

WATERFORD 3 SES PLANT OPERATING MANUAL



LOUISIANA
POWER & LIGHT

POM VOLUME 18
POM SECTION 2

EP-2-130
REVISION 5

Emergency Plan Implementing Procedure

Emergency Team Assignments

PORC Meeting No. 94-127

Reviewed: [Signature]
PORC Chairman

Approved: [Signature]
Plant Manager-Nuclear

12/19/89
Approval Date

Fuel Load
Effective Date

8501070352 850103
PDR ADOCK 05000382
F PDR

REVIEW COVER SHEET

REVIEW OF: EP-2-130 - Emergency Team Assignments (Rev. 5)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL		DATE
			YES	NO	
	Maintenance Superintendent	<i>R Mc Sahal</i>	✓		11/20/84
	Operations Superintendent	<i>[Signature]</i>	✓		11/20/84
	Radiation Protection Superintendent	<i>R W Kenning</i>	✓		11/20/84
	Plant Quality Manager	<i>J J Zolich</i>	✓		11/20/84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman	<i>[Signature]</i>	✓		11/20/84

PORC Meeting No. 84-127 Item No. 6 Date: 11-20-84

This item is recommended for approval? YES NO

This item requires SRC/NRC review prior to implementation? YES NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? YES NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments: _____

Approved by N/A DATE N/A
Plant Manger-Nuclear

*CLG
9-17
[Signature]*

WATERFORD 3 SES

PLANT OPERATING MANUAL

Check Block Below

CHANGE/REVISION/DELETION REQUEST

POM PORC-S/C

Procedure No. EP-2-130

Title Emergency Team Assignments

Effective Date Fuel Load

(if different from approval date)

Complete A, B, and C

A. Change No. N/A Permanent Deviation Expiration Date _____

B. Revision No. 5

C. Deletion YES NO

DESCRIPTION OF CHANGE OR REVISION

Change Fire Team to Fire brigade. Incorporate and clarify use of the +7 PAB as a staging area for the Fire Brigade and First Aid Team. Strengthen O&C support of Rad. monitoring teams.

REASON FOR CHANGE, REVISION, OR DELETION

To incorporate annual revision.

REQUIRED SIGNATURES

ORIGINATOR [Signature]

DATE 11/5/84

SAFETY REVIEW

Does this change, revision, or deletion:

- 1. Change the facility as described in the FSAR? YES _____ NO X
- 2. Change the procedures as described in the FSAR? YES _____ NO X
- 3. Conduct tests/experiments not described in the FSAR? YES _____ NO X
- 4. Require a change to the Technical Specifications? YES _____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [Signature]

DATE 11/5/84

TECHNICAL REVIEW [Signature]

DATE 11-5-84

GROUP HEAD REVIEW [Signature]

DATE 11-6-84

TEMPORARY APPROVAL* (SFO) _____

DATE _____

TEMPORARY APPROVAL* _____

DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

TABLE OF CONTENTS

1.0 PURPOSE
2.0 REFERENCES
3.0 RESPONSIBILITIES
4.0 INITIATING CONDITIONS
5.0 PROCEDURE
6.0 FINAL CONDITIONS
7.0 ATTACHMENTS
 7.1 Emergency Teams
 7.2 Emergency Team Briefing and Debriefing Sheets

LIST OF EFFECTIVE PAGES

Title	Revision
	Revision 5
1-6	Revision 5
7-9	Revision 2

1.0 PURPOSE

This procedure establishes the responsibilities, duties and necessary assignments to form Emergency Teams.

2.0 REFERENCES

- 2.1 Waterford 3 SES Emergency Plan
- 2.2 EP-2-081, Search and Rescue
- 2.3 EP-2-140, Reentry
- 2.4 Emergency Management Resources Book
- 2.5 EP-2-020, Contaminated Injured/Ill Personnel
- 2.6 EP-2-030, Emergency Radiation Exposure Guidelines and Controls
- 2.7 EP-2-034, Onsite Surveys During Emergencies
- 2.8 EP-2-060, Radiological Field Monitoring
- 2.9 UNT-7-018, First Aid and Medical Care

3.0 RESPONSIBILITIES

- 3.1 The OSC Supervisor is responsible for implementing this procedure.
- 3.2 The Radiological Controls Coordinator (RCC) is responsible for ensuring appropriate radiation protective measures are implemented in support of emergency teams.
- 3.3 The Security Shift Supervisor (SSS) is responsible for ensuring plant access to the emergency teams.

4.0 INITIATING CONDITIONS

This procedure shall be implemented on activation of the OSC.

5.0 PROCEDURE

- 5.1 The OSC Supervisor or his designee should assemble at a minimum one (1) of each of the following Emergency Teams.
 - 5.1.1 Fire Brigade
 - 5.1.2 Emergency First Aid Team (EFAT)
 - 5.1.3 Search and Rescue Team

5.1.4 Emergency Repair/Operations Team

NOTE

The Radiological Controls Coordinator (RCC) under the direction of the Health Physics Coordinator (HPC) is responsible for the formation and control of Radiation Monitoring Teams.

5.1.5 Drivers and transportation for three (3) Radiation Field Monitoring Teams.

5.2 The Emergency Teams shall be staffed to the levels, and qualification required by Attachment 7.1, OSC Emergency Team Matrix.

NOTE

The Fire Brigade and the Emergency First Aid Team, once assembled, will normally be staged at the +7 ft. MSL RAB to provide rapid response to inplant emergencies.

5.3 When selected, each team shall assemble in a designated area of the OSC with assigned equipment and remain immediately available until dispatched or de-activated by the OSC Supervisor.

5.4 The OSC Supervisor shall evaluate the staffing of the Emergency Teams to ensure their readiness to respond, and identify to the TSC any team(s) which he is unable to staff appropriately.

5.4.1 The OSC Supervisor shall inform the TSC and the Control Room when the OSC has assumed responsibility for the plant fire fighting and/or first aid responses.

5.4.2 Those disciplines and/or required levels of qualification that do not exist in adequate numbers should be identified to the TSC Supervisor and the OSC Supervisor should take action to call in additional individuals.

5.5 Emergency Team Operations

NOTE

Attachment 7.2 Team Briefing and Debriefing Sheets are self duplicating.

- Copy one (1) is retained by the Team Leader
- Copy two (2) is retained by the -4 Health Physics Control Point
- Copy three (3) is retained by the OSC Supervisor

5.5.1 Prior to dispatching an Emergency Team, Attachment 7.2 Team Briefing and Debriefing Sheets shall be completed as appropriate for the assigned task. Copy 3 of the Team Briefing and Debriefing sheet should be retained by the OSC, Copies 1 & 2 should go with the dispatched team to the -4 Control Point. Copy 2 will be retained at the -4 Control Point.

5.5.2 The OSC Supervisor shall dispatch teams as directed by the TSC Supervisor in accordance with the appropriate emergency procedure.

NOTE

The OSC Supervisor shall coordinate with the RCC to ensure that appropriate radiological controls are implemented for existing situation prior to dispatching an Emergency Team.

5.5.2.1 Fire Brigade - FP-1-003 Fire Emergency Report

5.5.2.2 First Aid Team - UNT-7-018, First Aid and Medical Care

5.5.2.3 Search and Rescue - EP-2-081, Search and Rescue

5.5.2.4 Emergency Repair/Operation Team - EP-2-140, Reentry (when applicable)

5.5.3 Ensure that the dispatched Emergency Team(s) can gain access to the required areas of the plant by coordinating with the Security Superintendent or his designee.

- 5.5.4 Emergency Teams dispatched from the OSC maintain communications with, and take direction from, the OSC Supervisor.
- 5.5.5 On completion of their assigned task; the Emergency Team shall return to the OSC to be debriefed in accordance with Attachment 7.2, Emergency Team Briefing and Debriefing Sheets. Copy one (1) of the debriefing sheet shall be retained by the OSC Supervisor to complete his record of the team's activity.

6.0 FINAL CONDITIONS

- 6.1 All dispatched Emergency Team(s) have returned to the OSC.
- 6.2 All dispatched Emergency Team(s) have completed Attachment 7.2, Emergency Team Briefing and Debriefing Sheets.

7.0 ATTACHMENTS

- 7.1 OSC Emergency Team Matrix
- 7.2 Emergency Team Briefing and Debriefing Sheets

OSC EMERGENCY TEAM MATRIX

<u>TEAM</u>	<u>QUALIFIED IN</u>						<u>SELECTED FROM</u>					
	Radiation Worker	Safety System Trained	Multi-Media First Aid	Health Physics Qual.	Fire Brigade Qual.	Fire Team Leader Qual.	Operations	Health Physics	Chemistry	Security	Maintenance	Radwaste
- Fire Brigade												
Team Leader	R	R	D		R	R	P					
Support Member	R	R	D		R	D	P					
Support Member	R	R	D		R	D	P					
Support Member	R		D		R		P					
Support Member	R		D		R		P					
- First Aid												
Team Leader	R		R	02			S	P				
Support Member	R		R	D			P	S				
- Search and Rescue												
Team Leader	R		D				P	S	S	S	P	
Support Member	R		D				P	S	S	S	P	
- Emerg. Repair/ Operations												
Team Leader	R						P	S	S	S	P	
Support Member	R	D	D				P	S	S	S	P	
- Radiation Monitoring												
Team Leader	R			R			P					
Driver	R							S		P	P	

R = Required D = Desirable P = Primary S = Supplementary

EMERGENCY TEAM BRIEFING SHEET

Date _____
Departure Time _____

A. Purpose of Team

Search and Rescue _____	In-Plant Radiological Controls _____
First Aid _____	Emergency Repair/Operations _____
Fire Fighting _____	Field Monitoring _____
Other (specify) _____	

Task to be performed _____

B. Team Members

	<u>Badge #</u>	<u>Dosimetry Number</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

<u>Exposure (SRD)</u>		<u>Total</u>	<u>Personnel Contamination</u>	
<u>Reading</u>	<u>In/Reading Out</u>		<u>Yes</u>	<u>No</u>
_____	/	_____	Yes	No
_____	/	_____	Yes	No
_____	/	_____	Yes	No
_____	/	_____	Yes	No
_____	/	_____	Yes	No

C. Access Route identified, emergency exit identified _____

V. Equipment Issued

D. Communications Primary Method _____ **Alternate** _____
Reporting Frequency (Time Interval) _____

1. Radiological _____
2. SCBA's/Respirators _____
3. Fire Fighting _____
4. Safety Lines/Ropes _____
5. First Aid _____
6. Other _____
7. Proper respiratory protection issued.
8. Proper dose-rate instrument(s) (adequate range, battery checked, calibrated).
9. Proper protective clothing issued.

E. Exposure Limits

<u>Location</u>	<u>Radiation Level</u>	<u>Airborne Levels</u>	<u>Contamination Levels</u>	<u>Staytime/Exposure Allowed</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

H. Security Access Required Yes No

NOTE: 10 CFR 20 limits are contained in EP-2-030. If overexposure is anticipated, complete Attachment 7.1 to EP-2-030.

G. Comments

OSC Supervisor Date/Time
Attachment 7.2 (1 of 3)

EMERGENCY TEAM BRIEFING AND DEBRIEFING SHEETS

Date _____

Return Date _____

PART I EMERGENCY TEAM DEBRIEFING SHEET

Results of Operation(s): _____

Were plant conditions different from expected? (Circle) Yes No

If "Yes", explain: _____

Did any injuries occur during the entry? (Circle) Yes No

If "Yes", describe: _____

Did all equipment/tools work properly (Circle) Yes No

If "No", explain: _____

Were safety precautions (including radiological) adequate?

(Circle) Yes No

If "No", explain: _____

Comments: _____

OSC Supervisor

Date/Time

EMERGENCY TEAM BRIEFING AND DEBRIEFING SHEETS

PART II RADIOLOGICAL DEBRIEFING

(To be completed if radiological conditions are encountered)

Initial

 A. Exposure entered into computerized exposure tracking system.

 B. TLD's collected and forwarded for processing (Circle)

Yes

Not Required

 C. Breathing zone air samples collected.

 D. Dose rates encountered identified and documented.

 E. Personnel require bioassay. (Circle)

Yes

Not Required

 F. Other

Radiological Controls Coordinator

WATERFORD 3 SES PLANT OPERATING MANUAL



LOUISIANA
POWER & LIGHT

POM VOLUME 18
POM SECTION 2

EP-2-190
REVISION 4

Emergency Plan Implementing Procedure

Personnel Accountability

PORC Meeting No. 84-133
Reviewed: [Signature]
PORC Chairman
Approved: [Signature]
Plant Manager-Nuclear

12/13/84
Approval Date

Fuel Load
Effective Date

REVERSE COVER SHEET

REVIEW OF: EP-4-190 - Personnel Accountability (Rev. 4)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL		DATE
			YES	NO	
	Maintenance Superintendent	<i>[Signature]</i>	✓		12/6/84
	Operations Superintendent	<i>[Signature]</i>	✓		12/6/84
	Radiation Protection Superintendent	<i>[Signature]</i>	✓		12/6/84
	Plant Quality Manager	<i>[Signature]</i>	✓		12/6/84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman	<i>[Signature]</i>	✓		12/6/84

PORC Meeting No. 84-133 / Item No. 11 Date: 12-6-84

This item is recommended for approval? YES NO

This item requires SRC/NRC review prior to implementation? YES NO

If yes, ensure documentation supporting review is attached.

This item requires QA review prior to implementation? YES NO

QA REVIEW

Reviewed by <u>N/A</u> Corporate QA Manager	DATE <u>N/A</u>
--	-----------------

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments: _____

Approved by <u>N/A</u> Plant Manager-Nuclear	DATE <u>N/A</u>
---	-----------------

[Handwritten initials]

WATERFORD 3 SES

PLANT OPERATING MANUAL

Check Block Below

CHANGE/REVISION/DELETION REQUEST

POM PORC-S/C

Procedure No. EP-2-190 Title Personnel Accountability

Effective Date Fuel Load (if different from approval date)

Complete A, B, and C

A. Change No. N/A Permanent Deviation Expiration Date _____

B. Revision No. 4

C. Deletion YES NO

DESCRIPTION OF CHANGE OR REVISION

To incorporate recommend changes, which occurred when security computer keypad systems became available for testing and procedure walkdown

REASON FOR CHANGE, REVISION, OR DELETION

Re-organized to make it easier to understand and use and to incorporate recommend changes

REQUIRED SIGNATURES

ORIGINATOR [Signature] DATE 10/29/84

SAFETY REVIEW

Does this change, revision, or deletion:

- 1. Change the facility as described in the FSAR? YES _____ NO Y
- 2. Change the procedures as described in the FSAR? YES _____ NO Y
- 3. Conduct tests/experiments not described in the FSAR? YES _____ NO X
- 4. Require a change to the Technical Specifications? YES _____ NO X

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW [Signature] DATE 10/29/84

TECHNICAL REVIEW [Signature] DATE 11/05/84

GROUP HEAD REVIEW [Signature] DATE 11/29/84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

TABLE OF CONTENTS

1.0 PURPOSE

2.0 REFERENCES

3.0 RESPONSIBILITIES

4.0 INITIATING CONDITIONS

5.0 PROCEDURE

 5.1 Continuous Accountability

 5.2 Accountability/Evacuation Surveys After a Site Evacuation

 5.2.1 Normal (Within the Protected Area) - Using the Security Computer

 5.2.2 Backup (Within the Protected Area) - Manual Method

 5.2.3 Evacuation Survey Outside of the Protected Area

6.0 FINAL CONDITIONS

7.0 ATTACHMENTS

 7.1 Facility Accountability Roster (1 Page)

 7.2 Continuous Accountability Roster (2 Pages)

 7.3 Missing Person Roster (1 Page)

LIST OF EFFECTIVE PAGES

Title	Revision
1-12	Revision 4
13	Revision 1
14-15	Revision 2
16	Revision 3

prc2-015.prc

1.0 PURPOSE

This procedure provides continuous accountability for the essential personnel within the Protected Area during an emergency situation at Waterford 3 SES. Additionally the procedure outlines a method by which personnel are accounted for following a site evacuation.

2.0 REFERENCES

- 2.1 EP-2-071, Site Protective Measures
- 2.2 EP-2-081, Search and Rescue
- 2.3 EP-2-100, Technical Support Center (TSC) Activation, Operation and Deactivation
- 2.4 EP-2-101, Operational Support Center (OSC) Activation, Operation and Deactivation
- 2.5 EP-2-130, Emergency Team Assignments
- 2.6 EP-2-140, Reentry
- 2.7 PS-16-103, Accountability of Personnel During Emergencies

3.0 RESPONSIBILITIES

- 3.1 Each essential person within the Protected Area is responsible for complying with this procedure.
- 3.2 The Technical Support Center (TSC) Supervisor, Operational Support Center (OSC) Supervisor, Security Shift Supervisor (SSS), Shift Supervisor(SS), Control Room Supervisor (CRS), and the Radiological Controls Coordinator (RCC) are responsible for the continuous accountability of their respective staffs.
- 3.3 The Emergency Coordinator (EC) is responsible for ensuring that, following a site evacuation, missing personnel are identified, and evacuation survey activities conducted.
- 3.4 Facility Accountability Coordinators are responsible for maintaining Attachment 7.2, Continuous Accountability Roster.

- 3.5 The Security Shift Supervisor (SSS) shall be responsible for ensuring that the following activities occur:
- 3.5.1 That the Accountability Keycard Readers are activated at the declaration of an Alert or higher emergency classification.
 - 3.5.2 Evacuating personnel are rapidly processed through the Primary Access Point (PAP).
 - 3.5.3 That Attachment 7.3, Missing Person Roster is provided to the Emergency Coordinator when requested.
 - 3.5.4 Provide assistance as directed by the Emergency Coordinator.

4.0 INITIATING CONDITIONS

4.1 Declaration of any emergency event at Waterford 3 SES.

5.0 PROCEDURE

5.1 CONTINUOUS ACCOUNTABILITY

5.1.1 Essential personnel within the Protected Area when first arriving at their assigned facility shall:

NOTE

A site page announcement should be made by the Security Department when the Accountability Keycard Readers are activated.

5.1.1.1 Card into the Accountability Keycard Reader (if operational).

5.1.1.2 Sign in on their respective facility status board (The On-Shift personnel assignments should already be noted on the Shift Assignment Board at the beginning of their normal shift).

5.1.1.3 Stay within their respective facility unless signed out on Attachment 7.2, Continuous Accountability Roster, with the Facility Accountability Coordinator.

5.1.2 The facility supervisors on arriving at their respective facilities shall:

5.1.2.1 Appoint an individual from their staff to perform the functions of the Accountability Coordinator for the facility.

5.1.2.2 Ensure that all responding personnel comply with step 5.1.1 thru 5.1.1.3.

5.1.2.3 Notify the Emergency Coordinator when an individual who is signed out on Attachment 7.2, Continuous Accountability Roster is identified as missing.

5.1.3 The Accountability Coordinator shall:

5.1.3.1 Position himself/herself near the entrance to the facility and a PABX phone.

NOTE

When EP-2-140, Reentry is implemented two (2) person teams are required for entry into an evacuated area.

NOTE

Record the names and badge numbers of individuals who are logging out of the facility on Attachment 7.2, Continuous Accountability Roster.

- 5.1.3.2 Log out personnel leaving and log in personnel returning to the facility on Attachment 7.2, Continuous Accountability Roster.

NOTE

For emergency teams record the team leader's name and badge number and the emergency team name on Attachment 7.2, Continuous Accountability Roster. The Team Briefing/Debriefing Sheets from EP-2-130, Emergency Teams should list all team members and badge numbers.

- 5.1.3.3 Assign a call-back frequency and point of contact for each individual departing the facility. The recommended call-back frequency is 15 minutes, however the facility supervisor can adjust the call-back frequency based on present or perceived plant conditions.
- 5.1.3.4 Record the location of each individual or team as they call-in from outside of the facility on Attachment 7.2, Continuous Accountability Roster.
- 5.1.3.5 Report the name, badge number, and last known location to the facility supervisor of anyone from which contact is over due.
- 5.1.4 The SS/CRS shall, on declaring an emergency:
- 5.1.4.1 Conduct a roll-call of the personnel assigned to the shift. In the event that someone does not respond to the roll-call, attempt to locate him/her and determine their status.

- 5.1.4.2 For an Alert or higher classification:
 - 5.1.4.2.1 Ensure that the Security Shift Supervisor (SSS) activates the Accountability Keycard Readers (Action Alert) as per PS-16-103.
 - 5.1.4.2.2 Direct all personnel assigned to the shift organization to card into an Accountability Keycard Reader.
 - 5.1.4.2.3 Appoint a Facility Accountability Coordinator to maintain an Attachment 7.2, Continuous Accountability Roster for the On-Shift Emergency Organization as per step 5.1.3.
- 5.1.5 The Emergency Coordinator shall:
 - 5.1.5.1 On receiving a report of a missing person, direct that a site page announcement is made which requests that the missing person respond to a given PABX phone number immediately.
 - 5.1.5.2 If the missing individual does not respond to the site page within five (5) minutes, direct that a Search and Rescue team be dispatched in accordance with EP-2-081 to determine the location and status of the missing person.
- 5.1.6 The Security Shift Supervisor (SSS) shall:
 - 5.1.6.1 On declaration of an Alert or higher emergency classification ensure that PS-16-103 is implemented and that the Accountability Keycard Readers are activated.
 - 5.1.6.2 Immediately advise the Emergency Coordinator of any problems which would impact or impair accountability.

5.1.7 The CAS/SAS Operator shall:

5.1.7.1 On hearing the announcement of declaration of an Alert or higher emergency classification shall activate the Accountability Keycard Reader in accordance with PS-16-103.

5.1.7.2 When the Accountability Keycard Readers are activated make the following site page:

ATTENTION ALL PERSONNEL! ATTENTION ALL PERSONNEL! THE
ACCOUNTABILITY KEYCARD READERS ARE NOW ACTIVATED. THE
ACCOUNTABILITY KEYCARD READERS ARE NOW ACTIVATED.

5.1.7.3 If the Accountability Keycard Readers fail make the following plant page and advise the Security Shift Supervisor (SSS) of the problem.

ATTENTION ALL PERSONNEL! ATTENTION ALL PERSONNEL! THE
ACCOUNTABILITY KEYCARD READERS HAVE FAILED. THE
ACCOUNTABILITY KEYCARD READERS HAVE FAILED. USE THE
BACKUP ACCOUNTABILITY PROCEDURE.

5.2 ACCOUNTABILITY/EVACUATION SURVEYS AFTER A SITE EVACUATION

5.2.1 NORMAL (WITHIN THE PROTECTED AREA) - USING THE SECURITY
COMPUTER

NOTE

All essential personnel should have carded into the Accountability Keycard Readers when they responded to their respective emergency facility. In the event that the computerized system fails, implement step 5.2.2 of this procedure.

NOTE

Within 30 minutes of commencing a site evacuation unaccounted for personnel should be identified by name and badge number to the Emergency Coordinator.

5.2.1.1 After the Emergency Coordinator has ordered the evacuation of the non-essential personnel, the following activities should occur:

5.2.1.1.1 When contacted by the Security Shift Supervisor and advised the majority of the evacuating personnel at the Primary Access Point (PAP) have exited the PAP, sound the Station Alarm and make the following announcement:

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL WE ARE
NOW PERFORMING ACCOUNTABILITY. WE ARE NOW PERFORMING
ACCOUNTABILITY.

- 5.2.1.1.2 The Central Alarm Station/Secondary Alarm Station (CAS/SAS) Operator on hearing the announcement in step 5.2.1.1.1 shall:
- 5.2.1.1.2.1 Perform accountability as per PS-16-103 and printout a report of the personnel within the Protected Area that have not carded into an Accountability Keycard Reader.
- 5.2.1.1.2.2 Delete from the printout those security officers listed on the printout who are accounted for by drawing a single line through each name.
- 5.2.1.1.2.3 Contact the SS/CRS in the Control Room by phone and request the names and badge numbers of any shift personnel who are accounted for but who have not carded into an Accountability Keycard Reader. Delete from the printout the names of the individuals that the Control Room indicates as accounted for by drawing a single line through their name.

NOTE

The security computer printout will list by interior badge number in increasing sequential order the status of personnel who have NOT carded into an Accountability Keycard Reader. When the last name is printed out for individuals who have NOT carded into an Accountability Keycard Reader the security computer will then printout by interior badge number in increasing sequential order the names of individuals who are accounted for, but who have moved out of their accountability zone. These individuals are accounted for under continuous accountability (Section 5.1 of this procedure).

- 5.2.1.1.2.4 Contact the Emergency Coordinator by phone and advise him/her as to who remains on the printout. By giving the name, and exterior badge number of each unaccounted for individual.

NOTE

Ensure that the last known location is included if possible for each individual on Attachment 7.3, Missing Person Roster.

- 5.2.1.1.2.5 Complete an Attachment 7.3, Missing Person Roster and have the roster hand carried to the Emergency Coordinator.
- 5.2.1.1.3 The TSC Supervisor on receiving the Missing Person Roster shall:
- 5.2.1.1.3.1 Evaluate and delete any members of the TSC, -4 Control Point and/or the OSC staff who are accounted for from the roster.
- 5.2.1.1.3.2 Advise the Emergency Coordinator of any individual(s) whose name(s) remain(s) on the roster.
- 5.2.1.1.3.3 Make the following announcement:
- ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL
- _____ CONTACT THE TECHNICAL
(Missing individual's name(s))
- SUPPORT CENTER IMMEDIATELY AT _____.
(PABX number)
- 5.2.1.1.3.4 If the missing individual(s) does not respond within five (5) minutes. Advise the Emergency Coordinator and direct the OSC Supervisor to implement EP-2-081, Search and Rescue and locate the missing individual(s). Provide the following information from the roster to the OSC Supervisor:
- Name
 - Badge Number
 - Last Known Location

- 5.2.2 BACKUP (WITHIN THE PROTECTED AREA) - MANUAL METHOD
- 5.2.2.1 When the Accountability Keycard Readers are determined to be inoperable. The SSS should advise the Emergency Coordinator that the BACKUP accountability procedure should be implemented.
- 5.2.2.2 The Emergency Coordinator should advise the SS/CRS, OSC Supervisor, Radiological Controls Coordinator and the TSC Supervisor that the Accountability Keycard Readers are inoperable.
- 5.2.2.3 When a site evacuation is ordered, each facility shall generate an Attachment 7.1, Facility Accountability Roster for their staff. The Facility Accountability Roster shall also include the names and badge numbers of personnel logged out on Attachment 7.2, Continuous Accountability Roster.

NOTE

The TSC runner should transport both the Control Room's and TSC's completed Attachment 7.1, Facility Accountability Roster, to the PAP.

- 5.2.2.4 The completed Attachment 7.1, Facility Accountability Roster should be hand carried to the PAP.

NOTE

The security officers at the PAP will compare the completed Attachment 7.1, Facility Accountability Roster to the Keycard Badge Racks to determine who is unaccounted for.

- 5.2.2.5 The SSS shall direct the security officers to complete Attachment 7.3, Missing Person Roster and forward it to the Emergency Coordinator.
- 5.2.2.6 The Emergency Coordinator shall direct the TSC Supervisor to make the following announcement upon receipt of Attachment 7.3, Missing Person Roster:

ATTENTION ALL PERSONNEL, ATTENTION ALL PERSONNEL

CONTACT THE TECHNICAL
(Missing individual's name(s))

SUPPORT CENTER IMMEDIATELY AT (PABX number)

5.2.2.7 If the missing individual(s) do(es) not respond within five (5) minutes. Advise the Emergency Coordinator and direct the OSC Supervisor to implement EP-2-081, Search and Rescue and locate the missing individual(s). Provide the following information from the printout to the OSC Supervisor:

- Name
- Badge Number
- Last Known Location

5.2.3 EVACUATION SURVEY OUTSIDE OF THE PROTECTED AREA

- 5.2.3.1 Verify that the Exclusion Area has been established as per EP-2-071 section 5.1.6.
- 5.2.3.2 Contact Waterford 1 & 2 and verify that all non-essential personnel have been evacuated.
- 5.2.3.3 Contact security and ensure that evacuation survey activities are completed for areas outside of the protected area in accordance with PS-16-103.

6.0 FINIAL CONDITIONS

- 6.1 When all of the following conditions apply, and at the direction of the Emergency Coordinator this procedure can be terminated.
 - 6.1.1 All missing personnel have been accounted for.
 - 6.1.2 The emergency situation has been resolved and no longer exists.
- 6.2 When a facility is deactivated, ensure that all personnel logged out on Attachment 7.2, Continuous Accountability Roster are logged in.

7.0 ATTACHMENTS

- 7.1 Facility Accountability Roster (1 Page)
- 7.2 Continuous Accountability Roster (2 Pages)
- 7.3 Missing Person Roster (1 Page)

CONTINUOUS ACCOUNTABILITY ROSTER

DATE (MM/DD/YY) 10/29/84

"Example"

PAGE 2 OF

1. <u>Joe A. Example</u> Name (Team Leader)	<u>0000</u> Badge#	<u>13:15</u> Time Out	<u>15 min</u> Call In Time	hr. <u>13</u> <table border="1" style="font-size: small; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>36/</u></td> <td style="text-align: center;"><u>45/42</u></td> <td style="text-align: center;"><u>14/42</u></td> <td style="text-align: center;"><u>15/42</u></td> </tr> <tr> <td style="text-align: center;">C.R</td> <td style="text-align: center;">Diesel Rm</td> <td style="text-align: center;">Diesel Rm</td> <td style="text-align: center;">Diesel Rm</td> </tr> </table>	<u>36/</u>	<u>45/42</u>	<u>14/42</u>	<u>15/42</u>	C.R	Diesel Rm	Diesel Rm	Diesel Rm	14 <table border="1" style="font-size: small; border-collapse: collapse;"> <tr> <td style="text-align: center;"><u>36/42</u></td> <td style="text-align: center;"><u>45/</u></td> <td style="text-align: center;"><u>/</u></td> <td style="text-align: center;"><u>/</u></td> </tr> <tr> <td style="text-align: center;">Diesel Rm.</td> <td></td> <td></td> <td></td> </tr> </table>	<u>36/42</u>	<u>45/</u>	<u>/</u>	<u>/</u>	Diesel Rm.				<u>14:38</u> Time In
<u>36/</u>	<u>45/42</u>	<u>14/42</u>	<u>15/42</u>																			
C.R	Diesel Rm	Diesel Rm	Diesel Rm																			
<u>36/42</u>	<u>45/</u>	<u>/</u>	<u>/</u>																			
Diesel Rm.																						
Name (If Applicable) <u>N/A</u>	Badge#																					
Emergency Team (If Applicable)																						
<u>#2 desg Diesel Room</u> Task Location	<u>Repair air start valve</u> Task Description																					

EXAMPLE !

1. Name - Name of individual leaving the facility. The second name blank is to be used for a "buddy" assigned the same task and who will remain with the first person listed.
2. Badge# - Badge number of individual
3. Emergency Team - For the OSC team assignment.
4. Time Out - Time that the individual departed the facility
5. Call In Time Freq. - The frequency, in minutes, that the individual is required to call into the facility.
6. hr. - Place the hour (using 24 hour clock) above the small squares on it's first occurrence. Place the minutes of the hour which the individual has been instructed to call back by in the small square below the hour. When the individual responds, record the location and line through the small square, and add the "call in freq." to the time at which the individual responded, and place the minutes in the next small square to the right. If the hour changes, record the new hour above the minute square.
7. Task Location - Record the area in which the individual will be working outside of the facility.
8. Task Description - Describe the task or other important information.
9. Time In - On return of the individual or when the individual calls in from the facility that he/she has been reassigned to, record the time. This entry closes out the individuals accountability log.

CONTINUOUS ACCOUNTABILITY ROSTER

DATE (MM/DD/YY) ___/___/___

PAGE ___ OF ___

1. _____ hr. _____
 Name (Team Leader) Badge# Time Out Call In Time In
 _____ hr. _____
 Name (If Applicable) Badge# Time Out Call In Time In
 _____ hr. _____
 Emergency Team (If Applicable)

Task Location

Task Description

2. _____ hr. _____
 Name (Team Leader) Badge# Time Out Call In Time In
 _____ hr. _____
 Name (If Applicable) Badge# Time Out Call In Time In
 _____ hr. _____
 Emergency Team (If Applicable)

Task Location

Task Description

3. _____ hr. _____
 Name (Team Leader) Badge# Time Out Call In Time In
 _____ hr. _____
 Name (If Applicable) Badge# Time Out Call In Time In
 _____ hr. _____
 Emergency Team (If Applicable)

Task Location

Task Description

MISSING PERSON ROSTER

FACILITY: _____ PAGE ____ OF ____

DATE: ___/___/___

=====

=	NAME (Print)	EDGE NO.	LAST KNOWN LOCATION	=
---	--------------	----------	---------------------	---

=====

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____
- 11.) _____
- 12.) _____
- 13.) _____
- 14.) _____
- 15.) _____
- 16.) _____
- 17.) _____
- 18.) _____
- 19.) _____
- 20.) _____

WATERFORD 3 SES PLANT OPERATING MANUAL



MIDDLE SOUTH
UTILITIES SYSTEM

LOUISIANA
POWER & LIGHT

POM VOLUME 18
POM SECTION 2

EP-3-070
REVISION 4

Emergency Plan Implementing Procedure

Emergency Communications Systems Routine Testing

PORC Meeting No. 84127

Reviewed: [Signature]
PORC Chairman

Approved: [Signature]
Plant Manager-Nuclear

12/19/84
Approval Date

Effective Date

REVIEW COVER SHEET

REVIEW OF: EP-3-070 - Emergency Communications Systems Routine Testing (Rev. 4)

PORC REVIEW

The PORC has reviewed this item and determined that a safety evaluation was performed (as applicable), that an unreviewed safety question does not exist (as applicable), that a change to the Technical Specifications is not required, and that nuclear safety is/was not adversely affected.

ORDER OF REVIEW	PORC MEMBER	PORC MEMBER SIGNATURE	RECOMMENDED FOR APPROVAL		DATE
			YES	NO	
	Maintenance Superintendent	<i>R. M. [Signature]</i>	✓		11-20-84
	Operations Superintendent	<i>[Signature]</i>	✓		11/20/84
	Radiation Protection Superintendent	<i>[Signature]</i>	✓		11/20/84
	Plant Quality Manager	<i>[Signature]</i>	✓		11/20/84
	Technical Support Superintendent				
	Assistant Plant Manager				
	PORC Chairman	<i>[Signature]</i>	✓		11/21/84

PORC Meeting No. 84-127 Item No. 7 Date: 11-20-84

- This item is recommended for approval? YES NO
- This item requires SRC/NRC review prior to implementation? YES NO
- If yes, ensure documentation supporting review is attached.
- This item requires QA review prior to implementation? YES NO

QA REVIEW

Reviewed by N/A DATE N/A
Corporate QA Manager

PLANT MANAGER-NUCLEAR APPROVAL (REFER TO 5.4.12.1)

Comments: _____

Approved by N/A DATE N/A
Plant Manger-Nuclear

*Chg
9-1-84
[Signature]*

WATERFORD 3 SES
 PLANT OPERATING MANUAL
 CHANGE/REVISION/DELETION REQUEST

Check Block Below
 POM PORC-S/C

Procedure No. EP-3-070 Title EMERGENCY COMMUNICATIONS SYSTEMS
 Effective Date _____ (if different from approval date)

Complete A, B, and C

A. Change No. NA Permanent Deviation Expiration Date _____

B. Revision No. 4

C. Deletion YES NO

DESCRIPTION OF CHANGE OR REVISION

- ① DELETED ALL PHONE NUMBERS AND REFERENCED EMERGENCY MANAGEMENT RESOURCES BOOK
- ② CORRECTED INACCURACIES AS TO LOCATIONS OF EQUIPMENT & SPECIFIC TESTING OPERATIONS
- ③ DELETED SECTIONS OF ATTACHMENT 7.4 THAT AREN'T REQUIRED FOR TEST OF PAGERS
- ④ DELETED ATTACHMENT 7.5

REASON FOR CHANGE, REVISION, OR DELETION

ANNUAL UPDATE OF EMERGENCY PROCEDURES

REQUIRED SIGNATURES

ORIGINATOR S. Zolmanish DATE 10/5/84

SAFETY REVIEW

Does this change, revision, or deletion:

- | | | |
|---|-----------|-------------|
| 1. Change the facility as described in the FSAR? | YES _____ | NO <u>X</u> |
| 2. Change the procedures as described in the FSAR? | YES _____ | NO <u>X</u> |
| 3. Conduct tests/experiments not described in the FSAR? | YES _____ | NO <u>X</u> |
| 4. Require a change to the Technical Specifications? | YES _____ | NO <u>X</u> |

If the answer to any of the above is yes, complete and attach a 10CFR50.59 Safety Evaluation.

SAFETY REVIEW S. Zolmanish DATE 10/5/84

TECHNICAL REVIEW _____ DATE 11-5-84

GROUP HEAD REVIEW Philip Baker DATE 11-6-84

TEMPORARY APPROVAL* (SRO) _____ DATE _____

TEMPORARY APPROVAL* _____ DATE _____

*Temporary approval must be followed by Plant Manager/APM-N - Nuclear approval within 14 days.

TABLE OF CONTENTS

- 1.0 PURPOSE
- 2.0 REFERENCES
- 3.0 RESPONSIBILITIES
- 4.0 INITIATING CONDITIONS
- 5.0 PROCEDURE
 - 5.1 Emergency Pager System
 - 5.2 Industrial Hotline
 - 5.3 Operational Hotline
 - 5.4 NRC Emergency Notification System (ENS)
 - 5.5 NRC Health Physics Network (HPN)
 - 5.6 EOF Command Line Intercom
 - 5.7 Health Physics (HP) Line Intercom
 - 5.8 LP&L Emergency Dial System
 - 5.9 State Civil Defense Radio Network
 - 5.10 Radiological Field Monitoring Radio Network
 - 5.11 OSC Maintenance Radio Network
- 6.0 FINAL CONDITIONS
- 7.0 ATTACHMENTS
 - 7.1 Emergency Pager Test Sheet (1 page)
 - 7.2 Emergency Communications Test Sheet (3 pages)
 - 7.3 State Civil Defense Radio Network Test Sheet (Roll Call) (1 page)
 - 7.4 Operation of the Answering Machines (4 pages)
 - 7.5 Radiological Field Monitoring Radio Network Test Sheet (1 page)
 - 7.6 St. Charles Parish Industrial Hotline Test Sheet (1 page)
 - 7.7 OSC Maintenance Radio Network Test Sheet (1 page)

EMERGENCY PLAN SUPPORTING PROCEDURE

EP-3-070

EMERGENCY COMMUNICATION SYSTEMS

Revision 4

ROUTINE TESTING

LIST OF EFFECTIVE PAGES

Title	Revision
1-13, 15-17, 23-25	4
14, 18-22	2

1.0 PURPOSE

This procedure provides guidance for conducting periodic tests on emergency communications systems to ensure their availability during exercises, drills and emergencies.

2.0 REFERENCES

- 2.1 Waterford 3 SES Emergency Plan
- 2.2 NUREG-0654/FEMA-REP-1
- 2.3 EP-2-010, Notifications and Communications
- 2.4 EP-3-020, Emergency Preparedness Drills and Exercises
- 2.5 10 CFR 50 Appendix E
- 2.6 NSP-453, Emergency Planning Action Item Tracking System
- 2.7 Emergency Management Resources Book

3.0 RESPONSIBILITIES

- 3.1 The Emergency Planning Coordinator (EPC) is responsible for scheduling, coordinating and documenting emergency communications system testing.
- 3.2 Any individual who discovers a problem or malfunction in an emergency communication system is responsible for immediately reporting it to the Shift Supervisor (SS) and the EPC, or Emergency Coordinator if during a drill or emergency.
- 3.3 The qualified individual assigned to perform a communications system test shall:
 - 3.3.1 Notify the on-shift SS of the test that is to be performed and obtain his concurrence prior to commencing the test.
 - 3.3.2 Ensure that during the performance of the test all parties involved clearly understand that Waterford 3 is only performing a test of the communication system.

4.0 INITIATING CONDITIONS

- 4.1 The LP&L Emergency Response Pager System shall be tested weekly in accordance with this procedure. The on-shift SS shall assign personnel to perform this test.
- 4.2 The following LP&L emergency communications systems shall be tested monthly in accordance with this procedure. The EPC shall assign personnel to perform these tests:
- Operational Hotline
 - NRC Emergency Notification System (ENS)
 - NRC Health Physics Network (HPN)
 - EOF Command Line Intercom
 - Health Physics Line Intercom
 - LP&L Emergency Dial System
 - State Civil Defense Radio Network
 - Industrial Hotline
- 4.3 The Radiological Field Monitoring Radio System, used by off-site radiological monitoring teams, shall be tested quarterly in accordance with this procedure. The Health Physics Superintendent shall assign personnel to perform this test.
- 4.4 The Industrial Hotline, Control Room locations only, shall be tested weekly in conjunction with the St. Charles Industrial Hotline roll call. The SS shall assign personnel to perform this test.
- 4.5 The State Civil Defense Radio Network, Control Room locations only, shall be tested weekly in conjunction with the State of Louisiana roll call test. The SS shall assign personnel to perform this test.
- 4.6 The OSC Maintenance Radio Network, used by on-site emergency teams, shall be tested quarterly in accordance with this procedure. The Maintenance Superintendent shall assign personnel to perform this test.

NOTE

All phone numbers needed for performance of this procedure can be found in the Emergency Management Resources Book.

5.0 PROCEDURE

5.1 EMERGENCY PAGER SYSTEM

- 5.1.1 The Emergency Pager System shall be tested once a week. This test will normally be performed on Tuesday between the hours of 7pm and 9pm.
- 5.1.2 Press MODE and then press STOP on the answering machines and remove the prerecorded "Situation Normal" cassette tapes (see Attachment 7.4, Operation of the Answering Machines).
- 5.1.3 Place the prerecorded "Communication Test Tape" in each answering machine in accordance with Attachment 7.4, steps 2.1.1 through 2.1.3.
- 5.1.4 Perform steps 2.2.1 and 2.2.2 of Attachment 7.4 to activate the answering machine.
- 5.1.5 Activate the Emergency Pager System in accordance with EP-2-010, Attachment 7.2.
- 5.1.6 Wait approximately 20-30 minutes and verify response in accordance with Attachment 7.4, steps 3.1 through 3.5. The information shall be recorded on Attachment 7.1 and shall be forwarded to the Emergency Planning Coordinator at the conclusion of the test.
- 5.1.7 On completion of the Emergency Pager System test, remove the prerecorded "Communications Test Tape" from the answering machines.
- 5.1.8 Place the prerecorded "Situation Normal" cassette tape into the answering machines.
- 5.1.9 Press REWIND ERASE. Press REWIND. This will erase all messages received from the Incoming Cassette.
- 5.1.10 When the incoming tape has rewound and automatically stopped, press ANSWER and MODE (the LED will flash as the answering machine resets itself). The answering machine is ready to receive incoming calls when the LED ceases flashing and remains on.

EMERGENCY PLAN SUPPORTING PROCEDURE
EMERGENCY COMMUNICATIONS SYSTEMS
ROUTINE TESTING

EP-3-070
Revision 4

5.2 INDUSTRIAL HOTLINE

5.2.1 St. Charles-Initiated Test

5.2.1.1 On Thursday morning, St. Charles Parish commences a system verification roll call for all St. Charles Parish Industrial Hotline members.

5.2.1.2 When the Parish contacts the Waterford 3 SES Control Room, the following shall occur:

5.2.1.2.1 Answer the call: "Waterford 3, Control Room, (your name) speaking", then follow Parish's instructions.

5.2.1.2.2 State the quality of the communications link. Identify background noise, static, or other problems with the Industrial Hotline.

5.2.1.2.3 Log the results of the test on Attachment 7.6.

5.2.2 W3 SES-Initiated Test

5.2.2.1 The Industrial Hotline shall be tested each month from the following locations:

TSC-ECC Comm. #1

TSC-ECC Comm. #2

EOF Comm. #1

5.2.2.1.1 Inform the SS that you are going to conduct a test of the Industrial Hotline.

5.2.2.1.2 Call the St. Charles Parish Emergency Preparedness Director and inform him of the test.

5.2.2.1.3 To initiate the test, pick up the receiver and press the Industrial Hotline button. The system will automatically ring at the St. Charles Parish.

5.2.2.1.4 When the Parish answers, identify yourself as Waterford 3 SES and state that you are conducting a test of the Industrial Hotline.

- 5.2.2.1.5 Direct St. Charles Parish to hang up and call back on the Industrial Hotline to verify both receiving and transmitting capabilities of the Industrial Hotline.
- 5.2.2.1.6 Log the results of the test on Attachment 7.2.
- 5.2.2.2 Repeat steps 5.2.2.1.3 through 5.2.2.1.6 for each extension of the Industrial Hotline (excluding the Control Room). Inform St. Charles Parish and the SS when the test is complete.

5.3 OPERATIONAL HOTLINE

- 5.3.1 The Operational Hotline shall be tested at the following locations each month:
 - TSC-ECC (2)
 - Control Room (2)
 - EOF
 - Backup EOF

NOTE

This test should be performed in conjunction with the communications drill required in Section 5.1.2.1 of Reference 2.4.

- 5.3.2 Inform the SS that you are going to conduct a test of the Operational Hotline.
- 5.3.3 To initiate the test, pick up the receiver, press the Operational Hotline button and press the signal key. The system will automatically ring at St. Charles Parish (EOC and Sheriff's Office), St. John the Baptist Parish (EOC and Sheriff's Office), LOEP, LNED.
- 5.3.4 As each station answers, identify yourself as Waterford 3 SES and tell them to stand by. When all stations have answered, state that Waterford 3 SES is conducting a test of the Operational Hotline.
- 5.3.5 Log the results of the test on Attachment 7.2.

EMERGENCY PLAN SUPPORTING PROCEDURE
EMERGENCY COMMUNICATIONS SYSTEMS
ROUTINE TESTING

EP-3-070
Revision 4

5.3.6 Repeat steps 5.3.2 through 5.3.4 for each extension of the Operational Hotline. When all stations have been tested, inform all agencies and SS that the test is complete.

5.4 NRC EMERGENCY NOTIFICATION SYSTEM (ENS)

5.4.1 The ENS shall be tested from the following locations each month:

TSC-ECC

TSC-NRC Office

EOF

Control Room

5.4.2 Inform the SS and NRC Resident Inspector that you are going to conduct a test of the ENS.

5.4.3 To initiate the test, pick up the receiver. The system will automatically ring the NRC Operations Center in Bethesda, MD.

5.4.4 When the NRC answers, state: This is the Waterford 3 SES in Region IV (your name) speaking. I am performing a test of the ENS.

5.4.5 Request that the NRC Operations Center Duty Officer hang up and call back to verify incoming operation.

5.4.6 Log the results of the test on Attachment 7.2. If any extension of the ENS is found inoperable, immediately inform the SS that the extension is inoperable and must be reported to the NRC Operations Center within 1 hour.

5.4.7 Repeat steps 5.4.2 through 5.4.5 for each extension of the ENS. When all extensions have been tested, inform the NRC, SS and Resident Inspector that the test is complete.

5.5 NRC HEALTH PHYSICS NETWORK (HPN)

5.5.1 The HPN shall be tested from the following locations each month:

TSC-ECC

TSC-NRC Office

-4 RAB

EOF

EMERGENCY PLAN SUPPORTING PROCEDURE
EMERGENCY COMMUNICATIONS SYSTEMS
ROUTINE TESTING

EP-3-070
Revision 4

- 5.5.2 Inform the SS and NRC Resident Inspector that you are going to conduct a test of the HPN.
- 5.5.3 To initiate the test, pick up the receiver and dial the NRC Region IV Office.

NOTE

You will not hear any dial tone.

- 5.5.4 When the NRC answers, state: This is the Waterford 3 SES, (your name) speaking. I am performing a test of the HPN.
 - 5.5.5 Request that the NRC Region IV attendant hang up and call back to verify incoming operation.
 - 5.5.6 Log the results of the test on Attachment 7.2.
 - 5.5.7 Repeat steps 5.5.2 through 5.5.5 for each extension of the HPN.
When all stations have been tested, inform the SS, NRC Resident Inspector and the NRC Region IV attendant that the test is complete.
- 5.6 EOF COMMAND LINE INTERCOM
- 5.6.1 The EOF Command Line shall be tested from the following locations each month:
 - TSC-ECC (3)
 - Control Room (2)
 - EOF (2)
 - Backup EOF
 - 5.6.2 To initiate the test, pick up the receiver (press the EOF Command Line button if using a keyset) and dial the 1 digit code of the station to be tested.

EMERGENCY PLAN SUPPORTING PROCEDURE
EMERGENCY COMMUNICATIONS SYSTEMS
ROUTINE TESTING

EP-3-070
Revision 4

5.6.3 Request the called party to hang up and call back to verify incoming operation.

5.6.4 Log the results of the test on Attachment 7.2.

5.6.5 Repeat steps 5.6.2 through 5.6.4 for each station listed in step 5.6.1.

5.7 HEALTH PHYSICS (HP) LINE INTERCOM

5.7.1 The HP Line shall be tested from the following locations each month:

TSC-ECC

TSC-Dose Assessment

RAB -4

RAB +7

EOF (2)

Backup EOF

OSC

Backup OSC

5.7.2 To initiate the test, pick up the receiver (press the HP Line button if using a keyset) and dial the 1 digit code of the station to be tested.

5.7.3 Request the called party to hang up and call back to verify incoming operation.

5.7.4 Log the results of the test on Attachment 7.2.

5.7.5 Repeat steps 5.7.2 through 5.7.4 for each station listed in step 5.7.1.

5.8 LP&L EMERGENCY DIAL SYSTEM

5.8.1 The Emergency Dial System shall be tested from the following locations each month:

TSC-ECC (3)

Control Room (2)

EMERGENCY PLAN SUPPORTING PROCEDURE
EMERGENCY COMMUNICATIONS SYSTEMS
ROUTINE TESTING

EP-3-070
Revision 4

5.8.2 To initiate the test, pick up the receiver, press the LP&L Emergency Dial button and dial the code for Waterford 1 & 2.

5.8.3 When Waterford 1 & 2 answers, state: This is Waterford 3, (your name) speaking, and I am conducting a test of the LP&L Emergency Dial System.

5.8.4 Request Waterford 1 & 2 to hang up and call back to verify incoming operation.

5.8.5 Log the results of the test on Attachment 7.2.

5.8.6 Repeat steps 5.8.2 through 5.8.4 for each extension of the LP&L Emergency Dial System.

5.9 STATE CIVIL DEFENSE RADIO NETWORK

5.9.1 LOEP-Initiated Test

5.9.1.1 The State Civil Defense Radio Network is tested weekly in conjunction with the State of Louisiana.

5.9.1.2 On Monday, Wednesday and Friday mornings, the State of Louisiana conducts a roll call test of the State Civil Defense frequency.

5.9.1.3 When the state calls Waterford 3 The Control Room shall respond with the requested information.

5.9.1.4 Log the results of the tests on Attachment 7.3.

5.9.1.5 At the end of each test forward the completed Attachment 7.3 to the EPC.

5.9.2 W3 SES-Initiated Test

5.9.2.1 The State Civil Defense Radio Network shall be tested each month from the following locations:

TSC-ECC

EOF

Backup EOF

5.9.2.2 Inform the SS that you are going to conduct a test of the State Civil Defense Radio Network.

5.9.2.3 To initiate the test, contact the following agencies:

LOEP

5.9.2.4 When LOEP answers, identify yourself as Waterford 3 SES and state you are conducting a test of the State Civil Defense Radio Network.

5.9.2.5 Log the results of the test on Attachment 7.2.

5.9.2.6 Repeat steps 5.9.2.3 through 5.9.2.5 for each location of the State Civil Defense Radio Network (excluding the Control Room). Inform LOEP and the SS when the test is complete.

5.10 RADIOLOGICAL FIELD MONITORING RADIO NETWORK

5.10.1 The Radiological Field Monitoring Radio Network is used for communications between the Field Radiation Monitoring Teams and the site. The Radiological Field Monitoring Radio Network shall be tested quarterly from the following locations:

- TSC - Dose Assessment Area (Remote Station)
- EOF - Dose Assessment Area (Remote Station)
- Backup EOF - Dose Assessment Area (Remote Station)
- Field Monitoring Radios (Portable & Vehicle)
- OSC (Remote Station)

5.10.2 To initiate the test, contact each portable and vehicle radio from a remote station.

5.10.3 To verify operation of all remote stations, test the remaining remotes with any vehicle or portable radio.

5.10.4 Log the results of the test on Attachment 7.5. Forward the completed attachment to the EPC.

5.11 OSC MAINTENANCE RADIO NETWORK

5.11.1 The OSC Maintenance Radio Network is used for communications between various on-site emergency teams and the OSC. The OSC Maintenance Radio Network shall be tested quarterly from the following locations:

- OSC - Remote Station
- OSC - Portable

5.11.2 To initiate the test, contact each portable radio from the remote station.

5.11.3 Log the results of the test on Attachment 7.7. Forward the completed attachment to the EPC.

6.0 FINAL CONDITIONS

6.1 All emergency dedicated phones, radios and other specialized emergency communication systems are in a fully operational state.

6.2 Any system, or portion of a system, that did not function properly shall be retested and recorded on the proper attachment when the deficiency is resolved.

6.3 The EPC shall review the results of all the communications tests in this procedure. Any deficiencies shall be entered into the Emergency Planning Action Item Tracking System for resolution.

7.0 ATTACHMENTS

7.1 Emergency Pager Test Sheet

7.2 Emergency Communications Test Sheet

7.3 State Civil Defense Radio Network Test Sheet (Roll Call)

7.4 Operation of the Answering Machines

7.5 Radiological Field Monitoring Radio Network Test Sheet

7.6 St. Charles Parish Industrial Hotline Test Sheet

7.7 OSC Maintenance Radio Network Test Sheet

EMERGENCY PAGER TEST SHEET

TO: Emergency Planning Coordinator

The following listed personnel responded to the test of the Emergency Pager System.

- | | |
|-----------|-----------|
| 1. _____ | 23. _____ |
| 2. _____ | 24. _____ |
| 3. _____ | 25. _____ |
| 4. _____ | 26. _____ |
| 5. _____ | 27. _____ |
| 6. _____ | 28. _____ |
| 7. _____ | 29. _____ |
| 8. _____ | 30. _____ |
| 9. _____ | 31. _____ |
| 10. _____ | 32. _____ |
| 11. _____ | 33. _____ |
| 12. _____ | 34. _____ |
| 13. _____ | 35. _____ |
| 14. _____ | 36. _____ |
| 15. _____ | 37. _____ |
| 16. _____ | 38. _____ |
| 17. _____ | 39. _____ |
| 18. _____ | 40. _____ |
| 19. _____ | 41. _____ |
| 20. _____ | 42. _____ |
| 21. _____ | 43. _____ |
| 22. _____ | 44. _____ |

Performed by: _____

Date __/__/__ Time: __: __

Reviewed by: _____

EPC

Date __/__/__

cc: Project Files - Original

EMERGENCY COMMUNICATIONS TEST SHEET

SYSTEM/LOCATION	OPERATION		DATE/TIME	INITIALS	COMMENTS
	SAT	UNSAT			
INDUSTRIAL HOTLINE	////	////	////	////	////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
EOF - COMM #1					
OPERATIONAL HOTLINE	////	////	////	////	////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
SS OFFICE					
NPO CONSOLE					
EOF - COMM #1					
BACKUP EOF					
EMERGENCY	////	////	////	////	////
NOTIFICATION SYSTEM (ENS)	////	////	////	////	////
TSC-ECC					
TSC-NRC OFFICE					
EOF					
CONTROL ROOM					
HEALTH PHYSICS	////	////	////	////	////
NETWORK (HPN)	////	////	////	////	////
TSC-ECC					
TSC-NRC OFFICE					
-4 RAB					
EOF					

SYSTEM/LOCATION	OPERATION		DATE/TIME	INITIALS	COMMENTS
	SAT	UNSAT			
EOF COMMAND	////	////	////	////	////
LINE INTERCOM	////	////	////	////	////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
TSC-ECC EC					
SS OFFICE					
NPO CONSOLE					
EOF - COMM #1					
EOF - EOF DIRECTOR					
BACKUP EOF					
HEALTH PHYSICS	////	////	////	////	////
LINE INTERCOM	////	////	////	////	////
TSC-ECC HPC					
TSC-DOSE ASSESSMENT					
RAB + 7					
RAB - 4					
EOF - RAC					
EOF - DPC					
BACKUP EOF					
OSC					
BACKUP OSC					

SYSTEM/LOCATION	OPERATION		DATE/TIME	INITIALS	COMMENTS
	SAT	UNSAT			
LP&L EMERGENCY	////	////	////	////	////
DIAL SYSTEM	////	////	////	////	////
TSC-ECC COMM #1					
TSC-ECC COMM #2					
TSC-ECC EC					
SS OFFICE					
NPO CONSOLE					
STATE CIVIL	////	////	////	////	////
DEFENSE RADIO	////	////	////	////	////
NETWORK	////	////	////	////	////
TSC					
EOF					
BACKUP EOF					

Test Performed by _____ Date _____
Reviewed by _____ Date _____
EPC

cc: Project Files - Original

STATE CIVIL DEFENSE RADIO NETWORK TEST SHEET (ROLL CALL)

Date _____

Time _____

Performed by _____

Comments _____

Forward the completed Civil Defense Radio Network Test Sheet
to the Emergency Planning Coordinator.

Reviewed by _____

EPC

Date _____

cc: Project Files - Original

OPERATION OF THE ANSWERING MACHINES

- 1.0 The following steps must be completed prior to the activation of the emergency pagers.

NOTE

Failure to perform the following steps will result in "responders" calling the answering machines and not hearing a recorded message.

- 1.1 Ensure that answering machines are plugged into an "emergency power source" (120 VAC, 60 Hz) and power switch is depressed.
- 1.1.1 During normal operations, the answering machine will be in the "Announcement Only" mode.
- 1.1.1.1 To place the answering machines in the "Announcement Only" mode, open the right-hand slide door and press the MODE switch; then press the ANSWER switch on the front of the machine. Ensure that the ANNOUNCE ONLY LED is lit.
- 1.1.1.2 If normal ac power is lost, the answering machines will automatically switch to battery backup with no loss of functions.

NOTE

If the BATTERY LOW LED is lit and normal ac power is lost, all functions will be lost. Perform step 1.1.1.1 when ac power is restored.

- 1.2 Ensure that the answering machines are plugged into appropriate PABX numbers.

OPERATION OF THE ANSWERING MACHINES

- 1.3 Ensure that the RINGS switches, located on the right side of the machines, are in position "1".
- 1.4 Ensure that the MAX MSG switches, located on the right side of the machines, are in the "30 SEC" position.

CASSETTE INSTALLATION

- 2.0 Two different types of cassettes (Outgoing and Incoming) accompany the answering machine. Additionally, new messages can be recorded on the blank tapes provided. Procedures for the announcement tape, the message tape and the blank tapes are provided.
- 2.1 Place the appropriate prerecorded (Unusual Event, Alert, etc.) or new message Outgoing Cassettes in the machines by the following procedure:
 - 2.1.1 Lift open the cassette door.
 - 2.1.2 Place the endless Outgoing Cassette in the left-hand position. Pull the EJECT lever forward and set the cassette so the hub with no spokes is on the left side.
 - 2.1.3 Release the EJECT lever and the cassette is locked into place.

RECORDER ACTIVATION

- 2.4 Activate the machines by the following procedure:
- 2.4.1 Press STOP, then press REWIND to return tape to the beginning.
- 2.4.2 Press ANSWER. The ANSWER LED will flash for 5 seconds and then stay on and the display will show 0:00. Now the machines are ready to receive calls.

OPERATION OF THE ANSWERING MACHINES

RECORDER PLAYBACK

- 3.0 Play back the recorders by the following procedure:
- 3.1 Press STOP. Press REWIND. Press PLAYBACK.
- 3.2 When machine starts playing back the message, the display will show the following for each message:
 - Message number
 - Date of call
 - Time of call
- 3.3 The answering machine will automatically stop after the last message has been played.
- 3.4 Press REWIND then press ANSWER to start receiving calls after listening to the last message.
- 3.5 To erase all messages previously received, press REWIND ERASE and then press REWIND.

FIELD MONITORING RADIO NETWORK TEST SHEET

1. TSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable () #	_____	_____	_____
2. EOF Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable () #	_____	_____	_____
3. Backup EOF Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable () #	_____	_____	_____
4. OSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Vehicle 1	_____	_____	_____
Vehicle 2	_____	_____	_____
Vehicle 3	_____	_____	_____
Vehicle 4	_____	_____	_____
Portable () #	_____	_____	_____

Forward the complete test sheet to the EPC.

Test Performed by _____ Date _____

Reviewed By _____ Date _____

EPC

cc: Project Files - Original

ST. CHARLES PARISH INDUSTRIAL HOTLINE TEST SHEET

Date _____
Time _____
Performed by _____
Comments _____

Forward the completed St. Charles Industrial Hotline Test Sheet to the
Emergency Planning Coordinator.

Reviewed by _____

EPC

Date _____

cc: Project Files - Original

OSC MAINTENANCE RADIO NETWORK TEST SHEET

1. OSC Remote Station to -	SAT/UNSAT	DATE/TIME	INITIAL
Portable 1	_____	_____	_____
Portable 2	_____	_____	_____
Portable 3	_____	_____	_____
Portable 4	_____	_____	_____
Portable 5	_____	_____	_____

Forward the completed test to the EPC.

Test Performed By _____ Date _____

Reviewed By _____ Date _____

EPC

cc: Project Files - Original