

**NEW YORK POWER AUTHORITY  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
P.O. BOX 41  
LYCOMING, NY 13093  
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

**DATE: August 30, 2000**  
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**TO: U.S.N.R.C. Document Center/Washington, DC**

**FROM: CATHY IZYK - EMERGENCY PLANNING DEPARTMENT**

**SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES**

Enclosed are revisions to your assigned copy of the JAFNPP Emergency Plan and Implementing Procedures. Please remove and **DISCARD** the old pages. Insert the attached, initial and date this routing sheet and return the completed routing sheet to ***Cathy Izyk in the Emergency Planning Department within 15 days.*** If this transmittal is not returned within 15 days, your name will be removed from the controlled list.

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**VOLUME 1 Update List Dated N/A**

| DOCUMENT | PAGES | REV. # | INITIALS/DATE |
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**VOLUME 2 Update List Dated August 30, 2000**

| DOCUMENT | PAGES       | REV. # | INITIALS/DATE |
|----------|-------------|--------|---------------|
| IAP-1    | REPLACE ALL | 23     |               |
| EAP-14.1 | REPLACE ALL | 21     |               |
| EAP-17   | REPLACE ALL | 91     |               |
| EAP-19   | REPLACE ALL | 20     |               |

**VOLUME 3 Update List Dated N/A**

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# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2

## UPDATE LIST

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34

Date of Issue: August 30, 2000

| Procedure Number | Procedure Title                                                                   | Revision Number | Date of Last Review | Use of Procedure |
|------------------|-----------------------------------------------------------------------------------|-----------------|---------------------|------------------|
| N/A              | TABLE OF CONTENTS                                                                 | REV. 19         | 02/98               | N/A              |
| IAP-1            | EMERGENCY PLAN IMPLEMENTATION CHECKLIST                                           | REV. 23         | 08/00               | Continuous       |
| IAP-2            | CLASSIFICATION OF EMERGENCY CONDITIONS                                            | REV. 20         | 12/98               | Continuous       |
| EAP-1.1          | OFFSITE NOTIFICATIONS                                                             | REV. 42         | 04/99               | Informational    |
| EAP-2            | PERSONNEL INJURY                                                                  | REV. 23         | 07/00               | Informational    |
| EAP-3            | FIRE                                                                              | REV. 21         | 08/00               | Informational    |
| EAP-4            | DOSE ASSESSMENT CALCULATIONS                                                      | REV. 29         | 12/98               | Reference        |
| EAP-4.1          | RELEASE RATE DETERMINATION                                                        | REV. 11         | 08/00               | Reference        |
| EAP-5.1          | DELETED (02/94)                                                                   |                 |                     |                  |
| EAP-5.2          | DELETED (04/91)                                                                   |                 |                     |                  |
| EAP-5.3          | ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING                      | REV. 7          | 07/00               | Informational    |
| EAP-6            | IN-PLANT EMERGENCY SURVEY/ENTRY                                                   | REV. 15         | 02/98               | Informational    |
| EAP-7.1          | DELETED (02/94)                                                                   |                 |                     |                  |
| EAP-7.2          | DELETED (02/94)                                                                   |                 |                     |                  |
| EAP-8            | PERSONNEL ACCOUNTABILITY                                                          | REV. 48         | 07/00               | Reference        |
| EAP-9            | SEARCH AND RESCUE OPERATIONS                                                      | REV. 9          | 02/98               | Informational    |
| EAP-10           | PROTECTED AREA EVACUATION                                                         | REV. 14         | 02/98               | Informational    |
| EAP-11           | SITE EVACUATION                                                                   | REV. 15         | 02/98               | Informational    |
| EAP-12           | DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO | REV. 10         | 08/99               | Reference        |
| EAP-13           | DAMAGE CONTROL                                                                    | REV. 13         | 12/98               | Informational    |
| EAP-14.1         | TECHNICAL SUPPORT CENTER ACTIVATION                                               | REV. 21         | 08/00               | Informational    |
| EAP-14.2         | EMERGENCY OPERATIONS FACILITY ACTIVATION                                          | REV. 19         | 07/00               | Informational    |
| EAP-14.5         | OPERATIONAL SUPPORT CENTER ACTIVATION AND OPERATION                               | REV. 14         | 03/00               | Informational    |

# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

Date of Issue: August 30, 2000

| Procedure Number | Procedure Title                                     | Revision Number | Date of Last Review | Use of Procedure |
|------------------|-----------------------------------------------------|-----------------|---------------------|------------------|
| EAP-14.6         | HABITABILITY OF THE EMERGENCY FACILITIES            | REV. 14         | 10/98               | Informational    |
| EAP-15           | EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL   | REV. 10         | 02/00               | Informational    |
| EAP-16           | PUBLIC INFORMATION PROCEDURE                        | REV. 6          | 02/98               | Informational    |
| EAP-17           | EMERGENCY ORGANIZATION STAFFING                     | REV. 91         | 08/00               | Informational    |
| EAP-18           | DELETED (12/93)                                     |                 |                     |                  |
| EAP-19           | EMERGENCY USE OF POTASSIUM IODINE (KI)              | REV. 20         | 08/00               | Informational    |
| EAP-20           | POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS | REV. 8          | 02/98               | Reference        |
| EAP-21           | DELETED (12/85)                                     |                 |                     |                  |
| EAP-22           | DELETED (02/98)                                     |                 |                     |                  |
| EAP-23           | EMERGENCY ACCESS CONTROL                            | REV. 10         | 02/98               | Informational    |
| EAP-24           | EOF VEHICLE AND PERSONNEL DECONTAMINATION           | REV. 8          | 02/98               | Informational    |
| EAP-25           | DELETED (02/94)                                     |                 |                     |                  |

NEW YORK POWER AUTHORITY  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY PLAN IMPLEMENTATION CHECKLIST\*  
IAP-1  
REVISION 23

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

[Signature]  
RESPONSIBLE PROCEDURE OWNER

DATE: 8-29-00

EFFECTIVE DATE:

August 30, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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PERIODIC REVIEW DUE DATE: FEBRUARY 2002

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TITLE

EAP-PROCEDURE NUMBER

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REVISION SUMMARY SHEET

REV. NO.

- 23      • On attachments 1 and 2, deleted D and added new section C to refer to EAP-1.1 to notify Security to activate the pagers rather than EAP-17.
  
- 22      • Added to Section 4.1 the statement "(Facility activation may be modified by the Emergency Director if the safety of incoming personnel may be jeopardized by a security event or other event hazardous to incoming personnel.)" to provide for more effective emergency response and increase personnel safety.

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**1.0 PURPOSE**

The purpose of this procedure is to provide a checklist for implementing actions and direction in the use of additional procedures for implementing the emergency plan.

**2.0 REFERENCES****2.1 Performance References**

None

**2.2 Developmental References**

2.2.1 JAFNPP Emergency Plan, Volumes 2 & 3, Implementing Procedures.

**3.0 INITIATING EVENTS**

3.1 Either an Unusual Event, Alert, Site Area Emergency or General Emergency has been declared in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*.

**4.0 PROCEDURE**

**NOTE:** As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

4.1 From the Control Room, when an emergency is classified or reclassified in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*, the immediate actions for the Emergency Director are (see Attachment 1):

**FACILITY ACTIVATION REQUIREMENTS**

| Facility | Unusual Event<br>(0700-1530) | Unusual Event<br>(After 1530,<br>Weekends, Holidays) | Alert | Site Area<br>Emergency | General<br>Emergency |
|----------|------------------------------|------------------------------------------------------|-------|------------------------|----------------------|
| TSC      | ED Decides                   | X <sup>(1)</sup>                                     | X     | X                      | X                    |
| OSC      | ED Decides                   | X <sup>(1)</sup>                                     | X     | X                      | X                    |
| EOF      | ED Decides                   | ED Decides                                           | X     | X                      | X                    |
| JNC      | ED Decides                   | ED Decides                                           | X     | X                      | X                    |

- <sup>(1)</sup> TSC and OSC must be activated at the Unusual Event classification during off-hours UNLESS the ED is confident that the emergency will not escalate.

(Facility activation may be modified by the Emergency Director if the safety of incoming personnel may be jeopardized by a security event or other event hazardous to incoming personnel.)

- 4.2 From the TSC or EOF, when an emergency is classified or reclassified in accordance with **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\***, then the immediate actions for the Emergency Director are (see Attachment 2):

**NOTE:** As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

- 4.3 If plant conditions deteriorate, implement **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\***, to reclassify the emergency.

5.0 **ATTACHMENTS**

1. CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST
2. TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST



# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                                                        | Initials/Time                                                                                                                                               | Actions/Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/><br><br>GE*                                | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div> | A. If a General Emergency has been declared in accordance with <b>IAP-2, <u>CLASSIFICATION OF EMERGENCY CONDITIONS*</u></b> , then recommend protective actions in accordance with procedure <b>EAP-4, DOSE ASSESSMENT CALCULATIONS*</b> , Attachment 1, Initial Protective Actions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/><br><br>UE*<br>ALERT*<br>SAE*<br>GE*       | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div> | B. Implement <b>EAP-1.1, <u>OFFSITE NOTIFICATIONS*</u></b> , in order to notify offsite agencies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/><br><br>UE*<br>ALERT*<br>SAE*<br>GE*       | <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div> | C. Per EAP-1.1, notify Security (ext. 3456) to activate <b>paggers</b> , and if necessary <b>CAN</b> . <b>Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.</b><br>Provide the following information:<br>1. Emergency Classification<br>2. Facilities activated<br>CR/TSC/OSC <u>or</u><br>CR/TSC/OSC/EOF/JNC<br>3. Activate Pagers      YES      NO<br>4. Activate CAN          YES      NO<br>3-digit Pager Code    _____<br><br><b>IF</b> Security is unable to activate pagers and/or CAN, <b>THEN</b> the Shift Manager should utilize EAP-17, Attachment 6 to make the activation.<br><b>NOTE:</b> For CAN activation from the CR, the phone in the Shift Managers office (near the RECS line) with the number 315-349-6261 <b>MUST</b> be used. |
| <b>PAGER CODES</b>                                                 |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 1=Actual Event<br><br>2=Drill or Exercise<br><br>9=Pager test only | 1=NUE<br>2=Alert<br>3=SAE<br>4=GE<br>9=None                                                                                                                 | 1 = Report to CR/OSC/TSC<br>2 = Report to CR/OSC/TSC/EOF/JNC<br>3 = On duty only report to CR/OSC/TSC/EOF/JNC<br>7 = On duty team call CAN 800-205-5175 (respond as directed)<br>8 = All personnel report to EOF for further instructions<br>9 = No response required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                                           | Initials/Time                                                                                                                                 | Actions/Procedures                                                                                                                                                                                                                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/><br><br>ALERT*<br>SAE*<br>GE* | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | D. Activate emergency response facilities in accordance with the <b>Facility Activation Requirements</b> matrix in Section 4.1                                                                                                                                                                                   |
| <input type="checkbox"/>                              | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | E. If a Gaseous Radioactivity Release is suspected, imminent, underway or has occurred, then implement <b>EAP-4, DOSE ASSESSMENT CALCULATIONS*</b> , Attachment 1, <b>INITIAL PROTECTIVE ACTIONS</b> , in order to determine recommendations to be given to the County and State.                                |
| <input type="checkbox"/>                              | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | F. If a Liquid Radioactivity Release is imminent, underway or has occurred, then implement <b>EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO*</b> , in order to determine dose projections and protective action recommendations to be given to the County and State. |
| <input type="checkbox"/>                              | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | G. If a fire has occurred then implement <b>EAP-3, FIRE*</b> , and conduct fire fighting efforts.                                                                                                                                                                                                                |
| <input type="checkbox"/>                              | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | H. If a personnel injury has occurred, then consider implementation of <b>EAP-2, PERSONNEL INJURY*</b> , based on the initiating events.                                                                                                                                                                         |
| <input type="checkbox"/>                              | <div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div> | I. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of <b>EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY*</b> , based on initiating events.                                                  |

# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                             | Initials/Time                      | Actions/Procedures                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/><br>SAE+<br>GE* | _____<br>Initials<br>_____<br>Time | J. If a Site Area Emergency or General Emergency has been declared, or, if plant conditions reflect the initiating events, then implement <b>EAP-10, PROTECTED AREA EVACUATION*</b> .                                                                                                                                  |
| <input type="checkbox"/><br>SAE+<br>GE* | _____<br>Initials<br>_____<br>Time | K. If a General Emergency has been declared, or at the discretion of the Emergency Director, implement <b>EAP-11, SITE EVACUATION*</b> , based on the initiating events. If a Site Area Emergency has been declared, then consider implementation of <b>EAP-11, SITE EVACUATION*</b> , based on the initiating events. |
| <input type="checkbox"/><br>SAE+<br>GE* | _____<br>Initials<br>_____<br>Time | L. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Director's request, implement <b>EAP-8, PERSONNEL ACCOUNTABILITY*</b> .                                                                                     |
| <input type="checkbox"/>                | _____<br>Initials<br>_____<br>Time | M. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement <b>EAP-9, SEARCH AND RESCUE OPERATIONS*</b> , based on initiating events.                                                                                                                             |
| <input type="checkbox"/>                | _____<br>Initials<br>_____<br>Time | N. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of <b>EAP-13, DAMAGE CONTROL*</b> , based on initiating events.                                                                                                                                          |
| <input type="checkbox"/>                | _____<br>Initials<br>_____<br>Time | O. If authorization to receive emergency exposures is needed, then implement <b>EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*</b> , based on initiating events.                                                                                                                                           |

# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented              | Initials/Time                       | Actions/Procedures                                                                                                                                     |
|--------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <div>Initials</div> <div>Time</div> | P. If abnormal radiological conditions are indicated in the plant or environs, then implement <b>EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)*</b> . |
| <input type="checkbox"/> | <div>Initials</div> <div>Time</div> | Q. If unusual weather conditions exist or are imminent, consider implementation of <b>SAP-19, SEVERE WEATHER*</b> , based on initiating events.        |
| <input type="checkbox"/> |                                     | R. If plant conditions deteriorate, implement <b>IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS*</b> , to reclassify the emergency.                     |

Signature \_\_\_\_\_

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

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                                                        | Initials/Time                               | Actions/Procedures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/><br>UE*<br>ALERT*<br>SAE*<br>GE*           | _____<br>Initials<br>_____<br>Time          | A. Implement <b>EAP-1.1, OFFSITE NOTIFICATIONS*</b> , in order to notify offsite agencies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/><br>GE*                                    | _____<br>Initials<br>_____<br>Time          | B. If a General Emergency has been declared, or if a gaseous radioactivity release is suspected, imminent, underway, or has occurred, then implement procedure <b>EAP-4, DOSE ASSESSMENT CALCULATIONS*</b> , Attachment 2, <b>AUGMENTED DOSE ASSESSMENT PROTECTIVE ACTIONS</b> , in order to determine recommendations to be given to the County and State.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/><br>UE*<br>ALERT*<br>SAE*<br>GE*           |                                             | C. <b>IF</b> not already accomplished from the CR, <b>THEN</b> Per <b>EAP-1.1</b> , notify Security (ext. 3456) to activate <b>paggers</b> , and if necessary <b>CAN</b> .<br><b>Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.</b><br>Provide the following information:<br>5. Emergency Classification<br>6. Facilities activated<br>CR/TSC/OSC <u>or</u><br>CR/TSC/OSC/EOF/JNC<br>7. Activate Pagers     YES     NO<br>8. Activate CAN       YES     NO<br>9. 3-digit Pager Code     _____<br><b>IF</b> Security is unable to activate pagers and/or CAN, <b>THEN</b> activation must occur utilizing EAP-17, Attachment 6.<br>CAN activation not performed in SAS must occur from the phone in the Shift Managers office (near the RECS line) with the number 315-349-6261. |
| <b>PAGER CODES</b>                                                 |                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 1=Actual Event<br><br>2=Drill or Exercise<br><br>9=Pager test only | 1=NUE<br>2=Alert<br>3=SAE<br>4=GE<br>9=None | 1 = Report to CR/OSC/TSC<br>2 = Report to CR/OSC/TSC/EOF/JNC<br>3 = On duty only report to CR/OSC/TSC/EOF/JNC<br>7 = On duty team call CAN 800-205-5175 (respond as directed)<br>8 = All personnel report to EOF for further instructions<br>9 = No response required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                                              | Initials/Time                              | Actions/Procedures                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/><br><br>ALERT*<br>SAE*<br>GE*    | <br>_____<br>Initials<br><br>_____<br>Time | D. Activate emergency response facilities in accordance with the <b>Facility Activation Requirements</b> matrix in Section 4.1                                                                                                                                                                                  |
| <input type="checkbox"/><br><br>ALERT*<br>SAE*<br>GE*    | <br>_____<br>Initials<br><br>_____<br>Time | E. If the TSC is activated, then implement <b>EAP-14.1, TECHNICAL SUPPORT CENTER ACTIVATION*</b> .                                                                                                                                                                                                              |
| <input type="checkbox"/><br><br>ALERT*<br>SAE*<br>GE*    | <br>_____<br>Initials<br><br>_____<br>Time | F. If the OSC is activated, then implement <b>EAP-14.5, OPERATIONAL SUPPORT CENTER ACTIVATION*</b> .                                                                                                                                                                                                            |
| <input type="checkbox"/><br><br>ALERT*<br>SAE*<br>GE*    | <br>_____<br>Initials<br><br>_____<br>Time | G. If the EOF is activated, then implement <b>EAP-14.2, EMERGENCY OPERATIONS FACILITY ACTIVATION*</b> .                                                                                                                                                                                                         |
| <input type="checkbox"/><br><br><br><br><br><br><br><br> | <br>_____<br>Initials<br><br>_____<br>Time | H. If abnormal radiological conditions exist or are suspected, then consider implementation of <b>EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES*</b> , based on the initiating events.                                                                                                                     |
| <input type="checkbox"/><br><br><br><br><br><br><br><br> | <br>_____<br>Initials<br><br>_____<br>Time | I. If a liquid radioactivity release is imminent, underway or has occurred then implement <b>EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO*</b> , in order to determine dose projections and protective action recommendations to be given to the County and State. |

## TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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| Implemented                                       | Initials/Time                       | Actions/Procedures                                                                                                                                                                                                                                              |
|---------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                          | <div>Initials</div> <div>Time</div> | J. If a fire has occurred then implement <b>EAP-3, FIRE*</b> , and conduct fire fighting efforts.                                                                                                                                                               |
| <input type="checkbox"/>                          | <div>Initials</div> <div>Time</div> | K. If a personnel injury has occurred, then consider implementation of <b>EAP-2, PERSONNEL INJURY*</b> , based on the initiating events.                                                                                                                        |
| <input type="checkbox"/>                          | <div>Initials</div> <div>Time</div> | L. If downwind surveys/environmental monitoring are needed, then consider implementation of <b>EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING*</b> , based on initiating events.                                                         |
| <input type="checkbox"/><br>ALERT*<br>SAE*<br>GE* | <div>Initials</div> <div>Time</div> | M. If an Alert or higher is declared, then implement <b>EAP-23, EMERGENCY ACCESS CONTROL*</b> , based on initiating events.                                                                                                                                     |
| <input type="checkbox"/><br>ALERT*<br>SAE*<br>GE* | <div>Initials</div> <div>Time</div> | N. If an Alert or higher has been declared and the TSC has been activated, then implement <b>EAP-28, EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION*</b> .                                                                                                    |
| <input type="checkbox"/>                          | <div>Initials</div> <div>Time</div> | O. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of <b>EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY*</b> , based on initiating events. |

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 4 of 5

| Implemented                             | Initials/Time                       | Actions/Procedures                                                                                                                                                                                                                                                                                                        |
|-----------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>                | <div>Initials</div> <div>Time</div> | P. If a Site Area Emergency or General Emergency has been declared, or, if plant conditions reflect the initiating events, then implement <b>EAP-10, PROTECTED AREA EVACUATION*</b> .                                                                                                                                     |
| <input type="checkbox"/><br>SAE+<br>GE* | <div>Initials</div> <div>Time</div> | Q. If a General Emergency has been declared, or at the discretion of the Emergency Director, implement <b>EAP-11, SITE EVACUATION*</b> , based on initiating events. If a Site Area Emergency has been declared, then <u>consider</u> implementation of EAP-11, <b>SITE EVACUATION*</b> , based on the initiating events. |
| <input type="checkbox"/><br>SAE+<br>GE* | <div>Initials</div> <div>Time</div> | R. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Director's request, implement <b>EAP-8, PERSONNEL ACCOUNTABILITY*</b> .                                                                                        |
| <input type="checkbox"/>                | <div>Initials</div> <div>Time</div> | S. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement <b>EAP-9, SEARCH AND RESCUE OPERATIONS*</b> , based on initiating events.                                                                                                                                |
| <input type="checkbox"/>                | <div>Initials</div> <div>Time</div> | T. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of <b>EAP-13, DAMAGE CONTROL*</b> , based on initiating events.                                                                                                                                             |
| <input type="checkbox"/>                | <div>Initials</div> <div>Time</div> | U. If authorization to receive emergency exposures is needed, then implement <b>EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*</b> , based on initiating events.                                                                                                                                              |



TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 5 of 5

|                          |                |                                                                                                                                                                                |
|--------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Initials _____ | V. If abnormal radiological conditions are indicated in the plant or environs, then implement <b>EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)*</b> .                         |
|                          | Time _____     |                                                                                                                                                                                |
| <input type="checkbox"/> | Initials _____ | W. If unusual weather conditions exist or are imminent, consider implementation of <b>SAP-19, SEVERE WEATHER*</b> , based on initiating events.                                |
|                          | Time _____     |                                                                                                                                                                                |
| <input type="checkbox"/> | Initials _____ | X. If all emergency facilities have been activated and it is necessary to provide long term staffing, then implement <b>EAP-43, EMERGENCY FACILITIES LONG TERM STAFFING*</b> . |
|                          | Time _____     |                                                                                                                                                                                |

Signature \_\_\_\_\_

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

NEW YORK POWER AUTHORITY  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

TECHNICAL SUPPORT CENTER ACTIVATION\*  
EAP-14.1  
REVISION 21

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

*[Signature]*  
RESPONSIBLE PROCEDURE OWNER

DATE: 8-29-01

EFFECTIVE DATE:

August 30, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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PERIODIC REVIEW DUE DATE:

FEBRUARY 2002

## REVISION SUMMARY SHEET

## REV. NO.

- 21
  - Added instructions for relocating the TSC to other areas (Sections 4.2.1, new 4.4, new attachment 5).
  
- 20
  - Changes to 4.2.4 - added Parameter Assessment Advisor\* and System Assessment Advisor\*.
  - Section 4.2.5 - added Accident Management Team description.
  - Section 4.3.7, page 8: revised "corporate ERC" to read "Authority Headquarters". HQ Response/Recovery Organization is being realigned as part of this revision. HQ ERC is being eliminated as part of this revision. EAP-1.1 notifications will continue to be made to the Authority Headquarters as needed for information only.
  - Attachment 3, under "Communications and Records Coordinator & Staff", page 11: deleted "ERC" from "TSC-WPO ERC Hotline". HQ ERC is being eliminated as part of this revision. A special telephone line will continue to exist between JAF and HQ.
  
- 19
  - Page 4, Section 2.1: Added procedures to performance references.
  - Page 5, Section 4.1.1: Added note to clarify that ED need not be present in TSC for facility to be considered "staffed".
  - Page 6, 4.2.4 & Page 6, 4.2.5, & page 11: Added "Emergency" to Security Coordinator to clarify.
  - Page 8, 4.3.7: Changed "AIF" to "ANI" as the correct acronym.
  - Page 10, Item 3: Corrected step 4.3.3 to step 4.2.4.
  - Page 5, 6, 7, 8: Procedure titles capitalized and underlined for consistency.

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## 1.0 PURPOSE

This procedure provides instructions necessary to activate the Technical Support Center (TSC) located on the second floor of the Old Administration Building and includes the adjacent office area.

## 2.0 REFERENCES

### 2.1 Performance References

- 2.1.1 EAP-17, EMERGENCY ORGANIZATION STAFFING\*
- 2.1.2 OP-55B, CONTROL ROOM VENTILATION AND COOLING
- 2.1.3 F-OP-59B, ADMINISTRATION BUILDING VENTILATION AND COOLING; SYSTEM NO. 72
- 2.1.4 EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES\*
- 2.1.5 EAP-8, PERSONNEL ACCOUNTABILITY\*
- 2.1.6 IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST\*
- 2.1.7 EAP-4, DOSE ASSESSMENT CALCULATIONS\*
- 2.1.8 EAP-1.1, OFFSITE NOTIFICATIONS\*
- 2.1.9 EAP-10, PROTECTED AREA CALCULATION\*
- 2.1.10 EAP-11, SITE EVACUATION\*
- 2.1.11 EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING\*
- 2.1.12 EAP-28, EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION\*

### 2.2 Developmental References

- 2.2.1 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*
- 2.2.2 EAP-17, EMERGENCY ORGANIZATION STAFFING\*
- 2.2.3 F-OP-59B, ADMINISTRATION BUILDING VENTILATION AND COOLING; SYSTEM NO. 72
- 2.2.4 EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES\*

- 2.2.5 JAF-CALC-RAD-00023, Power Uprate Program -  
Technical Support Center Post-Accident  
Radiological Habitability Study

### 3.0 INITIATING EVENTS

- 3.1 An emergency has been declared in accordance with IAP-2,  
Classification of Emergency Conditions\*, and
- 3.2 A decision has been made by the Emergency Director to  
activate the TSC.

### 4.0 PROCEDURE

#### 4.1 Procedural Responsibilities

- 4.1.1 The Emergency Director is responsible for facility  
activation. This procedure describes a method to  
activate the TSC, Attachment 1, Facility Status  
Guidelines. Individual TSC team members can be  
designated to complete the listed procedural  
items.

**NOTE:** The ED need not be present in the TSC for the  
facility to be considered "Staffed".

**NOTE:** The TSC, under certain accident conditions, may  
require the restriction of use of certain TSC  
office areas. EAP-14.6, HABITABILITY OF THE  
EMERGENCY FACILITIES\*, should be instituted to  
insure TSC habitability. Based on the information  
from these habitability surveys, a decision shall  
be made by the Emergency Director or TSC Manager  
regarding access to certain TSC areas.

## 4.2 TSC Activation

- 4.2.1 The TSC shall provide the necessary area, outside the Control Room to accomplish the technical support necessary for the command and control of the emergency situation. These functions include furnishing in-depth diagnostic and corrective engineering assistance to Control Room emergency personnel. The TSC functions may initially be performed in the Control Room but should be shifted to the TSC as soon as it is operational. If the Emergency Director determines the TSC is uninhabitable or continued occupation of the TSC is undesirable, TSC functions may be shifted to any appropriate area giving first consideration to the Control Room or the remainder of the Old Administration building within the TSC ventilation pressure boundary. Refer to section 4.4 for instructions.
- 4.2.2 As TSC staff arrive, they should assume the responsibilities of their emergency assignments and activate the TSC. A checklist is provided to aid in facility activation, see Attachment 2, TSC Activation Checklist.
- 4.2.3 The first TSC staff members to arrive shall unlock the TSC using a key obtained from the Control Room and verify TSC set-up. If radiological conditions warrant, contact the Control Room to request for and verify activation of the Control Room and TSC filtered ventilation systems in accordance with OP-55B and F-OP-59B, and request the OSC ensure the TSC pressure boundaries are intact.
- 4.2.4 The normal positions to staff an operational TSC will include (see EAP-17, EMERGENCY ORGANIZATION STAFFING\*):

- A. Emergency Director\*
- B. TSC Manager\*
- C. Emergency Director Aide
- D. Emergency Security Coordinator\*
- E. Security Staff (as needed)
- F. Technical Coordinator\*
- G. Plant Engineers (as needed)\*
- H. Communication and Records Coordinator\*
- I. Communicators (as needed)\*
- J. Emergency Maintenance Coordinator\*
- K. Radiological Support Coordinator\*
- L. Radiological Support staff (as needed)\*
- M. Public Information Liaison and Assistant
- N. Parameter Assessment Advisor\*
- O. System Assessment Advisor\*

\*indicates functions that should be staffed prior to declaring the TSC operational. However, the Emergency Director may change the staff required based upon the event at hand.

Functionally, the TSC should be able to provide direction for onsite response, technical engineering assistance, assist with communications, coordinate the OSC and onsite security, and coordinate the onsite radiological actions.



**NOTE:** Prior to the TSC being declared operational, the Emergency Director may decide to relieve the Control Room staff of the responsibility for offsite notifications if those notifications can be handled effectively from the TSC with a minimum number of communicators.

4.2.5 To assure proper activation of the TSC the following tasks are necessary:

Emergency Security Coordinator and Staff - assure accountability logs are established once the Emergency Director calls for accountability. (Use Attachment 3 in procedure EAP-8, PERSONNEL ACCOUNTABILITY\*.) In addition, assure that after initial accountability is completed, continuous accountability is maintained.

Rad Support Coordinator and Staff - habitability shall be determined in accordance with EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES\*. Make a plant announcement prohibiting smoking, eating and drinking if abnormal radiological conditions exist or are suspected. Activate radio system and Meteorological/Dose Assessment capabilities. Verify equipment listed in EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES\*, Section 3.0 (Initiating Events) is operational so indicators of abnormal radiological conditions can be monitored.

Technical Coordinator and Plant Engineer - update status boards using EPIC information and provide engineering support to Control Room.

Communications and Records Coordinator and Staff - ensure hotlines, telecopiers and other communications equipment are ready for service. Attachments 2 and 3 (TSC Activation Checklist and TSC Telephone List, respectively) may be referred to as a guide.

Accident Management Team - Obtain relevant information about plant parameter and system information and current EOP legs and prognosis.

### 4.3 TSC Activities

- 4.3.1 The Licensed SRO communicator maintains continuous communications with Control Room, EOF and OSC on emergency facility hotline for status reporting.
- 4.3.2 Implement appropriate portions of the Emergency Plan Implementing Procedures using IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST\*, as a guide.
- 4.3.3 Direct the Control Room to sound appropriate alarms (i.e. station, evacuation, fire) and make announcements as necessary.
- 4.3.4 Announce plant status updates over TSC and/or plant public address system. Attachment 3, TSC Briefing Checklist, provides guidance.
- 4.3.5 Determine protective actions to be recommended to state and local officials using EAP-4, DOSE ASSESSMENT CALCULATIONS\*, and transmit them in accordance with EAP-1.1, OFFSITE NOTIFICATIONS\*.
- 4.3.6 Determine onsite protective actions to be implemented. Consider notification of:
  - Security
  - Niagara Mohawk's Units I and II
  - Energy Information Center
  - Niagara Mohawk's Training Center
  - JAF Training Center
- 4.3.7 Perform initial and update notifications to Authority Headquarters, INPO, ANI, etc. as required using TSC/EOF checklist Attachment 8 of EAP-1.1, OFFSITE NOTIFICATIONS\*.
- 4.3.8 Coordinate accountability of personnel via EAP-8, PERSONNEL ACCOUNTABILITY\*, whenever a protected area or site evacuation is required as outlined in EAP-10, PROTECTED AREA EVACUATION\*, and EAP-11, SITE EVACUATION\*, respectively.
- 4.3.9 Assign engineers to act as data plotters and assistants to Technical Coordinator in developing corrective actions which will minimize accident consequences. Ensure, if possible, an engineer attends the OSC Repair Team briefings.

- 4.3.10 Brief and dispatch downwind survey/sample teams in accordance with EAP-4, DOSE ASSESSMENT CALCULATIONS\*, and EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING\*.
- 4.3.11 Continue to evaluate and re-evaluate plant status and effectiveness of emergency actions. As appropriate, re-classify the emergency.
- 4.3.12 Coordinate the development, review and PORC approval of any ad hoc procedures for damage control (i.e. equipment modifications, tech. spec. violations, etc.).

NOTE: Attachment 5, Alternate TSC Activation Checklist, maybe used as a guide during TSC relocation.

#### 4.4 Alternate Technical Support Center Activation

The Alternate TSC will be utilized if the primary TSC becomes uninhabitable or continued occupation of the TSC is undesirable. When directed by the Emergency Director, the alternate TSC may be located in any appropriate area giving first consideration to the Control Room or the remainder of the Old Administration building within the TSC ventilation pressure boundary.

- 4.4.1 If it is determined the primary TSC is uninhabitable or continued occupation of the TSC is undesirable, the Emergency Director will direct the TSC Manager to relocate to the Alternate TSC.
- 4.4.2 The TSC Manager will select appropriate personnel to relocate based on staffing needs outlined in step 4.2.4. Other personnel will be relocated to habitable areas or offsite.
- 4.4.3 The TSC Manager will take the following equipment to the Alternate TSC: (and any other equipment/supplies that he deems necessary.)
  - A. Necessary Emergency procedures
  - B. Telephone lists
  - C. Appropriate communications equipment (eg Cell phones, portable radios, etc)
- 4.4.4 The Emergency Director, TSC Manager, or designee will announce on the public address system the TSC relocation to affected personnel, as well as the new telephone number for the TSC Manager.

5.0 **ATTACHMENTS**

1. FACILITY STATUS GUIDELINES
2. TSC ACTIVATION CHECKLIST
3. TSC TELEPHONE LIST
4. TSC BRIEFING CHECKLIST
5. ALTERNATE TSC ACTIVATION CHECKLIST

FACILITY STATUS GUIDELINES

These three conditions describe the various stages of facility readiness:

Activated - An order has been made to activate an emergency response facility, and the facility is in the process of being staffed.

Staffed - The emergency response facility has been activated and sufficient personnel are available to perform the required functions as determined by the facility manager.

Operational - The emergency facility has been activated and staffed, and has assumed responsibilities for performing its intended functions.

TSC ACTIVATION CHECKLIST

Page 1 of 1

## Requirements for TSC Activation:

|     |                                                                                                                                                                                                            | Verified |      |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
|     |                                                                                                                                                                                                            | By       | Time |
| 1.  | Institute TSC habitability survey per EAP-14.6 (as conditions warrant)                                                                                                                                     |          |      |
| 2.  | Activation of the TSC and Control Room ventilation system (as radiological conditions warrant)                                                                                                             |          |      |
| 3.  | Positions listed in Step 4.2.4 are staffed, as appropriate                                                                                                                                                 |          |      |
| 4.  | Prohibit Smoking, eating and drinking if abnormal radiological conditions exist or are suspected (see EAP-14.6)                                                                                            |          |      |
| 5.  | Ensure communications equipment ready <ul style="list-style-type: none"><li>- Gaitronics volume turned up</li><li>- Podium P.A. system on and operable</li><li>- Satellite phone power turned on</li></ul> |          |      |
| 6.  | Dose Assessment capability available                                                                                                                                                                       |          |      |
| 7.  | Status Boards updated                                                                                                                                                                                      |          |      |
| 8.  | Computer terminals (SAP, 708 System, EPIC, etc.) are activated                                                                                                                                             |          |      |
| 9.  | Clock is synchronized with Control room, OSC and, if applicable, EOF                                                                                                                                       |          |      |
| 10. | If an <u>ALERT</u> or higher classification has been declared, activate ERDS in accordance with EAP-28                                                                                                     |          |      |
| 11. | Emergency Director shall make an announcement over the P.A. system declaring the facility operational                                                                                                      |          |      |
| 12. | If EOF ACTIVATED during normal working hours, ensure Environmental Lab notified                                                                                                                            |          |      |

## ATTACHMENT 3

Page 1 of 1

TSC TELEPHONE LIST

Emergency Director ..... JAF Ext. 6710  
..... or 782-6477  
TSC Manager ..... JAF Ext. 6711  
Emergency Director Aide ..... JAF Ext. 6772  
Emergency Security Coordinator and Staff ..... JAF Ext. 6121  
Technical Coordinator and Plant Engineers ..... JAF Ext. 6778  
Communication & Records Coordinator & Staff ..... JAF Ext. 6780  
..... or 342-5120  
..... TSC-WPO Hotline  
Emergency Log Keeper ..... JAF Ext. 6711  
Emergency Maintenance Coordinator ..... JAF Ext. 6771  
..... or 342-1183  
Fax (Receiving) ..... JAF Ext. 6053  
Fax (Sending) ..... 342-4268  
Fax (Verification) ..... JAF Ext. 6052  
Rad Support Coordinator and Staff ..... JAF Ext. 6719  
Rad Engineer ..... JAF Ext. 6770  
..... TSC-EOF Hotline  
..... or 342-2367  
Radio Dispatcher ..... JAF Ext. 6707  
Public Information ..... JAF Ext. 6776  
Communicators ..... JAF Ext. 6778  
NRC Communicator ..... JAF Ext. 6779  
RECS Communicator ..... JAF Ext. 6170  
Emergency Notification System (ENS) ..... FTS: 700-371-5321  
Health Physics Network (HPN) ..... FTS: 700-371-6773  
EPIC Computer Room ..... JAF Ext. 6164  
Computer Room ..... JAF Ext. 6165

Tie Lines: TSC to EOF - 85  
          TSC to JNC - 81

CELLULAR PHONES

TSC Manager: 591-0479  
Dispatcher: 591-0476  
Near RECS: 591-0473

Watertown Lines: 315-782-6477  
                  315-782-6478  
                  315-782-6479

## ATTACHMENT 4

Page 1 of 1

TSC BRIEFING CHECKLIST

TSC Manager should brief the facility **EVERY 60 MINUTES** or sooner if plant conditions change.

TSC Manager should call on group leaders to provide briefing information in their area of expertise.

- I. Emergency Classification and Reason for Classification
- II. Plant Conditions
  - A. Plant Status (stable, improving, degrading)
  - B. Equipment Failures (inoperative, malfunctioning)
  - C. Status of Restorative Activities
  - D. Offsite Assistance Requested, if any
- III. Is a Release in Progress?
  - A. Source of Release
  - B. Release Characteristics (source: PASS, Stack Sample, Reactor Sample, Default)
  - C. Expected Release Duration
  - D. General Wind Direction and Speed
  - E. Release Rate
  - F. Actions Underway to Stop or Reduce Releases
  - G. Maximum Offsite and Onsite Doses and Location
    - 1. Measured, or
    - 2. Calculated
- IV. Protective Action Recommendations
  - A. JAFNPP Protective Action Recommendations
  - B. Oswego County or New York State Protective Actions Implemented
- V. Facility Habitability: CR, TSC and OSC
- VI. Accountability Status (if necessary) and Missing Persons
- VII. Engineering Projects Assigned and Their Priorities
- VIII. Solicit Reports from Group Leaders (as necessary)
- IX. Solicit Questions from Staff



ALTERNATE TSC ACTIVATION CHECKLIST

| DESCRIPTION                                                                                                                                                                                                                                                          | VERIFIED |      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------|
|                                                                                                                                                                                                                                                                      | INIT     | TIME |
| Notify Control Room and OSC Manager that Alternate TSC is Operational.                                                                                                                                                                                               |          |      |
| Verify that the Alternate TSC location is habitable per EAP-14.6.                                                                                                                                                                                                    |          |      |
| Select appropriate personnel to relocate to the Alternate TSC per 4.2.4                                                                                                                                                                                              |          |      |
| Direct remaining personnel to go to: _____<br><br>(identify location)<br><br>NOTE: TSC personnel may be staged in any habitable area such as the TSC and CR ventilation boundaries, remote buildings not affected by the incident, or they may be directed off-site. |          |      |
| Take/obtain the following equipment: <ul style="list-style-type: none"><li>• Emergency procedures</li><li>• Telephone lists</li><li>• Communication equipment</li><li>• Other equipment as needed</li></ul>                                                          |          |      |
| <b>WHEN</b> established, notify the Control Room and OSC Manager of phone numbers at TSC location.                                                                                                                                                                   |          |      |
| Utilize TSC Activation Checklist, Attachment <u>3</u> , to complete Alternate TSC activation                                                                                                                                                                         |          |      |

NEW YORK POWER AUTHORITY  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY ORGANIZATION STAFFING\*  
EAP-17  
REVISION 91

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY: *[Signature]*  
RESPONSIBLE PROCEDURE OWNER

DATE: 8/29/00

EFFECTIVE DATE: August 30, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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PERIODIC REVIEW DUE DATE: JANUARY 2005

## REVISION SUMMARY SHEET

## REV. NO.

- 91
- Deleted Attachment 5, "Emergency Plan Position Sheet", and associated wording in steps 4.3.2 and 4.4.1, as this is no longer needed.
  - Deleted Attachment 7, JAFNPP "On-Duty" Emergency Plan Staff Call Out By Position and Name". This schedule is updated and distributed by EP. Added wording in step 4.4.3.
- 90
- Quarterly update of Emergency Response Organization
  - Added Emergency Director to Sections 4.5 and 6.1.2.1.
  - Added Section 6.1.1.A, moved former 6.1.1.A to 6.1.1.B.
  - Changed RAD Envir Services Techs in Attachment 1 to RP/Chem Techs per memo JGMS-00-004.
  - Changed RES Supervision in Attachment 2 to RP/Chem Techs per memo JGMS-00-004.
  - Relocated Security Sergeant phone number to the end of the list in Sections 6.1.2.B.2 and Attachment 3.
  - Editorial corrections in Sections 6.1.3.D and 6.1.4.
- 89
- Quarterly update of Emergency Response Organization
  - Added Asterisks after Procedure titles in Sections 2.1, 2.2, 3.1 and 6.1.5, per AP-02.04.
  - Plant Manager was added to all Sections in 4.1.
  - Section 6.0, "Activation of the Emergency Plan", was rewritten for clarification.
  - Attachment 3 was revised in accordance with Section 6.0.
  - Attachment 6 was rewritten for clarification.

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## 1.0 PURPOSE

The purpose of this procedure is to designate the emergency organization for specific emergency classification and to describe the activation of the designated principal emergency response personnel.

**NOTE:** THIS PROCEDURE IS INTENDED ONLY FOR EMERGENCY PLAN ACTIVATION AND MAY BE ALTERED BY THE EMERGENCY PLANNING COORDINATOR FOR PURPOSES OF EMERGENCY PLAN DRILLS OR EXERCISES.

## 2.0 REFERENCES

### 2.1 Performance References

2.1.1 EAP-43, EMERGENCY FACILITIES LONG TERM STAFFING\*

2.1.2 SAP-20, EMERGENCY PLAN ASSIGNMENTS\*

### 2.2 Developmental References

2.2.1 James A. FitzPatrick Nuclear Power Plant Emergency Plan, SECTION 5, ORGANIZATION\*

2.2.2 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*

2.2.3 EAP-22, OPERATION AND USE OF RADIO PAGING DEVICE\*

2.2.4 SAP-20, EMERGENCY PLAN ASSIGNMENTS\*

## 3.0 INITIATING EVENTS

3.1 An emergency has been declared in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*

## 4.0 RESPONSIBILITIES

4.1 Site Executive Officer/Plant Manager/General Manager - Operations (GMO), General Manager - Support Services (GMSS)/General Manager - Maintenance (GMM)

4.1.1 Either the Site Executive Officer, Plant Manager, the GMO, the GMM, or the GMSS will be in the general area (within approximately 60 minutes travel time to the plant) unless, and as approved by the Site Executive Officer, special circumstances dictate that they will be absent. Their location is known via the weekly staff schedule, or other means.

4.1.2 The Site Executive Officer, Plant Manager, the GMO, the GMM and the GMSS shall make their schedules available to the Operations Manager via the weekly staff schedule, or other means as appropriate.

#### 4.2 Shift Manager

4.2.1 During an emergency, the Emergency Director is responsible for the direction of all emergency actions at the James A. FitzPatrick Nuclear Power Plant. During normal hours, sufficient supervisory and support personnel are available to respond to an emergency condition; during off-hours, this support is diminished as shown in Attachment 1. When the Shift Manager/Emergency Director determines that additional personnel are necessary to respond to an onsite emergency, he will direct Security to initiate a recall of personnel in accordance with this procedure and EAP-1.1, section 4.2.1. Pagers should be activated for both normal working hours and off hour emergencies. It will be the responsibility of the Security Force to make the necessary telephone calls to initiate this site recall. Other personnel may be directed to perform this function if a Security event prevents Security from making the recall.

#### 4.3 Human Resources Manager

4.3.1 The JAFNPP Human Resources Manager is responsible to maintain an up-to-date list of all plant employees, their titles, and home phone numbers. Each calendar year quarter, the Human Resources Manager shall provide this listing to the Emergency Planning Coordinator (EPC).

- 4.3.2 The JAFNPP Human Resources Manager is responsible to ensure Oswego County I.D. cards for terminated or transferred employees are returned to the EPC after the personnel action.

#### 4.4 Emergency Planning Coordinator

- 4.4.1 The Emergency Planning Coordinator shall quarterly update Attachment 8.
- 4.4.2 The Emergency Planning Coordinator shall issue an Emergency Plan On-Call Employee Call-Out Form (Attachment 3). This form will be filed at the SAS console.
- 4.4.3 The Emergency Planning Coordinator, or designee, shall, at least quarterly, update and distribute the Emergency Plan On-call Employee Call-out Schedule using the format shown in Attachment 2, or equivalent.

#### 4.5 Security

It is the responsibility of the Secondary Alarm Station (SAS) security officer to conduct the notifications to Emergency Plan On-Call Employees if so directed by the Shift Manager or Emergency Director. The security officer shall use the appropriate pager codes for emergency call-out for Attachment 3 (located at the SAS console). Any information needed regarding plant status shall be obtained from the Shift Manager. The call-out system Community Alert Network, "CAN," shall also be used as appropriate.

#### 4.6 Emergency Plan On-Call Employees

It is the responsibility of each Emergency Plan On-Call Employee to perform their duties in accordance with this procedure. This includes maintaining an operable radio pager. If the employee is "on duty" he/she must remain within approximately one hour of their assigned facility and be fit for duty in accordance with plant/NYPA procedures.

#### 5.0 EMERGENCY PLAN ON-CALL EMPLOYEES AND SCHEDULES

- 5.1 Emergency Plan On-Call Employee Schedule shall be issued by the Emergency Planning Coordinator. The following ERO positions shall be listed.

- 5.1.1 Operations Coordinator (CR)

- 
- 5.1.2 Reactor Engineering (CR)
  - 5.1.3 Communicator (EOF)
  - 5.1.4 Computer Operator (EOF)
  - 5.1.5 Dose Assessment Coordinator (EOF)
  - 5.1.6 EOF Manager
  - 5.1.7 Purchasing/Accounting (EOF)
  - 5.1.8 Rad Data Coordinator (EOF)
  - 5.1.9 Rad Engineer (EOF)
  - 5.1.10 Rad Engineer Support (EOF)
  - 5.1.11 Rad Support Coordinator (EOF)
  - 5.1.12 Radio Operator (EOF)
  - 5.1.13 Staffing Coordinator (EOF)
  - 5.1.14 Technical Liaison (EOF)
  - 5.1.15 Security Shift Coord/SGT (JAF)
  - 5.1.16 Administrative Manager (JNC)
  - 5.1.17 Chemistry Supervisor (OSC)
  - 5.1.18 I&C Supervisor (OSC)
  - 5.1.19 Maintenance Supervisor - Electrical (OSC)
  - 5.1.20 Maintenance Supervisor - Mechanical (OSC)
  - 5.1.21 OSC Manager
  - 5.1.22 Rad Protection Supervisor (OSC)
  - 5.1.23 Communications & Records Coordinator (TSC)
  - 5.1.24 Communicator (TSC)
  - 5.1.25 Computer Operator (TSC)
  - 5.1.26 Emergency Director/TSC Manager Alternate (TSC)
  - 5.1.27 Emergency Director Aide (TSC)
  - 5.1.28 Emergency Maintenance Coordinator (TSC)
  - 5.1.29 NRC Communicator (TSC)
  - 5.1.30 Plant Engineer - Electrical (TSC)
  - 5.1.31 Plant Engineer - Mechanical (TSC)
  - 5.1.32 Rad Engineer (TSC)
  - 5.1.33 Rad Support Coordinator (TSC)
  - 5.1.34 Emergency Security Coordinator (TSC)
  - 5.1.35 Technical Coordinator (TSC)
  - 5.1.36 TSC Manager/Emergency Director Alternate.
- 5.2 The following ERO positions are issued pagers but are not assigned on-duty periods.
- 5.2.1 EOF Security Coordinator
  - 5.2.2 Oswego County/NY State Liaison (EOF)
  - 5.2.3 Public Information Technical Assistant (EOF)
  - 5.2.4 NYPA Spokesperson/JNC Director (JNC)
  - 5.2.5 Public Information Technical Assistant (JNC)
  - 5.2.6 Technical Briefer (JNC)
  - 5.2.7 B&G Supervisor (OSC)
  - 5.2.8 Fire Protection Supervisor (OSC)
  - 5.2.9 Maintenance Engineer (OSC)



- 
- 5.2.10 Nurse (OSC)
  - 5.2.11 QC Supervisor (OSC)
  - 5.2.12 Warehouse Supervisor (OSC)
  - 5.2.13 Plant Engineer - Procurement (TSC)
  - 5.2.14 Public Information Liaison (TSC)
  - 5.2.15 Public Information Technical Assistant (TSC)
  - 5.2.16 Rad Engineer Support (TSC)
- 5.3 It is the responsibility of each assigned individual to be aware of the on-call schedule and be aware of the pager codes.
- 5.4 Individuals filling positions listed in Section 5.1 are issued Emergency Plan pagers and are scheduled for "on-duty" periods. A schedule of "on-duty" personnel is initiated and published by the Emergency Planning Coordinator.
- 5.5 It is the responsibility of the individual on-call to be aware of their "on-duty" status. An on-duty week shall normally run from 0700 Monday until 0700 the following Monday. If a holiday occurs on a Monday, the on-duty period will end on Tuesday at 0700. Pagers shall be within hearing/notification range of "on duty" personnel at all times.
- 5.6 If an individual is scheduled for a particular date and that individual wishes to switch duty with another equally qualified and designated person, it is the individual's responsibility to ensure adequate coverage is maintained. No official notifications are necessary.
- 5.7 Pager codes as listed in Attachment 3 are issued to each individual assigned a pager. The codes indicate if it is a real event, a drill or a pager test. (All individuals issued pagers are expected to report to their assigned facility/follow pager instructions during a real event or drill as they would for a CAN notification.)
- 5.8 The on-call schedule for the WPO Nuclear Generation Duty Officer is maintained by the Corporate Emergency Preparedness Group.
- 6.0 **PROCEDURE**
- 6.1 **Activation of the Emergency Plan**
- 6.1.1 Shift Manager/Emergency Director

- A. The Control Room will activate pagers and CAN during times of a declared Security event.
- B. The Shift Manager or designee shall instruct the SAS Security Officer (at extension 3456) to initiate the call out of Emergency Response Organization personnel in accordance with this procedure and EAP-1.1, Section 4.2.1.

6.1.2 Secondary Alarm Station (SAS) Security Officer (or designated Security Officer)

- A. Notification of Emergency Plan On-Call Employees via pagers.

NOTE: Pager and/or CAN notifications **NOT** performed in **SAS** will be performed in accordance with Attachment 6 from the Control Room.

- 1. The SAS Security Officer, upon being instructed to do so by the Shift Manager/Emergency Director, shall notify all the Emergency Plan On-Call Employees. This shall be accomplished by using the Emergency Plan On-Call Employee Call-Out Form(Attachment 3). Activate the paging system a minimum of three (3) times. Separate pages by an interval of 2 minutes.

B. Community Alert Network (CAN)

Activate "CAN" during off-hours when directed to do so by the Shift Manager and/or Emergency Director.

NOTE: The Password and Call Back verification Phone Numbers are the same number.

- 1. Notify "CAN" at 800-552-4226. The "CAN" operator will request your name and affiliation - James A. FitzPatrick NPP(JAF Security).
- 2. The "CAN" operator will ask for a Password and a call back verification number. Provide "CAN" operator with one of the following phone numbers:

- a. SAS Phone (315-349-6420) or
- b. SAS Phone (315-349-6415) or
- c. SAS Cellular Phone (315-593-4767) or
- d. Security Sergeant (315-349-6422) or
- e. Control Room Phone, near RECS line,  
(315-349-6261)

(The "CAN" operator will then hang up and call you back for verification of the facilities and messages. If cellular phone number is given, ensure cellular phone is turned on.)

- 3. On the call back from "CAN," provide the following information:
  - a. The "CAN" operator will request which call-out lists to call. Answer "Call out the (depending on which facilities are requested to be activated).

NOTE: The JAF list includes only Security Personnel.

- 1) CR/TSC/OSC/JAF call-out lists; or the
  - 2) CR/TSC/OSC/JAF and EOF/JNC call-out lists."
- b. Instruct the "CAN" operator to activate:
    - 1) Message 1 for actual emergencies
    - OR
    - 2) Message 2 for drills

4. The backup phone number to call "CAN" is (800) 992-2331. This is an answering service and is to be used only in the event of a malfunction of the computerized prompt/recording. Tell the answering service your name/affiliation and a call back number. This person will contact the "CAN" operations staff who will return your call to get the detailed information.
5. Notify the Control Room when "CAN" has been activated.
6. CAN notifications **NOT** performed in **SAS** will be performed in accordance with Attachment 6.

#### C. Manual Call-Out/Verification

If CAN was activated, call ten (10) individuals on Attachment 8 and verify that CAN activation was successful.

If CAN activation was **NOT** successful, call Team 1 members then Team 2 then Team 3 and read the appropriate CAN message to each individual. (Use additional personnel to expedite call-out if necessary.)

#### 6.1.3 On-Call Employees "On Duty"

- A. The Emergency Plan on-call employee will maintain an operable pager and ensure that he/she can be notified at all times (ie. hear the pager) for the duration of their duty period.
- B. The Emergency Plan on-call employee shall remain fit for duty (BAC <.04% as a minimum) and be within approximately one hour from their assigned emergency response facility.
- C. The Emergency Plan on-call employee shall respond to the appropriate emergency response facility as soon as possible (approximately one hour), or follow directions given via coded message on the pager.

D. Random pager testing of on-call staff will occur periodically. Random tests must be responded to by the individuals "on duty" at the time the test is conducted as indicated by the pager code.

6.1.4 Individuals Listed in Section 5.1 But Are Not "On-Duty" and Individuals Listed in Section 5.2

ERO members assigned pagers but are not "on-duty" are expected to keep their pagers within hearing/notification range both while onsite and offsite. Response to the page is the same as that expected to a CAN call.

6.1.5 Emergency Director

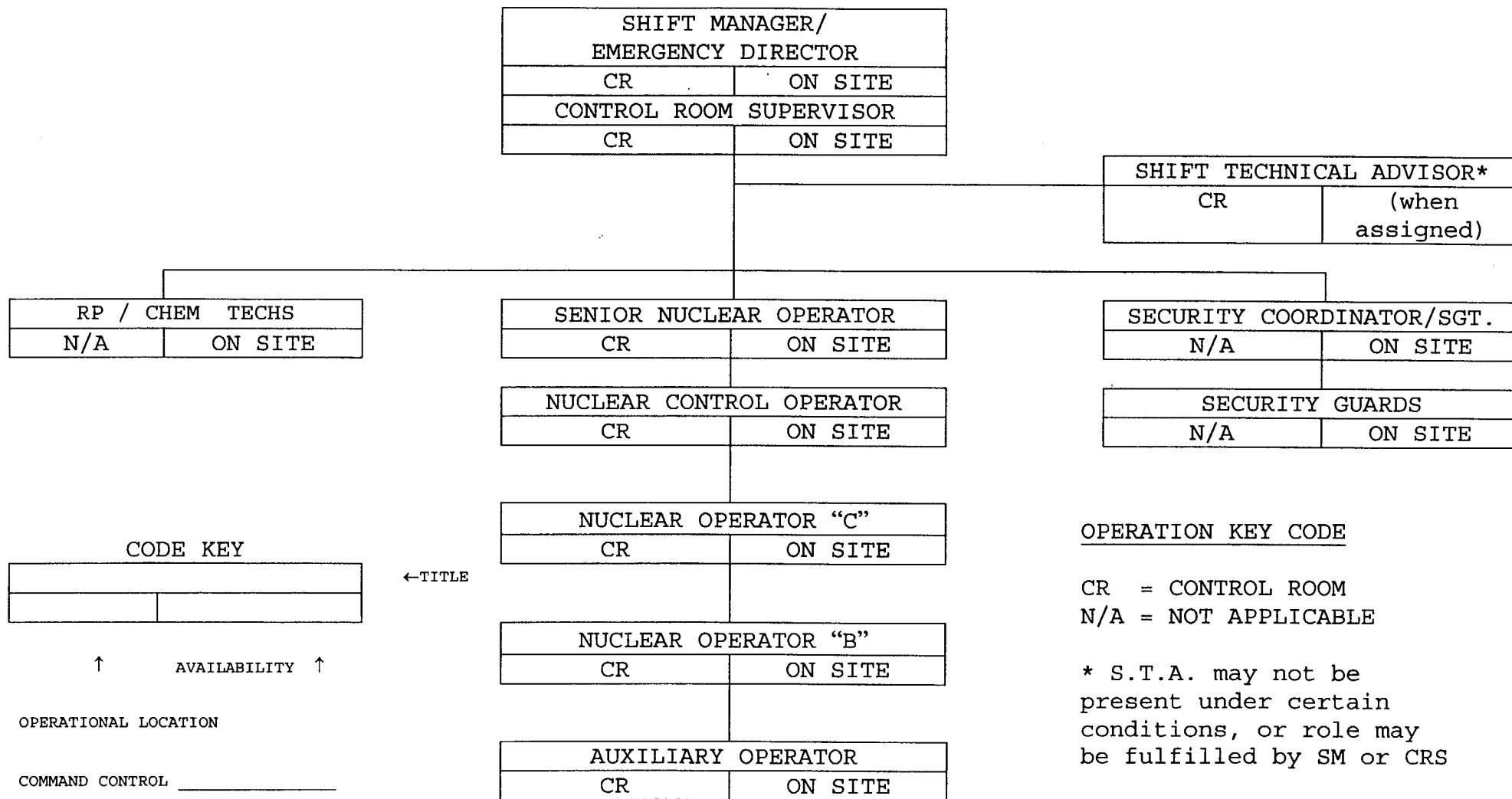
- A. The Emergency Director should establish that the emergency organization staffing applicable to the level of emergency is in place (ref. SAP-20 for facility organizational charts or adjust according to need).
- B. As soon as practical after declaring an emergency condition and activating the Emergency Response Organization, the Emergency Director shall attempt to determine if any additional staff is required to maintain the emergency response.
- C. The Emergency Director may delegate the staffing responsibilities to a Staffing Coordinator. Refer to EAP-43, EMERGENCY FACILITIES LONG TERM STAFFING\*

**7.0 ATTACHMENTS**

1. JAFNPP EMERGENCY STAFFING ON SHIFT RESPONSE ORGANIZATION
2. JAFNPP TYPICAL EMERGENCY PLAN STAFF CALL OUT MATRIX - BY POSITION
3. EMERGENCY PLAN ON-CALL EMPLOYEE CALL-OUT
4. "CAN" MESSAGES
5. EMERGENCY PLAN POSITION SHEET
6. ALTERNATE COMMUNITY ALERT NETWORK CAN EMERGENCY CALL OUT DURING SECURITY EVENT
7. EMERGENCY ORGANIZATION ASSIGNMENTS

# JAFNPP EMERGENCY STAFFING ON SHIFT RESPONSE ORGANIZATION

Page 1 of 1



# JAFNPP TYPICAL EMERGENCY PLAN STAFF CALL OUT MATRIX - BY POSITION

Page 1 of 1

| JAFNPP TYPICAL EMERGENCY PLAN STAFF CALL OUT MATRIX - BY POSITION |                                                  |                     |                     |                    |                    |                    |                                                        |
|-------------------------------------------------------------------|--------------------------------------------------|---------------------|---------------------|--------------------|--------------------|--------------------|--------------------------------------------------------|
| EP Function                                                       | DATE                                             | DATE                | DATE                | DATE               | DATE               | DATE               | EP Qualified Positions                                 |
| <b>CONTROL ROOM</b>                                               |                                                  |                     |                     |                    |                    |                    |                                                        |
| Operations Coordination                                           | Operations Coord                                 | Operations Coord    | Operations Coord    | Operations Coord   | Operations Coord   | Operations Coord   | Operations Coordinator                                 |
| Reactor Engineering                                               | As assigned per Reactor Analyst Schedule         |                     |                     |                    |                    |                    | Reactor Engineer                                       |
| <b>TECHNICAL SUPPORT CENTER</b>                                   |                                                  |                     |                     |                    |                    |                    |                                                        |
| Emergency Director                                                | As assigned per Emergency Director Schedule      |                     |                     |                    |                    |                    | Emergency Director IAW EAP-17, Step 4.1.1              |
| System Assessment Advisor                                         | As assigned per Work Week Manager Schedule       |                     |                     |                    |                    |                    | System Assessment Advisor                              |
| Parameter Assessment Advisor                                      | Para. Asst. Adv.                                 | Para. Asst. Adv.    | Para. Asst. Adv.    | Para. Asst. Adv.   | Para. Asst. Adv.   | Para. Asst. Adv.   | Parameter Assessment Advisor                           |
| TSC Management                                                    | TSC Manager                                      | TSC Manager         | TSC Manager         | TSC Manager        | TSC Manager        | TSC Manager        | TSC Manager                                            |
| Technical Coord/Lead                                              | Tech. Coord/DE                                   | Tech. Coord/DE      | Tech. Coord/DE      | Tech. Coord/DE     | Tech. Coord/DE     | Tech. Coord/DE     | Tech. Coordinator/Designated Engineer (DE)             |
| Emergency Plan Assistance                                         | ED Aide                                          | ED Aide             | ED Aide             | ED Aide            | ED Aide            | ED Aide            | ED Aide                                                |
| Plant Engineer Mechanical                                         | Plant Eng. Mech                                  | Plant Eng. Mech     | Plant Eng. Mech     | Plant Eng. Mech    | Plant Eng. Mech    | Plant Eng. Mech    | Plant Engineer Mechanical                              |
| Plant Engineer Electrical                                         | Plant Eng. Elect                                 | Plant Eng. Elect    | Plant Eng. Elect    | Plant Eng. Eletc   | Plant Eng. Elect.  | Plant Eng. Elect   | Plant Engineer Electrical                              |
| Inplant Radiological Lead                                         | Rad Sup Coord                                    | Rad Sup Coord       | Rad Sup Coord       | Rad Engineer       | Rad Engineer       | Rad Engineer       | Radiological Support Coordinator or Rad Engineer       |
| Communication Management                                          | Comm Records Coord.                              | Comm Records Coord. | Comm Records Coord. | NRC Communicator   | NRC Communicator   | NRC Communicator   | Comms & Records Coordinator or NRC Communicator        |
| Communications                                                    | Communicator                                     | Communicator        | Communicator        | Communicator       | Communicator       | Communicator       | Communicators                                          |
| Computer Operations                                               | Computer Oper                                    | Computer Oper       | Computer Oper       | Computer Oper      | Computer Oper      | Computer Oper      | Computer Operator                                      |
| Emergency Maintenance Coord                                       | As assigned per Coordinated Maintenance Schedule |                     |                     |                    |                    |                    | Emergency Maintenance Coordinator                      |
| Security Lead                                                     | Emer Sec Coord                                   | Emer Sec Coord      | Emer Sec Coord      | Shift Coord/SGT.   | Shift Coord/SGT.   | Shift Coord/SGT.   | Emergency Security Coord. Or Sec. Shift Coord/SGT.     |
| <b>OPERATIONAL SUPPORT CENTER</b>                                 |                                                  |                     |                     |                    |                    |                    |                                                        |
| OSC Management                                                    | Assigned per Coordinated Maintenance Schedule    |                     |                     |                    |                    |                    | OSC Manager                                            |
| Mechanical Maint. Supervision                                     | Assigned per Coordinated Maintenance Schedule    |                     |                     |                    |                    |                    | Maintenance Supervisor - Mechanical                    |
| RP / Chem Supervision                                             | RP Supv                                          | RP Supv.            | RP Supv.            | Chem Supv.         | Chem Supv          | Chem Supv          | Rad Protection Supervisor or Chemistry Supervisor      |
| I&C and Electrical Supervision                                    | Assigned per Coordinated Maintenance Schedule    |                     |                     |                    |                    |                    | I&C Supervisor or Maintenance Supervisor - Electrical  |
| <b>EMERGENCY OPERATIONS FACILITY</b>                              |                                                  |                     |                     |                    |                    |                    |                                                        |
| EOF Management                                                    | EOF Manager                                      | EOF Manager         | EOF Manager         | Tech Liaison       | Tech Liaison       | Tech Liaison       | EOF Manager or Technical Liaison                       |
| Dose Assessment Lead                                              | Rad Sup Coord                                    | Rad Sup Coord       | Rad Sup Coord       | Dose Assess. Coord | Dose Assess. Coord | Dose Assess. Coord | Rad Support Coordinator or Dose Assessment Coordinator |
| Rad Engineering Support                                           | Rad Engineer                                     | Rad Engineer        | Rad Engineer        | Rad Eng. Support   | Rad Eng. Support   | Rad Eng. Support   | Rad Engineer or Rad Engineer Support                   |
| Rad. Data & Dispatch Support                                      | Rad Data Coord                                   | Rad Data Coord      | Rad Data Coord      | Radio Operator     | Radio Operator     | Radio Operator     | Rad Data Coordinator or Radio Operator                 |
| Computer Operations                                               | Computer Oper                                    | Computer Oper       | Computer Oper       | Computer Oper      | Computer Oper      | Computer Oper      | Computer Operator                                      |
| Communications Support                                            | Communicator                                     | Communicator        | Communicator        | Communicator       | Communicator       | Communicator       | Communicator                                           |
| Staffing & Purchasing                                             | Staff Coord                                      | Staff Coord         | Staff Coord         | Purch Account      | Purch Account      | Purch Account      | Staffing Coordinator or Purchasing Accounting          |
| <b>JOINT NEWS CENTER</b>                                          |                                                  |                     |                     |                    |                    |                    |                                                        |
| Administration                                                    | Admin Mgr.                                       | Admin Mgr.          | Admin Mgr.          | Admin Mgr.         | Admin Mgr.         | Admin Mgr.         | Admin Manager                                          |



# EMERGENCY PLAN ON-CALL EMPLOYEE CALL-OUT

Page 1 of 1

DATE OF ACTIVATION \_\_\_\_\_ TIME CALL-OUT STARTED \_\_\_\_\_

Emergency Classification    None        NUE        Alert        SAE        GE

Facility Activated        TSC        OSC        EOF/JNC

Activate Pagers        Yes        No

Activate CAN        Yes        No

Activated by SM/ED/Other \_\_\_\_\_

## A. Pager Activation

| FIRST DIGIT<br>INFORMATION | SECOND DIGIT<br>CLASSIFICATION | THIRD DIGIT<br>FACILITY ACTIVATED                                               |
|----------------------------|--------------------------------|---------------------------------------------------------------------------------|
| 1 = Actual Event           | 1 = NUE                        | 1 = Report to CR/OSC/TSC                                                        |
| 2 = Drill or Exercise      | 2 = Alert                      | 2 = Report to CR/OSC/TSC/EOF/JNC                                                |
| 9 = Pager test only        | 3 = SAE                        | 3 = On duty only report to CR/OSC/TSC/EOF/JNC                                   |
|                            | 4 = GE                         | 7 = On duty team call CAN 800- 205-5175<br>(respond to CAN prompts as directed) |
|                            | 9 = None                       | 8 = All personnel report to EOF for further<br>instructions.                    |
|                            |                                | 9 = No response required                                                        |

1. Three Digit Event Code from Shift Manager \_\_\_\_\_
2. Obtain "pager" number from Security Coord. \_\_\_\_\_
3. Obtain Password from Security Coord. \_\_\_\_\_
4. Dial 1-800-836-2337
5. Enter "pager" number when prompted from system ("Please enter the pager number")
6. Enter "Password" when prompted from system ("Please enter your caller password")
7. Wait for tones; enter "Three Digit Event Code"
8. Repeat above steps 4-7 two (2) more times - Separate page intervals by 2 minutes (call CAN between pages as applicable).
9. Call the WPO Nuclear Generation Duty Officer pager using the NYPA paging system as follows:
  - From a plant switched phone dial 7243 (from any other phone dial 1-800-269-6972, when prompted to "Please enter the number you are calling" enter 718-7243).
  - Follow directions and enter 718-3889.
  - Enter the number you wish to be called back on (eg. 315-3496xxx) and hang-up.
  - Report plant status to NGDO when call is returned.

## B. CAN Activation

1. Call back number: \_\_\_\_\_
2. CAN Activation Lists: CR/TSC/OSC/JAF EOF/JNC
3. Determine message to send
  - Message 1 - for actual emergency
  - Message 2 - for drills
  - Community Alert Network (CAN): 800-552-4226
4. CAN - Follow steps in procedure if necessary (Step 6.1.2.B)

### SAS CALL BACK NUMBERS

|                |                |
|----------------|----------------|
| SAS Phone      | (315-349-6420) |
| SAS Phone      | (315-349-6415) |
| SAS Cell Phone | (315-593-4767) |
| Sec. Sergeant  | (315-349-6422) |

## C. Manual Calls/Verification

If CAN was activated, verify successful activation by calling ten (10) individuals listed on Attachment 8. If CAN activation was not successful, call all individuals on Attachment 8 and read the appropriate CAN message. (Call Team 1 members then Team 2 then Team 3 - use additional people if available.)

## D. Information

Time Call-Out Completed \_\_\_\_\_ (inform SM when complete)

Signature \_\_\_\_\_

Print/Sign

"CAN" MESSAGES

Page 1 of 1

MESSAGE #1 (Use to activate a facility during an Actual Event)

This is an emergency message from the James A. FitzPatrick Nuclear Power Plant. This is an emergency message from the James A. FitzPatrick Nuclear Power Plant. An emergency has been declared at the plant! An emergency has been declared at the plant! Report to your assigned emergency facility. Fitness For Duty requirements apply. Report to your assigned emergency facility. Fitness For Duty requirements apply.

ACTIVATION

MESSAGE #2 (Use to activate a facility during a drill)

This is a drill message from the James A. FitzPatrick Nuclear Power Plant. This is a drill! This is a drill! An emergency has been declared at the plant. Report to your assigned emergency facility. Fitness For Duty requirements apply. An emergency has been declared at the plant. Report to your assigned emergency facility. Fitness For Duty requirements apply. This is a drill. This is a drill.

DRILL

## Page 1 of 1

NEW YORK POWER AUTHORITY  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
EMERGENCY PLAN IMPLEMENTING PROCEDURE

EMERGENCY USE OF POTASSIUM IODINE (KI) \*  
EAP-19  
REVISION 20

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

  
RESPONSIBLE PROCEDURE OWNER

DATE: 8/21/00

EFFECTIVE DATE:

August 30, 2000

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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PERIODIC REVIEW DUE DATE: FEBRUARY 2002

## REVISION SUMMARY SHEET

## REV. NO.

- 20 • Updated attachment 2 - added/omitted personnel with an allergy to KI.
- 19 • Attachment 2, page 9, was updated to add a new person.
- 18 • Page 3, Section 5: Deleted Reference to ES-3, NYPA Radiation Protection Program Manual. This document no longer exist.
- Page 4, Section 2.2: Deleted Reference to ES-3, NYPA Radiation Protection Program Manual. This document no longer exist.
- Page 7, Section 5.0: Deleted Reference to ES-3, NYPA Radiation Protection Program Manual. This document no longer exist.
- Page 8-9, Attachment 1: Deleted Reference to ES-3, NYPA Radiation Protection Program Manual. This document no longer exist.
- Page 4, Section 2.1: Added additional procedures to Performance References.
- Page 5, Section 4.1.2: Correctly Re-numbered attachments as a result of deletion of ES-3.
- Page 5, Section 4.2.3: Correctly Re-numbered attachments as a result of deletion of ES-3.
- Pages 10, 11, 12: Correctly Re-numbered attachments as a result of deletion of ES-3.

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## 1.0 PURPOSE

The purpose of this procedure is to provide instructions for the use of thyroid blocking Potassium Iodide (KI), for New York Power Authority employees only. (The purpose of using Potassium Iodide (KI) is to saturate the thyroid gland with stable iodine so the radioactive iodine will be "blocked". Studies indicate that iodine has approximately a six hour half time of uptake, so the stable KI can be given up to several hours after exposure to radioiodine and it will still have some thyroid blocking effect. Preferably, KI should be given prior to exposure to radioiodine. The National Council on Radiation Protection and Measurements (NCRP) in Report No. 55 recommends that "individuals who have had an accidental occupational exposure to radioiodine, regardless of the route of exposure, should immediately be given Potassium Iodide and this administration should be continued for 7 to 14 days.)

## 2.0 REFERENCES

### 2.1 Performance References

- 2.1.1 EAP-1.1, OFFSITE NOTIFICATIONS\*
- 2.1.2 EAP-4, DOSE ASSESSMENT CALCULATIONS\*
- 2.1.3 EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING\*
- 2.1.4 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY\*
- 2.1.5 RTP-74, MS-2 MINI SCALER OPERATION AND CALIBRATION\*
- 2.1.6 RP-RESP-502, RADeCO H-809V1 HIGH VOLUME AIR SAMPLER OPERATION AND CALIBRATION\*
- 2.1.7 AM-03.04, RADIOIODINE CARTRIDGE ANALYSIS USING GAMMA SPECTROSCOPY

### 2.2 Developmental References

- 2.2.1 National Council on Radiation Protection and Measurements Report No. 55. PROTECTION OF THE THYROID GLAND IN THE EVENT OF RELEASES OF RADIOIODINE.

- 2.2.2 Manufacturer's (Wallace Laboratories)  
Recommendations on Use of Thyro-Block Tablets.
- 2.2.3 EAP-4, DOSE ASSESSMENT CALCULATIONS\*
- 2.2.4 EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND  
ENVIRONMENTAL MONITORING\*
- 2.2.5 EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY\*
- 2.2.6 RTP-74, MS-2 MINI SCALER OPERATION AND  
CALIBRATION\*
- 2.2.7 RP-RESP-502, RADeCO H-809V1 HIGH VOLUME AIR  
SAMPLER OPERATION AND CALIBRATION\*
- 2.2.8 AM-03.04, RADIOIODINE CARTRIDGE ANALYSIS USING  
GAMMA SPECTROSCOPY
- 2.2.9 EPA-400-R-92-001, MANUAL OF PROTECTIVE ACTION  
GUIDES AND PROTECTIVE ACTIONS FOR NUCLEAR  
INCIDENTS

### 3.0 INITIATING EVENTS

- 3.1 Conditions indicate abnormal radiological conditions in the  
plant or environs.

### 4.0 PROCEDURE

The Emergency Director is the only individual authorized to  
implement this procedure.

#### 4.1 Emergency Director or Designee Shall:

- 4.1.1 Request the Radiological Support Coordinator (RSC)  
to determine the potential thyroid Committed Dose  
Equivalent (CDE) to JAF emergency workers.



- 4.1.2 If the RSC determines that the potential for thyroid dose exists, request that isotopic monitoring be conducted. If the isotopic monitoring results indicate potential, estimated, or actual thyroid CDE less than 25 rem, continue monitoring. If the isotopic monitoring results indicate potential, estimated or actual thyroid CDE of 25 rem or greater, administer KI for voluntary use to those NYPA emergency workers likely to receive the radiological dose. The RSC shall refer to Attachment 2 of this procedure prior to administering KI for voluntary use by JAF personnel. Attachment 2 is a memo which lists JAF employees with known allergies to potassium iodide.

Employees with known allergies shall not use KI. All employees shall be made aware of possible side effects before they decide to use KI.

**4.2 Radiological Support Coordinator or Designee Shall:**

- 4.2.1 Monitor the radiological conditions in the emergency facilities or any work areas containing personnel. This shall be done in accordance with the following procedures: EAP-6, EAP-4, EAP-5.3, RP-RESP-502, RTP-74 and AM-03.04.
- 4.2.2 Determine the potential thyroid CDE from the radioisotope I-131 for all risk personnel.
- 4.2.3 If the monitoring determines that the potential for thyroid dose exists, request that isotopic monitoring be conducted. If the isotopic monitoring results indicate potential, estimated, or actual thyroid CDE less than 25 rem, continue monitoring. If the isotopic monitoring results indicate potential, estimated or actual thyroid CDE of 25 rem or greater, recommend to the Emergency Director (ED) administration of KI for voluntary use to those NYPA emergency workers likely to receive the radiological dose. Refer to Attachment 2 for the list of JAF employees with known allergies to KI. Attachment 3 provides guidance on levels of I-131 concentration and stay times that may result in a 25 rem thyroid CDE. These I-131 concentrations and stay times establish the threshold level for use of KI. The

conversion factors used in deriving the concentrations are listed in Attachment 3.

- 4.2.4 If instructed to administer Potassium Iodide (KI) by the Emergency Director to the risk personnel, administer in a dosage of 130 mg (one tablet) orally, initially, followed by 130 mg once daily. Administration of KI should not be for less than 3 days and usually not for more than 10 days. The Authority's designated physician or medical consultant may change this total dose requirement based on monitoring measurements, exposure potentials, etc. (The Authority's designated medical consultant's phone number is included in EAP-1.1.)
- 4.2.5 Potassium Iodide (KI) should be administered no later than three hours after exposure.
- 4.2.6 Potassium Iodide (KI) is located in the plant and Emergency Operations Facility emergency kits.
- 4.2.7 Consideration should be given to issuance of Potassium Iodide (KI) to technicians performing field survey work if potential thyroid CDE exceeds previously established parameters.

#### 4.3 Warning and Side Effects

##### 4.3.1 Warning

Potassium Iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

##### 4.3.2 Side Effects

A. Usually, side effects of Potassium Iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time KI will be taken.

- B. Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).
- C. A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.
- D. Taking iodide may rarely cause over-activity of the thyroid gland, under-activity of the thyroid gland, or enlargement of the thyroid gland (goiter).

#### 5.0 ATTACHMENTS

1. PATIENT PACKAGE INSERT FOR "THYRO-BLOCK" POTASSIUM IODIDE
2. MEMO RE: POTASSIUM IODIDE ALLERGY
3. STAY TIME VS I-131 CONCENTRATIONS RESULTING IN 25 REM CDE THYROID

## ATTACHMENT 1

Page 1 of 1

PATIENT PACKAGE INSERT FOR THYRO-BLOCK POTASSIUM IODINE

Patient Package Insert For

**THYRO-BLOCK®**  
TABLETS  
(POTASSIUM IODIDE TABLETS, USP)  
(pronounced pos-TASS-ee-um EYE-oh-dyed)  
(abbreviated: KI)

TAKE POTASSIUM IODIDE ONLY WHEN PUBLIC HEALTH OFFICIALS TELL YOU. IN A RADIATION EMERGENCY, RADIOACTIVE IODINE COULD BE RELEASED INTO THE AIR. POTASSIUM IODIDE (A FORM OF IODINE) CAN HELP PROTECT YOU.

IF YOU ARE TOLD TO TAKE THIS MEDICINE, TAKE IT ONE TIME EVERY 24 HOURS. DO NOT TAKE IT MORE OFTEN. MORE WILL NOT HELP YOU AND MAY INCREASE THE RISK OF SIDE EFFECTS. DO NOT TAKE THIS DRUG IF YOU KNOW YOU ARE ALLERGIC TO IODIDE. (SEE SIDE EFFECTS BELOW.)

**INDICATIONS**

THYROID BLOCKING IN A RADIATION EMERGENCY ONLY.

**DIRECTIONS FOR USE**

Use only as directed by State or local public health authorities in the event of a radiation emergency.

**DOSE**

Tablets: **ADULTS AND CHILDREN 1 YEAR OF AGE OR OLDER:** One (1) tablet once a day. Crush for small children.  
**BABIES UNDER 1 YEAR OF AGE:** One-half (1/2) tablet once a day. Crush first.

Take for 10 days unless directed otherwise by State or local public health authorities.

Store at controlled room temperature between 15° and 30°C (59° to 86°F). Keep container tightly closed and protect from light.

**WARNING**

Potassium iodide should not be used by people allergic to iodide. Keep out of the reach of children. In case of overdose or allergic reaction, contact a physician or the public health authority.

**DESCRIPTION**

Each white, round, scored, monogrammed THYRO-BLOCK® TABLET contains 130 mg of potassium iodide. Other ingredients: magnesium stearate, microcrystalline cellulose, silica gel, and sodium thiosulfate.

**HOW POTASSIUM IODIDE WORKS**

Certain forms of iodine help your thyroid gland work right. Most people get the iodine they need from foods, like iodized salt or fish. The thyroid can "store" or hold only a certain amount of iodine.

In a radiation emergency, radioactive iodine may be released in the air. This material may be breathed or swallowed. It may enter the thyroid gland and damage it. The damage would probably not show itself for years. Children are most likely to have thyroid damage.

If you take potassium iodide, it will fill up your thyroid gland. This reduces the chance that harmful radioactive iodine will enter the thyroid gland.

**WHO SHOULD NOT TAKE POTASSIUM IODIDE**

The only people who should not take potassium iodide are people who know they are allergic to iodide. You may take potassium iodide even if you are taking medicines for a thyroid problem (for example, a thyroid hormone or antithyroid drug). Pregnant and nursing women and babies and children may also take this drug.

**HOW AND WHEN TO TAKE POTASSIUM IODIDE**

Potassium iodide should be taken as soon as possible after public health officials tell you. You should take one dose every 24 hours. More will not help you because the thyroid can "hold" only limited amounts of iodine. Larger doses will increase the risk of side effects. You will probably be told not to take the drug for more than 10 days.

**SIDE EFFECTS**

Usually, side effects of potassium iodide happen when people take higher doses for a long time. You should be careful not to take more than the recommended dose or take it for longer than you are told. Side effects are unlikely because of the low dose and the short time you will be taking the drug.

Possible side effects include skin rashes, swelling of the salivary glands, and "iodism" (metallic taste, burning mouth and throat, sore teeth and gums, symptoms of a head cold, and sometimes stomach upset and diarrhea).

A few people have an allergic reaction with more serious symptoms. These could be fever and joint pains, or swelling of parts of the face and body and at times severe shortness of breath requiring immediate medical attention.

Taking iodide may rarely cause overactivity of the thyroid gland, underactivity of the thyroid gland, or enlargement of the thyroid gland (goiter).

**WHAT TO DO IF SIDE EFFECTS OCCUR**

If the side effects are severe or if you have an allergic reaction, stop taking potassium iodide. Then, if possible, call a doctor or public health authority for instructions.

**HOW SUPPLIED**

THYRO-BLOCK® TABLETS (Potassium Iodide Tablets, USP) are white, round tablets, one side scored, other side debossed 472 WALLACE, each containing 130 mg potassium iodide. Available in bottles of 14 tablets (NDC 0037-0472-20).

**WALLACE LABORATORIES**  
Division of  
CARTER-WALLACE, INC.  
Cranbury, New Jersey 08512

IN-0472-03

Rev. 5/94

ATTACHMENT 2

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MEMO RE: POTASSIUM IODINE ALLERGY

James A. FitzPatrick  
Nuclear Power Plant  
P.O. Box 41  
Lycorning, New York 13093  
315 342 3840



**New York Power  
Authority**

## Memorandum

August 14, 2000  
JSECOHN-00-072

MEMORANDUM TO: NICHOLAS AVRAKOTOS  
FROM: PAMELA D. STELL, RN, OHN  
SUBJECT: POTASSIUM IODIDE ALLERGY

The following is an updated listing of individuals allergic to Potassium Iodide.

1. Dominick Alscheimer
2. Robert F. Barnes
3. Joseph P. Colloca
4. Anthony J. DeSarro
5. Helen C. Feyh
6. Eric C. Gould
7. Kenneth D. Moody
8. William P. MacDonald
9. Thomas R. Moskalyk
10. James D. Ratigan
11. Peter M. Reynolds
12. Paul W. Roman
13. Anne L. Stark
14. Paul S. Troia
15. Michael Warchol

*Pamela D. Stell RN OHN-A*

PAMELA D. STELL, RN, OHN  
OCCUPATIONAL HEALTH NUSE

PS:mwf

Cc: K. Szeluga  
T. Teifke  
P. Stell

## ATTACHMENT 3

Page 1 of 1

STAY TIME VS I-131 CONCENTRATION RESULTING IN 25 REM CDE THYROID

Given: DCF for I-131 =  $1.3E6$  rem per  $\mu\text{Ci}\cdot\text{cm}^3\cdot\text{h}$

DCF is in terms of committed dose equivalent (CDE) from  
EPA-400-R-92-100

In developing DCF, the adult lung class that resulted in  
the most restrictive value was selected.

The DCF is for dose due to inhalation only.

No credit is taken for radioactive decay.

| <u>Stay Time (hrs)</u> | <u>I-131 Concentration <math>\mu\text{Ci}/\text{cm}^3</math></u> |
|------------------------|------------------------------------------------------------------|
| 8                      | $2.44E-6$                                                        |
| 7                      | $2.79E-6$                                                        |
| 6                      | $3.25E-6$                                                        |
| 5                      | $3.90E-6$                                                        |
| 4                      | $4.88E-6$                                                        |
| 3                      | $6.50E-6$                                                        |
| 2                      | $9.75E-6$                                                        |
| 1                      | $1.95E-5$                                                        |
| 0.75                   | $2.60E-5$                                                        |
| 0.5                    | $3.90E-5$                                                        |
| 0.25                   | $7.80E-5$                                                        |