FOR USE IN UNIT I ONLY

1004.4
Revision 5
11/25/81

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

CONTROLLED COPY FOR
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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 EMERGENCY PLANNING IMPLEMENTING PROCEDURE 1004.4
GENERAL EMERGENCY

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Unit 1 Staff Recommends Approval

Approval N/A Date —
Cognizant Dept. Head

Unit 1 PORC Recommends Approval

M. J. Che[illegible] Date 11/24/81
Chairman of PORC

Manager TMI I Approval

MJB for J. J. Toole Date 11-25-81

QA Modifications/Operations Mgr

N/A Date —

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1053
Revision 2
11-23-81

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

Office of Mrc. Beverly Fey

THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1053
EMERGENCY EQUIPMENT READINESS

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Approval _____ Date _____
Cognizant Dept. Head

Unit 1 PORC Recommends Approval

_____ Date 11/12/81
Chairman of PORC

Manager TMI I Approval

_____ Date 11/13/81

QA Modifications/Operations Mgr

_____ Date 11/23/81

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THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 ADMINISTRATIVE PROCEDURE 1053
EMERGENCY EQUIPMENT READINESS

Table of Contents

List of Enclosures

1.0 GENERAL

1.1 Purpose

This procedure delineates the requirements to maintain availability and reliability of Emergency Equipment.

1.2 Scope

This procedure applies to the emergency equipment designated for use in implementing the Emergency Plan.

1.3 References

1.3.1 TMI Unit 1 Emergency Plan.

1.3.2 RC 1742, Operation and Calibration of Eberline RM-14 Beta-Gamma Survey Meter.

1.3.3 RC 1758, Operation and Calibration of Portable Air Samplers.

1.3.4 RC 1762, Operation and Calibration of the RO-2.

1.3.5 RC 1764, Operation and Calibration of the SAM-2 Analyzer.

1.3.6 RC 1772, Dosimeter Calibration and Leak Test.

2.0 RESPONSIBILITIES

2.1 The Manager, Radiological Controls has the ultimate responsibility for all radiological control emergency equipment and it's availability and reliability.

2.2 The Radiological Field Operations Manager, or his designee, shall assign personnel to perform inventory and calibration checks on the emergency kits and lockers under his jurisdiction.

2.3 The Radiological Field Operations Foreman shall ensure that the following items are performed during an inventory:

2.3.1 Complete all inventory checklists for that kit/locker.

2.3.2 Replace all missing items.

2.3.3 Verify calibrations, perform operational checks, note discrepancies on inventory checklist, and notify the Radiological Field Operations Manager/Foreman of these discrepancies and/or broken seals.

2.3.4 Emergency instrumentation removed from lockers/kits shall be replaced prior to end of working shift except during actual emergencies.

3.0 REQUIREMENTS

3.1 Inspections and Calibrations

3.1.1 Emergency kits/lockers shall have inventory and calibration checks performed quarterly, with the exception of items listed on Enclosure X, and respiratory protection equipment which shall be checked monthly.

3.1.2 Prior to removing an instrument for repair/calibration from any emergency equipment storage location, an alternate equivalent instrument shall be provided.

3.1.3 Calibrations of emergency instrumentation shall be performed in accordance with references 1.3.2 through 1.3.6.

3.1.4 Emergency lockers/kits shall be visually inspected for lock seal integrity monthly. Lockers or kits with suspect integrity shall be inventoried. Emergency lockers/kits shall be inventoried after each use including use for training.

3.1.5 Perform an inventory/inspection or calibration at any time as directed by the Radiological Field Operations Manager.

3.2 Details

3.2.1 Emergency equipment and radiac instruments shall be located in the following areas in accordance with the TMI Unit 1 Emergency Plan to allow protection of Emergency Personnel and availability of equipment:

a) Unit 1 Processing Center

b) Unit 1 Service Building Auditorium

c) Unit 1 Reactor Building Access Control Point/Unit 1 Radiological Controls Laboratory

d) Unit 1 Control Room/Shift Supervisors Office (SSO)

e) Unit 1 Warehouse

f) Near site Emergency Operations Facility (EOF) (TMI Observation Center)

g) Alternate Emergency Operation Facility (AEOF)(Crawford Station, Middletown, Pa.)

h) Technical Support Center (TSC)

3.2.2 Inventories shall only be considered complete when all required items are returned to the kit/locker, all instruments in the kit/locker are within calibration and all operational checks on equipment/instruments are complete.

a) Operational checks shall consists of battery check, response check and visual inspection for obvious damage.

(See Enclosure X for operational check of emergency equipment).

3.2.3 All emergency kits and lockers shall have lock seals or padlocks, as appropriate.

3.2.4 Key control for all emergency kits/lockers shall be maintained by the Radiological Controls Department with duplicates maintained in the Emergency Control Center (Control Room/Shift Supervisors Office).

3.2.5 All completed inventory checklists shall be returned to the Radiological Field Operations Manager/Foreman for approval and filing. A copy of the equipment inventories shall be sent to the Supervisor, Emergency Preparedness.

3.3 FINAL CONDITIONS

3.3.1 All equipment/instruments have been inventoried, and inventory checklists have been approved by the Radiological Field Operations Manager/Foreman and forwarded to the Radiological Control Department Administrative Assistant.

3.3.2 Used kits/lockers are reinventoried, resupplied and locked/lock sealed.

ENCLOSURE 1

Minimum Requirements for Kits/Lockers

LOCATION - UNIT 1	KITS/LOCKERS REQUIRED
1. Processing Center	8 Kits (4 instruments 4 emergency)
2. Service Building Auditorium	1 Locker (Protective Clothing Only)
3. Rad Con Lab/Control Point	1 Locker (Protective Clothing, Respirators, Instruments) 1 Ambulance Kit
4. Control Room/Shift Supervisor's Office	1 locker (Respirators, instrs)
5. Warehouse (Unit I)	1 Emergency Locker 1 Personnel Monitoring Kit
6. Alternate Near Site Emergency Operations Facility	1 Locker (Protective Clothing, Respirators, Instruments Kit, Decontamination Materials)
7. Near Site Emergency Operations Facility	1 Locker (Protective Clothing, Respirators, Instrument Kits)
8. Technical Support Center	1 Locker (Protective Clothing, Respirators)

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Processing Center U-I Type: Emerg. Kit [X] Inst. Kit [ ] Emerg. Locker [ ] Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Directions to Monitoring Stations	1		N/A	N/A	N/A
Procedures EPIP 1004.10, 1004.11, 1004.12, 1004.31	1 ea.		N/A		N/A
Attachments - 1004.10 Att I, 1004.11 Att I	10 ea.		N/A		N/A
Flashlight with spare bulb and batteries	1		N/A	N/A	
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (8' x 16'min)	2		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Air Sample Filters	2 boxes		N/A	N/A	N/A
Disc Smears	2 boxes		N/A	N/A	N/A

REMARKS: Four (4) kits, each containing the material listed, are stored in the Processing Center.

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT I ONLY

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Processing Center U-1 Type: Emerg. Kit [X] Inst. Kit [ ] Emerg. Locker [ ] Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Rad. Warning Signs/Ribbon	5/50'		N/A	N/A	N/A
Water Sample Bottles	5		N/A	N/A	N/A
First Aid Kit	1		N/A	N/A	N/A
Masking Tape	2 Rolls		N/A	N/A	N/A
RCP 1605, and 1607	1 each		N/A		N/A
Emergency TLD's w/issue forms	50 *		N/A		
Pocket Dosimeters	low high 5 range/5 range		N/A		N/A
Dosimeter Charger	1			N/A	
Inventory Checklists	as required		N/A		N/A

REMARKS: * 50 TLD's total stored in grey TLD boxes behind security desk.

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT I ONLY

ENCLOSURE II
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Processing Center U-1 Type: Emerg. Kit ☐ Inst. Kit ☒ Emerg. Locker ☐ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Air Sampler (H809V/equiv)	1*				
Dose Rate Meter (RO-2/equiv)	1				
Stabilized Assay Meter (SAM-II)	1				
Stopwatch	1		N/A	N/A	
12 Volt AC/DC Inverter	1*		N/A	N/A	
Two Way Radio (w/beeper)	1*		N/A	N/A	
Inventory Checklists	As Required		N/A		N/A

REMARKS: * May be kept in locker
Four (4) kits each containing the above material, are stored in the Processing Center.

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

FOR USE IN UNIT ONLY

ENCLOSURE III
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Service Bldg. Auditorium Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25		N/A	N/A	N/A
Masking Tape	5 rolls		N/A	N/A	N/A
Inventory Checklist	as required		N/A		N/A
				N/A	
				N/A	

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: HP Lab/Control Point Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25		N/A	N/A	N/A
Full-Face Respirators with Canisters	25		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max.		N/A	N/A	N/A
Dose Rate Meter (RO-2/equiv)	2				
Beta-Gamma Contamination Meter (RM-14/equiv)	1				
Teletector	6				
Pocket Dosimeters (Low Range)	25		N/A		N/A
Pocket Dosimeters (High Range)	25		N/A		N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: HP Lab/Control Point Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Dosimeter Charger	1			N/A	
Masking Tape	5 Rolls		N/A	N/A	N/A
Air Sampler (H809V/equiv)	1				
Inventory Checklists	as required		N/A		N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE IV
INVENTORY CHECKLIST - EMERGENCY KIT
AMBULANCE

Kit Location: HP Lab/Control Point Type: Emerg. Kit [X] Inst. Kit [ ] Emerg. Locker [ ] Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Polyethylene Sheeting (4' x 8')	2		N/A	N/A	N/A
Polyethylene Bags (asst sizes)	10		N/A	N/A	N/A
Rad Warning Signs/Ribbon	5/50'		N/A	N/A	N/A
Pencils/Pens	2 ea.		N/A	N/A	N/A
Tablets	2		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Paper Coveralls	5 sets		N/A	N/A	N/A
Surgeon's Gloves w/cotton liners	20 pair		N/A	N/A	N/A
Disposal Booties	10 pair		N/A	N/A	N/A
Blanket	1		N/A	N/A	N/A
Masking Tape	2 Rolls		N/A	N/A	N/A
Inventory Checklists	as required		N/A		N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

ENCLOSURE V
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Control Room/SSO Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - Full Set	25		N/A	N/A	N/A
Full-Face Respirators with Canisters	25		N/A	N/A	N/A
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Directions to Monitoring Stations	1 Book		N/A	N/A	N/A
Procedures - EPIP 1004.7, 1004.10, 1004.11, 1004.12	1 ea.		N/A		N/A
Tablets, pens, pencils, Wax pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min - 25 max		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

ENCLOSURE V
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Control Room/SSO Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Portable Air Sampler (H809V/equiv)	1				
DOSE RATE METER (RO-2/equiv)	2				
Beta-Gamma Contamination Meter (RM-14/equiv)	1				
TRS-80 Line Printer Paper	2 Rolls		N/A	N/A	N/A
TRS-80 Video Display	1			N/A	*
TRS-80 Key Board w/Power Supply	1			N/A	*
TRS-80 Tape Recorder with Cable	1			N/A	*
TRS-80 Line Printer with Cable	1			N/A	*
Dose Projection Cassette	1			N/A	*
Masking Tape	5 Rolls		N/A	N/A	N/A
Inventory Checklist	as required		N/A		N/A

REMARKS: * Quarterly operational check consists of running a set of dose projections.

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT I ONLY

ENCLOSURE VI
INVENTORY CHECKLIST - EMERGENCY EQUIPMENT

Kit Location: U-1 Warehouse Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Full-Face Respirators w/Canisters	25		N/A	N/A	N/A
REMP Map	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures EPIP 1004.10, 1004.11, 1004.12	1 ea.		N/A		N/A
Tablet, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 Min/25 Max		N/A	N/A	N/A
Portable Air Sampler (H809V/equiv)	2				
Dose Rate Meter (RO-2 or equiv.)	2				
Pocket Dosimeters (High or Low Range)	5		N/A		N/A
Dosimeter Charger	1			N/A	
Inventory Checklists	as required		N/A		N/A

FOR USE IN UNIT 1 ONLY

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

ENCLOSURE VI
INVENTORY CHECKLIST - EMERGENCY KIT
PERSONNEL MONITORING

Kit Location: U-1 Warehouse Type: Emerg. Kit [X] Inst. Kit [ ] Emerg. Locker [ ] Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25*		N/A	N/A	N/A
Procedure EPIP 1G04.2 and RCP 1612	1 ea.		N/A		N/A
1004.5 Att I, 1004.20 Att II and III	50 ea.		N/A		N/A
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Masking Tape			N/A	N/A	N/A
Dose Rate Meter (E520 or equiv)	1				
Beta-Gamma Contamination Meter RM-14 or equiv	1				
Inventory Checklists	as required		N/A		N/A

REMARKS: * Stored in Locker

Emergency Kit Locked and Sealed:

_____
Signature

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Alternate EOF Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - Full Set	25		N/A	N/A	N/A
Full-Face Respirators with Canisters	25		N/A	N/A	N/A
REMP Map (Framed)	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures-EPIP-1004.10, 1054.10, 1004.11, 1054.11, 1004.12, 1054.12, RCP 1612, 4170, 4200	1 ea.		N/A		N/A
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Polyethylene Sheeting (4' x 8' min)	2		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min/25 max		N/A	N/A	N/A
Air Sampler (H809V/equiv)	1				

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Alternate EOF Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Dose Rate Meter (RO-2/equiv)	2				
Beta-Gamma Contamination Meter (RM-14/equiv)	2				
Dosimeter Charger	1			N/A	
Pocket Dosimeters (High Range)	10		N/A		N/A
Pocket Dosimeters (Low Range)	10		N/A		N/A
Emergency TLD's w/Issue Forms	275		N/A	N/A	N/A
Masking Tape	5 Rolls		N/A	N/A	N/A
Absorbant Towels	2 Bundles		N/A	N/A	N/A
Mild Soap/Shampoo	5 Bars/ 1 Bottle		N/A	N/A	N/A
Nasal Swabs	2 Packs		N/A	N/A	N/A
Scrub Brushes	5		N/A	N/A	N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT I ONLY

FOR USE IN UNIT I ONLY

ENCLOSURE VII
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Alternate EOF Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Gloves, Surgeon's	10 pr.		N/A	N/A	N/A
Paper Lab Coats/Coveralls	25		N/A	N/A	N/A
Hand Lotion, Lanolin	1 Bottle		N/A	N/A	N/A
Hand Cleaner, Waterless	2 Cans		N/A	N/A	N/A
Finger Nail Clippers	1 pr.		N/A	N/A	N/A
Barber Scissors	1 pr.		N/A	N/A	N/A
Corn Meal	1 box/bag		N/A	N/A	N/A
Powdered Detergent	1 Box		N/A	N/A	N/A
Plastic Bags (asst sizes)	24		N/A	N/A	N/A
Radiological Warning Signs/Ribbon	5/100'		N/A	N/A	N/A
Radiological Tape	2 Rolls		N/A	N/A	N/A
Lay-Flat Tubing (6" Wide)	400 Ft.		N/A	N/A	N/A
Inventory Checklists	as required		N/A		N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE VIII
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: EMER. OPS. FACILITY (EOF) Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25		N/A	N/A	N/A
Full-Face Respirators with Canisters	25		N/A	N/A	N/A
REMP Map (framed and behind plexiglass)	1		N/A	N/A	N/A
Site Map	1		N/A	N/A	N/A
Procedures-EPIP 1004.10, 1054.10, 1004.11, 1054.11, 1004.12, 1054.12	1 ea.		N/A		N/A
Tablets, Pens, Pencils, Wax Pencils	4 ea.		N/A	N/A	N/A
Air Sample Filters	2 Boxes		N/A	N/A	N/A
Disc Smears	2 Boxes		N/A	N/A	N/A
Smear/Air Sample Envelopes	100		N/A	N/A	N/A
Iodine Cartridges (Silver Zeolite)	5 min/25 max		N/A	N/A	N/A
Air Sampler (H809V/equiv)	1				
Dose Rate Meter (RO-2/equiv)	2				

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE VIII
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: EMER. OPS. FACILITY (EOF) Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Beta-Gamma Contamination Meter - (RM-14/equiv)	1				
Dosimeter - High Range	10		N/A		N/A
Dosimeter - Low Range	10		N/A		N/A
Dosimeter Charger	1			N/A	
Masking Tape	3 Rolls		N/A	N/A	N/A
Emergency TLD's w/issue forms	50		N/A	N/A	N/A
Inventory Checklists	as required		N/A		N/A

REMARKS:

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT I ONLY

ENCLOSURE IX
INVENTORY CHECKLIST - EMERGENCY KIT

Kit Location: Tech. Support Center (TSC) Type: Emerg. Kit ☐ Inst. Kit ☐ Emerg. Locker ☒ Inventory Date: _____

Inventory Performed By: _____ Reviewed: _____ Date: _____

ITEM	NUMBER REQUIRED	NUMBER PRESENT	S/N	CAL DATE/ REV. NO.	OPERATIONAL CHECK
Protective Clothing - full set	25*		N/A	N/A	N/A
Full-Face Respirators with Canisters	25*		N/A	N/A	N/A
Masking Tape	5 Rolls		N/A	N/A	N/A
Inventory Checklists	as required		N/A		N/A

REMARKS: * May be stored in Access Control Point 305' elev. Control Tower.

Emergency Kit Locked and Sealed:

_____
Signature

FOR USE IN UNIT ONLY

ENCLOSURE X

Monthly Operational Check of Emergency Equipment

NOTE:	Initial each step as operational check of emergency equipment is performed.

Monthly (Initial as each instrument is checked Sat.)

Battery Check and Source Check of Portable Instrumentation

Location and Instrument Type		Serial No.	Battery	Source Check	Initial
Kit No. 1	RO-2 or Equiv.				
	SAM II		N/A		
Kit No. 2	RO-2 or Equiv.				
	SAM II		N/A		
Kit No. 3	RO-2 or Equiv.				
	SAM II		N/A		
Kit No. 4	RO-2 or Equiv.				
	SAM II		N/A		
H. P. LAB/ Control Point	RO-2 or Equiv.				
	RO-2 or Equiv.				
	Teletector				
	Teletector				
	Teletector				
	Teletector				
	Teletector				
	Teletector				
	RM-14 or Equiv.				

ENCLOSURE X

Monthly Operational Check of Emergency Equipment

Location and Instrument Type		Serial No.	Battery	Source Check	Initial
Alternate NEOF	RO-2 or Equiv.				
	RO-2 or Equiv.				
	RM-14 or Equiv.				
	RM-14 or Equiv.				
Unit I Warehouse	RO-2 or Equiv.				
	RO-2 or Equiv.				
	E520 or Equiv.				
	RM-14 or Equiv.				
Control Room Area	RO-2 or Equiv.				
	RO-2 or Equiv.				
	RM-14 or Equiv.				
EOF	RO-2 or EQuiv.				
	RO-2 or EQuiv.				
	RM-14 or Equiv.				

Monthly

Radio Checks: Check operability by establishing communication with Control Room.

Serial Number	Communication Established	Initials

Date Completed _____ Reviewed By _____

ENCLOSURE XI

Quarterly Radio and Inverter Surveillance

Every quarter, remove batteries from radios and exchange with security.

(Insure radios are plugged in to chargers upon returning to locker.)

Radio Serial Number	Battery Exchanged (Init.)	Beeper Checked

ENCLOSURE XI

Quarterly Radio and Inverter Surveillance

Quarterly 12 V. DC/120 V. AC Inverter Check

NOTE:	Electrical Department Personnel shall assist Radiological Control Personnel to perform Steps 1 through 8 for each inverter.

1. Hook-up inverter to 12V power supply.

2. Turn inverter on and allow to operate for one (1) minute.

3. Load inverter by plugging in air sampler unit and turn Air Sample unit on.

4. With volt-ohm meter check output of second female plug. Voltage should be 110 V. AC ± 10 Volts.
   Remarks _____

5. Turn off Air Sampler and measure output voltage of female plug. Voltage should be 110 V. AC ± 10 V.
   Remarks _____

6. Remove Air Sampler Unit plug from inverter. Remove volt-ohm unit from inverter.

7. Turn off inverter and disconnect from 12V. power supply.

8. Return 12 V. AC/DC 120V. Power inverter to cabinet.

Inverter Serial Number	Checked Sat. Initials

1004.4
Revision 5
11/25/81

IMPORTANT TO SAFETY
NON-ENVIRONMENTAL IMPACT RELATED

THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 1 EMERGENCY PLANNING IMPLEMENTING PROCEDURE 1004.4
GENERAL EMERGENCY

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20.0	2						

Unit 1 Staff Recommends Approval

Approval N/A Date —
Cognizant Dept. Head

Unit 1 PORC Recommends Approval

M. Nelson Date 11/24/81
Chairman of PORC

Manager TMI I Approval

pp RJ Toole Date 11-25-81

QA Modifications/Operations Mgr

N/A Date —

DOCUMENT ID: 0029W

THREE MILE ISLAND NUCLEAR STATION
EMERGENCY PLANNING IMPLEMENTING PROCEDURE 1004.4
GENERAL EMERGENCY

1.0 PURPOSE

The purpose of this procedure is to define the conditions that shall be regarded as a General Emergency for Three Mile Island Nuclear Station (Unit 1) and to:

a. Ensure necessary actions are taken to protect the health and safety of the public.

b. Ensure necessary actions are taken to notify GPU-Nuclear management and offsite emergency response organizations.

c. Mobilize the emergency response organizations to initiate appropriate emergency actions.

The Emergency Director is responsible for implementing this procedure.

NOTE: Emergency Director responsibilities that may not be delegated include:

a) Decision to notify offsite emergency management agencies.

b) Making protective action recommendations as necessary to offsite emergency management agencies.

c) Classification of Emergency Event.

d) Determining the necessity for onsite evacuation.

e) Authorization for emergency workers to exceed 10 CFR 20 radiation exposure limits.

INITIALS

2.0 ATTACHMENTS

2.1 Attachment I, General Emergency Notifications

2.2 Attachment II, Emergency Status Report

2.3 Attachment III, Checklist for Notification of Significant Events

Made In Accordance with 10 CFR 50.72.

3.0 EMERGENCY ACTION LEVELS

	INITIATING CONDITIONS	INDICATION
3.1	Actual or projected doses at the Exclusion Area boundary in excess of 1/10 of the lower limit EPA Protective Action Guidelines.	As determined by: a. A projected dose calculation of > 100mR/hr whole body using actual meteorology and Reactor Building design leakrates (includes a Waste Gas Tank Rupture containing the high limit content of 8800 μCi). b. A projected child thyroid dose calculation of > 500 mR/hr in one hour using actual meteorology and Reactor Building design leakrate. c. Offsite radiological monitoring reports of > 100mR/hr (gamma) at any offsite location.
3.2	Significant levels of radiation in the reactor containment building and potential loss of containment integrity.	As indicated by either: a. Dose rate on RM-G8 > 2.8 x 10^4 mR/hr and a Reactor Building pressure > 30 psig.* b. Dose rate on RM-G8> 2.8 x 10^4 mR/hr and a Reactor Building hydrogen concentration > 3 Percent by volume.
3.3	Loss of physical control of the facility.	Shift Supervisor's judgment, based on advice of the Security Duty Sergeant.
3.4	Other plant conditions exist, from whatever source that make release of significant amounts of radioactivity in a short time possible.	Whenever plant conditions warrant it, as judged by the Shift Supervisor/Emergency Director.

* These indications may be determined via instrumentation that will be installed or expanded as required by NUREG 0578 prior to restart.

4.0 EMERGENCY ACTIONS

INITIALS

____4.1 Upon recognition that any of the above action levels have been reached or exceeded, the Shift Supervisor/Duty Section Superintendent shall assume the duties of the Emergency Director. (Event should be assessed and declared within 10 minutes of the occurrence.)

____4.2 Announce, or have announced, one of the following messages over the public address system (merged):

NOTE: Turn on Whelen siren switch.

ATTENTION ALL PERSONNEL; ATTENTION ALL PERSONNEL: A GENERAL EMERGENCY IN UNIT I HAS BEEN DECLARED. ALL NON-ESSENTIAL PERSONNEL IN UNITS I AND II PROCEED TO (500 KV SUBSTATION/MIDDLETOWN SUBSTATION) (Depending on plume pathway). UPON ARRIVAL, ALL SUPERVISORS WILL ASSEMBLE and LOG THEIR PERSONNEL. PERSONNEL IN H.P. CONTROLLED AREAS REPORT TO ACCESS CONTROL POINTS. ALL MEMBERS OF THE EMERGENCY ORGANIZATION REPORT TO YOUR STATIONS. THERE WILL BE NO SMOKING, DRINKING, OR EATING UNTIL FURTHER NOTICE. (Repeat message slowly)

____4.3 Announce to Control Room Personnel that _____

(name)

has assumed the duties of Emergency Director.

____4.4 Direct the sounding of the Radiation Emergency Alarm.

NOTE:	Turn off Whelen siren switch after alarm has been sounded.

____4.5 Assign a Communications Assistant to make notifications to persons and/or agencies per Attachment 1, Section 1.

____4.6 Assign a Communications Assistant and direct him to perform all applicable steps of 1004.8.

____4.7 Contact the Duty Section Superintendent, and discuss plant status and that the on-site and off-site duty section personnel are being called.

____4.8 Depending on the emergency action level which was reached or exceeded, ensure that the appropriate Emergency Operating Procedures have been implemented.

____4.9 If local services (fire, ambulance, police) are required, direct the Communicator to notify Dauphin County Emergency Operations Center and request appropriate assistance. Notify security (N/S Gate) to begin preparations to expedite entry of responding emergency personnel (Police/Fire/Ambulance). Security should be advised to implement procedure 1004.19 Emergency Security/Dosimetry Badge Issuance.

NOTE:	If the Emergency Response personnel are required to respond outside the protected area affected by a radioactive plume, the Emergency Director or his designee will direct the issuance of TLD's from the North or South gate.

____4.10 Direct the Radiological Coordinator to:

a. Dispatch off-site and/or on-site radiation monitoring teams in accordance with Offsite Radiation Monitoring procedure (1004.11) and Onsite Radiation Monitoring procedure (1004.10).

b. Implement Offsite Dose Projections procedure (1004.7).

____4.11 Activate the Technical Support Center (1004.28) and the Operations Support Center (1004.29).

____4.12 If additional resources or notifications are required, refer to additional Assistance and Notification procedure (1004.6).

____4.13 If the emergency involves in-plant health physics problems, direct the Radiological Assessment Coordinator to implement In-Plant Radiological Controls During Emergencies procedure (1004.9).

____4.14 Assign an individual to complete Attachment II, Section I and give it to the Radiological Assessment Coordinator to transmit to the Bureau of Radiation Protection.

____4.15 Direct the Radiological Assessment Coordinator to complete Attachment II, Section II to transmit to the Bureau of Radiation Protection.

____4.16 Stop all liquid and gaseous discharges that are in porgress until an assessment of their impact is performed and specific approval is given to continue the release by the Emergency Director.

____4.17 Verify that communications and documentation are maintained per Communications and Recordkeeping procedure (1004.5).

____4.18 If applicable, direct the Operations Coordinator to dispatch Emergency Repair/Operations Personnel to investigate the identified problem areas(s) in an accordance with Emergency Repair/Operations procedure 1004.21.

____4.19 After 30 minutes, confirm that BRP verification has been made. If no verification, instruct the Communicator to proceed to Attachment I, Section 1-2.e.

____4.20 Instruct the Radiological Assessment Coordinator to provide ongoing dose estimates for actual releases to the Bureau of Radiation Protection.

____4.21 If a report of Accountability has not been received within 30 minutes from the time it was ordered, contact the Shift Sergeant/Security Coordinator at for a status report.

____4.22 If personnel are unaccounted for, direct the Radiological Assessment Coordinator to initiate Search and Rescue procedure (1004.18).

____4.23 Evaluate dose projections and estimates and, if necessary, recommend protective actions to the BRP, consistent with the guidelines in Attachment I, Section IV.

____4.24 Based upon assessment of plant conditions, the Emergency Director shall either close out the General Emergency and enter the Recovery Phase or downgrade to a lower class as follows:

a. If Recovery Phase criteria have been met (see procedure 1004.24),

b. If Recovery Phase criteria have not been met, but General Emergency Action levels are no longer being exceeded, de-escalate to a lower emergency class by notifying BRP on the Radiological Line and perform the remaining notifications in accordance with the applicable emergency procedure as specified in Step 5.1.

____4.25 If necessary, due to potential contamination of normally non-contaminated sumps and/or tanks, or the need to closely monitor liquid releases, initiate procedure 1004.14 (monitoring/controlling liquid discharges).

5.0 FINAL CONDITIONS

____5.1 A lower class of emergency has been declared by the Emergency Director and one of the following procedures is being implemented:

a. Site Emergency (1004.3)

b. Alert (1004.2)

c. Unusual Event (1004.1)

____5.2 The General Emergency has been closed out with the concurrence of the Emergency Support Director, since no recovery operations are required.

____5.3 The General Emergency has been shifted to a recovery mode by implementing the procedure Recovery Operations (1004.24).

ATTACHMENT I SECTION I

INITIAL CONTACT

INITIALS

The Communicator shall notify the following agencies and personnel, and update the Attachment I, Section II checklist after each notification.

___ 1. Dauphin County Emergency Operation Center

(If this is a reclassification, go to Item 3, Unaffected Control Room).

a. Telephone:

(1) If no contact, activate the Dauphin County Radio System.

b. MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)
Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Based upon Emergency Director judgement,
(time)
use one of the following statements):

1) We have not had a radioactive release, however we have the potential for a significant radioactive release

OR

2) We have had a radioactive release and offsite radiation levels are expected to be > 100 mRem per hour (gamma). We will be keeping the Bureau of Radiological Protection informed.

INITIALS

(Give a short non-technical description of the emergency, the extent of the radioactive release, and potentially affected populations and areas:)_____

_____

_____

___ 2. Pennsylvania Emergency Management Agency (PEMA)

(If this is a reclassification notification, go to Item 3, Unaffected Control Room.)

NOTE: Where offsite protective actions are to be recommended, the Emergency Director should refer to the contents of Attachment I Section IV.

a. Telephone:

(A diverter forwards this call to a PEMA Duty Officer after working hours).

1) If no contact, proceed to Step 2.d.

___ b. MESSAGE: ASK FOR THE DUTY OFFICER

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit I calling. We have declared an Emergency. Give me the Operations Duty Officer. (When Duty Officer answers): This is _____ at the Three Mile Island
(name/title)

Nuclear Station Unit 1 calling. We have declared a General Emergency at_____ hours. We request that you contact the
(time)

INITIALS

Bureau of Radiation Protection. Bureau of Radiation Protection call back should be made on the Radiological Line or . (Based on Emergency Director's judgement, deliver one of the following statements):

1) We have not had a radioactive release, however, we have the potential for significant radioactive release.

OR

2) We have had a radioactive release and offsite radiation levels are expected to be > 100 mRem/hour (gamma). We will be keeping the Bureau of Radiation Protection informed.

___ c. Give a short, non-technical description of the emergency and the extent of the radioactive release, and potentially affected populations and areas: _____ _____

_____

_____

_____

_____

___ d. If PEMA was unable to be contacted, contact Dauphin County; advise them that PEMA cannot be contacted and direct them to notify PEMA, BRP, and Lancaster, York, Lebanon and Cumberland counties.

___ e. Message verification:

Expect Bureau of Radiation Protection (BRP) contact after PEMA notification. If no BRP confirmation is received

INITIALS

within 30 minutes, notify PEMA of situation. If unable to contact PEMA (line busy), call Dauphin County and notify them that BRP has not verified initial contact. Instruct Dauphin County to contact PEMA and/or BRP.

____ 3. Unaffected Control Room

a. Telephone: Use or inter-control Room Hot-Line.

____ b. MESSAGE:

Give a brief description of plant status to Shift Supervisor

_____

_____

_____

4. Parent and Four affected Counties

a. Telephone each county separately and deliver the message

1. Dauphin
2. York -
3. Lancaster -
4. Lebanon -
5. Cumberland -

b. MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

INITIALS

Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Give a brief description of the (time)

emergency.) _____

_____

_____

_____

NOTE: Each county must be notified independently and the message transmitted.

___ 5. Institute of Nuclear Power Operations

(Do not notify if this is a reclassification notification).

a. Telephone :

b. MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Give a brief description
(time)

of the of the emergency.) _____

_____

_____

_____

_____

___ 6. Pennsylvania State Police

INITIALS

MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit 1 calling. We have declared a General Emergency at _____ hours. We have/have not had a radioactive
(time)

release. We require immediate traffic control assistance in the vicinity of the (North/South) gate.

____7. Radiation Management Corporation

Emergency Number

MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit I calling. We declared a General Emergency at _____
time

hours. (Give a brief description of the emergency.)

We _____ had a radioactive release. We _____
(have/have not) (do/do not)

require assistance at this time. (Describe the assistance required if any.)

INITIALS

____8. American Nuclear Insurers

MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Give a brief description of the
(time)

emergency.) We _____ had a radioactive release.
(have/have not)

____9. Babcock and Wilcox

MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)

Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Have a prepared Attachment II available
(time)

for reference while giving a brief description of the emergency).

NOTE: From 0900 to 1700 the B and W trunk of the Operations Line may be used. (See Communications Plan)

____10. If medical assistance is required, notify the following agency:

a. Hershey Medical Center

Notification to be performed in accordance with procedure 1004.16.

INITIALS

11. Nuclear Regulatory Commission (NRC) - Bethesda, MD

(Communications with NRC will be continuously maintained following contact.)

a. Telephone: NRC Emergency Notification System (ENS)

(RED PHONE)

____ b. MESSAGE:

This is _____ at the Three Mile Island
(name/title)

Nuclear Station Unit 1 calling. We have declared a General Emergency at _____ hours. (Based on Emergency Director
(time)

judgement, issue one of the following statements):

1) We have not had a radioactive release, however, we have the potential for Significant radioactive release.

OR

2) We have had a radioactive release and offsite radiation levels are expected to be >100 mRem/hour (gamma). We will be keeping the Bureau of Radiation Protection informed.

c. Give a short non-technical description of the emergency and the extent of the radioactive release, and the potentially affected populations and areas.

_____

_____

_____

Date_____Time of Completion_____Completed By_____

NOTE:	After initial NRC notification is complete per Attachment I, Section I above, refer to the NRC Notification Checklist, Attachment III. This Checklist contains information desired by the NRC and may be helpful in providing follow-up information.

ATTACHMENT I

SECTION II

NOTIFICATION CHECKLIST

AGENCY	TIME OF INITIAL NOTIFICATION OR ESCALATION				TIME OF DE-ESCALATION OR CLOSE OUT			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
Dauphin County								
PEMA								
Unit 2 Control Room								
INPO								
NRC								
Hershey Medical Center	*	*	*	*				
State Police	*	*	*					
RMC	*	*	*	*				
ANI	*	*						
B and W	N/A	N/A						
5 Affected Counties	N/A	N/A	N/A					

* Optional

FOR USE IN UNIT I ONLY

ATTACHMENT I SECTION III

SECONDARY CONTACT

INITIALS

The Communicator shall notify the following agencies and personnel and update the Attachment I, Section II checklist after each notification.

_____ 1. Bureau of Radiation Protection

a. Telephone: Radiological Line

b. MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)
Station Unit 1 calling. We have closed out the General Emergency at _____ hours and initiated recovery operations.
(time)
Please notify PEMA, Dauphin, Lancaster, York, Lebanon and Cumberland counties.

_____ 2. Unaffected Control Room

a. Telephone:

b. Message:

Notify Shift Supervisor of close out of the General Emergency.

_____ 3. Nuclear Regulatory Commission Office- Bethesda, Md.

a. Telephone: Emergency Notification System (ENS)
(RED PHONE)

INITIALS

b. MESSAGE:

This is _____ at the Three Mile Island Nuclear
(name/title)
Station Unit 1 calling. We have closed-out the General
Emergency at _____ hours and initiated recovery
(time)
operations.

____ 4. If applicable, notify the following persons and/or agencies of the close-out of the General Emergency:

a. Hershey Medical Center:

b. Pennsylvania State Police:

c. Radiation Management Corporation (RMC)

or

d. American Nuclear Insurers:

e. Babcock and Wilcox:

f. Others: As directed by the Emergency Director

_____	_____	_____
DATE	TIME COMPLETED	COMPLETED BY

ATTACHMENT I SECTION IV

PROTECTIVE ACTION RECOMMENDATION GUIDELINES

THESE RECOMMENDATIONS MAY BE DELIVERED ON BY

THE EMERGENCY DIRECTOR

1. Consideration shall be given to sheltering if:

   a. Release time is expected to be short (Puff release, <2 hours)

   (AND)

   b. Evacuation could not be well underway prior to expected plume arrival due to short warning time, high wind speeds, and/or foul weather.

2. Consideration shall be given to evacuation if:

   a. A release is expected to occur with projected doses approaching or exceeding:

      1 Rem Whole Body and/or

      5 Rem Child Thyroid

   (AND)

   b. Release time is expected to be long (>2 hours)

   (AND)

   c. Evacuation can be well underway prior to plume arrival for above release, based upon wind speed and travel conditions.

ATTACHMENT II

EMERGENCY STATUS REPORT

SECTION I

1. Description of Emergency: _____

_____

_____

_____

2. Has the Reactor tripped Yes / No

3. Did the Emergency Safeguard Systems actuate Yes / No

   If so, which ones

   a. High Pressure Injection Yes / No

   b. Low Pressure Injection Yes / No

   c. Core Flood Yes / No

   d. 4 No. Reactor Building Isolation Yes / No

4. What is the status of the plant

   a. At power

   b. Hot standby

   c. Hot shutdown

   d. Cooling down

   e. Reactor Pressure _____ psig

   f. Reactor Temperature ____ ____ °F

5. Is offsite power available Yes / No

6. Are both diesel generators operable Yes / No

7. Have any personnel injuries occurred Yes / No

   If so, is the injured person(s) contaminated Yes / No

   What are the approximate radiation and/or contamination levels

   _____ mR/hr

   _____ DPM/100 cm2

8. Are there excessive radiation levels and/or contamination

   Levels Yes / No

   If so, list below:

   a) Radiation levels: (Whole body) _____

   b) Contamination levels _____ DPM/100 cm2

      At location: _____

_____ _____ _____

DATE TIME COMPLETED BY

ATTACHMENT II

EMERGENCY STATUS REPORT

SECTION II

Fill out if a release has (is) occurring. Provide BRP all available information for verification call.

1. What is the approximate radioactive source term discharge rate from the plant (As determined by the Projected Dose Rate Calculation procedure 1004.7).
   a) Noble gases _____ Ci/sec
   b) Iodine _____ Ci/sec

2. What is the approximate meteorology
   a) Wind speed _____ mph
   b) Wind direction _____
   c) Stability class - Stable/Neutral/Unstable

3. What is the projected whole body dose rate and the iodine concentration at the nearest offsite downwind point
   a) _____ mR/hr
   b) _____ uCi/cc Iodine
   c) _____ (Location)

4. Estimated duration of the release
   a) If the release is terminated:
      Start time _____ Stop time _____ Duration

b) If the release is still in progress:

Start time _____

Estimated duration _____(hrs/min/sec)

5. a) Based on projected dose rates, iodine concentration and duration or estimated duration (if still in progress) of the release, will the lower limits of EPA Protective Action Guides be exceeded (i.e., 1 Rem whole body, 5 Rem Child Thyroid) Yes / No

b) If yes, estimate time to exceeding PAG: _____ hours

ATTACHMENT III

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

A. Identification:

Date_____ Time____ Name of Person Making Report_____

Licensee_____ Facility Affected_____

Applicable Part of 10 CFR 50.72 _____

B. Description:

Date of Event_____ Time_____

Description of What Happened_____

C. Consequences of Event: (Complete depending on type of event)

Injuries_____ Fatalities_____

Contamination (personnel)_____ (property)_____

Overexposures (known/possible)_____

Safety Hazard (describe - actual/potential)_____

_____

Offsite Radiation Levels_____

Integrated Dose_____ Location_____

Meterology (wind speed)_____ From (direction)_____

Weather Conditions (rain, clear, overcast, temperature)_____

Equipment/Property Damage_____

D. Cause of Event:_____

_____

_____

_____

_____

ATTACHMENT III

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

E. Licensee Actions:

Taken _____

Planned _____

Emergency Plan Activitated (Yes/No)_____ Classification of Emergency1_____

_____

Resident Inspector Notified (Yes/No)_____ State Notified (Yes/No)_____

Press Release Planned (Yes/No)_____ News Media Interest (Yes/No)_____

Local/National _____

F. Current Status: (Complete depending on type of event)

1. Reactor Systems Status _____

Power Level Before Event_____ After Event_____

Pressure_____ Temp. (t_{hot})_____ (t_{cold})_____

RCS Flow (Yes/No) _____ Pumps On (Yes/No)_____

Heat Sink: Condenser_____ Steam Atm. Dump_____

Other_____Sample Taken (Yes/No)_____Activity Level_____

ECCS Operating (Yes/No)_____ECCS Operable (Yes/No)_____

ESF Actuation (Yes/No)_____

PZR or RX Level_____ Possible Fuel Damage (Yes/No)_____

S/G Levels_____ Feedwater Source/Flow_____

Containment Pressure_____ Safety Relief Valve Actuation (Yes/No)____

1 See Emergency Action Levels, Appendix 1, NUREG-0654, Revision 1, Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants.

ATTACHMENT III

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

Containment Water Level Indication _____

_____

Equipment Failures _____

Normal Offsite Power Availabe (Yes/No) _____

Major Busses/Loads Lost _____

Safeguards Busses Power Source _____

D/G Running (Yes/No) _____ Loaded (Yes/No) _____

2. Radioactivity Release

Liquid/Gas _____ Location/Source _____

Release Rate _____ Duration _____

Stopped (Yes/No) _____ Release Monitored (Yes/No) _____

Amount of Release _____ Tech Spec. Limits _____

Radiation Levels in Plant _____ Areas Evacuated _____

3. Security/Safeguards 2

Bomb Threat: Search Conducted (Yes/No) _____ Search Results _____

Site Evacuated (Yes/No) _____

Intrusion: Insider _____ Outsider _____

Point of Intrusion _____ Extend of Intrusion _____

Apparent Purpose _____

Strike/Demonstrations: Size of Group _____

Purpose _____

2 See 10 CFR 73.71(c), effective April 6, 1981.

ATTACHMENT III

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

Sabatoge: Radiological (Yes/No)_____ Arson (Yes/No)_____

Equipment/Property_____

Extortion: Source (phone, letter, etc.)_____

Location of Letter_____

Demands_____

General: Firearms involved (Yes/No)_____ Violence (Yes/No)_____

Control of Facility Compromised or Threatened (Yes/No)_____

Stolen/Missing Material_____

Agencies Notified (FBI, State Police, Local Police, etc.)_____

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Media Interest (present, anticipated)_____