



# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 12 PC #

Safety Related YES  NO

EMERGENCY ACTION LEVEL RESPONSE  
1903.10 Rev. 9

Safety 1903.10

UN- Controlled Copy # 104

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F PDR

APPROVED BY: \_\_\_\_\_  
*James M. Lewis*  
(General Manager)

APPROVAL DATE: 5/27/83  
REQUIRED EFFECTIVE DATE:



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

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### UNUSUAL EVENT SHIFT ADMINISTRATIVE ASSISTANT NOTIFICATION LIST AND RECORD

Date \_\_\_\_\_  
INITIALS/TIME \_\_\_\_\_

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

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

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

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

2.2 Arkansas Department of Health [REDACTED] (or contact the OES at [REDACTED] or via the OES radio channel and request them to notify the Health Department). (This notification is required to be made within 15 minutes of an EAL declaration.) \_\_\_\_\_ / \_\_\_\_\_

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

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

2.3.1 Health Physics Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.3.2 Engineering/Technical Support Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.4 Nuclear Regulatory Commission [Hotline; or [REDACTED] or [REDACTED] or Health Physics Network phone [REDACTED] or] \_\_\_\_\_ / \_\_\_\_\_

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### ALERT SHIFT ADMINISTRATIVE ASSISTANT NOTIFICATION LIST AND RECORD

DATE \_\_\_\_\_  
INITIALS/TIME \_\_\_\_\_

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

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

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

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

2.2 Arkansas Department of Health [REDACTED]; or contact the OES (REDACTED) or use the OES radio channel] and request them to notify the Health Department. (This notification is required to be made within 15 minutes of an EAL declaration.) \_\_\_\_\_ / \_\_\_\_\_

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

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

2.3.1 Health Physics Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.3.2 Engineering/Technical Support Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.4 Nuclear Regulatory Commission [Hotline; or [REDACTED] or Health Physics Network phone [REDACTED] or [REDACTED]]. \_\_\_\_\_ / \_\_\_\_\_

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INITIALS/TIME \_\_\_\_\_

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

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

2.5.1 Evacuation Team (Attachment 2) \_\_\_\_\_/\_\_\_\_\_


2.5.2 Fire Team (Attachment 3) \_\_\_\_\_/\_\_\_\_\_

2.5.3 Medical Team (Attachment 4) \_\_\_\_\_/\_\_\_\_\_


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

2.5.4 Radiation Team (Attachment 5) \_\_\_\_\_/\_\_\_\_\_

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

2.6.1 •B. A. Baker 

2.6.2 •S. J. McWilliams 

2.6.3 •R. P. Wewers 

2.7 Little Rock Control Center (\_\_\_\_); or contact either the OES or the MSS Dispatch center and request them to notify the LRCC. \_\_\_\_\_/\_\_\_\_\_

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

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

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### SITE EMERGENCY SHIFT ADMINISTRATIVE ASSISTANT NOTIFICATION LIST AND RECORD

DATE \_\_\_\_\_  
INITIALS/TIME \_\_\_\_\_

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

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

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

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

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

2.2 Arkansas Department of Health [redacted]; or contact the OES [redacted] or use the OES radio channel) and request them to notify the Health Department]. (This notification is required to be made within 15 minutes of an EAL declaration.) \_\_\_\_\_ / \_\_\_\_\_

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

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

2.3.1 Health Physics Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.3.2 Engineering/Technical Support Section (Beeper available) \_\_\_\_\_ / \_\_\_\_\_

2.4 Nuclear Regulatory Commission [Hotline; or [redacted] or Health Physics Network phone [redacted], or [redacted]] \_\_\_\_\_ / \_\_\_\_\_

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### GENERAL EMERGENCY SHIFT ADMINISTRATIVE ASSISTANT NOTIFICATION LIST AND RECORD

DATE /  
INITIALS/TIME

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

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

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

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

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

2.2 Arkansas Department of Health [REDACTED], or contact the OES [REDACTED] or use the OES radio channel) and request them to notify the Health Department). (This notification is required to be made within 15 minutes of an EAL declaration.) /

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

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

2.3.1 Health Physics (Beeper available) /

2.3.2 Engineering/Technical Support Section (Beeper available) /

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

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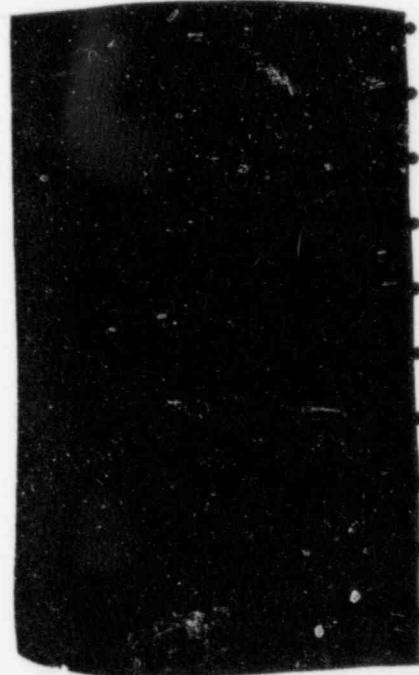
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## ATTACHMENT 1

### DUTY EMERGENCY COORDINATOR ROSTER/CALL LIST

<u>NAME</u>	<u>BADGE</u>	<u>WORK</u>	<u>HOME</u>
•J. M. Levine (Gen. Manager)	782		
•Basil Baker	110		
•Early Ewing	400		
•Bob Terwilliger	343		
•E. L. Sanders	488		
•L. W. Humphrey	410		
•T. C. Baker	112		
•L. J. Dugger	4		
•A. B. McGregor	577		
•C. N. Shively	318		



(DEC = Beeper Number 602)

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## ATTACHMENT 3

### EMERGENCY FIRE TEAM ROSTER/CALL LIST

	<u>BADGE</u>	<u>WORK</u>	<u>HOME</u>
TEAM LEADER:			
•Jim Bob Jackson	228		
ALTERNATE TEAM LEADERS:			
•Larry Munson	272		
MEMBERS:			
•Charles May	255		
•Barry Waldron	418		
•Tom Wilkins	372		
•Glenn Brooks	134		
•Chester Wetzel	477		
•Johnny Walker	362		
•Marion Hall	202		
•Tim A. Smith	1285		
•John Vaughn	79		



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## ATTACHMENT 5

## EMERGENCY RADIATION TEAM ROSTER/CALL LIST

	<u>BADGE</u>	<u>WORK</u>	<u>HOME</u>
TEAM LEADER:			
•Dale Wagner	360		
ALTERNATE TEAM LEADERS:			
•Tom Nickels	332		
•Robert Green	195		
•Chuck Burchard	119		
•Walt Hada	419		
MEMBERS:			
•Jeff Garren	189		
•Ken Zelnick	382		
•Tim Smith	327		
•Steve Fowler	183		
•Maurice Ward	428		
•Wayne Wright	470		
•Danny Akins	69		
•Harold Bishop	409		
•George Cooper	1543		
•James Deal	159		
•Jeril Fancher	742		
•Richard Grom	644		
•George Hamra	26		
•Vicki Hughes	559		
•Monty Manning	42		
•Danny Martin	7		
•Mikel McIntosh	1758		
•Lloyd Qualls	571		
•Stanley Robinson	299		
•Dale Smith	101		
•Brian Walker	465		
•William Wiley	1077		
•Lynn Anderson	1095		
•David Moore	555		
•Don Moore	267		
•Ron Schwartz	581		
•Michael Fultz	517		
•Timothy Tadel	564		
•Steve Burnett	505		
•Robert Brownell	678		
•Randy Stell	542		
•Danny Grace	539		
•Steven Galbo	525		
•Ben Creech	1382		
•David Martin	844		
•James Smith	593		

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LOCAL CONT.

RUSSELLVILLE: Millard Henry Clinic

Russellville Fire Department

St. Mary's Hospital

Arkla Gas Company

Missouri-Pacific Railway Co.

KARV

ARKANSAS POWER LIGHT

ARKANSAS NUCLEAR ONE: Emergency Control Center  
Main Guard Station  
Unit One Control Room  
Unit Two Control Room

LITTLE ROCK

Senior Vice President, Energy Supply	(Office)
•(W. Cavanaugh)•	(Home)
Vice President, Nuclear Operations	(Office)
•(J. Griffin)•	(Home)
Director, Administrative	(Office)
•Services (D. Rueter)•	(Home)
Manager, Licensing	(Office)
•(J. Marshall)•	(Home)
Director, Generation - Technology	(Office)
•(T. Kilgore)•	(Home)
Corporate Health Physicist	(Office)
•(D. Snellings)•	(Home)
Director, Fossil Operations	(Office)
•(D. Sikes)•	(Home)
Vice President, Corporate Communications	(Office)
•(C. Kelly)•	(Home)
Manager, Corporate Security	(Office)
•(C. Dunn)•	(Home)
Little Rock Control Center	



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RUSSELLVILLE: District Office: •E. Deaton• (Office) •  
 (Home) •

•J. Lee• (Office) •  
 (Home) •

•W. Harris• (Office) •  
 (Home) •

Emergency Control Office

## OTHER AGENCIES

BABCOCK & WILCOX: Site Representative •(T. Scott) (Home) •  
 Emergency Response Center •

COMBUSTION ENGINEERING: Site Representative  
 •(R. E. Sykes) (Home) •  
 Emergency Response Center •

BECHTEL

INSTITUTE OF NUCLEAR POWER OPERATIONS

NUCLEAR SAFETY ANALYSIS CENTER

NUCLEAR ENERGY LIABILITY PROPERTY INSURANCE ASSOCIATION

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# ARKANSAS POWER & LIGHT COMPANY

## Arkansas Nuclear One

TITLE: RECORD OF CHANGES AND REVISIONS

FORM NO. 1000.06A

EMERGENCY PLAN PROCEDURE

REV. # 12      PC #

Safety Related YES  NO

COMMUNICATIONS EQUIPMENT TESTS  
1903.61      REV. 3

SAFETY REVIEW

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APPROVED BY:

*James M. Lewis*  
\_\_\_\_\_  
(General Manager)

APPROVAL DATE

5/27/83

REQUIRED EFFECTIVE DATE:



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### 1.0 PURPOSE

The purpose of this procedure is to provide the requirements for testing the emergency communications equipment and to identify the necessary roster/call lists that must be verified periodically.

### 2.0 SCOPE

This procedure applies to communications systems and roster/call lists that would be used during an emergency situation at ANO.

### 3.0 REFERENCES

#### 3.1 References Used in Procedure Preparation

3.1.1 Arkansas Nuclear One Emergency Plan

#### 3.2 References Used in Conjunction with this Procedure

3.2.1 None

#### 3.3 Related ANO Procedures

3.3.1 None

### 4.0 DEFINITIONS

None

### 5.0 RESPONSIBILITIES

5.1 The Emergency Planning Coordinator is responsible for coordinating ANO emergency communications equipment tests as required by this procedure.

### 6.0 DESCRIPTION

6.1 The following communications equipment/systems are available for use during an emergency:

6.1.1 Continental Telephone system

6.1.2 ANO plant phone system

6.1.3 Gai-tronics paging system

6.1.4 ANO radio system



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6.1.5 NRC ENS (Hotline) phone

6.1.6 NRC HPN phone

6.1.7 AP&L Microwave

6.2 The following roster/call lists are maintained in each Control Room for use during an emergency:

6.2.1 Duty Emergency Coordinator Roster

6.2.2 Staff Augmentation Group Roster/Call List

6.2.3 Beeper Assignment List

A. To ensure that appropriate plant staff personnel can respond within the time limits required, periodic un-announced drills will be conducted.

### 7.0 INSTRUCTIONS

7.1 The following items shall be accomplished on a monthly basis by the Emergency Planning Coordinator or a designee:

7.1.1 Verify the operability of the direct Continental Telephone lines to each Control Room.

7.1.2 Verify the operability of the radios located in at least one of the following areas:

- A. Unit One Control Room
- B. Unit Two Control Room
- C. Technical Support Center
- D. Emergency Control Center
- E. Site Vehicles (except Security vehicles)
- F. Communications Equipment Locker
- G. AP&L Local Office

7.1.3 Verify the operability of the NRC-HPN phones in each one of the following locations:

- A. Unit One Control Room



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- B. Technical Support Center
  - C. Emergency Control Center
- 7.1.4 Verify the telephone numbers for the following groups:
- A. Nuclear Regulatory Commission
  - B. Arkansas Department of Health
  - C. Little Rock Control Center
  - D. Four - County Sheriffs
  - E. National Weather Service
- 7.1.5 Verify the placement and correctness of the roster/call lists maintained in the following locations:
- A. Unit One Control Room
  - B. Unit Two Control Room
- 7.1.6 The following communications equipment/systems do not require additional testing due to the indicated reasons:
- A. NRC-EMS (Hotline) phone located in each Control Room (used daily by the Shift Supervisors).
  - B. ANO plant phone system, AP&L microwave system and the Gai-tronics paging system (used as a part of normal plant operation).
  - C. Early Warning System (tested by the State of Arkansas).
- 7.2 Form 1903.61A, "Monthly Communications Testing Record", shall be completed to document the performance of the monthly test.
- 7.3 Communications links between the plant, federal, state and local emergency operation centers and field assessment teams shall be tested annually (this may be done as a part of the plant's annual exercise). Form 1903.61B should be completed to document this test.
- 7.4 Form 1903.61C, "Duty Roster Notification Drill" shall be completed to document the performance of periodic unannounced beeper drills.
- 8.0 ACCEPTANCE CRITERIA
- 8.1 Tests shall be carried to a conclusion such that the test is adequate to verify equipment operability.



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8.2 Upon discovery of inoperable emergency communications equipment, action shall be taken to initiate repair of the equipment.

NOTE: If loss of radio communication with offsite agencies occurs then an Unusual Event Emergency Action Level must be declared per procedure 1903.10, "Emergency Action Level Response".

8.3 Emergency communications equipment shall be tested following repairs to ensure that the repair effort was successful.

### 9.0 ATTACHMENTS AND FORMS

9.1 Attachment 1, "Emergency Communication Links"

9.2 Form 1903.61A, "Monthly Communications Testing Record"

9.3 Form 1903.61B, "Annual Communications Testing Record"

9.4 Form 1903.61C, "Duty Roster Notification Drill"



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## ATTACHMENT 1

Communication Links Available  
Between the Emergency Response  
Centers

	CONTROL ROOM	OPERATIONAL SUPPORT CENTER	TECHNICAL SUPPORT CENTER	EMERGENCY CONTROL CENTER	RUSSELLVILLE FIRE DEPARTMENT	POPE COUNTY SHERIFF OFFICE	NRC REGION IV OFFICE & BETHESDA	AP&L CORPORATE OFFICES/LITTLE ROCK	STATE OF ARKANSAS EMERGENCY SERVICES	DEPT. OF HEALTH	ST. MARY'S HOSPITAL	POPE COUNTY EMERG OPERATIONS CENTER	LOGAN/YELL/JOHNSON EMERGENCY OPERATIONS CENTERS	U.S.D.O.E. OAK RIDGE RAD. COORD. OFFICE
CONTROL ROOM	1	1,5	1,6	1	1	1	1	1	1,5*	1	1	1	1	1
	4	3,8	3,8	1	1	1	1	1	8	8	8	8	8	8
ONSITE OPERATIONAL SUPPORT CENTER	1	3	3	1	1	1	1	1	1	1	1	1	1	1
	4	4	4	1	1	1	1	1	8	8	8	8	8	8
ONSITE TECHNICAL SUPPORT CENTER	1,5	3,6	3	1,6	1	1	1	1	1,8	1	1	1	1	1
	4,8	4	4	5	6	6	7	8	5*	6,8	6	6	6	6
EMERGENCY CONTROL CENTER	1,6	3,8	3	1,6	1	1	1	1	1,8	1	1	1	1	1
	5	5	5	6	6	6	7	8	5*	6,8	6	6	6	6
RUSSELLVILLE FIRE DEPARTMENT	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	6	6	6	6	6	6	6	6	6	6	6	6	6	6
POPE COUNTY SHERIFF OFFICE	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	6	6	6	6	6	6	6	6	6	6	6	6	6	6
NRC REGION IV OFFICE AND BETHESDA	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	7	7	7	7	7	7	7	7	7	7	7	7	7	7
AP&L CORPORATE OFFICES LITTLE ROCK	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	2	2	2	2	2	2	2	2	2	2	2	2	2	2
STATE OF ARKANSAS OFFICE OF EMERGENCY SERVICES	1	1	1,8	1,8	1	1	1	1	1	1	1	1	1	1
	8	8	6	6	6	6	6	6	8	8	8	8	8	8
DEPARTMENT OF HEALTH	1,*5	1	1	1	1	1	1	1	1	1	1	1	1	1
	8	8	8	8	8	8	8	8	8	8	8	8	8	8
ST. MARY'S HOSPITAL	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	8	8	8	8	8	8	8	8	8	8	8	8	8	8
POPE COUNTY EMERGENCY OPERATIONS CENTERS	1	1	1,6	1	1	1	1	1	1	1	1	1	1	1
	6	6	8	6,8	6	6	6	6	8	8	8	8	8	8
LOGAN, YELL*, AND JOHNSON COUNTY EMERGENCY OPERATIONS CENTERS	1	1	1,6	1	1	1	1	1	1	1	1	1	1	1
	6	6	8	6,8	6	6	6	6	8	8	8	8	8	8
U.S. DEPARTMENT OF ENERGY OAK RIDGE RADIOLOGICAL COORDINATING OFFICE	1	1	1	1	1	1	1	1	1	1	1	1	1	1
	8	8	8	8	8	8	8	8	8	8	8	8	8	8

- COMMUNICATION LINKS:
- 1 - Continental Telephone
  - 2 - AP&L Microwave Telephone
  - 3 - Plant Phone System
  - 4 - Gal-Tronics Paging System
  - 5 - ANO Radio Frequency
  - 6 - Pope County Sheriff's Radio/Frequency
  - 7 - Hot Line
  - 8 - JES Radio/Frequency

V Number 8 not applicable.

\* In order for the Dept. of Health to communicate via the ANO radio frequency, the ANO radio must be in the "scrambler off" position.



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
COMMUNICATIONS EQUIPMENT TESTS

NO:  
1903.61

# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: MONTHLY COMMUNICATIONS TESTING RECORD FORM NO. 1903.61A  
REV. # 2 PC #

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### 1.0 COMMUNICATIONS EQUIPMENT OPERABILITY TEST

Date \_\_\_\_\_

#### 1.1 Direct Continental Telephone Line

Location	Results
ANO-1	
ANO-2	

#### 1.2 ANO Radios

	Location	Channels Tested	Results
1.2.1	ANO-1/ANO-2/ TSC/ECC	1,2,3,4,5,6,7,8 1,2,3,4,5,6	
1.2.2	ANO Van	1,2,3	
1.2.3	ANO Pickup	1,2,3	
1.2.4	GM Car	1,2,3	
1.2.5	4WD Vehicle	1,2,3	
1.2.6	Portable Radios: Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
	Unit _____	1,2,3	
1.2.7	SCBA Bone Phones (4 Total)	NA	

#### 1.3 NRC-HPN Phones

Location	Results
ANO-1/ANO-2/TSC/ECC	



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

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### 1.4 Key Button Phones

	Location	List	Tested	Results
1.4.1	ANO-1 (Sta. _____)			
1.4.2	ANO-2 (Sta. _____)			
1.4.3	TSC (Sta. _____)			
1.4.4	ECC (Sta. _____)			

### 2.0 TELEPHONE NUMBER VERIFICATION

	Agency	Phone No.
2.1	NRC	
2.2	Department of Health	
2.3	Little Rock Control Center	
2.4	National Weather Service	
2.5	Pope County Sheriff	
2.6	Yell County Sheriff	
2.7	Johnson County Sheriff	
2.8	Logan County Sheriff	
2.9	Pope Co. Ambulance Service	
2.10	Russellville Fire Department	
2.11	St. Mary's Hospital	
2.12	Millard Henry Clinic	
2.13	Babcock & Wilcox	
2.14	Combustion Engineering	

### 3.0 ROSTER/CALL LIST VERIFICATION

	List	ANO-1	ANO-2
3.1	Duty Emergency Coordinator		
3.2	Staff Augmentation Group: Engineering (T.S.)		
	Health Physics		
3.3	Beeper Assignment List		

### 4.0 CORRECTIVE ACTION REQUIRED (IF ANY):


Performed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
COMMUNICATIONS EQUIPMENT TESTS

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: ANNUAL COMMUNICATION TESTING RECORD

FORM NO. 1903.61B

REV. # 1 PC #

Date \_\_\_\_\_

Location	Phone No.	Results
Pope County EOC		
Yell County EOC		
Logan County EOC		
Johnson County EOC		
TOCC		

Performed By \_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
COMMUNICATIONS EQUIPMENT TESTS

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: DUTY ROSTER NOTIFICATION DRILL

FORM NO. 1903.61C  
REV. # 3    PC #

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### 1.0 INSTRUCTIONS:

At approximately \_\_\_\_\_ hours on \_\_\_\_\_ (date), the SAA from Unit One/Two is instructed to contact each of the three individuals listed on the Duty Roster for the current week. The preferred method of contact is via telephone. If telephone contact cannot be established, activate the appropriate beeper and record the response time below (elapsed time from beeper activation to the return call by that individual). When transmitting the message via beeper, use the following statement:

" (NAME) call the Unit (1 OR 2) Control Room. This is a drill".

2.0 DUTY EMERGENCY COORDINATOR \_\_\_\_\_ (NAME)

Check One:

2.1  Initial contact made via telephone.

NOTE: If initial contact is made via telephone, perform a test of the beeper to verify operability.

Beeper Operable: YES or NO (Circle One)

2.2  Initial contact made via beeper.

2.2.1 Elapsed Time \_\_\_\_\_ minutes

2.3  Unable to establish contact.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



PLANT MANUAL SECTION:  
EMERGENCY PLAN  
PROCEDURE

PROCEDURE/WORK PLAN TITLE:  
COMMUNICATIONS EQUIPMENT TESTS

NO:  
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# ARKANSAS NUCLEAR ONE

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## ARKANSAS POWER & LIGHT COMPANY Arkansas Nuclear One

TITLE: DUTY ROSTER NOTIFICATION DRILL

FORM NO. 1903.61C  
REV. # 3 PC #

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3.0 HEALTH PHYSICS SECTION \_\_\_\_\_  
(NAME)

Check One:

3.1  Initial contact made via telephone.

NOTE: If initial contact is made via telephone, perform a test of the beeper to verify operability.

Beeper Operable: YES or NO (Circle One)

3.2  Initial contact made via beeper.

3.2.1 Elapsed Time \_\_\_\_\_ minutes

3.3  Unable to establish contact.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.0 ENGINEERING/TECHNICAL SUPPORT SECTION \_\_\_\_\_  
(NAME)

Check One:

4.1  Initial contact made via telephone.

NOTE: If initial contact is made via telephone, perform a test of the beeper to verify operability.

Beeper Operable: YES or NO (Circle One)

4.2  Initial contact made via beeper.

4.2.1 Elapsed Time \_\_\_\_\_ minutes

4.3  Unable to establish contact.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.0 Please forward completed form to the Emergency Planning Coordinators.

SAA Signature \_\_\_\_\_

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

Reviewed By \_\_\_\_\_