

THREE MILE ISLAND NUCLEAR STATION
UNIT NO. 2 EMERGENCY PLAN IMPLEMENTING PROCEDURE 1054.1
UNUSUAL EVENT

1.0 PURPOSE

The purpose of this procedure is to define the conditions that shall be regarded as an Unusual Event for Three Mile Island Nuclear Station (Unit 2) and to:

- a. Ensure necessary actions are taken to protect the health and safety of the public.
- b. Ensure necessary actions are taken to notify BPL-Nuclear management and offsite emergency response organizations.
- c. Mobilize the appropriate portions of the emergency response organization to initiate appropriate emergency actions.

The Emergency Director is responsible for implementing this procedure.

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

- a. Decision to notify offsite emergency management agencies.
- b. Making protective action recommendations as necessary to offsite emergency management agencies.
- c. Classification of Emergency Event.
- d. Determining the necessity for onsite evacuation based upon potential exposure to non-essential personnel.
- e. Authorization for emergency workers to exceed 10 CFR 20 radiation exposure limits.

2.0 ATTACHMENTS

- 2.1 Attachment I, Unusual Event Notifications

2.2 Attachment II, Emergency Status Report.

2.3 Attachment III, Checklist for Notification of Significant Events made in accordance with 10 CFR 50.72.

3.0 EMERGENCY ACTION LEVELS

INITIATING CONDITION

INDICATION

- | | |
|---|---|
| <p>3.1 Any event resulting in manual automatic actuation of engineered safety features.</p> | <p>Any condition whereby the engineered safety feature actuation system is initiated per Technical Specifications Table 3.3-3.</p> |
| <p>3.2 Any accidental, unplanned or uncontrolled radioactive release or exceeding any radiological effluent technical specification limit.</p> | <p>a. Any valid unanticipated "Alert" condition on any effluent radiation monitor. b. Any discharge or radioactive release by other than planned or controlled means.</p> |
| <p>3.3 The loss or inoperability of both mini-decay heat removal pumps coincident with the loss or inoperability of the Standby Reactor Coolant Pressure Control System.</p> | <p>Loss or inoperability is when the system or component is incapable of performing its specified function(s), per Technical Specification definition of Operable/Operability, Section 1.5.</p> |
| <p>3.4 An increasing reactor coolant temperature coincident with either: a. Total loss of forced reactor coolant flow capability b. Total loss of all main and emergency feedwater pumps or the inability to feed the steam generators.</p> | <p>a. Increasing reactor coolant temperature as indicated by R.C.S. hot leg temperature indicator(s). b. Total loss of forced reactor coolant flow capability is: 1. Reactor coolant pumps 2. Decay Heat Removal System inoperable. 3. Mini Decay Heat Removal system inoperable.</p> |
| <p>3.5 Confirmed unidentified reactor coolant system leakage >1 gpm, or confirmed total reactor coolant system leakage >10 gpm.</p> | <p>a. Unidentified reactor coolant leakage >1 gpm as measured by R.C.S. leak rate test. b. Total reactor coolant leakage >10 gpm as measured R.C.S. leak rate test.</p> |

3.6 A failure of a safety or relief valve in a safety related system to close following reduction of applicable pressure.

Typical indications:

- a. Increased R.C.S. makeup
- b. Accoustical valve monitoring or flow measuring equipment indication.
- c. Continuing drop in system pressure.

3.7 Both diesel generators inoperable resulting in a loss of back-up emergency power.

Inoperable as defined per Technical Specification of Operability Section 1.5, or by a loss of the ability to meet any of the conditions of Technical Specifications - Limiting Conditions for Operation, Section 3.6-1.

3.8 Sustained loss of offsite power.

Loss of all A.C. power indication from offsite transmission network:

3.9 The sustained loss of containment integrity.

The loss of the ability to meet the conditions of containment integrity as defined in Technical Specifications, Section 3.7-1.

3.10 Reactor building pressure > 0 PSIG not due to meteorological conditions or below minimum allowable pressure.

As indicated by the reactor building pressure monitoring instrumentation.

- b. Minimum allowable pressure per Technical Specification Figure 3.6-1.

3.11 Any fire in a permanent plant structure which cannot be controlled by the fire brigade within 10 minutes of discovery.

*Shift Foreman's judgement, based on advice of the fire brigade leader.

3.12 Any fire outside plant structures requiring offsite assistance.

Shift Foreman's judgement, based on request of the fire brigade leader for offsite firefighting assistance.

3.13 Any significant loss of assessment or communication capability which would reduce the ability to detect, assess, or respond to a plant emergency.

Shift Foreman's/Emergency Director's judgement.

*In many cases the Shift Foreman will assume the position of Fire Brigade Leader.

- 3.14 Any security threat, attempted entry, or attempted sabotage. Shift Foreman's/Emergency Director's judgement.
- 3.15 Any natural phenomenon being experienced or projected beyond usual levels. As indicated by any one of the following:
1. Any earthquake of a magnitude $> .01g$ as indicated by the "Threshold Seismic Condition" annunciator.
 2. Projected river stage ≥ 302 ft. at the River Water In-take Structure.
 3. Sustained winds > 75 mph as indicated on Wind Speed Recorder (CNSD).
 4. National Weather Service projection of hurricane force winds or a tornado.
- 3.16 Onsite aircraft crash outside the protected area fence and not impacting on plant structures, or an onsite train derailment. Shift Foreman's/Emergency Director's judgement.
- 3.17 Any near or onsite explosion outside the protected area fence and not impacting on plant structures. Shift Foreman's/Emergency Director's judgement.
- 3.18 Any near or onsite toxic or flammable gas or liquid release which could affect the operability required for normal plant operations. Shift Foreman's/Emergency Director's judgement.
- 3.19 Strikes of operating employees or security guards, or honoring of picket lines by these employees. Shift Foreman's/Emergency Director's judgement.
- 3.20 Transportation of any injured or ill and contaminated or potentially contaminated personnel from the site to an offsite medical facility. Shift Foreman's/Emergency Director's judgement.

- 3.21 Other plant conditions are in progress or have occurred which may indicate a potential degradation of the level of safety of the plant.

Shift Foreman's/Emergency
Director's Judgement

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.

4.0 EMERGENCY ACTIONS

- 4.1 Upon recognition that any of Emergency Action Levels of Section 3.0 above have been reached or exceed, the Shift Foreman shall announce or have announced, the following message over the public address system (merged): (NOTE: Turn on whelen siren switch.)
- "ATTENTION ALL PERSONNEL: ATTENTION ALL PERSONNEL: AN UNUSUAL EVENT HAS BEEN DECLARED IN UNIT TWO. ALL MEMBERS OF THE ON-SHIFT EMERGENCY ORGANIZATION REPORT TO YOUR STATIONS. ALL OTHER PERSONNEL SHOULD CONTINUE WITH THEIR NORMAL DUTIES UNLESS FURTHER INSTRUCTION IS GIVEN. Give a brief description of the event and repeat the announcement.) (NOTE: Turn off whelen siren switch.)
- 4.2 The Shift Foreman shall assume the duties of the Emergency Director until properly relieved. He shall announce to the Control Room personnel that he, _____ (name) has assumed the duties of the Emergency Director.

The Emergency Director shall periodically (every 1 hour min.) consult with the lead personnel of each area involved in the emergency and discuss:

- a. Status of each area
- b. Immediate actions to be taken by each lead person
- c. Problem areas
- d. Recommendations on course of action.

Initials

____ 4.3 Ensure Communciator has made notifications to persons and/or agencies per Attachment 7 Section I.

____ 4.4 Contact the Duty Section Superintendent and discuss:

- a. Plant Status
- b. Which members of the Duty Section are required to augment the Onsite Emergency Organization

NOTE: Ensure that the on duty Public Information Representative is notified.

____ 4.5 Depending on the emergency action level which was reached or exceeded, ensure that the appropriate Emergency Operating Procedures have been implemented and/or the following Emergency Plan Implementing Procedures as required:

- a. Contaminated Injuries and Radiation Overexposure(1054.16)
- b. High winds - Tornado/High Winds (1054.22).

____ 4.6 Assign a Communications Assistant and direct him to perform all applicable steps of 1054.8.

- 4.7 If local services (fire, ambulance, police) are required, ensure the Communicator has notified Dauphin County Emergency Operations Center and has requested the appropriate assistance. Notify security (N/S gate) to begin preparations to expedite entry of responding emergency personnel (Police/Fire Ambulance). Security should be advised to implement EPIP 1054.19, Emergency Dosimetry, Security Badge Issuance.
- 4.8 If changes in onsite or offsite radiation levels are expected, ensure the Radiological Assessment Coordinator has:
- Dispatched offsite and/or onsite radiation monitoring teams in accordance with EPIP 1054.10 and 1054.11.
 - Implemented Offsite Dose Projections procedure (1054.7).
- 4.9 If additional resources or notifications are required, refer to Additional Assistance and Notification Procedure (1054.6).
- 4.10 If the emergency involves in-plant radiological controls problems, ensure the Radiological Assessment Coordinator has implemented In-Plant Radiological Controls During Emergencies (1054.9).
- 4.11 Assign an individual to complete Attachment II, Section I (Emergency Status Report) and give to the Radiological Assessment Coordinator to transmit to the Bureau of Radiation Protection.
- 4.12 Ensure the Radiological Assessment Coordinator has completed Attachment II, Section II to transmit to the Bureau of Radiation Protection if a radioactive release has occurred or is occurring.

- ___ 4.13 Ensure that communications and documentation are maintained per procedure Communications and Recordkeeping (1054.5).
- ___ 4.14 If applicable, ensure the operations Coordinator has dispatched Emergency Repair/Operations personnel to investigate the identified problem area in accordance with procedure 1054.21.
- ___ 4.15 30 minutes after initial contact with PEMA, confirm that BRP verification has been made. If no verification, instruct the Communicator to proceed to Attachment I, Section 1.4.29.
- ___ 4.16 Based upon assessment of plant conditions, either close out the Unusual Event or escalate to a higher class of emergency.
- ___ a. If Recovery Phase criteria have been met (see EPIP 1054.24), close out the Unusual Event by ensuring the Communicator has performed the notifications in Attachment I, Section D. Implement EPIP 1054.24.
- ___ b. If emergency action levels exceed those for an Unusual Event, escalate to a higher class, notify BRP on Radiological Line and make remaining notifications in accordance with the appropriate emergency procedure as specified in Step 5.1.
- ___ 4.17 If necessary, due to potential contamination of normally non-contaminated sumps and/or tanks, or the need to closely monitor liquid releases, initiate EPIP 1054.14, monitoring/controlling liquid discharges.

5.0 FINAL CONDITIONS

- ____ 5.1 A higher class of emergency has been declared by the Emergency Director after meeting or exceeding an emergency action level of one of the higher classes and one of the following procedures is being implemented:
- a. Alert (1054.2)
 - b. Site Emergency (1054.3)
 - c. General Emergency (1054.4)
- ____ 5.2 The Unusual Event has been closed out since no recovery operations are required.
- ____ 5.3 The Unusual Event can be shifted to a recovery mode by implementing the procedure Recovery Operations (1054.24).

Date

Signature of Person Responsible
for Implementation Procedure

FOR INFORMATION ONLY

ATTACHMENT I SECTION I

INITIAL CONTACT

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

1. DAUPHIN COUNTY EMERGENCY OPERATION CENTER

(If this is a reclassification notification, ignore Items 1 and 2 and proceed to Item 3.

a. Telephone: 9-911 or 9-236-7976

b. Message:

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

Station Unit 2 calling. We have declared an Unusual Event at _____ hours, and (based upon Emergency Director judgement, (time)

deliver one of the following statements):

1) We have not had a radioactive release

OR
2) We have had a radioactive release, but do not expect this situation to result in detectable changes in offsite radiation levels, OR

3) We have had a radioactive release, but do not know if there will be detectable changes in offsite radiation levels. We will be keeping the Bureau of Radiation Protection (BRP) informed of the results of our investigation, OR

ATTACHMENT I SECTION I

INITIAL CONTACT

INITIAL

4) We have had a radioactive release and expect to be able to detect changes in offsite radiation levels but they are expected to be less than the levels calling for an alert. We will be keeping the Bureau of Radiation Protection informed.

c. Give a short non-technical description of the emergency and any potentially affected population and areas

2. PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY (PEMA)

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

Telephone: . (A diverter forwards this call to a PEMA duty officer after working hours.)

NOTE: If no contact, proceed to step 2.d.

ATTACHMENT I SECTION I (Cont'd)

INITIAL CONTACT

INITIAL

b. Message:

This is Three Mile Island Nuclear Station Unit 2 calling. We have an emergency. Give me the Operations Duty Officer. (When Duty Officer answers)

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

Nuclear Station Unit 2 calling. We have declared an Unusual Event at _____ hour(s). We request you
(time)

contact Bureau of Radiation Protection. Bureau of Radiation Protection call back should be made on the Radiological line or _____

Based upon Emergency Director judgement, deliver one of the following statements):

1. We have not had a radioactive release, OR
2. We have had a radioactive release, but do not expect this situation to result in detectable changes in offsite radiation levels, OR
3. We have had a radioactive release, but do not know if there will be detectable changes in offsite radiation levels. We will be keeping the Bureau of Radiation Protection informed of the results of our investigation, OR

ATTACHMENT I SECTION I (Cont'd)

INITIAL CONTACT

INITIAL

4) We have had a radioactive release and expect to be able to detect changes in offsite radiation levels, but they will be less than the levels calling for an Alert. We will be keeping the Bureau of Radiation Protection informed.

c. Give a short non-technical description of the emergency, and any potentially affected populations and areas:

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

e. Message verification:

Expect Bureau of Radiation Protection (BRP) contact after PEMA notification. If no BRP confirmation is received within 30 minutes, notify PEMA of the situation. If unable to contact PEMA (line busy), call Dauphin County and notify them that BRP has not verified initial contact. Request Dauphin County to contact PEMA and/or BRP.

ATTACHMENT I SECTION I (Cont'd)

INITIAL CONTACT

INITIAL

3. UNAFFECTED CONTROL ROOM

a. Telephone: _____ or inter Control Room Hot-Line

b. MESSAGE:

Give a brief description of Plant Status to Shift Supervisor/Shift Foreman.

1. We have not had a radioactive release, OR
2. We have had a radioactive release, but do not expect this situation to result in detectable changes in offsite radiation levels, OR
3. We have had a radioactive release, but do not know if there will be detectable changes in offsite radiation levels. We will be keeping the Bureau of Radiation Protection informed of the results of our investigation, OR
4. We have had a radioactive release and expect to be able to detect changes in offsite radiation levels but they will be less than the levels calling for an Alert. We expect these levels to be less than 10 mRem/hr (gamma). We will be keeping the Bureau of Radiation Protection informed.

c. Give a short non-technical description of emergency and potentially affected populations and areas:

ATTACHMENT I SECTION I (Co. c'd)

INITIAL CONTACT

INITIAL

4. INSTITUTE OF NUCLEAR POWER OPERATIONS

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

a. Telephone: _____ by dialing direct or by dialing "0" for the TMI Site Operator to assist in reaching this number.

b. MESSAGE:

This is _____ at Three Mile Island Nuclear Station Unit 2 calling. We have declared an Unusual Event at _____ hours. (Give a brief description of the emergency.)
(name/title)
(time)

5. Notify the following personnel/agencies if the emergency situation is such that notification is deemed appropriate:

a. Hershey Medical Center

Notification to be performed per procedure 1054.16.

b. Pennsylvania State Police

MESSAGE:

This is _____ at the Three Mile Island Nuclear Station Unit 2 calling. We have declared an Unusual Event at _____ hours. We _____ had a radioactive release. We
(name/title)
(time)

(have/have not)

required assistance as follows:

(State any assistance required).

ATTACHMENT I SECTION I (Cont'd)

INITIAL CONTACT

INITIAL

c. Radiation Management Corporation

Emergencies (0800-1700)
(1700-0800)

Office (0800-1700)

MESSAGE:

This is _____ at the Three Mile Island Nuclear Station
(name/title)
Unit 2 calling. We have declared an Unusual Event at _____
(time)
hours. (Give a brief description of the emergency). We
_____ had a radioactive release. We required the
(have/have not)
following assistance: (State any assistance required).

d. American Nuclear Insurers

MESSAGE:

This is _____ at the Three Mile Island Nuclear Station
(name/title)
Unit 2 calling. We have declared an Unusual Event at _____
(time)
hours. (Give a brief description of the emergency).

ATTACHMENT I SECTION I (Cont'd)

INITIAL CONTACT

INITIALS

6. NUCLEAR REGULATORY COMMISSION OFFICE NO. Bethesda, MD.

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

a. Telephone: Emergency Notification System No. (ENS) (If ENS phone does not work refer to EPIP 1054.6, "Additional Assistance and Notification", for alternate methods.)

b. MESSAGE:

This is _____ at Three Mile Island Nuclear Station
(name of site)
Unit 2 calling. We declared an Unusual Event at _____
(time)

DATE _____ TIME OF COMPLETION _____ COMPLETED BY _____

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

ATTACHMENT I SECTION II

SECONDARY CONTACT

INITIAL

The Communicator shall notify the following agencies and personnel and update the Attachment I, Section II checklist:

1. Bureau of Radiation Protection

a. Telephone: Radiological Line

b. MESSAGE:

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

Unit 2. We have closed-out the Unusual Event at _____ hours.
(time)

Please notify FEMA, Dauphin, Lancaster, York, Lebanon and Cumberland counties.

2. Unaffected Control Room

a. Telephone: 8069, 8070, 8071

b. MESSAGE:

Notify Shift Supervisor of close-out of the Unusual Event.

3. Nuclear Regulatory Commission Office - Bethesda, Md.

a. Telephone: Emergency Notification System (ENS)

(RED PHONE)

b. MESSAGE:

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

Station Unit 2. We have closed-out the Unusual Event at
_____ hours.
(time)

ATTACHMENT I SECTION II (Cont'd)

SECONDARY CONTACT

INITIAL

4. If applicable, notify the following persons and/or agencies of close-out of the Unusual Event:

- a. Hershey Medical Center:
- b. Pennsylvania State Police:
- c. Radiation Management Corporation (RMC):
Emergencies (0800-1700;
(1700-0800)
Office (0800-1700)
- d. American Nuclear Insurers:
- e. Others: As directed by the Emergency Director.

V

DATE _____ TIME _____ COMPLETED BY _____

FOR
INFORMAL
ONLY

ATTACHMENT I
SECTION II (Cont'd)

NOTIFICATION CHECKLIST

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

NOT FOR RELEASE

* Optional

ATTACHMENT II
EMERGENCY STATUS REPORT

SECTION I

1. CLASSIFICATION OF EMERGENCY: _____

2. WHAT IS THE STATUS OF THE PLANT:

A. REACTOR PRESSURE _____

B. REACTOR TEMPERATURE _____

C. METHOD OF PRESSURE CONTROL _____

D. METHOD OF TEMPERATURE CONTROL _____

3. WHAT ARE THE ENVIRONMENTAL CONDITIONS:

A. WIND SPEED _____

B. WIND DIRECTION _____

4. IS OFFSITE POWER AVAILABLE _____ YES/NO

5. ARE BOTH DIESEL GENERATORS OPERABLE _____ YES/NO

6. HAVE ANY PERSONNEL INJURIES OCCURRED _____ YES/NO

IS THE INJURED PERSON(S) CONTAMINATED _____ YES/NO

IF SO, INDICATE APPROXIMATE RADIATION AND/OR CONTAMINATION LEVELS
BELOW

_____ MR/HR. _____ DPM/100 CM²

7. HAVE ALL OFFSITE NOTIFICATIONS BEEN MADE _____ YES/NO

IF NOT, WHO HAS NOT BEEN NOTIFIED AND WHY

ATTACHMENT II
EMERGENCY STATUS REPORT

SECTION I (Cont'd)

8. IS THE EMERGENCY EXPECTED TO RESULT IN DETECTABLE CHANGES IN OFFSITE
RADIATION LEVELS YES/NO

IF YES--WHAT RECOMMENDATIONS HAVE BEEN MADE TO PEMA BY THE EMERGENCY
DIRECTOR _____

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ATTACHMENT II
EMERGENCY STATUS REPORT

SECTION II

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

1. What is the approximate radioactive source term discharge rate from the plant (As determined by the Projected Dose Calculation procedure (1054.7)).
 - a) Noble gases _____ Ci/sec
 - b) Airborne _____ Ci/sec
2. What is the approximate meteorology
 - a) Wind speed _____ mph
 - b) Wind direction _____ °
 - c) Stability Class Stable / Neutral / Unstable
3. What is the projected whole body dose rate and airborne concentration at the nearest off-site downwind points
 - a) _____ mR/hr
 - b) _____ uCi/cf
 - c) _____ (Location)
4. Estimated duration of the release
 - a) If the release is terminated:
Start time _____ Stop Time _____ Duration _____
Start time _____ Stop time _____ Duration _____

INFORMATION ONLY

ATTACHMENT II
EMERGENCY STATUS REPORT

SECTION II (Cont'd)

5. a. Based on projected dose rate, airborne concentration and duration or estimated duration (if still in progress) of the release, will the lower limits of the EPA Protective Action Guides be exceeded (i.e., 1 Rem Whole body, 5 Rem Child Thyroid)?

Yes/No

- b. If yes, estimate time to exceeding PAG: _____
hours and projected whole body dose _____ Rem and
child thyroid dose _____ Rem

Date

Time Completed

Completed By

FOR INFORMATION ONLY

ATTACHMENT III

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

A. Identification:

Date _____ Time _____ Name of Person Making Report _____

Licensee _____ Facility Affected _____

Applicable Part of 10 CFR 50.72 _____

B. Description:

Date of Event _____ Time _____

Description of What Happened _____

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

Injuries _____ Fatalities _____

Contamination (personnel _____ (property) _____)

Overexposures (known/possible) _____

Safety Hazard (describe actual/potential) _____

Offsite Radiation Levels _____

Integrated Dose _____ Location _____

Meteorology (wind speed) _____ From (direction) _____

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

Equipment/Property Damage _____

D. Cause of Event: _____

ATTACHMENT III (Cont'd)

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

E. Licensee Actions:

Taken _____

Planned _____

Emergency Plan Activated (Yes/No) _____ Classification of Emergency¹ _____

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

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

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

1. Reactor Systems Status _____

Power Level Before Event _____ After Event _____

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

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

Heat Sink Condenser _____ Steam Atm. Dump _____

Other _____ Sample Taken (Yes/No) _____ Activity Level _____

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

ESF Actuation (Yes/No) _____

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

S/G Levels _____ Feedwater Source/Flow _____

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

ATTACHMENT III (Cont'd)

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

F. 1. (Cont'd)

Containment Pressure _____ Safety Relief Valve Actuation (Yes/No) _____

Containment Water Level Indication _____

Equipment Failures _____

Normal Offsite Power Available (Yes/No) _____

Major Busses/Loads Lost _____

Safeguards Busses Power Source _____

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

2. Radioactivity Release

Liquid/Gas _____ Location/Source _____

Release Rate _____ Duration _____

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

Amount of Release _____ Tech Spec. Limits _____

Radiation Levels in Plant _____ Areas Evacuated _____

3. Security/Safeguards²

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

Site Evacuated (Yes/No) _____

Intrusion: Insider _____ Outsider _____

Point of Intrusion _____ Extent of Intrusion _____

Apparent Purpose _____

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

ATTACHMENT III (Cont'd)

CHECKLIST FOR NOTIFICATION OF SIGNIFICANT EVENTS

MADE IN ACCORDANCE WITH 10 CFR 50.72

F. 3. (Cont'd)

Strike/Demonstrations: Size of Group _____

Purpose _____

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

Equipment/Property _____

Extortion: Source (phone, letter etc.) _____

Location of Letter _____

Demands _____

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

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

Stolen/Missing Material _____

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

Media Interest (present, anticipated) _____

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