



ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One

FORM 1000.06A

EMERGENCY PLAN PROCEDURE

EMERGENCY ACTION LEVEL RESPONSE
1903.10 REV. 5

Page 1 of 2

Safety Related

UN-Controlled Copy # 106

RECORD OF CHANGES AND REVISIONS

PAGE	REVISION	CHANGE	PAGE	REVISION	CHANGE	PAGE	REVISION	CHANGE
1	2		19	5		37	4	
2	2		20	5		38	2	
3	2		21	5		39	2	
4	4		22	5		40	3	
5	2		23	5		41	3	
6	2		24	5		42	3	
7	2		25	4		43	5	
8	5		26	2		44	5	
9	5		27	3		45	5	
10	5		28	3		46	5	
11	5		29	4		47	5	
12	3		30	5		48	2	
13	2		31	5		49	2	
14	4		32	5		50	4	
15	2		33	5		51	4	
16	2		34	5		52	4	
17	2		35	2		53	5	
18	5		36	4		54	4	

APPROVED BY:

J. P. O'Hanlon

(GENERAL MANAGER)

APPROVAL DATE

10/22/81

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PDR ADOCK 05000313
PDR



ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

FORM 1000.06A

EMERGENCY PLAN PROCEDURE

EMERGENCY ACTION LEVEL RESPONSE
1903.10 REV. 5

Page 2 of 2

UN - Controlled Copy # 106

RECORD OF CHANGES AND REVISIONS

PAGE	REVISION	CHANGE	PAGE	REVISION	CHANGE	PAGE	REVISION	CHANGE
55	5							
56	4							
57	4							
58	4							
59	3							
60	3							
61	3							

APPROVED BY:

J. P. O'Hanlon
(GENERAL MANAGER)

APPROVAL DATE

10/22/81



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 8 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10A

REV. # 5 PC #

UNUSUAL EVENT
SHIFT OPERATIONS SUPERVISOR
NOTIFICATION LIST AND RECORD

Page 1 of 2

DATE _____

INITIALS/TIME
_____/_____

- Unusual Event Emergency Action Level has been declared based on the following conditions (List):

- Direct the Shift Technical Advisor to the Control Room. _____/_____

- Determine which of the following sections of the Staff Augmentation Group are needed, if any, to report onsite to aid in mitigating the consequences of the emergency situation (inform the Shift Administrative Assistant of the section(s) that must be notified):

3.1 Health Physics/Radiochemistry Section _____

3.2 Maintenance Section _____

3.3 Technical Support Section _____

3.4 None of the above _____

- Direct the designated Shift Administrative Assistant to initiate the notifications specified on Form 1903.10B (the order of notification may be re-arranged as necessary). Assign/contact personnel to assist, as necessary. _____/_____

- If a radiological release is involved:

- Direct appropriate personnel to perform the calculations per 1904.02 (2904.02), "Magnitude of Release - Unit 1 (2)". _____/_____



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 9 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10A

REV. # 5 PC #

Page 2 of 2

DATE _____

INITIALS/TIME _____

- 5.2 Provide radiological release information to the personnel responsible for making follow-up reports (SAA, TSC, ECC, ETC).
- 5.3 Direct the implementation of appropriate onsite protective actions.
- 6. Direct operating personnel to closely monitor plant parameters, (particularly those which are associated with the need to escalate to a higher Emergency Action Level).
- 7. Perform the duties of the Duty Emergency Coordinator until relieved of those responsibilities (refer to Form 1903.10C).
- 8. Maintain a log of the incident (this may be delegated to other personnel as available).
- 9. At the termination of the event, this Notification List and Record should be turned over to the Duty Emergency Coordinator.

SHIFT OPERATIONS SUPERVISOR



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 10 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10B

REV. # 5 PC #

UNUSUAL EVENT
SHIFT ADMINISTRATIVE ASSISTANT
NOTIFICATION LIST AND RECORD

Page 1 of 2

DATE

INITIALS/TIME

1. Complete as much of Form 1903.10M, "EAL Notification" as available information and time allows.

NOTE: The order of notification may be rearranged as dictated by the situation with approval of the Shift Operations Supervisor. These groups should be contacted by the most expedient means available (paging, contacting appropriate response center for relaying information, direct phone call, radio contact, etc.). The phone numbers (plant personnel) provided are for use if an individual is not onsite, the appropriate response center has not been manned, etc.

2. Provide the initial information on Form 1903.10M to the following groups:

2.1 Duty Emergency Coordinator (a duty roster is maintained in the Control Room area; beeper available; refer to Attachment 1 for telephone numbers as necessary). _____ /

2.2 Staff Augmentation Group (as directed by the Shift Operations Supervisor); [a duty roster/call list is maintained in the Control Room area]. _____ /

NOTE: The following minimum information should be provided to the section leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response.

2.2.1 Health Physics/Radiochemistry Section (Beeper available) _____ /

2.2.2 Maintenance Section (Beeper available) _____ /

2.2.3 Technical Support Section (Beeper available) _____ /

2.3 Nuclear Regulatory Commission [Hotline; or or ; or Health Physics Network phone or]. _____ /

2.4 Arkansas Department of Health [(or contact the OES at or via the OES radio channel and request them to notify the Health Department)]. _____ /

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 11 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10B

REV. # 5 PC # of 2

DATE

INITIALS/TIME

2.5 Emergency Teams requiring immediate response only (refer to the individual attachment for call list if team personnel are not currently on site):

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response.

2.5.1 Security Personnel () or Evacuation Team (Attachment 2) _____ /

2.5.2 Fire Team (Attachment 3) _____ /

2.5.3 Medical Team (Attachment 4) _____ /

NOTE: If the Health Physics/Radiochemistry section of the Staff Augmentation Group has been activated, the personnel on the Radiation Team are already being contacted.

2.5.4 Radiation Team (Attachment 5) _____ /

2.6 Little Rock Control Center () or contact either the OES or the MSS Dispatch Center and request them to notify the LRCC. _____ /

2.7 General Manager () _____ /

2.8 NRC Resident Inspectors (either one): _____ /

2.8.1 W.D. Johnson ()

2.8.2 L.J. Callan ()

3. Provide updates, as necessary, to the following groups:

3.1 Duty Emergency Coordinator

3.2 Nuclear Regulatory Commission

3.3 Arkansas Department of Health

3.4 Little Rock Control Center

4. At the termination of the event, this form and other applicable information should be turned over to the Duty Emergency Coordinator.

Shift Administrative Assistant

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 18 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10D

REV. # 5 PC #

ALERT

Page 1 of 2

SHIFT OPERATIONS SUPERVISOR
NOTIFICATION AND RECORD

DATE _____

INITIALS/TIME
_____/_____

- The Alert Emergency Action Level has been declared based on the following conditions (List):

- Direct the Shift Technical Advisor to the Control Room.
- Determine which of the following sections of the Staff Augmentation Group are needed, if any, to report onsite to aid in mitigating the consequences of the emergency situation (inform the Shift Administrative Assistant of the section(s) that must be notified):

- Health Physics/Radiochemistry Section _____
- Maintenance Section _____
- Technical Support/Communications Section _____
- None of the above _____

- Direct the Shift Administrative Assistant to initiate the the notifications specified on Form 1903.10E (the order of notifications may be rearranged as necessary). Assign/contact personnel to assist, as necessary.

- If a radiological release is involved (unless previously relieved of this responsibility):

- Direct appropriate personnel to perform the calculations per 1904.02 (2904.02), "Magnitude of Release - Unit 1 (2)".
- Provide radiological release information to the personnel responsible for making follow-up reports (SAA, TSC, ECC, ETC.).



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 19 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10D

REV. # PC #

Page 2 of 2

DATE _____

INITIALS/TIME _____

- 5.3 Direct the implementation of appropriate onsite protective actions.
- 6. Notify the Duty Guard Sergeant at the Main Guard Station to dispatch a guard to provide access to the Technical Support Center and Emergency Control Center. _____ /
- 7. Notify onsite personnel that an Alert has been declared and describe the nature of the alert. _____ /
- 8. Direct operating personnel to closely monitor plant parameters (particularly those identified with the need to escalate to a higher Emergency Action Level).
- 9. Perform the duties of the Duty Emergency Coordinator until relieved of those responsibilities (refer to Form 1903.10F).
- 10. Maintain a log of the incident (this may be delegated to other personnel as available).
- 11. At the termination of the Emergency Action Level, this Notification List and Record should be turned over to the Duty Emergency Coordinator.

SHIFT OPERATIONS SUPERVISOR



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 20 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10F

REV. #

5 PC #

Page 1 of 3

ALERT
SHIFT ADMINISTRATIVE ASSISTANT
NOTIFICATION LIST AND RECORD

DATE

INITIALS/TIME

1. Complete as much of Form 1903.10M, "EAL Notification" as available information and time allows.

NOTE: The order of notification may be rearranged as the situation dictates with approval of the Shift Operations Supervisor. These groups should be contacted by the most expedient means available (page, contacting appropriate response center for relaying information, direct phone call, radio contact, etc.). The phone numbers (plant personnel) provided are for use if an individual is not onsite, the appropriate response center has not been manned, etc.

2. Provide the initial information on Form 1903.10M to the following groups:

2.1 Duty Emergency Coordinator (a duty roster is maintained in the Control Room area; beeper available; refer to Attachment 1 for telephone numbers as necessary). _____ /

2.2 Staff Augmentation Group (as directed by the Shift Operations Supervisor); (a duty roster/call list is maintained in the Control Room area). _____ /

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

2.2.1 Health Physics/Radiochemistry Section (Beeper available) _____ /

2.2.2 Maintenance Section (Beeper available) _____ /

2.2.3 Technical Support Section (Beeper available) _____ /

2.3 Nuclear Regulatory Commission [Hotline; or _____ /
or _____; or Health Physics Network phone _____; or _____ /

THE MATERIAL CONTAINED WITHIN THE SYMBOLS (V) IS PROPRIETARY OR PRIVATE INFORMATION.



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 21 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10E

REV. # 5 PC #

Page 2 of 3

DATE _____

INITIALS/TIME _____

2.4 Arkansas Department of Health (); or contact the OES (or use the OES radio channel) and request them to notify the Health Department].

2.5 Emergency Teams requiring immediate response (refer to the indicated attachment for call out list if team personnel are not currently on site).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

2.5.1 Evacuation Team (Attachment 2) _____ / _____

2.5.2 Fire Team (Attachment 3) _____ / _____

2.5.3 Medical Team (Attachment 4) _____ / _____

NOTE: If the Health Physics/Radiochemistry section of the Staff Augmentation Group has been activated, the personnel on the Radiation Team are already being contacted.

2.5.4 Radiation Team (Attachment 5) _____ / _____

2.6 Operations Management (contact one of the following individuals):

2.6.1 B.A. Baker ()

2.6.2 S.J. McWilliams

2.6.3 L.A. Taylor

2.7 Little Rock Control Center (), or contact either the OES or the MSS Dispatch Center and request them to notify the LRCC). _____ / _____

2.8 Emergency Teams not requiring immediate response (refer to the indicated attachment for call list if team personnel are not currently onsite):

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, time team placed "on call."

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 22 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10E

REV. # PC #

Page 3 of 3

DATE _____

INITIALS/TIME

2.8.1 Evacuation Team (Attachment 2) _____ / _____

2.8.2 Fire Team (Attachment 3) _____ / _____

2.8.3 Medical Team (Attachment 4) _____ / _____

2.8.4 Radiation Team (Attachment 5) _____ / _____

2.9 General Manager _____ / _____

2.10 NRC Resident Inspectors (either one) _____ / _____

2.10.1 W.D. Johnson) 2.10.2 L.J. Callan)

3. Notify the Duty Emergency Coordinator that the initial notifications have been made (inform him of any individuals that contact could not be made with). _____ / _____

4. Provide updates to the following groups until relieved of this responsibility:

4.1 Duty Emergency Coordinator

4.2 Nuclear Regulatory Commission

4.3 Arkansas Department of Health (unless otherwise directed)

4.4 Little Rock Control Center (unless otherwise directed)

5. Unless required to report onsite, at the termination of the event, notify the individuals contacted in Step 2.8 above to secure from "on call" status. _____ / _____

6. At the termination of the event, this form and other applicable information should be turned over to the Duty Emergency Coordinator.

Shift Administrative Assistant

THE MATERIAL CONTAINED WITHIN THE SYMBOLS () IS PROPRIETARY OR PRIVATE INFORMATION.



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 23 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10F

REV. #5

PC #

ALERT

Page 1 of 2

DUTY EMERGENCY COORDINATOR
NOTIFICATION LIST AND RECORD

DATE _____

INITIALS/TIME
_____ / _____

1. Notified that an Alert Emergency Action Level has been declared, based on the following conditions (list):

2. Record time that the Shift Operations Supervisor was relieved of the following Duty Emergency Coordinator responsibilities:

- 2.1 Providing direction to the emergency response personnel.
- 2.2 Calculating the magnitude of radiological release.
- 2.3 Performing follow-up notifications to the following groups:
- 2.3.1 Nuclear Regulatory Commission
- 2.3.2 Arkansas Department of Health (unless otherwise directed)
- 2.3.4 General Manager.

3. Dispatch the Manager of Nuclear Quality Control (or someone else as necessary) to act as the TOCC Liaison with the Department of Health.

3.1 ▽ L. W. Schempp) ▽ _____ / _____

4. If deemed necessary, activate the Technical Support Center staff (refer to Attachment 6 for call list as necessary). _____ / _____

5. If deemed necessary, activate the Operational Support Center staff (refer to Attachment 7 for call list). _____ / _____

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 24 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

**ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One**

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10F

REV. # PC #

Page 2 of 2

DATE _____

INITIALS/TIME
_____/____

6. If deemed necessary, assign personnel to perform the following duties:
- 6.1 Man open phone links between the Control Room and the Technical Support Center (refer to Attachment 8).
 - 6.2 Update status boards.
 - 6.3 Perform magnitude of release calculations.
 - 6.4 Other duties as necessary to support the incident response.
7. Update the Control Room periodically on the status of personnel reporting onsite or emergency response centers being activated.
8. At the termination of the event, the following summaries shall be provided:
- 8.1 A verbal summary to:
 - 8.1.1 Nuclear Regulatory Commission _____/_____
 - 8.1.2 Arkansas Department of Health _____/_____
 - 8.2 A written summary of the event (provided to the groups indicated in step 7.1).

Duty Emergency Coordinator



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 30 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10G

REV. # 5 PC #

SITE EMERGENCY
SHIFT OPERATIONS SUPERVISOR
NOTIFICATION LIST AND RECORD

Page 1 of 2

DATE _____

INITIALS/TIME _____

- The Site Emergency Emergency Action Level has been declared based on the following conditions (List):

- Direct the Shift Technical Advisor to the Control Room. _____ / _____
- Direct the Shift Administrative Assistant to initiate the notifications specified on Form 1903.10H (the order of notifications may be rearranged as necessary). Assign/contact personnel to assist as necessary. _____ / _____
- If a radiological release is involved (unless previously relieved of this responsibility):
 - Direct appropriate personnel to perform the calculations per 1904.02 (2904.02), "Magnitude of Release - Unit 1 (2)". _____ / _____
 - Provide radiological release information to the personnel for making follow-up reports (SAA, TSC, ECC, etc.).
 - Direct the implementation of appropriate onsite protective actions (unless previously relieved of this responsibility).



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 31 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10G

REV. # 5

PC #

Page 2 of 2

DATE _____

INITIALS/TIME
_____ / _____

5. Notify onsite personnel that a Site Emergency has been declared, and describe the nature of the emergency.
6. Direct operating personnel to closely monitor plant parameters (particularly those identified with the need to escalate to a General Emergency Emergency Action Level).
7. Perform the duties of the Duty Emergency Coordinator until relieved of those responsibilities (refer to 1903.10I).
8. Maintain a log of the incident (this may be delegated to other personnel as available).
9. At the termination of the Emergency Action Level, this Notification List and Record should be turned over to the Recovery Manager.

SHIFT OPERATIONS SUPERVISOR



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 32 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10H

REV. # 5

PC #

SITE EMERGENCY

Page 1 of 3

SHIFT ADMINISTRATIVE ASSISTANT

NOTIFICATION LIST AND RECORD

DATE

INITIALS/TIME

1. Complete as much of Form 1903.10M, "EAL Notification" as available information and time allows.

NOTE: The order of notification may be rearranged as the situation dictates with approval of the Shift Operations Supervisor. These groups should be contacted by the most expedient means available (paging, contacting appropriate response center for relaying information, direct phone call, radio contact, etc.). The phone numbers (plant personnel) provided are for use if an individual is not onsite, the appropriate response center has not been manned, etc.

2. Provide the initial information on Form 1903.10M to the following groups:

2.1 Duty Emergency Coordinator (a duty roster is maintained in the Shift Supervisor's office); if not on-site, refer to Attachment 1 for telephone numbers as necessary. /

2.2 Staff Augmentation Group (a duty roster/call list is maintained in the Control Room area).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

2.2.1 Health Physics/Radiochemistry Section (Beeper available) /

2.2.2 Maintenance Section (Beeper available) /

2.2.3 Technical Support Section (Beeper available) /

2.3 Nuclear Regulatory Commission [Hotline; or /
or / ; or Health Physics Network phone / ; or /

NOTE: If the Technical Operations Control Center has been activated, the Technical Operations Control Officer may be contacted in lieu of the Health Department.

2.4 Arkansas Department of Health [/
the OES (/ or use the OES radio channel) and request them to notify the Health Department]. /

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 33 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10H

REV. # 5 PC #

Page 2 of 3

DATE _____

INITIALS/TIME

- 2.5 Emergency Teams requiring immediate response (refer to the indicated attachment for call list if team personnel are not currently onsite).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

- 2.5.1 Evacuation Team (Attachment 2) _____ /
 2.5.2 Fire Team (Attachment 3) _____ /
 2.5.3 Medical Team (Attachment 4) _____ /

NOTE: If the Health Physics/Radiochemistry section of the Staff Augmentation Group has been activated, the personnel on the Radiation Team are being contacted by this means.

- 2.5.4 Radiation Team (Attachment 5) _____ /

NOTE: If the Emergency Control Center has been activated, the Incident Response Director may be contacted in lieu of the Little Rock Control Center.

- 2.6 Little Rock Control Center (∇) or contact either the OES or the MSS Dispatch Center and request them to notify the LRCC) _____ /
 2.7 Emergency Teams not requiring immediate response (refer to the indicated attachment for call list if team personnel are not currently onsite).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, a request to assembly the team onsite and suggested protective actions (if necessary).

- 2.7.1 Evacuation Team (Attachment 2) _____ /
 2.7.2 Fire Team (Attachment 3) _____ /
 2.7.3 Medical Team (Attachment 4) _____ /
 2.7.4 Radiation Team (Attachment 5) _____ /

NOTE: If the Technical Support Center has been activated, this center may be contacted in lieu of individual contacts.

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 34 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10H

REV. # 5 PC #

Page 3 of 3

DATE _____

INITIALS/TIME

- Technical Support Center Personnel (refer to Attachment 6 for call list). _____ /
- 2.9 Operations Support Center Personnel (refer to Attachment 7 for call list). _____ /
- 2.10 Other Emergency Response Organization personnel (refer to Attachment 8 for call list). _____ /
- NOTE: If the Technical Support Center has been activated, this center may be requested to contact the Resident NRC Inspectors.
- 2.11 NRC Resident Inspectors (either one) _____ /
 - 2.11.1 W.D. Johnson _____)
 - 2.11.2 L.J. Callan _____)
- 3. Notify the Duty Emergency Coordinator/Recovery Manager that the initial notifications have been made (inform him of any individuals that contact could not be made with). _____ /
- 4. Provide updates to the following groups until relieved of responsibility:
 - 4.1 Duty Emergency Coordinator/Recovery Manager
 - 4.2 Nuclear Regulatory Commission
 - 4.3 Arkansas Department of Health or Technical Operations Control Center (as directed).
 - 4.4 Little Rock Control Center or Emergency Control Center (as directed).
- 5. At the termination of the event, this form and other applicable information should be turned over to the Duty Emergency Coordinator/Recovery Manager.

Shift Administrative Assistant

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 43 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10J

REV. # 5 PC #

GENERAL EMERGENCY SHIFT OPERATIONS SUPERVISOR NOTIFICATION LIST AND RECORD

Page 1 of 2

DATE _____

INITIALS/TIME
_____/_____

- The General Emergency Emergency Action Level has been declared based on the following conditions (List):

- Direct the Shift Technical Advisor to the Control room. _____/_____

- Direct the Shift Administrative Assistant to initiate the notifications specified on Form 1903.10K (the order of notifications may be rearranged as necessary). Assign/contact personnel to assist as necessary. _____/_____

- If a radiological release is involved (unless previously relieved of this responsibility):

- 4.1 Direct appropriate personnel to perform the calculations per 1904.02 (2904.02), "Magnitude of Release - Unit 1 (2)". _____/_____

- 4.2 Provide radiological release information to the personnel responsible for making follow-up reports (SAA, TSC, ECC, etc.).

- 4.3 Direct the implementation of appropriate onsite protective actions (unless relieved of this responsibility).



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 44 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10L

REV. # 5 PC #

Page 2 of 2

DATE _____

INITIALS/TIME
_____/_____

5. Notify onsite personnel that a General Emergency has been declared, and describe the nature of the emergency.
6. Direct operating personnel to continue to closely monitor plant parameters (provide specific parameters as dictated by the situation).
7. Perform the duties of the Duty Emergency Coordinator until relieved of those responsibilities (refer to 1903.10L).
8. Maintain a log of the incident (this may be delegated to other personnel as available).
9. At the termination of the Emergency Action Level, this Notification List and Record should be turned over to the Recovery Manager.

SHIFT OPERATIONS SUPERVISOR



PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 45 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE



ARKANSAS POWER & LIGHT COMPANY

Arkansas Nuclear One

TITLE:

EMERGENCY ACTION LEVEL RESPONSE

FORM NO.

1903.10K

REV. #

PC 0

GENERAL EMERGENCY SHIFT ADMINISTRATIVE ASSISTANT NOTIFICATION LIST AND RECORD

Page 1 of 3

DATE

INITIALS/TIME

1. Complete as much of Form 1903.10M, "EAL Notification" as available information and time allows.

NOTE: The order of notification may be rearranged as the situation dictates with approval of the Shift Operations Supervisor. These groups should be contacted by the most expedient means available (paging, contacting appropriate response center for relaying information, direct phone call, radio contact, etc.). The phone numbers (plant personnel) provided are for use if an individual is not onsite, the appropriate response center has not been manned, etc.

2. Provide the initial information on Form 1903.10M to the following groups:

2.1 Duty Emergency Coordinator (a duty roster is maintained in the Control Room area); beeper available; refer to Attachment 1 for telephone numbers as necessary. /

2.2 Staff Augmentation Group (a duty roster/call list is maintained in the Control Room area).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

2.2.1 Health Physics/Radiochemistry Section
(Beeper available) /

2.2.2 Maintenance Section (Beeper available) /

2.2.3 Technical Support Section
(Beeper available) /

2.3 Nuclear Regulatory Commission [Hotline; or or Health Physics Network phone]; or /

NOTE: If the Technical Operations Control Center has been activated, the Technical Operations Control Officer may be contacted in lieu of the Health Department.

2.4 Arkansas Department of Health [or contact the OES (or use the OES radio channel) and request them to notify the Health Department]. /

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 46 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE: EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10K

REV. # 5 PC #

Page 2 of 3

DATE _____

INITIALS/TIME _____

- 2.5 Emergency Teams requiring immediate response (refer to the indicated attachment for call list if team personnel are not currently onsite).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, required response and suggested protective actions (if necessary).

2.5.1 Evacuation Team (Attachment 2) _____ / _____

2.5.2 Fire Team (Attachment 3) _____ / _____

2.5.3 Medical Team (Attachment 4) _____ / _____

NOTE: If the Health Physics/Radiochemistry section of the Staff Augmentation Group has been activated, the personnel on the Radiation Team are being contacted by this means.

2.5.4 Radiation Team (Attachment 5) _____ / _____

NOTE: If the Emergency Control Center has been activated, the Incident Response Director may be contacted in lieu of the Little Rock Control Center.

- 2.6 Little Rock Control Center (); or contact either the OES or the MSS Dispatch Center and request them to notify the LRCC). _____ / _____

- 2.7 Emergency Teams not requiring immediate response (refer to the indicated attachment for call list if team personnel are not currently onsite).

NOTE: The following minimum information should be provided to the team leader: affected unit, EAL declared, appropriate plant conditions/parameters, a request to assemble the team onsite and suggested protective actions (if necessary).

2.7.1 Evacuation Team (Attachment 2) _____ / _____

2.7.2 Fire Team (Attachment 3) _____ / _____

2.7.3 Medical Team (Attachment 4) _____ / _____

2.7.4 Radiation Team (Attachment 5) _____ / _____

NOTE: If the Technical Support Center has been activated, this center may be contacted in lieu of individual contacts.

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 47 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ARKANSAS POWER & LIGHT COMPANY
Arkansas Nuclear One

TITLE EMERGENCY ACTION LEVEL RESPONSE

FORM NO. 1903.10K

REV. # 5 PC #

Page 3 of 3

DATE _____

INITIALS/TIME

2.7 Technical Support Center Personnel (refer to Attachment 6 for call list). _____ / _____

2.8 Operations Support Center Personnel (refer to Attachment 7 for call list). _____ / _____

2.9 Other Emergency Response Organization personnel (refer to Attachment 8 for call list). _____ / _____

NOTE: If the Technical Support Center has been activated, this center may be requested to contact the Resident NRC Inspectors.

2.10 NRC Resident Inspectors (either one) _____ / _____

2.10.1 Johnson _____)2.10.2 L.J. Callan _____)

3. Notify the Duty Emergency Coordinator/Recovery Manager that the initial notifications have been made (inform him of any individuals that contact could not be made with). _____ / _____

4. Provide updates to the following groups until relieved of responsibility:

4.1 Duty Emergency Coordinator/Recovery Manager

4.2 Nuclear Regulatory Commission

4.3 Arkansas Department of Health or Technical Operations Control Center (as directed).

4.4 Little Rock Control Center or Emergency Control Center (as directed).

5. At the termination of the event, this form and other applicable information should be turned over to the Duty Emergency Coordinator/Recovery Manager.

Shift Administrative Assistant

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PLANT MANUAL SECTION:

PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 53 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ATTACHMENT 3

EMERGENCY FIRE TEAM ROSTER/CALL LIST

	<u>BADGE</u>	<u>WORK</u>	<u>HOME</u>
TEAM LEADER:			
▽ John Lamb	449		▽
ALTERNATE TEAM LEADERS:			
▽ Jim Bob Jackson	228		▽
▽ Larry Munson	272		▽
MEMBERS:			
▽ David Eichenberger	171		▽
▽ Alex Smith	323		▽
▽ Charles May	255		▽
▽ Barry Waldron	418		▽
▽ Tom Wilkins	372		▽
▽ Glenn Brooks	134		▽
▽ James Nichols	328		▽
▽ Chester Wetzel	477		▽
▽ Johnny Walker	362		▽
▽ Marion Hall	202		▽

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PROCEDURE/WORK PLAN TITLE:

NO:

EMERGENCY PLAN

EMERGENCY ACTION LEVEL RESPONSE

1903.10

ARKANSAS NUCLEAR ONE

PAGE 55 of 61

REVISION 5 DATE 10/5/81

CHANGE DATE

ATTACHMENT 5

EMERGENCY RADIATION TEAM ROSTER/CALL LIST

	<u>BADGE</u>	<u>WORK</u>	<u>HOME</u>
TEAM LEADER:			
▽ Matt Bolanis	88		▽
ALTERNATE TEAM LEADERS:			
▽ Dale Wagner	360		▽
▽ Tom Nickels	332		▽
▽ Robert Green	195		▽
▽ Chuck Burchard	119		▽
MEMBERS			
▽ Roger Owings	283		▽
▽ Jeff Garren	189		▽
▽ Ken Zelnick	382		▽
▽ Tim Smith	327		▽
▽ Steve Fowler	183		▽
▽ Charles Anderson	430		▽
▽ Maurice Ward	428		▽
▽ Wayne Wright	470		▽

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