

Omaha Public Power District  
1623 Harney Omaha, Nebraska 68102  
402/536-4000

November 17, 1983  
LIC-83-286

Mr. J. T. Collins, Administrator  
U. S. Nuclear Regulatory Commission  
Region IV  
611 Ryan Plaza Drive, Suite 1000  
Arlington, Texas 76011



Reference: Docket No. 50-285

Dear Mr. Collins:

Fort Calhoun Station  
1983 Emergency Preparedness Exercise

The Commission's letter to Omaha Public Power District, dated January 14, 1982, requested the District provide the controller/prompter information and instructions, which will be supplied to the observers for the subject exercise, 20 days prior to the exercise date. Accordingly, the subject information is provided in Attachments 1 through 3. Please note that the exercise player cue cards have been previously transmitted to the Commission by the District's letter dated October 24, 1983.

Sincerely,

W. E. Miller  
Assistant General Manager

Attachments

cc: Mr. Patrick J. Breheny  
Federal Emergency Management Agency  
Region VII  
911 Walnut Street  
Room 300  
Kansas City, Missouri 64106

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OMAHA PUBLIC POWER DISTRICT  
FORT CALHOUN STATION  
1983 EMERGENCY EXERCISE  
EVALUATOR-CONTROLLER EXERCISE INSTRUCTIONS

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General Sequence of Events

<u>Date</u>	<u>Time</u>	<u>Event</u>
12/06/83	8:00 a.m.	NRC interview at the Emergency Operations Facility
12/06/83	1:00 p.m.	Observer briefing at the Emergency Operations Facility
	11:00 p.m.	Notification of Unusual Event emergency
12/07/83	6:00 a.m.	Alert emergency
	9:30 a.m.	Site Area emergency
	11:30 a.m.	General emergency
	4:30 p.m.	Drill termination (may be earlier if all objectives have been demonstrated)
12/08/83	10:00 a.m.	OPPD meeting at Emergency Operations Facility
12/08/83	1:00 p.m.	NRC critique/report/exit meeting at the Emergency Operations Facility

Evaluator-Controller General Instructions

1. Each evaluator-controller station shall be manned by a person trained in the following basic information:
  - a. Objectives of the exercise.
  - b. Initiating events and exercise scenario.
  - c. Expected corrective actions.
  - d. Assumptions and limitations of the exercise.
  - e. Duties of the evaluator-controller.
  - f. Compilation of an evaluator-controller critique report.
2. An evaluator-controller shall be stationed at each of the following locations approximately 15 minutes prior to the start and/or resumption of the exercise:
  - a. Control room.
  - b. Emergency Operations Facility.
  - c. Operations Support Center.
  - d. Technical Support Center.
  - e. Plant exit and assembly areas.
  - f. Offsite monitoring stations.
  - g. Security and plant access areas.
  - h. Auxiliary building.
  - i. Media Release Center.
3. One evaluator-controller shall be stationed in the control room, TSC, or OSC and designated "Exercise Controller." This person shall determine and approve changes authorized in the scenario time, data, and actions in order to reasonably demonstrate all exercise objectives.
4. Evaluator-controllers shall provide prompter or cue cards to participants at the appropriate time as the means of supplying new and changing exercise events.
5. Evaluator-controllers shall not offer information, advice, or assistance not contained in cue cards or approved by the Exercise Controller. However, evaluator-controllers shall not mislead participants or permit major deviation from the approved scenario.
6. Neither the NRC, FEMA, nor any other exercise observer shall be allowed to alter scenario events or introduce additional complications.

Evaluator-Controller General Instructions  
(Continued)

7. Time deviations shall be allowed in order to demonstrate onsite, recovery, and de-escalation responses during the exercise.
8. Simulation of actions shall be allowed to fulfill items detailed in Attachment 3 or, as necessary, to better demonstrate personnel emergency performance.
9. Each evaluator-controller shall maintain a written record which shall be the basis of critique comments and/or proposed corrections. This record shall be submitted during the critique session.

Evaluator-Controller Record  
Station #1 - Control Room

I. Notification/Activation

1. Note the time at which the drill began. \_\_\_\_\_
2. Note the time the Unusual Event was de-escalated. \_\_\_\_\_
3. Note the time the drill was resumed. \_\_\_\_\_
4. Note the time at which Operations recognized and declared the emergency classifications:
  - a. Notification of Unusual Event \_\_\_\_\_
  - b. Alert \_\_\_\_\_
  - c. Site Area \_\_\_\_\_
  - d. General Emergency \_\_\_\_\_
5. At what time was the nuclear emergency alarm sounded?  
\_\_\_\_\_
6. Was the announcement made properly? (Conditions to be announced twice.) \_\_\_\_\_
7. Was a phone talker designated? (Note time.) \_\_\_\_\_
8. At what time did the control room notify the following groups:
  - a. OPPD Management \_\_\_\_\_
  - b. Nebraska State Patrol (15 minute limit) \_\_\_\_\_  
(Note if notification forms were completed.)
9. At what time was the control room area monitored for habitability? \_\_\_\_\_ Note type of radiological survey (contamination, radiation, etc.) performed. Was monitoring equipment with visual and audible alarms provided to detect airborne radioactivity? \_\_\_\_\_ Note any instrument failures.
10. At what time was personnel accountability made to the security force? \_\_\_\_\_
11. At what time was the Shift Supervisor notified that personnel accountability was complete? \_\_\_\_\_
12. At what time was the injury reported to the control room?  
\_\_\_\_\_
13. Which means of communications was used in reporting the injury? \_\_\_\_\_

*NRC*

Evaluator-Controller Record  
Station #1 - Control Room  
 (Continued)

14. At what time was the rescue Squad notified? \_\_\_\_\_
15. At what time was UNMC Radiation Health Center notified?  
\_\_\_\_\_
16. At what time was OPPD Management notified of the injury?  
\_\_\_\_\_
17. Were communications with the Operations Support Center effective? \_\_\_\_\_
18. Were communications with the Technical Support Center effective? \_\_\_\_\_
19. Was technical support provided to the control room accurate and timely? \_\_\_\_\_

II. Staffing

1. Is the shift Operations group staffed according to the Radiological Emergency Response Plan? \_\_\_\_\_
  - a. Shift Supervisor (SRO) - 1
  - b. Reactor Operator (SRO) - 1
  - c. Assistant Reactor Operator (RO) - 1
  - d. Equipment Operator - 2 (1 RO and 1 non-licensed)
  - e. Auxiliary Operator - 1
2. Is personnel staffing (control room) adequate? \_\_\_\_\_
3. Were the following items met during the transition from the initial EDO (Shift Supervisor) to another EDO and/or the Recovery Manager:
  - a. Use of EPIP-EOF-13 or EPIP-EOF-14 \_\_\_\_\_
  - b. Efficient transition \_\_\_\_\_
  - c. Pertinent data transmitted to new EDO/Recovery Manager  
\_\_\_\_\_
  - d. Notification made to the TSC and EOF \_\_\_\_\_

Evaluator-Controller Record  
Station #1 - Control Room  
(Continued)

4. Were the following emergency procedures available?
  - a. FCS Radiological Emergency Response Plan \_\_\_\_\_
  - b. Emergency Plan Implementing Procedures \_\_\_\_\_
  - c. Emergency Operating Procedures \_\_\_\_\_
5. Were the above procedures used? \_\_\_\_\_ List some of the other procedures used. \_\_\_\_\_
6. Does the operational staff appear to be performing duties in accordance with procedures in a timely manner? \_\_\_\_\_
7. Note any problems encountered by the control room staff in trying to correct problems (i.e., no tools, equipment failure, etc.). \_\_\_\_\_
8. Were efforts made by the Operations staff to determine the cause of and/or to resolve the following conditions:
  - a. Threat of attack on facility

b. Explosion



Evaluator-Controller Record  
Station #1 - Control Room  
(Continued)

8. Were efforts made by the Operations staff to determine the cause of and/or to resolve the following conditions: (Cont'd)

c. Reactor trip

d. Increasing RCS activity

e. Increasing levels of radiation in containment

f. Status of containment purge valves



Evaluator-Controller Record  
Station #1 - Control Room  
(Continued)

8. Were efforts made by the Operations staff to determine the cause of and/or to resolve the following conditions: (Cont'd)

k. Diesel trouble alarm

l. Fire alarm

m. Loss of all A/C power

n. Restoration of A/C power

Evaluator-Controller Record  
Station #1 - Control Room  
(Continued)

8. Were efforts made by the Operations staff to determine the cause of and/or to resolve the following conditions: (Cont'd)
- o. Damaged pressure relief line
9. a. Were responses by the Operations staff effective in responding to operational problems? Describe.
- b. Were responses by the Operations staff effective in responding to radiological/emergency problems? Describe.

III. Communications

1. At what times were communications established between:
- a. Control room/OSC and TSC \_\_\_\_\_
  - b. Control room/OSC and EOF \_\_\_\_\_
2. Was flow of information timely, efficient, and effective between the groups? \_\_\_\_\_
3. Was Shift Supervisor informed of occurrences within the plant in a timely manner? \_\_\_\_\_
4. Note any communication problems.

Evaluator-Controller Record  
Station #1 - Control Room  
(Continued)

IV. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date

Evaluator-Controller Record  
 Station #2a - Emergency Operations  
 Facility Administration

I. Notification/Activation

1. Record time that the EOF was activated. \_\_\_\_\_

II. Staffing

EDO:

1. Did Recovery Manager request the EDO to respond to the EOF? \_\_\_\_\_
2. List the name of the reporting EDO. \_\_\_\_\_

Recovery Organization:

1. Did the following members of the Recovery Organization report to the EOF?
- a. Recovery Manager \_\_\_\_\_
  - b. Recovery Manager's Secretary \_\_\_\_\_
  - c. Licensing Administrator \_\_\_\_\_
  - d. Emergency Coordinator \_\_\_\_\_
  - e. Dose Assessment Coordinator \_\_\_\_\_
  - f. Dose Assessment Operator \_\_\_\_\_
  - g. Environmental Survey and Analysis Coordinator \_\_\_\_\_
  - h. Radiochemical Analysis Coordinator \_\_\_\_\_
  - i. HP/Chemistry Technician \_\_\_\_\_
  - j. Administrative Logistics Manager \_\_\_\_\_
  - k. EOF Communicator \_\_\_\_\_
  - l. Communication Specialist \_\_\_\_\_
  - m. Clerical Assistant \_\_\_\_\_
  - n. Computer Specialist \_\_\_\_\_
  - o. EOF Radio Operator \_\_\_\_\_
  - p. EOF Information Specialist \_\_\_\_\_

Evaluator-Controller Record  
 Station #2a - Emergency Operations  
 Facility Administration  
 (Continued)

II. Staffing (Continued)

Recovery Organization:

1. Did the following members of the Recovery Organization report to the EOF? (Continued)
  - q. EOF Technical Liaison \_\_\_\_\_
  - r. Scheduling/Planning Manager \_\_\_\_\_
  - s. Advisory Support Group (including NRC) \_\_\_\_\_
2. List the name of the reporting Recovery Manager  
 \_\_\_\_\_
  - a. Was the EDO to Recovery Manager transition carried out in accordance with Implementing Procedure EPIP-EOF-14?  
 \_\_\_\_\_
  - b. Did this transition progress smoothly? \_\_\_\_\_
  - c. Was the control room, TSC, and OSC notified of the transition? \_\_\_\_\_
  - d. Record time of transition. \_\_\_\_\_
3. Are the following emergency procedures available:
  - a. Fort Calhoun Radiological Emergency Response Plan \_\_\_\_\_
  - b. Fort Calhoun Emergency Plan Implementing Procedures \_\_\_\_\_
  - c. Iowa's Emergency Plan \_\_\_\_\_
  - d. Nebraska's Emergency Plan \_\_\_\_\_
  - e. Technical Data Book \_\_\_\_\_
  - f. Operating Emergency Procedures \_\_\_\_\_
4. Are these procedures being used? \_\_\_\_\_
5. Are logs being maintained properly? (EOF) \_\_\_\_\_

Evaluator-Controller Record  
 Station #2a - Emergency Operations  
 Facility Administration  
 (Continued)

III. Communications

1. Specific:

- a. Report the time that the EOF was notified of any injury by the control room. \_\_\_\_\_
- b. Report the time that the EOF established contact with:  
 Nebraska State EOC \_\_\_\_\_  
 Iowa State EOC \_\_\_\_\_  
 Local EOC's: Washington County \_\_\_\_\_  
                   Harrison County \_\_\_\_\_  
                   Pottawattamie County \_\_\_\_\_
- c. Report the time that the Blair Rescue Squad was notified and requested to provide transportation. \_\_\_\_\_
- d. Report the time that the UNMC Regional Radiation Health Center was notified that a contaminated injured man was enroute. \_\_\_\_\_
- e. Report the time that the Recovery Manager declared a General emergency. \_\_\_\_\_

*What about  
NRC*

2. General:

- a. Were communications adequate to insure that the flow of information was timely, efficient, and effective?
- (1) Radio communications with monitor teams \_\_\_\_\_
- (2) Dedicated lines between EOF and MRC \_\_\_\_\_
- (3) Communications between the EOF and TSC \_\_\_\_\_
- (4) Communications between the EOF and OSC/CR  
 \_\_\_\_\_
- (5) Communications between EOF and state and local EOC's \_\_\_\_\_
- (6) Communications within the EOF \_\_\_\_\_
- (7) Communications with offsite Recovery Organization support personnel \_\_\_\_\_



Evaluator-Controller Record  
Station #2a - Emergency Operations  
Facility Administration  
(Continued)

III. Communications (Continued)

## 2. General: (Continued)

b. Were approved initial and follow-up notification forms used? \_\_\_\_\_

c. Note any communications or equipment problems. \_\_\_\_\_

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

IV. Performance of Duties

1. Did the Recovery Manager provide information to the EOF Information Specialist for press release? \_\_\_\_\_
2. Were monitoring team survey results being forwarded to the Emergency Coordinator? \_\_\_\_\_
3. Is information being forwarded to the Recovery Manager in a timely manner? \_\_\_\_\_
4. Did the Recovery Manager have final approval regarding the declaration of a General emergency? \_\_\_\_\_
5. Was the emergency status fully evaluated prior to the de-escalation of the accident classification? \_\_\_\_\_
6. Did the Recovery Manager keep members of his staff informed of the status of the emergency? \_\_\_\_\_

Evaluator-Controller Record  
Station #2a - Emergency Operations  
Facility Administration  
(Continued)

V. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date

Evaluator-Controller Record  
 Station #2b - Emergency Operations Facility  
 Emergency Coordinator Station

I. Activation/Notification

1. When and under what Emergency Classification the Emergency Coordinator was notified:

\_\_\_\_\_ Time          \_\_\_\_\_ Emerg. Class.

2. Who and under which Emergency Classification the Emergency Coordinator's staff was activated/notified:

	<u>Name</u>	<u>Emerg. Class</u>
a. Dose Assessment Coordinator	_____	_____
b. Environmental Survey & Analysis Coordinator	_____	_____
c. Radiochemical Analysis Coordinator	_____	_____
d. Dosimetry Coordinator	_____	_____
e. Dose Assessment Operator	_____	_____
f. Site Representative	_____	_____

II. Staffing

1. Did the Emergency Coordinator have all of his staff at their respective locations to conduct an effective assessment?  
 Yes \_\_\_ No \_\_\_

If no, then explain the situation or circumstances \_\_\_\_\_

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

2. Did the Dosimetry Coordinator call the Emergency Coordinator after reporting to his emergency location? Yes \_\_\_ No \_\_\_
3. Did the Site Representative call the Emergency Coordinator after reporting to his emergency location? Yes \_\_\_ No \_\_\_

Evaluator-Controller Record  
 Station #2b - Emergency Operations Facility  
 Emergency Coordinator Station  
 (Continued)

III. Radiological Evaluation

1. Was the dose assessment transition from TSC to EOF carried out effectively? Yes \_\_\_ No \_\_\_  
 If no, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Was the meteorological and radiological data transmitted to dose assessment personnel every 15 minutes? Yes \_\_\_ No \_\_\_  
 If no, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Were appropriate forms or procedures utilized by dose assessment personnel to calculate the Q values? Yes \_\_\_ No \_\_\_  
 If no, describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Was the Emergency Coordinator kept informed every 15 minutes or more frequently about dose rates and doses by the Dose Assessment Coordinator? Yes \_\_\_ No \_\_\_
5. Was the radiological data posted on the board at least every 15 minutes? Yes \_\_\_ No \_\_\_
6. Was the interface between the dose assessment group and the State assessment representative effective? Yes \_\_\_ No \_\_\_  
 How was information exchanged? \_\_\_\_\_
7. Was the Recovery Manager kept informed of the dose assessment by the Emergency Coordinator? Yes \_\_\_ No \_\_\_
8. Was the data regarding plant status and radiological data transmitted to the Site Representative by the Emergency Coordinator as frequently as appropriate? Yes \_\_\_ No \_\_\_
9. Was the service of the Environmental Survey and Analysis Coordinator utilized for any sample or TLD collections by the Emergency Coordinator? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator-Controller Record  
 Station #2b - Emergency Operations Facility  
 Emergency Coordinator Station  
 (Continued)

III. Radiological Evaluation (Continued)

10. Was the service of the Dosimetry Coordinator utilized by the Emergency Coordinator? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Was communication established and maintained by the Emergency Coordinator with designated offsite authorities for relating accident information? Yes \_\_\_ No \_\_\_

12. Were the updates on the radiological data provided to the TSC, OSC? Yes \_\_\_ No \_\_\_

13. Did the Emergency Coordinator maintain control over personnel assembled at the EOF? Yes \_\_\_ No \_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Did the Emergency Coordinator inform the Recovery Manager about the PAG's and make recommendations to the State authorities for appropriate action? Yes \_\_\_ No \_\_\_

15. At what time(s) were protective actions recommended to the State EOC's? \_\_\_\_\_

Were they correct? \_\_\_\_\_

16. When and under what conditions was the General Emergency (if applicable) declared by the Recovery Manager and the Emergency Coordinator? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

17. Who else, other than the Recovery Manager and the Emergency Coordinator, was involved (within and outside OPPD) in the decision making process for declaring a General Emergency (if applicable)? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator-Controller Record  
Station #2b - Emergency Operations Facility  
Emergency Coordinator Station  
(Continued)

IV. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date

Evaluator-Controller Record  
Station #3 - Operations Support Center

1. Was EPIP-EOF-13 used in the transition of responsibility from Shift Supervisor to EDO?
2. Was EPIP-OSC-14 used by the EDO and Shift Supervisor as a basis for immediate actions?
3. Record the time the following augmentation positions were staffed at the Alert classification:

_____ Yes	_____ No
_____ Yes	_____ No

TSC

Time

Person

- a. Emergency Duty Officer (EDO)
- b. TSC Manager
- c. Core Physics Coordinator
- d. System Analyst/Proc Coordinator
- e. I & C Support Coordinator
- f. Security & Tech Support Admin Supv.
- g. Phone Talker
- h. NRC
- NRC
- NRC
- NRC
- NRC

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OSC

- a. Reentry Team #2
- b. Reentry Team #3
- c. Dose Assessment Operator
- d. Offsite Monitor #5
- e. Offsite Monitor #6
- f. Offsite Monitor #7
- g. Offsite Monitor #8

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Evaluator-Controller Record  
 Station #3 - Operations Support Center  
 (Continued)

	Time	Person
h. Gate Monitor #9	_____	_____
i. Gate Monitor #10	_____	_____
j. Onsite Monitor #11	_____	_____
k. Onsite Monitor #12	_____	_____
l. Onsite Monitor #13	_____	_____
m. Onsite Monitor #14	_____	_____
n. Monitor Team Coordinator	_____	_____
o. Radio Operator	_____	_____
p. Message Distrib./Clerical Support	_____	_____
q. Rescue Squad Monitor #18	_____	_____
r. Personnel Decontamination	_____	_____
s. Sample Count Dosimetry Issuance	_____	_____
t. Outside Coordinator	_____	_____
u. Shift Operations Supv.	_____	_____
v. Rad Waste Mgnt Manager	_____	_____
w. I & C Supervisor	_____	_____

	Yes	No	Remarks
4. Did plant operation move from normal operation, to abnormal operation, to emergency operation, and into the EPIP's in a timely and effective manner?	( )	( )	_____

List EPIP's used:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Evaluator-Controller Record  
Station #3 - Operations Support Center  
(Continued)

	Yes	No	Remarks
5. Was adequate respiratory equipment available and used to perform emergency actions?			
TSC	( )	( )	_____
OSC	( )	( )	_____
6. Did the Plant Operations Manager provide important information to the Recovery Manager?			
	( )	( )	_____
List time and events:			
_____			
_____			
_____			
_____			
_____			
7. Was the Plant Operations Manager consulted prior to de-escalation of the emergency classification?			
	( )	( )	_____
List time and events:			
_____			
_____			
_____			
_____			
_____			
8. Were the requests of the Plant Operations Manager fulfilled in sufficient time?			
	( )	( )	_____
List time of request: _____			
List time fulfilled: _____			
9. Was the need for additional operators evaluated?			
	( )	( )	_____
Time: _____			

Evaluator-Controller Record  
 Station #3 - Operations Support Center  
 (Continued)

	Yes	No	Remarks
10. Were emergency maintenance activities coordinated between the QC Maintenance Supervisor and the craftsmen?	( )	( )	_____
List activities:			
_____			
_____			
_____			
_____			
_____			
11. Were adequate communications available for members of the operation support staff?	( )	( )	_____
12. Were offsite radiological assessments performed by the HP/Chemistry group until the Recovery Organization was established?	( )	( )	_____
13. Were ALARA and radiation protection recommendations provided to the emergency repair group prior to entry into radiation areas?	( )	( )	_____
List entries:			
_____			
_____			
_____			
_____			
_____			
14. Was authorization provided for exceeding normal operation exposure limits?	( )	( )	_____
15. Were adequate training and special procedures provided to personnel entering the auxiliary building during the emergency?	( )	( )	_____

Evaluator-Controller Record  
 Station #3 - Operations Support Center  
 (Continued)

	Yes	No	Remarks
16. How well did operations support personnel coordinate with their counterparts in the Technical Support Center?	( )	( )	_____
17. Were damage control personnel properly selected, briefed, and directed?	( )	( )	_____
18. Was one person designated as the leader for the damage control team?	( )	( )	_____
19. Were decontamination, bioassay, and exposure evaluations performed after the work was completed?	( )	( )	_____
20. Did the damage control team leader provide a summary report after completion of the work?	( )	( )	_____
21. Was the TSC checked for habitability?	( )	( )	_____
Record Time _____			
a. Were radiation surveys performed and documented?	( )	( )	_____
b. Were contamination surveys performed and documented?	( )	( )	_____
c. Were airborne surveys performed and documented?	( )	( )	_____
22. Report the time that monitoring teams were dispatched. _____			
23. Is the Emergency Team functioning within the Recovery Organization?	( )	( )	_____
a. Are survey instruments properly calibrated?	( )	( )	_____

Evaluator-Controller Record  
Station #3 - Operations Support Center  
(Continued)

II. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date

Evaluator-Controller Record  
Station #4 -Technical Support Center

I. Notification/Activation

1. Note the time of TSC activation. \_\_\_\_\_
2. At what time were names of the TSC staff given to the security force for accountability? \_\_\_\_\_
3. Note the time at which communications were established with:
  - a. Control room/OSC \_\_\_\_\_
  - b. EOF \_\_\_\_\_
  - c. Offsite Advisory Groups (name the groups) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Note any communication problems. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Was the TSC staffed in accordance with Radiological Emergency Response Plan? \_\_\_\_\_
6. Was the TSC staff kept abreast of emergency conditions?  
\_\_\_\_\_
7. a. Were the following reference materials available for use by the TSC staff?
  - i) FCS Radiological Emergency Response Plan \_\_\_\_\_
  - ii) EPIP's \_\_\_\_\_
  - iii) Emergency Operating Procedures \_\_\_\_\_
  - iv) Technical Specifications \_\_\_\_\_
  - v) Operating Manual \_\_\_\_\_
  - vi) Station Drawings \_\_\_\_\_
- b. Were any reference materials required but unavailable?  
\_\_\_\_\_



Evaluator-Controller Record  
Station #4 - Technical Support Center  
(Continued)

I. Notification/Activation (Continued)

8. What support did the TSC provide the control room/OSC in the following areas: (Continued)
- e. Support of natural circulation cooldown

f. Restoration of A/C power

g. Refilling the reactor vessel

Evaluator-Controller Record  
Station #4 -Technical Support Center  
(Continued)

I. Notification/Activation (Continued)

9. Was support presented to the OSC in an expeditious manner?  
\_\_\_\_\_
10. Was the TSC monitored for radiation and contamination quantities? \_\_\_\_\_

II. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date



Evaluator-Controller Record  
Station #5 - Exits/Assembly Areas

I. Outside of North Exit

1. At what time did the nuclear emergency alarm sound? \_\_\_\_\_

2. Was the emergency exit controlled? \_\_\_\_\_

For what period of time? \_\_\_\_\_

(A security guard and a C/RP Technician are assigned access control duties at this location.)

3. At what time did the Rescue Squad arrive at the emergency exit? \_\_\_\_\_

4. Did the members of the re-entry and rescue emergency team enter building properly (i.e., monitor for dose rate at the door, have respirator donned prior to opening door, etc.)?  
\_\_\_\_\_

5. Was the injured person removed and placed in the Rescue Squad vehicle in an efficient, expeditious manner including contamination control? \_\_\_\_\_

6. Was the injured person monitored prior to entering the vehicle? \_\_\_\_\_

7. Did the re-entry and rescue emergency team exit the building properly (i.e., remove shoe covers and other necessary clothing prior to exiting)? \_\_\_\_\_

8. If other re-entries are made, note time and use same criteria as stated in 5 and 8. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_II. Assembly Area

1. Is the assembly area adequate for the number? \_\_\_\_\_

2. Are personnel orderly? \_\_\_\_\_

3. Are personnel abiding by the instructions provided by the outside coordinator? \_\_\_\_\_

4. If asked for assistance, are the personnel willingly offering their assistance? \_\_\_\_\_

Evaluator-Controller Record  
 Station #5 - Exits/Assembly Areas  
 (Continued)

II. Assembly Area (Continued)

5. Have surveys been taken of the assembly area? \_\_\_\_\_
6. Report the time the decontamination room was activated.  
\_\_\_\_\_

III. Onsite Monitoring Team

1. Verify that survey instruments are operable. (Note problem area(s).) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. Was area outside of auxiliary building monitored?
  - a. Radiation levels \_\_\_\_\_
  - b. Contaminatin levels \_\_\_\_\_
  - c. Time of survey \_\_\_\_\_
3. Was area outside of auxiliary building posted (contaminated area, radiation/high radiation area, airborne radioactivity, etc.)? Note time of posting. \_\_\_\_\_
4. Was perimeter of site boundary surveyed? \_\_\_\_\_  
 Note time of the survey. \_\_\_\_\_
5. List other areas surveyed by the onsite monitor team.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator-Controller Record  
Station #5 - Exits/Assembly Areas  
(Continued)

IV. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date

Evaluator-Controller Record

## Station #6 - Offsite Monitors

I. Notification/Activation

1. Report time that offsite monitor teams (Tags 5, 6, 7, and 8) assembled at the TSC. \_\_\_\_\_
2. Were offsite monitoring teams briefed as to what sectors they are required to take samples? \_\_\_\_\_
3. Are the monitoring teams properly equipped with the following:
  - a. Monitoring kit \_\_\_\_\_
  - b. Air sampler \_\_\_\_\_
  - c. Water sampling bottles \_\_\_\_\_
  - d. SAM-2 iodine monitor and vehicle \_\_\_\_\_
4. Have communications been tested and verified with the EOF (mobile radio channel #1)? \_\_\_\_\_
5. Has equipment been checked prior to dispatching offsite monitoring teams? \_\_\_\_\_
  - a. Are instruments calibrated? \_\_\_\_\_
  - b. Have instrument checks been made prior to use? \_\_\_\_\_
  - c. Is the converter power supply adequate to run the SAM-2 monitor? \_\_\_\_\_
6. Were the following samples taken:
  - a. Airborne samples
    - (1) Particulate \_\_\_\_\_
    - (2) Iodine \_\_\_\_\_
  - b. Contamination smears \_\_\_\_\_
  - c. Water samples \_\_\_\_\_
  - d. Radiation readings \_\_\_\_\_
7. Have samples been documented as to location, date, and time samples were obtained? \_\_\_\_\_
8. Has a survey map been labeled to reflect sample point locations? \_\_\_\_\_

Evaluator-Controller Record  
Station #6 - Offsite Monitors  
(Continued)

- 9. Do the survey teams have predetermined sample point locations? If not, were subsequent samples taken at previously documented locations?

Comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 10. Have survey results been reported to the EOF via radio?  
\_\_\_\_\_
- 11. Did survey teams follow procedures and health physics practices? \_\_\_\_\_
- 12. Did the monitor teams locate the plume? \_\_\_\_\_
- 13. Were adequate precautions taken to prevent personal contamination and cross-contamination of samples? \_\_\_\_\_

II. Observations, Comments, and Recommendations

- 1. General Observations:
  
  
  
  
  
  
  
  
  
  
- 2. Items of Particular Interest/Concern:
  
  
  
  
  
  
  
  
  
  
- 3. Recommendations:

Evaluator-Controller Record  
Station #7 - Security, Access, and Accountability

I. Notification/Activation

1. Did the security guard follow the proper procedures in receiving the attack threat? \_\_\_\_\_
2. Did the security force respond properly to the explosion?  
\_\_\_\_\_
3. Was the search of the area properly carried out? \_\_\_\_\_
4. At what time did the nuclear alarm sound? \_\_\_\_\_
5. Were security guards dispatched to the areas listed below following the declaration of an alert? (Note time that they were dispatched.)
  - a. Security work area \_\_\_\_\_
  - b. Northwest corner of protected area \_\_\_\_\_
  - c. Railroad gate \_\_\_\_\_
  - d. Entrance to site \_\_\_\_\_
6. Were security procedure(s) adhered to? (If not, elaborate.)  
(Note: Security procedures to be followed are EPIP-EOF-9 and EPIP-EOF-12.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. At what time following the declaration of an alert were communications established with the groups listed below:
  - a. Control room \_\_\_\_\_
  - b. EOF \_\_\_\_\_
  - c. Security guard #2 \_\_\_\_\_
  - d. Security guard #3 \_\_\_\_\_
  - e. Security guard #4 \_\_\_\_\_
8. At what time did the control room (OSC) transmit the personnel roster to security? \_\_\_\_\_
9. At what time did the security force complete their accountability of personnel? Was this within 30 minutes? \_\_\_\_\_

TimeNo. of Personnel Missing

Evaluator-Controller Record  
Station #7 - Security, Access, and Accountability  
(Continued)

I. Notification/Activation (Continued)

10. Was microwave zone 1 rearmed immediately after evacuation of personnel from the plant? (Note the time.) \_\_\_\_\_
11. Were consoles closely monitored? \_\_\_\_\_
12. Were logs properly maintained? \_\_\_\_\_
13. At what time did the security force barricade the entrance to the plant? \_\_\_\_\_
14. Was traffic controlled in an orderly manner? \_\_\_\_\_
15. How was access controlled (i.e., OPPD personnel identify themselves using ID cards; others (except the Rescue Squad members) require approval from EDO/Recovery Manager)?  
\_\_\_\_\_  
\_\_\_\_\_
16. Was accountability performed in the owner controlled (exclusion) area? \_\_\_\_\_
17. Were offsite monitor team members monitored upon arrival at Gate 3? \_\_\_\_\_
18. During the course of the exercise, were personnel "milling" about (outside of necessary duties)? \_\_\_\_\_
19. Were personnel returning into the assembly area monitored for contamination? \_\_\_\_\_

Station #7 - Evaluator-Controller Record  
Security, Access, and Accountability  
(Continued)

IV. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date



Evaluator-Controller Record

## Station #8 - Auxiliary Building

I. Notification/Activation

1. Note the time of day the nuclear emergency alarm was sounded and the announcement information (i.e., 0800 hours, control room declared an "Alert" emergency).  
\_\_\_\_\_  
\_\_\_\_\_
2. Observe auxiliary building evacuation. Note if evacuation was prompt and orderly; and whether personnel know immediate actions.  
\_\_\_\_\_  
\_\_\_\_\_
3. Are any workers remaining in the auxiliary building 30 minutes after nuclear emergency alarm sounded? Identify. \_\_\_\_\_
4. How and at what time was the control room notified of the personnel injury? \_\_\_\_\_
5. What first aid methods are being applied while waiting for the Rescue Squad? \_\_\_\_\_
6. Time of Rescue Squad arrival. \_\_\_\_\_
7. What time did rescue personnel arrive to the injured person inside of the auxiliary building? \_\_\_\_\_
8. Did the rescue team monitor for radiation levels? \_\_\_\_\_  
If so, at what time? \_\_\_\_\_ What was the reading?  
\_\_\_\_\_ (Verify instrument operability.)
9. Did the Rescue Squad team members enter the auxiliary building? \_\_\_\_\_
10. Was the injured person placed in a nuclear emergency personnel carrier or wrapped in plastic? \_\_\_\_\_
11. Was the injured person and carrier monitored prior to leaving the auxiliary building? \_\_\_\_\_
12. What actions were taken with the contaminated technician (i.e., was he provided with additional clothing prior to exit, etc.)?  
\_\_\_\_\_
13. Note the time and purpose of the entries into the auxiliary building. \_\_\_\_\_
14. Does the re-entry team have a RWP? \_\_\_\_\_



Evaluator-Controller Record  
Station #9 - Media Release Center

I. Notification/Activation

1. At what time was the Media Release Center activated? \_\_\_\_\_
2. Was staffing in accordance with the applicable EPIP for public information? \_\_\_\_\_
3. Was staffing adequate? \_\_\_\_\_
4. Were communications established between the EOF and MRC?  
\_\_\_\_\_
5. Was notification made by the MRC to personnel listed in Appendix A of the MRC emergency implementing procedure? \_\_\_\_\_  
(Note personnel not notified or could not be reached.)
6. Were communication systems adequate? \_\_\_\_\_
7. What reference materials were used by the MRC staff? (List below.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What additional reference materials were available? (List below.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Were news releases made in accordance with procedures?  
\_\_\_\_\_
10. Which news groups were kept informed by the MRC staff? (List below.)  
\_\_\_\_\_  
\_\_\_\_\_
11. Did information from the EOF to the MRC flow in an efficient manner? \_\_\_\_\_
12. How were rumors handled? \_\_\_\_\_
13. How did the MRC staff interface with the groups listed below:
  - a. State and local civil defenses \_\_\_\_\_
  - b. News groups \_\_\_\_\_
14. Were technical liaison personnel knowledgeable and effective?  
\_\_\_\_\_
15. Did the final news release fully summarize and terminate the emergency? \_\_\_\_\_

Evaluator-Controller Record  
Station #9 - Media Release Center  
(Continued)

II. Observations, Comments, and Recommendations

1. General Observations:

2. Items of Particular Interest/Concern:

3. Recommendations:

\_\_\_\_\_  
Observer

\_\_\_\_\_  
Date