☐ D. You will be prompted to "*wait while we verify your ID and Password.*"
  - ☐ E. Press **1** to create a message.
  - ☐ F. Press **1** to enter a list distribution number.
  - ☐ G. Enter **4** (Distribution List Number) followed by the # key.
  - ☐ H. Press **1** to confirm your list distribution number.
  - ☐ I. Press **2** to select your message.
  - ☐ J. Press # to play the same message for both live and answering machine recipients.
  - ☐ K. Press **2** to specify your script.
  - ☐ L. Press **1** to select a script number.

**Enclosure 4.1**  
**Emergency Organization Activation**

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- ☐ 2.3.2      Select the appropriate message to be sent:
  - ☐ A.   For an **ERO Drill**, press **5**.
  - ☐ B.   For an actual **Emergency** event, press **6**.
- ☐ 2.3.3      Press **1** to confirm.
- ☐ 2.3.4      Press **1** for immediate delivery (The system will give you a job number. It may take ~20 seconds.).
- ☐ 2.3.5      Press **9** to end the call and send the voice broadcast.

## Enclosure 4.2

## Command and Control Turnover Briefing Form

RP/0/A/5000/003

Page 1 of 2

Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
Emergency Classification: Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
Unit 1				Unit 2				Unit 3			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>			
<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss
<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss
<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

## Enclosure 4.2

RP/0/A/5000/003

## Command and Control Turnover Briefing Form

Page 2 of 2

<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Location/Comments:</b> _____  <b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____												
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____  Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____  Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____  Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____  KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO													
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____  <b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO  Have Communicators discussed Turnover with acquiring facility Communicators? YES NO													
<b>Upon the transfer of Command and Control, the following will be performed by:</b> <table style="width: 100%;"> <tr> <td style="width: 33%;">Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> <td style="width: 33%;">PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> </tr> <tr> <td>State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> <td>NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> </tr> <tr> <td>Site Emergency Exposure Controls &amp; KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> <td>Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> </tr> <tr> <td>Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> <td></td> </tr> </table>		Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF					
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF												
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC												
Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF												
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF													
Name of Individual turning over Duties: _____  <table style="width: 100%;"> <tr> <td style="width: 20%;">Turnover Complete: YES NO</td> <td style="width: 10%;">TSC / EOF</td> <td style="width: 20%;">Activated at: _____</td> <td style="width: 10%;">Time</td> <td style="width: 10%;">Date</td> <td style="width: 30%;">Name individual assuming duties</td> </tr> <tr> <td>(circle)</td> <td>(circle)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <b>Additional Information:</b> _____		Turnover Complete: YES NO	TSC / EOF	Activated at: _____	Time	Date	Name individual assuming duties	(circle)	(circle)				
Turnover Complete: YES NO	TSC / EOF	Activated at: _____	Time	Date	Name individual assuming duties								
(circle)	(circle)												

**Enclosure 4.3**  
**Criteria for Downgrading an Emergency Level**

RP/0/A/5000/003  
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Date

Initial/Time

- \_\_\_\_\_ 1. The probability that plant conditions will continue to improve is evident.
- \_\_\_\_\_ 2. All emergency action level notifications have been completed.
- \_\_\_\_\_ 3. Emergency response facility staffing may be reduced.
- \_\_\_\_\_ 4. The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.
- \_\_\_\_\_ 5. The event related release of radioactive material to the environment is terminated.
- \_\_\_\_\_ 6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.
- \_\_\_\_\_ 7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.
- \_\_\_\_\_ 8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.
- \_\_\_\_\_ 9. Emergency classification level downgraded to \_\_\_\_\_  
\_\_\_\_\_
10. Brief the Offsite Agencies at the Emergency Operations Facility (EOF) or by phone if necessary.
  - \_\_\_\_\_ York County
  - \_\_\_\_\_ Mecklenburg County
  - \_\_\_\_\_ Gaston County
  - \_\_\_\_\_ South Carolina
  - \_\_\_\_\_ North Carolina

**Enclosure 4.4**  
**Alert Close Out Briefing**  
**with States and Counties**

RP/0/A/5000/003  
Page 1 of 1

Person Providing Verbal Summary: \_\_\_\_\_

Brief Event Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<u>Agency</u>	<u>Person Contacted</u>	<u>Date/Time</u>
---------------	-------------------------	------------------

South Carolina	_____	_____
----------------	-------	-------

North Carolina	_____	_____
----------------	-------	-------

York County	_____	_____
-------------	-------	-------

Gaston County	_____	_____
---------------	-------	-------

Mecklenburg County	_____	_____
--------------------	-------	-------

Comments/Questions from States and Counties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Duke Energy</b> <b>Catawba Nuclear Station</b>  <b>Site Area Emergency</b>   <b>Reference Use</b>	Procedure No. <b>RP/0/A/5000/004</b>
	Revision No. 057
	Electronic Reference No. CN005GNN



REVISION REMARKS	
Rev 57	<p>Reference AR(s) 02256535; 02223555</p> <p>Deleted step 2.8 for initiating ERDS</p> <p>Revised Enclosure 4.3 (Command And Control Turnover Briefing Form) to Match AD-EP-ALL-0104 Attachment 2 (Command And Control Turnover Briefing Form)</p> <p>Specific changes for Enclosure 4.3</p> <p>Enclosure 4.3 changes:</p> <p>Deleted ALL from Units affected block</p> <p>Unit Status blocks: deleted stable, degrading and improving added shutdown date and time</p> <p>Procedures in progress box: replaced EOP/APs with Emergency/Abnormal Procedures</p> <p>Site assembly block: Added Take Cover Order (yes/no) and time Added Rapid Evacuation (yes/no) and time.</p> <p>Radiological block: Replaced current dose run with dose assessment</p> <p>Notification / Communications block Replaced ENF Sent with Notification Completed and Last ENF Number _____ Added Continuous communications with NRC Established (yes/no)</p>

## Site Area Emergency

### 1. Symptoms

- 1.1 Events are in process or have occurred which involve actual or likely major failures of plant functions needed for protection of the public or **HOSTILE ACTION** that results in intentional damage or malicious acts; (1) toward site personnel or equipment that could lead to the likely failure of or; (2) that prevent effective access to equipment needed for the protection of the public.

### 2. Immediate Actions

**NOTE:**

1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.
2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

- \_\_\_\_\_ 2.1 **IF** a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security at 3255 or 5766.
- \_\_\_\_\_ 2.1.1 **IF** site assembly and activation of the TSC/OSC are not feasible, refer to RP/0/B/5000/026, "Site Response to Security Events", for guidance and N/A the associated steps in this procedure under Immediate Actions concerning site assembly and ERO activation.
- \_\_\_\_\_ 2.1.2 **IF** the security event involves a **CREDIBLE THREAT** to the site, implement 2-person rule for access to all vital areas.
- \_\_\_\_\_ 2.1.3 Consider delaying other actions in this procedure that could endanger site personnel until the security threat is terminated.
- \_\_\_\_\_ 2.2 **IF** TSC, OSC and EOF have **NOT** been previously activated, notify the ERO to staff emergency response facilities by performing the Steps 2.2.1 and 2.2.2.
- \_\_\_\_\_ 2.2.1 Notify site personnel to activate the TSC and OSC by making the following announcement **twice** over public address system:
- "This is the Shift Manager. A Site Area Emergency has been declared. Unit(s) \_\_\_\_\_ is (are) affected. Activate the TSC, OSC, and EOF."*
- \_\_\_\_\_ 2.2.2 Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.

- \_\_\_\_\_ 2.3 Notify off-site agencies within 15 minutes of Emergency declaration time using Emergency Notification Form. Refer to ONE of the following notification procedures for instructions:
- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
  - AD-EP-ALL-0304, "State and County Notifications"
- \_\_\_\_\_ 2.4 Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." Notification shall be made immediately after notification to the Off-Site Agencies and shall be completed within one hour of the emergency declaration time.
- \_\_\_\_\_ 2.5 IF there is an indication of a radioactive release AND the TSC is not activated, contact Dose Assessment Qualified Individual to perform off-site dose assessment per AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment.
- \_\_\_\_\_ 2.6 IF a radioactive release or hazardous material spill is occurring or has occurred AND the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. IF no answer, dial 9+1+800-777-3853 (then enter pager number 777-3333) to activate the Environmental Management group pager. Include area code with call-back number.
- \_\_\_\_\_ 2.7 Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation".

### 3. Subsequent Actions

**NOTE:** Subsequent Actions are not required to be followed in any particular sequence.

- \_\_\_\_\_ 3.1 **IF** a security event has occurred, perform the following to account for site personnel:
- \_\_\_\_\_ 3.1.1 **WHEN** Security notifies the OSM that the security threat has been terminated, make the following announcement **twice** over the public address system:
- "This is the Shift Manager. The security event has been terminated. The security event has been terminated."*
- \_\_\_\_\_ 3.1.2 Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation".
- \_\_\_\_\_ 3.2 Ensure RP has dispatched On-Site Monitoring and Off-Site Field Monitoring Teams with associated communications equipment per AD-EP-ALL-0106, "Activation and Operation of the Operations Support Center".
- \_\_\_\_\_ 3.3 Perform Follow-up Notifications using applicable "Notifications to States and Counties" procedure:
- Every hour until the emergency is terminated.
- OR**
- If there is any significant change to the situation.
- OR**
- As agreed upon with an Emergency Management official from each individual agency.
- \_\_\_\_\_ 3.4 Make follow-up Protective Actions on-site as needed.
- \_\_\_\_\_ 3.4.1 Consider evacuation of nonessential station personnel using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation".
- \_\_\_\_\_ 3.4.2 Consider relocating affected personnel to a safe location on site by directing them using the public address system.
- \_\_\_\_\_ 3.5 AD-EP-ALL-0205, "Emergency Exposure Controls" shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.
- \_\_\_\_\_ 3.6 Augment shift resources to assess and respond to the emergency situation as needed.

\_\_\_\_\_ 3.7 Announce over the plant public address system the current emergency classification level and summary of plant status.

\_\_\_\_\_ 3.8 Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency", then:

Remain in a Site Area Emergency.

**OR**

Escalate to a more severe emergency classification.

**OR**

Reduce to a less severe emergency classification (Refer to Enclosure 4.2).

**OR**

Terminate the emergency (Refer to AD-EP-ALL-0101, "Emergency Classification".)

\_\_\_\_\_ 3.9 Announce any emergency classification level changes over the plant PA, including a summary of plant status.

- NOTE:**
1. Turnover of command and control to the TSC relieves the SM/Emergency Coordinator of classification, Notification and Protective Action Recommendation (PAR) responsibilities.
  2. Turnover to the EOF relieves the SM/Emergency Coordinator of Notification and Protective Action Recommendation (PAR) responsibilities ONLY.

\_\_\_\_\_ 3.10 Turnover the responsibility of command and control for the emergency as follows:

\_\_\_\_\_ 3.10.1 **IF** the emergency situation does **NOT** prevent activation of the TSC within 75 minutes, provide turnover to the TSC Emergency Coordinator using Enclosure 4.3.

\_\_\_\_\_ 3.10.2 **IF** the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform the following:

- \_\_\_\_\_ • A turnover of Notifications and Protective Action Recommendation (PAR) ONLY using Enclosure 4.3.
- \_\_\_\_\_ • Maintain command and control of classification until TSC is capable of accepting turnover.

- \_\_\_\_\_ 3.10.3 **IF** neither facility can take turnover, maintain command and control until the facility is capable of accepting turnover.
- \_\_\_\_\_ 3.11 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.
- \_\_\_\_\_ 3.12 Close out of the emergency with a verbal summary to State and Country authorities. Document the close out briefing using Enclosure 4.4.
- \_\_\_\_\_ 3.13 Assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.
- \_\_\_\_\_ 3.14 Person Assigned Responsibility \_\_\_\_\_

#### **4. Enclosures**

- 4.1 Emergency Organization Activation
- 4.2 Criteria For Downgrading An Emergency Level
- 4.3 Command and Control Turnover Briefing Form
- 4.4 Site Area Emergency Close Out Briefing with States and Counties

## 1. Activate the ERO using the Emergency Response Organization Notification System (ERONS)

- NOTE:**
1. ERONS instructions for Drills and actual Emergencies are located in AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).
  2. A Job Aid for ERONS is located in the communicator's area that directs the Operator to notify Security to activate the ERO
  3. The ERONS will deliver a confirmation call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 1.1 **IF** ERONS is **NOT** available, immediately **GO TO** Step 2.
- ☐ 1.2 Activate the ERO per AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).

## 2. Activate the ERO using the Nuclear Callout System

- ☐ 2.1 **IF** the Nuclear Callout System is **NOT** available via the computer (DAE Link), immediately **GO TO** Step 2.3.
  - ☐ 2.1.1 Start the Nuclear Callout System as follows:
    - ☐ A. Select or Search for **Nuclear Callout System** from the DAE.
    - ☐ B. Select "Run Application".
  - ☐ 2.1.2 At the Nuclear Callout System Login Screen, perform the following:
    - ☐ A. Refer to the Password Card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the username and password.
    - ☐ B. Enter Username.
    - ☐ C. Enter Password.
    - ☐ D. Select **Create Job** from the Start page pull down menu.
    - ☐ E. Click the **Login** button.

## Emergency Organization Activation

- ☐ 2.1.3 Select the appropriate message to be sent from the **Select Template/Saved Job** drop down menu as follows:

- ☐ A. For an **ERO Drill**, select **!5 CNS Drill**.
- ☐ B. For an actual **Emergency** event, select **!6 CNS Emergency**.
- ☐ C. Click the **Review & Send** button at the bottom of the page.
- ☐ D. Click the **Submit** button at the bottom of the page.

**NOTE:** The Nuclear Callout system will deliver a call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 2.2 Verify the Nuclear Callout System activation is successful.
- ☐ 2.3 **IF** the Nuclear Callout system activation via the computer was **NOT** successful, perform an activation via the telephone (VoiceREACH) per the following:
  - ☐ 2.3.1 Call **866-515-0663** (The system will play the VoiceREACH greeting).
    - ☐ A. Refer to the Password Card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the user number and numeric password.
    - ☐ B. Enter the User Number followed by the # key.
    - ☐ C. Enter the Numeric Password followed by the # key.
    - ☐ D. You will be prompted to "*wait while we verify your ID and Password.*"
    - ☐ E. Press **1** to create a message.
    - ☐ F. Press **1** to enter a list distribution number.
    - ☐ G. Enter **4** (Distribution List Number) followed by the # key.
    - ☐ H. Press **1** to confirm your list distribution number.
    - ☐ I. Press **2** to select your message.
    - ☐ J. Press # to play the same message for both live and answering machine recipients.



**Enclosure 4.1**

**Emergency Organization Activation**

RP/0/A/5000/004

Page 3 of 3

- ☐ K. Press **2** to specify your script.
- ☐ L. Press **1** to select a script number.
- ☐ 2.3.2 Select the appropriate message to be sent:
  - ☐ A. For an **ERO Drill**, press **5**.
  - ☐ B. For an actual **Emergency** event, press **6**.
- ☐ 2.3.3 Press **1** to confirm
- ☐ 2.3.4 Press **1** for immediate delivery (The system will give you a job number. It may take ~20 seconds.).
- ☐ 2.3.5 Press **9** to end the call and send the voice broadcast.

**Criteria for Downgrading an Emergency Level** Page 1 of 1

Date

Initial/Time

- \_\_\_\_\_ 1. The probability that plant conditions will continue to improve is evident.
- \_\_\_\_\_ 2. All emergency action level notifications have been completed.
- \_\_\_\_\_ 3. Emergency response facility staffing may be reduced.
- \_\_\_\_\_ 4. The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.
- \_\_\_\_\_ 5. The event related release of radioactive material to the environment is terminated.
- \_\_\_\_\_ 6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.
- \_\_\_\_\_ 7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.
- \_\_\_\_\_ 8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.
- \_\_\_\_\_ 9. Emergency classification level downgraded to \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_\_\_ 10. Brief the Off-site Agencies at the Emergency Operations Facility (EOF) or by phone, if necessary  
\_\_\_\_\_ York County  
\_\_\_\_\_ Mecklenburg County  
\_\_\_\_\_ Gaston County  
\_\_\_\_\_ South Carolina  
\_\_\_\_\_ North Carolina

# Enclosure 4.3

## Command and Control Turnover Briefing Form

RP/0/A/5000/004  
Page 1 of 2

<b>Station:</b> <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								<b>Turnover:</b> (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF (TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
<b>Unit(s) Affected:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3											
<b>Emergency Classification:</b> Unusual Event Declared at: _____ EAL #: _____    Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____    General Emergency Declared at: _____ EAL #: _____											
<b>Unit 1</b>				<b>Unit 2</b>				<b>Unit 3</b>			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>			
<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss
<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss
<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

# Enclosure 4.3

## Command and Control Turnover Briefing Form

RP/0/A/5000/004  
Page 2 of 2

<b>Site Assembly:</b> YES NO TIME: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____	<b>Location/Comments:</b> _____  <b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____												
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____  Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____  Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____  Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____  KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO													
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____  <b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO  Have Communicators discussed Turnover with acquiring facility Communicators? YES NO													
<b>Upon the transfer of Command and Control, the following will be performed by:</b>  <table style="width: 100%;"> <tr> <td style="width: 40%;">Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> <td style="width: 60%;">PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> </tr> <tr> <td>State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> <td>NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> </tr> <tr> <td>Site Emergency Exposure Controls &amp; KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC</td> <td>Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> </tr> <tr> <td>Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF</td> <td></td> </tr> </table>		Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF					
Event Classification: <input type="checkbox"/> CR <input type="checkbox"/> TSC	PAR Decision Making: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF												
State and Local Notification: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	NRC Notifications: <input type="checkbox"/> CR <input type="checkbox"/> TSC												
Site Emergency Exposure Controls & KI: <input type="checkbox"/> CR <input type="checkbox"/> TSC	Control of FMTs: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF												
Dose Assessment: <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF													
Name of Individual turning over Duties: _____  <table style="width: 100%;"> <tr> <td style="width: 20%;">Turnover Complete: YES NO</td> <td style="width: 10%;">TSC / EOF</td> <td style="width: 20%;">Activated at: _____</td> <td style="width: 10%;">Time</td> <td style="width: 10%;">Date</td> <td style="width: 30%;">Name individual assuming duties</td> </tr> <tr> <td>(circle)</td> <td>(circle)</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <b>Additional Information:</b> _____		Turnover Complete: YES NO	TSC / EOF	Activated at: _____	Time	Date	Name individual assuming duties	(circle)	(circle)				
Turnover Complete: YES NO	TSC / EOF	Activated at: _____	Time	Date	Name individual assuming duties								
(circle)	(circle)												

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Page 1 of 1

Brief Event Description: \_\_\_\_\_

Brief Event Description: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

South Carolina \_\_\_\_\_ /

South Carolina \_\_\_\_\_ /

7 x 1 1/2 11

North Carolina \_\_\_\_\_ / \_\_\_\_\_

York County /

Folk County \_\_\_\_\_ / \_\_\_\_\_

Gaston County \_\_\_\_\_ /

1000

Mecklenburg County \_\_\_\_\_ / \_\_\_\_\_

Comments/Questions from States and Counties:

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\_\_\_\_\_

\_\_\_\_\_

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Age Group	Total	Male	Female
18-24	15%	10%	20%
25-34	25%	20%	30%
35-44	20%	15%	25%
45-54	15%	10%	20%
55-64	10%	5%	15%
65+	15%	10%	25%

\_\_\_\_\_

\_\_\_\_\_

---

Age Group	Total (%)	Male (%)	Female (%)	Male (%)	Female (%)
18-24	100	100	100	100	100
25-34	100	100	100	100	100
35-44	100	100	100	100	100
45-54	100	100	100	100	100
55-64	100	100	100	100	100
65+	100	100	100	100	100

\_\_\_\_\_

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Duke Energy  
Catawba Nuclear Station

**General Emergency**

**Reference Use**

Procedure No.

RP/**0**/A/5000/005

Revision No.

060

Electronic Reference No.

CN005GNO

REVISION REMARKS Rev 060

Reference AR(s): 02256536; 02223556

Deleted Step 2.10 to initiate ERDS

Revised Enclosure 4.5 (Command and Control Turnover Briefing Form) to match AD-EP-ALL-0104.

Specific changes for Enclosure 4.5

Deleted ALL from Units affected block

Unit Status blocks:

deleted stable, degrading and improving

added shutdown date and time

Procedures in progress box:

replaced EOP/APs with Emergency/Abnormal Procedures

Site assembly block:

Added Take Cover Order (yes/no) and time

Added Rapid Evacuation (yes/no) and time.

Radiological block:

Replaced current dose run with dose assessment

Notification / Communications block

Replaced ENF Sent with Notification Completed and Last ENF Number \_\_\_\_\_

Added Continuous communications with NRC Established (yes/no)

## General Emergency

### 1. Symptoms

- 1.1 Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity or **HOSTILE ACTION** that results in an actual loss of physical control of the facility.

### 2. Immediate Actions

**NOTE:**

1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.
2. Security events may require the suspension of access to and movement about the site. Staffing and activation of the on-site emergency response facilities could complicate or interfere with security operations resulting in unwarranted casualties.

- \_\_\_\_\_ 2.1 **IF** a security event exists, discuss the feasibility of conducting a site assembly and activating the TSC/OSC with the Security at 3255 OR 5766.
- \_\_\_\_\_ 2.1.1 **IF** site assembly and activation of the TSC/OSC are not feasible, refer to RP/0/B/5000/026, "Site Response to Security Events", for guidance and N/A the associated steps in this procedure under Immediate Actions concerning site assembly and ERO activation.
- \_\_\_\_\_ 2.1.2 **IF** the security event involves **CREDIBLE THREAT** to the site, implement 2-person rule for access to all vital areas.
- \_\_\_\_\_ 2.1.3 Consider delaying other actions in this procedure that could endanger site personnel until the security threat is contained.
- \_\_\_\_\_ 2.2 **IF** TSC, OSC and EOF have **NOT** been previously activated, notify the ERO to staff emergency response facilities by performing the following Steps 2.2.1 and 2.2.2:
- \_\_\_\_\_ 2.2.1 Notify site personnel to activate the TSC and OSC by making the following announcement **twice** over public address system:
- "This is the Shift Manager. A General Emergency has been declared. Unit(s) \_\_\_\_\_ is (are) affected. Activate the TSC, OSC, and EOF."*
- \_\_\_\_\_ 2.2.2 Activate Emergency Response Organization by completing Enclosure 4.1 of this procedure.
- \_\_\_\_\_ 2.3 Make Initial Protective Action Recommendations (PAR) on Line 5 of the Emergency Notification Form per Enclosure 4.3, page 2 of 3.



- \_\_\_\_\_ 2.4 Notify off-site agencies within 15 minutes of Emergency declaration time using an Emergency Notification Form. Refer to one of the following procedures for instructions:
- RP/0/A/5000/006A, "Notifications to States and Counties from the Control Room"
  - AD-EP-ALL-304, "State and County Notifications"
- \_\_\_\_\_ 2.5 Notify the NRC using RP/0/B/5000/013, "NRC Notification Requirements." Notification shall be made immediately after notification to the Off-Site Agencies and shall be completed within one hour of the emergency declaration time.
- \_\_\_\_\_ 2.6 **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact Dose Assessment Qualified Individual to perform off-site dose assessment per AD-EP-ALL-0202, Emergency Response Offsite Dose Assessment.
- \_\_\_\_\_ 2.7 **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333, for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 999-777-3333 which will page all Environmental Management personnel.
- \_\_\_\_\_ 2.8 Conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation".
- \_\_\_\_\_ 2.9 Conduct a Site Evacuation using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation".

### 3. Subsequent Actions

**NOTE:** Subsequent Actions are not required to be followed in any particular sequence.

- \_\_\_\_\_ 3.1 **IF** a security event has occurred, perform the following to account for site personnel:
- \_\_\_\_\_ 3.1.1 **WHEN** Security notifies the OSM that the security threat has been terminated, make the following announcement **twice** over the public address system:
- "This is the Shift Manager. The security event has been terminated. The security event has been terminated."*
- \_\_\_\_\_ 3.1.2 Conduct a site assembly per RP/0/A/5000/10, "Conducting a Site Assembly or Preparing the Site for an Evacuation".
- \_\_\_\_\_ 3.2 Ensure RP has dispatched On-Site Monitoring and Off-Site Field Monitoring Teams with associated communications equipment per AD-EP-ALL-0106 "Activation and Operation of the Operations Support Center".
- \_\_\_\_\_ 3.3 Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in previous notification. Refer to:
- Enclosure 4.3, page 3 of 3, Guidance for Protective Actions, Protective Action Recommendation Flowchart - Expanded PAR.
  - Enclosure 4.4, Evacuation Time Estimates for Catawba Plume Exposure EPZ
- \_\_\_\_\_ 3.4 Make follow-up notifications using applicable "Notifications to States and Counties" procedure:
- Every hour until the emergency is terminated.
- OR**
- If there is any significant change to the situation.
- OR**
- As agreed upon with an Emergency Management official from each individual agency.
- \_\_\_\_\_ 3.5 AD-EP-ALL-0205, "Emergency Exposure Controls" shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.
- \_\_\_\_\_ 3.6 Augment shift resources to assess and respond to the emergency situation as needed.

- \_\_\_\_\_ 3.7 Announce over the plant public address system the current emergency classification level and summary of plant status.
- \_\_\_\_\_ 3.8 Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency", then:

- Remain in a General Emergency.

**OR**

- Terminate the emergency (Refer to AD-EP-ALL-0101, "Emergency Classification").
- \_\_\_\_\_ 3.9 Announce any emergency classification level changes over the plant public address system, including a summary of plant status.

**NOTE:** 1. Turnover of command and control to the TSC relieves the SM/Emergency Coordinator of classification, Notification and Protective Action Recommendation (PAR) responsibilities.

2. Turnover to the EOF relieves the SM/Emergency Coordinator of Notification, and Protective Action Recommendation (PAR) responsibilities **ONLY**.

- 3.10 Turnover the responsibility of command and control for the emergency as follows:
- \_\_\_\_\_ 3.10.1 **IF** the emergency situation does **NOT** prevent activation of the TSC within 75 minutes, provide turnover to the TSC Emergency Coordinator using Enclosure 4.5.
- \_\_\_\_\_ 3.10.2 **IF** the emergency situation prevents activation of the TSC within 75 minutes of declaration, contact the EOF Director and perform the following:
- \_\_\_\_\_ • A turnover for Notifications and Protective Action Recommendation (PAR) **ONLY** using Enclosure 4.5.
  - \_\_\_\_\_ • Maintain command and control of classification until TSC is capable of accepting turnover.
- \_\_\_\_\_ 3.10.3 **IF** neither facility can take turnover, maintain command and control until the facility is capable of accepting turnover.
- \_\_\_\_\_ 3.11 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator is available to discuss/assist with the incident.

- \_\_\_\_\_ 3.12 Terminate the emergency and recommend entry into Recovery by briefing the off-site authorities at the Emergency Operations Facility or if necessary by phone. Document the termination briefing using Enclosure 4.6.
- \_\_\_\_\_ 3.13 Assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.

Person Assigned Responsibility \_\_\_\_\_

#### **4. Enclosures**

- 4.1 Emergency Organization Activation
- 4.2 10 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables
- 4.3 Guidance for Protective Actions
  - Page 1 of 3, Protective Action Guides
  - Page 2 of 3, Protective Action Recommendation Flowchart - Initial PAR
  - Page 3 of 3, Protective Action Recommendation Flowchart - Expanded PAR
- 4.4 Evacuation Time Estimates for Catawba Plume Exposure EPZ
- 4.5 Command and Control Turnover Briefing Form
- 4.6 General Emergency Termination Briefing with States and Counties

## Emergency Organization Activation

Page 1 of 4

**1. Activate the ERO using the Emergency Response Organization Notification System (ERONS)**

- NOTE:**
1. ERONS instructions for Drills and actual emergencies are located in AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).
  2. A Job Aid for ERONS is located in the communicator's area that directs the Operator to notify Security to activate the ERO.
  3. The ERONS will deliver a confirmation call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 1.1 **IF** ERONS is **NOT** available, immediately **GO TO** Step 2.
- ☐ 1.2 Activate the ERO per AD-EP-ALL-0301, Activation of the Emergency Response Organization Notification System (ERONS).

**2. Activate the ERO using the Nuclear Callout System**

- ☐ 2.1 **IF** the Nuclear Callout System is **NOT** available via the computer (DAE Link), immediately **GO TO** Step 2.3.
  - ☐ 2.1.1 Start the Nuclear Callout System as follows:
    - ☐ 2.1.1.1 Select or Search for **Nuclear Callout System** from the DAE.
    - ☐ 2.1.1.2 Select "Run Application".
  - ☐ 2.1.2 At the Nuclear Callout System Login Screen, perform the following:
    - ☐ 2.1.2.1 Refer to the Password Card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the username and password.
    - ☐ 2.1.2.2 Enter Username.
    - ☐ 2.1.2.3 Enter Password.
    - ☐ 2.1.2.4 Select **Create Job** from the Start page pull down menu.
    - ☐ 2.1.2.5 Click the **Login** button.

**Emergency Organization Activation**

Page 2 of 4

- ☐ 2.1.3 Select the appropriate message to be sent from the **Select Template/Saved Job** drop down menu as follows:
  - ☐ 2.1.3.1 For an **ERO Drill**, select **!5 CNS Drill**.
  - ☐ 2.1.3.2 For an actual **Emergency** event, select **!6 CNS Emergency**.
  - ☐ 2.1.3.3 Click the **Review & Send** button at the bottom of the page.
  - ☐ 2.1.3.4 Click the **Submit** button at the bottom of the page.

**NOTE:** The Nuclear Callout system will deliver a call to the confirmation phone in the Control Room (803-831-7332) or Simulator (803-701-3167) which is verification that the activation was successful.

- ☐ 2.2 Verify the Nuclear Callout System activation is successful.

## Emergency Organization Activation

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- ☐ 2.3 **IF** the Nuclear Callout system activation via the computer was **NOT** successful, perform an activation via the telephone (VoiceREACH) per the following:
  - ☐ 2.3.1 Call **866-515-0663** (The system will play the VoiceREACH greeting).
    - ☐ 2.3.1.1 Refer to the Password card located in the Control Room, Central Alarm Station (CAS) or Secondary Alarm Station (SAS) to obtain the user number and numeric password.
    - ☐ 2.3.1.2 Enter the User Number followed by the # key.
    - ☐ 2.3.1.3 Enter the Numeric Password followed by the # key.
    - ☐ 2.3.1.4 You will be prompted to "*wait while we verify your ID and Password.*"
    - ☐ 2.3.1.5 Press **1** to create a message.
    - ☐ 2.3.1.6 Press **1** to enter a list distribution number.
    - ☐ 2.3.1.7 Enter **4** (Distribution List Number) followed by the # key.
    - ☐ 2.3.1.8 Press **1** to confirm your list distribution number.
    - ☐ 2.3.1.9 Press **2** to select your message.
    - ☐ 2.3.1.10 Press # to play the same message for both live and answering machine recipients.
    - ☐ 2.3.1.11 Press **2** to specify your script.
    - ☐ 2.3.1.12 Press **1** to select a script number.



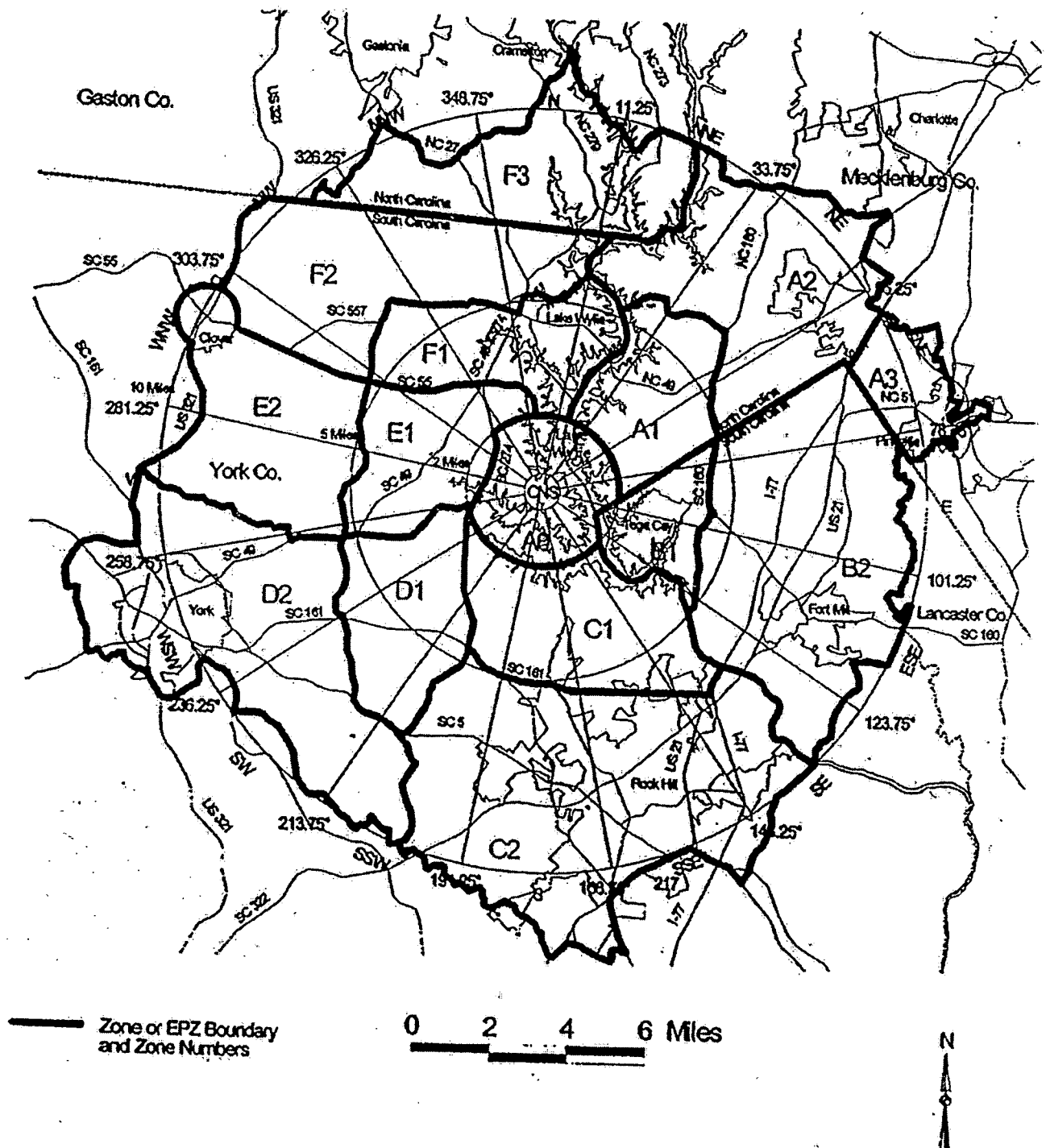
**Emergency Organization Activation**

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- ☐ 2.3.2 Select the appropriate message to be sent:
  - ☐ 2.3.2.1 For an **ERO Drill**, press **5**.
  - ☐ 2.3.2.2 For an actual **Emergency** event, press **6**.
- ☐ 2.3.3 Press **1** to confirm.
- ☐ 2.3.4 Press **1** for immediate delivery (The system will give you a job number. It may take ~20 seconds.).
- ☐ 2.3.5 Press **9** to end the call and send the voice broadcast.

10 Mile Emergency Planning Zone (EPZ) Map  
and Protective Action Zone Determination Tables

Page 1 of 3



**10 Mile Emergency Planning Zone (EPZ) Map  
and Protective Action Zone Determination Tables**

Page 2 of 3

Use the table on the next page to determine the recommended zones for Protective Action Recommendation per Enclosure 4.3.

- NOTE:**
1. *Upper tower wind direction (OAC Pt. C1P0250) is preferred. If not available, use lower tower wind direction (OAC Pt. C1P0252). Use wind direction from National Weather Service if site meteorological information is not available.  
Duke Met. Lab: 704-382-0139 NWS: Primary: 800-268-7785 Backup: 864-879-1085*
  2. *Wind direction indicator in Control Room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North.*
  3. *Subtract 360 from wind direction indications greater than 360 degrees to arrive at wind direction for table below.*

**10 Mile Emergency Planning Zone (EPZ) Map  
and Protective Action Zone Determination Tables**

Page 3 of 3

**CAUTION:** A short term release is any release that can be projected to be 3 hours or less in duration. An example would be a "puff release." A controlled release is one that can be started and stopped at the licensee's discretion, such as the venting of Containment for pressure control. **IF** a release is short term and controlled, sheltering in lieu of evacuation should be considered.

<b>Table 1</b>			
<b>Protective Action Zones</b>			
<b>Wind Direction</b>	<b>2 Mile Radius</b>	<b>2-5 Miles Downwind</b>	<b>5-10 Miles Downwind</b>
348.75 - 11.25	A0	B1, C1, D1	B2, C2, D2
11.26 - 33.75	A0	C1, D1	C2, D2
33.76 - 56.25	A0	C1, D1, E1	C2, D2, E2
56.26 - 78.75	A0	C1, D1, E1, F1	C2, D2, E2, F2
78.76 - 101.25	A0	C1, D1, E1, F1	D2, E2, F2
101.26 - 123.75	A0	D1, E1, F1	D2, E2, F2, F3
123.76 - 146.25	A0	E1, F1	E2, F2, F3
146.26 - 168.75	A0	A1, E1, F1	A2, E2, F2, F3
168.76 - 191.25	A0	A1, E1, F1	A2, F2, F3
191.26 - 213.75	A0	A1, B1, E1, F1	A2, A3, B2, F2, F3
213.76 - 236.25	A0	A1, B1, F1	A2, A3, B2, F2, F3
236.26 - 258.75	A0	A1, B1, F1	A2, A3, B2, F3
258.76 - 281.25	A0	A1, B1, C1	A2, A3, B2, C2
281.26 - 303.75	A0	A1, B1, C1	A2, A3, B2, C2
303.76 - 326.25	A0	B1, C1	A3, B2, C2
326.26 - 348.74	A0	B1, C1, D1	B2, C2, D2

### Enclosure 4.3

#### Guidance for Protective Actions Protective Action Recommendation Flowchart

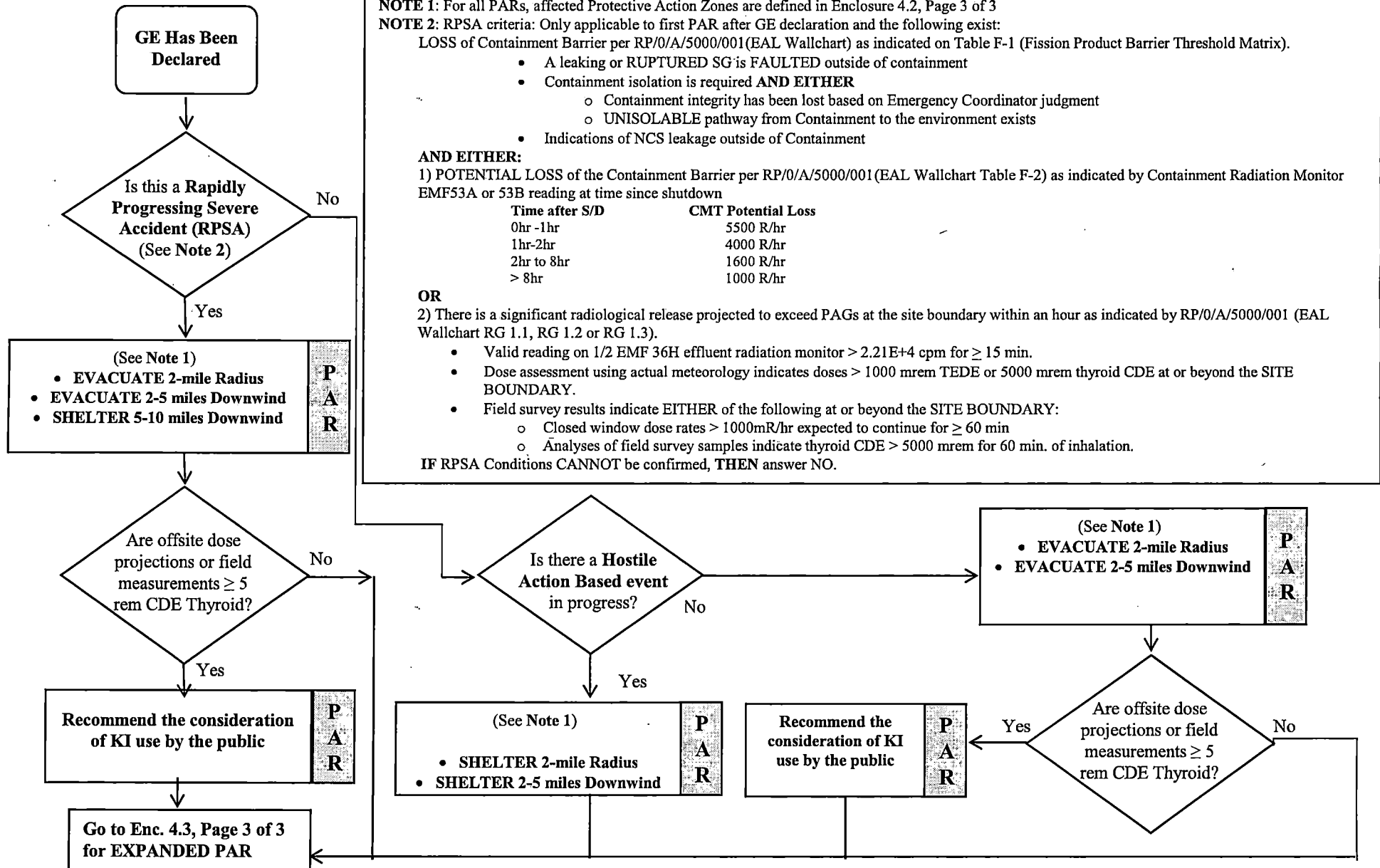
RP/0/A/5000/005  
Page 1 of 3

**NOTE:** Protective Action Recommendations (PARs) for the public apply during a General Emergency, and include sheltering, evacuation and consideration of KI use. PARs are based on plant conditions independent of projected dose, and can also be based on projected dose. Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents. The projected dose PARs specified in this enclosure are based on the PAGs listed below. The PAG for KI is taken from Potassium Iodide as a Thyroid Blocking Agent in Radiation Emergencies, FDA Guidance, November 2001 and Guidance for Industry, KI in Radiation Emergencies, Questions and Answers, FDA, December 2002.

PROTECTIVE ACTION GUIDES (PAGs) (Projected Dose or Field Measurements)	
Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid
$\geq 1$ Rem	$\geq 5$ Rem

**Guidance for Protective Actions**  
**Protective Action Recommendation Flowchart**

**Protective Action Recommendation Flowchart - Initial PAR**



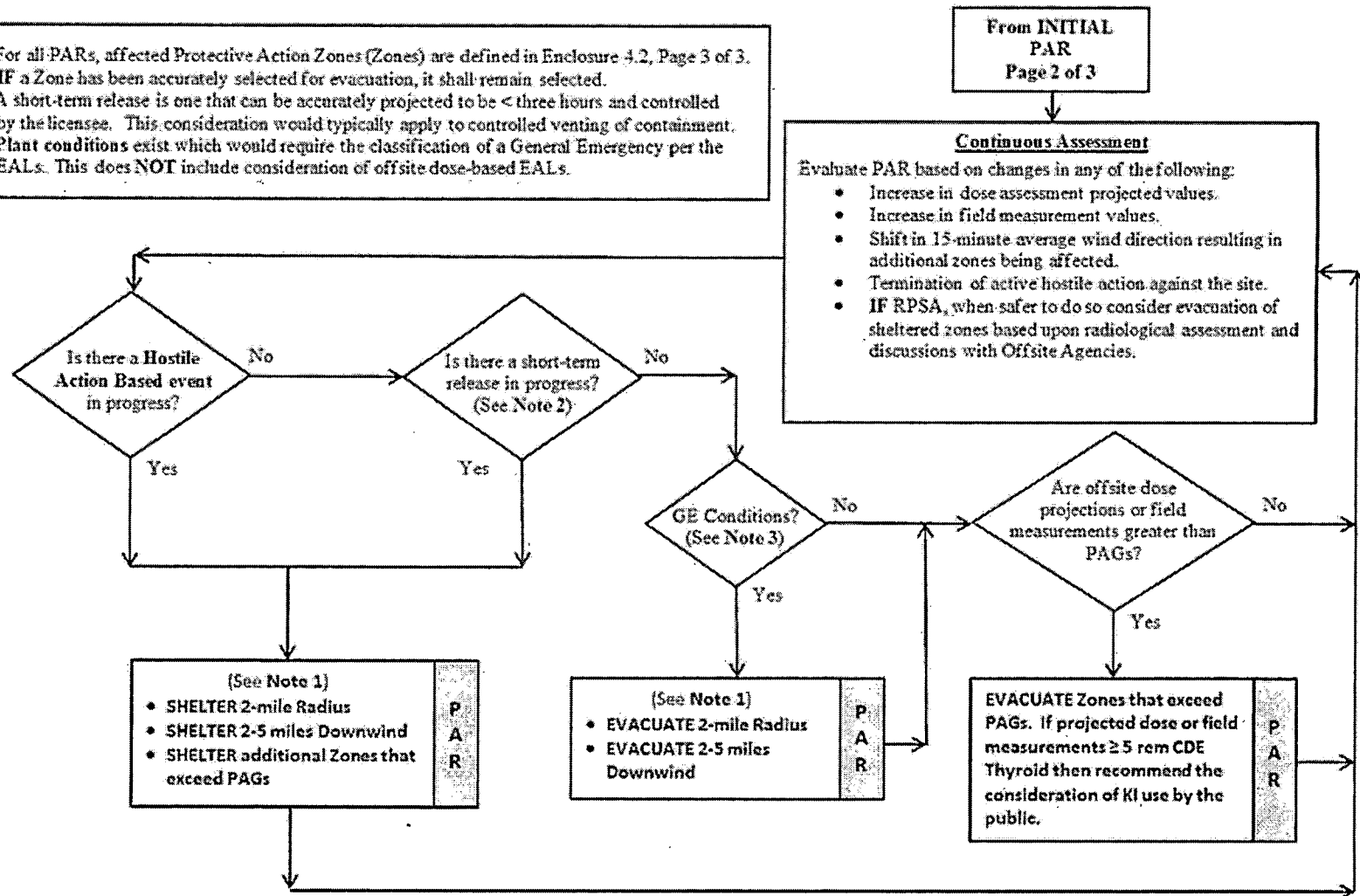
**Guidance for Protective Actions**  
**Protective Action Recommendation Flowchart**

Protective Action Recommendation Flowchart - Expanded PAR

**Note 1:** For all PARs, affected Protective Action Zones (Zones) are defined in Enclosure 4.2, Page 3 of 3. IF a Zone has been accurately selected for evacuation, it shall remain selected.

**Note 2:** A short-term release is one that can be accurately projected to be < three hours and controlled by the licensee. This consideration would typically apply to controlled venting of containment.

**Note 3:** Plant conditions exist which would require the classification of a General Emergency per the EALs. This does NOT include consideration of offsite dose-based EALs.



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## Page 1 of 3

[illegible]



# Enclosure 4.4

RP/0/A/5000/005

## Evacuation Time Estimates for Catawba Plume Exposure EPZ (Evacuation Time in hours and minutes)

Page 2 of 3

	Summer		Summer		Summer	Winter			Winter			Winter	Summer	Summer
	Midweek		Weekend		Midweek Weekend	Midweek			Weekend			Midweek Weekend	Weekend	Midweek
Scenario	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
Region	Midday		Midday		Evening	Midday			Midday			Evening	Midday	Midday
	Good Weather	Rain	Good Weather	Rain	Good Weather	Good Weather	Rain	Ice	Good Weather	Rain	Ice	Good Weather	Special Event	Roadway Impact
R15 (A0, A1, B1, C1)	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35
R16 (A0, B1, C1)	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35	4:35
5-Mile Region and Keyhole to EPZ Boundary														
R17 (A0, A1, B1, C1, C2, D1, D2, E1, F1)	4:50	5:00	4:40	4:40	4:40	5:00	5:05	5:15	4:40	4:40	4:40	4:40	4:40	4:50
R18 (A0, A1, B1, C1, D1, D2, E1, E2, F1)	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40
R19 (A0, A1, B1, C1, D1, D2, E1, E2, F1, F2)	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40
R20 (A0, A1, B1, C1, D1, E1, E2, F1, F2, F3)	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40
R21 (A0, A1, B1, C1, D1, E1, F1, F2, F3)	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40
R22 (A0, A1, A2, B1, C1, D1, E1, F1, F2, F3)	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40	4:40
R23 (A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3)	4:45	4:50	4:40	4:40	4:40	4:40	4:50	5:15	4:40	4:40	4:40	4:40	4:40	4:50
R24 (A0, A1, A2, A3, B1, B2, C1, D1, E1, F1)	4:45	4:50	4:40	4:40	4:40	4:40	4:50	5:15	4:40	4:40	4:40	4:40	4:40	4:50
R25 (A0, A2, A3, B1, B2, C1, C2, D1, E1, F1)	5:05	5:30	4:40	4:40	4:40	5:10	5:15	5:40	4:40	4:40	4:40	4:40	4:40	5:50
R26 (A0, A2, B1, B2, C1, C2, D1, E1, F1)	5:05	5:30	4:40	4:40	4:40	5:10	5:15	5:40	4:40	4:40	4:40	4:40	4:40	5:50

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**Evacuation Time Estimates for Catawba Plume Exposure EPZ (Evacuation Time  
in hours and minutes)**

[illegible]

## Page 1 of 1

Brief Event Description: \_\_\_\_\_

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\_\_\_\_\_

South Carolina \_\_\_\_\_ /

North Carolina \_\_\_\_\_ /

York County \_\_\_\_\_ / \_\_\_\_\_

Gaston County \_\_\_\_\_ / \_\_\_\_\_

Mecklenburg County \_\_\_\_\_ / \_\_\_\_\_

Comments/Questions from States and Counties: \_\_\_\_\_

\_\_\_\_\_

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## Enclosure 4.5

## Command and Control Turnover Briefing Form

RP/0/A/5000/005

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Station: <input type="checkbox"/> BNP <input type="checkbox"/> CNS <input type="checkbox"/> HNP <input type="checkbox"/> MNS <input type="checkbox"/> ONS <input type="checkbox"/> RNP								Turnover: (From): <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF			
Unit(s) Affected: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3								(TO) <input type="checkbox"/> CR / <input type="checkbox"/> TSC / <input type="checkbox"/> EOF <input type="checkbox"/> Shift Change			
<b>Emergency Classification:</b> Unusual Event Declared at: _____ EAL #: _____ Alert Declared at: _____ EAL #: _____ Site Area Emergency Declared at: _____ EAL #: _____ General Emergency Declared at: _____ EAL #: _____											
<b>Unit 1</b>				<b>Unit 2</b>				<b>Unit 3</b>			
Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press	Rx Power	Cont. Press	Rx Cool Temp	Rx Cool Press
Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____				Mode _____ Shutdown Date: _____ Time: _____			
<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>				<b>FPB Status (circle appropriate condition)</b>			
<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss	<b>Fuel</b>	Intact	Potential Loss	Loss
<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss	<b>RCS</b>	Intact	Potential Loss	Loss
<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss	<b>Cont</b>	Intact	Potential Loss	Loss
Major Equipment Out of Service:				Major Equipment Out of Service:				Major Equipment Out of Service:			
Evolutions in Progress:				Evolutions in Progress:				Evolutions in Progress:			
ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A				ERDS Activated: Yes    No    N/A			
Response Procedures in Progress (optional):								Emergency/Abnormal Procedures in Progress (optional):			
Station Priorities:											

## Command and Control Turnover Briefing Form

Page 2 of 2

<b>Site Assembly:</b> YES NO TIME: _____ Location/Comments: _____ <b>Site Evacuation:</b> YES NO TIME: _____ <b>Take Cover Order:</b> YES NO TIME: _____ <b>Rapid Evacuation:</b> YES NO TIME: _____						<b>Other Agency Involvement:</b> <input type="checkbox"/> MEDICAL <input type="checkbox"/> FIRE <input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> OTHER Additional Information (Injuries): _____					
<b>Radiological:</b> Emergency Worker dose limits approved: YES NO For whom: _____											
Release in Progress: YES NO Field Monitoring Teams Deployed: YES NO Number _____											
Release Pathway: _____ WIND SPEED: _____ WIND DIRECTION: _____											
Offsite PARS Recommended: YES NO Zones Evacuated: _____ Zones Sheltered: _____											
KI Recommended: YES NO Dose Assessment Available: YES NO Have Dose Assessors discussed Turnover? YES NO											
<b>Off-Site Notifications:</b> Last Notification Completed (time): _____ Last ENF Number: _____ Next ENF Due (time): _____											
<b>NRC Communication:</b> Notified (time): _____ Continuous Communications with NRC Established: YES NO											
Have Communicators discussed Turnover with acquiring facility Communicators? YES NO											
<b>Upon the transfer of Command and Control, the following will be performed by:</b>											
Event Classification:				<input type="checkbox"/> CR <input type="checkbox"/> TSC		PAR Decision Making:				<input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
State and Local Notification:				<input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF		NRC Notifications:				<input type="checkbox"/> CR <input type="checkbox"/> TSC	
Site Emergency Exposure Controls & KI:				<input type="checkbox"/> CR <input type="checkbox"/> TSC		Control of FMTs:				<input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF	
Dose Assessment:				<input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF							
Name of Individual turning over Duties: _____											
Turnover Complete:		YES NO		TSC / EOF		Activated at:		_____		_____	
(circle)				(circle)		Time		Date		Name individual assuming duties	
Additional Information:											