

Facility: Palisades

Task No: PL-344 107 05 03

Task Title: Perform Protective Action  
Recommendations

Job Performance Measure No: 2017 Remediation  
ADMIN JPM 4

K/A Reference: 2.4.38, Ability to take actions called for in the facility emergency plan, including supporting or acting as emergency coordinator if required.

Examinee: \_\_\_\_\_

NRC Examiner: \_\_\_\_\_

Facility Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Method of testing:

Simulated Performance \_\_\_\_\_

Actual Performance X

Classroom X

Simulator \_\_\_\_\_

Plant \_\_\_\_\_

**Read to the examinee:**

I will explain the initial conditions, which steps to simulate or discuss, and provide initiating cues. When you complete the task successfully, the objective for this job performance measure will be satisfied.

## Initial Conditions:

1. The crew is implementing EOP-9.0 due to a large break LOCA
2. The following radiation monitors have been steady for approximately 15 minutes:
  - a. Stack Gas High Range Monitor:  
RIA-2327 reads  $4.0 \times 10^2$  R/hr
  - b. Containment High Range Radiation Monitors:  
RIA-2321 is failed low  
RIA-2322 reads  $4.0 \times 10^3$  R/hr
3. Containment pressure is 4.2 psig with **NO** Containment Spray Pumps or Containment Coolers available
4. Containment isolation was verified successful
5. The Shift Manager/Emergency Director has declared an Emergency Event
6. The Event Notification Form is complete
7. The weather is sunny with no rain

Task Standard: Candidate reviews completed Palisades Event Notification Form and determines the event is correctly classified but the initial PAR is incorrect.

Required Materials: EI-1, Emergency Classification and actions  
EI-6.13, Protective Action Recommendations for Offsite Populations  
Completed EI-3 Attachment 1, Palisades Event Notification Form

General References: EI-1, Emergency Classification and actions  
EI-6.13, Protective Action Recommendations for Offsite Populations

Initiating Cue: Shift Manager directs you to verify completed EI-3, Attachment 1 for the current plant conditions.

Time Critical Task: YES 15 minutes for declaration and 12 minutes for notification form

Validation Time: 10 minutes

**Performance Information**

*Denote critical steps with a check mark*

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\_\_\_\_\_ Performance step: 1

START TIME: \_\_\_\_\_

**Note: Evaluator writes the date and start time on form EI-3 and block above and hands this form to the candidate. This starts the 15 minute time critical clock.**

Standard: Key corrected EI-3, Attachment 1

Comment: Candidate determines that the GE classification is correct. Verifies date and time are correct.

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✓ Performance step: 2

Standard: Key corrected EI-3, Attachment 1

Comment: Candidate determines that the reason for classification is **INCORRECT**.

Candidate determines correct reason for classification is FG1.1 and checks Box for Fission Product Barrier Degradation.

**NOTE: Evaluator may prompt the correction if candidate only declares the classification is incorrect. Correct call is FG1.1 due to Fuel Clad Loss C2, PCS Loss C3 AND Containment Potential Loss B5 causing two losses and a potential third loss.**

STOP TIME: \_\_\_\_\_

**NOTE: Time to complete must NOT be more than 15 minutes for satisfactory performance.**

START TIME: \_\_\_\_\_

**Note: Following identification of the correct reason for classification. This starts the 12 minute time critical clock.**

**Performance Information**

*Denote critical steps with a check mark*

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\_\_\_\_\_ Performance step: 3

Standard: Key corrected EI-3, Attachment 1

Comment: Candidate verifies Radiological Release in Progress Due to Event YES box is correctly checked. This is due to excessive dose from stack vent.

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✓ Performance step: 4

Standard: Key corrected EI-3, Attachment 1

Comment: Candidate Determines the PAR is **INCORRECT**.

Candidate corrects the PAR to recommend initial Evacuation Areas 1, 2, 3, and lake area 6

**NOTE: Evaluator may prompt the correction if candidate only declares the PAR is incorrect.**

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✓ Performance step: 5

Standard: Key corrected EI-3, Attachment 1

Comment: Candidate determines the Meteorological Data is **INCORRECT**.  
Candidate corrects the Wind Direction From 269° To 89°

**NOTE: Evaluator may prompt the correction if candidate only declares the wind direction is incorrect.**

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**Performance Information*****Denote critical steps with a check mark***

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\_\_\_\_\_ Performance step: 6

Standard: Initiating Cue

Comment: Candidate presents corrected Palisades Event Notification Form to the Evaluator

STOP TIME: \_\_\_\_\_

**NOTE: Time to complete must NOT be more than 12 minutes for satisfactory performance.**

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Terminating cue: EI-3, Attachment 1 is corrected to match the key and the evaluator receives the corrected form.

**Verification of Completion**

Job Performance Measure No. ADMIN JPM 4

Examinee's Name:

Examiner's Name:

Date Performed:

Facility Evaluator:

Number of Attempts:

Time to Complete:

**NOTE:** Must be <15 minutes for SATISFACTORY completion.

Question Documentation:

Question: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Result: Satisfactory/Unsatisfactory

Examiner's signature and date: \_\_\_\_\_

**CANDIDATE CUE SHEET**

(TO BE RETURNED TO EXAMINER TO UPON COMPLETION OF TASK)

## Initial Conditions:

1. The crew is implementing EOP-9.0 due to a large break LOCA
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  - a. Stack Gas High Range Monitor:  
RIA-2327 reads  $4.0 \times 10^2$  R/hr
  - b. Containment High Range Radiation Monitors:  
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5. The Shift Manager/Emergency Director has declared an Emergency Event
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## Initiating Cue:

Shift Manager directs you to verify completed EI-3, Attachment 1 for the current plant conditions.

Student Handout

**PALISADES EVENT NOTIFICATION FORM**

Proc No EI-3  
Attachment 1  
Revision 32  
Page 1 of 1

<input checked="" type="checkbox"/> <b>Actual Event</b> <input type="checkbox"/> <b>Drill</b>	
<b>Plant Contact Information</b>	
Nuclear Power Plant : <u>Palisades</u>	<div style="border: 1px solid black; padding: 10px; background-color: yellow; font-size: 2em; font-weight: bold;">1</div> Plant Message Number
Plant Communicator : _____ Time of Communication: V.B. _____ S.O.M. _____ NRC _____	
Calling From: <input type="checkbox"/> Control Room <input type="checkbox"/> TSC <input type="checkbox"/> EOF <input type="checkbox"/> Other: _____	
Call Back Telephone Number: _____	
<b>Current Classification</b>	
<input type="checkbox"/> Unusual Event <input type="checkbox"/> Alert <input type="checkbox"/> Site Area Emergency <input checked="" type="checkbox"/> <b>General Emergency</b> <input type="checkbox"/> Termination	
This classification was declared as of: Date <u>8/7/2017</u> Time <u>00:01</u>	
<b>Reason for Classification</b>	
<input checked="" type="checkbox"/> <b>Abnormal Rad Level / Radiological Effluents</b>	<input type="checkbox"/> System Malfunction
<input type="checkbox"/> Hazards and Other Conditions Affecting Plant Safety	<input type="checkbox"/> Cold Shutdown/Refueling System Malfunction
Number <u>AG1.1</u>	<input type="checkbox"/> Independent Spent Fuel Storage Installation Event
	<input type="checkbox"/> Fission Product Barrier Degradation
<b>Radiological Release in Progress Due to Event</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Protective Action Recommendations</b>	
<input type="checkbox"/> None	
<u>Recommend the following protective actions: implement the State of Michigan KI plan and all other areas monitor &amp; prepare.</u>	
Evacuation of Area(s):	<input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5
In-Place Shelter of Area(s):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Clear Lake Area(s):	<input checked="" type="checkbox"/> 6 (L) <input type="checkbox"/> 7 (L)
PARs based on Dose Calculations (complete & provide EMD 32b)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PARs beyond 10 Miles (complete & provide EMD 32b)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Meteorological Data</b>	
Wind Direction (degrees): From <u>89</u> ° To <u>269</u> °	Wind Speed (MPH): <u>5</u>
Stability Class: <u>C</u>	Precipitation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Emergency Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

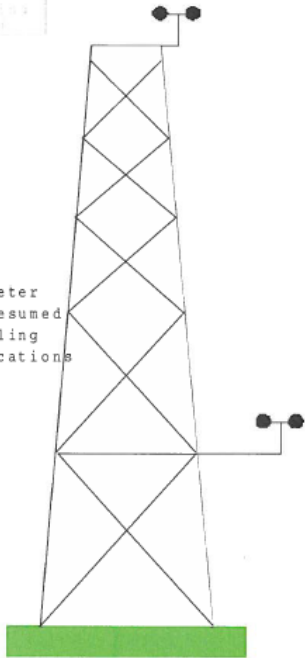


Student Handout

3 5 1 METEOROLOGICAL DATA

DATE: 11/13/14  
TIME: 11:15:04  
PAGE: 001

NOTE: 10 meter data is presumed in ER modeling and notifications



HEIGHT 60 METERS

WIND DIRECTION (from) 269 CIRCULAR DEGREES

WIND SPEED 5 MPH

DELTA TEMPERATURE -0.8 DEG C/50M

STABILITY C PASQ

HEIGHT 10 METERS

WIND DIRECTION (from) 269 CIRCULAR DEGREES  
(to) 89 CIRCULAR DEGREES

WIND SPEED 5 MPH

TEMPERATURE 20 DEG C

68 DEG F

DOWNWIND SECTORS A B C D E F G H  
J K L M N P Q R

F6 CFMS F7 ENVIRON MENU F8 ENVIRON F9 F10 RADIO LOGICAL F11 F12 F13 F14 START PAR MTR F15 STOP PAR MTR

OK



Answer Key

Proc No EI-3  
Attachment 1  
Revision 32  
Page 1 of 1

**PALISADES EVENT NOTIFICATION FORM**

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<b>Plant Contact Information</b>	
Nuclear Power Plant : <u>Palisades</u> Plant Communicator : _____ Time of Communication: V.B. _____ S.O.M. _____ NRC _____	
Calling From: <input type="checkbox"/> Control Room <input type="checkbox"/> TSC <input type="checkbox"/> EOF <input type="checkbox"/> Other: _____	<b>1</b> Plant Message Number
Call Back Telephone Number: _____	
<b>Current Classification</b>	
<input type="checkbox"/> Unusual Event <input type="checkbox"/> Alert <input type="checkbox"/> Site Area Emergency <input checked="" type="checkbox"/> General Emergency <input type="checkbox"/> Termination	
This classification was declared as of: Date <u>8/7/2017</u> Time <u>00:01</u>	
<b>Reason for Classification</b>	
<input type="checkbox"/> Abnormal Rad Level / Radiological Effluents <input type="checkbox"/> Hazards and Other Conditions Affecting Plant Safety	<input type="checkbox"/> System Malfunction <input type="checkbox"/> Cold Shutdown/Refueling System Malfunction <input type="checkbox"/> Independent Spent Fuel Storage Installation Event <input checked="" type="checkbox"/> Fission Product Barrier Degradation
Number <u>FG1.1</u>	
<b>Radiological Release in Progress Due to Event</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Protective Action Recommendations</b>	
<input type="checkbox"/> None	
<i>Recommend the following protective actions: Implement the State of Michigan KI plan and all other areas monitor &amp; prepare.</i>	
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In-Place Shelter of Area(s):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Stability Class: <u>C</u>	Precipitation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Emergency Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

