### HOPE CREEK GENERATING STATION HC.SA-AP.ZZ-0005(Z) Rev. 0

# OPERATIONAL READINESS SELF ASSESSMENT PROGRAM

SPONSOR: General Manager - Hope Creek Operations

#### REVISION SUMMARY

This is a new procedure.

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IMPLEMENTATION REQUIREMENTS

Effective upon issuance

General Manager - Hope Creek Operations

9601170172 960112 PDR ADOCK 05000354

# OPERATIONAL READINESS SELF ASSESSMENT PROGRAM

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# OPERATIONAL READINESS SELF ASSESSMENT PROGRAM

#### 1.0 PURPOSE

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To establish an integrated line-management self-assessment program to assist station personnel in determining the readiness to safely and reliably startup and operate the station from an outage of greater than four weeks.

#### 2.0 SCOPE

This procedure describes the self assessment activities (System, Departmental and Operational Readiness Affirmations) to be used by the Operations, Muntenance, Outage & Planning, Chemistry, Radiation Protection, System Engineering, and Licensing Departments when determining restart readiness. Other departments, may be added at the direction of the General Manager Hope Creek Operations.

#### 3.0 RESPONSIBILITIES

- 3.1 The <u>Senior Vice President Nuclear Operations</u> will make a determination that the station is ready to safely and reliably startup and operate through the next operating cycle.
- 3.2 The General Manager Hope Creek Operations is responsible for:
  - Providing the Senior Vice President Nuclear Operations a recommendation regarding readiness to safely and reliably startup and operate the station
  - · Establishing expectations with responsible managers relative to organizational readiness
  - Ensuring the system, departmental and operational readiness reviews affirm that the station
    is ready to safely and reliably startup and operate through the next operating cycle
- 3.3 The Operations Manager is responsible for:
  - · Identifying and/or recommending systems requiring a System Readiness Review
  - Affirming the Operations Department has completed an Operational Readiness Review and they are ready to support the safe and reliable startup and operation of the station through the next operating cycle.

- 3.4 The Senior Nuclear Shift Supervisor (SNSS) is responsible for:
  - · Operational acceptance of systems
  - Affirming the station is in a condition of material readiness to support safe and reliable startup and operation and the operating crew is prepared and ready to startup and operate the station in a safe and reliable manner through the next operating cycle.
- 3.5 The Manager Outage & Planning is responsible for:
  - Scheduling System Readiness Reviews utilizing input from the System Managers
  - Affirming that the station Outage & Planning Department is in a condition of readiness to support the safe and reliable startup and operation of the station through the next operating cycle
  - Initiating system, departmental and operational readiness affirmation processes at an appropriate time prior to outage completion
- 3.6 The Technical Manager (New Title-Manager System Engineering) is responsible for
  - Identifying and/or approving those systems requiring a System Readiness Review
  - Affirming that the System Engineering organization is in a condition of readiness to support the safe and reliable startup and operation of the station through the next operating cycle
  - Verifying that core load evaluations are complete.
- 3.7 The System Managers are responsible for:
  - Performing System Readiness Review walkdowns and resolving issues/problems which emerge as a result of the walkdowns
  - Affirming that their assigned systems are in a condition of readiness to support the safe and reliable startup and operation of the station through the next operating cycle
- 3.8 The Reactor Engineer (New Title Reactor Engineering Supervisor) is responsible for verifying that the as-loaded fuel complies with the core load design (the verification is performed prior to installation of the reactor head).

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- 3.9 The Manager Nuclear Fuels is responsible for affirming the as-supplied fuel and core reload design meets the applicable design criterion.
- 3.10 <u>Selected Managers</u> (see 5.4) are responsible for affirming their departments are in a condition of readiness to support the safe and reliable startup and operation of the station through the next operating cycle.

#### 4.0 PROCESS DESCRIPTION

- 4.1 The operational readiness self assessment process will verify completion of the necessary startup required actions and affirmation of System, Departmental and Operational Readiness. The process includes a combination of management reviews and field observations of material condition and personnel performance.
  - System Readiness affirmations by the respective System Managers provide assurance that each system is ready to support the safe and reliable startup and operation of the station through the next cycle. This affirmation is based on coordinated walkdowns of systems with the Operations personnel, a review of current system's conditions that may have changed since shutdown of the plant and subsequent completion of required startup actions.
  - Departmental Readiness affirmations by selected departments provides assurance that the departments are in a state of readiness to support the safe and reliable startup and operation of the station through the next cycle. These affirmations consist of a self-assessment of the departmental readiness and a review of inspection and evaluation results to ensure that required startup actions have been completed. Responsible Managers will have an initial meeting with the General Manager in which expectations, relative to organizational readiness, will be established. Each Manager will later affirm readiness and present their self assessment results to the General Manager.
  - Operational Readiness affirmations by each SNSS and operating crew provides assurance
    that the Operating Shifts are satisfied with the plant material condition and they are ready
    to operate the station in a safe and reliable manner through the next operating cycle. The
    affirmation also includes a verification of operator training, establishment of an acceptable
    control room working environment and that operations performance expectations have
    been established and effectively communicated.
- The General Manager will convene a SORC meeting to review these affirmations and to verify compliance with regulatory commitments and any special criteria. These reviews/verifications will be used to determine the station is in a condition to be safely and reliably operated through the next operating cycle. Based on these affirmations, the General Manager will recommend to the Senior Vice President Nuclear Operations that the station be allowed to return to service
- 4.3 The Senior Vice President Nuclear Operations will approve returning the station to service based on input from the General Manager, Senior Vice President Nuclear Engineering and Director Quality Assurance and Nuclear Safety Review.

#### 5.0 PROCEDURE

#### 5.1 Initiating Readiness Affirmations

The Manager - Outage & Planning should initiate action to begin the systems, organizational and operational readiness affirmation processes at the appropriate time to permit an orderly assessment and affirmation prior to outage completion. Factors to be considered in determining when to initiate the process include outage scope and duration. It is anticipated that the affirmation process will start no later than two weeks before the end of the outage. Note that many of the review activities necessary to provide operational readiness affirmation are to be initiated by the responsible manager earlier in the outage.

#### 5.2 Affirming Syste.n Readiness

The System Man see's will:

- 5.2.1 Review the scope of the maintenance activities performed on each of their systems during the outage using process outline in HC SA-SD.Z. 8, System Readiness Review Board (SRRB)
- 5.2.2 Perform System Readiness Review walkdowns for selected systems to assess the physical status of the systems. Verify that scaffolding and temporary shielding have been removed, hoses have been removed from vents and drains, there are no obvious physical integrity problems and the housekeeping of the general area is satisfactory. Use an Action Request (AR) IAW NAP-6, Corrective Action Program to track items to be resolved before startup
- 5.2.3 Affirm that, to the best of their knowledge and judgment, their systems are ready to support the safe and reliable startup and operation of the station through the next operating cycle Consider the following in making this affirmation:
  - The material condition of the system is satisfactory.
  - The required startup actions have been successfully completed.
  - Compensatory measures (if appropriate) for rescheduled item have been established
  - Rescheduled open items on the system have been prioritized.
  - System Readiness Review walkdowns have been completed.
- 5.2.4 Complete a Form 1, System Readiness Affirmation Form, to affirm individual system readiness. Make copies of the Forms and send the originals to the Manager System Engineering and the copies to Manager Outage and Planning.

### 5.3 Affirming Core Configuration Readings

- 5.3.1 The Manager Nuclear Fuels will:
  - A. Verify the as-supplied fuel and core or nfiguration meets the applicable design criterion.
  - B. Complete a Form 2, Core Configuration Affirmation Form, to affirm fuel and core configuration compliance and forward the Form to the Manager -System Engineering
- 5.3.2 The Manager System Engineering will ensure the as loaded core complies with the core configuration and sign/date the Form.

#### 5.4 Affirming Departmental Readiness

Managers of the following departments should affirm to the best of their knowledge and judgment, their departments are in a state of readiness to support the safe and reliable startup and operation of the station through the next cycle.

- Operations
- Maintenance
- Chemistry
- Radiation Protection
- Outage & Planning
- System Engineering
- Nuclear Licensing
- other departments maybe added at the direction of the General Manager Hope Creek Operations
- 5.4.1 Each selected Department Manager should consider the following for affirmation of departmental readiness:
  - Adequacy of staffing levels, personnel experience and qualifications to demonstrate compliance with regulatory requirements and commitments and support the safe and reliable startup and operation of the station during the next operating cycle.
  - Completion of personnel training in the following areas (if applicable); refresher training on normal startup evolutions, power ascension, and operation at power; industry operating experience and unusual events at similar plants; emergency preparedness; changes in plant configuration; changes in plant operating and emergency procedures; changes in work control procedures; and changes in other key administrative procedures and processes
  - Resolution of recurring performance issues and reduction of backlogs to manageable levels (if applicable).

- Demonstration of progress in enhancing performance in the following areas:
  - Ability to effectively identify root causes of problems and to define appropriate corrective actions,
  - Ability to implement defined corrective actions in a timely and effective manner,
  - Utilization of critical self-assessment methods to identify problems and to support continued improvement
  - Establishment of goals and priorities for the continued improvement of organizational performance.
- 5.4.2 Complete a Form 3, Departmental Readiness Affirmation Form, to affirm Departmental readiness.
- 5.5 Affirming Operational Readiness
- 5.5.1 The Operations Manager should conduct meetings with the SNSSs and Operations staff to review progress in attaining operational readiness.
- 5.5.2 The SNSS of each crew should:
  - A. In conjunction with their crews conduct reasonable and appropriate activities to accomplish the objective of attaining, demonstrating and affirming operational readiness. Consider the following to support the affirmation of operating crew readiness:
    - Adequacy of staffing levels, personnel experience and qualification levels.
    - Completion of appropriate personnel refresher training of shift personnel, including training on plant, procedures and process changes.
    - · Completion of training of shift personnel on the startup and power ascension plan
  - B. In conjunction with their crews, affirm to the best of their knowledge and judgment that the station is in a condition of material readiness to support safe and reliable startup and operation. Consider the following:
    - Adequacy of the material condition of the plant, including the current status of operator workarounds, to support safe and reliable restart and operation during the next operating cycle.
    - Review of Temporary Modifications

#### 5.5.2 (Continued)

- All outage related temporary fire suppression systems removed and Fire Protection requirements or commitments ready to support startup
- Temporary power feeds removed/MCCs restored; installed temporary power feeds,
  if applicable, reviewed to ensure they will not affect safety or operations.
- Establishment of an acceptable Control Room working environment, including minimizing Control Room and operator distractions (acceptable DL-10's)
- Demonstration of adequate management support, including the establishment of expectations and standards for conduct of operations, provisions to ensure control of plant and equipment status (configuration) and the ability to obtain appropriate attention and response to high priority problems.
- C. Complete a Form 4, Operational Readiness Affirmation Form, to affirm Operational Readiness and forward the Forms to the Operations Manager.
- 5.6 Reviewing System, Departmental and Operational Readiness Affirmations
- 5.6.1 The General Manager should, upon completion of the System, Departmental and Operational affirmation processes, convene a SORC meeting to review/assess the station's readiness to return to service.
- 5.6.2 The SORC should:
  - A. Review the System, Departmental and Operational readiness affirmations.
  - B. Document the status (complete/incomplete) of each Manager's affirmation. Verify incomplete items affecting startup or power operation are identified with responsibility and completion dates assigned, and are being monitored by the appropriate management level.
  - C. Verify basic regulatory commitments and special criteria required for startup and power operation have been met.
  - D. Based on their reviews, provide a restart recommendation to the General Manager
- 5.6.3 The General Manager should provide the Senior Vice President Nuclear Operations a recommendation regarding readiness to safely and reliably startup and operate the station
- 5.6.4 The Senior Vice President Nuclear Operations will make a determination that the station is ready to safely and reliably startup and operate through the next operating cycle.

# 5.7 Records

The Manager - Outage & Planning should ensure completed Forms 1-4 are retained IAW the Records Management Program, NAP-11.

Hope Creek

- . 6.0 REFERENCES
  - 6.1 NC.NA-AP.ZZ-0006(Q), Corrective Action Program
  - 6.2 NC.NA-AP.ZZ-0011(Q), Records Management Program
  - 6.3 HC.SA-SD.ZZ-0008, System Readiness Review Board (SRRB)

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# SYSTEM READINESS AFFIRMATION FORM

| System Abbreviation                                                                                                                 |                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| System Name                                                                                                                         |                                                                                |
| System Manager                                                                                                                      |                                                                                |
| REVIEW SUMMARY:                                                                                                                     |                                                                                |
| The System Manager should initial each item below to affirm action:                                                                 | that he/she has completed the required                                         |
| System Readiness Review completed in accordance w                                                                                   | vith .                                                                         |
| Compensatory measures (if appropriate) have been es<br>System restoration schedule ensures the safe, reliable,<br>system.           | tablished for rescheduled items.                                               |
| System Manager Walkdowns completed as specified to Compensatory measures (if applicable) established for equipment failures.        | by the Manager - System Engineering. r significant recurring, or repetitive    |
| AFFIRMATION:  Based upon an evaluation of the considerations set forth is knowledge and judgment, the system is in a state of readi | in Section 5.2, and to the best of my<br>ness to support the safe and reliable |
| System Manager Signature/Date                                                                                                       |                                                                                |
| REMARKS: (Attach a continuation sheet if appropriate)                                                                               |                                                                                |
| REVIEWS AND APPROVALS:                                                                                                              |                                                                                |
|                                                                                                                                     |                                                                                |
| Supervisor Signature/Date/                                                                                                          |                                                                                |
| Manager - System Engineering Signature/Date                                                                                         |                                                                                |

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### FORM 2 Page 1 of 1

# CORE CONFIGURATION AFFIRMATION FORM

| AFFIRMATION:                                       |                                                         |                                                                                      |
|----------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| Based on my knowledge<br>load design is ready to s | and judgment, the required upport safe and reliable ope | actions have been completed and the core<br>ration through the next operating cycle. |
| Manager - Nuclear Fuels                            | Signature/Date:                                         |                                                                                      |
| AFFIRMATION:                                       |                                                         |                                                                                      |
|                                                    | and judgment, the required erified and is in accordance | actions have been completed and the core with the reload design.                     |
| Manager - System Engine                            | ering Signature/Date:                                   |                                                                                      |

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# DEPARTMENTAL READINESS AFFIRMATION FORM

| Department:                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Department Manager                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                         |
| REVIEW SUMMARY                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                         |
| The Department Manag                                                                                                                                                                                                                                                                                                                                           | er should initial each                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | h item below to aff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | firm that he/she has com                                                                                                                                                                                                | pleted the                                                                                                                              |
| Review Licensing A completed during of Review PMs/STs un support Mode 1 and Review PMs under scheduled outage. Completion of actio trending reports tha Areas designated in Review all outage re maximum extent po Review and provide during the outage un Review annunciator operable as possible Review pre-closeout were conducted. Co Review posting of bo | l as listed. (List exception items under departments responded departments responded departments responsibilities under departments responsibilities under departments responsibilities under departments responsibilities are designated for compartments and LCO-related estible. (List exceptions) an assessment of uncompartments responded departments resp | cons) rtments responsibility closed out. (List exce sibility to ensure all a reptions) ity to identify all that re responsibility to responsibility to responsibility to responsibility insents responsibility insents responsibility insents responsibility insents responsibility insents responsibility insents responsibility.  Cator status under department areas where repaired.  In the control of t | require an outage and come deto NRC, QA, INPO finding or provision of justification spected and cleanliness satisfients responsibility to ensure distributions artments responsibility and work items under departments | mitted to be as required to due before next gs and/or CAP in for rescheduling factory completion to ut not completed restore as many to |
| AFFIRMATION:                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                         |
| Based upon an evalua<br>knowledge and judgm<br>reliable restart and op<br>REMARKS: (Attach a                                                                                                                                                                                                                                                                   | ent, the departmen<br>eration of the static                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | it is in a condition<br>on during the nex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Section 5.4 and to the of readiness to support operating cycle.                                                                                                                                                         | best of my<br>t the safe and                                                                                                            |
| REVIEWS AND APP                                                                                                                                                                                                                                                                                                                                                | ROVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                         |                                                                                                                                         |
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| Department Manager                                                                                                                                                                                                                                                                                                                                             | Signature/Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /                                                                                                                                                                                                                       |                                                                                                                                         |
| Hope Creek                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Page 13 of 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                         | Rev. 0                                                                                                                                  |

# South AL

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# OPERATIONAL READINESS AFFIRMATION FORM

| Shift D                                | esignator:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SNSS                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| REVIE                                  | EW SUMMARY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| The SN the requ                        | ISS should initial each item below to affirm that he/she and the operating crew have complete uired actions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
|                                        | Shift staffing levels, including personnel experience and qualification levels, are adequate. Refresher training of shift personnel, including training on plant, procedures, and process changes, has been completed.  The material condition of the plant, including the current status of operator workarounds is adequate to support safe and reliable restart and operation.  Provisions to ensure an acceptable control room working environment have been established Expectations and standards for conduct of operations have been established and effectively communicated. |  |  |  |
| Based<br>knowle<br>in a co-<br>operati | upon an evaluation of the considerations set forth in Section 5.5, and to the best of my edge and judgment and the knowledge and judgment of my operating crew, the station in a ndition of material readiness to support the safe and reliable startup and power ion through the next cycle and the operating crew is ready to startup and operate the in a safe and reliable manner.                                                                                                                                                                                                |  |  |  |
| SNSS                                   | Signature/Date/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| REMA                                   | RKS: (Attach a continuation sheet if appropriate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |  |
|                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| REVIE                                  | EWS AND APPROVALS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |  |  |
|                                        | ing Engineer Signature/Date/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Operati                                | ion Manager Signature/Date/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
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