



October 22, 1992

Mr. William Sartor
Radiological Protection and
Emergency Preparedness Branch
Division of Radiation Safety
and Safeguards
Nuclear Regulatory Commission
Region II
101 Marietta Street N. W.
Atlanta, Georgia 30323

NUCLEAR REACTOR FACILITY
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Re: Docket Nos. 50-62, 50-396, License Nos. R-66, R-123, for the University of Virginia
Nuclear Reactor Facility

Dear Mr. Sartor:

Enclosed is the description of the scope and the objectives of the 1992 Annual Emergency Preparedness Drill Scenario for the University of Virginia Nuclear Reactor Facility both of which were not included in my previous submittal.

Again, we ask that the enclosure of this letter be held from the NRC Public Document Room until after the drill event.

Should you have any comments or questions concerning this drill, please contact me.

Sincerely,

Donald R. Krause, SRO
U. Va. Nuclear Reactor Facility

Enclosure: Drill Scope and Objectives

cc w/ enclosure: Mr. A. Adams, NRC Project Manager for U. Va.
Mr. C. Bassett, NRC Compliance Inspector for U. Va.
Mr. W. Cline, Chief, NRC Radiological Protection and
Emergency Preparedness Branch
Mr. G. Urquhart, Chief Radiological Planning,
Commonwealth of Virginia
Dr. R. Mulder, Director U. Va. Nuclear Reactor Facility

University of Virginia
Nuclear Reactor Facility

1992 Emergency Preparedness Drill
Scope and Objectives

The 1992 Emergency Drill for the University of Virginia Nuclear Reactor Facility is scheduled for 17 November, starting at approximately 0830 and running 2 to 4 hours.

The scenario encompasses the facility response to a electric breaker short/explosion, causing damage to a fume hood, where radioactive liquid is being boiled down, and one of two fuel oil inlet lines to the facility boiler. The immediate accident is to be a contaminated injured person with the potential of an oil fire increasing over time and depending on response team actions. The outside agencies expected to be involved will be the rescue squad, UVA Hospital (limited), University Police, and the fire department (if necessary). A remote possibility of the involvement of the State Department of Emergency Services also exists.

Hospital participation will be limited so as to minimize disruption during this normally busy time of day. We have asked the hospital to participate in receiving the victim and then provide a person to simulate/describe how treatment would be made and the standard emergency response the hospital would take to handle contaminated personnel.

The drill will terminate, at the hospital when the contaminated injured man is turned over to the emergency room personnel, and:

1. If the fire hazard was stopped prior to ignition, when the local contaminated spill area is cleaned up and returned to normal use. The general repairs to the facility boiler room will given as taking place after normal access is returned and is not in the scope of the drill.

2. If the fire is allowed to develop, the drill will terminate when the fire has been extinguished, re-entry has been made into the facility, and surveys and assessments have been made to determine the extent of damage and contamination.

The fire may escalate beyond the boundaries of the boiler room and in this case the response team may request state emergency services aid in:

1. radiological monitoring, and
2. notification of the inhabited building surrounding the facility.

If this happens the building notification will be simulated to avoid disruption and undue stress on the people in the buildings. Aid from the state will be simulated only if the response time is long enough that the aid will arrive after the drill is terminated.

All communications, requests for assistance, notifications etc. will be made (ie. no simulations).

The Objectives of this drill are:

1. To test the emergency assessment, job familiarity, and decision making of facility personnel.
2. To demonstrate the willingness and response time of outside agencies to participate.
3. To test the UVA Nuclear Reactor Facility communications system, and information transmitting ability of personnel.
4. To test the radiological monitoring and control abilities of the facility.
5. To test the rescue/First Aid techniques and abilities of the facility.
6. To test the adequacy of timing and content of the implementing