



Jersey Central
Power & Light Company

Subject: Emergency Radiological Surveys On-Site

Procedure No.
EPIP-10

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Date issued
2/19/81

Effective Date
(11/03/82) 11/13/82

Revision No. 1

Date 9/23/82

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Project:

Oyster Creek Nuclear Generating Station

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1.0 PURPOSE

The purpose of this procedure is to provide guidance to On-Site radiation monitoring teams during declared emergencies. The On-Site Monitoring Teams are responsible for implementing this procedure.

2.0 ATTACHMENTS

- 2.1 Attachment #1 - On-Site Monitoring Points
- 2.2 Attachment #2 - On-Site Monitoring Checklist
- 2.3 Attachment #3 - Dose Rate Survey and Air Sample Log
- 2.4 Attachment #4 - Contamination and Biotic Media Survey Log

3.0 EMERGENCY ACTION LEVELS

3.1 This procedure is to be initiated upon any of the following conditions:

- 3.1.1 Alert (as determined by Procedure EPIP-3)
- 3.1.2 State Emergency (as determined by Procedure EPIP-4)
- 3.1.3 General Emergency (as determined by Procedure EPIP-5)
- 3.1.4 Upon direction of the Emergency Director.

4.0 EMERGENCY ACTIONS

4.1 If Operations Support Center is activated, On-Site Monitoring Team members will report to the Radiologicals Control Coordinator. Otherwise, report to the Radiological Controls representative in the Control Room.

4.2 Obtain a copy of EPIP-10 from the Operations Support Center or Control Room. Utilize Attachment 2 to document procedural actions referencing the section listed for guidance. Record time and initials after completion of each step.

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4.3 Proceed to Technical Support Center Emergency Locker to obtain dose rate meter, count rate meter and scaler for emergency vehicle.

4.4 Obtain emergency monitoring vehicle key at the Main Gate Processing Center.

NOTE: If personnel dosimetry is required, obtain TLD and self-reading dosimeter from kit and initiate dose card. Rezero dosimeter at 3/4 full scale reading, updating dose card.

4.5 Verify that emergency monitoring kit is locked. If monitoring kit is not locked, completely inventory the kit per Procedure 108.2, using the inventory checklist for emergency monitoring kit which is included in the kit. Note any deficiencies and transmit to RCC or Rad Con Representative in Control Room when radio check is performed. Operationally check radiation detection instruments.

4.5.1 Visually inspect instruments for physical damage.

4.5.2 If applicable, verify battery condition by turning instrument switch to "battery" position. Replace batteries if necessary.

4.5.3 Verify radiation response by placing detectors of count rate meter and dose rate meter per instructions on source template. Turn range scale to appropriate range of check reading marked on source template.

4.5.4 Take a 1-minute reading with scaler and verify that check reading falls within the range marked on the instrument.

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- 4.5.5 If instrument source checks are outside range, repeat twice. If two out of three checks fall within range, instrument is satisfactory.
- 4.5.6 On Attachment 2, circle "SAT" or "UNSAT" for each respective instrument in Section 5. If "UNSAT" is circled, state the reason in the space provided.
- 4.6 Operationally check air sampler and power supply.
- 4.6.1 Start gasoline-driven generator per instructions labeled on generator housing. When "power" light illuminates, plug in air sampler to test operability.
- 4.6.2 If installed, check operability of DC/AC inverter by operating air sampler.
- 4.6.3 On Attachment 2, circle "SAT" or "UNSAT" in Section 6. If "UNSAT" is circled, state the reason in the space provided.
- 4.7 Upon completion of equipment checks, conduct a radio check with the RCC or Rad Con representative in the Control Room. Inform the RCC or Rad Con representative of emergency monitoring kit status, radiation detection instrument status and air sample power supply status. Await further instructions from the RCC or Rad Con representative.
- NOTE: Ensure that dose rate meter is continuously operating and that exposure to the plume is ALARA.
- 4.8 Upon direction of the RCC or Rad Con representative, proceed to the specified on-site monitoring locations. Refer to Attachment 1 for directions.

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4.9 Upon arrival at the on-site monitoring location, notify the RCC or Rad Con representative. Perform radiological surveys as directed by the RCC or Rad Con representative. Record Model No., Serial No., Date Calibrated and Initials for Instruments at the bottom of Attachments 3 and 4.

4.9.1 To obtain dose rate, exit vehicle and take a reading at waist level; starting at the highest scale of the instrument and working to lower scales. Record Monitoring Location Number from Attachment 1 or as designated by RCC or Rad Con Representative, Time of Survey, dose rate and initials on Attachment 3. Transmit all data to the RCC or Rad Con representative.

4.9.2 Complete air samples and counting as follows: Record data on Attachment 3.

4.9.2.1 Obtain AC Power for air sampler by use of the gasoline generator (or DC/AC inverter if installed) or local AC receptacle.

4.9.2.2 Place a particulate filter (rough side out) and a silver zeolite cartridge in the sample holder of the air sampler. Place the air sampler outside the vehicle. Plug the AC cord of the air sampler into the 110 volt outlet of the power supply. Note time and turn sampler to "ON". Run sample for ten minutes. Turn air sampler and generator "OFF". Record time on Attachment 3.

NOTE: Total Flow (cc) = $60 \frac{\text{L}}{\text{min}} \times 10 \text{ min.} \times \frac{1000\text{cc}}{\text{L}} = 6.0\text{E}+05$

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4.9.2.3 Remove particulate filter from air sample holder with tweezers and place in sample envelope. Record monitoring location and date and time of sample on sample envelope. Retain for submittal to RCC for analysis.

NOTE: If count rate meter indicates that background radiation is greater than 300 cpm, notify the RCC or Rad Con representative and proceed to an area less than 300 cpm to count the air sample.

4.9.2.4 To count the air sample, place an unused silver zeolite cartridge in the sample holder. Place the detector on the sample holder.

4.9.2.5 Place function switch of scaler to "10-minute" position and initiate counting cycle. Divide scaler display by 10 to obtain background counts per minute (BCPM). Record on Attachment 3. Remove unused silver zeolite cartridge.

4.9.2.6 Place air sample silver zeolite cartridge in sample holder with upstream (side facing out of air sampler sample holder) beneath the detector. Count sample on scaler for ten minutes. Divide final scaler display by 10 to obtain gross counts per minute. Record on Attachment 3.

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- 4.9.2.7 Remove silver zeolite cartridge from sample holder and place in sample envelope. Record monitoring location, date and time of sample. Retain for submittal to the RCC for analysis.
- 4.9.2.8 Calculate net counts per minute by subtracting background counts per minute from gross counts per minute ($GCPM - BCPM = NCPM$). Record on Attachment 3.
- 4.9.2.9 Obtain the scaler efficiency in percent from the label on the instrument. Record on Attachment 3.
- 4.9.2.10 Transmit monitoring location, time, net counts per minute ($NCPM$) and percent scaler efficiency to the RCC or Rad Con representative.
- 4.9.3 Perform a contamination survey as directed by the RCC or Rad Con representative. Record on Attachment 4. Obtain smear discs and sample envelopes from the monitoring kit and label with date, time and monitoring location. Wipe the smear disc over a smooth surfaced 4"x4" ($100cm^2$) area. Determine the background counts per minute ($BCPM$) with the count rate meter. If $BCPM$ are greater than 300 cpm, notify the RCC and proceed to an area less than 300 cpm to count the smear. Obtain gross counts per minute ($GCPM$) by counting the smear on the count rate meter. Subtract $BCPM$ from $GCPM$ to obtain net counts per minute ($NCPM$). $(GCPM - BCPM - \frac{NCPM}{100cm^2})$. Calculate disintegration

per minute/100cm² by multiplying NCPM by an efficiency factor of ten (NCPM/100cm² x 10 = dpm/100cm²). Record GCPM, BCPM NCPM/100cm² and DPM/100 cm² on Attachment 4. Transmit monitoring location, time and dpm/100cm² to RCC or Rad Con representative. Retain smear in sample envelope for later analysis as directed by the RCC or Rad Con representative.

- 4.9.4 Perform soil samples as directed by the RCC or Rad Con representative. Record on Attachment 4. Obtain a plastic sample container and trowel from the monitoring kit. Choose a sample area free from leaves, grass or vegetation. Using the trowel, scrape up and place in the container the top 2" of soil until container is full. Perform a contact radiation survey with the dose rate meter. Label the container with time, date, dose rate and monitoring location. Record all data on Attachment 4. Transmit dose rate of soil sample to RCC. Retain sample for later analysis as directed by the RCC.

- 4.9.5 Obtain water samples as directed by the RCC or Rad Con representative. Obtain plastic screw-top water sample bottle from monitoring kit. Remove top, submerge bottle in water (taking care not to disturb sediment) and fill bottle from the surface of the water. Recap bottle. Perform a contact

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radiation survey with the dose rate meter. Label bottle with time, date, dose rate and monitoring location. Record all data on Attachment 4. Transmit dose rate of water sample to RCC or Rad Con representative. Retain sample for later analysis as directed by the RCC or Rad Con representative.

4.9.6 Obtain vegetation samples as directed by the RCC or Rad Con representative. Obtain clippers and medium plastic bags from the monitoring kit. Choose green (living) vegetation for sampling. Clip off vegetation and place in sample bag, taking care not to include soil, large branches or roots. Take as large a sample as can fit in the bag. Tape the bag closed. Perform a contact radiation survey with the dose rate meter. Label with time, date, dose rate and monitoring location. Record all data on Attachment 4. Transmit dose rate of vegetation sample to RCC. Retain sample for later analysis as directed by the RCC or Rad Con representative.

NOTE: Use the radio to communicate with the RCC or Rad Con representative. If the radio is inoperative, call the RCC by telephone at the OCS - 4975/4770 or the Rad Con representative at the Control room at 4666/4667.

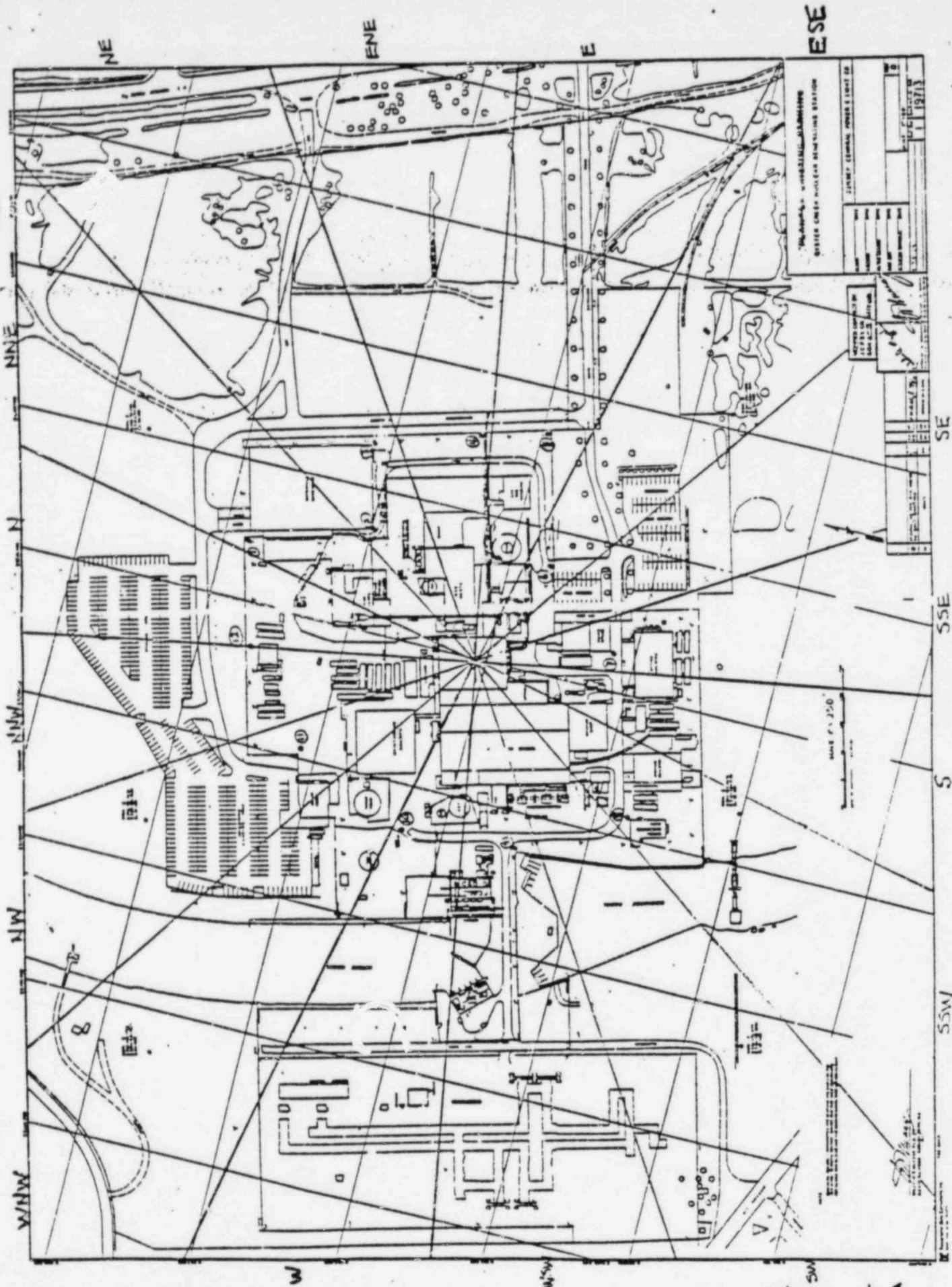
4.10 Minimize personnel exposure by moving out of areas of exposure when performing calculations or awaiting further instructions. Report personnel exposure to RCC or Rad Con representative and record all personnel exposures from dosimeter reading on Daily Exposure and Access Cards and return them to dosimetry after completion of surveys.

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4.11 Maintain all completed Attachments, 2, 3 and 4 and inventory checklists for permanent records as directed by the RCC or Rad Con representative.

5.0 FINAL CONDITIONS

- 5.1 On-site monitoring is no longer required when releases of radioactive material to the environment have terminated and the Emergency Director has advised the RCC to recall the survey team(s).
- 5.2 Upon direction of the RCC, return the vehicle to the Main Gate Processing Center. Check vehicle fuel level, generator fuel level and perform a complete inventory of the Emergency Monitoring Kit per Procedure 108.2. Record fuel levels on Attachment 2, Section 11.
- 5.3 Submit vehicle key, Inventory Checklists and Attachments 2, 3, and 4 to RCC for his review.
- 5.4 Return TLD to Dosimetry.



WESTINGHOUSE NUCLEAR GENERATING STATION

NO.	DATE	BY	CHKD.	APP'D.
1	1971			
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ATTACHMENT 1

ON-SITE EMERGENCY MONITORING POINTS

1. Northeast corner of the fence near the northwest corner of the Materials Warehouse.
2. The southwest corner of the Materials Warehouse.
3. The southeast corner of the Materials Warehouse.
4. The intersection of the fence and railway south of the Materials Warehouse.
5. Corner of the fence southeast of the Off Gas Building.
6. The fence at the northeast corner of the Parking Area southwest of the Smoke Stack.
7. The southwest corner of the Main Gate Guard House.
8. The northeast corner of the Diesel Generator Building.
9. At the corner of the fence by the Condenser Outfall to the Discharge Canal.
10. At the fence by the light tower west of the Maintenance Building and southwest of the Torus Tank.
11. At the corner of the fence east of the North Gate Guard House.
12. Midway along the fence north of the trailers and between the North Gate and the Materials Warehouse.

ATTACHMENT 2

ON-SITE MONITORING CHECKLIST

DATE / /

<u>ACTION</u>	<u>Reference</u>	<u>Time/Initials</u>
1. Obtain copy of EPIP 10, Initiate Attachment 2.	4.2	/
2. Obtain key to vehicle and instrumentation	4.3-4	/
3. Verify that monitoring kit is locked (sealed)	4.5	/
4. If applicable, don TLD and self-reading dosimeter	4.5	/
5. Inventory monitoring kit (if applicable)	4.5	/
6. Operationally check survey instruments	4.5	/
6.1 Scaler SAT UNSAT _____	4.5	
6.2 Count Rate Meter SAT UNSAT _____	4.5	
6.3 Dose Rate Meter SAT UNSAT _____	4.5	
7. Operationally check air sampler and power supply SAT UNSAT _____	4.6	/
8. Perform radio check and equipment status transmission to RCC or Rad Con Representative	4.7	/
9. Ensure that dose rate meter is continuously operating	4.7	/
10. Proceed to on-site monitoring locations and perform radiological surveys as directed by RCC or Rad Con Representative	4.8	
10.1 Obtain dose rate survey for all locations specified by the RCC or Rad Con representative and record on Attachment 3	4.9.1	
10.2 Obtain air sample and analyze with scaler for all locations specified by the RCC or Rad Con representative. Retain particulate filter and silver zeolite cartridge and record data on Attachment 3	4.9.2	

ATTACHMENT 2

ON-SITE MONITORING CHECKLIST
(Continued)

DATE / /

ACTION	Reference	Time/Initials
10.3 Obtain smear survey for all locations specified by the RCC or Rad Con representative and record on Attachment 4. Retain smears.	4.9.3	<u> </u> / <u> </u>
10.4 Obtain biotic media - samples for all locations specified by the RCC or Rad Con representative and record on Attachment 4.	4.9.4-6	<u> </u> / <u> </u>
11. Upon direction of the RCC, return to Main Gate Processing Center, checking vehicle fuel level, generator fuel level and perform a complete inventory of the emergency monitoring kit.	5.2 5.3 5.4	<u> </u> / <u> </u> <u> </u> / <u> </u> <u> </u> / <u> </u>
Vehicle Fuel Level _____ Generator Fuel Level _____ Inventory completed _____		<u> </u> / <u> </u>
12. Submit Vehicle, Key, Inventory Checklists and Attachments 2, 3 and 4 to RCC.	5.3	<u> </u> / <u> </u>
13. Return TLD to Dosimetry	5.4	<u> </u> / <u> </u>

Reviewed by RCC _____ / _____ / _____
Signature
Time
Date

ATTACHMENT 3

DOSE RATE SURVEY
AND AIR SAMPLE LOG

DATE: / /

SURVEY TEAM MEMBERS 1. 2.

DOSE RATE DATA

AIR SAMPLE DATA

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	<u>Monitoring Location</u>	<u>Time</u>	<u>Gamma Dose Rate (MR/HR)</u>	<u>Beta Dose Rate MR/HR</u>	<u>Initials</u>	<u>Time</u>	<u>Gross CPM</u>	<u>Background CPM</u>	<u>Net CPM</u>	<u>Scaler Efficiency (%)</u>	<u>Initials</u>

<u>INSTRUMENT</u>	<u>MODEL</u>	<u>SERIAL NO.</u>	<u>CALIBRATION DATE</u>	<u>INITIALS</u>
1. Dose Rate Meter				
2. Air Sampler				
3. Scaler				
4. Count Rate Meter				

ATTACHMENT 4

CONTAMINATION AND BIOTIC MEDIA SURVEY LOG

DATE: / /

SURVEY TEAM MEMBERS 1. 2.

1. SMEAR SURVEY

Monitoring Location	Time	Gross CPM	BKG CPM	Net CPM/100 CM ²	DPM 100 CM ²	Init.	Monit. Location	Time	Gross CPM	BKG CPM	Net CPM/100CM ²	DPM 100CM ²	Init.
1.							11.						
2.							12.						
3.							13.						
4.							14.						
5.							15.						
6.							16.						
7.							17.						
8.							18.						
9.							19.						
10.							20.						

2. BIOTIC MEDIA SURVEY - SOIL, WATER VEGETATION

Monitoring Location	Type of Sample	Time	Dose Rate mR/hr	Initials	Monitoring Location	Type of Sample	Time	Dose Rate mR/hr	Initials
1.					11.				
2.					12.				
3.					13.				
4.					14.				
5.					15.				
6.					16.				
7.					17.				
8.					18.				
9.					19.				
10.					20.				

INSTRUMENT	MODEL	SERIAL NO.	CALIBRATION DATE	INITIALS
1. Count Rate Meter				
2. Air Sampler				



**Jersey Central
Power & Light Company**

Subject: Nearsite Emergency Operations
Facility (NEOF)

Procedure No.
EPIP-25

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Date
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Oyster Creek Nuclear Generating Station

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NOTICE
This Document Will Not Be
Up To Date

Subject:	Near-site Emergency Operations Facility (NEOF)	Procedure No. EPIP-25	Page 2 of 6 Pages
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1.0 PURPOSE

This procedure describes the activation and initial operation of the Near-site Emergency Operations Facility.

2.0 REFERENCES

- 2.1 EPIP-3, Alert.
- 2.2 EPIP-4, Site Emergency.
- 2.3 EPIP-5, General Emergency.
- 2.4 EPIP-28, Farsite Emergency Operations Facility.

3.0 RESPONSIBILITIES

3.1 The Emergency Director is responsible to evaluate conditions and determine the need for Full Mobilization.

Security Coordinator is responsible to ensure accessibility and security of the NEOF. Access is to be limited to the south side entrance of Building #12 to ensure one point of entry for frisking and dosimetry issue.

3.3 The Emergency Support Director, through his staff and the Emergency Advisor, is responsible for carrying out the requirements of this procedure and to act as a single point of contact to disseminate media information releases and status updates to outside agencies upon concurrence of the Emergency Director.

3.4 The Group Leader-Administrative Support is responsible to ensure a working shift schedule to support activation and operation of the facility.

3.5 The Group Leader-RadCon Support is responsible to establish habitability; monitor the Continuous Air Monitor and Area Radiation Monitor and to initiate dosimetry issue, if necessary.

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4.0 PREREQUISITES

4.1 NEOF activation may be initiated by any of the following:

- 4.1.1 Alert;
- 4.1.2 Site Emergency;
- 4.1.3 General Emergency;
- 4.1.4 By direction of the Emergency Director.

4.2 Continuous Air Monitor and Area Radiation Monitor are operating and operational checks are performed to establish habitability.

4.3 The following precautions will be observed:

- 4.3.1 Use proper respiratory protective devices as directed by Radiological Controls;
- 4.3.2 Use proper dosimetry as directed by Radiological Controls;
- 4.3.3 Maintain radiation/airborne radioactivity level surveillance during emergency operations;
- 4.3.4 All personnel will use proper self-frisking techniques upon arrival at the NEOF prior to entry and exit.

5.0 REQUIREMENTS

5.1 The NEOF is located at the Forked River Site in Building #12 (Attachments 1 & 2).

5.2 Upon the instruction to activate the NEOF as directed by the Emergency Director, the Security Coordinator will ensure:

- 5.2.1 Call-out of the Full Mobilization Organization is completed in an orderly and timely manner;
- 5.2.2 An SPO is dispatched to the NEOF to define a single point of entry and ensure the security and accessibility of the facility.

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5.3 The Emergency Support Director, assisted by his staff, will ensure that the following duties are assumed:

NOTE: Functional groups may begin to take action as soon as adequately staffed and apprised of the current situation.

5.3.1 Emergency Support Director and Staff (Form 25-1 completed).

5.3.2 Group Leader-Administrative Support (Form 25-2 completed).

5.3.3 NEOF Communications Coordinator (Form 25-3 completed).

5.3.4 Technical Support Representative (Form 25-4 completed).

NOTE: In the event of Technical Support Center evacuation to the NEOF, the Technical Support Coordinator will continue to provide technical advisement to the Emergency Director and supplement the efforts of the Tech Functions Representative.

5.3.5 Group Leader-Chemistry Support.

5.3.6 Group Leader-RadCon Support (Form 25-5 completed).

5.3.7 Group Leader-Maintenance Support.

5.3.8 Group Leader-Security Support (Form 25-6 completed).

5.4 When the desired positions are adequately manned and functional, the Emergency Support Director or his designee should inform the Emergency Director that the NEOF is activated.

5.5 The NEOF supports the Emergency Director in the Emergency Command Center.

5.6 In the event that evacuation is deemed necessary by the Emergency Support Director due to degraded habitability of the NEOF, the following responsibilities are assigned:

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Facility (NEOF)

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- 5.6.1 The Emergency Support Director shall announce to the Emergency Director, NEOF and FEOF personnel the decision to evacuate the NEOF and to relocate to the Farsite Emergency Operations Facility (FEOF) (reference EPIP-28, Farsite Emergency Operations Facility). He will transfer his responsibilities to the Emergency Director until the FEOF is fully functional.
- 5.6.2 Group Leader-Administrative Support shall ensure that transportation for evacuation is arranged.
- 5.6.3 Group Leader-RadCon Support shall ensure that dosimetry assigned to NEOF personnel is collected and evacuated to the FEOF to be processed.
- 5.6.4 Technical Functions Representatives will ensure that pertinent prints and technical manuals are collected and evacuated to the FEOF for reference.
- 5.6.5 NEOF Communications Coordinator shall ensure that necessary documentation and procedures are collected and evacuated to the FEOF for reference.
- 5.6.6 NEOF Communications Coordinator shall ensure that all status reports to outside agencies are completed as directed by the Emergency Support Director prior to evacuation.
- 5.6.7 NEOF Communications Coordinator shall ensure that all emergency telephone handsets are properly cradled and headsets are turned off.

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6.0 RECOVERY

When the Emergency Director secures from the emergency and allows the NEOF to secure, the Group Leader-Administrative Support will ensure the following steps are taken (Form 25-2):

6.1 All documentation is gathered up and turned over to the Emergency Preparedness Department.

6.1.1 All completed communicator's message sheets;

6.1.2 All completed procedure checklists;

6.1.3 All facsimile machine-transmitted documentation.

6.2 Inventory all emergency kits and lockers.

6.2.1 Record what supplies are needed to meet inventory requirements;

6.2.2 Record what equipment malfunctioned.

6.3 Return center to standby condition.

6.3.1 Restow tables and chairs, as required;

6.3.2 Wipe all status boards clean;

6.3.3 Refile all prints and procedures as required.

6.4 Report discrepancies to Emergency Preparedness Department.

6.4.1 Deliver documents from Section 6.1.

6.4.2 Report missing supplies and equipment discovered in performing Section 6.2.

6.4.3 Report missing points and procedures discovered in performing Section 6.3.

6.5 Report NEOF secured to the Emergency Support Director.

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FORM 25-1

1.0 Near-site Emergency Operations Facility/
Emergency Support Director's Checklist

Note: The ESD Staff/ESD Advisor should complete this checklist.

Time/Initials

- | | |
|---|-----------------------------------------------------------------------------------------------|
| / | 1.1 Facility accessible, security established and frisking station established. |
| / | 1.2 Facility functionally staffed per shifting report of Group Leader-Administrative Support. |
| / | 1.3 Emergency Director informed that the NEOF is activated. |
| / | 1.4 Facility deactivation upon recovery or evacuation. |

Name ESD Staff/ESD Advisor Time _____ Date _____

FORM 25-2

1.0 Group Leader-Administrative Support Checklist

Time/Initials

- | | |
|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| / | 1.1 Establish work area for Administrative Support group and coordinate the efforts of the Security Support Group and Materials Management Coordinator (i.e., procurement of transportation, equipment). |
| / | 1.2 Assist NEOF Coordinators and Group Leaders in developing shift schedules, maintaining status boards, coordinating with offsite support, and obtaining needed reference material. |
| / | 1.3 Develop a shift schedule for your organization. |
| / | 1.4 Collect, coordinate and maintain shift staffing schedules prepared by the following Group Leaders and notify the Emergency Support Director/ESD Advisor when the facility is functionally staffed. |
| / | 1.4.1 NEOF Communications Coordinator |
| / | 1.4.2 Technical Support Representative |
| / | 1.4.3 Group Leader-Chemistry Support |
| / | 1.4.4 Group Leader-RadCon Support |
| / | 1.4.5 Group Leader-Maintenance Support |
| / | 1.4.6 Group Leader-Security Support |
| / | 1.4.7 Environmental Assessment Coordinator |
| / | 1.4.8 Farsite Emergency Operations Facility Coordinator |

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FORM 25-2

2.0 Group Leader-Administrative Support Recovery Checklist

Time/Initials

 /

2.1 Documentation collected

 /

2.2 Emergency kits and lockers restowed

 /

2.3 NEOF returned to standby condition

 /

2.4 Documents, records and reports delivered to Emergency Preparedness Department

Name _____

Time _____

Date _____

Group Leader-Administrative Support

FORM 25-3

1.0 NEOF Communications Coordinator Checklist

- | <u>Time/Initials</u> | |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____/____ | 1.1 Identify personnel to fill the following positions: |
| _____/____ | 1.1.1 Notification/Verification communicator(s) |
| _____/____ | 1.1.2 Radiological/BRP line communicator |
| _____/____ | 1.1.3 Log keepers, as needed |
| _____/____ | 1.2 Ensure sufficient communicators are available as the ESD directs. |
| _____/____ | 1.3 Develop shift schedule for your organization and provide a copy to the Group Leader-Administrative Support. |
| _____/____ | 1.4 Notify the Group Leader-Administrative Support that the duties of the NEOF Communications Coordinator have been assumed. Forward this completed checklist to the Group Leader-Administrative Support. |

Name _____ Time _____ Date _____
 NEOF Communications Coordinator

Subject:

Nearsite Emergency Operations
Facility (NEOF)

Procedure No.
EPIP-25

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Date 09/23/82

FORM 25-4

1.0 Technical Support Representative Checklist

Date/Initials

_____/_____
/

1.1 Establish Technical Support work area and position
personnel to perform as:

_____/_____
/

1.1.1 Operations line communicator

_____/_____
/

1.1.2 Plant Status Update line communicator

_____/_____
/

1.1.3 Plant Status Board keeper

_____/_____
/

1.1.4 Tech Functions line communicator

_____/_____
/

1.2 Establish communications with Parsippany Technical
Functions and Technical Support Center on Technical
Functions line.

_____/_____
/

1.3 Obtain prints, technical manuals, reference material,
etc. and set up in work area as needed.

_____/_____
/

1.4 Develop shift schedule for your organization and
provide a copy to the Group Leader-Administrative
Support.

_____/_____
/

1.5 Notify the Group Leader-Administrative Support that
the duties of the Technical Support Representative
have been assumed. Forward this completed form to
the Group Leader-Administrative Support.

Name _____
Technical Support Representative

Time _____

Date _____

FORM 25-5

1.0 Group Leader-RadCon Support Checklist

Time/Initials

_____/_____

1.1 Establish RadCon Support work area, monitor habitability and position personnel to perform dosimetry issue.

_____/_____

1.2 Establish contact with Radiological Assessment Coordinator and determine the manpower and RadCon equipment needed to support the emergency effort.

_____/_____

1.3 Establish contact with other facilities, etc., to obtain additional assistance, as required. Coordinate all outside requests through the ESD Staff.

_____/_____

1.4 Develop a shift schedule for your organization and provide a copy to the Group Leader-Administrative Support.

_____/_____

1.5 Notify the Group Leader-Administrative Support that the duties of the Group Leader-RadCon Support have been assumed. Forward this completed checklist to the Group Leader-Administrative Support.

Name _____ Time _____ Date _____
Group Leader-RadCon Support

FORM 25-6

1.0 Group Leader-Security Support Checklist

Time/Initials

_____/_____

1.1 Establish Security Support work area and position personnel to perform the following functions:

_____/_____

1.1.1 Security badge issue

_____/_____

1.1.2 NEOF armed guard

_____/_____

1.2 Establish contact with the Security Coordinator and determine support required for the emergency efforts.

_____/_____

1.3 Establish contact with other facilities, agencies, etc., to obtain additional assistance, as required. Coordinate all outside requests through the ESD staff.

_____/_____

1.4 Develop a shift schedule for your organization and provide a copy to the Group Leader-Administrative Support.

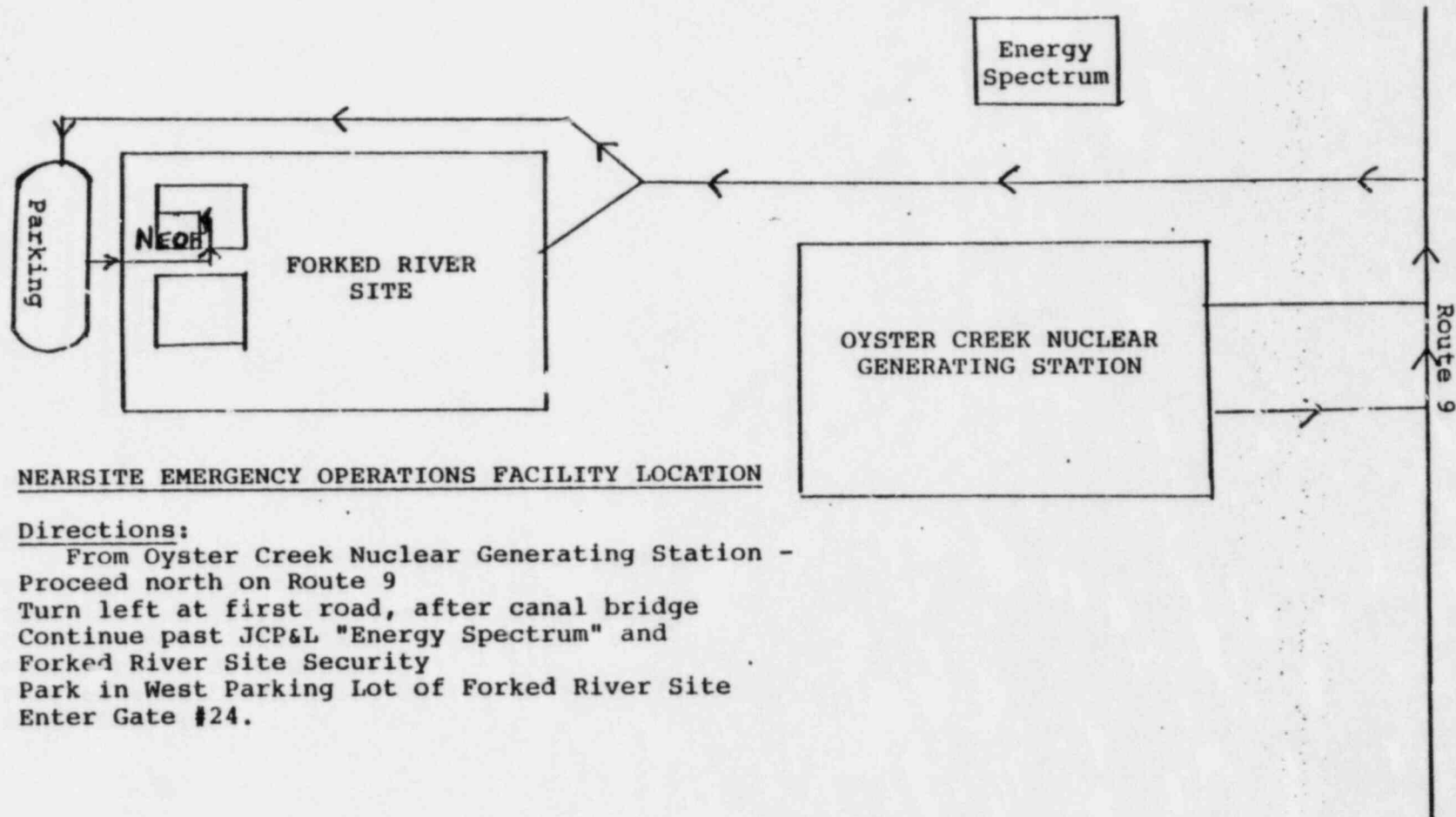
_____/_____

1.5 Notify the Group Leader-Administrative Support that the duties of the Group Leader-Security Support have been assumed. Forward this completed checklist to the Group Leader-Administrative Support.

Name _____
Group Leader-Security Support

Time _____

Date _____



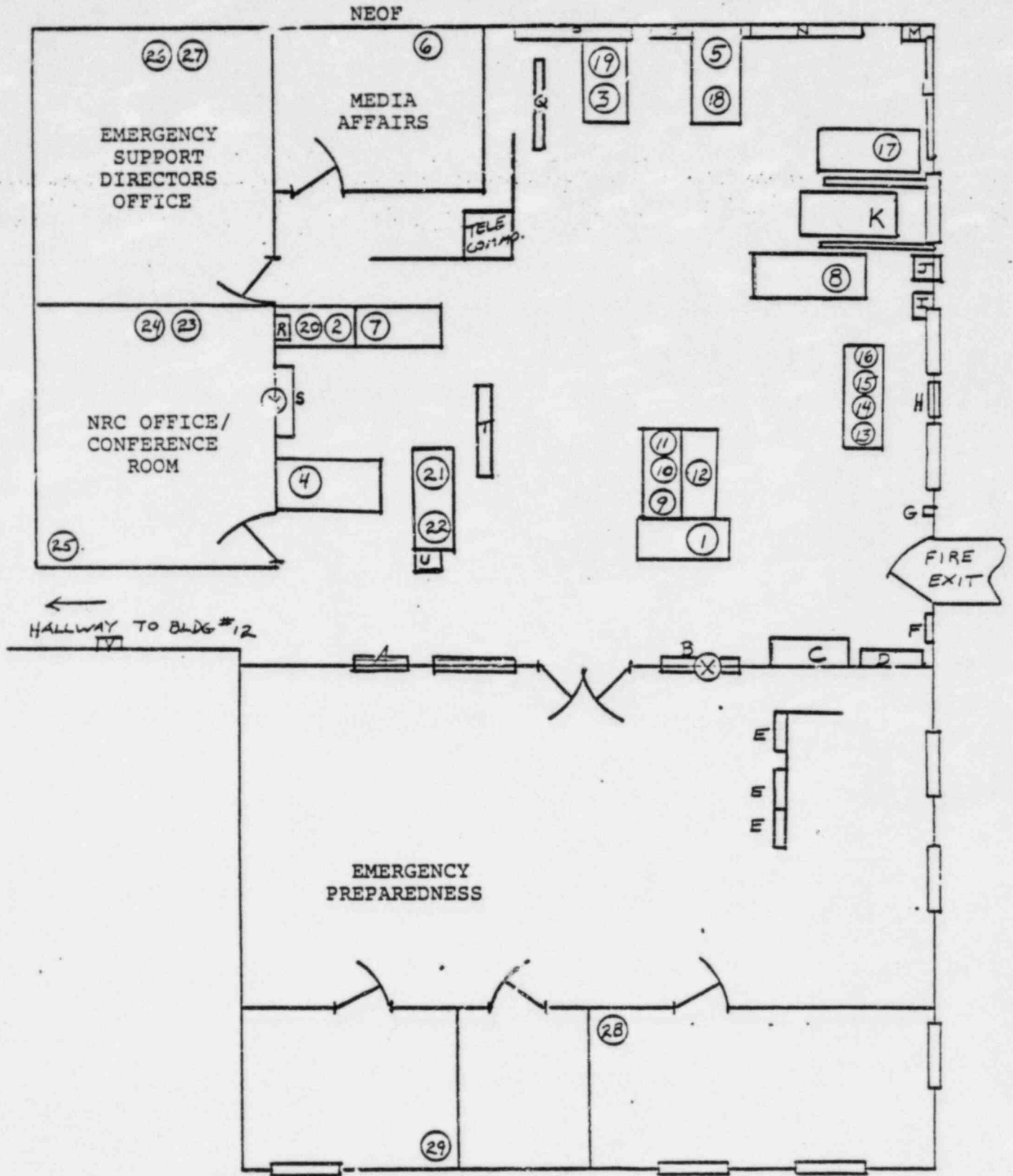
NEARSITE EMERGENCY OPERATIONS FACILITY LOCATION

Directions:

From Oyster Creek Nuclear Generating Station -
 Proceed north on Route 9
 Turn left at first road, after canal bridge
 Continue past JCP&L "Energy Spectrum" and
 Forked River Site Security
 Park in West Parking Lot of Forked River Site
 Enter Gate #24.

ATTACHMENT 1

ATTACHMENT 2



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ATTACHMENT 2

EQUIPMENT/STATUS BOARDS/MAPS

- A. Emergency Positions Status Board
- B. Staffing Board
- C. Emergency Locker
- D. Emergency Monitoring Kit
- E. EPIP/Procedure Library
- F. Fire Hose
- G. Fire Extinguisher
- H. Topographical Area Map
- I. AMS-3
- J. ARM
- K. 3-M Copier
- L. Offsite Monitoring Points Map
- M. Breathing Air Tank
- N. Environmental Assessment Status Board
- O. Onsite Monitoring Survey Points
- P. Radiological Assessment Status Board
- Q. Blank Status Board/2-5-10 mi. EPZ Status Board
- R. Telefax Machine
- S. Blank Status Board
- T. Containment Status Board
- U. Rx Schematics and Diagrams
- V. Fire Extinguisher

- X. 24-Hour Clock

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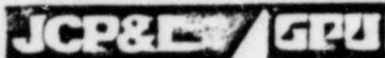
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ATTACHMENT 2

NEOF TELEPHONES

1. Emergency Director Line (DLV #1)
2. Operations Line (DLV #2)
3. Radiological Line (DLV #3)
4. Technical Functions Line (DLV #4)
5. Environmental Assessment Line (DLV #5)
6. News Line (DLV #6)
7. Plant Status Update Line (DLV #7)
8. Station Security and Accountability (DLV #8)
9. 20-Button Set - Emer. Dir. Selective DLV Circuit
10. State of New Jersey Emergency Director Hotline
11. Emergency Director Hotline
12. Dimension Line
13. Ocean County Verification Line
14. Ocean County Notification Line
15. New Jersey State Police Verification Line
16. New Jersey State Police Notification Line
- *17. Bureau of Radiation Protection Alternate/Police
Alternate Verification Line -
- *18. Outside Line -
19. Bureau of Radiation Protection Information Line
- *20. Outside Line for Telefax -
- *21. Direct Dial Offsite -
- *22. DLV 2 (Operations)/DLV 4 (Technical Functions) -
(Selective Monitor Phone)
23. Nuclear Regulatory Commission Health Physics
Network Line
24. Nuclear Regulatory Commission Hotline
25. Dimension Line -
- *26. Direct Dial Offsite
- *27. Direct Dial Offsite -
- *28. Direct Dial Offsite -
- *29. Direct Dial Offsite -

*Direct Dial



Jersey Central
Power & Light Company

Subject: Post Accident In-Plant Radiation
Measurement

Procedure No.
EPIP-30

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Date Issued
09/23/82

Effective Date
(11/04/82) 11/14/82

Revision No.
0

Date
09/23/82

Authorized By
Director-Station Operations

Approval/Concurrence

Project: Oyster Creek Nuclear Generating Station

<u>LIST OF EFFECTIVE PAGES</u>	<u>DATE</u>	<u>REVISION NUMBER</u>
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ATTACHMENT

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Up to 2000

Subject: Post Accident In-Plant Radiation Measurement	Procedure No. EPIP-30	Page 2 of 5 Pages
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1.0 PURPOSE

This procedure defines the methods and techniques necessary for performance of in-plant radiation measurements after an emergency has occurred.

The Emergency Director (ED) shall be responsible for initiating this procedure; the Radiological Assessment Coordinator (RAC) shall be responsible for providing advisement; and the Radiation Controls Coordinator (RCC) shall be responsible for implementing this procedure.

2.0 ATTACHMENTS

Form EPIP-30-1.

3.0 EMERGENCY ACTION LEVELS

This procedure shall be activated upon the declaration of any of the following:

- 3.1 EPIP-3, Alert.
- 3.2 EPIP-4, Site Emergency.
- 3.3 EPIP-5, General Emergency.

4.0 EMERGENCY ACTIONS

4.1 The Emergency Director, Radiological Assessment Coordinator or Radiation Controls Coordinator shall direct personnel to locations where radiation measurements are required.

4.2 The following equipment is available at the Operations Support Center (OSC):

- 4.2.1 Calibrated air sampler with particulate and silver zeolite cartridges for air sample collection.
- 4.2.2 A high range portable dose rate meter.

Subject:

Post Accident In-Plant
Radiation Measurement

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- 4.2.3 Scott Air Pak II with full bottle.
 - 4.2.4 High Rad Key or Affected Area Keys needed for access.
 - 4.2.5 Sufficient protective clothing.
 - 4.2.6 High range dosimeter and TLD badge.
 - 4.2.7 Portable radio.
- 4.3 Quarterly dose should be evaluated for personnel selected for entry.
- 4.4 Do not exceed 10 CFR 20 personnel exposure limits without written permission from the ED as documented on Form EPIP-30-1. The following emergency radiation exposure levels shall be used:

Activity		Whole Body Gamma Dose	Thyroid Dose
Lifesaving -	Voluntary Basis only	75 Rem	No Limit
Protective or - Corrective Actions	Voluntary Basis only	25 Rem	125 Rem

NOTE: Minimum of two personnel will be required for entry into radiation areas under accident conditions. One person will be a qualified radiation controls technician.

- 4.5 Prior to leaving the OSC, ensure that the dose rate instrument batteries are charged and the instrument is operational. Obtain a portable radio from Security or OSC equipment locker and perform radio check with the RCC.
- 4.6 Put on protective clothing as directed by the RAC and implemented by the RCC.
- 4.7 Place air sample filters in the air sampler.

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4.8 Verify dosimetry is in coverall pocket and high-range self reading dosimeter is zeroed. Keys necessary for access to affected area shall be made available to entry personnel.

4.9 Before entry, the RAC shall make the initial evaluation of the ARM conditions and relay the essential dose information to the RCC.

NOTE: If the ARMs are off-scale, further evaluation of the affected building shall be performed by the RAC prior to entry.

NOTE: Dose rates through the Reactor Building wall on the 51' elevation are needed to evaluate the entry.

A briefing shall be conducted under the direction of the OSC and RCC of the purpose and details of the entry.

4.10 Turn the dose rate instrument on to the highest scale and enter the survey area. Make notification of entry time to RCC or timekeeper outside of affected building.

4.11 Monitor the dose rate meter at all times.

4.12 Be aware of the radiation levels in the area and evaluate stay time, to be evaluated by frequent observation of self-reading dosimeter not to exceed 10 CFR 20 personnel exposure limits or emergency radiation levels assigned by the ED.

4.13 If the following radiation levels (maximum general area dose rates) are present in the affected area, leave the area and notify RCC of exit and transmit radiation levels for further evaluation by the RAC and ED:

	10 CFR 20	Protective or Corrective Actions	Life Saving Actions
Whole Body Dose	3 Rem*	25 Rem	75 Rem
Go/No-Go Whole Body Dose	12 Rem/br*	100 Rem/hr	300 Rem/hr

*Assuming personnel has no previous exposure in the current calendar quarter.

NOTE: The Rem/hr radiation levels are based upon Scott Air Pak II entries of 15 minutes stay time with maximum general area doses.

- 4.14 Switch to the next lowest scale until the meter is on scale.
- 4.15 Start your air sample as directed by the RCC and record the sample start time. Observe AMS III or ARM status in affected area, if applicable.
- 4.16 Obtain smear survey as directed by the RCC.
- 4.17 Stop air sampler and leave area. Notify RCC (or timekeeper) of exit. Record air sample results, smear results (if applicable), dose rate data, and transmit to the RCC. RCC shall transmit radiological information to RAC.
- 4.18 Air samples shall be retained and handled as directed by the RCC.
- 4.19 Remove protective clothing outside of the affected area and secure further access to the area with proper posting. Retain protective clothing and equipment used in entry for possible analysis as directed. Return as directed by the RCC to the OSC.

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Post Accident In-Plant
Radiation Measurement

Procedure No.
EPIP-30

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FORM EPIP-30-1

Time: _____

Date: _____

EMERGENCY DOSE AUTHORIZATION

Name

Social Security Number

- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |
| 5. | _____ | _____ |
| 6. | _____ | _____ |
| 7. | _____ | _____ |

Dosage Authorized: _____ Whole Body
_____ Thyroid

For (Action): _____

Reviewed By: _____
Radiological Assessment Coordinator

Approved By: _____
Emergency Director