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TO: U.S.N.R.C. Document Center
FROM: MARILYN A. McMILLEN DATE July 30, 1986
SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove the old pages, insert the attached, initial and date this routing sheet and return the completed routing sheet to the Radiological and Environmental Services Department, Attention: Marilyn A. McMillen within 15 days. If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

[illegible]

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 AUTH. NAME AUTHOR AFFILIATION
 MCMILLEN, M. A. New York Power Authority (formerly Power Authority of the S
 RECIP. NAME RECIPIENT AFFILIATION

SUBJECT: Central Files version of revised emergency plan implementing
 procedures, including Rev 7 to EAP-17, "Emergency
 Organization Staffing" & Rev 7 to SAP-3, "Emergency
 Communications Testing." Withheld.

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UNITED STATES
NUCLEAR REGULATORY COMMISSION
WASHINGTON, D. C. 20555

MEMORANDUM FOR: Chief, Document Management Branch, TIDC
FROM: Director, Division of Rules and Records, ADM
SUBJECT: REVIEW OF UTILITY EMERGENCY PLAN DOCUMENTATION

The Division of Rules and Records has reviewed the attached document and has determined that it may now be made publicly available.

Donnie H. Grimsley

Donnie H. Grimsley, Director
Division of Rules and Records
Office of Administration

Attachment: As stated

EMERGENCY IMPLEMENTING PROCEDURES/VOLUME 2
UPDATE LIST

27

Date of Issue: July 30, 1986

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	IAP-2 Classification Flow Chart		
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	2. Abnormal Core Conditions Fuel Damage		
	3. Main Steam Releases		
	4. Limiting Conditions for Operation		
	5. Abnormal Radiological Effluent or Radiation Levels		
	6. Loss of Shutdown Functions - Decay Heat or Reactivity		
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	10. Loss of Monitors, Alarms and Computers		
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EAP-4	DOSE ESTIMATES FROM DOSE ASSESSMENT CALCULATOR*	REV. 7	05/86
EAP-5.1	ENVIRONMENTAL MONITORING*	REV. 6	12/85
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EAP-10	RESTRICTED AREA EVACUATION*	REV. 4	09/83
EAP-11	SITE EVACUATION*	REV. 4	12/85
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CONTROLLED 27

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

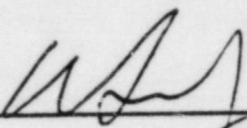
EMERGENCY PLAN VOLUME 2

PROCEDURE NO.: EAP-17

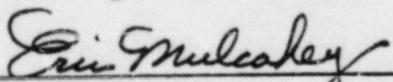
TITLE: EMERGENCY ORGANIZATION STAFFING*

PORC REVIEW: Meeting No. 86-046 Date 7/30/86

APPROVED BY:


Resident Manager

APPROVED BY:


Radiological and Environmental
Services Superintendent

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Rev. No. 17

Date 07/86

require a plant shutdown in accordance with the Limiting Conditions for Operation (LCO) as defined in the Plant Technical Specifications.

- 4.2.2 During an emergency, the Emergency Director is responsible for the direction of all emergency actions at the James A. FitzPatrick Nuclear Power Plant. During normal hours, sufficient supervisory and support personnel are available to respond to an emergency condition; during off-hours, this support is diminished as shown in Figure EAP-17.1. When the Shift Supervisor/Emergency Director determines that additional personnel are necessary to respond to an onsite emergency, he will request that Security initiate a recall of personnel in accordance with this procedure. It will be the responsibility of the Security Force to make the necessary telephone calls to the On-Call Employees to initiate this site recall.

NOTE: During off-shift working hours (i.e., 1600 to 0700 the next day, weekends and holidays), the TSC, OSC and EOF will be activated at the UNUSUAL EVENT classification unless the Emergency Director is confident that the emergency will not escalate. During normal working hours (i.e., 0700 to 1600 weekdays), the TSC, OSC and EOF will be activated at the ALERT classification.

4.3 Department Superintendents

- 4.3.1 An Emergency Plan On-Call Employee Schedule shall be maintained by each department as specified in Section 5. (This on-call list shall refer only to activations of the Emergency Plan, and not eliminate the Plant Special Order No. 1 On-Call Supervisor.)

4.4 Personnel Manager

- 4.4.1 The JAFNPP Personnel Manager is responsible to maintain an up-to-date list of all plant employees, their titles, and home phone numbers. Each calendar year quarter, the Personnel Manager shall provide this listing to the Emergency Planning Coordinator (EPC). The listing shall indicate its use for emergency planning functions.

- 4.4.2 The JAFNPP Personnel Manager shall maintain an Emergency Plan Position Sheet (Form EAP-17.5) in the Personnel File of each employee listed by name in TABLE 5.2. The Personnel Manager shall also provide a copy of Form EAP-17.5 to each employee listed. On a quarterly basis, the Emergency Planning Coordinator shall update TABLE 5.2 and the Personnel Manager shall institute appropriate changes to the Emergency Plan Position Sheets in the personnel files. Emergency Plan Position Sheets for terminated or transferred employees shall be returned to the EPC within five working days of the personnel action.

4.5 Emergency Planning Coordinator

- 4.5.1 The Emergency Planning Coordinator shall quarterly update TABLE 5.2 and provide an updated copy of this table to the JAFNPP Personnel Manager, noting any personnel changes.
- 4.5.2 The Emergency Planning Coordinator shall issue a Weekly Emergency Plan On-Call Employee Call-Out based on each departments emergency on-call schedule. This weekly schedule will be documented on Figure EAP-17.4 and forwarded to the Shift Supervisor.

4.6 Security

It is the responsibility of the Secondary Alarm Station (SAS) security officer to conduct the telephone calls to Emergency Plan On-Call Employees if so directed by the Shift Supervisor. The security officer shall use the Weekly Emergency Plan On-Call Employee Schedule (Figure EAP-17.4) located at the SAS console.

4.7 Emergency Plan On-Call Employees

It is the responsibility of each departments Emergency Plan On-Call Employee to perform their duties in accordance with this procedure. This includes maintaining an operable "beeper", remaining within 50 miles of JAFNPP, and having the departmental call-out list readily accessible.

5.0 EMERGENCY PLAN ON-CALL EMPLOYEES AND SCHEDULES

- 5.1 Emergency Plan On-Call Employee Schedules shall be maintained by each of the following plant departments or divisions.

5.7 Each Department's Emergency Plan On-Call Employee Schedule shall include a departmental employee list, for use when an on-call supervisor must call personnel in for an emergency. This list will include the employee's name, title and phone number. This list shall consist of only those individuals who have completed their initial and/or annual emergency plan training requirements. It is the responsibility of each Department Superintendent to maintain an accurate, up-to-date call-out list. The Training Superintendent will inform each department superintendent of the need to update their call-out list, based on completion of the annual emergency plan training requirements.

6.0 PROCEDURE

6.1 Activation of the Emergency Plan

6.1.1 Shift Supervisor/Emergency Director

6.1.1.1 The Shift Supervisor shall instruct the SAS Security Officer to notify the Emergency Plan On-Call Employees of the: (1) Activation of the Emergency Plan, (2) the Emergency Plan Classification, (3) the prognosis for worsening of the situation, and (4) facilities activated. (Also indicate if any employees are needed immediately at the plant.)

6.1.2 Control Room Security Officer

6.1.2.1 The SAS Security Officer, upon being instructed to do so by the Shift Supervisor, shall notify all the Department Emergency Plan On-Call Employees. This shall be accomplished by reference to the Weekly Emergency Plan On-Call Employee Call-Out. The Security Officer shall document his call-down using Form EAP-17.4, the "Weekly Emergency Plan On-Call Employee Call-Out". If a respondent cannot be reached in a reasonable amount of time (~30 seconds) because no one answers or the line is busy, continue on to the next respondent on the list and try again upon completion of the other respondents.

6.1.2.2 If any of the On-Call Employees cannot be reached by phone, attempt to notify that individual by radio pager. Refer to EAP-22. (The radio pager is assigned to the department and rotates with the assigned On-Call Supervisor.)

5.7 Each Department's Emergency Plan On-Call Employee Schedule shall include a departmental employee list, for use when an on-call supervisor must call personnel in for an emergency. This list will include the employee's name, title and phone number. This list shall consist of only those individuals who have completed their initial and/or annual emergency plan training requirements. It is the responsibility of each Department Superintendent to maintain an accurate, up-to-date call-out list. The Training Superintendent will inform each department superintendent of the need to update their call-out list, based on completion of the annual emergency plan training requirements.

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- 6.1.2.2 If any of the On-Call Employees cannot be reached by phone, attempt to notify that individual by radio pager. Refer to EAP-22. (The radio pager is assigned to the department and rotates with the assigned On-Call Supervisor.)

- 6.1.2.3 As the Emergency Plan On-Call Employees are reached, notify them as instructed by the Shift Supervisor of: (1) the activation of the Emergency Plan, (2) the Emergency Plan Classification, (3) the prognosis for worsening of the situation, and (4) facilities activated. In addition, request the Emergency Plan On-Call Employee to call out department personnel to meet the minimum level of staffing, as detailed in Figure EAP-17.2.
- 6.1.2.4 Assume the call-out responsibilities of any Emergency Plan On-Call Employee requested to report immediately to the plant by the Shift Supervisor (begin with Section 6.1.3.3.)
- 6.1.3 On-Call Employees
- 6.1.3.1 The Emergency Plan On-Call Employee shall obtain the radio pager, and the Emergency Plan On-Call Employee Schedule and attachments as assigned on each departmental Emergency Plan On-Call Employee Schedule.
- 6.1.3.2 The Emergency Plan On-Call Employees are responsible for offering immediate assistance to the on-shift plant staff and for calling out personnel to meet the minimum staffing levels of an Emergency Condition. This call-out will be performed using the individuals listed on the departmental call-out list. (NOTE: Emergency Organization personnel not assigned to departments listed in Section 5.1 shall be assigned by the Emergency Planning Coordinator to a call-out list of one of those departments, as appropriate.)
- 6.1.3.3 Upon being notified of an Emergency Condition at JAFNPP, report to JAFNPP as soon as possible if requested to do so by the Shift Supervisor or designee, or the SAS Security Officer. (Please Note: If you are notified via a "beeper" activation, please phone the JAFNPP SAS Security Officer.) If not requested to report to JAFNPP immediately, begin your call-out of plant personnel required to support the emergencies. Call-outs should be in accordance with Figure EAP-17.2 Emergency Augmented Staff as a minimum. All primary respondents should be contacted first and all alternates should be contacted last.

EMERGENCY IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

27

Date of Issue: July 30, 1986

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SAP-14	EOF COM DEV 8200 SERIES TELECOMMUNICATIONS PROCESSOR	REV. 0	08/85

*PORC reviewed procedures

CONTROLLED²⁷

NEW YORK POWER AUTHORITY
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY PLAN VOLUME 3

PROCEDURE NO.: SAP-3

TITLE: EMERGENCY COMMUNICATIONS TESTING

PORC Review: Meeting No. N/A Date 7/31/86

APPROVED BY:

W. L. Mante
Resident Manager

APPROVED BY:

E. Mulcahey
Radiological and Environmental
Services Superintendent

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Rev. No.: 7

Date: 07/86

EMERGENCY PLAN IMPLEMENTING PROCEDURE

SAP-3

EMERGENCY COMMUNICATIONS TESTING

1.0 PURPOSE

The purpose of this procedure is to provide instructions for testing emergency communications systems and checking and updating the telephone number list. This procedure also provides a mechanism for determining if an organization has changed key personnel.

2.0 REFERENCES

- 2.1 Form SAP-3.1, Monthly Emergency Communications Checklist
- 2.2 Form SAP-3.2, Quarterly Emergency Communications Checklist
- 2.3 Form SAP-3.3, Memo Regarding Communications Surveillance

3.0 INITIATING EVENTS

None

4.0 PROCEDURE

- 4.1 Communication checks shall be performed by an individual assigned by the RES Superintendent, except where indicated on the checklists.
- 4.2 Communication checks shall be performed using the appropriate checklist(s) at the frequencies shown below:
 - 4.2.1 Monthly - Form SAP-3.1, Monthly Emergency Communication Checklist
 - 4.2.2 Quarterly - Form SAP-3.2, Quarterly Emergency Communications Checklist

- 4.3 As part of this communications check, the persons listed will be verified as being the responsible individual in their organization. Changes in such personnel shall be noted so that an updated communications checklist and a revision to EAP-1.1 and EAP-17 can be prepared. JAFNPP Emergency Personnel listed on Form SAP-3.2 will be contacted via Form SAP-3.3 to verify phone numbers.
- 4.4 Problems encountered during communication checks should be noted in the remarks section.
- 4.5 The individual performing the communication checks shall forward the completed checklists to the Emergency Planning Coordinator who shall take appropriate action.

5.0 ATTACHMENTS

- 5.1 FORM SAP-3.1 Monthly Emergency Communications Checklist
- 5.2 FORM SAP-3.2 Quarterly Emergency Communications Checklist
- 5.3 FORM SAP-3.3 Memo Regarding Communications Surveillance

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

1. NYS Radiological Emergency Communication System (RECS) Hotline*
 Circuit Number 63 PLNT 14222
 (Note: This test is also conducted by the NYSWP. See Attachment 1.)

<u>Location</u>	<u>Agencies Contacted</u>	<u>Remarks</u>	<u>Verified by Signature/Date</u>
CR	NYS, Os Co, NiMo	_____	_____
TSC	NYS, Os Co, NiMo	_____	_____
EOF	NYS, Os Co, NiMo	_____	_____

2. NRC Emergency Operations Center (ENS-Hotline)***
 Circuit Number GP1476

<u>Location</u>	<u>Person Contacted</u>	<u>Remarks</u>	<u>Verified by Signature/Date</u>
TSC	_____	_____	_____
CR	_____	_____	_____
SS Office	_____	_____	_____
EOF	_____	_____	_____

3. NRC Health Physics Network (HPN-Hotline)***

Circuit Number _____

<u>Agency Contacted</u>	<u>Person Contacted</u>	<u>Remarks</u>	<u>Signature/Date</u>
NRC Headquarters #22	_____	_____	_____

4. Dedicated Lines (Hotlines)

<u>Communications Link Utilized</u>	<u>Remarks</u>	<u>Verified by Signature/Date</u>
a. TSC/CR/EOF/OSC #63 PLNA-35125	_____	_____
c. TSC-Res Man-NYO #63 PL-10793	_____	_____
d. TSC-OSC #63 PL-18382	_____	_____
e. TSC-AOSC #63 PL-16960	_____	_____
f. TSC-EOF #63 PLNA-28775	_____	_____
g. EOF-JNC #63PLNA28773	_____	_____


5. Radio Communications

<u>Communications Link Utilized</u>	<u>Remarks</u>	<u>Verified by Signature/Date</u>
a. TSC Base Stations		
1. w/TSC Radios	_____	_____
2. w/Vehicle Radios	_____	_____
b. Control Room Base Station		
1. w/Security Radios	_____	_____
c. EOF Base Station		
1. w/EOF Radios	_____	_____
2. w/vehicle Radios	_____	_____

SAP-3.1 (cont.)

MONTHLY EMERGENCY COMMUNICATIONS CHECKLIST

6. Land-Line Communications

<u>Agency Contacted</u>	<u>Telephone Number</u>	<u>Remarks</u>	<u>Verified by Signature/Date</u>
a. Oswego County Sheriff		_____	_____
b. NYS Warning Point		_____	_____
c. Alt. NYS Warning Point		_____	_____
d. EOF Switchboard		_____	_____
e. JAF Control Room		_____	_____
f. JNC Switchboard		_____	_____

*Refer to Attachment 1 for NYS RECS Procedure and message content.

**A recall of this station is not required if no answer is received.

***Message Content

1. This is the James A. FitzPatrick Nuclear Power Plant.
2. Testing individuals name and number.
3. This is a test of the emergency communication system utilized to activate the (NRC or Health Physics) radiological emergency response network from the JAFNPP _____ (state location). Ask if reception is clear.
4. This ends a test of the JAFNPP emergency communication system.

ITEMS RESOLVED

BY/DATE

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

Emergency Planning Coordinator

Date

ATTACHMENT 1

TEST PROCEDURES FOR NEW YORK STATE
RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM (RECS)

- 1) NYS Warning Point (NYSWP) will depress ring button and release.* After ringing stops, NYSWP will pick up handset and announce: "THIS IS A TEST. REPEAT. THIS IS A TEST. This is NYS WARNING POINT calling all stations. Stand by for roll call."

(NYSWP WILL CALL ROLL ACCORDING TO SEQUENCE OF CALLS IN 10 BELOW)

- 2) All stations will lift up handset and answer roll call after hearing ring and its station name over loudspeaker by saying, "(NAME OF STATION) TEST." (DO NOT LIFT UP HANDSET UNTIL YOUR STATION IS CALLED.)
- 3) After completing roll call, NYSWP will recall all stations not answering, saying, "NYS WARNING POINT recalling (NAME OF STATION NOT ANSWERING)."
(NAME OF STATION RECALLED) will answer using terminology in 2 above.
- 4) NYSWP will sign off by saying, "END OF TEST, NYS WARNING POINT out at (TIME) LOCAL AND (DATE)."
- 5) All stations will log results (the Radiological Emergency Communications System Log enclosed may be used).
- 6) All stations not answering initial test will be called on commercial telephone by NYSWP for reasons. Problems will be reported immediately to the trouble number _____ reporting circuit _____ failed.

(CIRCUIT FAILURES WILL BE RECORDED IN RED INK ON LOGS)

- 7) If circuit failures occur, station that has failure will call by commercial telephone, NYSWP and appropriate County Warning Point(s) and report outage and time when back in service.
- 8) TEST SCHEDULE - Tests will be conducted bi-weekly on Tuesdays preceding the bi-weekly NAWAS tests according to the following:
 - A) Indian Point at 9:45 a.m.
 - B) Nine Mile Point at 9:30 a.m.Test schedules will be issued by NYSWP.

- 9) Unannounced tests will be conducted as necessary.

*At present only the Indian Point Unit 2 and Unit 3 RECS has a manual ring capability, NMPNS/JAFNPP RECS has an automatic ring capability.

ATTACHMENT 1

10) SEQUENCE OF ROLL CALL

NMP/JAF - called in the following order:

Nine Mile Point Control Room
FitzPatrick Control Room
Oswego County Warning Point
Oswego County EOC
NYS ODP Central District
NYS Department of Health (Radiological Health)
NYS Division of State Police (Alternate State Warning Point)
NYS ODP Radiological (State EOC)
NYS Warning Point
(Other licensee operational areas having RECS phones will be tested
by licensee)

•

LOG

[illegible]

SAP-3.2

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

<u>Agency/Individual</u>	<u>Phone #</u>	<u># OK</u>	<u>Responsible Person</u>	<u>Procedure OK</u>	<u>Verified By/Date</u>
Coast Guard-Buffalo Commander Houle			_____*		_____
Coast Guard-Oswego Officer in Charge, J. M. Dusch			_____*		_____
Nuclear Operations Duty Officer Beeper			_____		_____
ECC Marcy			_____		_____
INPO Emergency Response			_____		_____
NMPNS #1 Control Room			_____		_____
NMPNS #2 Safety			_____		_____
NRC EOC			_____		_____
NRC Resident office Inspector home			_____		_____
NYS Dept. of Health Radiological Emergency Preparedness Group Larry Czech			_____*	_____**	_____
Oswego County EOC George Brower			_____*	_____**	_____
Oswego County Fire Control			_____		_____
Oswego County Warning Point			_____		_____
Oswego Fire Dept. Chief, Donald Beauchene			_____*	_____**	_____

SAP-3.2 (cont)

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

<u>Agency/Individual</u>	<u>Phone #</u>	<u># OK</u>	<u>Responsible Person</u>	<u>Procedure OK</u>	<u>Verified By/Date</u>
Scriba Volunteer Fire Department					
NYS Bureau of Radiation Control Karim Rimawi			*	**	
General Electric BWR Emergency Support					
U.S. Dept. of Energy RAP/IRAP David Schweller			*	**	
Radiation Management Corporation					
Energy Information Center					
Dr. David O'Brien office home summer			*		
Oswego Hospital Emergency Room Administrator Corte Spencer			*	**	
State University Upstate Medical Center Rad. Services Off. Dr. C. C. Chamberlain			*	**	
American Nuclear Insurance					

SAP-3.2 (cont.)

QUARTERLY EMERGENCY COMMUNICATIONS CHECKLIST

Phone # Changes Required:

Responsible Person Changes Required:

New Letters of Agreement Required:

Person/Agency _____ Letter Req. _____ Letter Rec. _____

Person/Agency _____ Letter Req. _____ Letter Rec. _____

Person/Agency _____ Letter Req. _____ Letter Rec. _____

* - Person indicated are the responsible individuals for their organizations who have signed letters of agreement indicating their organization's willingness to assist or respond to an emergency at the Nine Mile Site. OK checked means no new letter required.

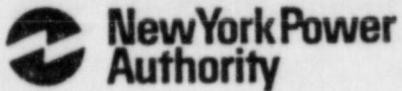
** - Organization has emergency procedures relevant to site procedures. OK checked means no revisions have been made in previous quarter.

Attach current plant phone list to this checklist.

Emergency Planning Coordinator

Date

James A. FitzPatrick
Nuclear Power Plant
P.O. Box 41
Lycoming, New York 13093
315 342.3840



Memorandum

Form SAP-3.3

TO: DEPARTMENT SUPERINTENDENTS
FROM: EMERGENCY PLANNING COORDINATOR
SUBJECT: QUARTERLY EMERGENCY PLANNING
COMMUNICATIONS SURVEILLANCE

Please have the individuals from your department listed on the Quarterly Emergency Communications Checklist verify whether their home phone number is correct. If the number listed is correct, a check (✓) should be placed in the column entitled "Ind. & # OK". If the number listed is incorrect, please indicate the new number. Initial and date in the appropriate column.

Please return the completed checklist within one week from the above date.

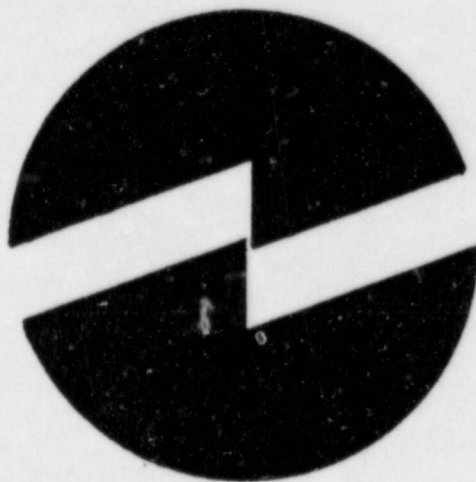
NICHOLAS AVRAKOTOS
EMERGENCY PLANNING COORDINATOR

NEW YORK POWER AUTHORITY

**JAMES A. FITZPATRICK
NUCLEAR POWER PLANT**

CONTROLLED COPY #27

**EMERGENCY PLAN
VOLUME 1**



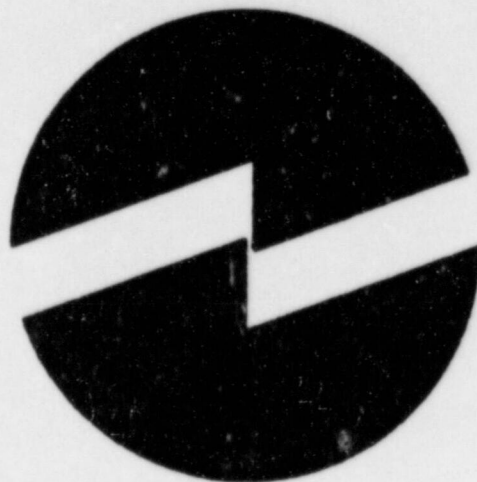
NEW YORK POWER AUTHORITY

**JAMES A. FITZPATRICK
NUCLEAR POWER PLANT**

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**EMERGENCY PLAN
VOLUME 2**

**IMPLEMENTING
PROCEDURES**



NEW YORK POWER AUTHORITY

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NUCLEAR POWER PLANT**

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**EMERGENCY PLAN
VOLUME 3**

**IMPLEMENTING
PROCEDURES**

