Duke Power
A Duke Energy Company

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June 1, 2000

U.S. Nuclear Regulatory Commission
Attention: Document Control Desk
Washington, DC 20555-0001

Subject: Duke Energy Corporation
Catawba Nuclear Station Units 1 and 2
Docket Nos. 50-413 and 50-414
Emergency Plan Implementing Procedures

Please find enclosed for NRC Staff use and review the following Emergency Plan Implementing Procedures:

RP/0/A/5000/002,	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003,	Alert (Rev. 037)
RP/0/A/5000/004,	Site Area Emergency (Rev. 039)
RP/0/A/5000/005	General Emergency (Rev. 039)

These revisions are being submitted in accordance with 10CFR 50.54(q) and do not decrease the effectiveness of the Emergency Plan Implementing Procedures or the Emergency Plan.

By copy of this letter, two copies of the above documents are being provided to the NRC, Region II.

If there are any questions, please call Tom Beadle at 803-831-4027.

Very truly yours,

FOR

Gary R. Peterson

Attachments

A045

NRR-037

xc (w/attachments):

L. A. Reyes
U.S. Nuclear Regulatory Commission
Regional Administrator, Region II
Atlanta Federal Center
61 Forsyth St., SW, Suite 23T85
Atlanta, GA 30303

(w/o attachments):

C. P. Patel
NRC Senior Project Manager (CNS)
U.S. Nuclear Regulatory Commission
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D. J. Roberts
Senior Resident Inspector (CNS)
U.S. Nuclear Regulatory Commission
Catawba Nuclear Site

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 013)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003	Alert (Rev. 037)
RP/0/A/5000/004	Site Area Emergency (Rev. 039)
RP/0/A/5000/005	General Emergency (Rev. 039)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 011)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 010)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 018)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 017)
RP/0/A/5000/009	Collision/Explosion (Rev. 005)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 013)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 024)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 004)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 012)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 003)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 006)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 002)
RP/0/B/5000/026	Response to Bomb Threat (Rev. 001)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 000)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 007)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 027)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 018)
HP/0/B/1009/008	Contamination Control During Transportation of Contaminated Injured Individuals (Rev. 014)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 038)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 010)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 001)
HP/2/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 000)
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 002)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 001)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 000)
OP/0/A/6200/021	Operating Procedure for Post Accident Liquid Sampling System II+ (Rev. 032)
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 002)
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities (Rev. 001)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 005)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 000)

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1)ID No. RP/0/A/5000/002
Revision No. 035

PREPARATION

(2) Station Catawba Nuclear Station

(3) Procedure Title Notification of Unusual Event

(4) Prepared By B. R. Smith Date 5/18/00

(5) Requires 10CFR50.59 evaluation?
- ☒ Yes (New procedure or reissue with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 5-18-00

Cross-Disciplinary Review By F Baumgarner (QR) NA ____ Date 5-18-2000

Reactivity Mgmt. Review By ____ (QR) NA GLM Date 5-18-00

(7) Additional Reviews

Reviewed By ____ Date ____

Reviewed By ____ Date ____

(8) Temporary Approval *(if necessary)*

By ____ (SRO/QR) Date ____

By ____ (QR) Date ____

(9) APPROVED BY Richard L Swigart Date 5/18/00

PERFORMANCE (Compare with control copy at least once every 14 calendar days while work is being performed)

(10) Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

(11) Dates(s) Performed ____

Work Order Number (W/O #) ____

COMPLETION

(12) Procedure Completion Verification

- ☐Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
- ☐Yes ☐ N/A Listed enclosures attached?
- ☐Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐Yes ☐ N/A Procedure requirements met?

Verified By ____ Date ____

(13) Procedure Completion Approved ____ Date ____

(14) Remarks *(attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Notification of Unusual Event** **Multiple Use**	Procedure No. RP/**0**/A/5000/002 Revision No. 035 Electronic Reference No. CN005GNL

Notification of Unusual Event

1. Symptoms

1.1 This condition exists when events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTES: 1. Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

2. Only the Emergency Coordinator can complete Item 16 of the Emergency Notification Form to approve message for transmission

___ **Notify off-site agencies within 15 minutes of Emergency declaration time** using Emergency Notification Form. Refer to the appropriate notification procedure:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- RP/0/A/5000/006B, "Notifications to States and Counties from the **Technical Support Center**"
- SR/0/B/2000/004, "Notifications to States and Counties from the **Emergency Operations Facility**"

___ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

___ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

___ **IF** a Security Event exists, discuss the need to make the following announcement over the PA system with Security at extension 5364:

"This is the Operations Shift Manager. A Security Event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the CAS at extension 5364." **Repeat announcement.**

___ **Notify the NRC** using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

___ Notify Duty Station Manager (see current duty list).

___ Make Follow-up Notifications using applicable "Notifications to States and Counties" procedure.

NOTE:	Normally the Emergency Response Organization (ERO) is not activated at the Unusual Event (UE) classification; however, the Operations Shift Manager or Station Manager may decide to activate at the UE classification.

___ **IF** a decision is made to activate the Emergency Response Organization (ERO), give Enclosure 4.1 to the individual activating the pagers.

___ Augment shift resources to assess and respond to the emergency situation as needed.

___ **IF** Security Event announcement, discussed above, was made over the PA system, make the following announcement over the PA system after the Security Event has been terminated:

"This is the Operations Shift Manager. The Security Event has been terminated. Return to normal work activity." **Repeat announcement**.

___ Assign the Emergency Planning Manager (or delegate) to close out the Emergency by a verbal summary to county and state authorities. Document this summary using Enclosure 4.2.

___ Assign an individual to provide a written summary to state and county authorities within thirty days. This report could be an LER or written report if an LER is not required.

Person assigned responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Unusual Event Close Out Briefing with States and Counties

NOTES: 1. Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).

2. Pager activation can be delayed up to 5 minutes depending on pager system status.

1. **IF** the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "**M**" (for Message)

_____ 3.5 **IF** activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. An Unusual Event was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press "**ENTER**"

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 **IF** pager activation is successful, go to step 5.

_____ 3.6 **IF** activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. An Unusual Event was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "**ENTER**"

_____ 3.6.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 **IF** pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

NOTES: 1. Activation of the automatic dialing call back system is not required when activating only the TSC and OSC.
2. Back-up telephone number for Community Alert Network is 1-877-786-8478.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 **IF** CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 **IF** CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Unusual Event Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina	_____	____/____
North Carolina	_____	____/____
York County	_____	____/____
Gaston County	_____	____/____
Mecklenburg County	_____	____/____

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1)ID No. RP/0/A/5000/003
Revision No. 037

PREPARATION

(2) Station Catawba Nuclear Station

(3) Procedure Title Alert

(4) Prepared By B. R. Lott Date 5/18/00

(5) Requires 10CFR50.59 evaluation?
- ☒ Yes (New procedure or reissue with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By GARY L Mitchell (QR) Date 5-18-00

Cross-Disciplinary Review By L Baumgardner (QR) NA ____ Date 5-18-2000

Reactivity Mgmt. Review By ____ (QR) NA GLM Date 5-16-00

(7) Additional Reviews

Reviewed By ____ Date ____

Reviewed By ____ Date ____

(8) Temporary Approval *(if necessary)*

By ____ (SRO/QR) Date ____

By ____ (QR) Date ____

(9) APPROVED BY Richard D Swiggart Date 5/18/00

PERFORMANCE (Compare with control copy at least once every 14 calendar days while work is being performed)

(10) Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

(11) Dates(s) Performed ____

Work Order Number (W/O #) ____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ N/A Listed enclosures attached?
- ☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐ Yes ☐ N/A Procedure requirements met?

Verified By ____ Date ____

(13) Procedure Completion Approved ____ Date ____

(14) Remarks *(attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station **Alert**	Procedure No. RP/**0**/A/5000/003
	Revision No. 037
Multiple Use	Electronic Reference No. CN005GNM

Alert

1. Symptoms

1.1 Events are in process or have occurred which involve an actual or potential substantial degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

_____ **Advise site personnel** by making the following announcement over the plant PA system: *"This is the Operations Shift Manager. An **Alert** has been declared for Unit _____ based on _____. Activate the TSC, OSC, and EOF."* **Repeat announcement.**
(brief description of event)

_____ **Activate Emergency Organization** by giving Enclosure 4.1 to the individual activating the pagers.

_____ **Notify off-site agencies within 15 minutes of Emergency declaration time** using an Emergency Notification Form. Refer to one of the following notification procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- RP/0/A/5000/006B, "Notifications to States and Counties from the **Technical Support Center**"
- SR/0/B/2000/004, "Notifications to States and Counties from the **Emergency Operations Facility**"

_____ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

_____ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ **IF** a Security Event exists, discuss the feasibility of conducting a site assembly with the Security Shift Supervisor at extension 5364.

IF a Site Assembly is not feasible per Security,

_____ Announce over the plant PA System:

"This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the CAS at extension 5364." **Repeat Announcement.**

_____ N/A the following step:

_____ **Conduct a Site Assembly** using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ **Notify the NRC** using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ Initiate Emergency Response Data System (ERDS) transmission by performing the following:

_____ Type "ERDS" or select "Main," then "General," then "ERDS" on a Control Room OAC workstation connected to the affected unit's OAC

_____ Initiate ERDS transmission by depressing F1 or clicking "Activate."

_____ **IF** ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE: Subsequent Actions are not required to be followed in any particular sequence.

_____ Ensure RP has dispatched technicians for on-site monitoring/surveys per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response."

_____ Make Follow-up Notifications using applicable "Notifications to States and Counties" procedure.

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant PA system the current emergency classification level and summary of plant status.

_____ Assess emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in an Alert

OR

Escalate to a more severe emergency classification

OR

Reduce to a less severe emergency classification

(Refer to Enclosure 4.3)

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria).

- Announce any emergency classification level changes over the plant PA, including a summary of plant status.

_____ **IF** Security Event announcement, discussed above, was made over the PA system, conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation," and make the following announcement over the PA system after the Security Event has been terminated:

"This is the Operations Shift Manager. The Security Event has been terminated. Proceed to your Site Assembly point." **Repeat announcement**.

_____ Provide turnover to TSC Emergency Coordinator using Enclosure 4.2.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

_____ The EOF Director shall close out the emergency with a verbal summary to county and state authorities. Document this summary using Enclosure 4.4.

_____ The EOF Director shall assign an individual to provide a written report to county and state authorities within thirty days. This report could be an LER or a written report if an LER is not required.

Person assigned responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Emergency Coordinator Turnover Form

4.3 Criteria for Downgrading an Emergency Level

4.4 Alert Close Out Briefing with States and Counties

NOTES: 1. Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).

2. Pager activation can be delayed up to 5 minutes depending on pager system status.

1. **IF** the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "**M**" (for Message)

_____ 3.5 **IF** activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. An Alert was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press "**ENTER**"

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 **IF** pager activation is successful, go to step 5.

_____ 3.6 **IF** activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. An Alert was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "**ENTER**"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 **IF** pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 **IF** CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 **IF** CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____ (Y/N)

4. Time Next Notification due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify_____)

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List _____)

   _____ Other (Specify _____)
   Y/N

7. Response Procedure In Progress:

   RP_____ RP_____ RP_____

8. Actions in Progress:

   _____

   _____

   _____

Enclosure 4.3

Criteria for Downgrading an Emergency Level

Date

Initial/Time

_____ 1. The probability that plant conditions will continue to improve is evident.

_____ 2. All emergency action level notifications have been completed.

_____ 3 Emergency response facility staffing may be reduced.

_____ 4. The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.

_____ 5. The event related release of radioactive material to the environment is terminated.

_____ 6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.

_____ 7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.

_____ 8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.

_____ 9. Emergency classification level downgraded to _____

_____

Enclosure 4.4

Alert Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina		
North Carolina		
York County		
Gaston County		
Mecklenburg County		

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5000/004
Revision No. 039

PREPARATION

(2) Station Catawba Nuclear Station

(3) Procedure Title Site Area Emergency

(4) Prepared By B. R. Lott Date 5/18/00

(5) Requires 10CFR50.59 evaluation?
- ☒ Yes (New procedure or reissue with major changes)
- ☐ No (Revision with minor changes)
- ☐ No (To incorporate previously approved changes)

(6) Reviewed By Gary J. Mitchell (QR) Date 5-18-00

Cross-Disciplinary Review By L Baumgarner (QR) NA ____ Date 5-18-00

Reactivity Mgmt. Review By ____ (QR) NA GLM Date 5-18-00.

(7) Additional Reviews

Reviewed By ____ Date ____

Reviewed By ____ Date ____

(8) Temporary Approval *(if necessary)*

By ____ (SRO/QR) Date ____

By ____ (QR) Date ____

(9) APPROVED BY Richard L Swight Date 5/18/00

PERFORMANCE (Compare with control copy at least once every 14 calendar days while work is being performed)

(10) Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

(11) Dates(s) Performed ____

Work Order Number (W/O #) ____

COMPLETION

(12) Procedure Completion Verification

- ☐ Yes ☐ N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
- ☐ Yes ☐ N/A Listed enclosures attached?
- ☐ Yes ☐ N/A Data sheets attached, completed, dated and signed?
- ☐ Yes ☐ N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- ☐ Yes ☐ N/A Procedure requirements met?

Verified By ____ Date ____

(13) Procedure Completion Approved ____ Date ____

(14) Remarks *(attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station	Procedure No. RP/0/A/5000/004
Site Area Emergency	Revision No. 038
Multiple Use	Electronic Reference No. CN005GNN

Site Area Emergency

1. Symptoms

1.1 Events are in process or have occurred which involve actual or likely major failures of plant functions needed for protection of the public.

2. Immediate Actions

NOTE:	Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

_____ **Advise site personnel** by making the following announcement over the plant PA system: "This is the Operations Shift Manager. A Site Area Emergency has been declared for Unit _____ based on _____. Activate the TSC, OSC, and EOF." (brief description of event)

_____ **Repeat announcement.**

_____ **Activate Emergency Organization** by giving Enclosure 4.1 to the individual activating the pagers.

_____ **Notify off-site agencies within 15 minutes of Emergency declaration time** using Emergency Notification Form. Refer to one of the following notification procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- RP/0/A/5000/006B, "Notifications to States and Counties from the **Technical Support Center**"
- SR/0/B/2000/004, "Notifications to States and Counties from the **Emergency Operations Facility**"

_____ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/026.

_____ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333 for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ **IF** a Security Event exists, discuss the feasibility of conducting a site assembly with the Security Shift Supervisor at extension 5364.

IF a Site Assembly is not feasible per Security:

_____ Announce over the plant PA system:

"This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the CAS at extension 5364." **Repeat Announcement.**

_____ N/A the following step.

_____ **Conduct a Site Assembly** using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ **Notify the NRC** using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ **IF** Emergency Response Data System (ERDS) transmission has not been initiated (Alert classification), initiate ERDS by performing the following:

_____ Type "ERDS" or select "Main," then "General," then "ERDS" on a Control Room OAC workstation connected to the affected unit's OAC

_____ Initiate ERDS transmission by depressing F1 or clicking "Activate."

_____ **IF** ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

_____ Ensure RP has dispatched On-Site and Off-Site Field Monitoring Teams with associated communications equipment per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response." Make follow-up notifications to state and county authorities:

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with an Emergency Management official from each individual agency

_____ Make follow-up Protective Actions on-site as needed.

- Consider evacuation of nonessential station personnel using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant PA system the current emergency classification level and summary of plant status.

_____ Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in a Site Area Emergency

OR

Escalate to a more severe emergency classification

OR

Reduce to a less severe emergency classification (Refer to Enclosure 4.2)

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria).

- Announce any emergency classification level changes over the plant PA, including a summary of plant status.

_____ **IF** Security Event announcement, discussed above, was made over the PA system, conduct a Site Assembly using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation," and make the following announcement over the PA system after the Security Event has been terminated:

"This is the Operations Shift Manager. The Security Event has been terminated. Proceed to your Site Assembly point." **Repeat announcement**.

_____ Provide turnover to TSC Emergency Coordinator using Enclosure 4.3.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

_____ The EOF Director shall close out or recommend reduction of the emergency class by briefing of off-site authorities at the Emergency Operations Facility or by phone if necessary. Document the close out briefing using Enclosure 4.4.

_____ The EOF Director shall assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.

_____ Person Assigned Responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Criteria For Downgrading An Emergency Level

4.3 Emergency Coordinator Turnover Form

4.4 Site Area Emergency Close Out Briefing with States and Counties

NOTE:	1.	Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
	2.	Pager activation can be delayed up to 5 minutes depending on pager system status.

1. **IF** the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "**M**" (for Message)

_____ 3.5 **IF** activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. A Site Area Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press "**ENTER**"

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 **IF** pager activation is successful, go to step 5.

_____ 3.6 **IF** activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. A Site Area Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "**ENTER**"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 **IF** pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 **IF** CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 **IF** CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

Enclosure 4.2

Criteria for Downgrading an Emergency Level

Date
Initial/Time

_____1. The probability that plant conditions will continue to improve is evident.

_____2. All emergency action level notifications have been completed.

_____3. Emergency response facility staffing may be reduced.

_____4 The criteria established for the emergency classification has been evaluated. Conditions warrant a lower emergency action level.

_____5. The event related release of radioactive material to the environment is terminated.

_____6. The control of any fire, flood, earthquake or similar emergency condition is acceptable.

_____7. Any corrective actions specified by the Emergency Coordinator to place the plant in a safe condition have been completed and the plant has been placed in the appropriate operating mode.

_____8. The Emergency Coordinator has evaluated the plant status with respect to the Emergency Action Levels and recommends downgrading the emergency classification.

_____9. Emergency classification level downgraded to_____
_____

Enclosure 4.3

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify _____)
   Y/N

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____ Other (Specify _____)
   Y/N

7. Response Procedure In Progress: _____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

Enclosure No. 4.4

RP/0/A/5000/004
Page 1 of 1

Site Area Emergency Close Out Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina	_____	____/____
North Carolina	_____	____/____
York County	_____	____/____
Gaston County	_____	____/____
Mecklenburg County	_____	____/____

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

(R08-97)

Duke Power Company
PROCEDURE PROCESS RECORD

(1)ID No. RP/0/A/5000/005
Revision No. 039

PREPARATION

(2) Station Catawba Nuclear Station

(3) Procedure Title General Emergency

(4) Prepared By B. R. Smith Date 5/18

(5) Requires 10CFR50.59 evaluation?
- [x] Yes (New procedure or reissue with major changes)
- [ ] No (Revision with minor changes)
- [ ] No (To incorporate previously approved changes)

(6) Reviewed By Gary L Mitchell (QR) Date 5-18-00

Cross-Disciplinary Review By L Baumgarner (QR) NA ____ Date 5-18-00

Reactivity Mgmt. Review By ____ (QR) NA GLM Date 5-18-00

(7) Additional Reviews

Reviewed By ____ Date ____

Reviewed By ____ Date ____

(8) Temporary Approval *(if necessary)*

By ____ (SRO/QR) Date ____

By ____ (QR) Date ____

(9) APPROVED BY Richard L Swigart Date 5/18/00

PERFORMANCE (Compare with control copy at least once every 14 calendar days while work is being performed)

(10) Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

Compared with Control Copy ____ Date ____

(11) Dates(s) Performed ____

Work Order Number (W/O #) ____

COMPLETION

(12) Procedure Completion Verification

- [ ] Yes [ ] N/A Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?
- [ ] Yes [ ] N/A Listed enclosures attached?
- [ ] Yes [ ] N/A Data sheets attached, completed, dated and signed?
- [ ] Yes [ ] N/A Charts, graphs, etc. attached and properly dated, identified and marked?
- [ ] Yes [ ] N/A Procedure requirements met?

Verified By ____ Date ____

(13) Procedure Completion Approved ____ Date ____

(14) Remarks *(attach additional pages, if necessary)*

Duke Power Company Catawba Nuclear Station	Procedure No. RP/**0**/A/5000/005
General Emergency	Revision No. 039
Multiple Use	Electronic Reference No. CN005GNO

General Emergency

1. Symptoms

1.1 Events are in process or have occurred which involve actual or imminent substantial core degradation or melting with potential for loss of containment integrity.

2. Immediate Actions

NOTE:	Lines in left margin are for place keeping. Immediate actions may be performed simultaneously.

_____ **Advise site personnel** by making the following announcement over the plant PA system:

"This is the Operations Shift Manager. A General Emergency has been declared for Unit ____ based on __(brief description of event)__. Activate the TSC, OSC, and EOF." **Repeat announcement.**

_____ **Activate Emergency Response Organization** by giving Enclosure 4.1 to the individual activating the pagers.

_____ **Make an immediate PROTECTIVE ACTION RECOMMENDATION** (PAR) to be entered on Line 15 of the Emergency Notification Form. Determine PAR based on current lower tower wind speed (use upper tower wind speed if lower tower wind speed is not available) as below:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

Evacuate zones: A0, A1, B1, C1, D1, E1, F1

AND

Shelter in place zones: A2, A3, B2, C2, D2, E2, F2, F3

OR

WIND SPEED GREATER THAN 5 MPH

Evacuate two mile radius **AND** all affected zones 5 miles downwind **AND** shelter in place remaining 10 mile EPZ as shown on Enclosure 4.2, page 2 of 2.

_____ **Notify off-site agencies within 15 minutes of Emergency declaration time** using an Emergency Notification Form. Refer to one of the following procedures for instructions:

- RP/0/A/5000/006A, "Notifications to States and Counties from the **Control Room**"
- RP/0/A/5000/006B, "Notifications to States and Counties from the **Technical Support Center**"
- SR/0/B/2000/004, "Notifications to States and Counties from the **Emergency Operations Facility**"

_____ **IF** there is an indication of a radioactive release **AND** the TSC is not activated, contact RP shift to perform off-site dose assessment per HP/0/B/1009/26.

_____ **IF** a radioactive release or hazardous material spill is occurring or has occurred **AND** the TSC is not activated, contact Environmental Management (EM), ext. 3333, for assistance in reporting to state, local or federal authorities. After hours, contact the Environmental Duty person by phone or pager. **IF** no answer, page 8-777-3333 which will page all Environmental Management personnel.

_____ **IF** a Security Event exists, discuss the feasibility of conducting a Site Assembly with the Security Shift Supervisor at extension 5364.

IF a Site Assembly is not feasible per Security:

_____ Announce over the plant PA System:

"This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to the CAS at extension 5364." **Repeat Announcement.**

_____ N/A the following two steps.

_____ **Conduct a Site Assembly** using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ **Conduct a Site Evacuation** using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation."

_____ **Notify the NRC** using RP/0/B/5000/013, "NRC Notification Requirements." This notification should be made as quickly as possible but shall be made within one hour of the emergency declaration time.

_____ **IF** Emergency Response Data System (ERDS) transmission has not been initiated (Alert or SAE classification), initiate ERDS by performing the following:

_____ Type "ERDS" or select "Main," then "General," then "ERDS" on a Control Room OAC workstation connected to the affected unit's OAC.

_____ Initiate ERDS transmission by depressing F1 or clicking "Activate."

_____ **IF** ERDS transmission will not connect to the NRC, inform the NRC using ENS. The TSC Data Coordinator will troubleshoot and initiate ERDS transmission upon arrival in the TSC.

3. Subsequent Actions

NOTE:	Subsequent Actions are not required to be followed in any particular sequence.

_____ Ensure RP has dispatched On-Site and Off-Site Field Monitoring Teams with associated communications equipment per HP/0/B/1009/009, "Guidelines for Accident and Emergency Response."

_____ Evaluate specific plant conditions, off-site dose projections, field monitoring team data, and assess need to update Protective Action Recommendations made to states and counties in previous notification. Refer to:

- Enclosure 4.3, page 1 of 3, Guidance for Subsequent Protective Actions, Subsequent Protective Action Recommendation Flowchart
- Enclosure 4.4, Evacuation Time Estimates for Catawba Plume Exposure EPZ.

_____ Make follow-up notifications to state and county authorities:

- Every hour until the emergency is terminated

OR

- If there is any significant change to the situation

OR

- As agreed upon with an Emergency Management official from each individual agency

_____ RP/0/A/5000/018, "Emergency Worker Dose Extension," shall be used to authorize emergency worker doses expected to exceed normal occupational exposure limits during a declared emergency event or exceed blanket dose extension limits authorized by the Radiation Protection Manager.

_____ Augment shift resources to assess and respond to the emergency situation as needed.

_____ Announce over the plant PA system the current emergency classification level and summary of plant status.

_____ Assess the emergency conditions and the corresponding emergency classification. See RP/0/A/5000/001, "Classification of Emergency," then:

Remain in a General Emergency

OR

Terminate the emergency (Refer to RP/0/A/5000/020 or SR/0/B/2000/003 for Termination Criteria).

- Announce any emergency classification level changes over the plant PA, including a summary of plant status.

_____ **IF** Security Event announcement, discussed above, was made over the PA system, conduct a Site Assembly and Site Evacuation using RP/0/A/5000/010, "Conducting a Site Assembly or Preparing the Site for an Evacuation," and make the following announcement over the PA system after the Security Event has been terminated:

"This is the Operations Shift Manager. The Security Event has been terminated. Proceed to your Site Assembly point."

Repeat announcement.

_____ Provide turnover to TSC Emergency Coordinator using Enclosure 4.5.

_____ In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator is available to discuss/assist with the incident.

_____ EOF Director will terminate the emergency and recommend entry into Recovery by briefing the off-site authorities at the Emergency Operations Facility or if necessary by phone. Document the termination briefing using Enclosure 4.6.

_____ The EOF Director shall assign an individual to provide a written report within thirty days. This report could be an LER or a written report if an LER is not required.

Person Assigned Responsibility _____

4. Enclosures

4.1 Emergency Organization Activation

4.2 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables

4.3 Guidance for Subsequent Protective Actions

- Page 1 of 3, Subsequent Protective Action Recommendation Flowchart
- Page 2 of 3, Guidance for Determination of GAP Activity
- Page 3 of 3, Protective Action Guides For Large Fission Product Inventory Greater Than Gap Activity In containment

4.4 Evacuation Time Estimates for Catawba Plume Exposure EPZ

4.5 Emergency Coordinator Turnover Form

4.6 General Emergency Termination Briefing with States and Counties

.NOTE:	1.	Quiktel key pads for pager activation are located in the Control Room (behind MC14) and in the TSC (in Offsite Agency Communicator's cubicle).
	2.	Pager activation can be delayed up to 5 minutes depending on pager system status.

1. **IF** the Quiktel key pads used in step 3 are not available or do not function properly, immediately go to step 4.

2. Assure confirmation pagers are turned on.

3. Activate the ERO pagers at a Quiktel key pad as follows:

_____ 3.1 Press the <EXIT> key to assure key pad is cleared.

_____ 3.2 Type "**ERO**"

_____ 3.3 Press <ENTER>

_____ 3.4 Press "**M**" (for Message)

_____ 3.5 **IF** activation is for an **actual emergency**, perform the following:

_____ 3.5.1 Type the following message:

"Catawba Emergency. A General Emergency was declared at ____(time). Activate the TSC, OSC and EOF."

_____ 3.5.2 Press **<ENTER>**

_____ 3.5.3 Monitor the confirmation pagers located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.5.4 **IF** pager activation is successful, go to step 5.

_____ 3.6 **IF** activation is for an **ERO drill**, perform the following:

_____ 3.6.1 Type the following message:

"Catawba Drill. A General Emergency was declared at _____(time). Activate the TSC, OSC and EOF."

_____ 3.6.2 Press "**ENTER**"

_____ 3.6.3 Monitor the confirmation pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 3.6.4 **IF** pager activation is successful, go to step 5.

4. For drills or emergencies, activate the ERO pagers using a Touch Tone phone as follows:

_____ 4.1 **Dial 8-777-8376.**

_____ 4.2 When prompted, enter the numeric password **2580.**

_____ 4.3 When prompted, enter the activation code **6789.**

_____ 4.4 Monitor the pager located at the Quiktel key pad to verify proper ERO pager activation.

_____ 4.5 Go to Step 5.

5. Activate Automatic Dialing Call Back System (Community Alert Network)

NOTE: Back-up telephone number for Community Alert Network is 1-877-786-8478.

_____ 5.1 Dial 1-800-552-4226 (Hotline/Activation Line)

_____ 5.2 **IF** CAN is being activated for a **DRILL**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

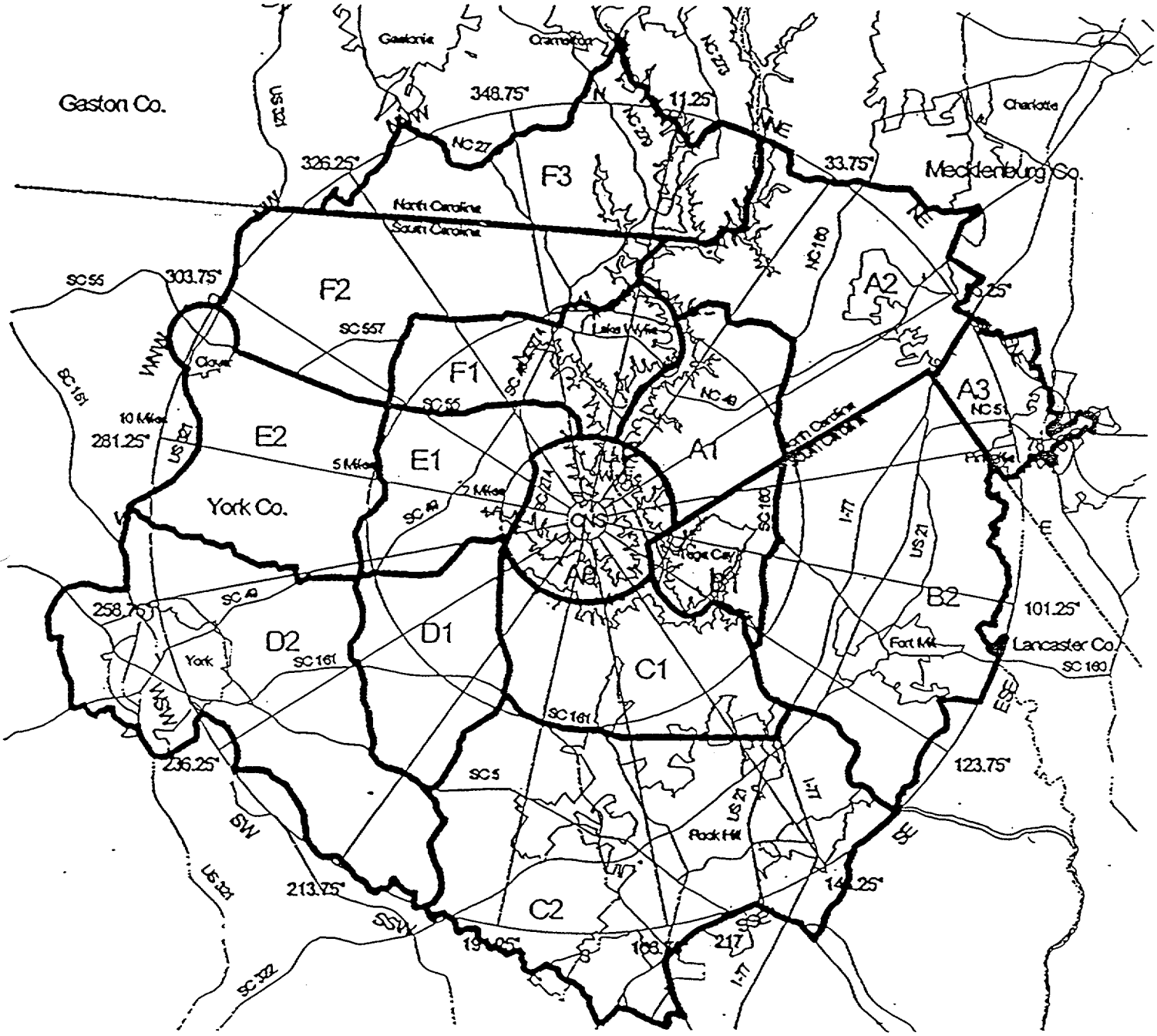
IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 5. Please call me back to verify system operation at _____."
(Phone # in Simulator)

_____ 5.3 **IF** CAN is being activated for an **EMERGENCY**, read one of the following messages depending on day and time.

IF Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Day List message number 6. Please call me back to verify system operation at (803) 831-7332."

IF not Monday through Thursday between 0700 through 1730, read the following message:
"This is _____(name)_____ from Duke Power, Catawba. The Password is Catawba. Please run Catawba Night List message number 6. Please call me back to verify system operation at (803) 831-7332."

10 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables



10 Mile Emergency Planning Zone (EPZ) Map and Protective Action Zone Determination Tables

Use this table to determine the recommended zones for evacuation within the:
2 mile radius and 5 miles downwind, when the windspeed is greater than 5 mph.

NOTE:

1. *Upper tower wind direction is preferred. If not available, use lower tower wind direction. Use wind direction from National Weather Service if site meteorological information is not available. NWS: Primary: 1-800-268-7785 Backup: 864-879-1085.*
2. *Wind direction indicator in Control Room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North.*
3. *Subtract 360 from wind direction indications greater than 360 degrees to arrive at wind direction for table below.*

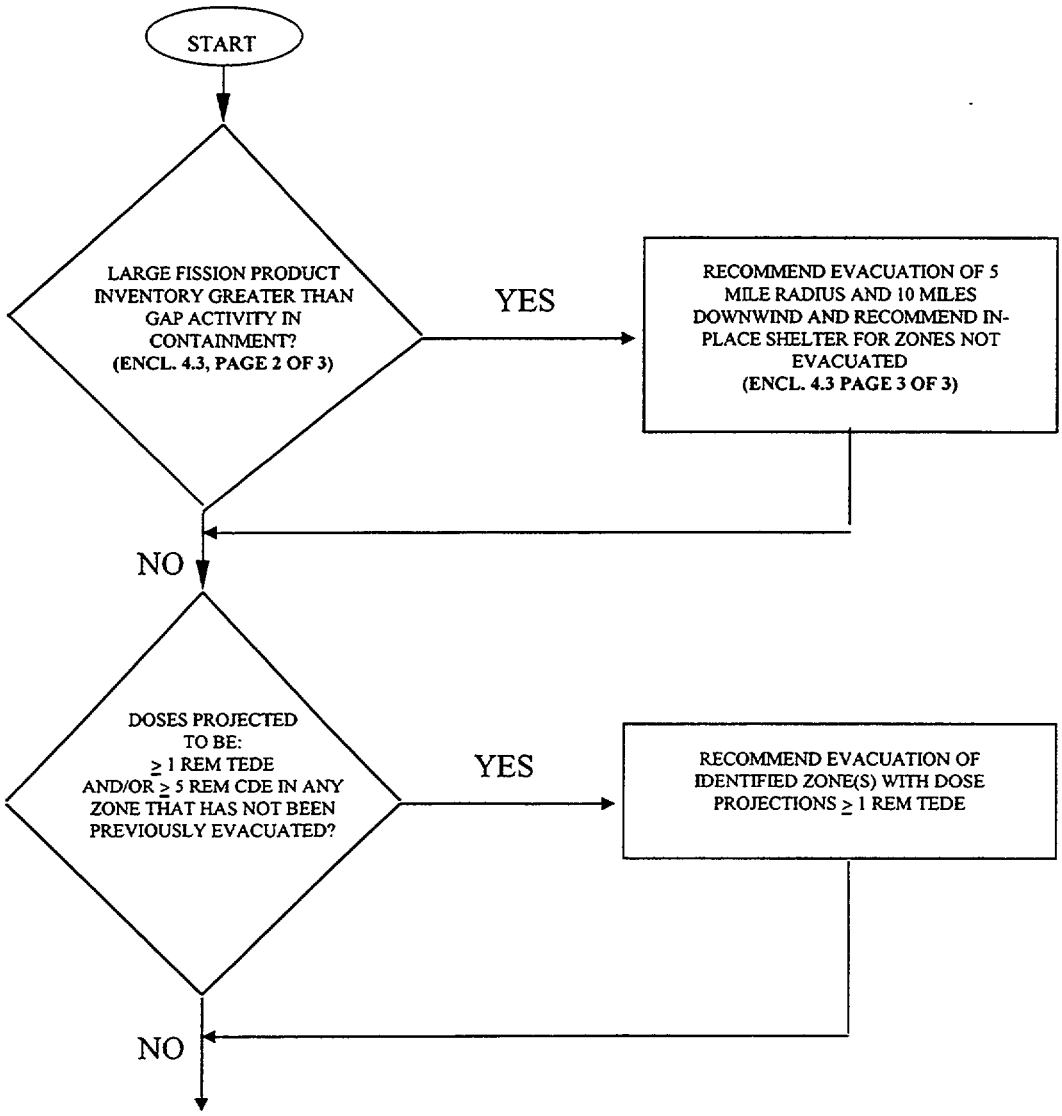
PROTECTIVE ACTION ZONES DETERMINATION TABLE

Wind Direction (Degrees from North) (See Notes 2 & 3)	**2 Mile Radius - 5 miles Downwind** *EVACUATE*	**Remainder of EPZ** *IN-PLACE SHELTER*
348.75 -11.25	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3
11.26 -33.75	A0, C1, D1	A1, A2, A3, B1, B2, C2, D2, E1, E2, F1, F2, F3
33.76 -56.25	A0, C1, D1, E1	A1, A2, A3, B1, B2, C2, D2, E2, F1, F2, F3
56.26 -78.75	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
78.76 -101.25	A0, C1, D1, E1, F1	A1, A2, A3, B1, B2, C2, D2, E2, F2, F3
101.26 -123.75	A0, D1, E1, F1	A1, A2, A3, B1, B2, C1, C2, D2, E2, F2, F3
123.76 -146.25	A0, E1, F1	A1, A2, A3, B1, B2, C1, C2, D1, D2, E2, F2, F3
146.26 -168.75	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2. F2, F3
168.76 -191.25	A0, A1, E1, F1	A2, A3, B1, B2, C1, C2, D1, D2, E2. F2, F3
191.26 -213.75	A0, A1, B1, E1, F1	A2, A3, B2, C1, C2, D1, D2, E2, F2, F3
213.76 -236.25	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
236.26 -258.75	A0, A1, B1, F1	A2, A3, B2, C1, C2, D1, D2, E1, E2, F2, F3
258.76 -281.25	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
281.26 -303.75	A0, A1, B1, C1	A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
303.76 -326.25	A0, B1, C1	A1, A2, A3, B2, C2, D1, D2, E1, E2, F1, F2, F3
326.26 -348.74	A0, B1, C1, D1	A1, A2, A3, B2, C2, D2, E1, E2, F1, F2, F3

Enclosure 4.3

Guidance for Subsequent Protective Actions

Subsequent Protective Action Recommendation Flowchart



CONTINUE ASSESSMENT OF LARGE FISSION PRODUCT INVENTORY IN CONTAINMENT, DOSE PROJECTION CALCULATIONS, WIND SPEED AND WIND DIRECTION TO DETERMINE IF ADDITIONAL ZONES SHOULD BE RECOMMENDED FOR EVACUATION.

NOTE: CHANGES IN WIND SPEED AND/OR WIND DIRECTION MAY REQUIRE THAT ADDITIONAL ZONES BE RECOMMENDED FOR EVACUATION. THESE ADDITIONAL RECOMMENDATIONS ARE BASED ON THE FOLLOWING:

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT, RECOMMEND EVACUATION OF ZONES A0, A1, B1, C1, D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED FOR EVACUATION
- IF WIND SPEED IS GREATER THAN 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT, USE ENCLOSURE 4.2 PAGE 2 OF 2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT, USE ENCLOSURE 4.3 PAGE 3 OF 3 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

Guidance for Determination of Gap Activity

Fission product inventory inside Containment is greater than gap activity if the containment radiation level exceeds the levels in the table below:

TIME AFTER SHUTDOWN (HOURS)	HIGH RANGE CONTAINMENT MONITOR READING - **EMF 53A and/or EMF 53B** *100 % GAP Activity Release*
0	2,340 R/Hr
0 - 2	864 R/Hr
2 - 4	624 R/Hr
4 - 8	450 R/Hr
>8	265 R/Hr

This Table Only Used For Large Fission Product Inventory Greater Than Gap Activity In Containment.

Use this table to determine the recommended zones for evacuation within the:

5 mile radius and 10 miles downwind for any windspeed.

NOTE: 1. *Upper tower wind direction is preferred. If not available, use lower tower wind direction. Use wind direction from National Weather Service if site meteorological information is not available. NWS: Primary: 1-800-268-7785 Backup: 864-879-1085.*

2. *Wind direction indicator in Control Room has a scale of 0 to 540 degrees. Both 0 and 360 degrees indicate North.*

3. *Subtract 360 from wind direction indications greater than 360 degrees to arrive at wind direction for table below.*

PROTECTIVE ACTION ZONES DETERMINATION TABLE		
Wind Direction (Degrees from North) (See Notes 2 & 3)	**5 Mile Radius - 10 miles Downwind** *EVACUATE*	**Remainder of EPZ** *IN-PLACE SHELTER*
348.75 -11.25	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3
11.26 -33.75	A0, A1, B1, C1, C2, D1, D2, E1, F1	A2, A3, B2, E2, F2, F3
33.76 -56.25	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1	A2, A3, B2, F2, F3,
56.26 -78.75	A0, A1, B1, C1, C2, D1, D2, E1, E2, F1, F2	A2, A3, B2, F3
78.76 -101.25	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2	A2, A3, B2, C2, F3,
101.26 -123.75	A0, A1, B1, C1, D1, D2, E1, E2, F1, F2, F3	A2, A3, B2, C2
123.76 -146.25	A0, A1, B1, C1, D1, E1, E2, F1, F2, F3	A2, A3, B2, C2, D2
146.26 -168.75	A0, A1, A2, B1, C1, D1, E1, E2, F1, F2, F3	A3, B2, C2, E2
168.76 -191.25	A0, A1, A2, B1, C1, D1, E1, F1, F2, F3	A3, B2, C2, D2, E2
191.26 -213.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
213.76 -236.25	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F2, F3	C2, D2, E2
236.26 -258.75	A0, A1, A2, A3, B1, B2, C1, D1, E1, F1, F3	C2, D2, E2, F2
258.76 -281.25	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
281.26 -303.75	A0, A1, A2, A3, B1, B2, C1, C2, D1, E1, F1	D2, E2, F2, F3
303.76 -326.25	A0, A1, A3, B1, B2, C1, C2, D1, E1, F1	A2, D2, E2, F2, F3
326.26 -348.74	A0, A1, B1, B2, C1, C2, D1, D2, E1, F1	A2, A3, E2, F2, F3

Evacuation Time Estimates for Catawba Plume Exposure EPZ

Analysis Case	Approx. Distance (Miles)	Approx. Direction	Subareas Included	Evacuation Time (Minutes)[3]					
				Fair Weather			Adverse Weather[4]		
				Winter Weekday	Winter Weeknight	Summer Weekend	Winter Weekday	Winter Weeknight	Summer Weekend
1	0 - 2	180°, E	A-0[1]	210	180	180	210	180	180
2	0 - 2	180°, W	A-0[2]	210	180	180	210	180	180
3	0 - 5	90°, NE	A-0[1], A-1	210	180	180	210	180	180
4	0 - 5	90°, SE	A-0[1], B-1, C-1	220	200	200	240	200	205
5	0 - 5	90°, NW	A-0[2], E-1, F-1	220	200	200	240	200	205
6	0 - 5	90°, SW	A-0[2], D-1	220	200	200	240	200	205
7	0 -10	90°, NE	A-0[1], A-1, A-2, A-3	210	180	325	210	185	375
8	0 -10	90°, SE	A-0[1], B-1, C-1, B-2, C-2	305	295	320	410	400	360
9	0 -10	90°, NW	A-0[2], E-1, F-1, E-2, F-2, F-3	240	200	220	260	240	225
10	0 -10	90°, SW	A-0[2], D-1, D-2	240	220	220	280	240	240
11	0 -10	360°	Entire EPZ- A-0[1], A-0[2], A-1, B-1, C-1, A-2, B-2, C-2, D-1, E-1, F-1, D-2, E-2, A-3, F-3	305	295	325	415	400	375

[1]Mecklenburg County portion of Subarea A-0.
[2]York County portion of Subarea A-0.
[3]Includes times associated with notification, preparation and travel out of the EPZ area, rounded to nearest 5-minute interval.
[4]Reduction in roadway capacities and travel speeds of 20% for summer weekend conditions (rain), 30% for winter weekday and winter weeknight conditions (ice).
* Evacuation of outdoor transient facilities throughout the entire EPZ is included in all evacuation cases, per the offsite RERP's.

Enclosure 4.5

Emergency Coordinator Turnover Form

1. Plant Status:

   Unit 1:_____

   _____

   Unit 2:_____

   _____

2. Emergency Classification: _____

   Time Declared: _____

3. Off-Site Agency Notifications Turnover to TSC Complete? _____(Y/N)

4. Time Next Notification Due: _____

5. Significant Events:

   _____ Radioactive Release
   Y/N

   _____ Injured Personnel
   Y/N

   _____ Other (Specify _____)
   Y/N

6. Protective Actions in Progress:

   _____ Site Assembly (Time Initiated _____)
   Y/N

   _____ Off-Site Protective Actions Recommended
   Y/N (List)_____

   _____ Other (Specify _____)
   Y/N

7. Response Procedure In Progress: _____

   RP _____ RP _____ RP _____

8. Actions in Progress:

   _____

   _____

   _____

Enclosure 4.6

General Emergency Termination Briefing with States and Counties

Person Providing Verbal Summary: _____

Brief Event Description: _____

_____

_____

_____

Agency	Person Contacted	Date/Time
South Carolina	_____	_____ / _____
North Carolina	_____	_____ / _____
York County	_____	_____ / _____
Gaston County	_____	_____ / _____
Mecklenburg County	_____	_____ / _____

Comments/Questions from States and Counties: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____