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## CALLAWAY PLANT

## EMERGENCY PLAN IMPLEMENTING PROCEDURE

EIP-ZZ-00220

## EMERGENCY TEAM FORMATION

RESPONSIBLE DEPARTMENT Emergency PreparednessPROCEDURE OWNER K. J. BruckerhoffWRITTEN BY K. J. BruckerhoffPREPARED BY K. J. BruckerhoffAPPROVED BY *[Signature]* for RDA.DATE ISSUED 8-3-00

This procedure contains the following:

Pages	<u>1</u>	through	<u>5</u>
Attachments	<u>1</u>	through	<u>1</u>
Tables	<u>          </u>	through	<u>          </u>
Figures	<u>          </u>	through	<u>          </u>
Appendices	<u>          </u>	through	<u>          </u>
Checkoff Lists	<u>          </u>	through	<u>          </u>

This procedure has            Check list(s) maintained in the mainframe computer.

Conversion of commitments to TRS reference/hidden text completed by Revision

ITS Commitments N/A Non-T/S Commitments 011

ORIGINAL  
for the NRC

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## EMERGENCY TEAM FORMATION

### 1 PURPOSE AND SCOPE

#### 1.1 PURPOSE

- 1.1.1 To provide guidance to individuals responsible for forming, briefing, dispatching and debriefing Emergency Teams.

#### 1.2 SCOPE

- 1.2.1 Upon declaration of an emergency, establishes responsibilities for coordinating the activities of the Fire Brigade, Medical Emergency Response Team (MERT), Search & Rescue Teams, and Emergency Repair Team. (SOS 00-1029)
- 1.2.2 Provides a checklist for briefing and debriefing emergency teams.
- 1.2.3 On shift activities are not included in the scope of this procedure. (SOS 00-1029)

<p><u>NOTE:</u> On shift activities are performed in accordance with Attachment 2 of EIP-ZZ-00102, Emergency Implementing Actions.</p>
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### 2 RESPONSIBILITIES

#### 2.1 EMERGENCY COORDINATOR / SHIFT SUPERVISOR (EC)

- 2.1.1 Requests the formation of emergency teams. This responsibility may be delegated to the Operations Support Coordinator.
- 2.1.2 Initially, the Shift Supervisor assumes the responsibilities of the EC. At the ALERT (or higher) emergency classification levels, the EDO relieves the Shift Supervisor and assumes the EC duties. (COMN 3324) (COMN 3325)
- 2.1.2.1 MERT and the Fire Brigade continue to report to the Shift Supervisor. Responsibility for these two Emergency Teams cannot be delegated to the Emergency Coordinator. (COMN 3413) (COMN 41801)

## 2.2 OPERATIONS SUPPORT COORDINATOR (OSC)

2.2.1 Assesses plant information from the control room and technical support staff to establish emergency team priorities and direct operation support activities.(COMN 3324) (COMN 3325)

2.2.1.1 The OSC reports to the Emergency Coordinator (EC) in the Technical Support Center (TSC).

## 2.3 EMERGENCY TEAM COORDINATOR (ETC)

2.3.1 Assists the Operations Support Coordinator (OSC) in formation, briefing, direction, tracking and debriefing of Emergency Teams.

2.3.1.1 The ETC reports to the Operations Support Coordinator (OSC) in the TSC.

## 2.4 HEALTH PHYSICS COORDINATOR (HPC)

2.4.1 Ensures that emergency teams are briefed and debriefed on radiological conditions.

2.4.2 Ensures Health Physics support is available for emergency teams, as necessitated by radiological conditions.

<p><u>NOTE:</u> On-Shift Health Physics personnel may perform these duties prior to the time the TSC is declared operational.</p>
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## 3 INITIATING CONDITIONS

3.1 The procedure is implemented upon direction of the Emergency Coordinator per EIP-ZZ-00102, Emergency Implementing Actions.

## 4 PROCEDURE

The Emergency Team Coordinator (ETC) or designee, at the direction of the Operational Support Coordinator (OSC) ensures completion of the following actions:

#### 4.1 FORMATION OF EMERGENCY TEAMS

##### 4.1.1 Assemble an Emergency Team consisting of the following personnel:

**CAUTION:** Fire Brigade Members perform Emergency Team duties when hazards require use of personal protective equipment (PPE), such as bunker gear, proximity suit, level "A" chemical suit, and/or SCBA, for which they are specifically trained and qualified. (SOS 00-0160)

The Fire Brigade continues to report to the Shift Supervisor if the activity is a fire or Hazmat response. Response to a fire or Hazmat incident cannot be delegated to the ETC.

##### 4.1.1.1 Repair Team consists of at least two (2) plant personnel as appropriate for the specific repairs.(COMN 3325)

**NOTE:** Fire Brigade Members are trained in damage control repairs, such as plugging, patching, containment, etc., and manipulating valves, breakers, and other Plant Equipment.

##### 4.1.1.2 A Search and Rescue Team consists of at least two personnel, one of which SHALL be qualified in first aid procedures. (COMN 3324)

##### 4.1.2 Health Physics support for the Emergency Teams is coordinated by the HPC if any of the following conditions warrant: (COMN 3324) (COMN 3325)

- ◆ Radiological release has occurred.
- ◆ Radiological release is likely to occur.
- ◆ Entry to a Radiological Controlled Area (RCA)
- ◆ Entry to a Radiological Posted Area (RPA)

## 4.2 BRIEFING AND DISPATCH OF EMERGENCY TEAMS

4.2.1 Prioritization for timely dispatch of Emergency Teams should be made when preparing to dispatch a team. (SOS 99-1711)

4.2.1.1 Search and Rescue Teams, Trouble Shooting, Investigative Teams, etc. may not require an extensive brief, and when possible should be expedited through the process and dispatched in a timely manner. ( SOS 99-1711 )

4.2.1.2 Repair Teams with detailed work instructions, assigned a seldom performed task, or multiple tasks may require a more extensive brief and/or copies of drawings, procedures, etc.

4.2.2 Complete Attachment 1, Emergency Team Briefing and Debriefing Checklist, per each team to be dispatched.

4.2.2.1 The ETC or designee conducts a task brief, Section II, Attachment 1.

4.2.2.2 If conditions warrant, the Health Physics Coordinator or designee conducts a briefing on radiological conditions/hazards, Section III, Attachment 1. (SOS 97-1061)

4.2.3 Copies of Attachment 1, Emergency Team Briefing and Debriefing Checklist, should be provided to the Emergency Team leader.

4.2.4 Record Emergency Team on the Emergency Team Status Board

4.2.5 Dispatch Emergency Team ensuring they check out with Security prior to leaving the TSC.

4.2.6 Ensure the OSC is informed the Emergency Team has been dispatched.

4.2.7 Maintain communications with the team at intervals specified during the briefing and relay any plant announcements to the team. (COMN 5402)

4.2.8 Ensure the OSC is informed of the status of all Emergency Teams at frequent intervals.

## 4.3 DEBRIEFING OF EMERGENCY TEAMS

4.3.1 As soon as possible, debrief the team in accordance with Section IV of Attachment 1, Emergency Team Briefing and Debriefing Checklist.

4.3.2 Ensure the Emergency Coordinator is notified of accidental or emergency dose in excess of occupational limits.

4.3.3 Assign team members to other duties as required.

## 5 FINAL CONDITIONS

5.1 The Emergency Team Coordinator ensures the following actions are accomplished:

5.1.1 Emergency Team members are debriefed and assigned other duties.

5.1.2 Attachment 1 is completed.

5.1.3 Emergency Team Status Board is up to date.

## 6 REFERENCES

6.1 Callaway Plant Radiological Emergency Response Plan (**RERP**).

6.2 **EIP-ZZ-00102** , Emergency Implementing Actions

6.3 **HDP-ZZ-01450** , Authorization to Exceed Federal Occupational Dose Limits

6.4 **HDP-ZZ-01300**, Internal Dosimetry Program.

6.5 **APA-ZZ-00310** , Workman's Protection Assurance and Caution Tagging

6.6 **APA-ZZ-00802** , Confined Space Program

6.7 **SDP-ZZ-00010** , Radio Use

## 7 RECORDS

### 7.1 QA RECORDS

7.1.1 Attachment 1, Emergency Team Briefing and Debriefing Checklist (File K171.0010).

### 7.2 COMMERCIAL RECORDS

None



**EMERGENCY TEAM BRIEFING AND DEBRIEFING CHECKLIST**

TEAM DESIGNATOR \_\_\_\_\_

☐ EMERGENCY REPAIR TEAM☐ SEARCH & RESCUE TEAM☐ INVESTIGATIVE☐ TROUBLESHOOTING☐ OTHER**I. TEAM FORMATION.**

- Emergency Repair Teams require two (2) individuals. COMN 3325
- Search and Rescue Teams require two (2) individuals, one must be qualified First Aid. COMN 3324

Name	EID	First Aid Yes/ No	Exposure Margin(mRem)	Debriefed Yes/No	RWP Sign-Out	EXIT Dose(mRem)
(ETC Complete)						
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

**II. TASK BRIEFING**

- ☐ Description of Task: (Perform assessment, operations, or repairs)

☐ Task Location:

- Proceed to the location where emergency repair is to be performed. Report abnormal conditions to the Emergency Team Coordinator (ETC).
- After arriving at the repair location assess equipment operability and habitability conditions; report the following to the ETC:
  - Extent of damage/equipment status.
  - Abnormal and/or unusual conditions.
  - Additional assistance needed (e.g., tools, equipment, personnel, etc.).
  - Dose rate and contamination levels. (if necessary).

☐ Special tools, vehicles, equipment needed:

- Perform safety and operability checks on equipment. Replace/substitute equipment, if necessary.

☐ Keys (may be obtained from these locations)

Security Coordinator / OSC Packet (tool room keys) / TSC key locker

☐ Communications: (Maintain communications with the ETC at predetermined intervals)

(Radio -channel, Gaitronics-channel, Telephone-No.)

- Radio usage is prohibited in "No Transmission Areas". Refer to Page 5. ( SOS 99-1711 )
- ETC phone 68426 or \_\_\_\_\_
- Radio Channel 1 or \_\_\_\_\_

Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_

Contact Intervals: 15 min / 30 min / Other \_\_\_\_\_

Radio or telephone check performed sat.

☐ Personal Safety:

## Personal Protective equipment

- |                       |          |                                   |
|-----------------------|----------|-----------------------------------|
| • Fall Protection     | No / Yes |                                   |
| • Face Protection     | No / Yes |                                   |
| • Chemical Protection | No / Yes |                                   |
| • Gloves              | No / Yes |                                   |
| • Bunker Gear         | No / Yes | Yes, requires Fire Brigade Member |
| • Level A Suit        | No / Yes | Yes, requires Fire Brigade Member |
| • Proximity Suit      | No / Yes | Yes, requires Fire Brigade Member |
| • SCBA                | No / Yes | Yes, requires Fire Brigade Member |

☐ Hazards

- |                         |          |         |
|-------------------------|----------|---------|
| • Electrical Conductors | No / Yes |         |
| • CSEP (APA-ZZ-00802)   | No / Yes | # _____ |
| • WPA (APA-ZZ-00310)    | No / Yes | # _____ |
| • Fire (EIP-ZZ-00226)   | No / Yes | # _____ |
| • HAZMAT (EIP-ZZ-03010) | No / Yes | # _____ |
| • OTHER (Specify) _____ | No / Yes | # _____ |

Remarks

Task Brief complete by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
(ETC or Designee)

## TEAM DESIGNATOR

☐ OTHER

	Remarks
<b>Radiological Work Permit:(SOS 98-3482)</b> <input type="checkbox"/> Emergency RWP (enter year)                      _ _ _ 9 1 1 2 0 <input type="checkbox"/> SRWP Number:    _ _ _ _ _	
<b>Radiological Protection:</b> <ul style="list-style-type: none"> <li>• Do not enter areas where radiation levels are not measurable.</li> <li>• If anticipated dose is in excess of 10CFR20 limits, follow instructions in <b>HDP-ZZ-01450</b></li> <li>• ED Fast Entry mode should only be used for initial entries. Current Occupational Dose DOES NOT have to be considered when assigning Emergency Dose Limits. If dose rate alarm is received during the dispatch of the Team, contact the HPC to determine if the Team should proceed.</li> </ul> <input type="checkbox"/> Dosimetry (monitor approx. 15-30 minutes) (SOS 98-3482) ( COMN 3960 ) <input type="checkbox"/> Alarms – Fast Entry Dose(mRem) <u>1000</u> Dose Rate(mRem/hr) <u>10000</u> <input type="checkbox"/> Other Dose(mRem) _____ Dose Rate(mRem/hr) _____ <input type="checkbox"/> Extremity Dosimetry None / Location: _____ <input type="checkbox"/> PC's (circle one): None / Partial / Full / Double <input type="checkbox"/> Respirator (circle one): None / Full Face Air Purifying / GMRI / SCBA (Fire Brigade Member)	
<b>Turnaround Dose/Dose Rate :(SOS 98-3482)</b> <ul style="list-style-type: none"> <li>• If dose rate alarm is received by Team, contact the HPC for further instructions. Team can continue and seek low dose area with approval of HP Coverage Technician. Withdrawal of the Team should be based on integrated dose.</li> </ul> <input type="checkbox"/> En route to job site 10 R/hr / Other _____ <input type="checkbox"/> At job site 10 R/hr / Other _____	
<b>Radiological Conditions: (if known) (SOS 98-3482)</b> <ul style="list-style-type: none"> <li>• Conditions in route <u>to</u> the job site. <span style="float: right;"><input type="checkbox"/> Not Known</span></li> </ul> <input type="checkbox"/> Routes (circle one) No release Release in progress - see map. <input type="checkbox"/> Radiation Levels (mrem/hr) _____ <input type="checkbox"/> Contamination Levels (dpm/100cm <sup>2</sup> ) _____ <input type="checkbox"/> Airborne (DAC): Particulate _____ Iodine _____ Noble Gas _____ <input type="checkbox"/> High Beta Radiation(mrad/hr) _____ <ul style="list-style-type: none"> <li>• Conditions <u>at</u> the job site <span style="float: right;"><input type="checkbox"/> Not Known</span></li> </ul> <input type="checkbox"/> Radiation Levels (mrem/hr) _____ <input type="checkbox"/> Contamination Levels (dpm/100cm <sup>2</sup> ) _____ <input type="checkbox"/> Airborne (DAC): Particulate _____ Iodine _____ Noble Gas _____ <input type="checkbox"/> High Beta Radiation(mrad/hr) _____	
<b>Decon Facilities (SOS 98-2961)</b> <input type="checkbox"/> HPAC <input type="checkbox"/> TSC <input type="checkbox"/> Other _____	
<b>Recommend Potassium Iodide:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <ul style="list-style-type: none"> <li>• You should <u>not</u> take KI if you are allergic to iodine.</li> <li>• If the use of KI is recommended follow instructions in <b>HDP-ZZ-01300</b> attachment 1</li> </ul>	

Health Physics Brief Performed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

- ☐ Copy of briefing form to team leader.
- ☐ Sign out team on Emergency Team Status Board
- ☐ Check out with Security

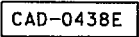
**EMERGENCY TEAM BRIEFING AND DEBRIEFING CHECKLIST**

TEAM DESIGNATOR \_\_\_\_\_

☐ EMERGENCY REPAIR TEAM☐ SEARCH & RESCUE TEAM☐ INVESTIGATIVE☐ TROUBLESHOOTING☐ OTHER**IV. TEAM DEBRIEFING**

Task Completion	Remarks
<input type="checkbox"/> Job done YES / NO <input type="checkbox"/> Dosimetry reading recorded as Exit Dose (Section I) <input type="checkbox"/> If an individual's dose is in excess of 10CFR20 limits, follow instructions in HDP-ZZ-01450. <input type="checkbox"/> Personnel signed out on RWP. (Section I) <input type="checkbox"/> Collect ED's and any Extremity TLD's, that were issued. <input type="checkbox"/> Survey data obtained. (Attach copies). <input type="checkbox"/> Actions Taken: _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Further Actions Needed: _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Unanticipated problems or hazards encountered (include on future briefs): _____ _____ _____ _____ _____ _____ _____	
<input type="checkbox"/> Complete and collect all records.	

Debriefing Performed by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_



**NO RADIO TRANSMISSION AREAS****By Door Number and Description**

<u>Door No.</u>	<u>Room No.</u>	<u>Room Description</u>
11273	1127	Area 5
1207A	1207	Area 5
13291	1329	Area 5
14091	1409	South Electrical Penetration Room
14092	1409	South Electrical Penetration Room
14101	1410	North Electrical Penetration Room
14102	1410	North Electrical Penetration Room
14131	1413	Auxiliary Shutdown Panel Room
1507A	1507	Containment
33021	3302	D/G 'A' Room
33022	3302	D/G 'B' Room
34032	3403	DC Switchboard Room
34041	3404	DC Switchboard Room
34042	3404	DC Switchboard Room
34051	3405	DC Switchboard Room
34052	3405	DC Switchboard Room
34071	3407	DC Switchboard Room
34072	3407	DC Switchboard Room
34081	3408	DC Switchboard Room
34082	3408	DC Switchboard Room
34091	3409	DC Switchboard Room
34092	3409	DC Switchboard Room
35021	3502	Lower Cable Spreader Room
36041	3604	Control Room
36042	3604	Control Room
36043	3604	Control Room
36051	3605	Control Room
36052	3605	Control Room
36091	3609	SAS Room
36092	3609	SAS Room
38011	3801	Upper Cable Spreader Room
41018	4101	BOP Battery Charger/Inverter
45041	4504	EHC Control Cabinet Room
45042	4504	EHC Control Cabinet Room