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November 01, 2000

Document Control Desk
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555

Re: · McGuire Nuclear Station Unit 1 Docket No. 50-369
McGuire Nuclear Station Unit 2 Docket No. 50-370
Changes to Emergency Plan Implementing Procedures

Attached to this letter are a revised Emergency Plan Implementing Procedure (EPIP) Index and revised Emergency Plan Implementing Procedures. These procedure changes were evaluated pursuant to the requirements of 10 CFR 50.54 (q). These changes do not constitute a reduction in the effectiveness of the emergency plan and the plan continues to meet the requirements of 10 CFR 50.47 (b) and 10 CFR 50 Appendix E. As such, these changes do not require NRC approval prior to implementation. Revision bars in the procedure indicate the procedure changes. The following index and procedure change has been implemented:

EPIP Index Page 1	RP/0/A/5700/004
EPIP Index Page 2	RP/0/A/5700/010
EPIP Index Page 3	RP/0/A/5700/012
RP/0/A/5700/001	RP/0/A/5700/018
RP/0/A/5700/002	RP/0/A/5700/020
RP/0/A/5700/003	HP/0/B/1009/023

There are no new regulatory commitments in this document. Duke is also supplying two copies of this submittal to the Regional Administrator of Region II. Questions on this document should be directed to Steve Mooneyhan at (704) 875-4646.

Very truly yours,

H. B. Barron
Vice President, McGuire Nuclear Station
Duke Energy Corporation

HBB:jcm

Attachments

A045

U.S. Nuclear Regulatory Commission
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Page 2

xc: (w/attachment)
Mr. Luis Reyes,
Regional Administrator
U.S. Nuclear Regulatory Commission
Region II
61 Forsyth St., SW, Suite 23T85
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(w/o attachment)
NRC Resident Inspector

Frank Rinaldi, USNRC

Jeff Thomas (EC050)

Electronic Licensing Library (EC050)

EP File 111

DUKE

McGUIRE NUCLEAR SITE

EMERGENCY PLAN IMPLEMENTING PROCEDURES

APPROVED: *Bryan Polan*
SAFETY ASSURANCE MANAGER

DATE APPROVED 10/25/00

EPIP Index Page 1	Dated 10/25/2000
EPIP Index Page 2	Dated 10/25/2000
EPIP Index Page 3	Dated 10/25/2000
RP/0/A/5700/001	Dated 10/25/2000
RP/0/A/5700/002	Dated 10/25/2000
RP/0/A/5700/003	Dated 10/25/2000
RP/0/A/5700/004	Dated 10/25/2000
RP/0/A/5700/010	Dated 10/25/2000
RP/0/A/5700/012	Dated 10/25/2000
RP/0/A/5700/018	Dated 10/25/2000
RP/0/A/5700/020	Dated 10/25/2000
HP/0/B/1009/023	Dated 10/25/2000

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
RP/0/A/5700/000	Classification of Emergency	Rev. 005
RP/0/A/5700/001	Notification of Unusual Event	Rev. 014
RP/0/A/5700/002	Alert	Rev. 014
RP/0/A/5700/003	Site Area Emergency	Rev. 014
RP/0/A/5700/004	General Emergency	Rev. 014
RP/0/A/5700/05	Care and Transportation of Contaminated Injured Individual(s) From Site to Offsite Medical Facility	DELETE
RP/0/A/5700/006	Natural Disasters	Rev. 007
RP/0/A/5700/007	Earthquake	Rev. 006
RP/0/A/5700/008	Release of Toxic or Flammable Gases	Rev. 003
RP/0/A/5700/09	Collisions/Explosions	Rev. 000
RP/0/A/5700/010	NRC Immediate Notification Requirements	Rev. 011
RP/0/A/5700/011	Conducting a Site Assembly, Site Evacuation or Containment Evacuation	Rev. 005
RP/0/A/5700/012	Activation of the Technical Support Center (TSC)	Rev. 018
RP/0/A/5700/013	Activation of the Emergency Operations Facility (EOF)	DELETE
RP/0/A/5700/14	Emergency Telephone Directory	DELETE
RP/0/A/5700/015	Notifications to the State and Counties from the EOF	DELETE
RP/0/A/5700/16	EOF Commodities and Facilities Procedure	DELETE
RP/0/A/5700/17	Emergency Data Transmittal System Access	DELETE
RP/0/A/5700/018	Notifications to the State and Counties from the TSC	Rev. 007
RP/0/A/5700/019	Core Damage Assessment	Rev. 003
RP/0/A/5700/020	Activation of the Operations Support Center (OSC)	Rev. 011
RP/0/A/5700/21	EOF Access Control	DELETE
RP/0/A/5700/022	Spill Response Procedure	Rev. 009
RP/0/A/5700/024	Recovery and Reentry Procedure	Rev. 001
RP/0/A/5700/026	Operations/Engineering Technical Evaluations in the Technical Support Center (TSC)	Rev. 001
RP/0/B/5700/023	Community Relations Emergency Response Plan	Rev. 001
OP/0/B/6200/090	PALSS Operation for Accident Sampling	Rev. 010

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
HP/0/B/1009/002	Alternative Method for Determining Dose Rate Within the Reactor Building	Rev. 002
HP/0/B/1009/003	Recovery Plan	Rev. 003
HP/0/B/1009/05	Initial Evaluation of Protective Action Guides Due to Abnormal Plant Conditions	DELETED
HP/0/B/1009/006	Procedure for Quantifying High Level Radioactivity Releases During Accident Conditions	Rev. 005
HP/0/B/1009/010	Releases of Radioactive Effluents Exceeding Selected Licensee Commitments	Rev. 005
HP/1/B/1009/015	Unit 1 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/2/B/1009/015	Unit 2 Nuclear Post-Accident Containment Air Sampling System Operating Procedure	Rev. 003
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release	Rev. 001
HP/0/B/1009/020	Manual Procedure for Offsite Dose Projections	DELETED
HP/0/B/1009/021	Estimating Food Chain Doses Under Post-Accident Conditions	Rev. 001
HP/0/B/1009/022	Accident and Emergency Response	Rev. 002
HP/0/B/1009/023	Environmental Monitoring for Emergency Conditions	Rev. 003
HP/0/B/1009/024	Personnel Monitoring for Emergency Conditions	Rev. 001
HP/0/B/1009/029	Initial Response On-Shift Dose Assessment	Rev. 005
SH/0/B/2005/001	Emergency Response Offsite Dose Projections	Rev. 001
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions	Rev. 001
SR/0/B/2000/01	Standard Procedure for Public Affairs Response to the Emergency Operations Facility	Rev. 002
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities	Rev. 001
SR/0/B/2000/003	Activation of the Emergency Operations Facility	Rev. 006
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility	Rev. 001

EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

<u>PROCEDURE #</u>	<u>TITLE</u>	<u>REVISION NUMBER</u>
McGuire Site Directive 280	Site Assembly/Accountability and Evacuation/Containment Evacuation	DELETED
EP Group Manual	Section 1.1 Emergency Organization	Rev. 017
MNS RP Manual:	Section 18.1 Accident and Emergency Response	DELETED
	Section 18.2 Environmental Monitoring for Emergency Conditions	DELETED
	Section 18.3 Personnel Monitoring for Emergency Conditions	DELETED
	Section 18.4 Planned Emergency Exposure	DELETED

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/O/A/5700/001

Revision No. 014

PREPARATION

(2) Station **McGuire Nuclear Station**

(3) Procedure Title Notification of Unusual Event

(4) Prepared By [Signature] Date 9/18/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company McGuire Nuclear Station Notification of Unusual Event Multiple Use	Procedure No. RP/0/A/5700/001
	Revision No. 014
	Electronic Reference No. MC0048M4

Unusual Event

1. Symptoms

Events are in process or have occurred which indicate a potential degradation of the level of safety of the plant.

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

—— 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every four hours until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change.
- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- 3.3 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:
- _____ 3.3.1 Remain in an Unusual Event.
 - _____ 3.3.2 Escalate to a more severe class.

_____ 3.3.3 Terminate the emergency.

3.4 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

_____ 3.4.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.

_____ 3.4.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

_____ 3.4.3 **IF** the Technical Support Center was not activated, **THEN** notify the NRC Operations Center that the event has been terminated using the ENS.

_____ NRC Operations Officer Contacted

_____/_____/_____
Date

_____ Time

_____ 3.5 The Emergency Planning Staff shall follow up with an LER or written summary to the State and County authorities with 30 days.

4. Enclosures

4.1 Emergency Notification Form

4.2 Initial Notification Completion/Transmission

4.3 NRC Event Notification Worksheet

4.4 Follow-up Notification Completion/Transmission

4.5 Termination Notification Completion/Transmission

4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist

4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}

4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}

4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) _____ (Title) Emergency Coordinator TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. _____
(name)

(date) _____ (time) _____
(agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. _____
(name)

(date) _____ (time) _____
(agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. _____
(name)

(date) _____ (time) _____
(agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. _____
(name)

(date) _____ (time) _____
(agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. _____
(name)

(date) _____ (time) _____
(agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. _____
(name)

(date) _____ (time) _____
(agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. _____
(name)

(date) _____ (time) _____
(agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/001
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1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- A **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- B **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- C **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

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- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
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—— Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

—— Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6). 1
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

Enclosure 4.2
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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
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AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.2
Initial Notification
Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

NOTE: 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.

2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

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NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

Enclosure 4.3

NRC Event Notification Worksheet

RP/0/A/5700/001

Page 1 of 2

STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0273 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE (time) Region II (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS

GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)

(50.72 b1 (I)(A))	TS Required S/D
(50.72 b1 (I)(B))	TS Deviation
(50.72 b1 (II))	Degraded Condition
(50.72 b1 (II)(A))	Unanalyzed Condition
(50.72 b1 (II)(B))	Outside Design Basis
(50.72 b1 (II)(C))	Not Covered by OPs/EPs
(50.72 b1 (III))	Earthquake
(50.72 b1 (III))	Flood
(50.72 b1 (III))	Hurricane
(50.72 b1 (III))	Ice/Hail
(50.72 b1 (III))	Lightning
(50.72 b1 (III))	Tornado
(50.72 b1 (III))	Other Natural Phenomenon
(50.72 b1 (IV))	ECCS Discharge to RCS
(50.72 b1 (V))	Lost ENS
(50.72 b1 (V))	Lost Other Assess./Comms.
(50.72 b1 (V))	Emergency Siren INOP
(50.72 b1 (VI))	Fire
(50.72 b1 (VI))	Toxic Gas
(50.72 b1 (VI))	Rad Releases
(50.72 b1 (VI))	Other Hampering Safe Op.

4-Hr Non-Emergency 10 CFR 50.72(b)(2)

(50.72 b2 (I))	Degraded While S/D
(50.72 b2 (II))	RPS Actuation (scram)
(50.72 b2 (II))	ESF Actuation
(50.72 b2 (III)(A))	Safe S/D Capability
(50.72 b2 (III)(B))	RHR Capability
(50.72 b2 (III)(C))	Control of Rad Release
(50.72 b2 (III)(D))	Accident Mitigation
(50.72 b2 (IV)(A))	Air Release > 20X App B
(50.72 b2 (IV)(B))	Liq Release > 20X App B
(50.72 b2 (V))	Offsite Medical
(50.72 b2 (VI))	Offsite Notification

24-Hr. Non-Emergency

McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.

1 Hr Non-Emergency

(70.52) (a) and (b)	Accidental Criticality or loss or theft of SNM
(50.36) (T.S.6.7)	Violation of a safety limit
MNS Facility Operating License Conditions	

EVENT DESCRIPTION

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

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				
LOCAL				(Explain above)
OTHER GOV AGENCIES				
MEDIA/PRESS RELEASE				<div style="display: flex; justify-content: space-between;"> <div> DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/> </div> <div> MODE OF OPERATION UNTIL CORRECTED </div> <div> EST. RESTART DATE: </div> <div> ADDITIONAL INFOR ON BACK <input type="checkbox"/> YES <input type="checkbox"/> NO </div> </div>

APPROVED BY: _____
Operations Shift Manager/Emergency Coordinator

TIME/DATE: _____ / ____ / ____
(eastern) mm dd yy

Enclosure 4.3

NRC Event Notification Worksheet

RP/0/A/5700/001
Page 2 of 2

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

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

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq _____mCi/ml SECONDARY Xe eq _____mCi/ml
		Iodine eq. _____mCi/ml Iodine eq. _____mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001

Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.

—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001

Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 3 of 5

- _____ Item 8 Check the appropriate plant condition. {PIP M-097-4210 NRC-1 }
- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN AND write the time and date of Reactor Shutdown
- OR**
- Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

— Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/001
Page 5 of 5

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Ensure the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check A for NOTIFICATION OF UNUSUAL EVENT.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/001
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Unusual Event has been declared”.

Provide a brief description of the event.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

—— 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

—— 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

- 2.1 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.2 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.8
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/001
Page 1 of 1

1. Immediate Actions

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Enclosure 4.9
SWM Immediate and Subsequent Actions

RP/0/A/5700/001
Page 1 of 2

1. Immediate Actions

None

2. Subsequent Actions

Initial

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when steps 2.1 and 2.2 have been completed, reporting any deficiencies or problems.

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

- _____ 2.4 **IF** the decision is made to activate the Technical Support Center and the Operations Support Center, **THEN** activate the TSC/OSC by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
 - _____ 2.4.1 For a Drill "Activate the TSC/OSC pagers, McGuire Delta, Unusual Event declared at _____ (time)."
 - _____ 2.4.2 For an Emergency "Activate the TSC/OSC pagers, McGuire Echo, Unusual Event declared at _____ (time)."
AND
"Activate the CAN system."

SWM Immediate and Subsequent Actions

NOTE: For an Unusual Event, the Emergency Response Organization (ERO) pagers, the Community Alert Network (CAN), and the Emergency Response Data System (ERDS) are not normally activated.

_____ 2.5 **IF** the decision is made to activate the Emergency Operations Facility, **THEN** activate the EOF by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

_____ 2.5.1 For a Drill "Activate the EOF pagers, McGuire Delta, Unusual Event declared at _____ (time)."

_____ 2.5.2 For an Emergency "Activate the EOF pagers, McGuire Echo, Unusual Event declared at _____ (time)."
AND
"Activate the CAN system."

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/002

Revision No. 014

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Alert(4) Prepared By [Signature] Date 9/18/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company
McGuire Nuclear Station

Alert

Multiple Use

Procedure No.

RP/0/A/5700/002

Revision No.

014

Electronic Reference No.

MC0048M5

Alert

1. Symptoms

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

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

—— 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.7 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.8 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.9 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:** 1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
 - OR**
 - If there is any significant change to the situation
 - OR**
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.4 Using section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- _____ 3.4.1 Remain in an Alert.
- _____ 3.4.2 Escalate to a more severe class.
- _____ 3.4.3 Reduce the Emergency Class.
- _____ 3.4.4 Terminate the emergency.

3.5 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- _____ 3.5.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.5.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.8 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)7. EMERGENCY DESCRIPTION/REMARKS: _____

_____8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE☒ NOBLE GASES _____ ☐ IODINES _____☐ PARTICULATES _____ ☐ OTHER _____**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS☐ EVACUATE _____☐ SHELTER IN-PLACE _____☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____
NC State
(agency) EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____
Mecklenburg County
(agency) WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____
Gaston County
(agency) WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____
Lincoln County
(agency) WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____
Iredell County
(agency) WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____
Catawba County
(agency) WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____
Cabarrus County
(agency) WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002

Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check B for ALERT.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 8

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002

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- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 5 of 8

- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State cannot be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 6 of 8

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
Page 7 of 8

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/002
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NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

Enclosure 4.3

NRC Event Notification Worksheet

RP/0/A/5700/002
Page 1 of 2

STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0273 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE _____ (time) (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
--	------------	-------------------	------------------

EVENT CLASSIFICATIONS
GENERAL EMERGENCY
SITE AREA EMERGENCY
ALERT
UNUSUAL EVENT
50.72 NON-EMERGENCY
PHYSICAL SECURITY (73.71)
TRANSPORTATION (10 CFR 20)
MATERIAL/EXPOSURE (10 CFR 20)
OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)
(50.72 b1 (I)(A)) TS Required S/D
(50.72 b1 (I)(B)) TS Deviation
(50.72 b1 (II)) Degraded Condition
(50.72 b1 (II)(A)) Unanalyzed Condition
(50.72 b1 (II)(B)) Outside Design Basis
(50.72 b1 (II)(C)) Not Covered by OPs/EPs
(50.72 b1 (III)) Earthquake
(50.72 b1 (III)) Flood
(50.72 b1 (III)) Hurricane
(50.72 b1 (III)) Ice/Hail
(50.72 b1 (III)) Lightning
(50.72 b1 (III)) Tornado
(50.72 b1 (III)) Other Natural Phenomenon
(50.72 b1 (IV)) ECCS Discharge to RCS
(50.72 b1 (V)) Lost ENS
(50.72 b1 (V)) Lost Other Assess./Comms.
(50.72 b1 (V)) Emergency Siren INOP
(50.72 b1 (VI)) Fire
(50.72 b1 (VI)) Toxic Gas
(50.72 b1 (VI)) Rad Releases
(50.72 b1 (VI)) Other Hampering Safe Op.

4-Hr Non-Emergency 10 CFR 50.72(b)(2)
(50.72 b2 (I)) Degraded While S/D
(50.72 b2 (II)) RPS Actuation (scram)
(50.72 b2 (II)) ESF Actuation
(50.72 b2 (III)(A)) Safe S/D Capability
(50.72 b2 (III)(B)) RHR Capability
(50.72 b2 (III)(C)) Control of Rad Release
(50.72 b2 (III)(D)) Accident Mitigation
(50.72 b2 (IV)(A)) Air Release > 20X App B
(50.72 b2 (IV)(B)) Liq Release > 20X App B
(50.72 b2 (V)) Offsite Medical
(50.72 b2 (VI)) Offsite Notification

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.

1 Hr Non-Emergency
(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM
(50.36) (T.S.6.7) Violation of a safety limit
MNS Facility Operating License Conditions

EVENT DESCRIPTION

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

Continue on Enclosure 4.3 page 2 of 2 if necessary.

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

APPROVED BY: _____ TIME/DATE: _____ / /
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.3

NRC Event Notification Worksheet

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

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

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml	SECONDARY Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
 Check FOLLOW-UP **AND**
 Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check B for ALERT.

—— Item 6 Check A for Emergency Declaration At: **AND**
 Write the time **AND** date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002
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_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/002

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_____ 1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

_____ Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

_____ Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

_____ Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

_____ Item 14 Check A, B, C, D **AND** provide values for each.

_____ Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

_____ Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). <u>This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency.</u> Call each agency to verify they received the message.
--

_____ 2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

_____ 2.2 Press "GROUP FAX".

_____ 2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

_____ 2.4 Ensure the State and Counties received the FAX by calling them.

_____ 2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check FOLLOW-UP AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check B for ALERT.

—— Item 6 Check B for Termination At: AND
Write the time AND date the classification was terminated.

—— Item 16 Have the Emergency Coordinator approve the message AND
Write in the time AND date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.5 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.4 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/002
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down in the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONS

Off-Site Communicators' next Emergency Notification Form Due _____

(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

1. Immediate Actions

Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

- 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “an Alert has been declared”.

Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

- 1.1.3 Repeat the preceding announcement one time.

- 1.1.4 Turn off the outside page speakers.

- 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

- 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to an Alert declaration.

_____ 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

_____ 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

_____ 2.1.1.1 Turn on the outside page speakers.

_____ 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:	<ul style="list-style-type: none">• For drill purposes, state "This is a drill. This is a drill."• Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}
--------------	--

_____ A. Dial 710; pause, dial 80 and following the beep, announce: "This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security".

_____ B. Repeat the preceding announcement one time.

_____ C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

_____ D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

_____ E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- _____ 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - _____ 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - _____ 2.2.2 Turn on the outside page speakers.
 - _____ 2.2.3 The Operations Shift Manager or designee shall:
 - _____ A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state "This is a drill. This is a drill."
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- _____ B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :_____."**

- _____ 2.2.4 Repeat all steps of 2.2.3 in full one time.
 - _____ 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
 - _____ 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- _____ 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- _____ 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.8
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/002
Page 1 of 1

1. Immediate Actions

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Initial

1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Alert declared at _____ (time)."

"Activate the CAN system."

- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

1.2.1 Ensure SDS is running on the selected terminal.

1.2.3 Click on GENERAL.

1.2.5 Click on **ACTIVATE**.

1.2.7 Inform the OSM that ERDS was activated.

1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.9
SWM Immediate and Subsequent Actions

RP/0/A/5700/002
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/O/A/5700/003

Revision No. 014

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Site Area Emergency(4) Prepared By [Signature] Date 9/18/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA AKB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA AKB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company McGuire Nuclear Station Site Area Emergency Multiple Use	Procedure No. RP/0/A/5700/003
	Revision No. 014
	Electronic Reference No. MC0048M6

Site Area Emergency

1. Symptoms

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

2. Immediate Actions

NOTE: The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.8 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.9 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.10 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

- NOTE:**
1. Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow-up is due and an upgrade in classification is declared, **THEN** the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.
 2. Enclosure 4.4 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.1 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
- OR**
- If there is any significant change to the situation
- OR**
- As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.
- _____ 3.1.2 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.4, Section 1.
- _____ 3.1.3 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.4, Section 2.

NOTE: **IF** a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- _____ 3.2 Ensure completion of Enclosure 4.6 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.

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

3.4 Protective Actions On-site

- 3.4.1 Consider evacuation of non-essential site personnel. Go to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- 3.4.2 **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
- Contact RP Shift at Ext. 4282
 - Assess area monitors
- 3.4.3 Complete Enclosure 4.7, (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.5 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- 3.5.1 Remain in a Site Area Emergency.
- 3.5.2 Escalate to a more severe class.
- 3.5.3 Reduce the Emergency Class.
- 3.5.4 Terminate the emergency.

3.6 Termination Notifications

NOTE: Enclosure 4.5 has instructions for completion and transmission of termination notifications.

- 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Initial Notification Completion/Transmission
- 4.3 NRC Event Notification Worksheet
- 4.4 Follow-up Notification Completion/Transmission
- 4.5 Termination Notification Completion/Transmission
- 4.6 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.7 Request for Emergency Exposure
- 4.8 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.9 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)7. EMERGENCY DESCRIPTION/REMARKS: _____

_____8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL☒ AIRBORNE: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) Date☐ LIQUID: Started: _____ / _____ / _____ Stopped: _____ / _____ / _____
Time (Eastern) Date**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE☒ NOBLE GASES _____ ☐ IODINES _____☐ PARTICULATES _____ ☐ OTHER _____**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	ESTIMATED DURATION: _____ HRS.
SITE BOUNDARY	_____	_____	
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____
☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS☐ EVACUATE _____☐ SHELTER IN-PLACE _____☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-394
2. (name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3030
6. (name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3100

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003

Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check C for SITE AREA EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
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NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

- _____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}
- _____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}
- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
 - **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- _____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown
- OR**
- Check B **AND** write in the Reactor Power level.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

- Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

- Either containment pressure is greater than 0.3 psig,

OR

- An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003

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- Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE:

1. All initial notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
3. Refer to page 5 of 8 of this Enclosure for instructions on how to use the County Emergency Response Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 6 of 8 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.

Enclosure 4.2
Initial Notification
Completion/Transmission

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- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

<p>NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.</p>
--

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

<p>NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.</p>
--

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.2
Initial Notification
Completion/Transmission

RP/0/A/5700/003
Page 6 of 8

AUTHENTICATION CODEWORD LIST

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Enclosure 4.2
Initial Notification
Completion/Transmission

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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:** 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.2
Initial Notification
Completion/Transmission

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<p>NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.</p>
--

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down into the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

Enclosure 4.3

RP/0/A/5700/003

NRC Event Notification Worksheet

Page 1 of 2

STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0273 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
---------------------------	------	---------------	--	----------------------------------

EVENT TIME & ZONE (time) <u>Region II</u> (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER
---	------------	-------------------	------------------

EVENT CLASSIFICATIONS

<input type="checkbox"/> GENERAL EMERGENCY
<input type="checkbox"/> SITE AREA EMERGENCY
<input type="checkbox"/> ALERT
<input type="checkbox"/> UNUSUAL EVENT
<input type="checkbox"/> 50.72 NON-EMERGENCY
<input type="checkbox"/> PHYSICAL SECURITY (73.71)
<input type="checkbox"/> TRANSPORTATION (10 CFR 20)
<input type="checkbox"/> MATERIAL/EXPOSURE (10 CFR 20)
<input type="checkbox"/> OTHER

1-Hr Non-Emergency 10 CFR 50.72(b)(1)

<input type="checkbox"/> (50.72 b1 (I)(A))	TS Required S/D
<input type="checkbox"/> (50.72 b1 (I)(B))	TS Deviation
<input type="checkbox"/> (50.72 b1 (II))	Degraded Condition
<input type="checkbox"/> (50.72 b1 (II)(A))	Unanalyzed Condition
<input type="checkbox"/> (50.72 b1 (II)(B))	Outside Design Basis
<input type="checkbox"/> (50.72 b1 (II)(C))	Not Covered by OPs/EPs
<input type="checkbox"/> (50.72 b1 (III))	Earthquake
<input type="checkbox"/> (50.72 b1 (III))	Flood
<input type="checkbox"/> (50.72 b1 (III))	Hurricane
<input type="checkbox"/> (50.72 b1 (III))	Ice/Hail
<input type="checkbox"/> (50.72 b1 (III))	Lightning
<input type="checkbox"/> (50.72 b1 (III))	Tornado
<input type="checkbox"/> (50.72 b1 (III))	Other Natural Phenomenon
<input type="checkbox"/> (50.72 b1 (IV))	ECCS Discharge to RCS
<input type="checkbox"/> (50.72 b1 (V))	Lost ENS
<input type="checkbox"/> (50.72 b1 (V))	Lost Other Assess./Comms.
<input type="checkbox"/> (50.72 b1 (V))	Emergency Siren INOP
<input type="checkbox"/> (50.72 b1 (VI))	Fire
<input type="checkbox"/> (50.72 b1 (VI))	Toxic Gas
<input type="checkbox"/> (50.72 b1 (VI))	Rad Releases
<input type="checkbox"/> (50.72 b1 (VI))	Other Hampering Safe Op.

4-Hr Non-Emergency 10 CFR 50.72(b)(2)

<input type="checkbox"/> (50.72 b2 (I))	Degraded While S/D
<input type="checkbox"/> (50.72 b2 (II))	RPS Actuation (scram)
<input type="checkbox"/> (50.72 b2 (II))	ESF Actuation
<input type="checkbox"/> (50.72 b2 (III)(A))	Safe S/D Capability
<input type="checkbox"/> (50.72 b2 (III)(B))	RHR Capability
<input type="checkbox"/> (50.72 b2 (III)(C))	Control of Rad Release
<input type="checkbox"/> (50.72 b2 (III)(D))	Accident Mitigation
<input type="checkbox"/> (50.72 b2 (IV)(A))	Air Release > 20X App B
<input type="checkbox"/> (50.72 b2 (IV)(B))	Liq Release > 20X App B
<input type="checkbox"/> (50.72 b2 (V))	Offsite Medical
<input type="checkbox"/> (50.72 b2 (VI))	Offsite Notification

24-Hr. Non-Emergency

<input type="checkbox"/>	McGuire Facility Operating License Conditions
<input type="checkbox"/>	Material/Exposure (10CFR20)
<input type="checkbox"/>	26.73 Significant events involving fitness for duty.

1 Hr Non-Emergency

<input type="checkbox"/>	(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM
<input type="checkbox"/>	(50.36) (T.S.6.7) Violation of a safety limit
<input type="checkbox"/>	MNS Facility Operating License Conditions

EVENT DESCRIPTION

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

Continue on Enclosure 4.3 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / _____ / _____
 Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.3
NRC Event Notification Worksheet

RP/0/A/5700/003

Page 2 of 2

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

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

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml
		SECONDARY Xe eq. _____ mCi/ml Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.3 page 1 of 2)

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
 Check FOLLOW-UP **AND**
 Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.

—— Item 4 Authentication is not required when faxing.

—— Item 5 Check C for SITE AREA EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: **AND**
 Write the time **AND** date the classification was declared.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003
Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

Item 10 Check the appropriate box for emergency release.

- **A NONE:** clearly no emergency release is occurring or has occurred.
- **B POTENTIAL:** discretionary option for the EC or EOFD.
- **C IS OCCURRING:** meets the specified conditions.
- **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.4
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/003

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1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check A, NO RECOMMENDED PROTECTIVE ACTIONS.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Ensure the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check C for SITE AREA EMERGENCY.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
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2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
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OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press Group Fax .

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.5
Termination Notification
Completion/Transmission

RP/0/A/5700/003
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

Enclosure 4.6

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

RP/0/A/5700/003

Page 1 of 1

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUS

Onsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONS

Off-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

Enclosure 4.7
Request for Emergency Exposure (a)

RP/0/A/5700/003
Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	>25 rem	>75 rem	>250 rem

- (a) Excludes declared pregnant women
- (b) Includes skin and body extremities
- (c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or not of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need of medical evaluation
- Initiate reporting requirements per 10CFR 20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

- 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

- 1.1.1 Turn on the outside page speakers.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- 1.1.2 Dial 710; pause, dial 80. Following the beep, announce: “A Site Area Emergency has been declared”.

Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

- 1.1.3 Repeat the preceding announcement one time.

- 1.1.4 Turn off the outside page speakers.

- 1.2 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

- 1.3 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to a Site Area Emergency declaration.

—— 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

—— 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

—— 2.1.1.1 Turn on the outside page speakers.

—— 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— A. Dial 710; pause, dial 80 and following the beep, announce: “This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security”.

—— B. Repeat the preceding announcement one time.

—— C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

—— D. Continue to repeat steps A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

—— E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - 2.2.2 Turn on the outside page speakers.
 - 2.2.3 The Operations Shift Manager or designee shall:
 - A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly."

(Give a brief description/reason for assembly).
All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is : _____."**
- 2.2.4 Repeat all steps of 2.2.3 in full one time.
- 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
- 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.9
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/003
Page 1 of 1

1. Immediate Actions

Initial

NOTE: 1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.

2. Enclosure 4.2 has instructions for completion/transmission of the Emergency Notification Form.

- 1.1 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.2, section 1.
- 1.2 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.2, section 2.

2. Subsequent Actions

- 2.1 Notify the NRC Operations Center by completing Enclosure 4.3 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

_____ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:

_____ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, Site Area Emergency declared at _____ (time)."

_____ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, Site Area Emergency declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

_____ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:

_____ 1.2.1 Ensure SDS is running on the selected terminal.

_____ 1.2.2 Click on MAIN.

_____ 1.2.3 Click on GENERAL.

_____ 1.2.4 Click on ERDS.

_____ 1.2.5 Click on ACTIVATE.

_____ 1.2.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy

_____ 1.2.7 Inform the OSM that ERDS was activated.

_____ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.10
SWM Immediate and Subsequent Actions

RP/0/A/5700/003
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/004

Revision No. 014

PREPARATION

(2) Station McGuire Nuclear Station(3) Procedure Title General Emergency(4) Prepared By J. R. TS Date 9/18/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA AKB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA AKB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By J. L. Mooney Date 10/25/2000

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

**Duke Power Company
McGuire Nuclear Station**

General Emergency

Multiple Use

Procedure No.

RP/0/A/5700/004

Revision No.

014

Electronic Reference No.

MC0048M7

General Emergency

Symptoms

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

Immediate Actions

- NOTE:**
- The Immediate Actions and part of the Subsequent Actions have been separated into position specific enclosures to enhance timely completion and consistent execution.
 - Enclosures 4.9, 4.10 and 4.11 should be handed out to the appropriate positions.

_____ 2.1 The following Enclosures should be given to the appropriate personnel:

- The OSM should execute Enclosure 4.9 (OSM Immediate and Subsequent Actions) in a timely manner.
- The WCC SRO, or another SRO designated by the OSM should execute Enclosure 4.10 (WCC SRO Immediate and Subsequent Actions) in a timely manner.
- The SWM should execute Enclosure 4.11 (SWM Immediate and Subsequent Actions) in a timely manner.

3. Subsequent Actions

3.1 Follow-up Notifications

NOTE: IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-02138}

- _____ 3.1.1 Assess protective action recommendations made to the State and Counties in the previous notification. Refer to Enclosure 4.2, page 1 of 4.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. IF a follow-up is due and an upgrade in classification is declared, THEN the Off-Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- _____ 3.1.2 The Emergency Coordinator shall make follow-up notifications to State and County authorities utilizing Enclosure 4.1, (Emergency Notification Form):
- Every hour until the emergency is terminated
 - OR
 - If there is any significant change to the situation
 - OR
 - As agreed upon with each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 2 hours to any agency.

NOTE: Enclosure 4.5 has instructions for completion and transmission of follow-up notifications.

- _____ 3.1.3 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.5, Section 1.
- _____ 3.1.4 Make follow-up notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.5, Section 2.

NOTE: IF changes to the initial Protective Action Recommendations are recognized during the turnover, the turnover should not be completed until the Control Room transmits this notification to the offsite agencies. {PIP-M-0-00541}

- _____ 3.2 Ensure completion of Enclosure 4.7 (Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist) prior to turnover of Emergency Coordinator responsibilities.
- _____ 3.3 In the event that a worker's behavior or actions contributed to an actual or potential substantial degradation of the level of safety of the plant (incidents resulting in an Alert or higher emergency declaration), the supervisor must consider and establish whether or not a for cause drug/alcohol screen is required. The FFD Program Administrator or designee is available to discuss/assist with the incident.

3.4 Protective Actions Onsite

- _____ 3.4.1 Evacuate non-essential personnel from the site after all personnel have been accounted for via Site Assembly. Refer to RP/0/A/5700/011 (Conducting a Site Assembly, Site Evacuation or Containment Evacuation).
- _____ 3.4.2 IF a situation which is immediately hazardous to life or valuable property exists, THEN evaluate potential dose rates by one of the following methods:
 - a. Contact RP Shift at Ext. 4282
 - b. Assess area monitors
- _____ 3.4.3 Complete Enclosure 4.8 (Request for Emergency Exposure), prior to dispatch of emergency workers if emergency situation precludes documentation.

3.5 Using Section D of the Emergency Plan (EAL Basis), assess the emergency condition:

- _____ 3.5.1 Remain in a General Emergency,

OR

- _____ 3.5.2 Terminate the emergency. REFER TO RP/0/A/5700/012 (Activation of the Technical Support Center {TSC}), Enclosure 4.19 for termination criteria.

3.6 Termination Notifications

NOTE: Enclosure 4.6 has instructions for completion and transmission of termination notifications.

- _____ 3.6.1 Complete Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.6, Section 1.
- _____ 3.6.2 Make termination notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.6, Section 2.

4. Enclosures

- 4.1 Emergency Notification Form.
- 4.2 Guidance for Offsite Protective Actions
- 4.3 Initial Notification Completion/Transmission
- 4.4 NRC Event Notification Worksheet
- 4.5 Follow-up Notification Completion/Transmission
- 4.6 Termination Notification Completion/Transmission
- 4.7 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.8 Request for Emergency Exposure
- 4.9 OSM Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.10 WCC SRO Immediate and Subsequent Actions {PIP 0-M97-4638}
- 4.11 SWM Immediate and Subsequent Actions {PIP 0-M97-4638}

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____
3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-6044
4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT☐ ALERT☐ SITE AREA EMERGENCY☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm / dd / yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm / dd / yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date

Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE☒ NOBLE GASES _____☐ IODINES _____☐ PARTICULATES _____☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE:

☐ NEW☐ UNCHANGED

PROJECTION TIME: _____ (Eastern)

TEDE
mremThyroid CDE
mrem

ESTIMATED DURATION: _____ HRS.

SITE BOUNDARY

2 MILES

5 MILES

10 MILES

**14. METEOROLOGICAL DATA:

☒ WIND DIRECTION (from) _____ °☐ SPEED (mph) _____☐ STABILITY CLASS _____☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS☐ EVACUATE _____☐ SHELTER IN-PLACE _____☐ OTHER _____

16. APPROVED BY: _____ (Name)

Emergency
Coordinator

(Title)

TIME/DATE: _____ (Eastern) mm / dd / yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.

** Information may not be available on initial notifications.

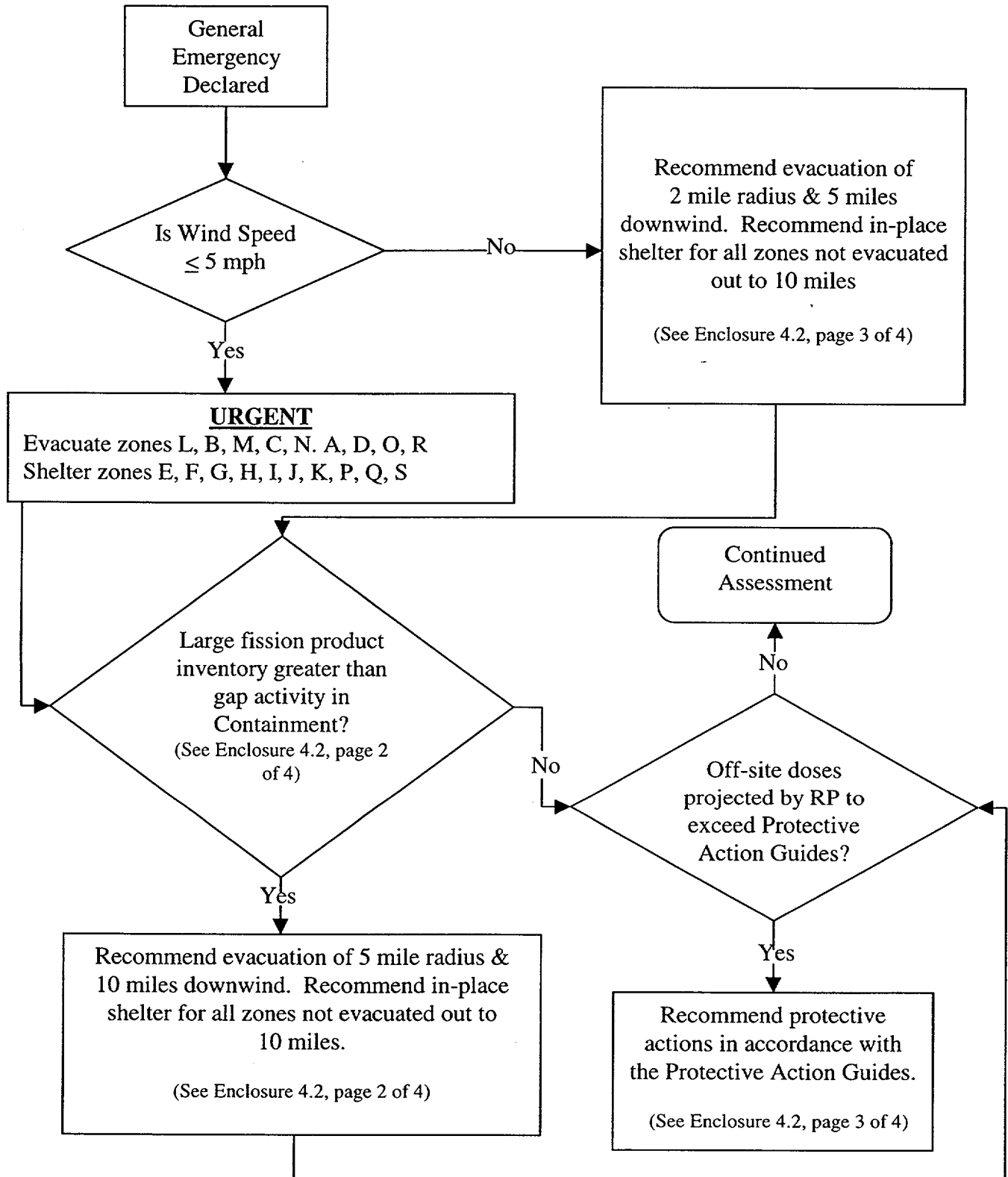
GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3941
2. (name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Enclosure 4.2
Guidance for Off-site Protective Actions

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Guidance for Off-site Protective Actions

GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

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

— If the OAC is available, call up the following computer points based on need:

Unit 1 OAC
M1A0829 1EMF51A
M1A0835 1EMF51B

Unit 2 OAC
M2A0829 2EMF51A
M2A0835 2EMF51B

TIME AFTER
SHUTDOWN (HOURS)

CONTAINMENT MONITOR READING (R/HR)
EMF 51A or 51B (100% GAP Activity Release)

0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity

Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 - 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 - 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 - 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 - 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 - 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 - 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 - 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 - 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 - 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 - 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 - 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 - 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q

Guidance for Off-site Protective Actions

Protective Action Zones Determination

Wind Speed Greater than 5 Miles per Hour

Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 - 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 - 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 - 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 - 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 - 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 - 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 - 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 - 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 - 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 - 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 - 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 - 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 - 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

PAGs

(Projected Dose)

Total Effective Dose Equivalent (TEDE)	Committed Dose Equivalent (CDE) Thyroid	Recommendation
< 1 rem	< 5 rem	No Protective Action is required based on projected dose.
≥ 1 rem	≥ 5 rem	Evacuate affected zones and shelter the remainder of the 10 mile EPZ not evacuated.

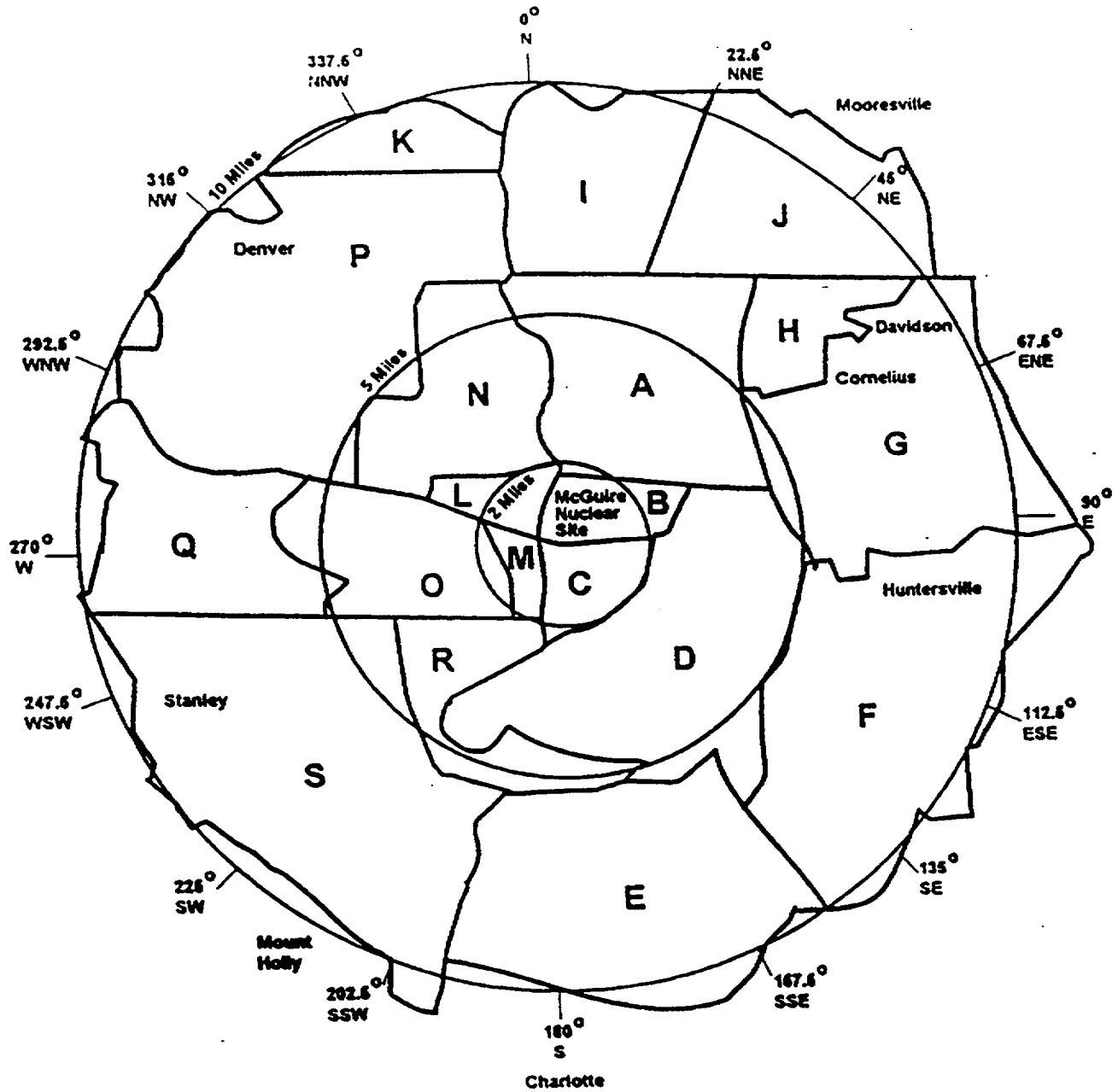
Protective Action Guides (PAGs) are levels of radiation dose at which prompt protective actions should be initiated and are based on EPA-400-R-92-001, Manual of Protective Action Guides and Protective Actions for Nuclear Incidents.

Guidance for Off-site Protective Actions

Page 4 of 4

McGUIRE PROTECTIVE ACTION ZONES
(2 and 5 mile radius, inner circles)

10 MILE EPZ



Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 8

1. Completion of the Emergency Notification Form

NOTE: ONLY Items 1 - 10, 15 and 16 are required.
Items 11 - 14 may be skipped.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill OR B for Actual Emergency AND
Check INITIAL AND
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) AND Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

—— Item 3 Write in the transmittal time AND date.

—— Item 4 Write in appropriate number AND codeword.

—— Item 5 Check D for GENERAL EMERGENCY.

—— Item 6 Check A for Emergency Declaration At: AND
Write the time AND date the classification was declared.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 8

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

_____ Item 8 Check the appropriate plant condition. {PIP 0-M97-4210 NRC-1}

- **A Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9 Check A SHUTDOWN **AND** write the time and date of Reactor Shutdown

OR

Check B **AND** write in the Reactor Power level.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004

Page 3 of 8

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,
AND
Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.
- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

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2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- 2.1 Use the Selective Signaling telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004

Page 5 of 8

- 2.8 After communicating the initial message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to pages 7 of 8 and 8 of 8 of this Enclosure for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Control Room to all Counties, do you copy?"

Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Control Room to (Agency you are calling), do you copy?"

Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
"This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 8

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 7 of 8

OPERATION OF THE FAX

A. GROUP FAX

NOTE: 1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.

2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press - Group Fax.

B. INDIVIDUAL FAX

- 1. Insert the Emergency Notification Form face down into the FAX.
- 2. Press News Group.
- 3. Press TSC.
- 4. Press State of North Carolina EOC.
- 5. Press Mecklenburg County Warning Point.
- 6. Press Gaston County Warning Point.
- 7. Press Lincoln County Warning Point.
- 8. Press Iredell County Warning Point.
- 9. Press Catawba County Warning Point.
- 10. Press Cabarrus County Warning Point.
- 11. Press EOF.
- 12. Press JIC.

Enclosure 4.3
Initial Notification
Completion/Transmission

RP/0/A/5700/004
Page 8 of 8

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- 1. Insert the document face down into the FAX.
- 2. Using the keypad, dial the number that you wish to call.
- 3. Press Start button.

NRC Event Notification Worksheet

STATE: "THIS IS THE MCGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0273 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ (time) Region II (zone)	EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER	

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	4-Hr Non-Emergency 10 CFR 50.72(B)(2)
GENERAL EMERGENCY	(50.72 b1 (I)(A)) TS Required S/D	(50.72 b2 (I)) Degraded While S/D
SITE AREA EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b2 (II)) RPS Actuation (scram)
ALERT	(50.72 b1 (II)) Degraded Condition	(50.72 b2 (II)) ESF Actuation
UNUSUAL EVENT	(50.72 b1 (II)(A)) Unanalyzed Condition	(50.72 b2 (III)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	(50.72 b1 (II)(B)) Outside Design Basis	(50.72 b2 (III)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(50.72 b1 (II)(C)) Not Covered by OPs/EPs	(50.72 b2 (III)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.72 b1 (III)) Earthquake	(50.72 b2 (III)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	(50.72 b1 (III)) Flood	(50.72 b2 (IV)(A)) Air Release > 20X App B
OTHER	(50.72 b1 (III)) Hurricane	(50.72 b2 (IV)(B)) Liq Release > 20X App B
	(50.72 b1 (III)) Ice/Hail	(50.72 b2 (V)) Offsite Medical
	(50.72 b1 (III)) Lightning	(50.72 b2 (VI)) Offsite Notification
	(50.72 b1 (III)) Tornado	
	(50.72 b1 (III)) Other Natural Phenomenon	
	(50.72 b1 (IV)) ECCS Discharge to RCS	24-Hr. Non-Emergency
	(50.72 b1 (V)) Lost ENS	McGuire Facility Operating License Conditions
	(50.72 b1 (V)) Lost Other Assess./Comms.	Material/Exposure (10CFR20)
	(50.72 b1 (V)) Emergency Siren INOP	26.73 Significant events involving fitness for duty.
	(50.72 b1 (VI)) Fire	
	(50.72 b1 (VI)) Toxic Gas	
	(50.72 b1 (VI)) Rad Releases	
	(50.72 b1 (VI)) Other Hampering Safe Op.	
	1 Hr Non-Emergency	
	(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM	
	(50.36) (T.S.6.7) Violation of a safety limit	
	MNS Facility Operating License Conditions	

EVENT DESCRIPTION

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

Continue on Enclosure 4.4 page 2 of 2 if necessary.

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED YES <input type="checkbox"/> NO <input type="checkbox"/>
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____
Operations Shift Manager/Emergency CoordinatorTIME/DATE: _____ / ____ / ____
(eastern) mm dd yy

Enclosure 4.4
NRC Event Notification Worksheet

RP/0/A/5700/004
Page 2 of 2

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

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

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:
LEAK START DATE: TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample) Xe eq. _____ mCi/ml	SECONDARY Xe eq. _____ mCi/ml
	Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.4 page 1 of 2)

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 5

1. Completion of the Emergency Notification Form

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7, 15 and 16 are required to be completed. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

1.1 Complete Enclosure 4.1 (Emergency Notification Form as follows):

NOTE: Message #'s should be sequentially numbered throughout the drill/emergency.

—— Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

—— Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Transmittal time is the time you FAX the form to the agencies.

—— Item 3 Write in the transmittal time **AND** date.
—— Item 4 Authentication is not required when faxing.
—— Item 5 Check D for GENERAL EMERGENCY.
—— Item 6 Check A for Emergency Declaration At: **AND**
Write the time **AND** date the classification was declared.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 5

NOTE: Reference RP/0/A/5700/000, (Classification of Emergency)

_____ Item 7 Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). **DO NOT** use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}

In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: {PIP 0-M98-2065}

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an Unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of Offsite Power
- Core Uncovery
- Core Damage
- Medical Emergency Response Team activation related to the emergency
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Extraordinary noises audible offsite
- Any event causing/requiring offsite agency response
- Any event causing increased media attention
- Remember to "close the loop" on items from previous notifications.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 5

_____ Item 8

Check the appropriate plant condition. {PIP M-097-4210 NRC-1}

- **A. Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **B. Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.
- **C. Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

_____ Item 9

Check A SHUTDOWN AND write the time and date of Reactor Shutdown

OR

Check B AND write in the Reactor Power level.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004

Page 4 of 5

- NOTE:**
1. **An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event.** (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}
 2. Notify the OSM if box C or box D is checked.

- Item 10 Check the appropriate box for emergency release.
- **A NONE:** clearly no emergency release is occurring or has occurred.
 - **B POTENTIAL:** discretionary option for the EC or EOFD.
 - **C IS OCCURRING:** meets the specified conditions.
 - **D HAS OCCURRED:** previously met the specified conditions.

Base the determination of emergency release on:

- EMF readings,
- containment pressure and other indications,
- field monitoring results,
- knowledge of the event and its impact on systems operation and resultant release paths.

An emergency release is occurring if any one or more of the following bulleted conditions are met associated with a declared emergency:

- Either containment particulate, gaseous, iodine monitor (EMFs 38, 39 and/or 40) readings indicate an increase in activity,

OR

Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,

AND

Either containment pressure is greater than 0.3 psig,

OR

An actual containment breach is known to exist.

- Unit vent particulate, gaseous, iodine monitor (EMFs 35, 36, and/or 37) readings indicate an increase in activity.
- Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.
- Confirmed activity in the environment reported by Field Monitoring Team(s).
- Knowledge of the event and its impact on systems operation and resultant release paths.

Enclosure 4.5
Follow-Up Notification
Completion/Transmission

RP/0/A/5700/004

Page 5 of 5

1.2 **IF** follow-up notification is due and information for Items 11 through 14 cannot be obtained from RP shift, **THEN** mark each item "Not Available" and go to Item 15.

Item 11 Check GROUND LEVEL **AND**
Check A for AIRBORNE **OR** B for LIQUID **AND**
Write in the time **AND** date the release started **AND** stopped if available.

Item 12 Check CURIES PER SECOND **AND**
Check BELOW **OR** ABOVE normal operating limits **AND**
Check the appropriate blocks A, B, C, D **AND** write in the value(s).

NOTE: If unchanged from the previous notification, the information does not have to be repeated.

Item 13 Check NEW **OR** UNCHANGED **AND**
Write in the projection time **AND**
Write in the estimated duration **AND**
Write in the TEDE and Thyroid CDE values.

Item 14 Check A, B, C, D **AND** provide values for each.

Item 15 Check B **AND** write affected zones for evacuation
AND
Check C **AND** write the letter designation for all other zones not evacuated.

Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

2. Transmission of the Emergency Notification Form

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message (front page only). This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

2.1 Insert the Emergency Notification Form (front page only) face down into the FAX.

2.2 Press "GROUP FAX".

2.3 **IF** programmed functions fail, **THEN** go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

2.4 Ensure the State and Counties received the FAX by calling them.

2.5 Ask if there are any questions on the Emergency Notification Form, then record individuals' names and times on the back of the form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 1 of 6

1. Completion of the Emergency Notification Form

NOTE: A termination message should be marked as FOLLOW-UP on the Emergency Notification Form.

1.1 Complete Enclosure 4.1 (Emergency Notification Form) as follows:

- Item 1 Check A for Drill **OR** B for Actual Emergency **AND**
Check FOLLOW-UP **AND**
Write in message number.

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fires/Explosions and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

NOTE: REPORTED BY: is the communicator's name.

- Item 2 Write in the unit(s) **AND** Communicator's name.

NOTE: Information for Items 3 and 4 will be completed during transmission of the Emergency Notification Form.

- Item 3 Write in the transmittal time **AND** date.
- Item 4 Write in appropriate number **AND** codeword.
- Item 5 Check D for GENERAL EMERGENCY.
- Item 6 Check B for Termination At: **AND**
Write the time **AND** date the classification was terminated.
- Item 16 Have the Emergency Coordinator approve the message **AND**
Write in the time **AND** date the message was approved.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 2 of 6

2. Transmission of the Emergency Notification Form

- NOTE:**
1. All termination notifications are **verbal**. Avoid using abbreviations or jargon likely to be unfamiliar to the State and Counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The backup means of communications are the Bell line or County Emergency Response Radio. RP/0/A/5700/014, Tab 1 is available for needed backup numbers.
 3. Refer to page 3 of 6 of this Enclosure for instructions on how to use the County Emergency Radio if selective signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push to talk button.
- 2.2 **IF** selective signaling fails, **THEN** go to RP/0/A/5700/014, Tab 1 for manual selective signaling numbers.
- 2.3 As the State and Counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for any missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Check the State and Counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire Control Room and to get out the Emergency Notification Form.
- 2.6 Read the message slowly beginning with Item # 1, allowing ample time to copy.

NOTE: Refer to page 4 of 6 of this Enclosure for the authentication codeword list.

- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number and you should provide the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individuals' names and times on the back of the form. This time is the same time as Item #3.
- 2.9 After verbally transmitting the message, FAX a copy (front page only) to the agencies. Refer to page 5 of 6 and 6 of 6 of this Enclosure for FAX operation.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 3 of 6

- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.

COUNTY EMERGENCY RESPONSE RADIO

NOTE: This radio will only contact the County warning points. The State <u>cannot</u> be contacted on this radio. Have one of the Counties relay the message to the State.

Group Call:

- 1. Press **20** to activate all County radio units.
- 2. When the ready light comes on, press the bar on the transmitter microphone and say:
- "This is McGuire Control Room to all Counties, do you copy?"
- Once all Counties respond, begin transmitting the message.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

NOTE: RP/0/A/5700/014, Tab 1 is available for needed individual radio codes.

- 3. If a County fails to respond on the group call, press their individual code on the encoder and say:
- "This is McGuire Control Room to (Agency you are calling), do you copy?"
- Once the County responds, begin transmitting the message.
- 4. After you have finished transmitting the message, conclude the message by saying:
- "This is WQC700 base clear."
- 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per Step 2. Document the time these agencies were contacted on the back of the notification form.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 4 of 6

AUTHENTICATION CODEWORD LIST

This page is left intentionally blank.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 5 of 6

OPERATION OF THE FAX

A. GROUP FAX

- NOTE:**
1. The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls.
 2. This sends a FAX to all County Warning Points, State EOC, TSC, EOF, News Group and JIC.

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press Group Fax .

B. INDIVIDUAL FAX

- _____ 1. Insert the Emergency Notification Form face down into the FAX.
- _____ 2. Press News Group.
- _____ 3. Press TSC.
- _____ 4. Press State of North Carolina EOC.
- _____ 5. Press Mecklenburg County Warning Point.
- _____ 6. Press Gaston County Warning Point.
- _____ 7. Press Lincoln County Warning Point.
- _____ 8. Press Iredell County Warning Point.
- _____ 9. Press Catawba County Warning Point.
- _____ 10. Press Cabarrus County Warning Point.
- _____ 11. Press EOF.
- _____ 12. Press JIC.

Enclosure 4.6
Termination Notification
Completion/Transmission

RP/0/A/5700/004
Page 6 of 6

OPERATION OF THE FAX

NOTE: RP/0/A/5700/014, Tab 1 is available for needed manual FAX numbers.

C. To send a FAX to a single location dialing manually:

- _____ 1. Insert the document face down in the FAX.
- _____ 2. Using the keypad, dial the number that you wish to call.
- _____ 3. Press Start button.

**Emergency Coordinator / Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____ SATA _____ BUSS Line A _____

D/G B _____ SATB _____ BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

OFF-SITE COMMUNICATIONS

Off-Site Communicators' next Emergency Notification Form Due _____

(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

Enclosure 4.8
Request for Emergency Exposure (a)

RP/0/A/5700/004
Page 1 of 1

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Life saving or Protection of Large Populations	25 rem	75 rem	250 rem
Life saving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

(a) Excludes declared pregnant women

(b) Includes skin and body extremities

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgement that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File

1. Immediate Actions

Initial

—— 1.1 The Operations Shift Manager or designee **SHALL ANNOUNCE** the event over the plant P.A. system by performing the following:

—— 1.1.1 Turn on the outside page speakers.

NOTE: • For drill purposes, state “This is a drill. This is a drill.”
--

- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— 1.1.2 Dial 710; pause, dial 80. Following the beep, announce “a General Emergency has been declared”.

Provide a brief description of the event and announce “Activate the TSC/OSC and EOF”.

—— 1.1.3 Repeat the preceding announcement one time.

—— 1.1.4 Turn off the outside page speakers.

NOTE:	1. Initial notification to the State and Counties <u>must</u> be made within 15 minutes of the event declaration, using Enclosure 4.1.
	2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form

—— 1.2 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785)
 - C. Catawba Nuclear Station Control Room (8-831-2338).

NOTE: **IF** changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

1.2.1 **IF** containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN**:

- _____ • Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

1.2.2 **IF** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

_____ 1.3 **IF** valid trip II alarm occurs on any one of the following:

1 **OR** 2 EMF36(L)

1 EMF24, 25, 26, 27

2 EMF10, 11, 12, 13

THEN immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

_____ 1.4 **IF** box C (IS OCCURRING) or box D (HAS OCCURRED) from **Item 10** (EMERGENCY RELEASE) on Enclosure 4.1, (Emergency Notification Form) is checked, **THEN** immediately contact RP shift at 4282 to perform HP/0/B/1009/029, (Initial Response On-Shift Dose Assessment).

2. Subsequent Actions

NOTE: Site Assembly is a required on-site protective action in response to a General Emergency declaration.

—— 2.1 **IF** a Security Event exists, **THEN** contact the Security Shift Supervisor either via the ringdown phone to CAS/SAS, at extension 2688 or 4900, or use the Control Room Security radio to discuss the advisability of conducting a Site Assembly.

—— 2.1.1 Following discussion with the Security Shift Supervisor concerning the security event, **IF** a site assembly is considered not advisable, **THEN** perform the following.

—— 2.1.1.1 Turn on the outside page speakers.

—— 2.1.1.2 The Operations Shift Manager or designee shall:

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

—— A. Dial 710; pause, dial 80 and following the beep, announce: “This is the Operations Shift Manager. A security event is in progress. Do not move about the site. Remain at your present location until further notice. Report any suspicious activities to Security”.

—— B. Repeat the preceding announcement one time.

—— C. Mark step 2.2 N/A and do not conduct a Site Assembly at this time.

—— D. Continue to repeat steps of A and B of 2.1.1.2 at 10-minute intervals until advised by Security that it is safe for site personnel to move about.

—— E. Turn off the outside page speakers when no longer needed for non-routine on-site announcements.

Enclosure 4.9
OSM Immediate and Subsequent Actions

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NOTE: All personnel inside the protected area are to be accounted for **within thirty (30) minutes of the initiation of Site Assembly** and continuously thereafter.

- 2.2 Conduct a Site Assembly unless determined not advisable by Security.
 - 2.2.1 Contact Security at extension 2688 or 4900 to inform them that a Site Assembly is being initiated.
 - 2.2.2 Turn on the outside page speakers.
 - 2.2.3 The Operations Shift Manager or designee shall:
 - A. Sound a 10 second blast of the Site Assembly alarm.

NOTE:

- For drill purposes, state “This is a drill. This is a drill.”
- Any plant phone in the Control Room horse shoe area or extension 4021 is programmed to access 710, site all call. {PIP 0-M98-2545}

- B. Dial 710; pause, dial 80, and following the beep, announce:
"This is a Site Assembly. This is a Site Assembly.

(Give a brief description/reason for assembly).

All personnel inside the protected area are to report immediately to their assembly points. If you do not know the location of your site assembly point, either report to the Canteen Office Warehouse, or exit the protected area immediately. **Assembly start time is :_____."**

- 2.2.4 Repeat all steps of 2.2.3 in full one time.
 - 2.2.5 Continue to repeat all steps of 2.2.3 at 10-minute intervals until notification that the Site Assembly has been completed.
 - 2.2.6 Turn off outside page speakers following completion of Site Assembly.
- 2.3 Augment shift resources to assess and respond to the emergency situation as needed.
- 2.4 **GO TO** step 3.1 in the body of this procedure and continue with the prescribed subsequent actions.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
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1. Immediate Actions

Initial

- NOTE:**
1. Initial notification to the State and Counties must be made within 15 minutes of the event declaration, using Enclosure 4.1.
 2. Enclosure 4.3 has instructions for completion/transmission of the Emergency Notification Form.

- _____ 1.1 The Emergency Coordinator shall recommend to offsite authorities in the initial notification the following:

- NOTE:**
1. To obtain the wind speed, use chart recorder 1EEBCR9100, point #5 (Average Lower Wind Speed).
 2. To obtain the wind direction, use chart recorder 1EEBCR9100, point #8 (Average Upper Wind Direction).
 3. If either point on 1EEBCR9100 is unavailable, obtain needed data from one of the following sources in order of sequence:
 - A. DPC Meteorological Lab (8-594-0341)
 - B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
 - C. Catawba Nuclear Station Control Room (8-831-2338)

- NOTE:** IF changes to the initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these shall be transmitted to the offsite agencies within 15 minutes. {PIP-M-00-01238}

- 1.1.1 IF containment radiation levels exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, THEN:

- _____ • Evacuate the 5-mile radius AND 10 miles downwind as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 2 of 4, Protective Action Zones Determination, using wind direction.

Enclosure 4.10
WCC SRO Immediate and Subsequent
Actions

RP/0/A/5700/004
Page 2 of 2

1.1.2 **If** containment radiation levels **DO NOT** exceed the levels on Enclosure 4.2, page 2 of 4, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

If wind speed less than or equal to 5 MPH, **THEN**:

- _____ • Evacuate zones L, B, M, C, N, A, D, O, R

AND

- _____ • Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

If wind speed greater than 5 MPH, **THEN**:

- _____ • Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction

AND

- _____ • Shelter remaining zones as shown on Enclosure 4.2, page 3 of 4, Protective Action Zones Determination, using wind direction.

- _____ 1.2 Complete items 1 -10, 15 and 16 on Enclosure 4.1, (Emergency Notification Form) in accordance with Enclosure 4.3, section 1.

- _____ 1.3 Make initial notification to State and County authorities using the Emergency Notification Form in accordance with Enclosure 4.3, section 2.

2. Subsequent Actions

- _____ 2.1 Notify the NRC Operations Center by completing Enclosure 4.4 and transmitting immediately but no later than 1 hour of the event declaration using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems encountered.

Enclosure 4.11
SWM Immediate and Subsequent Actions

RP/0/A/5700/004
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1. Immediate Actions

Initial

NOTE: For a Drill, the Community Alert Network (CAN) is not activated.

- _____ 1.1 Activate the Emergency Response Organization by contacting Security via the ringdown phone to the CAS/SAS, or at extension 2688 or 4900 and issue the following message:
- _____ 1.1.1 For a Drill "Activate the TSC/OSC/EOF pagers, McGuire Delta, General Emergency declared at _____ (time)."
- _____ 1.1.2 For an Emergency "Activate the TSC/OSC/EOF pagers, McGuire Echo, General Emergency declared at _____ (time)."

AND

"Activate the CAN system."

NOTE:

- For a Drill, the Emergency Response Data System (ERDS) is not activated.
- ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's office, the Data Coordinators' room in the TSC and all within the Control Room horseshoe area.

- _____ 1.2 For an Emergency, activate the Emergency Response Data System (ERDS) as soon as possible, but not later than one hour after the emergency declaration per the following:
- _____ 1.2.1 Ensure SDS is running on the selected terminal.
- _____ 1.2.2 Click on MAIN.
- _____ 1.2.3 Click on GENERAL.
- _____ 1.2.4 Click on ERDS.
- _____ 1.2.5 Click on ACTIVATE.
- _____ 1.2.6 Record the time and date ERDS was activated. TIME/DATE _____ / ____ / ____
Eastern mm dd yy
- _____ 1.2.7 Inform the OSM that ERDS was activated.
- _____ 1.2.8 **IF** ERDS failed to activate after five (5) attempts, **THEN** have an Offsite Agency Communicator notify the NRC via ENS or other available means.

Enclosure 4.11
SWM Immediate and Subsequent Actions

RP/0/A/5700/004
Page 2 of 2

2. Subsequent Actions

- _____ 2.1 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- _____ 2.2 Contact Duke Management using RP/0/A/5700/014, Tab 3 as soon as possible following event declaration.
- _____ 2.3 Inform the OSM when this enclosure has been completed, reporting any deficiencies or problems.

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. RP/0/A/5700/010Revision No. 011**PREPARATION**(2) Station McGuire Nuclear Station(3) Procedure Title NRC Immediate Notification Requirements(4) Prepared By [Signature] Date 10/16/2000

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By [Signature] (QR) Date 10/18/00Cross-Disciplinary Review By [Signature] (QR) NA [Signature] Date 10/18/00Reactivity Mgmt. Review By [Signature] (QR) NA [Signature] Date 10/18/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 10/25/00**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

<p>Duke Power Company McGuire Nuclear Station</p> <p>NRC Immediate Notification Requirements</p> <p>Multiple Use</p>	<p>Procedure No.</p> <p>RP/0/A/5700/010</p>
	<p>Revision No.</p> <p>011</p>
	<p>Electronic Reference No.</p> <p>MC0048MD</p>

NRC Immediate Notification Requirements

1. Symptoms

- 1.1 Plant conditions requiring immediate 1 hour, 4 hour, or 24 hour NRC notification in accordance with 10CFR20.1906, 10CFR20.2201, 10CFR20.2201, 10CFR20.2202, 10CFR26.73, 10CFR50.36, 10CFR50.72, 10CFR70.52, 10CFR73.71, 10CFR73 Appendix G, and McGuire Facility Operating License Conditions (NPF-9 Unit 1, NPF-17 Unit 2).
- 1.2 **IF** a notification is being made to the NRC due to an emergency classification (e.g., NOUE, Alert, SAE, General Emergency), **THEN** RP/0/A/5700/010 does not have to be completed

2. Immediate Actions

- 2.1 Automatic

None

- 2.2 Manual

Notify the NRC Operations Center in accordance with this procedure.

3. Subsequent Actions

Initials

- ____ 3.1 Ensure Shift Work Manager is aware of the pending NRC notification.
- ____ 3.2 The Operations Shift Manager shall assure the Notification requirements of this procedure are met for the reportable events provided in Enclosure 4.
- ____ 3.3 Determine the appropriate notification requirement and the reporting time requirement using Enclosure 4.1, Events Requiring NRC Notification.

<p>NOTE:</p> <ul style="list-style-type: none">• Security Reports should be reported using Procedure EXAC 15, Reporting of Safeguard Events. The Security Shift Supervisor will provide all information to the Operations Shift Manager for the NRC Notification.• Sections of Enclosure 4.2 that are not applicable should be marked (N/A).
--

- ____ 3.4 Complete the applicable portions of Enclosure 4.2 as identified by Enclosure 4.1 and transmit to the NRC Operations Center using RP/0/A/5700/014, Tab 2.

NOTE: Use the RED NRC OPS Center button on the Operations Shift Support Technician's Fax machine for hard copy transmittal. Use of this button also copies the Site NRC Resident's office.

- 3.5 Provide Follow up Notification to the NRC Operations Center in 3.4 above in accordance with Enclosure 4.1, Paragraph 4.1.5.
- 3.6 Maintain an "OPEN", continuous, communication channel with the NRC Operations Center upon request by the NRC.
- 3.7 Notify the Station Manager using RP/0/A/5700/014, Tab 3.
- 3.8 Notify the General Office Nuclear Generation Operations Duty Engineer using RP/0/A/5700/014, Tab 3.
- 3.9 Notify one of the NRC Resident Inspectors using RP/0/A/5700/014, Tab 2.
- 3.10 Upon completion of this procedure the Operations Shift Manager will fill out the completion portion of the Process Record Form and forward the approved/completed procedure to Document Control for retention. A copy of the completed procedure shall be routed to the Manager, Regulatory Compliance.

4. Enclosures

- 4.1 Events Requiring NRC Notification
- 4.2 NRC Event Notification Worksheet
- 4.3 Actuation of an Engineered Safety Feature or the Reactor Protection System

Enclosure 4.1

Events Requiring NRC Notification

RP/0/A/5700/010

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4.1.1 Events Requiring IMMEDIATE NOTIFICATIONS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.1.1 [50.72a(1)(i)]	The declaration of any of the Emergency Classes specified in the McGuire Emergency Plan	4.1.1.1	Immediately after notification to state(s) and local government (counties) and <u>not later than one hour</u> after the time the Emergency Class was declared. Immediately report any change from one Emergency Class to another or a termination of the Emergency Class (Use Enclosure 4.2)
	and		
[50.72c(1)(ii)]	any change from one Emergency Class to another		
	or		
[50.72c(1)(iii)]	a termination of the Emergency Class		
4.1.1.2 [20.1906]	Events involving receiving and opening packages containing quantities of radioactive material in excess of a Type A quantity as defined in section 71.4 and Appendix A to part 71 of this chapter when;	4.1.1.2	NOTE: Reporting under 10CFR20.1906 should be made as follows: the licensee shall immediately notify the final delivery carrier and by telephone and telegram, mailgram, or facsimile and the NRC Operations Center at 1-301-816-5100.
[20.1906]	Removable radioactive surface contamination exceeds the limits of section 71.87(I) of this chapter;		
	or		
[20.1906]	External radiation levels exceed the limits of section 71.47 of this chapter.		
4.1.1.3 [20.2201a(i)]	Any lost, stolen, or missing licensed material in an aggregate quantity equal to or greater than 1,000 times the quantity specified in appendix C to section 20.1001-20.2401 under such circumstance that it appears to the licensee that an exposure could result to persons in unrestricted areas.	4.1.1.3	Immediately after its occurrence becomes known to the licensee.
	or		
[20.2201a(ii)]	Within 30 days after the occurrence of any lost, stolen, or missing licensed material becomes known to the licensee, all licensed material in a quantity greater than 10 times the quantity specified in appendix C of section 20.1001-20.2401 that is still missing at this time.		

Enclosure 4.1

Events Requiring NRC Notification

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4.1.1 Events Requiring IMMEDIATE NOTIFICATIONS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.1.3	Any event involving by-product, source, or special nuclear material possessed by the licensee that may have caused or threatens to cause any of the following conditions: An individual to receive:	4.1.1.3	Immediately after its occurrence becomes known to the licensee
[20.2202a1(i)]	A total effective dose equivalent of 25 rems (0.25 Sv) or more;		
	or		
[20.2202a1(ii)]	An eye dose equivalent of 75 rems (0.75 Sv) or more.		
	or		
[20.2202a1(iii)]	A shallow dose equivalent to the skin or extremities of 250 rads (2.5 Gy) or more.		
	or		
[20.2202a2]	The release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake five times the annual limit on intake (the provisions of this paragraph do not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures).		

Enclosure 4.1

Events Requiring NRC Notification

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4.1.2 Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.2.1 [50.72b1(i)(A)]	The <u>initiation</u> of any nuclear plant shutdown required by Technical Specifications	4.1.2.1	As soon as practical and within <u>1 hour</u> of the occurrence (Use Enclosure 4.2)
4.1.2.2 [50.72b1(i)(B)]	Any deviation from a plant License Condition or Technical Specification authorized in 10CFR50.54(x). (Licensee may take reasonable action that departs from a license condition or technical specification in an emergency when this action is immediately needed to protect the health and safety of the public).	4.1.2.2	As soon as practical and within <u>1 hour</u> of the occurrence (Use Enclosure 4.2)
4.1.2.3 [50.72b1(ii)]	Any event or condition during operation that results in the condition of the plant, including the principle safety barriers, being seriously degraded, or results in the plant being;	4.1.2.3	As soon as practical and within <u>1 hour</u> of the occurrence (Use Enclosure 4.2)
[50.72b1(ii)(A)]	In an unanalyzed condition that significantly compromises plant safety.		
[50.72b1(ii)(B)]	In a condition that is outside the design basis of the plant.		
[50.72b1(ii)(C)]	In a condition not covered by the plant's operating and emergency procedures		
4.1.2.4 [50.72b1(iv)]	Any event that results or should have resulted in Emergency Core Cooling System (ECCS) discharge into the reactor coolant system as a result of a valid signal.	4.1.2.4	As soon as practical and within <u>1 hour</u> of occurrence. (Use Enclosure 4.2)
4.1.2.5 [50.72b1(v)]	Any event that results in a major loss of emergency assessment capability, offsite response capability, or communications capability (e.g. significant portion of control room indication, Emergency Notification System (ENS)* or Offsite Notification System**	4.1.2.5	As soon as practical and within <u>1 hour</u> of occurrence (Use Enclosure 4.2)

Enclosure 4.1

Events Requiring NRC Notification

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4.1.2 Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
	** NOTE: Failure of >14 sirens requires ENS notification. For repair after normal hours Telecommunications 382-7762.		
	* A report by the NRC Operations Center that ENS communications is not available from Rockville, Md. to the Control Room does not require a "return" 1 hour call. Document conversation in the SRO log , no further action is necessary. If the Control Room ENS is <u>NOT</u> operable, a 1 hour notification shall be made to the NRC Operations Center using Enclosure 4.2 via commercial telephone service or other dedicated telephone system or any other method which will ensure that a report is made as soon as practical.		
4.1.2.6 [50.72b1(iii)]	Any natural phenomenon or other external condition that poses an actual threat to the safety of the nuclear power plant or significantly hampers site personnel in the performance of duties necessary for the safe operation of the plant.	4.1.2.6	As soon as practical and within <u>1 hour</u> of occurrence. (Use Enclosure 4.2)
4.1.2.7 [50.72b1(vi)]	Any event that poses an actual threat to the safety of the nuclear power plant or significantly hampers site personnel in the performance of duties necessary for the safe operation of the nuclear power plant including fires, toxic gas releases, or radioactive releases.	4.1.2.7	As soon as practical and within <u>1 hour</u> of occurrence. (Use Enclosure 4.2)
4.1.2.8 [70.52]	Events involving accidental criticality or loss or theft or attempted theft of special nuclear material.	4.1.2.8	Within <u>1 hour</u> after discovery (Use Enclosure 4.2)
[70.52]	Any case of accidental criticality or any loss, other than normal operating loss, of special nuclear material.		
	or		
[70.52]	Any loss or theft or unlawful diversion of special nuclear material or any incident in which an attempt has been made or is believed to have been made to commit a theft or unlawful diversion of such material.		

Enclosure 4.1

Events Requiring NRC Notification

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4.1.2 Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.2.9	Safeguards events	4.1.2.9	Within one hour after discovery (Use Enclosure 4.2)
[73.71]			
[73.71]	The loss of any shipment of SNM or spent fuel, and within one hour after recovery of or accounting for such lost shipment.		
[73.71]	Any event in which there is reason to believe that a person has committed or caused, or attempted to commit or cause, or has made a credible threat to commit or cause:		
[73 Appendix G]			
[73.71]	A theft or unlawful diversion of special nuclear material;		
[73 Appendix G]			
	or		
[73.71]	Significant physical damage to a power reactor or any facility possessing SSNM or its equipment or carrier equipment transporting nuclear fuel or spent nuclear fuel a facility or carrier possesses;		
[73 Appendix G]			
	or		
[73.71]	Interruption of normal operation of a licensed nuclear power reactor through the unauthorized use of or tampering with its machinery, components, or controls including the security system.		
[73 Appendix G]			
[73.71]	An actual entry of an unauthorized person into a protected area, material access area, controlled access area, vital area, or transport.		
[73 Appendix G]			
[73.71]	Any failure, degradation, or the discovered vulnerability in a safeguard system that could allow unauthorized or undetected access to a protected area, material access area controlled access area, vital area, or transport for which compensatory measures have not been employed.		
[73 Appendix G]			

Enclosure 4.1

Events Requiring NRC Notification

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4.1.2 Events Requiring ONE-HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
[73.71] [73 Appendix G]	The actual or attempted introduction of contraband into a protected area, material access area, vital area, or transport.		
4.1.2.10 [50.36] T.S.6.7	Violation of a safety limit.	4.1.2.10	As soon as practical and within 1 hour of occurrence. (Use Enclosure 4.2)
4.1.2.11 [McGuire Facility Operating License Conditions] NPF-9 NPF-17	Any accident at this facility which could result in an unplanned release of quantities of fission products in excess of allowable limits for normal operation established by the Commission.	4.1.2.11	As soon as practical and within 1 hour of occurrence. (Use Enclosure 4.2)

Enclosure 4.1

Events Requiring NRC Notification

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4.1.3 Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.3.1 [50.72b2(i)]	Any event found while the reactor(s) is/are shutdown, that had it been found while the reactor(s) was/were in operation would have resulted in the plant including its principle safety barriers, being seriously degraded or being in an unanalyzed condition that significantly compromises plant safety.	4.1.3.1	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.2 [50.72b2(ii)]	Any event or condition that results in manual or automatic actuation of any Engineered Safety Feature (ESF), including the Reactor Protection system (RPS), except when:	4.1.3.2	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
[50.72b2(ii)(A)]	The actuation results from and is part of a pre-planned sequence during testing or reactor operation;		
[50.72b2(ii)(B)]	The actuation is invalid and:		
[50.72b2(ii)(B)(1)]	Occurs while the system is properly removed from service;		
[50.72b2(ii)(B)(2)]	Occurs after the safety function has been already completed;		
	or		
[50.72b2(ii)(B)(3)]	The invalid actuation involves only the following specific ESFs or their equivalent systems;		
[50.72b2(ii)(B)(3)(i)]	Reactor water clean up system;		
[50.72b2(ii)(B)(3)(ii)]	Control Room emergency ventilation system;		
[50.72b2(ii)(B)(3)(iii)]	Reactor building ventilation system;		
[50.72b2(ii)(B)(3)(iv)]	Fuel building ventilation system;		
	or		
[50.72b2(ii)(B)(3)(v)]	Auxiliary building ventilation system.		
	<u>ESF ACTUATIONS</u>		
	(1) Refer to Enclosure 4.3, Actuation of an Engineered Safety Feature or the Reactor Protection System for definition and examples.		
	(2) Any ESF Actuation listed in Technical Specification 3.3.2, Table 3.3-3		

Enclosure 4.1

Events Requiring NRC Notification

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4.1.3 Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
	<u>RPS ACTUATIONS</u>		
	(1) Any RPS Actuation listed in Technical Specification 3.3.1, Table 3.3-1		
4.1.3.3 [50.72b2(iii)]	Any event or condition that alone could have prevented the fulfillment of the safety function of structures or systems that are needed to:	4.1.3.3	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
[50.72b2(iii)(A)]	Shutdown the reactor and maintain it in a safe shutdown condition.		
[50.72b2(iii)(B)]	Remove residual heat		
[50.72b2(iii)(C)]	Control the release of radioactive material		
	or		
[50.72b2(iii)(D)]	Mitigate the consequences of an accident.		
4.1.3.4 [50.72b2(iv)(A)]	Any <u>airborne</u> radioactive release that, when averaged over a time period of 1 hour, results in concentrations in unrestricted area that exceed 20 times the applicable concentration specified in appendix B to section 20.1001-20.2401, table 2, column 1, of part 20 of this chapter. (Immediate Notifications made under this paragraph also satisfy the requirements of section 20.2202 of this chapter.)	4.1.3.4	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
4.1.3.5 [50.72b2(iv)(B)]	Any liquid effluent release that, when averaged over a time period of 1 hour, exceeds 20 times the applicable concentration specified in appendix B to section 20.1001-20.2401, table 2 column 2 of part 20 of this chapter, at the point of entry into the receiving waters (i.e. unrestricted area) for all radionuclides except tritium and dissolved noble gases. (Immediate notifications made under this paragraph also satisfy the requirements of section 20.2202 of this chapter).	4.1.3.5	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)

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Events Requiring NRC Notification

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4.1.3	Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []	REPORTING TIME REQUIREMENTS	
{50.72b2(v)}	<p>NOTE: NRC notification should <u>NOT</u> be made related to offsite notification for exceeding environmental permit limits or for other events with no environmental impact unless recommended by Environmental Management personnel. For environmental events, determination of reportability on a case-by-case basis has been authorized by NRC/ONRR letter of interpretation dated May 17,1996.</p> <p>Any event requiring the transport of a radioactively contaminated person to an offsite medical facility for treatment. (Notify NRC per RP/0/A/5700/010, contact Carolinas Medical Center per RP/0/A/5700/005).</p>		As soon as practical and within <u>4 hours</u> of the occurrence (Use Enclosure 4.2)

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Events Requiring NRC Notification

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4.1.3 Events Requiring FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.3.6 [50.72b2(vi)]	Any event or situation, related to the health and safety of the public or onsite personnel, or protection of the environment, for which a news release is planned or notification to other government agencies has been or will be made. Such an event may include an onsite fatality or inadvertent release of radioactively contaminated materials.	4.1.3.6	As soon as practical and within <u>4 hours</u> of the occurrence. (Use Enclosure 4.2)
[50.72b2(vii)]	Any instance of:		
[50.72b2(vii)(A)]	A defect in any spent fuel storage cask structure, system, or component which is important to safety;		
	or		
[50.72b2(vii)(B)]	A significant reduction in the effectiveness of any spent fuel storage cask confinement system during use of the storage cask under a general license issued under section 72.210 of this chapter.		

Enclosure 4.1

Events Requiring NRC Notification

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4.1.4 Events Requiring TWENTY-FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.4.1	Any event involving loss of control of licensed material possessed by the licensee that may have caused, or threatens to cause any of the following conditions:	4.1.4.1	Within 24 hours of discovery of the event. (Use Enclosure 4.2)
[20.2202b]			
[20.2202b1]	An individual to receive in a period of 24 hours-		
[20.2202b1(i)]	A total effective dose equivalent exceeding 5 rems (0.05 Sv);		
	or		
[20.2202b1(ii)]	An eye dose equivalent exceeding 15 rems (0.15 Sv);		
	or		
[20.2202b1(iii)]	A shallow dose equivalent to the skin or extremities exceeding 50 rems (0.5 Sv);		
	or		
[20.2202b2]	The release of radioactive material inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake in excess of one occupational annual limit on intake (the provisions of this paragraph do not apply to locations where personnel are not normally stationed during routine operation, such as hot-cells or process enclosures).		
4.1.4.2	Significant events involving fitness for duty including;	4.1.4.2	
[26.73]			
[26.73]	Sale, use, or possession of illegal drugs within the protected area		
	and		
	Any acts by any person licensed under 10CFR part 55 to operate a power reactor or by any supervisory personnel assigned to perform duties with the scope of this part		
	Involving the sale, use or possession of a controlled substance,		

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Events Requiring NRC Notification

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4.1.4 Events Requiring TWENTY-FOUR HOUR REPORTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
	Resulting in confirmed positive tests on such persons,		
	Involving use of alcohol with the protected area,		
	or Resulting in a determination of unfitness for scheduled work due to the consumption of alcohol.		
4.1.4.3 McGuire Facility Operating License Conditions	Unit operation exceeding 3411 mw thermal *(see note) { PIP-0-M-99-0874 }	4.1.4.3	The licensee shall report any violations of these requirements within 24 hours by telephone and confirm by telegram, mailgram, or facsimile transmission to the NRC Regional Administrator, Reg. II, or his designate, no later than the first working day following the violation, with a written follow-up report within 14 days.
	Failure to implement effect all provisions of the approved fire protection program.		
	Failure to fully implement and maintain in effect all provisions of the Commission-approved physical security, guard training and qualification, and safeguards contingency plans including amendments.		

- NOTE:**
1. Technical Specification defines Rated Thermal Power as the total core heat transfer rate of 3411 MWT. It is desirable to operate as near this point as practical in order to maximize utilization of available capacity. This provides specific guidelines for "maximizing capacity available" while still operating within technical specification and license limits.
 2. The following does not imply that unit power may be intentionally increased above 100% Full Power (F.P.). This does permit slight variations above 100% F. P. as a result of instrument variations, control instabilities, etc.
 3. The average power level as indicated by computer heat balance calculations over any twelve-hour shift should not exceed the "full steady state power level" of 3411 MWT. It is permissible to briefly exceed the "full steady state licensed power level" by as much as 2% for as long as 15 minutes. In no case should 102% full power be exceeded.
 4. Lesser variations for longer periods are permitted within the above guidelines. For example:

Power level	Time interval
(Maximum)	Permitted
102.0%	15 Minutes
101.0%	30 Minutes
100.5%	60 Minutes

There are no limits on the times these variations may occur, or the time intervals that may separate such variations other than the limit regarding the twelve hour average power.

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Events Requiring NRC Notification

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4.1.5 "FOLLOWUP NOTIFICATION" REQUIREMENTS: REPORTABLE EVENTS Corresponding 10CFR Section in Brackets []		REPORTING TIME REQUIREMENTS	
4.1.5.1	During the course of the event, report:	4.1.5.1	Immediately (Use Enclosure 4.2)
[50.72c]			
[50.72c1(i)]	Any further degradation in the level of safety of the plant or other worsening plant conditions, including those that require the declaration of any of the Emergency Classes, if such a declaration has not been previously made,		
	or		
[50.72c1(ii)]	Any change from one Emergency Class to another		
	or		
[50.72c1(iii)]	Termination of an Emergency Class		
[50.72c2(i)]	The results of ensuing evaluations or assessments of plant conditions,		
[50.72c2(ii)]	The effectiveness of response or protective measures taken		
	and		
[50.72c2(iii)]	Information related to plant behavior that is not understood.		

Enclosure 4.2

NRC Event Notification Worksheet

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STATE: "THIS IS THE McGUIRE NUCLEAR SITE IN NRC REGION 2 MAKING AN EVENT NOTIFICATION REPORT"

NOTIFICATION TIME/DATE	UNIT	CALLER'S NAME	CALLBACK TELEPHONE #: ENS 1-888-270-0173 or (704) - 875-6044	NRC OPERATIONS OFFICER CONTACTED
EVENT TIME & ZONE _____ Region II (time) (zone)		EVENT DATE	POWER/MODE BEFORE	POWER/MODE AFTER

EVENT CLASSIFICATIONS	1-Hr Non-Emergency 10 CFR 50.72(b)(1)	4-Hr Non-Emergency 10 CFR 50.72(b)(2)
GENERAL EMERGENCY	(50.72 b1 (I)(A)) TS Required S/D	(50.72 b2 (I)) Degraded While S/D
SITE AREA EMERGENCY	(50.72 b1 (I)(B)) TS Deviation	(50.72 b2 (II)) RPS Actuation (scram)
ALERT	(50.72 b1 (II)) Degraded Condition	(50.72 b2 (II)) ESF Actuation
UNUSUAL EVENT	(50.72 b1 (II)(A)) Unanalyzed Condition	(50.72 b2 (III)(A)) Safe S/D Capability
50.72 NON-EMERGENCY	(50.72 b1 (II)(B)) Outside Design Basis	(50.72 b2 (III)(B)) RHR Capability
PHYSICAL SECURITY (73.71)	(50.72 b1 (II)(C)) Not Covered by OPs/EPs	(50.72 b2 (III)(C)) Control of Rad Release
TRANSPORTATION (10 CFR 20)	(50.72 b1 (III)) Earthquake	(50.72 b2 (III)(D)) Accident Mitigation
MATERIAL/EXPOSURE (10 CFR 20)	(50.72 b1 (III)) Flood	(50.72 b2 (IV)(A)) Air Release > 20X App B
OTHER	(50.72 b1 (III)) Hurricane	(50.72 b2 (IV)(B)) Liq Release > 20X App B
	(50.72 b1 (III)) Ice/Hail	(50.72 b2 (V)) Offsite Medical
	(50.72 b1 (III)) Lightning	(50.72 b2 (VI)) Offsite Notification
	(50.72 b1 (III)) Tornado	
	(50.72 b1 (III)) Other Natural Phenomenon	
	(50.72 b1 (IV)) ECCS Discharge to RCS	
	(50.72 b1 (V)) Lost ENS	
	(50.72 b1 (V)) Lost Other Assess./Comms.	
	(50.72 b1 (V)) Emergency Siren INOP	
	(50.72 b1 (VI)) Fire	
	(50.72 b1 (VI)) Toxic Gas	
	(50.72 b1 (VI)) Rad Releases	
	(50.72 b1 (VI)) Other Hampering Safe Op.	

1 Hr Non-Emergency
(70.52) (a) and (b) Accidental Criticality or loss or theft of SNM
(50.36) (T.S.6.7) Violation of a safety limit
MNS Facility Operating License Conditions

24-Hr. Non-Emergency
McGuire Facility Operating License Conditions
Material/Exposure (10CFR20)
26.73 Significant events involving fitness for duty.

EVENT DESCRIPTION

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

Continue on Enclosure 4.2 page 2 of 2 if necessary

NOTIFICATIONS	YES	NO	WILL BE	ANYTHING UNUSUAL OR NOT UNDERSTOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO
NRC RESIDENT				(Explain above)
STATE(s)				DID ALL SYSTEMS FUNCTION AS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCAL				(Explain above)
OTHER GOV AGENCIES				MODE OF OPERATION UNTIL CORRECTED
MEDIA/PRESS RELEASE				EST. RESTART DATE: <input type="checkbox"/> YES <input type="checkbox"/> NO

APPROVED BY: _____ TIME/DATE: _____ / ____ / ____
Operations Shift Manager/Emergency Coordinator (eastern) mm dd yy

Enclosure 4.2

NRC Event Notification Worksheet

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RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS (specific details/explanations should be covered in event description)						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T.S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED		State release path in description		

NOTE: Contact Radiation Protection Shift to obtain the following information.

IF the notification is due and the information is not available,
THEN mark "Not Available" and complete the notification.

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

RECORD MONITORS IN ALARM	PLANT STACK (EMF 35, 36, 37)	CONDENSER/ AIR EJECTOR (EMF 33)	MAIN STEAM LINE (UNIT 1-EMF 24,25,26,27 UNIT 2-EMF 10, 11, 12,13)	SG BLOWDOWN (EMF 34)	OTHER
RAD MONITOR READINGS:					
ALARM SETPOINTS: TRIP II					
% T.S. LIMIT (If applicable)		NOT APPLICABLE		NOT APPLICABLE	

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

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

LEAK RATE: gpm/gpd	T.S. LIMITS EXCEEDED:	SUDDEN OR LONG TERM DEVELOPMENT:	
LEAK START DATE:	TIME:	COOLANT ACTIVITY: PRIMARY (Last Sample)	SECONDARY
		Xe eq. _____ mCi/ml	Xe eq. _____ mCi/ml
		Iodine eq. _____ mCi/ml	Iodine eq. _____ mCi/ml

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL:

EVENT DESCRIPTION (Continued from Enclosure 4.2 page 1 of 2)

**Actuation of An Engineered Safety Feature
or the Reactor Protection System**

§50.72(b)(2)(ii)	§50.73(a)(2)(iv)
Licensees shall report "any event or condition that results in manual or automatic actuation of any Engineered Safety Feature (ESF), including the Reactor Protection System (RPS). However, actuation of an ESF, including the RPS, that results from and <u>is</u> part of the preplanned sequence during testing or reactor operation need not be reported."	Licensees shall report "any event or condition that <u>resulted</u> in a manual or automatic actuation of any Engineered Safety Feature (ESF), including the Reactor Protection System (RPS). However, actuation of an ESF, including the RPS, that <u>resulted</u> from and <u>was</u> part of the preplanned sequence during testing or reactor operation need not be reported."

1. Definitions

- a. Engineered Safety Feature (ESF): Engineered Safety Features are the provision in the plant which serve to: (1) control reactor fission products which may leak from the fuel by assuring their retention in the Reactor Coolant System (RCS), (2) control and limit the consequences of energy and radioactivity within the containment, and (3) provide adequate cooling of the core under all circumstances. Those ESF systems specific to each station are listed in Enclosure 4.3, page 4 of 4.
- b. ESF/RPS Actuation: (1) Receipt of a Solid State Protection System (SSPS) signal(s) necessary to activate the ESF/RPS system, or (2) manual or automatic actions that activate the ESF/RPS system without the presence of an SSPS signal(s).
- c. Preplanned Actuation: A preplanned ESF actuation is the initiation of a particular ESF as called for by an approved operating or testing procedure.
- d. Properly Removed From Service: The component or system is intentionally mechanically or electrically disabled such that is not capable of performing its intended safety function, and all requirements of station procedures for removing equipment from service has been met (e.g., required clearance documentation, equipment and control board tagging, etc.).

**Actuation of An Engineered Safety Feature
or the Reactor Protection System****2. Reportability**

All ESF actuations, including actuations of the RPS, are reportable regardless of the plant operating mode or the significance of the structure, system, or component that initiated the event or whether initiated manually or automatically. The fact that the safety analysis assumes that an ESF system will actuate automatically under certain plant conditions does not preclude the need to report such actuations.

3. Reporting Exceptions

Actuations that need not be reported are those initiated for reasons other than to mitigate the consequences of an event (e.g., preplanned actuations and ESFs that have been properly removed from service and not required to be operable. However, if the ESF actuates during the planned operation or test in a way that is not part of the planned procedure, such as at the wrong step, that event is reportable).

EXAMPLES

{For the reportable examples provided, assume the actuation is not part of a pre-planned sequence in a procedure and the system has not been removed from service}.

- a. Any manual or automatic actuation of the reactor trip switchgear is reportable.
- b. Initiation of a containment isolation signal constitutes an ESF actuation whether or not the containment isolation valve actually repositions.
- c. The opening of a Hydrogen Skimmer fan header isolation valve and the subsequent starting of a Hydrogen Skimmer fan is an ESF actuation.
- d. The starting of any of the ECCS pumps to mitigate the consequences of a significant event is an ESF actuation.
- e. The automatic start of a standby train of Control Room Ventilation constitutes an ESF actuation. (MNS and CNS)
- f. Any manual or automatic actuation of the Auxiliary Feedwater (CA) system is reportable (MNS and CNS)
- g. Unplanned Diesel Generator starts resulting from ES Channel 1 or 2 signals, are reportable.
- h. The operation of Auxiliary Building ventilation in the filtered mode is an ESF function.

**Actuation of An Engineered Safety Feature
or the Reactor Protection System**

- i. During a significant operational transient, an "ice condenser door open" alarm was received in the Control Room. This is a reportable event because some condition existed during the transient that caused the alarm to be received. Generally, if the Ice Condenser doors are off their seals, the equipment is considered actuated.

Non-Reportable

- a. Swaps of Nuclear Service Water pump's suction from the lake to the Standby Nuclear Service Water pond is not reportable.
- b. No equipment actuation because of a signal generated by EMF's (radiation monitors) is considered to be an ESF actuation.

**Actuation of An Engineered Safety Feature
or the Reactor Protection System**

ENGINEERING SAFETY FEATURES

1. Containment Isolation Systems
 - a. Phase A
 - b. Phase B
2. Containment Heat Removal
 - a. Ice Condenser
 - b. Air Return Fans
 - c. Containment/Reactor Building Spray
3. Secondary Containment
 - a. Annulus Ventilation
4. Combustible Gas Control in Containment
 - a. Hydrogen Recombiners
 - b. Air Return and Skimmer Fans
 - c. Hydrogen Purge
 - d. Hydrogen Igniters
5. Emergency Core Cooling System
 - a. NV
 - b. NI
 - c. ND
 - d. CLA/CFT
 - e. FWST/BWST
 - 1) Containment Sump Swapover
6. Habitability Systems
 - a. Control Room Ventilation or Blackout Signal
7. ESF Filter Systems
 - a. Auxiliary Building Filtered Exhaust or Blackout Signal
8. Auxiliary Feedwater System
9. Diesel Generator Starts
10. Reactor Protection System
11. Turbine Trip per T.S. Table 3.3.1-1
12. Steam Line Isolation
13. Feedwater Isolation
14. 4KV Undervoltage

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/012

Revision No. 018

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Activation of the Technical Support Center (TSC)(4) Prepared By *[Signature]* Date 9/18/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By *Alan L. Pearson* (QR) Date 10/25/00Cross-Disciplinary Review By _____ (QR) NA *HeB* Date 10/25/00Reactivity Mgmt. Review By _____ (QR) NA *HeB* Date 10/25/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By *[Signature]* Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

Duke Power Company McGuire Nuclear Station Activation of the Technical Support Center (TSC) Multiple Use	Procedure No. RP/0/A/5700/012
	Revision No. 018
	Electronic Reference No. MC0048MF

Activation of the Technical Support Center (TSC)

1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

2. Immediate Actions

None

3. Subsequent Actions

NOTE: This procedure is not intended to be followed in a step-by step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.

- 3.1 The TSC is required to be activated for an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. It may also be activated for an UNUSUAL EVENT if deemed necessary by the Operations Shift Manager/Emergency Coordinator.
- 3.2 The TSC must be activated within ONE (1) HOUR AND 15 MINUTES (75 MINUTES) of an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. This time frame must be met anytime it is deemed necessary to activate the TSC.
- 3.3 Upon notification to activate, the Station Manager or designee shall report and notify Operations Shift Manager in the Control Room of arrival.
 - 3.3.1 Personnel in the Emergency Response Organization (ERO) assigned to the TSC shall report to the facility upon notification to activate.
 - 3.3.2 The initial responders shall be responsible for the completion of their appropriate group enclosures and reviewing their Operational Responsibilities where provided.
- 3.4 Each represented group is responsible for ensuring their appropriate initial checklist is completed.

- 3.5 The following definitions are applicable to the Emergency Notification Form for "Plant Condition": {PIP 0-M97-4210 NRC-1}
- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
 - **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed.
 - **Degrading:** Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.
- 3.6 Upon termination of the drill/emergency, the Emergency Coordinator/designee shall assume responsibility for ensuring the proper resolutions to all completed copies of the McGuire Operations Configuration Control Card(s) prior to the TSC/OSC being deactivated. The Emergency Coordinator/designee shall have overall responsibility for ensuring all cards are properly resolved or items logged prior to plant turn-over to the Operations Shift Manager. Once the items/cards have been properly resolved, the TSC/OSC may be deactivated. All completed cards shall be filed by Emergency Planning with other drill/emergency paperwork.

4. Enclosures

- 4.1 Emergency Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.2 Assistant Emergency Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.3 Radiation Protection Manager Initial TSC Activation Checklist/Operational Responsibilities
- 4.4 Offsite Dose Assessor Initial TSC Activation Checklist/Operational Responsibilities
- 4.5 Offsite Agency Communicator Initial TSC Activation Checklist/Operational Responsibilities
- 4.6 NRC Communicator Initial TSC Activation Checklist
- 4.7 Reactor Engineer Initial TSC Activation Checklist/Operational Responsibilities
- 4.8 Operations Manager in the TSC Initial TSC Activation Checklist

- 4.9 Operations Procedure Support Initial TSC Activation Checklist/Operational Responsibilities
- 4.10 System Engineering Manager TSC Activation Checklist
- 4.11 Emergency Planner Initial TSC Activation Checklist
- 4.12 Status Coordinator TSC Activation Checklist
- 4.13 IAE Communications Initial TSC Activation Checklist
- 4.14 Operations Manager in the Control Room Activation Checklist
- 4.15 Data Coordinator Initial TSC Activation Checklist/Operational Responsibilities
- 4.16 Site Assembly Coordinator Initial TSC Activation Checklist
- 4.17 Emergency Coordinator / Emergency Operations Facility Director Turnover Checklist
- 4.18 Emergency Classification Termination Criteria
- 4.19 Fitness For Duty Questionnaire
- 4.20 Site Evacuation Coordinator Initial TSC Activation Checklist

EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **ESTABLISH** a log of activities.
- **NOTIFY** the Operations Shift Manager in the Control Room of arrival.

NOTE: If a classification change is recognized during turnover, the turnover should not be completed until after the Control Room declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- **IF** nearing the 75 minute activation requirement and an upgrade in emergency classification is recognized, **THEN** suspend turnover and allow the activated facility to declare and transmit the upgrade. {PIP-M-00-00541}
- **RECEIVE** turnover from the Control Room as soon as practical utilizing Enclosure 4.17.

**EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST**

_____ **ASSURE**, prior to declaring TSC activated:

_____ 1. The following TSC positions as a minimum are filled and prepared to assume their function:

- Emergency Coordinator
- Offsite Dose Assessor
- Offsite Agency Communicator (2)
- NRC Communicator
- Reactor Engineer.

OR

2. Less than the above listed minimum TSC positions are filled

AND

_____ The 75 minute activation requirement is near

AND

_____ An extra person(s) is available whom the EC believes is capable of filling a missing position(s)

AND

_____ An appropriate log entry is made. {PIP-M-00-00541}.

_____ **IF** a site assembly is in progress, or is conducted, **THEN** swipe your ID badge in the reader located in the TSC for personnel accountability

_____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}

_____ **CONDUCT** a Time Out prior to activating the TSC.

_____ **DECLARE** the TSC activated and announce the following via the TSC/OSC public address system:
"This is _____. I am the Emergency Coordinator. The TSC is officially activated as of _____. The plant status is as follows:
_____."

OR

"This is _____. I am the Emergency Coordinator. The TSC is officially activated as of _____. I will give an update in _____ minutes."

**EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST**

—— **ANNOUNCE** over the TSC/OSC public address system the following:

“Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the Emergency Coordinator in the TSC or the OSC Coordinator in the OSC.”

—— **ENSURE** the Data Coordinator has synchronized the clocks in the TSC. {PIP 0-M98-3522}

NOTE: The following step should be repeated following each shift turnover.

—— **ANNOUNCE** to TSC a reminder to complete a “Work Hour Extension Form” if applicable. {PIP 0-M98-2099}.

—— **TURN OFF** the plant page volume in TSC.

—— **DISCUSS** with the Radiation Protection Manager any radiological release or offsite radiological concerns.

—— **ANNOUNCE** over the TSC/OSC Public Address System the following if a release has occurred:

- Assume areas are contaminated until surveyed by RP.
- No eating or drinking until the TSC and OSC are cleared by RP.

—— **EVALUATE** with TSC personnel and the Radiation Protection Manager the need to conduct evacuation at this time based on the following criteria.

- Alert- determine by actual plant conditions
- Site Area Emergency- consider evacuation/relocation of non-essential personnel.
- General Emergency- evacuate all non-essential personnel
- Notify EOF anytime personnel are relocated onsite or evacuated from the premises.

—— **REQUEST** all TSC and OSC Managers to have **FAXED** to the **OSC** the name, social security number and RP badge number of any person(s) who may be left onsite after evacuation of non-essential personnel but are located in an area other than the OSC.

EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5 of 7, **THEN:**

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed is less than or equal to 5 MPH **THEN:**

_____ Evacuate zones L, B, M, C, N, A, D, O, R

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH **THEN:**

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

AND

_____ Shelter remaining zones as shown on Offsite Dose Assessor, Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

- **DIRECT** the Assistant Emergency Coordinator to FAX the turnover checklist (Enclosure 4.17) to the EOF Director (if time and situation permit). {PIP-0-M97-4112}

NOTE: If a classification change is recognized during turnover, the turnover should not be completed until after the TSC declares and transmits the notification to the offsite agencies. {PIP-M-00-00541}

- **CONDUCT** turnover to the EOF Director (EOFD) utilizing Enclosure 4.17.

NOTE: Provide periodic updates to the EOFD concerning plant status and request EOFD to provide assessment and field monitoring data on a periodic basis.

- **REQUEST** the NRC Communicator to notify the NRC the EOF is activated.
- **ANNOUNCE** to the TSC and OSC the EOF is activated.
- **REVIEW** Operational Responsibilities (Enclosure 4.1, page 5 of 5).
- **ENSURE** ALL completed copies of the McGuire Operations Configuration Control Cards are properly resolved prior to deactivation of the TSC/OSC.

IF the TSC becomes environmentally uninhabitable due to radiological or other conditions and the Control Room remains secure (habitable), **THEN:**

- **SELECT** individuals to move inside the Control Room.
- **INSTRUCT** all other TSC personnel to go to the EOF.

IF the Control Room also becomes uninhabitable due to radiological or other conditions, **THEN:**

- **INSTRUCT** TSC personnel to report to the Simulator at the Training and Technology Center or EOF.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility

EMERGENCY COORDINATOR
OPERATIONAL RESPONSIBILITIES

1. Assure the TSC is maintained in a professional manner. Remind all groups to minimize noise and congestion.
2. Approximately every thirty (30) minutes, conduct a "Time-out" with the TSC staff to obtain current plant status. Ensure the OSC is aware of when "Time-outs" will take place.
3. Ensure all unnecessary communications are put on hold during "Time-outs".{PIP 0-M95-0160}
4. Establish priorities.
5. Following time out, announce to the TSC and OSC the emergency classification, plant status, and priorities via the TSC/OSC public address system.
6. Institute procedures necessary to allow the Control Room to maintain control of the emergency condition.
7. Establish communications with the EOF Director at the Emergency Operations Facility.
8. Establish communications with Federal, State and Local authorities at county warning points or Emergency Operations Centers.
9. Maintain line of communications with these agencies to ensure they are informed of plant emergency conditions at all times.
10. Make decisions concerning all aspects of the emergency situation including alternate strategies (outside of procedures) as plant conditions necessitate.
11. Periodically assess the need for 24 hour staffing and have the managers prepare as needed.
12. Establish a Recovery Organization **PER** (RP/0/A/5700/024, Recovery and Reentry Procedure) once the Emergency has been terminated. Applicable primarily for Site Area Emergency and General Emergency classifications. Refer to Enclosure 4.18 for Termination Criteria.
13. Make decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
14. Serve as Lead Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

ASSISTANT EMERGENCY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ASSIST** the Emergency Coordinator in gathering information to facilitate the activation of the Technical Support Center.
- **FAX** turnover checklist (Enclosure 4.17) to the EOF Director when directed by the Emergency Coordinator. {PIP-0-M97-4112}
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ASSISTANT EMERGENCY COORDINATOR
OPERATIONAL RESPONSIBILITIES

1. Assist the Emergency Coordinator in all aspects of Emergency Response.
2. Act as a receiver of information when the Emergency Coordinator is unavailable and relay the information to the Emergency Coordinator in a timely manner.
3. Proactively seek information when the Emergency Coordinator is in a reactive mode.
4. Make face-to-face confirmation of information provided when the Emergency Coordinator is unavailable.
5. Serve as the Emergency Coordinator when needed.
6. Assist in making decisions on emergency classifications, mitigation strategies, contingency plans and protective actions for plant personnel and the general public.
7. Assist Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).

RADIATION PROTECTION MANAGER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster and **ENSURE** all Radiation Protection personnel reporting to the TSC also sign the roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ESTABLISH** communications with RP personnel in the OSC, Shift Lab and EOF using the cell phone, dial 4980. (Let it ring until you hear a beep. This connects you to the bridge line.).
- **COMMUNICATE** through Emergency Coordinator that dosimetry is required and a dose card shall be filled out if necessary (drill SRWP is 33). {PIP 0-M94-1495}
- **DISCUSS** the following with Emergency Coordinator:
 - 1) Any release in progress including dose rates (especially at the site boundary)
 - 2) Field Team status/data
 - 3) Onsite radiological concerns
- **ESTABLISH** contamination control in the TSC, OSC and Control Room as necessary.
 - 1. **COMMUNICATE** through the Emergency Coordinator that frisking of hands and feet is required prior to entry. {PIP 0-M94-1495}
 - 2. **ESTABLISH** smear survey frequency with OSC RP Supervisor (i.e., every 30 minutes).

**RADIATION PROTECTION MANAGER
INITIAL TSC ACTIVATION CHECKLIST**

_____ **EVALUATE** the need to administer Potassium Iodide to emergency workers on site and to Field Monitoring teams in accordance with HP/0/B/1009/016. Make a log entry describing the evaluation and subsequent decisions. {PIP M-99-5031}.

_____ **EVALUATE** with the Emergency Coordinator the need to:

- 1) Move any Assembly Points in the release path
- 2) Conduct site and/or area evacuation
- 3) Recommend protective actions for emergency workers
- 4) Recommend protective actions for the public.

RADIATION PROTECTION MANAGER
INITIAL TSC ACTIVATION CHECKLIST

NOTE: If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

_____ **UPON** declaration of a General Emergency the Emergency Coordinator shall **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN:**

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7 Protective Action Zones Determination, using wind direction.

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed is less than or equal to 5 MPH **THEN:**

_____ Evacuate zones L, B, M, C, N, A, D, O, R

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH **THEN:**

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4 page 4 of 7, Protective Action Zones Determination, using wind direction

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

RADIATION PROTECTION MANAGER
INITIAL TSC ACTIVATION CHECKLIST

- **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1Rem TEDE or 5 Rem Thyroid CDE, **THEN** notify the TSC Lead SAMG Evaluator. {PIP-M-99-5381}.
- **IF** a situation, which is immediately hazardous to life or valuable property, exists, **THEN** evaluate potential dose rates by one of the following methods:

1. Contact RP shift at Ext. 4282
2. Assess area monitors

AND

Ensure a Request for Emergency Exposure is completed in the OSC prior to dispatch of emergency workers.

- **REVIEW** RP/0/A/5700/000 criteria (EMFs, offsite dose, etc.) for emergency classification changes and discuss with OPS Procedure Support position.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**RADIATION PROTECTION MANAGER
OPERATIONAL RESPONSIBILITIES**

1. Provide and coordinate Radiation Protection resources as necessary.
2. Assure RP responders complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting outside their normal working hours.
3. Ensure all TSC personnel are wearing dosimetry and using dose cards (SRWP 33).
4. Ensure all necessary precautions of the Radiation Protection Manual Emergency Procedures are adhered to (i.e. administer Potassium Iodine tablets as required.)
5. Discuss with Operations Support Manager information regarding plant conditions such as power failures, valve closures as necessary.
6. Ensure responders are aware of the need for frisking prior to entry into the TSC as conditions dictate.
7. Prepare for 24 hour coverage as necessary.
8. Determine if persons with special radiological exposure limits need to be evacuated (e.g. declared pregnant women, people with radio-pharmaceutical limitations).

OFFSITE DOSE ASSESSOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC roster.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 }
- _____ **ESTABLISH** a log of activities.
- _____ **TURN ON** dose assessment and data acquisition computers and acquire necessary information. If data acquisition programs are unavailable, information may be obtained from SDS or the Control Room (EMF and Met data).
- _____ **OBTAIN** copies of the following procedures:
 - RO/0/A/5700/000 (Classification Of Event)
 - SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).
- _____ **IF** a loss of power, LAN, printer, etc., occurs, **THEN** perform Dose Calculations via the Lap Top Computer **PER** instructions on page 7 of 7 of this enclosure.

OFFSITE DOSE ASSESSOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: If changes to the Initial Protective Action Recommendations are recognized and approved by the Emergency Coordinator, these changes shall be transmitted to the off site agencies within 15 minutes. {PIP-M-00-02138}

_____ **UPON** declaration of a General Emergency, **IMMEDIATELY RECOMMEND** to offsite authorities the following:

IF containment radiation levels exceed the levels on Offsite Dose Assessor, Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN**:

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones determination, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.4, page 5 of 7, Guidance for Determination of Gap Activity, **THEN** perform one of the following:

IF wind speed is less than or equal to 5 MPH **THEN**:

_____ Evacuate zones L, B, M, C, N, A, D, O, R

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S.

OR

IF wind speed is greater than 5 MPH **THEN**:

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction

AND

_____ Shelter remaining zones as shown on Enclosure 4.4, page 4 of 7, Protective Action Zones Determination, using wind direction.

OFFSITE DOSE ASSESSOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: Be aware of the effects of loss of power on critical EMFs.

- **VERIFY** operability and validity of EMFs through the Shift Lab.
- **VERIFY** effluent discharge alignment with Shift Lab, RPM, or RP Support as necessary.
- **VERIFY** the status of on-shift Dose Assessment with the shift lab and accept the responsibility for dose assessment.

IF the TSC is not activated and the EC has not received turnover from the Control Room, **THEN**:

- Establish contact with and inform the OSM that the Duty dose Assessors in the TSC have assumed responsibility for Dose Assessment.

AND

- Provide off-site dose calculations and resultant protective action recommendations for radioactive material release to the OSM until the TSC is activated.
- **ESTABLISH** communications with dose assessment personnel at the EOF. Compare information, projections and strategies with the EOF. Turn over dose assessment for offsite communication purposes to EOF Dose Assessors as soon as the EOF becomes officially activated.
- **CHECK** operability of the HPN telephone by listening for a dial tone. If no dial tone is heard, notify the IAE Communications Specialist to pursue repairs. {PIP-M-99-3800}.
- **RETAIN** all computer printouts or manually calculated enclosures.
- **TURN ON** the EMFs (54A and 54B) in the TSC from the OAC computer room by pressing the start button on each EMF control.
- **ENSURE** EMF22 (TSC Area Monitor) is functional.

NOTE: If a safety injection has occurred, the TSC air intakes sampled by EMF-54A and 54B will open and the filter train is placed in service. One of the air intakes must be reopened if both EMFs are in trip 2. {PIP 0-M97-4278}

- **IF** EMF54A and 54B exceed the trip 2 setpoint, **THEN** raise the trip 2 setpoint on the lowest reading EMF to reopen the air intake.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OFFSITE DOSE ASSESSOR
Protective Action Zones Determination

For Containment Radiation Levels Exceeding GAP Activity		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction { PIP 0-M98-3522 }	Evacuate 5 Mile Radius-10 Mile Downwind	Shelter
0 – 22.5	L,B,M,C,N,A,D,O,R,E,S,F	G,H,I,J,K,P,Q
22.6 - 45.0	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
45.1 - 67.5	L,B,M,C,N,A,D,O,R,E,Q,S	F,G,H,I,J,K,P
67.6 - 90.0	L,B,M,C,N,A,D,O,R,P,Q,S	E,F,G,H,I,J,K
90.1 – 112.5	L,B,M,C,N,A,D,O,R,K,P,Q,S	E,F,G,H,I,J
112.6 – 135.0	L,B,M,C,N,A,D,O,R,I,K,P,Q,S	E,F,G,H,J
135.1 – 157.5	L,B,M,C,N,A,D,O,R,I,K,P,Q	E,F,G,H,J,S
157.6 – 180.0	L,B,M,C,N,A,D,O,R,I,J,K,P	E,F,G,H,Q,S
180.1 – 202.5	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
202.6 – 225.0	L,B,M,C,N,A,D,O,R,G,H,I,J,K,P	E,F,Q,S
225.1 – 247.5	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
247.6 – 270.0	L,B,M,C,N,A,D,O,R,F,G,H,I,J	E,K,P,Q,S
270.1 – 292.5	L,B,M,C,N,A,D,O,R,E,F,G,H,J	I,K,P,Q,S
292.6 – 315.0	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
315.1 – 337.5	L,B,M,C,N,A,D,O,R,E,F,G	H,I,J,K,P,Q,S
337.6 – 359.9	L,B,M,C,N,A,D,O,R,E,F,S	G,H,I,J,K,P,Q
Wind Speed Greater than 5 Miles per Hour		
Wind Direction (deg from N) Chart Recorder 1EEBCR9100 Point # 8 Average Upper Wind Direction { PIP 0-M98-3522 }	Evacuate 2 Mile Radius-5 Mile Downwind	Shelter
0 – 22.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
22.6 - 45.0	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
45.1 - 67.5	L,B,M,C,D,O,R	A,E,F,G,H,I,J,K,N,P,Q,S
67.6 - 90.0	L,B,M,C,D,O,R,N	A,E,F,G,H,I,J,K,P,Q,S
90.1 – 112.5	L,B,M,C,O,R,N	A,D,E,F,G,H,I,J,K,P,Q,S
112.6 – 135.0	L,B,M,C,O,N,R,A	D,E,F,G,H,I,J,K,P,Q,S
135.1 – 157.5	L,B,M,C,O,A,N	D,E,F,G,H,I,J,K,P,Q,R,S
157.6 – 180.0	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
180.1 – 202.5	L,B,M,C,A,N	D,E,F,G,H,I,J,K,O,P,Q,R,S
202.6 – 225.0	L,B,M,C,A,N,D	E,F,G,H,I,J,K,O,P,Q,R,S
225.1 – 247.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
247.6 – 270.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
270.1 – 292.5	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
292.6 – 315.0	L,B,M,C,A,D	E,F,G,H,I,J,K,N,O,P,Q,R,S
315.1 – 337.5	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S
337.6 – 359.9	L,B,M,C,D,R	A,E,F,G,H,I,J,K,N,O,P,Q,S

OFFSITE DOSE ASSESSOR
GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS
GUIDANCE FOR DETERMINATION OF GAP ACTIVITY

INITIAL

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

—— If the OAC is available, call up the following computer points based on need

<u>Unit 1 OAC</u>		<u>Unit 2 OAC</u>	
M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

<u>Time Shutdown (Hours)</u>	<u>Containment Monitor Reading (R/HR) EMF51A or 51B</u>
0	2,340
0-2	864
2-4	624
4-8	450
> 8	265

OFFSITE DOSE ASSESSOR
OPERATIONAL RESPONSIBILITIES

1. Provide technical expertise to the OSM, the Emergency Coordinator, and other members of the TSC as required.
2. Provide initial offsite dose calculations and resultant protective action recommendations for releases of radioactive material until assumed by the EOF.
3. Perform offsite dose projections and determine protective action recommendations. Dose projections shall be run at least every 30 minutes or as directed by the RPM.
4. Evaluate dose projections and protective action recommendations. Make recommendations to the RPM and/or Emergency Coordinator.
5. Provide emergency communication personnel with dose assessment and other pertinent technical data through the preparation of the Emergency Notification Form and other offsite communications.
6. Obtain all pertinent information including plant status, emergency classification, meteorological data, and release potential.

OFFSITE DOSE ASSESSOR
INITIAL TSC ACTIVATION CHECKLIST

Operation of Backup Laptop Computer

NOTE: This computer shall be used only when no other dose assessment computers are functional.

- In the TSC Dose Assessment area, open the wall cabinet containing the Raddose Back-up Computer. The key for the wall cabinet is in the Dose Assessment cabinet.
- Remove the laptop and place on the desk under the cabinet. Do not attempt to remove the attached security cable.
- Connect the laptop to the LAN (yellow cable to the right side of the computer).
- Turn on the computer by pushing the power switch (on the left side) forward.
 - The computer will display the following message:
"Starting Windows 95
Windows cannot determine what configuration your computer is in.
Select one of the following:"
 - **IF** the LAN is available, enter "2" for Lan connected.
 - **IF** the LAN is NOT available, disconnect the yellow lan connection from the right side of the computer and enter "1" for not Lan connected.
- When prompted, enter your user ID and personal domain password.
- Select the **Raddose-V** icon.
- Go to step 4.4 in HP/0/B/1009/029. Perform step 4.5 through 4.14. After performing the specified steps, proceed to the next step here.
- At the Report Menu, select Display Green Form.
- Review items 10 through 15 on the screen.
- Transfer information from screen to blank Emergency Notification Form (blank sheets located in dose assessment area cabinet) and deliver to the OSM/EC. Communicate the information by phone if physical delivery is not possible. Click on SAVE.
- Perform steps 4.15.4 through 4.20 in HP/0/B/1009/029 as necessary.
- When does assessment is completed, turn off the back-up computer, disconnect the modem line and place the computer back in the cabinet. Lock the cabinet and return key to dose assessment cabinet.

OFFSITE AGENCY COMMUNICATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.

NOTE: **ANY** information sent to the EOF other than **ENF FORMS** (TSC/EOF Turnover Sheet, SAMG Strategy Sheets, etc) should be faxed to Fax Machine in EOF Director Area. Fax number 382 - 1825. {PIP 0-M98-2065}

- **OBTAIN** a copy of RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center), from the procedures cabinet.
- **EXECUTE** RP/0/A/5700/018, (Notifications to the State and Counties from the Technical Support Center).
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of emergency facility.

OFFSITE AGENCY COMMUNICATOR
OPERATIONAL RESPONSIBILITIES

1. Establish communications with State and Local authorities at County Warning Points or Emergency Operation Centers.
2. Maintain line of communications with these agencies to ensure they are informed of plant emergency conditions at all times.
3. Inform Emergency Coordinator of status of offsite communications (e.g., next message due).
4. Prepare for 24 hour coverage as necessary.
5. Assure offsite agency communicators in the EOF are aware of information affecting offsite agencies even after turnover has occurred (e.g. fire in the motor control center has been put out.)

NRC COMMUNICATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC roster.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **ESTABLISH** a log of activities.
- _____ **OBTAIN** a copy of the current classification procedure from the procedure cabinet:
 - Notification Of Unusual Event, RP/0/A/5700/001
 - Alert, RP/0/A/5700/002
 - Site Area Emergency, RP/0/A/5700/003
 - General Emergency, RP/0/A/5700/004.

NOTE: The only turnover from the Control Room the TSC NRC Communicator takes is responsibility for communications to the NRC. {PIP 0-M94-1496}

- _____ **WHEN** the TSC is activated, **THEN** pickup and monitor the NRC ENS telephone (Located on NRC Communicator's table). {PIP-M-99-3800}
- _____ **IF** the Control Room Communicator is on line with the NRC, inform the parties that the TSC is activated and you are ready to assume continuous communication requirements.
- _____ **IF** continuous communication with the NRC is not established, notify the Control Room Communicator that you are available to perform this function, if required. {PIP-M-99-3800}

NRC COMMUNICATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

- **IF** not previously established, **THEN** establish continuous communications upon request by the NRC. {PIP-M-99-3800}
- **INFORM** NRC of TSC/EOF activations and plant status as requested.
- **PROVIDE** for 24 hour coverage as necessary.
- **INFORM** the NRC when the TSC is deactivated. This requires an additional call using ENS when the NRC does not require continuous communications be maintained.
- **CONTACT** Regulatory Compliance Duty Person if the NRC is going to arrive on site.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC staffing board and put on position badge.
- _____ **SIGN** the TSC roster.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- _____ **ESTABLISH** a log of activities.
- _____ **OBTAIN** a copy of RP/0/A/5700/019 (Core Damage Assessment) from the procedure cabinet.
- _____ **OBTAIN** a copy of affected Unit(s) Data Book. {PIP 0-M98-3522}

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

—— **MONITOR** core conditions as appropriate using either APD, SDS or the OAC Critical Points and Steam Tables as follows:

NOTE: If the OAC is not available, core conditions may need to be obtained from the Operations Manager in the TSC who is in contact with the Control Room.

1. Core Subcooling.
2. Reactor Vessel Water Level (RVLIS).
3. Power level if Reactor not tripped.
4. Ask the Operations Liaison to verify all rods at bottom on Reactor Tripped.
5. Source Range Trends following Reactor Trip.
6. Compare each loop T-hot, T-cold and T-avg.
7. What is the most recent boron concentration, and has there been any safety injection.
8. Reactor coolant pumps On/Off Natural or Forced circulation.
9. Pressurizer Level.
10. Containment EMFs.
11. Injection flow and letdown flow (NC inventory).
12. Containment Pressure.
13. Current burnup and previous 2 cycles EFPD.
14. The number of failed rods and DEI prior to transient.
15. Fuel Pool Temperature (Phase A or Phase B Isolation).

REACTOR ENGINEER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

—— **REVIEW** the above parameters with an immediate focus on the trends of the following:

1. State of criticality and shutdown margin.
2. Core voiding.
3. Core uncover.
4. Challenge to the fuel pellet fission product barrier.
5. Challenge to the cladding fission product barrier.
6. Challenge to the NCS pressure boundary.
7. NC cooldown rate.
8. Fuel Pool Heatup.

On a Safety Injection Signal the Auxiliary Building KC cooled loads are isolated by a phase A containment isolation signal. This includes KC cooling of the KF heat exchangers. A conservative estimate of the time for the spent fuel pool to reach saturation without forced cooling is approximately 10 hours. Within approximately 6 hours following a loss of forced cooling of the spent fuel pool, contact Accident Assessment (Nuclear Engineering General Office) in the EOF for a recommendation regarding initiating KC cooling to KF or alternate means of supplying fuel pool cooling.

—— **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

REACTOR ENGINEER
OPERATIONAL RESPONSIBILITIES

1. Provide System Engineering Manager and/or Operations Superintendent with information concerning any abnormal core conditions.
2. Prepare for 24-hour staffing as necessary.
3. Assist Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).

OPERATIONS MANAGER IN THE TSC
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ESTABLISH** communications with the Control Room, OSC and EOF using the cell phone by dialing 4500 (let it ring until you hear a beep).

NOTE: If a Security event occurs while the TSC is activated, the OPS Manager in the TSC will serve as the focal point for the coordination of activities between the OSC, TSC and Security. The information and actions decided upon should be handled through the normal communication channels with the TSC Emergency Coordinator.

- **IF** a Security event occurs (i.e. bomb threat, sabotage, etc.) or additional communications are needed with Security personnel, have the OSC Security Officer request the SAS Security Officer to dial into the OPS bridge line (4500).
- **NOTIFY** the Control Room crew, via the Operations Manager in the Control Room, of any event classification changes. {PIP-M-00-2138}

OPERATIONS MANAGER IN THE TSC
INITIAL TSC ACTIVATION CHECKLIST

- _____ **IF** a loss of OAC occurs, or if for some reason SDS data becomes unavailable in the TSC, select a data taker from the control room crew or some other resource. **Instruct** the data taker to complete the six page "Loss of OAC Data Collection" checklist kept on file in the TSC procedure file cabinet. (The TSC Emergency Planner also has electronic access to this checklist via "Emgplan on Mnsf2"/"Forms"/"Loss of OAC Data Collection.doc".) **Specify** to the data taker how frequently this checklist needs to be completed and forwarded to the OPS Manager in the TSC. FAX number 875-4722 in the TSC Site Assembly/Evacuation Coordinators' office may be used if deemed necessary for transmittal. **Provide** copies of the completed checklist to the TSC staff as needed. {PIP M-99-5381}
- _____ **PROVIDE** main communication link between the TSC and Control Room.
- _____ **PROVIDE** accurate and current status information to Emergency Coordinator and during time-outs.
- _____ **ASSIST** in making decisions on emergency classifications, mitigation strategies, and contingency plans.
- _____ **SUPPORT** Control Room personnel by providing resources and consultation as required.
- _____ **EVALUATE** and prioritize requests for information from the TSC staff, EOF staff, NRC and others.
- _____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.
- _____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.
- _____ **HAS** the authority to override normal controls on activities directed by the OSC.
- _____ **ASSIST** Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG).
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the Emergency Facility.

OPERATIONS PROCEDURE SUPPORT
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **OBTAIN** a copy of RP/0/A/5700/000 (Classification of Emergency), from the procedures cabinet.
- **OBTAIN** a copy of the current classification procedure from the procedure cabinet.:
 - Notification Of Unusual Event, RP/0/A/5700/001
 - Alert, RP/0/A/5700/002
 - Site Area Emergency, RP/0/A/5700/003
 - General Emergency, RP/0/A/5700/004.
- **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Technical Evaluations In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.

NOTE: The following step provides a listen only connection - leave headset switch in the mute position (position is taped).

- **ESTABLISH** communications with OPS bridge line using the cell phone by dialing 4500. (Let it ring until you hear a beep.)
- **PROVIDE** completed paperwork to Emergency Planning upon deactivation of the Emergency facility.

OPERATIONS PROCEDURE SUPPORT
OPERATIONAL RESPONSIBILITIES

1. Provide emergency organization with broad oversight of current conditions and direction.
2. Ensure correct emergency classifications are made by following the current plant status and procedures in use.
3. Provide back-up service to Control Room personnel ensuring the correct procedural flowpath is followed.
4. Advise Emergency Coordinator on the anticipated course of the event.
5. Prepare Control Room personnel of possible difficult points in the procedures by a look ahead.
6. Consult the EOF for possible solutions if procedural adequacy becomes a concern.
7. Provide information to Offsite Agency Communicator and the NRC Communicator as requested regarding changes in plant conditions.
8. Prepare for 24 hour coverage as necessary.
9. Serve as Lead Evaluator upon entry into Severe Accident Management Guidelines (SAMG). This duty shall include providing leadership and guidance to the other available SAMG Evaluators specifically concerning what they should be doing. {PIP-M-99-5381}.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 }
- **ESTABLISH** a log of activities.
- **ENSURE** PC is on and displaying plant status.
- **ESTABLISH** communications with the following and provide the SEM phone number:
 - TSC Engineering Support, Ext. 4917
 - EOF Accident Assessment, 382-0762
 - OSC Equipment Engineering, Ext. 4971.

NOTE: The following step provides a listen only connection. Leave head set switch in the "mute" position.

- **ESTABLISH** communication with the OPS bridge line, using the cell phone by dialing 4500. (Let it ring until you hear a beep.)
- **OBTAIN** a copy of RP/0/A/5700/026 [Operations/Engineering Technical Evaluations In The Technical Support Center (TSC)] from the procedure cabinet and begin system/plant parameter evaluation.
- **VERIFY** Engineering Support Group is connected to the Operations headset network (listen only) after the Operations Manager in the TSC ties in the OSC and EOF.

SYSTEM ENGINEERING MANAGER
TSC ACTIVATION CHECKLIST

- _____ **COORDINATE** accident mitigation strategy and engineering support through effective communications with the Engineering Support Group, Accident Assessment in the EOF, and the OSC.
- _____ **CONTACT** the on-duty EP Support Leader and request appropriate duty personnel MSE/CEN when outside of normal hours.
- _____ **CONTINUALLY** communicate with TSC personnel, identifying areas needing Engineering support.
- _____ **REPORT** all accident mitigation strategies to the Emergency Coordinator.
- _____ **ASSIST** Operations Procedure Support as an Evaluator upon entry into Severe Accident Management Guidelines (SAMG).
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **OBTAIN** time out forms from the procedure cabinet.
- **ASSIST** the Emergency Coordinator as required to achieve a timely turnover to the EOF. {PIP 0-M98-3522}
- **ESTABLISH** communications with EOF Emergency Planner using the cell phone by dialing 831-4010, or another available bridge line.
- **APPRISE** Emergency Coordinator of TSC/OSC announcements.
- **IF** Emergency Planning support is needed in the OSC, **THEN** contact additional Emergency Planning personnel and request they respond to the OSC.
- **SUPPORT** Emergency Coordinator activity (e.g., keep in procedure).
- **PROVIDE** support for the activation and operation of the TSC.
- **PROVIDE** necessary NRC/State/County interface.
- **ASSIST** Off-site Agency Communicators in preparation of emergency notifications as needed.
- **SHARE** copy of NRC Notification forms, and Emergency Notification forms with the Status Coordinator. {PIP-0-M-99-0911}
- **PROVIDE** support to other members of the TSC as requested.

EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

- **PREPARE** for 24 hour coverage as necessary.
- **COMPLETE** the 24 Hour TSC Position Staffing Log. (Page 3 of 3 of this enclosure)
- **COLLECT** all completed paperwork upon deactivation of the emergency facility.
- **PERFORM** Enclosure 13.1 of PT/0/A/4600/091 (TSC/OSC Inventory and TSC Manuals) at the completion of the drill or event
- **CONTACT** the EP Manager to ensure that the appropriate critiques are held with the Offsite Agencies. {PIP-G-00-00209}

**EMERGENCY PLANNER
INITIAL TSC ACTIVATION CHECKLIST**

24 HOUR TSC POSITION STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Emergency Coordinator				
Assistant Emergency Coordinator				
Operations Manager in the TSC				
Operations Manager in the Control Room				
Operations Procedure Support				
System Engineering Manager				
Reactor Engineer				
Radiation Protection Manager				
Status Coordinator				
Status Coordinator				
Emergency Planner				
NRC Communicator				
Site Assembly Coordinator				
Site Evacuation Coordinator				
Data Coordinator				
IAE Communications				
Offsite Agency Communicator				
Offsite Agency Communicator				
Offsite Dose Assessor				
Offsite Dose Assessor				

*List hours of coverage; i.e. 0800-2000, or 8am-8pm.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

{PIP 0-M94-1491}

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm.{PIP 0-M96-1869}
- **OBTAIN** the remote control for the overhead projector from the TSC supply cabinet.

NOTE: The overhead projector takes several minutes to warm up

- **TURN** main switch of remote control to **ON** position (located on right side of remote).
- **POINT** remote to overhead projector and depress power on button.
- **TURN** on Status Coordinator computer monitor.
- **LOG** on using your user ID.
- **DOUBLE CLICK** on Plant Status.doc.
- **SAVE** as current date activation.doc (e.g. 22498 activation.doc).
- **PRINTOUT** plant status sheets after each significant change and prior to announced timeouts.

Enclosure 4.12
STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 2 of 4

—— **INPUT** classification information on the electronic message board using the remote control as follows:

1. To turn "ON": Press **Shift and Program** simultaneously.
2. To select programmed messages:
 - a. **Unusual Event** Press **Program** then **Run** then "1" then **RUN**.
 - b. **Alert** Press **Program** then **Run** then "2" then **RUN**.
 - c. **Site Area Emergency** Press **Program** then **Run** then "3" then **RUN**.
 - d. **General Emergency** Press **Program** then **Run** then "4" then **RUN**.
3. To Turn "OFF": Press **Shift and Program** simultaneously.

—— **ENTER** plant/equipment status as appropriate on electronic document.

NOTE: The Emergency Planner is provided copies of all NRC Notification forms and Emergency Notification forms. These may be useful in maintaining the TSC log. {PIP-0-M-99-0911}

—— **ESTABLISH** a log of all activities to ensure the following:

- Record the time of entry
- List entries in chronological order and include enough detail to reconstruct event series at a later date.

Enclosure 4.12
STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

RP/0/A/5700/012
Page 3 of 4

—— **LOG** entries should include but are not limited to the following examples:

- Emergency Coordinator and any change in Emergency Coordinator
- Time at which the TSC is activated.
- Present emergency classification, changes in classification, time of declaration
- Plant Conditions (Unit 1 and 2):
 - Core Cooling information (i.e., Time To Boiling, etc.)
 - Safety Systems Degraded:
 - Power Supply Status:
 - Fission Product Barrier Degradation
 - Radiation Releases
- Procedures in effect and any transition to another procedure.
- Actions taken that are not a part of an approved procedure.
- Any abnormal or unexpected plant response.
- Major equipment manipulations.
- Major mitigation actions taken.
- Site assembly or evacuation of all or any part of the plant.
- Personnel Injuries
- Recovery Action(s) in Progress
- Expected time of next Time-Out.

—— **ENSURE** the status board is maintained with current information:

- 3 or 4 highest priority “recovery actions” set by the Emergency Coordinator.
- relevant plant status information captured under “General Information.”

—— **TRACK** established priorities.

—— **PREPARE** for 24-hour coverage.

STATUS COORDINATOR
TSC ACTIVATION CHECKLIST

- **PROVIDE** all completed paperwork (Activation checklist and status board printouts) to Emergency Planning upon deactivation of the emergency facility.
- **SHUTDOWN** computer, monitor and remote control.
- **RETURN** remote controls to supply cabinet.

IAE COMMUNICATIONS
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ENSURE** all necessary equipment needed to support the TSC is operable.
 - Video Conferencing
 - Phones
 - Faxes
 - Headsets
 - Page System.
- **IF** IAE Communications support is needed in the OSC, **THEN** contact additional IAE Communications personnel and request they respond to the OSC.
- **PREPARE** for 24 hour coverage as necessary.
- **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

OPERATIONS MANAGER IN THE CONTROL ROOM
TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- _____ **SIGN** in on the TSC Staffing board and put on position badge. (N/A for drills.)
- _____ **SIGN** the TSC roster. (N/A for drills.)
- _____ **RECEIVE** a verbal report from the OSM detailing plant status, emergency class, and shift staffing level.
- _____ **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the Control Room for personnel accountability. (N/A for drills.)
- _____ **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869} (N/A for drills.)
- _____ **ESTABLISH** a log of activities.
- _____ **ESTABLISH** communications with the TSC, OSC and EOF using the cell phone by dialing 4500. (Let it ring until you hear a beep.) (Each time a party connects, a beep will be heard.)
- _____ **EXPEDITE** time critical tasks for the OSM by clear communication to the OSC via the OPS Liaison. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM, or designee, shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. Completion of OSC Task Work Sheet paperwork shall not delay time critical task dispatches. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is complete and the person (or team) has returned to the OSC and completed debriefing. {PIP 0-M96-1576} {PIP 0-M98-3522}

OPERATIONS MANAGER IN THE CONTROL ROOM
TSC ACTIVATION CHECKLIST

- _____ **PROVIDE** main communication link from the Control Room or Simulator to the TSC, OSC and EOF.
- _____ **PROVIDE** accurate and current task status information to the OSM as needed for non-time critical tasks.
- _____ **ASSIST** in making decisions on emergency classifications, mitigation strategies and contingency plans.
- _____ **SUPPORT** Control Room personnel by directing resources and providing consultation as required.
- _____ **EVALUATE** and prioritize for the Control Room requests for information from TSC, OSC, EOF, NRC and others.
- _____ **EVALUATE** and consult with Control Room personnel on suggested mitigation strategies.
- _____ **COORDINATE** with the Operations Liaison requested priorities of activities in the plant.
- _____ **OVERRIDE** normal controls on activities directed by the OSC as necessary.
- _____ **AFTER** the shift NLOs have been dispatched to the OSC, inform the OSM of your responsibility to make NLOs available to the Control Room for time critical tasks as needed.
- _____ **NOTIFY** the TSC OPS Procedure Support position of all Emergency Procedure transitions.
{PIP 0-M97-4112}
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

DATA COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of activities.
- **ACCESS** SDS in the TSC.

NOTE: ERDS is not activated for drills unless directed to do so by Emergency Planning. {PIP-M-00-561}.

ERDS can only be activated / deactivated from designated computer terminals with SDS access. These are located in the Shift Work Manager's Office, the Data Coordinators' room in the TSC and all within the Control Room horse shoe area.

ERDS is **NOT** activated for a Notification of Unusual Event. {PIP-0-M-99-2929}

- **IF** the Emergency Response Data System (ERDS) is not activated, **THEN** activate ERDS as follows:
 - Ensure SDS is running on the selected terminal.
 - Click on MAIN.
 - Click on GENERAL.
 - Click on ERDS.
 - Click on ACTIVATE.
- Record the date and time ERDS was activated in the log section of the Data Coordinator notebook located at the OAC terminals in the TSC.

DATA COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

- _____ Inform the OSM that ERDS was activated.
- _____ **IF** ERDS failed to activate after five (5) attempts, **THEN** have the NRC Communicator notify the NRC via ENS or other available means. {PIP-M-99-5381}.
- _____ **ENSURE** facility clocks are synchronized as follows:
- _____ Using a network connected PC, enter "NET TIME \\MNSF1" at a command prompt. The time returned should match the PC's time.
- Verify that the time appears accurate.
 - Use the returned time to sync the clocks with the large red digits mounted on the walls of the TSC.
 - Synchronize the wall clocks of the OSC with the wall clocks of the TSC.
 - Contact the EOF Data Coordinator to ensure the EOF clocks match the TSC/OSC clocks. {PIP-0-M-99-0911, PIP-0-M-99-2301}
- TERMINATE** ERDS once the event is over by performing the following:
- _____ Click on Terminate.
- _____ **PROVIDE** all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

**DATA COORDINATOR
OPERATIONAL RESPONSIBILITIES**

1. Provide support in the area of Computer Services and data acquisition.
2. Provide computer support for both software and hardware applications of data review in the TSC and the transfer of data to offsite locations.
3. Prepare for 24-hour coverage as necessary.

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **GET** TLD and pocket dosimetry.
- **COMPLETE** dose card
- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress, or is conducted, **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 }
- **ESTABLISH** a log of activities.
- **ESTABLISH** and maintain communications with the SAS by calling Ext. 2191 to obtain status of the site assembly.

NOTE: Extension 4458 and 4977 are forwarded to Security at 4550 when the TSC is not activated.

- **CLEAR** the forward feature from extension 4458 and 4977 (located in the Site Assembly Coordinator office) by following the instructions located on the desk..
- **RECORD** site assembly start time _____ (announced from Control Room or available through the Operations Manager in the TSC.)

NOTE: Approximately 20 minutes into the site assembly, the assembly locations will contact the Site Assembly Coordinator with names and badge numbers of personnel who were unable to swipe at the assembly locations.

- **WHEN** Security provides a printout of unaccounted personnel, **THEN CHECK OFF** personnel who could not swipe at their assembly point (request this from security about 20 to 25 minutes into the site assembly).

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: During Drills, the number of personnel at each assembly point should be determined if time permits. This information is necessary in the event of an evacuation.

- _____ **CONTACT** the various assembly points to determine the approximate number of personnel at each location.
- _____ **RECORD** the approximate number of personnel at each assembly point on the board located in the Site Assembly Coordinators office.

NOTE: During a TSC "time out" a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator's Table to provide status/updates. {PIP-0-M98-2065}

RECORD site assembly completion time _____.

- _____ **REQUEST** the OPS Manager in the TSC have the Control Room to **STOP** site assembly alarms and announcements.
- _____ **DISCUSS** standing down from site assembly with the Emergency Coordinator. If okay to stand down, **REQUEST** Ops Manager in the TSC have the Control Room to give the stand down from site assembly. If **NOT** okay to stand down from site assembly, Site Evacuation coordinator will make announcements as directed by Enclosure 4.20.

NOTE: The following message will be communicated to the site at the conclusion of site assembly by the control room.

- _____ **IF** requested to do so by the control room, **ANNOUNCE** the stand down message below:

Drill Message for standing down from Site Assembly: Dial 710; at the beep, dial 80, begin speaking

"Attention all station personnel. This is a drill message. This is a drill message. You have been assembled as part of an emergency exercise. If this were an actual emergency, you would be asked to remain assembled waiting on further information, or given instructions to leave the site in accordance with our site evacuation plan. You may now return to your normal work assignments. Thank you for your participation.

SITE ASSEMBLY COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

- _____ **AFTER** the drill message for standing down from site assembly is announced, **EVALUATE** the need to initiate search and rescue of missing personnel and discuss with Emergency Coordinator.
- _____ **POST** periodic site assembly updates on site assembly/evacuation board as needed.
- _____ **PROVIDE** periodic updates to the Emergency Coordinator, as needed and during time outs, concerning site assembly status.
- _____ **PREPARE** for 24-hour coverage for your position as necessary.

<p>NOTE: If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.</p>

- _____ **WHEN** the TSC is deactivated, then **FORWARD** extension 4458 and 4977 to Security at extension 4550.
- _____ **REPLACE** the signs on the extension 4458 and 4977 warning personnel about using the two extensions.
- _____ **PROVIDE** all completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

SITE PAGING SYSTEM
INDIVIDUAL PAGING NUMBERS

NOTE: 710 covers all of these areas.

711, then speak	MOC
712 , then speak	Garage
713 , then speak	Medical
714 , then speak	NAB
715 , then speak	MTF
718 , then speak	Cowans Ford
719 , then speak	Plant
720 , then speak	Island Training Center
721 , then speak	Island Environmental Center
722 , then speak	Island Tech Services Center
723 , then speak	Island Energy Explorium

**Emergency Coordinator/Emergency
Operations Facility Director Turnover
Checklist**

PLANT CONDITIONS

Time _____ Date _____ Plant and Unit(s) Affected _____

Status of Unaffected Unit _____

Reactor Power Level (or Operating Mode if shutdown) Unit 1 _____ Unit 2 _____

Emergency Classification _____

List the problems ongoing at this time _____

Status of off-site and onsite power supplies (including diesels):

D/G A _____	SATA _____	BUSS Line A _____
D/G B _____	SATB _____	BUSS Line B _____

RADIOLOGICAL STATUSOnsite and off-site radiological status _____

Site Assembly conducted: Yes _____ No _____

Site Evacuation: Yes _____ No _____ Time of Evacuation _____

Evacuation Location _____

Number of field monitoring teams assembled _____

Number of field monitoring teams deployed _____

Protective Action Recommendations provided to state/counties _____

• Evacuate _____

• Shelter _____

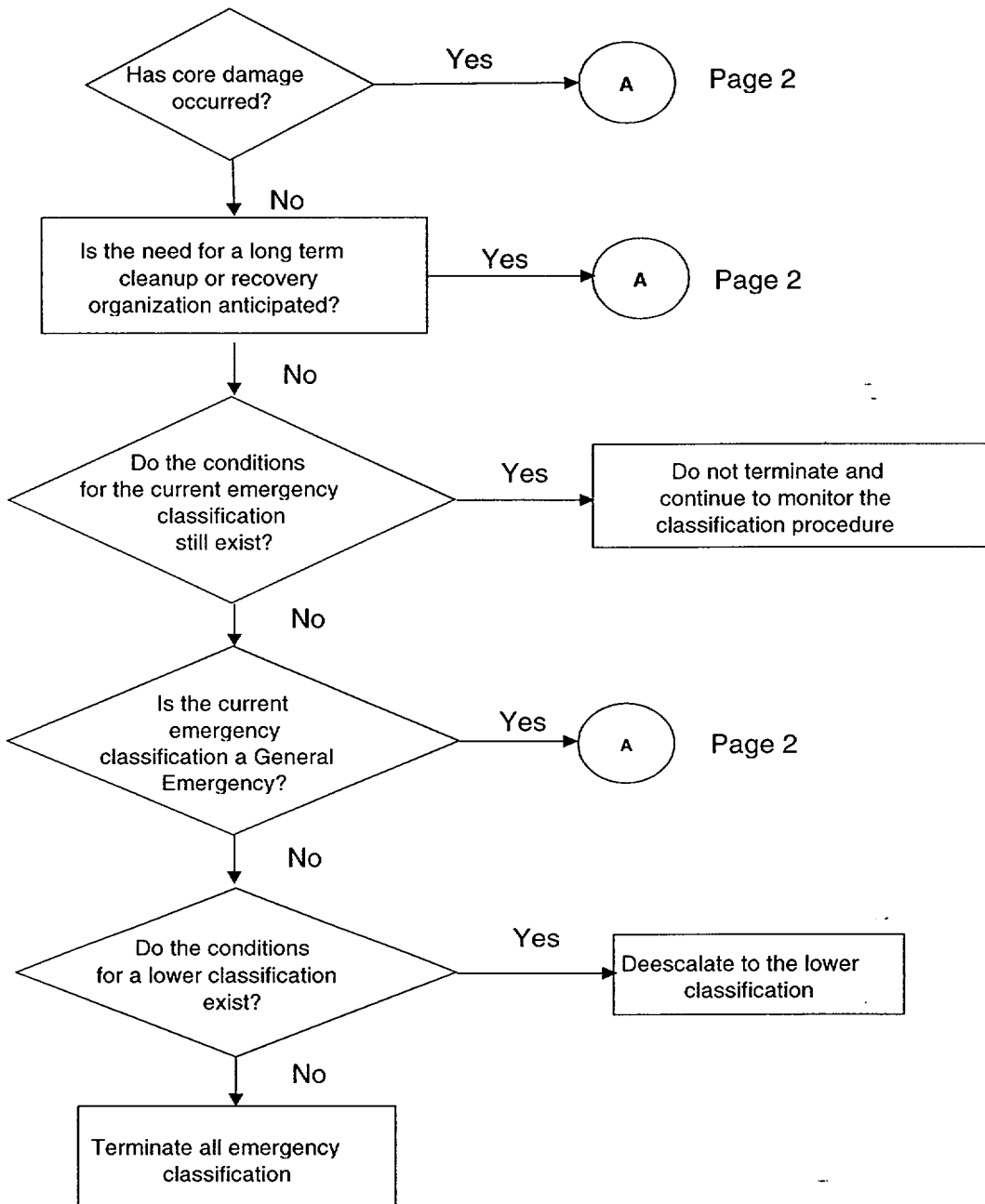
OFF-SITE COMMUNICATIONSOff-Site Communicators' next Emergency Notification Form Due _____
(Time)

Communications checks complete and ready for turnover (Yes/No) _____

TSC Activation Time/Date: _____ / _____

Enclosure 4.18
Emergency Classification Termination
Criteria

RP/0/A/5700/012
Page 1 of 2



Enclosure 4.18
Emergency Classification Termination
Criteria

RP/0/A/5700/012
Page 2 of 2

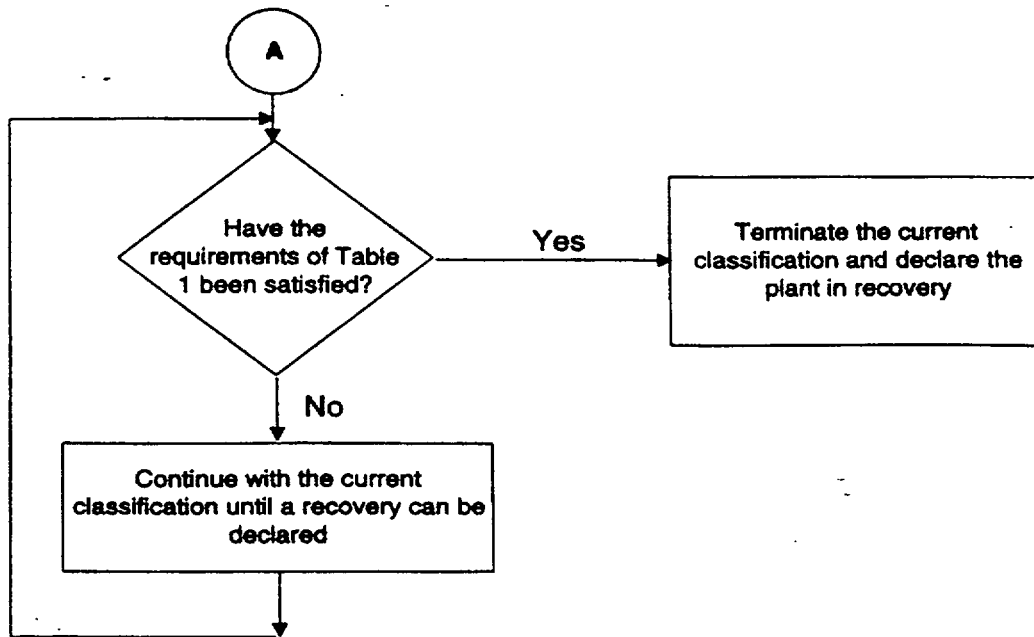


Table 1

Recovery Conditions

- ___ No new evacuation or sheltering protective actions are anticipated
- ___ Containment pressure is less than design pressure
- ___ Decay heat rejection to the ultimate heat sink has been established and either:
 - Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling)
- OR**
- No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. { PIP 0-M96-1645 }
- ___ The risks from recriticality are acceptably low
- ___ Radiation Protection is monitoring access to radiologically hazardous areas
- ___ Offsite conditions do not limit plant access
- ___ The News Manager, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities
- ___ The recovery organization is ready to assume control of recovery operations Go to RP/0/A/5700/024, (Recovery and Reentry)

Enclosure 4.19
Fitness for Duty Questionnaire

RP/0/A/5700/012
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No

☐

If No, stop here and fold this form and drop it in the box provided.

YES

☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

Signature of Management Observer

Date

Fold the form and drop it in the box provided.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

INITIAL

NOTE: You are only required to complete Enclosure 4.19 (Fitness for Duty Questionnaire) when reporting to the facility outside of your normal work hours.

- **GET** TLD and pocket dosimetry.
- **COMPLETE** dose card
- **SIGN** in on the TSC staffing board and put on position badge.
- **SIGN** the TSC roster.
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the TSC for personnel accountability.
- **CONTACT** your site assembly point, report your location upon activation of the site assembly alarm. { PIP 0-M96-1869 }
- **ESTABLISH** a log of activities.
- **DISCUSS** with the Site Assembly Coordinator the status of the site assembly in preparation for emergency/drill message updates and possible site evacuation.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: If the Site Assembly portion of the Emergency / Drill is complete. The Site Assembly Coordinator should assist the Site Evacuation Coordinator with Emergency/ Drill message updates and evacuation coordination.

—— **IF** site assembly is still in progress **ANNOUNCE** the following Initial communication over the P.A. for the appropriate situation by dialing 710, at the beep, dial 80 and begin speaking:

For an Actual Emergency: “Attention all site personnel. This is an emergency message. This is an emergency message. At the present time, we have a _____”(emergency classification). *(Report general information of the event/information of importance. Obtain this information from the Offsite agency communicator).* _____

All personnel inside the protected area shall remain at your site assembly location. All personnel outside of the protected area shall remain in your work area until you receive further instructions. Information will be provided to you as conditions change.”

For a Drill: “Attention all site personnel. This is a drill message. This is a drill message. At the present time, we have a _____”(emergency classification). *(Report general information of the event/information of importance. Obtain this information from the Offsite Agency Communicator.):*

All personnel inside the protected area shall remain at your site assembly location. All personnel outside of the protected area may continue normal work activity. If this were an actual emergency, personnel outside the protected area would be instructed to remain at your work location.”

—— **RECORD** time of announcement _____.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: An additional worksheet for Emergency/Drill Message Updates is on page 7 of 7.

—— **OBTAIN** off site notification information from the Off-site Agency Communicator *each time* an off-site notification is made and prepare an Emergency/ Drill Message Update as follows:

NOTE: If it is determined that an announcement should be made to the plant outside of the normal offsite agency communication, get the Emergency/ Assistant Emergency Coordinator's approval prior to the announcement. Use the message format as follows. After the notification is made, provide a copy of the announcement to the Offsite Agency Communicators.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

—— “Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message.” (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

—— **RECORD** time of announcement _____.

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

“Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message.” (*General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.*):

—— **RECORD** time of announcement _____.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

—— **EVALUATE** with the Radiation Protection Manager, the Emergency Coordinator and other TSC personnel the need to conduct a site evacuation or relocation of on-site personnel based on the following Event Classification criteria:

Alert- determine by actual plant conditions.

Site Area Emergency- consider evacuation/relocation of non-essential personnel.

General Emergency- evacuate all non-essential personnel.

NOTE: The following information may be provided to the EOF via the Offsite Agency Communicators. {PIP-0-M-99-0911}

—— **NOTIFY** EOF anytime personnel are relocated onsite or evacuated from the premises.

NOTE: Evacuations planned inside the Protected Area should be made by contacting Security in the OSC with instructions. Evacuations outside the protected area should be made by contacting Security in the OSC and instructing them to coordinate activities with C&F representatives in the OSC. **When giving evacuation instructions be sure to identify the area for evacuees to relocate to** (using best judgement, advice from RP, etc.).

—— **EVALUATE** with the Radiation Protection Manager, Emergency Planner and Emergency Coordinator the following:

Recommendations on the need, path and transportation options for relocation of on-site personnel.

Recommendations on need, path and transportation options for evacuation of non-essential personnel off-site (Training Center lobby / Cowans Ford Dam or offsite / home.)

Recommendations on need to restrict vehicle (site transportation shuttle, etc.) movement on site. {PIP 0-M97-2871}

NOTE: During a TSC “time out” a Site Assembly or Evacuation Coordinator **SHALL** report to the designated location at the Emergency Coordinator’s Table to provide status/updates. {PIP-0-M98-2065}

_____ **PROVIDE** periodic updates to Emergency Coordinator as needed and during time outs on site evacuation or on site relocation of personnel.

_____ **IF** the decision is made to evacuate personnel from the site, **THEN INFORM** Off-site Agency Communicators to notify appropriate offsite agencies.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

NOTE: Security may need to notify the Mecklenburg Police (911) requesting them to assist in traffic control, if deemed necessary by the Emergency Coordinator or Security Shift Supervisor.

_____ **IF** the decision is made to evacuate, **NOTIFY** Security to assist with traffic control as needed.

_____ **IF** evacuation of non-essential personnel is planned, **REQUEST** Managers, during a time out, to identify and inform their own essential personnel to remain, as all others will be evacuated.

_____ **IF** the decision is made to evacuate, **NOTIFY** the chosen Evacuation-Relocation site of the expected arrival of personnel.

_____ Technical Training Center - 379-3210 This is a cellular telephone carried by an industrial security guard who roams the site seven days a week, 24 hours a day,

_____ Powerhouse at Cowans Ford Dam. This phone rings throughout the dam site. This location is staffed Monday through Friday, 10 hours per day. The access code to the Cowans Ford Dam is 3308.

NOTE: Inform Control Room that you have already contacted Security and the Evacuation site with information about the evacuation of personnel.

_____ **IF** the decision is made to evacuate, **DIRECT** the Control Room to evacuate the site per (RP/0/A/5700/011) by calling the Control Room SRO at extension 4138 (then select option 3) and giving the following evacuation route information for non-essential personnel:

Non-essential personnel should:

A. Proceed to _____
(Training Center lobby / Cowans Ford Dam / Home / Other)

_____ **RECORD** the time the site evacuation begins _____ Ends _____

_____ **PREPARE** for 24 hour coverage for your position as necessary.

_____ **POST** updates to the site assembly / evacuation board located in the Site Assembly Coordinators office as needed.

_____ **PROVIDE** completed paperwork to the Emergency Planner upon deactivation of the emergency facility.

SITE EVACUATION COORDINATOR
INITIAL TSC ACTIVATION CHECKLIST

ADDITIONAL WORKSHEET FOR EMERGENCY/DRILL MESSAGE UPDATES

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

“Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message.” *(General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.):*

RECORD time of announcement _____. Initial _____

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

“Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message.” *(General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.):*

RECORD time of announcement _____. Initial _____

Emergency Message/Drill Message Update: Dial 710; at the beep, dial 80, begin speaking

“Attention all site personnel. This is a/an emergency/drill message. This is a/an emergency drill message.” *(General Information of the event/information of importance. Obtain this information from the Off-site Agency Communicator.):*

RECORD time of announcement _____. Initial _____

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/018

Revision No. 007

PREPARATION

(2) Station **McGuire Nuclear Station**(3) Procedure Title Notifications to the State and Counties from the Technical Support Center(4) Prepared By Jim Rantz Date 9/21/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA ALB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA ALB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By J. J. McNeely Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

<p>Duke Power Company McGuire Nuclear Station</p> <p>Notifications to the State and Counties from the Technical Support Center</p> <p>Multiple Use</p>	<p>Procedure No.</p> <p>RP/0/A/5700/018</p>
	<p>Revision No.</p> <p>007</p>
	<p>Electronic Reference No.</p> <p>MC0048ML</p>

Notifications to the State and Counties from the Technical Support Center

1. Symptoms

An emergency has been declared and Offsite Agency Communicators have been called to staff the Technical Support Center.

2. Immediate Actions

Initial

- 2.1 Obtain a copy of the authentication code word list and copies of the Emergency Notification Form from the procedures cabinet.

<p>NOTE:</p> <ol style="list-style-type: none">1. If selective signaling system fails, attempt to contact offsite agencies via bell lines.2. If primary communication system fails, go to Enclosure 4.6, County Emergency Response Radio3. Report any failures to IAE Communications and the Emergency Planner.
--

- 2.2 Go to RP/0/A/5700/014, (Emergency Telephone Directory), Tab 1 to obtain Emergency Response Numbers.

3. Subsequent Actions

- 3.1 Provide copies of previously transmitted message forms to the following: {PIP 0-M-99-0911}:
- Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

- _____ 3.2 Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.
- _____ 3.3 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. Reference Enclosure 4.2 for logon instructions if needed.
- _____ 3.4 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to Enclosure 4.3 and 4.4 for manual completion and transmission of the notification form. Notify TSC Data Coordinator of any computer problems.
- _____ 3.5 Notify the Emergency Coordinator that you are ready to take over communications to the states and counties. Also, tell him/her when the next notification is due.

<p>NOTE: If the Control Room is ready to provide a follow-up notification, advise the Emergency Coordinator to have the Control Room transmit that notification before turning over to the TSC.</p>
--

- 3.6 Immediately after the Emergency Coordinator declares that the TSC is activated:
- _____ • Notify the Control Room Offsite Agency Communicator that the TSC is now responsible for notifications and will transmit the next message.
 - _____ • For drills/exercises **ONLY**, determine which agencies are participating..

<p>NOTE: The Electronic ENF program automatically puts the Technical Support Center activation time in line 7 of the ENF.</p>
--

- _____ 3.7 Notify the state and counties that the TSC has been activated. This may be accomplished by writing in the description/remarks section on the next transmitted Emergency Notification Form; "Technical Support Center activated at _____ (time)."
- _____ 3.8 If the emergency class is upgraded (e.g. from Alert to Site Area Emergency) or an upgrade in the Protective Action Recommendations (PARS) is made, state and counties must be notified as soon as possible and within 15 minutes after the change is declared by the Emergency Coordinator.
- _____ 3.9 **IF** any situation occurs that affects the off-site agencies, (i.e., potentially contaminated individual is transported off-site, site evacuation is ordered), **THEN** the state and counties must be notified as soon as possible.

- _____ 3.10 Certain events could occur at the plant site such that both units are affected. These may include: Enclosure 4.3 (Abnormal Rad Levels/Radiological Effluent), Enclosure 4.6 (Fire/Explosion and Security Events) and Enclosure 4.7 (Natural Disasters, Hazards and Other Conditions Affecting Plant Safety) from RP/0/A/5700/000, (Classification of Emergency). Consider this when completing the "unit designation" on line 2 of the Emergency Notification Form.
{PIP 0-M97-4638}

3.11 Notifications

- _____ 3.11.1 **Initial notifications** (15 minute clock): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.3 for manual Emergency Notification Form completion/transmission instructions.

NOTE: Follow-up messages of a lesser classification should never be approved after an upgrade to a new classification is declared. Emphasis should be placed on providing current information and **not** on providing a follow-up just to meet follow-up deadline. **IF** a follow up is due and an upgrade in classification is declared, **THEN** the Off -Site Agency Communicators should contact the agencies that the pending follow-up is being superseded by an upgrade in classification and information will be provided within 15 minutes of the upgrade.

- _____ 3.11.2 **Follow-up notifications** (anything other than a change in classification): Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.4 for manual follow-up Emergency Notification Form completion/transmission instructions. Make follow-up notifications according to the following schedule:

Unusual Event	Alert, Site Area and General
Every 4 hours until the emergency is closed out	Every hour until the emergency is closed out
<u>OR</u>	<u>OR</u>
If there is any significant change to the situation	If there is any significant change to the situation
<u>OR</u>	<u>OR</u>
As agreed upon with <u>each</u> individual agency documentation shall be maintained for any agreed upon schedule change	As agreed upon with <u>each</u> individual agency and the interval <u>shall not</u> be greater than 2 hours to any agency

- _____ 3.11.3 **Termination notification:** Refer to Enclosure 4.2 for electronic Emergency Notification Form completion/transmission instructions or Enclosure 4.5 for manual Emergency Notification Form completion/transmission instructions.

3.12 If Any Calls Are Received Requesting Information About the Emergency Which Is Not Contained On the Notification Form:

- _____ 3.12.1 Authenticate the request to ensure the person is a state or county official.
- _____ 3.12.2 Have the Emergency Coordinator approve transmittal of the information.
- _____ 3.12.3 Document the question, answer, and the time the answer was transmitted on the log sheet in the Off-site Agency Communicator's notebook.

- _____ 3.13 Notify Dose Assessment when responsibility for Offsite communications has been transferred to the EOF

4. Enclosures

- 4.1 Emergency Notification Form
- 4.2 Electronic Emergency Notification Form (ENF) Completion/Transmission
- 4.3 Manual Initial Notification Completion/Transmission
- 4.4 Manual Follow-up Notification Completion/Transmission
- 4.5 Manual Termination Notification Completion/Transmission
- 4.6 County Emergency Response Radio
- 4.7 Operation of the FAX

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____

2. SITE: McGuire Nuclear Site UNIT: _____ REPORTED BY: _____

3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) mm dd yy CONFIRMATION PHONE NUMBER: (704) 875-1951

4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

☒ NOTIFICATION OF UNUSUAL EVENT ☐ ALERT ☐ SITE AREA EMERGENCY ☐ GENERAL EMERGENCY

6. ☒ Emergency Declaration At: ☐ Termination At: TIME/DATE: _____ (Eastern) mm dd yy (If B, go to item 16.)

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

9. REACTOR STATUS: ☒ SHUTDOWN: TIME/DATE: _____ (Eastern) mm dd yy ☐ _____ % POWER

10. EMERGENCY RELEASE(S):

☒ NONE (Go to item 14.) ☐ POTENTIAL (GO TO ITEM 14.) ☐ IS OCCURRING ☐ HAS OCCURRED

**11. TYPE OF RELEASE: ☐ ELEVATED ☐ GROUND LEVEL

☒ AIRBORNE: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

☐ LIQUID: Started: _____ / _____ / _____ Time (Eastern) Date Stopped: _____ / _____ / _____ Time (Eastern) Date

**12. RELEASE MAGNITUDE: ☐ CURIES PER SEC. ☐ CURIES NORMAL OPERATING LIMITS: ☐ BELOW ☐ ABOVE

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

**13. ESTIMATE OF PROJECTED OFFSITE DOSE: ☐ NEW ☐ UNCHANGED PROJECTION TIME: _____ (Eastern)

	TEDE mrem	Thyroid CDE mrem	
SITE BOUNDARY	_____	_____	ESTIMATED DURATION: _____ HRS.
2 MILES	_____	_____	
5 MILES	_____	_____	
10 MILES	_____	_____	

**14. METEOROLOGICAL DATA: ☒ WIND DIRECTION (from) _____ ° ☐ SPEED (mph) _____

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) Emergency Coordinator _____ (Title) TIME/DATE: _____ (Eastern) mm dd yy

* If items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) **NC State**
EOC Sel. Sig. 314
EOC Bell Line (919) 733-3943
2. (name) _____
(date) _____ (time) _____ (agency) **Mecklenburg County**
WP Sel. Sig. 116
WP Bell line 943-6200
3. (name) _____
(date) _____ (time) _____ (agency) **Gaston County**
WP Sel. Sig. 112
WP Bell Line (704) 866-3300
4. (name) _____
(date) _____ (time) _____ (agency) **Lincoln County**
WP Sel. Sig. 113
WP Bell line (704) 735-8202
5. (name) _____
(date) _____ (time) _____ (agency) **Iredell County**
WP Sel. Sig. 114
WP Bell line (704) 878-3039
6. (name) _____
(date) _____ (time) _____ (agency) **Catawba County**
WP Sel. Sig. 118
WP Bell line (828) 464-3112
7. (name) _____
(date) _____ (time) _____ (agency) **Cabarrus County**
WP Sel. Sig. 119
WP Bell line (704) 788-3108

Electronic Emergency Notification Form (ENF)
Completion/Transmission**1. Electronic Notification Form Logon**

NOTE: In order to be able to FAX the ENF you must log on as per the instructions in the back of the Off Site Agency Communicators notebook. **DO NOT** log on to the computer with your LAN ID.

- ____ 1.1 **IF** not already performed, **THEN** ensure Off-Site Communicator Computer is operational.
- Power up the Off Site Agency Communicator computer and log on to the network using the instructions in the back of the Off Site Agency Communicators notebook in the TSC.
 - Verify the computer internal clock is synchronized with the facility clock in the Emergency Coordinators Area. (Adjust as necessary).

NOTE: If the computer or Electronic Notification Form is not operational, report it to the TSC Data Coordinator. Refer to **Enclosures 4.3, 4.4 and 4.5** for manual completion and standard transmission of the Notification Form.

- ____ 1.2 If not already performed, log on to the Electronic Notification Form by performing one of the following:
- Select the (ERO) Emergency Response Organization option from the DAE My Application.
 - Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for “Nuclear Generation”
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.
- Login the Program entering the following information:

User Name: Your Network Logon ID (i.e. JSM7327)

Password: Your Network Password

Domain: POWER

Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen are color coded to assure information is being routinely updated. Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

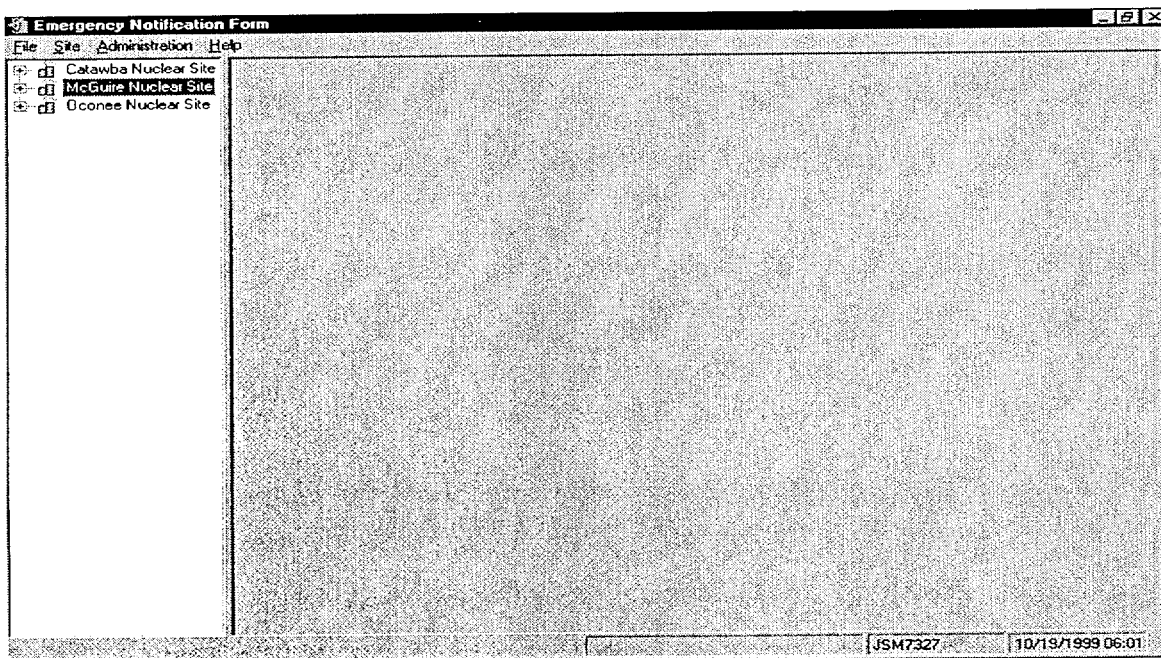
Red - information is greater than 15 minutes old

Information for the various Electronic ENF screens should come from the following areas:

Plant Status Screen:	Operations Procedure Support
Plant Summary Screen:	TSC Emergency Coordinator/Off Site Agency Communicator.
Release Screen:	Operations/TSC Dose Assessors (RadDose V data)
Met/Offsite Dose Screen:	TSC Dose Assessors (RadDose V data)
Protective Actions Screen:	Operations/Radiation Protection Manager/TSC Dose Assessors.
Communications Screen:	Offsite Agency Communicator.

2. Electronic Notification Form Completion (Create Event)

—— 2.1 Highlight the appropriate station (McGuire) for the event.



Electronic Emergency Notification Form (ENF)
Completion/Transmission

- _____ 2.2 Create a new event by performing the following: Select **Site** from the menu, then **New Event**.

Create Event

Event Information
Type: ☒ Drill ☐ Actual Emergency
Site: McGuire Nuclear Site
Description: _____

Emergency Classification
☒ Notification of Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency

Declared: ____/____/____:____

Message Information
Has a previous message been sent? ☒ Yes ☐ No
Last Message Information
Type: ☒ Initial ☐ Follow-Up Number:
Transmittal Date/Time: ____/____/____:____

Create Event Cancel

- _____ 2.3 On the **Create Event** screen, fill in the information from the previous message as follows:
- For **Event Information** -Select Drill or Actual Emergency
 - For **Description** - Indicate the type of Event (ie: Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
 - For **Emergency Classification** - Select the appropriate Emergency Classification and time of declaration.
 - For **Message Information** - Has previous message been sent? (Yes or No).

Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)

NOTE: For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

_____ 2.3.1 For **Last Message Information** – If previous message **has** been sent:

- Select (Initial or Follow-up)
- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time)

_____ 2.4 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

_____ 2.5 If all information is correct select “Yes” at the prompt “Are you sure you are ready to create this event”.

NOTE: For the “Next Msg Due” indicator panel all indicator information is as follows:

Initial Messages:

Black - information and time conflict

Green – Next message due in 10 – 15 minutes.

Yellow – Next message due in 5 – 9 minutes.

Red – Next message due in < 5 minutes or past due.

Follow Up Messages:

Black - information and time conflict

Green – Next message due in 30 – 60 minutes.

Yellow – Next message due in 15 – 29 minutes.

Red – Next msg due in <15 minutes or past due.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

3. Plant Status Screen

3.1 Select the “Plant Status” Tab (First Tab on the Event screen.) and perform the following:

- Verify and update as necessary the “Emergency Classification” and “Declared At:” time field.
- Click on the Emergency Action Level (EAL) pull down menu and select the appropriate Emergency Action Level.
- Once the appropriate EAL has been chosen, highlighted the “Select” button.
- In the “Reactor Status” section, select the appropriate unit(s) and status.
- If the Unit(s) is shutdown, verify that the shutdown time and date(s) are correct

NOTE: If you indicate that Gap Activity has been exceeded then you must be in a General Emergency.

- Update the “Gap Activity” status as necessary.
- When all information is completed select the “Save” button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

4. Plant Summary Screen

_____ 4.1 Select the “Plant Summary” Tab (Second Tab on the Event screen.)

Final 3

Plant Status | **Plant Summary** | Protective Actions | Release | Met./Offsite Dose | Communications

Plant Condition
☐ Improving ☐ Stable ☐ Degrading

Description/Remarks:
EAL information will automatically be included on Initial messages.
Facility Activation information will automatically be included on the appropriate messages.

0 500 characters maximum

Check Spelling

Save Cancel Validate

_____ 4.2 Under the “Plant Conditions” section select the appropriate condition.

- **Improving:** Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **Stable:** The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc. are operating as designed.
- **Degrading:** Given current and projected plant conditions / equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Protective Action Recommendations.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

- NOTE:**
1. Remember to "close the loop" on items from previous notifications.
 2. EAL information will automatically be included on INITIAL messages.
 3. Facility activation information will automatically be included on the appropriate message.

_____ 4.3 Under the "Description" section add description of changes since last notification or significant information for the current message. Items to be considered for inclusion are as follows: { 0-M98-2065 }

- Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event)
- Major/Key Equipment Out of Service
- Emergency response actions underway
- Fire(s) onsite
- Flooding related to the emergency
- Explosions
- Loss of offsite Power
- Core Uncovery
- Core Damage
- MERT activation related to the emergency
- Extraordinary noises audible offsite
- Personnel injury related to the emergency or death
- Transport of injured individuals offsite - specify whether contaminated or not
- Site Evacuation/relocation of site personnel
- Saboteurs/Intruders/Suspicious devices/Threats
- Chemical or Hazardous Material Spills or Releases
- Any event causing/requiring offsite agency response
- Any event causing increased media attention

_____ 4.4 When input is complete select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

5. Release Screen

5.1 Select the "Release" Tab (Fourth Tab on the Event screen.)

Emergency Notification Form

File Event Administration Help

Plant Status | Plant Summary | Protective Actions | **Release** | Met./Offsite Dose | Communications

Emergency Release
☒ None ☐ Potential ☐ Is occurring ☐ Has occurred

Release Type
☐ Airborne ☒ Ground Level

Airborne Release
 Started: / / : : Stopped: / / : :
 Liquid Release
 Started: / / : : Stopped: / / : :

Release Magnitude
 Unit of Measure
☒ Curies per Second ☐ Curies
 Normal Operating Limits
☒ Below ☐ Above

Noble Gases: _____
 Iodines: _____
 Particulates: _____
 Other: _____

RadDose File Dates
 Release: / / : : Met./Offsite: / / : :

Load From RadDose Clear
 Save Cancel Validate

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg Due
BLACK	BLACK	BLACK	BLACK	BLACK	BLACK		10/18/1999 16:48
							RED

JSM7327 10/18/1999 16:51

- Select the appropriate Emergency Release condition (i.e. None, Potential, etc.).
- If "None" is selected select the "Save" button and Go To section 6. (Met/Offsite Dose Screen)
- Verify that "Ground Level" Release is selected.
- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select "Load From RadDose" button.
- At the confirmation prompt verify that the time and date for the RadDose information is correct and select "Yes".
- After data verification select the "Save" button.


6. Met/Offsite Dose Screen

6.1 Select the “Met/Offsite Dose” Tab (Fifth Tab on the Event screen.)

Procedure Test 2



Plant Status | Plant Summary | Protective Actions | Release | **Met/Offsite Dose** | Communications

Offsite Dosage Estimate
☒ New ☐ Unchanged

Projection Time: : : 
Estimated Duration: hrs

TEDE mrem Thyroid CDE mrem

Site Boundary:
2 miles:
5 miles:
10 miles:

Meteorological Data
Wind Direction: ° (degrees)
Stability Class: 
Speed: mph
Precipitation: inches / 15 mins. of 

RadDose File Dates
Release: Met./Offsite:

Load From RadDose Clear

Save Cancel Validate

- Verify with the TSC Dose Assessors that the RadDose data is ready to be loaded.
- After verification select “Load From RadDose” button.
- At the confirmation prompt verify that the time and date for the RadDose information is correct and select “Yes”.
- After data verification select the “Save” button.

7. Protective Actions Screen

NOTE: The Protective Actions Screen is only enabled when you are in a General Emergency Classification.

7.1 Select the "Protective Actions" Tab (Third Tab on the Event screen.)

02/20/2000 Test

Plant Status | Plant Summary | **Protective Actions** | Release | Met./Offsite Dose | Communications

Emergency Classification: 100% Gap Activity Released
 Notification of Unusual Event: NO

Reactor Status

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

Meteorological Data

Wind Direction: * (degrees) Speed: mph
 Stability Class: Precipitation:

Recommended Action

Evacuate:

>>

>

<

<<

Shelter In-Place:

Load Protective Action Recommendations

Save

Cancel

Validate

- If the Emergency Classification **IS NOT** a General Emergency select the "Validate" button and GO TO Step 8.
- If the Emergency Classification **IS** a General Emergency select "Load Protective Action Recommendations".
- After the protective action recommendations are verified select the "Save" button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

8. Communications Screen

- _____ 8.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)
- _____ 8.2 Complete the Communicator "Name:" information. (This is the individual performing the communications with the State and County agencies.)
- _____ 8.3 Complete the applicable information in the "Event Management" section as follows:
- Select the "Managing Site".
 - Select and validate the appropriate facility (TSC or EOF) activation time.

Emergency Notification Form

File Event Administration Help

02/20/2000 12:49

Plant Status | Plant Summary | Protective Actions | Release | Met./Offsite Dose | Communications |

Communicator Name: _____

Next Message Information

Type: ☒ Initial ☐ Follow-Up Number: 1

Last Message Information

Has a previous message been sent? ☐ Yes ☒ No

Emergency Classification

☒ Notification of Unusual Event ☐ Site Area Emergency

☐ Other ☐ General Emergency

Type: ☒ Initial ☐ Follow-Up Number: 10

Transmit Date/Time: ____/____/____ :__:____

Event Management

Managing Site: _____

TSC Activated: ____/____/____ :__:____

EOF Activated: ____/____/____ :__:____

Build New Message Change Last Message Information

Save Cancel Validate

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg Due
BLACK	BLACK	BLACK	BLACK	BLACK	BLACK		02/20/2000 12:25

JSM7327 02/20/2000 12:49

NOTE: Last Message information should be automatically populated if a previous message has been sent. If a previous message has not been sent this portion of the screen should be disabled.

- Once all applicable information has been completed select "Save".
- _____ 8.4 Periodically validate information on the on the screens by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the screens to Green Status).
- _____ 8.5 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

9. Building a Message

- _____ 9.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current.
- Select the Communications screen, then select the **Build New Message** bar at the bottom of the screen. Information from the various screens will be incorporated into the message.
- Review the form to verify information is correct.

- _____ 9.2 If information needs to be revised, select **Message** from the Toolbar, then **Edit**.

- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select Save.
- To return to the message form, select **Message** from the Toolbar, then **Refresh**.
- Select "**Yes**" if you are ready to refresh the form.
- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

- _____ 9.3 Have the TSC Emergency Coordinator review and sign the form.

10. Transmitting Message

- _____ 10.1 Locate a copy the Authentication Code Word List.
- _____ 10.2 For **Initial Notifications** (15 Minutes) proceed to **Section 11**.
- _____ 10.3 For **Follow-up Notifications**, proceed to **Section 12**.
- _____ 10.4 For **Termination Notifications**, proceed to **Section 13**.

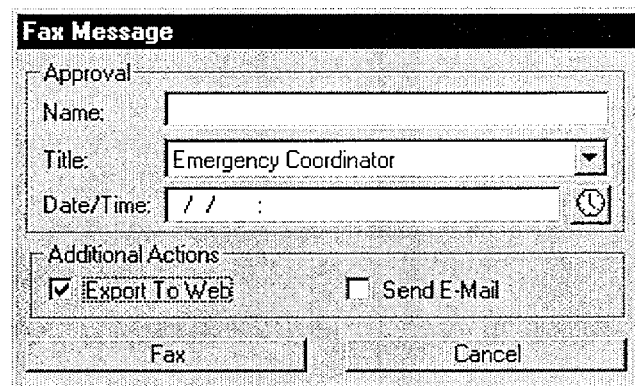
11. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
 2. If Selective Signaling is not operational, the bell telephones lines may be used to call agencies individually or see **Enclosure 4.6** for radio instructions.
 3. If the ENF Fax program is not operational refer to **Enclosure 4.7** for additional instructions.

11.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 11.2 – 11.5 while another Off Site Agency Communicator establishes contacts as per step 11.6

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

11.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

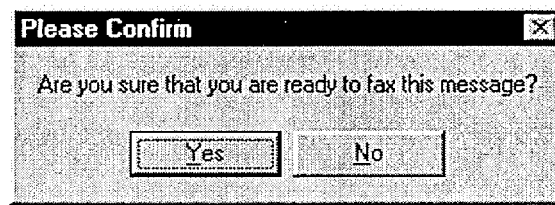


The image shows a 'Fax Message' dialog box. It has a title bar 'Fax Message'. Inside, there is an 'Approval' section with fields for 'Name:', 'Title:' (a dropdown menu showing 'Emergency Coordinator'), and 'Date/Time:' (a date/time picker showing '/ / :'). Below this is an 'Additional Actions' section with two checkboxes: 'Export To Web' (checked) and 'Send E-Mail' (unchecked). At the bottom are two buttons: 'Fax' and 'Cancel'.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

_____ 11.3 Select "Yes" on confirmation panel if ready to fax the form.

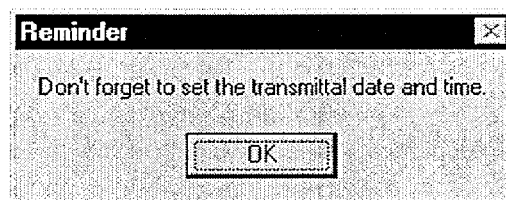


NOTE: The Lan Fax Panel should now be initialized and appear on screen

_____ 11.4 On the Lan Fax Panel, Select the "TO" button.

_____ 11.5 Select which Agencies will receive the ENF per the following:

- To Select a group, scroll down the list of agencies and double click "MNS Drill" or "MNS Emergency" as appropriate to add to the **Recipients'** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients'** list. Continue this process to include additional agencies.
- When the **Recipients'** list is complete, click "OK".
- At the next screen, select "Send" (The ENF will be Faxed to the agencies simultaneously).
- Select "OK" on reminder panel for setting the transmittal time and date.



_____ 11.6 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *1 and verify that all available agencies answer. At least one attempt using the individual selective signaling code must be made for the missing agencies. Proceed with the notification promptly after an attempt to get the missing agencies on the line.

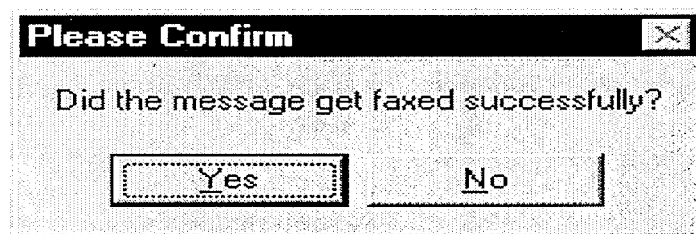
Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The transmittal time will need to be handwritten on the copy of the ENF that the Emergency Coordinator has previously signed.

- When all available parties are verified on the line, document that this is the transmittal time.
- Read the following statement “This is McGuire Nuclear Station TSC. This is a drill or actual emergency (whichever applies).”
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)**
- Read the information on the ENF; line by line, to the Off-site Agencies.

NOTE: Authentication Code should be hand written into the signed ENF form.

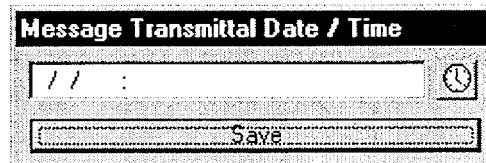
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: “This concludes message # _____. Are there any questions?”
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 11.6. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose “**Set Transmittal Date/Time**”.
- Select “Yes” at the prompt if the Fax was successfully sent.



Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”

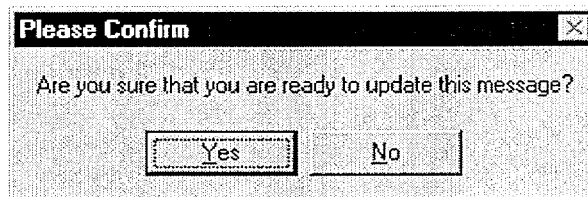


Message Transmittal Date / Time

// : [Clock Icon]

Save

- At the confirmation prompt select “Yes” if you are ready to update this message.



Please Confirm

Are you sure that you are ready to update this message?

Yes No

_____ 11.7 Write the authentication Number and Codeword on the ENF.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 11.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.

Enclosure 4.2

Electronic Emergency Notification Form (ENF) Completion/Transmission

RP/0/A/5700/018

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_____ 11.9 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

_____ 11.10 To perform follow up messages, or new initial messages once an event has been created, select the desired event title and return to Section 3 of this enclosure.

Emergency Notification Form

File Event Administration Help

Catawba Nuclear Site
McGuire Nuclear Site
MNS Drill 11/17/9
Final Testing
Final Test 2
Final 3
Oconee Nuclear Site

Plant Status | Plant Summary | Protective Actions | Release | Met./Offsite Dose | Communications

Emergency Classification
☒ Notification of Unusual Event ☐ Alert ☐ Site Area Emergency ☐ General Emergency
 Declared At: 11/29/1999 08:44
 Emergency Action Level: AA
 Reactor Status:

Unit	Included	Status	Shutdown Date	Shutdown Time	Percent Power
1	No				
2	No				

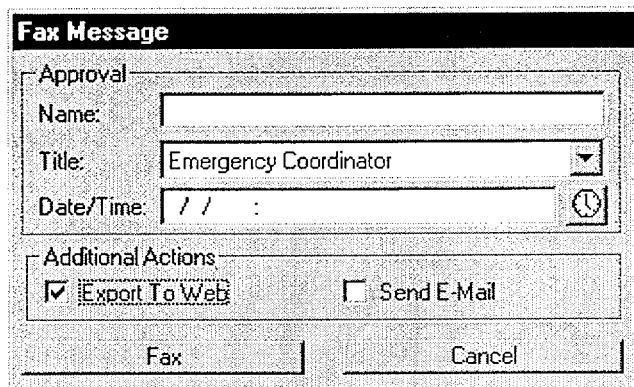
 Gap Activity:
 Are Containment Radiation Levels greater than 100% GAP Activity? ☐ Yes ☒ No
 Save Cancel Validate

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg Due
BLACK	BLACK	BLACK	BLACK	BLACK	BLACK	11/29/1999 08:44	11/29/1999 09:44
						J5M7327	11/29/1999 08:44

Electronic Emergency Notification Form (ENF)
Completion/Transmission**12. Transmission of Follow-up Notification**

NOTE: The "Export to Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export to Web" and "Send E-Mail" boxes as they are when the "Fax Message" Prompt appears.

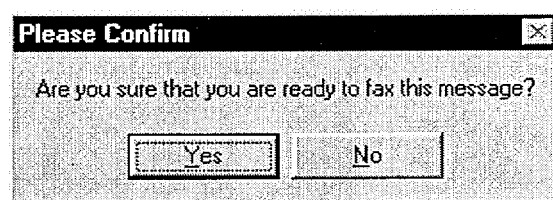
____ 12.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.



The "Fax Message" dialog box contains the following fields and controls:

- Approval** section:
 - Name:** A text input field.
 - Title:** A dropdown menu with "Emergency Coordinator" selected.
 - Date/Time:** A date and time picker showing "/ / :" and a clock icon.
- Additional Actions** section:
 - ☒ **Export To Web**
 - ☐ **Send E-Mail**
- Buttons at the bottom: **Fax** and **Cancel**.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel
- Select "Yes" on confirmation panel if ready to fax the form



The "Please Confirm" dialog box contains the following:

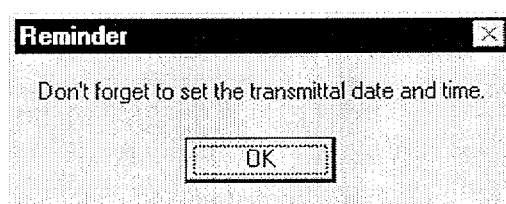
- Title bar: **Please Confirm** with a close button (X).
- Text: "Are you sure that you are ready to fax this message?"
- Buttons: **Yes** and **No**.

- On the **Lan Fax Panel**, Select the **"TO"** button.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

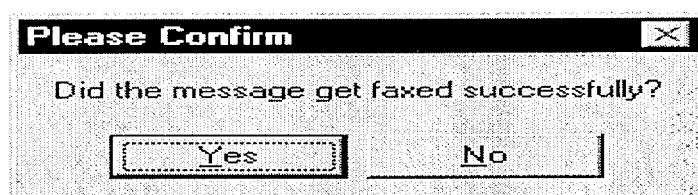
12.2 Select which Agencies will receive the ENF per the following:

- To select a group, scroll down the list of agencies and double click **“MNS Drill”** or **“MNS Emergency”** as appropriate to add to the **Recipients’** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients’** list. Continue this process to include additional agencies.
- When the **Recipients’** list is complete, click **“OK”**.
- At the next screen, select **“Send”** (The ENF will be Faxed to the agencies simultaneously).
- Select **“OK”** on reminder panel for setting the transmittal time and date.



12.3 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all Agencies have received the Faxed ENF. (If ENF has not been received ask agencies to get a blank ENF and tell them that you will provide the information.)
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- After message transmission is complete, select **Message** from the toolbar, then choose **“Set Transmittal Date/Time”**.
- Select **“Yes”** at the prompt if the Fax was successfully sent.



Enclosure 4.2

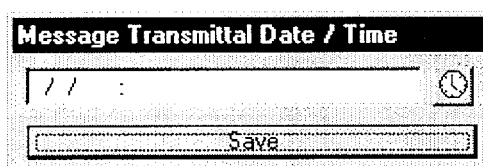
Electronic Emergency Notification Form (ENF) Completion/Transmission

RP/0/A/5700/018

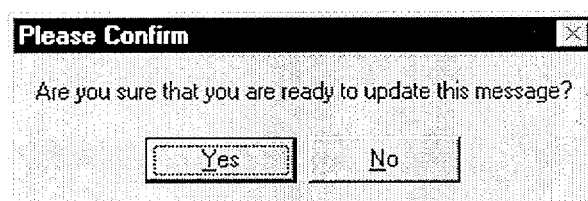
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NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 12.4 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.

_____ 12.5 Repeat the previous step as necessary to communicate answers to questions concerning other Follow Up notifications.

Enclosure 4.2

Electronic Emergency Notification Form (ENF)
Completion/Transmission

RP/0/A/5700/018

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_____ 12.6 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- NRC Communicator
- Site Evacuation Coordinators
- Offsite Dose Assessors
- Emergency Planner
- Drill Coordinator (During drills only).

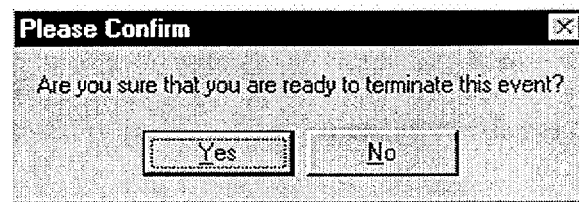
Electronic Emergency Notification Form (ENF)
Completion/Transmission**13.Termination Message**

- NOTE:
1. Termination notifications are communicated verbally.
 2. Termination notification is marked as a Follow-up.

13.1 From the Menu bar for the specific Event, Select Event, Then select Terminate Event

13.2 Enter Termination Time and Date, then Click OK.

_____ 13.3 Confirm that event is ready to be Terminated by clicking “Yes”



_____ 13.4 Message will be generated with appropriate information. -

- If information needs to be revised, select **Message** from the Toolbar, THEN **Edit**.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select Save.
- To return to the message form, select **Message** from the Toolbar, THEN **Preview**.

_____ 13.5 Review the form to verify information is correct.

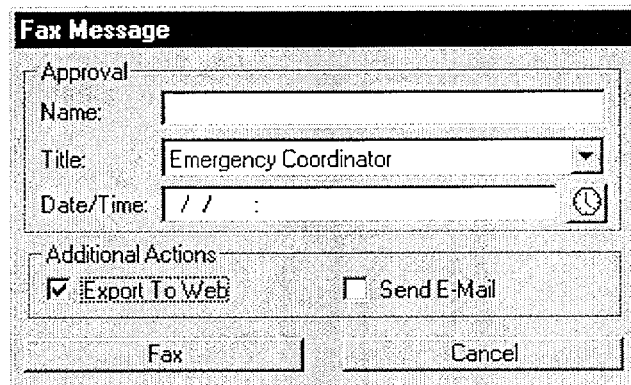
- If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the TSC Emergency Coordinator review and sign the form.

Electronic Emergency Notification Form (ENF)
Completion/Transmission

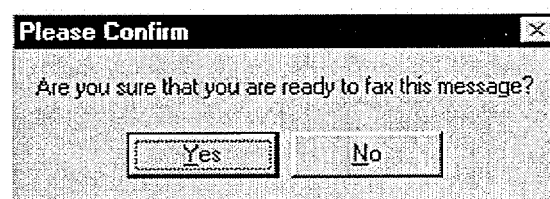
NOTE: The “Export to Web” and “Send E-Mail” boxes will be either checked or unchecked. Unless directed otherwise, leave the “Export to Web” and “Send E-Mail” boxes as they are when the “Fax Message” Prompt appears.

13.6 Once approved, fax the Electronic form by performing the following:

- Select **Message** from the Toolbar, THEN **Fax**.

A screenshot of a 'Fax Message' dialog box. It has a title bar 'Fax Message'. Inside, there is an 'Approval' section with fields for 'Name:', 'Title:' (set to 'Emergency Coordinator'), and 'Date/Time:' (with a clock icon). Below this is an 'Additional Actions' section with two checkboxes: 'Export To Web' (checked) and 'Send E-Mail' (unchecked). At the bottom are 'Fax' and 'Cancel' buttons.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form.

A screenshot of a 'Please Confirm' dialog box. It has a title bar 'Please Confirm' with a close button. The text inside asks 'Are you sure that you are ready to fax this message?'. At the bottom are 'Yes' and 'No' buttons.

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.7 for alternate Fax instructions.

- On the **Lan Fax** Panel, Select the “**TO**” button.
- Select which Agencies will receive the ENF per the following:

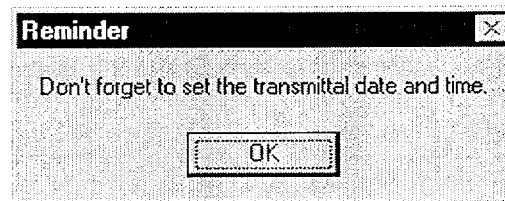
Enclosure 4.2

Electronic Emergency Notification Form (ENF) Completion/Transmission

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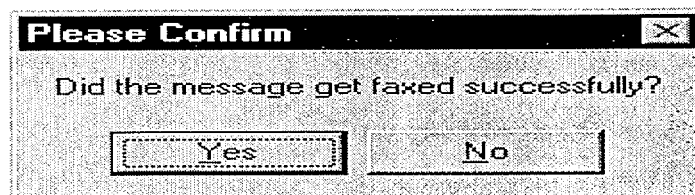
- To Select a group, scroll down the list of agencies and double click “**MNS Drill**” or “**MNS Emergency**” as appropriate to add to the **Recipients’** list.
- To select individual agencies, double click the appropriate agency to add to the **Recipients’** list. Continue this process to include additional agencies.
- When the **Recipients’** list is complete, click “**OK**”.
- At the next screen, select “**Send**” (The ENF will be Faxed to the agencies simultaneously).
- Select “**OK**” on reminder panel for setting the transmittal time and date.



NOTE: For Follow-up messages, the transmittal time will be the time the message is faxed.

13.7 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

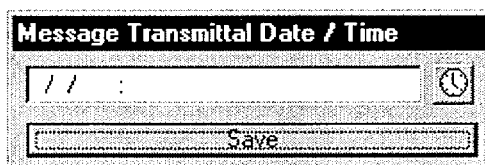
- Activate the Group Call function by dialing * 1 and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.1.
- After message transmission is complete, select **Message** from the toolbar, then choose “**Set Transmittal Date/Time**”.
- Select “**Yes**” at the prompt if the Fax was successfully sent.



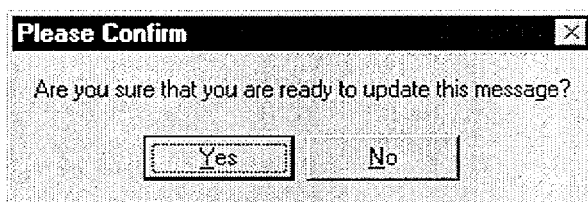
Electronic Emergency Notification Form (ENF)
Completion/Transmission

NOTE: The transmittal date and time will be automatically populated on the message.

- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message.



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 13.8 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the TSC Emergency Coordinator.
- Document the question, answer, and have the TSC Emergency Coordinator sign.
- Document the time the answer was provided to the Off-site Agency.

_____ 13.9 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- | | |
|--------------------------------|---|
| • Emergency Coordinator | • Emergency Planner |
| • NRC Communicator | • Offsite Dose Assessors |
| • Site Evacuation Coordinators | • Drill Coordinator (During drills only). |

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

RP/0/A/5700/018
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1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

NOTE: ONLY items 1 - 10, 15 and 16 are required. Items 11 - 14 may be skipped.

1.1 Complete the Emergency Notification Form as follows:

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support
7.	NOTE: Reference RP/0/A/5700/000, (Classification of Emergency). Enter a brief description of the reason for declaring the emergency classification (in layman's terms if possible). DO NOT use system abbreviations, acronyms or jargon that may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}	OPS Procedure Support

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

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8.	<p>Mark appropriate plant condition. {PIP 0-M97-4210 NRC-1}</p> <ul style="list-style-type: none">• Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.• Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.• Degrading: Given current and projected plant conditions / equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to - upgrade offsite Protective Action Recommendations.	OPS Procedure Support
9.	<p>Write the time and date of Reactor Shutdown or Reactor Power level as applicable.</p>	OPS Procedure Support

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

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10.	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none">• A. NONE: clearly no emergency release is occurring or has occurred• B. POTENTIAL: discretionary option for the EC or EOFD.• C. IS OCCURRING: meets the specified conditions.• D. HAS OCCURRED: previously met the specified conditions. <p>Base the determination of emergency release on:</p> <ul style="list-style-type: none">• EMF readings,• containment pressure and other indications,• field monitoring results,• knowledge of the event and its impact on systems operation and resultant release paths. <p>An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none">• Either containment particulate, gaseous, iodine monitor (EMFs 38,39 and/or 40) readings indicate an increase in activity, <p style="text-align: center;"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,</p> <p style="text-align: center;"><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p style="text-align: center;"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none">• Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity.• Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.• Confirmed activity in the environment reported by Field Monitoring Teams(s). <p>Knowledge of the event and its impact on systems operation and resultant release paths.</p>	R.P. Shift/Dose Assessors
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Enclosure 4.3
Manual Initial Notification
Completion/Transmission

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15.	Mark appropriate recommended protective actions.	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All initial notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A."
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
 3. Go to Enclosure 4.6 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.
 4. Before reading Emergency Notification Form to the State/Counties, fax a copy to the EOF.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- 2.2 **IF** the Selective Signaling fails, **THEN GO TO** RP/0/A/5700/014, Tab 1 for manual Selective Signaling numbers.
- 2.3 As the State and counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify all available State and counties are on the line, document this time in item #3. on the form. This time should not exceed 15 minutes from the time of declaration (Item # 6).
- 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.6 Read the message beginning with item # 1 allowing time to copy.

Enclosure 4.3
Manual Initial Notification
Completion/Transmission

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- _____ 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate codeword. Write the number and codeword on the form.
- _____ 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.
- _____ 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. Refer to Enclosure 4.7 for FAX operation.
- _____ 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.
- _____ 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
- Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

RP/0/A/5700/018
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1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: If items 8 - 14 have not changed from the previous message, only items 1 - 7 and 15 and 16 are required to be completed. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you place the Emergency Notification Form in the FAX machine. Write in the date.	
4.	Authentication is not necessary when FAXing to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date the current classification is declared.	OPS Procedure Support

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

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7.	<p>NOTE: Reference RP/0/A/5700/000, (Classification of Emergency).</p> <p>Enter a brief description of the reason for declaring the emergency classification (in layman's terms, if possible). DO NOT use system abbreviations, acronyms or jargon which may cause confusion. Instead, write out the description in long hand. Be sensitive to the fact that certain descriptive technical terms may elicit unanticipated reactions from others. {PIP 0-M98-2065}</p> <p>In addition, provide a description of changes in plant conditions since the last notification. Items to be considered for inclusion are as follows: { 0-M98-2065 }</p> <ul style="list-style-type: none">• Other unrelated classifiable events (for example, during an Alert, an event which, by itself would meet the conditions for an unusual Event)• Major/Key Equipment Out of Service• Emergency response actions underway• Fire(s) onsite• Flooding related to the emergency• Explosions• Loss of offsite Power• Core Uncovery• Core Damage• Medical Emergency Response Team activation related to the emergency• Personnel injury related to the emergency or death• Transport of injured individuals offsite - specify whether contaminated or not• Site Evacuation/relocation of site personnel• Saboteurs/Intruders/Suspicious devices/Threats• Chemical or Hazardous Material Spills or Releases• Extraordinary noises audible offsite• Any event causing/requiring offsite agency response• Any event causing increased media attention• Remember to "close the loop" on items from previous notifications.	OPS Procedure Support
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Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

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8.	<p>Mark appropriate plant condition. {PIP 0-M97-4210 NRC-1}</p> <ul style="list-style-type: none">• Improving: Emergency conditions are improving in the direction of a lower classification or termination of the event.• Stable: The emergency situation is under control. Emergency core cooling systems, equipment, plans, etc., are operating as designed.• Degrading: Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade offsite Fire Protective Action Recommendations.	OPS Procedure Support
9.	Write the time and date of Reactor Shutdown or Reactor Power level as applicable.	OPS Procedure Support

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

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10.	<p>NOTE: 1. An emergency release is any unplanned, quantifiable discharge to the environment associated with a declared emergency event. (This definition is based on an NRC commitment made on 11/30/90 following McGuire's Steam Generator Tube Rupture.) {PIP 0-M97-4256}</p> <p>2. Notify the OSM if box C or Box D is checked.</p> <p>Check the appropriate box for emergency release.</p> <ul style="list-style-type: none">• A. NONE: clearly no emergency release is occurring or has occurred• B. POTENTIAL: discretionary option for the EC or EOFD.• C. IS OCCURRING: meets the specified conditions.• D. HAS OCCURRED: previously met the specified conditions. <p>Base the determination of emergency release on:</p> <ul style="list-style-type: none">• EMF readings,• containment pressure and other indications,• field monitoring results,• knowledge of the event and its impact on systems operation and resultant release paths. <p>An emergency release is occurring if any one or more of the following bulleted conditions are met associated with declared emergency:</p> <ul style="list-style-type: none">• Either containment particulate, gaseous, iodine monitor (EMFs 38,39 and/or 40) readings indicate an increase in activity, <p style="text-align: center;"><u>OR</u></p> <p>Containment monitor (EMFs 51A and/or 51B) readings indicate greater than 1.5R/hr,</p> <p><u>AND</u></p> <p><u>Either</u> containment pressure is greater than 0.3 psig,</p> <p style="text-align: center;"><u>OR</u></p> <p>An actual containment breach is known to exist.</p> <ul style="list-style-type: none">• Unit vent particulate, gaseous, iodine monitor (EMFs 35,36, and/or 37) readings indicate an increase in activity.• Condenser air ejector exhaust monitor (EMF 33) or other alternate means indicate Steam Generator tube leakage.• Confirmed activity in the environment reported by Field Monitoring Teams(s).• Knowledge of the event and its impact on systems operation and resultant release paths.	R.P. Shift/Dose Assessors
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Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

RP/0/A/5700/018
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Item #	Action	Source of Information
11.	Indicate type of release and time/date. Mark Ground Level for any airborne releases.	R.P. Shift/Dose Assessors
12.	Indicate release magnitude and whether release is above or below normal operating limits.	R.P. Shift/Dose Assessors
13.	Write estimate of projected offsite dose and estimated duration. Check new or unchanged. If unchanged from the previous notification, the information does not have to be repeated.	R.P. Shift/Dose Assessors
14.	Provide meteorological data.	R.P. Shift/Dose Assessors
15.	Mark appropriate recommended protective actions.	R.P. Shift/Dose Assessors
16.	Have the Emergency Coordinator approve the message.	Emergency Coordinator

2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

NOTE: For routine, follow-up notifications, FAX a copy of the notification form instead of verbally transmitting the message. (Front page only) This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency. Call each agency to verify they received the message.

- _____ 2.1 Insert the Emergency Notification Form face down in the Automatic Document Feeder on the FAX.
- _____ 2.2 Press GROUP FAX".
- _____ 2.3 Verify the State and Counties received the FAX by calling them.
- _____ 2.4 Ask if there are any questions on the Emergency Notification Form, then write down the individuals' names on the back of the form.

Enclosure 4.4
Manual Follow-Up Notification
Completion/Transmission

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—— 2.5 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:

- Emergency Coordinator
- Emergency Planner
- NRC Communicator
- Offsite Dose Assessors
- Site Evacuation Coordinators
- Drill Coordinator (During drills only).

Enclosure 4.5
Manual Termination Notification
Completion/Transmission

RP/0/A/5700/018
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1. COMPLETION OF THE EMERGENCY NOTIFICATION FORM

1.1 Complete the Emergency Notification Form as follows:

NOTE: A termination message should be marked a FOLLOW-UP on the Emergency Notification Form.

Item #	Action	Source of Information
1.	Check the appropriate blocks. NOTE: Message #'s are sequentially numbered throughout the drill/emergency.	
2.	Write in the unit or units affected. NOTE: REPORTED BY: is the communicator's name.	
3.	Write in the transmittal time. This is the time you verify all available agencies are on the line. Write in the date.	
4.	Authentication will be completed while transmitting the notification to the state and counties.	
5.	Check the appropriate classification.	OPS Procedure Support
6.	Write the time and date of termination.	OPS Procedure Support
16.	Have the Emergency Coordinator approve the message	Emergency Coordinator

Enclosure 4.5
**Manual Termination Notification
Completion/Transmission**

RP/0/A/5700/018
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2. TRANSMISSION OF THE EMERGENCY NOTIFICATION FORM

- NOTE:**
1. All termination notifications are verbal. Avoid using abbreviation or jargon likely to be unfamiliar to the state and counties. If any information is not available or not applicable, write out "Not Available" or "Not Applicable" in the margin or other space as appropriate. Do not abbreviate "N.A.".
 2. The back-up means of communications are the Bell line or County Emergency Response Radio. Go to RP/0/A/5700/014, Tab 1 for back-up numbers.
 3. Go to Enclosure 4.6 for instructions on how to use the County Emergency Response Radio if Selective Signaling or Bell line is not available.

- 2.1 Use the Selective Signal telephone by dialing *1 and depressing the push-to-talk button.
- 2.2 **IF** the Selective Signaling fails, **THEN GO TO** RP/0/A/5700/014, Tab 1 for manual Selective Signaling numbers.
- 2.3 As the State and counties answer, check them off on the back of the notification form. At least one attempt using the individual selective signaling code must be made for the missing agencies. **Proceed with the notification promptly following an attempt to get missing agencies on the line.**
- 2.4 Verify all available State and counties are on the line, document this time in item #3 on the form.
- 2.5 Tell them you have an emergency notification from the McGuire TSC and to get out the Emergency Notification Form.
- 2.6 Read the message beginning with item # 1 allowing time to copy.
- 2.7 When you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number in which you will reply the appropriate codeword. Write the number and codeword on the form.
- 2.8 After communicating the message, ask if there are any questions. Record individual's names and time on the back of the form. This time is the same time as item #3.

Enclosure 4.5
Manual Termination Notification
Completion/Transmission

RP/0/A/5700/018
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- 2.9 Whenever practical, after verbally transmitting the message, FAX (front page only) to the appropriate agencies. **REFER TO** Enclosure 4.7 for FAX operation.
- 2.10 Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2.3. Document the time these agencies were contacted on the back of the notification form.
- 2.11 Provide copies of the transmitted message form to the following: {PIP 0-M-99-0911}:
- Emergency Coordinator
 - Emergency Planner
 - NRC Communicator
 - Offsite Dose Assessors
 - Site Evacuation Coordinators
 - Drill Coordinator (During drills only).

COUNTY EMERGENCY RESPONSE RADIO

- NOTE:**
1. This radio will only contact the county warning points. The state cannot be contacted on this radio. Have one of the counties relay the message.
 2. You may refer to RP/0/A/5700/014, Tab 1 for individual radio codes.

Group Call:

- _____ 1. Press **20** and **POUND SIGN (#)** to activate all county radio units.
- _____ 2. When the **TALK** light comes on, press the bar on the transmitter microphone and say:

"This is McGuire Technical Support Center to all counties, do you copy?"

Once all counties respond, begin transmitting the message.

At least one attempt using the individual radio code must be made for the missing agencies.

Proceed with the notification promptly following an attempt to get missing agencies on the air.

- _____ 3. If a county fails to respond on the group call, press their individual code on the encoder and say:

"This is McGuire Technical Support Center to (Agency you are calling), do you copy?"

Once the county responds, begin transmitting the message.

- _____ 4. After you have finished transmitting the message, conclude the message by saying:

"This is WQC700 base clear."

- _____ 5. Continuous attempts to contact missing agencies must be made if unable to complete the notification per step 2. Document the time these agencies were contacted on the back of the notification form.

NOTE: The FAX will dial each agency in sequence. If the FAX is busy, it will try again after completing the other calls. The group call also transmits a copy to the EOF in the General Office.

1. TO SEND A FAX TO ALL COUNTIES AND STATE OF NORTH CAROLINA

- _____ • Insert the document face down into the FAX.
- _____ • Press Group FAX.

2. TO SEND A FAX TO A SINGLE LOCATION USING ONE-TOUCH DIALING

- _____ • Insert the document face down into the FAX
- _____ • Press EOF in General Office
- _____ • Press State of North Carolina WP
- _____ • Press Mecklenburg County
- _____ • Press Gaston County
- _____ • Press Lincoln County
- _____ • Press Iredell County
- _____ • Press Catawba County
- _____ • Press Cabarrus County
- _____ • Press NC State EOC.

NOTE: If programmed functions fail, go to RP/0/A/5700/014, Tab 1 for manual FAX numbers.

3. SEND A FAX TO A SINGLE LOCATION DIALING MANUALLY

- _____ • Insert the document face down in the FAX.
- _____ • Using the keypad, dial the number that you wish to call.
- _____ • Press Start button.

Duke Power Company PROCEDURE PROCESS RECORD

(1) ID No. RP/0/A/5700/020Revision No. 011**PREPARATION**(2) Station McGuire Nuclear Station(3) Procedure Title Activation of the Operations Support Center (OSC)(4) Prepared By [Signature] Date 9/25/00

(5) Requires 10CFR50.59 evaluation?

☒ Yes (New procedure or revision with major changes)☐ No (Revision with minor changes)☐ No (To incorporate previously approved changes)(6) Reviewed By Alan L. Beaver (QR) Date 10/24/00Cross-Disciplinary Review By _____ (QR) NA ACB Date 10/24/00Reactivity Mgmt. Review By _____ (QR) NA ACB Date 10/24/00

(7) Additional Reviews

Reviewed By _____ Date _____

Reviewed By _____ Date _____

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By [Signature] Date 10/25/2000**PERFORMANCE** (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

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

<p>Duke Power Company McGuire Nuclear Station</p> <p>Activation of the Operations Support Center (OSC)</p> <p>Multiple Use</p>	<p>Procedure No.</p> <p>RP/0/A/5700/020</p>
	<p>Revision No.</p> <p>011</p>
	<p>Electronic Reference No.</p> <p>MC0048MN</p>

Activation of the Operations Support Center (OSC)

NOTE: This procedure is in response to PIP No. 0-M94-0431.

1. Symptoms

Conditions exist where events are in progress or have occurred which indicate a potential degradation of the level of safety of the plant and activation of the Emergency Response Organization (ERO) has been initiated.

2. Immediate Actions

None

3. Subsequent Actions

NOTE: This procedure is not intended to be followed in a step-by-step sequence. Sections of the procedure are to be implemented as the applicable action becomes necessary.

- 3.1 The OSC is required to be activated for an ALERT, SITE AREA EMERGENCY, or GENERAL EMERGENCY declaration. It may also be activated for an UNUSUAL EVENT if deemed necessary by the Operations Shift Manager/Emergency Coordinator.
- 3.2 **Every possible effort should be made to ensure the OSC is activated within ONE (1) HOUR AND 15 MINUTES of declaration of an ALERT, SITE AREA EMERGENCY or GENERAL EMERGENCY.** This time frame must be met anytime it is deemed necessary to activate the OSC.
- 3.3 Upon notification to activate, the OSC Coordinator shall report and assume responsibility for the proper activation, operation and deactivation of the OSC.
 - 3.3.1 Personnel in the Emergency Response Organization (ERO) assigned to the OSC shall report upon notification to activate.
 - 3.3.2 The initial responders shall be responsible for the completion of the appropriate enclosures. The appropriate group checklist shall be completed and Operational Responsibilities reviewed. These enclosures should be used as guides to help direct emergency activities.
 - 3.3.3 The OSC Coordinator may call upon any of the available plant staff in order to ensure the necessary operation of the OSC.
- 3.4 Each represented group is responsible for ensuring their appropriate checklists are completed (Enclosures 4.1 through 4.14).

- 3.5 Enclosure 4.17 (McGuire Operations Configuration Control Card) shall be filled out any time a team is directed to go outside the normal procedure process/scope while performing a task.
- 3.5.1 Upon OSC activation, the Operations SRO shall debrief the NLOs as they report to the OSC and ensure an Enclosure 4.17 is filled out for any component operated outside of normal procedure which may have affected plant configuration prior to OSC activation. IF emergency tasks as directed by the OSC must be completed prior to the NLOs filling out Enclosure 4.17, THEN the NLOs shall fill out Enclosure 4.17 (for any components they operated outside of normal procedure which may have affected plant configuration prior to OSC activation) before the OSC is deactivated.
- 3.5.2 Upon OSC activation, each team/person dispatched from the OSC shall have a copy of Enclosure 4.17 if the task entails operating a component outside of normal procedure which may affect plant configuration. In an emergency situation where the person/team is already performing work in the field, the team's manager/supervisor shall be responsible for the completion of Enclosure 4.17. At the end of their shift, or when a sheet is filled, or when the drill/emergency is terminated, the sheet shall be given to the OSC Status Coordinator for logging and filing.
- 3.5.3 Upon termination of the drill/emergency, the Emergency Coordinator/designee shall assume responsibility for ensuring the proper resolutions to all completed copies of Enclosure 4.17 prior to the TSC/OSC being deactivated. The Emergency Coordinator/designee shall have overall responsibility for ensuring all enclosures are properly resolved or items logged prior to plant turn-over to the Operations Shift Manager. Once the items/enclosures have been properly resolved, the TSC/OSC may be deactivated. All completed enclosures shall be filed by Emergency Planning with other drill/emergency paperwork.
- 3.6 The OSC shall not be deactivated until approval is given by the Emergency Coordinator.
- 3.7 No time critical task (or emergency dispatch) shall exit the OSC to perform the specified work without prior cognizance and verbal approval of the OSC Coordinator. The OSC Status Coordinator shall document such tasks/dispatches in his/her log, noting verbal approval from the OSC Coordinator. {PIP-0-M98-3522}

4. Enclosures

- 4.1 OSC Coordinator/Assistant OSC Coordinator OSC Activation Checklist/Operational Responsibilities.
- 4.2 OSC Radiation Protection Supervisor OSC Activation Checklist/Operational Responsibilities.

- 4.3 OSC Operations Senior Reactor Operator OSC Activation Checklist/Operational Responsibilities.
- 4.4 OSC Chemistry Supervisor OSC Activation Checklist/Operational Responsibilities.
- 4.5 OSC Safety Representative OSC Activation Checklist/Operational Responsibilities.
- 4.6 OSC Security Representative OSC Activation Checklist/Operational Responsibilities.
- 4.7 OSC Commodities and Facilities OSC Activation Checklist.
- 4.8 OSC Operations Liaison OSC Activation Checklist/Operational Responsibilities.
- 4.9 Mechanical Maintenance Manager OSC Activation Checklist/Operational Responsibilities.
- 4.10 IAE Manager OSC Activation Checklist/Operational Responsibilities.
- 4.11 Equipment Engineer OSC Activation Checklist/Operational Responsibilities.
- 4.12 OSC Status Coordinator OSC Activation Checklist/Operational Responsibilities.
- 4.13 OSC IAE Communication OSC Activation Checklist.
- 4.14 Emergency Planner OSC Activation Checklist.
- 4.15 Minimum Staffing Levels for the Operations Support Center (OSC).
- 4.16 Fitness for Duty Questionnaire.
- 4.17 McGuire Operations Configuration Control Card.
- 4.18 OSC Pre-Activation Task List.
- 4.19 OSC Task Work Sheet.

OSC COORDINATOR/ASSISTANT OSC COORDINATOR
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill. {PIP-0-M-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ANNOUNCE** that everyone in the OSC needs to sign the roster.
- **ANNOUNCE** for participants who were called outside of their normal work hours to complete Enclosure 4.16 (Fitness For Duty Questionnaire).
- **ESTABLISH** a log of activities.
- **OBTAIN** an update of the current emergency condition of the plant from the Emergency Coordinator.
- **IF** any OSC activity is designated as a time critical task (or emergency dispatch), the OSC Coordinator shall give verbal approval prior to actual dispatch. Request the OSC Status Coordinator to make a log entry to document this time critical task (or emergency dispatch), noting verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- **EMPHASIZE** Enclosure 4.19 (OSC Task Work Sheet) needs to be completed for each task.
- **SYNCHRONIZE** clocks with the TSC.
- **REQUEST** personnel synchronize their watches with the OSC clock or use the OSC clock for official time.
- **ENSURE** any needed additional support is obtained to help the OSC as necessary. This includes anyone who is needed to mitigate the incident. The Emergency Coordinator can authorize personnel onsite who have not been GET trained.

OSC COORDINATOR/ASSISTANT OSC COORDINATOR
OSC ACTIVATION CHECKLISTINITIALS

NOTE: The following step should be repeated following each shift turnover

- _____ **ANNOUNCE** to OSC a reminder to complete a 'Work Hour Extension Form', if applicable. {PIP-0-M98-2099}
- _____ **BRIEF** OSC on plant and radiological conditions and expected actions that will be taken.
- _____ **BRIEF** the OSC regarding the staffing requirements/needs and initial information received.
- _____ **INFORM** the TSC of encountered plant conditions and the status of any emergency actions already in progress.

NOTE: The OSC may be declared activated prior to the TSC being activated provided the following positions are staffed and communications between parties established:

- OPS Manager in the TSC
- OPS Manager in the Control Room (Simulator during drills)
- Either the OPS Liaison **OR** OPS SRO in the OSC. {PIP-0-M98-2065}

- _____ **CONFIRM** with OSC Status Coordinator that minimum staffing positions in the OSC are filled and prepared to assume their function.

NOTE: If minimum staffing levels are not met within the required time frame the OSC Coordinator should activate the OSC noting the positions that are not filled.

- _____ **DECLARE** the OSC activated and announce via PA "This is _____, I am the OSC Coordinator. The OSC is officially activated as of _____. The plant status is as follows:

OR

"This is _____. I am the OSC Coordinator. The OSC is officially activated as of _____. I will give an update in _____ minutes.

OSC COORDINATOR/ASSISTANT OSC COORDINATOR
OSC ACTIVATION CHECKLIST

INITIALS

- **INFORM** the Emergency Coordinator in the TSC that the OSC is activated.
- **REQUEST** the required sections listed below to complete Enclosure 4.18 (Pre-Activation Task List) and turn in to the OSC Status Coordinator.
 - RP - Mech. Maint. - C&F
 - Chemistry - IAE - Engineering
 - Security - Safety - OPS SRO.
- **DETERMINE** the location and function of persons/Repair and Recovery teams that may be currently working in the field to ensure they are properly tracked.
- **ENSURE** the OSC is maintained in a professional manner. Request all groups to minimize noise and congestion.
- **ESTABLISH** shift rotations if the duration is expected to exceed 12 hours.
- **EMPHASIZE** a radio needs to be taken to each job site.
- **VERIFY** Vital to Operations (VTO) and one line drawings are available.
- **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

OSC COORDINATOR/ASSISTANT OSC COORDINATOR
OPERATIONAL RESPONSIBILITIES

- 1) Assume responsibility for the activation, operation and deactivation of the Operations Support Center (OSC).
- 2) Demonstrate command and control at all times in the OSC.
- 3) Receive a briefing of the emergency conditions, radiological conditions, equipment and plant status from available sources.
- 4) Ensure adequate number of personnel and resources are provided to perform tasks requested by the control room/TSC.
- 5) Ensure Repair and Recovery teams are formed, properly briefed, dispatched and their status monitored.
- 6) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 7) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 8) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 9) Approve all OSC Task Work Sheets generated in the OSC.
- 10) Ensure accountability of OSC personnel is maintained throughout the emergency and OSC personnel are informed of event status and corrective actions.
- 11) Ensure team activities are prioritized and in agreement with TSC established priorities.
- 12) Ensure the OSC is habitable. If the OSC must be evacuated for any reason, ensure it is performed in a timely and professional manner. Be sure to alert personnel in the OSC of the evacuation route and hazards which may be encountered while moving to the alternate OSC (located in the Control Room).
- 13) Provide adequate turnover when a shift change occurs.

OSC COORDINATOR/ASSISTANT OSC COORDINATOR
OPERATIONAL RESPONSIBILITIES

- 14) Serve as the OSC point of contact with the TSC.
- 15) Ensure Communications are established within the OSC between groups and with the TSC.
- 16) Prepare for 24-hour coverage as necessary.
- 17) Ensure any team dispatched from the OSC is properly briefed on tasks to be performed and communication is established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 18) Announce all original paperwork (enclosures, staffing forms, logs, etc.) be submitted to the OSC Status Coordinator upon deactivation of the OSC.

OSC RADIATION PROTECTION SUPERVISOR
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC Staffing Board and put on position badge.
- **SIGN** the OSC Roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all Radiation Protection personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ENSURE** Enclosure 4.2, page 3 of 6 (Staffing Levels for Radiation Protection in the OSC) has been completed.
- **ESTABLISH** a log of activities.
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** communications with RP personnel in the TSC, Shift Lab and EOF using the cell phone. Dial 4980. (Let it ring until you hear a beep. This connects you to the bridge line.)
- **IDENTIFY AND MAINTAIN** accountability of RP personnel on shift that do not report to the OSC during activation. {PIP-0-M-98-3946}
- **ENSURE** habitability surveys are performed as necessary in the OSC, TSC, and Control Room.

OSC RADIATION PROTECTION SUPERVISOR
OSC ACTIVATION CHECKLISTINITIALS

- **OBTAIN** and manually activate (as time permits) eight electronic dosimeters for use by the Field Monitoring team (FMT) members. Otherwise, instruct the FMT members to obtain and activate EDs on the way to prepare the emergency vehicles. {PIP 0-M97-2339}
- **MAINTAIN** records in the OSC of all persons ONSITE (TSC/OSC/CR and any other area where people may be located) once all non-essential personnel have been evacuated. Records should include:
 1. Respiratory qualifications.
 2. Use of radioprotective drug.
 3. Need for protective clothing.
 4. Location.
- **REQUEST** all TSC and OSC Managers to have FAXED to the OSC the name, social security number and RP badge number of any person(s) who may be left onsite after evacuation of non-essential personnel but are located in an area other than the OSC.
- **IF** a situation which is immediately hazardous to life or valuable property exists, **THEN** evaluate potential dose rates by one of the following methods:
 1. Contact RP shift at Ext. 4282.
 2. Assess area monitors.
- **COMPLETE** Enclosure 4.2, page 6 of 6, Request for Emergency Exposure, prior to dispatch of emergency workers if emergency situation precludes documentation.
- **CALL** extra personnel as necessary.
- **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

Enclosure 4.2

Staffing Levels for Radiation Protection in the OSC

RP/0/A/5700/020
Page 3 of 6

Time Event Declared: _____

Responders	Function Performed			
	Off-Site Surveys (Field Monitoring)	On-Site (Out of plant)	In-plant surveys	RP Coverage for Repair/Corrective Actions, Access Control, Search & Rescue, Radiochemistry, Cont. Injury Medical Response, Person. Monitor., Dosimetry, Firefighting
Shift	0	0	0	(3) Name _____ Time _____ _____ _____
45 Minute	0	(1) Name _____ Time _____ _____	(1) Name _____ Time _____ _____	0
75 Minute	(4) Name _____ Time _____ _____ _____ _____ _____	(1) Name _____ Time _____ _____	(1) Name _____ Time _____ _____	(6) Name _____ Time _____ _____ _____ _____ _____ _____ _____
TOTALS	4	2	2	9

Grand Total of 17 people

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

Signature Title Date

Submit completed for to the OSC Status Coordinator.

**OSC RADIATION PROTECTION SUPERVISOR
OPERATIONAL RESPONSIBILITIES**

- 1) Provide and coordinate Radiation Protection resources as necessary.
- 2) Ensure all Radiation Protection teams are properly dispatched through the OSC and all the necessary paperwork is filled out.
- 3) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC-Coordinator. {PIP-0-M98-3522}
- 4) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 5) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 6) Ensure emergency Repair and Recovery teams have adequate R.P. coverage.
- 7) Ensure all necessary personnel in the OSC and TSC have dosimetry.
- 8) Brief the OSC Coordinator and OSC Staff of radiological conditions on-site and recall teams as necessary from the field based on those changing conditions.
- 9) Provide immediate radiological information to OSC staff as conditions change.
- 10) Brief the Radiation Protection Manager on resources and radiological conditions as needed.
- 11) Provide assistance to the OSC Coordinator as necessary.
- 12) Ensure all the necessary precautions of the Radiation Protection Manual Emergency Procedures are adhered to (i.e., administer Potassium Iodine tablets as required).
- 13) Request RP Manager to determine if persons with special radiological exposure limits need to be evacuated (e.g., declared pregnant women, people with radio-pharmaceutical limitations).
- 14) Ensure any team dispatched from the OSC is properly briefed on tasks to be performed and communication is established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.

OSC RADIATION PROTECTION SUPERVISOR
OPERATIONAL RESPONSIBILITIES

- 15) Ensure the OSC Coordinator/Assistant OSC Coordinator is kept aware of the need for frisking prior to entry into the OSC and makes these announcements as necessary.
- 16) Provide adequate turnover when a shift change occurs.
- 17) Ensure all RP teams/personnel are accounted for during and after the emergency/drill.
- 18) Prepare for 24-hour coverage as necessary.
- 19) If the OSC Emergency Kit is opened, notify the appropriate R.P. staff representative.

REQUEST FOR EMERGENCY EXPOSURE (a)

<u>Activity</u>	<u>Total Effective Dose Equivalent (TEDE)</u>	<u>Lens of Eye</u>	<u>Other Organs (b)</u>
All	5 rem	15 rem	50 rem
Protecting Valuable Property	10 rem	30 rem	100 rem
Lifesaving or Protection of Large Populations	25 rem	75 rem	250 rem
Lifesaving or Protection of Large Populations (c)	> 25 rem	> 75 rem	> 250 rem

(a) Excludes declared pregnant women.

(b) Includes skin and body extremities.

(c) Only on a volunteer basis to persons fully aware of the risks involved. All factors being equal, select volunteers above the age of 45 and those who normally encounter little exposure.

RP Badge No.	Name	Age	Employer	Signature of Individual

My signature indicates my acknowledgment that I have been informed that I may be exposed to the levels of radiation indicated above. I have been fully briefed on the task to be accomplished and on the risks of this exposure.

I, _____ acknowledge this planned Emergency Exposure _____.
(RPM or designee, signature or note of verbal authorization) Date/Time

I, _____ approve this planned Emergency Exposure at _____.
(Emergency Coordinator or EOF Director, signature or note of verbal authorization) Date/Time

Subsequent Radiation Protection Action:

- Determine need for medical evaluation
- Initiate reporting requirements per 10CFR20
- Copy to Individual's Exposure History File.

OSC OPERATIONS SENIOR REACTOR OPERATOR
OSC ACTIVATION CHECKLISTINITIALS

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** Operations personnel reporting to the OSC sign in as appropriate. {PIP-0-M-99-2593}
- **ENSURE** Enclosure 4.3, page 3 of 5 (Staffing Levels for Operations in the OSC) has been completed.
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **IF** the OPS Liaison is not available, **THEN** notify the Control Room via the OPS Manager in the Control Room to dispatch NLOs to the OSC. {PIP – 0M98-2065}
- **ESTABLISH** a log of activities.

NOTE: The following step provides a listen only connection. Leave headset switch in the "mute" position.

- **ESTABLISH** communication with OPS Bridge line using the cell phone. Dial 4500. (Let it ring until you hear a beep).
- **DEBRIEF** NLOs on task they may have performed in the field.
- **MAINTAIN** the OPS Status Board. {PIP – 0M98-2065}

OSC OPERATIONS SENIOR REACTOR OPERATOR
OSC ACTIVATION CHECKLISTINITIALS

IF time critical tasks are designated by the OSM, **THEN** expedite tasks by:

- _____ 1. Verbal approval from the OSC Coordinator prior to dispatch. {PIP-0-M98-3522}
- _____ 2. Clear communication to an OSC team or individual to contact the Control Room via hand held radio for immediate dispatch.
- _____ 3. Inform the OSC Status Coordinator to log the time critical dispatch, noting prior OSC Coordinator verbal approval. {PIP-0-M98-3522}

NOTE: Completion of the Task Work Sheet should not delay critical dispatch.
--

- _____ 4. Completion of OSC Task Work Sheet after departure.
- _____ **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- _____ **CALL** extra personnel as necessary.
- _____ **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

STAFFING LEVELS FOR OPERATIONS IN THE OSC

Time Event Declared: _____

Please sign name and note time of arrival on the lines provided in the table below:

	Function Performed					
Responders	Assessment of Operational Aspects (NLOs)		Fire-Fighting		Fire-Fighting	
Shift	(2) Name	Time	(5)* Name	Time	(3)** Name	Time
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
45 Minute	0		0		0	
75 Minute	0		0		0	
TOTALS	2		5		3	

* Required Fire Brigade per Selected Licensee Commitments (5)

**Station administrative requirement, may have collateral duties.

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

Signature

Title

Date/Time

Submit completed form to the OSC Status Coordinator.

**OSC OPERATIONS SENIOR REACTOR OPERATOR
OPERATIONAL RESPONSIBILITIES**

- 1) Provide plant operations advice to support the OSC Coordinator.
- 2) Provide operational advice to support the entire OSC, including any teams that may be dispatched into the field for work.
- 3) Ensure any operations personnel dispatched into the field has the appropriate paperwork filled out and carries Enclosure 4.17 (McGuire Operations Configuration Control Card) as necessary.
- 4) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible without delaying team dispatch. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 5) Expedite time critical tasks for the OSM by clear communication to an OSC team or individual to report to the Control Room crew via hand held radio for immediate dispatch. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM or designee shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. The OPS Liaison may direct the OPS SRO in the OSC to perform this request or he/she may do it personally. Prior to actual dispatch from the OSC, the OSC Coordinator shall be informed of the time critical dispatch and give verbal approval. In any case, the OPS SRO is responsible for completion of the OSC Task Work Sheet paperwork without delaying time critical dispatches (dispatch person/team first, complete paperwork after departure). Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is completed and the person (or team) has returned to the OSC and completed debriefing. {PIP 0-M96-1576} {PIP-0-M98-3522}
- 6) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 7) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 8) Ensure adequate support is available for emergency response.
- 9) Keep the OSC Coordinator updated on conditions in the plant and notify them immediately should any of those conditions change.

OSC OPERATIONS SENIOR REACTOR OPERATOR
OPERATIONAL RESPONSIBILITIES

- 10) Ensure any team dispatched from the OSC is properly briefed on task to be performed and communications are established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 11) Ensure all Operations teams/personnel in the field are accounted for during and after an emergency/drill.
- 12) Provide adequate turnover when a shift change occurs.
- 13) Prepare for 24-hour coverage as necessary.

OSC CHEMISTRY SUPERVISOR
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all Chemistry personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ENSURE** a PALs operator is available.
- **ENSURE** a minimum of 1 radwaste operator and 1 chemist is available.
- **ENSURE** Enclosure 4.4, page 2 of 3 (Staffing Levels for Chemistry in the OSC) has been completed.
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **ESTABLISH** communications with the Corporate Office Chemistry Section.
- **CALL** extra personnel as necessary.
- **IDENTIFY AND MAINTAIN** accountability of Chemistry personnel on shift that do not report to the OSC during activation. {PIP-0-M-98-3946}
- **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

**STAFFING LEVELS FOR CHEMISTRY
IN THE OSC**

Time Event Declared: _____

Please sign name and note time of arrival on the lines provided in the table below:

Responders	Function Performed	
	Chemistry Technician	Radwaste Operator
Shift	(1) Name Time _____	0
45 Minute	0	0
75 Minute	0	(1) Name Time _____
TOTALS	1	1

GRAND TOTAL OF 2 PEOPLE

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

Signature Title Date/Time

Submit completed form to the OSC Status Coordinator.

OSC CHEMISTRY SUPERVISOR
OPERATIONAL RESPONSIBILITIES

- 1) Provide and coordinate the necessary Chemistry personnel needed to support the OSC.
- 2) Provide the necessary Chemistry information needed for emergency Repair and Recovery teams.
- 3) Dispatch personnel to obtain the necessary samples when requested (PALs etc) utilizing the OSC TASK WORK SHEET.
- 4) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 5) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 6) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 7) Provide turnover when a shift change occurs.
- 8) Ensure all Chemistry teams/personnel are accounted for during and after an emergency/drill.
- 9) Ensure the proper paperwork is completed when teams are dispatched into the field including Enclosure 4.17 (McGuire Operations Configuration Control Card).
- 10) Ensure any team dispatched from the OSC is properly briefed on task to be performed and communications are established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 11) Prepare for 24-hour coverage as necessary.

OSC SAFETY REPRESENTATIVE
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC Staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all Safety personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **CALL** extra personnel as necessary.
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

**OSC SAFETY REPRESENTATIVE
OPERATIONAL RESPONSIBILITIES**

- 1) Ensure the OSC Coordinator/OSC staff are aware of any safety hazards that could affect emergency response activities.
- 2) Monitor OSC for CO₂ after 7 days of activation. Evaluate need to open fresh air damper on 0MVWAH0236 and evaluate need to open outside doors and use temporary fans. {PIP 0-M95-1548}
- 3) Assist Repair and Recovery teams in preparing applicable portions of safety forms as necessary.
- 4) Ensure Enclosure 4.19 (OSC TASK WORK SHEET) is completed for any safety team dispatched from the OSC.
- 5) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 6) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 7) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 8) Assist Repair and Recovery teams in the briefing process as needed. Ensure teams are made aware of necessary safety precautions needed to complete their assignments (i.e., heat stress, confined space permits etc.).
- 9) Ensure safety hazard information obtained from returning teams flows back into the OSC in a timely manner. Incorporate significant information into the team briefings as necessary.
- 10) Ensure all Safety teams/personnel are accounted for during and after an emergency/drill.
- 11) Provide adequate turnover when a shift change occurs.
- 12) Prepare for 24-hour coverage as necessary.
- 13) Ensure any team dispatched from the OSC is properly briefed on tasks to be performed and communications are established. Utilize the OSC TASK WORK SHEET to conduct briefings.

OSC SECURITY REPRESENTATIVE
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- _____ **ENSURE** VTO drawings are delivered to the OSC.
- _____ **SIGN** in on the OSC staffing board and put on position badge.
- _____ **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all Security personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- _____ **CONTACT** Security Shift Supervisor to report your location and telephone number.
- _____ **CONTACT** CAS/SAS to ascertain current manpower assignments for completion of the pre-activation task list.
- _____ **ENSURE** Enclosure 4.6, page 3 of 4 (Staffing Levels for Security in the OSC) has been completed and submit to the OSC Status Coordinator.
- _____ **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.

NOTE: If a Security event occurs while the TSC/OSC is activated, the OPS Manager in the TSC will serve as the focal point for the coordination of activities between the OSC, TSC and Security

- _____ **IF** requested by Operations to coordinate activities with the TSC and OSC personnel, **THEN**
 - _____ • Contact the Security Shift Supervisor to dial into the OPS bridge line at ext. 4500.
 - _____ • Dial into the OPS bridge line at ext. 4500.
- _____ **IDENTIFY AND MAINTAIN** accountability of Security personnel on shift that do not report to the OSC during activation. {PIP-0-M-98-3946}
- _____ **INFORM** the OSC Coordinator of security officer locations on the site so they may be pulled-back/evacuated should it become necessary. Should it become necessary to suspend or remove a patrol, **ENSURE** the proper notifications are made to terminate the patrol until approval is given to reinstate the patrol.

- _____ **ENSURE** Security personnel required by OSC dispatch participate in pre and post job briefings.
- _____ **ESTABLISH** a log of activities.
- _____ **CALL** extra personnel as necessary.
- _____ **ENSURE** upon completion of the emergency/drill VTO drawings are **RETURNED** to the Operations Shift Office.
- _____ **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

STAFFING LEVELS FOR SECURITY IN THE OSC

Time Event Declared: _____

Please sign name and note time of arrival on the lines provided in the table below:

Responders	Function Performed	
	Security, Personnel Accountability	Rescue Operations and First Aid MERT
Shift	All per Security Plan	(2) Name Time _____ _____
45 Minute	0	0
75 Minute	0	0
TOTALS		2

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

Signature Title Date/Time

Immediately submit completed form to the OSC Status Coordinator.

OSC SECURITY REPRESENTATIVES
OPERATIONAL RESPONSIBILITIES

- 1) Ensure the OSC Coordinator/staff are aware of security hazards that could affect emergency Repair and Recovery activities.
- 2) Provide assistance to Repair and Recovery teams as necessary.
- 3) Ensure Enclosure 4.19 (OSC TASK WORK SHEET) is completed for any Security team dispatched from the OSC.
- 4) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 5) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 6) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 7) Ensure all Security teams/personnel are accounted for during and after an emergency/drill.
- 8) Provide adequate turnover when a shift change occurs.
- 9) Determine the availability of MERT members if needed.
- 10) Inform Security personnel of the overall radiological conditions of the plant as indicated by Radiation Protection.
- 11) Prepare for 24-hour coverage as necessary.
- 12) Ensure any team dispatched from the OSC is properly briefed on tasks to be performed and communications are established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.

OSC COMMODITIES AND FACILITIES
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all C&F personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **CALL** extra personnel as necessary.
- **ESTABLISH** communications with EOF Commodities and Facilities as necessary at 8-382-0726 or 0727 or 0728.
- **CONTACT** Emergency Planner in the TSC (extension 4155) to determine food/meals for TSC/OSC/Control Room.
- **MAKE** arrangements to provide heavy equipment/transportation support as requested.
- **PROVIDE** coordination between the warehouses and the OSC.
- **PROVIDE** material as expeditiously as possible for emergency response activities.
- **ENSURE** any C&F team dispatched from the OSC is properly briefed on task to be performed and communications are established using Enclosure 4.19 (OSC Task Work Sheet).
- **ENSURE** emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.

OSC COMMODITIES AND FACILITIES
OSC ACTIVATION CHECKLIST

INITIALS

- **PROVIDE** facilities support as requested.
- **PROVIDE** adequate turnover when a shift change occurs.
- **PREPARE** for 24-hour coverage and call out additional personnel as necessary.
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

OSC OPERATIONS LIAISON
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** Operations personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** communications with the Control Room, TSC and EOF using the cell phone. Dial 4500. (Let it ring until you hear a beep. This connects you with the bridge line.)

NOTE: This should only take place after the SRO position has been filled.

- **NOTIFY** the Control Room via the OPS Manager in the Control Room to dispatch NLOs to the OSC.

OSC OPERATIONS LIAISON
OSC ACTIVATION CHECKLISTINITIALS

NOTE: Time critical tasks may be delegated to the OPS SRO in the OSC.

IF time critical tasks are designated by the OSM, **THEN** expedite tasks by {PIP-0-M96-1576} {PIP-0-M98-3522}:

- _____ 1. Verbal approval from the OSC Coordinator prior to dispatch.
- _____ 2. Clear communication to an OSC team or individual to contact the Control Room via hand held radio for immediate dispatch.
- _____ 3. Inform the OSC Status Coordinator to log the time critical dispatch, noting prior OSC Coordinator verbal approval.

NOTE: Completion of the Task Work Sheet should not delay time critical dispatch.

- _____ 4. The OPS SRO is responsible for completion of OSC Task Work Sheet after departure.
- _____ **ESTABLISH** a log of activities.
- _____ **CALL** extra personnel as necessary.
- _____ **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

OSC OPERATIONS LIAISON
OPERATIONAL RESPONSIBILITIES

- 1) Serve as the Operations communication interface between the OSC, Control Room, TSC Operations Manager and EOF accident assessment.
- 2) Provide plant operations advice to support the dispatch of Repair and Recovery teams into the field.
- 3) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible without delaying team dispatch. Such time critical dispatches shall receive prior approval from the OSC Coordinator.
- 4) Expedite time critical tasks for the OSM by clear communication to an OSC team or individual to report to the Control Room crew via hand held radio for immediate dispatch. The OSM is responsible for designating time critical tasks originating from the Control Room. Once a task originating from the Control Room is designated time critical, the OSM or designee shall direct the OPS Manager in the Control Room to request the OSC OPS Liaison to immediately make available an operator (or team) from the OSC contingent for prompt dispatch into the plant via hand held radio. The OPS Liaison may direct the OPS SRO in the OSC to perform this request or he/she may do it personally. Prior to actual dispatch from the OSC, the OSC Coordinator shall be informed of the time critical dispatch and give verbal approval. In any case, the OPS SRO is responsible for completion of the OSC Task Work Sheet paperwork without delaying time critical dispatches (dispatch person/team first, complete paperwork after departure). Time critical task dispatches originating from the Control Room shall remain under direct control of the Control Room crew until the subject task is completed and the person (or team) has returned to the OSC and completed debriefing. {PIP 0-M96-1576} {PIP-0-M98-3522}
- 5) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 6) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 7) Keep the OSC Coordinator updated on conditions in the plant.
- 8) Provide adequate turnover when a shift change occurs.
- 9) Prepare for 24-hour coverage as necessary.
- 10) Ensure any team dispatched from the OSC is properly briefed on tasks to be performed and communications are established. Utilize the Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.

MECHANICAL MAINTENANCE MANAGER
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all Mechanical Maintenance personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ENSURE** Enclosure 4.9, page 2 of 3 (Staffing Levels for Mechanical Maintenance in the OSC) has been completed.
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **ENSURE** adequate mechanical maintenance support/staff is available for emergency response.
- **LOCATE** all mechanical persons/teams that may be currently working in the field and ensure they are tracked on the appropriate boards.
- **CALL** extra personnel as necessary.
- **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

STAFFING LEVELS FOR MECHANICAL
MAINTENANCE IN THE OSC

Time Event Declared: _____

Please sign name and note time of arrival on the lines provided in the table below:

Responders	Function Performed	
	Technical Support	Repair and Corrective Actions
Shift	0	(1) Name _____ Time _____ _____
45 Minute	0	0
75 Minute	(1)* Name _____ Time _____ _____	(1) Name _____ Time _____ _____
TOTALS	1	2

GRAND TOTAL OF 3 PEOPLE

(*) Engineer or Supervisor/Manager under current organization.

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

_____ Signature	_____ Title	_____ Date/Time
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Submit completed form to the OSC Status Coordinator.

MECHANICAL MAINTENANCE MANAGER
OPERATIONAL RESPONSIBILITIES

- 1) Provide and coordinate Mechanical Maintenance resources as necessary.
- 2) Ensure all Mechanical Maintenance teams are properly dispatched through the OSC and all the necessary paperwork is filled out including Enclosure 4.17 (McGuire Operations Configuration Control Card) as necessary.
- 3) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator.
- 4) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Also ensure that any deviations from license conditions and/or NRC regulations are approved and documented by the Emergency Coordinator prior to being implemented. {PIP-0-M98-3522}
- 5) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 6) Ensure emergency Repair and Recovery teams have adequate RP coverage.
- 7) Ensure any team dispatched from the OSC is properly briefed on the task to be performed and communications are established. Utilize Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 8) Ensure an OSC TASK WORK SHEET is completed for any mechanical team being dispatched from the OSC.
- 9) Ensure the OSC Coordinator/staff is kept informed of the current status of plant equipment and is immediately notified of any changes that may affect the plant or plant personnel.
- 10) Provide adequate turnover when a shift change occurs.
- 11) Ensure all Mechanical Maintenance teams/personnel are accounted for during and after the emergency/drill.
- 12) Prepare for 24-hour coverage as necessary.

IAE MANAGER
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendant Sheet for a drill, and **ENSURE** all IAE personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ENSURE** Enclosure 4.10, page 2 of 3 (Staffing Levels for IAE in the OSC) has been completed.
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **ENSURE** adequate IAE support/staff is available for emergency response.
- **LOCATE** all IAE persons/teams that may be currently working in the field and ensure they are tracked on the appropriate boards.
- **CALL** extra personnel as necessary.
- **ENSURE** Enclosure 4.17 (McGuire Operations Configuration Control Card) is completed if the task is performed outside normal operating procedures which may affect plant configuration (i.e., open/close valves, breakers, etc.).
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

STAFFING LEVELS FOR IAE
IN THE OSC

Time Event Declared: _____

Please sign name and note time of arrival on the lines provided in the table below:

Responders	Function Performed	
	Technical Support	Repair and Corrective Actions
Shift	0	(2) Name _____ Time _____ _____ _____
45 Minute	0	0
75 Minute	(1)* Name _____ Time _____ _____	(2) Name _____ Time _____ _____
TOTALS	1	4

GRAND TOTAL OF 5 PEOPLE

(*) Engineering or Supervisor/Manager under current organization.

All the above positions **HAVE/HAVE NOT** been filled within the allotted time frame to activate the Operations Support Center.

Signature Title Date/Time

Submit completed form to the OSC Status Coordinator.

IAE MANAGER
OPERATIONAL RESPONSIBILITIES

- 1) Provide and coordinate IAE resources as necessary.
- 2) Ensure all IAE teams are properly dispatched through the OSC and all the necessary paperwork is filled out including Enclosure 4.17 (McGuire Operations Configuration Control Card) as necessary.
- 3) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 4) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 5) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 6) Ensure emergency Repair and Recovery teams have adequate RP coverage.
- 7) Ensure any team dispatched from the OSC is properly briefed on the task to be performed and communications are established. Utilize the Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 8) Ensure the OSC Coordinator/staff is kept informed of the current status of plant equipment and is immediately notified of any changes that may affect the plant or plant personnel.
- 9) Provide adequate turnover when a shift change occurs.
- 10) Ensure all IAE teams/personnel are accounted for during and after an emergency/drill.
- 11) Prepare for 24-hour coverage as necessary.

EQUIPMENT ENGINEER
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** Engineering personnel reporting to the OSC also sign in as appropriate. (PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **COMPLETE** Enclosure 4.18 (Pre-Activation Task List) and submit to the OSC Status Coordinator.
- **ESTABLISH** a log of activities.
- **ENSURE** adequate Engineering support/staff is available for emergency response.
- **IDENTIFY AND MAINTAIN** accountability of all Engineering personnel onsite not reporting to the OSC during activation. {PIP-0-M-98-3946}
- **CALL** extra personnel as deemed necessary.
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

EQUIPMENT ENGINEER
OPERATIONAL RESPONSIBILITIES

- 1) Provide and coordinate Engineering resources as necessary.
- 2) Ensure all engineering teams are properly dispatched through the OSC and all the necessary paperwork is filled out.
- 3) Repair and Recovery teams should not be dispatched from the OSC without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 4) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 5) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 6) Ensure emergency Repair and Recovery teams have adequate RP coverage.
- 7) Ensure any team dispatched from the OSC is properly briefed on the task to be performed and communications are established. Utilize the Enclosure 4.19 (OSC TASK WORK SHEET) to conduct briefings.
- 8) Ensure the OSC Coordinator/staff is kept informed of the current status of plant equipment and is immediately notified of any changes that may affect the plant or plant personnel.
- 9) Provide adequate turnover when a shift change occurs.
- 10) Ensure all Engineering teams/personnel are accounted for during and after an emergency/drill.
- 11) Prepare for 24-hour coverage as necessary.

OSC STATUS COORDINATOR
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill. {PIP-0-M-2593}.
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ENSURE** Enclosure 4.15 (Minimum Staffing for the Operations Support Center (OSC)) is completed, and the OSC Coordinator/Assistant OSC Coordinator is informed to declare the OSC activated within the **1 hour 15 minute time frame**.
- **ENSURE** required positions complete Enclosure 4.18 (Pre-Activation Task List) .
- **ESTABLISH** a log of activities.
- **IF** any OSC activity is designated as a time critical task (or emergency dispatch), the OSC Coordinator shall give verbal approval prior to actual dispatch. Make a log entry for documentation, noting verbal approval by the OSC Coordinator. {PIP-0-M98-3522}
- **ENSURE** classification posting is current by changing it as the classification changes.
- **CALL** extra personnel as necessary.
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.
- **ENSURE** all original paperwork is returned to the Emergency Planner in the TSC **IF** OSC Emergency Planner position was not staffed.

OSC STATUS COORDINATOR
OPERATIONAL RESPONSIBILITIES

- 1) Ensure a Pre-Activation Task List is received from each represented group.
- 2) Maintain a log of activities and communications as deemed necessary by the OSC Coordinator or Assistant OSC Coordinator.
- 3) Ensure Enclosure 4.19 (OSC TASK WORK SHEETS) are made available for the emergency Repair and Recovery teams/personnel as needed.
- 4) Repair and Recovery teams should not be dispatched from the OSC-without completion of an OSC TASK WORK SHEET. However, during a time critical situation, the team may be dispatched and the task sheet filled out and submitted to the OSC Coordinator as soon as possible without delaying team dispatch. Such time critical dispatches shall receive prior verbal approval from the OSC Coordinator. {PIP-0-M98-3522}
- 5) Ensure emergency Repair and Recovery team activities are performed in accordance with approved procedures. Any deviation from license condition and/or NRC regulations are to be approved and documented by the Emergency Coordinator prior to being implemented.
- 6) OSC Responders are required to complete Enclosure 4.16 (Fitness For Duty Questionnaire) when reporting outside their normal work schedule.
- 7) Ensure the OSC Task Status Board is maintained with the most current information possible.
- 8) Ensure the OSC Task Work Sheets are completed with the appropriate information prior to being logged on the board.
- 9) Prepare for 24-hour coverage as necessary.
- 10) Change classification posting as the classification is upgraded or downgraded.

OSC IAE COMMUNICATION
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the Attendance Sheet for a drill, and **ENSURE** all IAE Communication personnel reporting to the OSC also sign in as appropriate. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **ESTABLISH** a log of communications and activities.
- **CALL** out extra personnel as necessary.
- **ENSURE** all the necessary equipment needed to support the OSC is operable (i.e., video conferencing, radios, phone, fax, headsets, page systems, etc.).
- **PREPARE** for 24 hour coverage as necessary.
- **ENSURE** all original paperwork (enclosures, staffing forms, logs, etc.) is submitted to the OSC Status Coordinator upon termination of the emergency/drill.

EMERGENCY PLANNER
OSC ACTIVATION CHECKLIST

NOTE: You are only required to complete Enclosure 4.16, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

INITIALS

- **SIGN** in on the OSC staffing board and put on position badge.
- **SIGN** the OSC roster for an Actual Event, or on the attendance Sheet for a drill. {PIP-0-M-99-2593}
- **IF** a site assembly is in progress or is conducted **SWIPE** your ID badge in the badge reader located in the OSC for personnel accountability.
- **CONTACT** your site assembly point and report your location upon activation of the site assembly alarm. {PIP 0-M96-1869}
- **OBTAIN** a copy of RP/0/A/5700/020, Activation of the Operations Support Center (OSC) for reference to help facilitate the activation and operation of the OSC.
- **ESTABLISH** a log of activities.
- **PROVIDE** support for the operation of the OSC.
- **PROVIDE** Emergency Planning support to the groups represented in the OSC.
- **PROVIDE** support to the OSC Coordinator as requested.
- **PROVIDE** support to the OSC Coordinator in review of positions not filled, and help locate/determine qualified replacements.
- **REFERENCE** Emergency Planning Group Manual Section 1.1 (E.P.1.1) as necessary.
- **COLLECT** all original paperwork (enclosures, staffing forms, logs, etc.) from the OSC Status Coordinator upon termination of the emergency/drill.
- **PERFORM** Enclosure 13.1 of PT/0/A/4600/091 (TSC/OSC Inventory and TSC Manuals) at the completion of the drill or event.

**Minimum Staffing For
The Operations Support Center (OSC)**

Required Positions in the OSC	Pre-Activation Task List Completed	Staffing Levels Met		
		Yes	No	Position not Accounted For
Radiation Protection				
Chemistry				
Security				
Mechanical Maintenance				
IAE				

Desired Positions in the OSC To Activate	Pre-Activation Task List Completed	Staffing Levels Met	
		Yes	No
OSC Coordinator	N/A		
Assistant OSC Coordinator	N/A		
Safety			
Commodities and Facilities			
IAE Communications (As Needed)	N/A		
Emergency Planning (As Needed)	N/A		
Engineering			
OSC Status Coordinator	N/A		
Operations SRO			
OPS Liaison	N/A		

Enclosure 4.16
Fitness for Duty Questionnaire

RP/0/A/5700/020
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No

☐

If No, stop here and fold this form and drop it in the box provided.

YES

☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

Signature Of Management Observer

Date

Fold the form and drop it in the box provided.

**McGuire Operations Configuration Control
Card**

{PIP 2-M94-0679}

McGUIRE OPERATIONS CONFIGURATION CONTROL CARD								
NAME:				DATE:				
COMPONENT	POSITION REQUESTED	AS FOUND POSITION	POSITION PLACED IN			RETURN TO AS FOUND POSITION		COVERED BY PAPER WORK
			POSITION	INIT	IV	INIT	IV	INIT

COMPONENT	POSITION REQUESTED	AS FOUND POSITION	POSITION PLACED IN			RETURN TO AS FOUND POSITION		COVERED BY PAPER WORK
			POSITION	INIT	IV	INIT	IV	INIT

THIS CARD APPLIES TO THE FOLLOWING

1 Track components in plant manually positioned by EP/AP's

2 Track components positioned per OMP 7-1 Step 7.2.3.3 and needs approval of licensed operator on shift

Enclosure 4.18
OSC Pre-Activation Task List

RP/0/A/5700/020
Page 1 of 1

Total Number of Available Team Members: _____ Group _____ Date _____

Description of Task Already in Progress	Room or Location	Estimated Job Start Time	Estimated Job Completion Time	Number or Name of People from Group at Job Site	Contact can be Made Easily in case of Emergency Yes or No
1)					
2)					
3)					

Submit completed sheet to OSC Status Coordinator.

EXAMPLE ONLY

TASK LEADER OR OSC COORDINATOR

Task/Description	_____

Location/Room:	_____
Unit(s):	_____

TASK LEADER

Time Out: _____	Gen. Tasks Checklist MC0048MN1. Level 1 Safety MC0048MN1 Safety Assessment <input type="checkbox"/> 2. Dose Extensions Req'd.? <input type="checkbox"/> 3. Special Path Mapped? <input type="checkbox"/> 4. Respirators/Anti-C's? <input type="checkbox"/> 5. Door Key Req'd.? <input type="checkbox"/> 6. Shielding Necessary? <input type="checkbox"/> 7. Breathing Air Available? <input type="checkbox"/> 8. Supply Personnel Notified? <input type="checkbox"/> 9. Power Available? <input type="checkbox"/> 10. Sufficient Lighting? <input type="checkbox"/> 11. Control Room Notified? <input type="checkbox"/> 12. Mobile Equipment Req'd.? <input type="checkbox"/> 13. Ladder/Scaffold Req'd.?						
Time In: _____							
Team Leader: _____							
Team Members/ Work Group		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
		_____	_____	_____			
Notify immediately after task							
Is completed (Circle one)	C/R	Rad. Prot.	OPS SRO	Mech.	IAE	CHM	SEC
	4137/38	4978	4975	4958	4957	4960	4956

RP INFORMATION

S/RWP: _____	RP Coverage Assigned: <input type="checkbox"/> Yes <input type="checkbox"/> No
RP Supervisor Approval _____	

OSC STATUS COORDINATOR

Date: _____	Team Name: _____
Task #: _____	

OSC COORDINATOR DISPATCH APPROVAL: _____

(Approval not required prior to dispatch for time critical task.)

TEAM LEADER FOR PERSONS PERFORMING WORK

Work performed/field feed-back: _____

Configuration Control Card Used: <input type="checkbox"/> Yes <input type="checkbox"/> No

White - Team Leader

Canary - OSC Status Coordinator

Pink - Task Leader

Duke Power Company
PROCEDURE PROCESS RECORD(1) ID No. HP/0/B/1009/023
Revision No. 003

PREPARATION

(2) Station McGuire Nuclear Station(3) Procedure Title Environmental Monitoring for Emergency Conditions(4) Prepared By G. Terrell Date 10/11/00

(5) Requires 10CFR50.59 evaluation?

- ☒ Yes (New procedure or revision with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)

(6) Reviewed By Robert E. Beilhan (QR) Date 10/11/00Cross-Disciplinary Review By _____ (QR) NA REB Date 10/11/00Reactivity Mgmt. Review By _____ (QR) NA REB Date 10/11/00

(7) Additional Reviews

Reviewed By H. L. Murray Date 10-16-00Reviewed By J. J. McNeely Date 10-25-2000

(8) Temporary Approval (if necessary)

By _____ (SRO/QR) Date _____

By _____ (QR) Date _____

(9) Approved By William F. Bynum Date 10/25/00

PERFORMANCE (Compare with Control Copy every 14 calendar days while work is being performed.)

(10) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(11) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(12) Procedure Completion Verification

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

Verified By _____ Date _____

(13) Procedure Completion Approved _____ Date _____

(14) Remarks (Attach additional pages, if necessary)

<p>Duke Power Company McGuire Nuclear Station</p> <p>Environmental Monitoring for Emergency Conditions</p> <p>Information Use</p>	Procedure No.
	HP/0/B/1009/023
	Revision No. 003
	Electronic Reference No. MC0095LY

Environmental Monitoring for Emergency Conditions

1. Purpose

To provide a systematic method for identifying airborne plumes or liquid effluents, and obtaining field data indicative of the radiation exposure to the general public, following a release of radioactive material.

The level of use for this procedure is Information Use.

2. References

- 2.1 HP/0/B/1009/027, Operation of ESP-2
- 2.2 PT/0/A/4600/088, Functional Check of Emergency Vehicle and Equipment
- 2.3 SH/0/B/2005/002, Protocol for the Field Monitoring Coordinator During Emergency Conditions

3. Limits and Precautions

- 3.1 During drills/exercises, Field Monitoring Team(s) (FMTs) shall not be required to don respirators. This is to assure safe vehicle operation during drill/exercise. During emergency situations respirator use may be required.
- 3.2 FMT personnel shall be aware of dose and dose rate alarm setpoints on DMC-90s used in the field. Dose and dose rate alarms are referenced on Enclosure 5.1.
- 3.3 After the use of any Emergency Kit, a full inventory of that kit is required per PT/0/A/4600/88 (Reference 2.2). The checklist in the kit shall be signed and dated each time the kit is inventoried.

4. Procedure

- 4.1 Field Monitoring Team (FMT) Activation and Dispatch
 - 4.1.1 Upon activation of the Emergency Response Organization, report to the OSC.
 - Form two teams to perform initial surveys for plume boundary. If necessary dispatch additional beta/gamma monitoring teams.
 - Drivers for Field Monitoring Vehicles are provided by C&F. Ensure that each team has a driver prior to leaving the OSC.

- Personnel not trained for emergency response may assist a trained Radiation Protection Technician to do surveys and/or drive emergency vehicles.
 - Communicate team assignment to the OSC RP Supervisor, or qualified designee.
- 4.1.2 In the OSC, use any issued pocket dosimeter until DMC-90's have been obtained. Leave pocket dosimeters in the supply cabinets upon dispatch. Return PD's to the OSC upon returning to the site.
- 4.1.3 The OSC RP Supervisor, or qualified designee, shall brief at least one member of each FMT on current plant conditions (plant status, release in progress, emergency classification).
- 4.1.4 Following the plant status brief from the OSC RP Supervisor, obtain current meteorological data using the guidance in Enclosure 5.12.
- 4.1.5 When directed, make preparations for dispatch by completing pre-dispatch portion of Enclosure 5.2 (Sample Van) or Enclosure 5.3 (Survey Vehicle).
- The Radiation Protection Manager can elect to dispatch FMT's at his/her discretion.
- 4.1.6 Follow FMC direction concerning protective dress requirements according to existing conditions per SRWP-98 (Enclosure 5.1).
- 4.2 Field Monitoring Team (FMT) Communications
- 4.2.1 Maintain open radio communications with the FMC. If the radio becomes inoperable, telephone:
- TSC Dose Assessment 875-4976
- FMC at EOF (704) 382-0735/0736
- RP Sample Van 1 (cellular phone) 534-1563
- RP Sample Van 2 (cellular phone) 534-1564
- 4.2.2 Provide pertinent, general information. DO NOT provide detailed, specific plant information.
- 4.2.3 During a drill, repeat the statement, "This is a drill", or, "This is an exercise message," with each radio transmission using the proper radio call signs (Base - WQC700, Mobile -KA82138).

- 4.2.3.1 The Base Station must give the radio call sign with each transmission.
- 4.2.3.2 The field teams do not have to use the radio call sign when addressing the Base Station. The field teams must give the radio call sign when addressing other field teams.
- 4.2.3.3 For any backup sampling vans from other stations, the call sign shall be preceded by the station name (example "Oconee sample van 1").
- 4.2.3.4 Vehicles drawn from the McGuire garage that are designated as beta/gamma survey teams shall use 'alpha, bravo, charlie, and delta' designations during radio messages.
- 4.2.3.5 When transmitting vital information, use repeat back method of communications and the phonetic alphabet.
- 4.2.3.6 Follow FCC guidelines for radio communications at all times.

4.3 Locating and Tracking the Plume

- 4.3.1 Begin plume boundary identification by monitoring dose rates while traversing east and west of the site (≈ 0.5 miles), traveling on owner controlled roads only.
 - 4.3.1.1 West of site - travel from the Hwy. 73 (stoplight) entrance to the MOC to the end of the discharge canal fishing area.
 - 4.3.1.2 East of site - travel from the medical facility parking lot to approximately the lower level intake using the road by the Initial Holdup Pond.
 - 4.3.1.3 Communicate location to the TSC and/or EOF when plume edge is identified. Any change in background dose rate shall be assumed to indicate plume edge. Communicate changes in dose or count rates shall be communicated immediately.
 - 4.3.1.4 DO NOT enter the plume unless directed by the FMC.
- 4.3.2 Be prepared to take full direction from the Field Monitoring Coordinator (FMC) at the EOF, when that position is prepared to do so.

- 4.3.2.1 Major roadways delineate major territories surrounding the plant. Either all or a portion of these sections would be expected to be affected to some degree by radioactivity released from the plant. Utilize major roadways to access suspected regions (outer edges, leading edge(s), centerline) of the plume, as necessary.
- A. Major roadways on the EPZ map are identified by numerical designations and responsibility level (federal, state, county or city) designations.
 - B. Selected roadways on the EPZ map are identified by a specific name, rather than a numerical responsibility designation.
- 4.3.2.2 Each predetermined sampling location is denoted by a red text oval on the map. The sampling point designator indicates the protective action zone the point is in and the mileage from the plant.
- A. The FMC should use the points as landmarks when directing the teams.
 - B. The point locations can be read directly from the map or from the directions in Enclosure 5.7.
- 4.3.2.3 While enroute and at sampling locations, report the maximum radiation level, and location of plume boundaries to the FMC.
- 4.3.2.4 Record radiation dose rates and sample results on Enclosure 5.8.
- 4.3.2.5 Once a release has occurred, close vehicle windows and place ventilation off or on recirculation to minimize contamination until the plume area is identified.
- 4.3.2.6 Ensure that count rate meter is on and is monitored during transport to sampling locations.
- 4.3.2.7 If any equipment becomes inoperable, notify the FMC and await further instructions.
- 4.3.2.8 Record plant status update information on Enclosure 5.9.
- 4.3.2.9 Verify worker classification changes on SRWP with changes in plant conditions.

- 4.3.2.10 Record any or no exposure received and turn in dose cards upon returning to site. Submit dose cards as record for all drills and exercises.

CAUTION: Park vehicles completely off the road when sampling and use emergency flashers and the strobe while stopped.

Wear reflective vests when leaving a vehicle parked on the roadside for sampling. Vests are stored in the rear section cabinet with protective clothing.

- 4.4 When directed, collect additional environmental samples, including but not limited to: air samples, smears of surrounding areas, integrated dose over a period of time with TLDs, vegetation, sediment, water, and milk, as requested by the FMC. Label and save each for analysis. FMTs may also be requested to retrieve and replace environmental air samplers and/or TLDs.
- 4.4.1 To collect a vegetation sample, use the shears to cut enough broad leaf vegetation to fill a 12"x12" poly bag.
- 4.4.2 To collect a soil sample, estimate one square foot of soil and dig out one inch deep.
- 4.4.3 To collect a water sample, fill a one gallon cubitainer. For differences in elevation, or samples that are difficult to obtain, use the limnological sampling equipment (see Enclosure 5.4).
- 4.4.4 To perform a contamination survey, take smears on stationary, horizontal surfaces, e.g. mailboxes, gas pumps, etc., DO NOT perform contamination surveys on automobiles!
- 4.4.5 To collect an air sample:

NOTE: Be aware of terrain during air sampling or surveying (i.e. windbreaks formed by landscape or vegetation) which could inhibit acquiring representative samples.

- 4.4.5.1 Position sample van air sampling port in the direction of the plant.
- 4.4.5.2 Load Particulate and Charcoal (P&C) cartridge into P&C holder.
- 4.4.5.3 Remove the cover from the air sampling port.
- 4.4.5.4 Insert P&C holder into the sample port to ensure outside air is sampled.

- 4.4.5.5 Start air sampler and run for required time. (Normal air sample is 5 minutes at 2 CFM).
- 4.4.5.6 Stop the air sampler.
- 4.4.5.7 Remove P&C holder from the air sampling port.
- 4.4.5.8 Replace cover on air sample port.
- 4.4.5.9 Move van to a low background area.
- 4.4.5.10 When van is no longer in the plume, purge the P&C by permitting 15 ft³ of air to flow through the sample cartridge. (7.5 minutes @ 2 cfm)
- 4.4.5.11 Remove the P&C from the P&C holder.
- 4.4.5.12 Separate the P&C.
- 4.4.5.13 Label particulate and charcoal and retain the particulate filter for gamma spec analysis.
- 4.4.5.14 Count the air sample charcoal cartridge, document and report results using Reference 2.1.
- 4.4.5.15 Retain the charcoal cartridge for further analysis.

4.5 FMT Turnover

- 4.5.1 FMTs shall be relieved as directed by the FMC.
- 4.5.2 Provide turnover to the relief FMTs, using Enclosure 5.11.
- 4.5.3 Turn in all data sheets to the FMC as directed.
- 4.5.4 After being relieved, report to a counting facility designated by the FMC for a post-job BBA.

5. Enclosures

- 5.1 SRWP #98
- 5.2 Sample Van FMC Checklist
- 5.3 Survey Vehicle FMT Checklist
- 5.4 List of Designated Limnological Sample Points

- 5.5 Detailed Guide to All TLD Sample Locations
- 5.6 List of Designated Milk Sample Locations
- 5.7 Directions for Predetermined Survey/Sampling Locations
- 5.8 Field Monitoring Survey Data Sheet
- 5.9 Periodic Status Update for Field Monitoring Teams
- 5.10 Vehicle Refueling
- 5.11 FMT Turnover Checklist
- 5.12 Obtaining Meteorological Data from SDS

RADIATION WORK PERMIT # 98		REV: 8	DATE/TIME: 12/28/99 13:43						
MCGUIRE NUCLEAR STATION		ACTIVATION DATE: 01/01/00 00:00							
Job Title: FIELD MONITORING TEAM EMERGENCY ACTIVITIES									
<p style="text-align: center;"><u>STANDING REQUIREMENTS FOR USE OF THIS RWP</u> EACH RADIATION WORKER IS RESPONSIBLE FOR:</p> <table border="0"><tr><td><ul style="list-style-type: none">• KNOWING THEIR WORK AREA DOSE RATES.• FOLLOWING REQUIREMENTS OF THIS RWP.• BRING ALARA.• HOUSEKEEPING.• WEARING A POCKET OR ELECTRONIC DOSIMETER AND A TLD.• FOLLOWING POSTED REQUIREMENTS.• REVIEWING AREA RADIOLOGICAL PLAN VIEW WHEN AVAILABLE PRIOR TO ENTRY.</td><td><ul style="list-style-type: none">• NOTIFYING RADIATION PROTECTION PRIOR TO SWEEPING, BRUSHING, GRINDING, WELDING, OR USE OF COMPRESSED AIR IN CONTAMINATED AREAS.• FOLLOWING POSTED DRESS CATEGORY REQUIREMENTS.• WEARING MODESTY GARMENTS WHEN NOT WEARING PERSONAL OUTER CLOTHING.• MONITORING PERSONNEL/TOOL/EQUIPMENT REQUIRED WHEN LEAVING RCA OR CONTAMINATED RCZ.</td></tr></table>				<ul style="list-style-type: none">• KNOWING THEIR WORK AREA DOSE RATES.• FOLLOWING REQUIREMENTS OF THIS RWP.• BRING ALARA.• HOUSEKEEPING.• WEARING A POCKET OR ELECTRONIC DOSIMETER AND A TLD.• FOLLOWING POSTED REQUIREMENTS.• REVIEWING AREA RADIOLOGICAL PLAN VIEW WHEN AVAILABLE PRIOR TO ENTRY.	<ul style="list-style-type: none">• NOTIFYING RADIATION PROTECTION PRIOR TO SWEEPING, BRUSHING, GRINDING, WELDING, OR USE OF COMPRESSED AIR IN CONTAMINATED AREAS.• FOLLOWING POSTED DRESS CATEGORY REQUIREMENTS.• WEARING MODESTY GARMENTS WHEN NOT WEARING PERSONAL OUTER CLOTHING.• MONITORING PERSONNEL/TOOL/EQUIPMENT REQUIRED WHEN LEAVING RCA OR CONTAMINATED RCZ.				
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<p style="text-align: center;"><u>DRESS CATEGORY AND TASK DESCRIPTION</u></p> <table border="0"><tr><td>D</td><td>1. NO CORE DAMAGE: RELEASE</td></tr><tr><td>A</td><td>2. CORE DAMAGE: NO RELEASE</td></tr><tr><td>G</td><td>3. CORE DAMAGE: RELEASE: OUTSIDE OF VEHICLE- CONTAMINATION 450 CCPM WITH HP 210/260 OR RM-14 OR E-120 OR E-520.</td></tr></table>				D	1. NO CORE DAMAGE: RELEASE	A	2. CORE DAMAGE: NO RELEASE	G	3. CORE DAMAGE: RELEASE: OUTSIDE OF VEHICLE- CONTAMINATION 450 CCPM WITH HP 210/260 OR RM-14 OR E-120 OR E-520.
D	1. NO CORE DAMAGE: RELEASE								
A	2. CORE DAMAGE: NO RELEASE								
G	3. CORE DAMAGE: RELEASE: OUTSIDE OF VEHICLE- CONTAMINATION 450 CCPM WITH HP 210/260 OR RM-14 OR E-120 OR E-520.								
<u>SPECIAL DOSIMETRY</u>		<u>RESPIRATORY</u>							
<p style="text-align: center;">COMMENTS</p> <p>RESPIRATORY PROTECTION (FULL FACE PARTICULATE) AND ISSUANCE OF POTASSIUM IODIDE TABLETS BY DIRECTION OF THE FMC DISPOSABLE HOODS CAN BE SUBSTITUTED FOR CLOTH HOODS IF CLOTH HOODS ARE UNAVAILABLE UPON COMPLETION OF THIS ACTIVITY, A POST JOB DEBRIEFING, AND B.B.A. IS REQUIRED BY DIRECTION OF THE FMC NOTIFY THE FMC PRIOR TO THE START OF WORK OR CHANGING WORK LOCATION ED (MG)SETPOINTS: DOSE ALARM: 15 MREM DOSE RATE ALARM: 50 MREM/HR</p>									
APPROVED BY: SDA0535 DATE/TIME: 12/28/99 13:43		TERMINATED BY: DATE/TIME:							

DRESS CATEGORY	PROTECTIVE CLOTHING
A	None.
B	Surgical gloves.
C	Cotton and rubber gloves.
D	Cotton and rubber gloves, booties and shoe covers.
E	Labcoat, cotton and rubber or surgical gloves.
F	Labcoat, cotton and rubber gloves, booties and shoe covers.
G	Cloth hood, disposable coveralls, cotton and rubber gloves, booties and shoe covers. Secure gloves and booties (tape, elastic Velcro, straps).
H	Cloth hood, cloth coverall, cotton and rubber gloves, booties and shoe covers, no personal outer clothing. Secure gloves and booties (tape, elastic, Velcro, straps).
I	Cloth hood, cloth coverall, cotton gloves, 2 pair rubber gloves, booties and shoe covers, no personal outer clothing. Secure gloves and booties (tape, elastic, Velcro, straps).
J	Cloth hood, cloth coverall, cotton gloves, 2 pair rubber gloves, booties, shoe covers, no personal outer clothing and additional outer booties or shoe covers. Secure gloves and booties (tape, elastic, Velcro, straps).
K	Cloth hood, cloth coverall, disposable coveralls, cotton gloves, rubber gloves, booties and shoe covers, no personal outer clothing. Secure gloves and booties (tape, elastic, Velcro, straps).
L	Cloth hood, cloth coverall, disposable coveralls, cotton gloves, 2 pair rubber gloves, booties and shoe covers, no personal outer clothing and additional outer booties or shoe covers. Secure gloves and booties (tape, elastic, Velcro, straps).
M	Cloth hood, 2 pair cloth coveralls, cotton gloves, 2 pair rubber gloves, 2 pair booties and shoe covers, no personal outer clothing. Secure gloves and booties (tape, elastic, Velcro, straps).
N	Cloth hood, cloth coverall, wetsuit, cotton gloves, 2 pair rubber gloves, booties and shoe covers, no personal outer clothing. Secure gloves and booties (tape, elastic, Velcro, straps).
O	Cloth hood, cloth coverall, bubble suit, cotton gloves, 2 pair rubber gloves, booties, shoe covers, no personal outer clothing and additional shoe covers or jump boots. Secure gloves and booties (tape, elastic, Velcro, straps).
Z	Special dress as required by Radiation Protection.

SAMPLE VAN FMT CHECKLIST

PRE-DISPATCH

- ☐ Ensure that current plant status and meteorological information has been obtained.
- ☐ Obtain Emergency key set (#905 and 906) from Security at the PAP. Proceed to the equipment storage area (Room 158 of the Administration Building) and unlock the equipment storage locker.
- ☐ Obtain the following equipment: Normal issue TLD, electronic dosimeter (DMC-90) and a dose card. Sign in on SRWP-98. Ensure the DMC-90 is on and has been re-zeroed. ED alarm setpoints are 50 mR/hr (dose rate) and 15 millirem (accumulated dose). ED's are reset by passing the provided magnet over the right side of the dosimeter.
- ☐ Obtain portable instruments (ion chamber and count rate meters) and source check. Survey the area for radiation levels.
- ☐ Remove portable radios from chargers (one unit for each FMT). Screw in the antenna to the top of the radio. Turn the off/on/volume control switch on the top of the radio until SELF TEST is displayed on the front. If MCGUIRE C17 does not display after SELF TEST, turn the numbered switch on the top of the radio to position 3 and lock with the locking ring. Ensure that the small toggle switch is set to position "A".
- ☐ Test the radios using the mobile call sign: **"WQC 700, McGuire Base, this is KA8-2138, portable radio check. Do you copy?"** If McGuire Base does not respond, perform radio checks with the other sample van using the mobile call sign **"KA8-2138, Sample Van _____ (other sample van), this is Sample Van _____ (your sample van) portable radio check. Do you copy?"**

If a radio does not function, remove it from service by removing the battery. Ensure that the radio is turned off before removing or replacing any battery.

- ☐ Obtain all other necessary equipment: respirators, ESP-2's and check sources. Obtain canvas bags ESK-1 or ESK-2 (sample van kits). They can be used to carry instruments and respirators. All protective clothing is located in the back cabinet of the sample vans.
- ☐ One team shall call the TSC Dose Assessor at 875-4976 to determine the status of any release and communicate this information to the other teams.
- ☐ Proceed to the sample vans monitoring portable instruments in transit. Start sample van engines and stabilize inside temperature.
- ☐ Turn on the sample van radio. The unit will display SELF CHECK and MCGUIRE in sequence. If MCGUIRE is not displayed after SELF CHECK, press the MODE key until MCGUIRE is displayed.
- ☐ Test the radios using the mobile call sign: **"WQC 700, McGuire Base, this is KA8-2138, sample van 1 (or 2). Do you copy?"** If McGuire Base does not respond, perform radio check with the other sample van using the mobile call sign: **"KA8-2138 Sample Van _____ (other sample van), this is Sample Van _____ (your van). Do you copy?"**

SAMPLE VAN FMT CHECKLIST

- ☐ Turn on the cellular phone. Unlock the phone for use by pressing the last three (3) numbers of the cell phone number. Test the phone by calling TSC dose assessment at 875-4976. It may be necessary to move the vans from under the unit high voltage lines to test the cellular phones.
- ☐ Start the power inverter (located behind the left side of the driver's seat) to the ON position. The air sampler and plug mold strip are now energized. The air sampler is located on the left side arm rest, back seat.
- ☐ Set up ESP-2's. Perform background and source checks in accordance with HP/0/B/1009/027. Sample vans should perform background and source checks while the van is stationary. Report any problems to the TSC/EOF.
- ☐ Notify TSC Dose Assessors that pre-dispatch checks are complete and: (circle one)
 - a. Sample Van _____ (1,2) is proceeding east of plant to traverse from Medical Facility parking lot to approximately the lower level intake using the road by the initial holdup pond.
 - b. Sample Van _____ (1,2) is proceeding west of the plant to traverse from Hwy 73 (stop light) entrance to the MOC to the end of the discharge canal fishing area.
 - c. Sample Van _____ (1,2) is standing by at _____ (location).

UPON RETURNING TO THE SITE:

- ☐ Ensure mobile van radios are switched off.
- ☐ Ensure that power inverter is turned to the OFF position.
- ☐ Perform inventory of protective clothing and emergency equipment per PT/0/A/4600/88. (Notify the RP Staff Scientist of any discrepancies.)
- ☐ Turn off all instruments and portable radios and place in storage cabinet.
- ☐ Remove portable radio antennas and place radio into a charging unit.
- ☐ Ensure that ED's are set to PAUSE and placed in storage cabinet.
- ☐ Ensure that storage cabinet is closed and locked.
- ☐ Turn in all relevant surveys and checklists.
- ☐ Turn in dose cards to DRC.
- ☐ Return keys to Security at the PAP.

SURVEY VEHICLE FMT CHECKLIST

PRE-DISPATCH

- ☐ Ensure that current plant status and meteorological information has been obtained.
- ☐ Obtain Emergency key set (#905 and 906) from Security at the South PAP. Proceed to the equipment storage area (Room 158 of the Administration Building) and unlock the equipment storage locker.
- ☐ Obtain the following equipment: a normal issue TLD, electronic dosimeter (DMC-90) and a dose card. Sign in on SRWP-98. Ensure the DMC-90 is on and has been re-zeroed. ED alarm setpoints are 50 mR/hr (dose rate) and 15 millirem (accumulated dose). ED's are reset by passing the provided magnet over the right side of the dosimeter.
- ☐ Obtain portable instruments (ion chamber and count rate meters) and source check. Survey the area for radiation levels.
- ☐ Remove portable radios from chargers (one unit for each FMT). Screw in the antenna to the top of the radio. Turn the off/on/volume control switch on the top of the radio until SELF TEST is displayed on the front. If MCGUIRE C17 does not display after SELF TEST, turn the numbered switch on the top of the radio to position 3 and lock with the locking ring. Ensure that the small toggle switch is set to position "A".
- ☐ Test the radios using the mobile call sign: **"WQC 700, McGuire Base, this is KA8-2138, portable radio check. Do you copy?"** If McGuire Base does not respond, perform radio check with one of the sample vans using the mobile call sign:

"KA8-2138, Sample Van ____ (1 or 2), this is a portable radio check. "Do you copy?"

If a radio does not function, remove it from service by removing the battery. Ensure that the radio is turned off before removing or replacing any battery.

- ☐ Obtain the designated emergency kits ESK-3 or ESK-4 (canvas bags) from the locker. All other necessary equipment is located in the kits.
- ☐ Proceed to the McGuire Garage by personal vehicle or Sample Van. If obtaining pool vehicles after hours, weekends or holidays, call Security from the Garage gate phone to gain access. The phone number is located on the phone housing.

SURVEY VEHICLE FMT CHECKLIST

- ☐ Notify the TSC Dose Assessor that pre-dispatch checks are complete and; (circle one)
 - a. Survey Vehicle _____ (alpha, bravo, charlie, delta) is proceeding east of the plant to traverse from Medical Facility parking lot to approximately the lower level intake using the road by the initial holdup pond.
 - b. Survey Vehicle _____ (alpha, bravo, charlie, delta) is proceeding west of the plant to traverse from Hwy 73 (stop light) entrance to the MOC to the end of the discharge canal fishing area.
 - c. Survey Vehicle _____ (alpha, bravo, charlie, delta) is standing by at _____ (location)

UPON RETURNING TO THE SITE:

- ☐ Perform inventory of emergency equipment per PT/0/A/4600/88 (Reference 2.2). Notify the RP Staff Scientist of any discrepancies.
- ☐ Turn off all instruments and portable radios and place in storage cabinet.
- ☐ Remove portable radio antennas and place radio into charging unit.
- ☐ Ensure that ED's are set to PAUSE and placed in storage cabinet.
- ☐ Ensure that storage cabinet is closed and locked.
- ☐ Turn in all relevant surveys and checklists.
- ☐ Turn in dosecards to DRC.
- ☐ Return emergency key set to Security.

List of Designated Limnological Sample Points

Mt Holly Intakes - Sector E (South ~ 5 miles)

Sample elevation - 630'

Accessible on Hwy 273, north of Duke Power Mt. Holly Training Center.

Charlotte Intakes - Sector E (South) 5-6 miles

Sample elevation 635' - Unit 1 intake

640 - Unit 2 intake

637' - Unit 3 intake

Accessible by land on SR 2004 (Mt. Holly-Huntersville Road)(Pump Station Road)

LIMINOLOGICAL SAMPLING DIRECTIONS

- (1) Pull one of the blue stoppers out of the end of the main tube and attach the wire loop to one of the small pins on the handle tripping mechanism.
- (2) Repeat for the other stopper.
- (3) Lower the bottle under water keeping the line taut, and drop the weight to strike the tripping mechanism. This will release the cables and close the bottle.
- (4) For shoreline sampling when the elevation difference is small, attach one stopper and fill the bottle with water by scooping. The bottle can now be closed and the black nozzle used to empty the sample into a cubitainer.

<p>NOTE: 1. Full lake elevation is 760'.</p> <p>2. Catawba River spillway elevation (for Charlotte intakes) is 647'6"</p>
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Detailed Guide to All TLD Sample Locations

This enclosure is meant to provide a guide to one who is not familiar with the environmental TLD sample route. Appropriate deviations from this sequence and route may be made as necessary.

A. Sample location numbers:

- 143 - Point of land north of intake pumps.
- 144 - On the fence, at air sampling site #120, near E.P. Boat House.
- 145 - On the fence, at air sampling site #121, near guard house at Training and Technology Center.
- 146 - Shoreline of discharge canal, below the bridge.
- 147 - On the fence, at the Training and Technology Center, Environmental Laboratory, behind the QA building, next to the beige aluminum building.
- 148 - Second utility pole on the right-hand side of Energy Explorium Entrance from Hwy. 73.
- 149 - Near site fence, 200 feet east of U-2 Access Road on Hwy. 73.
- 151 - Fence east side inside O.C. (Owner Controlled) Gate #2.
- 152 - Near railroad tracks west of McGuire main entrance.
- 153 - Clearing on the left, inside O.C. (Owner Controlled) Gate #4 (S. River Gate).
- 154 - Edge of river bank, access O.C. (Owner Controlled) Gate #5 (Lower Dam Access).
- 156 - Top of earthen dam, access O.C. (Owner Controlled) Gate #7.
- 157 - Williamson access area (on the Mecklenburg Neck) on utility pole just beyond access sign.
- 158 - End of state maintained Road #2189 (Bethel Church Road).
- 159 - Anchorage Marine Shipyard at Holiday Harbor Marina.
- 160 - On the fence, at Anchorage Marine Showroom.
- 161 - Main power pole at the intersection of Hwy. 21 and Hwy. 73.
- 162 - First power pole at the intersection of Gilead Road and State Road #2139.
- 163 - At the intersection of Hambright Road and McCoy Road (State Road #2138).
- 164 - Power pole at the intersection of Beatties Ford Road and Hambright Road.
- 165 - Approximately 2 miles down power plant road from River Bend Steam Station.

Detailed Guide to All TLD Sample Locations

- 166 - Water tank across from River Bend Steam Station.
- 167 - Behind Lucia Volunteer Fire Department.
- 168 - Power pole at State Road #1511 at Killian Creek.
- 169 - Last power pole on Kincaid Road.
- 170 - Second utility pole on right from intersection of Hwy. #73 and State Road #1386.
- 171 - Utility pole at Triangle Hardware.
- 172 - Power pole at the residence located at 625 Golf course Ln.
- 173 - First utility pole on S.R. #1891 intersection with S.R. #2393.
- 174 - On the fence, at air sampling site #134, near East Lincoln Junior High School.
- 175 - Utility pole, fifth house on right, Hoyle Road.
- 177 - On a tree at the residence, 908 Belmarrow Dr.
- 178 - Duke Power Substation at AmeriSteel Corporation.
- 180 - Mooresville Water Treatment Plant.
- 181 - Davidson Water Treatment Plant.
- 182 - On the fence, at air sampling site #133, at Cornelius substation.
- 186 - On peninsula beyond MNS fishing access.
- 187- First gravel road past Energy Explorium.
- 191 - Fenced pumping station on John Connor Dr.
- 196 - New Landfarm fence.
- 197 - New Landfill fence.
- 198 - Old Landfill fence.
- 199 - Old Landfill fence at groundwater well MW-1.

Detailed Guide to All TLD Sample Locations

B. Directions to sampling locations:

NOTE: Contact Security at Ext. 4460 to open all O.C. (Owner Controlled) Gates.

- Site #144 Located inside the air sampling cage by the HP Boathouse (air site #120)
- Site #187 Continue past Energy Explorium and take first right on to a gravel road. The TLD is located inside air sampler cage (air site #195).
- Site #186 Proceed toward the Plant to the end of the fishing access. Bear to the right at the site boundary fence, unlock the cable and proceed out on the peninsula. The TLD is on a stake about half way out the peninsula to the right on a stake.
- Site #143 Continue out the peninsula to the point where the TLD is located on a stake near the osprey nest site.
- Site #145 Heading back toward the guardhouse, the TLD is located inside the cage at the air sampling site #121.
- Site #146 Passing the guardhouse on your left, the TLD is located on the left, attached to the backside of the light pole, just after crossing the bridge.
- Site #147 Continue forward to main entrance road. Turn into the QA entrance on your left. The TLD is on the chainlink fence beside the brown aluminum building. (A large oak tree is in front of the fence).
- Site #148 Continue down entrance road to the fourth light pole on the left. The TLD is on the backside of the utility pole. You'll have to pull over to the right off of the road and allow the other person to pick up the TLD on the left side of the road.
- Site #149 Continue on to the stop sign at Hwy 73. Turn right and go to the first clearing on the right. The TLD is located on the site boundary fence.
- Site #189 Continue forward on Hwy 73 toward MNS. The TLD is located just off the right side of the road on a stake near a tree with a red painted dot just before transmission lines cross Highway 73.
- Site #152 Continue past MNS main entrance for approximately 100 yards to the clearing on your right. The TLD is located between on a stake..
- Site #151 Enter MNS main entrance. The TLD is located on the fence by OC gate #2 immediately on the right.

Detailed Guide to All TLD Sample Locations

- Site #153 Continue into MNS and head toward the setting ponds/land farm area. Circle around the settling ponds and pass the air site (#125) on the left. Proceed to OC gate #4 and approximately 100 feet from the gate is a clearing on the left. The TLD is located on a stake in the clearing.
- Site #154 Drive vehicle back around setting ponds toward the land farm area and turn left on the first gravel road and proceed through QC gate #5. Drive to where the road forks. Take the left fork and down the next gravel/dirt road on your right, you may drive directly to the level grassy area near the riverbank edge. The TLD is on a stake near the riverbank edge approximately 3/4 of the way down the length of the rocky bank just past the control monument.
- Site #190 Continue along the riverbank follow the tree line away from the river until you see a "dangerous water" sign. Continue forwards approximately 300 yards to the tree with a painted red dot on it. The TLD is on a stake.
- Site #156 Drive the vehicle back up the hill toward warehouse #5. Make a left turn just before you get to warehouse #5 and go up toward the intake structures. The road heads toward MNS and then makes a hairpin turn back toward the dam. Drive all the way to the edge of Cowan's Ford Dam and the TLD is located to the left of the cement wall on a stake.
- Site #196 Return to Hwy 73 and turn left. Turn right at MNS Garage Access Road and proceed past garage to dirt road on the right. Drive down dirt road past electrical switch yard to the MNS landfarm on the left. The landfarm is fenced in and the TLD is on the fence adjacent to the road. NOTE: TLD #196 replaces old TLD #LF2.
- Site #197 Proceed down dirt road to the landfill. The TLD is located to the left of the gate to the landfill.
- Site #198 Proceed back toward garage and take dirt road to left. Drive to road ends at old landfill gate. TLD is at top of hill to the right of the gate.
- Site #199 Drive through gate to back side of the landfill. You will see a groundwater well (MW-1) near the back gate. The TLD is at MW-1 on a steel post.
- Site #191 Return to Hwy 73 and turn right. Drive toward Cornelius and take a left on Jetton Rd. Drive to John Connor Rd. and take a left onto it. Drive a short distance to the CMUD pumping station on the left. The TLD is on the air sampler environmental house inside the fenced pumping station (air site # 192).
- Site #158 Return to Hwy 73 and turn left. Proceed to Bethel Church Rd. (SR 2189) and turn left. Proceed to Staghorn Rd. The TLD is located on a utility pole at the intersection of Bethel Church Road and Staghorn Road.

Detailed Guide to All TLD Sample Locations

- Site #159 Return to Hwy 73. Turn left and make a sharp left turn onto Henderson Rd. Drive to the end of that road. The TLD is on the oak "NRC Tree" by the water.
- Site #160 Return to Hwy 73 and turn left. Follow 73 east to Hwy 21 South, turn right and go to the Anchorage Marine Showroom, which will be on the left. The TLD is located on the chain link fence in front of the parking lot.
- Site #161 Return to Hwy 73 and turn left. Continue to the intersection of 21 and Sam Furr Rd. The TLD is located on the back of the Energy Explorium sign to the right.
- Site #178 Continue on Hwy. 21 (heading south) and go until you intersect with Gilead Road. Turn left onto Gilead Road. Proceed to the intersection of Gilead and Old Statesville Road (Hwy. 115) and turn right. Keep going past North Mecklenburg High School and continue to the "Croft Community" sign (which will be on your right). Immediately after this sign on your right is a dirt road. Turn right and this is the entrance to the Duke Power substation @ Florida Steel Corp. Use a DPC #2 key to gain access down the road. The TLD is on a stake to the left of the road approximately 100 yards past the entrance gate.
- Site #163 Return to Hwy. 115. and turn left, proceed to SR #2117 (Hambright Road). Turn left (directly in front of Alexander Jr. High School) and proceed to McCoy Rd. (~3.0 miles). The TLD is located on the telephone pole (beside the NRC TLD) at the residence.
- Site #164 Turn around on McCoy Rd. then turn right on Hambright Rd. Come to the intersection of Hambright and Beatties Ford Road. The TLD is located on the left side of the road on a telephone pole.
- Site #162 Turn right onto Beatties Ford Rd. and proceed to Bud Henderson Rd., turn right. Go to Gilead Rd. and turn right. Proceed to Ranson Rd. (SR #2139, this road is in a sharp curve) and turn left. TLD is on the second pole on the left near an electric fence.
- Site #182 Return to Gilead Rd. and turn left. Travel forward over I-77. Turn left onto Old Statesville Road and go to Cornelius. TLD is inside cage at air sampler site #133.
- Site #181 Travel on to Davidson water treatment plant. The TLD is on a power pole in the front of the plant.
- Site #157 From Davidson water treatment plant, go to stop sign and turn left onto Gamble St. Go one block and turn right onto Jetton St. Follow until road ends, turn left and you will see I-77 to your right. Take I-77 North to exit 33, Hwy. 21N. Turn left. Proceed until you come to Brawley School Rd. (there will be a church on your right just before the intersection where you will be turning left.) Follow Brawley School Rd. which eventually turns into Mayhew Rd. past Mallard Head Country Club until the road dead-ends (~ 8 mi.). The TLD is located on a utility pole in the right rear yard.

Detailed Guide to All TLD Sample Locations

- Site #180 Go back to intersection of Brawley School Rd. and Hwy 21. Cross straight over 21 towards Mooresville. At Hwy 21N, turn left and continue to Mooresville water treatment plant. The TLD is located on a utility pole to the right of the driveway.
- Site #173 Return to Hwy 21-South and turn right. Proceed approximately 1/2 mile and veer to your right to Hwy. 150 west. Proceed past Marshall Station to the intersection of SR 1899 and 150 and turn left. This will be SR 1899 Slanting Bridge Rd. Continue to Keistler's Store Rd. and turn left. Follow this road to Mountain Shore Lane, turn left (across from the two-story beige house). Next turn left onto Glenwood Rd. The TLD is located on the first power pole in the front yard of the first house on the left.
- Site #172 Return to Slanting Bridge Rd. Turn left and continue to Hwy. 16. Turn left and go to Fairfield Rd. (~3.3 miles) on the left in the Westport Community and turn left (SR 1389). Take the first left onto North Golf Course drive which turns into Lakeshore Drive. At the intersection of Golf Course Drive and Lakeshore Drive. The TLD is on the utility pole to the right @ 625 Golf Course Dr.
- Site #171 Return to Hwy 16-South, turn left. TLD is on the utility pole on the north side of the Triangle Ace Hardware (which will be on the left).
- Site #170 Return to Hwy. 16 and turn left. Proceed to the intersection of Hwy. 16 and 73. Turn right onto 73 and turn left onto Little Egypt Rd. The TLD is on the 2nd utility pole on the right.
- Site #174 Return to Hwy. 73 and turn left. Go to East Lincoln Jr. High School. The TLD is located in the air sampling cage at air sampling site #134.
- Site #175 Return to Hwy. 73 and turn right. Go to Boger City. Hwy. 73 runs into Hwy. 27. Go straight to the first light and turn right on to Buffalo Shoals Rd. Proceed until you come to SR 1332 (Highland Rd.) and turn left. Follow to Hoyle Road on your right and turn right. Go to 208 Hoyle Road. TLD is on the fence beside the house.
- Site #168 Return to Hwy. 73 and go back past East Lincoln Jr. High School, take a right on Old Plank Road. Go approximately 5 miles until you cross a bridge. The TLD is located on a utility pole on the right just after crossing the bridge
- Site #177 Return to Hwy 73 and continue to stop light at Hwy.16. Turn right on to Hwy 16 and proceed to Rozzelles Ferry Road (old Hwy.16) and take a right. Rozzelles Ferry turns into Belhaven Blvd. Go to a green Coulwood School sign. Turn right at this sign. This is Kentberry Rd. Continue ~ one block and turn left onto Belmarrow Dr. The TLD is located @ 908 Belmarrow Rd. on a safety light pole at the driveway entrance to the left.

Detailed Guide to All TLD Sample Locations

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- Site #166 Return to Hwy. 16 and turn right. Continue to the Catawba River. After crossing the bridge, turn right at Steam Plant Rd. and follow this road to Riverbend Steam Station. Continue on Horseshoe Bend Beach Rd. to the water tower that is across the road directly in front of the steam station. The TLD is on the fence which surrounds the water tower.
- Site #165 Continue down the road, away from Hwy. 16, ~ 1 mile to a real sharp curve in the road. There'll be a dirt area on your left where you can pull over at a barricade. The TLD is on utility pole to the left of the barricade.
- Site #167 Return to Hwy. 16. At the light, go straight and proceed to the building at 14522 Lucia Riverbend Highway on the right. The TLD is located on a power pole that supplies the building.
- Site #169 Return to Hwy. 16 and turn left. Proceed to Hill's Chapel United Methodist Church on the left. Just past the church is a dirt road (Glover Lane), turn left and go to the end of this road. The TLD is located on a utility pole on the right.

Enclosure 5.6
List of Designated Milk Sample Locations

HP/0/B/1009/023
Page 1 of 1

This enclosure is meant to provide a guide to one who is not familiar with the environmental milk sample route. Appropriate deviations from this sequence and route may be made as necessary.

MILK SAMPLES

A. Sample location numbers:

139 - William Cook Dairy
138 - Henry Cook Dairy
140 - David Kidd Dairy
141 - Lynch Dairy

B. Directions to sampling locations:

Location #139 <u>William Cook Dairy</u>	Turn left when leaving MNS main entrance and proceed to Oliver Hager Rd. (SR #2142) on your right. Follow road to the large main house. Behind the house is a garage storage area. The milk will be in a refrigerator in the garage area.
Location #138 <u>Henry Cook Dairy</u>	Return to Hwy. 73 and turn left. Proceed to Beatties Ford Rd. (Rd. beside Phillips 73 General Store) and turn left. Follow Beatties Ford Rd. approximately .5 miles to Gilead Rd. Turn left. Follow Gilead Rd. approximately 4 mi. to Ervin Cook Rd. Turn left. Henry Cooks Dairy will be the second dairy on your left, approx. 1 mi. It will be on your left just before the road ends. The milk will be in a refrigerator in the white wooden building on your right.
Location #140 <u>Kidd's Dairy</u>	Return to Beatties Ford Road and make a left. Proceed to Jim Kidd Road (approximately 1.0 miles) and turn right. Proceed approximately .5 of a mile and look for a white house on the right. Follow the dirt road to the rear of the house. The milk sample is taken from the vat located in the block building behind the house.
Location 141 <u>Lynch Dairy</u>	From ASC turn right onto Hwy. 73. Follow Hwy. 73 until it intersects with Hwy. 27. Follow Hwy. 27 into Boger City to SR #1003 (Buffalo Shoals Road) and turn right. The Lynch residence is 5.4 miles on the right (yellow frame house).

**Directions for Predetermined
Survey/Sampling Locations**

Example:	A	-	2	-	1	
	Evacuation				Mile	Sample
	Zone				Radius	

- A-2-1 From the intersection of Hwy. 73 and Jetton Road (SR2151), go west on Jetton Road 2.0 miles. Turn left onto John Connor Rd. and go 1.0 miles. Turn right on Belle Isle Dr. (SR2331) and go to the end of the road.
- A-3-1 From the intersection of Hwy. 73 and Jetton Road (SR2151), go west on Jetton 3.8 miles to dead end.
- A-3-2 From the intersection of Hwy. 73 and Jetton Road (SR2151), go west on Jetton Road 2.1 miles to the intersection of Jetton Road and North Beatties Ford Rd. Go to end of road and turn right.
- A-3-3 From the intersection of Hwy. 73 and Nantz Road (SR2148), go west on Nantz Road. Go to end of Nantz Road.
- A-5-1 Take I-77 north to exit 33, turn left on Williamson Road (SR1109). Turn left on Brawley School Road (SR1100), go west 8.0 miles on Brawley School Road to dead end at water. NOTE: Brawley School Road becomes Mayhew Road at Meckenburg County Line.
- A-5-2 From the intersection of Hwy. 73 and Bethel Church Road (SR2189), go north on Bethel Chuch Road to the end of Bethel Church Road.
- A-5-3 From the main plant entrance, go east on Hwy. 73 (6.4 miles) to the intersection of Hwy. 73 and Henderson Road (SR2307).
- A-6-1 From the intersection of Williamson Road (SR1109) and Brawley School Road (SR1109), go west 6.9 miles on Brawley School Road. Turn left on Torrence Chappel Road (SR2065), go 0.4 miles. Stop on roadside. NOTE: Brawley School Road becomes Mayhew Road at Mecklenburg County Line. Torrence Chappel Road is the first left after the county line.
- B-1-1 One mile from plant on Lake Norman. (WNW)
- B-1-2 One mile from plant on Lake Norman. (NW)
- B-1-3 One mile from plant on Lake Norman. (NNW)
- B-1-4 One mile from plant on Lake Norman. (N)
- B-1-5 One mile from plant on Lake Norman. (NNE)
- B-1-6 Emergency Boat House and dock.
- B-1-7 One and ½ miles from plant on Lake Norman directly east of TTC. (NE)

**Directions for Predetermined
Survey/Sampling Locations**

- B-1-8 One and ¼ miles from plant on Lake Norman (NE) at mouth of discharge canal.
- B-1-9 One and ½ miles from plant on Lake Norman (ENE).
- B-1-10 Bridge over discharge canal on road to TTC.
- B-1-11 The intersection of U-2 access road and the road to TTC.
- B-1-12 On the roadside of U-2 access road .2 miles off of Hwy. 73.
- B-1-13 The intersection of Hwy. 73 and the U-2 access road.
- B-1-14 The intersection of Hwy. 73 and the access road to the firing range.
- B-1-15 U-1 main entrance.
- B-1-16 Right past the bridge on Hwy. 73 over the Catawba River (below the dam).
- B-1-17 The east side of Cowans Ford Dam, access through O.C. Gate #5 (lower dam access).
- B-1-18 At the intake structure.
- B-2-1 2 miles from plant on Lake Norman (NE).
- B-2-2 From McGuire main entrance, go east on Hwy. 73 (2.5 miles). Turn left on Terry Lane (SR2255). Go 0.5 miles to the end of Terry Lane (SR2255).
- B-3-1 From McGuire main entrance, go east on Hwy. 73 (3.8 miles). Turn left on Norman Island Drive (SR2145). Go to the end of Norman Island Drive.
- C-1-1 At the intersection of Hubbard Road and Hwy. 73 turn on Hubbard Road (SR2134) and stop on roadside.
- C-1-2 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south 1.3 miles on Beatties Ford Road. Turn right onto Cashion Road (SR2133), go to end of road.
- C-2-1 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south 1.3 miles on Beatties Ford Road to the intersection of Beatties Ford Road and Cashion Road (SR2133).
- C-2-2 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south 1.5 miles on Beatties Ford Road. Turn right on Stephens Road (SR2132), go .7 miles to dead end at gate.
- D-2-1 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south .3 miles on Beatties Ford Road to the intersection of Beatties Ford Road and Gilead Road (SR2136).

**Directions for Predetermined
Survey/Sampling Locations**

- D-3-1 From McGuire main entrance go east on Hwy. 73 (3.8 miles) to first stoplight. Cashion's convenience store parking lot on Hwy. 73.
- D-3-2 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go .3 miles south on Beatties Ford Road. Turn left on Gilead Road (SR2136), go 1.2 miles to the intersection of Gilead Road and Bud Henderson Road (SR2131).
- D-3-3 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 2.4 miles to the intersection of Beatties Ford Road and Jim Kidd Road (SR2129).
- D-3-4 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 3.5 miles. Turn right on Neck Road (SR2074), go 2.4 miles to the intersection of Neck Road and Allison Ferry Road (SR2127).
- D-3-5 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 3.5 miles. Turn right on Neck Road (SR2074), go 2.4 miles. Turn right on Allison Ferry Road (SR2127), go .7 miles to dead end.
- D-5-1 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road .3 miles. Turn left on Gilead Road (SR2136), go 3.0 miles to the intersection of Gilead Road and Ranson Road (SR2139).
- D-5-2 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 4.2 miles. Turn left on Hambright Road (SR2117), go 1.6 miles to the intersection of Hambright Road and McCoy Road (SR2120).
- D-5-3 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 4.2 miles to the intersection of Beatties Ford Road and Hambright Road (SR2117).
- D-5-4 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 5.0 miles to the intersection of Beatties Ford Road and Sample Road (SR2125).
- D-5-5 From the intersection of Beatties Ford Road (SR2128) and Hwy. 73, go south on Beatties Ford Road 3.5 miles. Turn right on Neck Road (SR2074), go 2.4 miles. Bear to left and continue 0.6 miles. Stop on roadside. Should see entrance to Cowan's Ford Waterfowl Refuge.
- E-6-1 From the intersection of Beatties Ford Road (SR2128) and Mt. Holly Huntersville Road (SR2004), go west on Mt. Holly-Huntersville Road to the intersection of Mt. Holly-Huntersville Road and Oakdale Road (SR2042).
- E-7-1 From the intersection of Beatties Ford Road (SR2128) and Mt. Holly-Huntersville Road (SR2004), go west on Mt. Holly-Huntersville Road 3.2 miles to the intersection of Mt. Holly-Huntersville Road and Pump Station Road (SR2001).

**Directions for Predetermined
Survey/Sampling Locations**

- E-8-1 From the intersection of Beatties Ford Road (SR2128) and Miranda Road (SR2025), go west on Miranda Road to the intersection of Miranda Road and Sunset Road (SR2042).
- E-8-2 From the intersection of Mt. Holly-Huntersville Road (SR2004) and Hwy. 16, go south on Hwy. 16 to intersection of Hwy. 16 and Pleasant Road (SR2008).
- E-8-3 From the intersection of Mt. Holly-Huntersville Road (SR2004) and Hwy. 16, go west on Mt. Holly-Huntersville .8 miles to the intersection of Mt. Holly-Huntersville Road and Harwood Lane (SR1667) - directly across from Mountainair Road.
- E-10-1 From the intersection of Beatties Ford Road (SR2128) and Sunset Road (SR2108), go west on Sunset .7 miles. Turn left on Peachtree Road (SR2019), go 1.3 miles to the intersection of Peachtree Road and Oak Road (SR2027).
- E-10-2 From the intersection of Mt. Holly-Huntersville Road (SR2004) and Hwy. 16, go south on Hwy. 16 (1.5 miles). Turn right on Valleydale Road, then make an immediate right (50 ft.) onto Gumbranch Road. Go .7 miles on Gumbranch. Turn left on Cathey Road, go 1.0 miles to the intersection of Cathey Road and Tom Saddler Road.
- F-5-1 From the intersection of US21 and Gilead Road (SR2136), go south on US21 (.9 miles) to the intersection of US21 and Mt. Holly-Huntersville Road (SR2004).
- F-7-1 From the intersection of US21 and Gilead Road (SR2136), go south on US21 (2.9) miles. Turn right on Alexanderana Road (SR2116), go 1.0 miles to the intersection of Alexanderana Road and Mt. Holly-Huntersville Road (SR2004).
- F-8-1 From the intersection of I-77 and Gilead Road (SR2136) - Exit #23, go south to I-77 to the intersection of I-77 and Reames Road (SR2110) - Exit #18.
- F-9-1 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Continue straight on Huntersville-Concord Road (SR2426) 3.6 miles to the intersection of Huntersville-Concord Road and Hiwasee (this also may be called Huntersville-Concord Road).
- F-9-2 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Continue straight on Huntersville-Concord Road (SR2426) 2.4 miles. Turn right on Asbury Chapel Road (SR2442), go 2.4 miles to the intersection of Asbury Chapel Road and Trails End Road (SR2445).
- F-10-1 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Turn right on Hwy. 115, go 2.9 miles. Turn left on Alexanderana Road (SR2457), go .9 miles. Turn left on Eastfield Road (SR2459), to 2.3 miles to the intersection of Eastfield Road and Prosperity Church Road (SR2475).

**Directions for Predetermined
Survey/Sampling Locations**

- F-10-2 From the intersection of US21 and Gilead Road (SR2136), go south on US21 5.2 miles. Turn left on Lakeview Road (SR2112), go 1.0 miles. Turn right on Hwy. 115, go .7 miles to the intersection of Hwy. 115 and Victoria Ave. (SR2631) Beachwood Mobile Home Park Road.
- G-5-1 From the intersection of US21 and Gilead Road (SR2136), go north on US21 (3.8 miles) to the intersection of US21 and Westmoreland (SR2147).
- G-5-2 From the intersection of US21 and Gilead Road (SR2136), go north on US21 (2.3 miles) to the intersection of US21 and Sam Furr Road (SR2145).
- G-6-1 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Turn left on Hwy. 115, go 3.7 miles to the intersection of Hwy. 115 and Bailey Road (SR2416).
- G-6-2 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Turn left on Hwy. 115, go 1.6 miles. Turn right on McCord Road (SR2427), go .3 miles. Turn right on Hagers Road (SR2438), go .5 miles to dead end.
- G-8-1 From the intersection of US21 and Gilead Road (SR2136), go north on US21 (2.3 miles). Turn right on Sam Furr Road (SR2145), go 3.9 miles. Turn left on Davidson-Concord Road and continue to intersection of Davidson-Concord Road and Rocky River Road (SR2420).
- G-8-2 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Turn left on Hwy. 115, go .7 miles. Turn right on Ramah Church Road (SR2439), go 2.4 miles to the intersection of Ramah Church Road and McCord Road (SR2427).
- G-10-1 From the intersection of US21 and Gilead Road (SR2136), go east on Gilead Road .7 miles. Turn left on Hwy. 115, go 2.0 miles. Turn right on Sam Furr Road (SR2145), go 2.7 miles. Turn left on Davidson-Concord Road, go 2.3 miles. Turn right on Rocky River Road (SR2420), go 2.3 miles. Turn left on Shearer Road (SR2418), go 2.6 miles to the intersection of Shearer Road and Fisher Road (SR2419).
- H-6-1 From the intersection of US21 and Hwy. 73, go east on Hwy. 73 .9 miles to the intersection of Hwy. 73 and Hwy. 115.
- H-7-1 From the intersection of I-77 and Hwy. 73 (Exit #28), go north on I-77 to the intersection of I-77 and Griffith Street (SR2158) (Exit #30).
- H-7-2 From the intersection of I-77 and Griffith Street (SR2158) Exit #30, go east on Griffith Street .9 miles to Sadler Square Shopping Center.
- I-7-1 From the intersection of Brawley School Road (SR1100) and Williamson Road (SR1109), go west on Brawley School Road 5.2 miles to the intersection of Brawley School Road and Garden Road (SR1111).

**Directions for Predetermined
Survey/Sampling Locations**

- I-7-2 From the intersection of Brawley School Road (SR1100) and Williamson Road (SR1109), go west on Brawley School Road 2.7 miles. Turn left on Isle of Pines Road (SR1113), go 3.4 miles to dead end.
- I-8-1 From the intersection of Brawley School Road (SR1100) and Williamson Road (SR1109), go west on Brawley School Road 3.8 miles. Turn right on Chuckwood Road (SR1177), go to end.
- I-9-1 From the intersection of Brawley School Road (SR1100) and Williamson Road (SR1109), go west on Brawley School Road 3.8 miles to the intersection of Brawley School Road and Chuckwood Road (SR1177).
- I-10-1 From the intersection of Brawley School Road (SR1100) and Williamson Road (SR1109), go west on Brawley School Road 3.2 miles. Turn right onto McKendries Road (SR1115), go 1.6 miles to the intersection of McKendries Road and Lakeview Drive (SR1455).
- J-7-1 From the intersection of I-77 and US21 (Exit #33), go west on US21 over I-77 (.2 miles). Turn left on Alcove Road (SR1206), go 1.8 miles. Turn right on Langtree Road (SR1102), go 2.0 miles to entrance Alexander Island.
- J-9-1 From the intersection of I-77 and Griffith Street (Exit #30), go east on Griffith Street (SR2158) 1 mile. Turn left on Hwy. 115, go 1.4 miles to the intersection of Hwy. 115 and Midway Lake Road (SR1137).
- J-10-1 From the intersection of I-77 and US21 (Exit #33), go west on US21 over I-77 (.2 miles). Turn left on Alcove Road (SR1206) then bear right on Catalina Road (SR1110) go .6 miles. Bear right on Malibur Road (SR1194) go .4 miles to dead end at Cul-de-sac.
- J-10-2 From the intersection of I-77 and US21 (Exit #33), go east on US21 (.1 miles). Turn right on Fairview Road (SR1246), go .9 miles. Turn right on Hwy. 115, go .3 miles. Turn left at Faith Road (SR1136), go .8 miles to the intersection of Faith Road and Midway Lake Road (SR1137).
- K-9-1 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 6.6 miles. Turn right on Campground Road (SR1373), go 2.8 miles to the intersection of Slanting Bridge Road (SR1373) and Keistler Store Road (SR1899).

NOTE: Campground Road turns into Slanting Bridge Road at Catawba County Line.
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- K-9-2 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 6.6 miles. Turn right on Campground Road (SR1373), go 4.8 miles. Turn right on Hwy. 150, go 1.7 miles. Turn right on Kiser Island Road (SR1841), go 3.1 miles to dead end at circle.

**Directions for Predetermined
Survey/Sampling Locations**

NOTE: Campground Road turns into Slanting Bridge Road at Catawba County Line.

- L-1-1 From the McGuire main entrance, go west on Hwy. 73 (.5 miles) to the Cowans Ford Dam.
- L-1-2 From the McGuire main entrance, go west on Hwy. 73 (1.4 miles). Turn right onto Cowans Ford Road (SR1395), go .8 miles.
- L-2-1 From the McGuire main entrance go 1.4 miles to the intersection of Hwy. 73 and Cowans Ford Road (SR 1395).
- L-2-2 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (0.6 miles). Turn right onto Hagers Ferry Road (SR1393) and go 1.4 miles. Go straight on paved road (Lucky Point) 0.4 miles.
- M-1-1 From the McGuire main entrance, go west on Hwy. 73 (0.9 miles) to the intersection of Hwy. 73 and Caswell Road (SR1578).
- M-2-1 From the McGuire main entrance, go west on Hwy. 73 (2.3 miles). Turn left onto Killian Road (SR1396), go 2.2 miles. Stop on roadside of railroad crossing.
- N-2-1 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (.6 miles). Turn right onto Hagers Ferry Road (SR1393), go 1.4 miles. Go left onto Hager's Ferry Road (SR1393), go 1.6 miles to where pavement ends residence 8886 Hager's Ferry Rd.
- N-3-1 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (.6 miles). Turn right onto Hagers Ferry Road (SR1393), go .9 miles to the intersection of Hagers Ferry Road and - Nixon Heights, Lane (SR 1568).
- N-3-2 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (2.1 miles). Turn right on Unity Church Road (SR1439), go .3 miles. Turn right on Graham Road, go 1.6 miles to end of road.
- N-4-2 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (2.1 miles). Turn right on Unity Church road (SR1439), go 2.4 miles to Beatties Ford Access Area.
- N-5-1 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (3.2 miles). Turn right on Lakeshore Drive (SR1456) go 1.3 miles. Turn right on Island View Court (SR1495) go .1 miles to dead end.
- O-3-1 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (2.0 miles). Turn left on Sifford Road (SR1397), go 1.2 miles to the intersection of Sifford Road and Mac Lane (SR 1710).
- O-4-1 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (1.2 miles). Stop on roadside at Hills Chapel United Methodist Church.

**Directions for Predetermined
Survey/Sampling Locations**

- O-4-2 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (.6 miles) to the intersection of Hwy. 16 and Pilot Knob Road (SR1394).
- O-5-1 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (2.2 miles). Turn right on Old Plank Road (SR1511), go 1.0 miles. Stop on roadside past bridge.
- P-5-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (1.5 miles) to the intersection of Hwy. 73 and Little Egypt Road (SR1386).
- P-5-2 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (1.5 miles). Turn right on Little Egypt Road (SR1386), go 1.9 miles. Turn right on Optimist Club Road (SR1380), go about .6 miles. Stop near creek.
- P-6-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (3.6 miles). Turn right on Schronce Road (SR1385). Go to intersection of Schronce Road (SR1385) and Ingleside Farm Road (SR1383).
- P-6-2 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (1.5 miles). Turn right on Little Egypt Road (SR1386), go 3.2 miles to the intersection of Little Egypt Road which is now St. James Church Road - SR1380 and Kidville Road (SR1381).
- P-6-3 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (4.9 miles). Turn right on Webb's Chapel Road (SR1379), go 1.6 miles to the intersection of Webb's Chapel Road and Burton Road.
- P-8-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (5.3 miles). Turn right on Beth Haven Church Road (SR1360), go 1.4 miles. Stop on roadside past bridge.
- P-8-2 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (2.5 miles). Turn right on Ingleside Farm Road (SR1383), go .1 mile and bear left 3.2 miles more. Turn right on Beth Haven Church Road (SR1360), go 1.3 miles. Turn right on Forney Hill Road (SR1373), go .7 miles. Stop on roadside passed bridge.
- P-8-3 From the intersection of Hwy. 73 and Hwy. 16, go north on Hwy. 16 (7.8 miles) to the intersection of 16 and SR1373 (Campground Road or Slanting Bridge Road). Turn right on this road and go about 1.8 miles to the intersection of SR1373 and Pineridge Drive (SR1375).
- P-10-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (6.8 miles) to the intersection of Hwy. 73 and Amity Church Road (SR1362).
- P-10-2 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (2.5 miles). Turn right on Ingleside Farm Road (SR1383), go .1 miles and bear left 3.2 miles more. Turn right on Beth Haven Church Road (SR1360), go 2.8 miles to the intersection of Beth Haven Church Road and Mundy Road (SR1349).

**Directions for Predetermined
Survey/Sampling Locations**

- Q-6-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (2.5 miles). Turn right on Ingleside Farm Road (SR1383), go .1 mile bear right and go 1.7 miles more. Turn left on Old Plank Road (SR1511), go .6 miles to the intersection of Old Plank Road and Mariposa (SR1412).
- Q-8-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (5.3 miles). Turn left on Brevard Place road (SR1360), go .1 mile. Turn left on Old Plank Road (SR1511), go 1 mile. Turn right on Mt. Zion Church Road (SR1404), go 1.9 miles. Stop on road side pass the bridge.
- Q-8-2 From the intersection of Hwy. 73 and Hwy. 16, to west on Hwy. 73 (5.3 miles). Turn left on Brevard Place Road (SR1360), go .1 miles. Turn left on Old Plank Road (SR1511), go 1.0 miles to the intersection of Old Plank Road and Mt. Zion Church Road (SR1404).
- Q-10-1 From the intersection of Hwy. 73 and Hwy. 16, go west on Hwy. 73 (5.3 miles). Turn left on Brevard Place Road (SR1360), go 3.4 miles to the intersection of Brevard Place Road and Paysour Road (SR1361).
- R-3-1 From the main entrance to McGuire go west on Hwy. 73 (2.3 miles). Turn left on Killian Road (SR1396), go 3.4 miles. Stop on roadside (just past Gaston County sign).
- R-5-1 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (7.2 miles). Turn left on Horseshoe Bend Beach Road (SR1912), go 2.0 miles. Stop on roadside passed curve.
- R-5-2 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (7.2 miles). Turn left on Horseshoe Bend Beach Road (SR1912), go 1.0 miles. Stop on roadside.
- R-5-3 From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (7.2 miles) to the intersection of Hwy. 16 and Horseshoe Bend Beach Road (SR1912).
- R-5-4* From the intersection of Hwy. 73 and Hwy. 16, go south on Hwy. 16 (4.1 miles) to the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905).
- S-7-1* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 2.0 miles. Stop on roadside at Macedona Church parking lot.
- S-7-2* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 1.1 miles. Turn right on Alexis-Lucia road (SR1820), go 1.6 miles to intersection of Alexis-Lucia Road and Old Lowesville Road (SR 1907).
- S-8-1* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go south on old Hwy. 16 (2.0 miles). Turn right on Hwy. 273, go to the intersection of Hwy. 273 and Sand Ford Road (SR1918).

**Directions for Predetermined
Survey/Sampling Locations**

- S-8-2* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 3.2 miles. Go left at curve and continue 1.5 miles to the intersection of SR1935 and Old NC 27 (SR1923).
- S-8-3* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 3.2 miles. Go left at curve and continue .7 miles to the intersection of Stanley-Lucia Road and Sandy Ford Road (SR1918).
- S-8-4* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 1.1 miles. Turn right on Alexis Lucia (SR1820), go 2.2 miles to the intersection of Alexis-Lucia Road and Mariposa Road (SR1902).
- S-9-1* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go west on Stanley-Lucia Road 1.1 miles. Turn right on Alexis Lucia Road (SR1820), go 2.2 miles. Turn left on Mariposa (SR1902), go 1.5 miles. Turn right on Airport Road (SR1903), go .6 miles to the intersection of Airport Road and Hwy. 27.
- S-10-2* From the intersection of old Hwy. 16 and Stanley-Lucia Road (Blacksnake Road-SR1905), go south on old Hwy. 16 2.0 miles. Turn right on Hwy. 273, go 4.7 miles to the intersection of Hwy. 273 and N. Main Street.

NOTE: Old Hwy. 16 (Lucia Riverbend Hwy.) can be reached by turning right at the intersection of Hwy. 16 and Lucia Riverbend Hwy. which is 4.1 miles south on 16 from the Hwy. 73 and Hwy. 16 intersection.{*}

Enclosure 5.9
Periodic Status Update for Field Monitoring
Teams

HP/0/B/1009/023
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Time: _____ hours

Time: _____ hours

Classification: _____

Classification: _____

Wind Speed: _____ mph Wind Speed: _____ mph

Wind Direction: from _____ ° Wind Direction: from _____ °

Zones Affected: _____ Zones Affected: _____

Other: _____ Other: _____

Time: _____ hours

Time: _____ hours

Classification: _____

Classification: _____

Wind Speed: _____ mph Wind Speed: _____ mph

Wind Direction: from _____ ° Wind Direction: from _____ °

Zones Affected: _____ Zones Affected: _____

Other: _____ Other: _____

Enclosure 5.10
Vehicle Refueling

HP/0/B/1009/023
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1. Pull in at the fueling island located at the McGuire Garage. The garage is located on the right side of the access road to the McGuire switchyard.
2. Place the special refueling key in the pump control station. The control station is located on a vertical steel beam which is located between the gas pump and the diesel pump.
3. Remove the key, and follow the instructions as they appear on the control station. The instructions include:
 - a. Enter the vehicle's mileage.
 - b. Enter the pump being used; 1 for gas, and 2 for diesel.
 - c. Enter your social security number.
4. Remove the nozzle, turn the pump on, and refuel the vehicle.
5. When finished, turn the pump off, and return the nozzle to the pump.

The refueling pumps are opened 24 hours per day, 7 days a week. The McGuire Garage has personnel working in the garage from 7:30 AM to 12:00 AM Monday through Friday. Call Security from the garage gate phone to gain access to the pumps after hours or on weekends or holidays.

If oil, antifreeze, or windshield washer fluid is needed, see McGuire Garage personnel.

Enclosure 5.11
FMT Turnover Checklist

HP/0/B/1009/023
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- _____ 1. Copies of Enclosure 5.3 from HP/0/B/1009/027.

- _____ 2. Latest copy of Enclosures 5.8 and 5.9 from HP/0/B/1009/023.

- _____ 3. List sampling van or emergency kit supplies needed.

- _____ 4. List Inoperable Equipment.

- _____ 5. List any Sampling Problems.

Enclosure 5.12
Obtaining Meteorological Data from SDS

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NOTE: If a computer is not available in the OSC, Meteorological Data may be obtained from any other LAN based computer or from the OSC Radiation Protection Supervisor.

1. From any LAN based computer:
 - a. Select DAE
 - b. Select Department Apps
 - c. Select Nuclear Generation
 - d. Select McGuire Desktop
2. Select **McGuire Process Data**.
3. Select **SDS**.
4. At the SDS screen, select either **Unit-1** or **Unit-2**. For drills, select **Simulator**.
5. Type in **GD ERO-2**.
6. Obtain 10 meter (lower) wind speed and 60 meter (upper) wind direction from page 1 of 3.

Other MET Data (temperature and precipitation) is also found on page 1 of 3.

7. Use the 10 mile EPZ map and 90° plume marker located in the OSC to assist in determining where plume edge could be encountered. The plume marker will indicate 45° to either side of centerline wind direction.