

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000

Trans # 19049



TO: NRC CONTROL COPY NO.: 25
FROM: EMERGENCY PLANNING DATE: 10/99
SUBJECT: DISTRIBUTION OF THE INDIAN POINT #3 EMERGENCY PLAN REVISIONS

The enclosed revisions are for your controlled copy of the IP-3 Emergency Plan. Please discard old sheets, insert new sheets, initial/date this transmittal, and return it to the IP-3 DOCUMENTS DEPARTMENT. If you have any questions regarding these changes, call Emergency Planning (x8404/x8415).

Thank you.

VOLUME II - ACTIVATION PROCEDURES

<u>OLD</u>		<u>NEW</u>	
Table of Contents	10/99	Table of Contents	10/99
IP-2001	Rev. 10	IP-2001	Rev. 11
IP-2006	Rev. 3	IP-2006	Rev. 4
IP-2205	Rev. 7	IP-2205	Rev. 8
IP-2307	Rev. 4	IP-2307	Rev. 5
IP-2309	Rev. 2	IP-2309	Rev. 3

VOLUME III - IMPLEMENTING PROCEDURES

<u>OLD</u>		<u>NEW</u>	
Table of Contents	8/99	Table of Contents	10/99
IP-1038	Rev. 23	IP-1038	Rev. 24
IP-1053	Rev. 11	IP-1053	Rev. 12

I acknowledge the receipt of these revisions to the IP-3 Emergency Plan.

(Signature)

(Date)

A045

DISTRIBUTION CONTROL LIST

Document Name: EMER PLAN

CC_NAME	NAME	DEPT	LOCATION
0	ELLMERS J (TRANS. ONLY)	APPRAISAL & COMPLIANCE	WPO/14A
1	MONTANARELLO M	ADMINISTRATION	45-3-B
2	SPOERRY D	TRAINING	IP3
3	RES DEPARTMENT MANAGER	RES	45-4-A
4	DECKER V	REFERENCE LIBRARY	#48
8	PUBLIC RELATIONS MANAGER	PUBLIC RELATIONS	46-2-C
9	PUBLIC RELATIONS MANAGER	PUBLIC RELATIONS	46-2-C
10	SHIFT MANAGER	DOCUMENT CONTROL	IP3
11	CONTROL ROOM	DOCUMENT CONTROL	IP3
12	COMPUTER SERVICES MANAGER	COMPUTER SERVICES	IP3
13	I&C MANAGER	I&C	45-2-A
14	EOF	E-PLAN	EOF
15	EOF	E-PLAN	EOF
16	GROSJEAN A	APPRAISAL & COMPLIANCE	WPO/14A
17	GROSJEAN A	APPRAISAL & COMPLIANCE	WPO/14A
18	PATRICK C	PUBLIC RELATIONS	WPO/11L
19	WPO DOCUMENT CONTROL	NUCLEAR ENG. LIBRARY	WPO/10-A
22	RESIDENT INSPECTOR	US NRC	IP3
23	MCNAMARA N	NRC	OFFSITE
24	MCNAMARA N	NRC	OFFSITE
25	DOCUMENT CONTROL DESK	NRC	OFFSITE
28	AVRAKOTOS N	J A FITZPATRICK	OFFSITE
29	E-PLAN ENGINEER	E-PLAN	EOF
30	E-PLAN COORDINATOR	E-PLAN	EOF
31	BARANSKI J	ST. EMERG. MGMT. OFFICE	OFFSITE
32	MURPHY L - VOLUME #1 ONLY	DISASTER & EMERGENCY	WESTCHESTR
33	LONGO, N. - VOLUME #1 ONLY	EMERGENCY SERVICES	ROCKLAND
34	GREENE D - VOLUME #1 ONLY	DISASTER & CIVIL DEFENSE	ORANGE
35	RAMPOLLA M - VOLUME #1 ONLY	OFFICE OF EMERG MANAGE	PUTNAM
37	HP WATCH OFFICE	HP - R. DESCHAMPS - RES	45-4-A
38	SECURITY COMMAND POST	SECURITY	IP3
39	SECONDARY ALARM (SAS)	SECURITY	IP3
40	SECURITY MANAGER	SECURITY	IP3
41	SIMULATOR	TRAINING	IP3
42	CONTROL ROOM	DOCUMENT CONTROL	IP3
106	SIMULATOR INSTRUCT AREA	TRAINING	TRAINING
107	QA MANAGER	QA	TRL #2A
128	O.R.G. DEPT. MANAGER	O.R.G. DEPARTMENT	46-2-B
158	SYSTEM ENGINEERING MGR.	SYSTEM ENGINEERING	45-3-H
211	D&A MANAGER	DESIGN ENGINEERING	IP3
308	HUGHES J IP-1011 ONLY	E-PLAN	CON ED
309	HUGHES J IP-1011 ONLY	E-PLAN	CON ED
319	NRQ-OPERATIONS	C. STELLATO/TRAINING	IP3
354	LRQ-OPERATIONS	L. NUNNO/TRAINING	IP3
357	ILO-OPERATIONS	N. TRACEY/TRAINING	IP3
376	EOF	E-PLAN	EOF
424	OPS INSTR	D. PITT/TRAINING	IP3

NEW YORK POWER AUTHORITY
INDIAN POINT NO. 3 NUCLEAR POWER PLANT
EMERGENCY PLAN - VOLUME II
EMERGENCY RESPONSE ACTIVATION

TABLE OF CONTENTS

	<u>REV. # / DATE</u>
IC/EAL'S INITIATING CONDITIONS AND EMERGENCY ACTION LEVELS	7 - 10/99
<u>CONTROL ROOM</u>	
IP-2000 Emergency Activation of the Control Room (CR)	4 - 09/98
IP-2001 Emergency Director (ED), Plant Operations Manager (POM), Shift Manager (SM) Procedure	11 - 10/99
IP-2002 CR Health Physics Technician	3 - 02/99
IP-2003 CR Watch Chemist	2 - 09/98
IP-2004 CR Clerk	2 - 06/99
IP-2005 CR Offsite Communicator	1 - 07/96
IP-2006 CR Direct-Line Communicator	4 - 10/99
<u>TECHNICAL SUPPORT CENTER (TSC)</u>	
IP-2100 Emergency Activation of the Technical Support Center (TSC)	3 - 02/99
IP-2101 Technical Support Center (TSC) Manager	7 - 12/98
IP-2102 TSC Communicator(s)	3 - 12/98
IP-2103 TSC SPDS Computer Operator	4 - 08/99
IP-2104 TSC Video Operator	1 - 07/96
IP-2105 TSC Accountability Officer	VOID - N/A
IP-2106 TSC Clerk	5 - 06/99
<u>OPERATIONS SUPPORT CENTER (OSC)</u>	
IP-2200 Emergency Activation of the Operations Support Center (OSC)	4 - 03/98
IP-2201 Operations Support Center (OSC) Manager	6 - 10/97
IP-2202 OSC Direct-Line Communicator	2 - 12/98
IP-2203 OSC Dispatcher	2 - 07/97
IP-2204 OSC Team Leaders	2 - 07/97
IP-2205 OSC H.P. Team Leader	8 - 10/99
IP-2206 OSC Accountability Officer	VOID - N/A
IP-2207 OSC Clerk	5 - 06/99
IP-2208 OSC Security Team Leader	3 - 09/98
IP-2209 OSC H.P. Technician	4 - 12/97
IP-2210 OSC Dosimetry Technician	3 - 06/98
IP-2211 OSC Chemistry Team Leader	1 - 04/99

NEW YORK POWER AUTHORITY
 INDIAN POINT NO. 3 NUCLEAR POWER PLANT
 EMERGENCY PLAN - VOLUME II
 EMERGENCY RESPONSE ACTIVATION

TABLE OF CONTENTS

<u>EMERGENCY OPERATIONS FACILITY (EOF)</u>		REV. #	/	DATE
IP-2300	Emergency Activation of the Emergency Operations Facility (EOF)	3	-	03/98
IP-2301	Emergency Director	8	-	12/98
IP-2302	EOF Technical Advisor	6	-	08/99
IP-2303	EOF Radiological Assessment Team Leader (RATL)	4	-	08/97
IP-2304	EOF Dose Assessment Health Physicist	3	-	07/97
IP-2305	EOF MIDAS Operator	3	-	09/98
IP-2306	EOF Security Officer	7	-	12/98
IP-2307	EOF Clerk	5	-	10/99
IP-2308	EOF Direct-Line Communicator	3	-	12/98
IP-2309	EOF Offsite Communicator	3	-	10/99
IP-2310	EOF Onsite Radiological Communicator	2	-	07/97
IP-2311	EOF Offsite Radiological Communicator	4	-	06/99
IP-2312	EOF Public Relations Liaison	2	-	09/98
IP-2313	EOF Public Relations Technical Advisor	VOID	-	N/A
IP-2314	EOF Radiological Assessment Monitor	VOID	-	N/A
 <u>ALTERNATE EMERGENCY OPERATIONS FACILITY (AEOF)</u>				
IP-2400	Emergency Activation of the Alternate Emergency Operations Facility (AEOF)	3	-	12/98
 <u>SECURITY ACTIVATION</u>				
IP-2500	Security Emergency Activation Responsibilities	6	-	10/97
 <u>RECOVERY/TERMINATION</u>				
IP-2600	Emergency Termination and Transition to Recovery	2	-	12/98
IP-2601	Recovery Manager	0	-	12/98
IP-2602	Development of a Recovery Action Plan	0	-	12/98
IP-2603	Recovery Support Group Manager	0	-	12/98
EP-FORMS SECTION	- Index			09/99
APPENDIX 'A'	- ROSTER I			09/30/99
	ROSTER II.			09/30/99
	ROSTER III			09/30/99
APPENDIX 'B'	- Emergency Offsite Telephone List			09/30/99
APPENDIX 'C'	- Emergency Response Facility Telephone List			09/30/99

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

TABLE OF CONTENTS

<u>PROCEDURE #</u>	<u>PROCEDURE TITLE</u>	<u>REV.</u>	<u>DATE</u>
<u>Dose Assessment</u>			
IP-1001	Determining the Magnitude of Release	16	08/99
IP-1002	Post-Accident Monitoring of Noble Gas Concentration in Plant Vent	4	02/99
IP-1003	Obtaining Meteorological Data	17	11/97
IP-1004	Midas Computer System	15	12/97
<u>Environmental Monitoring</u>			
IP-1011	Offsite Monitoring/Site Perimeter Surveys	24	05/99
IP-1012	Emergency Airborne Activity Determination	4	02/99
IP-1015	Post-Accident Environmental Sampling and Counting	7	12/98
<u>Protective Actions</u>			
IP-1017	Protective Action Recommendations for the Offsite Population	13	12/98
IP-1019	Emergency Use of Potassium Iodide (KI)	9	11/97
<u>Personnel Injury</u>			
IP-1021	Radiological Medical Emergency	25	06/98
IP-1023	Use and Set Up of the IP3 Personnel Decon Suite	VOID	N/A
<u>Damage Assessment</u>			
IP-1025	Repair and Corrective Action Teams	12	12/98
IP-1027	Emergency Personnel Exposure	12	12/97
IP-1028	Core Damage Assessment	9	06/98
<u>Notification and Communication</u>			
IP-1038	Offsite Emergency Notification	24	10/99
IP-1039	Emergency Response Data System (ERDS) Activation and Testing	3	09/98

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

TABLE OF CONTENTS
(Cont'd)

<u>PROCEDURE #</u>	<u>PROCEDURE TITLE</u>	<u>REV.</u>	<u>DATE</u>
<u>Emergency Response Facilities</u>			
IP-1040	Habitability of the Emergency Response Facilities and Assembly Areas	16	11/97
IP-1041	Personnel Monitoring for EOF, TSC, OSC and Control Room Personnel	VOID	N/A
<u>Accountability and Evacuation</u>			
IP-1050	Accountability	24	04/99
IP-1053	Evacuation of Site	12	10/99
IP-1054	Search and Rescue Teams	10	12/97
<u>Non-Radiological Emergencies</u>			
IP-1052	Hazardous Waste Emergency	7	07/97
IP-1055	Fire Emergency Response	13	06/99
IP-1056	Directing Fire Fighting Personnel in Controlled Area	VOID	N/A
IP-1057	Natural Phenomena Emergency	7	11/96
IP-1058	Earthquake Emergency	VOID	N/A
IP-1059	Air Raid Alert	6	06/96
<u>H.P. Release Surveys and Decontamination</u>			
IP-1060	Personnel Radiological Check and Decontamination	11	02/98
IP-1063	Vehicle/Equipment Radiological Check and Decontamination	11	11/97
<u>Emergency Equipment and Maintenance</u>			
IP-1070	Periodic Inventory of Emergency Plan Equipment	29	12/98
IP-1076	Roster Notification Methods	24	04/99
IP-1080	Conduct of Emergency Exercises and Drills	VOID	N/A
IP-1085	Maintenance of Emergency Preparedness at IP-3	VOID	N/A

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY # 25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1038 REV. 24

TITLE: OFFSITE EMERGENCY NOTIFICATIONS

THIS PROCEDURE IS TSR

THIS PROCEDURE IS NTSR

WRITTEN BY: Hankson Duly 10/21/99

REVIEWED BY: James F. Barry 10-23-99

APPROVED BY: Mary Ann Wilson 10-22-99

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS
REFERENCE

OFFSITE EMERGENCY NOTIFICATIONS

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	1
5.0	Attachments	
5.1	EP-Form Part I, New York State Radiological Emergency Data Form	
5.2	EP-Form Part II, New York State Radiological Emergency Data Form - Radiological Assessment Data	
5.3	NRC Form #361, Event Notification Worksheet	
5.4	Instructions for Filling Out Part I	
5.5	Using the RECS Line	
5.6	Using the Local Government Radio (LGR)	
5.7	Using Regular Telephones for Offsite Emergency Notifications	
5.8	Instructions for Filling Out NRC Form #361	
5.9	Additional Information that may be requested by the NRC	

IP-1038

OFFSITE EMERGENCY NOTIFICATIONS

1.0 PURPOSE

This procedure describes the required emergency notifications to be made to the offsite agencies and the NRC using Attachment 5.1, "New York State (NYS) Radiological Emergency Data Form - Part I", and Attachment 5.2, "New York State (NYS) Radiological Emergency Data Form - Part II" and Attachment 5.3, "NRC Event Notification Worksheet - Form #361".

2.0 RESPONSIBILITIES

- 2.1 The Control Room (CR) is responsible for initially making the required emergency notifications to the offsite agencies in accordance with this procedure.
- 2.2 After assuming control of the emergency from the CR, the Emergency Operations Facility (EOF) is responsible for making the required emergency notifications to the offsite agencies in accordance with this procedure.
- 2.3 The Offsite Communicator is responsible for transmitting emergency notifications to the offsite agencies in accordance with this procedure.
- 2.4 The Emergency Planning group is responsible for testing communication equipment as per EP-ADM-05, "Emergency Plan Equipment Inventory".

3.0 REFERENCES

- 3.1 Appendix 'B', Offsite Emergency Telephone List, Volume II of the Emergency Plan
- 3.2 10 Code of Federal Regulations, Part 50.72
- 3.3 NUREG 0654, "Criteria for the Preparation and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Plants", Rev. 1
- 3.4 EP-Form Part I, "Radiological Emergency Data Form, Part I.
- 3.5 EP-Form Part II, "New York State Radiological Emergency Data Form, Part II - Radiological Assessment Data".
- 3.6 NRC Form #361, "Event Notification Worksheet"
- 3.7 EP-ADM-05, "Emergency Plan Equipment Inventory".

4.0 PROCEDURE

NOTE

NYS and Counties must be notified within 15 minutes of an emergency declaration.

NOTE

If the backup notification methods are used to notify NYS and Counties, THEN do not wait for Part I to be filled out.

- 4.1 FILL OUT Part I, "EP-Form Part I - New York State Radiological Emergency Data Form". (Refer to Attachment 5.4, "Instructions for Filling Out Part I".)

NOTE

Throughout the remainder of this procedure and where applicable in the Attachments, EP-Form Part I, "Radiological Emergency Data Form, Part I AND EP-Form Part II, "New York State Radiological Emergency Data Form, Part II - Radiological Assessment Data will be referred to as Part I and/or Part II.

- 4.2 Within 15 minutes of an emergency declaration, NOTIFY NYS and Counties with Part I information as follows:
- A. USE the Radiological Emergency Communications System (RECS) Line as the primary means of emergency notification off site. (Refer to Attachment 5.5, "Using the RECS Line".)
 - 1. IF the RECS Line is inoperable, THEN use either of the following backup notification methods:
 - a. The Local Government Radio (LGR) - Attachment 5.6, "Using the Local Government Radio (LGR)"; or
 - b. Regular Telephones - Attachment 5.7, "Using Regular Telephones for Offsite Emergency Notifications".
 - B. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes.
 - C. IF there is a radiological release above Technical Specifications, THEN FAX Part II to NYS/County Emergency Operation Centers (EOCs) only. A person performing dose assessment in the Emergency Response Facility (ERF) fills out this form. (Refer to Attachment 5.2, "EP-Form Part II - New York State Radiological Emergency Data Form, Radiological Assessment Data".)
 - D. IF ANY of the following notification errors were made:
 - classification;
 - release information;
 - EAL or description (excluding minor description errors);
 - protective actions.
- THEN;
- mark-up the erroneous Part I and/or Part II,
 - use the next notification number,
 - obtain re-approval from the ED,
 - transmit the corrected Part I and/or Part II to NYS and Counties,
 - notify the NRC,
- E. If other errors were made, THEN make corrections on the next required Part I and/or Part II notification.

4.3 NOTIFY the NRC as follows:

- A. Immediately after NYS and County notifications are made AND/OR no later than 1 hour after the licensee declares an emergency, CALL the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate. Upon NRC request, fill out NRC Form #361. (Refer to Attachment 5.8, "Instructions for Filling Out NRC Form #361".).
 - B. CONTACT the NRC IP-3 Resident Inspector via regular telephone, plant page, and/or beeper.
 - C. UPDATE the NRC approximately every 30 minutes.
- 4.4 At an Alert or higher emergency classification, NOTIFY American Nuclear Insurers (ANI), Nuclear Electric Insurance Limited (NML) and Institute for Nuclear Power Operations (INPO) via regular telephone. Offsite emergency telephone numbers are listed in Appendix 'B', Volume II of the Emergency Plan.

5.0 ATTACHMENTS

- 5.1 EP-Form Part I - "Radiological Emergency Data Form"
- 5.2 EP-Form Part II - "New York State Radiological Emergency Data Form, Radiological Assessment Data"
- 5.3 NRC Form #361 - "Event Notification Worksheet"
- 5.4 Instructions for Filling Out Part I
- 5.5 Using the RECS Line
- 5.6 Using the Local Government Radio (LGR)
- 5.7 Using Regular Telephones for Offsite Emergency Notifications
- 5.8 Instructions for Filling Out NRC Form #361
- 5.9 Additional information that may be requested by the NRC

END OF TEXT

ATTACHMENT 5.1

RADIOLOGICAL EMERGENCY DATA FORM - PART I

New York Power Authority		RADIOLOGICAL EMERGENCY DATA FORM	
Indian Point 3	Con Edison Indian Point 2	PART I	Notification # _____ A
Via RECS Line		Via PHONE	At ALERT or higher
<input type="checkbox"/> New York State	<input type="checkbox"/> Orange Cty <input type="checkbox"/> NYPA	<input type="checkbox"/> NRC HQ(ENS)	<input type="checkbox"/> ANI
<input type="checkbox"/> Westchester Cty	<input type="checkbox"/> Putnam Cty <input type="checkbox"/> Con Edison	<input type="checkbox"/> NRC (Resident)	<input type="checkbox"/> NEIL
	<input type="checkbox"/> Rockland Cty <input type="checkbox"/> City of Peekskill		<input type="checkbox"/> INPO
1. This message is being transmitted on: _____ at _____		<input type="checkbox"/> AM	VIA: A. RECS _____
(date) (time)		<input type="checkbox"/> PM	B. Other _____
2. <input type="checkbox"/> This is A. NOT an Exercise B. An Exercise			
3. <input type="checkbox"/> THE FACILITY PROVIDING THIS INFORMATION IS: A. INDIAN POINT NUMBER 2 B. INDIAN POINT NUMBER 3			
4. <input type="checkbox"/> The Emergency Classification is: A. Unusual Event C. Site Area Emergency E. Emergency F. Recovery B. Alert D. General Emergency Terminated G. Transportation incident			
5. <input type="checkbox"/> This emergency classification declared on : _____ at _____			
(date) (time) <input type="checkbox"/> AM <input type="checkbox"/> PM			
6. <input type="checkbox"/> Release of Radioactive Materials A. No Release above Effluent Technical Specifications limits B. Release to the Atmosphere above Effluent Technical Specifications limits C. Release to a Body of Water above Effluent Technical Specifications limits			
7. <input checked="" type="checkbox"/> Protective Action Recommendations: A. No need for Protective Actions outside the Site boundary. B. EVACUATE the following ERPAs: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 C. SHELTER all remaining ERPAs			
EAL # _____			
8. Brief Event Description _____ _____ _____			
9. <input type="checkbox"/> The Plant status is: A. Stable C. Degrading E. Cold Shutdown B. Improving D. Hot Shutdown			
10. <input type="checkbox"/> Reactor Shutdown: A. Not Applicable B. _____ at _____			
(date) (time) <input type="checkbox"/> AM <input type="checkbox"/> PM			
11. Wind Speed: _____ Meters/Second at elevation _____ meters			
12. Wind Direction: (From) _____ Degrees at elevation _____ meters			
13. <input type="checkbox"/> Stability Class: A B C D E F G			
14. <input type="checkbox"/> Reported By - Communicator's name: _____ at Telephone # (914) _____			
Emergency Director Review/Signature _____		Message Ended at: _____	

ATTACHMENT 5.2

NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM - PART II -
RADIOLOGICAL ASSESSMENT DATA

EP-FORM PART II NEW YORK STATE RADIOLOGICAL EMERGENCY DATA FORM
 PART II - RADIOLOGICAL ASSESSMENT DATA

NOTIFICATION #
 NYPA Indian Point #3

5. Message transmitted at: DATE _____ TIME _____ FROM _____

16. General release information:
 A. RELEASE > TECH SPEC STARTED AT: DATE _____ TIME _____ E. WIND SPEED _____ M/SEC
 AT ELEVATION _____ (METERS)
 B. PROJECTED DURATION OF RELEASE: _____ (hrs.) F. WIND DIRECTION: (FROM) _____ DEGREES
 AT ELEVATION: _____ (METERS)
 C. RELEASE > TECH SPEC ENDED DATE: _____ TIME: _____ G. STABILITY CLASS: _____ (PASQUILL A-G)
 D. REACTOR SHUTDOWN: N/A OR DATE: _____ TIME: _____

17. Atmospheric release information:
 A. RELEASE FROM: GROUND LEVEL FT.
 B. IODINE/NOBLE GAS RATIO: _____ (Assumed or Actual)
 C. TOTAL RELEASE RATE: _____ CI/SEC.
 D. NOBLE GAS RELEASE RATE: _____ CI/SEC
 E. IODINE RELEASE RATE: _____ CI/SEC
 F. PARTICULATE RELEASE RATE: _____ CI/SEC

18. Waterborne release information:
 A. VOLUME OF RELEASE: _____ GALLONS C. RADIONUCLIDES IN RELEASE: _____
 B. TOTAL CONCENTRATION (gross): _____ μ CI/ml D. TOTAL ACTIVITY RELEASED: _____

19. Dose calculations (based on release duration of _____ hrs.):
 CALCULATION IS BASED ON: (circle one)
 A. INPLANT MEASUREMENTS
 B. FIELD MEASUREMENTS
 C. ASSUMED SOURCE TERM
 TABLE BELOW APPLIES TO: (circle one)
 A. ATMOSPHERE RELEASE
 B. WATERBORNE RELEASE

DISTANCE	X _d /Q	DOSE	
		TEDE (REM)	TODE (REM)
SITE BOUNDARY			
2 MILES			
5 MILES			
10 MILES			
MILES			

20. Field measurement of dose rates or surface contamination/deposition:

MILE/SECTOR OR MILES/DEGREES	LOCATION OR SAMPLING POINT	TIME OF READING	DOSE RATE (mR/HR.) OR CONTAMINATION (μ CI/m ²)

REMARKS:

ED Review: _____

ATTACHMENT 5.3

NRC FORM #361 - EVENT NOTIFICATION WORKSHEET

NRC FORM 361 (3-80)	EVENT NOTIFICATION WORKSHEET	U.S. NUCLEAR REGULATORY COMMISSION OPERATIONS CENTER
------------------------	-------------------------------------	---

NOTIFICATION TIME	FACILITY OR ORGANIZATION	UNIT	CALLER'S NAME	CALL BACK #: ENS _____ or () _____
-------------------	--------------------------	------	---------------	--

EVENT TIME & ZONE	EVENT DATE / /
POWER/MODE BEFORE	POWER/MODE AFTER

EVENT CLASSIFICATIONS	
GENERAL EMERGENCY	GEN/AAEC
SITE AREA EMERGENCY	SIT/AAEC
ALERT	ALE/AAEC
UNUSUAL EVENT	UNU/AAEC
50.72 NON-EMERGENCY	(see next columns)
PHYSICAL SECURITY (73.71)	D???
TRANSPORTATION	A???
MATERIAL/EXPOSURE	B??/E??/F??
FITNESS FOR DUTY	HFIT
OTHER	N??/C??/G??

1-Hr Non-Emergency 10 CFR 50.72(b)(1)		4-Hr Non-Emergency 10 CFR 50.72(b)(2)	
(ii)(A) TS Required S/D	ASHU	(v) Emergency Siren INOP	AESS
(ii)(B) TS Deviation	ADEV	(vi) Fire	AFIR
(ii) Degraded Condition	ADEG	(iv) Toxic Gas	ACHE
(iii)(A) Unsanitized Condition	AUNA	(vii) Rad Release	ARAD
(iii)(B) Outside Design Basis	AOUT	(vi) Oth Hampering Safe Op.	ANIN
(iii)(C) Not Covered by OPs/EPs	ACNC	(ii) Degrade While S/D	ADAS
(iii) Earthquake	ANEA	(iii) RPS Actuation (scram)	ARPS
(iii) Flood	ANFL	(ii) ESF Actuation	AESF
(iii) Hurricane	ANHU	(iii)(A) Safe S/D Capability	AISA
(iii) Ice/Hail	ANIC	(iii)(B) RHR Capability	AIRB
(iii) Lightning	ANLI	(iii)(C) Control of Rad Release	AIRC
(iii) Tornado	ANTO	(iii)(D) Accident Mitigation	AMID
(iii) Oth Natural Phenomenon	ANOT	(iv)(A) Air Release > 2X App B	AAIR
(iv) ECCS Discharge to RCS	ACCS	(iv)(B) Liq Release > 2X App B	ALIQ
(v) Lost ENS	AENS	(v) Offsite Medical	AMED
(v) Lost Other Assessment/Comms	AARC	(vi) Offsite Notification	APRE

DESCRIPTION			
Include: Systems affected, actuations & their initiating signals, causes, effect of event on plant, actions taken or planned, etc.			

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD?	YES <i>(Explain above)</i>	NO
NRC RESIDENT						
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED?	YES	NO <i>(Explain above)</i>
LOCAL						
OTHER GOV AGENCIES				MODE OF OPERATION	ESTIMATED	ADDITIONAL INFO ON BACK?
MEDIA PRESS RELEASE				UNTIL CORRECTED	RESTART DATE:	

ATTACHMENT 5.3

NRC FORM #361 - EVENT NOTIFICATION WORKSHEET (CON'T.)

NRC Form 361 (2.80) USNRC OPERATIONS CENTER

ADDITIONAL INFORMATION

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)

LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED
PERSONNEL EXPOSED OR CONTAMINATED				OFFSITE PROTECTIVE ACTIONS RECOMMENDED	
				*State release path in description.	

	Release Rate (Ci/sec)	% T.S. LIMIT	MOO GUIDE	Total Activity (Ci)	% T.S. LIMIT	MOO GUIDE
Noble Gas			0.1 Ci/sec			1000 Ci
Iodine			10 uCi/sec			0.01 Ci
Particulate			1 uCi/sec			1 mCi
Liquid (excluding tritium & dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

	PLANT STACK	CONDENSER-AIR EJECTOR	MAIN STEAM LINE	SG BLOWDOWN	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS					
% T.S. LIMIT (if applicable)					

RCS OR SG TUBE LEAKS. CHECK OR FILL IN APPLICABLE ITEMS: (specific details/explanations should be covered in event description)

LOCATION OF THE LEAK (e.g., SG #, valve, pipe, etc.):

LEAK RATE:	UNITS: gpm/gpd	T.S. LIMITS:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE:	TIME:	COOLANT ACTIVITY & UNITS. PRIMARY -	SECONDARY -

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from front)

ATTACHMENT 5.4

INSTRUCTIONS FOR FILLING OUT PART I

1. FILL OUT Part I as follows:
 - A. USE black ink.
 - B. DO NOT use plant specific acronyms. ONLY non-plant specific acronyms are allowed (ie: gpm, >, etc).
 - C. In the top right corner, NUMBER each Part I form sequentially.
 - IF an emergency classification is closed out and shortly thereafter another emergency declaration occurs, THEN start sequential numbering from one.
 - D. ENSURE all information on the Part I form is complete, including the appropriate letters placed in the appropriate boxes. Refer to Attachment 5.1, "EP-Form Part I, Radiological Emergency Data Form". Pay particular attention to the following:
 1. The Time recorded in Item #1 indicates the time the offsite notifications began.
 2. IF Recovery is selected in Item #4, THEN only transmit ONCE upon entering the Recovery Phase.
 - IF Emergency Terminated is selected in Item #4, THEN the Recovery Phase is not implemented.
 3. The Time recorded in Item #5 will only change when the emergency classification changes. The 15-minute requirement is based on this.
 4. In Item #8, record the number and a brief description of the Emergency Action Level (EAL) used to classify the event. The actual EAL description may be used.
 - If one or more EAL exists, include a brief description of these other EAL(s) in Item #8, "Brief Event Description".
 - E. ENSURE the Emergency Director (ED) reviews and signs the Part I form prior to transmitting/faxing.
 - F. IF an error is made when filling out the Part I form, THEN follow this procedure for required actions.

ATTACHMENT 5.5

USING THE RECS LINE

1. USE the RECS Line as follows:

CR/AEOF:

- A. PICK UP the handset on the red RECS Line phone. (Located on the Offsite Communicator's desk.)
- B. AFTER 3 short beeps, DEPRESS the ring button on the lower left side of the phone.
- C. Message is heard stating - "You have initiated a conference". (IF message is not heard, hang up the phone and try again before continuing.)
- D. DEPRESS the bar on the handset to talk.
- E. RELEASE the bar to listen.

EOF:

- A. PICK UP the handset.
 - B. DEPRESS the button marked RECS on the telephone console.
 - C. AFTER 3 short beeps, DEPRESS the 7 on the key pad.
 - D. Message is heard stating - "You have initiated a conference". (IF message is not heard, hang up the phone and try again before continuing.)
2. TURN UP the volume as necessary.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the roll call.

3. WHEN the message "You have initiated a conference" is heard, ANNOUNCE the following:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT 3. STAND BY FOR ROLL CALL":

"New York State"
"Westchester County"
"Rockland County"
"Orange County"
"Putnam County"
"Peekskill"
"Con Edison Control Room"

IF NYS does not answer the roll call, THEN continue to transmit the Part I information. Upon completion, NOTIFY NYS via regular telephone. Additional/backup emergency telephone numbers are listed in Appendix 'B', Volume II of the Emergency Plan.

1
R

ATTACHMENT 5.5

USING THE RECS LINE (CON'T.)

IF any stations other than NYS does not answer the roll call, THEN begin transmitting the Part I information. After the Part I information has been transmitted, THEN notify NYS of the stations who did not answer the roll call. NYS is responsible for notifying these stations and relaying the Part I information.

STATE, "All parties please refer to Part I at this time."

WARNING

FOR A GENERAL EMERGENCY: IF an emergency classification is upgraded to a General Emergency, DO NOT FINISH the current Part I update. STATE:

"A GENERAL EMERGENCY HAS BEEN DECLARED. A COMPLETED PART I WILL BE TRANSMITTED AS SOON AS POSSIBLE."

FOR NUE/ALERT/SAE: If plant conditions/emergency classification changes while the Part I form is being completed, or is complete and ready for transmission, or while NYS/Counties are being notified, TRANSMIT the Part I information, THEN STATE:

"CONDITIONS HAVE CHANGED. A COMPLETED PART I WILL BE TRANSMITTED AS SOON AS POSSIBLE."

4. TRANSMIT Part I information speaking slowly and clearly.
5. AFTER Part I has been transmitted, CONDUCT roll call by saying:
 - "New York State did you copy?"
 - "Westchester County did you copy?"
 - "Rockland County did you copy?"
 - "Orange County did you copy?"
 - "Putnam County did you copy?"
 - "Peekskill did you copy?"
 - "Con Edison Control Room did you copy?"
6. SIGN OFF by saying, "Indian Point No. 3 out at _____ ON _____".
(TIME) (DATE)
7. RECORD message end time on the bottom of the Part I form.
8. FAX the Part I form to NYS and County Warning Points (WPs) and Emergency Operation Centers (EOCs) as follows:
 - A. PLACE document face down between paper guides, top of machine.
 - B. TRANSMIT to desired location by pressing the programmed button.

ATTACHMENT 5.5

USING THE RECS LINE (CON'T.)

C. FAX numbers are programmed individually and by groups on the one-touch keypad as follows:

- P1 = All NYS/County WPs
- P2 = All NYS/County EOCs

Note

When notified that the NYS and County EOCs have been staffed, DISCONTINUE faxing to the NYS and County WPs.

9. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes. This 30-minute interval begins with the time noted in Item #1 on the Part I form.
10. Immediately after NYS and County notifications are made AND/OR no later than 1 hour after the time the licensee declares an emergency, NOTIFY the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate.

IF the ENS phone is inoperable, THEN use a regular telephone.

A. PICK UP the ENS Phone handset and dial the NRC as listed on the phone or console. IF no answer or trouble on the line, THEN dial the next number listed on the phone or console.

- CR: Tan phone with red face plate located on EP Workstation desk.
- EOF: Press ENS button located on the telephone console, then dial.
- TSC: Tan phone with red face plate located on Communicator's desk.

1. When the NRC answers, ANNOUNCE the following:

"THIS IS TO REPORT THAT A (EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____".
(TIME) (DATE).

2. PROVIDE the brief event description using Part I, Item #8 information.

IF additional information is requested, THEN notify the ED.

B. CONTACT the IP-3 NRC Resident Inspector (X 8899, answering machine - 739-8565, beeper number/home phone see Vol II, Appendix 'B').

11. UPDATE the NRC approximately every 30 minutes.

12

12

12

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR)

1. USE the LGR as follows:

A. CR:

1. TURN ON unit. (Located on the left side of the EP Workstation desk.)
2. TURN UP volume.
3. DEPRESS the bar on handset to talk.
4. Release the bar to listen.

B. EOF:

1. PICK UP handset.
2. DEPRESS LGR button on telephone console labelled LGR.
3. TURN UP volume as necessary.

C. AEOF:

1. TURN ON unit. (Located on the Communicator's desk.)
2. TURN UP volume.
3. DEPRESS bar on handset to talk.
4. RELEASE bar to listen.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the roll call.

2. TRANSMIT the following using the LGR:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT. STAND BY FOR ROLL CALL":

"New York State"
"Westchester County"
"Rockland County"
"Orange County"
"Putnam County"

"STAND BY FOR FAX."

IF any station does not answer the roll call, THEN continue transmitting the message. After the message has been transmitted, THEN notify NYS of the stations who did not answer the roll call. NYS is then responsible for notifying these stations.

3. FAX Part I to NYS and County WPs and EOCs as follows:

- A. Place document face down between paper guides, top of machine.

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR) (CON'T.)

- B. Transmit to desired location by pressing the programmed button.
- C. Fax numbers are programmed individually and by groups on the one-touch keypad as follows:

- P1 = All NYS/County WPs
- P2 = All NYS/County EOCs

NOTE

Discontinue faxing to NYS/County Warning Points (P1) when notified that NYS/County EOCs have been staffed.

4. Unless requested otherwise, UPDATE NYS and Counties approximately every 30 minutes. This 30-minute interval begins with the time as stated in Item #1 on the Part I form. 12
5. Immediately after NYS and County notifications AND/OR no later than 1 hour after the time the licensee declares an emergency, NOTIFY the NRC Operations Center using the NRC EMERGENCY NOTIFICATION SYSTEM (ENS) phone or alternate.
- IF the ENS Phone is inoperable, THEN use a regular telephone.
- A. PICK UP the ENS Phone handset and dial the NRC as listed on the phone or console. IF no answer or trouble on the line, THEN dial next number listed on the phone or console.
- CR: Tan phone with red face plate located on EP Workstation desk.
 - EOF: Press ENS button located on the telephone console, then dial.
 - TSC: Tan phone with red face plate located on Communicator's desk.
1. When the NRC answers, ANNOUNCE the following:
- "THIS IS TO REPORT THAT A (EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____".
(TIME) (DATE).
2. PROVIDE the brief event description using Part I, Item #8 information.
- IF additional information is requested, THEN notify the ED.
- B. CONTACT the IP-3 NRC Resident Inspector (X 8899, answering machine - 739-8565, beeper number/home phone see Vol. II, Appendix B).
6. UPDATE the NRC approximately every 30 minutes. 12
12

ATTACHMENT 5.6

USING THE LOCAL GOVERNMENT RADIO (LGR) (CON'T.)

ALERT OR HIGHER EMERGENCY CLASSIFICATION:

7. NOTIFY American Nuclear Insurers (ANI), Nuclear Electric Insurance Limited (NEIL) and Institute for Nuclear Power Operations (INPO) via regular telephone.
 - A. When ANI, NEIL and INPO answer, ANNOUNCE the following:

"THIS IS TO REPORT THAT A (EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT ON ".
(TIME) (DATE).
 - B. PROVIDE the brief event description using Part I, Item #8 information.
IF additional information is requested, THEN notify the ED.

ATTACHMENT 5.7

USING REGULAR TELEPHONES
FOR OFFSITE EMERGENCY NOTIFICATIONS

1. USE a regular telephone as follows:
 - A. CR/AEOF/TSC: The NYS and County telephone numbers are pre-programmed into an auto-dial telephone located on the Communicator's desk. This telephone can also be used as a regular telephone.
 - B. EOF: Speed dial numbers are programmed into the EOF telephone consoles.
 - Additional/backup emergency telephone numbers are listed in Appendix 'B', Volume II of the Emergency Plan.

NOTE

The 15 minute requirement for notifying NYS and Counties is met upon completion of the calls to the NYS and Counties.

2. CALL each NYS and County Warning Point as listed below:
 - A. New York State
 - B. Westchester County (Ask for Watch Officer's Desk)
 - C. Rockland County
 - D. Orange County
 - E. Putnam County
3. TRANSMIT the following message:

"THIS IS TO REPORT THAT A _____ HAS BEEN
(EMERGENCY CLASSIFICATION)

DECLARED AT INDIAN POINT 3. STAND BY FAX."

 - IF any station does not answer, THEN continue. NOTIFY NYS of the stations who did not answer. NYS is responsible for notifying these stations.
4. FAX Part I to NYS and County WPs and EOCs as follows:
 - A. Place document face down between paper guides, top of machine.
 - B. Transmit to desired location by pressing the programmed button.
 - C. Fax numbers are programmed individually and by groups on the one-touch keypad as follows:
 - P1 = All NYS/County WPs
 - P2 = All NYS/County EOCs

ATTACHMENT 5.7

USING REGULAR TELEPHONES

FOR OFFSITE EMERGENCY NOTIFICATIONS (CON=T.)

7. NOTIFY American Nuclear Insurers (ANI), Nuclear Electric Insurance Limited (NEIL) and Institute for Nuclear Power Operations (INPO) via regular telephone.
- A. When ANI, NEIL and INPO answer, ANNOUNCE the following:
- "THIS IS TO REPORT THAT A (EMERGENCY CLASSIFICATION)
HAS BEEN DECLARED AT INDIAN POINT 3 AT _____ ON _____".
(TIME) (DATE).
- B. PROVIDE the brief event description using Part I, Item #8 information.
- IF additional information is requested, THEN notify the ED.
 - ANI, NEIL and INPO notifications are completed by the Recovery Center (RC) when activated.

ATTACHMENT 5.8

INSTRUCTIONS FOR FILLING OUT NRC FORM #361

1. Fill out NRC Form #361 as follows:
 - A. Use black ink.
 - B. Fill in or check information as it applies to the event.
 - Notification time is the time the NRC is notified.
 - Event time and zone is the time the event occurred and the time zone we are in; ie. Eastern Standard Time (EST).
 - Until corrected, mode of operation is the current mode of operation.
 - Contact Public Affairs to determine if a press release is required.

ATTACHMENT 5.9

ADDITIONAL INFORMATION THAT MAY BE REQUESTED BY THE NRC

NOTE

The following information is likely to be requested by the NRC when an ALERT or higher emergency is declared.

1. Is there any change to the emergency classification? If so, what is the reason for the change?
2. What is the ongoing/imminent damage to the facility, including affected equipment and safety features?
3. Have toxic or radiological releases occurred or been projected, including changes in the release rate? If so, what are the projected onsite and offsite releases, and what is the basis of assessment?
4. What are the health effect/consequences to onsite/offsite people? How many onsite/offsite people are/will be affected and to what extent?
5. Is the event under control? When was control established or what is the planned action to bring the event under control? What is the mitigative action underway or planned?
6. What onsite protective measures have been taken or planned?
7. What offsite protective actions have been recommended to State/local officials?
8. What is the status of the State/local/other Federal agency responses, if known?
9. If applicable, what is the status of public information activities, such as alarm, broadcast, or press releases (regulatory/State/local/other Federal agencies)? Has a Joint Information Center been activated?

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY #

25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-1053 REV. 12

TITLE: EVACUATION OF SITE

THIS PROCEDURE IS TSR

THIS PROCEDURE IS NTSR

WRITTEN BY: Garlean Delyon 10/21/99

REVIEWED BY: James F Barry 10-22-99

APPROVED BY: MaryAnn Wilson 10/22/99

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS

REFERENCE

EVACUATION OF SITE

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	1
5.0	Attachments	
	5.1 Indian Point Site Service Center Building (Con Edison)	
	5.2 IP-3 Assembly Area and Evacuation Route Map	

IP-1053

EVACUATION OF SITE

1.0 PURPOSE

This procedure provides criteria for evacuating non-essential personnel from the Indian Point Site and describes the actions to be followed.

2.0 RESPONSIBILITIES

- 2.1 The Emergency Director (ED) is responsible for determining when evacuation of non-essential personnel is required.
- 2.2 The Lead Accountability Officer (LAO) is responsible for coordinating evacuation of the assembly areas.
- 2.3 Con Edison is responsible for ensuring the evacuation of Indian Point #2 (IP-2) personnel.

NOTE

Non-essential personnel are individuals who do not have specific emergency response duties at IP-3, including visitors and contractor personnel.

3.0 REFERENCES

- 3.1 Table 4-1, "Initiating Conditions/Emergency Action Levels"
- 3.2 IP-1050, "Accountability"

4.0 PROCEDURE

NOTE

The steps in this procedure are not required to be performed in sequence.

- 4.1 CONSIDER evacuating non-essential personnel using the following criteria:
 - Alert Emergency with potential for radioactive airborne releases;
 - Site Area Emergency;
 - General Emergency;
 - Any condition in the opinion of the ED that warrants evacuation.
- 4.2 COORDINATE all decisions involving site evacuation through the Westchester County Emergency Operations Center (EOC) (via the Offsite Communicator).
- 4.3 DETERMINE if evacuees can be dismissed directly to their homes or if they must reassemble at the Con Edison Service Center (West Storeroom area) for contamination checks and decontamination. See Attachment 5.1, Indian Point Site Service Center Building (Con Edison).

- 4.4 ENSURE the IP-2 Control Room (CR) is notified of the decision to evacuate non-essential personnel.
- 4.5 Once an evacuation has been deemed necessary, ENSURE a safe and orderly evacuation by completing the following steps.
 - A. IF there is no release, THEN DISMISS evacuees directly to their homes using private vehicles.
 - B. IF a radioactive airborne release occurs or is imminent, THEN COMPLETE the following:
 1. CONTACT the Operations Support Center (OSC) H.P. Team Leader to request health physics assistance.
 2. REQUEST a Health Physics Technician (H.P.) to monitor the approved site evacuation route and vehicles for contamination.
 - a. IF no contamination, THEN DISMISS evacuees directly to their homes using private vehicles.

NOTE

IF there has been a release with offsite as well as onsite contamination, THEN private vehicles can be released off site without going to the Con Edison Service Center for decontamination.

3. REQUEST a Health Physics Technician (H.P.) be dispatched to the assembly areas if evacuation route and vehicles are contaminated:
 - a. CHECK personnel and vehicles for contamination and advise the Radiological Assessment Team Leader (RATL) of any contamination found.
 - b. ACCOMPANY evacuees to the Con Edison Service Center, and notify the ED upon their arrival.
 - c. DECONTAMINATE private vehicles before leaving the site.
- 4.6 DETERMINE onsite evacuation route by using wind direction as the deciding factor. See Attachment 5.2, "IP-3 Assembly Area and Evacuation Routes".
 - A. Wind from the south (up valley flow): USE the southerly route and enter the Con Edison Service Center area by way of the Con Edison maintained gate as instructed.
 - B. Wind from the north (down valley flow): USE the northerly route passing through the Con Edison river front Security gate and up to the Service Center as instructed.
 - C. Wind cross valley: DECIDE which route (north or south) to take or to have personnel remain in their assembly areas.

NOTE

Assembly Area and Evacuation Route Maps are posted throughout the Site.

- 4.9 DIRECT the EOF Offsite Communicator to contact the Westchester County EOC to discuss the proposed off-site evacuation route with the Director of the Office of Disaster and Emergency Services in order to assure that movement from the Site is coordinated with the County plans and actions.
- 4.10 ENSURE IP-2 Security is advised of the pending evacuation (via the Security Team Leader) so all routes necessary for evacuation are open through any Con Edison gates.
- 4.11 CALL the LAO to advise him/her of the pending evacuation and instructions to be provided to the effected personnel.
- A. The LAO shall advise Security and the Training Building Hall Monitors of the following:
- Pending site evacuation;
 - Route to take off-site;
 - Mode of transportation to use;
 - Go home or reassemble at the Con Edison Service Center for contamination checks.
- B. The LAO shall call the ED via the EOF Onsite Radiological Communicator and the Security Team Leader when evacuation of non-essential personnel is complete.
- 4.12 DIRECT the Control Room to make the following announcement via plant page:
"Attention all NON-ESSENTIAL personnel, you are directed to evacuate the Site using (the mode of transportation selected) and to go (to the selected destination). Use the (selected route)."

REPEAT THE PAGE.

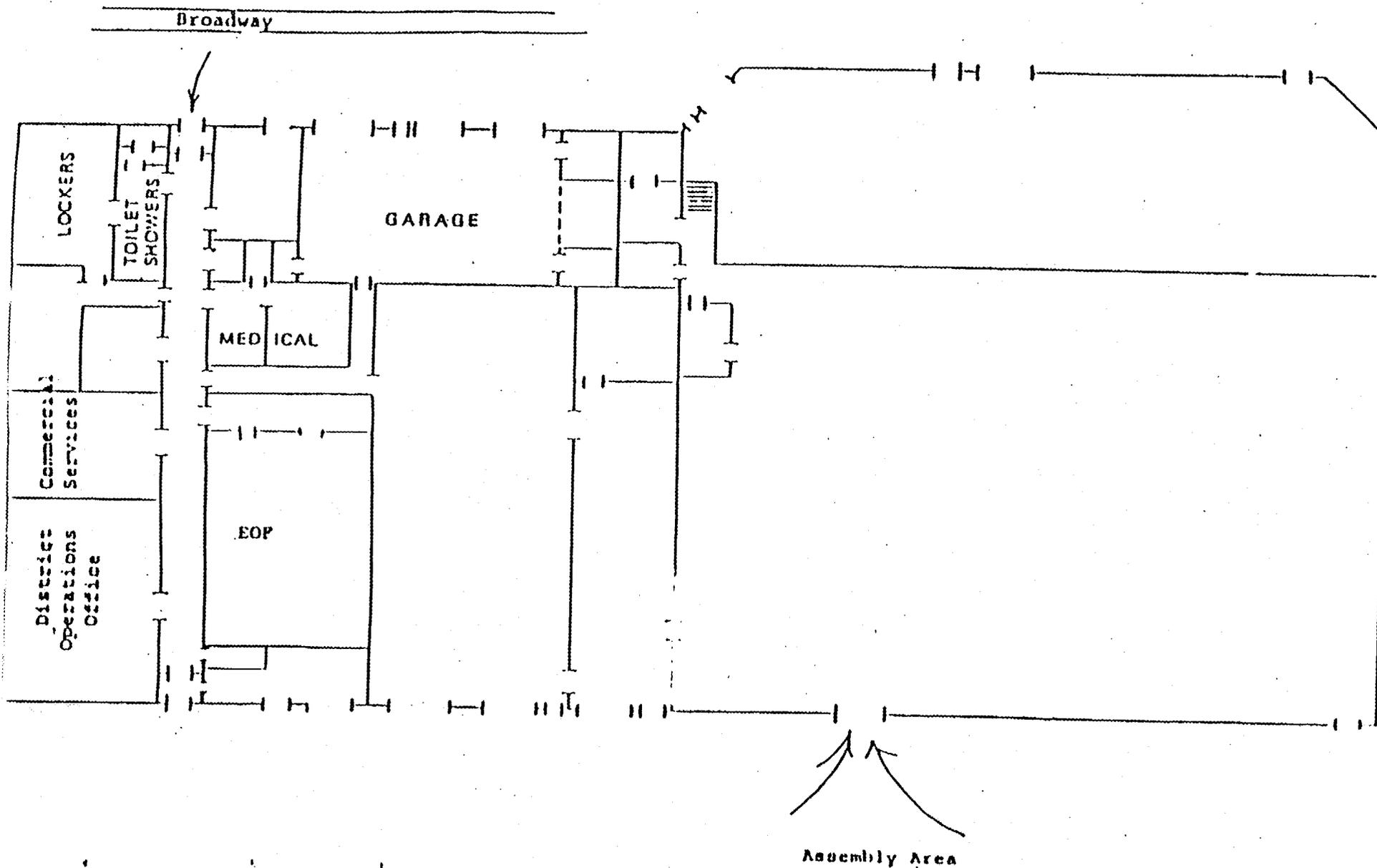
5.0 ATTACHMENTS

- 5.1 Indian Point Site Service Center Building (Con Edison)
- 5.2 IP-3 Assembly Area and Evacuation Route Map

END OF TEXT

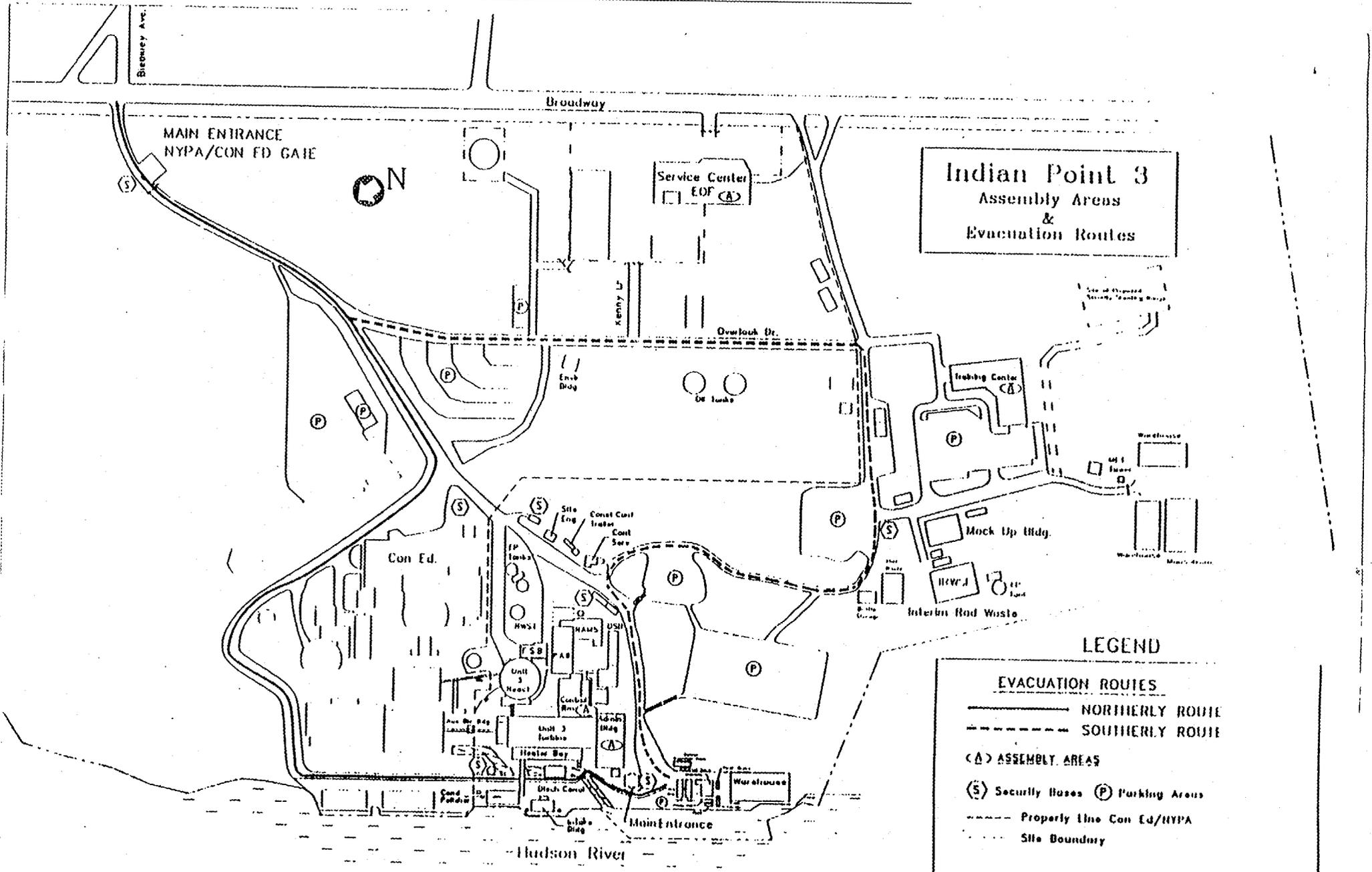
ATTACHMENT 5.1

INDIAN POINT SITE SERVICE CENTER BUILDING (CON EDISON)



ATTACHMENT 5.2

IP-3 ASSEMBLY AREA AND EVACUATION ROUTE MAP



Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY #: 25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-2001

REV. 11

TITLE: EMERGENCY DIRECTOR (ED), PLANT OPERATIONS MANAGER (POM),
SHIFT MANAGER (SM) PROCEDURE

THIS PROCEDURE IS TSR

THIS PROCEDURE IS NOT TSR

WRITTEN BY: [Signature] 10/26/99
SIGNATURE/DATE

REVIEWED BY: [Signature] 10-26-99
SIGNATURE/DATE

APPROVED BY: [Signature] 10/26/99
SIGNATURE/DATE

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS
REFERENCE

EMERGENCY DIRECTOR (ED), PLANT OPERATIONS MANAGER (POM),
SHIFT MANAGER (SM) PROCEDURE

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	2
4.0	Procedure	2
5.0	Attachments	
5.1	Notification of Unusual Event Flowchart for the Control Room Emergency Director (ED)	
5.2	Alert Flowchart for the Control Room Emergency Director (ED)	
5.3	Site Area Emergency Flowchart for the Control Room Emergency Director (ED)	
5.4	General Emergency Flowchart for the Control Room Emergency Director (ED)	
5.5	Emergency Director Turnover Checklist	
5.6	Relocation to AEOF Checklist	
5.7	Alert Flowchart for the Control Room POM/SM with ED Staffed at EOF	
5.8	Site Area Emergency Flowchart for the Control Room POM/SM with ED Staffed at EOF	
5.9	General Emergency Flowchart for the Control Room POM/SM with ED Staffed at EOF	
5.10	Plant Operations Manager (POM) Flowchart for Severe Accident Management (SAM)	

IP-2001

EMERGENCY DIRECTOR (ED), PLANT OPERATIONS MANAGER (POM),
SHIFT MANAGER (SM) PROCEDURE

1.0 PURPOSE

- 1.1 The purpose of this procedure is to provide immediate and follow-up instructions to the EMERGENCY DIRECTOR (ED), PLANT OPERATIONS MANAGER (POM), and/or the SHIFT MANAGER (SM) in the Control Room (CR).

The CR ED position is filled by one of the following:

- SM
- CR Supervisor (if the SM is not available)
- POM

The POM is an emergency plan position staffed by trained management personnel as indicated on Emergency Plan Volume II Appendix A Rosters. Personnel who staff this position are typically:

- Assistant Operations Manager
- SM
- Senior Reactor Operator Qualified Individual

2.0 RESPONSIBILITIES

- 2.1 The responsibilities assigned in this procedure shall be assumed by the ED in the CR or the individual in charge in the CR if ED responsibilities have been transferred to the Emergency Operations Facility (EOF). The ED will initially be the On Watch SM. The SM may be relieved as ED in the CR by the POM, or if the EOF is staffed, ED responsibilities may be transferred to the EOF. These responsibilities include:

- A. Assuming the assigned position and ensuring that support staff are notified, available and properly briefed.
- B. Ensuring that minimum staffing is attained, per the Emergency Plan Volume I, Section 5.0, Table 5.1.
- C. Ensuring that the CR is made operational in accordance with IP-2000, "Emergency Activation of the Control Room".
- D. Overall management of any and all efforts required to return the plant to pre-emergency conditions.
- E. Providing initial offsite notifications until the EOF assumes ED responsibilities.
- F. Providing onsite notifications throughout the emergency.
- G. Keeping other Emergency Response Facilities (ERFs) apprised of plant events (on going as well as mitigated), and the CR decisions and activities in response to them.

- H. Ensuring site accountability is being accomplished if required, unless the EOF has assumed ED responsibilities.
- I. Ensuring that the CR is habitable for Operations Personnel.
- J. Maintaining a log of actions being taken and decisions made. (This task can be delegated to another member of the CR staff, e.g.: Clerk, Communicator).

3.0 REFERENCES

- 3.1 E-Plan, Volume I, Section 5.0, "Organizational Control of Emergencies"
- 3.2 IP-1001, "Determining the Magnitude of Release"
- 3.3 IP-1017, "Protective Action Recommendations for the Offsite Population"
- 3.4 IP-1019, "Emergency Use of Potassium Iodide (KI)"
- 3.5 IP-1053, "Evacuation of Site"
- 3.6 IP-1054, "Search and Rescue Teams"
- 3.7 IP-2000, "Emergency Activation of the Control Room"
- 3.8 IP-2400, "Emergency Activation of the Alternate Emergency Operations Facility (AEOF)"
- 3.9 IP-2500, "Security Emergency Activation Responsibilities"
- 3.10 IP-2600, "Emergency Termination and Transition to Recovery"
- 3.11 EP-Form #4, "Control Room Emergency Staffing Chart"
- 3.12 EP-Form Part I, "New York State Radiological Emergency Data Form, General Information"
- 3.13 EP-Form #31a, "Plant Status Log (measurements)"
- 3.14 EP-Form #31b, "Plant Status Log (radiation monitors)"
- 3.15 EP-Form #31c, "Plant Status Log (equipment status)"
- 3.16 NRC Form #361, "Event Notification Worksheet"
- 3.17 ONOP-SEC-1, "Response to Security Compromise"

NOTE

The following procedure steps are provided for reference. Actual procedure steps are performed using the appropriate Attachment.

4.0 PROCEDURE

- 4.1 The On Watch SM shall report to the CR and assume ED responsibilities upon the initiation of any emergency level classification.
- 4.2 The appropriate flowchart (Attachments 5.1 - 5.4) shall be followed for the declared emergency classification.
 - A. The emergency classification should be made within approximately 15 minutes of the initiating conditions.
 - B. The Immediate Actions (page 1 of Attachments 5.1 - 5.4) shall be completed within 15 minutes of the declaration.

- C. The time requirements specified in the Follow-up Actions page 2 of Attachments 5.1 - 5.4) are expectations which should be adhered to if they will not interfere with mitigating the accident or carrying out the Immediate Actions.
- 4.3 When upgrading emergency level classifications, the flowchart for the new emergency classification level (Attachment 5.1, 5.2, 5.3 or 5.4) shall be followed.
- 4.4 The ED/POM shall perform the following during the first 48 hours of the accident:

NOTE

Maximum CR temperature shall not exceed 106° F.

- A. Monitor CR temperature for all increasing trends.
- B. Notify the Technical Support Center (TSC) if CR temperature has an increasing trend, and initiate corrective actions such as turning off CR lighting (normal), or providing alternate methods of cooling the CR.
- 4.5 The CR ED should use Attachment 5.5, "Emergency Director Turnover Checklist" to turnover the ED responsibilities to another ED.
- 4.6 The CR ED or POM should use Attachment 5.6, "Relocation to the AEOF Checklist" if the decision is made for the EOF to relocate to the AEOF, as necessary.
- 4.7 The POM shall use the appropriate flowchart (Attachments 5.7 - 5.9) for the actions to be performed for the declared emergency classification after the ED responsibilities have been turned over to the EOF/AEOF ED.
- A. The Immediate Actions (page 1 of Attachments 5.7 - 5.9) shall be completed within 15 minutes of the declaration level by the ED.
- B. The time requirements specified in the Follow-up Actions (page 2 of Attachments 5.7 - 5.9) are expectations which should be adhered to if they will not interfere with mitigating the accident or carrying out the Immediate Actions.
- 4.8 IF the Safety Parameter Display System (SPDS) is out of service, THEN the POM/CR ED should perform the following:
- A. Determine which parameters on Forms 31a, 31b and 31c are needed based on the existing plant conditions.

- B. IF plant conditions change, THEN the parameters being recorded on Forms 31a, 31b and 31c should be reviewed to confirm/revise parameters being recorded.
 - C. IF CR personnel are available to record this information, THEN have information recorded and faxed to the TSC when completed. Time requirements on page 2 of Attachments 5.2 - 5.4 and page 2 of Attachments 5.7 - 5.9 are recommended times and not requirements.
 - D. Request the TSC/Operations Support Center (OSC) provide an individual(s) to complete Forms 31a, 31b and 31c. Upon arrival in the CR, this individual(s) initiates/assumes the recording of designated parameters on Forms 31a, 31b and 31c as directed by the POM\CR ED.
- 4.9 IF an emergency classification is entered due to a security condition, THEN performing accountability may put personnel at risk. Therefore, in these situations and as specified in ONOP-SEC-1, the Assembly Alarm may not be sounded.
- 4.10 IF plant conditions warrant the transition to Severe Accident Management (SAM), THEN use Attachment 5.10, " Plant Operations Manager (POM) Flowchart for Severe Accident Management (SAM).

5.0

ATTACHMENTS

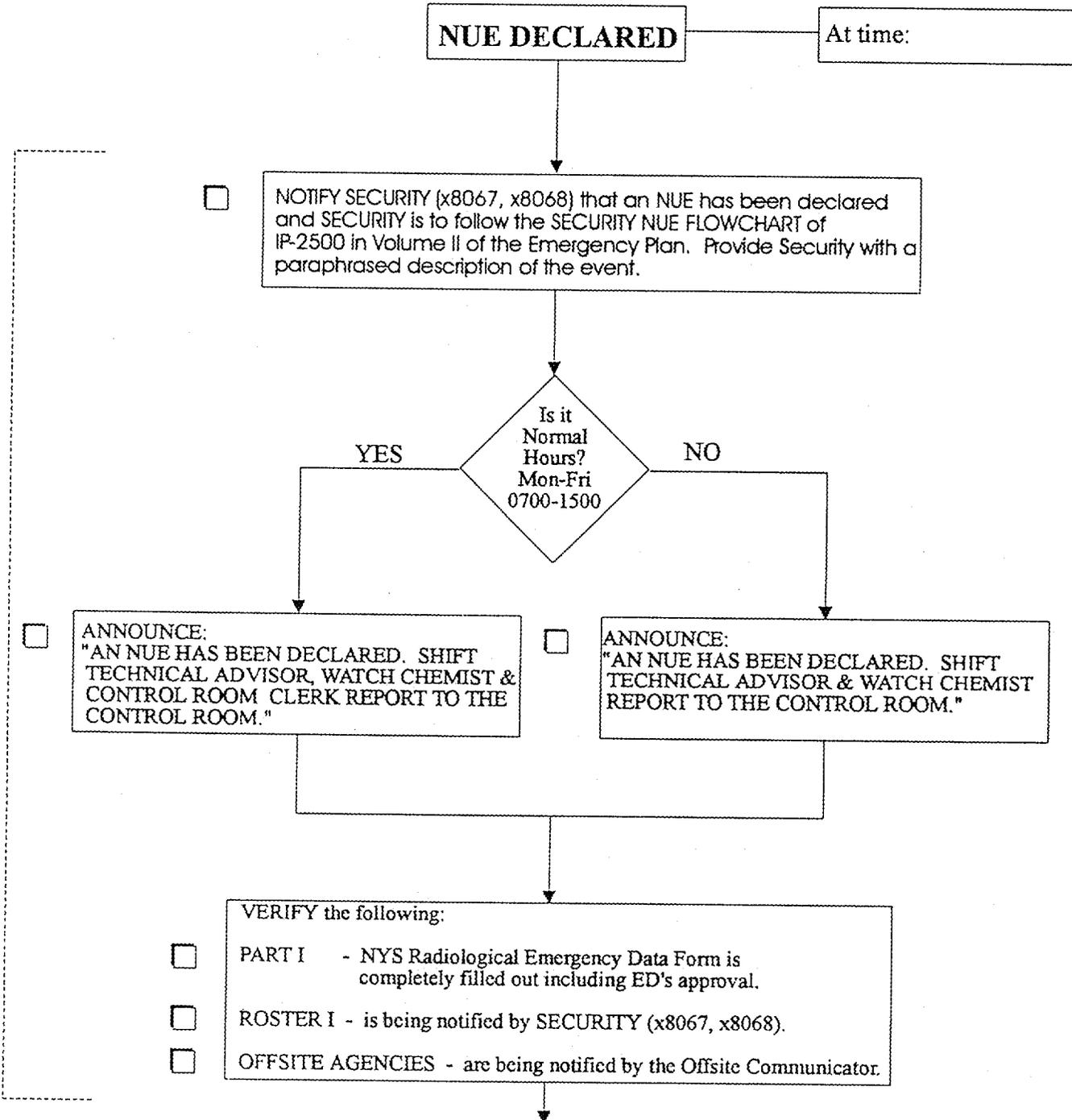
- 5.1 Notification of Unusual Event Flowchart for the Control Room Emergency Director (ED)
- 5.2 Alert Flowchart for the Control Room Emergency Director (ED)
- 5.3 Site Area Emergency Flowchart for the Control Room Emergency Director (ED)
- 5.4 General Emergency Flowchart for the Control Room Emergency Director (ED)
- 5.5 Emergency Director Turnover Checklist
- 5.6 Relocation to the AEOF Checklist
- 5.7 Alert Flowchart for the Control Room POM/SM with ED Staffed at EOF
- 5.8 Site Area Emergency Flowchart for Control Room POM/SM with ED Staffed at EOF
- 5.9 General Emergency Flowchart for the Control Room POM/SM with ED Staffed at EOF
- 5.10 Plant Operations Manager (POM) Flowchart for Severe Accident Management (SAM)

END OF TEXT

ATTACHMENT 5.1

NOTIFICATION OF UNUSUAL EVENT FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)

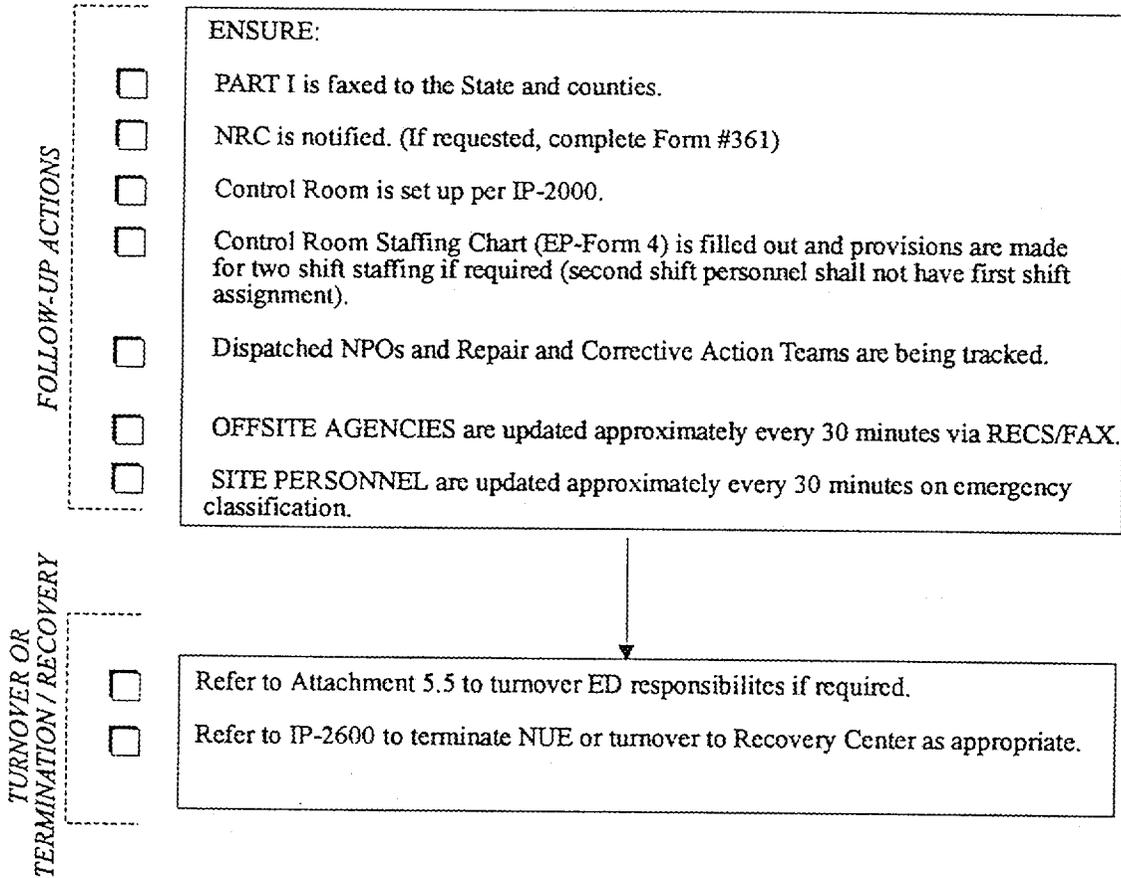
IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES



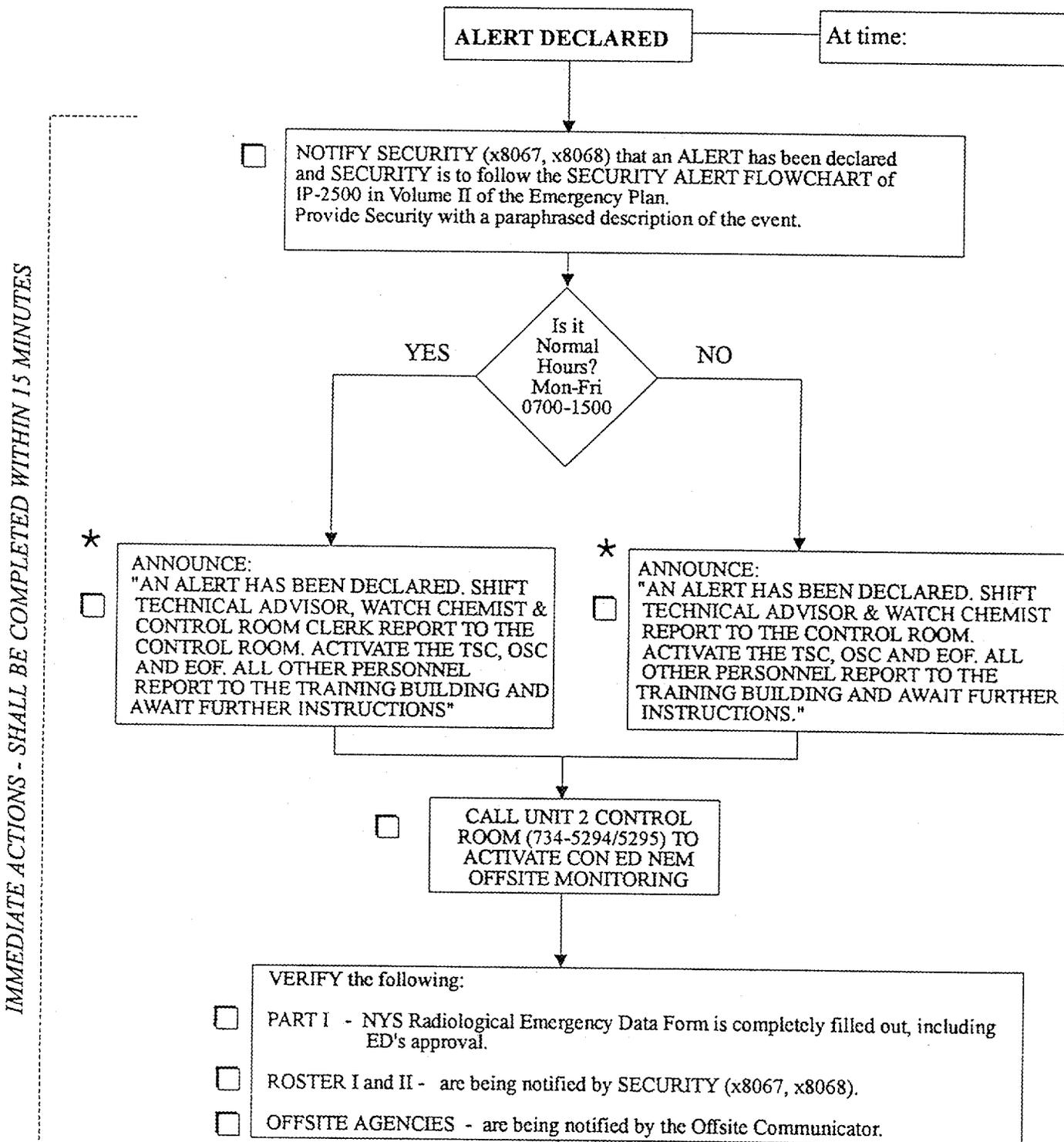
See Page 2 for Follow-Up Actions

ATTACHMENT 5.1

NOTIFICATION OF UNUSUAL EVENT FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)



ATTACHMENT 5.2
ALERT FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)



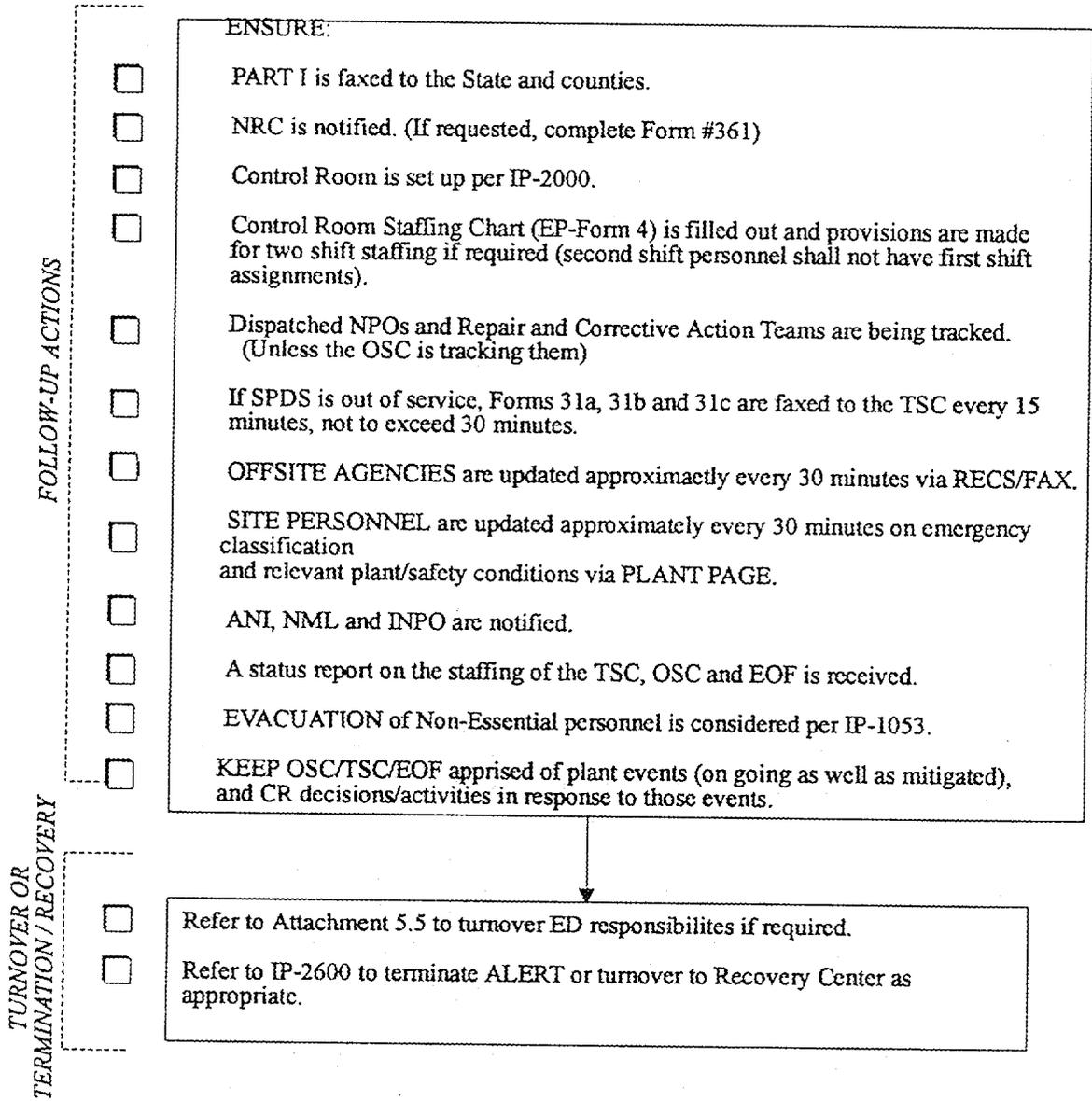
IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES

*

If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1.

See Page 2 for Follow-Up Actions

ATTACHMENT 5.2
ALERT FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)



ATTACHMENT 5.3

SITE AREA EMERGENCY FLOWCHART
 FOR
 THE CONTROL ROOM EMERGENCY DIRECTOR (ED)

SITE AREA EMERGENCY DECLARED — At time:

NOTIFY SECURITY (x8067, x8068) that a SITE AREA EMERGENCY has been declared and SECURITY is to follow the SECURITY SITE AREA EMERGENCY FLOWCHART of IP-2500 in Volume II of the Emergency Plan. Provide Security with a paraphrased description of the event.

Is it Normal Hours?
 Mon-Fri
 0700-1500

YES
 ANNOUNCE:
 "A SITE AREA EMERGENCY HAS BEEN DECLARED. SHIFT TECHNICAL ADVISOR, WATCH CHEMIST & CONTROL ROOM CLERK REPORT TO THE CONTROL ROOM. ACTIVATE THE TSC, OSC AND EOF. ALL OTHER PERSONNEL REPORT TO THE TRAINING BUILDING AND AWAIT FURTHER INSTRUCTIONS"

NO
 ANNOUNCE:
 "A SITE AREA EMERGENCY HAS BEEN DECLARED. ACTIVATE THE TSC, OSC AND EOF. ALL OTHER PERSONNEL REPORT TO THE TRAINING BUILDING. ALL WATCH PERSONNEL REPORT TO THE CONTROL ROOM."

SOUND ASSEMBLY ALARM

CALL UNIT 2 CONTROL ROOM (734-5294/5295) TO ACTIVATE CON ED NEM OFFSITE MONITORING TEAMS

ENSURE CONTROL ROOM ACCOUNTABILITY IS BEING PERFORMED

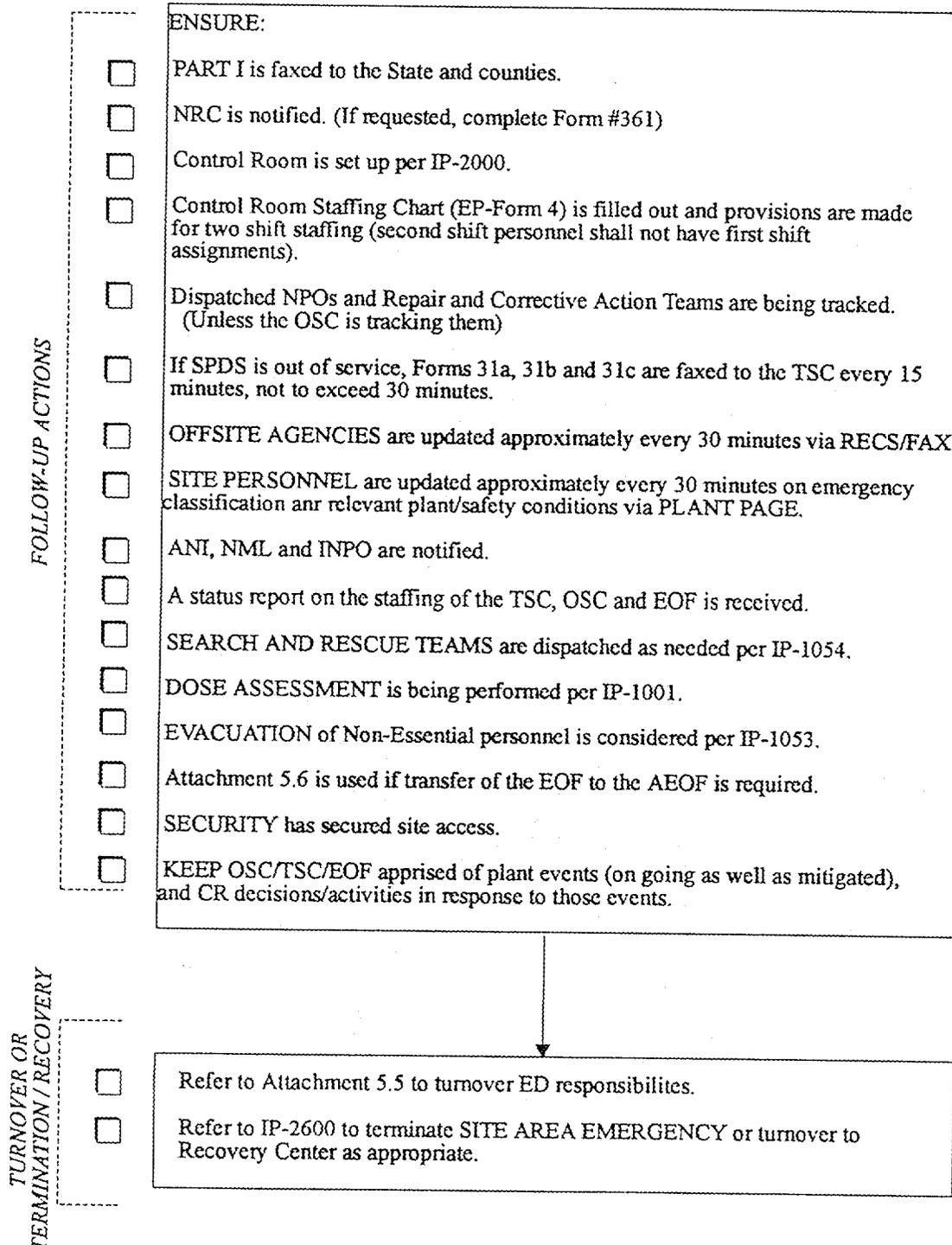
- VERIFY the following:
- PART I - NYS Radiological Emergency Data Form is completely filled out, including ED's approval.
 - ROSTER I and II - are being notified by SECURITY (x8067, x8068).
 - OFFSITE AGENCIES - are being notified by the Offsite Communicator.

See Page 2 for Follow-Up Actions

IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES

* If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1. DO NOT sound assembly alarm.

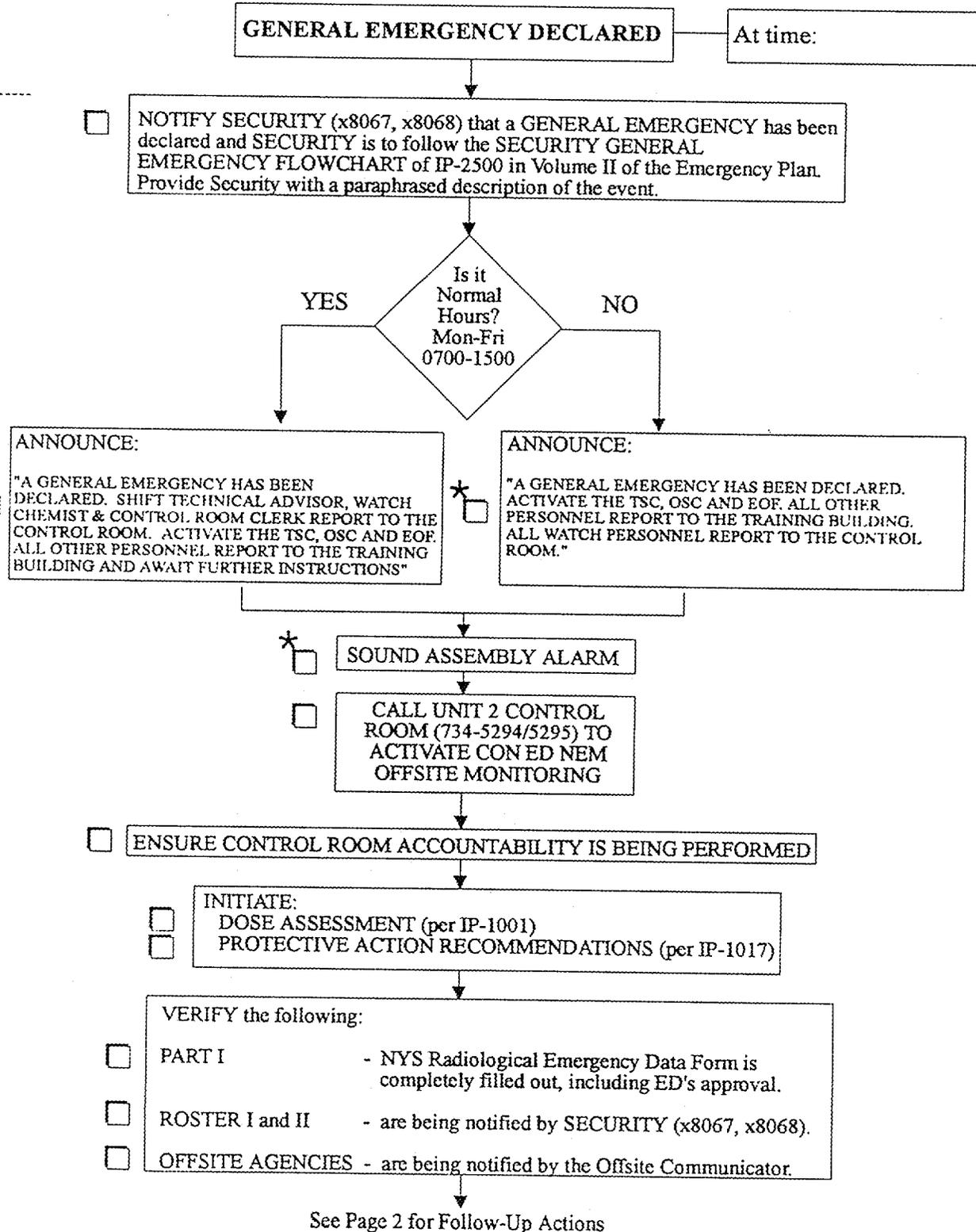
ATTACHMENT 5.3
SITE AREA EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)



ATTACHMENT 5.4

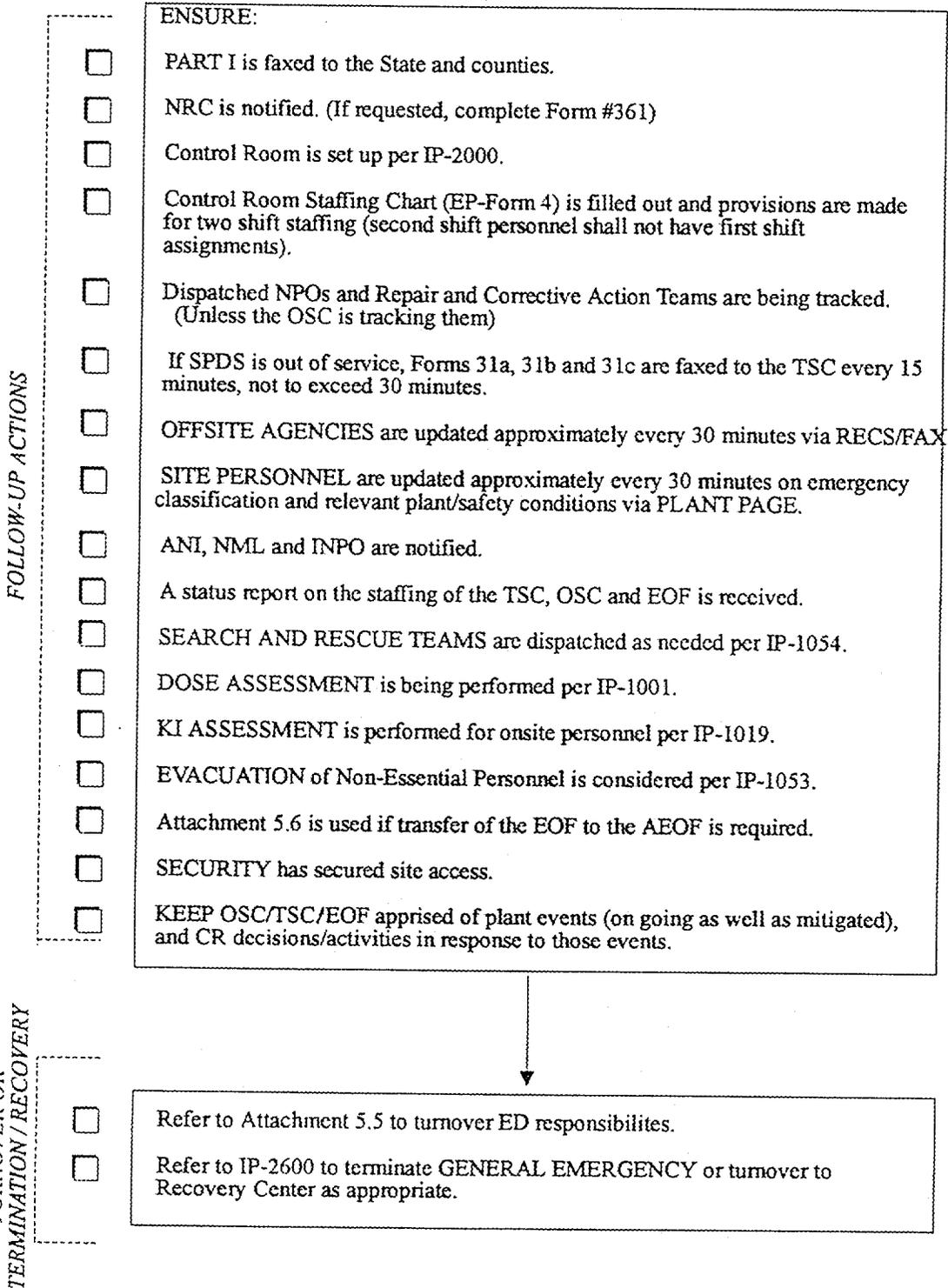
GENERAL EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)

IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES



* If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1. DO NOT sound assembly alarm.

ATTACHMENT 5.4
GENERAL EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM EMERGENCY DIRECTOR (ED)



ATTACHMENT 5.5

EMERGENCY DIRECTOR TURNOVER CHECKLIST

When the CR ED is relieved by the EOF ED or another CR ED, the following checklist should be used to effectively turnover responsibilities:

CR ED (SM / POM): _____

POM or EOF ED: _____

Date: _____ Time: _____

The following items should be discussed:

1. Emergency Classification
2. Initiating Event
 - A. Date
 - B. Time
 - C. Cause
 - D. System(s) affected
3. Current status of:
 - A. Corrective actions
 - B. Plant Conditions
 - C. Radiological Conditions
 - D. Dose Assessment
 - E. Dose Projections
 - F. Met Data
 - G. Site Accountability
 - H. Site Evacuation

ATTACHMENT 5.5

EMERGENCY DIRECTOR TURNOVER CHECKLIST

4. Protective Action Recommendations (PARs)
5. Status of Offsite Notifications:
 - A. NYS/Counties
 - B. NRC: Headquarters and Residents
 - C. INPO
 - D. ANI
 - E. NML
6. Search and Rescue Team Status
7. Corrective Action Team Status
8. Security Readiness
9. Current Facilities Readiness
 - A. Current/Expected Level of Staffing
10. Actions Underway
11. Actions that need to be initiated
12. Plant prognosis
13. Other pertinent plant information

ATTACHMENT 5.6

RELOCATION TO THE AEOF CHECKLIST

IF the decision is made for the EOF to relocate to the AEOF (in the White Plains Office) and to turnover the control of the emergency to the CR, THEN the ED should follow this checklist.

Decision to relocate made by:

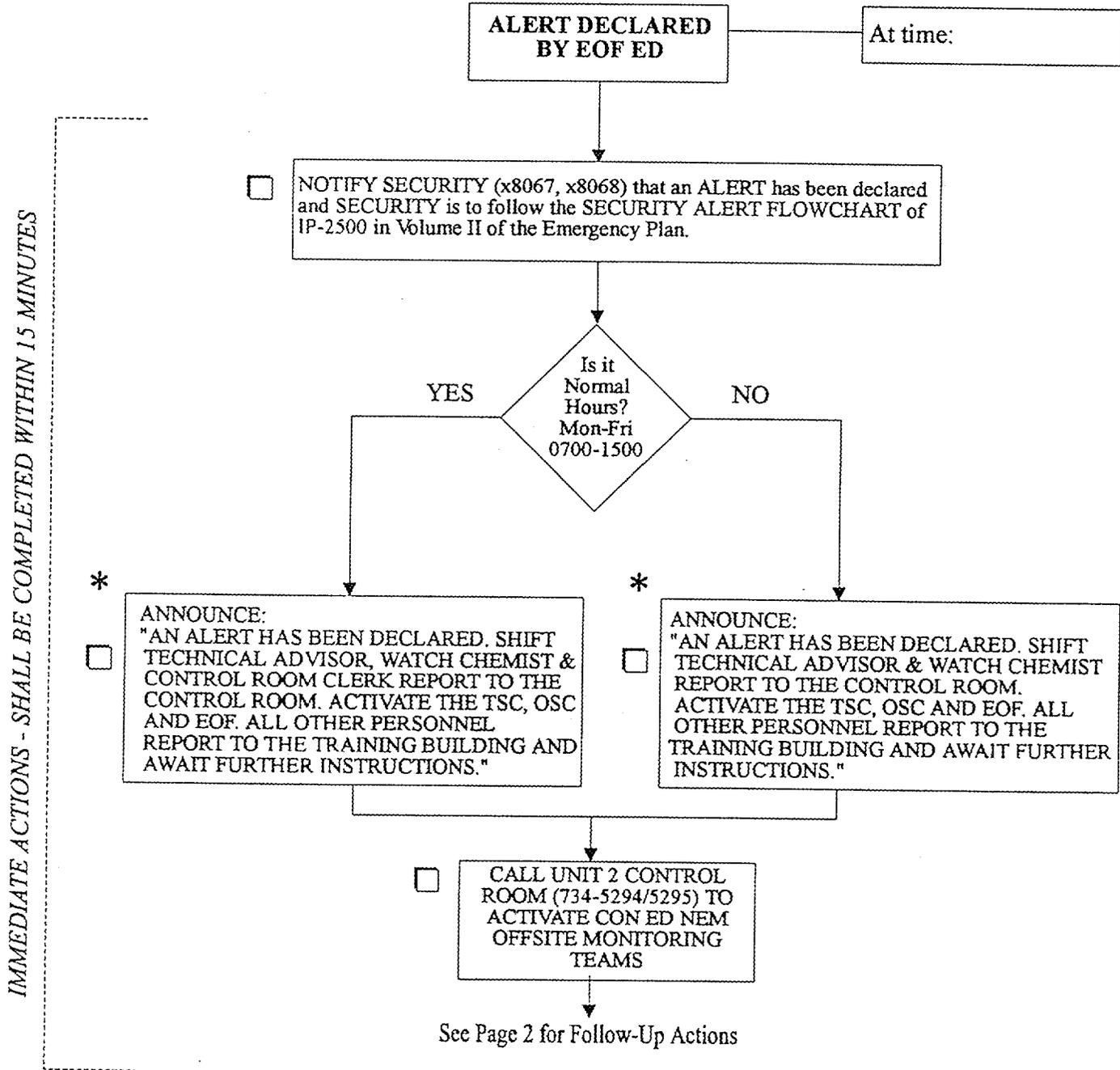
ED: _____

POM: _____

Date: _____ Time: _____

1. Using Attachment 5.5, "Emergency Director Turnover Checklist", TURN control of the emergency back to the ED/POM in the CR.
2. PRIOR to EOF evacuation, the ED/POM should ENSURE that the following positions are assigned in the CR:
 - A. Offsite Communicator (RECS Line)
 1. Security Officer
 - B. NRC Communicator (ENS Phone)
 1. Second Reactor Operator, if requested by NRC
 - C. Radiological Dose Assessment functions
 1. RATL
 2. Offsite Radiological Communicator
 - D. Public Relations
 1. Public Relations Liaison
 2. EOF Technical Advisor
3. ADVISE all Emergency Response Facilities (ERFs) of the relocation to the AEOF.
4. Upon arrival at the AEOF, ADVISE the EOF staff to implement IP-2400, "Emergency Activation of the AEOF".
5. When the AEOF can assume its responsibilities, RELIEVE the CR.
6. ADVISE all ERFs of the new command structure from the AEOF and any new communications links, (e.g., new phone numbers, fax numbers, etc.).

ATTACHMENT 5.7
ALERT FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF



IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES

* If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1.

ATTACHMENT 5.7
ALERT FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF

FOLLOW-UP ACTIONS

-
-
-
-
-
-

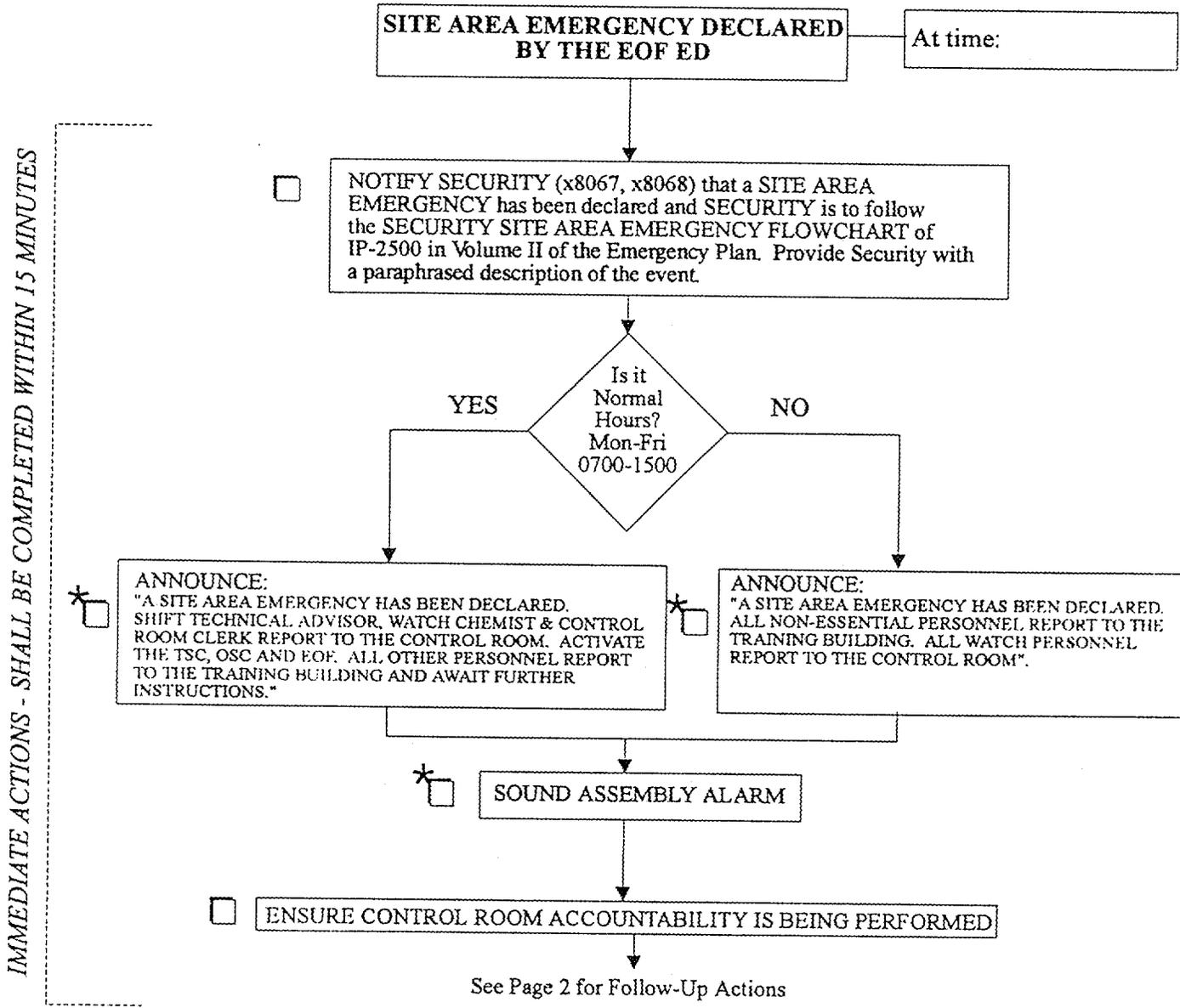
ENSURE:

- Control Room is set up per IP-2000.
- Control Room Staffing Chart (EP-Form 4) is filled out and provisions are made for two shift staffing if required (second shift personnel shall not have first shift assignments).
- Dispatched NPOs and Repair and Corrective Action Teams are being tracked.
(Unless the OSC is tracking them)
- If SPDS is out of service, Forms 31a, 31b and 31c are faxed to the TSC every 15 minutes, not to exceed 30 minutes.
- SITE PERSONNEL are updated approximately every 30 minutes on emergency classification and relevant plant/safety conditions via PLANT PAGE.
- KEEP OSC/TSC/EOF apprised of plant events (on going as well as mitigated), and CR decisions/activities in response to those events.

12

ATTACHMENT 5.8

SITE AREA EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF



IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES

*If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1. DO NOT sound assembly alarm

ATTACHMENT 5.8
SITE AREA EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF

FOLLOW-UP ACTIONS

ENSURE:

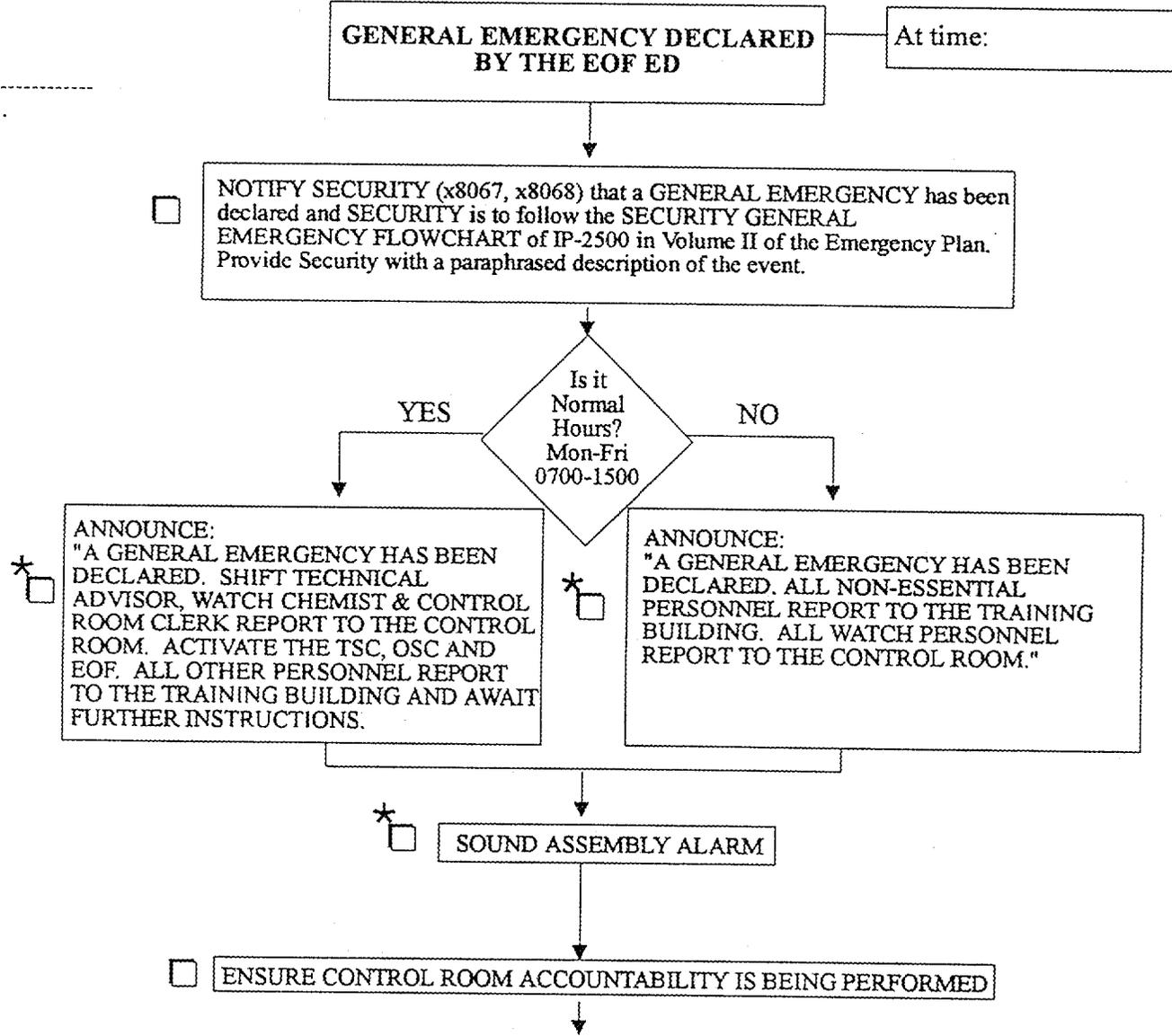
- Control Room is set up per IP-2000.
- Control Room Staffing Chart (EP-Form 4) is filled out and provisions are made for two shift staffing (second shift personnel shall not have first shift assignments).
- Dispatched NPOs and Repair and Corrective Action Teams are being tracked. (Unless the OSC is tracking them)
- If SPDS is out of service, Forms 31a, 31b and 31c are faxed to the TSC every 15 minutes, not to exceed 30 minutes.
- SITE PERSONNEL are updated approximately every 30 minutes on emergency classification and relevant plant/safety conditions via PLANT PAGE.
- Attachment 5.6 is used if transfer of the EOF to the AEOF is required.
- KEEP OSC/TSC/EOF apprised of plant events (on going as well as mitigated), and CR decisions/activities in response to those events.

1/R

ATTACHMENT 5.9

GENERAL EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF

IMMEDIATE ACTIONS - SHALL BE COMPLETED WITHIN 15 MINUTES



* If in ONOP-SEC-1 THEN page in accordance with ONOP-SEC-1. DO NOT sound assembly alarm.

ATTACHMENT 5.9
GENERAL EMERGENCY FLOWCHART
FOR
THE CONTROL ROOM POM/SM
WITH
ED STAFFED AT EOF

FOLLOW-UP ACTIONS

ENSURE:

- Control Room is set up per IP-2000.
- Control Room Staffing Chart (EP-Form 4) is filled out and provisions are made for two shift staffing (second shift personnel shall not have first shift assignments).
- Dispatched NPOs and Repair and Corrective Action Teams are being tracked. (Unless the OSC is tracking them)
- If SPDS is out of service, Forms 31a, 31b and 31c are faxed to the TSC every 15 minutes, not to exceed 30 minutes.
- SITE PERSONNEL are updated approximately every 30 minutes on emergency classification and relevant plant/safety conditions via PLANT PAGE
- Attachment 5.6 is used if transfer of the EOF to the AEOF is required.
- KEEP OSC/TSC/EOF apprised of plant events (on going as well as mitigated), and CR decisions/activities in response to those events.

12

ATTACHMENT 5.10

PLANT OPERATIONS MANAGER (POM) FLOWCHART FOR
SEVERE ACCIDENT MANAGEMENT (SAM)

1. When the Control Room transitions from the EOPs to SACRG-1, ENSURE the TSC SAM Evaluators are ready to take over Severe Accident Management control.
2. Once the TSC SAM Evaluators are ready to take over Severe Accident Management control, ANNOUNCE yourself as the Severe Accident Management Decision Maker.
3. COMMUNICATE with the SAM Evaluators which SAM guidance should be implemented. This can be done via the following methods:
 - telephone
 - going to the TSC
 - having the SAM Evaluators report to the Control Room
4. NOTIFY the Emergency Director (ED) which guidance will be implemented. If the guidance involved a release to the environment, ENSURE the ED discusses this with the Radiological Assessment Team Leader (RATL) and the State/Counties prior to implementation.

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY #:

25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-2006

REV. 4

TITLE: CR DIRECT-LINE COMMUNICATOR

THIS PROCEDURE IS TSR X

THIS PROCEDURE IS NOT TSR

WRITTEN BY: K. Dey 10/21/99
SIGNATURE/DATE

REVIEWED BY: J. Barry 10-22-99
SIGNATURE/DATE

APPROVED BY: Maryann Wilson 10/22/99
SIGNATURE/DATE

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS

REFERENCE

CR DIRECT-LINE COMMUNICATOR

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	1
5.0	Attachments	
	NONE	

IP-2006

CR DIRECT-LINE COMMUNICATOR

1.0 PURPOSE

1.1 The purpose of this procedure is to provide instruction to the DIRECT-LINE COMMUNICATOR in the Control Room (CR).

The CR DIRECT-LINE COMMUNICATOR position is filled in accordance with Roster II staffing.

See E-Plan Volume II, Appendix A for current staffing.

2.0 RESPONSIBILITIES

2.1 CR Direct-Line Communicators are responsible for providing clear and concise communications between the CR and other Emergency Response Facilities (ERFs).

3.0 REFERENCES

E-Plan Volume II, Appendix A
EP-Form #4 "Control Room Emergency Staffing Chart"
EP-Form #23 "Team Status Form"

NOTE

The steps in this procedure are not required to be performed in sequence.
Initial the blank lines upon completion of the designated steps.

4.0 PROCEDURE

4.1 SIGN-IN on EP-Form #4, "Control Room
Emergency Staffing Chart".

4.2 SYNCHRONIZE your time with the CR flight panel clock.

4.3 VERIFY operation of the 5-Party Line with the following ERFs:

- Technical Support Center (TSC);
- Operations Support Center (OSC);
- Emergency Operations Facility (EOF);
- If activated, Alternate Emergency Operations Facility (AEOF).

NOTE

- IF the 5-Party Line is inoperable, THEN use the 4-Party Line for communications with the EOF, TSC, and OSC.
- IF the 4-Party Line is inoperable, THEN use the Con Edison radio, Frequency #1, for communications with the EOF, TSC, OSC and AEOF.
- IF the Con Edison radio is used, THEN remember that the onsite/offsite monitoring teams are transmitting data on this frequency.

NOTE

During drills (when using the Simulator), do NOT test the Con Edison Frequency #1 radio with the ERFs.

- 4.4 TEST Con Edison Frequency #1 radio with ERFs.
- 4.5 REMAIN on the direct line to transmit/receive data to/from the CR ED/POM as applicable regarding actions being taken in all ERFs.
- 4.6 ADVISE Direct-Line Communicators in the other ERFs of the actions being taken in the CR:
 - A. REPORT CR activities;
 - B. QUESTION others regarding activities and actions at other facilities;
 - C. ASK for feedback on engineering decisions and repair team status.
- 4.7 If the OSC is activated, notify the OSC when teams (NPO's, Chemists, etc.) are dispatched from the Control Room.
- 4.8 Using Events Log Sheets, LOG pertinent information received from the other ERFs.
- 4.9 Using Events Log Sheets or EP-Form #23, TRACK all teams dispatched from the OSC.

5.0 ATTACHMENTS

NONE

END OF TEXT

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY #: 25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-2205 REV. 8

TITLE: OSC H.P. TEAM LEADER

THIS PROCEDURE IS TSR X
THIS PROCEDURE IS NOT TSR

WRITTEN BY: Kirkian Dely 10/21/99
SIGNATURE/DATE
REVIEWED BY: James F. Barry 10-22-99
SIGNATURE/DATE
APPROVED BY: MaryAnn Wilson 10-22-99
SIGNATURE/DATE
EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS
REFERENCE

OSC H.P. TEAM LEADER

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	2
5.0	Attachments	
5.1	Post-Accident Sample Emergency Entry Brief, Dress and Undress Sequences	
5.2	Post-Accident Sample Undress Area Suggested Set Up	

IP-2205

OSC H.P. TEAM LEADER

1.0 PURPOSE

- 1.1 The purpose of this procedure is to provide specific instruction to the HEALTH PHYSICS (H.P.) TEAM LEADER in the Operations Support Center (OSC) which are not covered in IP-2204, "OSC Team Leaders".

The H.P. TEAM LEADER position is filled in accordance with Roster II staffing.

See the E-Plan Volume II, Appendix A for current staffing.

2.0 RESPONSIBILITIES

- 2.1 The H.P. TEAM LEADER is responsible for providing radiological evaluation support to emergency teams that are assembled in and dispatched from the OSC. The H.P. TEAM LEADER also maintains records, both exposure and radiological, on each team member.

3.0 REFERENCES

- | | | |
|------|---------|--|
| 3.1 | EP-Form | #6, "Emergency Exposure Summary Sheet" |
| 3.2 | EP-Form | #7, "Authorization to Receive Emergency Personnel Exposures" |
| 3.3 | EP-Form | #10, "OSC Staffing Chart" |
| 3.4 | EP-Form | #18, "OSC Emergency Briefing Form" |
| 3.5 | EP-Form | #361, "Event Notification Worksheet" |
| 3.6 | IP-1011 | "Offsite Monitoring/Site Perimeter Surveys" |
| 3.7 | IP-1019 | "Emergency Use of Potassium Iodide (KI)" |
| 3.8 | IP-1025 | "Repair and Corrective Action Teams" |
| 3.9 | IP-1040 | "Habitability of the Emergency Response Facilities and Assembly Areas" |
| 3.10 | IP-1050 | "Accountability" |
| 3.11 | IP-1053 | "Evacuation of Site" |
| 3.12 | IP-1054 | "Search And Rescue Teams" |
| 3.13 | IP-1055 | "Fire Emergency Response" |
| 3.14 | IP-1060 | "Personnel Radiological Check and Decontamination" |
| 3.15 | IP-1063 | "Vehicle/Equipment Radiological Check and Decontamination" |
| 3.16 | IP-2203 | "OSC Dispatcher" |
| 3.17 | IP-2204 | "OSC Team Leaders" |
| 3.18 | IP-2209 | "OSC Health Physics (H.P.) Technician" |
| 3.19 | E-Plan | Volume II, Appendix 'A & C' |

4.0 PROCEDURE

NOTE

The steps in this procedure are not required to be performed in sequence. Initial the blank lines upon completion of the designated step.

- 4.1 SIGN-IN on EP-Form #10, "OSC Staffing Chart". _____
- 4.2 SYNCHRONIZE your time with the OSC clock. _____
- 4.3 ENSURE that the status of personnel in the radiologically controlled area (RCA) has been assessed. _____
- 4.4 MAKE the following assignments:
 - A. OSC/TSC H.P. Monitor _____
 - B. Control Point H.P. _____
 - C. Dosimetry Technician _____
 - D. Control Room H.P. _____
 - E. Offsite Monitoring Team _____
 - F. Site Perimeter Team _____
 - G. Search and Rescue Team _____
- 4.5 As soon as available, ASSIGN Offsite Monitoring and Site Perimeter Teams and instruct Teams to complete the following tasks:

NOTE

When dispatching Offsite Monitoring Teams, NOTIFY the Security Team Leader to ensure the Teams are granted access offsite through the Security Command Post and/or Con Edison's property, if required.

- A. COMPLETE the checklist in Attachment 5.2 of IP-1011, "Offsite Monitoring/Site Perimeter Surveys". _____

- B. REPORT to the EOF for further instructions from the EOF Offsite Radiological Communicator. _____
- 4.6 PRIOR to issuing respirators, ENSURE respirator qualifications are verified and individuals are clean shaven. (For drills or exercises, it is NOT necessary to shave prior to wearing a respirator). _____
- 4.7 ENSURE all equipment required by the Dosimetry Technician is brought from the 4th. floor admin. building to the OSC (2nd. floor admin. building). _____
- 4.8 LIST available Team members on EP-Form #6, "Emergency Exposure Summary Sheet". _____
 - A. GIVE EP-Form #6 to Dosimetry technician to complete the radiological qualifications and exposure limits for each available team member.
 - B. RECEIVE EP-Form #6 from Dosimetry technician with qualification status, exposure limit, and current dose.
 - C. ENSURE current dose is updated for returning teams.
- 4.9 At the Site Area or General Emergency, CONSIDER manual activation of the OSC/TSC ventilation.
- 4.10 If a radiological release is in progress or anticipated, THEN INITIATE setup of the following:
 - A. Control Point; _____
 - B. Area dosimetry; _____
 - C. Frisking station; _____
 - D. Area surveys; and _____
 - E. Interlocking doors (refer to IP-2209, "OSC Health Physics (H.P) Technician"). _____
- 4.11 Via the Direct Line Communicator, OBTAIN signature authority from the Emergency Director (ED) on EP-Form #7, "Authorization to Receive Emergency Personnel Exposures". _____

- 4.12 As directed by the H.P. Team Leader, prepare and COMPLETE EP-Form #18, "OSC Emergency Briefing Form" for each dispatched team.
- 4.13 If a radiological release is in progress or anticipated, THEN ASSIGN H.P. Technicians to repair teams and ENSURE that personnel dispatched from the Control Room (CR) are coordinated with the OSC.
- 4.14 If a radiological release is in progress or anticipated, THEN ATTEND pre-mission briefings to provide radiological guidance. The following are the pre-mission briefing items in IP-2204, "OSC Team Leaders":
- A. Compliance with:
 - 1. IP-1025, "Repair and Corrective Action Teams"
 - 2. IP-1054, "Search and Rescue Teams"
 - B. ALARA
 - C. Projected radiological conditions
 - D. Best route
 - E. Tools/keys
 - F. Simulations, mockups, etc.
 - G. Diagrams, maps, visual aids
 - H. Radio/headset operation and communications;
(instructions are listed in IP-2203, "OSC Dispatcher") With the plant operating (i.e. drills) it is OK to leave radios on in radio sensitive areas, but leave the area to transmit.
 - I. Task comprehension/understanding;
 - J. Safety issues, such as:
 - 1. Using good judgment
 - 2. Fall protection
 - 3. Ladders/scaffolding issues
 - 4. Electrical issues
 - 5. Fire protection issues
 - 6. Confined spaces
 - 7. Chemical issues
 - 8. Material issues
 - 9. Emergency lighting/flashlights.
- 4.15 To assess radiological conditions throughout the plant, ENSURE surveys are performed (eg. radiation, airborne activity), as required.
- 4.16 As teams return to the OSC, PERFORM a debriefing to assess radiological conditions outside the OSC.

- 4.17 ENSURE radiological support is provided as required by:
- A. IP-1040, "Habitability of the Emergency Response Facilities and Assembly Areas."
 - B. IP-1050, "Accountability".
 - C. IP-1053, "Evacuation of Site".
 - D. IP-1055, "Fire Emergency Response".
 - E. IP-1060, "Personnel Radiological Check and Decontamination".
 - F. IP-1063, "Vehicle/Equipment Radiological Check and Decontamination".
- 4.18 If requested, use NRC Form #361, "Event Notification Worksheet" and PROVIDE information to the NRC Operations Center via the Health Physics Network (HPN) Phone.
- 4.19 IF a radiological release is in progress or anticipated, THEN ENSURE potassium iodide (KI) use is assessed by the Radiological Assessment Team Leader (RATL), per IP-1019, "Emergency Use of Potassium Iodide (KI)".
- 4.20 IF a post-accident sample is required, THEN refer to Attachment 5.1, "Post-Accident Sample Emergency Entry Brief, Dress and Undress Sequences".
- 4.21 IF it is necessary to read thermal luminescent dosimeters (TLDs), THEN CONTACT the IP-2 CR to arrange for IP-2 Dosimetry to provide this service. The IP-2 CR phone number can be found in Emergency Plan Volume II Appendix C.

5.0 ATTACHMENTS

- 5.1 Post-Accident Sample Emergency Entry Brief, Dress and Undress Sequences.
- 5.2 Post-Accident Sample Undress Area Suggested Set Up.

END OF TEXT

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES

NOTE

The following information is intended as a guide for the radiological support used during a post accident liquid sample obtained under design base accident conditions. Personnel availability and/or actual radiological conditions may warrant less stringent radiological measures.

1. COORDINATE briefing with Chemistry Team Leader.
2. ASSIGN teams as follows:
 - A. SUPPORT TEAM - Waste Management (WM) personnel who will set up the undress area outside the Primary Auxiliary Building (PAB) assist personnel (normally Health Physics (HP) and Chemistry technicians) in the donning and removal of protective clothing and assist with the bagging and transfer of the PASS sample across the SOPs.
 - B. SET UP TEAM - Chemistry and HP technicians who will go to the PAB to ready the 55' and 41' PAB sample areas and air stations.
 - C. 55' PAB TEAM - Chemistry and HP technicians who will draw the sample on the 55' PAB.
 - D. 41' PAB TEAM - Chemistry and HP technicians who will analyze sample on the 41' PAB.
 - E. pH TEAM - Chemistry and HP technicians who will analyze a pH sample on 55' PAB. May be same technicians as SET UP Team.
3. DISCUSS known and expected radiological conditions.
4. DISCUSS expected personnel exposures, and ENSURE extensions are obtained as required.
5. DISCUSS RWP requirements.
 - A. Dosimetry for teams which will draw and analyze samples in PAB:

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES (CONT)

1. Ring TLD's.
 2. Head TLD's with 0-5R SRD's (Chemistry Only).
 3. 1R and 5R SRD's and TLD on Chest.
 4. TLD or Electronic Dosimeter on SCBA Harness if SCBA is used.
- B. Clothing requirements for teams which will draw and analyze sample in PAB:
1. Water-repellant outer layer.
 2. 2 sets of shoe covers.
 3. 2 sets of gloves.
 4. Cloth hat and hood.
- C. Respiratory Protection for teams:
1. Self Contained Breathing Apparatus (SCBA) with air hose connection for teams, which will draw and analyze samples in PAB.
- D. DISCUSS required equipment, and ENSURE teams are aware of equipment locations:
1. Keys (locked high radiation area keys must be logged out)
 2. Radios
 3. Instruments
- E. DISCUSS the undress area setup requirements using Attachment 5.2, "Post-Accident Sample Undress Area Suggested Set Up".
6. DISCUSS communication methods to be used by teams.
 7. DISCUSS radiological monitoring (eg. air samples).

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES

NOTE

Provided proper dressout, undress and contamination control is achieved, minor sequential variations to the following steps is permitted.

8. DRESSOUT in the following sequence:
 - A. By asking the individual and/or Dosimetry staff, CHECK SCBA qualification.
 - B. REMOVE Security badge.
 - C. DON soft ring TLDs and ensure they are clearly labelled with the individual's name, the quarter, the year and the specific hand (R/L).
 - D. DON one pair coveralls, low shoe covers, cotton liners, rubber gloves (taped or velcro), and tied skull cap.
 - E. ATTACH 1R SRD, 5R SRD and TLD to coveralls.
 - F. DON first pair of high shoe covers (taped or velcro). Plastic or nylon type may be used, as appropriate.
 - G. DON water-repellant outer layer.
 - H. DON second set of high shoe covers (taped to water repellent PCs for water seal). Plastic or nylon type may be used as appropriate. Nylon type recommended for wet surfaces for better traction.
 - I. DON second set of rubber gloves (taped to water repellent PCs for water seal).
 - J. PERFORM SCBA low pressure alarm test and DON SCBA harness with bottle.
 - K. HOOK up radio as follows:
 1. Tape radio to SCBA harness or body.

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES

2. Switch adapter to P.T.T. mode - attach to SCBA harness.
 3. Position throat mike on right side of throat or Adam's Apple.
 4. Tape all radio connections together.
 5. Tape radio wires to body.
 6. Ensure radio is on Channel #1
 7. Turn radio on.
- L. DON SCBA mask, check seal and leave breathing tube disconnected from regulator.
- M. DON radio headset and verify operational.
- N. ATTACH 5R SRD and TLD to SCBA mask.
- O. ATTACH 5R SRD or Merlin Gerin to SCBA harness.
- P. DON hood and tape it along respirator facepiece seal and to PCs.
- Q. DON stopwatch and flashlight.
- R. ATTACH keys to SCBA harness:
- Locked High Rad
 - Chemistry Locker
 - Chem. Lab
- S. ATTACH Security badge to outside of SCBA harness.
- T. OBTAIN RO-2A and Teletector and VERIFY operation.
- U. OBTAIN an extra radio and leave it at the PAB entrance (by the Step-Off Pads) for return communication.
- V. CONNECT SCBA hose to regulator. INITIATE breathing air flow through the main line and TEST the emergency bypass valve and the low pressure alarm.

INDIVIDUAL IS NOW READY TO ACCESS THE PAB

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES

NOTE

Unless directed otherwise by HP, the WM worker inside both SOPs must wear:

- Coveralls
- Skull Cap (tied)
- 2 pairs of rubber gloves. Inner pair should be taped. Outer pair should NOT be taped (velcro is acceptable) for easy removal and changeout.
- Low/High shoe covers. High pair requires tape or velcro.
- Full-face respirator
- Hood

9. UNDRESS in the following sequence:
- A. PLACE PASS sample into plastic bag and pass it across each SOP, bagging it along the way (approximately 3 plastic bags needed for bagging sample). Ensure someone immediately transfers the sample to the Chemistry count room (3 hour time constraint in effect).
 - B. Using a water spray bottle, SPRAY down the worker to minimize airborne contamination.
 - C. REMOVE Keys, security badge, flashlight, and stopwatch.
 - D. DISCONNECT radio from headset and remove radio.
 - E. REMOVE Whole Body dosimeter from SCBA harness, read dose and ensure dose is recorded by a nearby HP technician or WM worker. Specify the person, body location and dose reading.
 - F. UNTAPE outer high shoe covers and hood.
 - G. REMOVE hood and outer high shoe covers.
 - H. CUT/UNTIE skullcap drawstring. Avoid direct contact with bare skin.

ATTACHMENT 5.1

POST-ACCIDENT SAMPLE EMERGENCY ENTRY BRIEF
DRESS AND UNDRESS SEQUENCES

- I. REMOVE SCBA harness/bottle, but leave the mask with breathing tube on worker. Worker should hold loose end of breathing tube away from his/her PCs.

NOTE

At this point, WM worker assisting with undress should remove his/her outer gloves and put on a new, clean pair of outer gloves (untaped, velcro acceptable).

- J. REMOVE water-repellant Pcs along with outer gloves.
- K. REMOVE throat mike.
- L. REMOVE radio headset and head dosimetry (SRD and TLD). ENSURE dose is recorded along with worker's name and body location (i.e., head).
- M. REMOVE SCBA mask with breathing tube.
- N. REMOVE inner pair of high shoe covers and step onto first SOP.
- O. REMOVE Whole Body dosimeters from coveralls. ENSURE doses are recorded along with worker's name and body location (i.e.: chest).
- P. PROCEED with routine undress.
- Q. GIVE finger ring TLDs to HP or Dosimetry.

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 735.8000



CONTROLLED COPY #: 25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-2307 REV. 5

TITLE: EOF CLERKS

THIS PROCEDURE IS TSR X
THIS PROCEDURE IS NOT TSR

WRITTEN BY: Harlean Delgin 10/21/99
SIGNATURE/DATE

REVIEWED BY: James F. Barry 10-22-99
SIGNATURE/DATE

APPROVED BY: Maryann Wilson 10/22/99
SIGNATURE/DATE

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS
REFERENCE

EOF CLERKS

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	1
5.0	Attachments	
	5.1 Processing EP-Forms Part I and Part II	
	5.2 Processing EP-Forms #31a, #31b and #31c	

IP-2307

EOF CLERKS

1.0 PURPOSE

1.1 The purpose of this procedure is to provide instruction to the CLERKS assigned to the Emergency Operations Facility (EOF).

The CLERK position is filled in accordance with Roster II staffing.

See E-Plan Volume I, Appendix A for current staffing.

2.0 RESPONSIBILITIES

2.1 The EOF CLERKS are responsible for several important administrative functions within the confines of the EOF. Among these areas are:

- Providing administrative assistance within the EOF;
- Performing EOF accountability;
- Maintenance of the EOF Staffing Chart;
- Assisting in preparing the second shift schedule;
- Maintenance of several Emergency Plan forms, including the New York State (NYS) Radiological Emergency Data Forms; and,
- Distribution of Press Releases.

3.0 REFERENCES

- 3.1 IP-1050, "Accountability"
- 3.2 EP-Form #23, Team Status Sheet"
- 3.3 EP-Form #31a, "Plant Status Log (Measurements)"
- 3.4 EP-Form #31b, "Plant Status Log (Rad. Monitors)"
- 3.5 EP-Form #31c, "Plant Status Log (Equipment Status)"
- 3.6 EP-Form #46, "EOF Staffing Chart"
- 3.7 EP-Form Part I, "New York State Radiological Emergency Data Form, - General Information"
- 3.8 EP-Form Part II, "New York State Radiological Emergency Data Form, - Radiological Assessment Data"
- 3.9 E-Plan Volume II, Appendices A, B, C

NOTE

The steps in this procedure are not required to be performed in sequence.

Initial the blank lines upon completion of the designated steps.

4.0 PROCEDURE

- 4.1 SIGN IN on EP-Form #46, "EOF Staffing Chart".
- 4.2 SYNCHRONIZE your clock with the EOF clock.
- 4.3 Using IP-1050, "Accountability", PERFORM EOF accountability. (Include Security personnel and visitors.)

4.4 MAKE a transparency of EP-Form #46, "EOF Staffing Chart" and post on overhead projector.

4.5 GIVE a copy of EP-Form #46, "EOF Staffing Chart" to Security.

4.6 DISTRIBUTE copies of EP-Form #46, "EOF Staffing Chart" to NYS and County personnel.

4.7 ASSIST the ED in scheduling second shift by verifying availability of personnel:

- CALL office extensions, beepers, home numbers, etc.

(Rosters of trained personnel are listed in the E-Plan Volume II, Appendix A).

4.8 Once shift status is complete, REMOVE EP-Form #46, "EOF Staffing Chart" from the projector.

4.9 Via the ED Technical Advisor OR ED Aide, REQUEST the Emergency Director (ED) make the EOF Staff aware of their shift relief status.

4.10 According to the instructions in Attachment 5.1, PROCESS each EP-Form Part I, "New York State Radiological Emergency Data Form, - General Information" and EP-Form Part II, "New York State Radiological Emergency Data Form, - Radiological Assessment Data".

4.11 According to the instructions in Attachment 5.2. PROCESS each EP-Form #31a, "Plant Status Log (Measurements)", EP-Form #31b, "Plant Status Log (Rad. Monitors)", and EP-Form #31c, "Plant Status Log (Equipment Status)".

4.12 As Press Releases are received from the Public Relations Liaison, COPY and distribute to NYS and County representatives.

4.13 If requested by the ED/Direct Line Communicator, POST EP-Form #23, "Team Status Sheet" on overhead projector.

4.14 If requested, ASSIST the ED in logkeeping.

5.0 ATTACHMENTS

5.1 Processing EP-Forms Part I and Part II

5.2 Processing EP-Forms #31a, #31b and #31c

END OF TEXT

IP-2307

ATTACHMENT 5.1

PROCESSING EP-FORMS PART I AND PART II

NOTE

EP-Form PART I is the "New York State Radiological Emergency Data Form, Part I - General Information".

EP-Form PART II is the "New York State Radiological Emergency Data Form, Part II - Radiological Assessment Data".

1. Via Fax, RECEIVE initial EP-Forms Part I and II from the Control Room (CR), and from the Lower Gallery of the EOF after the EOF has assumed command and control.

NOTE

When notified by the Offsite Communicator that the Emergency Operation Centers (EOCs) are staffed, DISCONTINUE faxing to the NYS/County Warning Points.

2. FAX EP-Forms Part I and II to following locations in this order:

- NYS/County Warning Points (WP)
- NYS/County Emergency Operations Center (EOC) - Dose Assessment Groups
- Control Room (CR)
- Joint News Center (JNC)
- Alternate Emergency Operations Facility (AEOF)
- NRC, (if requested)

To FAX: • PLACE document face down between paper guides on top of fax machine.

• PRESS the program button of the desired location(s). Fax numbers are programmed individually and by groups on the one-touch keypad. The groups are programmed as follows:

- P1 = All NYS/County Warning Points
- P2 = All NYS/County EOCs
- P3 = JNC/RC (AEOF)

(See E-Plan, Volume II, Appendices B and C for FAX numbers).

3. DISTRIBUTE the original and 8 copies as follows:

- 2 copies AND the Original to the Offsite Communicator
- 5 copies (one to each NYS and County representative in Upper Gallery)
- 1 copy to file

4. REPEAT the above steps for each new form.

ATTACHMENT 5.2

PROCESSING EP-FORMS #31a, #31b AND #31c

NOTE

EP-Form #31a is the "Plant Status Log (Measurements)".
EP-Form #31b is the "Plant Status Log (Rad. Monitors)".
EP-Form #31c is the "Plant Status Log (Equipment Status)".

NOTE

If SPDS in NOT available, THEN receive EP-Forms #31a, #31b and #31c from the CR.

1. Once the forms are received, SEND one copy to the Dose Assessment HP and one to the Technical Advisor for review.
 2. RECEIVE the reviewed forms back from the Technical Advisor.
 3. MAKE reduced transparencies and POST on overhead projectors.
 4. FAX to: ▪ NYS/County (EOCs)
 • JNC
 5. DISTRIBUTE (6) copies as follows:
 - 1 copy of each form to NYS/County representative in EOF
 - 1 copy of each form to file
 6. SEND originals back to the Technical Advisor.
 7. REPEAT the above steps for each new form.
- 12

Indian Point 3
Nuclear Power Plant
P.O. Box 215
Buchanan, New York 10511
914 736.8000



CONTROLLED COPY #: 25

EMERGENCY PLAN PROCEDURES

PROCEDURE NO. IP-2309

REV. 3

TITLE: EOF OFFSITE COMMUNICATORS

THIS PROCEDURE IS TSR X

THIS PROCEDURE IS NOT TSR

WRITTEN BY: Kurtson Dejean 10/21/99
SIGNATURE/DATE

REVIEWED BY: James Barry 10-22-99
SIGNATURE/DATE

APPROVED BY: Marilynn Wilson 10/22/99
SIGNATURE/DATE

EFFECTIVE DATE: 10/29/99

PROCEDURE USE IS
REFERENCE

EOF OFFSITE COMMUNICATOR

TABLE OF CONTENTS

<u>SECTION</u>	<u>TITLE</u>	<u>PAGE</u>
1.0	Purpose	1
2.0	Responsibilities	1
3.0	References	1
4.0	Procedure	1
5.0	Attachments	
	5.1 Offsite Communications System Diagram	
	5.2 AEOF Preparatory Actions	

IP-2309

EOF OFFSITE COMMUNICATOR

1.0 PURPOSE

1.1 The purpose of this procedure is to provide instruction to the OFFSITE COMMUNICATOR in the Emergency Operations Facility (EOF).

The OFFSITE COMMUNICATOR position is filled in accordance with Roster II staffing.

See the E-Plan Volume II, Appendix A for current staffing.

2.0 RESPONSIBILITIES

2.1 The OFFSITE COMMUNICATORS are responsible for providing clear and concise communication between the Emergency Director (ED) and the offsite agencies.

3.0 REFERENCES

- 3.1 E-Plan, Volume II, Appendix "A"
- 3.2 E-Plan, Volume II, Appendix "B"
- 3.3 IP-1038 "Offsite Emergency Notifications"
- 3.4 EP-Form Part I, "New York State Radiological Emergency Data Form"
- 3.5 EP-Form Part II, "New York State Radiological Emergency Data Form"

4.0 PROCEDURE

NOTE
The steps in this procedure are not required to be performed in sequence.
Initial the blank lines upon completion of the designated steps.

- 4.1 SIGN-IN on EP-Form #46, "EOF Staffing Chart". _____
- 4.2 SYNCHRONIZE your clock with the EOF clock. _____
- 4.3 RECEIVE a briefing from the Control Room (CR) Offsite Communicator, Vol. II Appendix C, regarding the current status of notification and communication efforts. _____

1
R
1
R

- 4.4 RECORD next notification used number on EP-Form Part I, "NYS Radiological Emergency Data Form".
- 4.5 WITHIN 15 MINUTES of the declaration of an emergency classification AND approximately each 30 minutes thereafter, PERFORM offsite emergency notifications in accordance with IP-1038, "Offsite Emergency Notifications".
- 4.6 After transmitting EP-Form Part I, GIVE to the Technical Advisor for review, as necessary.

NOTE

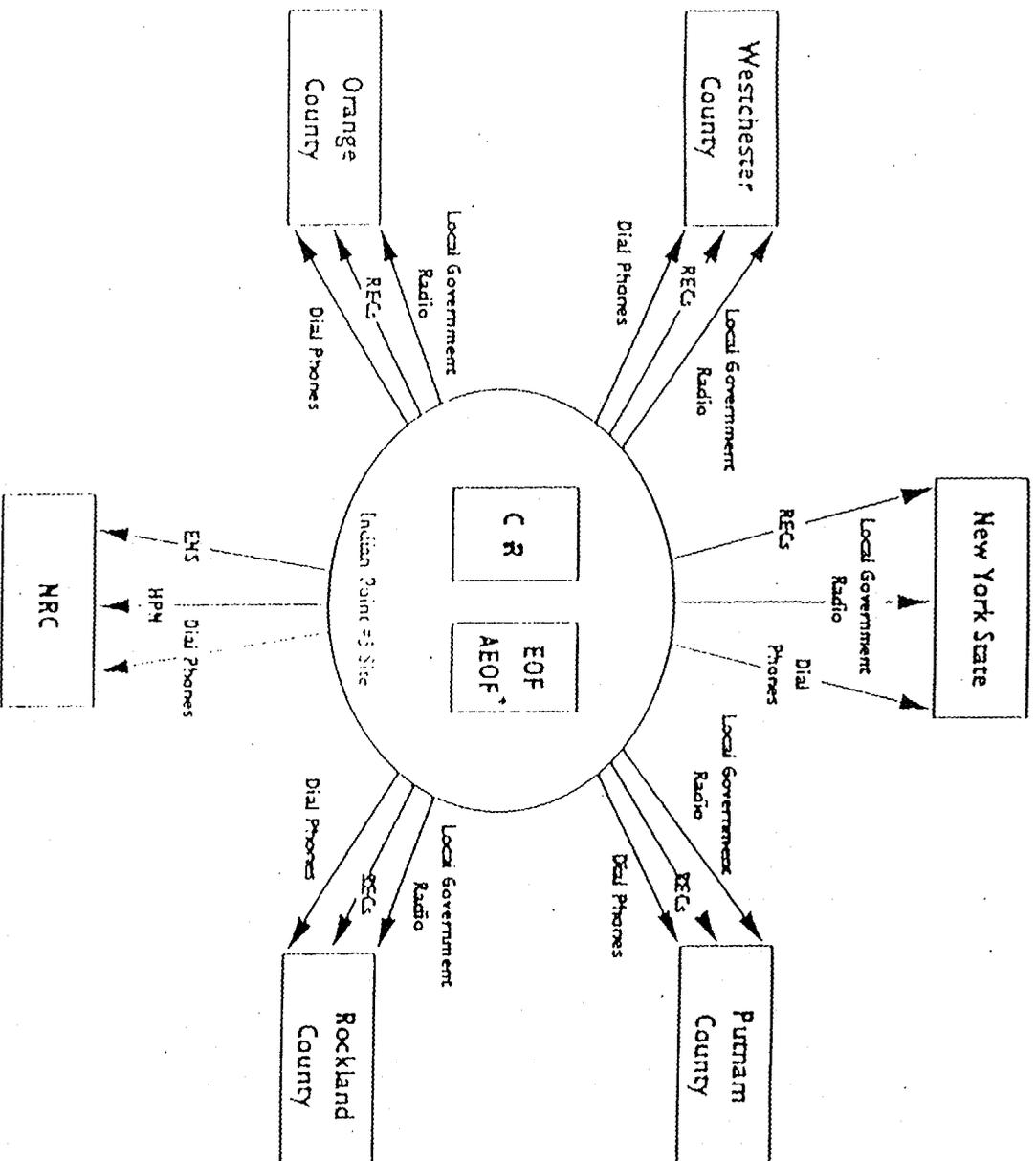
EP-Form Part II, "New York State Radiological Emergency Data Form" is completed by the Dose Assessment Health Physicist (DAHP).

- 4.7 RECEIVE the original and two (2) copies of EP-Forms Part I and Part II from the Clerk and distribute as follows:
 - A. Original - file
 - B. One (1) Copy - Dose Assessment Health Physicist (DAHP)
 - C. One (1) Copy - Technical Advisor
 - 4.8 WHEN the Emergency Operation Centers (EOCs) are staffed, NOTIFY the clerks to discontinue faxing to the Warning Points.
 - 4.9 WHEN the ED directs evacuation of non-essential personnel, NOTIFY Westchester County of the evacuation. (Refer to Vol II, Appendix 'B')
 - 4.10 IF relocation to the Alternate Emergency Operations Facility (AEOF) is required, THEN use Attachment 5.2, "AEOF Preparatory Actions".
- 5.0 ATTACHMENTS
- 5.1 Offsite Communications System Diagram
 - 5.2 AEOF Preparatory Actions

END OF TEXT

ATTACHMENT 5.1

OFFSITE COMMUNICATIONS SYSTEM DIAGRAM



ADDITIONAL REC'S AND DIAL PHONES ARE TO BE PROVIDED TO THE NRC AS THE EDF

ATTACHMENT 5.2

AEOF PREPARATORY ACTIONS

1. NOTIFY the Westchester County EOC that the EOF is relocating to the AEOF in the White Plains Office (WPO) and that the CR is in control of the emergency. (Refer to Appendix B, Volume II of the Emergency Plan for required telephone numbers.)
2. RELAY the need for possible decontamination of personnel and vehicles.
3. DISTRIBUTE directions to the Westchester County Fire Training Center in Valhalla, New York for decontamination, if necessary.
4. CONTACT New York State Police for escort, if necessary.
5. Once the AEOF has assumed operational control of the emergency, NOTIFY the Westchester County EOC.
