

CURRENT
EMERGENCY PLAN
IMPLEMENTING PROCEDURES

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Volume 3A

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DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

TITLE EMERGENCY OPERATING PROCEDURE
HIGH ACTIVITY IN REACTOR COOLANT SYSTEM

APPROVED:

R. C. Thompson

PLANT MANAGER

6/26/82

DATE

SCOPE

This procedure covers the steps to be taken in the event the specific activity of the reactor coolant should exceed the limits set forth in the Technical Specifications.

SYMPTOMS

1. Failed fuel monitor is reading high.
2. Coolant chemistry samples indicate the following:
 - a. The specific activity of the reactor coolant measured as Dose Equivalent I-131 is greater than 1.0 $\mu\text{Ci}/\text{gram}$.
 - b. The specific activity of the RCS is greater than $100/\bar{E}$ $\mu\text{Ci}/\text{gram}$.

AUTOMATIC ACTION

1. None.

OBJECTIVES

1. Reduce the reactor coolant activity to within Technical Specification limits.

IMMEDIATE OPERATOR ACTIONS

1. None required.

SUBSEQUENT OPERATOR ACTIONS

ACTION

1. If the Gross Failed Fuel Monitor indicated hi activity in the RCS, notify the Chemical and Radiation Department to commence a sampling program to verify the activity.

COMMENTS

Refer to Tech. Spec. 3.4.8

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ACTION

COMMENT

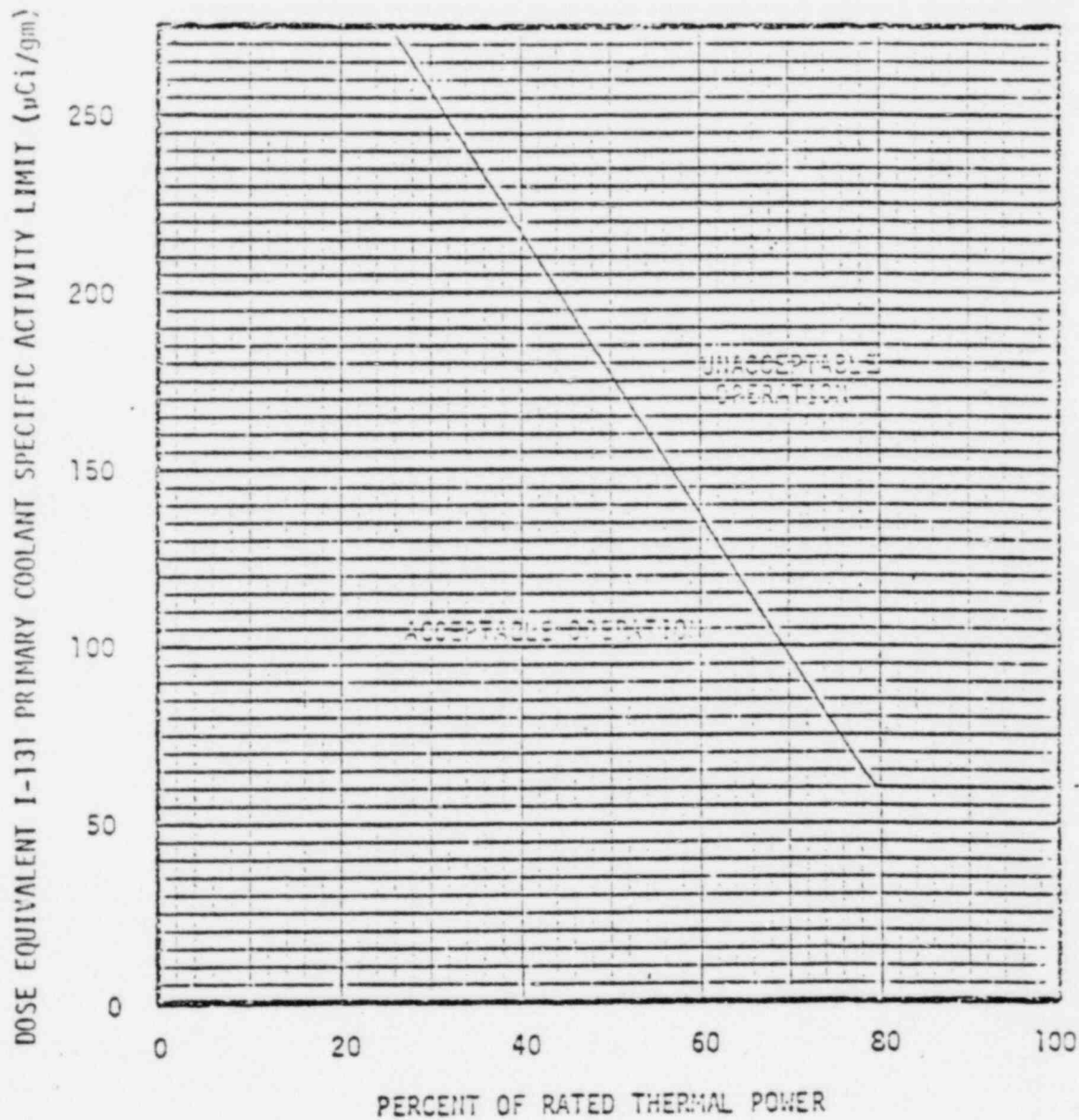
2. If the coolant chemistry sampling indicates high activity, proceed as follows:

- | | |
|--|---|
| a. Cut in the CVCS standby Mixed Bed demineralizers and increase let-down flow. | a. The standby mixed bed demineralizer may strip Li+ from RCS. |
| b. If needed, cut in the Cation demineralizer. | b. <u>NOTE:</u> The Cation demineralizer is limited to about 70 gpm, and will strip Li+ from the RCS. |
| c. Start purging the Volume Control Tank. | |
| d. Operation may continue for up to 48 hours with the specific activity $>1.0 \mu\text{Ci/gram Dose Equivalent I-131}$ provided that the specific activity is to the left and below the line indicated on the attached graph and the cumulative operating time under these circumstances does not exceed 800 hours in any consecutive 12 month period. | d. Refer to Tech. Spec. 3.4.8 |
| e. If the specific activity exceeds the limit line shown on the attached Figure or if the specific activity is not reduced to $\leq 1.0 \mu\text{Ci/gram DOSE EQUIVALENT I-131}$ within 48 hours, be in HOT STANDBY with T_{avg} less than 500°F within 6 hours. | |
| f. If the coolant activity is $>100/\bar{E} \mu\text{Ci/gram}$, be in Hot Standby with T_{avg} $<500^{\circ}\text{F}$ within 6 hours. | |

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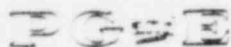
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APPENDIX I

EMERGENCY PROCEDURE NOTIFICATION INSTRUCTIONS

1. When this emergency procedure has been activated and upon direction from the Shift Foreman, proceed as follows:
 - a. If a primary coolant sample confirms high activity (greater than figure 3.4-1 of Technical Specifications 3.4.8 or greater than $100/\bar{E}$ uCi/gm), designate this event a Notification of Unusual Event. Notify plant staff and response organizations required for this classification by implementing Emergency Procedures G-2 "Establishment of the On-Site Emergency Organization" and G-3 "Notification of Off-Site Organizations" in accordance with Emergency Procedure G-1 "Accident Classification and Emergency Plan Activation."
 - b. If a primary coolant sample confirms very high activity (greater than 300 uCi/cc equivalent of I-131 or activity increase equivalent to greater than 1% fuel failure within 30 minutes or 5% total fuel failures) designate this event an ALERT. Notify plant staff and response organizations required for this classification by implementing Emergency Procedures G-2 and G-3 in accordance with G-1.



Pacific Gas and Electric Company



DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

EMERGENCY OPERATING PROCEDURE
TITLE: NATURAL CIRCULATION OF REACTOR COOLANT

NUMBER EP OP-23

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APPROVED:

R. C. Thompson
PLANT MANAGER

7-15-82
DATE

SCOPE

If forced reactor coolant flow is terminated, (all 4 RCP's tripped) Natural Circulation of the coolant will occur when a temperature gradient exists between the core and the steam generators. EP OP-23 provides guidance for the operator when Natural Circulation is required. Special consideration is given to prevent too rapid a cooldown which could cause upper head void formation.

EP OP-23 assumes that off-site power is available but that all reactor coolant pumps (RCP) are unavailable to cool the core (e.g., loss of CCW to RCP's or RCP's failure).

SYMPTOMS

1. RTD bypass line low flow alarms.
2. Reactor coolant low flow protection bistable monitor lights on.
3. Reactor coolant flow indication decreases to near zero in all loops.
4. RCP breaker lights and motor ammeters indicate breakers tripped.
5. Possible RCP bus undervoltage or underfrequency.

AUTOMATIC ACTIONS

1. Reactor trip if above P-7.
2. Turbine trip.

OBJECTIVES

1. Remove decay heat from the Reactor Coolant System (RCS) and maintain sub-cooling by controlling RCS pressure and temperature.
2. Maintain the Reactor subcritical.

ATTACHMENT

1. Natural Circulation of Reactor Coolant

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

IMMEDIATE ACTIONS

CAUTION: If SI actuation occurs at any time, immediately go to E-0, Reactor Trip with Safety Injection.

1. Verify Reactor Trip:

a. All control rods fully inserted.

b. Neutron flux -
DECREASING

2. Verify Turbine Trip:

a. All turbine stop valves -
CLOSED

3. To limit an increasing RCS pressure transient, manually OPEN the normal pressurizer spray valves PCV-445A & B during the RCP coastdown.

1. Manually trip reactor.

a. If any control rod NOT fully inserted, THEN emergency borate 100 ppm for each rod not fully inserted.

2. Manually trip turbine

SUBSEQUENT ACTIONS

CAUTION: Since RCP's are tripped RTD bypass temperature and associated interlocks will be inaccurate. Use wide range loop RTD's and core thermocouples to determine RCS temperature.

1. Check RCS Average Temperature

a. Wide Range Temperature -
Decreasing towards 547°F

a. Dump steam:

1) Manually open condenser steam dump valve
OR manually open steam generator 10% dumps.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- | | |
|--|---|
| <p>b. Wide Range Temperature -
LESS THAN <u>554°F</u></p> <p>1) Verify feedwater flow control
valves - CLOSED</p> <p>c. Temperature - STABILIZES AT <u>547°F</u></p> <p>2. Verify AFW flow on FI 157, 158, 159 &
160 (VB3)</p> <p>a. Both motor driven AFW pumps running</p> <p>b. Turbine driven pump steam supply
valve FCV-95 OPEN <u>IF</u> 2 steam
generator narrow range levels
< <u>15%</u>.</p> <p>c. AFW level control valves OPEN and
restoring steam generator level to
narrow range indication.</p> <p>3. Check RCS Pressure:</p> <p>a. Pressure - GREATER THAN 1850 PSIG.</p> <p>b. Pressure - STABLE OR INCREASING.</p> | <p>1) Manually close valve.</p> <p>c. <u>STOP</u> dumping steam. <u>IF</u>
cooldown continues, <u>THEN</u>
close the main steam iso-
lation valves.</p> <p>a. START non-operating motor
driven AFW pump.</p> <p>b. Manually OPEN valve.</p> <p>c. Manually OPEN AFW level
control valves to recover
steam generator level.</p> <p>a. <u>IF</u> pressure less than 1850
psig, <u>THEN</u> verify SI actuation
and go to E-0, REACTOR TRIP
WITH SAFETY INJECTION.</p> <p>b. <u>IF</u> pressure decreasing, <u>THEN</u>:</p> <p>1) Verify pressurizer PORV's
closed; if not, manually
close.</p> <p>2) Verify pressurizer heaters
on; if not manually turn on.</p> |
|--|---|

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- c. After the RCP coastdown, if pressurizer spray is required to control RCS pressure:

- 1) OPEN pressurizer auxiliary spray valves CVCS-8145 and/or 8148.

NOTE: Table 5.7-1 of Section 5 of the Technical Specifications limits the number of unheated auxiliary spray cycles if the spray water temperature and pressurizer water temperature differential is $>320^{\circ}\text{F}$.

- 2) Position the normal pressurizer spray valves PCV-455 A & B, in MANUAL for desired RCS pressure control.

NOTE: Positioning PCV-455 A & B allows for some pressurizer spray bypass flow thus giving more FINE RCS pressure control.

4. Check Pressurizer Level:

- | | |
|---|--|
| a. Level - GREATER THAN 17% | a. Verify letdown isolation, if not, manually isolate letdown. |
| b. Level - TRENDING TO 22% | b. Manually control charging to restore pressurizer level. |
| c. Verify seal water flow to the reactor coolant pumps. | c. Manually control charging to restore adequate seal water flow to RCP's. |

CAUTION: Do not throttle AFW flow until water level is above top of U-Tubes. (69% WR)

5. Check Steam Generator Levels:

- | | |
|-----------------------------|--|
| a. Level - IN NARROW RANGE. | a. Continue filling steam generators until level is in narrow range. |
|-----------------------------|--|

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

b. Throttle AFW flow to maintain range level at 33%.

- 1) Shutdown the turbine driven Aux. Feedwater Pump at 33% Narrow Range Steam Generator Level.

CAUTION: Since RCP'S are tripped, RTD bypass temperatures and associated interlocks will be inaccurate, use wide range loop RTD'S and core thermocouples to determine RCS temperature.

6. Verify Natural Circulation From Trending Values:

a. Verify RCS subcooling by observing greater than 50°F subcooling margin monitor (VB2).

a. If 50°F subcooling can NOT be verified:

- 1) Verify using core average thermocouple reading (pt. U0001) on the P-250 computer.
- 2) If the P-250 is not available, use 10 core centered thermocouples to determine core outlet temperature.
- 3) Lower steam pressure setpoint on the Steam dump valves to provide a core outlet temperature of < 600°F.

b. Steam pressure - STABLE.

c. RCS hot leg temperature - STABLE OR SLOWLY DECREASING.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- d. Core exit TC's - STABLE OR SLOWLY DECREASING
 - e. RCS cold leg temperature - NEAR SATURATION TEMPERATURE FOR STEAM PRESSURE.
 - 7. Transfer condenser steam dump to pressure control mode.
 - 8. If P-12 is activated take the following steps:
 - a. Place both steam dump interlock switches to the Bypass Interlock position (spring return).
 - b. Block both trains of steam line safety injection circuit.
 - 9. Monitor the NIS channels to verify continued subcritical status of the core.
 - a. When neutron flux has decreased below P-6, 10^{-10} amps in the intermediate range, verify source range detectors re-energized.
 - 10. Maintain Stable Plant Conditions
 - a. Pressurizer pressure - AT 2235 PSIG.
 - b. Pressurizer level - AT 22%
- 7. IF condenser NOT available., THEN use steam generator 10% dumps.
 - a. Manually re-energize source range detectors.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT RESPONSE —

- c. Steam Generator narrow range levels - AT 33%.

11. Investigate the cause of the loss of forced reactor coolant flow.

- a. If RCP can be returned to service refer to OP A-6 Reactor Coolant Pump Procedure.

- a. If RCP flow cannot be restored rapidly, refer to Vol. 9 of Plant Manual to determine the length of time the plant can maintain "HOT STAND-BY" based on Condensate Storage Tank water inventory, if using atmospheric steam dumps for steam generator pressure control.

- b. If RCP's are returned to service refer to EP OP-5 Reactor Trip Without Safety Injection.

NOTE: If the decision to initiate cooldown is made, it will be necessary to borate the reactor coolant. This process should be started as soon as possible to take advantage of the higher natural circulation flow rates immediately following a trip.

12. Borate the reactor coolant system to the cold xenon free condition via the BIT (the preferred path).

- a. OPEN MOV 8803 A and B.
b. OPEN MOV 8807 A and B.
c. Verify flow on FI-917 (V02).

NOTE 1: It should take approximately 15 minutes to inject the BIT based on 120 gpm centrifugal charging pump flow and maintaining adequate seal injection to the RCP's.

NOTE 2: It may be necessary to inject the BIT as many as three times to achieve a cold xenon free concentration.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- d. Keep pressurizer heaters energized during boration.
- e. Maintain pressure using auxiliary spray.
- 13. Verify Cold Shutdown boron concentration by sampling:
 - a. RCS hot leg.
 - b. Pressurizer liquid
 - b. Pressurizer liquid may not be the same concentration as the active portion of the RCS.
 - c. Letdown line
- 14. Line up the CVCS makeup control system for the new boron concentration and place the system in AUTO.
- 15. Commence degassing the RCS consecutively with cooldown to a hydrogen concentration of less than 5cc/Kg. Refer to OP B1A:III.
- 16. Verify that all Control Rod Drive Mechanism cooling fans are in operation.
- 16. Start all fans if possible.
- 17. Start RCS cooldown.
 - a. Maintain cooldown rate LESS THAN 25°F/hr.
 - b. Slowly increase rate of steam dump to start the cooldown.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- 1) Transfer steam dump control to MANUAL.
- 2) OPEN dump valves as necessary to obtain desired cooldown rate.

- 2) Dump steam using the 10% in manual control dumps.

CAUTION: If the steam generator 10% dumps are used for cooldown, maintain steam generator pressures balanced to avoid an SI on steam generator differential pressure.

- c. Verify Auxiliary Feedwater System is automatically maintaining Steam Generator Narrow Range level at 33%.

- c. Manually throttle auxiliary feedwater flow, as necessary.

- d. Monitor the Condensate Storage Tank.

- 1) If CST level is low, and condensate pumps are available restore CST level by pumping down the condenser hotwell.
- 2) At LO-LO Level Alarm in the CST refer to Appendix A of EP OP-3A to shift CST suction to an alternate source.

18. Check RCS Hot Leg Temperature:

- a. RCS hot leg temperature - LESS THAN 550°F.

- a. DO NOT proceed until RCS hot leg temperature is less than 550°F.

19. Commence depressurizing the RCS to approximately 1865 psig:

- a. If letdown is in service, depressurize RCS using pressurizer auxiliary spray.

- a. IF letdown NOT in service THEN use pressurizer PORV's.

TITLE NATURAL CIRCULATION OF REACTOR COOLANT

ACTION/EXPECTED RESPONSERESPONSE NOT OBTAINEDSUBSEQUENT ACTIONS (CON'T)

20. When the reactor coolant system pressure decreases below the P-11 setpoint (1915 psig) block both trains of the pressurizer low pressure safety injection signal.

CAUTION: SI actuation circuits will automatically unblock if RCS pressure increase above 1915 PSIG

21. Maintain the following RCS conditions:

- a. RCS pressure - about 1865 psig.
- b. Pressurizer level - about 22%.
- c. RCS cooldown rate - Less than 25°F/hr.

22. Verify RCS cooldown:

- a. Core exit thermocouples - Trending down.
- b. Wide Range hot leg RTD temperature - Trending down.
- c. RCS subcooling on subcooling monitor (VB2) - increasing (minimum of 50°F).

NOTE: Thermocouple toggle switch on VB2 adjacent to subcooling monitor gives capability to monitor core subcooling margin or reactor vessel head region subcooling margin.

23. Depressurize RCS as follows:

- a. If all CRDM fans are running maintain 50°F subcooling.

- a. If all CRDM cooling fans are NOT available for operation:

- 1) Maintain 200°F subcooling until RCS pressure is 1200 psig.

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ACTION/EXPECTED RESPONSES

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

- | | |
|---|--|
| <p>b. If letdown in service, depressurize using auxiliary spray.</p> <p>24. Continue RCS cooldown AND depressurization:</p> <p>a. Maintain cooldown rate - LESS THAN 25°F/hr.</p> <p>b. Maintain subcooling requirements of step 23.a.</p> <p>c. Maintain the reactor coolant system pressure-temperature relationship within the boundaries of the Plant Cooldown Curve, Vol. 9 of the Plant Manual.</p> <p>NOTE: Plant Cooldown Curve attached is for information only.</p> <p>25. Verify <u>NO</u> voiding in Reactor Vessel Head Area.</p> <p>a. Pressurizer level RESPONSE NORMAL.</p> | <p>2) Maintain RCS pressure at 1865 psig until RCS temperature is cooled down to 430°F.</p> <p>b. If letdown NOT in service, THEN use pressurizer PORVs.</p> <p>b. If the required subcooling cannot be maintained, <u>STOP</u> the depressurization and re-establish the required subcooling.</p> <p>25. If voiding is suspected due to large variations in pressurizer level or RVLIS Upper Range <100%, THEN repressurize the RCS to collapse the void in the head area. Also refer to EP OP-44, Gaseous Voids In The RCS.</p> |
|---|--|

TITLE: NATURAL CIRCULATION OF REACTOR COOLANT

ACTION/EXPECTED RESPONSESRESPONSE NOT OBTAINEDSUBSEQUENT ACTIONS (CON'T)

- b. Reactor Vessel Level Instrument Upper Range (PAM PNL) indicating 100%.
- 26. If all CRDM fans are NOT in operation:
 - a. Maintain RCS at 1200 psig while continuing to cooldown to 350°F.
 - b. Maintain 1200 psig for approximately 8 hours to allow the upper head to cool off to a temperature less than saturation for 400 psig (445°F) before continuing with the depressurization.
- 27. Check if SI system should be disabled:
 - a. RCS pressure - Less than 1000 psig but greater than 700 psig.
 - b. Average RCS temperature - LESS 350°F but RCS cold leg temperature greater than 323°F.
 - c. Isolate SI accumulators.
 - 1) Close the isolation valves.
 - 2) Rack out each isolation valve breaker.
 - d. Disable the safety injection pumps by opening the DC control power to the pump breaker.
 - e. Disable the non-operating centrifugal charging pump by opening the DC control power to the pump breaker.
- a. DO NOT disable any SI system equipment if greater than 1000 psig.
- b. DO NOT disable any SI system equipment if Average RCS temperature is greater than 350°F.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

28. Open additional letdown orifices if necessary to maintain normal letdown flow.
29. Maintain adequate RCP Seal Injection Flow.
 - a. Adjust HCV-142, as necessary.
30. When system pressure has been reduced to approximately 400 psig, hold it constant at this value by reducing auxiliary spray flow and energizing the PZR heaters as necessary.
31. When RCS hot leg temperature has been reduced to less than 350°F and pressure is between 380-420 psig, place the RHR system in service recirculating from hot leg 4 to the cold legs, in accordance with OP B-2:II RHR Normal Operation.
32. When RCS hot leg temperature has been reduced to 323°F insure the pressurizer PORVs are providing low pressure protection by verifying the Low Pressure Setpoint protection c/o switch is CUT IN (VB2).
 - a. If the positive displacement reciprocating charging pump is operating:
 - 1) Verify MOV's 8701 and 8702 are open.
 - 2) Rack out their motor breakers.
33. Continue RCS cooldown to below 200°F with RHR System.

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ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

SUBSEQUENT ACTIONS (CON'T)

CAUTION: Depressurizing the RCS before the entire RCS is below 200°F may result in void formation in the system.

34. Continue Cooldown of Inactive Portion of RCS:

a. Upper head region - ALL CRDM FANS RUNNING.

a. IF fans NOT running, THEN DO NOT depressurize RCS until upper head cools to less than 200°F (approximately 27 hours after RHR system is placed in service).

b. Steam Generator U-Tubes - CONTINUE DUMPING STEAM from all steam generators until it is VERIFIED that they have stopped steaming.

b. DO NOT depressurize RCS until steam generators have stopped steaming.

35. GO TO Operating Procedure L-5, "Plant Cooldown From Minimum Load to Cold Shutdown", Step 21 for continued cooldown of the RCS to a cold shutdown condition using RHR forced cool down.

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TITLE NATURAL CIRCULATION OF REACTOR COOLANT

APPENDIX Z

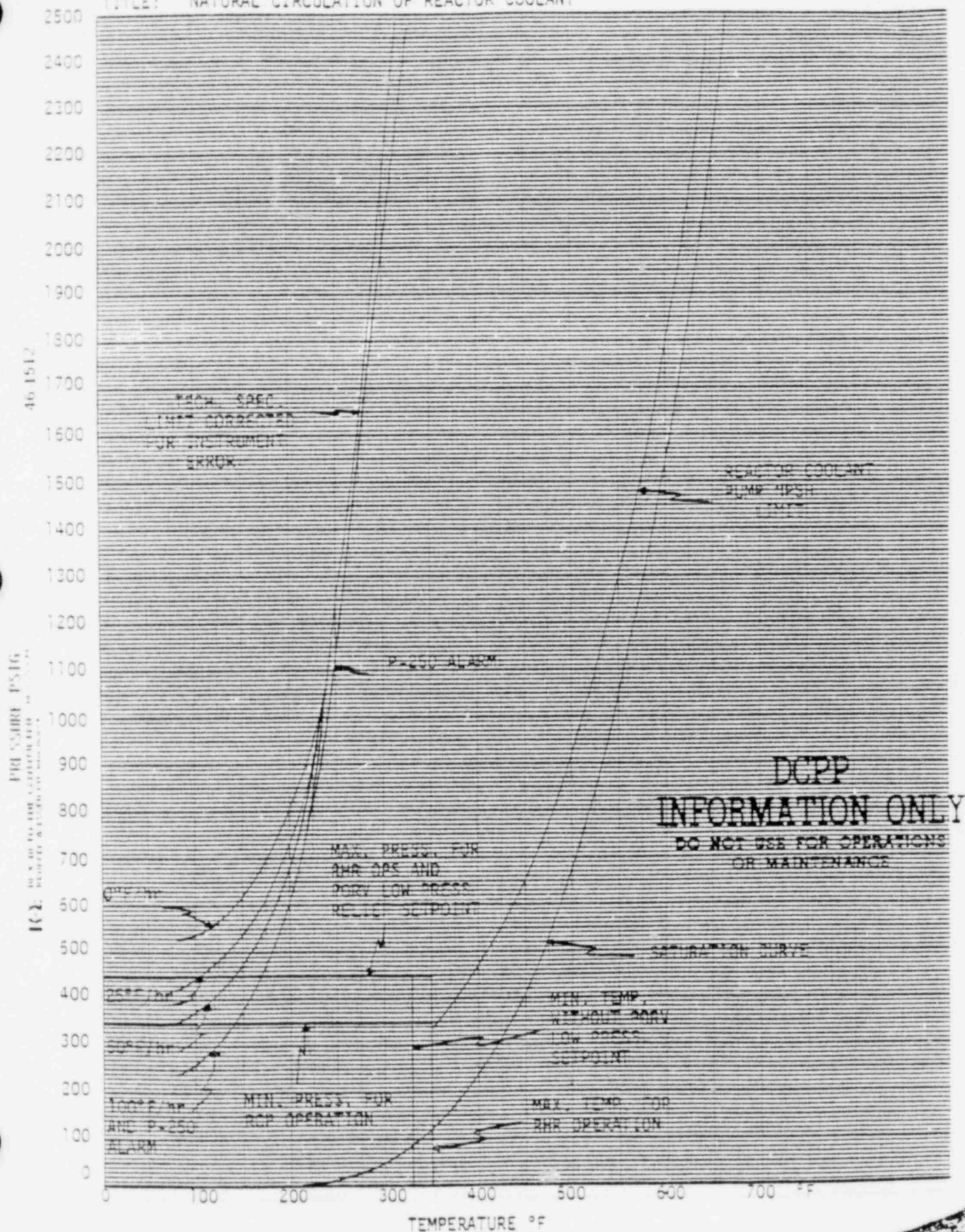
EMERGENCY PROCEDURE NOTIFICATION INSTRUCTIONS

1. When this emergency procedure has been activated and upon direction from the Shift Foreman proceed as follows:
 - a. Designate this event a Notification of Unusual Event. Notify plant staff and response organizations required for this classification by implementing Emergency Procedures G-2 "Establishment of the On-Site Emergency Organization" and G-3 "Notification of Off-Site Emergency Organization" in accordance with Emergency Procedure G-1 "Accident Classification and Emergency Plan Activation."

DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DIABLO CANYON POWER PLANT EMERGENCY OPERATING PROCEDURE NO. 23

TITLE: NATURAL CIRCULATION OF REACTOR COOLANT





Pacific Gas and Electric Company

NUMBER EP R-1

REVISION 7

DATE 6/9/82

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DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

EMERGENCY PROCEDURE
TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

APPROVED:

R. C. Thompson
PLANT MANAGER

63082
DATE

SCOPE

This procedure describes the actions which are to be taken in the event of:

1. Personnel injury (minor or serious) where the victim is radiologically contaminated.
2. Overexposure (or suspected overexposure) from an external source.
3. Overexposure (or suspected overexposure) from an internal source.
4. A combination of the above.

Injuries which do not involve radioactive contamination or overexposure are handled in accordance with Emergency Procedures M-1 or M-2.

DISCUSSION

Any radiologically related injury or potential radiation overexposure is a serious matter requiring prompt attention to the care of the injured and prompt appropriate corrective action to preclude re-occurrence. In addition, followup investigation to quantify the extent of exposure to radiation requires care in the gathering and retention of samples, radiation readings and other evidence which may contribute to the understanding of the incident and assist both in care of the injured and in preventing re-occurrence.

IMMEDIATE ACTIONS

1. The employee(s) who are at the scene shall:
 - a. Render all necessary first aid.
 - b. Notify the control room (Shift Foreman) as soon as practical.
2. Shift Foreman (Interim Site Emergency Coordinator)

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

- a. Evaluate plant status that may have produced the personnel injury and/or overexposure. Sound the site emergency signal to clear the affected area, if the situation warrants it.
- b. Dispatch additional personnel to the scene of the injury if required.
- c. Call an ambulance if the injury warrants it. Refer to Appendix 1 "Measures to be taken if Medical Care Is Required" for instructions.

SUBSEQUENT ACTIONS

The Shift Foreman shall direct all subsequent actions until relieved by the long-term Site Emergency Coordinator if the situation warrants it.

1. Actions Common to All Occurrences

- a. Transport the patient to the first aid room, provided that this can be done without aggravating the injury.
- b. Take actions as specified in the following sections as appropriate for the particular occurrence.

Section 2: Minor injury when contamination is present.

Section 3: Serious injury when contamination is present.

Section 4: Overexposure from external source

Section 5: Overexposure from internal source.

- c. Perform the notifications required by Appendix Z "Emergency Procedure Notification Instructions."

NOTE: Form 69-9221 "Emergency Notification Record" is provided to record notifications not documented elsewhere.

- d. Begin gathering information to assist the long-term Site Emergency Radiological Advisor in his evaluation. Guidance on things which should be investigated is given in Appendix 2 "Factors to Consider in Making a Preliminary Evaluation."

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
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e. Close out the event with the following written reports:

- 1) Report to NRC (required within 24 hours for an Unusual Event, or within 30 days for a report under 10CFR20.403).
- 2) Form 62-4587 "Report of Industrial Injury to Employee."
- 3) Form 62-4586 "Employers' Report of Occupational Injury or Illness."
- 4) Nuclear Plant Problem Report. (See Nuclear Plant Administrative Procedure C-12.)

NOTE: Reports to NRC and the Nuclear Plant Problem Report are not required for minor injuries for which onsite first aid and decontamination is adequate.

2. Minor Injury When Contamination is Present

The following steps apply to injuries where prompt medical attention is not required (i.e., first aid at the plant is adequate).

- a. Make the following surveys and record the results on the "Skin and Clothing Decontamination" Form (Form 69-9392).
 - 1) The wound prior to decontamination.
 - 2) The object causing the injury (if possible) and any clothing penetrating or touching the injury. These items should be retained, if possible, until the long-term Site Emergency Radiological Advisor has completed his evaluation so that detailed radionuclide analysis can be performed, if required.
- b. Decontaminate the wound using the standard procedures discussed in Radiation Control Procedure G-4. In cases of severe contamination, where there is a realistic possibility that significant ingestion of radionuclides may have occurred, it is desirable to retain wash solutions (or samples thereof), swabs, and other such material which may be useful to the Site Emergency Radiological Advisor.

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
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NOTE: Refer to Emergency Procedure RB-5 "Personnel Decontamination" in the event normal decontamination facilities are overloaded or unavailable.

- c. When the wound is clean, resurvey and record the results on a survey form.
- d. Complete any additional first aid measures.
- e. Complete accident report Form 62-4587, "Report of Industrial Injury to Employee" and forward to plant clerk for processing.

NOTE: This documentation requirement assumes no medical attention (beyond first aid) is required and that no lost time occurs. If lost time beyond the day of injury is likely, or if medical treatment (including doctor referral) is required, complete Form 62-4586, "Employers' Report of Occupational Injury of Illness" and forward to plant clerk.

3. Serious Injury When Contamination is Present

The following steps apply to injuries where prompt medical attention is required (i.e., the patient must be taken to a hospital) and the patient is contaminated. In this type of circumstance, the need for treatment of the injury and comfort of the patient will take precedence over the need for decontamination.

- a. Call San Luis Ambulance and French Hospital and have the patient transported to French Hospital. The detailed steps to be taken if this is required are given in Appendix 1 of this procedure.
- b. During the interval until the ambulance arrives keep the patient as comfortable as possible. Survey and decontaminate the patient to the extent that time and conditions permit. Do not decontaminate the patient if it will aggravate his injury. Record survey results on the "Skin and Clothing Decontamination" Form (Form 69-9392.)

TITLE

PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

- 1) Survey any wounds and/or the victim's skin (if possible).
- 2) Survey the object causing the injury (if possible) and any clothing penetrating or touching the injury. These items should be retained, if possible, until the long-term Site Emergency radiological Advisor has completed his evaluation so that detailed radionuclide analyses can be performed, if required.
- 3) Decontaminate the patient using the standard procedures discussed in Radiation Control Procedure G-4. In cases of severe contamination, where there is a realistic possibility that significant ingestion of radionuclides may have occurred, it is desirable to retain wash solutions (or samples thereof), swabs, and other such material which may be useful to the Site Emergency Radiological Advisor.

NOTE: Refer to Emergency Procedure RB-5 "Personnel Decontamination" in the event normal decontamination facilities are overloaded or unavailable.

- c. Have the hospital kit and a handheld radio available for transport to the hospital with the monitor accompanying the patient, or the team dispatched to the hospital.

4. Overexposure From External Source

The following steps apply to cases where the patient has (or is suspected to have) received a dose from an external source to the whole body, or any portion thereof, in excess of an applicable limit contained in Radiation Control Standard No. 1, and where the individual does not require prompt medical attention for any other reason. Personnel suspected of overexposure shall not re-enter radiation controlled areas unless authorized by the Site Emergency Coordinator.

- a. Provide any first aid or medical attention which the patient may require.
- b. Notify San Luis Ambulance and French Hospital and transport the patient to French Hospital in accordance with Appendix 1 for observation or treatment in any of the following circumstances:

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

- 1) The patient is known or suspected to have received at least any of the following:
 - a) 25 rem to the whole body, active blood forming organs, lens of eyes, gonads, head or trunk.
 - b) 150 rem to the skin.
 - c) 375 rem to the extremities.
 - 2) The patient shows signs of radiation sickness, such as nausea, vomiting, extreme sweating, weakness, diarrhea, extreme anxiety, incoherence, sensitivity of the nerves (tingling or itching sensation).
 - 3) The patient shows evidence of radiation dermatitis (skin damage). Except for extremely high skin dose (greater than 5,000 rem), in which case pain occurs promptly and is intense, the symptoms at the time of exposure are a sensation of warmth and itching. Redness, blistering and other effects may not appear for several days.
- c. If the patient requires transportation to the hospital, during the interval until the ambulance arrives keep the patient comfortable. Survey the individual and perform any decontamination which circumstances require and/or permit. Do not aggravate any injury or unduly alarm the patient in performing these operations. Record survey results on the "Skin and Clothing Decontamination" Form (Form 69-9392) and/or "Radiation Dose Rate Survey Record" (Form 9316). In cases of severe contamination, handle as in Step 3.c to the extent practical.
 - d. To the extent practical, save all vomit, urine, feces or other samples which may assist the long-term Site Emergency Radiological Advisor in evaluating the accident. This is particularly important if significant ingestion of radioactive materials is suspected.
 - e. Collect the patient's personnel dosimetry prior to sending him to the hospital or releasing him. This will be processed for evaluation.
 - f. Subsequent actions will be based upon the results of the evaluation of the external exposure.

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

5. Overexposure From Internal Sources

The following steps apply to cases where the patient has (or is suspected to have) ingested a significant quantity of radioactive material. If the ingestion was by breathing, this procedure applies any time that the concentration to which the person has been exposed is greater than or equal to $(MPC) \times PF$, where (MPC) refers to the normal (40 hr.) maximum permissible concentration, and PF refers to the protection factor of any respirator that the patient was wearing.

- a. Take any medical action which may be required as a result of injury or external dose received (Steps 3 and 4 above). The treatment of these effects should take precedence over the evaluation of internal exposure.
- b. Remove and retain for subsequent radiological analysis the patient's clothing and respirator.
- c. Survey the patient thoroughly and record the results on the "Skin and Clothing Decontamination" Form (Form 69-9392).
- d. Thoroughly decontaminate the individual. If practical, save samples of the decontamination solutions, swabs, and other materials which may be of use in subsequent radiological evaluations.
- e. Count the patient on the whole body counter. The results of this analysis will, in large measure, determine the necessity for further medical attention or surveillance.
- f. Collect and save any urine, feces, or vomit which is passed from the patient. The long-term Site Emergency Radiological Advisor may request that special urine samples be collected for bioassay.
- g. Subsequent actions will be based upon the results of the evaluation of the internal exposure.
- h. If the patient is sent to the hospital, make arrangements to have all urine, feces or vomit samples retained for radiological analysis.

DIABLO CANYON POWER PLANT UNIT NO(S)

1 AND 2

NUMBER EP R-1
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TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE

REFERENCES

1. Radiation Control Standard No. 1, "Personnel Exposure."
2. Radiation Control Standard No. 2, "Internal Exposure Controls."
3. Radiation Control Standard No. 5, "Medical."
4. Radiation Control Standard No. 8, "Reporting Requirements."
5. Radiation Control Procedure No. G-3, "Personnel Internal Exposure Control."
6. Radiation Control Procedure No. G-4, "Personnel Contamination Control."
7. Radiation Control Procedure No. G-7, "Radiation Surveys."
8. Emergency Procedure G-1, "Accident Classification and Emergency Plan Activation."
9. Emergency Procedure G-2, "Establishment of the Onsite Emergency Organization."
10. Emergency Procedure G-3, "Notification of Offsite Organizations."
11. Emergency Procedure R-4, "High Radiation (In Plant)."
12. Emergency Procedure RB-5, "Personnel Decontamination."

ATTACHMENTS

1. Form 69-9221, "Emergency Notification Record."
2. Form 69-9316, "Radiation Dose Rate Survey Record."
3. Form 69-9392, "Skin and Clothing Decontamination."
4. Form 62-4587, "Report of Industrial Injury to Employee."
5. Form 62-4586, "Employers' Report of Occupational Injury or Illness."
6. Form 62-6015, "Medical Referral."
7. Light Duty Program Letter.
8. Safety, Health and Claims Personnel to Be Contacted for Reporting of Injuries at Diablo Canyon (6/82).

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TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE
APPENDIX 1

APPENDIX 1

MEASURES TO BE TAKEN IF MEDICAL CARE IS REQUIRED

The following are the procedural steps to be taken in the event a contaminated patient must be transported to the hospital for medical treatment:

1. Call San Luis Ambulance (Phone 543-2626) and provide the following information:
 - a. Name of caller.
 - b. Company affiliation.
 - c. Phone number of caller. (Where he can be reached.)
 - d. Name of injured person.
 - e. Where he is located.
 - f. Where he is to be transported (French Hospital).
 - g. Nature of injury.
 - h. Patient is contaminated.
 - i. Any other medical information which might be pertinent to transporting the injured person.

Record this information on Form 69-9221, "Emergency Notification Record."

2. Contact the security force at the Port San Luis entrance and alert them that the ambulance is entering. It is also advisable to have an escort accompany the ambulance to the first aid room to minimize the delay in reaching the destination.
3. The victim shall be transported to French Hospital. Call ahead to the hospital (Phone 543-5353) and provide the following information:
 - a. Name of caller.
 - b. Company affiliation.
 - c. Phone number of caller. (Where he can be reached.)

TITLE PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE
APPENDIX 1

APPENDIX 1 (Cont'd)

MEASURES TO BE TAKEN IF MEDICAL CARE IS REQUIRED

- d. Name of injured person.
- e. Age of injured person (approximate if not known).
- f. Extent of injury or symptoms.
- g. Medical history (if known).
- h. Radiological conditions.

Record this information on Form 69-9221, "Emergency Notification Record."

- 4. Prior to arrival of the ambulance, the patient should be decontaminated to the extent practical without aggravation of injury.
- 5. If the patient cannot be completely decontaminated prior to arrival of the ambulance, wrap him in a blanket prior to placing him in the ambulance in order to minimize the spread of contamination. Alternatively, he may be placed in the plant's Nuclear Accident Emergency Carrier.
- 6. An individual qualified in radiation monitoring shall accompany the victim to the hospital. This individual should take a hospital kit and a handheld radio with him.

NOTE: Two hospital kits and radios are stored in the Security Building Weapons Storage Room. Request access from the Security Shift Supervisor.

- 7. Two additional individuals qualified in radiation monitoring should be dispatched to French Hospital to assist hospital personnel.

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE
APPENDIX 2

APPENDIX 2

FACTORS TO CONSIDER IN MAKING A PRELIMINARY INVESTIGATION

It is important to conduct the preliminary investigation in a systematic manner to assure that potentially valuable evidence is not overlooked, lost or destroyed. The following is a reference listing of items which should be checked (if they are applicable). Also, two other factors are important in conducting an investigation of this type, namely: a) information which is gathered should be written down in a comprehensive, neat manner, and b) all samples, clothing, or other articles which are collected should be put in sample bottles or plastic bags, and labelled with the patient's name, date, collection time, sample identification, and other pertinent data.

1. Factors Common to All Accidents

- a. Date, time of occurrence.
- b. Basic reconstruction of events.
- c. Probable source(s) of radioactivity involved.
- d. Names and addresses of all witnesses.

2. Considerations in Evaluating External Exposure

- a. Exactly where was the patient located at the time of exposure?
- b. How was patient physically oriented with respect to source (will help to evaluate nonuniform exposure)?
- c. On what part(s) of body were dosimeters being worn?
- d. Were self-reading dosimeter readings recorded and all nonself-reading types collected?
- e. Are there any "natural" dosimeters available? (Belt buckles, wrist watches, gold tooth fillings, and other such items are useful in determining neutron dose.)
- f. Exactly what was the time interval over which exposure occurred?

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
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APPENDIX 2

g. Are there any applicable dose rate measurements, and if so, exactly where and when were they made?

- 1) Ion chamber measurements
- 2) Area monitors
- 3) Other

3. Considerations in Evaluating Internal Exposure

a. Where was the patient located at time of exposure?

b. Exactly what was the time interval over which exposure occurred?

c. Can sample(s) of liquids which were ingested be obtained?

d. Can samples of airborne activity which were breathed be obtained before the area is purged?

e. Are there any applicable monitor readings?

- 1) Process monitors
- 2) Continuous Air Monitors
- 3) Area Monitors
- 4) Other

f. Can samples of patient's clothing, decontamination solutions, secretions, respirator filters, be saved?

g. Can the region in the vicinity of the occurrence be smear-tested, or can decontamination solutions be retained?

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
OVEREXPOSURE
APPENDIX Z

APPENDIX Z

EMERGENCY PROCEDURE NOTIFICATION INSTRUCTIONS

1. When this emergency procedure has been activated and upon direction from the Shift Foreman, proceed as follows:
 - a. In case of a minor injury with contamination present or an overexposure case from any source which does not meet the criteria for an Unusual Event, notify the Plant Manager, Plant Superintendent and Supervisor of CHemistry and Radiation Protection or their designated alternates.
 - b. Designate this event a significant event in a case of overexposure from an external source where the exposure (for the quarter) exceeds the following:

5 Rem Whole Body
30 Rem Skin of Whole Body
75 Rem Extremities

Notify the NRC Bethesda Operations Center using the red phone in the Control Room as a minimum within one hour. Gather sufficient information from all sources prior to calling so that the phone call is meaningful. Refer to Operating Procedure O-4 "Operating Order (One Hour Reporting Requirements to NRC)" for a suggested format for reporting. Notify the NRC that your call is pursuant to 10CFR50.72 (Notification of Significant Events).

Notify the Director, NRC Region 5, by telephone and telegraph, mailgram or facsimile within 24 hours of the event. Indicate the notification is pursuant to 10CFR20.403 (Notification of Incidents).

- c. Designate this a Notification of Unusual Event in any case of an injury or overexposure requiring transportation of the patient to an offsite hospital or if extensive onsite decontamination is required (soap and water washings do not remove contamination or offsite decontamination assistance is required). Notify plant staff and response organizations required for this classification by implementing Emergency Procedures G-2 "Establishment of the Onsite Emergency Organization" and G-3 "Notification of Offsite Organizations" in accordance with Emergency Procedure G-1 "Accident Classification and Emergency Plan Activation."

TITLE: PERSONNEL INJURY (RADIOLOGICALLY RELATED) AND/OR
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APPENDIX Z

- d. In addition to the notifications performed under "c." above, for a Notification of Unusual Event, if the case involves an overexposure from an external source which exceeds:

25 Rem Whole Body
150 Rem Skin
373 Rem Extremities

Immediately notify the Director, NRC Region 5 by telephone and telegraph, mailgram and facsimile. Indicate the notification is pursuant to 10 CFR20.403 (Notification of Incidents).

2. In addition to notification ~~performed~~ above, also notify the following in any case where NRC notification is required.
- a. Supervising Nuclear Generation Engineer (Personnel and Environmental Safety) or his alternate in the Department of Nuclear Plant Operations:
- Mr. W. H. Fujimoto
- PGandE: []
Plant Ext. []
Home: []
- b. Compensation Claims Representative in the Department of Safety, Health and Claims, per the attached list of personnel.

NOTE: 1) The System Dispatcher will handle the notification of General Office Personnel if they cannot be promptly reached.

- 2) Nuclear Mutual Limited (NML) holds the Company liability and property damage insurance for Company personnel and property. They should be notified under the same circumstances as the NRC. Notification is made by the Company's Insurance Department. The Department of Nuclear Plant Operations should be requested to interface between the plant and the Insurance Department when required. American Nuclear Insurers/Mutual Atomic Energy Liability Underwriters (ANI/MAELU) holds third party insurance coverage and would be similarly notified in accidents involving a third party.

EMERGENCY IDENTIFICATION

SHEET

[illegible]

DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT
RADIATION DOSE RATE SURVEY RECORD

DATE _____ TIME _____ SWP/RWP NO. _____ SURVEY NO. _____

AREA OR EQUIPMENT _____

TYPE OF SURVEY _____ SHEET _____ OF _____

[illegible]

SURVEYED BY _____

SURVEY TYPE	INSTRUMENT	TYPE DETECTOR	SERIAL NO.	DATE CALIB. DUE
BETA				
GAMMA				
NEUTRON				

COMMENTS _____

RECOMMENDATIONS _____

SURVEY REVIEWED _____ DATE _____

SUPERVISOR

DIABLO CANYON POWER PLANT
SKIN AND CLOTHING DECONTAMINATION

[illegible]

DECONTAMINATION INFORMATION

[illegible]

中国出版集团

SIGNATURE:

FRONT



REAR



RIGHT SIDE



LEFT SIDE



LEFT BACK



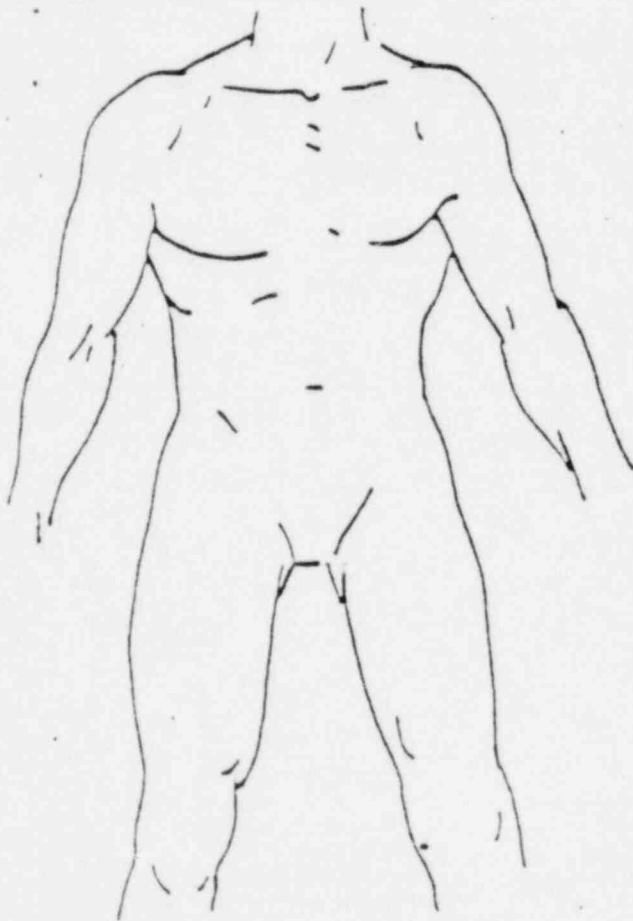
LEFT PALM



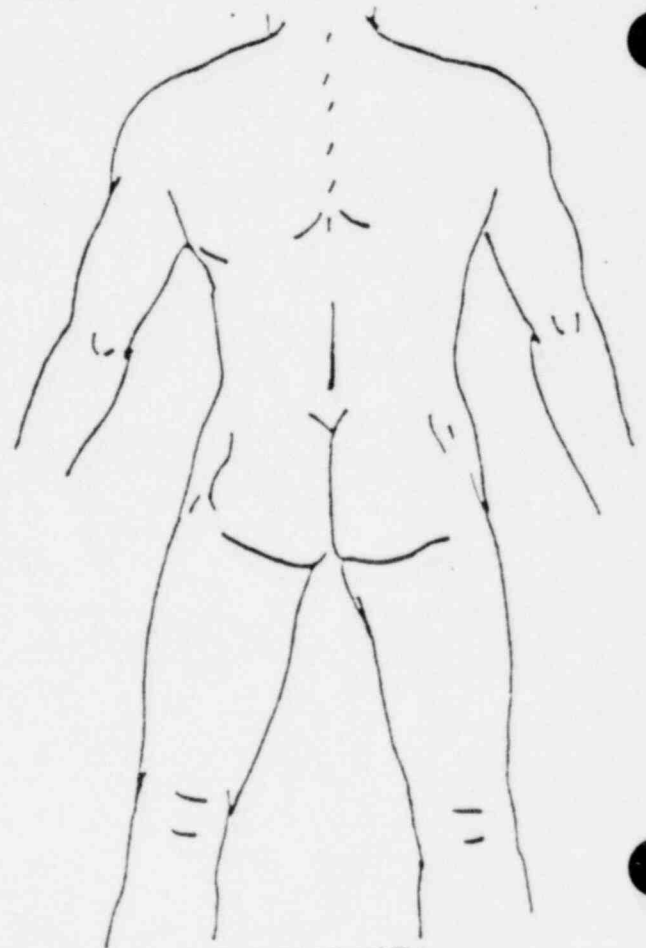
RIGHT PALM



RIGHT BACK



TORSO FRONT VIEW



TORSO REAR VIEW

☐ SKIN

☐ PROTECTIVE CLOTHING

☐ PERSONAL CLOTHING

PACIFIC GAS AND ELECTRIC COMPANY

Report of Industrial Injury to Employee

1. Name _____ 6. Division _____
2. Address _____ ZIP _____
3. Telephone No. _____ 7. Department _____
4. Social Security No. _____ 8. * Date of Accident _____
5. Occupation _____ 9. Time of Accident _____
10. Location of Accident _____ 11. Nature of Injury _____
12. What were you doing and how did accident occur? _____

13. Describe First Aid rendered: _____
14. Witnesses to accident:
1. _____
2. _____
3. _____ 15. _____
 Signature of Employee
16. Date injury reported: _____
17. Date 30 days elapses: _____ 18. _____
 * See Over Signature of Supervisor

INSTRUCTIONS: This report (Items 1 thru 15) should be *written* and *signed* by the *employee personally* and countersigned by the supervisor. It is for all Industrial Injuries and is in duplicate. The original is to be retained for Company records; the copy is to be detached after completion and given to the employee. Before signing in Item 18, the *supervisor* should fill in the date of the report (Item 16) and compute and notate the date *30 days* from the date the injury was reported (Item 17).

If the employee later requires treatment by a doctor or becomes disabled, Form 62-4586 must be prepared and forwarded to the Safety, Health and Claims Department *IMMEDIATELY* accompanied by the original of this report.

If the employee is unable to fill out or sign this report, it should be prepared, signed by the supervisor and the employee should be given a copy within 5 days as required by law.

If the injured employee cannot write English, the report may be made according to a verbal statement. If necessary, the employee may sign by a mark and a witness to the report should sign below the employee's mark.

INFORMATION FOR THE INJURED EMPLOYEE

This notice complies with the
California Labor Code

- I. **General Information:** The Company has an extensive safety program to help its employees avoid injury. In the event of a work-related injury requiring medical care, special provision has been made for the best medical services available. The Company is very much concerned with its injured employees, and is proud to extend the medical program developed over years of experience for your benefit. Every reasonable effort will be devoted in minimizing the extent and duration of your industrial injury.

The Company is entirely self-insured for industrial injuries to its employees which arise out of and occur in the course of employment. All compensation benefits, including medical treatment, rehabilitation programs, and disability payments are administered by the Company. If questions arise, please contact your supervisor.

- II. **Medical Benefits:** Through continuing efforts, the Company has utilized the talents of highly qualified physicians and specialists throughout PG&E system. A panel of doctors familiar with the various Company programs and benefits, including the light duty work program, has been established to provide a greater service to the injured employee.

You are entitled to receive medical, surgical, and hospital services and supplies reasonably required to cure or relieve you from the effects of your injury, including nursing care and such things as crutches and artificial limbs. Reasonable transportation expense incidental to treatment will also be provided.

- III. **Selection of Treating Physician:** Treatment of industrial-injured employees is provided by the employer at the employer's expense with the employee having the opportunity to change physicians if desired. California law permits employees who sustained an industrial injury to be treated by a physician or at a facility of their choice within a reasonable geographic area commencing 30 days after the date injury is reported, or immediately by your personal physician, provided you notified the Company prior to your injury.

If you wish to continue your present treatment, you may do so. It is recommended that you continue with the physician that has been provided, but if you wish to change doctors, notify your supervisor. The Company's experience in this area is available to assist you in selecting the proper medical care. If you elect to change to another treating physician or facility after 30 days, you must notify your supervisor of the name and address of the physician or facility you have selected to continue treatment. You should show this document to the physician or facility so they will be notified of the immediate duty to report to the Company as required by Section 4603.2 of the Labor Code. If the facility or physician requests, you are required to sign a medical information release to permit reports of treatment to be rendered to the Company.

- IV. **Amount of Indemnity Payable:** If your weekly wage exceeds \$231.00, you are entitled to the maximum Temporary Disability indemnity of \$154.00 per week, commencing on the 4th full day after injury. If the work-related injury results in hospitalization or more than 21 days of disability, payments will commence the 1st full day of disability. If your disability results in lost time for over two years or you lose time after two years, you will be paid temporary disability at the rate currently in effect. This applies only to injuries on or after 1-1-75. Permanent disability is paid at the rate of \$70.00 per week.

- V. **Rehabilitation:** Effective January 1, 1975, the employer must provide a rehabilitation program for any employee where the treating physician advises the Company that the employee will be unable to return to his usual and customary occupation at the time of injury, on a permanent basis.

This program provides services such as vocational evaluation, counseling, retraining, including on-the-job training and placement necessary to restore the injured employee to suitable employment, which is not confined to reemployment with PG&E. The Company works in conjunction with the California Rehabilitation Bureau.

- VI. **Death Benefits:** If your injury results in death and you have a totally dependent spouse, the sum of \$50,000.00 is the maximum benefit, except in cases involving a spouse and one or more dependent minor children, the maximum is \$55,000.00. There is also a maximum burial allowance of \$1,500.00. In cases of partial dependency, the death benefit will be a sum equal to four times the amount annually devoted to the support of the dependents not to exceed \$50,000.00.

- VII. **Further Information:** If you wish further information on your particular case, in addition to what your supervisor has provided, contact the Workers' Compensation Claims Section (415) 781-4211 Extension 3171.

Information and Assistance Officers located in the offices of the Division of Industrial Accidents, Workers' Compensation Appeals Board are a further source of information and services. The Workers' Compensation Appeals Board is the final arbiter of claims to workers' compensation.

If you wish to exercise your rights under item III of the information section, please separate this page and present it to your selected physician.

§ 9785. Duties of the Employee-Selected Physician. The physician or facility chosen by the employee who undertakes to provide treatment pursuant to Labor Code Section 4600 shall:

- (a) Within 3 working days after undertaking to provide such treatment notify the employer of the name and address of such treating physician or facility, and
- (b) Within 5 working days following initial examination shall submit a written report to the employer to include:
 - (1) The name and address of injured employee;
 - (2) The employee's medical history as obtained by the physician;
 - (3) Findings on examination;
 - (4) The subjective complaints reported by the employee;
 - (5) The planned course, scope and duration of treatment;
 - (6) If appropriate, the estimated return-to-work date;
 - (7) An opinion as to whether residual permanent disability is to be anticipated and, if possible, an estimate of its extent;
 - (8) An opinion as to whether the employee will eventually be able to engage in the occupation being performed at the time of injury.
- (c) At reasonable intervals during active treatment submit progress reports to the employer and, particularly, report promptly to the employer when:
 - (1) The employee's condition permits return to work;
 - (2) The employee's condition require him or her to leave work;
 - (3) Hospitalization or surgery is indicated or recommended;
 - (4) The employee's condition becomes permanent and stationary;
 - (5) The employee's condition undergoes a previously unexpected significant change; (this report shall contain a statement of the proposed course of treatment required, if any, by that change);
 - (6) The employee is referred to another physician for consultation;
 - (7) The employee reasonably requests additional appropriate information.

PACIFIC GAS and ELECTRIC COMPANY
Employer's Report of Occupational Injury or Illness
CONFIDENTIAL - For Use by Company Attorneys

DIVISION
GENERAL OFFICE OR
GENERAL CONSTRUCTION

DEPARTMENT DISTRICT TOWN OR LOCAL OFFICE R.C. NUMBER

LOCATION OR ITEM NUMBER ACCOUNT NUMBER JOB NUMBER

ACCIDENT REPORT NUMBER

ALPHA	YEAR	NUMBER	O.S.H.A. ESTB. CODE
1 2	3 4	5 6 7 8	

California law requires an employer to report within five days every industrial injury or occupational disease which (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid. These must be reported to the Safety, Health and Claims Department, General Office within three days so that the Company can comply with the law. In addition, cases which result in death or (a) require hospitalization of more than 24-hrs. for other than observation, (b) result in loss of any member of the body, or (c) produce any serious degree of permanent disfigurement, require an immediate telephone report to the Department so that the appropriate government agencies can be notified as required by law.

EMPLOYER	1. Firm Name PACIFIC GAS AND ELECTRIC COMPANY		4. Nature of Business PUBLIC UTILITY - Gas & Electric		Dept.	PLEASE DO NOT USE THIS COLUMN	
	2. Mailing Address 77 BEALE STREET, SAN FRANCISCO, CA 94106		5. Unemployment Insurance Account Number 002-2199		Town		
	3. Address and Phone Number of Reporting O.S.H.A. Establishment				10		
EMPLOYEE	6. Name		7. Social Security Number		Social Security Number 11-19	EMPLOYER No.	
	8. Home Address		8a. Home Phone Number		Age	INDUSTRY	
	9. Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10. Occupation / Job Title		11. Age	12. Department	34-35	
	13. Wages \$ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH		13a. Length of Service with P.G. & E. Co. _____ YEARS		36-41	SEX	
INJURY	13b. How long has employee been employed in his present occupation? A <input type="checkbox"/> Less than Six Months B <input type="checkbox"/> From Six Months to Two Years C <input type="checkbox"/> Over Two Years		13c. Years of Experience		42-45	AGE	
	14. Where did accident occur? Number and Street City or Town County		15. On Employer's Premises <input type="checkbox"/> YES <input type="checkbox"/> NO		46-48	OCCUPATION	
	16. What was employee doing when injured? (Be specific)				49	WEEKLY WAGE	
					50-51	COUNTY	
	17. How did accident or illness occur? (USE SEPARATE SHEET IF NECESSARY)				52-54	ACCIDENT TYPE	
					55-57	AGENCY	
	18. Tool, object or substance that directly injured employee				58-60	AGENCY PART	
	19. Nature of injury or illness and part of body affected				61-63	SUPPLEMENTAL AGENCY	
	20. Name and address of physician		21. Name and address of hospital, if hospitalized		64-65	NATURE OF INJURY	
	22. Date of injury or illness Mo./Day/Yr.		23. Time of Day HOURS		66-67	PART OF BODY	
ILLNESS	24. Was employee unable to work on any day after incident? <input type="checkbox"/> YES - Date last worked: <input type="checkbox"/> NO		If answer to #24 is "Yes," has supplemental benefit form been signed? <input type="checkbox"/> YES		68-69	INJURY DATE	
	25. Has employee returned to work? <input type="checkbox"/> YES - Date returned: <input type="checkbox"/> NO Still Off Work		Under whose direction does employee work?		70-71	EXTENT OF INJURY	
	26. Did employee die? <input type="checkbox"/> YES - Date: <input type="checkbox"/> NO				72	INSURANCE CARRIER	
	Date accident first reported: Date of this report:				73	REPORT LAL	
Report completed by (print or type name and title):						74	CODED BY

Filing of this report is not an admission of liability.
No report of injury required to be filed by an employer or insurer by this chapter shall be admissible as evidence in any adversary proceeding before the Workmen's Compensation Appeals Board."

Labor Code, Section 6412

FIRM: PACIFIC GAS & ELECTRIC COMPANY

OFFICIAL POSITION: Mgr., Safety, Health & Claims Dept.

TELEPHONE: 781-4211 EXTENSION: 3171

Card Code

J 80

Report # _____ Date _____, 19__

Dr. _____

Kindly give to bearer,

Mr./Ms. _____

medical attention, and forward a complete detailed report immediately to Manager, Safety, Health and Claims Dept., 245 Market Street, San Francisco, 94106. Your bills should be itemized and all bills and reports rendered in triplicate.

PACIFIC GAS AND ELECTRIC COMPANY

By _____ RC# _____

62-6015 (REV. 5/80)

Mgr. - Foreman - Supt.

PLEASE COMPLETE AND RETURN TO EMPLOYEE
(EMPLOYEE MUST HAVE COMPLETED CARD TO RETURN TO WORK)

Pacific Gas and Electric Co.: _____ Date _____, 19__

Mr./Ms. _____

Occupation _____ Report # _____

Employed By _____ RC# _____ Division.

Injured at _____ a.m. on _____, 19__
p.m.

- ☐ Return to full work immediately _____
- ☐ Modified work until _____
- ☐ Unable to work until _____
- ☐ Restrictions or limitations _____
- ☐ Return Appt. Date: _____ Time: _____
- ☐ Discharged from treatment _____

Signed _____ MD.

PACIFIC GAS AND ELECTRIC COMPANY

PG&E —

DIABLO CANYON POWER PLANT
PO Box 88 • Avila Beach, California 93424 • (805) 966-7001

R. C. THORNBERY
Plant Manager

Dear Dr.

Thank you for being one of our panel physicians that treat our employees. Our primary goal is to provide employees who sustain industrial injuries requiring medical attention with prompt, first-class treatment. Your assistance in this endeavor is appreciated.

There is an area of concern to us. While the number of employees that require treatment by a physician has remained stable or in some cases declined, the number of disabling injuries requiring time away from work, i.e., lost time injuries, has dramatically increased.

We believe that some of this time away from work might possibly be avoided if the availability of light (modified) duty or desk-type work were more widely known. Some physicians have stated that in some cases the patient will respond more rapidly to treatment if kept busy in a light-duty capacity. Productive, light-duty assignments are almost always available for employees released for work within the medical restrictions established by the physician.

It our policy to have an injured employee accompanied by a supervisor or other representative on the first doctor's visit. Should there be any question about the availability or type of light duty that can be provided, he or she will be able to answer for us.

Our employees' welfare is our main concern. Should you have any questions about our program, I will be glad to call on you at your convenience.

Sincerely,

R. C. THORNBERY

RCT:kgo

6/82

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

Page 1 of 2

Safety, Health and Claims Personnel to be
Contacted for Reporting of Injuries at Diablo Canyon¹

EMPLOYEE INJURIES

In all cases of serious employee injuries (for example, injuries involving hospitalization, electric contact, hernia, amputation, fractures, or injuries expected to result in lost time from work beyond the day of injury) or death, which occur while on the job, report should be made as follows:

During Working Hours:

T. B. Honey

PGandE local 22-3171 or 22-1622

(If Mr. Honey is not available, the person answering the telephone will take the message and notify Mr. Honey or any other parties necessary in the Safety, Health and Claims Department).

Any Other Time:

Report to one of the persons on the following list, trying each in order until one is contacted:

- | | |
|---------------------|---------------|
| 1. T. B. Honey | Pinole |
| 2. C. B. Powell | San Francisco |
| 3. P. S. Benitez | San Rafael |
| 4. T. G. Scott | Oakland |
| 5. A. Thomas | San Francisco |
| 6. L. Lasagna | Albany |
| 7. C. W. Allen | San Francisco |
| 8. B. L. Wade | San Anselmo |
| 9. J. A. Glimme | Danville |
| 10. J. C. Vocke | Lafayette |
| 11. W. A. Hutchison | San Carlos |
| 12. M. C. Dolan | Oakland |
| 13. A. L. Bechtold | Cupertino |
| 14. M. W. Johnson | Walnut Creek |
| 15. R. W. Hall | Richmond |
| 16. I. M. Crawford | Hercules |
| 17. R. G. Schumaker | El Granada |
| 18. R. D. Fagg | San Rafael |
| 19. P. C. Boettcher | Moraga |
| 20. H. W. Reynolds | Sunnyvale |
| 21. B. P. Sadler | Belmont |

¹This listing extracted from Safety, Health, and Claims memo regarding Personnel to be Contacted for Reporting of Accidents, dated 4/19/82.

Safety, Health and Claims Personnel to be
Contacted for Reporting of Injuries at Diablo Canyon
Page 2 of 2

Non-Employee Injuries

C. O. Schreil, San Luis Obispo, []

If he cannot be reached, contact one of the following in order of preference:

During working hours:

- | | |
|--------------------------------------|--------------|
| 1. John C. Echols | 22-3178/1622 |
| 2. Doug G. Keeler | 22-3165/1622 |
| 3. George G. Perry (collection only) | 22-1037/1622 |

After working hours on Monday through 8:00 a.m. on Friday, except holidays:

- | | |
|---|---------------|
| 1. John C. Echols | Pleasant Hill |
| 2. Doug G. Keeler | Concord |
| 3. John C. Vocke | Layfayette |
| 4. Amos L. Bechtold | Cupertino |
| 5. William H. Bingaman | Novato |
| 6. E. Anthony Giudici | San Carlos |
| 7. J. Alex McCorquodale | San Ramon |
| 8. Bruce P. Sadler | Belmont |
| 9. George G. Perry
(collection only) | Hayward |
| 10. Stanley W. Johnston | Fairfield |

After 5:00 p.m. on Fridays to 8:00 a.m. on Mondays and holidays:

Contact the Investigator delegated to stay on call for all emergencies. He may be reached through the System Dispatcher. If he is not available, the Dispatcher will follow the procedures for "After Working Hours."



Pacific Gas and Electric Company

NUMBER EP M-1

REVISION 6

DATE 6/9/82

PAGE 1 OF 4



DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

EMERGENCY PROCEDURE

TITLE: EMPLOYEE INJURY (NONRADIOLOGICAL)

APPROVED

R. C. Thonburg
PLANT MANAGER

6-50-82
DATE

SCOPE

This procedure describes the actions which are to be taken in the event of an injury to an employee which does not involve radioactive contamination or overexposure. Injuries in which radiological considerations are involved are discussed separately in the R series of Emergency Procedures.

IMMEDIATE ACTIONS

The employee(s) who are at the scene shall:

1. Render all necessary first aid.
2. Notify the control room (Shift Foreman) as soon as practical.

SUBSEQUENT ACTIONS

The Shift Foreman shall direct all subsequent actions until relieved by the long term Site Emergency Coordinator if the emergency warrants it. Such actions should include the following:

1. Sound emergency signal, code override, or other general warning signal to clear the area if the situation warrants it.
2. Dispatch additional personnel to the scene of the injury if required. Personnel who have not been instructed to provide assistance at the scene should remain on their jobs and stay clear of the affected area.
3. Transport the injured person to a Company panel physician or hospital if the situation warrants it (refer to the attached list). If possible, the employee is to be accompanied by a supervisor. The practices which are to be followed if this step is necessary are given in the following section of this procedure.
4. Secure the names and addresses of all witnesses (both Company and non-Company).
5. Perform the notifications required by Appendix Z.

TITLE: EMPLOYEE INJURY (NONRADIOLOGICAL)

6. Complete the appropriate accident report(s) and forward to the office supervisor for processing.
 - a. Form 62-4587, "Report of Industrial Injury to Employee" in cases where no medical treatment was required other than minor first aid at the plant.
 - b. Form 62-4586, "Employer's Report of Occupational Injury of Illness" in all cases requiring medical treatment (including doctor referral) other than first aid or results in lost time beyond the day of injury.
 - c. Form 62-5542, "Report of Automobile Accident" if appropriate.

TRANSPORTATION OF INJURED PERSONNEL

1. The preferred mode of transportation for injured persons is by Company panel ambulance service. Company or private vehicles should only be used in cases where the delay associated with securing an ambulance might result in significant deterioration of the injured person's condition, or when the injury is of a minor nature where use of an ambulance is not warranted.
2. When requesting ambulance service (refer to the attached list), provide the following information to the ambulance service.
 - a. Name of caller
 - b. Company affiliation
 - c. Phone number of caller (where he can be reached)
 - d. Name of injured person
 - e. Where he is located
 - f. Where he is to be transported
 - g. Nature of injury
 - h. Any other medical information which might be pertinent to transporting the injured person

Record this information on Form 18-9221, "Emergency Notification Record."

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

NUMBER
REVISION EP M-1
DATE 6
PAGE 6/9/82
3 OF 4

TITLE EMPLOYEE INJURY (NONRADIOLOGICAL)

3. If ambulance or medical personnel are to enter the site, notify the security force at the Port San Luis entrance and alert them.
4. If possible, have a supervisor accompany the injured person to the hospital (or doctor's office). If this is not practical, call a supervisor and have him meet the injured person at the hospital (or doctor's office). The supervisor should inform the doctor about the Company's light duty program.
5. If possible, call ahead to the hospital (or doctor) and provide the following information:
 - a. Name of caller
 - b. Company affiliation
 - c. Phone number of caller (where he can be reached)
 - d. Name of injured person
 - e. Age of injured person (approximate if not known)
 - f. Extent of injury or symptoms
 - g. Medical history (if known)
 - h. Radiological conditions.¹

Record this information on Form 18-9221, "Emergency Notification Record."

6. A medical referral, Form 62-6015, shall be completed and sent to the hospital (or doctor) with the injured person along with a copy of the Light Duty Program Letter (copy attached). These forms should be taken by the accompanying supervisor, the injured person, or the ambulance driver, as appropriate.

¹If the injury is involved with radiation, see "R" Emergency Procedures.

However, the hospital should also be informed when radiation is not involved, because in the absence of such knowledge, they will assume that radiation is involved.

DIABLO CANYON POWER PLANT UNIT NO(S)

1 AND 2

NUMBER EP M-1
REVISION 6
DATE 6/9/82
PAGE 4 OF 4

TITLE: EMPLOYEE INJURY (NONRADIOLOGICAL)

REFERENCES

1. Rule 16, PGandE Accident Prevention Rules.
2. PGandE Standard Practice 250.
3. NRC Information Notice 80-06, "Notification of Significant Events."

ATTACHMENTS

1. Form 62-4587, "Report of Industrial Injury to Employee"
2. Form 62-4586, "Employer's Report of Occupational Injury or Illness"
3. Form 62-6015, "Medical Referral"
4. Form 62-4542, "Report of Automobile Accident"
5. Form 69-9221, "Emergency Notification Record"
6. Light Duty Program Letter
7. Company Panel of Physicians, Ambulance, and Hospitals serving the immediate area around Diablo Canyon.
8. Safety, Health and Claims Personnel to be contacted for Reporting of Injuries at Diablo Canyon.
9. Appendix Z, Emergency Procedure Notification Instructions

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

NUMBER EP M-1
REVISION 6
DATE 6/8/82
PAGE 1 OF 1

TITLE: EMPLOYEE INJURY (NONRADIOLOGICAL)

APPENDIX Z

EMERGENCY PROCEDURE NOTIFICATION INSTRUCTIONS

1. When this emergency procedure has been implemented, and upon direction from the Shift Foreman, proceed as follows:
 - a. Notify the Plant Manager, Plant Superintendent, Supervisor of Chemistry and Radiation Protection or their designated alternates.
 - b. Notify the Compensation Claims Representative, Department of Safety Health and Claims, per the attached list of personnel.

NOTE: If the above General Office personnel cannot be promptly reached, request the Systems Dispatcher to contact alternate personnel.

- c. Designate this event a significant event if, in the opinion of the Shift Foreman, the injury will require treatment or observation which will last longer than 48 hours, or in any case of a fatality. Notify the NRC Bethesda Operation's Center within one hour, as a minimum, using the red phone in the Control Room. Gather sufficient information from all sources so that the phone call is meaningful. Refer to Operating Procedure 0-4 "Operating Order (One hour report requirements to NRC)" for a suggested format for reporting. Notify the NRC that your call is pursuant to 10 CFR Part 50.72 (Notification of Significant Events).
 - d. In addition to the notification performed above, also notify the following if NRC is notified, Supervising Nuclear Generation Engineer (Personnel and Environmental Safety) or his alternate in the Department of Nuclear Plant Operation:

Mr. W. H. Fujimoto
PGandE
Plant Extension
Home



PACIFIC GAS AND ELECTRIC COMPANY

Report of Industrial Injury to Employee

1. Name _____	6. Division _____
2. Address _____	ZIP _____
3. Telephone No. _____	7. Department _____
4. Social Security No. _____	8. Date of Accident _____
5. Occupation _____	9. Time of Accident _____
10. Location of Accident _____	11. Nature of Injury _____
12. What were you doing and how did accident occur? _____ _____ _____	
13. Describe First Aid rendered: _____	
14. Witnesses to accident:	
1. _____	
2. _____	
3. _____	15. _____ Signature of Employee
16. Date injury reported: _____	
17. Date 30 days elapses: _____	18. _____ Signature of Supervisor

* See Over

INSTRUCTIONS: This report (Items 1 thru 15) should be *written and signed* by the *employee personally* and countersigned by the supervisor. It is for all Industrial Injuries and is in duplicate. The original is to be retained for Company records; the copy is to be detached after completion and given to the employee. Before signing in Item 18, the *supervisor* should fill in the date of the report (Item 16) and compute and notate the date *30 days* from the date the injury was reported (Item 17).

If the employee later requires treatment by a doctor or becomes disabled, Form 62-4586 must be prepared and forwarded to the Safety, Health and Claims Department *IMMEDIATELY* accompanied by the original of this report.

If the employee is unable to fill out or sign this report, it should be prepared, signed by the supervisor and the employee should be given a copy within 5 days as required by law.

If the injured employee cannot write English, the report may be made according to a verbal statement. If necessary, the employee may sign by a mark and a witness to the report should sign below the employee's mark.

INFORMATION FOR THE INJURED EMPLOYEE

This notice complies with the
California Labor Code

- I. **General Information:** The Company has an extensive safety program to help its employees avoid injury. In the event of a work-related injury requiring medical care, special provision has been made for the best medical services available. The Company is very much concerned with its injured employees, and is proud to extend the medical program developed over years of experience for your benefit. Every reasonable effort will be devoted in minimizing the extent and duration of your industrial injury.

The Company is entirely self-insured for industrial injuries to its employees which arise out of and occur in the course of employment. All compensation benefits, including medical treatment, rehabilitation programs, and disability payments are administered by the Company. If questions arise, please contact your supervisor.

- II. **Medical Benefits:** Through continuing efforts, the Company has utilized the talents of highly qualified physicians and specialists throughout PG&E system. A panel of doctors familiar with the various Company programs and benefits, including the light duty work program, has been established to provide a greater service to the injured employee.

You are entitled to receive medical, surgical, and hospital services and supplies reasonably required to cure or relieve you from the effects of your injury, including nursing care and such things as crutches and artificial limbs. Reasonable transportation expense incidental to treatment will also be provided.

- III. **Selection of Treating Physician:** Treatment of industrial-injured employees is provided by the employer at the employer's expense with the employee having the opportunity to change physicians if desired. California law permits employees who sustained an industrial injury to be treated by a physician or at a facility of their choice within a reasonable geographic area commencing 30 days after the date injury is reported, or immediately by your personal physician, provided you notified the Company prior to your injury.

If you wish to continue your present treatment, you may do so. It is recommended that you continue with the physician that has been provided, but if you wish to change doctors, notify your supervisor. The Company's experience in this area is available to assist you in selecting the proper medical care. If you elect to change to another treating physician or facility after 30 days, you must notify your supervisor of the name and address of the physician or facility you have selected to continue treatment. You should show this document to the physician or facility so they will be notified of the immediate duty to report to the Company as required by Section 4603.2 of the Labor Code. If the facility or physician requests, you are required to sign a medical information release to permit reports of treatment to be rendered to the Company.

- IV. **Amount of Indemnity Payable:** If your weekly wage exceeds \$231.00, you are entitled to the maximum Temporary Disability indemnity of \$154.00 per week, commencing on the 4th full day after injury. If the work-related injury results in hospitalization or more than 21 days of disability, payments will commence the 1st full day of disability. If your disability results in lost time for over two years or you lose time after two years, you will be paid temporary disability at the rate currently in effect. This applies only to injuries on or after 1-1-75. Permanent disability is paid at the rate of \$70.00 per week.

- V. **Rehabilitation:** Effective January 1, 1975, the employer must provide a rehabilitation program for any employee where the treating physician advises the Company that the employee will be unable to return to his usual and customary occupation at the time of injury, on a permanent basis.

This program provides services such as vocational evaluation, counseling, retraining, including on-the-job training and placement necessary to restore the injured employee to suitable employment, which is not confined to reemployment with PG&E. The Company works in conjunction with the California Rehabilitation Bureau.

- VI. **Death Benefits:** If your injury results in death and you have a totally dependent spouse, the sum of \$50,000.00 is the maximum benefit, except in cases involving a spouse and one or more dependent minor children, the maximum is \$55,000.00. There is also a maximum burial allowance of \$1,500.00. In cases of partial dependency, the death benefit will be a sum equal to four times the amount annually devoted to the support of the dependents not to exceed \$50,000.00.

- VII. **Further Information:** If you wish further information on your particular case, in addition to what your supervisor has provided, contact the Workers' Compensation Claims Section (415) 781-4211 Extension 3171.

Information and Assistance Officers located in the offices of the Division of Industrial Accidents, Workers' Compensation Appeals Board are a further source of information and services. The Workers' Compensation Appeals Board is the final arbiter of claims to workers' compensation.

If you wish to exercise your rights under item III of the information section, please separate this page and present it to your selected physician."

§ 9785. Duties of the Employee-Selected Physician. The physician or facility chosen by the employee who undertakes to provide treatment pursuant to Labor Code Section 4600 shall:

- (a) Within 3 working days after undertaking to provide such treatment notify the employer of the name and address of such treating physician or facility, and
- (b) Within 5 working days following initial examination shall submit a written report to the employer to include:
 - (1) The name and address of injured employee;
 - (2) The employee's medical history as obtained by the physician;
 - (3) Findings on examination;
 - (4) The subjective complaints reported by the employee;
 - (5) The planned course, scope and duration of treatment;
 - (6) If appropriate, the estimated return-to-work date;
 - (7) An opinion as to whether residual permanent disability is to be anticipated and, if possible, an estimate of its extent;
 - (8) An opinion as to whether the employee will eventually be able to engage in the occupation being performed at the time of injury.
- (c) At reasonable intervals during active treatment submit progress reports to the employer and, particularly, report promptly to the employer when:
 - (1) The employee's condition permits return to work;
 - (2) The employee's condition require him or her to leave work;
 - (3) Hospitalization or surgery is indicated or recommended;
 - (4) The employee's condition becomes permanent and stationary;
 - (5) The employee's condition undergoes a previously unexpected significant change; (this report shall contain a statement of the proposed course of treatment required, if any, by that change);
 - (6) The employee is referred to another physician for consultation;
 - (7) The employee reasonably requests additional appropriate information.

PACIFIC GAS and ELECTRIC COMPANY
Employer's Report of Occupational Injury or Illness
CONFIDENTIAL - For Use by Company Attorneys

DIVISION
GENERAL OFFICE OR
GENERAL CONSTRUCTION

DEPARTMENT **DISTRICT, TOWN OR** **A. C. NUMBER**
LOCAL OFFICE

LOCATION OR **ACCOUNT NUMBER** **JOB NUMBER**
ITEM NUMBER

ACCIDENT REPORT NUMBER

California law requires an employer to report within five days every industrial injury or occupational disease which (a) results in lost time beyond the day of injury, or (b) requires medical treatment other than first aid. These must be reported to the Safety, Health and Claims Department, General Office within three days so that the Company can comply with the law. In addition, cases which result in death or (a) require hospitalization of more than 24-hrs. for other than observation, (b) result in loss of any member of the body, or (c) produce any serious degree of permanent disfigurement, require an immediate telephone report to the Department so that the appropriate government agencies can be notified as required by law.

ALPHA YEAR **NUMBER** **ESTB. CODE**
 * 1 2 3 4 5 6 7 8 9

1. Name PACIFIC GAS AND ELECTRIC COMPANY 77 BEALE STREET, SAN FRANCISCO, CA Phone 781-4211, Ext. 3171 94106	4. Nature of Business PUBLIC UTILITY - Gas & Electric	Dept. 9	PLEASE DO NOT USE THIS COLUMN
2. Mailing Address	5. Unemployment Insurance Account Number 002-2199	10	CASE NO.
3. Address and Phone Number of Reporting O.S.H.A. Establishment			EMPLOYER NO.
6. Name	7. Social Security Number	Social Security Number 11-19	
8. Home Address	8a. Home Phone Number	Age	INDUSTRY
9. Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	10. Occupation / Job Title	34-35	SEX
11. Age	12. Department	36-41	AGE
13. Wages \$ <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH	13a. Length of Service with P.G. & E. Co. YEARS	42-45	OCCUPATION
13b. How long has employee been employed in his present occupation? A <input type="checkbox"/> Less than Six Months B <input type="checkbox"/> From Six Months to Two Years C <input type="checkbox"/> Over Two Years	13c. Years of Experience	46-48	WEEKLY WAGE
14. Where did accident occur? Number and Street City or Town County	15. On Employer's Premises <input type="checkbox"/> YES <input type="checkbox"/> NO	49	COUNTY
16. What was employee doing when injured? (Be specific)		50-51	ACCIDENT TYPE
17. How did accident or illness occur? (Use separate sheet if necessary)		52-54	AGENCY
18. Tool, object or substance that directly injured employee		55-57	AGENCY PART
19. Nature of injury or illness and part of body affected		58-60	SUPPLEMENTAL AGENCY
20. Name and address of physician	21. Name and address of hospital, if hospitalized	61-63	NATURE OF INJURY
22. Date of injury or illness Mo./Day/Yr.	23. Time of Day HOURS	64-65	PART OF BODY
24. Was employee unable to work on any day after incident? <input type="checkbox"/> YES - Date last worked: <input type="checkbox"/> NO	If answer to #24 is "Yes" has supplemental benefit form been signed? <input type="checkbox"/> YES	66-67	INJURY DATE
25. Has employee returned to work? <input type="checkbox"/> YES - Date returned: <input type="checkbox"/> NO Still Off Work.	Under whose direction does employee work?	68-69	EXTENT OF INJURY
26. Did employee die? <input type="checkbox"/> YES - Date: <input type="checkbox"/> NO		70-71	INSURANCE CARRIER
Date accident first reported	Date of this report	72	REPORT LAG
Report completed by (print or type name and title)		73	CODED BY
		74	
		75-76	
		Card Code	

Filing of this report is not an admission of liability. No report of injury required to be filed by an employer or insurer by this chapter shall be admissible as evidence in any adversary proceeding before the Workmen's Compensation Appeals Board.

Labor Code, Section 6412

FIRM: PACIFIC GAS & ELECTRIC COMPANY

OFFICIAL POSITION: Mgr., Safety, Health & Claims Dept.

TELEPHONE: 781-4211 EXTENSION: 3171

Card Code
J 80

Report # _____ Date _____, 19__

Dr. _____

Kindly give to bearer,

Mr./Ms. _____

medical attention, and forward a complete detailed report immediately to Manager, Safety, Health and Claims Dept., 245 Market Street, San Francisco, 94106. Your bills should be itemized and all bills and reports rendered in triplicate.

PACIFIC GAS AND ELECTRIC COMPANY

By _____ RC# _____

62-6015 (REV 5/80)

Mgr. - Foreman - Supt.

PLEASE COMPLETE AND RETURN TO EMPLOYEE
(EMPLOYEE MUST HAVE COMPLETED CARD TO RETURN TO WORK)

Pacific Gas and Electric Co.: Date _____, 19__

Mr./Ms. _____

Occupation _____ Report # _____

Employed By _____ RC# _____ Division.

Injured at _____ a.m. on _____, 19__
p.m.

- ☐ Return to full work immediately _____
- ☐ Modified work until _____
- ☐ Unable to work until _____
- ☐ Restrictions or limitations _____
- ☐ Return Appt. Date: _____ Time: _____
- ☐ Discharged from treatment _____

Signed _____ MD.

Confidential**For Use by Company Attorneys Only
REPORT OF AUTOMOBILE ACCIDENT**

FORWARD REPORT TO:

DIVISION, G. O. OR
GENERAL CONSTRUCTION

1 Who was the other driver and owner; or owner of damaged property?

Driver's name

Address

Street City

Sex

Date of Birth

Oper. Lic. No.

Owner's name

Address

Street City

Vehicle: Make

Type

Year

Lic. No.

Engine No.

(ABOVE SPACE FOR GENERAL OFFICE USE ONLY)

ACCIDENT REPORT NUMBER DIV. USE

DIVISION OR G.O. YEAR NUMBER DIST. OF

DEPT. DEPT.

ALPHA NUMERIC

2

Who was injured?

1. Name: Age

Address:

2. Name: Age

Address:

Injury (1)

(2)

Injured taken to:

Passengers
in other
vehicle.

3

1. Name: Address

2. " " "

3. " " "

Persons in
the vicinity
of accident.

4

1. Name: Address

2. " " "

3. " " "

Time and
place of
accident.

5

Date: at A. M. P. M. On (Street or rural highway)

At (Intersecting street, house number or highway location) In (City or County) (State)

What
damage
resulted?

6

To the other vehicle or property Estimated cost

To company vehicle Estimated cost

Direction of other vehicle Speed of other vehicle Did other vehicle hit you? Did you hit the other vehicle?

Direction of company vehicle Speed of company vehicle

Describe
here
in detail
how the
accident
happened.This
should
be very
complete.

7

Number of seat belts in company vehicle Number of seat belts in use at time of accident

Seat location of occupants in company vehicle not using seat belts

(IF NECESSARY USE ADDITIONAL SHEET TO COMPLETE STORY)

Road,
Weather
and
Light
Conditions

8

(Describe fully)

Company driver: Age Address

California Driver's License No. Class Expiration Date

Division District Dept. Occupation

Vehicle number Make Type Year Odometer reading

Give names of pass. in company vehicle

Any
driver
accident.

9

LOCATION OR ITEM NO.

ACCOUNT NO.

JOB IN PROGRESS AT TIME OF ACCIDENT
(G.M., W.O., N., D.&C.)JOB NO. (ISSUED TO COVER REPAIRS
(W.O., N., D.&C.)

R.C. NO.

DO NOT DISCUSS ACCIDENT

INSTRUCTIONS

All accidents arising out of the operation of Company-owned, leased, or rented vehicles, as well as employee-owned, leased, or rented vehicles used in Company business, must be reported to the Supervisor in charge immediately. All injuries to persons or serious damage to property of others involving above vehicles must be reported to the Claims and Safety Department Field Investigator or, if he is unavailable, the General Office Claims and Safety Department. Such notification shall be by the fastest means of communication available and this report prepared the same day. Answer each question fully. When blank spaces are not sufficient for full statements, answer each on separate sheets and attach hereto.

Prepare a diagram in space below to indicate location of accident and position of vehicles, persons and/or property involved when accident occurred. Show street names and direction of travel. Indicate arterial streets. Show important measurements. Show point of collision and position of vehicles before and after accident.

Date of this report _____

Driver's Signature _____

Countersigned _____

Mgr., Supt., Foreman, Etc.

PACIFIC GAS AND ELECTRIC COMPANY

PG&E

DIABLO CANYON POWER PLANT
P.O. Box 55 • Avila Beach, California 93424 • (605) 585-7311

R. C. THORNBERRY
~~PLANT MANAGER~~
PLANT MANAGER

Dear Dr.

Thank you for being one of our panel physicians that treat our employees. Our primary goal is to provide employees who sustain industrial injuries requiring medical attention with prompt, first-class treatment. Your assistance in this endeavor is appreciated.

There is an area of concern to us. While the number of employees that require treatment by a physician has remained stable or in some cases declined, the number of disabling injuries requiring time away from work, i.e., lost time injuries, has dramatically increased.

We believe that some of this time away from work might possibly be avoided if the availability of light (modified) duty or desk-type work were more widely known. Some physicians have stated that in some cases the patient will respond more rapidly to treatment if kept busy in a light-duty capacity. Productive, light-duty assignments are almost always available for employees released for work within the medical restrictions established by the physician.

It our policy to have an injured employee accompanied by a supervisor or other representative on the first doctor's visit. Should there be any question about the availability or type of light duty that can be provided, he or she will be able to answer for us.

Our employees' welfare is our main concern. Should you have any questions about our program, I will be glad to call on you at your convenience.

Sincerely,

R. C. THORNBERRY

RCT:kgs

DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT

Company Panel of Physicians, Ambulances, and Hospitals
Serving the Immediate Area Around Diablo Canyon¹

Ambulance

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Remarks</u>
San Luis Ambulance Service	358 Santa Rosa San Luis Obispo	543-2626	Radiation Exposure Patients
CENTRAL DISPATCH		543-7911	
Five Cities Ambulance Service	135 South Halcyon Rd Arroyo Grande	489-4241	
CENTRAL DISPATCH		543-7911	

Hospitals

French Hospital	1911 Johnson Avenue San Luis Obispo	543-6353	Radiation Exposure Patients - External Defib. Equip.
Sierra Vista Hospital (20 minutes to clear for helicopter)	1010 Murray Avenue San Luis Obispo	543-6550	External Defibrillation Equipped
Arroyo Grande Community Hospital and Medical Center	345 South Halcyon Rd Arroyo Grande	489-4251	External Defibrillation Equipped

Physicians

Richard E. Fleming	1235 Osos Street San Luis Obispo	543-4800	Industrial Injury Treatment
T. A. Beresky	100 Casa Street San Luis Obispo	543-6121	Eye
French Medical Clinic	1941 Johnson Avenue San Luis Obispo	543-7070 Ext 313	Industrial Injury Treatment
Physicians' Exchange		772-2727	

1. This list extracted from Standard Practice No. 251.1-1, Panel of Physicians, Ambulances, and Hospitals, Coast Valleys Division, dated 9/1/79.

6/82

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

Page 1 of 2

Safety, Health and Claims Personnel to be
Contacted for Reporting of Injuries at Diablo Canyon¹

EMPLOYEE INJURIES

In all cases of serious employee injuries (for example, injuries involving hospitalization, electric contact, hernia, amputation, fractures, or injuries expected to result in lost time from work beyond the day of injury) or death, which occur while on the job, report should be made as follows:

During Working Hours:

T. B. Honey

PGandE local 22-3171 or 22-1622

(If Mr. Honey is not available, the person answering the telephone will take the message and notify Mr. Honey or any other parties necessary in the Safety, Health and Claims Department).

Any Other Time:

Report to one of the persons on the following list, trying each in order until one is contacted:

- | | |
|---------------------|---------------|
| 1. T. B. Honey | Pinole |
| 2. C. B. Powell | San Francisco |
| 3. P. S. Benitez | San Rafael |
| 4. T. G. Scott | Oakland |
| 5. A. Thomas | San Francisco |
| 6. L. Lasagna | Albany |
| 7. C. W. Allen | San Francisco |
| 8. B. L. Wade | San Anselmo |
| 9. J. A. Glinne | Danville |
| 10. J. C. Vocke | Lafayette |
| 11. W. A. Hutchison | San Carlos |
| 12. M. C. Dolan | Oakland |
| 13. A. L. Bechtold | Cupertino |
| 14. M. W. Johnson | Walnut Creek |
| 15. R. W. Hall | Richmond |
| 16. I. M. Crawford | Hercules |
| 17. R. G. Schumaker | El Granada |
| 18. R. D. Fagg | San Rafael |
| 19. P. C. Boettcher | Moraga |
| 20. H. W. Reynolds | Sunnyvale |
| 21. B. P. Sadler | Belmont |

¹This listing extracted from Safety, Health, and Claims memo regarding Personnel to be Contacted for Reporting of Accidents, dated 4/19/82.

Non-Employee Injuries

C. O. Schreil, San Luis Obispo, [(office)
(office)
(home)]

If he cannot be reached, contact one of the following in order of preference:

During working hours:

1. John C. Echols
2. Doug G. Keeler
3. George G. Perry (collection only)

After working hours on Monday through 3:00 a.m. on Friday, except holidays:

- | | |
|---|---------------|
| 1. John C. Echols | Pleasant Hill |
| 2. Doug G. Keeler | Concord |
| 3. John C. Vocke | Lafayette |
| 4. Amos L. Bechtold | Cupertino |
| 5. William H. Singaman | Novato |
| 6. E. Anthony Giudici | San Carlos |
| 7. J. Alex McCorquodale | San Ramon |
| 8. Bruce P. Sadler | Belmont |
| 9. George G. Perry
(collection only) | Hayward |
| 10. Stanley W. Johnston | Fairfield |

After 3:00 p.m. on Fridays to 3:00 a.m. on Mondays and holidays:

Contact the Investigator delegated to stay on call for all emergencies. He may be reached through the System Dispatcher. If he is not available, the Dispatcher will follow the procedures for "After Working Hours."

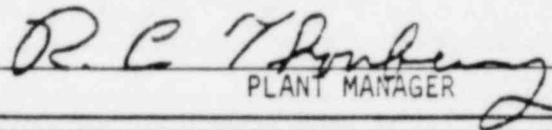


DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

EMERGENCY PROCEDURE
TITLE: INJURY TO NONEMPLOYEE (THIRD PARTY)

APPROVED:


PLANT MANAGER6-30-82
DATESCOPE

This procedure describes the actions which are to be taken in the event of an injury to a nonemployee which is incurred in connection with Company operations either on or in the vicinity of the plant site.

IMMEDIATE ACTIONS

The employee(s) who are at the scene shall:

1. Render all necessary first aid.
2. Notify the control room (Shift Foreman) as soon as practical.

SUBSEQUENT ACTIONS

The Shift Foreman shall direct all subsequent actions until relieved by the Long Term Site Emergency Coordinator (if the situation warrants it). Such actions should include the following:

1. Sound emergency signal, code override, or other general warning signal to clear the area if the situation warrants it.
2. Dispatch additional personnel to the scene of the injury if required. Personnel who have not been instructed to provide assistance at the scene should remain on their jobs and stay clear of the affected area.
3. Call an ambulance or physician if the situation warrants it. The practices which are to be followed if this step is necessary are given in the following section of this procedure.
4. Secure the names and addresses of all witnesses (both Company and Noncompany).
5. Perform the notifications required by Appendix Z.
6. An accident report should be completed as soon as practical either on Form 62-6226 "Report of Miscellaneous Accident," of

TITLE: INJURY TO NONEMPLOYEE (THIRD PARTY)

Form 62-4542, "Report of Automobile Accident," as is appropriate. The accident report should be forwarded to the plant clerk for processing.

POLICIES TO BE FOLLOWED WHEN REQUESTING OUTSIDE ASSISTANCE

If a third party requires medical care, the following policies should be followed by Company personnel who secure assistance.

1. If the injured individual is in a condition where he can speak for himself, call the physician which he requests. If an ambulance is required, call the ambulance which he requests.
2. If the injured individual cannot speak for himself, but friends, relatives, or his employer are present, leave the matter of his care to them.
3. If an injured individual cannot speak for himself, and friends, relatives, or employer, or public officials are not present or will not take charge, call a local ambulance service and have the injured person sent to the San Luis Obispo General Hospital for treatment.
4. Whenever a physician or an ambulance is called, it should be clearly stated by the employee making the call that this is not Company responsibility and is made not on behalf of the Company but of the injured person or for his benefit, or until family, friends, employer, or public officials can take charge.
5. An injured third party should only be transported in a Company vehicle in the event of an extreme emergency when the delay associated with securing an ambulance might result in a significant deterioration of the injured person's condition.

POLICIES TO BE FOLLOWED IN THE EVENT OF RADIOACTIVE CONTAMINATION

If the injured individual is significantly contaminated with radioactive material or overexposed, the matter will be treated in the same manner as would a similar incident involving a Company employee (see Emergency Procedure R-1 "Personnel Injury (Radiologically related) and/or Overexposure).

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

NUMBER EP M-2
REVISION 5
DATE 6/1/82
PAGE 3 OF 3

TITLE INJURY TO NONEMPLOYEE (THIRD PARTY)

REFERENCES

1. PGandE Standard Practice 250.
2. PGandE Claims Department Circular Letter No. 19, 10/1/49.
3. NRC Information Notice 80-06, "Notification of Significant Events."

ATTACHMENTS

1. Form 62-6226, "Report of Miscellaneous Accident."
2. Form 62-4542, "Report of Automobile Accident."
3. Appendix Z, Emergency Procedure Notification Instructions

PG&E

REPORT OF MISCELLANEOUS ACCIDENT

CONFIDENTIAL

FOR USE BY COMPANY ATTORNEYS ONLY

FORWARD REPORT TO:

ACCIDENT REPORT NUMBER

DEPARTMENT
(CHECK)

GAS

ELECTRIC

STEAM

WATER

OTHER

ALPHA

YEAR

SEC. NUMBER

DIV. USE

CHECK #2 ELECTRIC — FOR ALL POWER PLANTS AND WATER COLLECTING
CHECK #3 STEAM HEAT — FOR COMMERCIAL STEAM HEAT ONLY1. LOCATION
OF ACCIDENT:

STREET, HIGHWAY, MILEPOST OR OTHER SPECIFIC LOCATION, CITY, NEAREST TOWN, POWER HOUSE, ETC. AND COUNTY

2. DATE
OF ACCIDENT:

(MONTH—DAY—YEAR)

3. TIME

HOURS

4. DATE COMPANY
WAS NOTIFIED:

(MONTH—DAY—YEAR)

5. INCIDENT BEING REPORTED: ☐ CAR-POLE ☐ TRIP-FALL ☐ FIRE ☐ ELECTRIC CONTACT
☐ EXPLOSION ☐ MOTOR BURNOUT ☐ STORM ☐ DIG-IN ☐ OTHER _____

REPORT: If necessary, use reverse side of this form for explanatory sketch or additional information.

WERE PHOTOS TAKEN
OF THE ACCIDENT?☐ YES☐ NOWAS ANY PHYSICAL EVIDENCE SECURED
IN CONNECTION WITH THIS INCIDENT?☐ YES☐ NO

6. NAME AND ADDRESS OF

1. INJURED PERSON 2. PERSON
DAMAGING COMPANY PROPERTY
OR 3. OWNER OF DAMAGED
PROPERTY OTHER THAN PG&E
PROPERTY

(INDICATE NUMBER IN SQUARE)

☐
☐
☐

NAME

ADDRESS

CITY, STATE

PHONE NUMBER

NAME

ADDRESS

CITY, STATE

PHONE NUMBER

NAME

ADDRESS

CITY, STATE

PHONE NUMBER

7.

WITNESSES: IMPORTANT — Sec'd names, addresses and phone numbers of all witnesses—if no eye witness, give names of those who can give information.
Show "none" if there were no witnesses.

PG&E EMPLOYEE'S NAME, DEPT., PHONE NUMBER:

NON-EMPLOYEE'S NAME, ADDRESS, PHONE NUMBER:

8. ESTIMATED TOTAL DOLLAR
DAMAGE TO PG&E
COMPANY PROPERTY \$9. WAS THERE ANY DAMAGE
TO PROPERTY OF OTHERS?☐ YES ☐ NO ☐ UNKNOWNIF YES, ESTIMATE
TOTAL DOLLAR
DAMAGE \$

10.

NAME OF FIRE SUPPRESSION UNIT

☐ USFS☐ COUNTY☐ FIRE DISTRICT☐ COF☐ MUNICIPAL☐ UNKNOWN☐ NONE

11.

IS COLLECTION ACTION BY THE
COMPANY RECOMMENDED? ☐ YES ☐ NO

DIVISION, G.O. OR GENERAL CONSTRUCTION DEPARTMENT

REPORT PREPARED BY
(PRINT NAME)REPORT REVIEWED BY
(MANAGER, SUPT., FOREMAN, ETC.)

DISTRICT & TOWN

DATE

SIGNED _____

PHONE NO.

PRINT NAME

PHONE NO.

LOCATION OR ITEM NO.

ACCOUNT NO.

JOB IN PROGRESS AT TIME OF ACCIDENT
(G.M., W.C., M., D. & C.)JOB NO. ISSUED TO COVER REPAIRS
(W.C., M., D. & C.)

R.C. NO.

Confidential

**For Use by Company Attorneys Only
REPORT OF AUTOMOBILE ACCIDENT**

FORWARD REPORT TO:

DIVISION, G. O. OR
GENERAL CONSTRUCTION

1 Who was the other driver and owner; or owner of damaged property?

Driver's name

Address

Street, City

Sex Date of Birth

Oper Lic. No.

Owner's name

Address

Street, City

Vehicle: Make Type Year Lic. No.

Engine No.

ABOVE SPACE FOR GENERAL OFFICE USE ONLY

ACCIDENT REPORT NUMBER DIV. USE

DIV. IN OR G. O. DEPT. YEAR NUMBER DIST. OF DEPT.

ALPHA NUMERIC

2 Who was injured?

1. Name: Address: Age:

2. Name: Address: Age:

3. Name: Address: Age:

4. Name: Address: Age:

Injury (1)

(2)

Injured taken to

Passengers in other vehicle

1. Name: Address:

2. Name: Address:

3. Name: Address:

Persons in the vicinity of accident

1. Name: Address:

2. Name: Address:

3. Name: Address:

Time and place of accident

Date: At: A. M. P. M. On (Street or rural highway)

At: In: (City or County) (State)

(Intersecting street, house number or highway location)

What damage resulted?

To the other vehicle or property Estimated cost

To company vehicle Estimated cost

Describe here in detail how the accident happened.

This should be very complete.

Direction of other vehicle Speed of other vehicle Did other vehicle hit you? Did you hit the other vehicle?

Direction of company vehicle Speed of company vehicle

Number of seat belts in company vehicle Number of seat belts in use at time of accident

Seat location of occupants in company vehicle not using seat belts.

(IF NECESSARY USE ADDITIONAL SHEET TO COMPLETE STORY)

Road, Weather and Light Conditions

(Describe fully)

Company driver license

Company driver Address

California Driver's License No. Class Expiration Date

Division District Dept. Occupation

Vehicle number Make Type Year Odometer reading

Give names of pass. in company vehicle

LOCATION OR ITEM NO.

ACCOUNT NO.

JOB IN PROGRESS AT TIME OF ACCIDENT (G.M., W.D., M., D.A.C.)

JOB NO. ISSUED TO COVER REPAIRS (W.D., M., D.A.C.)

R.C. NO.

DO NOT DISCUSS ACCIDENT

INSTRUCTIONS

All accidents arising out of the operation of Company-owned, leased, or rented vehicles, as well as employee-owned, leased, or rented vehicles used in Company business, must be reported to the Supervisor in charge immediately. All injuries to persons or serious damage to property of others involving above vehicles must be reported to the Claims and Safety Department Field Investigator or, if he is unavailable, the General Office Claims and Safety Department. Such notification shall be by the fastest means of communication available and this report prepared the same day. Answer each question fully. When blank spaces are not sufficient for full statements, answer each on separate sheets and attach hereto.

Prepare a diagram in space below to indicate location of accident and position of vehicles, persons and/or property involved when accident occurred. Show street names and direction of travel. Indicate arterial streets. Show important measurements. Show point of collision and position of vehicles before and after accident.

Date of this report _____

Driver's Signature _____

Countersigned _____

Mgr., Supt., Foreman, Etc. _____

TITLE: INJURY TO NONEMPLOYEE (THIRD PARTY)
APPENDIX Z

APPENDIX Z

EMERGENCY PROCEDURE NOTIFICATION INSTRUCTIONS

1. When this emergency procedure has been implemented, and upon direction from the Shift Foreman, proceed as follows:
 - a. Notify the Plant Manager, Plant Superintendant, Supervisor of Chemistry and Radiation Protection or their designated alternates.
 - b. Contact the Division Field Claims Investigator:

Mr. C. O. Schreil _____
at
Office _____
Home _____

If the Field Claims Investigator cannot be promptly reached (at office, home, or on mobile division radio), the General Office Department of Safety, Health, and Claims shall be immediately notified in his place. A list of appropriate personnel is attached to Emergency Procedure M-1 or notification of appropriate personnel will be handled by the System Dispatcher if requested.

- c. Designate this event a significant event if, in the opinion of the shift formen, the injury will require treatment or observation which will last longer than 48 hours, or in any case of a fatality. Notify the NRC Bethesda Operation's center within one hour, (as a minimum, using the red phone in the Control Room. Gather sufficient information from all sources so that the phone call is meaningful. Refer to Operating Procedure O-4 "Operating Order (One Hour Reporting Requirements to NRC)" for a suggested format for reporting. Notify the NRC that your call is pursuant to 10 CFR Part 50.72 (Notification of Significant Events).
 - d. In addition to the notifications performed above, also notify the following, if NRC is notified, Supervising Nuclear Generation Engineer (Personnel and Environmental Safety) or his alternate in the Department of Nuclear Plant Operation:

Mr. W. H. Fujimoto
PGandE
Plant Ext.
Home _____

DIABLO CANTON POWER PLANT
PROCEDURE ON-THE-SPOT CHANGE

Procedure No. EP OP-23 Rev. 2 Unit No. 1 ☐ 2 ☐ 1 & 2 ☒

Title NATURAL CIRCULATION OF REACTOR COOLANT

of Change: ☒ PERMANENT (green) ☐ TEMPORARY (yellow); Expiration Date _____

Requesting Department Operating Originator R. L. Fisher

Proposed Change: (Does this alter the intent of original procedure?) ☐ Yes ☒ No

(Does it constitute an unreviewed safety/environmental question?) ☐ YES ☒ NO

- Page 1, AUTOMATIC ACTIONS, Change Item 2 to read: Turbine Trip above P-7.
- Page 11, Step 25 in "Response Not Obtained" column, change the first sentence to read:
... pressurizer level or RVLIS Plenum Range <100%.
vice ... pressurizer level or RVLIS Upper Range < 100%.
- Page 12, Step 25.b., change to read:
... Level Instrument Plenum Range.
vice ... Level Instrument Upper Range.
- Recind OTSC date 7/21/82
- Page 13, Step 32, change first sentence to read:
Prior to RCS Cold Leg Temperature being reduced to 323°F.
vice ... When RCS Hot Leg Temperature being reduced to 323°F.

Reason for Change:

- For added detail.
- Changed instrument name descriptor for clarity.
- Same as #2.
- Additional change needed to Step 32 which is included in this OTSC.
- To insure low pressure over pressure protection is operative before RCS cold leg temperature goes below 323°F IAW Tech Specs.

Authorizations: [Signature]
(Plant Management Staff)

[Signature]
(Plant Management Staff w/SRO License)

7/22/82
Date

Immediate distribution to the Control Room and affected work areas required? ☐ YES ☒ NO Initial Distribution By:
Distributed To: ☐ Control Room ☐ Others _____

Date Received by Document Control 7/22/82

PSRC Review and Plant Manager's approval no later than 8/5/82 Date above *plus 14 days

Review Date _____

PSRC recommends approval ☐ Yes ☐ No

Plant Manager's Approval

☐ N/A

Meeting Number: ☐ ☐ - ☐ ☐ ☐

Up To Rejected On-the-Spot Change ☐ Additional Information ☐

Action Taken/Remarks:

Proposed Change: (Does this alter the intent of original procedure? ☐ Yes ☒ No)
(Does it constitute an unreviewed safety/environmental question? ☐ YES ☒ NO)

- Reason for Change:

- Authorizations: [Signature] (Plant Management Staff) [Signature] (Plant Management Staff w/SRO License) 1-1-01 Date

Date Received by Document Control 1-4-82

PSRC Review and Plant Manager's approval no later than 7-23-82 Date above *plus 14 days

Review Date _____

PSRC recommends approval ☐ Yes ☐ No

Plant Manager's Approval	<input type="checkbox"/>	N/A
--------------------------	--------------------------	-----

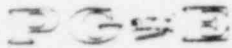
Meeting Number - Follow-up To Rejected On-the-Spot Change ☐ Additional Information ☐

Action Taken/Remarks:

CURRENT
EMERGENCY PLAN
IMPLEMENTING PROCEDURES
TABLE OF CONTENTS

Volume 3B

	<u>TITLE</u>	<u>REV</u>
OR-1	Offsite Support & Assistance	Not Issued
OR-2	Release of Information to the Public	0
EF-1	Activation of the Technical Support Center	0
EF-2	Activation of the Operational Support Center	1
EF-3	Activation of the Emergency Operations Facility	0
EF-4	Activation of MEML	0
EF-5	Emergency Equipment, Instruments & Supplies	1
EF-6	Activation of the Emergency Assessment and Response System	0
EF-7	Activation of the Nuclear Data Communications Systems	0
RB-1	Personnel Dosimetry	Not Issued
RB-2	Emergency Exposure Guides	0
RB-3	Stable Iodine Thyroid Blocking	0
RB-4	Access to & Establishment of Controlled Areas Under Emergency	0
RB-5	Personnel Decontamination	0
RB-6	Area & Equipment Decontamination	1
RB-7	Emergency On-Site Radiological Environmental Monitoring	1
RB-8	Emergency Off-Site Radiological Environmental Monitoring	1
RB-9	Calculation of Release Rate & Integrated Release	0
RB-10	Protective Action Guidelines	0
RB-11	Emergency Off-Site Dose Calculations	1
RB-12	Mid and High Range Plant Vent Radiation Monitors	0
RB-13	Improved In-Plant Air Sampling for Radioiodines	0



Pacific Gas and Electric Company

NUMBER EP EF-5

REVISION 1



DEPARTMENT OF NUCLEAR PLANT OPERATIONS

DATE 4/19/82

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

PAGE 1 OF 35

TITLE EMERGENCY PROCEDURE
EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

APPROVED

R. C. Thompson
PLANT MANAGER

6-30-82
DATE

SCOPE

This procedure provides an inventory of emergency equipment, instruments, and supplies (both portable and fixed) with inspection frequencies.

PORTABLE EMERGENCY EQUIPMENT

1. Radiological Emergency Kits

The kits consist of two boxes each. Each box is clearly identified. The contents of each emergency kit are given in Table 1. The contents of each box of an individual emergency kit can be found in the notebook of each box. In addition, protective clothing and shoe covers are located near the emergency kits stored at the Nuclear Information Center and the DCPD Security Building Weapons Storage Room for use in case personal effects are contaminated.

a. Location

Kit No. 1 - Morro Bay Power Plant

Kit No. 2 - Nuclear Information Center (PGandE)

Kit No. 3 - San Luis Obispo Sheriff's Office

Kit No. 4 - Diablo Canyon Power Plant Security Building,
Weapons Storage Room

Kit No. 5 - Diablo Canyon Power Plant Security Building,
Weapons Storage Room

b. Use

The kits are available for use in case of a radiological emergency by a designated monitoring team composed of at least two individuals trained in emergency radiological monitoring. The team will be notified by the Site Emergency Coordinator as to which kit to use and which area they will monitor. Other instructions are contained in the notebook of each kit.

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

c. Obtaining an Emergency Kit

- 1) Kit No. 1 can be obtained by the designated monitoring team from the Morro Bay Power Plant by going directly to the plant gate and calling the plant office from the outside phone and identifying the monitoring team members and the type of emergency. The kit is located in the Conference Room's storage room.
- 2) Kit No. 2 can be obtained by the designated monitoring team from the Nuclear Information Center's Communications Room, after obtaining a key or the combination to the door lock, going to the Information Center and opening the door to the Communications Room. Keys are available in the onsite emergency kits. The combination is available from the Site Emergency Coordinator.

NOTE: The communications room door is alarmed. Before opening the door, call Security at the Port San Luis Gate to alert them that they will be causing an alarm. The phone is located in the patio area next to the employees parking lot.

- 3) Kit No. 3 can be obtained by the designated monitoring team from the Sheriff's office (San Luis Obispo) by going to that facility and identifying the members of the team to the duty officer.
- 4) Kit No. 4 and No. 5 can be obtained by the designated monitoring team from the Site Security Building and informing the Security Shift Supervisor.

d. Surveillance Frequency

- 1) Kit inventory will be performed annually and after each use. Form 69-9823-1, 69-9823-2, and 69-9323-3 are used to document the inventory.
- 2) Kit radiological instruments will be replaced or recalibrated quarterly in accordance with the normal practice established by the I&C Maintenance Department.
- 3) Dosimeter charger and flashlight batteries will be replaced at a nominal quarterly frequency.

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

2. Emergency Evacuation Kits

Each kit consists of a box, clearly identified. The contents of each emergency evacuation kit are given in Table 2. The contents of each box can be found on the inside cover of the box. In addition, two cases of protective clothing and two cases of shoe covers are stored near the evacuation kits for use in case personal effects are contaminated. Additional protective clothing is also available at the Energy Information Center.

a. Location

The two emergency evacuation kits and boxes of protective clothing and shoe covers are located in the Weapons Storage Room of the Plant Security Building.

b. Use

The kits are available for use in the event site evacuation is ordered by the Site Emergency Coordinator. The Evacuation Coordinator would then have the kits and clothing issued to the evacuation team leaders.

c. Obtaining an Emergency Evacuation Kit

The emergency evacuation kits can be obtained by requesting them from the Security Shift Supervisor located at the Plant Security Building.

d. Surveillance Frequency

- 1) Kit inventory will be performed annually and after each use. Form 69-9369 is used to document the inventory.
- 2) Survey meters and dose rate meters will be replaced or recalibrated quarterly in accordance with the normal practice established by the I&C Maintenance Department.
- 3) Dosimeter charger, bullhorn, calculator, and flashlight batteries will be replaced quarterly.

3. First Aid Kits and Stretchers

a. Location

The location of first aid kits and stretchers are listed in Table 3.

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

b. Surveillance

First Aid kits located in high usage areas such as shop areas are inventoried monthly. Other kits are inventoried semiannually.

4. Hospital Kits

Each kit consists of a box, clearly identified. The contents of each hospital kit are given on Table 4.

a. Location

The two hospital kits are located in the Weapons Storage Room of the Plant Security Building.

b. Use

The kits are available for use in the event an injury victim, involving radioactive contamination or overdose, is sent to an offsite location for treatment or for offsite decontamination.

c. Obtaining a Hospital Kit

The kits can be obtained by requesting them from the Security Shift Supervisor located at the Plant Security Building.

d. Surveillance Frequency

- 1) Kit inventory will be performed annually and after each use.
- 2) Survey meters and dose rate meters will be replaced or recalibrated quarterly in accordance with the normal practice established by the I&C Maintenance Department.
- 3) Dosimeter charger batteries will be replaced quarterly.

5. Respirators

a. Location

- 1) Eight self-contained breathing apparatus (SCBA) units are maintained in the control room for shift fire brigade members.

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- 2) Ten SCBA units are located in the fire brigade locker on the stairway landing above the 85' elevation between the turbine building and auxiliary building.
- 3) Five SCBA units and five 30-minute spare tanks are located at the Technical Support Center.
- 4) Two SCBA units are maintained at the intake structure for protection against a chlorine release accident.
- 5) Thirty SCBA units are maintained at or near access control for normal radiological use. Thirty 30-minute spare tanks are also maintained at this location.
- 6) Forty SCBA units and sixty-five 30-minute spare tanks will be stored in the turbine building.

b. Surveillance

- 1) SCBA units will be inspected monthly.
- 2) The forty SCBA's stored in the turbine building will be inspected prior to use.
- 3) All SCBA units will be inventoried semiannually.

6. Portable Survey and Dose Rate Instruments

A variety of portable count rate and dose rate instruments are available at the plant for routine radiological monitoring, and also for use in emergencies, if necessary. The general types and approximate quantities of this equipment are summarized in Table 5 and 6. It should be noted that this list is intended only to be illustrative of the plant's capabilities; precise quantities and models of specific equipment may vary from time to time as conditions change, different products appear on the market, etc. The equipment listed in the table is normally located at access control when not in use.

7. Post-Accident Sample Kits

The kit consists of two boxes, clearly identified. The contents of each post accident sample kit are given on Table 7.

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

a. Location

The kit is located in the Technical Support Center Laboratory.

b. Use

The kit is available for use in the event a high activity sample is anticipated from the post-accident sampling system.

c. Obtaining a Post-Accident Sample Kit

The kit can be obtained by requesting permission from the Emergency Radiological Advisor or Site Emergency Coordinator located in the TSC or the Control Room.

d. Surveillance Frequency

Kit inventory will be performed annually and after each use.

8. Protective Clothing

Protective clothing for normal and emergency use is located at access control and the laundry room. Other locations where clean protective clothing may be found are:

a. Plant warehouse

b. PGandE Nuclear Information Center

c. Operational Support Center (OSC)/DCPP Security Building Weapons Storage Room

d. Technical Support Center (TSC)

9. Mobile Environmental Monitoring Laboratory (MEML)

The following equipment is available in the MEML for use in routine and emergency environmental monitoring. Surveillance is performed in normal use.

a. NaI Detector

b. IGe Detector

c. HP 9845C Computer

d. Multichannel Analyzer

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- e. High-Volume Air Sampler
- f. Pressurized Ion Chamber (3)
- g. High-Pressure Gas Sampler
- h. TLD Reader
- i. Instrument-Grade Electric Generators
- j. Emergency Assessment and Response System (EARS)
 - 1) 9845C Computer

10. Plant Vehicles

Plant vehicles shall be inventoried and the plant vehicle list updated annually. The plant vehicle list can be found in Table 8.

FIXED EMERGENCY EQUIPMENT

1. Early Warning System

Testing and maintenance for the EWS Siren Units, listed in Table 9, shall be performed according to the following schedule:

- a. Weekly: A test cancel signal will be initiated.
- b. Monthly: Counter readings will be taken and a visual inspection made.
- c. Quarterly: The inside of the compressor and the control and receiver cabinets will be inspected, and the sirens will be growl tested.
- d. Annually: A complete inspection of all major components, as well as lubrication and cleaning of the unit will be done.

EMERGENCY FACILITY EQUIPMENT

1. Control Room

Equipment available in the Control Room for radiological emergency assesment and communication and the surveillance performed on this equipment is listed in Table 10.

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

2. Technical Support Center (TSC)

Equipment available in the TSC for emergency assessment, communication and other emergency functions of the facility and the surveillance performed on this equipment is listed in Table 11.

3. Operational Support Center (OSC)

Equipment available in the OSC for emergency functions and communications and the surveillance performed on this equipment is listed in Table 12.

4. Emergency Operations Facility (EOF)

Equipment available in the EOF for emergency assessment, communication and other emergency functions of the facility and the surveillance performed on this equipment is listed in Table 13.

TABLES

1. Contents of Radiological Emergency Kits
2. Contents of Evacuation Kits
3. Locations of First Aid Kits and Stretchers
4. Contents of Hospital Kits
5. Portable Count Rate Meters
6. Portable Dose Rate Meters
7. Contents of Post-Accident Sample Kit
8. Plant Vehicle List
9. EWS Siren Locations
10. Control Room Emergency Plan Equipment
11. Technical Support Center Emergency Plan Equipment
12. Operations Support Center Emergency Plan Equipment
13. Emergency Operations Facility Emergency Plan Equipment

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

ATTACHMENTS

1. 69-9823-1 Emergency Kit Inventory Checklist Box 1
2. 69-9823-2 Emergency Kit Inventory Checklist Box 2
3. 69-9823-3 Emergency Kit Inventory Checklist Box 3
4. 69-9369 Evacuation Kit Inventory Checklist
5. 69-9043 Emergency Plan Phone Number Verification List
6. 69-10766 Control Room Checklist
7. 69-10767 Technical Support Center Checklist
8. 69-10768 Technical Support Center Equipment Quantity Check List
9. 69-10769 Operational Support Center and Operations Support Center Checklist
10. 69-10770 Emergency Operatins Facility Check List
11. 69-10771 Emergency Operations Facility Equipment Quantitiy Checklist.
12. 69-10582 Emergency Facility Forms File List

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TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 1
CONTENTS OF RADIOLOGICAL EMERGENCY KITS

ITEM	QUANTITY				
	1(MBPP)	2(INF.CTR.)	3(SHRF)	4(DCPP)	5(DCPP)
1. Instruction Binder					
a. Sanford Marking Pens	2	2	2	2	2
b. Red Marking Pens	2	2	2	2	2
c. Black Marking Pens	2	2	2	2	2
d. Ball Point Pens	2	2	2	2	2
e. San Luis Obispo County Map	1	1	1	1	1
f. Equipment Location Dwgs. (sets)	1	1	1	1	1
g. Emergency Environmental Monitoring Field Data Sheet (Form 18-9259)	100	100	100	100	100
h. Emergency Onsite Radiological Environmental Monitoring Program RB-7	1	1	1	1	1
i. "Emergency Offsite Radiological Environmental Monitoring Program" EP RB-8	1	1	1	1	1
j. EP EF-5 Emergency Equipment, Instruments and Supplies	1	1	1	1	1
k. Corporation Key (3A90909)	1	1	1	1	1
l. Information Center Key	0	1	0	1	1
m. Pocket Calculator	1	1	1	1	1
2. Monitoring Equipment					
a. Dose Rate Meter (Rad Owl)	0	1	0	0	0
b. Dose Rate Meter (HPI-1010)	1	1	1	1	1
c. Survey Meter (Eber. E-140)	1	1	1	1	1

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 1 (Cont'd)
CONTENTS OF RADIOLOGICAL EMERGENCY KITS

ITEM	QUANTITY				
	1(MBPP)	2(INF.CTR.)	3(SHRF)	4(DCPP)	5(DCPP)
d. Standard G-M Probe (Eber. HP-240)	1	1	1	1	1
e. Pancake G-M Probe (Eber. HP-210 or HP-260)	1	1	1	1	1
f. Pocket Dosimeters (0-5R)	2	2	2	2	2
g. Pocket Dosimeters (0-200mP)	2	2	2	2	2
h. Dosimeter Charger	1	1	1	1	1
3. Air Sampling Equipment					
a. 12 V Air Sampler and Sample Head (w/o Battery, Radeco H-809B)	1	1	1	0	0
b. 12 V Air Sampler and Sample Head (w/Battery, Radeco H-809C)	0	0	0	1	1
c. 120 V Ac Air Sampler and Sample Head (Radeco HD-28B)	0	1	1	0	0
d. Air Sample Particulate Filters (pkg. of 10)	10	10	10	10	10
e. Iodine Filter Cartridges (pkg. of 10)	3	3	3	3	3
f. Paper Envelopes for Smear Samples	75	75	75	75	75
g. Paper Envelopes for Particulate Samples	25	25	25	25	25
h. Plastic Envelopes for Iodine Cartridges (pkg. of 30)	1	1	1	1	1
i. Forceps	1	1	1	1	1
j. Compressed Air Cylinder	2	2	2	2	2
k. Sample Head w/Adapter to fit Air Cylinder	1	1	1	1	1
l. Air Cylinder Regulator	1	1	1	1	1

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 1 (Cont'd)

CONTENTS OF RADIOLOGICAL EMERGENCY KITS

ITEM	QUANTITY				
	1(MSPP)	2(INF.CTR.)	3(SHRF)	4(DCPP)	5(DCPP)
4. Protective clothing/ Decontamination					
a. Protective Clothing Sets (coveralls, hood, booties, rubbers, gloves)	2	2	2	2	2
b. Full Face Mask	2	2	2	2	2
c. Type H Ultra Filters for Face Masks	2	2	2	2	2
d. Skin Decontamination Soap (pt. bottle)	1	1	1	1	1
e. Hand Brush	1	1	1	1	1
f. Floor Scrub Brush	0	1	0	1	1
g. Paper Towels (pkg.)	0	1	0	1	1
h. Smear Pads (pkg. of 10)	1	3	1	1	1
i. Plastic Bags (38"x 65")	3	3	3	3	3
j. Bucket (10 quart)	0	1	0	1	1
k. Decontamination Agent (gallon bottles)	1	1	1	1	1
5. Signs/Barriers					
a. Radiation Signs (w/3 inserts)	2	4	2	4	4
b. Radiation Barricade Tape (100' rolls)	2	2	2	2	2
6. Sampling Equipment					
a. Sample Bottles (1 liter)	2	6	2	4	4
b. Plastic Bags (18"x 24")	15	15	15	15	15
c. Trowel	1	1	1	1	1
d. Gummed Labels (pkg.)	1	1	1	1	1
7. Miscellaneous Equipment					
a. First Aid Kit (size 10)	1	1	1	1	1
b. Screwdriver	1	1	1	1	1
c. Crescent Wrench (8")	1	1	1	1	1
d. Scissors	1	1	1	1	1

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 1 (Cont'd)

CONTENTS OF RADIOLOGICAL EMERGENCY KITS

ITEM	QUANTITY				
	1(MBPP)	2(INF.CTR)	3(SHRF)	4(DCPP)	5(DCPP)
e. Stopwatch	1	1	1	1	1
f. Roll of Dimes	1	1	1	1	1
g. Masking Tape (2" wide rolls)	2	2	2	2	2
h. Flashlights w/Batteries	1	2	1	2	2
i. Extra Batteries	2	4	2	4	4
j. Battery-Powered Lantern w/7.5 V Battery	1	1	1	1	1
k. Bolt Cutter	0	0	0	1	1
l. "Kwik-kold" Packs	4	4	4	4	4
m. Grass Shears	1	1	1	1	1

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 2
CONTENTS OF EVACUATION KITS

ITEM	QUANTITY PER KIT
1. Eberline E-140 Survey Meter with HP-240 Standard G-M Probe	1
2. Rad Owl Dose Rate Meter	1
3. Self-Reading Dosimeter Pencils, 0-200 mR Range	4
4. Dosimeter Charger	1
5. Barricade Tape, 100-Foot Rolls	2
6. Packages of 2-Inch Filters (10 filters/package)	50
7. Bullhorn	1
8. Plastic Bags (14' X 24")	3
9. Ballpoint Pens	4
10. Flashlight	1
11. Pocket Calculator	1
12. Corporation Key (3A90909)	1
13. Information Center Emergency Room Key	1
14. Instruction Binder:	
a. Emergency Procedure G-5, "Evacuation of Nonessential Site Personnel"	1
b. Form 69-9310, "Post-Evacuation Vehicle Monitoring Data"	50
c. Form 69-9311, "Evacuee Monitoring Data:	100
d. Form 69-9369, "Evacuation Kit Inventory Checklist"	5-10

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 3

LOCATIONS OF FIRST AID KITS AND STRETCHERS

<u>LOCATION</u>	<u>FIRST AID KIT</u>	<u>STRETCHER</u>
1. Security Building	1	1
2. Administration Building	1	1
3. Intake Structure	1	1
4. Turbine Building		
a. +85' Elevation		
1) Machine Shop Area		
a) Tool Room	1	
b) Welding Shop	1	
c) Machine Shop	1	1
2) Electric Shops in Units 1 and 2		
12kV Switchgear Rooms	1	
3) North and South Walls near Stator Coil		
Cooling Units		1
b. +119' Elevation		
1) Materials Facility	1	
2) QC Offices	1	
3) Wall Outside Elevator		1
4) Electric Shop Area A	1	
c. +140' Elevation		
1) Day Shift Foreman's Office	1	1
2) I&C Pressure Calibration Lab	1	
3) I&C Shop	1	
5. Auxiliary Building		
a. +64' Elevation (Unit 1 Passageway near		
elevator)	1	1
b. +85' Elevation		
1) AO Office	1	
2) First Aid Room	2	(gurney)
3) Access Control	2	1
4) Auxiliary Building Control Board	1	
5) Hot I&C Shop	1	
c. +115' Elevation (Unit 1 passageway near		
Makeup demineralizers)	1	1
d. 140' Elevation (Control Room)	1	1

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 3 (Cont'd)

LOCATIONS OF FIRST AID KITS AND STRETCHERS

<u>LOCATION</u>	<u>FIRST AID KIT</u>	<u>STRETCHER</u>
6. Fuel Handling Building (Hot Shop)	1	1
7. Containment		
a. 140' Elevation by Main Personnel Hatch		1
b. 91' Elevation at Base of West Stairway		1
8. 500kV Switchyard	1	
9. Clarifier	1	
10. Company Vehicles	1	
11. Radiological Emergency Kits (5 kits)	1	

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 4

CONTENTS OF HOSPITAL KITS

Each of two hospital kits shall contain the following minimum items:

<u>ITEMS</u>	<u>QUANTITY</u>
Filtered respirators	2 each
Disposable coveralls	4 each
Hood	4 each
Disposable shoe covers	8 pair
Surgical latex gloves	1 box
Rubbers	4 pair
Masking tape, 2" width	2 rolls
"Radioactive Material Area" sign	5 each
"Surface Contamination Area" sign	5 each
"High Radiation Area" sign	2 each
"Radiation Area" sign	5 each
Barricade tape, 100 yd. roll	2 each
Ty raps	Minimum 30
"Radioactive Material" labels 4"x6"	10 each
"Radioactive Material" labels 1"x3"	1 roll
E140N/HP-210T	1 each
HP-260	1 each
Spare detector	1 each
1 Allen wrench 1/16"	1 each
1 HPI-1010 or equivalent	1 each
0-200 mR pencil docimeters	2 each
0-5R pencil docimeters	2 each
dosimeter charger	1 each
2" smears w/envelopes	100 each
2" air sample filters w/envelopes	50 each
Plastic envelopes 3"x5"	30 each
Gummed labels	40 each
Plastic bags 38"x65"	6 each
Grease pencil	1 each
Ballpoint/felt tips pens	3 each
Waterproof pen	2 each
Personnel Decon Record Sheet	6 each

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TABLE 4 (Cont'd)

CONTENTS OF HOSPITAL KITS (Cont'd)

<u>ITEMS</u>	<u>QUANTITY</u>
Contamination Survey Sheet	6 each
Radiation Survey Sheet	6 each
Forceps	1 each
Smear pads (ply of 10)	2 pkg
Medical referral form 62-6015	3 each
Light duty letter	3 each
Plastic bags 18"x24"	12 each

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 5

PORTABLE COUNT RATE METERS

<u>Instrument (Model No.)</u>	<u>Detector Type</u>	<u>Radiation Measured</u>	<u>Range</u>	<u>Primary Use</u>
Beta-Gamma Survey Meter (E-140), with the following detectors;			0-700, 0-7000 0-70, 000 CPM	General contamination surveys
a) Hand probe (HP-260)	GM	Beta, Gamma		
b) Hand probe, end window, (HP-230A)	GM	Beta, Gamma		
c) Hand probe (HP-240)	GM	Beta, Gamma		
d) Shielded hand probe, (HP-210)	GM	Beta, Gamma		
Count rate meter (RM-15) for use with GM probes listed above, and:			0-500, 0-5K, 0-50K, 0-500K GPM	Personnel contamination surveys (frisker)
a) alpha scintil- lation probe (AC-3B-7)	ZnS(Ag), 59 CM ² sensitive area	Alpha		
b) gamma scintil- lation probe (SPA-3)	NaI(Tl), 2" x 2"	Gamma		
Count rate meter (PRM-6) for use with GM probes listed above AC-3B-7 and SPA-3 probes	See above	See above	0-500, 0-5K, 0-50K, 0-500K CPM	General contamination surveys

TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 6

PORTABLE DOSE RATE INSTRUMENTS

<u>Instrument (Model No.)</u>	<u>Detector Type</u>	<u>Radiation Measured</u>	<u>Range</u>	<u>Primary Use</u>
Rad Owl (RO-1)	Ion Chamber 1.7 mg/cm ² beta window, air fill gas	Beta, Gamma	Dose rate: 0-5, 0-50, 0-500 mR/hr 0-5, 0-50 0-500 R/hr Integrate: 0-5, 0-50, 0-500 mR	Beta and Gamma dose rate
Radgun (AGB-10K-SR)	Pressurized argon fill gas ion chamber, 20 mg/cm ² beta window, (10 atm)	Beta, Gamma	0.01-10 mR/hr 0.01-10 R/hr 10-10,000 R/hr	Gamma dose rate
HPI Multiplying Ion Chamber (1010)	Multiplying ion chamber tissue equivalent walls and fill gas	Gamma Neutron	Dose rate: 0-0.1, 0-1 0-10, 0-100 0-1000 mrad/ hr Integrate: 0-0.01, 0-0.1, 0-1 mrad	Low level gamma dose rate
Portable REM Counter (PNR-4)	BF ₃	Neutron, thermal to 10 MeV	0-5, 0-50, 0-500, 0-5000 mrem/hr	Neutron dose rate
Teletector 6112	Twin G-M tubes 30 mg/ cm ² beta window	Beta, Gamma	0-2 mR/hr, 0-50 mR/hr 0-2 R/hr 0-50 R/hr 0-1000 R/hr	Beta, Gamma dose rate
RO-3	Ion chamber 3.5 mg/cm ² beta window, air fill gas	Beta, Gamma	Dose rate: 0-5, 0-50, 0-500 mR/hr 0-5 R/hr	Beta, Gamma dose rate

TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 7

CONTENTS OF POST-ACCIDENT SAMPLE KIT

<u>ITEM</u>	<u>QUANTITY</u>
1. Instruction Binder	
a. Sanford Marking Pens	2
b. Red Marking Pens	2
c. Black Marking Pens	2
d. Ball Point Pens	2
e. EP EF-5 Emergency Equipment, Instruments, Supplies	1
f. CAP G-1 Access to IPLSS Area, Post Accident Sample Preparation, Handling, and Analysis	1
g. CAP G-2 Interim Post LOCA Sampling System	1
h. EP RB-12 Mid and High Range Plant Vent Monitors	1
i. EP RB-13 Improved In-plant Air Sampling for Radioiodides	1
j. Emergency Phone Directory	1
k. Pocket Calculator	1
2. Monitoring Equipment	
a. Dose Rate Meter (HPI-1010)	1
b. Survey Meter (Eber. E-140)	1
c. Standard B-M Probe (Eber. HP-240)	1
d. Pancake G-M Probe (Eber. HP-210 or HP-260)	1
e. Teletector (Eberline 6112)	
f. Pocket Dosimeters (0-5R)	2
g. Pocket Dosimeters (0-200mR)	2
h. Dosimeter Charger	1
i. Finger Ring Dosimeters	12

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TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

CONTENTS OF POST-ACCIDENT SAMPLE KIT (cont.)

<u>ITEM</u>	<u>QUANTITY</u>
3. Air Sampling Equipment	
a. 12 V Air Sampler and Sample Head (w/Batter, Radeco H-809C)	1
b. Air Sample Particulate Filters (pkg. of 10)	10
c. Iodine Filter Cartridges (pkg. of 10)	3
d. Paper Envelopes for Smear Samples	75
e. Paper Envelopes for Particulate Samples	25
f. Plastic Envelopes for Iodine Cartridges (pkg. of 30)	1
g. Forceps	1
h. Compressed Air Cylinder	2
i. Sample Head w/Adapter to fit Air Cylinder	1
j. Air Cylinder Regulator	1
4. Protective Clothing/Decontamination	
a. Protective Clothing Sets (coveralls, hood, booties, rubbers, gloves)	2
b. Full Face Mask	2
c. Type H Ultra Filters for Face Masks	2
d. Skin Decontamination Soap (pt. Bottle)	1
e. Hand Brush	1
f. Floor Scrub Brush	1
g. Paper Towels (pkg.)	1
h. Smear Pads (pkg. of 10)	1
i. Plastic Bags (38" x 65")	3
j. Bucket (10 quart)	0
k. Decontamination Agent (gallon bottles)	1
5. Signs/Barriers	
a. Radiation Signs (w/3 inserts)	2
b. Radiation Barricade Tape (100' rolls)	2

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

CONTENTS OF POST-ACCIDENT SAMPLE KIT (cont.)

<u>ITEM</u>	<u>QUANTITY</u>
6. Sampling Equipment	
Tongs	1
Silver zeolite (AgZ) cartridges	12
Eberline mode 6112 Teletor	1
30 cc stainless steel liquid sample vessel	1
10 cc stainless steel liquid sample vessel	1
Glass vials (14 cc) w/rubber stopper installed	12
5 cc Shielded syringes w/needles	3
1 cc Shielded syringes w/needles	3
Sample filter/cartridge holder assembly	2
Surgical tubing (1/4")	3
Duct tape	3
7. Miscellaneous Equipment	
a. First Aid Kit (size 10)	1
b. Screwdriver	1
c. Crescent Wrench (8")	1
d. Scissors	1
e. Stopwatch	1
f. Masking Tape (2" wide rolls)	2
g. Flashlights w/Batteries	1
h. Extra Batteries	2
i. Battery-Powered Lantern w/7.5 V Battery	1

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

 TABLE 8
 DIABLO CANYON POWER PLANT
 PLANT VEHICLE LIST

<u>MV #</u>	<u>CLASS</u>	<u>DESCRIPTION</u>	<u>MAKE</u>	<u>LICENSE</u>	<u>ASSIGNED TO</u>
8-6470	P-1	Sedan	78 PLYMOUTH	238 UKX	Plant Manager
8-3994	P-1	Sedan	77 FORD	022 SHQ	Office Supervisor
8-4506	P-1	Sedan	77 FORD	023 SHQ	Office Supervisor
8-5014	P-1	Stationwagon	78 PLYMOUTH	745 UUA	Office Supervisor
8-A570	C-2	Van	79 DODGE	137 XLR	Office Supervisor
8-9064	P-1	Sedan	79 PLYMOUTH	292 WEJ	Security Supervisor
8-A713	C-4	Pickup	78 DODGE	1M85862	Security
8-3882		Pickup	79 CHEVROLET	1P70245	Security (on loan from Chem & Rad)
8-A229	C-2	Pickup	78 FORD	1K74799	Mechanical Maintenance
8-0003	C-2	Pickup	73 DODGE	1T39700	Mechanical Maintenance
8-A258	C-4	Pickup	79 CHEVROLET	1N20205	Operations
8-0435		Pickup	80 CHEVROLET	1V61228	Chem & Rad
8-3597		Pickup	80 CHEVROLET	1S80741	Chem & Rad
8-2903	C-2	Truck	FORD	69676L	Mechanical Maintenance
8-5052	C-2	Truck	GMC	37032K	Mechanical Maintenance
<u>ON LOAN FROM GENERAL CONSTRUCTION</u>					
8-8226	P-1	Stationwagon	74 HORNET	932 JZQ	Office Supervisor
8-4997	C-2	Pickup	74 DODGE	79260X	Mechanical Maintenance
8-2903	C-2	Truck	FORD	69676L	Mechanical Maintenance
8-5052	C-2	Truck	GMC	37032K	Mechanical Maintenance

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 9
EWS SIREN LOCATIONS

<u>SIREN NO.</u>	<u>LOCATION</u>
1	North Morro Bay - near the intersection of Sequoia and Birch.
1A	Cayucos on Standard Oil property near Highway 1.
2A	Morro Bay, Model 2
1B	Near the Cayucos Cemetery on Highway 1.
1C	Cayucos near the intersection of 4th & Park
(2)	On PG&E property at the Morro Bay Power Plant.
(3)	In Morro Bay, on Morro Avenue north of Olive.
3A	In Morro Bay, near the intersection of Ridgeway street and Fairview Avenue.
6A	In Baywood Park near the intersection of El Morro Avenue and 6th Street.
7	In Los Osos on Pecho Valley Road several blocks west of Pine Avenue.
8A	Montana de Oro Park near the Ranger Station.
8B	Montana de Oro Park near the Ranger's residence.
8C	On the Field's property south of the gate.
8D	On the Field's property near the Field's residence.
9	Near Highway 1 on PG&E's Baywood substation yard.

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TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 9 (Continued)
SIREN NO.LOCATION

10	Near Highway 1 west of San Luisito Creek Road.
12	On Highway 1 just north of Quests College.
13	On Highway 1 northwest of animal shelter.
14	On Highway 1 about 1/2 mile west of the California Division of Forestry.
15	In San Luis Obispo across the street from City Fire Station on No. Chorro Street.
16	In San Luis Obispo near Grand Avenue and Slack Street.
17	In San Luis Obispo parking lot next to the fire station on Garden Street.
18	On Clark Valley Road - near the PG&E 500 kV right of way.
19A	Clark Canyon off Los Osos Valley Rd. 10008
19C	Los Osos - near the end of Valley View Place.
19D	In Los Osos - on Nipomo Avenue East of South Bay Boulevard.
19E	In Los Osos near the fire station on Calle Cardonay.
20	On Los Osos Valley Road near the 500 kV right of way.
21	On Los Osos Valley Road east of Turri Road.
22	On Los Osos Valley Road about 1.5 miles east of No. 21.
23	Near the intersection of O'Connor Way and Foothill Road.

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 9 (Continued)
SIREN NO.LOCATION

23A	On O'Connor Way about 2 miles west of 23.
24	On Perfumo Canyon Road.
24A	About 2000 ft. south of Perfumo Canyon Road.
24B	Near the end of Sycamore Canyon Road.
25	At the top of Perfumo Canyon Road.
25A	On Coon Creek Road about 1-3/4 miles west of See Canyon Road.
26	See Canyon.
26A	On Coon Creek Road about 1/2 miles west of See Canyon Road.
27A	On See Canyon Road about 1 mile east of 27B.
27B	On See Canyon Road about 3500' west of 26A.
27C	On See Canyon Road about 2500 east of Davis Canyon Road.
27	On See Canyon Road about 2500 east of Davis Canyon Road.
29	On Los Osos Valley Road about 2000' south of Madonna Road.
29A	Off Los Osos Valley Road in Laguna Lake area.
30	In San Luis Obispo on Meisner Road.
31	In PG&E's Service Center yard on So. Higuera.
31A	Near the end of Davenport Road.
31B	On Highway 101 Frontage Road south of So. Higuera off ramp.

TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 9 (Continued)

SIREN NO.LOCATION

31C	On Highway 101 Frontage Road about 2000 ft. north of 500 kV right of way.
32	On Squire Canyon Road east of Highway 101.
33	Across street from Bellview - Santa Fe School on See Canyon Road.
34	In Avila Beach near DCPD security gate.
34A	Light house local coverage.
35	In downtown Avila Beach near San Antonio Street.
36	On Highway 101 near Palisades Drive.
37A	At Shell Beach fire station.
38	On Mattie Road near McLintock's restaurant.
38A	On Shell Beach Road north of Ocean Way.
39	In San Luis Obispo on Santa Fe Road south of Tank Farm Road.
40	On private property south of San Luis Airport.
41	North of the Town of Edna.
42	On Price Canyon Road on Grace Oil property.
43	On Price Canyon Road about 1 mile north of Pismo Beach.
44	In Pismo Beach on a watertank in subdivision above Pismo Beach.
45	In Pismo Beach on Bello Road near Veteran's Hall.
46	On Highway 1 South Pismo Beach.

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TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 9 (Continued)
SIREN NO.

LOCATION

47	In Grover City - 4th and Manhattan.
48	In Oceano on Railroad Avenue.
49	In Grover City at Water Tower.
50	On Halcyon Road near Oceano city limits.
51	In Arroyo Grande near new fire station.
51A	At PGandE substation on Valley Road south of Arroyo Grande.
52	On Arroyo Grande Road east of Arroyo Grande.
52A	On Printz Road north of Arroyo Grande.
52B	On Noyes Road north of Printz Road.
49B	On Central Boulevard north of Arroyo Grande.
49C	On Central Boulevard about 4000 ft. north of 49B.
53	On Valley Road about 7000 ft. south of 51A.
56	Near intersection of El Campo & Clarkway.
57	On Valley Road about 7000 ft. South of 53.
58	On Stanton Road South of Los Berros Road.
59	Near intersection of Los Berros and Keokee.
60	On Pomeroy Road.
61	On Willow Road at Black Lake County Club.

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TITLE: EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 10

CONTROL ROOM EMERGENCY PLAN EQUIPMENT

<u>ITEM</u>	<u>SURVEILLANCE TYPE/FREQUENCY</u>
a. Emergency Assessment and Response System	Later
1) 9845C Computer	
b. Manual Dose Projection Equipment	Inventory/Quarterly (Use form 69-10766)
1) Base Map	
2) Seven Overlays	
c. Closed Circuit TV Cameras	Refer to the Technical Support Center
d. Communications	See STP I-29
1) Radio	
2) Telephone	
3) Emergency Signal	
e. Radiological Display	See STP I-44
f. Radiation Monitoring Display	See STP I-18

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 11

TECHNICAL SUPPORT CENTER EMERGENCY PLAN EQUIPMENT

<u>ITEM</u>	<u>SURVEILLANCE TYPE/FREQUENCY</u>
a. Nuclear Data Communications System	None-used normally
b. Control Room Closed Circuit TV Monitors	Operability Check/Quarterly ¹
c. Communications	Operability Check/Quarterly ¹
1) Radio	
2) Telephone	
d. Emergency Assessment and Response System	Later
e. Manual Dose Projection Equipment	Inventory/Quarterly ²
1) Dose Map	
2) Seven Overlays	
f. Computerized Records Management System	Inventory Equipment/Quarterly ²
g. Documents	Normal Document Control ² Practices
1) Plant Manuals	
Volume 2 - Operating Procedures	
Volume 3 - Emergency Procedure	
Volume 4 - Licenses & Permits	
Volume 7 - Radiation Control	
Standards & Procedures	
Volume 9 - Temporary Procedures	
(Curves & Misc Data)	
Volume 11- Emergency Plans	

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TECHNICAL SUPPORT CENTER EMERGENCY PLAN EQUIPMENT (cont.)

ITEM
TYPE/FREQUENCY

SURVEILLANCE TYPE/FREQUENCY

- 2) Piping Schematics
- 3) Instrument Schematics
- 4) Electrical Diagrams, Logic Diagrams
and Electrical Arrangements
- 5) Operating Valve Diagrams
- 6) Drawing 102037 - Instrument
Locations
- 7) Drawing 102038 - Instrument
Reference
- 8) Complete Set of Drawings
- 9) Complete Set of Documents

1. Use Form 69-10767
2. Use Form 69-10768

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 12

OPERATIONAL AND OPERATIONS SUPPORT CENTER EMERGENCY PLAN EQUIPMENT

<u>ITEM</u>	<u>SURVEILLANCE TYPE/FREQUENCY</u>
Operational Support Center (Security Building)	
a. Kits for Emergency Use	
1) Emergency Kits (2)	Refer to Section 1
2) Evacuation Kits (2)	Refer to Section 2
3) Hospital Kits (2)	Refer to Section 4
b. Communications	
1) Radio	Refer to Security Procedures
2) Telephone	
A) Direct line to TSC/CR	Operability Check/Quarterly
B) Rolm phone	Operability Check/Quarterly (Use Form 69-10769)
Operations Support Center (Access Control/Cold Machine Shop)	
a. Communications	
1) Telephone	
A) Direct line to TSC/CR	Operability Check/Quarterly
B) Rolm phone	Operability Check/Quarterly (Use Form 69-10769)

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

TABLE 13

EMERGENCY OPERATIONS FACILITY EMERGENCY PLAN EQUIPMENT

<u>ITEM</u>	<u>SURVEILLANCE TYPE/FREQUENCY</u>
a. Nuclear Data Communications System (NDCS) Terminal	Operability Check/Quarterly ¹
b. Emergency Assessment and Response System (EARS)	Operability Check/Quarterly ¹
1) 9845T Computer	
2) Chromatics Colorographics Display	
c. Manual Dose Projection Equipment	Inventory/Quarterly ²
1) Base Map	
2) Seven Overlays	
d. Communications	Operability Check/Quarterly ¹
1) Radio	
2) Telephone	
e. Auxiliary Generator	Operability Check/Quarterly ¹
f. Consumables	
1) Emergency Forms	Inventory/Quarterly ²
2) Office Supplies	Check/Quarterly ²

DIABLO CANYON POWER PLANT UNIT NO(S) 1 AND 2

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TITLE EMERGENCY EQUIPMENT, INSTRUMENTS & SUPPLIES

EMERGENCY OPERATIONS FACILITY EMERGENCY PLAN EQUIPMENT (cont.)

ITEM

SURVEILLANCE TYPE/FREQUENCY

g. Documents

- 1) Plant Manuals
Volume 2 - Operating Procedures
Volume 3 - Emergency Procedures
(3 copies)
Volume 4 - Licenses & Permits
Volume 7 - Radiation Control Standards
and Procedures
Volume 9 - Temporary Procedure
(Curves & Misc Data)
Volume 11 - Emergency Plans (3 copies)
Normal Document Control²
Practice
- 2) Piping Schematics
- 3) Instrument Schematics
- 4) Electrical Diagrams, Logic Diagrams
and Electrical Arrangements
- 5) Operating Valve Diagrams
- 6) Drawing 102037 - Instrument Locations
- 7) Drawing 102038 - Instrument Reference

1. Use Form 69-10770
2. Use Form 69-10771

NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2EMERGENCY KIT INVENTORY CHECK LISTKIT NO. _____ KIT LOCATION _____
QUARTER _____ DATE _____ PERFORMED BY _____

BOX NO. 1

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
1. Sample Equipment				
a. Sample Bottles (1 liter)	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
b. Trowel	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
2. Air Sampling Equipment				
a. 12V Air Sampler + Sample Head (w/o Battery, Radeco H-809B)	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
b. 12V Air Sampler + Sample Head (w/o Battery, Radeco H-809C)	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
c. 120V AC Air Sampler + Sample Head (Radeco HD-28B)	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
d. Iodine Filter Cartridges (Pkg. of 10)	<u>3</u>	<u> </u>	<u> </u>	<u> </u>
e. Air Cylinder Regulator	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
f. Compressed Air Cylinders (at 1700 psi)	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
g. Sample Head w/Adapter	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
3. Protective Clothing/Decontami- nation				
a. Radiacwash Decontamination Agent (1 Gal. or Equiv.)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
b. Skin Decontamination Soap (1 pt. or Equiv.)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
c. Hand Brush	<u>1</u>	<u> </u>	<u> </u>	<u> </u>

EMERGENCY KIT INVENTORY CHECKLIST

KIT NO. _____ KIT LOCATION _____

QUARTER _____ DATE _____ PERFORMED BY _____

BOX NO. 1

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
d. Floor Scrub Brush	<u>*</u>	_____	_____	_____
e. Bucket	<u>*</u>	_____	_____	_____

- * Check with appropriate inventory list located in information binder for kit requirements.

NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2EMERGENCY KIT INVENTORY CHECK LIST

KIT NO. _____ KIT LOCATION _____
 QUARTER _____ DATE _____ PERFORMED BY _____

BOX NO. 2

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
1. Instructions, Procedures + supplies				
a. Instruction Binder	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
b. Table of Contents	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
c. Inventory List (By Box)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
d. Sanford Marking Pens	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
e. Red Marking Pens	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
f. Black Marking Pens	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
g. Ball Point Pens	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
h. SLO County Map	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
i. Equipment Location Drawings (set)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
j. Corporation Key (3A 90909)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
k. Information Center Key	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
l. Emergency Onsite Environmental Montr. Prod., RB-7	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
m. Emergency Offsite Environmental Montr. Prod., RB-8	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
n. Emergency Equip., Instr., and Supplies, EF-5	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
o. Record of Potassium Iodine Distribution, Form #18-9395	<u>1</u>	<u> </u>	<u> </u>	<u> </u>

EMERGENCY KIT INVENTORY CHECK LIST

KIT NO. _____ KIT LOCATION _____

QUARTER _____ DATE _____ PERFORMED BY _____

BOX NO. 2

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
p. Emergency Environmental Monitoring Field Data Sheet (Form 18-9259)	100	_____	_____	_____
q. Computation Paper (Packet)	1	_____	_____	_____
r. Calculator	1	_____	_____	_____
2. Air Sampling Equipment				
a. Air Sample Particulate Filters (Pkg. of 10)	10	_____	_____	_____
b. Paper Envelopes for Particulate Samples	25	_____	_____	_____
c. Smears w/holder (per set)	20	_____	_____	_____
d. Plastic Envelopes for Iodine Cartridges (Pkg of 30)	1	_____	_____	_____
e. Forceps	1	_____	_____	_____
f. Plastic Bags (18" x 24")	15	_____	_____	_____
3. Miscellaneous Equipment				
a. Gummed Labels (Pkg)	1	_____	_____	_____
b. Flashlight w/batteries	*	_____	_____	_____
c. Extra Batteries	*	_____	_____	_____
d. Roll of Dimes	1	_____	_____	_____
e. Stopwatch	1	_____	_____	_____
f. Scissors	1	_____	_____	_____
g. Crescent Wrench (3")	1	_____	_____	_____

EMERGENCY KIT INVENTORY CHECK LIST

KIT NO. _____ KIT LOCATION _____
 QUARTER _____ DATE _____ PERFORMED _____

BOX NO. 2

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
n. Screwdriver	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
i. First Aid It (Size 10)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
j. Masking Tape (2" wide rolls)	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
k. Battery Powered Lantern (w/7.5V Battery)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
l. "Kwik-kold" Packs	<u>4</u>	<u> </u>	<u> </u>	<u> </u>
m. Bolt Cutter	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
n. Grass Shear	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
4. Protective Clothing/ Decontamination	<u> </u>	<u> </u>	<u> </u>	<u> </u>
a. Protective Clothing Sets (coveralls, hood, booties rubbers, gloves)	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
b. Full Face Mask	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
c. Type GMR-S Filters (or equiv.) for Face Mask	<u>2</u>	<u> </u>	<u> </u>	<u> </u>
d. Smear Pads (Pkg of 10)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
e. Paper Towels (pkg)	<u>1</u>	<u> </u>	<u> </u>	<u> </u>
f. Plastic Bags (38" x 65")	<u>3</u>	<u> </u>	<u> </u>	<u> </u>
5. Signs + Barriers				
a. Radiation Signs (w/3 inserts)	<u>*</u>	<u> </u>	<u> </u>	<u> </u>
b. Radiation Barricade Tape (100' Rolls)	<u>2</u>	<u> </u>	<u> </u>	<u> </u>

*Check with appropriate inventory list located in information binder for
kit requirements.

NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2EMERGENCY KIT INVENTORY CHECK LISTKIT NO. _____ KIT LOCATION _____
QUARTER _____ DATE _____ PERFORMED BY _____

BOX NO. 3

QUANTITY

	<u>REQUIRED</u>	<u>PRESENT</u>	<u>DEFECTIVE OR MISSING</u>	<u>REPLACED</u>
1. Monitoring Equipment				
a. Dose Rate Meter (Rad Owl)	<u>*</u>	_____	_____	_____
b. Dose Rate Meter (HPI-1010)	<u>*</u>	_____	_____	_____
c. Survey Meter (Eber-E-140 or E-140N)	<u>1</u>	_____	_____	_____
d. Standard G-M Probe (Eber HP-240 or Equiv.)	<u>1</u>	_____	_____	_____
e. Pancake Probe (Eber HP-210 or 260)	<u>1</u>	_____	_____	_____
f. Pocket Dosimeter (0-5R)	<u>2</u>	_____	_____	_____
g. Pocket Dosimeter (0-200mr)	<u>2</u>	_____	_____	_____
h. Dosimeter Charger	<u>1</u>	_____	_____	_____

*Check with appropriate inventory list located in information binder for
kit requirements.

DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

EVACUATION KIT INVENTORY CHECK LIST

KIT NO. _____ DATE _____ PERFORMED BY _____

ITEM	QUANTITY	OK	CHECKED DEFECTIVE OR MISSING	REPLACED
1. Binder Contents				
a. General Appendix 5	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Form 18-9310	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Form 18-9311	100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Form 18-9369	5-10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ballpoint pens	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Calculator (I.D. No. _____)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery				<input type="checkbox"/>
4. Flashlight	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batteries				<input type="checkbox"/>
5. Plastic bags (14"x24")	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Bullhorn (I.D. No. _____)	1			<input type="checkbox"/>
Batteries	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Packages of 2" filters (10 filters per package)	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Barricade tape, 100 ft. rolls	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dosimeter cngr. (ID No. _____)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery				<input type="checkbox"/>
10. Dosimeter pencils, 0-200 mR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Rad Owl	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Replacement Inst. No. _____)				
12. Eberline E-140 Survey Meter	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Replacement Inst. No. _____)				

ITEM	QUANTITY	CHECKED		REPLACED
		OK	DEFECTIVE OR MISSING	
13. HP-240 GM Probe (ID No. _____)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Corporation Key (3A90909)	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Info Center Emergency Room Key	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS _____

APPROVED _____ DATE _____

DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT

EMERGENCY PLAN PHONE NUMBER VERIFICATION CHECKLIST

CHECKED BY _____

DATE _____

PROCEDURE NO.	PAGE NO.	AGENCY	COMMENTS (Note How Checked)
EP R-1	Attachment 7 p. 1 & 2	Safety, Health & Claims Personnel (Injuries)	.
	p. 9	San Luis Ambulance French Hospital	
	p. 14	Supervising Nuclear Generation Engr.	
EP R-3	p. 3	State Executive Officer, Calif. Regional Water Quality Control Board, Central Coast Region	
EP R-7	p. 8 p. 9	Supervising Nuclear Generation Engr. Los Padres District Manager	
EP M-1	p. 5	Supervising Nuclear Generation Engr.	
	Attachment 9 Attachment 10	Safety, Health and Claims List of physicians, hospitals, and ambulances serving the immediate area of Diablo Canyon	
EP M-2	p. 3	Supervising Nuclear Generation Engr. Div. Field Claims Investigator	
EP M-4	p. 4, 7, and Attachment	UC Berkeley Seismograph Station	
EP M-6	p. 2	Security Extensions	
	p. 8	Fire Assistance Communications List	
EP M-7	p. 1	PGandE Law Department Mr. David Williamson	

EMERGENCY PLAN PHONE NUMBER VERIFICATION CHECKLIST

CHECKED BY _____

DATE _____

PROCEDURE NO.	PAGE NO.	AGENCY	COMMENTS
EP M-7 (Cont.)	p. 2	Organizations to be notified in the event of an oil spill	
	p. 2	California State Office of Emergency Service	
	p. 2	California State Land Commission	
	p. 2	State Executive Officer California Regional Water Quality Control Board Central Coast Region	
EP OR-2	Attachment 1	Media Notification List	
EP EF-4	p. 1	PT&T and PGandE	
EP RB-8	p. 3	DCPP, EOF, TSC	
EP G-2	Attachment 1	Emergency Organization Call List	
	p. 1-27		
EP G-3	Attachment 2 p. 1	Recovery Manager Mobile Phone and Pager Instructions	
	Attachment 3 p. 1-4	Required Offsite Organization Call List	
	Attachment 4 p. 1-4	Other Offsite Organization Call List	
EP G-4	p. 4	Emergency Conference Line	
	p. 6	Emergency Conference Line	
	p. 7	Control Room, TSC, Cold Machine Shop, Access Control	
	p. 8	Security Building, Temp Training Building, Security Training Trailer	

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: CONTROL ROOM CHECKLIST

DATE _____ PERFORMED BY _____

1. Dose Projection Equipment

_____ (1) Base Map

_____ (7) Overlays (Stability Class A-G)

2. Emergency Workbooks*

_____ Site Emergency Coordinator

Appendix Z's _____ (provide new set)

Procedures:

<u>No.</u>	<u>Rev. No.</u>
EP G-1	_____
EP R-2	_____
EP G-2	_____
EP G-3	_____
EP G-4	_____
EP G-5	_____

_____ Emergency Evaluation and Recovery Coordinator

Appendix Z's _____ (provide new set)

Procedures:

<u>No.</u>	<u>Rev. No.</u>
EP G-1	_____
EP R-2	_____
EP EF-6	_____
EP RB-9	_____
EP RB-10	_____
EP RB-11	_____

 TITLE: CONTROL ROOM CHECKLIST

Forms

<u>No.</u>	<u>Date</u>	<u>Quantity</u>
69-10262	_____	_____ (12)
69-10295	_____	_____ (12)
69-10296	_____	_____ (12)
R-2 App. 2	_____	_____ (12)
R-2 App. 3	_____	_____ (12)
R-2 App. 4	_____	_____ (12)
R-2 App. 5	_____	_____ (12)

_____ Emergency Liaison Coordinator

Procedure

<u>No.</u>	<u>Rev. No.</u>
EP G-2	_____
EP G-3	_____

Forms

<u>No.</u>	<u>Date</u>	<u>Quantity</u>
69-10297	_____	_____ (3)
69-10298	_____	_____ (2)
69-10262	_____	_____ (12)
69-10295	_____	_____ (12)
69-10296	_____	_____ (12)
69-9221	_____	_____ (12)

_____ Liaison Assistant

Procedure G-2, Rev. No. _____

Form 69-10297, date _____, quantity _____ (4)

Form 69-9221, date _____, quantity _____ (12)

TITLE: CONTROL ROOM CHECKLIST

*Check procedure revision number and form date against a controlled copy of the emergency procedures (Plant Manual Volume 3A). Note any discrepancies below and provide updated material.

3. Portable Video Camera (In Shift Clerks Office)

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: TECHNICAL SUPPORT CENTER CHECKLIST

DATE _____ PERFORMED BY _____

1. Radios

Check functioning of the following: (Use Operating Procedure K-9
"Instructions for Operation of DCPD Radio Systems")

a. Quarterly perform the following on the EARS room radio console: []

b. Quarterly perform the following on the Operations Center radio
console: []

Operations Modules

Check functioning of the Local, Met Tower or Davis Peak modules
by selecting one and check module functioning by receiving avail-
able traffic or by calling the Information Center (encode 22 on F1)
or Morro Bay (encode 33). []

NOTE: Transmitter functioning is checked by operations using
STP I-29

Local	[]
Met Tower	[]
Davis Peak	[]

Security Modules

Check functioning of the Local, Met Tower or Davis Peak by select-
ing one and check module functioning by receiving Local Traffic. []

NOTE: Transmitter functioning is checked by Security.

Division Radio

Check module functioning of the division radio modules by select-
ing each and receiving available Traffic.

NOTE: Transmitter functioning is checked by operations using STP I-29.

NOTE: If no Traffic is available note that below.

H/P Radio

Check functioning of the Local, Met Tower, Davis Peak modules by
selecting one at a time and activating an Emergency Organization
pager unit. []

NOTE: Pager must be outside the TSC to receive the signal (at
the outside door is OK).

TITLE: TECHNICAL SUPPORT CENTER CHECKLIST

Note any problems with the radio console:

2. Telephones

NOTE: CBX Telephones are in routine use and need not be checked.

Check functioning of the ROLM Console by turning on, calling the plant emergency number (541-4400) from any phone and receiving the call at the console. Extend the call to any extension and verify connections between the originating phone and the ringing phone. []

TURN OFF CONSOLE AFTER CHECKING

Verify the ATL to San Luis Obispo County Sheriff's Dispatch Center by verifying the phone is answered at the office and two-way communication can be maintained. []

Verify the ATL to the State Office of Emergency Services by verifying the phone is answered at that office and two-way communications can be maintained. []

Check functioning of the following ATL's by verifying they ring when selected. Allow to ring long enough so someone in the vicinity can answer, if available: []

	<u>OFFICE</u>	<u>OPERATIONS CENTER</u>	<u>EARS OFFICE</u>
CR-1	[]	[]	[]
CR-2	[]	[]	[]
OSC	[]	[]	[]
EOF	[]		

Verify functioning of one SLD off premise extension by calling any plant extension using 8-69-ext. number.

Office	[]
Operations Center	[]
EARS Office	[]

3. Radiation Monitors - Check "normal" light on all 10 channels []
- Check paper in all 4 recorders []
 - Check portable monitor functions []

TITLE: TECHNICAL SUPPORT CENTER CHECKLIST

4. Check functioning of the Control Room Closed Circuit TV's as follows (Refer to operating instructions in the TV desk drawer):-

Color monitors 1-5 receive pictures from cameras 1-7

[]

Black and White monitor #6 receives pictures from cameras 8 and 9.

[]

Pan, zoom and focus controls on cameras 1-7 function

[]

NOTE: Close the iris on cameras 1-7 following check.

5. Equipment Quantities - Check per Form 69-10752

Note Discrepancies Below:

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: TECHNICAL SUPPORT CENTER EQUIPMENT QUANTITY CHECKLIST

OFFICE

_____ 1 Rolm Telephone Console with handset
_____ 1 Emergency Equip. Cabinet: Status Boards(6)
_____ 2 Headsets
_____ Box of office supplies (Verify ample stationary supplies)
_____ Maps - Diablo Canyon 50 mile radius REMP & Emergency-3
_____ Radiological Emergency Monitoring Locations with Milar overlay - 1
_____ Emergency Monitoring -20KM - 3
_____ Topographical Map showing Emergency Area from Morro Bay to Pismo Beach - 2
_____ Base Map for X/Q overlay - 1 map, 7 overlays (Stability Class A-G)
_____ Map - 20 KM - 1
_____ 1 Set Maps { REMP & Emergency Planning Map-50 Mile Radius - 1
_____ Emergency Monitoring Locations
_____ Emergency Telephone Directory (6)
_____ 13 Nameplates
_____ Emergency Classification Diagram
_____ Emergency Forms per form 69-10582.
_____ 5 TI-1750 III Calculators

OPERATIONS CENTER

_____ Emergency Forms per form 69-10582.
_____ Emergency Phone Directory (6)
_____ Closed Circuit TV Monitors - 5 Color
_____ 1 Black and White
_____ Motorola - 2 Way radio communications board
_____ Tape drive & disc
_____ Harris Processor - Computer
_____ Harris Terminal
_____ Harris Key Stations - 2 (Terminals)
_____ Harris Line Printers (2)
_____ Nicolet Zeta Plotter

EARS OFFICE

_____ Hewlett Packard Memory Storage
_____ Hewlett Packard Printer - 2608A
_____ Hewlett Packard Computer Terminal - 9845C
_____ Hewlett Packard Flexible Disc Memory - 9895A
_____ Hewlett Packard Computer Terminal - 2621P
_____ Motorola Communications Board with Handset
_____ Hewlett Packard 1000 - Computer, Tape Unit, Memory
_____ Hewlett Packard Disc - 7925
_____ Trilog Colorplot
_____ EARS Training Manual
_____ Emergency Telephone Directory (3)
_____ Emergency Forms per form 69-10582
_____ 1 Status Board

TITLE: TECHNICAL SUPPORT CENTER EQUIPMENT QUANTITY CHECKLISTRECORDS OFFICE

_____ Operature Card Viewer
_____ Operature Card Files with cards
_____ Microfilm Printer/Viewer with reels
_____ Teledyne Geo tech Auto Met V Computer
_____ TI ONMI 800 Printer
_____ Construction DWG Index Books 1 and 2
_____ 7 Phone Books
_____ 20 MSA SCBA's
_____ Panafax Document Transmitter -MV1200
_____ Micro-fiche Printer/Viewer
_____ Hewlett Packard Computer Terminal (1)
_____ Instruction Manuals - Hard copy in cabinet (2)
_____ Plant Manuals - per distribution list in cabinets

Volume 2 Operating Procedures A-F, G-O, #67
Volume 3 Emergency Procedures, #66, 67, 79
Volume 3A Emergency Procedures, #66, 67, 79
Volume 3B Emergency Procedures, #66, 67, 79
Volume 4 Licenses & Permits, #67
Volume 7 Radiation Control Standards, #67
Volume 9 Temporary Procedures & Instructions, #67
Volume 11 Emergency Plans, #66, 67, 79
Volume 16 Annunciator Response, #67
Volume 1-14 Final Safety Analysis Report

_____ RMS Handbook - TSC
_____ Equipment Record Number Index
_____ Corporate Emergency Response Plan, Control #271-276
_____ Emergency Telephone Directory (1)
_____ Diablo Canyon Emergency Response Communications Directory (6 binders)
_____ Emergency Response Manual - INPO RP/EP-1 9/80
_____ Report on Small Break Accidents for Westinghouse NSSS System, Vol. I, II, III
_____ Reference Dwg 102037, 102038 - Instrument Locations
_____ Reference Dwg 101876-14 - Main Annunciator Input List
_____ 101900 - List of Equipment Location Codes - Unit 1
_____ Uncontrolled Emergency Procedures Volume - (there are 6 binders all the same)
_____ Operating Valve Identification Diagrams, Control Copy #31 - Unit 1
_____ Instrument Schematics, Control Copy #24
_____ Electrical Diagrams, Logic Diagrams & Electrical Arrangements, Control Copy #27
_____ Unit 1 and 2
_____ Piping Schematics, Control Copy #3

NRC OFFICE

_____ NRC Red "Hot Line" Phone
_____ NRC Blue HPN Phone
_____ NRC HPN Phone Directory (1)

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: OPERATIONAL SUPPORT CENTER AND OPERATIONS SUPPORT CENTER CHECK LIST

DATE _____ PERFORMED BY _____

Operational Support Center (Security Building Lunchroom)

1. Check CBX extension by calling Unit 1 Control Room (x 3224).
Verify the Control Room answers. []
2. Check ATL to CR/TSC by lifting receiver, verify Control
Room answers. []
3. Operational Support Center Workbook.* []

<u>Procedure</u>	<u>Rev. No</u>
G-4	_____
EF-2	_____
RB-2	_____
RB-3	_____

Form 69-9639, date _____, quantity _____ (12)

*Check procedure revision number and form date against a controlled copy of the emergency procedure (Plant Manual Volume 3A). Note any discrepancies below and provide updated material.

Operations Support Center (Access Control/Cold Machine Shop Area)

1. Check emergency CBX extension by calling Unit 1 Control
Room (x3224). Verify the Control Room answers. []
2. Check ATL to CR/TSC by lifting receiver, verify Control
Room answers. []

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: EMERGENCY OPERATIONS FACILITY CHECKLIST

DATE _____

PERFORMED BY _____

1. Power Supplies

- a. Communications Room - Power Breaker Panel - Circuit breakers -
Check "on" except 5 and 6 ☐

12V D.C. Circuit Breaker Panel-Check charger voltage - 13V
Circuit Breakers all in "down" position (off). Switch 1-13 to "up"
for radio checks. ☐

- b. Outside (Circuit Breaker Panel) at Meter ☐
100 and 15 amp breakers on
50 amp breaker off ☐

- c. Diesel - ☐
Behind Engine Panel (NE Corner)
Check Fuel - At least 4"
Battery Charger Voltage - ~13V.

Control Panel (South End) ☐
Voltage Reg Switch - On
Auto-off-Run Switch - Off
Battery Charge Switch - On
Oil Heater Switch - On

Diesel may now be tested by Placing Auto-Off-Run Switch in "AUTO" and
opening 100 amp circuit breakers at the meter. Run the EOF heat pump
when the diesel is tested. Run diesel until oil temperature reaches at
least 145°. ☐

Engine Hour Meter Reading, Start _____ Finish _____

Time Start _____ Stop _____ Fuel Level @ Finish _____ "

To stop diesel place Auto-Off-Run Switch in off position - leave it in
the off position.

- d. Data Links

Power Supply switches off at Harris and Hewlett-Packard Computer
Terminal Stations. ☐

NOTE: Gauged plug for the Hewlett-Packard equipment has a switch
which should be OFF (behind computer desk), except for check.

TITLE: EMERGENCY OPERATIONS FACILITY CHECKLIST

2. Lights

Switch Locations ☐

Communications Room
Public Information Office
Operations Office Door(3) - Only 2 function
Recovery Mgr. Office
Radiation Emergency Recovery Mgr. Office
Hallway Door (2) Only 1 function
EARS Office
UDAC Trailer (2)

Note any lights not functioning properly

(Light over EOF sink is not connected)

3. Radios

Check functioning of the following

a.

Operations Office - Plant Operations W/Encoder (Keys DCPD Transmitter - encode 22 on F1 to call Information Center) ☐

Recovery Managers Office - Operations Local Transmitter (Call DCPD Control Room) ☐

Handi Talkie # 16 (Call one EOF Base Station on HP Frequency) ☐

b.

Recovery Mgr. Office - Plant Operations W/Encoder (Keys DCPD Transmitter - encode 22 on F1 to call Information Center). ☐

Operations Office - Operations Local Transmitter (Call DCPD Control Room) ☐

EARS Office - H/P Audio (Call Handi Talkie # 17) ☐

c.

Public Information Office - Plant Operations W/Encoder (Keys DCPD Transmitter -encode 22 on F1 to call Information Center) ☐

Recover Mgr. Office - Division Local (Listen for Traffic - Call Morro Bay Power Plant if none) ☐

Rad. Emergency Recovery Mgr. Office - H/P Local (Call Handi Talkie # 18) ☐

d.

UDAC Trailer - Call one Handi-Talkie ☐

TITLE: EMERGENCY OPERATIONS FACILITY CHECKLIST4. Telephones

Check functions of the following telephones:

PIRM OfficePublic Information Recovery Mgr. ☐Operations OfficeMultiline phone (Check all numbers) ☐OA RM ☐EL RM ☐Recovery Mgr. OfficeMultiline Phone (Check ATL rings) ☐Rad. Emerg. Recovery Mgr. OfficeMultiline ☐EARS Office2 Multiline ☐UDAC Trailer1 P.T. ☐2 Local Exchange ☐5. EARS SystemTurn on power supply to data link ☐Turn on power to equipment at plug Toggle Switch ☐Check operating per procedure EF-5 - Run System Exercise Program ☐Turn off all power switches. ☐6. Harris SystemTurn on power supply to data link ☐Check operating per procedure EF-7 ☐Turn off all power switches ☐7. Equipment quantities - Check per form 69-10755 ☐

Note Discrepancies Below:

PACIFIC GAS AND ELECTRIC COMPANY
DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: EMERGENCY OPERATIONS FACILITY EQUIPMENT QUANTITY CHECKLIST

EARS OFFICE

_____ 1 Desk
_____ 1 Chair
_____ 1 Small table
_____ 2 File Cabinets (5) drawer
_____ 1 Hewlett Packard Desk Top Computer 9845C
_____ 1 Hewlett Packard Disc Controller 13037C
_____ 1 Motorola Multiple Battery Charger (boxed)
_____ MT 500/HT 220
_____ 1 Model HD28B (Radeco/Sil) Air Sampler
_____ 1 Hewlett Packard Disc Interface 98041A
_____ 1 Motorola Transmitter - WGK 822
_____ 2 Handi Talkies
_____ Ser# 411AFN0582, Mod1# H348BU3164A
_____ Ser# 411AFN0583, Mod1# H348BU3164A
_____ 2 Motorola Battery Chargers
_____ 2 Handi Talkies Cases
_____ 1 Clock
_____ 2 Rolm CBX-Stromberg Carlson Telephones
_____ 1 Set Emergency Procedures
_____ (DCPP Plant Manual Vol. 3, Copy #75)
_____ 1 Set Emergency Plan
_____ (DCPP Plant Manual Vol. 11, Copy #75) - 1 Corporate Emergency Plan(Copy #277).
_____ 1 Map - Rad Monitoring Locations
_____ 1 Map - Sectors and Dist. from
_____ plant (20KM)
_____ 1 Set EARS Manuals
_____ 1 Drawer Emergency Forms (Check per Form 69-10582)

REFM OFFICE

_____ 1 File Cabinet (5 drawer)
_____ 1 Desk
_____ 1 Chair
_____ 2 Folding Chairs
_____ 1 Handi Talkie MT 500, Ser# 411AFN0584
_____ 1 Battery Charger
_____ 1 Handi Talkie Case
_____ 1 Motorola Transmitter, Ser# 448CFG1007, Mod1# T1882A
_____ 1 Rolm CBX - Stromberg Carlson
_____ 6 Clipboards
_____ UDAC and EOF Signs
_____ 1 Clock
_____ 1 Map - Sectors and Dist from plant (20 Km)
_____ 1 Map - Rad Monitoring Locations
_____ 1 Map - 50 Mile Radius
_____ 1 Map - Overlay Base Map
_____ 7 Overlays (Stability Class A-G)
_____ 1 Drawer Emergency Forms (Check per Form 69-10582)

TITLE: EMERGENCY OPERATIONS FACILITY EQUIPMENT QUANTITY CHECKLISTRECOVERY MANAGERS OFFICE

____ 1 File Cabinet (5 Drawer)
____ 1 Desk
____ 1 Chair
____ 1 Rolm CBX - Stromberg Carlson
____ 2 Motorola Radio Transmitters
____ 1 Map - 50 Miles Radius
____ 1 Clock
____ 4 Clipboards
____ 1 Set Electrical Drawings (Unit 1 and Unit 2) (2 Volumes, Copy #3)
____ 1 Set Instrument Schematics (Copy No.)
____ 1 Set Operating Valve Identification Diagrams (Copy #32)
____ 1 Set Piping Schematics (Copy No. 26)

OPERATIONS OFFICE

____ 5 Folding Chairs
____ 2 IBM Selectric III
____ Ser# 276705935109636. Model # 670X

____ 1 Typewriter Stand
____ 3 Rolm CBX phones
____ 3 Desks
____ File Cabinet (5 Drawer)
____ 4 Sony Micro Dictator BM 520
____ Ser# 24645
____ Ser# 19353
____ Ser# 16837
____ Ser# 20273
____ 5 Ear Phone bugs
____ Misc. Micro Cassette Tapes (Sony MC-60)
____ 1 Speedcall - 402 Encoder
____ Ser# 80-23-003
____ 1 Speaker Phone - Multiline
____ 4 Chairs (rolling)
____ 1 Savin Copier 870 Ser# 2410513685, on storage cabinet.
____ 1 Radiological Emergency Kit #3, box 1
____ 1 Radiological Emergency Kit #3, box 2
____ 2 Poster paper pads
____ 1 Map (Sectors and Dist. From plant) (20 KM)
____ 1 Harris Computer printer
____ 1 Harris Display Screen
____ 1 Harris keyboard
____ 1 Clock
____ 2 Motorola Radio Consoles
____ 1 Computer Communications Power Supply Unit
____ 1 Radiological Status Board
____ 1 Plant Status Board
____ 1 Set Emergency Procedure (DCPP Plant Manual Vol. 3, Copy #74)
____ 1 Emergency Plan (DCPP Plant Manual Vol. 11, Copy #74)
____ 1 Corporate Emergency Plan, Copy #279.
____ 1 DCPP Plant Manual Vol. 4, Copy #74.
____ 1 DCPP Plant Manual Vol. 9, Copy #74.
____ 1 DCPP Plant Manual Vol. 2, Copy #74.
____ 1 Drawer Emergency Form (Check per form 69-10582)
____ 1 DWG 102037, 102038 Volume

____ 1 Panofax Machine (In Box)
____ 3 TI-1750 III Calculators

TITLE: EMERGENCY OPERATIONS FACILITY EQUIPMENT QUANTITY CHECKLIST

PUBLIC INFORMATION OFFICE

____ 1 Motorola Radio Console
____ 1 IBM Selectric III
 Ser# 27-6705-93-5109628
____ 1 Chair
____ 1 Typewriter Stand
____ 1 Rolm CBX - Stromberg Carlson
____ 1 Pacific Tel (543-5609)
____ 1 Clock

UDAC TRAILER

____ 1 Motorola Radio Console (WGK 823)
____ 1 IBM Selectric III, Ser# 27-6705-93-5109639
____ 1 Savin Copier 870 (on loan to Sheriff's office) Ser# 2410513675
____ 1 Copier Storage Cabinet
____ 2 Clocks
____ 3 Telephones (2 digit)
____ 1 Telephone (PT [543-5609])
____ 15 Folding Chairs
____ 4 Tables
____ 2 Desks (1 w/typing extension)
____ 1 Swivel Chair
____ 3 Waste baskets
____ 1 Typewriter Table w/wheels
____ 1 Machine Stand
____ 1 Folding Leg Table (small)
____ 1 File Cabinet
____ 1 Case Clipboards
____ 5 Corporate Emergency Plan (Vol. 278, 280, 281, 282, 283)
____ 1 Base Map and 7 Dispersion Overlays
____ 1 Set Emergency Procedure (DCPP Plant Manual, Vol 3, Copy #76)
____ 1 Emergency Plan (DCPP Plant Manual Vol 11, Copy #76)
____ 2 EARS Training Manuals
____ 1 Status Board - Radiological Status
____ 1 Marker Board - Blank unmounted
____ Wall Maps:
 Environ. Monitoring Procedure A-8, Diablo Canyon Off-Site Stations.
 DCPP - 20 Km, Sectns & Dist. from plant
 DCPP - 50 Mile Radius
 USGS - Color 1:24000
 Radiation Monitoring Locations (5)
____ EOC Storage:
 Status Boards - EBS Announcements
 Radiation Status
 Social Services/Shelter
 Situation Board
 Status & Declarations
 Mounted Maps - SLO County (2)
 SLO City
 Los Osos to Cayucus
 Pismo Beach to Oceano
 Nipomo

TITLE: EMERGENCY OPERATIONS FACILITY EQUIPMENT QUANTITY CHECKLIST

Unmounted Maps - Black & White Section Map
Set Small Scale County Maps
County Map (Plastic Protected)

- _____ 1 Tripod
- _____ Cartons - Misc. Items
- _____ 1 Drawer Emergency Forms (Check per form 69-10582).

OFFICE SUPPLIES

- _____ Check contents of all desks and file cabinets for ample quantities stationary supplies, such as: ball point pens, erasers, felt pens (various colors), rubber bands, paper clips, pencils, scissors, rulers, ruled note paper, stapler removers, scotch tape, carbon paper, assorted plain paper, etc.
- _____ Check copy machine paper stock in Communications Room, at least 6 packages of paper in stock.
- _____ Check copy machine dispersant and toner stock, at least 2 bottles of each.
- _____ Turn on copy machine, make one copy.

DEPARTMENT OF NUCLEAR PLANT OPERATIONS
DIABLO CANYON POWER PLANT UNIT NOS. 1 AND 2

TITLE: EMERGENCY FACILITY FORMS FILE LIST

CURRENT FORM DATE	NUMBER	TITLE	Approximate Quantity						
			ISC-1	ISC-2	ISC-3	IOF-1	IOF-2	IOF-3	UAC
	69-9221	Emergency Notification Record	20	20	20	20	20	20	20
	69-9230	Work Sheet for Determination of X/Q	5		20	5	10	20	20
	69-9248	Post-Earthquake Evaluation Summary	5						
	69-9249	Post-Earthquake Level Indication Check List	5						
	69-9250	Post-Earthquake Area Inspection	5						
	69-9251	Post-Earthquake Surveillance Test Check List	5						
	69-9252	Electrical Power Check List	5						
	69-9259	Emergency Environmental Monitoring Field Data Sheet	20	10	10	20	20	20	20
	69-9260	Work Sheet for Determination of Release Rate or Total Release from Plant Vent Monitoring	5	5	20	5	10	20	20
	69-9283	Data Sheet for T-G Peak Recording Accelograph	5						
	69-9284	Work Sheet for Estimation of Curie Release	5	5	20	5	20	20	20
	69-9310	Post-Evacuation Vehicle Monitoring Data	10		10	10	5		
	69-9311	Evacuee Monitoring Data	10		10	10	5		
	69-9313	Controlled Area and Airborne Area Entry Log	10		20	5			
	69-9315	Contamination Survey Record	10			10	5		5
	69-9320	High Radiation Area Entry Log	10			5			
	69-9321	Containment Entry Log	5			5			
	69-9370	Site Emergency Organization Assignment	10			5			
	69-9392	Skin and Clothing Decontamination	10			10	5		
	69-9395	Record of Distribution of Potassium Iodide	10		10	10	10		
	69-9510	Special Work Permit Request	10		20	5			
	69-10059	Individual Accountability Record	20						
	69-10060	Summary of Personnel Accountability	10						
	69-10262	Radiological Emergency Status Form	20	5	20	20	20	20	5
	69-10295	Plant Status Emergency Form	20	20	5	20			
	69-10296	Onsite/Offsite Rad. Field Monitoring and PIC Status Form	20	5	20	20	20	20	20
	69-10297	Emergency Organization Call List	5			5			
	69-10554	Emergency Exposure Permit	10			10			
	69-10555	Work Sheet for Release Rate Estimation from Containment High Range Area Monitors	5	5	20	5	10	20	20
	69-10556	Release Rate Summary	5	5	20	5	10	20	20
	69-10566	Work Sheet for Manual Offsite Dose Calculations	5	5	20	5	10	20	20
	69-10581	Initial Emergency Notification Form	5			5			

TITLE: EMERGENCY FACILITY FORMS FILE LIST

CURRENT FORM DATE	NUMBER	TITLE	Approximate Quantity						
			TSC-1	TSC-2	TSC-3	EOF-1	EOF-2	EOF-3	UDAC
_____	69-10582	Emergency Facility Forms File List	5			5			
_____	69-10766	Control Room Checklist	5						
_____	69-10767	Technical Support Center Checklist	5						
_____	69-10768	Technical Support Center Equipment Quantity Checklist	5						
_____	69-10769	Operational Support Center and Operations Support Center Checklist	5						
_____	69-10770	Emergency Operations Facility Checklist	5			5			
_____	69-10771	Emergency Operations Facility Equipment Quantity Checklist	5			5			
_____	None	Personnel List Diablo Canyon Power Plant Department of Nuclear Plant Operations	2			2			
_____	R-2	Appendix 2 - Instructions for Estimating Noble Gas Release Rate Using Plant Vent Monitors RE-14 or RE-29	5	5	5	5	5	5	5
_____	R-2	Appendix 3 - Instructions for Estimating Iodine Release Rate Using Plant Vent Monitor RE-24	5	5	5	5	5	5	5
_____	R-2	Appendix 4 - Use of Containment Air Sample Data % Estimate Release Rate	5	5	5	5	5	5	
_____	R-2	Appendix 5 - Use of RCS Coolant Sample During S/G Tube Rupture Accident	5	5		5	5	5	

File Locations:

TSC-1	Office Area File
TSC-2	Operations Area File
TSC-3	Computation Area File
EOF-1	Operations Office File
EOF-2	RERM Office File
EOF-3	EARS Office File
UDAC	UDAC Trailer