

NEW YORK POWER AUTHORITY
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME III
IMPLEMENTING PROCEDURES

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NEW YORK POWER AUTHORITY
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DEC 23 1986

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New York Power
Authority

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP- 1021

REV. 14

TITLE " RADIOLOGICAL MEDICAL EMERGENCY
"

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12/26/86

RADIOLOGICAL MEDICAL EMERGENCY

1.0 INTENT

To describe the procedure to be followed when an individual is injured and contaminated.

2.0 DISCUSSION

This procedure is to be used as guidance when an individual is injured and contaminated at IP-3. In all such instances, it should be the governing rule that required medical attention must take precedence over decontamination whenever the injured's life is considered to be endangered. When contamination does occur, radiological hazards cannot be ignored and should be dealt with as feasible while the medical condition is being treated.

Rescue personnel should make every attempt to stabilize the patient. If the patient is stabilized and there is no threat to life, the patient should be decontaminated (to the level normally allowed for release, i.e. with a maximum of 100 cpm above background) prior to transporting to a hospital. If the patient is not stabilized or his medical condition warrants immediate transportation to the hospital, initial attempts must be made at decon or at a minimum to remove the contaminated protective clothing and/or wrap him in a blanket to minimize the spread of contamination.

NOTE: The transportation of a contaminated injured individual to the hospital requires notification as per the Emergency Plan classification, Notification of Unusual Event. This is reportable within 15 minutes after the departure of the patient from the site to the offsite hospital. This event also requires a significant occurrence form to be filed (AP-8).

3.0 PROCEDURE

3.1 AN EMPLOYEE ARRIVING AT THE SCENE OF THE ACCIDENT WILL:

- a. Immediately render lifesaving aid ~~to~~ the best of his ability to the injured individual.
- b. Notify (or cause to be notified) the Control Room.
- c. The patient should not be moved until the Nurse/EMT/First Aider arrives unless conditions in the area jeopardize the patient's life.
- d. The time the patient is left alone should be minimized until medical help arrives.

3.2 THE CONTROL ROOM OPERATOR WILL INITIALLY:

- a. Page that there has been a medical emergency and request that the following individuals report to the accident scene:
 - 1. Nurse (Normal Work Hours)
 - 2. EMT/First Aider
 - 3. H.P. Technician
 - 4. Shift Supervisor
 - 5. Nuclear NPO
- b. Ensure notification of the above by making follow-up phone calls to their work areas on a line other than the page line. The follow-up call to the H.P. should be made to the Health Physics Control Point (██████).
- c. Call IP-3 Security and give the location of the accident.
- d. See 3.5 for further instructions.

3.3 AT THE ACCIDENT SCENE:

- a. The Nurse/EMT/First Aider will render lifesaving aid making every effort to stabilize the patient.
- b. Move victim if radiological conditions warrant and injuries allow such movement.
- c. The Health Physics Technician will immediately establish the safety of the area, set up a buffer zone with step-off pad as appropriate, and assist the Nurse/EMT/First Aider.
- d. All nonessential personnel in the immediate area should be instructed to leave.
- e. The Shift Supervisor should be in frequent contact with the Control Room and coordinate the medical emergency response from the accident scene.

3.4 THE PATIENT'S CONDITION WILL DETERMINE ONE OF THE FOLLOWING:

- a. The need to transport directly to the hospital with initial attempts at decon.
- b. The need to decontaminate at the Unit 3 decon suite (see IP-1023).

3.5 If and when transportation to the hospital is required, the CONTROL ROOM SHALL:

- a. Call the Verplanck Ambulance.

- b. Call Peekskill Hospital to alert them of the ambulance arrival of a contaminated or possibly contaminated individual.
 - c. Call Security:
 - i. Notify IP-3 Security of the ambulance's need for access.
 - ii. Instruct Security to meet the ambulance at the fork in the road (near the middle parking lot) and to direct it to the vehicle access point closest to the injured individual.
 - iii. Instruct Security to bring protective clothing packages, dosimetry, and yellow herculite for ambulance attendants use (found in Security Emergency Locker).
 - iv. Instruct Security to notify the Control Room when the ambulance leaves the site.
 - d. The R.E.S. Superintendent should be notified as to the patient's condition and need to transport to the hospital.
 - e. After being advised by Security that the patient has left for the hospital, again call the Peekskill Hospital to advise them of the patient's condition upon departure from the site.
 - f. Make the required notification under the Emergency Action Level Notification of Unusual Event within 15 minutes after the ambulance leaves the site.
 - g. Fill out a significant occurrence report form (AP-8).
 - h. Close out the NUE after patient arrives at the hospital after receiving some idea as to his condition. (Control Room should call hospital after an appropriate amount of time and request information.)
- 3.6 In addition, in any case where transportation to the hospital is required for an injured-contaminated individual:
- a. The IP-3 staff shall bring the patient to the ambulance.
 - b. Ambulance attendants should be provided with protective clothing and dosimetry.
 - c. Ambulance driver should not touch patient and should be given dosimetry. Protective clothing is not required for the ambulance driver.
 - d. An H.P. Technician will accompany the injured to the hospital. He will remain with the patient, surveying and monitoring as required. He will monitor the hospital room before and after the patient's arrival, and advise hospital personnel of the necessary H.P. precautions.

3.7 If the decision is made to transport the patient to a facility other than the Peekskill Community Hospital, the Medical Support Staff and Radiological and Environmental Services Superintendent will decide the mode of transportation to be used, and will make the necessary arrangements.

3.8 The New York Power Authority is a member of the Emergency Medical Assistance Program (EMAP) provided by Radiation Management Consultants of Philadelphia, PA. EMAP provides the following services:

- a. Consultation and laboratory services.
- b. Dispatch personnel to site, if needed.
- c. Assistance to responsible physicians.
- d. Patient evaluation and care at a definitive care center.

The 24-hour emergency number for EMAP is [REDACTED]. Upon calling, identify you are calling for EMAP emergency coverage.

4.0 ATTACHMENTS

The attachments to this procedure are responsibility checklists providing general information for the following personnel.

- 4.1 Control Room
- 4.2 Shift Supervisor
- 4.3 Nurse/EMT/First Aider
- 4.4 Health Physics
- 4.5 Security
- 4.6 First Aid Equipment Locations
- 4.7 First Aid Supplies

RESPONSIBILITY OF CONTROL ROOM

GENERAL INSTRUCTIONS

1. Page that there has been a medical emergency and request that the Nurse/EMT/First Aider, H.P., Nuclear NPO, and Shift Supervisor report to the accident scene. (Follow up with a call to the individual's work areas to ensure notification.)
2. Call the H.P. Control Point and have the Watch H.P. report to the accident scene.
3. Call the ambulance and hospital advising them of the patient's possible contaminated condition. (Call the hospital again upon the departure of the ambulance to advise of the patient's updated condition.)
4. Call Security and advise them of the ambulance's arrival. Have Security meet the ambulance at the fork in the road near the middle parking lot and direct the ambulance to the closest vehicle access to the patient. Have Security bring protective clothing packages and dosimetry for the ambulance attendants. Have Security call the Control Room when the ambulance leaves site.
5. Call the R.E.S. Superintendent to notify of the transport of a contaminated individual off site.
6. Make the required Emergency Plan notifications under Notification of Unusual Event. Fill out the significant occurrence report (SOR) form.

NOTE: If necessary in the case of multiple contaminated patients, the Unit 1 decontamination suite may be used. Arrangements must be made with Con Edison to open the transportation routes and the Unit 1 decon suite.

7. Call the hospital after an appropriate amount of time and request information in order to close out the NUE.

RESPONSIBILITY OF THE SHIFT SUPERVISOR

GENERAL INSTRUCTIONS

1. Respond to the page from the Control Room and report to the accident scene.
2. Take charge at the accident scene coordinating all activities.
3. Keep the Control Room well informed and up to date as to the patient's condition and status at the accident scene.
4. Assist in rendering first aid if qualified.
5. Advise the Control Room to call the ambulance if needed and specify ambulance access point.
6. Meet the arriving ambulance crew:
 - a. Introduce yourself.
 - b. Advise the crew of the patient's status when possible.
 - c. Determine the ambulance personnel qualifications (i.e. EMT).
 - d. Advise them that an H.P. will, and site medical personnel may, accompany the patient in the ambulance. If a site EMT has initiated treatment of the patient, he must continue to accompany the patient to the hospital unless: 1) the ambulance crew includes an EMT to whom he can turn over the patient, or 2) the EMT is required for licensee coverage.
7. Coordinate the transfer of the patient from site to ambulance.
8. Advise the Control Room when the ambulance leaves site.
9. NUE and SOR - notifications and report (see Control Room).

RESPONSIBILITY OF THE NURSE/EMT/FIRST AIDER

GENERAL INSTRUCTIONS

1. Respond to the page from the Control Room and report to the designated location with a first aid kit (and stretcher).
2. Obtain the emergency equipment and anti-C clothing from the emergency cabinet in the Control Room or from the normal supply at the Control Point. Don coveralls before entering the Controlled Area.
3. Render immediate care in coordination with Health Physics activities. (Move the victim from the highly contaminated area or away from the source only when it is definite that this will not create any further injury.)
4. If necessary, move the victim to the Unit 3 decon suite (and the Unit 1 decontamination room in the event of multiple victims).
5. Assist in the decontamination of the victim (i.e. removal of contaminated clothing).
6. Decontaminate yourself, if necessary.
7. Assist with the delivery of the victim to the ambulance.
8. Assist the transfer of the victim from ambulance to hospital.
9. Assist the Hospital Radiation Casualty Team as needed.
10. Provide the medical report form (Nurse).

RESPONSIBILITY OF HEALTH PHYSICS PERSONNEL

GENERAL INSTRUCTIONS

1. Specify the anti-C clothing and monitoring equipment for team members. As a minimum, all personnel responding to a medical emergency call in the Controlled Area shall don coveralls before entering.
2. Respond to the scene with the proper survey instruments.
3. Direct all non-injured to safe area.
4. Measure and evaluate the fields.
5. Identify the contaminated areas on the victim and mark them.
6. Direct initial decontamination procedures.
7. Restrict access to the area as necessary.
8. Discuss with the RESS or Shift Supervisor or EMT/First Aider the route to the decontamination area, or to the closest ambulance access. The Unit 1 decon suite may also be used if multiple victim decontamination is required.
9. Accompany the injured to the decontamination area and remain with him, including his transportation and decontamination, at the hospital or until relieved by another H.P.
10. Follow the procedures as outlined for Nurse/EMT/First Aider.
11. The H.P. will be responsible to advise medical personnel as long as any radiation hazard exists to rescue personnel. The H.P. will monitor and advise of allowable working time, exposure limits, and shielding.
12. Accompany the patient to the hospital. The ambulance driver should remain behind the wheel and not come in contact with the patient.
13. Survey the hospital room before and after the victim is treated. Assure all unnecessary major hospital equipment is out of the room. (The New York Power Authority is responsible for all contaminated equipment replacement.)
14. Inventory and bag all hospital equipment for future pick up and disposal.

SECURITY RESPONSIBILITY

GENERAL INSTRUCTIONS

1. Meet the ambulance at the fork in the road near the middle parking lot.
2. Escort the ambulance to the vehicle access point closest to the injured person.
3. Bring the protective clothing package, dosimetry, and yellow herculite for the ambulance use.
4. Notify the Control Room when the ambulance leaves site.

FIRST AID EQUIPMENT
LOCATION

CONVENTIONAL SIDE OF PLANT

1. Security Command Post
Trauma Kit
Resuscitator (Oxygen)
Suction
Burn Kit (small)
2. Security Vehicle
First Aid Kit
Resuscitator (Oxygen)
3. 33' Elevation - Security SAS Room
(Shift Supervisor has the key.)

All major first aid supplies.
4. Outside Shift Supervisor's Office
Trauma Kit
Resuscitator (Oxygen)
Major and Minor Burn Kit
Stretcher
Wool Blanket (outside door)
5. NYPA Control Point: 4th Floor - Administration Building
Trauma Kit
Backboard with Splints - Wool Blanket
Scoop Stretcher

CONTROLLED SIDE OF PLANT

- | | |
|--|---|
| 1. Stretcher and Blanket -
Stokes Blanket | 2. 73' Elevation -
Outside NPO Shack |
| a. Entrance to PAB | - First Aid Locker - |
| b. 41' Elevation | Trauma Kit |
| c. Outside NPO Shack 73' Elevation | Resuscitator |
| d. Hallway to 80' airlock | Wool Blankets |
| e. Inside Containment | Suction |
| | Splints |
| | Backboard |

FIRST AID SUPPLIES

Locations of First Aid
Lockers and/or Supplies:

- a) 33' Elevation - Security SAS Room
- b) Security Building and Vehicles
- c) Outside Shift Supervisor's Office
- d) H.P. Control Point - 4th Floor
- e) Outside Nuclear NPO Office
- f) Decon Room
- g) Medical Facility at Training Trailers

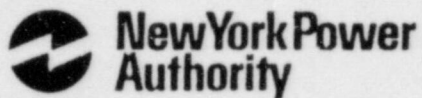
Locations of Stretchers:

- a) Outside H.P. Control Point - 4th Floor
- b) Decon Room
- c) 33' Elevation - Security SAS Room
- d) Outside Nuclear NPO Office
- e) Medical Facility at Training Trailers
- f) Outside Shift Supervisor's Office
- g) PAB - Hallway to 80' Airlock

Locations of Resuscitator/Inhalators:

- a) Outside Shift Supervisor's Office
- b) Security Building
- c) Decon Room
- d) H.P. Control Point - 4th Floor
- e) Outside Nuclear NPO Office
- f) Medical Facility at Training Trailers
- g) 33' Elevation - Security SAS Room

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EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP- 1038

REV. 8

TITLE " USE OF THE EMERGENCY COMMUNICATIONS SYSTEMS (NEW YORK STATE
RADIOLOGICAL EMERGENCY DATA FORMS, RECS LINE, RADIO, AND NAWAS) "

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EFFECTIVE DATE:

12/26/86

USE OF THE EMERGENCY COMMUNICATIONS SYSTEMS
(NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORMS, RECS LINE, RADIO, AND NAWAS)

1.0 INTENT

This procedure is intended to describe the use of, operation procedures for, and the testing of the Radiological Emergency Communications System (RECS Line), the National Warning System (NAWAS), and the Office of Disaster Preparedness (ODP) Radio System.

2.0 DISCUSSION

The RECS Line is the primary means of notification and communication to Westchester, Rockland, Orange, and Putnam Counties, the City of Peekskill, and the New York State Department of Health in the event an Unusual Event, Alert, Site Area, or General Emergency occurs at IP-3. The State and County Radio (ODP) System is the backup to the RECS Line. NAWAS and regular dial telephones are also backup communication systems for offsite notifications.

New York State Radiological Emergency Data Forms (EP-Forms #30a, #30b, #30c) are described in Section 3.0 and are used to communicate pertinent information off site during emergencies. The data form method of communicating data is the same whether the RECS Line, ODP Radio, NAWAS, or regular dial telephones are used.

3.0 PROCEDURE FOR USE OF THE NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM

3.1 The New York State Radiological Emergency Data Forms are to be used when reporting any Emergency Plan emergency. They can be found in the EP-Forms Section of Volume II - Emergency Response Activation Procedures.

3.2 The New York State Radiological Emergency Data Forms are as follows:

- Part I (EP-Form #30a): General Information
- Part II (EP-Form #30b): Radiological Assessment Data
- Part III (EP-Form #30c): IP-3 Emergency Notification Fact Sheet -
Plant Parameter Data

3.3 Instructions to use New York State Radiological Emergency Data Forms over RECS Line or ODP Radio:

- EP-Form #30a - General information should be relayed initially to
(Part I) the State and County warning points, and
thereafter, to the Emergency Operation Centers
(EOCs).

EP-Form #30b - Radiological Assessment Data should only be
(Part II) relayed to the Emergency Operation Centers (EOCs),
the warning points do not have this Part II.

EP-Form #30c - IP-3 Plant Parameter Data should only be relayed
(Part III) to the EOCs, the warning points do not have this
Part III.

3.4 The Control Room has the responsibility to initially fill out Part I, EP-Form #30a, of this form and communicate this to persons in Section 3.5 below. Black ink is to be used and abbreviations such as PAB and LOCA need to be spelled out as per New York State.

3.5 Persons who ultimately should have the information on the New York State Radiological Emergency Data Form are:

OFF SITE (use RECS Line telephone or ODP radio)

Westchester County
Rockland County
Orange County
Putnam County
City of Peekskill
New York State Department of Health

3.6 This information should also be given to the following individuals but the use of the data form is not required. Abbreviated synopsis of the emergency is to be given.

NYPA

Resident Manager
Superintendent of Power
Information Officer
Nuclear Operations Duty Officer

NRC

ENS
Resident Inspector

3.7 When using the New York State Radiological Emergency Data Forms, information transfer should be accomplished in the following manner:

a. State your intention of using the New York State Radiological Emergency Data Form (Part ____).

b. Begin giving information - examples follow:

State: "1. Date and time of message transmittal:
Date: _____, Time: _____, Via: _____"
(24-hr. clock)

"2B. This is Indian Point No. 3".

"3. This is _____, _____
(your name) (your title)

"4A. Control Room".

"5A. This is an exercise." or

"5B. This is not an exercise." Etc. . . .

If certain statements are not applicable, tell the receivers which appropriate number(s) are "Not Applicable". Example - State: "#9, NOT APPLICABLE; "#10, NOT APPLICABLE".

4.0 PROCEDURE FOR USE OF THE RECS LINE

- 4.1 The RECS Line is labeled as such in red, has a "red eye" (lit when in use), and has a ring button.
- 4.2 Designated Communicator will depress ring button and release. After ring stops, operator will pick up handset and announce: "THIS IS TO REPORT AN INCIDENT AT INDIAN POINT NO. 3. STAND BY FOR ROLL CALL".

_____ "Westchester County Warning Point"
 _____ "Peekskill City Warning Point"
 _____ "Rockland County Warning Point"
 _____ "Orange County Warning Point"
 _____ "Putnam County Warning Point"
 _____ "New York State Warning Point" (ODP during duty hours,
 State Police during non-duty hours)

- 4.3 Upon completion of roll call, operator will direct all parties to the New York State Radiological Emergency Data Form, Part I - General Information, and transmit the applicable information.
- 4.4 Operator will again call roll by saying, "(NAME OF STATION) did you copy?"
- 4.5 Operator will sign off by saying, "INDIAN POINT NO. 3 out at (TIME) and (DATE)".
- 4.6 Operator will record dissemination of information on log.
- 4.7 IN THE EVENT A COUNTY WARNING POINT STATION DOES NOT ANSWER ROLL CALL, LICENSEE OPERATOR WILL PROCEED WITH INFORMATION. ODP SOUTHERN DISTRICT (DURING DUTY HOURS) OR STATE WARNING POINT (DURING NON-DUTY HOURS) WILL BE RESPONSIBLE TO NOTIFY NON-ANSWERING STATION AND GIVE REQUIRED INFORMATION.
- 4.8 After EOCs are staffed, Parts II and III (EP-Forms #30b and #30c) will be provided via telecopier. Part I (EP-Form #30a) will still air over the RECS Line and be sent in parallel via telecopier as well as the RECS Line to the EOCs.

NOTE #1: During duty hours, the following stations may be active to receive information:

New York State Health Department (Radiological Health)
 New York State ODP Radiological (State EOC)
 New York State ODP Southern District
 Westchester County Disaster and Emergency Services
 Rockland County EOC
 Orange County EOC
 Putnam County EOC
 Peekskill City EOC
 West Point EOC

These stations do not have to be present on telephone before licensee operator begins message information. If these stations want repeat of information, State Warning Point will comply.

NOTE #2: During non-duty hours, the State Police will notify and give information to personnel listed on notification lists maintained by the State Health Department and State ODP via commercial telephone. State ODP will notify and give information to ODP Southern District in accordance with its notification procedures via commercial telephone.

- 4.9 When a General Emergency is initially declared, the Control Room Communicator will precede transmission of the New York State Radiological Emergency Data Form - Part I (EP-Form #30a) with the statement, "THIS IS TO REPORT THAT A GENERAL EMERGENCY CONDITION AT INDIAN POINT NO. 3 EXISTS. REPEAT, THIS IS TO REPORT THAT A GENERAL EMERGENCY CONDITION AT INDIAN POINT NO. 3 EXISTS. STAND BY FOR ROLL CALL. ALL STATIONS NOT CALLED PLEASE STAY OFF THE LINE UNTIL FURTHER NOTICE."

Conduct roll call to include the following stations only:

Westchester County Warning Point
 Rockland County Warning Point
 Orange County Warning Point
 Putnam County Warning Point
 New York State Warning Point (ODP during duty hours, State Police during non-duty hours)

Upon completion of roll call, Control Room Communicator will transmit the information on the New York State Radiological Emergency Data Form - Part I (EP-Form #30a).

5.0 PROCEDURE FOR THE USE OF THE ODP RADIO

- 5.1 Designated Communicator will pick up handset and announce:

"THIS IS TO REPORT AN INCIDENT AT INDIAN POINT NO. 3. STAND BY FOR ROLL CALL."

(Conduct roll call to include the following stations:)

_____ "Westchester County Warning Point"
 _____ "Peekskill City Warning Point"
 _____ "Rockland County Warning Point"
 _____ "Orange County Warning Point"
 _____ "Putnam County Warning Point"

- a. Direct them to the New York State Radiological Emergency Data Form - Part I (EP-Form #30a), General Information and transmit applicable information.
 - b. Operator will again call roll by saying, "(NAME OF STATION) did you copy?"
 - c. Operator will sign off by saying, "INDIAN POINT NO. 3 out at (TIME) and (DATE)."
 - d. Operator will record dissemination of information on log.
- 5.2 New York State must be notified separately. To accomplish this, use the microwave line [REDACTED]
- a. To call the New York State Warning Point, identify it as an emergency call and report information on New York State Radiological Emergency Data Form - Part I (EP-Form #30a).
- 5.3 All EOCs have ODP radios including New York State. After activation, this radio can be used without the microwave call to New York State.

6.0 PROCEDURE FOR USE OF NAWAS FOR INITIAL NOTIFICATION OF AN EMERGENCY

6.1 Designated Communicator will:

- a. Listen to determine that the Westchester County Warning Point is not participating in any transmission.
- b. Depress the handset switch and announce, "THIS IS INDIAN POINT NO. 3 calling: Westchester, Putnam, and City of Peekskill Warning." You will be answered by receiving "Westchester, Putnam, and City of Peekskill Warning."
- c. Direct them to the New York State Radiological Emergency Data Form - Part I (EP-Form #30a), General Information and transmit applicable information.
- d. Warning points will acknowledge message and will conclude by saying "_____ Warning Point."
- e. Terminate transmission by saying, "INDIAN POINT NO. 3 off at _____ hours."
- f. Operator will record dissemination of information on log.

- 6.2 Westchester County Warning Point will transmit message and information on New York State Radiological Emergency Data Form to New York State Warning Point. Orange and Rockland Counties will hear this transmission. New York State Warning Point and Orange County will acknowledge receipt of message to Westchester County Warning Point.
 - 6.3 Orange County will call Rockland County by telephone to assure Rockland has received the message. (Rockland County is not on the transmission loop, therefore, they cannot be heard. However, they can receive messages.)
 - 6.4 New York State Warning Point will assure that the New York State Department of Radiological Health is notified.
 - 6.5 New York State will telephone IP-3 for verification on [REDACTED].
- 7.0 PROCEDURE FOR INITIAL NOTIFICATION WHEN RECS LINE, ODP RADIO, AND NAWAS ARE NOT WORKING
- 7.1 Using regular telephones call: Westchester, Putnam, Rockland, Orange, City of Peekskill, and New York State Warning Points. Telephone numbers are found in Appendix B of the Emergency Plan, Volume II listed as "Offsite Notification and Communication Telephone Numbers".
- 8.0 TESTING FOR THE RECS LINE (RADIOLOGICAL EMERGENCY COMMUNICATIONS SYSTEM)
- 8.1 New York State Warning Point (NYSWP) will initiate test.
 - 8.2 Test Schedule - Tests will be conducted bi-weekly on Tuesdays preceding the bi-weekly NAWAS tests according to the following:
 - a. Indian Point at approximately 9:45 AM.
 - b. Test schedules will be issued by NYSWP.
 - c. Unannounced tests will be conducted as necessary.
 - 8.3 New York State Warning Point will announce: "THIS IS A TEST. REPEAT. THIS IS A TEST. THIS IS NYS WARNING POINT CALLING ALL STATIONS. STAND BY FOR ROLL CALL."

8.4 SEQUENCE OF ROLL CALL:

Indian Point Unit #2 Control Room
 Indian Point Unit #3 Control Room
 Indian Point Emergency Operations Facility
 Westchester County Warning Point
 Westchester County Disaster and Emergency Services
 Westchester County EOC
 Peekskill City Warning Point
 Rockland County Warning Point
 Rockland County EOC
 Orange County Warning Point
 Orange County EOC
 Putnam County Warning Point
 Putnam County EOC
 NYS ODP Southern District
 NYS Department of Health (Radiological Health)
 NYS Division of State Police (Alternate State Warning Point)
 NYS ODP Radiological (State EOC)

8.5 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.)

8.6 After completing roll call, NYSWP will recall all stations not answering saying, "NEW YORK STATE WARNING POINT RECALLING (NAME OF STATION NOT ANSWERING)." (NAME OF STATION RECALLED) will answer using terminology in 8.5 above.

8.7 New York State Warning Point will sign off by saying, "END OF TEST. NEW YORK STATE WARNING POINT OUT AT (LOCAL TIME) AND (DATE)."

8.8 All stations will log results.

8.9 All stations not answering initial test will be called on commercial telephone by New York State Warning Point for reasons. The location having problems should report problems immediately to the:

Trouble Number:	██████████ - ask for special services
Report:	Circuit 88PLNT 5848 failed and location of problem (e.g., Indian Point No. 3 Control Room).

8.10 If circuit failures occur, the station that has failure will call by commercial telephone New York State Warning Point and appropriate County Warning Point(s) and report outage and time when back in service. (See Appendix B of the Emergency Plan, Volume II for numbers.)

9.0 TESTING FOR NAWAS

9.1 A bi-weekly test conducted on Tuesdays at approximately 10:00 AM.

- 9.2 The Southern District Office of Disaster Preparedness will conduct test.
- 9.3 Messages are to be logged.
- 9.4 Test is acknowledged by saying "Indian Point No. 3".
- 9.5 If equipment failure occurs, station with problem should report malfunction to the Telephone Company at [REDACTED]. Circuit number for IP-3 Control Room is: [REDACTED].
- 9.6 If failure occurs, station that has failure will call by commercial telephone Westchester County Warning Point and report outage.
- 9.7 When malfunction is corrected, report to Westchester County Warning Point via the NAWAS phone.

10.0 TESTING FOR ODP RADIO

- 10.1 A bi-weekly test is conducted on Tuesdays at approximately 9:30 AM.
- 10.2 Southern District will announce "This is WZM-947, Net Control, New York State Emergency Management Office, Southern District, Poughkeepsie, stand by for bi-weekly district command radio test. Roll call, Southern to (Counties), OVER."
- 10.3 IP-3 will be requested to participate in a separate roll call "Southern to Indian Point No. 3, OVER", IP-3 should respond "KNFM-394 Indian Point No. 3, OVER."

ACCOUNTABILITY

<u>ACCOUNTABILITY AREA</u>	<u>ACCOUNTABILITY OFFICER</u>	<u>OFFICE EXTENSION</u>	<u>ASSEMBLY AREA EXTENSION</u>
I Training	Bobby Martin Steve Smith Doug Ames Bill Swindell	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED], [REDACTED] [REDACTED]
J Warehouse	David DiCioccio Lou Tiberi	[REDACTED] [REDACTED]	[REDACTED]
K Administration	Jill Choma Jim Reagan George Nikolatos Marianne Tansky	[REDACTED] [REDACTED] [REDACTED] [REDACTED]	[REDACTED]
C Machine Shop	Chuck Alphin Mike Devlin Bruce Witherall	[REDACTED] [REDACTED] [REDACTED]	[REDACTED], [REDACTED]
G Construction Conference Trailer	William Eichert Ronald Mackowiak Marie Campanaro	[REDACTED]	[REDACTED]
Control Room	Gail Ruh	[REDACTED]	[REDACTED], [REDACTED]
TSC	Jean Moretti Ed Noel Al Froebrich	[REDACTED] [REDACTED] [REDACTED]	[REDACTED]
OSC	Anthony Vitale Cliff Marks Mary Ellen Mastrogiacono	[REDACTED] [REDACTED] [REDACTED]	[REDACTED], [REDACTED]
EOF	Diane Barton Laura Eagens Pam Walsh	[REDACTED] [REDACTED] [REDACTED]	[REDACTED] [REDACTED]
H Con Edison Service Center (West Storeroom Area)		[REDACTED]	

DEC 23 1986

TELEPHONE EXTENSIONS

Unit 3 Control Room and Page
Unit 2 Control Room (Con Edison)
Shift Supervisor's Office
Operations Superintendent Office
Security Shift Coordinator
Security Building Extensions
Con Edison LAO
NVC
Westinghouse (Ray Heisey)
OSC
TSC
EOF (Emergency Director)

[REDACTED]

LEAD ACCOUNTABILITY OFFICERS
(Normal Working Hours)

Ruthanne Bowman
Sal Golemi
Christine Metzger
Sandy Novak

[REDACTED]

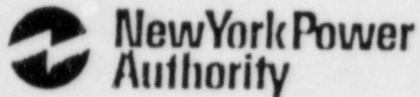
LEAD ACCOUNTABILITY OFFICERS
(Off Hours)

Security

[REDACTED]

DEC 23 1986

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 739.8200



EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP- 1056

REV. 4

TITLE " DIRECTING FIRE FIGHTING PERSONNEL IN CONTROLLED AREA
_____ "

WRITTEN BY: Maryann Chaubard
REVIEWED BY: Paul J. Sweeney
PORC REVIEW: R. P. Can DATE 12/9/86
APPROVED BY: [Signature] DATE 12/9/86
EFFECTIVE DATE: 12/26/86

DIRECTING FIRE FIGHTING PERSONNEL IN CONTROLLED AREA

1.0 INTENT

To provide a procedure that describes the duties of the H.P. Technicians and the Security Force for handling Plant Fire Brigade and Fire Department personnel who respond to a fire in the Controlled Area.

2.0 PRECAUTIONS AND LIMITATIONS

- 2.1 Plant Fire Brigade and outside Fire Department personnel are not required to wear anti-C clothing when they fight a fire in the Controlled Area, provided they wear full turnout gear.
- 2.2 Plant Fire Brigade members must pick up a dosimeter and TLD when entering the Controlled Area.
- 2.3 All Fire Department personnel who enter the Controlled Area will be provided with a dosimeter and TLD by a member of the H.P. Department. Dosimeters and TLDs may be obtained from the supply kept at the Security Command Post. KI may be issued if directed by the Emergency Director. Additional TLDs are also located in the Fire Brigade locker located on the 4th Floor Administration Building. Dosimeters can be obtained at the NYPA Control Point prior to entering the Controlled Area.
- 2.4 All Fire Department personnel entering the Controlled Area are required to have their person, clothing, and equipment checked for contamination before they leave the Controlled Area for the last time. Repeated exits from the Controlled Area without frisking are permitted in order to prevent interference with fire fighting efforts. If possible, the outside area surrounding fire fighting equipment should be roped off for contamination control.
- 2.5 All clothing and equipment not permitted to be removed from the Controlled Area, due to contamination, is to be inventoried for compensation.
- 2.6 Every effort will be made to keep exposures to Fire Department personnel As Low As Reasonably Achievable (ALARA).
- 2.7 If it becomes necessary for the Fire Department personnel fighting the fire to exceed the New York Power Authority's radiation exposure limits (300 mrem per quarter for whole body exposure or the 40 hour MPC amount), the H.P. Technician shall notify the Radiological and Environmental Services Superintendent (RESS).
- 2.8 Do not enter heavy smoke areas without a self-contained breathing apparatus (SCBA).

3.0 PROCEDURE

3.1 Security Force

- a. Direct fire fighters and apparatus through the nearest gate to the fire area.
- b. Bring dosimeters and TLDs from the supply at the Security Command Post to the entrance point where the fire fighters are being admitted to the Controlled Area.
- c. Issue a dosimeter and TLD to each fireman with instructions to wear them underneath his turnout coat to protect them from water damage.

NOTE: The name of the individual and his TLD number shall be recorded by the H.P. after the fire has been extinguished on EP-Form #13 (Attachment 5.1). In addition, a Film Badge Request Form must be completed at this time. Upon completion, these forms are to be returned to the Dosimetry Records Office through the Watch H.P. or H.P. Team Leader in the OSC.

- d. It is allowable for the fire fighter to enter the Controlled Area without wearing anti-C clothing provided he/she is in full turnout gear.

3.2 H.P. Technician

- a. Respond to all Controlled Area fires with the Plant Fire Brigade. He shall notify the Fire Brigade Leader that he is present. All H.P. concerns shall be addressed directly to the Fire Brigade Leader.
- b. Check all Brigade members for dosimetry. Issue dosimetry if Security has not already done so.
- c. Make field measurements at the fire scene and notify the Fire Brigade Leader of any restrictions you are imposing on the Brigade.
- d. Set up an air sampler (particulate and iodine) as close as practical to the fire scene. If a CAM is available or may be obtained without detracting from your duties at the fire scene, set it up.
- e. Evaluate the potential for the spread of high levels of radioactive contamination from the use of water during the fire fighting operations.
- f. Evaluate airborne activity through the use of the Counting Room. If the air sample activity is greater than $2.25\text{E-}9$ uCi/cc, an isotopic analysis is required.

1. Notify the Fire Brigade Leader of any restrictions you are imposing on the Brigade due to the airborne activity.
 2. Instruct all personnel to wear respiratory protective devices (i.e., self-contained breathing apparatus - SCBA), depending on their proximity to the fire and their duties. SCBAs would be used for all O₂ deficient and smoke charged atmospheres.
- g. Issue KI as directed by the Emergency Director.
- h. When personnel have been involved in an airborne atmosphere, as determined from counting the air sample filters and disregarding any protective device they have worn:
1. Check the areas of the eyes, ears, nose, and mouth with an RM-14/HP-210 or equivalent GM survey instrument. This check should be performed in a background of 300 cpm or less.
 2. Any reading greater than 100 cpm above background indicates contamination and decontamination is required.
 3. If facial contamination is present, nasal smears are required for analysis prior to and following decontamination.
 4. These individuals should then be referred for whole body counting after showering. Refer to HPI-4.22.
 5. The H.P. Supervisor shall be notified for whole body counting data evaluation.
- i. Check all Fire Brigade and Fire Department personnel, their clothing, and their equipment for contamination before they leave the Controlled Area.
- j. Record individual's name, TLD number, and exposure upon exiting the fire scene using EP-Form #13. In addition, have individual complete a Film Badge Request Form. Upon completion, these forms are to be returned to the Dosimetry Records Office through the Watch H.P. or H.P. Team Leader in the OSC.
- k. Check the fire apparatus, equipment, and outside areas for contamination.
1. Assist and supervise the decontamination of any fire fighter and/or personnel that becomes necessary. Refer to HPI-6.41 for decontamination instructions.
- m. Supervise the decontamination of any equipment or protective gear. Make a list of all items you are not allowing to leave the Controlled Area as well as the items you have checked okay.

- n. If a CAM was used, remove the chart and incorporate with the job REA data. Indicate instrument range, if appropriate, on the chart.

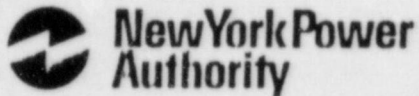
4.0 REPORTS

- 4.1 Health Physics shall log the events of the fire from a radiological standpoint.
- 4.2 Record exposures on EP-Form #13.
- 4.3 Record fire fighters personal data on Film Badge Request Form.
- 4.4 List all confiscated materials and radiation levels.

5.0 ATTACHMENTS

- 5.1 EP-Form #13 - Fire Fighter Exposure Record

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 739.8200



EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP- 1070 REV. 14

TITLE " PERIODIC CHECK OF EMERGENCY PREPAREDNESS EQUIPMENT
"

WRITTEN BY: Margaret Chabard
REVIEWED BY: [Signature]
PORC REVIEW: M.P. Can DATE 10/23/86
APPROVED BY: [Signature] DATE 10/24/86
EFFECTIVE DATE: 12/26/86

IP-1070PERIODIC CHECK OF EMERGENCY PREPAREDNESS EQUIPMENT1.0 INTENT

To describe the method for periodic checking of emergency equipment stored in Emergency Operation Facilities and Centers, Emergency Vehicles, Unit 3 Control Room, Command Guard House, and Peekskill Community Hospital.

2.0 LOCATIONS OF STORED EQUIPMENT

- Emergency Operation Facility (EOF)
- Alternate Emergency Operation Facility (AEOF)
- Emergency Vehicle (EV)
- Alternate Emergency Vehicle (AEV)
- NYPA Command Guard House (CGH)
- Unit 3 Control Room (CR)
- Unit 3 Technical Support Center (TSC)
- Unit 3 Operation Support Center (OSC)
- Peekskill Community Hospital

3.0 DISCUSSION

3.1 Con Edison shall check the emergency equipment located in the lockers in the EOF and emergency surveillance vehicles on a quarterly basis and after each drill. Con Edison Environmental Health and Safety Department Procedure EHS-S-7.301, Periodic Check of Stored Emergency Equipment and Supplies, will be used.

3.2 Con Edison personnel will perform the following communication checks in accordance with Con Edison Environmental Health and Safety Department Procedure EHS-S-7.302, Periodic Check of Emergency Radios, Telephones, and Outdoor Assembly Alarm.

- Con Edison frequency radios (EOF, AEOF, CR-2, CR-3, CE-CGH, 2 emergency vehicles)
- Con Edison walkie-talkie radios
- Con Edison Emergency Site Assembly Alarm
- RECS Line (EOF, AEOF)
- Direct line telephones (EOF, CR-2, CR-3, AEOF)
- Con Edison/TSC/EOF/CR automatic ring telephones
- NYPA push-button phones in EOF
- NRC (ENS) phones in EOF and AEOF

- 3.3 The Unit 3 Control Room RECS Line is checked separately at a different frequency initiated by the New York State Warning Point.
- 3.4 The Unit 3 Control Room ODP radio is checked separately at a different frequency initiated by New York State Southern District Office of Disaster Preparedness located in Poughkeepsie, New York.
- 3.5 Following completion of the above checks, Con Edison shall forward copies of the completed checklists of equipment and supplies to the IP-3 R.E.S. Department for review and filing.
- 3.6 The IP-3 Safety Supervisor shall assure emergency first aid equipment is checked in conformance with surveillance test 3PT-M48. It is also the responsibility of the Safety Department to check and replace as necessary all of the air supplied and/or oxygen generating respiratory equipment.
- 3.7 IP-3 Health Physics personnel shall check the emergency equipment lockers in the IP-3 CR, OSC, TSC, Command Guard House, and Peekskill Community Hospital Decon Room on a monthly basis and after each drill. Health Physics is also responsible for changing film badges and/or TLDs at these locations on a monthly basis. In addition, Health Physics will conduct the monthly communication checks as specified on the checkoff lists included in this procedure (Attachment 5.1).
- 3.8 The Emergency Planning Coordinator shall forward the applicable portion of this procedure (Attachment 5.1, Pgs. 14 and 15 - Checkoff List for AEOF) to the Headquarters Emergency Planning staff who shall inventory the AEOF and conduct communication checks on a monthly basis and after each drill.

4.0 PROCEDURE

- 4.1 The IP-3 Performance and Reliability Group shall issue notice on a monthly basis to the Emergency Planning Coordinator stating when the periodic check of equipment is due.
- 4.2 The Emergency Planning Coordinator shall attach a copy of this procedure (IP-1070) to the notice and forward it to the Health Physics Supervisor who, in turn, will assign the inventory check to an HP(s).
- 4.3 Using the checkoff lists (Attachment 5.1 of this procedure), the HP(s) performing the checks shall:
 - 4.3.1 Obtain permission from the Shift Supervisor (SS) or Senior Reactor Operator (SRO) to conduct this procedure. The SS or SRO shall sign Page 1 of Attachment 5.1 indicating his permission to conduct the test.
 - 4.3.2 Obtain permission from the Emergency Room Representative at the Peekskill Community Hospital to conduct the inventory at that facility. The Emergency Room Representative shall sign Page 1 of Attachment 5.1 indicating his permission to conduct the test.

- 4.3.3. Indicate that each piece of equipment is present by placing a check (✓) next to the item on the checkoff list.
- 4.3.4 Perform a functional inspection and/or battery test on equipment as indicated.
- 4.3.5 Indicate any appropriate comments next to each item found defective.
- 4.3.6 Note the calibration due date in the appropriate column for instruments and counters.
- 4.3.7 Replace defective and/or missing equipment and report it to the Emergency Planning Coordinator.
- 4.3.8 Replace any equipment if its calibration will expire before the next scheduled check.
- 4.3.9 Submit completed test to the SS for review and signature.
- 4.4 The SS shall:
 - 4.4.1 Review the test results.
 - 4.4.2 Sign Page 1 of Attachment 5.1 indicating review.
 - 4.4.3 Log as appropriate.
 - 4.4.4 Return to the Emergency Planning Coordinator.
- 4.5 The Emergency Planning Coordinator shall:
 - 4.5.1 Review the test results.
 - 4.5.2 Ensure all required equipment/supplies are available and operational.
 - 4.5.3 Sign Page 1 of Attachment 5.1 indicating review.
 - 4.5.4 Forward to the Performance and Reliability Group for filing.
- 4.6 The Performance and Reliability Group shall file and maintain all test results as required by IP-3 Technical Specifications.

5.0 ATTACHMENTS

5.1 Emergency Locker and Equipment Inventory Checklists

EMERGENCY LOCKER AND EQUIPMENT INVENTORY REVIEW AND SIGNATURE

1. Permission to initiate test: _____
Shift Supervisor/Sr. Reactor Operator Date

2. Permission to inspect inventory at Peekskill Community Hospital:

Emergency Room Representative Date

3. Review of test results: _____
Shift Supervisor/Sr. Reactor Operator Date

Emergency Planning Coordinator Date

EQUIPMENT LOCATED IN THE CONTROL ROOM
CHECKOFF LIST

CONTROL ROOM LOCKER #1 - (This locker is in the Turbine Hall.)

The key (#75) to this locker is stored in the Control Room key locker. This locker is a sealed locker. If seal is broken or has been removed, complete the following checklist. If the seal is intact, write "sealed" under the comments section and no further check is needed for this locker.

		Operational Calibration			
No.	Equipment	Present	Check	Due	Comments
<u>Respiratory Protection</u>					
24	Combination Cartridges		NA	NA	
4	SCBA, (40l pressure demand)		NA	NA	
5	Packs gauze wipes		NA	NA	

CONTROL ROOM LOCKER #2 - (This locker is inside the Control Room.)

The key (#76) to this locker is stored in the Control Room key locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Air Sampling and Counting</u>					
1	HD-28B sampler/totalizer		*		
1	SPA-3/MS-2 iodine counter w/shield**		*		
1	Frisker (RM-14)w/HP-210 or 260 probe		*		
1	Box air filters for HD-28B		NA	NA	
1	Box charcoal cartridges		NA	NA	
12	Silver zeolite cartridges		NA	NA	
1	Check source SPA-3 (Ba-133)		NA	NA	
5	packs smears		NA	NA	
1	Pair tweezers		NA	NA	
-	Planchetts		NA	NA	
-	Smear Envelopes		NA	NA	
4	Air sample heads for HD-28B		NA	NA	
1	BC-4 counter		*		
1	Check source (Tc-99)		NA	NA	
1	Check source (Cs-137)		NA	NA	
2	Air sample heads for silver zeolite cart		NA	NA	

* Operational check required.

** Shield for SPA-3 is stored by the Control Panels.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE CONTROL ROOM
CHECKOFF LIST

CONTROL ROOM LOCKER #2 - (continued)

		Operational Calibration			
No.	Equipment	Present	Check	Due	Comments
<u>Dosimetry</u>					
20	TLDs / Holders		NA	replace	
20	0-200 mR dosimeters		* zero		
20	0-500 mR dosimeters		* zero		
20	0-5 R dosimeters		* zero		
2	Dosimeter chargers		*	NA	
1	Set AA spare batteries		NA	NA	
<u>Portable Survey Instruments</u>					
1	RO-2 or equivalent ion. chamber		*		
1	RO-2A or equivalent ion. chamber		*		
1	E-530 GM survey instrument or equiv.		*		
<u>Respirator Protection</u>					
2	Bottles CR breathing air**		NA	NA	
10	Air masks with pressure demand regulators		***	NA	
6	Lengths of 50' hose		NA	NA	
100	Bottles KI (14 doses/bottle)		NA	NA	
12	Full and half-face respirators		***	NA	
<u>Miscellaneous</u>					
2	Log Books		NA	NA	
3	Voice Amplifiers		Battery test	NA	
2	Step-off pads		NA	NA	
2	In-plant headsets-sound powered #H5040		*	NA	
1	Calculator		*	NA	
1	HP-85 Dose Assessment Tape		NA	NA	
-	Emerg. Title Badges & Badge Holder		NA	NA	
3	POM, SS/SRO, Communicator Responsibility Books		NA	NA	
3	Telephone headsets - Star Set Supra		*	NA	
1	Extension cord		NA	NA	
3	Loud mouths		*	NA	

* Operational check required.

** Stored in the Control Room.

*** Respirator inspection (as per RE-HP-11.16).

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE CONTROL ROOM
CHECKOFF LIST

CONTROL ROOM LOCKER #4 - (This locker is in the Turbine Hall.)

The key (#78) for this locker is stored in the Control Room key locker. This locker is a sealed locker. If seal is broken or has been removed, complete the following checklist. If the seal is intact, write "sealed" under the comments section and no further check is needed for this locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Anti-C</u>					
12	Sets Anti-C clothing		NA	NA	
-	Extra shoe covers (high & low)		NA	NA	
-	Extra surgeons gloves		NA	NA	
<u>Respiratory Protection</u>					
3	Manifolds		NA	NA	
3	Regulators for lg. bottle manifolds		NA	NA	
<u>Respiratory Protections</u>					
6	Spare bottles for SCBA		NA	NA	
<u>Miscellaneous</u>					
-	Radioactive Caution signs		NA	NA	
1	Battery tester		NA	NA	
-	Burn Kit		NA	NA	
-	First Aid Book		NA	NA	
4	In-plant headsets - sound powered #H5040 (spare)		NA	NA	

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE CONTROL ROOM
CHECKOFF LIST

CONTROL ROOM

This equipment is stored inside the Control Room but not in any of the lockers.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Radios</u>					
-	Con Edison Radio		NA	NA	
-	Office of Disaster Preparedness Radio (ODP)		NA	NA	
<u>Telephones</u>					
-	CR/OSC/TSC/EOF/RC Telephone		*	NA	
-	Control Room Emerg. Notification System (ENS) telephone (to NRC)		*	NA	
-	Shift Supervisor's Office ENS (to NRC)		*	NA	
-	RECS Line telephone		**	NA	
-	Assorted Direct Lines		*	NA	
-	NAWAS Telephone		**	NA	
<u>Miscellaneous</u>					
1	Emerg. Response Guidebook (DOT P5800.3)		NA	NA	
1	IP-3 Emergency Plan - Vols. I,II,& III		NA	NA	
1	Book of Forms		NA	NA	
1	Site Map		NA	NA	
1	10 Mile Map		NA	NA	
1	Overlays for 10 Mile Map		NA	NA	
1	Book - "Decon Treatment at Peekskill Hospital"		NA	NA	

- * Operational check required.
** NYS will test.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER
CHECKOFF LIST

OSC/TSC CHEMISTRY LOCKER

The key to this locker is stored:

- In the TSC key (#59) locker. The STA on duty will have a key to the TSC key locker.
- In the OSC (hall) key (#4) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.
- This locker is a sealed locker. If seal is broken or has been removed, complete the following checklist. If the seal is intact, write "sealed" under the comments section and no further check is needed for this locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Miscellaneous</u>					
-	Chemistry Procedures Book		NA	NA	
2	Log Books		NA	NA	
-	Clerical Supplies		NA	NA	

TSC COMMUNICATIONS ROOM

The key to this room is stored:

- In the TSC key (#20) locker. The STA on duty has a key to the TSC key locker.
- In the OSC (hall) key (#8) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
2	Telecopiers		*	NA	
1	Xerox Machine		*	NA	
-	Switchboard		NA	NA	
-	Outside Lines		*	NA	
-	NYPA extensions		*	NA	

* Operational check required.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER
CHECKOFF LIST

OSC CONTROL POINT DESK

The keys to this desk are stored:

- In the TSC key (#36) locker. The STA on duty will have a key to the TSC key locker.
- In the OSC (hall) key (#1) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Dosimetry</u>					
20	TLDs / Holders		NA	replace	1/11
25	0-200 mR dosimeters		* zero		
25	0-500 mR dosimeters		* zero		
25	0-5 R dosimeters		* zero		
34	0-50 R dosimeters		* zero		
15	0-100 R dosimeters		* zero		
30	0-200 R dosimeters		* zero		
5	0-1000 R dosimeters		* zero		
10	sets ring badges		NA	replace	
2	dosimeter chargers		*	NA	
2	sets AA spare batteries		NA	NA	
<u>Telephones</u>					
NYPAs extension			*	NA	
<u>Miscellaneous</u>					
1	Racal-Vadic Acoustic Coupler Modem		NA	NA	
-	Emerg. Plan HP computer disc/tape		NA	NA	
-	Dose Report		NA	NA	
-	Green and Yellow Stickers		NA	NA	
2	Printer Paper		NA	NA	1/11
-	Clerical Supplies		NA	NA	
1	Extremity Dose Record Book		NA	NA	
1	Dosimetry Responsibility Book		NA	NA	

* Operational check required.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER
CHECKOFF LIST

OSC/TSC EMERGENCY LOCKER #1

The key to this locker is stored:

- In the TSC key (#60) locker. The STA on duty will have a key to the TSC key locker.
- In the OSC (hall) key (#3) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.
- This locker is a sealed locker. If seal is broken or has been removed, complete the following checklist. If the seal is intact, write "sealed" under the comments section and no further check is needed for this locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Anti-C</u>					
24	sets Anti-C clothing		NA	NA	
-	extra surgeons gloves		NA	NA	
-	extra shoe covers (high & low)		NA	NA	
<u>Respiratory Protection</u>					
50	combination cartridges		NA	NA	
4	SCBA		NA	NA	
<u>Miscellaneous</u>					
1	HP Controlled Procedures Book		NA	NA	
-	Radioactive Caution signs		NA	NA	
2	Step off pads		NA	NA	
-	Shaving cream		NA	NA	
-	Razors		NA	NA	
<u>Air Sampling and Counting Equipment</u>					
1	Box air filters AMS-2		NA	NA	
1	Box air filters HD-23B		NA	NA	
20	Charcoal cartridges		NA	NA	
25	Silver zeolite cartridges		NA	NA	
2	Extra rolls of chart paper (AMS-2)		NA	NA	
2	Pair tweezers		NA	NA	
30	Pack smears		NA	NA	
5	Packs gauze wipes		NA	NA	
-	Planchetts		NA	NA	
-	Smear envelopes		NA	NA	
5	Air sample heads for HD-28B		NA	NA	

- * The SCBA's are stored on top of both lockers and there are 4 spare air bottles in the Fire Brigade Room.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER
CHECKOFF LIST

OSC/TSC EMERGENCY LOCKER #2

The key to this locker is stored:

- In the TSC key (#60) locker. The STA on duty has a key to the TSC key locker.
- In the OSC (hall) key (#3) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

		Operational Calibration			
No.	Equipment	Present	Check	Due	Comments
<u>Air Sampling and Counting Equipment</u>					
1	HD-28B sampler/totalizer		*		
1	SPA-3/MS-2 iodine counter w/shield**		*		
1	AMS-2 continuous air monitor		*		
1	Triton		*		
3	Friskers (RM-14)w/HP-210 or 260 probe		*		
1	check sources SPA-3(Ba-133,Cs137,Tc99)		NA	NA	
1	BC-4 Beta Counter		*		
<u>Respiratory Protection</u>					
25	Fullface respirators		***	NA	
<u>Portable Survey Instruments</u>					
1	RO-2 or equivalent ion. chamber		*		
1	E-530 GM survey instr. or equivalent		*		
2	RO-2A or equivalent ion. chamber		*		
2	Teletectors		*		
<u>Miscellaneous</u>					
-	Fuses		NA	NA	
-	Extra Batteries - AA, 9 volt, D		NA	NA	
1	Extension cord		NA	NA	
-	Tygon tubing		NA	NA	
1	Flashlight with spare batteries		*	NA	
1	Calculator		*	NA	
2	Stopwatches		*	NA	

* Operational check required.

** The shielding for the SPA-31 is to the right of the chemistry locker.

*** Respirator inspection (as per RE-HPI-11-16).

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER
CHECKOFF LIST

OPERATIONS SUPPORT CENTER

The keys to the OSC are stored:

- In the TSC key (#11,#35,#40) locker. The STA on duty has a key to the TSC key locker.
- In the OSC (hall) key (#6) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

The key to the locker in the OSC Manager's office is stored:

- In the TSC key (#38) locker. The STA on duty has a key to the TSC key locker.
- In the OSC (hall) key (#7) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Radios</u>					
6	HT-220 Handy Talkies 153.635 MHz (Emerg. Plan Freq.)		*	NA	
1	Con Ed Handy Talkie		*	NA	
1	Base Station (153.635 MHz)		*	NA	
4	Model HT RR-2 duplex headsets with throat mike		*	NA	
4	Respirator microphone radios		*	NA	
3	Loud mouths		*	NA	
<u>Respiratory Protection</u>					
200	Bottles KI (14 doses each bottle)		NA	NA	
<u>Telephones</u>					
1	Telephone headset		*	NA	
2	OSC/TSC/EOF/CR/RC dir-line phones		*	NA	
-	Assorted telephones		*	NA	
<u>Miscellaneous</u>					
1	Emergency Plan - Vols. I,II,& III		NA	NA	
1	Emergency Plan Forms Book		NA	NA	
-	Communications Forms		NA	NA	
-	Misc. OSC Responsibility Books		NA	NA	
-	OSC Briefing Forms		NA	NA	
-	Clerical Supplies		NA	NA	
-	Set PAB Maps (4)		NA	NA	
-	Misc. boards for updates		NA	NA	
-	OSC Side Door Interlocks		*	NA	
-	Emerg. Title Badges and Holders		NA	NA	
1	Phillips screwdriver		NA	NA	

* Operational check required.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE TECHNICAL AND OPERATIONS SUPPORT CENTER CHECKOFF LIST

TSC - To enter the TSC proper, the key is stored in the OSC (hall) key (#5) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker. The key to this desk is stored:

- In the TSC key (#45) locker. The STA on duty has a key to the TSC key locker.
- In the OSC (hall) key (#2) locker. The key for the OSC key locker is found in the H.P. Watch Office key (#30) locker.

No.	Equipment	Operational Calibration			Comments
		Present	Check	Due	
<u>Radios</u>					
1	Con Ed Handy Talkie		*	NA	
<u>Telephones</u> - To fully test telephones, call the desired party & request callback.					
2	H.P. Network (HPN) [REDACTED]		*	NA	
1	Telephone headset		*	NA	
1	NYPA extension [REDACTED]		*	NA	
1	Outside Line - ([REDACTED])		*	NA	
1	Emergency Notification System (ENS)		*	NA	
1	Direct line to WPO		*	NA	
1	Direct line to CR/EOF/OSC/TSC/RC		*	NA	
1	Direct line to EOF		*	NA	
-	Switchboard Receiver		*	NA	
1	Direct line to TSC/OSC/EOF/CR		*	NA	
<u>Miscellaneous</u>					
1	Emergency Plan - Vols. I, II, & III		NA	NA	
1	Book of Forms		NA	NA	
-	Set of PAB Maps (4)		NA	NA	
-	Folder of Site and Area Maps		NA	NA	
1	Headquarters Emergency Plan		NA	NA	
-	Westinghouse Emerg. Response Plan		NA	NA	
-	TSC Operating Manual		NA	NA	
-	Emergency Telephone Directory		NA	NA	
-	Region I Incident Response Supplement to NUREG-0845		NA	NA	
-	Headquarters Emergency Response/Recovery Implementing Procedures		NA	NA	
-	Operators Console Manual		NA	NA	
-	Multiplier rechargeable battery		*	NA	
-	Log Book (TSC)		NA	NA	
-	Communications Forms		NA	NA	
-	Computer Information		NA	NA	
-	Misc. TSC Responsibility Books		NA	NA	
-	Plant Status Logs - EP-Forms 31a,b,c		NA	NA	
-	Clerical Supplies		NA	NA	
-	TSC Side Door Interlocks		*	NA	
-	Emergency title badges/holders		NA	NA	
2	Rolls of telecopier paper		NA	NA	
* Operational check required.					

Date Test Performed:

Signature of Checker:

EQUIPMENT IN COMMAND GUARD HOUSE (UNIT 3)
CHECKOFF LIST

No.	Equipment	Present	Operational Check	Calibration Due	Comments
40	TLDs / Holders		NA	replace	
50	500 mR dosimeters		*		
10	5 R dosimeters		*		
1	Dosimeter Charger		*	NA	
10	H/Face respirator with Iodine filters		**	NA	
1	100 bottles KI tablets		NA	NA	
8	Anti-C clothing kits		NA	NA	
2	Emergency Notification/Call-In Books: - 1 in the Coordinator's Office - 1 in the Superintendent's Office		NA	NA	
1	Box Surgical Gloves		NA	NA	
-	Yellow Herculite for ambulance floor		NA	NA	
1	E-530 GM Survey Meter or equivalent		*		
1	RM-14 Frisker with HP-210 or 260 probe		*		

NOTE: Test the Con Edison Security frequency walkie-talkie (Frequency 2) by individually contacting the Unit 3 Control Room. Notify Unit 3 Control Room by phone prior to the test.

Test:	Unit 201 to KGS757		*	NA	
	Unit 203 to KGS757		*	NA	

MISCELLANEOUS EQUIPMENT CHECKOFF LIST

Fire Brigade Locker

10	TLDs / Holders		NA	replace	
<u>PAB</u>					
4	Breathing Air Stations		*	NA	
-	Required Hoses		*	NA	
-	Air Bottles (> 1500 psi)		*	NA	

* Operational check required.

** Respirator Inspection (as per RE-HPI-11.16).

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED AT PEEKSKILL COMMUNITY HOSPITAL DECON ROOM
CHECKOFF LIST

No.	Equipment	Present	Comments
1	Mobile Storage Cart		
1	Stainless Steel Cart		
1	4 Outlet Power Box		
1	Lead Pig		
-	Precut Yellow Herculite for Decon Room		
1	Roll Yellow Herculite for Hallway Floor		
-	Green Herculite for Outside Decon Room		
200	Yellow Plastic Booties		
200	Disposable Hoods		
40	Disposable Gowns		
1	Step-off Pad		
2	30 Gal. White Poly Waste Collection Containers		
2	25 Ft. Extension Cords		
9	"Caution - Contam. Area" signs		
1	Roll Large Clear Poly Bags		
10	Large Yellow Poly "Rad. Material" Bags		
10	Small Yellow Poly "Rad. Material" Bags		
1	Razor Knife		
5	Rolls Yellow Tape		
5	Rolls Masking Tape		
1	Washdown Stretcher		
1	Flexible Drain Hose for Washdown Stretcher		
1	Green Garden Hose with Washdown Fitting		
1	Decon Kit (RMC) - Black Box		
1	Sampling Kit - Foam Box		
3	Boxes Surgical Gloves		
3	5 Gal. Yellow Poly Waste Water Collection Jugs		
1	Wall Clock		
1	Roll Saran Wrap		
80	Disposable Towels		
50Ft.	1/2" Tygon Tubing		
1	Bung Wrench		
2	Filter Rigs		
8	Lengths Rad. Rope with Clips		
1	E-530		
2	Friskers (RM-14 with HP-210 Probe)		
12	0-500 mR Dosimeters		
12	0-200 mR Dosimeters		
1	Dosimeter Charger		
10	TLDs / Holders		
20	TLD Rings		
1	Roll White Herculite		
12	Protective Clothing Packages		
4	Metal Stanchions for roping off ambulance		
1	Roll Rad. Rope for roping off ambulance		

Date Check Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE ALTERNATE EMERGENCY OPERATIONS FACILITY
CHECKOFF LIST

ALTERNATE EMERGENCY OPERATIONS FACILITY

This equipment is located on the 11th Floor in the White Plains Office, 123 Main Street, White Plains, New York.

The key for the facility can be obtained from:

- The Supervisory Nuclear Emergency Preparedness Engineer.
- The Nuclear Generation Duty Officer.
- The wall safe in the Supervisory Nuclear Emergency Preparedness Engineer's Office.

No.	Equipment	Present	Operational Calibration		Comments
			Check	Due	
<u>Radios</u>					
1	Console 1: freq. 1		*	NA	
	freq. 2		*	NA	
1	Console 2: freq. 1		*	NA	
	freq. 2		*	NA	
1	Desk Top (ODP freq. 45:16)		*	NA	
<u>Telephones</u>					
2	RECS Lines		**	NA	
2	AEOF/TSC/OSC/EOF/CR Direct Lines		*	NA	
1	AEOF/V.P. Offices/TSC		*	NA	
1	Reserved phone line		*	NA	
<u>Dose Assessment Equipment</u>					
1	Map Table		NA	NA	
1	Set of Dispersion Overlays for IP		NA	NA	
1	Apple Computer (monitor, printer, disk drives, modem)		*	NA	
<u>Safety Parameter Display System</u>					
1	SPDS Console (monitor, trackball, printer, hardcopier)		*	NA	

- * Operational check required.
** Performed by New York State.

Date Test Performed:

Signature of Checker:

EQUIPMENT LOCATED IN THE ALTERNATE EMERGENCY OPERATIONS FACILITY
CHECKOFF LIST

ALTERNATE EMERGENCY OPERATIONS FACILITY (continued)

INTERNAL EMERGENCY OPERATIONS FACILITY (continued)				Operational	Calibration	
No.	Equipment	Present	Check	Due	Comments	
<u>Books/Plans and Procedures</u>						
2	IP-3 Emergency Plan-Vols. I,II,& III (Control Copy #16 and #17)		NA	NA		
1	IP-3 FSAR (10 Vol.- Control Copy #77)		NA	NA		
1	IP Probabilistic Risk Safety Analysis		NA	NA		
1	IP-3 Technical Specifications		NA	NA		
1	IP-3 Admin. Procedures (2 Vol. - Control Copy #4)		NA	NA		
1	IP-3 Schematic Drawings		NA	NA		
1	IP-3 Operations Procedures		NA	NA		
1	Four Counties Emergency Plan and Procedures (2 Vols. each)		NA	NA		
1	New York State Emergency Plan and Procedures (1 Vol.)		NA	NA		
1	Headquarters Emergency Plan and Procedures (2 Vol.)		NA	NA		
<u>Status Boards</u>						
1	Sign-in Board		NA	NA		
1	Protective Action Recommendations Status Board		NA	NA		
1	Site Boundary Map		NA	NA		
1	Reuter Stokes Locations Map		NA	NA		
1	Flowchart for General Emergency Offsite Protective Decisions		NA	NA		
<u>Office Equipment/Supplies</u>						
3	Xerox 455/295/495 Telecopiers		*	NA		
3	3M Overhead Projectors		*	NA		
1	IBM PC		*	NA		
<u>Miscellaneous</u>						
12	EOF Personnel Job Function Folders		NA	NA		
1	EAR Tone Alert		*	NA		
-	ERC Personnel Job Function Folders		NA	NA		

* Operational check required.

Date Test Performed:

Signature of Checker: