

50-317

PERSONNEL ASSEMBLY

RESPONSIBLE INDIVIDUAL: Assembly Area Leaders
Emergency Team Leaders
OSC Director
TSC Director

CONDITION:

Alert
Site Emergency
General Emergency

ACTION:

- NOTE -

Visitors shall have D designation and assemble at
Warehouse 3.

I. WAREHOUSE 3 (C & D PERSONNEL)

A. Assembly Area Leaders

1. **INITIATE** personnel accountability; **LOG** all personnel present and missing on Attachment 1, C&D Personnel Accountability Form.

2. **FORWARD** completed Attachment 1 to Warehouse Assembly Leader.

3. **KEEP** personnel at assembly area until directed otherwise by Warehouse Assembly Leader. **ENSURE** no smoking, eating, or drinking occurs in warehouse.

4. IMPLEMENT Warehouse Assembly Leader instructions.

B. Warehouse Assembly Leader

1. ANNOUNCE your name, position, and location over warehouse P.A.

2. RECEIVE completed accountability forms from Assembly Area Leaders. Use Attachment 2 to tally accountability results. COMPLETE warehouse accountability and list missing personnel on Attachment 3, Emergency Accountability.

3. NOTIFY Security of accountability results as soon as possible (Ext. [REDACTED] or [REDACTED]).

4. RELAY all SEC instructions promptly to Assembly Area Leaders and personnel.

5. VERIFY Assembly Area Monitoring Team member monitors warehouse area at 30 minute intervals during a radiological release, NOTIFY Radiation Protection Director (RPD) (Ext. [REDACTED] or [REDACTED]) if monitoring is not performed.

6. MAINTAIN accountability of warehouse personnel.

7. IMPLEMENT SEC directions.

II. CAFETERIA (B PERSONNEL)

A. Emergency Team Leaders (or assigned individual)

1. **INITIATE** personnel accountability; **LOG** missing personnel on Attachment 4, Emergency Team Accountability.

2. **FORWARD** completed Attachment 4 to Cafeteria Assembly Leader.

3. **NOTIFY** OSC Director (Ext. [REDACTED]) of team status.

- NOTE -

After being accounted for, Emergency Response personnel may report to their emergency assignment location.

B. Cafeteria Assembly Leader

1. **ANNOUNCE** your name and position to assembled personnel.

2. **COLLECT** completed accountability forms from emergency teams. Use Attachment 5 to compile accountability.

3. **NOTIFY** Security (Ext. [REDACTED] or [REDACTED]) of accountability results as soon as possible.

4. **VERIFY** an Assembly Area Monitoring Team member monitors cafeteria area at 30 minute intervals during a radiological release, **NOTIFY** Radiation Protection Director (RPD) (Ext. [REDACTED] or [REDACTED]) if monitoring is not performed.

5. MAINTAIN accountability of cafeteria personnel.

III. EMERGENCY CENTERS (A PERSONNEL)

A. Center Directors (or assigned individual)

1. INITIATE personnel accountability; LOG missing personnel on Attachment 3, Emergency Accountability.

2. NOTIFY Security of accountability results as soon as possible (Ext. [REDACTED] or [REDACTED]).

3. VERIFY Emergency Center Monitoring Team member monitors the OSC/ECC at 30 minute intervals during a radiological release, NOTIFY the Radiation Protection Director (RPD) (Ext. [REDACTED] or [REDACTED] if monitoring is not performed.

4. MAINTAIN accountability of emergency personnel.

ATTACHMENT 1

Page 1 of 2

C & D PERSONNEL ACCOUNTABILITY

DATE: _____ GROUP: _____

DIRECTIONS:

Fill out Section I, listing names and emergency designation of personnel present at your assembly area. Section II shall be used to list name(s) of personnel known to be missing.

SECTION I.

PERSONNEL PRESENT

NAME	C/D	NAME	C/D	NAME	C/D
1. _____	_____	16. _____	_____	31. _____	_____
2. _____	_____	17. _____	_____	32. _____	_____
3. _____	_____	18. _____	_____	33. _____	_____
4. _____	_____	19. _____	_____	34. _____	_____
5. _____	_____	20. _____	_____	35. _____	_____
6. _____	_____	21. _____	_____	36. _____	_____
7. _____	_____	22. _____	_____	37. _____	_____
8. _____	_____	23. _____	_____	38. _____	_____
9. _____	_____	24. _____	_____	39. _____	_____
10. _____	_____	25. _____	_____	40. _____	_____
11. _____	_____	26. _____	_____	41. _____	_____
12. _____	_____	27. _____	_____	42. _____	_____
13. _____	_____	28. _____	_____	43. _____	_____
14. _____	_____	29. _____	_____	44. _____	_____
15. _____	_____	30. _____	_____	45. _____	_____

- OVER -

ATTACHMENT I

PAGE 2 OF 2

C & D PERSONNEL ACCOUNTABILITY

SECTION II.

PERSONNEL MISSING

NAME	POSSIBLE LAST LOCATION	NAME	POSSIBLE LAST LOCATION
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

When completed, turn in sheet to Warehouse Assembly Leader. Warehouse Assembly Leader shall forward all records to Supervisor-Emergency Planning at emergency termination.

ATTACHMENT (2)

PAGE 1 OF 2

C & D PERSONNEL ASSEMBLY/ACCOUNTABILITY TALLY

ASSEMBLY	ACCOUNTABILITY
	COMPLETE / INCOMPLETE
PRODUCTION MAINTENANCE DEPARTMENT	
MODS - MECH	
MODS - ELEC/SUPP	
MAINTENANCE - UNIT 1	
MAINTENANCE - UNIT 2	
TRAINING & SUPPORT	
PE - N	
ME - N	
NUCLEAR POWER DEPARTMENT	
ADMIN SERVICES	
CHEMISTRY	
<ul style="list-style-type: none"> o PLANT CHEMISTRY o PLANT LABOR o WATER TREATMENT 	
RAD SAFETY	
<ul style="list-style-type: none"> o RAD CON o RAD SUPPORT o DOSIMETRY 	
TRAINING & TECH SUPP	
<ul style="list-style-type: none"> o TRAINING o OPER LIC & SAFETY o TECH SUPPORT o NFM 	
OPERATIONS & ELEC/CONTROLS	
QUALITY ASSURANCE DEPT	
PURCHASING & STORES DEPT	

- OVER -

ATTACHMENT (2)

PAGE 2 OF 2

C & D PERSONNEL ASSEMBLY/ACCOUNTABILITY TALLY

ASSEMBLY	ACCOUNTABILITY	
	COMPLETE	INCOMPLETE
REAL ESTATE & OFFICE SERVICES		
<ul style="list-style-type: none"> o BUILDING SERVICES o SECURITY SCREENING o SECURITY TRAINING o SECURITY ADMIN/SUPPORT 		
EMPLOYEE SERVICES DEPT		
PROJECT MANAGEMENT DEPT		
CONTRACTORS		
CATALYTIC		
AIRCO/INSULTEMP		
BECHTEL		
CE		
HEERY/ S & O		
OTHER		

ATTACHMENT 3

EMERGENCY ACCOUNTABILITY

ASSEMBLY AREA: _____

DATE: _____

The following personnel have not reported to me within an estimated reasonable time:

	<u>NAME</u>	<u>*POSSIBLE LAST LOCATION</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

*If unknown, write "UK."

ACCOUNTABILITY REPORTED
NOTIFIED SECURITY

_____/_____
Assembly Area Leader Time

Report accountability as soon as possible to Security (Ext. [redacted] or [redacted]).

Forward all records to Supervisor-Emergency Planning at emergency termination.

ATTACHMENT 4

EMERGENCY TEAM ACCOUNTABILITY

EMERGENCY TEAM: _____

DATE: _____

The following personnel have not reported to me within an estimated reasonable time:

	<u>NAME</u>	<u>*POSSIBLE LAST LOCATION</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

*If unknown, write "UK."

ACCOUNTABILITY COMPLETE _____ / _____
Team Leader/Alt. Time

Forward completed form to Cafeteria Assembly Leader.

Forward all records to Supervisor-Emergency Planning at emergency termination.

ATTACHMENT 5

EMERGENCY TEAM ASSEMBLY/ACCOUNTABILITY TALLY

EMERGENCY TEAM	ACCOUNTABILITY
	COMPLETE / INCOMPLETE
TSC ENGINEERS	
DOSIMETRY TEAM	
GATE ACCESS MONITORING	
FIRST AID TEAM	
ON-SITE MONITORING TEAM	
LIQUID MONITORING TEAM	
EMERGENCY CENTER MONITORING TEAM	
OFF-SITE MONITORING TEAM	
INSTRUMENT MAINTENANCE TEAM	
ELECTRICAL MAINTENANCE TEAM	
MECHANICAL MAINTENANCE TEAM	
COMMUNICATORS	

The following persons have been reported missing:

	<u>NAME</u>	<u>POSSIBLE LAST LOCATION</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

When completed, report accountability as soon as possible to Security (Ext. [REDACTED] or [REDACTED]).

_____/_____
Assembly Leader Time

Forward all records to Supervisor-Emergency Planning at emergency termination.

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May 27, 1983

U. S. NRC
Div. of Operating Reactors
Attn: Robert A. Clark, Chief
Washington, DC 20555

To:

From: Supervisor - Emergency Planning

Emergency Response Plan Implementation Procedures attached are for inclusion in your manual. Please incorporate these changes and return this form, signed and dated.

Procedure 4.1.21

Revision 9 - Complete

I have incorporated the above listed Emergency Response Plan Implementation Procedures into my manual.

Signed _____ Date _____

*X005
1/3*

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