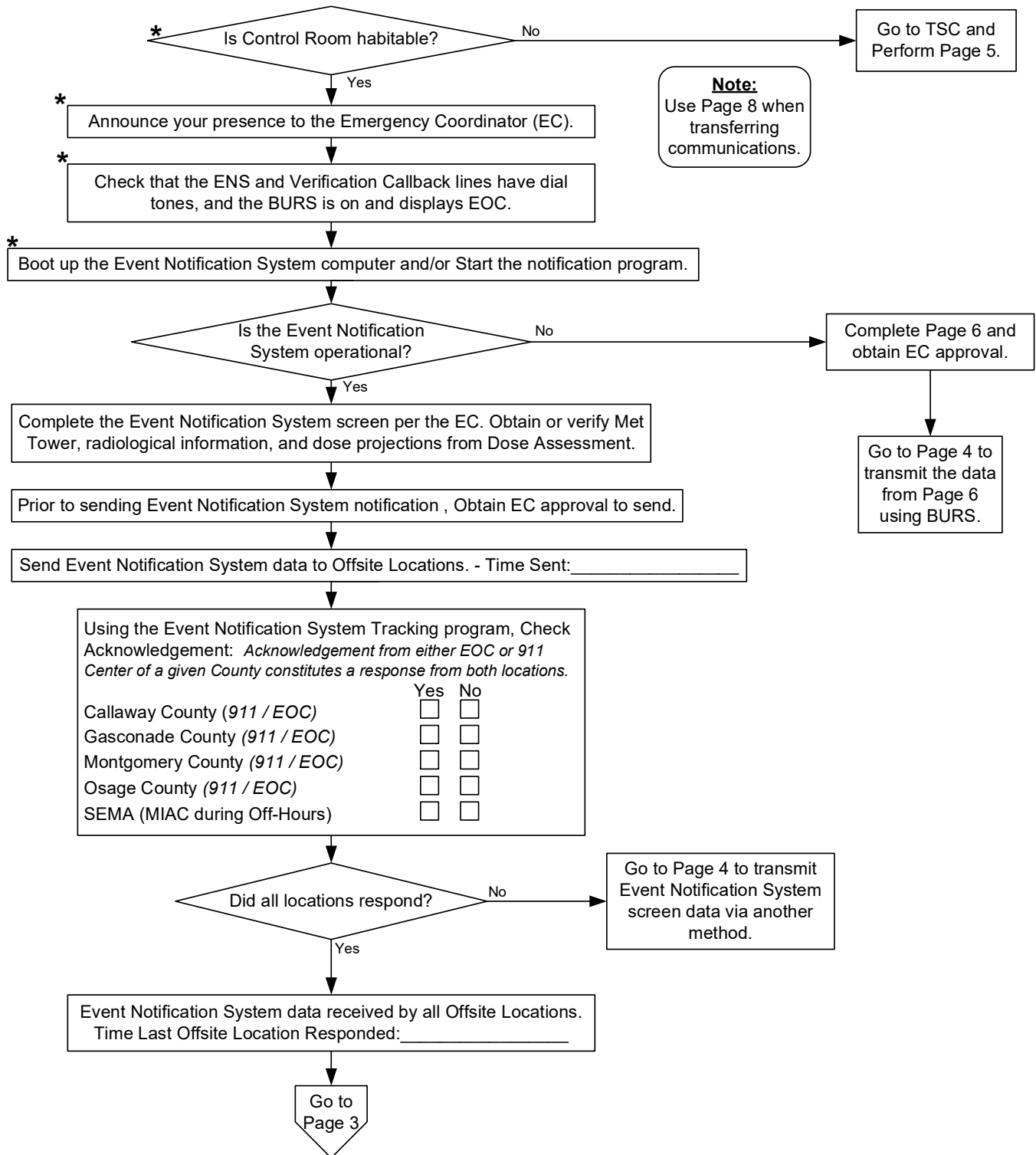




**Callaway**  
Energy Center

**EIP-ZZ-00201 ADDENDUM A**  
**CONTROL ROOM NOTIFICATION FLOWCHART**  
**ADMINISTRATIVE CORRECTION Revision 040**

## Control Room Notification Package Communicator Flowchart

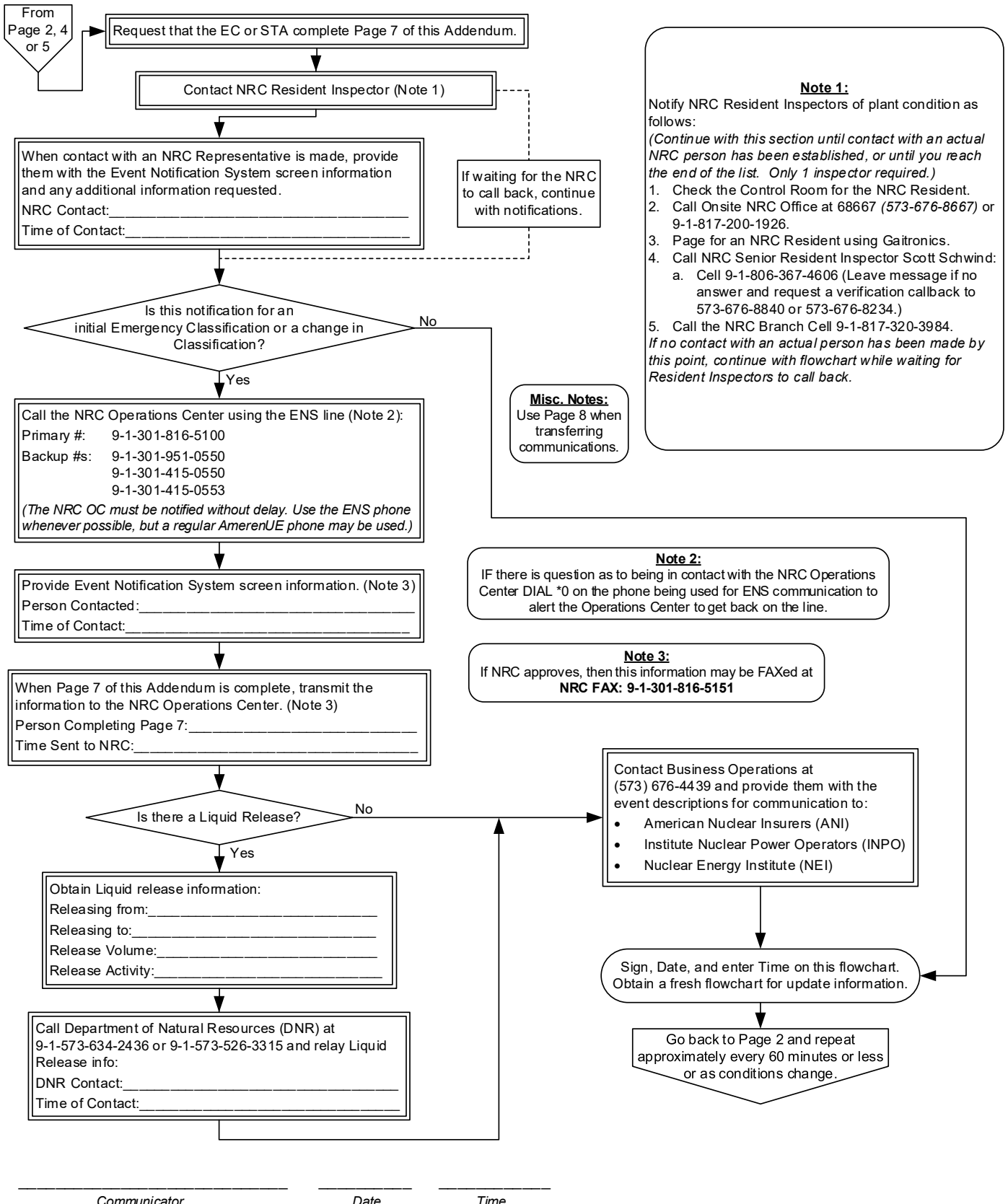


**Note:**  
Use Page 8 when transferring communications.

\* Items with an asterisk only need to be done once. Repeat other items for new information, or approximately every 60 minutes.

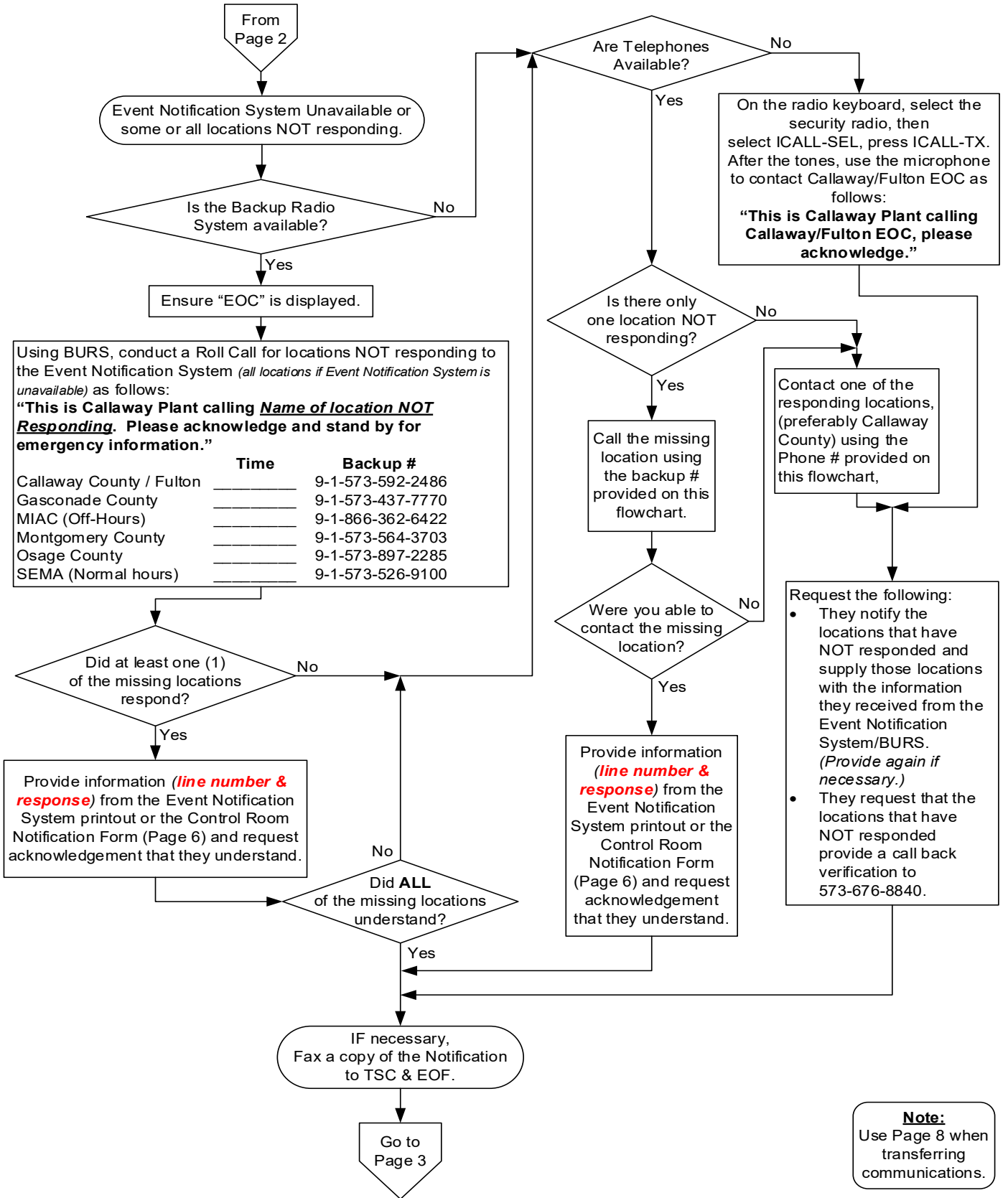
Items with double borders can be completed by a telephone communicator per Page 11 of this Addendum.

## Control Room Notification Package Communicator Flowchart (Continued)

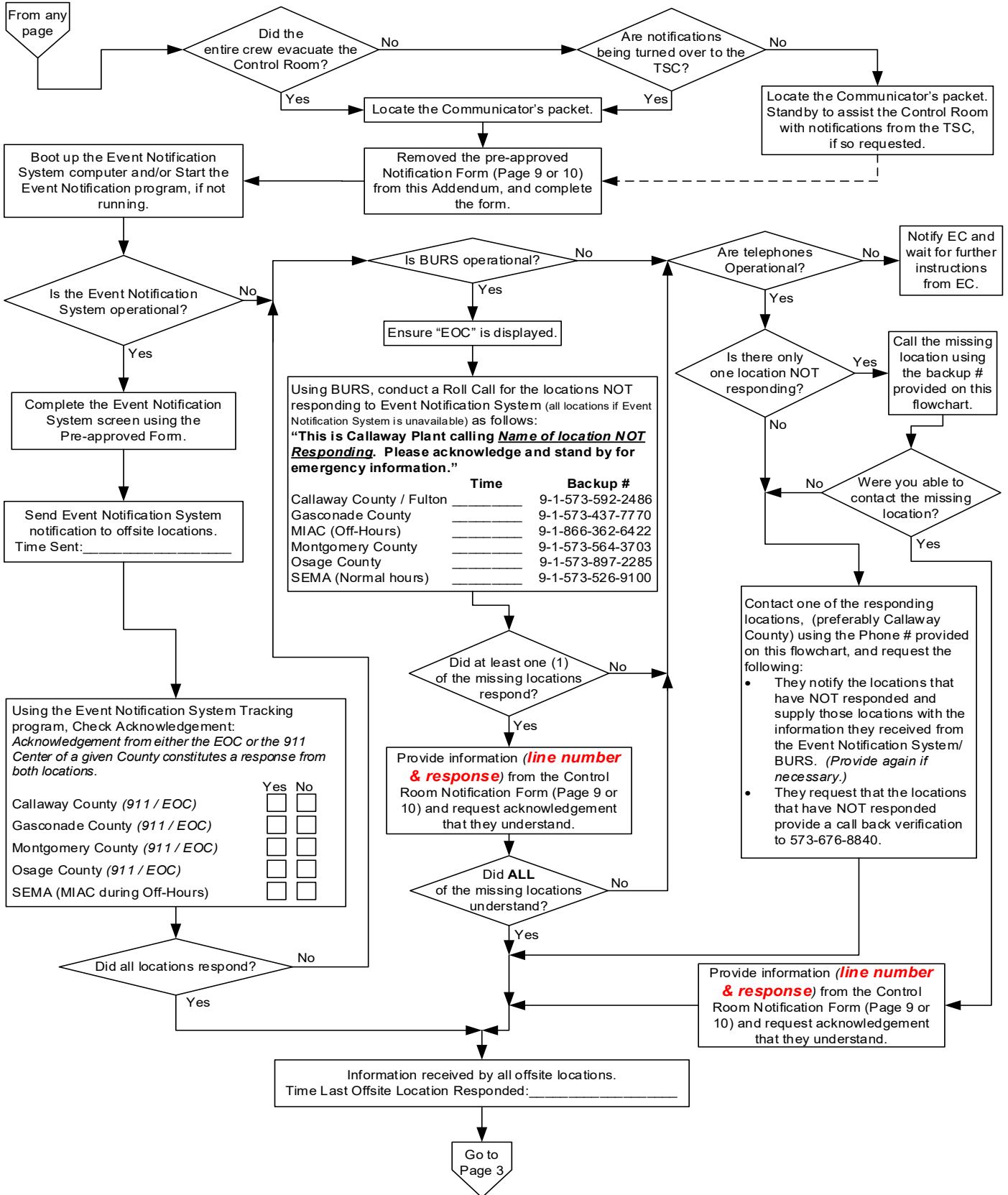


\_\_\_\_\_ Communicator \_\_\_\_\_ Date \_\_\_\_\_ Time

## Control Room Notification Package Communicator Flowchart (Continued)



## Control Room Notification Package Control Room Evacuation Flowchart



**Control Room Notification Package****Notification Form – Event Notification System NOT available**

(See KOA-ZZ-04000 for instructions. All available information must be transmitted if using BURS.)

Initial Message  Follow-up Message 

<b>*01.DRILL: Yes / No</b>	
<b>*02.Emergency Classification: Unusual Event / Alert / Site Emergency / General Emergency / Drill Termination / Event Closeout / Plant Recovery</b>	
<b>*03.Emergency Declared Date/Time: / (Time first declaration was made for current EAL level.)</b>	
04. Emergency Action Level (EAL):	
05. Emergency Action Level Description:	
<b>*06.Reactor Status: <input type="checkbox"/> Operating <input type="checkbox"/> Reducing Power <input type="checkbox"/> Shut Down</b>	
-Release Status-	
<b>*08.Release Information: <input type="checkbox"/> Release evaluation is in progress</b>	
<b>There <input type="checkbox"/> IS / <input type="checkbox"/> Is NO Release above normal operating limits (0.1 mr/hr at EAB)</b>	
09. Liquid Release: Yes or No <i>(Yes only if EAL RU1.1 RU1.2 or RA1.3 is declared)</i>	
10. Release Start Time:	
11. Release Duration Hours:	
12. Wind Direction (from):	
14. Affected Sectors:	
15. Wind Speed: _____ miles per hour	
16. Plume Arrival at 2 Miles:	
17. Plume Arrival at 5 Miles:	
18. Plume Arrival at 10 Miles:	
-Protective Actions-	
<b>*19.Protective Actions Required (PAR): Yes / No</b>	
20. Protective Action Basis: <input type="checkbox"/> Effluent Monitor <input type="checkbox"/> Field Team <input type="checkbox"/> Plant Conditions	31. Proj. Dose Basis: <input type="checkbox"/> Effluent Monitors <input type="checkbox"/> Field Team
21. PAR 1 Type: <input type="checkbox"/> Evacuate <input type="checkbox"/> Shelter <input type="checkbox"/> None <input type="checkbox"/> Other	32. TEDE (mRem) - EAB:
22. PAR 1 Location: 2 miles	33. TEDE (mRem) - 2 Miles:
23. PAR 1 Sectors:	34. TEDE (mRem) - 5 Miles:
24. PAR 2 Type: <input type="checkbox"/> Evacuate <input type="checkbox"/> Shelter <input type="checkbox"/> None <input type="checkbox"/> Other	35. TEDE (mRem) - 10 Miles:
25. PAR 2 Location: 5 miles	36. Thyroid (mRem) - EAB:
26. PAR 2 Sectors:	37. Thyroid (mRem) - 2 Miles:
27. PAR 3 Type: <input type="checkbox"/> Evacuate <input type="checkbox"/> Shelter <input type="checkbox"/> None <input type="checkbox"/> Other	38. Thyroid (mRem) - 5 Miles:
28. PAR 3 Location: 10 miles	39. Thyroid (mRem) - 10 Miles:
29. PAR 3 Sectors:	
30. Additional Protective Actions:	
40. Additional Notes: (Use during a SAE / GE only.) <b>Place milk and meat animals on stored feed and water for the entire 10-mile EPZ.</b>	

\*Items required for an accurate notification are **Bolded (and Red if color copy)**.EC/RM Approval: \_\_\_\_\_ Communicator: \_\_\_\_\_ Time Sent: \_\_\_\_\_  
(Name & PIN) (Name & PIN)

Distribution: FAX to TSC 68604 (573-676-8604), EOF 64900 (573-676-4900) original to Communicator

## Control Room Notification Package Callaway Nuclear Plant

### Additional Data to be Transmitted to the NRC Operations Center

(FAX to (301) 816-5151. Confirm receipt using ENS line)  
TSC FAX: (573) 676-8604 EOF FAX: (573)676-4900

Initial  Update Date: \_\_\_\_\_ Time: \_\_\_\_\_

Y	N	ACTUATIONS	INITIATING SIGNAL	DID SYSTEMS FUNCTION AS REQUIRED? <input type="checkbox"/> Y <input type="checkbox"/> N (if NO, list failures)
		Rx Trip		Mechanical
		ESF Activation		Electrical
		ECCS Activation		Personnel Error
		SI Flow		Procedure Inadequacy
		Other:		Other:

MODE and power prior to the event \_\_\_\_\_ Current MODE and power \_\_\_\_\_

MODE of operation until corrected \_\_\_\_\_ Estimated restart Date \_\_\_\_\_

Y	N	If NO, Explain
		Everything usual or understood?
		Is the event under control?

Outside Agencies and/or Personnel notified:			
<input type="checkbox"/> Y <input type="checkbox"/> N	State (SEMA)	<input type="checkbox"/> Y <input type="checkbox"/> N	Local (Counties)
<input type="checkbox"/> Y <input type="checkbox"/> N	NRC Resident Inspector	<input type="checkbox"/> Y <input type="checkbox"/> N	Press Release
<input type="checkbox"/> Y <input type="checkbox"/> N	INPO and ANI	<input type="checkbox"/> Y <input type="checkbox"/> N	Others:

RELEASE INFORMATION				
<input type="checkbox"/> GASEOUS RELEASE		<input type="checkbox"/> LIQUID RELEASE		
<input type="checkbox"/> Planned	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Monitored	<input type="checkbox"/> Onsite Release	<input type="checkbox"/> Areas Evacuated
<input type="checkbox"/> Unplanned	<input type="checkbox"/> Terminated	<input type="checkbox"/> Unmonitored	<input type="checkbox"/> Offsite Release	
<input type="checkbox"/> Personnel Exposed or Contaminated				
	Release Rate (Ci/sec)	Estimated Duration	Estimated Total Activity	
Noble Gas				
Iodine				
Particulate				
Liquid (Excluding Tritium)				
Liquid Tritium				
<b>Total Activity</b>				

RAD MONITORS	Unit Vent	Condenser	Steam Line	ASD
Monitor Reading				
Alarm Setpoint				

RCS or STEAM GENERATOR TUBE LEAKAGE			
Location (i.e. SG tubes, valve, pipe, etc.)			
Leak Rate:	gpd/gpm	Leak Start Date:	Time:
This was a <input type="checkbox"/> Sudden or <input type="checkbox"/> Long-Term development.		Activities: Primary	Secondary

List any safety equipment NOT operational:

Any additional Information: \_\_\_\_\_

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

\_\_\_\_\_  
Emergency Coordinator

### Transferring Control Room Notifications

DATE: \_\_\_\_\_

#### NOTE

EC MUST be aware of transfer. Once notifications from the Event Notification System are turned over to another facility, do NOT send Event Notification messages unless accepting notification responsibility in your facility.

#### SECTION I

**TRANSFERRING TO TSC (ENS Line Only)** The assuming and transferring Communicator should discuss the following: *(TSC Communicator Phone # 573.676.8708)*

1. The latest information transmitted (Ref. latest Notification printout) including the time sent.
  - Initial notification made for information contained on the Event Notification System display.
  - Additional information from Page 7.
  - NRC initial contact authentication number: \_\_\_\_\_
2. Obtain SM/EC approval and Transfer ENS to TSC:
  - As directed by the NRC Operations Center if in current contact.
  - TSC, contact NRC and notify them that ENS communications are now in TSC.

Time of Transfer \_\_\_\_\_ CR Communicator \_\_\_\_\_  
 TSC Communicator \_\_\_\_\_

#### SECTION II

**TRANSFERRING TO EOF (Except ENS)** The assuming and transferring Communicator should discuss the following: *(EOF Communicator Phone # 573.676.4915)*

1. The latest information transmitted (Ref. latest Notification printout) including the time sent.
2. Individuals/agencies contacted and method of contact.
 

Callaway .....Event Notification System or Other: \_\_\_\_\_

Osage .....Event Notification System or Other: \_\_\_\_\_

Montgomery .....Event Notification System or Other: \_\_\_\_\_

Gasconade .....Event Notification System or Other: \_\_\_\_\_

SEMA (MIAC off-normal hrs) .....Event Notification System or Other: \_\_\_\_\_

Resident NRC via \_\_\_\_\_

Business Operations via \_\_\_\_\_

DNR (if required) via \_\_\_\_\_
3. Any notification presently NOT completed: Explain: \_\_\_\_\_
4. Communicators in CR and EOF should obtain approval of their facility lead (SM/EC & RM) to complete the transfer.
5. Responsibility is being transferred (check all applicable):
  - Event Notification System.
  - Verification Callback Line (573-676-8840).
  - Back-up Radio System.

Time of Transfer \_\_\_\_\_ CR Communicator \_\_\_\_\_  
 EOF Communicator \_\_\_\_\_

6. *CR Communicator:* Notify Shift Manager turnover/transfer is complete.



## Control Room Notification Package Control Room Offsite Notification Form

FAX copy to TSC 68604 (573-676-8604) & EOF 64900 (573-676-4900)

### NOTE

This page is a modified version of the Event Notification System form that is preapproved for use during a Control Room evacuation in accordance with OTO-ZZ-0001, Control Room Inaccessibility. Complete items 3, 8, 12, 14, and 15 prior to sending. Items required for an accurate notification are **Bolded (and Red if color copy)**.

#### -General Information-

**01. DRILL: NO**

**02. Emergency Classification: ALERT**

**03. Emergency Declared Date / Time:**

04. Emergency Action Level (EAL): HA6.1

05. Emergency Action Level Description: An event has resulted in plant control being transferred from the Control Room to the Auxiliary Shutdown Panel (ASP)

**06. Reactor Status: Shut Down**

#### -Release Status-

**08. Release Information:**  Release evaluation is in progress.

**There  IS /  IS NO Release above normal operating limits (0.1 mr/hr at EAB)**

09. Liquid Release: N/A

10. Release Start Time: N/A

11. Release Duration Hours: N/A

12. Wind Direction (from):

14. Affected Sectors:

15. Wind Speed:

16. Plume Arrival 2 Miles: N/A

17. Plume Arrival 5 Miles: N/A

18. Plume Arrival 10 Miles: N/A

#### -Protective Actions-

**19. Protective Actions Required (PAR): NO**

20. Protective Action Basis: N/A

21. PAR 1 Type: N/A

22. PAR 1 Location: N/A

23. PAR 1 Sectors: N/A

24. PAR 2 Type: N/A

25. PAR 2 Location: N/A

26. PAR 2 Sectors: N/A

27. PAR 3 Type: N/A

28. PAR 3 Location: N/A

29. PAR 3 Sectors: N/A

30. Additional Protective Actions: N/A

#### -Projected Doses-

31. Projected Dose Basis: N/A

32. TEDE (mRem) - EAB: N/A

33. TEDE (mRem) - 2 Miles: N/A

34. TEDE (mRem) - 5 Miles: N/A

35. TEDE (mRem) - 10 Miles: N/A

36. Thyroid (mRem) - EAB: N/A

37. Thyroid (mRem) - 2 Miles: N/A

38. Thyroid (mRem) - 5 Miles: N/A

39. Thyroid (mRem) - 10 Miles: N/A

#### -Additional Notes-

40. Additional Notes: None

EC/RM Approval: Preapproved for OTO-ZZ-00001 Communicator: \_\_\_\_\_

*Distribution: Emergency Coordinator, Communicator*

## Control Room Notification Package Control Room Offsite Notification Form

FAX copy to TSC 68604 (573-676-8604) & EOF 64900 (573-676-4900)

### NOTE

This page is a modified version of the Event Notification System form that is preapproved for use during a Control Room evacuation in accordance with OTO-ZZ-0001, Control Room Inaccessibility.

Complete items 3, 8, 12, 14, and 15 prior to sending.

Items required for an accurate notification are **Bolded (and Red if color copy)**.

### -General Information-

**01. DRILL: NO**

**02. Emergency Classification: Site Area Emergency**

**03. Emergency Declared Date / Time:**

04. Emergency Action Level (EAL): HS6.1

05. Emergency Action Level Description: An event has resulted in plant control being transferred from the Control Room to the Auxiliary Shutdown Panel (ASP)

AND

Control of any of the following key safety functions is not re-established within 15 min.

- Reactivity control (Modes 1, 2, and 3 only)
- Core cooling
- RCS heat removal

**06. Reactor Status: Shutdown**

### -Release Status-

**08. Release Information:**       Release evaluation is in progress

There  IS /  IS NO Release above normal operating limits (0.1 mr/hr at EAB)

09. Liquid Release: N/A

10. Release Start Time: N/A

11. Release Duration Hours: N/A

12. Wind Direction (from):

14. Affected Sectors:

15. Wind Speed:

16. Plume Arrival 2 Miles: N/A

17. Plume Arrival 5 Miles: N/A

18. Plume Arrival 10 Miles: N/A

### -Protective Actions-

**19. Protective Actions Required (PAR): No**

20. Protective Action Basis: Plant Conditions

21. PAR 1 Type: N/A

22. PAR 1 Location: N/A

23. PAR 1 Sectors: All

24. PAR 2 Type: N/A

25. PAR 2 Location: N/A

26. PAR 2 Sectors: N/A

27. PAR 3 Type: N/A

28. PAR 3 Location: N/A

29. PAR 3 Sectors: N/A

30. Additional Protective Actions: N/A

### -Projected Doses-

31. Projected Dose Basis: N/A

32. TEDE (mRem) - EAB: N/A

33. TEDE (mRem) - 2 Miles: N/A

34. TEDE (mRem) - 5 Miles: N/A

35. TEDE (mRem) - 10 Miles: N/A

36. Thyroid (mRem) - EAB: N/A

37. Thyroid (mRem) - 2 Miles: N/A

38. Thyroid (mRem) - 5 Miles: N/A

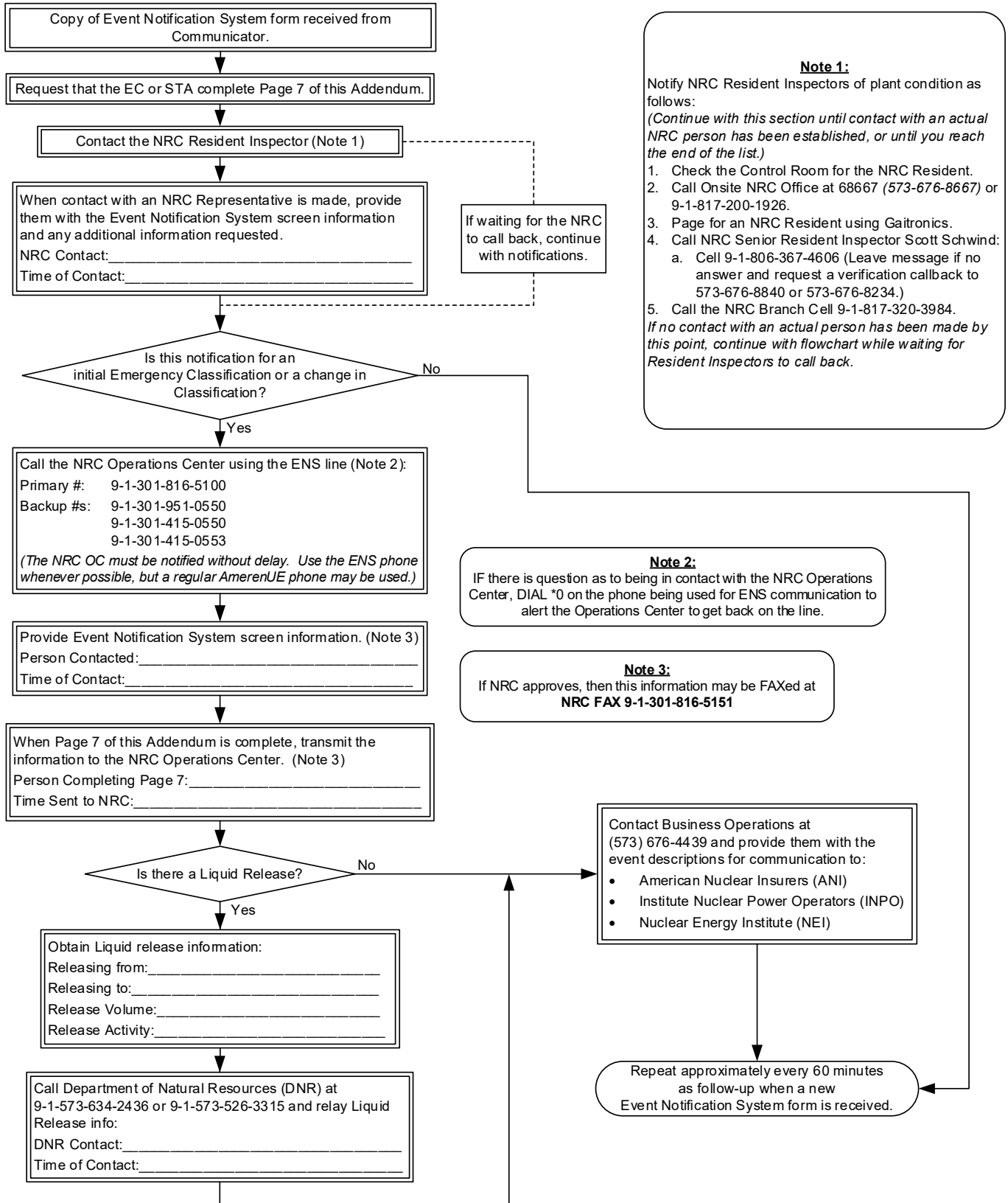
39. Thyroid (mRem) - 10 Miles: N/A

### -Additional Notes-

40. Additional Notes: Place milk and meat animals on stored feed and water for the entire 10-mile EPZ.

EC/RM Approval: Preapproved for OTO-ZZ-00001 Communicator: \_\_\_\_\_

## Control Room Notification Package Telephone Flowchart for Second Communicator



**DEFINITIONS**

**Initiated** – When this is displayed in the Sentry Tracking table, it means that the Sentry program has created a message and is in the process of sending it to the receiving computer. If a previous message is still being displayed on the receiving computer (i.e., has not been acknowledged) the message will stay in this state until all previous messages have been acknowledged.

**Notified** – When this is displayed in the Sentry Tracking table, it means that the Sentry message is currently being displayed on the receiving computer, but has not yet been acknowledged by someone at the receiving destination.

**Acknowledge** - When this is displayed in the Sentry Tracking table, it means that someone at the final destinations receiving computer has pressed the yellow “Acknowledge” button on the receiving computer screen to print out the Sentry Send form. This ensures us that someone in the state/county office is aware of the event occurring at Callaway.

**SUMMARY OF CHANGES**

<b>Page(s)</b>	<b>Section or Step Number</b>	<b>Description</b>
2 & 11	Flowchart Note 1	Replaced Dan Bradley as Senior Resident Inspector and listed Scott Schwind due to organizational changes within NRC <b>CR202301986</b>