

EMERGENCY PLAN IMPLEMENTING/ADMINISTRATIVE PROCEDURES INDEX

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EPIP AND EPAP TITLE LISTINGEMERGENCY PLAN IMPLEMENTING PROCEDURES

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EMERGENCY PLAN IMPLEMENTING PROCEDURES

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Jersey Central  
Power & Light Company

Subject: Classification of Emergency Conditions

Procedure No.  
EPIP-1

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Date Issued  
2/19/81

Effective Date  
(8/13/82) 8/23/82

Revision No. 3

Date 7/20/82

Authorized By Director-Station Operations

Approval/Concurrence

Project: Oyster Creek Nuclear Generating Station

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## 1.0 PURPOSE

- 1.1 The purpose of this procedure is to define those conditions which shall be classified as emergency conditions at Oyster Creek Nuclear Generating Station (OCNGS) and to provide guidance in classifying such conditions.

Utilization of this procedure during continuous emergency assessment activities will aid in the identification of changing emergency action levels prompting emergency condition reclassification.

## 2.0 REFERENCES

- 2.1 OCNGS Emergency Plan
- 2.2 OCNGS Emergency Plan Implementing Procedures (EPIP)
- 2.2.1 EPIP-2 Unusual Event
- 2.2.2 EPIP-3 Alert
- 2.2.3 EPIP-4 Site Emergency
- 2.2.4 EPIP-5 General Emergency

## 3.0 RESPONSIBILITIES

- 3.1 The Group Shift Supervisor is responsible for the initial evaluation of abnormal or emergency site conditions and for directing immediate Emergency Plan Implementing Procedure actions as appropriate, once assuming the duties of the Emergency Director. The Group Shift Supervisor is responsible for implementing this procedure.

## 4.0 PREREQUISITES

- 4.1 None

## 5.0 REQUIREMENTS

### 5.1 EMERGENCY ACTIONS

- 5.1.1 The Group Shift Supervisor/Emergency Director upon recognition of inplant or site conditions that have exceeded or have a potential to exceed any emergency action level shall:

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5.1.1.1 Immediately evaluate emergency initiating conditions for the highest emergency classification condition that may have been exceeded.

NOTE: Attachment I (Matrix of Initiating Conditions for Emergency Classification) of this procedure will aid in rapid identification of the appropriate emergency classification condition.

5.1.1.2 Classify the emergency condition upon confirmation that emergency action levels have been exceeded as defined in EPIP-2, EPIP-3, EPIP-4 or EPIP-5, as appropriate.

NOTE: Emergency classifications shall be made as soon as possible after confirmation of exceeding Emergency Action Levels to ensure that proper protective and corrective actions are implemented and that appropriate offsite authorities are promptly notified (within 15 minutes).

5.1.1.3 Implement the appropriate Emergency Classification Procedure and assume the duties of the Emergency Director until properly relieved.

ATTACHMENT 1  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT  EPIP-2	ALERT  EPIP-3	SITE EMERGENCY  EPIP-4	GENERAL EMERGENCY  EPIP-5
Radiological Effluent Releases			Offsite/Site Perimeter	Offsite/Site Perimeter
Gaseous Iodine Particulate	Tech Spec. Limits Exceeded	Tech Spec. Limits Exceeded by a factor of 10	>5 mr/hr for 1/2 hr Whole body or >25 mr/hr Child Thyroid	>50 mr/hr Whole Body or >250 mr/hr Child Thyroid
Liquid	10CFR20 Appendix B, Column 2 Limits exceeded in discharge canal	-----	-----	-----
Projected Offsite Doses				
Whole Body	-----	>10mRem	>50mRem	>100 mRem
Child Thyroid	-----	>50mRem	>250mRem	>500 mRem
Reactor Pressure	>1110 PSIG	>1239 PSIG	>1375 PSIG	-----

ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
	EPIP-2	EPIP-3	EPIP-4	EPIP-5
RCS Leakage	(Into Primary Containment)	-----	-----	-----
Unidentified leak rate	>10 gpm	-----	-----	-----
Total leak rate	>25 gpm	>50 gpm or Causes or requires the Reactor to be scrammed	Known reactor coolant system leak exceeds available make-up capacity	Loss of coolant accident with containment failure affecting the long term success of the ECCS. Core degradation or melt in several hrs without containment boundary
RCS Total Iodine Activity	>8.0 uCi/cc	>300 uCi/cc	Indication of degraded core with possible loss of coolable geometry	-----
Off-Gas Monitor Reading and Fuel Status	Increase of 666 mr/hr in 30 min. and/or >3,330 mr/hr	>10,000 mr/hr Fuel cladding failure	-----	-----
Safety/Relief Valve or Main Steam Isolation Valve Status	Safety/relief Valve does not close following reduction of applicable pressure	Main Steam Line Break with MSIV Malfunction causing leakage into Turbine Building	Steam Line Break outside Containment w/o isolation	-----



ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
	EPIP-2	EPIP-3	EPIP-4	EPIP-5
Reactor Protection Systems	Reactor SCRAM followed by unplanned automatic ECCS initiation and discharge into Reactor Vessel	Failure of a reactor protection system to initiate & complete a SCRAM which brings the reactor sub-critical when called for	Transient requiring operation of shutdown systems with a failure to SCRAM, no core damage evident	1. Loss of coolant accident with failure of ECCS to perform leading to core melt degradation in minutes to hours. Loss of containment may be imminent. 2. Transient occurs & failure of requisite core shutdown systems could lead to core melt in several hours with containment failure likely

ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
	EPIP-2	EPIP-3	EPIP-4	EPIP-5
Loss of Containment Integrity	Shutdown required by other than normal methods	-----	-----	-----
Loss of Engineered Safety Features	1. Requiring shutdown by Technical Specifications and shutdown is required other than in a normal manner. 2. Un-anticipated, confirmed, alarm on any two area radiation monitors simultaneously which cannot be corrected or any Process Radiation Monitor.	1. Loss of functions necessary to bring the plant to cold shutdown when cold shutdown is required. 2. Sustain loss of all or most annunciators in Control Room 3. Evacuation of Control Room, Control established at local stations within 15 minutes. 4. Fuel handling accident or other event resulting in unexpected increase of inplant radio-activity levels by a factor of 1000	1. Loss of functions needed for plant hot shutdown when hot shutdown is req'd 2. Sustain loss of all or most annunciators in Control Room coupled with Plant transient 3. Control at local stations not established within 15 mins. after Control Room evacuation. 4. Major damage to spent fuel resulting in uncontrolled release of radioactive material or uncontrollable decrease in fuel pool water below top of spent fuel	1. Shutdown occurs but decay heat removal capability is lost. Core degradation or melt could occur in 10 hours with subsequent containment failure. 2. Loss of 2 of 3 fission product barriers with a potential loss of the third.

ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT  EPIP-2	ALERT  EPIP-3	SITE EMERGENCY  EPIP-4	GENERAL EMERGENCY  EPIP-5
Toxic or flammable gas release - near or onsite	Which could affect habitability required for normal plant operation	Which enters plant and affects safe operation of the plant	Enters Vital Area and affects operation of safe shutdown equipment, plant not in cold shutdown	-----
Security Compromise	Security threat or attempted entry or attempted sabotage	Ongoing compromise.	Imminent loss of physical control of plant coupled with intrusion.	Loss of physical control of plant occurs with intrusion in progress.
Loss of Power	Sustain loss of offsite power or loss of both diesel generator capabilities during power operations.	Offsite and onsite power or vital D.C. power for <15 min.	Offsite and Onsite or Vital D.C. exceeds 15 min.	-----

ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
	EPIP-2	EPIP-3	EPIP-4	EPIP-5
Natural Phenomena Being Experienced or Projected	1. Sustain windspeed >75 mph 2. Flood level with probable flooding of evacuation routes.	1. Sustain windspeed >100 mph 2. Flood or low water level potentially affecting operation of safe shutdown equipment when required to operate. 3. Tornado strikes facility. 4. Earthquake affecting plant operation	Plant not in cold shutdown: 1. Sustain windspeed >125 mph 2. Flood or low water level affecting operation of safe shutdown equipment when required to operate. 3. Earthquake causing major damage to equipment necessary for shutdown.	-----
Fire	Fire not under control within 10 minutes.	Potentially affecting plant safety systems	Affecting function of plant safety systems	-----
Explosion	Unanticipated near or onsite	With damage affecting plant operations	Causes severe damage to safe shutdown equipment, plant not in cold shutdown	-----

ATTACHMENT 1 (cont'd)  
MATRIX OF INITIATING CONDITIONS FOR EMERGENCY CLASSIFICATION

PARAMETER	EMERGENCY CLASSIFICATION INITIATING CONDITIONS			
	UNUSUAL EVENT	ALERT	SITE EMERGENCY	GENERAL EMERGENCY
	EPIP-2	EPIP-3	EPIP-4	EPIP-5
Contaminated Injury	Requires transportation offsite for medical treatment	-----	-----	-----
Aircraft Crash or Missile Impact	Onsite outside protected area- no plant structures affected	Within protected area	Affecting vital plant structures by impact or fire, plant not in cold shutdown	
Turbine Failure	Rotating component failure causing a reactor scram	Resulting in casing penetration	-----	-----
Plant Status or conditions as evaluated by GSS/Emergency Director	Other plant conditions are in progress or have occurred which may indicate a potential de- gradation of the level of safety of the plant.	Other plant conditions are in pro- gress or have occurred which may involve an actual or potential sub- stantial degradation of the level of safety of the plant	Other plant conditions are in progress or have occurred which may involve actual or likely major failures of plant functions needed for protection of the public.	Other plant conditions are in progress or have occurred which may in- volve actual or imminent sub- stantial core degradation or melting, with potential for loss of con- tainment integ- rity, or may make release of significant amounts of radioactivity in a short time possible.

Jersey Central  
Power & Light Company

Subject: Unusual Event

Procedure No.  
EPIP-2

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Date Issued  
2/23/81

Effective Date  
(8/13/82) 8/23/82

Revision No. 3

Date 7/20/82

Authorized By  
Director-Station Operations

Approval/Concurrence

Project: Oyster Creek Nuclear Generating Station

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## 1.0 PURPOSE

- 1.1 The purpose of this procedure is to define the conditions that shall be regarded as an Unusual Event for Oyster Creek Nuclear Station and to:
- 1.1.1 Ensure necessary actions are taken to protect the health and safety of the public.
  - 1.1.2 Ensure necessary actions are taken to notify offsite emergency response organizations.
  - 1.1.3 Mobilize the appropriate portions of the emergency response organization to initiate appropriate emergency actions.

## 2.0 REFERENCES

- 2.1 OCNGS Emergency Plan
- 2.2 NUREG-0654 Rev. 1, FEMA-REP-1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants."
- 2.3 OCNGS Emergency Plan Implementing Procedures (EPIP)
  - 2.2.1 EPIP-1 Classification of Emergency Conditions
  - 2.2.2 EPIP-3 Alert
  - 2.2.3 EPIP-4 Site Emergency
  - 2.2.4 EPIP-5 General Emergency

## 3.0 RESPONSIBILITIES

- 3.1 The Emergency Director is responsible for implementing this procedure.
- 3.2 Emergency Director responsibilities that may NOT be delegated include:
  - 3.2.1 Decision to notify offsite emergency management agencies.
  - 3.2.2 Making protective action recommendations as necessary to offsite emergency management agencies.
  - 3.2.3 Classification of Emergency Event.
  - 3.2.4 Determining the necessity for onsite accountability and/or evacuation based upon potential exposure to non-essential personnel.
  - 3.2.5 Authorization for emergency workers to exceed 10 CFR 20 radiation exposure limits.

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#### 4.0 PREREQUISITES

4.1 The Site is in a condition that warrants Unusual Event declaration as defined by this procedure as judged by the Group Shift Supervisor/Emergency Director.

#### 5.0 REQUIREMENTS

##### 5.1 Emergency Actions

5.1.1 The Group Shift Supervisor/Emergency Director shall, upon recognition of inplant or site conditions that have exceeded only "Unusual Event Emergency Action Levels" EPIP-2 Attachment 1, ensure "Emergency Director Checklist - Unusual Event" Form EPIP-2-1 is completed.



Subject:

Unusual Event

Procedure No.  
EPIP-2

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ATTACHMENT 1

UNUSUAL EVENT EMERGENCY ACTION LEVELS

1.0 INITIATING CONDITION

INDICATION

1.1 Reactor SCRAM followed by unplanned automatic ECCS initiation and discharge into Reactor Vessel

"Reactor SCRAM Contactor Open", alarm, Display J, Panel 5F/6F, Window 3-33 followed by  
"Core Spray System 1 On" Alarm, Display B, Panel 1F/2F, window 5-5  
and/or  
"Core Spray System 2 On" Alarm, Display C, Panel 1F/2F, Window 1-1

1.2 Radiological effluent Technical Specifications 3.6.A or 3.6.B are exceeded

Valid Hi Hi Alarm on stack gas radiation monitor or a Hi Alarm on Rad Waste Discharge Monitors as verified by sample and analysis.

1.3 Reactor coolant system activity, activity >8 uci/cc, but <300 uci/cc

As indicated by one or more of the following alarms:  
a. "Reactor water Hi-Hi Conductivity" Display D, Panel 3F, Window 4-11  
b. "Main Steam Line Hi-Radiation" Display H & J  
c. "Hi Radiation Off-Gas", Panel 10F, Window 5-13  
and  
Confirmed by sample analysis

1.4 Reactor pressure exceeds 1110 PSIG, but < 1239 PSIG

1.5 Primary system leak rate approaching technical specification limits  
a. Unidentified leak >10 gpm

As indicated by: "Drywell Sump Hi Leak Rate" Alarm, window F, Panel 3F and verified by recorder, Panel 3F.  
As indicated by: "DWEDT Hi Level" alarm or "Both Pumps Running" alarm and confirmed by leak rate calculation using integrator readings.

b. Total leakage >25 gpm, but <50 gpm

1.6 RCS safety/relief valve failure to close following reduction of applicable pressure

Indicated by:  
1. "Safety Valve or Relief Valve Not Closed" alarm, Display B, Panel 1F/2F, Window 4-34  
and

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ATTACHMENT 1 (cont'd)

UNUSUAL EVENT EMERGENCY ION LEVELS

INITIATING CONDITION

INDICATION

1.7 A sustained loss of offsite  
power

2. Edgometer display on Panel 1F/2F and  
verified by "Relief Valve  
Discharge/Relief Valve Downcomer  
Temperature Recorder", Panel 10F  
or  
Acoustical Monitoring System.

or  
A loss of onsite AC power capa-  
bility

As indicated by a loss of off-site  
or

As indicated by "Emergency Diesel  
Generator #1 Disabled", Window 4-28,  
Panel 8F/9F and "Emergency Diesel Generator  
#2 Disabled alarms on Panel 9F, Window 1-7

1.8 Loss of Containment Integrity  
required by other than normal  
methods.

Any condition whereby Technical  
Specification Limit 3.5.A.3 is exceeded in  
the judgement of the GSS and shutdown is  
required other than in a normal manner.

1.9 Loss of Engineered Safety  
features.

Loss of the ability to meet any one of  
the conditions requiring shutdown  
by Technical Specification Limiting  
Conditions of Operation and shutdown is  
required other than in a normal manner.

1.10 Fire in a permanent plant  
structure which cannot be  
controlled by the Fire Brigade  
within 10 minutes of discovery

Group Shift Supervisor's judgement.

1.11 Security threat or attempted  
entry or attempted sabotage

Group Shift Supervisor's judgement.

1.12 Natural phenomena being  
experienced or projected  
beyond usual levels

As indicated by any one of the following:  
a. Tornado or storm warning with probable  
impact on plant.

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ATTACHMENT 1 (cont'd)

UNUSUAL EVENT EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- |   |  |
|---|--|
| <p>1.13 Other hazards being experienced or projected</p>  | <p>b. Sustain winds greater than 75 mph as indicated by wind speed recorder, Panel 13R.</p> <p>c. Flood warning, probable impact on plant, closure of evacuation routes.</p> <p>d. Earthquake felt in plant</p>  |
| <p>1.14 Other plant conditions are in progress or have occurred which may indicate a potential degradation of the level of safety of the plant.</p> | <p>As indicated by any one of the following:</p> <p>a. Onsite aircraft crash outside protected area not impacting permanent plant structures.</p> <p>b. Unanticipated explosion detected near or onsite.</p> <p>c. Near or onsite toxic or flammable gas or liquid release which could affect habitability required for normal plant operation.</p> <p>d. Turbine rotating component failure causing a reactor SCRAM</p> |

- Group Shift Supervisor judges that:
- Plant shutdown is other than normal, controlled shutdown
  - Plant is in other than normal condition during operation and the abnormal condition is of such a nature as to warrant notification (e.g., cracking is found in reactor coolant piping during operation)
  - Any other condition exists which has the potential for escalation into a higher level of emergency, and, therefore, warrants notification.

NOTE: In exercising the judgement as to the need for declaring an Unusual Event, uncertainty concerning safety status of the plant, the length of time the uncertainty exists, and the prospects for early resolution of ambiguities should be considered; i.e., uncertainty about the level of safety of the plant extending beyond a reasonable time period is a sufficient basis for declaring an Unusual Event.

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ATTACHMENT 1 (cont'd)

UNUSUAL EVENT EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

1.15 Transportation of any contaminated or potentially contaminated injured person offsite for medical treatment.

As judged by the Group Shift Supervisor

1.16 Unanticipated confirmed alarm on any two Area Radiation Monitors simultaneously which cannot be corrected or any Process Radiation Monitor

Group Shift Supervisor judgement based on cause of initiating event and evaluation of plant condition resulting from initiating event

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Form EPIP-2-1

EMERGENCY DIRECTOR CHECKLIST - UNUSUAL EVENT

INITIALS

1.0 EMERGENCY ACTIONS

1.1 The Group Shift Supervisor/Emergency Director is responsible to complete this checklist, initial each action completed or mark N/A (Not applicable).

\_\_\_\_\_ 1.2 Upon recognition that any of the Unusual Event Emergency Action Levels have been exceeded, the Group Shift Supervisor shall assume the duties of Emergency Director.

\_\_\_\_\_ 1.2.1 Announce to Control Room personnel that \_\_\_\_\_ has assumed the duties of Emergency Director. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ 1.3 Assign a Communicator to make notifications to persons and agencies listed in Form EPIP-2-2 "Notification Checklist - Unusual Event".

\_\_\_\_\_ 1.4 Announce (or instruct a communicator to announce) the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

AN UNUSUAL EVENT HAS BEEN DECLARED.  
PERSONNEL SHOULD CONTINUE WITH THEIR NORMAL DUTIES UNLESS FURTHER INSTRUCTION IS GIVEN

(REPEAT THE ANNOUNCEMENT)

\_\_\_\_\_ 1.5 Immediately initiate Offsite Dose Assessment, EPIP-9.

\_\_\_\_\_ 1.6 Notification Messages

\_\_\_\_\_ 1.6.1 Complete Form EPIP-2-3, "Initial Notification Message - Unusual Event" and give it to a communicator for transmission.

NOTE: New Jersey State Police are to be notified within 15 minutes after the recognition that a Emergency Action Level has been exceeded.

Form EPIP-2-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - UNUSUAL EVENT

INITIALS

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1.6.1.1 Ensure initial notification is received by:  
New Jersey State Police (division headquarters, communication center)  
and  
Nuclear Regulator Commission Operations Center.

1.6.2 Complete Form EPIP-2-4 "Institute of Nuclear Power Operations and American Nuclear Insurers, Notification Message - Unusual Event" and give it to a communicator for transmission.

1.6.2.1 Ensure initial notification is received by:  
Institute of Nuclear Power Operations (INPO)  
and  
American Nuclear Insurers (ANI)

1.7 Followup Messages

1.7.1 Assign personnel to gather information for update message Forms EPIP-2-6 "Additional Information Message - Unusual Event" and EPIP-2-5 "Bureau of Radiation Protection Station Status Checklist - Unusual Event"

1.7.1.1 Ensure additional information messages are received by the Nuclear Regulatory Commission Operations Center at regular intervals.

1.7.1.2 Ensure Bureau of Radiation Protection Station Status Checklist messages are received (when requested) by the Bureau of Radiation Protection.

1.7.1.3 Provide the facility contacts from INPO and ANI with information requested when available and/or request assistance deemed appropriate.

1.7.2 Ensure appropriate follow up actions are initiated in accordance with administrative Procedures 106.1 Reportable Occurrence and/or 126 Procedure for Notification of Station Events.

1.8 As required, initiate (if not previously implemented) the following procedures and ensure all appropriate notifications are completed in a timely manner by a communicator:

Form EPIP-2-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - UNUSUAL EVENT

INITIALS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1.8.1 Personnel Injury EPIP-7. Ensure notifications in 1.8.5.1 thru 1.8.5.5 are completed as appropriate.
- 1.8.2 Fire EPIP-8. Ensure notifications in 1.8.5.5 thru 1.8.5.7 are completed as appropriate.
- 1.8.3 Toxic/Flamable Gas Release EPIP-15. Ensure notifications in 1.8.5 are completed as appropriate.
- 1.8.4 Search and Rescue EPIP-22. Ensure notifications in 1.8.5.1 thru 1.8.5.6 are completed as appropriate.
- 1.8.5 Notifications and request for offsite assistance (as required).
  - 1.8.5.1 Onsite Medical Department Telephone \_\_\_\_\_
  - 1.8.5.2 Lacey First Aid Squad/Fire Department Telephone \_\_\_\_\_
  - 1.8.5.3 Community Memorial Hospital Telephone \_\_\_\_\_
  - 1.8.5.4 Radiation Management Corporation Telephone \_\_\_\_\_
  - 1.8.5.5 OCNCS Security Department Telephone \_\_\_\_\_
  - 1.8.5.6 Lacey Fire Department / First Aid Squad Telephone \_\_\_\_\_
  - 1.8.5.7 Fire Protection Manager Telephone Primary Office \_\_\_\_\_  
Alternate Beeper \_\_\_\_\_

\_\_\_\_\_ 1.9 If required, initiate Damage Control Procedure EPIP-14.

\_\_\_\_\_/\_\_\_\_\_  
Date / Time

1.10 If radiation levels onsite or offsite are expected above routinely observed levels initiate the following procedures:

Form EPIP-2-1 (cont'd)  
EMERGENCY DIRECTOR CHECKLIST - UNUSUAL EVENT

INITIALS

\_\_\_\_\_ 1.10.2 Emergency Radiological Survey-Onsite, EPIP-10.  
/  
Date Time

\_\_\_\_\_ 1.10.3 Emergency Radiological Survey-Offsite, EPIP-11.  
/  
Date Time

\_\_\_\_\_ 1.10.4 Environmental Assessment Command-Center, EPIP-31.  
/  
Date Time

1.11 IF Unusual Event emergency action levels have been exceeded, escalate to the appropriate emergency classification:

Date/Time of reclassification \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ 1.11.1 Alert, EPIP-3.

\_\_\_\_\_ OR  
 1.11.2 Site Emergency, EPIP-4.

\_\_\_\_\_ OR  
 1.11.3 General Emergency, EPIP-5.

\_\_\_\_\_ 1.12 IF recovery requirements have been met, initiate Recovery Phase Procedure EPIP-29. \_\_\_\_\_ / \_\_\_\_\_  
Date/Time

\_\_\_\_\_ 1.13 IF no further emergency actions are required terminate the Unusual Event. \_\_\_\_\_ / \_\_\_\_\_  
Date/Time

\_\_\_\_\_ 1.13.1 Ensure all offsite agencies and GPU Nuclear personnel that were notified of the Unusual Event receive termination notification.



FORM EPIP-2-2

NOTIFICATION CHECKLIST - UNUSUAL EVENT

INITIALS

Initial each item upon completion

1. With Emergency Directors approval announce the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

AN UNUSUAL EVENT HAS BEEN DECLARED.  
PERSONNEL SHOULD CONTINUE WITH THEIR NORMAL DUTIES UNLESS  
FURTHER INSTRUCTION IS GIVEN

(REPEAT THE ANNOUNCEMENT)

2. Notify the On-Duty Shift Technical Advisor  
Primary: \_\_\_\_\_ Alternate: Beeper \_\_\_\_\_

3. Notify the On-Duty Emergency Director.  
Team(1) Office \_\_\_\_\_ Team(2) Office \_\_\_\_\_ Team(3) Office \_\_\_\_\_  
Beeper \_\_\_\_\_ Beeper \_\_\_\_\_ Beeper \_\_\_\_\_

4. Notify the On-Duty Emergency Advisor

NOTE: The Emergency Advisor shall ensure the VP-Nuclear Assurance, the GPU-Nuclear Board of Directors and the GPU-Reading Dispatch Control Center are notified.

Team(1) Office \_\_\_\_\_ Team(2) Office \_\_\_\_\_ Team(3) Office \_\_\_\_\_  
Beeper \_\_\_\_\_ Beeper \_\_\_\_\_ Beeper \_\_\_\_\_

5. Notify the senior Radiological Controls representative on shift.  
Primary: \_\_\_\_\_ Alternate: \_\_\_\_\_

6. Notify the New Jersey State Police within 15 minutes of classification. Transmit "Initial Notification Message - Unusual Event" EPIP-2-3 with Emergency Director approval.

Primary: State Hot Line (Notification Line) Gray Phone  
Alternate: \_\_\_\_\_ (If Primary Is Out of Service)

NOTE: IF State Police Verification Call is not received within one minute, re-establish contact via State Hot Line and request verification call on the State Police Verification Line immediately.

IF Alternate Verification means is required instruct State Police to verify by dialing \_\_\_\_\_ or \_\_\_\_\_

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FORM EPIP-2-2 (cont'd)

NOTIFICATION CHECKLIST - UNUSUAL EVENT

INITIALS

\_\_\_\_\_

7. Notify the OCNCS Manager-Communication Services  
Primary: Beeper \_\_\_\_\_ Alternate: Office \_\_\_\_\_
  
8. Notify the following agencies: Transmit "Institute of Nuclear Power Operations and American Nuclear Insurers Notification Message - Unusual Event" EPIP-2-4
  - A. Institute of Nuclear Power Operations Tel: \_\_\_\_\_
  - B. American Nuclear Insurers Tel: \_\_\_\_\_
  
9. Notify the United States Nuclear Regulatory Commission Operations Center  
Transmit "Initial Notification Message-Unusual Event" EPIP-2-3  
Primary: NRC-ENS Line (Lift receiver from cradle) Red Phone  
Alternate: (1) Commercial via Bethesda \_\_\_\_\_  
              (2) Commercial via Silver Spring \_\_\_\_\_  
              (3) NRC-HPN Line - Dial 22 or \*22 (Touch-tone) \_\_\_\_\_  
              (4) Commercial via Bethesda \_\_\_\_\_

NOTE: Open-line communication with NRC is to be maintained on ENS Line throughout the emergency situation.

\_\_\_\_\_

10. When requested, by the Bureau of Radiation Protection (BRP) transmit "Bureau of Radiation Protection Station Status Checklist - Unusual Event" EPIP-2-4 via, the BRP Information Line located in the Emergency Command Center (Group Shift Supervisors Office)
  
11. Transmit addition information messages to the Nuclear Regulatory Commission and other agencies as directed by the Emergency Director using "Additional Information Message - Unusual Event" EPIP-2-6.

\_\_\_\_\_

FORM EPIP-2-3

INITIAL NOTIFICATION MESSAGE - UNUSUAL EVENT

MESSAGE WILL BEGIN AND END WITH:

(Circle One) THIS IS NOT AN EXERCISE - I REPEAT - THIS IS NOT AN EXERCISE  
OR  
THIS IS A DRILL - THIS IS A DRILL

THIS IS \_\_\_\_\_  
(Name) (Title)  
AT OYSTER CREEK NUCLEAR GENERATING STATION

THIS IS A NOTIFICATION OF AN UNUSUAL EVENT CLASSIFICATION

THIS EVENT WAS CLASSIFIED AT \_\_\_\_\_ ON \_\_\_\_\_  
(Time - 24 hr. clock) (Date)

- THERE IS NO RELEASE IN PROGRESS
- WE HAVE A CONTROLLED RELEASE IN PROGRESS
- WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS

---

- NO PROTECTIVE ACTIONS ARE RECOMMENDED
- WE RECOMMEND SHELTERING FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_
- WE RECOMMEND EVACUATION FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_ TIME-24 HR  
EMERGENCY DIRECTOR

TIME NOTIFIED/VERIFIED

\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_

THIS MESSAGE HAS BEEN TRANSMITTED TO:

NEW JERSEY STATE POLICE via State Hot Line (Gray Phone)  
UNITED STATES NUCLEAR REGULATORY COMMISSION via NRC-ENS Line (Red Phone)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(COMMUNICATOR)

NOTE: VERIFICATION OF MESSAGE IS COMPLETE ONLY AFTER RECEIVING AGENCY HAS RESTATED MESSAGE CORRECTLY IN ITS ENTIRETY BACK TO THE OYSTER CREEK COMMUNICATOR





FORM EPIP-2-5 (cont'd)

8. Projected Offsite Doses  
 (a) Whole Body

	<u>Distance (Miles)</u>	<u>Dose Rate mRem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(b) Child Thyroid

	<u>Distance (Miles)</u>	<u>Dose Rate Rem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. Recommended Protective Actions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Status Checklist approved for transmission to NJBRP by Emergency Director/Emergency Support Director:

\_\_\_\_\_ / \_\_\_\_\_  
 (Signature) (Date/Time)

11. Status Checklist transmitted to NJBRP:

Transmitted to: \_\_\_\_\_  
 (Name)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 (OCNGS Communicator) (Location) (Date/Time)

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FORM EPIP-2-6

ADDITIONAL INFORMATION MESSAGE - UNUSUAL EVENT

Check (✓) all appropriate statements to be transmitted as information is available.

1. This is \_\_\_\_\_ acting under the Direction of \_\_\_\_\_ the Emergency (Emergency Director)

Director at Oyster Creek Nuclear Generating Station. The following is provided as additional information for the initial notification of Unusual Event.

2. DATE/TIME OF CLASSIFICATION

a. Time: \_\_\_\_\_ (24 hour clock)  
 b. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Plant Status

a. Reactor (circle one) is/is not shutdown.  
 b. The plant (circle one) is/is not in a safe condition.  
 c. Reactor is subcritical, coolant is being maintained over the core, and containment integrity is satisfactory.

4. Type of release (circle one) airborne; liquid; surface soil.

5. Meteorological Data

a. Wind speed \_\_\_\_\_ MPH  
 b. Wind direction \_\_\_\_\_ (from) \_\_\_\_\_ (toward)  
 c. Stability class (circle one) unstable; neutral; stable  
 d. Precipitation (circle one) rain; sleet; snow

6. Gaseous Radiological Data

a. Noble gas release rate \_\_\_\_\_ uCi/sec  
 b. Iodine 131 release rate \_\_\_\_\_ uCi/sec  
 c. Release (circle one) has/has not terminated  
 d. Actual or estimated duration of release: \_\_\_\_\_

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FORM EPIP-2-6 (cont'd)

\_\_\_ 7. Liquid Radiological Data

- \_\_\_ a. Release concentration \_\_\_\_\_ uCi/cc
- \_\_\_ b. Release rate \_\_\_\_\_ uCi/sec
- \_\_\_ c. Release (circle one) has/has not terminated
- \_\_\_ d. Actual or estimated duration of release \_\_\_\_\_
- \_\_\_ e. Estimated total release \_\_\_\_\_ uCi

\_\_\_ 8. Projected dose rates and integrated dose (Based on actual or projected duration of release)

Whole Body

- \_\_\_ a. Site Boundary \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_ b. 2 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_ c. 5 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_ d. 10 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem

\_\_\_ 9. Projected Iodine Concentration and Integrated Dose Commitment (Based on actual or projected duration of release).

THYROID

- \_\_\_ a. Site Boundary \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_ b. 2 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_ c. 5 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_ d. 10 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem

\_\_\_ 10. Estimate of Surface contamination \_\_\_\_\_ dpm/100 cm<sup>2</sup> (obtain from field data) \_\_\_\_\_ mRem/hr

\_\_\_ 11. Emergency Actions in progress:

- \_\_\_ a. Radiological survey teams onsite
- \_\_\_ b. Radiological survey teams offsite
- \_\_\_ c. Onsite fire brigade
- \_\_\_ d. Offsite fire department
- \_\_\_ e. Damage Control
- \_\_\_ f. First aid teams onsite
- \_\_\_ g. Ambulance service
- \_\_\_ h. Medical support
- \_\_\_ i. Environmental surveys offsite
- \_\_\_ j. Other, specify \_\_\_\_\_



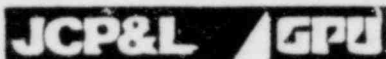
FORM EPIP-2-6 (cont'd)

- \_\_\_\_\_ 12. Additional support required (specify) \_\_\_\_\_  
 \_\_\_\_\_
- \_\_\_\_\_ 13. The condition may change to an (circle one) Alert; Site Emergency; General Emergency
- \_\_\_\_\_ 14. Offsite population sector(s) (refer to Emergency Planning Zone Sector map) affected are \_\_\_\_\_,  
 \_\_\_\_\_,  
 \_\_\_\_\_
- \_\_\_\_\_ 15. The following changes in protective measures are recommended for the population in these sectors.
- \_\_\_\_\_ a. None
- \_\_\_\_\_ b. Notify (projected offsite dose \_\_\_\_\_)
- \_\_\_\_\_ c. Take shelter (projected offsite dose \_\_\_\_\_)
- \_\_\_\_\_ d. Evacuate (projected offsite dose \_\_\_\_\_)
- \_\_\_\_\_ 16. Approved \_\_\_\_\_  
 (Emergency Director)

\_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

- \_\_\_\_\_ 17. Transmitted To: TIME: NOTIFIED/VERIFIED.
- \_\_\_\_\_ a. United States Nuclear Regulatory Commission. \_\_\_\_\_ /
- \_\_\_\_\_ b. New Jersey Bureau of Radiation Protection. \_\_\_\_\_ /
- \_\_\_\_\_ c. \_\_\_\_\_ \_\_\_\_\_ /
- \_\_\_\_\_ d. \_\_\_\_\_ \_\_\_\_\_ /

\_\_\_\_\_ (Communicator) \_\_\_\_\_ (Date)



Jersey Central  
Power & Light Company

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Date Issued  
2/23/81

Effective Date  
(8/12/82) 8/22/82

Revision No. 3

Date 7/21/82

Authorized By Director-Station Operations

Approval/Concurrence

*J. T. C. Small J*

Project: Oyster Creek Nuclear Generating Station

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ATTACHMENTS

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Form EPIP-3-2 (2 pages)	7/21/82	3
Form EPIP-3-3 (1 page)	7/21/82	3
Form EPIP-3-4 (1 page)	7/21/82	3
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This Document Will Not Be Kept  
Up To Date

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1.0 PURPOSE

1.1 The purpose of this procedure is to define the conditions that shall be regarded as an Alert for Oyster Creek Nuclear Station and to:

- 1.1.1 Ensure necessary actions are taken to protect the health and safety of the public.
- 1.1.2 Ensure necessary actions are taken to notify offsite emergency response organizations.
- 1.1.3 Mobilize the appropriate portions of the emergency response organization to initiate appropriate emergency actions.

2.0 REFERENCES

- 2.1 OCNCS Emergency Plan
- 2.2 NUREG-0654 Rev. 1; FEMA-REP-1 "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in support of Nuclear Power Plants".
- 2.3 OCNCS Emergency Plan Implementing Procedures (EPIP)
  - 2.3.1 EPIP-1 Classification of Emergency Conditions
  - 2.3.2 EPIP-2 Unusual Event
  - 2.3.3 EPIP-4 Site Emergency
  - 2.3.4 EPIP-5 General Emergency

3.0 RESPONSIBILITIES

- 3.1 The Emergency Director is responsible for implementing this procedure.
- 3.2 Emergency Director responsibilities that may NOT be delegated include:
  - 3.2.1 Decision to notify offsite emergency management agencies.
  - 3.2.2 Making protective action recommendations as necessary to offsite emergency management agencies.
  - 3.2.3 Classification of Emergency Event.
  - 3.2.4 Determining the necessity for onsite accountability and/or evacuation based upon potential exposure to non-essential personnel.
  - 3.2.5 Authorization for emergency workers to exceed 10 CFR 20 radiation exposure limits.

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#### 4.0 PREREQUISITES

4.1 The Site is in a condition that warrants Alert declaration as defined by this procedure as judged by the Group Shift Supervisor/Emergency Director.

#### 5.0 REQUIREMENTS

##### 5.1 Emergency Actions

5.1.1 The Group Shift Supervisor/Emergency Director shall, upon recognition of inplant or site conditions that have exceeded "Alert Emergency Action Levels" EPIP-3 Attachment 1 and no emergency action level of a higher classification, ensure "Emergency Director Checklist - Alert" Form EPIP-3-1 is completed.

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ATTACHMENT 1

ALERT EMERGENCY ACTION LEVELS

1.0 EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- |   |   |
|---|---|
| <p>1.1 Fuel cladding degradation<br/>(Reactor coolant system Total Iodine activity &gt; 300 uci/cc)</p>   | <p>As indicated by the following:</p> <ul style="list-style-type: none"> <li>a. "Off-Gas HI Radiation Alarm", Panel 10F, Window 5-12, and confirmed by <u>sample</u> ar. analysis</li> <li>b. Off-gas Air Ejector monitors indicate &gt; 10,000 m/hr</li> </ul>                     |
| <p>1.2 Reactor Pressure exceeds 1239 PSIG, but &lt; 1375 PSIG</p>   | <p>As indicated by following alarms:</p> <ul style="list-style-type: none"> <li>a. "Safety or Relief Valve not Closed", Display B, Panel 1F/2F, Window 4-34 and verified by "Steam Flow Steam Pressure Recorder", Panel 5F/6F.</li> </ul>   |
| <p>1.3 Steam Line break with MSIV malfunction causing leakage into Turbine Building</p>   | <p>Indicated by:</p> <ul style="list-style-type: none"> <li>a. Alarms on any Turbine Building radiation monitor</li> <li>b. "Main Steam Valves Off Normal" alarm, Window G, Panel 3F, Window 5-17</li> <li>c. Both "CLOSED" and "OPEN" indication for MSIV's, Panel 11F.</li> </ul> |
| <p>1.4 Reactor coolant system leak exceeds 50 GPM but not 100 GPM <u>or</u> causes or requires the Reactor to be scrammed</p>   | <p>As computed from drywell equipment drain tank readings plus gallons pumped from drywell sump per elapsed time.</p>   |
| <p>1.5 Increased radiation or airborne levels within the plant indicating a severe degradation of control of radioactive materials (increase by a factor of 1000 or more)</p> | <p>Valid area radiation monitoring system indications and confirmed by sample analysis <u>or</u> direct monitoring.</p>   |
| <p>1.6 Loss of all Offsite power coincident with a loss of diesel generators for less than 15 minutes.</p>  | <p>As indicated by a reactor scram caused by a loss of power <u>and</u> a disabled alarm on both diesel generators, neither of which energizes the 1C and 1D 4160V busses.</p>  |

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ATTACHMENT 1 (cont'd)

ALERT EMERGENCY ACTION LEVELS

- |   |   |
|---|---|
| 1.7 Loss of all Onsite DC power for less than 15 minutes  | All battery voltmeters read zero in the "Station Battery Position", Panel 8F/9F, and there is no light or control power available.  |
| 1.8 Complete loss of any function needed for plant cold shutdown when cold shutdown is required.                                  | As indicated by total loss of any of the following:<br>a. Source and intermediate range nuclear instrumentation.<br>b. Reactor coolant flow and Shutdown Coolant Pumps coincident with loss of other means of maintaining reactor coolant temperature less than 212° F.   |
| 1.9 Failure of a reactor protection system to initiate and complete a scram which brings the reactor subcritical when called for. | Any reactor scram setpoint being exceeded with:<br>a. No "Scram Solenoids-De-Energized" lights on Panel 4F.<br>b. The Neutron Monitoring System indicating the reactor is not subcritical.<br>c. See Procedure 506.5  |
| 1.10 Release or loss of control of radioactive material within the plant from fuel handling accident.                             | Indicated by one of the following valid conditions:<br>a. "Fuel Pool Hi Radiation Alarm", Panel 10F, Window 2-10<br>b. "Reactor Operating Floor Hi Radiation Alarm", Panel 10F, Window 1-9<br>c. "Reactor Bldg. Ventilation Hi Radiation Alarm", Panel 10F, window 7-23<br><u>or</u><br>d. Direct Radiation readings or sample analysis. (increase by a factor of 1000 or more) |
| 1.11 Fire <u>potentially</u> affecting the operability of any safety system.  | As judged by the Group Shift Supervisor based on his assessments.   |
| 1.12 Sustain loss of all or most annunciators in the Control Room.  | As judged by the Group Shift Supervisor based on his assessments.   |

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ATTACHMENT 1 (cont'd)

ALERT EMERGENCY ACTION LEVELS

- |   |  |
|---|--|
| 1.13 Radioactive effluents exceed 10 times Technical Specification 3.6A or 3.6B | As indicated by any of the following validated alarms and confirmed by sample and analysis:<br>a. "Stack Gas Hi-Hi Radiation Alarms", Panel 10F, Window 4-4<br>b. "Radioactive Waste Discharge Monitor Hi Alarm", Panel 10F, Window 8-24 or 8-32.<br>c. "Service Water Discharge Monitor Hi-Hi", Panel 1R<br>d. "Emergency Condenser Vent Hi Radiation Alarm", Panel 10F, Window 7-7 or 7-15<br>e. "Containment Spray Hi Radiation Alarm", Panel 10F, Window 8-8 or 8-16<br>f. Actual or projected integrated doses offsite exceed 10 mRem whole body or 50 mRem to the child thyroid. |
| 1.14 Ongoing security compromise  | As judged by the Group Shift Supervisor  |
| 1.15 Severe natural phenomenon being experienced.                               | As indicated by any of the following:<br>a. Tornado strikes facility<br>b. Sustain wind speed greater than 100 mph as indicated by Wind Speed Recorder, Panel BR<br>c. Flood or low water level potentially affecting operation of safe shutdown equipment when required to operate.<br>d. Earthquake affecting plant operation.   |
| 1.16 Other hazards being experienced  | As indicated by any of the following:<br>a. Aircraft crash or missile impact within the protected area.<br>b. Known explosion damage affecting plant operation.<br>c. Entry of toxic or flammable gasses into the plant which, in the judgement of the Group Shift Supervisor, affects the safe operation of the plant.<br>d. Turbine failure resulting in casing penetration.   |

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ATTACHMENT 1 (cont'd)

ALERT EMERGENCY ACTION LEVELS

- 1.17 Other plant conditions are in progress or have occurred which may involve an actual or potential substantial degradation of the level of safety of the plant. As judged by the Group Shift Supervisor/ Emergency Director

NOTE: In exercising the judgement as to the need for declaring an Alert, uncertainty concerning safety status of the plant, the length of time the uncertainty exists, and the prospects for early resolution of ambiguities, and the potential for substantial degradation of the level of safety of the plant should be considered; i.e., uncertainty as to the existence of substantial degradation of the level of safety of the plant extending beyond a reasonable time period is a sufficient basis for declaring an Alert.

- 1.18 Evacuation of Control Room anticipated or required with control of shutdown systems established from local stations within 15 minutes. As judged by the Group Shift Supervisor



Form EPIP-3-1

EMERGENCY DIRECTOR CHECKLIST - ALERT

INITIALS

1.0 EMERGENCY ACTIONS

1.1 The Group Shift Supervisor/Emergency Director is responsible to complete this checklist, initial each action completed or mark N/A (Not applicable).

\_\_\_\_\_ 1.2 Upon recognition of site conditions that require declaration of Alert Classification, the Group Shift Supervisor shall assume the duties of Emergency Director.

Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ 1.2.1 Announce to Control Room personnel that \_\_\_\_\_ has assumed the duties of Emergency Director.

\_\_\_\_\_ 1.3 Assign a Communicator to make notifications to persons and agencies listed in Form EPIP-3-2 "Notification Checklist - Alert".

\_\_\_\_\_ 1.3.1 Provide the communicator with the Record-a-phone message deemed appropriate.

\_\_\_\_\_ 1.4 Announce (or instruct a communicator to announce) appropriate lines of the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

AN ALERT HAS BEEN DECLARED.

ALL ON-DUTY INITIAL EMERGENCY RESPONSE TEAM PERSONNEL  
REPORT TO EMERGENCY CENTERS.

ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING IS PROHIBITED UNTIL FURTHER  
NOTICE.

(REPEAT THE ANNOUNCEMENT)

\_\_\_\_\_ 1.5 Immediately initiate Offsite Dose Assessment, EPIP-9.

Form EPIP-3-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - ALERT

INITIALS

1.6 Emergency Support Centers Activated:

\_\_\_\_\_

1.6.1 Ensure the pagers of the On-Duty Initial Emergency Response Team have been activated by Security.

\_\_\_\_\_

1.6.2 Ensure Security has unlocked and open the Emergency Centers.

1.6.3 Technical Support Center, EPIP-26  
Time Operational \_\_\_\_\_

1.6.4 Operation Support Center, EPIP-27  
Time Operational \_\_\_\_\_

1.6.5 Environmental Assessment Command Center, EPIP-31  
Time Operational \_\_\_\_\_

1.7 Notification Messages

\_\_\_\_\_

1.7.1 Complete Form EPIP-3-3 "Initial Notification Message-Alert" and give it to a communicator for transmission.

NOTE: New Jersey State Police are to be notified within 15 minutes after the recognition that an Emergency Action Level has been exceeded.

\_\_\_\_\_

1.7.1.1 Ensure initial notification is received by:  
  
New Jersey State Police (division headquarters, communication center)  
and  
Nuclear Regulator Commission Operations Center.

\_\_\_\_\_

1.7.2 Complete Form EPIP-3-4 "Institute of Nuclear Power Operations and American Nuclear Insurers, Notification Message - Alert" and give it to a communicator for transmission.

\_\_\_\_\_

1.7.2.1 Ensure initial notification is received by:  
  
Institute of Nuclear Power Operations (INPO)  
and  
American Nuclear Insurers (ANI)

\_\_\_\_\_

\_\_\_\_\_

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Form EPIP-3-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - ALERT

INITIALS

1.8 Followup Messages

\_\_\_\_\_

1.8.1 Assign personnel to gather information for update message Forms EPIP-3-6 "Additional Information Message - Alert" and EPIP-3-5 "Bureau of Radiation Protection Station Status Checklist - Alert"

1.8.1.1 Ensure additional information messages are received by the Nuclear Regulatory Commission Operations Center at regular intervals.

1.8.1.2 Ensure Bureau of Radiation Protection Station Status Checklist messages are received (when requested) by the Bureau of Radiation Protection.

1.8.1.3 Provide the facility contacts from INPO and ANI with information requested when available and/or request assistance deemed appropriate.

\_\_\_\_\_

1.8.2 Ensure appropriate followup actions are initiated in accordance with administrative Procedures 106.1 Reportable Occurrence and/or 126 Procedure for Notification of Station Events.

1.9 As required, initiate (if not previously implemented) the following procedures and ensure all appropriate notifications are completed in a timely manner by a communicator:

\_\_\_\_\_

1.9.1 Personnel Injury EPIP-7. Ensure notifications in 1.9.5.1 thru 1.9.5.5 are completed as appropriate.

\_\_\_\_\_

1.9.2 Fire EPIP-8. Ensure notifications in 1.9.5.5 thru 1.9.5.7 are completed as appropriate.

\_\_\_\_\_

1.9.3 Toxic/Flammable Gas Release EPIP-15. Ensure notifications in 1.9.5 are completed as appropriate.

\_\_\_\_\_

1.9.4 Search and Rescue EPIP-22. Ensure notifications in 1.9.5.1 thru 1.9.5.6 are completed as appropriate.

1.9.5 Notifications and request for offsite assistance (as required).

1.9.5.1 Onsite Medical Department Telephone \_\_\_\_\_

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Form EPIP-3-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - ALERT

INITIALS

1.9.5.2 Lacey First Aid Squad/Fire Department  
Telephone \_\_\_\_\_

1.9.5.3 Community Memorial Hospital  
Telephone \_\_\_\_\_

1.9.5.4 Radiation Management Corporation  
Telephone \_\_\_\_\_

1.9.5.5 OCNGS Security Department  
Telephone \_\_\_\_\_

1.9.5.6 Lacey Fire Department/First Aid Squad  
Telephone \_\_\_\_\_

1.9.5.7 Fire Protection Manager

NOTE: Beeper activated with Initial  
Emergency Response Team beepers.

1.10 Initiate the following procedures and continually monitor reports:

\_\_\_\_\_ 1.10.1 Emergency Radiological Survey - Onsite, EPIP-10.

\_\_\_\_\_  
Date / Time

\_\_\_\_\_ 1.10.2 Emergency Radiological Survey - Offsite, EPIP-11.

\_\_\_\_\_  
Date / Time

1.11 Emergency Directors discretion, to initiate the following procedures:

\_\_\_\_\_ 1.11.1 Personnel Accountability, EPIP-12. \_\_\_\_\_  
Date / Time

1.11.1.1 Ensure immediate notifications are made to:

A. OCNGS Security Department via  
Primary: Dark Green Phone, Dial  
Code  
Alternate: Telephone \_\_\_\_\_

B. Station Personnel via  
Plant page system per EPIP-12

1.11.1.2 If no personnel accountability report is received within 30 minutes after initiation, contact Station Security for a status report.

Form EPIP-3-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - ALERT

INITIALS

- |                   |  |
|-------------------|--|
| <u>          </u> | 1.11.1.3 Report of personnel accountability completion received, <u>          </u> personnel unaccounted for.  |
| <u>          </u> | 1.11.2 If personnel are unaccounted for, implement Search and Rescue, EPIP-22. Ensure notifications in 1.9.4 are completed. Date/Time <u>      /      </u>   |
| <u>          </u> | 1.11.3 Site Evacuation, EPIP-13. Date/Time <u>      /      </u>  |
| <u>          </u> | 1.11.4 Damage Control, EPIP-14. Date/Time <u>      /      </u>   |
| <u>          </u> | 1.11.5 Emergency Dosimetry, EPIP-19. Date/Time <u>      /      </u>  |
| <u>          </u> | 1.11.6 Thyroid Blocking, EPIP-23. Date/Time <u>      /      </u>   |
| <u>          </u> | 1.11.7 Emergency Respiratory Equipment, EPIP-24. Date/Time <u>      /      </u>  |
|                   | 1.12 <u>IF</u> emergency action levels exceed those for an Alert, escalate to the appropriate emergency classification:  |
|                   | Date/Time of reclassification <u>      /      </u>   |
| <u>          </u> | 1.12.1 Site Emergency, EPIP-4.   |
|                   | or   |
| <u>          </u> | 1.12.2 General Emergency, EPIP-5.  |
| <u>          </u> | 1.13 <u>IF</u> recovery conditions have not been met and Alert Emergency Action Levels are no longer being exceeded, de-escalate to an Unusual Event emergency classification by performing notifications required by EPIP-2. Date/Time <u>      /      </u> |
| <u>          </u> | 1.14 <u>IF</u> recovery phase conditions have been met, initiate the Recovery Phase in accordance with EPIP-29. Date/Time <u>      /      </u>   |
| <u>          </u> | 1.15 <u>IF</u> no further emergency actions are required, terminate the Alert. Date/Time <u>      /      </u>  |
| <u>          </u> | 1.15.1 Ensure all offsite agencies and GPU Nuclear personnel notified of the Alert receive termination notification.   |

FORM EPIP-3-2

NOTIFICATION CHECKLIST - ALERT

INITIALS

Initial each item upon completion

- \_\_\_\_\_ 1. With Emergency Directors approval announce appropriate lines of the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

AN ALERT HAS BEEN DECLARED.

ALL ON-DUTY INITIAL EMERGENCY RESPONSE TEAM PERSONNEL REPORT TO EMERGENCY CENTERS.

ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING IS PROHIBITED UNTIL FURTHER NOTICE.

(REPEAT THE ANNOUNCEMENT)

- \_\_\_\_\_ 2. Notify OCNCS Security, direct them to activate the Record-a-phone with the appropriate message, activate the pagers of the Initial Emergency Response Team on duty and unlock the TSC, OSC, & EACC.

NOTE: The Emergency Advisor shall ensure the VP-Nuclear Assurance, the GPU-Nuclear Board of Directors and the GPU-Reading Dispatch Control Center are notified.

Primary: Station Security/Accountability Line Dark Green Phone, Dial Code

Alternate: Ext. \_\_\_\_\_

- \_\_\_\_\_ 3. Notify the New Jersey State Police within 15 minutes of classification. Transmit "Initial Notification Message - Alert" EPIP-3-3 with Emergency Director approval.

Primary: State Hot Line (Notification Line) Gray Phone

Alternate: \_\_\_\_\_ (If Primary Is Out of Service)

NOTE: IF State Police Verification Call is not received within one minute, re-establish contact via State Hot Line and request verification call on the State Police Verification Line immediately.

IF Alternate Verification means is required instruct State Police to verify by dialing \_\_\_\_\_ or \_\_\_\_\_

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FORM EPIP-3-2 (cont'd)

NOTIFICATION CHECKLIST - ALERT

INITIALS

4. Notify the following agencies: Transmit "Institute of Nuclear Power Operations and American Nuclear Insurers Notification Message - Alert" EPIP-3-4

A. Institute of Nuclear Power Operations Tel:

B. American Nuclear Insurers Tel:

5. Notify the United States Nuclear Regulatory Commission Operations Center

Transmit "Initial Notification Message-Alert" EPIP-3-3

Primary: NRC-ENS Line (Lift receiver from cradle) Red Phone

Alternate: (1) Commercial via Bethesda

(2) Commercial via Silver Spring

(3) NRC-HPN Line - Dial

(4) Commercial via Bethesda

NOTE: Open-line communication with NRC is to be maintained on ENS Line throughout the emergency situation.

6. When requested, by the Bureau of Radiation Protection (BRP) transmit "Bureau of Radiation Protection Station Status Checklist - Alert" EPIP-3-5 via, the BRP Information Line located in the Emergency Command Center (Group Shift Supervisors Office)

7. Transmit additional information messages to the Nuclear Regulatory Commission and other agencies as directed by the Emergency Director using "Additional Information Message - Alert" EPIP-3-6.

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FORM EPIP-3-3

INITIAL NOTIFICATION MESSAGE - ALERT

MESSAGE WILL BEGIN AND END WITH:

(CIRCLE ONE) THIS IS NOT AN EXERCISE - I REPEAT - THIS IS NOT AN EXERCISE  
OR  
THIS IS A DRILL - THIS IS A DRILL

THIS IS \_\_\_\_\_  
(Name) (Title)  
AT OYSTER CREEK NUCLEAR GENERATING STATION

THIS IS A NOTIFICATION OF AN ALERT CLASSIFICATION

THIS EVENT WAS CLASSIFIED AT \_\_\_\_\_ ON \_\_\_\_\_  
(Time - 24 hr. clock) (Date)

- THERE IS NO RELEASE IN PROGRESS
- WE HAVE A CONTROLLED RELEASE IN PROGRESS
- WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS
- NO PROTECTIVE ACTIONS ARE RECOMMENDED
- WE RECOMMEND SHELTERING FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_
- WE RECOMMEND EVACUATION FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_

APPROVED \_\_\_\_\_  
EMERGENCY DIRECTOR DATE TIME-24 HR

TIME NOTIFIED/VERIFIED

THIS MESSAGE HAS BEEN TRANSMITTED TO:

\_\_\_\_\_/\_\_\_\_\_  
NEW JERSEY STATE POLICE via State Hot Line (Gray Phone)

\_\_\_\_\_/\_\_\_\_\_  
UNITED STATES NUCLEAR REGULATORY COMMISSION via  
NRC-ENS Line (Red Phone)

\_\_\_\_\_  
(DATE) (COMMUNICATOR)

NOTE: VERIFICATION OF MESSAGE IS COMPLETE ONLY AFTER RECEIVING AGENCY HAS RESTATED MESSAGE CORRECTLY IN ITS ENTIRETY BACK TO THE OYSTER CREEK COMMUNICATOR



FORM EPIP-3-4

INSTITUTE OF NUCLEAR POWER  
OPERATIONS & AMERICAN NUCLEAR INSURERS  
NOTIFICATION MESSAGE - ALERT

1. This is \_\_\_\_\_ at Oyster Creek  
 (Name/Title)  
 Nuclear Generating Station. An Alert was declared in  
 accordance with our Emergency Plan at \_\_\_\_\_ --  
 (Time) / (Date)

2. Description of Emergency: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Assistance requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Approved \_\_\_\_\_  
 (Emergency Director/Emergency Support Director)  
 \_\_\_\_\_ (Date) \_\_\_\_\_ (Time)

5. Transmitted To: Insitute of Nuclear Power  
 Operations \_\_\_\_\_ Time  
 To: American Nuclear Insurers \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ (Communicator) \_\_\_\_\_ (Date)

FORM EPIP-3-5

BUREAU OF RADIATION PROTECTION STATION  
STATUS CHECKLIST - ALERT

1. Date and Time of Incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24-Hr. Clock)
2. Accident Classification: ALERT
3. Type of Release: (circle one) GASEOUS LIQUID
4. Cause of Incident and System Involved (if known): \_\_\_\_\_  
\_\_\_\_\_
5. Is Reactor Shutdown: (circle one) Yes No
6. Gaseous Release Information
  - (a) Release Terminated: (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Type of Gaseous Release (circle one) Elevated Ground
  - (d) Windspeed \_\_\_\_\_ mph \_\_\_\_\_ m/sec
  - (e) Wind Direction: From: \_\_\_\_\_ (o) Toward \_\_\_\_\_ (o)  
Affected Sector: \_\_\_\_\_ (Compass Point)
  - (f) Stability Class: (circle one) Unstable Neutral Stable
  - (g) Release Rate Noble Gas: \_\_\_\_\_ Ci/Sec.
  - (h) Release Rate Iodine (if known) \_\_\_\_\_ Ci/Sec.
7. Liquid Release Information
  - (a) Release Terminated (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Estimated Release Concentration \_\_\_\_\_ uCi/cc
  - (d) Release Rate \_\_\_\_\_ gpm

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FORM EPIP-3-5 (cont'd)

8. Projected Offsite Doses  
(a) Whole Body

	<u>Distance Miles)</u>	<u>Dose Rate mRem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(b) Child Thyroid

	<u>Distance Miles)</u>	<u>Dose Rate Rem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. Recommended Protective Actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Status Checklist approved for transmission to NJBRP by Emergency Director/Emergency Support Director:

\_\_\_\_\_  
(Signature) (Date/Time)

11. Status Checklist transmitted to NJBRP:

Transmitted to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(OCNGS Communicator) (Location) (Date/Time)

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FORM EPIP-3-6

ADDITIONAL INFORMATION MESSAGE - ALERT

Check (✓) all appropriate statements to be transmitted as information is available.

1. This is \_\_\_\_\_ acting under the Direction of \_\_\_\_\_ the Emergency (Emergency Director)

Director at Oyster Creek Nuclear Generating Station. The following is provided as additional information for the initial notification of Alert.

2. DATE/TIME OF CLASSIFICATION

a. Time: \_\_\_\_\_ (24 hour clock)  
b. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Plant Status

a. Reactor (circle one) is/is not shutdown.  
b. The plant (circle one) is/is not in a safe condition.  
c. Reactor is subcritical, coolant is being maintained over the core, and containment integrity is satisfactory.

4. Type of release (circle one) airborne; liquid; surface soil.

5. Meteorological Data

a. Wind speed \_\_\_\_\_ MPH  
b. Wind direction \_\_\_\_\_ (from) \_\_\_\_\_ (toward)  
c. Stability class (circle one) unstable; neutral; stable  
d. Precipitation (circle one) rain; sleet; snow

6. Gaseous Radiological Data

a. Noble gas release rate \_\_\_\_\_ uCi/sec  
b. Iodine 131 release rate \_\_\_\_\_ uCi/sec  
c. Release (circle one) has/has not terminated  
d. Actual or estimated duration of release: \_\_\_\_\_

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FORM EPIP-3-6 (cont'd)

7. Liquid Radiological Data
- a. Release concentration \_\_\_\_\_ uCi/cc
  - b. Release rate \_\_\_\_\_ uCi/sec
  - c. Release (circle one) has/has not terminated
  - d. Actual or estimated duration of release \_\_\_\_\_
  - e. Estimated total release \_\_\_\_\_ uCi
8. Projected dose rates and integrated dose (Based on actual or projected duration of release)
- Whole Body
- a. Site Boundary \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - b. 2 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - c. 5 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - d. 10 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
9. Projected Iodine Concentration and Integrated Dose Commitment (Based on actual or projected duration of release).
- THYROID
- a. Site Boundary \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - b. 2 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - c. 5 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - d. 10 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
10. Estimate of Surface contamination \_\_\_\_\_ dpm/100  
cm<sup>2</sup> (obtain from field data) \_\_\_\_\_ mRem/hr
11. Emergency Actions in progress:
- a. Radiological survey teams onsite
  - b. Radiological survey teams offsite
  - c. Onsite fire brigade
  - d. Offsite fire department
  - e. Damage Control
  - f. First aid teams onsite
  - g. Ambulance service
  - h. Medical support
  - i. Environmental surveys offsite
  - j. Other, specify \_\_\_\_\_

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FORM EPIP-3-6 (cont'd)

13. Additional support required (specify) \_\_\_\_\_

14. The condition may change to an (circle one) Unusual Event;  
Site Emergency; General Emergency

15. Offsite population sector(s) (refer to Emergency Planning  
Zone Sector map) affected are \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_,

16. The following changes in protective measures are recommended  
for the population in these sectors.

- a. None
- b. Notify (projected offsite dose \_\_\_\_\_)
- c. Take shelter (projected offsite dose \_\_\_\_\_)
- d. Evacuate (projected offsite dose \_\_\_\_\_)

17. Approved \_\_\_\_\_  
(Emergency Director/Emergency Support Director)

\_\_\_\_\_  
(Date) (Time)

18. Transmitted To: TIME: NOTIFIED/VERIFIED.

- a. United States Nuclear Regulatory  
Commission. \_\_\_\_\_ / \_\_\_\_\_
- b. New Jersey Bureau of Radiation  
Protection. \_\_\_\_\_ / \_\_\_\_\_
- c. \_\_\_\_\_ / \_\_\_\_\_
- d. \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
(Communicator) (Date)

Jersey Central  
Power & Light Company

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2/23/81

Effective Date  
(8/11/82) 8/21/82

Revision No.

Date 7/21/82

Authorized By

Director-Station Operations

Approval/Concurrence

Project

Oyster Creek Nuclear Generating Station

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**This Document Will Not Be Kept**

**Up To Date**

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## 1.0 PURPOSE

- 1.1 The purpose of this procedure is to define the conditions that shall be regarded as a Site Emergency for Oyster Creek Nuclear Generating Station and to:
  - 1.1.1 Ensure necessary actions are taken to protect the health and safety of the public.
  - 1.1.2 Ensure necessary actions are taken to notify offsite emergency response organizations.
  - 1.1.3 Mobilize the emergency response organizations to initiate appropriate emergency actions.

## 2.0 REFERENCES

- 2.1 OCNGS Emergency Plan
- 2.2 NUREG-0654 Rev 1, FEMA-REP-1 "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants"
- 2.3 OCNGS Emergency Plan Implementing Procedures (EPIP)
  - 2.3.1 EPIP-1 Classification of Emergency Condition
  - 2.3.2 EPIP-2 Unusual Event
  - 2.3.3 EPIP-3 Alert
  - 2.3.4 EPIP-5 General Emergency

## 3.0 RESPONSIBILITIES

- 3.1 The Emergency Director is responsible for implementing this procedure.
- 3.2 Emergency Director responsibilities that may NOT be delegated include:
  - 3.2.1 Decision to notify offsite emergency management agencies.
  - 3.2.2 Making protective action recommendations as necessary to offsite emergency management agencies.
  - 3.2.3 Classification of Emergency Event.
  - 3.2.4 Determining the necessity for onsite accountability and/or evacuation based upon potential exposure to non-essential personnel.



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

#### 4.0 PREREQUISITES

4.1 The site is in a condition that warrants Site Emergency declaration as defined by this procedure as judged by the Group Shift Supervisor/Emergency Director.

#### 5.0 REQUIREMENTS

##### 5.1 Emergency Actions

5.1.1 The Group Shift Supervisor/Emergency Director, shall upon recognition of inplant or site conditions that have exceeded "Site Emergency, Emergency Action Levels" EPIP-4 Attachment 1 and no emergency action level of a higher classification, ensure "Emergency Director Checklist-Site Emergency" Form EPIP-4-1 is completed.

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ATTACHMENT 1

SITE EMERGENCY, EMERGENCY ACTION LEVELS

1.0 EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- |   |   |
|---|---|
| <p>1.1 Known reactor coolant system leak exceeds available makeup capacity.</p>                                   | <p>As indicated by automatic ECCS initiation due to either high drywell pressure or low reactor water level</p>   |
| <p>1.2 Degraded core with possible loss of coolable geometry</p>  | <p>Indicated by any <math>\bar{0}</math> all of the following alarms:</p> <ul style="list-style-type: none"> <li>a. "Main Steam Line Hi-Hi Radiation", Panel 1F/2F, Window 4-16</li> <li>b. "Off Gas Hi-Hi Radiation", Panel 10F, Window 5-5</li> <li>c. "Reactor Water Hi-Hi Conductivity", Panel 3F</li> </ul> <p align="center"><u>and</u></p> <p>As confirmed by sample and analysis</p>                          |
| <p>1.3 Steam line break outside containment without isolation</p>   | <p>As indicated by any or all of the following verified alarms:</p> <ul style="list-style-type: none"> <li>a. "Main Steam Valves Off Normal", Panel 3F, Window 5-17</li> <li>b. "Main Steam Tunnel High Temperature", Panel 3F, Window 5-29</li> <li>c. "Area Radiation Monitors", Panel 10F (Verified on 2R as Turbine Building Monitors.)</li> <li>d. "Stack Gas High Radiation", Panel 10F, window 4-12</li> </ul> |
| <p>1.4 Loss of all offsite power coincident with the loss of both diesel generators for more than 15 minutes.</p> | <p>As indicated by reactor scram <u>and</u> by loss of offsite power <u>and</u> disabled alarms received from both diesel generators neither of which energizes the 1C or 1D 4160 Volt busses.</p>  |
| <p>1.5 Loss of all vital DC power for more than 15 minutes</p>  | <p>As indicated by the following:</p> <ul style="list-style-type: none"> <li>a. All battery voltmeters read 0 in the battery voltmeter position, Panel 8F/9F</li> </ul> <p align="center"><u>and</u></p> <ul style="list-style-type: none"> <li>b. There is no light or control power available.</li> </ul>   |

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ATTACHMENT 1 (cont'd)

SITE EMERGENCY, EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- |   |  |
|---|--|
| <p>1.6 Complete loss of any function needed for plant hot shutdown when hot shutdown is required.</p>   | <p>As indicated by a complete loss of any of the following:</p> <ul style="list-style-type: none"> <li>a. Ability to insert control rods in conjunction with failure of standby liquid control system.</li> <li>b. All means to control reactor pressure (EPR, MPR, Isolation Condensers &amp; Electromatic Relief Valves).</li> <li>c. Both normal and emergency makeup water to core.</li> </ul> |
| <p>1.7 Reactor pressure exceeds 1375 PSIG</p>   | <p>Indicated by "Safety or Relief Valve Not Closed" Alarm, Display B, Panel 1F/2F, Window 4-34<br/>and<br/>verified by: "Steam Flow Steam Pressure Recorder", Panels 5F/6F, indicating 1375 PSIG</p>   |
| <p>1.8 Transient requiring operation of shutdown systems with a failure to SCRAM, no core damage evident.</p>   | <p>Group Shift Supervisor judges that SCRAM setpoint has been exceeded SCRAM has not occurred, a transient is in progress and the standby liquid control system has failed.</p>  |
| <p>1.9 Major damage to spent fuel resulting in uncontrolled release of radioactive material or uncontrollable decrease in fuel pool water below top of spent fuel</p> | <p>Indicated by any or all of the following verified alarms:</p> <ul style="list-style-type: none"> <li>a. "Fuel Pool Low Level", Panel 5F</li> <li>b. "Reactor Building Ventilator Hi Radiation", Panel 10F, Window 7-23</li> <li>c. "Fuel Pool Area Hi Radiation", Panel 10F, Window 2-18</li> <li>d. "Reactor Operating Floor Hi-Radiation" Panel 10F, Window 1-9</li> </ul>                    |
| <p>1.10 Fire affecting the function of a safety system</p>  | <p>As judged by the Group Shift Supervisor</p>   |
| <p>1.11 Sustain loss of most or all annunciators coupled with plant transient.</p>  | <p>As judged by the Group Shift Supervisor</p>   |

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ATTACHMENT 1 (cont'd)

SITE EMERGENCY, EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- 1.12 Actual or projected dose rate offsite exceeds 5 mr/hr whole body for 1/2 hour or 25 mr/hr to the child thyroid.  
or  
Actual or projected integrated doses offsite exceed 50 mRem whole body or 250 mRem to the child thyroid
- 1.13 Imminent loss of physical control of the plant coupled with intrusion
- 1.14 Severe natural phenomena being experienced or projected with plant not in cold shutdown
- As indicated by offsite radiological monitoring or dose projections.
- a. A projected dose rate calculation exceeding 5 mr/hr whole body for 1/2 hour or 25 mr/hr to the child thyroid using adverse meteorology and calculated effluent leak rates.
- b. Offsite radiological monitoring reports of greater than 5 mr/hr whole body for 1/2 hour (gamma) at any offsite location.
- c. A projected integrated dose calculation exceeding 50 mRem whole body or 250 mRem to the child thyroid for the event.
- As judged by the Group Shift Supervisor
- Plant is not in cold shutdown and any of the following phenomenon are being experienced or projected:
- a. An earthquake causing major damage to equipment necessary for shutdown.
- b. Sustained hurricane or tornado winds greater than 125 MPH
- c. Flood or low water level affecting operation of safe shutdown equipment when required to operate.

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ATTACHMENT 1 (cont'd)

SITE EMERGENCY, EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

1.15 Other hazards being experienced or projected with the plant not in cold shutdown

Plant is not in cold shutdown and any one of the following phenomena are being experienced or projected:

- a. Aircraft crash which, in the judgement of the Group Shift Supervisor, affects vital plant structures by impact or fire.
- b. Explosion or missile damage which, in the judgement of the Group Shift Supervisor, causes severe damage to safe shutdown equipment.
- c. Entry of toxic or flammable gases into vital areas which, in the judgement of the Group Shift Supervisor, affects operation of safe shutdown equipment.

1.16 Other plant conditions are in progress or have occurred which may involve actual or likely major failures of plant functions needed for protection of the public.

As judged by the Group Shift Supervisor/Emergency Director.

NOTE: In exercising the judgment as to the need for declaring a Site Emergency, any uncertainty concerning the status of plant functions needed for protection of the public, the length of time the uncertainty exists, the prospects for early resolution of ambiguities, and the potential degradation of the plant functions needed for protection of the public should be considered; i.e., significant uncertainty as to the reliability of plant functions for protecting the public extending beyond a reasonable time period is a sufficient basis for declaring a Site Emergency.

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ATTACHMENT 1 (cont'd)

SITE EMERGENCY, EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

1.17 Control Room evacuation where control of the shutdown systems is not established locally within 15 minutes

Control Room is evacuated and control (or verification of all of the following systems or equipment is not established locally within 15 minutes:

- a. Emergency Condensers
- b. Reactor water level
- c. Reactor pressure
- d. Reactor Temperature
- e. Drywell pressure
- f. Control rods

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Form EPIP-4-1

EMERGENCY DIRECTOR CHECKLIST - SITE EMERGENCY

INITIALS

1.0 EMERGENCY ACTIONS

1.1 The Group Shift Supervisor/Emergency Director is responsible to complete this checklist, initial each action completed or mark N/A (Not applicable).

\_\_\_\_\_ 1.2 Upon recognition of site conditions that require declaration of Site Emergency classification, the Group Shift Supervisor shall assume the duties of Emergency Director.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ 1.2.1 Announce to Control Room personnel that \_\_\_\_\_ has assumed the duties of Emergency Director.

\_\_\_\_\_ 1.3 Assign a Communicator to make notifications to persons and agencies listed in Form EPIP-4-2 "Notification Checklist - Site Emergency".

1.3.1 Provide the communicator with the Record-a-phone and Adas VI messages deemed appropriate.

\_\_\_\_\_ 1.4 Announce (or instruct a communicator to announce) appropriate lines of the following message over the Public Address System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

A SITE EMERGENCY HAS BEEN DECLARED.

ALL ON-DUTY MEMBERS OF THE EMERGENCY RESPONSE ORGANIZATION REPORT TO EMERGENCY CENTERS. ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING ARE PROHIBITED UNTIL FURTHER NOTICE.

(REPEAT THE ANNOUNCEMENT)

1.5 Immediately initiate Offsite Dose Assessment, EPIP-9.

1.6 Emergency Support Centers Activated:

\_\_\_\_\_ 1.6.1 Ensure the pagers of the On-Duty Initial Emergency Response Team have been activated by Security.

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Form EPIP-4-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - SITE EMERGENCY

INITIALS

\_\_\_\_\_

- 1.6.2 Ensure Security has unlocked and open the Emergency Centers.
- 1.6.3 Technical Support Center, EPIP-26  
Time Operational \_\_\_\_\_
- 1.6.4 Operation Support Center, EPIP-27-  
Time Operational \_\_\_\_\_
- 1.6.5 Environmental Assessment Command Center, EPIP-3  
Time Operational \_\_\_\_\_
- 1.6.6 Nearsite Emergency Operations Facility, EPIP-25  
Time Operational \_\_\_\_\_
- 1.6.7 Farsite Emergency Operations Facility, EPIP-28  
Time Operational \_\_\_\_\_
- 1.6.8 Parsippany Technical Functions Center, EPIP-17  
Time Operational \_\_\_\_\_

1.7 Notification Messages

\_\_\_\_\_

- 1.7.1 Complete Form EPIP-4-3 "Initial Notification Message-Site Emergency" and give it to the communicator for transmission.

NOTE: New Jersey State Police are to be notified within 15 minutes after the recognition that a Emergency Action Level has been exceeded.

\_\_\_\_\_

\_\_\_\_\_

- 1.7.1.1 Ensure initial notification is received by:  
New Jersey State Policy (division headquarters, communication center)  
and  
Nuclear Regulatory Commission Operations Center



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Form EPIP-4-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - SITE EMERGENCY

INITIALS

\_\_\_\_\_

1.7.2 Complete Form EPIP-4-4 "Institute of Nuclear Power Operations and American Nuclear Insurers. Notification Message-Site Emergency" and give it to a communicator for transmission.

1.7.2.1 Ensure initial notification is received by:  
 Institute of Nuclear Power Operations (INPO)  
and  
 American Nuclear Insurers (ANI)

\_\_\_\_\_

\_\_\_\_\_

1.8 Followup Messages

\_\_\_\_\_

1.8.1 Assign personnel to gather information for update message Forms EPIP-4-6 "Additional Information Message - Site Emergency" and EPIP-4-5 "Bureau of Radiation Protection Station Status Checklist - Site Emergency"

1.8.1.1 Ensure additional information messages are received by the Nuclear Regulatory Commission Operations Center at regular intervals.

1.8.1.2 Ensure Bureau of Radiation Protection Station Status Checklist messages are received (when requested) by the Bureau of Radiation Protection.

1.8.1.3 Provide the facility contacts from IMPO and ANI with information requested when available and/or request assistance deemed appropriate.

\_\_\_\_\_

1.8.2 Ensure appropriate followup actions : initiated in accordance with administrative procedure 106.1 Reportable Occurrence and/or 126 Procedure for Notification of Station Events.

1.9 As required, initiate (if not previously implemented) the following procedures and ensure all appropriate notifications are completed in a timely manner by a communicator:

\_\_\_\_\_

1.9.1 Personnel Injury, EPIP-7. Ensure notifications in 1.9.5.1 thru 1.9.5.5 are completed as appropriate.

\_\_\_\_\_

1.9.2 Fire, EPIP-8. Ensure notifications in 1.9.5.5 thru 1.9.5.7 are completed as appropriate.

Form EPIP-4-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - SITE EMERGENCY

INITIALS

\_\_\_\_\_  
\_\_\_\_\_

- 1.9.3 Toxic/Flammable Gas Release, EPIP-15. Ensure notifications in 1.9.5 are completed as appropriate.
- 1.9.4 Search and Rescue, EPIP-22. Ensure notifications in 1.9.5.1 thru 1.9.5.6 are completed as appropriate.
- 1.9.5 Notifications and request for offsite assistance (as required).
  - 1.9.5.1 Onsite Medical Department Telephone \_\_\_\_\_
  - 1.9.5.2 Lacey First Aid Squad/Fire Department Telephone \_\_\_\_\_
  - 1.9.5.3 Community Memorial Hospital Telephone \_\_\_\_\_
  - 1.9.5.4 Radiation Management Corporation Telephone \_\_\_\_\_
  - 1.9.5.5 OCNCS Security Department Telephone \_\_\_\_\_
  - 1.9.5.6 Lacey Fire Department/First Aid Squad Telephone \_\_\_\_\_
  - 1.9.5.7 Fire Protection Manager

NOTE: Beeper activated with Initial Emergency Response Team beepers.

1.10 Initiate the following procedures and continually monitor reports:

\_\_\_\_\_  
\_\_\_\_\_

- 1.10.1 Emergency Radiological Survey-Onsite, EPIP-10.  
Date / Time
- 1.10.2 Emergency Radiological Survey-Offsite, EPIP-11.  
Date / Time

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Form EPIP-4-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - SITE EMERGENCY

INITIALS

\_\_\_\_\_

1.10.3 Personnel Accountability, EPIP-12.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

1.10.3.1 Ensure immediate notifications are made to:

A. JCNCS Security Department via  
Primary: Dark Green Phone, dial  
Code  
Alternate: Telephone

B. Station Personnel via the Plant  
Page System per EPIP-12.

\_\_\_\_\_

\_\_\_\_\_

1.10.3.2 If no personnel accountability  
completion report is received within  
30 minutes after initiation, contact  
Station Security for a status report.

\_\_\_\_\_

1.10.3.3 Report of personnel accountability  
completion received, \_\_\_\_\_  
personnel unaccounted for.

\_\_\_\_\_

1.10.4 If personnel are unaccounted for, implement  
Search and Rescue, EPIP-22. Ensure notifications  
in 1.9.4 are completed. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.10.5 Site Evacuation, EPIP-13 (upon completion of  
personnel accountability). Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.10.5.1 Ensure notifications in 1.10.3.1 are  
completed.

\_\_\_\_\_

1.11 Emergency Directors discretion, to initiate the following  
procedures:

1.11.4 Damage Control, EPIP-14. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.5 Emergency Dosimetry, EPIP-19. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.6 Thyroid Blocking, EPIP-23. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.7 Emergency Respiratory Equipment, EPIP-7.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

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Form EPIP-4-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

\_\_\_\_\_

1.12 IF emergency action levels exceed those for a Site Emergency, escalate to General Emergency classification, EPIP-5.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.13 IF recovery conditions have not been met and Site Emergency Action Levels are no longer being exceeded, de-escalate to a lower emergency classification by performing notifications in accordance with: --

Date/Time of reclassification \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.13.1 Unusual Event, EPIP-2.

\_\_\_\_\_

1.13.2 or  
Alert, EPIP-3.

\_\_\_\_\_

1.14 IF recovery phase conditions have been met, initiate the Recovery Phase in accordance with EPIP-29.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.15 IF no further emergency actions are required, terminate the Site Emergency. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.15.1 Ensure all offsite agencies and GPU Nuclear personnel notified of the Site Emergency receive termination notification.

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FORM EPIP-4-2

NOTIFICATION CHECKLIST - SITE EMERGENCY

INITIALS

Initial each item upon completion

1. With Emergency Directors approval announce appropriate lines of the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

A SITE EMERGENCY HAS BEEN DECLARED.

ALL ON-DUTY MEMBERS OF THE EMERGENCY RESPONSE ORGANIZATION REPORT TO EMERGENCY CENTERS. ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING IS PROHIBITED UNTIL FURTHER NOTICE.

(REPEAT THE ANNOUNCEMENT)

2. Notify OCNCS Security, direct them to activate the Record-a-phone and the Adas VI with the appropriate messages, activate the pagers of the Initial Emergency Response Team on duty and unlock the TSC, OSC, EACC, & NEOF. Instruct Security to contact one member to fill each position on the Full Mobilization Emergency Duty Roster.

NOTE: The Emergency Advisor shall ensure the VP-Nuclear Assurance, the GPU-Nuclear Board of Directors and the GPU-Reading Dispatch Control Center are notified.

Primary: Station Security/Accountability Line  
Dark Green Phone, Dial Code

Alternate: Ext.

3. Notify the New Jersey State Police within 15 minutes of classification. Transmit "Initial Notification Message - Site Emergency" EPIP-4-3 with Emergency Director approval.

Primary: State Hot Line (Notification Line) Gray Phone

Alternate: (If Primary Is Out of Service)

NOTE: IF State Police Verification Call is not received within one minute, re-establish contact via state Hot Line and request verification call on the State Police Verification Line immediately.

IF Alternate Verification means is required instruct State Police to verify by dialing or

FORM EPIP-4-2 (cont'd)

NOTIFICATION CHECKLIST - SITE EMERGENCY

INITIALS

4. Notify the following agencies: Transmit "Institute of Nuclear Power Operations and American Nuclear Insurers Notification Message - Site Emergency" EPIP-4-4

\_\_\_\_\_  
\_\_\_\_\_

A. Institute of Nuclear Power Operations Tel:

B. American Nuclear Insurers Tel:

5. Notify the United States Nuclear Regulatory Commission Operations Center

\_\_\_\_\_

Transmit "Initial Notification Message-Site Emergency" EPIP-4-3

Primary: NRC-ENS Line (Lift receiver from cradle) Red Phone

- Alternate: (1) Commercial via Bethesda  
(2) Commercial via Silver Spring  
(3) NRC-HPN Line - Dial  
(4) Commercial via Bethesda

NOTE: Open-line communication with NRC is to be maintained on ENS Line throughout the emergency situation.

6. When requested, by the Bureau of Radiation Protection (BRP) transmit "Bureau of Radiation Protection Station Status Checklist - Site Emergency" EPIP-4-5 via, the BRP Information Line located in the Emergency Command Center (Group Shift Supervisors Office)

\_\_\_\_\_

7. Transmit additional information messages to the Nuclear Regulatory Commission and other agencies directed by the Emergency Director using "Additional Information Message - Site Emergency" EPIP-4-6.

\_\_\_\_\_

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FORM EPIP-4-3

INITIAL NOTIFICATION MESSAGE - SITE EMERGENCY

MESSAGE WILL BEGIN AND END WITH:

(Circle One) THIS IS NOT AN EXERCISE - I REPEAT - THIS IS NOT AN EXERCISE  
OR  
THIS IS A DRILL - THIS IS A DRILL

THIS IS \_\_\_\_\_  
(Name) (Title)  
AT OYSTER CREEK NUCLEAR GENERATING STATION --

-----  
THIS IS A NOTIFICATION OF A SITE EMERGENCY CLASSIFICATION

THIS EVENT WAS CLASSIFIED AT \_\_\_\_\_ ON \_\_\_\_\_  
(Time - 24 hr. clock) (Date)

- 
- [ ] THERE IS NO RELEASE IN PROGRESS
  - [ ] WE HAVE A CONTROLLED RELEASE IN PROGRESS
  - [ ] WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS
- 
- [ ] NO PROTECTIVE ACTIONS ARE RECOMMENDED
  - [ ] WE RECOMMEND SHELTERING FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_
  - [ ] WE RECOMMEND EVACUATION FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_

APPROVED \_\_\_\_\_  
EMERGENCY DIRECTOR DATE TIME-24 HR

TIME NOTIFIED/VERIFIED

THIS MESSAGE HAS BEEN TRANSMITTED TO:

\_\_\_\_\_/\_\_\_\_\_  
NEW JERSEY STATE POLICE via State Hot Line (Gray Phone)

\_\_\_\_\_/\_\_\_\_\_  
UNITED STATES NUCLEAR REGULATORY COMMISSION via NRC-ENS  
Line (Red Phone)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(COMMUNICATOR)

NOTE: VERIFICATION OF MESSAGE IS COMPLETE ONLY AFTER RECEIVING AGENCY HAS  
RESTATED MESSAGE CORRECTLY IN ITS ENTIRETY BACK TO THE OYSTER CREEK  
COMMUNICATOR.





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FORM EPIP-4-5

BUREAU OF RADIATION PROTECTION STATION  
STATUS CHECKLIST - SITE EMERGENCY

1. Date and Time of Incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24-Hr. Clock)
2. Accident Classification: SITE EMERGENCY
3. Type of Release: (circle one) GASEOUS LIQUID
4. Cause of Incident and System Involved (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is Reactor Shutdown: (circle one) Yes No
6. Gaseous Release Information
  - (a) Release Terminated: (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Type of Gaseous Release (circle one) Elevated Ground
  - (d) Windspeed \_\_\_\_\_ mph \_\_\_\_\_ m/sec
  - (e) Wind Direction: From: \_\_\_\_\_ (o) Toward \_\_\_\_\_ (o)  
Affected Sector: \_\_\_\_\_ (Compass Point)
  - (f) Stability Class: (circle one) Unstable Neutral Stable
  - (g) Release Rate Noble Gas: \_\_\_\_\_ Ci/Sec.
  - (h) Release Rate Iodine (if known) \_\_\_\_\_ Ci/Sec.
7. Liquid Release Information
  - (a) Release Terminated (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Estimated Release Concentration \_\_\_\_\_ uCi/cc
  - (d) Release Rate \_\_\_\_\_ gpm

FORM EPIP-4-5 (cont'd)

8. Projected Offsite Doses  
(a) Whole Body

	<u>Distance Miles)</u>	<u>Dose Rate mRem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(b) Child Thyroid

	<u>Distance Miles)</u>	<u>Dose Rate Rem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. Recommended Protective Actions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Status Checklist approved for transmission to NJBRP by Emergency Director/Emergency Support Director:

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date/Time)

11. Status Checklist transmitted to NJBRP:

Transmitted to: \_\_\_\_\_ (Name)

\_\_\_\_\_ (OCNGS Communicator) \_\_\_\_\_ (Location) \_\_\_\_\_ (Date/Time)

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FORM EPIP-4-6

ADDITIONAL INFORMATION MESSAGE - SITE EMERGENCY

Check (✓) all appropriate statements to be transmitted  
as information is available

1. This is \_\_\_\_\_ acting under the  
Direction of \_\_\_\_\_ the Emergency  
(Emergency Director)

Director at Oyster Creek Nuclear Generating Station. The  
following is provided as additional information for the initial  
notification of Site Emergency.

2. DATE/TIME OF CLASSIFICATION

a. Time: \_\_\_\_\_ (24 hour clock)

b. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Plant Status

a. Reactor (circle one) is/is not shutdown.

b. The plant (circle one) is/is not in a safe condition.

c. Reactor is subcritical, coolant is being maintained over the  
core, and containment integrity is satisfactory.

4. Type of release (circle one) airborne; liquid; surface soil.

5. Meteorological Data

a. Wind speed \_\_\_\_\_ MPH

b. Wind direction \_\_\_\_\_ (from) \_\_\_\_\_ (toward)

c. Stability class (circle one) unstable; neutral; stable

d. Precipitation (circle one) rain; sleet; snow

6. Gaseous Radiological Data

a. Noble gas release rate \_\_\_\_\_ uCi/sec

b. Iodine 131 release rate \_\_\_\_\_ uCi/sec

c. Release (circle one) has/has not terminated

d. Actual or estimated duration of release: \_\_\_\_\_

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FORM EPIP-4-6 (cont'd)

7. Liquid Radiological Data
- a. Release concentration \_\_\_\_\_ uCi/cc
  - b. Release rate \_\_\_\_\_ uCi/sec
  - c. Release (circle one) has/has not terminated
  - d. Actual or estimated duration of release \_\_\_\_\_
  - e. Estimated total release \_\_\_\_\_ uCi
8. Projected dose rates and integrated dose (Based on actual or projected duration of release)
- Whole Body
- a. Site Boundary \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - b. 2 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - c. 5 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
  - d. 10 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
9. Projected Iodine Concentration and Integrated Dose Commitment (Based on actual or projected duration of release).
- THYROID
- a. Site Boundary \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - b. 2 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - c. 5 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
  - d. 10 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
10. Estimate of Surface contamination \_\_\_\_\_ dpm/100 cm<sup>2</sup> (obtain from field data) \_\_\_\_\_ mRem/hr
11. Emergency Actions in progress:
- a. Radiological survey teams onsite
  - b. Radiological survey teams offsite
  - c. Onsite fire brigade
  - d. Offsite fire department
  - e. Damage Control
  - f. First aid teams onsite
  - g. Ambulance service
  - h. Medical support
  - i. Environmental surveys offsite
  - j. Other, specify \_\_\_\_\_

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FORM EPIP-4-6 (cont'd)

\_\_\_\_ 12. Additional support required (specify) \_\_\_\_\_

\_\_\_\_ 13. The condition may change to an (circle one) Unusual Event;  
Alert; General Emergency

\_\_\_\_ 14. Offsite population sector(s) (refer to Emergency Planning Zone  
Sector map) affected are \_\_\_\_\_,

\_\_\_\_ 15. The following changes in protective measures are recommended for  
the population in these sectors.

- \_\_\_\_ a. None
- \_\_\_\_ b. Notify (projected offsite dose \_\_\_\_\_)
- \_\_\_\_ c. Take shelter (projected offsite dose \_\_\_\_\_)
- \_\_\_\_ d. Evacuate (projected offsite dose \_\_\_\_\_)

\_\_\_\_ 16. Approved \_\_\_\_\_  
(Emergency Director/Emergency Support Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

\_\_\_\_ 17. Transmitted To: TIME: NOTIFIED/VERIFIED.

- \_\_\_\_ a. United States Nuclear Regulatory  
Commission. \_\_\_\_\_ /
- \_\_\_\_ b. New Jersey Bureau of Radiation  
Protection. \_\_\_\_\_ /
- \_\_\_\_ c. \_\_\_\_\_ /
- \_\_\_\_ d. \_\_\_\_\_ /

\_\_\_\_\_  
(Communicator)

\_\_\_\_\_  
(Date)



Jersey Central  
Power & Light Company

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Revision No. 3	Date 7/21/82
Authorized By	Director-Station Operations

Approval/Concurrence

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This Document Will Not Be Kept  
Up To Date

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## 1.0 PURPOSE

1.1 The purpose of this procedure is to define the conditions that shall be regarded as a General Emergency for Oyster Creek Nuclear Station and to:

- 1.1.1 Ensure necessary actions are taken to protect the health and safety of the public.
- 1.1.2 Ensure necessary actions are taken to notify offsite emergency response organizations.
- 1.1.3 Mobilize the emergency response organizations to initiate appropriate emergency actions.

## 2.0 REFERENCES

- 2.1 OCNCS Emergency Plan
- 2.2 NUREG-0654 Rev. 1, FEMA-REP-1, "Criteria for Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants."
- 2.3 OCNCS Emergency Plan Implementing Procedures (EPIP)
  - 2.3.1 EPIP-1 Classification of Emergency Conditions
  - 2.3.2 EPIP-2 Unusual Event
  - 2.3.3 EPIP-3 Alert
  - 2.3.4 EPIP-4 Site Emergency

## 3.0 RESPONSIBILITIES

- 3.1 The Emergency Director is responsible for implementing this procedure.
- 3.2 Emergency Director responsibilities that may NOT be delegated include:
  - 3.2.1 Decision to notify offsite emergency management agencies.
  - 3.2.2 Making protective action recommendations as necessary to offsite emergency management agencies.
  - 3.2.3 Classification of Emergency Event.
  - 3.2.4 Determining the necessity for onsite accountability and/or evacuation based upon potential exposure to non-essential personnel.
  - 3.2.5 Authorization for emergency workers to exceed 10 CFR 20 radiation exposure limits.

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#### 4.0 PREREQUISITES

4.1 The Site is in a condition that warrants General Emergency declaration as defined by this procedure as judged by the Group Shift Supervisor/Emergency Director.

#### 5.0 REQUIREMENTS

##### 5.1 Emergency Actions

5.1.1 The Group Shift Supervisor/Emergency Director, shall upon recognition of inplant or site conditions that have exceeded "General Emergency, Emergency Action Levels" EPIP-5 Attachment 1, ensure "Emergency Director Checklist-General Emergency " Form EPIP-5-1 is completed.



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ATTACHMENT 1

GENERAL EMERGENCY - EMERGENCY ACTION LEVELS

1.0 Emergency Action Levels

<u>INITIATING CONDITION</u>	<u>INDICATION</u>
<p>1.1 Actual or projected dose rate offsite exceeds 50 mr/hr whole body or 250 mr/hr to the child thyroid or Actual or projected integrated doses offsite exceed 100 mRem whole body or 500 mRem to the child thyroid</p>	<p>As indicated by any one of the following:</p> <p>a. A projected dose rate calculation exceeding 50 mr/hr whole body or 250 mr/hr to the child thyroid using <u>actual</u> meterology and calculated effluent leak rates.</p> <p>b. Offsite radiological monitoring reports of greater than 50 mr/hr (gamma) at any offsite location.</p> <p>c. A projected integrated dose calculated exceeding 100 mRem whole body or 500 mRem to the child thyroid for the event</p>
<p>1.2 Loss of 2 of 3 fission product barriers with a potential loss of the third</p>	<p>As judged by the Group Shift Supervisor from plant indications that 2 of 3 fission product barriers (fuel cladding, reactor coolant boundary, primary containment) have failed <u>and</u> there is a high potential for loss of the third.</p>
<p>1.3 Loss of physical control of the plant with intrusion in progress.</p>	<p>As judged by the Group Shift Supervisor</p>
<p>1.4 Other plant conditions are in progress or have occurred which may involve actual or imminent substantial core degradation or melting, with potential for loss of containment integrity, or may make release of significant amounts of radioactivity in a short time possible.</p>	<p>As judged by the Group Shift Supervisor/ Emergency Director</p> <p>a. Loss of coolant accident with containment failure affecting the long term success of the ECCS. Core Degradation or melt in several hours without containment boundary.</p> <p>b. Loss of coolant accident with failure of ECCS to perform lending to core melt degradation in minutes to hours. Loss of containment may be imminent.</p> <p>c. Transient occurs plus failure of requisite core shutdown systems could lead to core melt in several hours with containment failure likely.</p>

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ATTACHMENT 1 (cont'd)

GENERAL EMERGENCY - EMERGENCY ACTION LEVELS

- d. Shutdown occurs but decay heat removal capability is lost. Core degradation or melt could occur in ten hours with subsequent containment failure.

NOTE: In exercising the judgement as to the need for declaring a General Emergency, any uncertainty concerning the potential for large releases of radioactive material, the length of time the uncertainty exists, and the prospects for the early resolution of ambiguities should be considered, i.e. significant uncertainty as to the potential for large releases of radioactive material extending beyond a reasonable time period is a sufficient basis for declaring a General Emergency.

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Form EPIP-5-1

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

1.0 EMERGENCY ACTIONS

1.1 The Group Shift Supervisor/Emergency Director is responsible to complete this checklist, initial each action completed or mark N/A (Not applicable).

\_\_\_\_\_ 1.2 Upon recognition of site conditions that requires declaration of General Emergency Classification, the Group Shift Supervisor shall assume the duties of the Emergency Director.  
Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ 1.2.1 Announce to Control Room personnel that \_\_\_\_\_ has assumed the duties of Emergency Director.

\_\_\_\_\_ 1.3 Assign a Communicator to make notifications to persons and agencies listed in Form EPIP-5-2 "Notification Checklist - General Emergency".

1.3.1 Provide the communicator with the Record-a-phone and Adas VI messages deemed appropriate.

\_\_\_\_\_ 1.4 Announce (or instruct a communicator to announce) appropriate lines of the following message over the Public Address System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

A GENERAL EMERGENCY HAS BEEN DECLARED.

ALL ON-DUTY MEMBERS OF THE EMERGENCY RESPONSE ORGANIZATION REPORT TO EMERGENCY CENTERS.

ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING IS PROHIBITED UNTIL FURTHER NOTICE.

(REPEAT THE ANNOUNCEMENT)

1.5 Immediately initiate Offsite Dose Assessment, EPIP-9.

Form EPIP-5-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

1.6 Emergency Support Centers Activated:

- \_\_\_\_\_ 1.6.1 Ensure the pagers of the On-Duty Initial Emergency Response Team have been activated by Security.
- \_\_\_\_\_ 1.6.2 Ensure Security has unlocked and open the Emergency Centers.
- 1.6.3 Technical Support Center, EPIP-26  
Time Operational \_\_\_\_\_
- 1.6.4 Operation Support Center, EPIP-27  
Time Operational \_\_\_\_\_
- 1.6.5 Environmental Assessment Command Center, EPIP-31  
Time Operational \_\_\_\_\_
- 1.6.6 Nearsite Emergency Operations Facility, EPIP-25  
Time Operational \_\_\_\_\_
- 1.6.7 Farsite Emergency Operations Facility, EPIP-28  
Time Operational \_\_\_\_\_
- 1.6.8 Parsippany Technical Functions Center, EPIP-17  
Time Operational \_\_\_\_\_

1.7 Notification Messages

- \_\_\_\_\_ 1.7.1 Complete Form EPIP-5-3 "Initial Notification Message-General Emergency" and give it to a communicator for transmission.

NOTE: New Jersey State Police are to be notified within 15 minutes after the recognition that a Emergency Action Level has been exceeded.

- \_\_\_\_\_ 1.7.1.1 Ensure initial notification is received by:  
New Jersey State Police (division headquarters, communication center)  
and  
Nuclear Regulator Commission Operations Center.

- \_\_\_\_\_ 1.7.2 Complete Form EPIP-5-4 "Institute of Nuclear Power Operations and American Nuclear Insurers, Notification Message - General Emergency" and give it to a communicator for transmission.

Form EPIP-5-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

\_\_\_\_\_  
\_\_\_\_\_

1.7.2.1 Ensure initial notification is received by:  
  
Institute of Nuclear Power Operations (INPO)  
and  
American Nuclear Insurers (ANI)

1.8 Followup Messages

\_\_\_\_\_

1.8.1 Assign personnel to gather information for update message Forms EPIP-5-6 "Additional Information Message - General Emergency" and EPIP-5-5 "Bureau of Radiation Protection Station Status Checklist - General Emergency"

1.8.1.1 Ensure additional information messages are received by the Nuclear Regulatory Commission Operations Center at regular intervals.

1.8.1.2 Ensure Bureau of Radiation Protection Station Status Checklist messages are received (when requested) by the Bureau of Radiation Protection.

1.8.1.3 Provide the facility contacts from INPO and ANI with information requested when available and/or request assistance deemed appropriate.

\_\_\_\_\_

1.8.2 Ensure appropriate followup actions are initiated in accordance with administrative Procedures 106.1 Reportable Occurrence and/or 126 Procedure for Notification of Station Events.

1.9 As required, initiate (if not previously implemented) the following procedures and ensure all appropriate notifications are completed in a timely manner by a communicator:

\_\_\_\_\_

1.9.1 Personnel Injury EPIP-7. Ensure notifications in 1.9.5.1 thru 1.9.5.5 are completed as appropriate.

\_\_\_\_\_

1.9.2 Fire EPIP-8. Ensure notifications in 1.9.5.5 thru 1.9.5.7 are completed as appropriate.

\_\_\_\_\_

1.9.3 Toxic/Flammable Gas Release EPIP-15. Ensure notifications in 1.9.5 are completed as appropriate.

\_\_\_\_\_

1.9.4 Search and Rescue EPIP-22. Ensure notifications in 1.9.5.1 thru 1.9.5.6 are completed as appropriate.

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Form EPIP-5-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

1.9.5 Notifications and request for offsite assistance (as required).

1.9.5.1 Onsite Medical Department  
Telephone \_\_\_\_\_

1.9.5.2 Lacey First Aid Squad/Fire Department  
Telephone \_\_\_\_\_

1.9.5.3 Community Memorial Hospital  
Telephone \_\_\_\_\_

1.9.5.4 Radiation Management Corporation  
Telephone \_\_\_\_\_

1.9.5.5 OCNGS Security Department  
Telephone \_\_\_\_\_

1.9.5.6 Lacey Fire Department/First Aid Squad  
Telephone \_\_\_\_\_

1.9.5.7 Fire Protection Manager

NOTE: Beeper activated with Initial  
Emergency Response Team beepers.

1.10 Initiate the following procedures and continually monitor reports:

\_\_\_\_\_ 1.10.1 Emergency Radiological Survey - Onsite, EPIP-10  
Date / Time

\_\_\_\_\_ 1.10.2 Emergency Radiological Survey - Offsite, EPIP-11  
Date / Time

\_\_\_\_\_ 1.10.3 Site Evacuation, EPIP-13  
Date / Time

1.10.3.1 Ensure immediate notifications are made to:

\_\_\_\_\_ A. OCNGS Security Department via  
Primary: Dark Green Phone, dial Code  
Alternate: Telephone \_\_\_\_\_

\_\_\_\_\_ B. Station Personnel via the Plant Page  
System per EPIP-13.

Form EPIP-5-1 (cont'd)

EMERGENCY DIRECTOR CHECKLIST - GENERAL EMERGENCY

INITIALS

\_\_\_\_\_

1.10.3.2 If no personnel accountability completion report is received within 30 minutes after initiation of site evacuation contact Station Security for a status report.

\_\_\_\_\_

1.10.3.3 Report of personnel accountability received, \_\_\_\_\_ personnel unaccounted for.

\_\_\_\_\_

1.10.4 If personnel are unaccounted for, implement Search and Rescue, EPIP-22. Ensure notifications in 1.9.4 are completed. Date/Time \_\_\_\_\_ / \_\_\_\_\_

1.11 Emergency Director discretion, to initiate the following procedures:

\_\_\_\_\_

1.11.1 Damage Control, EPIP-14. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.2 Emergency Dosimetry, EPIP-19. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.3 Thyroid Blocking, EPIP-23. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.11.4 Emergency Respiratory Equipment, EPIP-2. Date/Time \_\_\_\_\_ / \_\_\_\_\_

1.12 IF recovery conditions have not been met and General Emergency, Emergency Action Levels are no longer being exceeded, de-escalate to a lower emergency classification by performing notifications in accordance with:

Date/Time of reclassification \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.12.1 Unusual Event, EPIP-2.

or

\_\_\_\_\_

1.12.2 Alert, EPIP-3.

or

\_\_\_\_\_

1.12.3 Site Emergency, EPIP-4.

\_\_\_\_\_

1.13 IF recovery phase conditions have been met, initiate the Recovery Phase in accordance with EPIP-29.

Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.14 IF no further emergency actions are required, terminate the General Emergency. Date/Time \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

1.14.1 Ensure all offsite agencies and GPU Nuclear personnel notified of the General Emergency receive termination notification.

FORM EPIP-5-2

NOTIFICATION CHECKLIST - GENERAL EMERGENCY

INITIALS

Initial each item upon completion

1. With Emergency Directors approval announce appropriate lines of the following message over the Plant Page System:

Sound the "STATION ALERT ALARM" for 10 seconds.

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

A GENERAL EMERGENCY HAS BEEN DECLARED.

ALL ON-DUTY MEMBERS OF THE EMERGENCY RESPONSE ORGANIZATION REPORT TO EMERGENCY CENTERS.

ALL OTHER PERSONNEL AWAIT FURTHER INSTRUCTIONS.

EATING, DRINKING, AND SMOKING IS PROHIBITED UNTIL FURTHER NOTICE.

(REPEAT THE ANNOUNCEMENT)

2. Notify OCNCS Security and direct them to activate the Record-a-phone and Adas VI with the appropriate messages, activate the pagers of the Initial Emergency Response Team on duty and unlock the TSC, OSC, EACC, & NEOF. Instruct Security to contact one member to fill each position on the Full Mobilization Emergency Duty Roster.

NOTE: The Emergency Advisor shall ensure the VP-Nuclear Assurance, the GPU-Nuclear Board of Directors and the GPU-Reading Dispatch Control Center are notified.

Primary: Station Security/Accountability Line  
Dark Green Phone. Dial Code

Alternate: Ext. \_\_\_\_\_

3. Notify the New Jersey State Police within 15 minutes of classification. Transmit "Initial Notification Message - General Emergency" EPIP-5-3 with Emergency Director approval.  
Primary: State Hot Line (Notification Line) Gray Phone  
Alternate: \_\_\_\_\_ (If Primary Is Out of Service)

NOTE: IF State Police Verification Call is not received within one minute, re-establish contact via state Hot Line and request verification call on the State Police Verification Line immediately.

IF Alternate Verification means is required instruct State Police to verify by dialing \_\_\_\_\_ or \_\_\_\_\_



FORM EPIP-5-2 (cont'd)

NOTIFICATION CHECKLIST - GENERAL EMERGENCY

INITIALS

- |       |   |
|-------|---|
| _____ | 4. Notify the Ocean County Sheriff Communication Center, Toms River. Transmit "Initial Notification Message - General Emergency" EPIP-5-3<br>Primary: <u>Ocean County Hot Line</u><br>Alternate: <u>Station Security and Accountability Line Dial Code</u>  |
| _____ | 5. Notify Lacey Township Police Department. Transmit "Initial Notification Message - General Emergency" EPIP-5-3<br>Primary:<br>Alternate:  |
| _____ | 6. Notify the following agencies: Transmit "Institute of Nuclear Power Operations and American Nuclear Insurers Notification Message - General Emergency" EPIP-5-4<br><br>A. Institute of Nuclear Power Operations Tel:<br><br>B. American Nuclear Insurers Tel:  |
| _____ | 7. Notify the United States Nuclear Regulatory Commission Operations Center<br>Transmit "Initial Notification Message-General Emergency" EPIP-5-3<br>Primary: <u>NRC-ENS Line</u> (Lift receiver from cradle) Red Phone<br>Alternate: (1) Commercial via Bethesda<br>(2) Commercial via Silver Spring<br>(3) NRC-HPN Line - Dial<br>(4) Commercial via Bethesda |
|       | <u>NOTE:</u> Open-line communication with NRC is to be maintained on ENS Line throughout the emergency situation.   |
| _____ | 8. When requested, by the Bureau of Radiation Protection (BRP) transmit "Bureau of Radiation Protection Station Status Checklist - General Emergency" EPIP-5-5 via, the <u>BRP Information Line</u> located in the Emergency Command Center (Group Shift Supervisors Office)  |
| _____ | 9. Transmit additional information messages to the Nuclear Regulatory Commission and other agencies directed by the Emergency Director using "Additional Information Message - General Emergency" EPIP-5-6.   |

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FORM EPIP-5-3  
INITIAL NOTIFICATION MESSAGE - GENERAL EMERGENCY

MESSAGE WILL BEGIN AND END WITH:

(CIRCLE ONE) THIS IS NOT AN EXERCISE - I REPEAT - THIS IS NOT AN EXERCISE  
OR  
THIS IS A DRILL - THIS IS A DRILL

THIS IS \_\_\_\_\_  
(Name) (Title)  
AT OYSTER CREEK NUCLEAR GENERATING STATION

THIS IS A NOTIFICATION OF AN GENERAL EMERGENCY CLASSIFICATION

THIS EVENT WAS CLASSIFIED AT \_\_\_\_\_ ON \_\_\_\_\_  
(Time - 24 hr. clock) (Date)

- THERE IS NO RELEASE IN PROGRESS
- WE HAVE A CONTROLLED RELEASE IN PROGRESS
- WE HAVE AN UNCONTROLLED RELEASE IN PROGRESS

NO PROTECTIVE ACTIONS ARE RECOMMENDED  
 WE RECOMMEND SHELTERING FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_

WE RECOMMEND EVACUATION FOR THE FOLLOWING DIRECTIONAL SECTOR(S) \_\_\_\_\_

APPROVED \_\_\_\_\_  
EMERGENCY DIRECTOR DATE TIME-24 HR

TIME NOTIFIED/VERIFIED

THIS MESSAGE HAS BEEN TRANSMITTED TO:

\_\_\_\_\_/\_\_\_\_\_  
NEW JERSEY STATE POLICE via State Hot Line (Gray Phone)

\_\_\_\_\_/\_\_\_\_\_  
UNITED STATES NUCLEAR REGULATORY COMMISSION via NRC-ENS Line (Red Phone)

\_\_\_\_\_/\_\_\_\_\_  
OCEAN COUNTY SHERIFF COMMUNICATION via Ocean County Hot Line (Light Green Phone)

\_\_\_\_\_/\_\_\_\_\_  
LACEY TOWNSHIP POLICE DEPARTMENT via \_\_\_\_\_

(DATE)

(COMMUNICATOR)

NOTE: VERIFICATION OF MESSAGE IS COMPLETE ONLY AFTER RECEIVING AGENCY HAS RESTATED MESSAGE CORRECTLY IN ITS ENTIRETY BACK TO THE OYSTER CREEK COMMUNICATOR

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FORM EPIP-5-4

INSTITUTE OF NUCLEAR POWER  
OPERATIONS & AMERICAN NUCLEAR INSURERS  
NOTIFICATION MESSAGE - GENERAL EMERGENCY

1. This is \_\_\_\_\_ at Oyster Creek  
(Name/Title)  
Nuclear Generating Station. A General Emergency was declared in  
accordance with our Emergency Plan at \_\_\_\_\_ / \_\_\_\_\_  
(Time) / (Date)

2. Description of Emergency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Assistance requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Approved \_\_\_\_\_  
(Emergency Director/Emergency Support Director)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Time)

Time

5. Transmitted To: Institute of Nuclear Power  
Operations \_\_\_\_\_

To: American Nuclear Insurers \_\_\_\_\_

\_\_\_\_\_  
(Communicator)

\_\_\_\_\_  
(Date)

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FORM EPIP-5-5

BUREAU OF RADIATION PROTECTION STATION  
STATUS CHECKLIST - ALERT

1. Date and Time of Incident: Date: \_\_\_\_\_ Time: \_\_\_\_\_ (24-Hr. Clock)
2. Accident Classification: GENERAL EMERGENCY
3. Type of Release: (circle one) GASEOUS LIQUID
4. Cause of Incident and System Involved (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Is Reactor Shutdown: (circle one) Yes No
6. Gaseous Release Information
  - (a) Release Terminated: (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Type of Gaseous Release (circle one) Elevated Ground
  - (d) Windspeed \_\_\_\_\_ mph \_\_\_\_\_ m/sec
  - (e) Wind Direction: From: \_\_\_\_\_ (o) Toward \_\_\_\_\_ (o)  
Affected Sector: \_\_\_\_\_ (Compass Point)
  - (f) Stability Class: (circle one) Unstable Neutral Stable
  - (g) Release Rate Noble Gas: \_\_\_\_\_ Ci/Sec.
  - (h) Release Rate Iodine (if known) \_\_\_\_\_ Ci/Sec.
7. Liquid Release Information
  - (a) Release Terminated (circle one) Yes No
  - (b) Estimated Duration of Release: \_\_\_\_\_ Hours
  - (c) Estimated Release Concentration \_\_\_\_\_ uCi/cc
  - (d) Release Rate \_\_\_\_\_ gpm

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FORM EPIP-5-5 (cont'd)

8. Projected Offsite Doses  
(a) Whole Body

	<u>Distance (Miles)</u>	<u>Dose Rate mRem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

(b) Child Thyroid

	<u>Distance (Miles)</u>	<u>Dose Rate Rem/hr</u>	<u>Time to Reach PAG(hrs.)</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

9. Recommended Protective Actions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Status Checklist approved for transmission to NJBRP by Emergency Director/Emergency Support Director:

\_\_\_\_\_  
(Signature) (Date/Time)

11. Status Checklist transmitted to NJBRP:

Transmitted to: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(OCNGS Communicator) (Location) (Date/Time)

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FORM EPIP-5-6

ADDITIONAL INFORMATION MESSAGE - GENERAL EMERGENCY

Check (✓) all appropriate statements to be transmitted as information is available

1. This is \_\_\_\_\_ acting under the Direction of \_\_\_\_\_ the Emergency (Emergency Director)

Director at Oyster Creek Nuclear Generating Station. The following is provided as additional information for the initial notification of General Emergency.

2. DATE/TIME OF CLASSIFICATION

a. Time: \_\_\_\_\_ (24 hour clock)
b. Date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

3. Plant Status

a. Reactor (circle one) is/is not shutdown.
b. The plant (circle one) is/is not in a safe condition.
c. Reactor is subcritical, coolant is being maintained over the core, and containment integrity is satisfactory.

4. Type of release (circle one) airborne; liquid; surface soil.

5. Meteorological Data

a. Wind speed \_\_\_\_\_ MPH
b. Wind direction \_\_\_\_\_ (from) \_\_\_\_\_ (toward)
c. Stability class (circle one) unstable; neutral; stable
d. Precipitation (circle one) rain; sleet; snow

6. Gaseous Radiological Data

a. Noble gas release rate \_\_\_\_\_ uCi/sec
b. Iodine 131 release rate \_\_\_\_\_ uCi/sec
c. Release (circle one) has/has not terminated
d. Actual or estimated duration of release: \_\_\_\_\_

FORM EPIP-5-6 (cont'd)

7. Liquid Radiological Data
- \_\_\_\_\_ a. Release concentration \_\_\_\_\_ uCi/cc
- \_\_\_\_\_ b. Release rate \_\_\_\_\_ uCi/sec
- \_\_\_\_\_ c. Release (circle one) has/has not terminated
- \_\_\_\_\_ d. Actual or estimated duration of release \_\_\_\_\_
- \_\_\_\_\_ e. Estimated total release \_\_\_\_\_ uCi
8. Projected dose rates and integrated dose (Based on actual or projected duration of release)
- Whole Body
- \_\_\_\_\_ a. Site Boundary \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_\_\_ b. 2 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_\_\_ c. 5 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
- \_\_\_\_\_ d. 10 miles \_\_\_\_\_ mr/hr \_\_\_\_\_ mRem
9. Projected Iodine Concentration and Integrated Dose Commitment (Based on actual or projected duration of release).
- THYROID
- \_\_\_\_\_ a. Site Boundary \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_\_\_ b. 2 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_\_\_ c. 5 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
- \_\_\_\_\_ d. 10 miles \_\_\_\_\_ uCi/cc \_\_\_\_\_ mRem
10. Estimate of Surface contamination \_\_\_\_\_ dpm/100 cm<sup>2</sup> (obtain from field data) \_\_\_\_\_ mRem/hr
11. Emergency Actions in progress:
- \_\_\_\_\_ a. Radiological survey teams onsite
- \_\_\_\_\_ b. Radiological survey teams offsite
- \_\_\_\_\_ c. Onsite fire brigade
- \_\_\_\_\_ d. Offsite fire department
- \_\_\_\_\_ e. Damage Control
- \_\_\_\_\_ f. First aid teams onsite
- \_\_\_\_\_ g. Ambulance service
- \_\_\_\_\_ h. Medical support
- \_\_\_\_\_ i. Environmental surveys offsite
- \_\_\_\_\_ j. Other, specify \_\_\_\_\_

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12. Additional support required (specify) \_\_\_\_\_

13. The condition may change to an (circle one) Unusual Event; Alert; Site Emergency

14. Offsite population sector(s) (refer to Emergency Planning Zone Sector map) affected are \_\_\_\_\_

15. The following changes in protective measures are recommended for the population in these sectors.

- a. None
- b. Notify (projected offsite dose \_\_\_\_\_)
- c. Take shelter (projected offsite dose \_\_\_\_\_)
- d. Evacuate (projected offsite dose \_\_\_\_\_)

16. Approved \_\_\_\_\_  
(Emergency Director/Emergency Support Director)

\_\_\_\_\_  
(Date) (Time)

17. Transmitted To: TIME: NOTIFIED/VERIFIED.

- a. United States Nuclear Regulatory Commission. \_\_\_\_\_ /
- b. New Jersey Bureau of Radiation Protection. \_\_\_\_\_ /
- c. \_\_\_\_\_ /
- d. \_\_\_\_\_ /

\_\_\_\_\_  
(Communicator) (Date)