02/04/91

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#### HOPE CREEK GENERATING STATION EVENT CLASSIFICATION GUIDE JANUARY 11, 1991

#### CHANGE PAGES FOR REVISION #10

The Table of Contents forms a general guide to the current revision of each section of the Hope Creek ECG. The changes that are made in this TOC Revision #10 are shown below. Please check that your revision packet is complete and remove the outdated material listed below.

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| Prepared By: D FauceTT (If Editorial Revisions Only, Last Approved Revision)    | 12-19-9 O<br>Date   |
|---|---------------------|
| Reviewed By: Station Qualified Reviewer   | 12-20-40<br>Date    |
| Significant Safety Issue  () Yes (X) no Department Manager  Department Manager  | 12-21-90<br>Date    |
| Reviewed By:  | 12-7(-90<br>Date    |
| Reviewed By:  General Manager - Quality Assurance/Safety Review (If Applicable) | Date                |
| SORC Review and Station Approvals   |                     |
| Mtg. No. Salem Chairman Mtg. No. Hope Creek                                     | Chairman            |
| Date Date   | 1/9/9/<br>Date      |
| General Manager - Salem  Date  Date   | Creek //9/9/ / Date |

#### HOPE CREEK EVENT CLASSIFICATION GUIDE ATTACHMENTS SIGNATURE PAGE

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| 17.      | Four Hour Report - Fatality/Medical        | 3    | 7     | July | 27,   | 1990 |
| 18.      | Four Hour Report - Transportation Accident | 1    | 6     | July | 27,   | 1990 |
| 19.      | Twenty Four Hour Report - FFD              | 0    | 3     | July | 27,   | 1990 |
| 20.      | Twenty Four Hour Report - NRC/OPS          | 2    | 5     | July | 27,   | 1990 |
| 21.      | Reportable Event - LACT/MOU                | 0    | 2     | May  | 26,   | 1989 |
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| (If Editorial Revisions Only, Last Approved Revision                            | Date             |
|---|------------------|
|   | .,               |
| Reviewed By:  Station Qualified Reviewer  | Date             |
| Significant Safety Issue  |                  |
| () Yes () no Reviewed By: N(A   |                  |
| Reviewed By: NA Department Manager  | Date             |
| Reviewed By: Emergency Preparedness Manager                                     | 17/34/95<br>Date |
| Emergency Preparedness Manager  | Date             |
| Reviewed By:  |                  |
| Reviewed By:  General Manager - Quality Assurance/Safety Review (If Applicable) | v Date           |
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| Mtg. No. Salem Chairman Mtg. No. Hope Cre                                       |                  |
| Mtg. No. Salem Chairman Mtg. No. Hope Cre                                       | eek Chairman     |
| Date  | Date             |
| General Manager - Salem General Manager - Hop                                   |                  |
| General Manager - Salem General Manager - Hop                                   | pe Creek         |
| Date  | Date             |

#### HOPE CREEK EVENT CLASSIFICATION CROSS REFERENCE EVENT TO REQUIREMENT DOCUMENT SECTION ii

NOTE: This section is not to be used for Event Classification. Refer to Sections 1 thru 18.

| Initi          | atin                    | g Event/Condition  | Reference* |
|----------------|-------------------------|--|------------|
| 1.             | Rea                     | ctor Coolant Leakage Rate/LOCA   |            |
|                | Α.                      | Exceeding reactor coolant leak rate technical specification  | UE5        |
|                | В.                      | Reactor coolant leak rate greater than 50gpm   | AL5        |
|                |                         | Loss of coolant accident greater than makeup capacity  | SA1        |
|                | D.                      | Loss of coolant accident with failure of ECCS systems to perform, or with potential contain-ment failure.  | GE6b,      |
| 2.             |                         | am Break or Safety/Relief Valve<br>led Open  |            |
|                | Α.                      | Failure of a safety/relief valve to close following a reduction of pressure  | UE6        |
|                | В.                      | Steam line break outside drywell   | AL4        |
|                | C.                      | Steam line break outside drywell with continuing leakage   | SA4        |
| ٥.             | Fai                     | lure to Scram  |            |
|                | Α.                      | Failure of the reactor protection system to automatically initiate and complete a scram which brings the reactor subcritical.  | AL11       |
|                | В.                      | Conditions requiring operation of the standby liquid control system with subsequent failure to reduce power (continued power generation but no core damage evident).   | SA9        |
| ir<br>Or<br>C: | n App<br>nly i<br>lasse | otherwise identified, references are as outlined bendix I, NUREG 0654. Initiating Event/Condition references for Emergency us UE - GE are listed here. Non-emergency references for the sections the selves. | ees        |



# CROSS REFERENCE EVENT/REQUIREMENT (continued)

NOTE: This section is not to be used for Event Classification. Refer to Sections 1 thru 18.

| Init | iating Event/Condition   | Reference*  |
|------|--|-------------|
|      | C. Conditions requiring operation of the stand-<br>by liquid control system with subsequent<br>failure to reduce power (containment failure<br>imminent with significant core damage). | GE6a        |
| 4.   | Loss of Decay Heat Removal   |             |
|      | A. Complete loss of any decay heat removal capability needed for plant cold shutdown.  | AL9<br>AL10 |
|      | B. Complete loss of any decay heat removal capability needed for plant hot shutdown.   | SA8         |
|      | C. Continued loss of all conventional means of decay<br>heat removal with core damage and containment<br>failure possible if cooling not restored.                                     | GE6d        |
| 5.   | Fuel Damage/Degraded Core  |             |
|      | A. Fuel damage indications   | UE3a,b      |
|      | B. Severe loss of fuel cladding  | AL1a, b     |
|      | C. Degraded core with indication of possible loss of coolable geometry   | SA2         |
|      | D. Fuel handling accident with radiological release to the Reactor Building from irradiated fuel.  | AL12        |
|      | E. Major irradiated fuel damage with radiological release exceeding (or projected to exceed) the threshold dose rates at the MEA for a Site Area Emergency.                            | SA10        |
| 6.   | Fission Product Boundary Failures (2/3)  |             |
|      | A. Severe loss of fuel cladding  | GE2         |
|      | B. Loss of RPV integrity   | GE2         |
|      | C. Loss of primary containment   | GE2         |
| 7.   | Radiological Releases  |             |
|      | A. Contaminated injured person transported from the site to an offsite medical facility.   | UE16        |

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NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

# Initiating Event/Condition Reference 7. Radiological Releases/Occurrences (cont'd) B. Loss, theft or diversion of any special nuclear material onsite UE12 10CFR70.52 Increase in measured or calculated A6 dose rates (mR/hr) or airborne activity levels by a factor of ≥ 1000 times (indication of degradation in control of radioactive materials) D. Liquid release that exceeds T/S limits UE2 for ≥ 15 minutes. E. Gaseous release that exceeds T/S limits. UE2 F. Gaseous release that exceeds 10 A15 times T/S limits. G. Dose Rate at Minimum Exclusion Area SAE13 (MEA - 0.56 miles from the affected unit) greater than or equal to 500 mR/hr Whole Body (WB) or 2500 mR/hr Thyroid. Dose Rate at Minimum Exclusion Area GE1 (MEA) greater than or equal to 1R/hr WB or 5 R/hr thyroid. 8. Nonradioactive Leak/Spill A. Toxic or flammable gas release UE14d that threatens plant personnel. Toxic or flammable gas release A18d entering plant structures.

Toxic or flammable gas release

entering into vital areas where

safe plant operation is compromised.

SAE16C

NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

| In  | itiating Event/Condition   | Reference |
|-----|--|-----------|
| 9.  | Electrical/Power Failure   |           |
|     | A. Loss of A.C. Power capability<br>that requires Unit Shutdown  | UE7       |
|     | B. Loss of all offsite power   | UE7       |
|     | C. Loss of all offsite power and loss of most onsite A.C. Power  | A7        |
|     | D. Loss of all offsite power and loss of most onsite A.C. Power for an extended period of time.                                | SAE6      |
|     | E. Total loss of all A.C. Power  | SAE6      |
|     | F. Loss of all vital onsite D.C. Power   | 8A        |
|     | G. Loss of all vital onsite D.C.<br>Power for > 15 minutes.  | SAE7      |
| 10. | Loss of Instruments/Alarms/<br>Communications  |           |
|     | A. Indications or alarms on process or effluent parameters not functional in Control Room.                                     | UE11      |
|     | B. Loss of all or most OHAs  | A14       |
|     | C. Loss of all or most OHAs and plant transient initiated or in progress   | SAE12     |
| 11. | Control Room Evacuation  |           |
|     | A. Evacuation of Control Room anticipated or required.   | A20       |
|     | B. Evacuation of Control Room completed with control of S/D systems not established at the Remote S/D Panel within 15 minutes. | SAE18     |

NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

| Init | iat | ing Event/Condition   | Reference |
|------|-----|---|-----------|
| 12.  | Ea  | rthquake/Severe Weather   |           |
|      | Α.  | Earthquake/seismic event felt in-plant or instrument detected                           | UE13a     |
|      | Э.  | Earthquake/seismic event<br>greater than Operating<br>Basis Earthquake (OBE)            | A17a      |
|      | c.  | Earthquake/seismic event<br>greater than Design Basis<br>Earthquake (DBE)               | SAE15a    |
|      | D.  | Flood: Water level in river high  | UE13b     |
|      | Ε.  | Flood: Water level in river high; near design basis                                     | A17b      |
|      | F.  | Flood: Water level in river high; greater than design basis                             | SAE15b    |
|      | G.  | Water level in river low  | UE13b     |
|      | Н.  | Water level in river low near design basis  | A17b      |
|      | I.  | Water level in river lower than design basis  | SAE15b    |
|      | J.  | Hurricane/unusual wind indicated by met tower instrumentation                           | UE13d     |
|      | К.  | Hurricane/unusual wind indicated by met tower instrumentation-near design basis         | A17d      |
|      | L.  | Hurricane/unusual wind indicated by met tower instrumentation-greater than design basis | SAE15c    |
|      | Μ.  | Tornado funnel observed, within MEA   | UE13c     |

NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

| Initi      | ating Event/Condition  | Reference |
|------------|--|-----------|
| 12.        | Earthquake/Severe Weather (cont'd)   |           |
|            | N. Tornado funnel observed within the protected area                       | A17c      |
|            | O. Tornado funnel observed, affecting plant structures                     | SAE5c     |
|            | P. Any major internal or external event substantially beyond design basis. | GE7       |
| 13. S<br>e | ite Hazards (explosions, crashes, tc.)                                     |           |
| A          | . Aircraft unusual activity over Facility or crash within the MEA          | UE14a     |
| В          | . Aircraft crash within the Protected Area                                 | A18a      |
| С          | . Aircraft crash affecting Plant Structures                                | SAE16a    |
| D          | . Turbine rotating component failure                                       | UE14e     |
| E          | . Turbine rotating component failure causing casing penetration            | A18e      |
| F          | . Missile impact onsite from any source within the Protected Area.         | A18b      |
| G          | . Missile impact onsite damaging a Plant Structure                         | SAE16b    |

NOTE: This section is not to be used for event Classification. Refer to sections 1 thru 18.

| Init | iating Event/Condition  | Reference      |  |
|------|---|----------------|--|
| 13.  | Site Hazards (explosions, crashes,  | etc.) (cont'd) |  |
|      | H. Unplanned explosion af-<br>fecting plant operations  | UE14c          |  |
|      | I. Unplanned explosion potentially compromising the function of one or more safety systems or normal operation of the plant | A18c           |  |
|      | J. Unplanned explosion com-<br>promising the function of<br>one or more safety sytems                                       | SAE16b         |  |
|      | K. Any major event substantially<br>beyond design basis.  | GE7            |  |
| 14.  | Fire  |                |  |
|      | A. Fire lasting > 10 min that affects plant operations  | UE10           |  |
|      | B. Fire potentially compromis-<br>ing the function of one or<br>more safety systems   | A13            |  |
|      | C. Fire compromising the function of one or more safety systems   | SAE11          |  |
|      | D. Any major fire (substantially beyond design basis) which could cause massive common damage to safety systems.            | GE7            |  |
| 15.  | Personnel Emergencies   |                |  |
|      | A. Contaminated injured person transported from site to an offsite medical facility.  | UE16           |  |

NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

| nitiating Event/Condition Reference |  |                    |
|-------------------------------------|--|--------------------|
| 6.                                  | Security Events  |                    |
|                                     | A. Loss, theft or diversion of any special nuclear material onsite   | UE12<br>10CFR70.52 |
|                                     | B. Substantiated threat, attempted entry or discovery of a suspected destructive device or evidence of a malicious act.                                | UE12               |
|                                     | C. Security Alert  | UE12               |
|                                     | D. Substantiated threat, attempted entry or discovery of a suspected destructive device or evidence of a malicious act with a Security Alert declared. | A16                |
|                                     | E. Ongoing security compromise   | A16                |
|                                     | F. Ongoing security compromise with imminent loss of physical control of the plant.  | SAE14              |
|                                     | G. Ongoing security compromise with in the loss of physical control of the plant.  | GE3                |
| 17.                                 | Public Interest Items  |                    |
|                                     | A. Any plant conditions exist that warrant increased awareness on the part of STATE/LOCAL authorities.   | UE15               |
|                                     | B. Any plant conditions exist<br>that warrant precautionary<br>standby of STATE/Local<br>authorities.  | A19                |

NOTE: This section is not to be used for Event Classification. Refer to sections 1 thru 18.

# Initiating Event/Condition

Reference

C. Any plant conditions exist that warrant precautionary activation of STATE/LOCAL authorities and notification to the general public.

SAE17

UE1

# 18. Tech. Specs/Plant Status Changes

A. Unit shutdown to comply with the following T/S LCO's:

UE3, UE4, UE5, UE7, UE8

- Reactor Coolant System (RCS) leakage
- Specific activity of the Primary Coolant
- 3. A.C. Electrical power sources
- 4. RCS pressure/temperature limits
- 5. Primary Containment Integrity

B. Exceeding any T/S Safety UE4
Limit Tech. Spec
2.1 and 6.7.1

C. Manual or automatic ECCS actuation with discharge to the vessel.

D. Liquid release that exceeds UE2 T/S limits for ≥ 15 mins.

E. Caseous release that exceeds UE2 T/S limits.

#### CPOSS REFERENCE ATTACHMENTS TO EVENTS SECTION iii

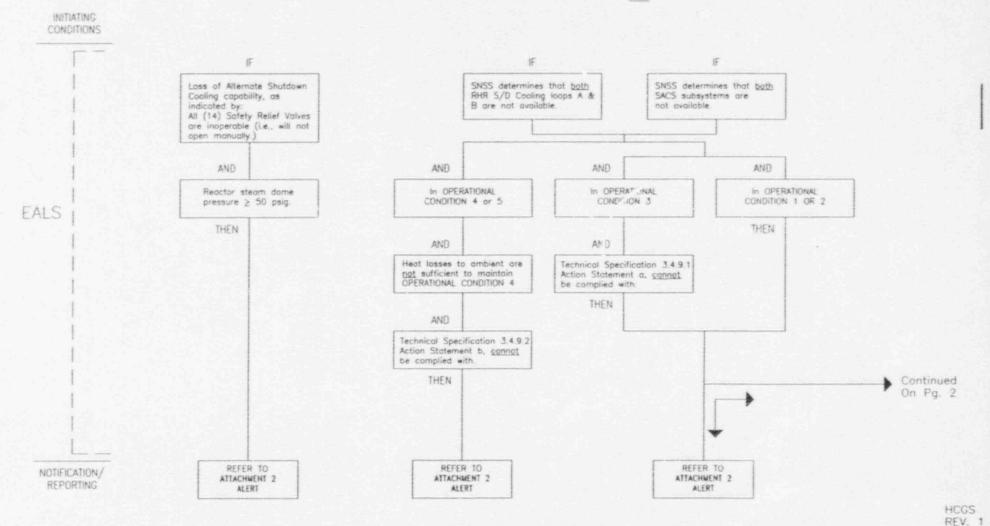
| ATTACHMENT | EVENT/INITIATING CONDITION   |
|------------|--|
| 1          | 1A, 2A, 5A, 7A, 7B, 7D, 7E, 8A, 9A, 9B, 10A, 12A, 12D, 12G, 12J, 12M, 13A, 13D, 13H, 14A, 15A, 16A, 16B, 16C, 17A, 18A, 18B, 18C, 18D, 18E |
| 2          | 1B, 2B, 3A, 4A, 5B, 5D, 7C, 7F, 8B, 9C, 9F, 10B, 11A, 12B, 12E, 12H, 12K, 12N, 13B, 13E, 13F, 13I, 14B, 16D, 16E, 17B                      |
| 3          | 1C, 2C, 3B, 4B, 5C, 5E, 7G, 8C, 9D, 9E, 9G, 10C, 11B, 12C, 12F, 12I, 12L, 12O, 13C, 13G, 13J, 14C, 16F, 17C                                |
| 4          | 1D, 3C, 4C, 6, 7H, 12P, 13K, 14D, 16G  |
| 10         | 7I, 7L, 7M   |
| 11         | 7I, 7K, 16H  |
| 12         | 7N (2,4,6), 8D, 10D, 15B, 17D, 18F, 18G, 18H<br>18I, 18J, 18K  |
| 14         | 7N (1,3,5), 15C, 17E, 18L, 18M, 18N, 18O   |
| 15         | 17F, 17G   |
| 16         | 8D, 8E   |
| 17         | 15D, 15E   |
| 18         | 7J   |
| 19         | 161  |
| 20         | 18P, 18Q   |
| 21         | 17H  |
| 22         | 18R, 18S, 18T  |

ECG SECTION 4 Pg. 1 of 2

# SECTION 4

# LOSS OF DECAY HEAT REMOVAL

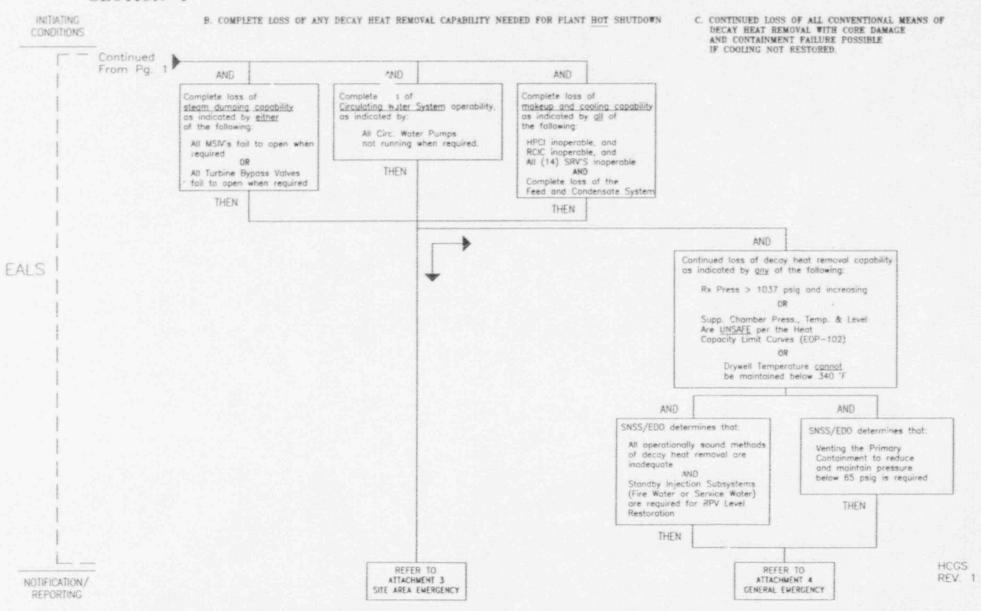
A. COMPLETE LOSS OF ANY DECAY HEAT REMOVAL CAPABILITY NEEDED FOR PLANT COLD SHUTDOWN



SECTION 4 Pg. 2 of 2

## SECTION 4

# LOSS OF DECAY HEAT REMOVAL



SECTION 7

# RADIOLOGICAL RELEASES / OCCURRENCES

NOTE: Action levels listed are for valid RMS channel indications.

The validity of the indication should be confirmed by sample analysis or other means as necessary.

C. INCREASE IN MEASURED OR A. CONTAMINATED INJURED B. LOSS, THEFT OR DIVERSION OF ANY SPECIAL NUCLEAR CALCULATED DOSE RATES OR PERSON TRANSPORTED FROM THE SITE TO AN MATERIAL (SNM) ONSITE AIRBORNE ACTIVITY LEVELS (MR/HR) BY A FACTOR OF OFFSITE WEDICAL INITIATING > 1000 TIMES (INDICATION OF FACILITY. CONDITIONS DEGRADATION IN CONTROL OF RADIOACTIVE MATERIALS) IF IF Dose Rotes or Airborne Transportation of a Any loss, theft or Activity Levels have diversion of any SNM contaminated individual unexpectedly increased (known or suspected) from the site to an > 1000 times normal offsite medical facility at this facility (measured or calculated) by any of the following: THEN THEN Radiological survey results Valid RMS readings EALS AND In the judgement of the SNSS/EDO, a toss of control of radioactive materials has occurred THEN Refer to Section 16 for escalating conditions of security related events. REFER TO REFER TO REFER TO NOTIFICATION/ ATTACHMENT 2 ATTACHMENT 1 ATTACHMENT 1 REPORTING ALERT UNUSUAL EVENT UNUSUAL EVENT

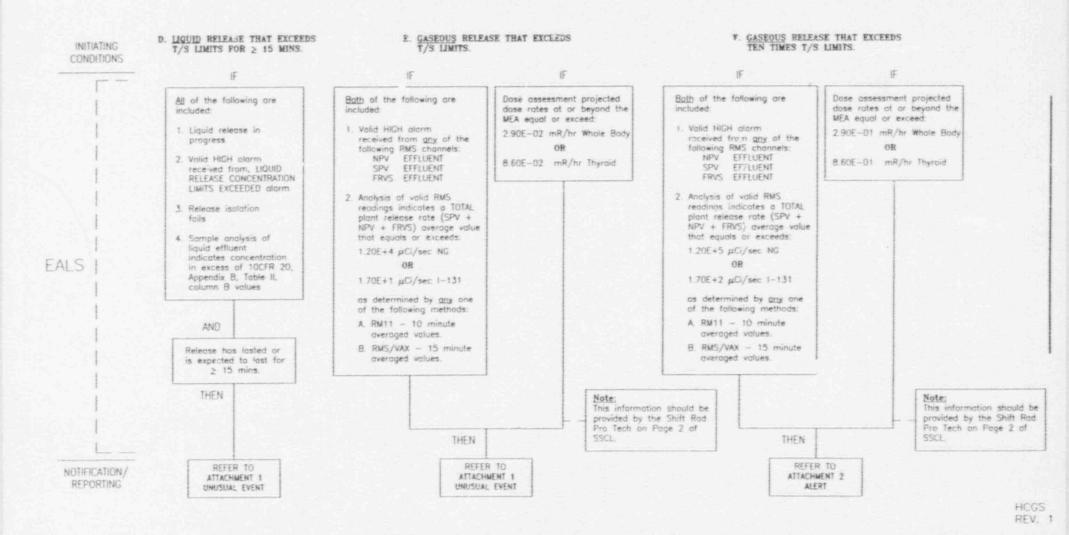
ECG SECTION 7 Pg. 1 of 5

ECG SECTION 7 Pg. 2 of 5

SECTION 7

# RADIOLOGICAL RELEASES / OCCURRENCES

NOTE: Action levels listed are for valid RMS channel indications AND/OR confirmed sample analysis.



ECG SECTION 7 Pg. 3 of 5

# SECTION 7

REPORTING

# RADIOLOGICAL RELEASES / OCCURRENCES

NOTE: Action levels listed are for valid RMS channel indications. The validity of the indications should be confirmed by sample analysis or other means as necessary.

H. DOSE RATE AT MINIMUM EXCLUSION AREA (MEA-0.56 WILES FROM AFFECTED UNIT) G. DOSE RATE AT MINIMUM EXCLUSION AREA (MEA-0.56 MILES FROM AFFECTED UNIT) INITIATING GREATER THAN OR EQUAL TO 1000 mR/hr WHOLE BODY (WB) or 5000 mR/hr THYROID GREATER THAN OR EQUAL TO 500 mR/hr WHOLE BODY (WB) OR 2500 mR/hr THYROID CONDITIONS Both of the following: Field team at or beyond the MEA Both of the following: All of the following: Field team at or beyond the MEA All of the following: magsures: measures: 1. Field team measurements 1. Field team measurements 1. Field team measurements 1. Field team measurements WB Dose Rates are not available at ar are not available at or are not available at ar WB Dose Rates are not available at ar beyond the MEA beyond the MEA beyond the MEA beyond the MEA 2 1 R/hr > 50 mR/hr for > 30 min ≥ 500 mR/hr for ≥ 3 min 2. Calculation of W8 and/or 2. Calculation of WB and/or 2. Calculations based on EPIP 2. Calculations based on EPIP Thyroid Commitment dose Thyroid Commitment dose 309H, OR 602 and using 309H. OR 602 and using Thyrold Commitment Dose Rates rates based on Emergency. rates based on Emergency actual meteorological data actual meteorological data (I-131 concentrations) Dase Projection procedures have projected that at ar Dose Projection procedures Thyrold Commitment Dase Rates\* have projected that at ar 2 5 R/hr have not been performed have not been performed beyond the MEA (I-131 concentrations) beyond the MEA (2.0E-6 #Ci/cc) > 250 mR/hr for > 30 min WB Dose Rates WB Dose Rates (1.0E-7 µCi/cc) 3. Analysis of valid RMS 2 1 R/hr 3. Analysis of valid RMS > 500 mR/hr for > 3 min THEN readings indicates a TOTAL readings indicates a TOTAL OR ≥ 2500 mR/hr for ≥ 3 min plant release rate (SPV + plant release rate (SPV + (1.0E-6 µCi/cc) NPV + FRVS) average value NPV + FRVS) average value Thyrold Commitment Dose Rotes Thyrold Commitment Dose Rates EALS that equals or exceeds: that equals or exceeds: > 5 R/hr > 2500 mR/hr for > 3 min 1.08E+7 µCi/sec NG THEN (2.0E-6 µCi/cc) (1.0E-6 µCi/cc) 5.38E+6 µCi/sec NG CR OR THEN 1.21E+4 #Ci/sec (-1.31 6.06E+3 µCi/sec 1-131 THEN as determined by any one as determined by any one of the following methods: of the following methods: Thyroid Commitment Dose Rates A. RM11 - 10 minute are Dose Committed to the A. RM11 - 10 minute averaged values. Thyroid per inhalation hour. averaged values. B. RMS/VAX - 15 minute B RMS/VAX - 15 minute averaged values. averaged values. THEN THEN REFER TO REFER TO NOTIFICATION / ATTACHMENT 4 ATTACHMENT 3

SITE AREA EMERGENCY

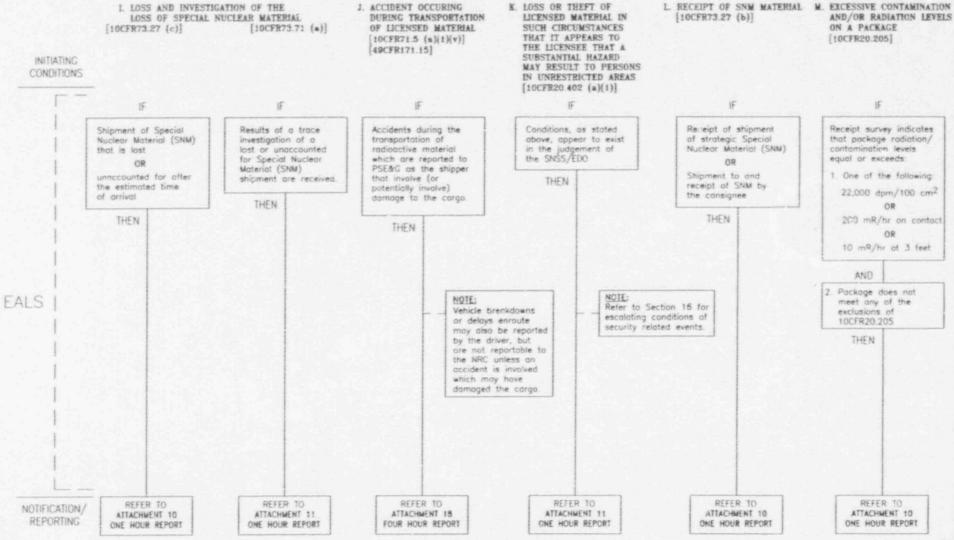
REV. 1

GENERAL EMERGENCY

ECG SECTION 7 Pg. 4 cf. 5

#### SECTION 7

# RADIOLOGICAL RELEASES / OCCURRENCES

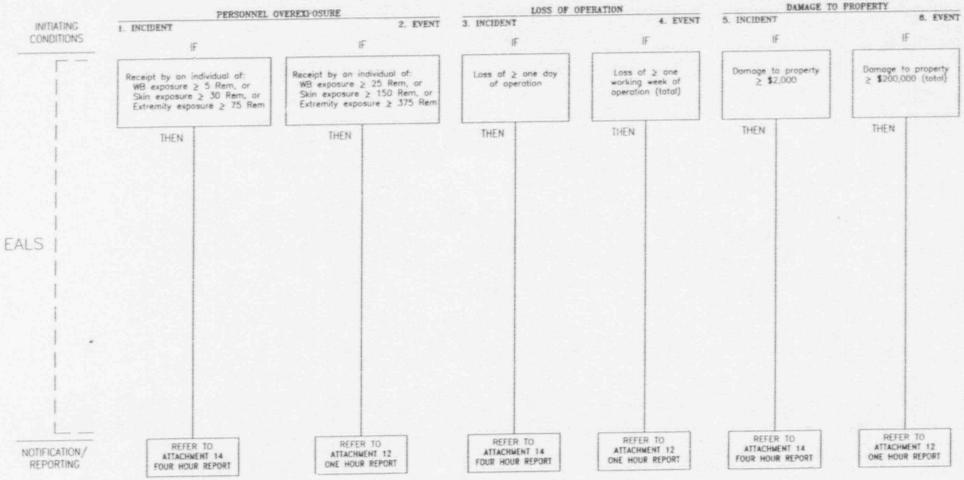


ECG SECTION 7 Pg. 5 of 5

SECTION 7

# RADIOLOGICAL RELEASES / OCCURRENCES

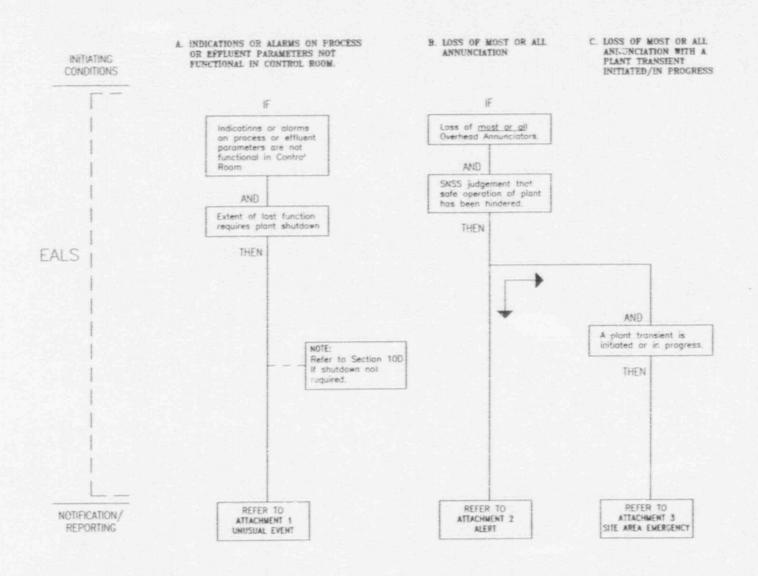
N. ANY INCIDENT OR EVENT INVOLVING BYPRODUCT, SOURCE, OR SPECIAL NUCLEAR MATERIAL CAUSING ANY OF THE LISTED RESULTS. [10CFR20.403]



HCGS REV. 1

# SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

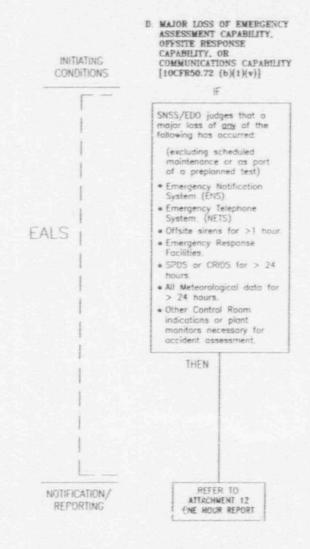
ECG SECTION 10 Pg. 1 of 2



HCGS REV. 1

# SECTION 10 LOSS OF INSTRUMENTATION/ANNUNCIATION/COMMUNICATIONS

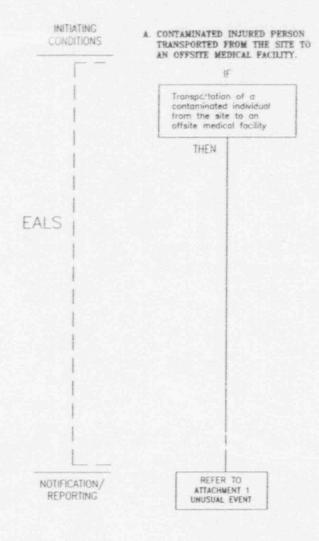
SECTION 10 Pg. 2 of 2



SECTION 15

# PERSONNEL EMERGENCIES INJURIES / OVEREXPOSURES

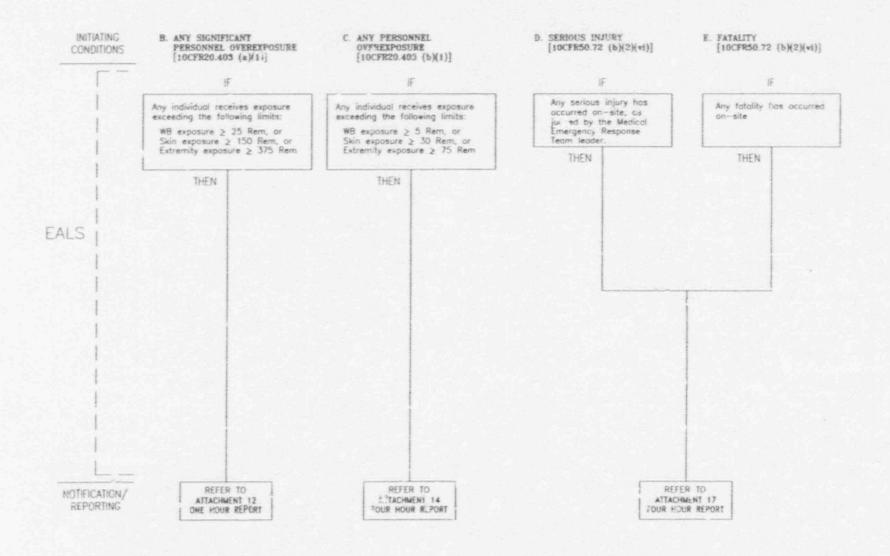
ECG SECTION 15 Pg. 1 of 2



ECG SECTION 15 Pg. 2 of 2

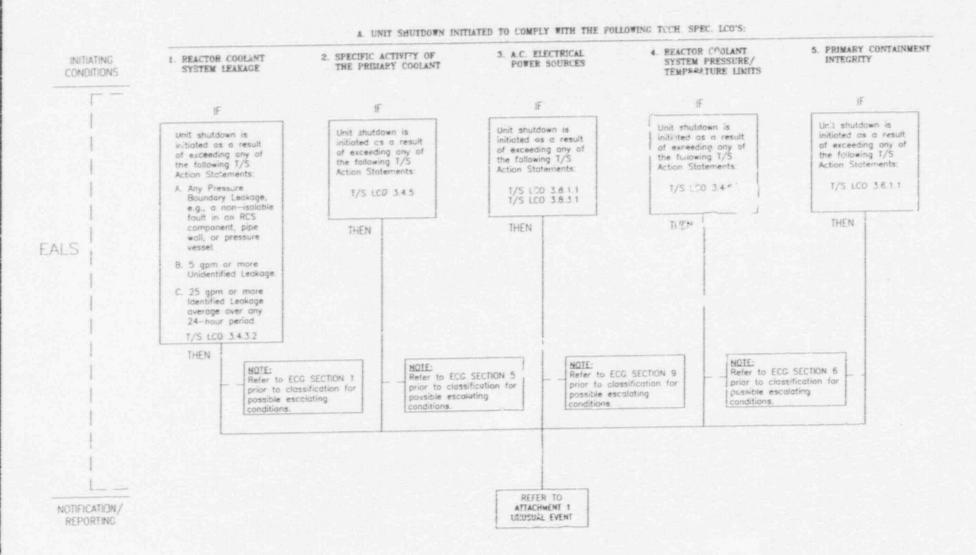
# SECTION 15

# PERSONNEL EMERGENCIES INJURIES / OVEREXPOSURES

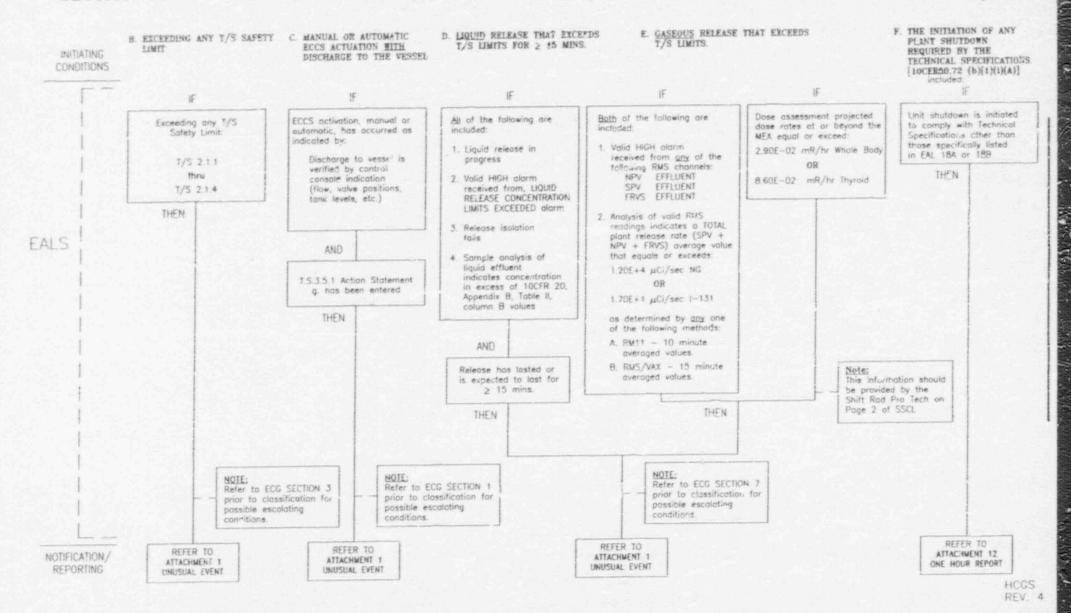


HCGS REV. 1

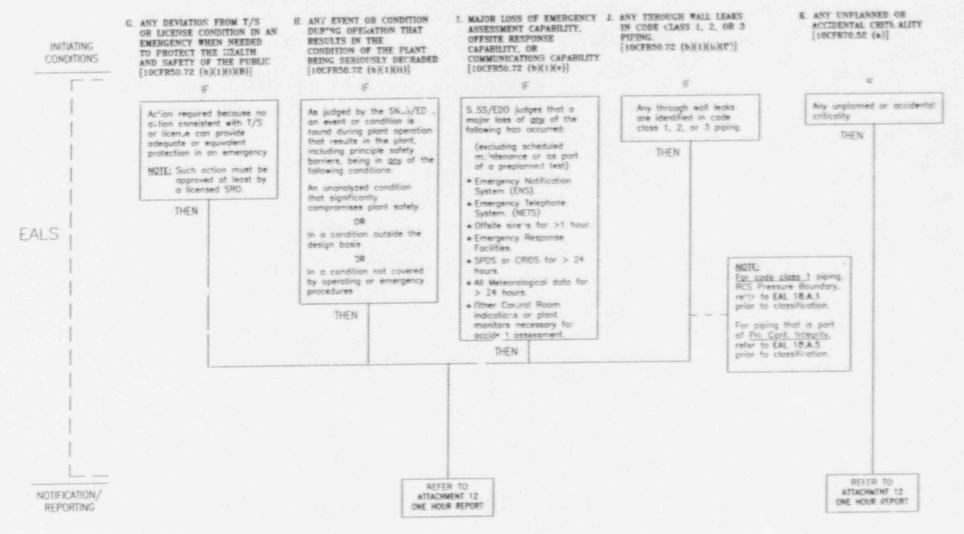
SECTION 18 Pg. 1 of 5



ECG SECTION 18 Pg. 2 of 5



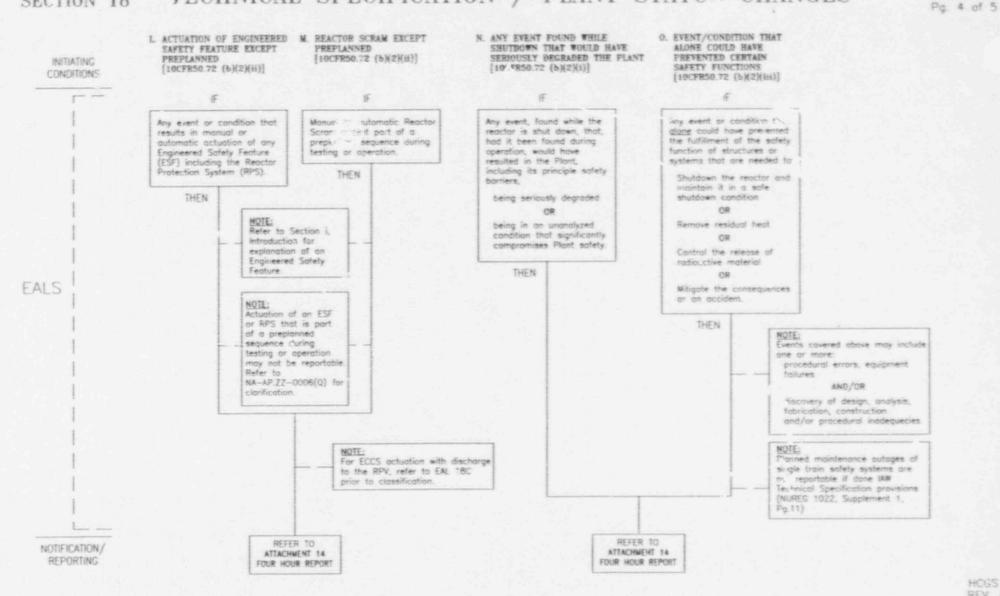
SECTION 18 Pg. 3 of 5



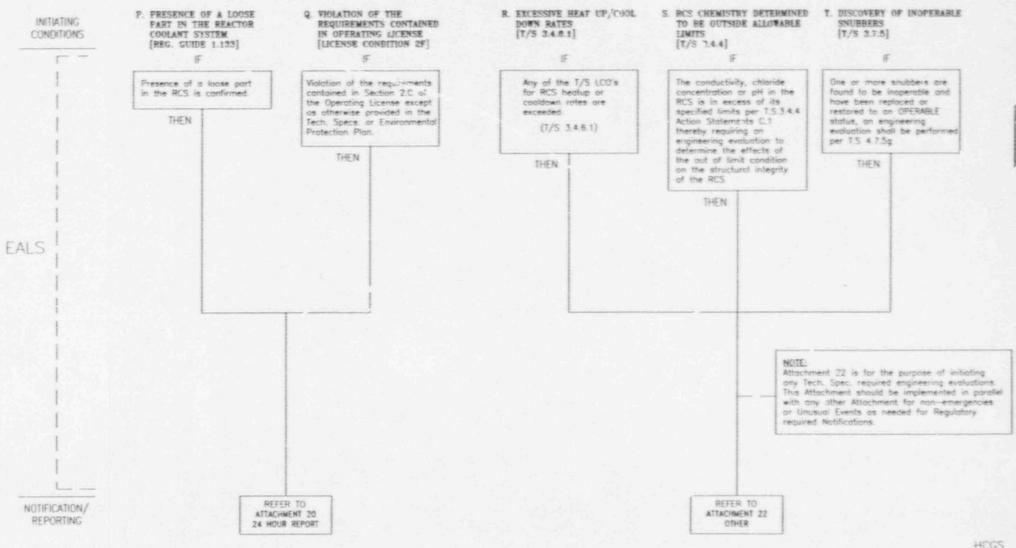
HCGS REV. 4

SECTION 18

#### TECHNICAL SPECIFICATION / PLANT STATUS CHANGES SECTION 18



ECG SECTION 18 Pg. 5 of 5



#### ATTACHMENT 6

# DESIGNATED COMMUNICATION LOG UNUSUAL EVENT ALERT SITE AREA EMERGENCY

# Table of Contents

|                     |                        | Page |
|---------------------|------------------------|------|
| Designated Communic | cator (CM1) Log Sheet  | 2    |
| Communications Log  | - Hope Creek Emerjency | 3-6  |

#### Instructions

- 1. This is a permanent record.
- 2. Initial items implemented.

Name

Date Time

CR TSC EOF
Location (circle one)

ECG ATT 6 Pg. 2 of 6

## I. DESIGNATED COMMUNICATOR (CM1) LOG SHEET

#### INITIALS

#### NOTE:

Implement a new working copy of this attachment for changes in Emergency Classification as directed by the Emergency Coordinator (EC).

# CM1/TSC1 /EOF1

 Obtain approved Initial Contact Message Form (ICMF) from the Emergency Coordinator (EC). Telephonically provide ICMF to contacts on the communications log (pages 3 through 6).

#### NOTE:

Turnover of notifications responsibility may only occur after the Emergency Coordinator position transfers and a copy of the ICMF is available to the oncoming communicator (TSC or EOF).

# CM1/TSC1

- When the TSC (or EOF) is ready to assume notifications responsibilities, discuss the following with your relief.
  - a. Organizations/Individuals notified of the current level of Emergency.
  - b. Provide, as appropriate, names and locations (numbers) of those contacted for updates/changes.

## CM1/TSC1 /EOF1

- Initiate followup transmission of ICMF on telecopier Group A if not done previously.
- CM1
- 4. Assist the Secondary Communicator (CM2) in the transmission of data forms using the telecopier.
- CM1
- 5. If telecopier is not working properly, request assistance from the Emergency Preparedness Advisor in the TSC (NETS 5213).

# CM1/TSC1 /EOF1

- 6. Upon termination of the event obtain the completed REDUCTION IN EVENT STATUS MESSAGE FORM from the EC. Implement notification using the Communications Log. (Time limits do not apply.)
- CM1/TSC1 /EOF1
- 7. When the emergency is terminated or you are relieved of duty, forward this and all other completed documents to the SNSS/EDO/ERM.

COMMUNICATIONS LOG INITIAL NOTIFICATION

EVENT REDUCTION

| TIME<br>LIMIT | CLASSIFICATION: (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS   | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER                                     | NAME<br>OF<br>CONTACT/<br>TIME |
|---------------|--|-----------------------|---------------|--|--------------------------------|
| 15<br>MIN.    | DELAWARE STATE POLICE/DEPO<br>Primary: NETS 5406/5407<br>Secondary: 302-739-5851 (SP)  |                       |               |  |                                |
|               | or 302-834-4531 (DEPO)  Backup: NAWAS  | Call<br>Back:         |               |  |                                |
|               | NOTES: IF DELAWARE IS CONTACTED, PROCEED WITH NEW JERSEY.  |                       | DELAWA        | BLE TO CO<br>RE STATE<br>T BOTH OF<br>ING. | (above),                       |
|               | New Castle County<br>Primary: NETS 5408<br>Secondary: 302-738-3131   |                       |               |  |                                |
|               | Kent County Primary: NETS 5409 Secondary: 302-736-2222   |                       |               |  |                                |
| 15<br>MIN.    | NEW JERSEY STATE POLICE/OEM (Speak only with Trooper on  |                       |               |  |                                |
|               | duty) Primary: Nets 5400 Secondary: 882-2000 Backup: EMRAD   | Call<br>Back:         |               |  |                                |
|               | NOTES: IF NEW JERSEY IS CONTACTED, IF UNABLE TO CONTACT PROCEED TO NEXT PAGE.  JERSEY STATE (above CONTACT ALL OF THE FOLLOWING. |                       |               | pove),                                     |                                |
|               | Salem County<br>Primary: NETS 5402<br>Secondary: 769-2959  |                       |               |  |                                |
|               | Cumberland County<br>Primary: NETS 5403<br>Secondary: 455-8500   |                       |               |  |                                |
|               | U. S. Coast Guard<br>(Speak Only With Duty Desk)<br>Primary: 215-271-4940<br>Secondary: 215-271-4800                             |                       |               |  |                                |

INITIAL NOTIFICATION

EVENT REDUCTION

| TIME<br>LIMIT | CLASSIFICATION: (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS  | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER | NAME<br>OF<br>CONTACT/<br>TIME |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| 20<br>MIN.    | Emergency Duty Officer (EDO) Primary: Refer to Roster Secondary: Contact One Below Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284  Jim Clancy Office: 3736 Home: 609-455-9110 Pager: 478-5073  Steve Funsten Office: 3115 Home: 215-358-0635 Pager: 478-5280  Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279      |                       |               |        |                                |
| 20<br>MIN.    | Tech. Supp. Supervisor (TSS) Prinary: Refer to Roster Secondary: Contact One Below Steve Saunders Office: 3661 Home: 609-358-6212 Pager: 478-5343 George Daves Office: 3071 Home: 609-455-3163 Pager: 478-5281 Phil Opsal Office: 3065 Home: 609-478-0721 Pager: 478-5254 Bill O'Malley Office: 3671 Home: 609-935-6136 Pager: 478-5674 |                       |               |        |                                |

NOTES: (1) During normal working hours, the PA system may also be used to request an individual to call the control room.

(2) After TSC activation, individual notification of EDO and TSC is

not required by CM1.

INITIAL NOTIFICATION REDUCTION

| -             | T   |                       |               |        | KEDUCIIC                       |
|---------------|---|-----------------------|---------------|--------|--------------------------------|
| TIME<br>LIMIT | CLASSIFICATION: (UE/A/SAE) ORGANIZATIONS/INDIVIDUALS  | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER | NAME<br>OF<br>CONTACT/<br>TIME |
| 30<br>MIN.    | LAC Township<br>Primary: NETS 5404<br>Secondary:935-7300  |                       |               |        |                                |
| 30<br>MIN.    | General Manager - Hope Creek Operations (Contact One)  Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279 Car: 922-5622  Bob Hovey Office: 3478 Honme: 609-678-8645 Pager: 478-5284  |                       |               |        |                                |
| 30<br>MIN.    | Public Information Manager - Nuclear (Contact One)  Dick Silverio Office: 1002 Home: 609-829-1546 Pager: 478-5098  Karen Bell Office: 1006 Home: 302-324-8076 Pager: 478-5051 Car: 471-4872  Wes Denman Office: 1067 Home: 609-935-6349 Pager: 478-5229 |                       |               |        |                                |
| 60<br>MIN.    | NRC Operations Center<br>(ICMF & NRC Data Sheet)<br>Primary: (ENS)<br>Secondary:301-951-0550,<br>301-427-4259, 301-427-4056,<br>301-492-8893  |                       |               |        |                                |

| 4.4   | 1000 | desire. | -   | -000 |   |
|-------|------|---------|-----|------|---|
| PLT:  | 15   | m       | TO: | 63   |   |
| 12.76 | 2    | 4       | 200 | -    | - |
| 4.7   |      |         |     |      |   |

| COMMUNI   | MAMTI   | N 8 F 63 | TOM  |
|-----------|---------|----------|------|
| COLILIONI | CM 1 11 | JIVE     | 1000 |

INITIA: TIFICATION REDUCTION

|               |  | 4.17 4. 4. 4.63       | p                 | CNITON    | REDUCTION                      |
|---------------|--|-----------------------|-------------------|-----------|--------------------------------|
| TIME<br>LIMIT | CLASSIFICATION: (UE/A/SAE)  ORGANIZATIONS/INDIVIDUALS  | NAME<br>OF<br>CONTACT | DATE/<br>TIME     | CALLER    | NAME<br>OF<br>CONTACT,<br>TIME |
| 60<br>MIN.    | NRC Residents (Contact One) Tom Johnson Office: 3280 or 935-5151 Home: 301-272-1480 Kirke Lathrop Office: 3280 or 935-5151 Home: 301-392-0369  |                       |                   |           |                                |
| 60<br>MIN.    | Emergency Preparedness (Contact One)  Jim Schaffer Office: 1575 Home: 609-299-2057 Pager: 478-5086  Tom DiGuiseppi Office: 1517 Home: 609-398-8323 Pager: 478-5203  Craig Banner Office: 1157 Home: 609-728-5043 Pager: 478-5215 |                       |                   |           |                                |
|               | NOTE: Remind External Affairs<br>Public Utilities & NJ De  | Repr. to epart. of    | contact<br>Energy | the Board | i of                           |
| 90<br>MIN.    | External Affairs (Contact One) Mike Bachman Office: 1434 Home: 609-358-7211 Pager: 478-5206 Brian Gorman Office: 1433 Home: 609-228-1089 Pager: 478-5100 Jan Moyle Office: 1436 Home: 609-424-8522 Pager: 478-5259               |                       |                   |           |                                |
| 90<br>MIN.    | American Nuclear<br>Insurers: 203-677-7305   | *                     |                   |           |                                |

## ATTACHMENT 7

# DESIGNATED COMMUNICATOR (CM1) COMMUNICATIONS LOG GENERAL EMERGENCY PROTECTIVE ACTION RECOMMENDATION (PAR) UPDATE

# Table of Contents

|            |                                 | Page |
|------------|---------------------------------|------|
| Designated | Communicator (CM1) Log Sheet    | 2    |
| Communicat | ions Log - Hope Creek Emergency | 4-7  |

## Instructions

- 1. This is a permanent record.
- 2. Initial items implemented.

Name

Date Time

CR TSC EOF

Location (circle one)

# I. DESIGNATED COMMUNICATOR (CM1) LOG SKEET

#### INITIALS

#### NOTE:

Implement a new working copy of this attachment for changes in Emergency Classification as directed by the Emergency Coordinator (EC).

#### NOTE:

For 15 minute notifications use NETS X5555 conference call (separate contact required for Coast Guard).

# CM1/TSC1 /EOF1

1. Obtain approved Initial Contact Message Form (ICMF) from the Emergency Coordinator (EC). Telephonically provide ICMF to contacts on the communications log (pages 4 through 7).

#### NOTF

Turnover of notificati espons bility may only occur after the Emergency Coordinator position transfers and a copy of the ICMF is available to the oncoming communicator (TSC or EOF).

# CM1/TSC1

- When the TSC (or EOF) is ready to assume notifications responsibilities, discuss the following with your relief.
  - a. Organizations/Individuals notified of the current level of Emergency.
  - b. Provide, as appropriate, names and locations (numbers) of those contacted for updates/changes.

# CM1/TSC1 /EOF1

3. Initiate followup transmission of ICMF on telecopier Group A if nct done previously.

# CMl

 Assist the Secondary Communicator (CM2) in the transmission of data forms using the telecopier.

# CM1

5. If telecopier is not working properly, request assistance from the Emergency Preparedness Advisor in the TSC (NETS 5213).

## INITIALS

- 6. Upon reduction of the Event Classification, obtain the completed REDUCTION IN EVENT STATUS MESSAGE FORM from the EC. Implement notification using the Communications Log. (Time limits do not apply.)
- 7. When the emergency is terminated or you are relieved of duty, forward this and all other completed documents to the SNSS/EDO/ERM.

HCGS

ECG ATT 7 Pg. 4 of 7

COMMUNICATIONS LOG

INITIAL NOTIFICATION

EVENT REDUCTION

| TIME   | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS                                       | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER | NAME<br>OF<br>CONTACT/<br>TIME |
|--|---|-----------------------|---------------|--------|--------------------------------|
| 15<br>MIN.   | NEW JERSEY STATE POLICE/OEM<br>(Speak only with Trooper on<br>duty)<br>Primary: Nets 5400         | Call<br>Back:         |               |        |                                |
|  | Secondary: 882-2000  DELAWARE STATE POLICE/DEPO   |                       |               |        |                                |
|  | Primary: Nets 5406/5407<br>Secondary: 302-739-5851 (SP)<br>or 302-834-4531(DEPO)<br>Backup: NAWAS | Call<br>Back:         |               |        |                                |
| LAC Township Primary: Nets 5404 Secondary: 935-7300  Salem County Primary: NETS 5402 Secondary: 769-2959 Backup: EMRAD  Cumberland County Primary: NETS 5403 Secondary: 455-8500 Backup: EMRAD |   |                       |               |        |                                |
|  |   | Call<br>Back:         |               |        |                                |
|  | Primary: NETS 5402<br>Secondary: 769-2959   | Call<br>Back:         |               |        |                                |
|  | Primary: NETS 5403<br>Secondary: 455-8500   | Call<br>Back:         |               |        |                                |
|  | New Castle County   |                       |               |        |                                |
|  | Primary: NETS 5408<br>Secondary: 302-738-3131   | Call<br>Back:         |               |        |                                |
|  | Kent County   |                       |               |        |                                |
|  | Primary: NETS 5409<br>Secondary: 302-736-2222   | Call<br>Back:         |               |        |                                |
| 15<br>MTN  | U.S. Coast Guard  |                       |               |        |                                |
| MIN.   | (Speak Only With Duty Desk<br>Primary: 215-271-4940<br>Secondary: 215-271-4800                    | Call<br>Back:         |               |        |                                |

| Reminder: | Use NETS 5555  | (conference call) | for 15 min. | notification(s) |
|-----------|----------------|-------------------|-------------|-----------------|
|           | evant for II C | Coast Guard       |             |                 |

INITIAL NOTIFICATION REDUCTION

EVENT

| TIME<br>LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS  | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER | NAME<br>OF<br>CONTACT/<br>TIME |
|---------------|--|-----------------------|---------------|--------|--------------------------------|
| 20<br>MIN.    | Emergency Duty Officer (EDO) Primary: Refer to Roster Secondary:Contact One Below Bob Hovey  |                       |               |        |                                |
| 20<br>MIN.    | Tech. Supp. Supervisor (TSS) Primary: Refer to Roster Secondary:Contact One Below Steve Saunders Office: 3661 Home: 609-358-6212 Pager: 478-5343 George Daves Office: 3071 Home: 609-455-3163 Pager: 478-5281 Phil Opsal Office: 3065 Home: 609-478-0721 Pager: 478-5254 Bill O'Malley Office: 3671 Home: 609-935-6136 Pager: 478-5674 |                       |               |        |                                |

Notes: (1) After TSC activation, individual notification of the EDO and TSS is not required by CM1.

COMMUNICATIONS LOG INITIAL NOTIFICATION REDUCTION

| TIME       | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS   | NAME<br>OF<br>CONTACT | DATE/<br>TIME | CALLER | NAME<br>OF<br>CONTACT/<br>TIME |
|------------|---|-----------------------|---------------|--------|--------------------------------|
| 30<br>MIN. | General Manager - Hope Creek Operations (Contact One)  Joe Hagan Office: 3463 Home: 609-678-5265 Pager: 478-5279 Car: 922-5622  Bob Hovey Office: 3478 Home: 609-678-8645 Pager: 478-5284   |                       |               |        |                                |
| 30<br>MIN. | Public Information Manager - Nuclear (Contact One)  Dick Silverio     Office: 1002     Home: 609-829-1546     Pager: 478-5098  Karen Bell     Office: 1006     Home: 302-324-8076     Pager: 478-5051     Car: 471-4872  Wes Denman     Office: 1007     Home: 609-935-6349     Pager: 478-5229 |                       |               |        |                                |
| 60<br>MIN. | NRC Operations Center<br>(ICMF & NRC Data Sheet)<br>Primary: (ENS)<br>Secondary:301-951-0550,<br>301-427-4259, 301-427-4056,<br>301-492-8893  |                       |               |        |                                |

| N |  |  |  |
|---|--|--|--|

INITIAL NOTIFICATION REDUCTION

|               | COMMUNICATIONS 100   | 2112220               | D 110222          | CAS A & WAT | 1120001101                     |
|---------------|--|-----------------------|-------------------|-------------|--------------------------------|
| TIME<br>LIMIT | CLASSIFICATION: General Emergency ORGANIZATIONS/INDIVIDUALS  | NAME<br>OF<br>CONTACT | DATE/<br>TIME     | CALLER      | NAME<br>OF<br>CONTACT,<br>TIME |
| 60<br>MIN.    | NRC Residents (Contact One) Tom Johnson Office: 3280 or 935-5151 Home: 301-272-1480 Kirke Lathrop Office: 3280 or 935-5151 Home: 301-392-0369  |                       |                   |             |                                |
| 60<br>MIN.    | Emergency Preparedness (Contact One)  Jim Schaffer Office: 1575 Home: 609-299-2057 Pager: 478-5086  Tom DiGuiseppi Office: 1517 Home: 609-398-8323 Pager: 478-5203  Craig Banner Office: 1157 Home: 609-728-5043 Pager: 478-5215 |                       |                   |             |                                |
|               | NOTE: Remind External Affairs<br>Public Utilities & NJ De  | Repr. to epart. of    | contact<br>Energy | the Board   | of                             |
| 90<br>MIN.    | External Affairs (Contact One) Mike Bachman Office: 1434 Home: 609-358-7211 Pager: 478-5206 Brian Gorman Office: 1433 Home: 609-228-1089 Pager: 478-5100 Jan Moyle Office: 1436 Home: 609-424-8522 Pager: 478-5259               |                       |                   |             |                                |
| 90<br>MIN.    | American Nuclear Insurers<br>203-677-7305  |                       |                   |             |                                |

#### ATTACHMENT 12

## - ONE HOUR REPORT -

## NOTES:

- A. Refer to Attachment 9, Non-Emergency Notifications Reference, for the current listing of individuals and phone numbers.
- B. Each step shall be initialed by the responsible individual when completed.

## I. NOTIFICATIONS

| SNSS |    | Notify the Operations Manager and confirm classification of event. ECG Section   |
|------|----|--|
|      |    | notified at hrs on date  |
|      |    | name notified at hrs on date   |
| SNSS | 2. | Complete the NRC Data Sheet with initial data available (pages 4 and 5 of this attachment).  |
| SNSS |    | Notify NRC Operations Center of the event within 1 hour . Use NRC Data Sheet to record additional information provided to the NRC. (Phone numbers are in Attachment 9) |
|      |    | notified at hrs on date  |
|      |    | name time date   |
| SNSS | 4. | Notify the NRC Resident Ins (Contacts are listed in Attachment 9)  |
|      |    | notified at hrs on date  |

## INITIALS

| CNCC | 5.  | Notify Public Information Man  |  |              |
|------|-----|--|--|--------------|
| SNSS | - 4 | details of the event. (Conta   | cts are listed in At                     | cachment 9). |
|      |     | notified at  | time hrs on                              |              |
|      |     | name   | time                                     | date         |
| SNSS | 6.  | Notify Telecopy Group E by tr  | ansmitting the NRC D                     | ata Sheet.   |
|      |     | If transmission of this repornotify the Emergency Prepared Representative) with the desc (Contacts are listed in Attac | ness Representative ription of the event | (EP          |
|      |     | EP Representative:   |  |              |
|      |     | notified at  | hrs on                                   |              |
|      |     | name   | time                                     | date         |
| SNSS | 7.  | If a major loss of communicat (such as ENS, NETS, DID, etc. following:   |  |              |
|      |     | EP Representative: (Attachme   |  |              |
|      |     | notified at  | time hrs on                              |              |
|      |     | name   | time                                     | date         |
|      |     | Newark Help Desk Operator: ( Inform the Operator that the  "Emergency Priority Circuit".                               | failed system in an                      | 5555)        |
|      |     | notified at  | hrs on                                   |              |
|      |     | name   | time hrs on                              | date         |
| SNSS | 8.  | Notify External Affairs with are listed in Attachment 9).  | details of the event                     | . (Contacts  |
|      |     | notified at  | hrs on                                   |              |
|      |     | name   | time                                     | date         |

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#### II. REPORTING

\* 11 "

1. Ensure that an Incident Report (IR) is prepared.

2. Forward this attachment, along with the IR and any supporting documentation, to the Operations Manager.

OM Serview IR and any other available information for correct classification of event and corrective action taken.

4. Contact the LER Coordinator and request written followup (required 30 days after event). Provide this attachment and any other supporting documentation received from the SNSS.

5. Prepare required reports. ECG Attachment 23 may be used as a guide for reporting requirements.

Report or LER Number

6. Forward this attachment to the Emergency Preparedness Manager.

7. Ensure that offsite (state and local) reporting requirements have been met.

8. Forward this Attachment package to the Central Technical Document Room (CTDR) for microfilming.

HCGS

Rev. 2

|  |            |             |  | DATA SHEET    |  |                    |                             |  |
|--|------------|-------------|--|---------------|--|--------------------|-----------------------------|--|
| MOTIFICATION TIME  | FACILITY ( | OR ORGANIZA | TION UNIT  | CALLER'S NA   | AME 3MA  | TELEPHONE NU       | UMBER (                     | FOR CALL BACK  |
| VENT TIME & ZONE   | EVENT DAT  | E           |  | EVENT CL      | ASSIFICATION   | (Check One)        |                             |  |
|  |            |             | GENERAL  | EMERGENCY     |  | 1HR 10CFR          |                             | V11 /  |
| OWER/MODE BEFORE   | POWER/MO   | DE AFTER    |  | EA EMERGENCY  |  | 4HR 10CFR          |                             |  |
|  |            |             | PARTICIPATION OF THE PARTY OF T | THE EMERGENCE |  | 1 HR SECUR         | THE SAME PARTY AND ADDRESS. | All control of the same of the |
|  |            |             | ALERT  | PARAM         |  | TRANSPO            | RTATION                     | EVENT  |
|  |            |             | LAUZUAU  | LEVENT        |  | OTHER:             |                             |  |
|  |            |             | OF T   | ME 10CFR50.7  | CIES PROVIDE THE<br>2 REPORTING REOF<br>N STATEMENT. | SPECIFIC SUI       | BPART N<br>M THE E          | UMBER  |
|  |            |             | EVENT  | DESCRIPTION   | ON   |                    |                             |  |
|  |            |             |  |               |  |                    |                             |  |
|  |            |             |  |               |  |                    |                             |  |
| NOTIFICATIONS NRC RESIDENT   | YES N      | O WILL BE   | ANYTHING UNI   | JSUAL OR NOT  | UNDERSTOOD?  | YES<br>(Explain ab | oove)                       | NO   |
| NRC RESIDENT   | YES N      | O WILL BE   |  |               |  | (Explain ab        | oove)                       | NO   |
| NRC RESIDENT<br>STATE(s) (NJ) (DEL)  | YES N      | O WILL BE   |  |               | UNDERSTOOD?  AS REQUIRED?                            |                    | oove)                       | NO   |
| NRC RESIDENT<br>STATE(s) (NJ) (DEL)<br>LOCAL (LACT)  |            | O WILL BE   | DID ALL SYST   | EMS FUNCTION  | AS REQUIRED?   | (Explain ab        | oove)                       |  |
| NOTIFICATIONS  NRC RESIDENT  STATE(s) (NJ) (DEL)  LOCAL (LACT)  OTHER GOV. AGENCIE  MEDIA/PRESS RELEAS | S          | O WILL BE   |  | EMS FUNCTION  |  | YES                |                             | NO<br>(Explain abov  |

| NE | C  | D  | A | TI | į, | SHEE" | ľ |
|----|----|----|---|----|----|-------|---|
|    | (P | ag |   | 2  | 0  | (2)   |   |

|  |      |                  |       | (Page 2        |         |           |                     |                        |                 | The Language and    | N. Albano, Maria Walle, State of Parts |
|--|------|------------------|-------|----------------|---------|-----------|---------------------|------------------------|-----------------|---------------------|--|
| RADIOLOGICAL RES                                   | LEAS | ES: CHECK OR FIL | LINA  | APPLICABLE ITE | MS (sp  | recific d | etalis/explanations | should b               | e covered       | d in ev             | rent descripton)                       |
| LIQUID RELEASE                                     | G    | ASEOUS RELEASE   | UN    | PLANNED RELI   | EASE    | PLANN     | ED RELEASE          | ONGOIN                 | 10              | TERM                | HNATED                                 |
| MONITORED  | U    | NMONITORED       | OF    | FSITE RELEASE  | 2       | T.S. E    | XCEEDED             | RM AL                  | ARMS            | AREA                | S EVACUATED                            |
| PERSONNEL EXPOSED                                  | OR   | CONTAMINATED     | OF    | FSITE PROTEC   | TIVE AC | TIONS     | RECOMMENDED         | State reie             | ase pat         | h in c              | description.                           |
| RELEASE TYPE                                       |      | Release Rate (Ci | /sec) | T.S. LIMIT     | % T.S   | LIMIT     | Total Activit       | ry (CI)                | T.S. 1          | LIMIT               | % T.S. LIMIT                           |
| Nable Gas  |      |                  |       |                |         |           |                     | -                      |                 | -                   | 13.50                                  |
| lodine   |      |                  |       |                | -       |           |                     |                        |                 |                     |  |
| Particulate  |      |                  |       |                |         |           |                     | Management and an area |                 |                     | PER LET                                |
| Liquid (excluding tritium & dissolved noble gases) |      |                  |       |                |         |           |                     | THE REAL PROPERTY.     |                 |                     |  |
| Liquid (Tritium)                                   |      |                  | -     |                |         |           |                     |                        | The second con- | THE PERSON NAMED IN |  |

| RELEASE PATHWAY              | PLANT VENT   | CONDENSER/AIR EJECTOR | MAIN STEAM LINE | SG BLOWDOWN                            | OTHER |
|------------------------------|--|-----------------------|-----------------|--|-------|
| RAD MONITOR READINGS & UNITS | MINISTRAL PROPERTY OF THE PARTY |                       |                 |  |       |
| ALARM SETPOINTS              |  |                       |                 | ************************************** |       |
| % T.S. LIMIT (if applicable) |  |                       |                 |  |       |

| LEAK RATE:       | UNITS: gpm/gpd | T.S. LIMITS:         | SUDDEN OR LO     | NG TERM DEVELOPMENT? |
|------------------|----------------|----------------------|------------------|----------------------|
|                  |                |                      | SUDDEN           | LONG TERM            |
| LEAK START DATE: | TIME:          | CODLANT ACTIVITY & L | INITS: PRIMARY - | SECONDARY            |

| EVENT     | D | ESCE | IPTIC | N |
|-----------|---|------|-------|---|
| (Continue | d | from | Page  | 1 |

APPROVED FOR TRANSMITTAL: \_\_\_

TOTAL ACTIVITY