

56-333

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
P.O. BOX 110
LYCOMING, NY 13093
DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM

DATE: January 24, 2001
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TO: U.S.N.R.C. Document Center/Washington, DC
FROM: KATHY LOCKWOOD - EMERGENCY PLANNING DEPARTMENT
SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES

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

PLEASE INSERT THE DOCUMENTS LISTED BELOW!

**NOTE: THESE NEED TO BE IMPLEMENTED
IMMEDIATELY**

VOLUME 2 Update List Dated January 24, 2001			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
EAP-1.1	REPLACE ALL	44	
EAP-2	REPLACE ALL	24	

VOLUME 3 Update List Dated January 24, 2001			
DOCUMENT	PAGES	REV. #	INITIALS/DATE
SAP-8	REPLACE ALL	11	
SAP-19	REPLACE ALL	4	

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EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2

UPDATE LIST

CONTROLLED COPY # **34**

Date of Issue: January 24, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 23	08/00	Continuous
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 20	12/98	Continuous
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 44	01/01	Informational
EAP-2	PERSONNEL INJURY	REV. 24	01/01	Informational
EAP-3	FIRE	REV. 21	08/00	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 29	12/98	Reference
EAP-4.1	RELEASE RATE DETERMINATION	REV. 12	12/00	Reference
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 7	07/00	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 15	02/98	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 49	10/00	Reference
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 9	02/98	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 14	02/98	Informational
EAP-11	SITE EVACUATION	REV. 15	02/98	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 10	08/99	Reference
EAP-13	DAMAGE CONTROL	REV. 13	12/98	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 21	08/00	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 19	07/00	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION AND OPERATION	REV. 14	03/00	Informational

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

Date of Issue: January 24, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 14	10/98	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 10	02/00	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 6	02/98	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 92	10/00	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 20	08/00	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 8	02/98	Reference
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 10	02/98	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 8	02/98	Informational
EAP-25	DELETED (02/94)			

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

OFFSITE NOTIFICATIONS*
EAP-1.1
REVISION 44

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:


RESPONSIBLE PROCEDURE OWNER

DATE: 1/23/2001

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FIRST ISSUE ☐

FULL REVISION ☐

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PERIODIC REVIEW DUE DATE: SEPTEMBER 2005

REVISION SUMMARY SHEET

REV. NO.

- 44
- NRC FORM 361 was revised per 10CFR50.72.
 - Changed NYPA to Entergy Nuclear Northeast on the cover sheet
 - Editorial correction on the EAP-1.1.1 forms at the top.

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1.0 PURPOSE

The purpose of this procedure is to provide detailed instructions for the prompt notification of offsite authorities, offsite emergency response agencies and onsite personnel.

NOTE: Additional telephone numbers which may be of use are listed in Attachment 7.

2.0 REFERENCES

2.1 Performance References

2.1.1 IAP-1, EMERGENCY PLAN IMPLEMENTATION CHECKLIST*

2.1.2 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS*

2.1.3 EAP-4, DOSE ASSESSMENT CALCULATIONS*

2.1.4 EAP-17, EMERGENCY ORGANIZATION STAFFING*

2.1.5 EAP-42, OBTAINING METEOROLOGICAL DATA*

2.2 Developmental References

2.2.1 IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS*

2.2.2 I&E Information Notice No. 85-78: "Event Notification"

2.2.3 EAP-42, OBTAINING METEOROLOGICAL DATA*

3.0 INITIATING EVENTS

The Emergency Director has declared an emergency condition at the JAFNPP in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS*.

4.0 PROCEDURE

NOTE: Forms generated during an actual emergency are considered "Quality Records" and must be maintained to be added to the plant records system. (This includes Part 1, 2 and 3 forms and the NRC Event Notification Worksheet detailed in this procedure. Other forms or data will be determined to be plant records by review by the Emergency Planning Coordinator.) Therefore, all forms, calculations, etc. shall be directed to the Emergency Planning Coordinator for review after an actual event.

The Emergency Director or his designee shall implement this procedure.

The Shift Manager/Emergency Director is the only individual authorized to declare an emergency or recommend protective actions to offsite agencies. A designated individual may, however, relay this information.

4.1 Responsibilities

4.1.1 Shift Manager

- A. Assumes the role of Emergency Director, until properly relieved.
- B. Initiates the classification and reclassification of emergency conditions based on available information (IAP-2).
- C. Designates a Control Room Communications Aide to initiate and maintain communications with offsite authorities until the TSC or EOF is staffed.
- D. Designates an individual to make plant announcements.
- E. Normally designates a security officer (at ext. 3456) to contact Plant personnel in accordance with EAP-17, EMERGENCY ORGANIZATION STAFFING*. Pagers should be activated during normal working hours AND off hours. Pagers should be activated at the NUE and once again at the ALERT or higher classification. CAN should be activated during off hours and at other times as appropriate.

-
- F. Approves emergency notification forms until relieved as Emergency Director.
- 4.1.2 Control Room Communications Aide (as assigned by Shift Manager)
- A. As directed by SM, initiates and maintains communications with offsite authorities until responsibility is transferred to TSC or EOF.
 - B. Continues to maintain communications with TSC following its activation.
- 4.1.3 Emergency Director
- A. Relieves Shift Manager of overall responsibility for plant emergencies.
 - B. Initiates or verifies classification and reclassification of emergency conditions.
 - C. Initiates or continues communications with offsite authorities through TSC Communications and Records Coordinator, EOF Manager, or designee.
 - D. Directs security to reactivate pagers, and CAN if necessary, if the emergency escalates from an NUE to an Alert or higher classification. This is to ensure all facilities are activated.
 - E. Makes announcements as necessary.
 - F. Recommends protective actions to offsite agencies. Prior to the issuance of protective action recommendations from the EOF, the Emergency Director should discuss these actions with state and local liaisons.
 - G. Approves emergency notification forms.
 - H. When appropriate the Control Room Emergency Director shall formally turn over the Emergency Director function to a qualified Emergency Director who will normally be located in the TSC. (This function may be transferred directly to the EOF if the situation warrants.) The turn over may be verbal, and will include the status of the plant.

4.1.4 TSC Communications and Records Coordinator and EOF Manager

- A. As directed by the Emergency Director, initiates or maintains communications with offsite agencies.
- B. Acts as prime interface with Emergency Director for information dissemination to and from offsite authorities, Authority Headquarters and other groups as required.

4.2 Control Room Procedure

NOTES: Transmittal of Part 1 form, Notification Fact Sheet (Attachment 1, is required within 15 minutes of emergency declaration or reclassification. Updates are required approximately every 30 minutes unless an agreement is reached with NYS and Oswego County that 30 minute updates are not necessary. **IF** updates are suspended, **THEN** a part 1 form transmittal will be made if plant conditions change and/or upon event termination.

Transmittal of NRC Event Notification Worksheet (Attachment 6) is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

4.2.1 The Shift Manager/Emergency Director shall:

- A. Designate one person to serve as Control Room Communication Aide.

NOTE: At the discretion of the Shift Manager/Emergency Director, pagers and/or CAN may not be activated if doing so could jeopardize the safety of ERO personnel responding to Emergency Response Facilities.

- B. Designate one person to contact plant Emergency Response Organization personnel using EAP-17. This will normally be the SAS Security Guard (ext. 3456). Provide the following information to the designated individual using the Facility Activation and Pager Code Matrices for guidance.

NOTE: IF Pagers and/or CAN are to be activated, **AND** activation cannot be accomplished by the SAS Security Officer, **THEN** Control Room Staff should activate CAN as per EAP-17, Attachment 6.

1. Emergency classification
2. Facilities activated (CR/TSC/OSC only, or CR/TSC/OSC/EOF/JNC)
3. Activate pagers (yes or no)
 - a. IF YES, THEN provide three digit pager code
4. Activate CAN (yes or no)
 - a. IF YES, THEN provide CAN list to be activated (CR/TSC/OSC list, or CR/TSC/OSC and EOF/JNC list)
5. CAN message to be used:
 - a. Message 1 for actual emergencies
 - OR
 - b. Message 2 for drills/exercise

FACILITY ACTIVATION REQUIREMENTS

NOTE: IF potential routing hazards exist for facility activation, **THEN** include the routing hazards in an announcement.

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

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

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

NOTE: Pagers should be activated at the NUE and once again at the ALERT or higher classification.

PAGER ACTIVATION MATRIX

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

- C. Designate an individual to sound the Station Alarm and make the following announcement. (twice)

"Attention, Attention, a ____ (specify class of emergency) ____ has been declared at the James A. FitzPatrick Nuclear Power Plant. Activate the (specify the facilities to be activated)."

- D. Determine and make Protective Action Recommendations (PARs) to offsite authorities (using procedure EAP-4, Attachment 1).
- E. Review and approve Part 1 form prior to transmittal to offsite authorities.
- F. Review NRC Event Notification Worksheet prior to transmittal to NRC.
- G. Review IAP-1 checklist upon classification and reclassification of an emergency.

H. Designate an individual to maintain communications with the TSC, OSC and EOF using the 4-way hotline, or by conference call, if appropriate, when any of those facilities are staffed.

4.2.2 The Control Room Communications Aide shall initiate notifications as directed by the Emergency Director using the following (or by using Attachment 14, Control Room Notification Flowchart) or Attachment 15, Control Room Notification Flowchart For Use in Control Room Evacuation per AOP-43. (The aforementioned procedure should only be used when a Control Room evacuation has been ordered):

A. State and County notifications using Part 1 form via the RECS phone:

1. Prepare Part 1 form:
 - a. Obtain meteorological data. (Guidance may be obtained using procedure EAP-42, OBTAINING METEOROLOGICAL DATA*.)
 - b. Complete Part 1 form.
 - c. Obtain Emergency Director signature.
2. Transmit Part 1 form within 15 minutes of the declaration or reclassification of an emergency.
3. To activate RECS phone:
 - a. Pick up handset.
 - b. Press A then * on the touch tone keypad to initiate ring.
 - c. Wait approximately 10 seconds before starting to transmit Part 1 form data. This will allow time for other parties to pick up their phones.
 - d. Press button on underside of handset to talk. Read information from Part 1 form beginning with introductory announcement and roll call. When roll call is completed, read "General Information" portion of form. Fill out Line 1 at this time.

- e. Perform final roll call as indicated at bottom of Part 1 form.
- f. Sign off by stating: "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
- g. Hang up the phone.

NOTE: IF the RECS line is out of service, THEN, using backup methods, notify the State first followed by the County, then Nine Mile Point.

- h. IF the RECS telephone is inoperable, OR any parties did not respond to roll call, THEN contact these agencies using a regular telephone. Refer to Attachment 14, Control Room Notification Flowchart, for phone numbers.

IF regular telephone service is not available, THEN use the cellular phone extension (labeled cellular phone) in the Shift Manager's office. This phone is operated in the same manner as any phone not connected to the plant switch. (Do not dial "9" for an outside line.)

The radio may be used as a back-up communications path to contact Oswego County. Request that the Oswego County E-911 (Warning Point) relay the information to the State and NMPC using RECS or other means if RECS is not available from E-911. Refer to Attachment 10 for instructions regarding contacting Oswego County via radio.

NOTES: Transmittal of Part 1 form Notification Fact Sheet (Attachment 1) is required within 15 minutes of emergency declaration or reclassification. Updates are required approximately every 30 minutes unless an agreement is reached with NYS and Oswego County that 30 minute updates are not necessary. IF updates are suspended, THEN a Part 1 form transmittal will be made if plant conditions change and/or upon event termination.

Transmittal of NRC Event Notification Worksheet (Attachment 6) is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.

- i. Perform notification updates as required by this procedure.
- B. NRC notification using Event Notification Worksheet and ENS phone:
 1. Prepare Event Notification Worksheet
 - a. Request assistance from Control Room staff.
 - b. Ensure that SM/ED reviews completed Event Notification Worksheet prior to transmittal.
 2. Transmit Event Notification Worksheet immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency.
 - a. Dial the first 10 digit number found on the sticker affixed to the Emergency Notification System (ENS) phone (or use phone number included in Attachment 5).
 - b. Read information from Event Notification Worksheet and answer any questions.

- c. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
- d. Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC. Notify the SM/ED when this request is made. A log should be maintained to provide continuity of data. The log should include questions asked by the NRC and the answers provided. The log should be transferred to the TSC NRC Communicator when NRC communications are assumed by the TSC.
- e. Attempt to complete and transmit the Event Notification Worksheet on an hourly basis unless questions from the NRC prevent this.
- f. IF ENS phone is not operable, THEN use a commercial phone and dial the numbers on the sticker affixed to the phone preceded by a "1" (e.g. 1-xxx-xxx-xxxx). Additional information regarding the ENS is provided in Attachment 9. Alternate telephone numbers are listed in Attachment 5.

C. Notification of NRC Resident Inspector:

- 1. Dial appropriate phone number from Attachment 14, Control Room Notification Flowchart, using a regular telephone.
- 2. Report information using Part 1 form and other sources as requested.

D. Complete the Control Room Notification Checklist (Attachment 4).

E. Transfer completed forms and checklists to the Communications and Records Coordinator or designee in the TSC when requested.

- 4.2.3 Continue to perform offsite notifications from the Control Room until relieved of that function by the TSC or EOF.

- 4.2.4 IF qualified personnel are available to perform communications in the TSC, THEN the notification functions may be performed in the TSC as directed by the ED.

4.3 Technical Support Center Procedure

- 4.3.1 When the TSC is operational, the Emergency Director normally delegates communications responsibilities to the Communications and Records Coordinator through the TSC Manager.
- 4.3.2 IF the emergency escalates from an NUE to an Alert or higher classification, THEN the Emergency Director should direct Security to reactivate the pagers and, if appropriate, CAN. This is to ensure all facilities are activated.
- 4.3.3 The Emergency Director shall review and approve all Part 1, 2 and 3 forms (Attachment 1, Attachment 2 and Attachment 3) prior to transmittal from the TSC. In addition, the Emergency Director (or TSC Manager, when the Emergency Director has relocated to the EOF) shall review all NRC Event Notification Worksheets (Attachment 6) prior to transmittal from the TSC.
- 4.3.4 The Communications and Records Coordinator shall:
- A. Designate a qualified communicator to prepare and transmit Part 1 forms to offsite agencies within 15 minutes of emergency declaration or reclassification. Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary. IF updates are suspended, THEN a Part 1 form transmittal will be made if plant conditions change and/or upon event termination.

CAUTION

Verify that the Emergency Director has approved the Part 1 form prior to transmittal.

- B. Instruct the designated communicator to activate the RECS phone and transmit the Part 1 form by:

1. Picking up handset.

2. Press A then * on the touch tone keypad to initiate ring.
3. Wait approximately 10 seconds. This will allow time for other parties to pick up their phones.
4. Press button on the underside of handset to talk. Read information from Part 1 form beginning with introductory announcement and roll call. When roll call is completed, read "General Information" portion of form. Fill out line 1 at this time.
5. Perform final roll call as indicated at bottom of Part 1 form.
6. Sign off by stating "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
7. Hang up the phone.

NOTE: IF the RECS line is out of service, THEN, using backup methods, notify the State first followed by the County, then Nine Mile Point.

8. IF the RECS telephone is inoperable, or if any parties did not respond to roll call, THEN contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC Backup Communications Checklist, for phone numbers.

IF regular telephone service is not available, THEN use the cellular phones provided in the TSC. These phones are labeled as cellular phones. These phones are dialed in the same manner as any phone not connected to the plant switch. (Do not dial "9" for an outside line.) A satellite phone is also available in the TSC. (Dial 1-area code-7 digit number, then press "send".)

The radio may be used as a back-up communications path to contact Oswego County. Request that the Oswego County E-911 (Warning Point) relay the information to the State and NMPC using RECS or other means if RECS is not available from Fire Control.

Refer to Attachment 10 for instructions regarding contacting the Sheriff's Department via radio.

9. Perform notification updates as required by this procedure.

C. IF a release greater than the Technical Specifications has occurred, THEN perform the following:

1. Instruct the Rad Support Coordinator, via the TSC Manager, to complete a Part 2 form (Attachment 2). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.
2. Instruct the Rad Support Coordinator to provide Oswego County and New York State with actual isotopic mix of the release as soon as it is available.
3. **IF** requested by the NRC, **THEN** instruct the Rad Support Coordinator to designate an individual to transmit information via the Health Physics Network (HPN) phone. Refer to Attachment 9, Section 2, for dialing instructions.

D. Instruct the Technical Coordinator, via the TSC Manager, to complete a Part 3 form (Attachment 3). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.

CAUTION

Verify that the Emergency Director has approved all Part 1, 2 and 3 forms prior to transmittal.

E. Designate an individual to fax completed Part 1, 2 and 3 forms to New York State and Oswego County plus the EOF, JNC and Authority Headquarters as required.

- F. Designate a qualified communicator (normally the NRC Communicator) to prepare and transmit the Emergency Notification Worksheet (Attachment 6) using copies of the prepared Part 1, 2 and 3 forms. Assistance may be requested from TSC staff (eg. the Rad Support Coordinator and staff can provide release rate information in accordance with EAP-4). NRC notification is required immediately after notification of New York State and Oswego County and not later than one hour after the declaration of an emergency or reclassification of an emergency.
- G. Instruct the designated communicator to transmit the Event Notification Worksheet (Attachment 6) over the ENS telephone in accordance with this section, as follows:
1. Dial the first 10 digit telephone number found on the orange sticker on the Emergency Notification System phone.
 2. Read information from the Event Notification Worksheet and answer any questions.
 3. Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC. A log should be maintained to provide continuity of data. The log should include questions asked by the NRC and the answers provided. This log should be transferred from the Control Room.
 4. Attempt to complete and transmit the Event Notification Worksheet on an hourly basis unless questions from the NRC prevent this.
 5. IF ENS phone is not operable, THEN use a commercial phone and dial the numbers on the orange sticker preceded by a "1" (eg 1-xxx-xxx-xxxx). Additional information regarding the ENS is provided in Attachment 9. Alternate telephone numbers are listed in Attachment 5.

NOTE: ENS notification will normally remain a TSC function unless agreed upon by TSC personnel and the EOF Manager.

H. Designate a communicator to complete the TSC/EOF Emergency Notification Checklist, Attachment 8. Relay relevant information from the Part 1 form in accordance with this procedure as follows:

1. Ensure that notifications have been made to organizations listed on Attachment 8, items #1-5.
2. Contact organizations listed on Attachment 8 (items #6-11) as directed using the TSC auto dialer telephone or commercial telephone.
3. IF party does not answer after a reasonable number of rings (eg. 10), THEN proceed to next party.
4. Upon completion of checklist, attempt to contact bypassed parties. Use other means such as relay through another party if necessary.
5. Make reasonable effort to answer questions that may be asked and are not on the Part 1 form but do not allow these requests to delay the overall notification process.

NOTE: Attachment 8 may remain a TSC function if agreed upon by the TSC Manager and EOF Manager.

I. Insure TSC status boards are updated to reflect the most current information. Displayed information should be consistent with other Emergency Response Facilities. The communicators on the 4-way hotline should assure this. (The 4-way hotline communicators should be Licensed SROs, if possible.)

4.3.5 Announcements over the plant public address system should be made reflecting plant status.

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- 4.3.6 The Emergency Director Aide shall explain and discuss Part 1, 2 and 3 forms with the New York State and Oswego County representatives in the EOF. This information should be available from the TSC or EOF. (The Emergency Director Aide will provide this information through all phases of an emergency.)
 - 4.3.7 No press releases shall be made prior to completion of initial notifications. Press releases shall only be made by the plant Manager of Communications or other authorized public information representative of the Authority.
 - 4.3.8 No information shall be provided to outside individuals or organizations except as designated by this procedure. Any such callers should be referred to the plant Manager of Communications at 342-3840 extension 6681 or the Joint News Center at 592-3700, as appropriate.
 - 4.3.9 Offsite agency contacts shall be transferred to the EOF when the EOF is operational and ready to assume this function. This transfer shall consist of a turnover from the TSC to the EOF Manager.
- 4.4 Emergency Operations Facility Procedure
- 4.4.1 When the EOF is operational, the Emergency Director normally delegates communications responsibilities to the EOF Manager.
 - 4.4.2 The Emergency Director shall review and approve all Part 1, 2 and 3 forms (Attachments 1, 2 and 3) prior to transmittal from the EOF.
 - 4.4.3 **IF** the emergency escalates from an NUE to an Alert or higher classification, **THEN** the Emergency Director should direct Security to reactivate the pagers and, if appropriate, **CAN**. This is to ensure all facilities are activated.

4.4.4 The EOF Manager shall:

- A. Designate a qualified communicator (normally the RECS Communicator) to prepare and transmit Part 1 forms to offsite agencies within 15 minutes of emergency declaration or reclassification. Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary. **IF** updates are suspended, **THEN** a Part 1 form transmittal will be made if plant conditions change and/or upon event termination.

CAUTION

Verify that the Emergency Director has approved the Part 1 form prior to transmittal.

- B. Instruct the designated communicator to activate the RECS phone and transmit the Part 1 form by:
1. Picking up handset.
 2. Press A then * on the touch tone keypad to initiate ring.
 3. Wait approximately 10 seconds. This will allow time for other parties to pick up their phones.
 4. Press the button on the underside of handset to talk. Read information from Part 1 form beginning with introductory announcement and roll call. When roll call is completed, read "General Information" portion of form. Fill out line 1 at this time.
 5. Perform final roll call as indicated at bottom of Part 1 form.
 6. Sign off by stating "James A. FitzPatrick Nuclear Power Plant out at (date, time)."
 7. Hang up the phone.

NOTE: IF the RECS line is out of service, THEN, using backup methods, notify the State first followed by the County, then Nine Mile Point.

8. IF the RECS telephone is inoperable, or if any parties did not respond to roll call, THEN contact these agencies using a regular telephone. Refer to Attachment 5, RECS/NRC Backup Communications Checklist, for phone numbers. (Oswego County Warning Point may be contacted using the EOF radio as a backup if the phone systems are inoperative.)
 9. Perform notification updates as required by this procedure.
- C. IF a release greater than the Technical Specifications has occurred, THEN perform the following:
1. Instruct the Rad Support Coordinator to complete a Part 2 form (Attachment 2). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.
 2. Instruct the Rad Support Coordinator to provide Oswego County and New York State with actual isotopic mix of the release as soon as it is available.
 3. **IF** requested by the NRC, **THEN** instruct the Rad Support Coordinator to designate an individual to transmit information via the Health Physics Network (HPN) phone. Refer to Attachment 9, Section 2, for dialing instructions.
- D. Instruct the Technical Liaison to complete a Part 3 form (Attachment 3). Updates are required approximately every 30 minutes unless an agreement is reached with New York State and Oswego County that 30 minute updates are not necessary.

CAUTION

Verify that the Emergency Director has approved all Part 1, 2 and 3 forms prior to transmittal.

- E. Designate an individual to fax completed Part 1, 2 and 3 forms to New York State and Oswego County plus the TSC, JNC and Authority Headquarters as required.
- F. **IF** it is determined that monitoring of the ENS phone is necessary, **THEN** designate a communicator to establish a JAF/EOF ENS phone link in accordance with Attachment 9, Section 2.3. Attachment 6 (NRC Event Notification Worksheet) may be used to record data. (**IF** the NRC cannot be contacted via the ENS phone, **THEN** establish a conference call using the alternate commercial phone number listed in Attachment 9, Section 3.1.2.).
- G. Record the Log Number given by the NRC Headquarters phone talker on the top of the form.
- H. Designate a communicator to complete the TSC/EOF Emergency Notification Checklist, Attachment 8. Relay relevant information from the Part 1 form in accordance with this procedure as follows:
 - 1. Ensure that notifications have been made to organizations listed on Attachment 8, items #1-5.
 - 2. Contact organizations listed on Attachment 8 (items #6-11) as directed using commercial telephone.
 - 3. **IF** party does not answer after a reasonable number of rings (eg. 10), **THEN** proceed to next party.
 - 4. Upon completion of checklist, attempt to contact bypassed parties. Use other means such as relay through another party if necessary.

5. Make reasonable effort to answer questions that may be asked and are not on the Part 1 form but do not allow these requests to delay the overall notification process.

NOTE: Attachment 8 may remain a TSC function if agreed upon by the TSC Manager and EOF Manager.

- I. Ensure EOF status boards are updated to reflect the most current information. Displayed information should be consistent with other Emergency Response Facilities. The communicators on the 4-way hotline should assure this. (The 4-way hotline communicators should be Licensed SROs, if possible.)
- 4.4.5 Announcements over the EOF public address system should be made reflecting plant status. To access the EOF paging system, dial "5899" using any EOF phone.
 - 4.4.6 The Emergency Director Aide shall explain and discuss Part 1, 2 and 3 forms with the New York State and Oswego County representatives in the EOF. This information should be available from the TSC or EOF. (The Emergency Director Aide will provide this information through all phases of an emergency.)
 - 4.4.7 No press releases shall be made prior to completion of initial notifications. Press releases shall only be made by the plant Manager of Communications or other authorized public information representative of the Authority.
 - 4.4.8 No information shall be provided to outside individuals or organizations except as designated by this procedure. Any such callers should be referred to the plant Manager of Communications at 342-3840 extension 6681 or the Joint News Center at 592-3700, as appropriate.

5.0 ATTACHMENTS

1. PART 1 GENERAL INFORMATION
2. PART 2 RADIOLOGICAL ASSESSMENT DATA
3. PART 3 PLANT PARAMETERS
4. CONTROL ROOM NOTIFICATION CHECKLIST
5. RECS/NRC BACKUP COMMUNICATIONS CHECKLIST
6. NRC EVENT NOTIFICATION WORKSHEET
7. ADDITIONAL TELEPHONE NUMBERS WHICH MAY BE OF USE
8. TSC/EOF EMERGENCY NOTIFICATION CHECKLIST
9. NRC EMERGENCY TELECOMMUNICATIONS SYSTEM (ETS)
10. OPERATION OF RADIO FOR BACKUP COMMUNICATIONS
11. INSTRUCTIONS FOR REPORTING RECS PROBLEMS
12. QUESTIONS TO BE EXPECTED BY NRC DURING EMERGENCIES
13. PART 1 GENERAL INFORMATION (PARTIALLY COMPLETED)
14. CONTROL ROOM NOTIFICATION FLOWCHART
15. CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATION PER AOP-43

JAFNPP FORM EAP-1.1.1

☐ Outgoing from FitzPatrick☐ Incoming from Nine Mile Point Nuclear Site

Sequence Number _____ Emergency Director Approval: _____

New York State PART I Form NOTIFICATION FACT SHEET

"This is to report an incident at the James A. FitzPatrick Power Plant. Standby for conformation." (Conduct roll call to include the following stations:)

☐ New York State Warning Point☐ Oswego County Warning Point☐ Nine Mile Point Nuclear Site

Upon completion of roll call, ask each party if the form was received electronically and are there any questions or provide information as outlined below:

GENERAL INFORMATION (Note: O When Checked Indicates change in status)

☒ 1. Message transmitted on: (Date) _____ at (Time) _____ ☐ AM ☐ PM Via: A. RECS B. Other

☐ 2. This Is A. NOT An Exercise B. An Exercise

☐ 3. Facility Providing Information: D. NMP #1 E. NMP #2 F. FitzPatrick

☐ 4. Classification: A. Unusual Event B. Alert C. Site Area Emergency D. General Emergency
E. Emergency Terminated F. Recovery G. Transportation Incident

☐ 5. This Emergency Classification Declared on: (Date) _____ at (Time) _____ ☐ AM ☐ PM

☐ 6. Release of Radioactive Materials Due to The Classified Event

A. NO Release B. Release BELOW federally approved operating limits (Technical Specification)
☐ To Atmosphere ☐ To Water

C. Release ABOVE federally approved operating limits (Technical Specification)
☐ To Atmosphere ☐ To Water

D. Unmonitored release requiring evaluation

☐ 7. Protective Action Recommendations: (Circle all that apply)

A. NO Need for Protective Actions Outside The Site Boundary

B. EVACUATE the following ERPA's: (Circle Appropriate ERPA's)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

C. SHELTER all remaining ERPAs.

☐ 8. EAL Number _____ Brief Event Description _____

☐ 9. Plant Status: A. Stable B. Improving C. Degrading D. Hot Shutdown E. Cold Shutdown

☐ 10. Reactor Shutdown: A. Not Applicable B. (Date) _____ at: (Time) _____ ☐ AM ☐ PM

☐ 11. Wind Speed _____ Miles/Hour at elevation _____ feet.

☐ 12. Wind Direction (From) _____ degrees at elevation _____ feet.

☐ 13. Stability Class (Pasquill) A B C D E F G

☐ 14. Reported By: Name _____ Phone Number (315)- _____

"(Name of Agency), did you copy?"

☐ New York State Warning Point☐ Oswego County Warning Point☐ Nine Mile Point Nuclear Site

"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

JAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State PART 2 Form RADIOLOGICAL FACT SHEET
Radiological Assessment Data (Use 24 hour clock for times)

15. Message transmitted at (Date) _____ (Time) _____

Facility Transmitted From: FitzPatrick at location _____.

16. General Release Information:

A. Release > Tech Specs started: Date _____ Time _____

B. Release > Tech Specs expected to end: Date _____ Time _____ or unknown Intermittent

C. Release > Tech Specs ended: Date _____ Time _____

D. Reactor Shutdown: N/A or Date _____ Time _____

E. Wind Speed: _____ Mile/hour at elevation _____ feet.

F. Wind Direction from: _____ degrees at elevation _____ feet.

G. Stability Class: PASQUIL A B C D E F G

17. Atmospheric Release Information

A. Release from: ☐ Ground ☐ Elevated D. Noble Gas Release Rate _____ Ci/sec

B. Iodine/Noble Gas Ratio _____ E. Iodine Release Rate _____ Ci/sec

C. Total Release Rate _____ Ci/sec F. Particulate Release Rate _____ Ci/sec

18. Waterborne Release Information

A. Volume of Release _____ gallons or liters C. Radionuclides in Release _____ (or attach)

B. Total Concentration _____ µCi/ml D. Total Activity Released _____

19. Dose Calculations (based on an assumed release duration of _____ hours)

Calculation based on (circle one)

A. Inplant Measurements B. Field Measurements C. Assumed Source Term

Table below applies to (circle one) A. Atmospheric Release B. Waterborne Release

DISTANCE	DOSE	
	TEDE (rem)	CDE - Child Thyroid (rem)
Site Boundary		
2 Miles		
5 Miles		
10 Miles		
_____ Miles		

20. Field Measurements at Dose Rates or Surface Contamination/Deposition

Mile/Sector OR Mile/Degrees	Location OR Sampling Point	Time at Reading	Dose Rate OR Contamination (include Units)

IAFNPP

■ Outgoing from FitzPatrick

Sequence Number _____ Emergency Director Approval: _____

New York State **PART 3** Form **PLANT PARAMETERS**

APRM REACTOR POWER	_____	%
IRM REACTOR POWER	_____	%
SRM REACTOR POWER	_____	CPS
RPV LEVEL	_____	Inch TAF
RPV PRESS	_____	PSIG
FEEDWATER FLOW	_____	MLB/HR
HPCI PUMP FLOW	_____	GPM
RCIC PUMP FLOW	_____	GPM
LPCI A FLOW	_____	GPM
LPCI B FLOW	_____	GPM
"A" CORESPRAY FLOW	_____	GPM
"B" CORESPRAY FLOW	_____	GPM
DRYWELL PRESSURE	_____	PSIG
DRYWELL TEMPERATURE	_____	Deg F
DRYWELL SUMP LEVEL	_____	Feet
DRYWELL H2 CONC	_____	%
DRYWELL O2 CONC	_____	%
TORUS WATER AVG TMP	_____	Deg F
TORUS WATER LEVEL	_____	Feet
CST LEVEL	_____	Inch
STACK GAS RAD	_____	μCi/s
STACK HI RANGE RAD	_____	Ci/s
RX BLDG VENT RAD	_____	μCi/s
REFUEL FLR VENT RAD	_____	μCi/s
DRYWELL RAD Monitor	_____	R/Hr
HIGHEST MSL RAD MON	_____	mR/Hr
TB BLDG VENT RAD	_____	μCi/s
TB BLD HI RANGE RAD	_____	Ci/s
RW BLDG VENT RAD	_____	μCi/s
RW BLD HI RANGE RAD	_____	Ci/s
OFFGAS RAD	_____	mR/Hr
SERVICE WATER RAD	_____	μCi/ml

Verify that the following notifications have been made:

- | | | | |
|----|---|------------------------------------|---|
| 1. | New York State Warning Point | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 2. | Oswego County Warning Point | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 3. | Nine Mile Point Nuclear Site | <input type="checkbox"/> RECS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 4. | NRC Operations Center | <input type="checkbox"/> ENS | <input type="checkbox"/> Other _____
(Ref. Attachment 5) |
| 5. | NRC Resident Inspector | <input type="checkbox"/> Phone | <input type="checkbox"/> Pager
(Ref. Attachment 14) |
| 6. | Security Call-outs of Plant Staff using procedure EAP-17, EMERGENCY ORGANIZATION STAFFING, if call-outs are required. | <input type="checkbox"/> Completed | <input type="checkbox"/> Not Required |

NOTE: IF Pagers have NOT been activated per Step 6 above, THEN notify:

- | | | |
|----|-------------------------|------------------------------------|
| 7. | Nuclear Generation Duty | <input type="checkbox"/> Completed |
|----|-------------------------|------------------------------------|

Officer (NGDO).
Pager No. 718-3889.
(If pagers were not activated ensure NGDO is notified.)

To Activate NGDO Pager:

- Dial 7243 (on JAF phone connected to the NYPA tie lines)
- Follow prompt: then enter 718-3889
- After you hear the quick tones enter the telephone number you want the NGDO to call you back on, including the area code. (315-XXX-XXXX)

Time _____

Communicator
Signature _____

Date: _____

RECS/NRC BACKUP COMMUNICATIONS CHECKLIST

Page 1 of 1

1) New York State Warning Point

(Name of Person Contacted)/(Notification Time)

NYSWP
(State Emergency Management Office)
518/457-2200

2) Oswego County Warning Point

(Name of Person Contacted)/(Notification Time)

(Oswego County Emergency Management Office)
Normal Duty Hours (0830 - 1630) Mon - Fri
315/591-9150 or
315/591-9189

(Oswego County E-911)
Non-Duty Hours
911

3) Nine Mile Point Nuclear Power Station, Control Room

(Name of Person Contacted)/(Notification Time)

NOTE: Manned 24 hours a day.

NMPNPS Unit #1 CR
349-2841 or
349-2842 or
349-2843

NMPNPS Unit #2 CR
349-2168 or
349-2169
349-2170

4) NRC Operations Center

(Name of Person Contacted)/(Notification Time)

NOTE: Manned 24 hours a day.

primary: 301-816-5100
backup: 301-951-0550

Time _____

Communicator

Signature _____

Date _____

Page 1 of 2

PRINTED ON RECYCLED PAPER

NRC EVENT NOTIFICATION WORKSHEET

Page 2 of 2

ADDITIONAL INFORMATION

RADIOLOGICAL RELEASES: CHECK OR FILL IN APPLICABLE ITEMS <i>(specific details/explanations should be covered in event description)</i>						
LIQUID RELEASE	GASEOUS RELEASE	UNPLANNED RELEASE	PLANNED RELEASE	ONGOING	TERMINATED	
MONITORED	UNMONITORED	OFFSITE RELEASE	T. S. EXCEEDED	RM ALARMS	AREAS EVACUATED	
PERSONNEL EXPOSED OR CONTAMINATED		OFFSITE PROTECTIVE ACTIONS RECOMMENDED			*State release path in description	

	Release Rate (Ci/sec)	% T. S. LIMIT	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 and dissolved noble gases)			10 uCi/min			0.1 Ci
Liquid (tritium)			0.2 Ci/min			5 Ci
Total Activity						

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

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

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

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

LIST OF SAFETY RELATED EQUIPMENT NOT OPERATIONAL

EVENT DESCRIPTION *(Continued from front)*

Agency/Individual	Telephone Number	Agency/Individual	Telephone Numb
American Nuclear Insurers	860/561-3433	Niagara Mohawk Customer Service. NMP-1 Control Room. NMP-2 Control Room.....	315/343-0162 315/349-2841 315/349-2168
Dr. David O'Brien Home Office	315/343-4348 315/343-2484	Oswego County Emergency Management Office	315/591-9150
EA Engineering, Science and Technology Dr. Steven Jinks	914/565-8100	Oswego County Sheriff R. Todd	315/343-5490
Emergency Operations Facility.	315/593-5700	Oswego Hospital Administrator Corte J. Spencer.	315/349-5520
Emergency Planning Coordinator Nicholas Avrakotos (home). Kurt Szeluga (home)	Ext. 6773 315/342-5257 315/343-5312	Radiation Management Consultants, Inc Emergency 24 Hours Primary	215/243-2990 215/824-1300
Energy Information Center	315/342-4117	Radiation Safety Officer Dr. C.C. Chamberlain	315/464-6510
INPO Emergency Response Duty Officer	800/321-0614	Rochester Gas and Electric Co. R.E. Ginna NPP	716/546-2700 315/524-4446
JAF Manager of Communications Elwood Berzin (home) Emergency/Unlisted	Ext. 6681 315/963-8188 315/963-8869	SUNY Health Science Center at Syracuse VP Hospital Affairs Thomas J. Campbell	315/464-4240
JAF Training Center Accountability Officer	ext. 6410 or 6495	U.S. Coast Guard - Buffalo	716/843-9500 or 716/843-9525
JAF Joint News Center	592-3700	U.S. Coast Guard - Oswego	315/343-1551
National Center for Earthquake Engineering Research	716/645-3391	U.S. Department of Energy Rad Assistance Program	631/282-2200
National Weather Service	315/455-1214	U.S. NRC Resident Inspector Office Plant Extension Office Outside Line	6667 315/342-4907 or..315/342-4908
Nuclear Generation Duty Officer Beeper Dial 7243, wait for prompt, then: 718-3889		Richard Skokowski. (home) Pager....1-800-944-2337	315/342-8595 pager 51082
WPO Public Relations Stephen Shoenholz (office) Home	212/468-6313 201/568-2799	U.S. NRC Operations Center Fax	301/816-5151
New York State Bureau of Radiation Control Director Dr. Ramawi	518/402-7550	U.S. NRC Emergency Telecommunications System	(Please Refer to Attachment 9)
New York State Emergency Management Office James Baranski Division of Military & Naval	518/457-8916 518/786-4500		

TSC/EOF EMERGENCY NOTIFICATION CHECKLIST

Page 1 of 2

- 1) New York State, Oswego County and Nine Mile Point have been contacted in accordance with Sections 4.4.3.a and 4.4.3.b of this procedure. ☐ RECS ☐ Other _____
-
- 2) NRC has been contacted in accordance with Section 4.4.3.g of this procedure. ☐ ENS ☐ Other _____
-
- 3) Security call-outs of plant staff have been completed using procedure EAP-17, EMERGENCY ORGANIZATION STAFFING, if call-outs are required. ☐ Completed ☐ Not Required

NOTE: A current revision of EAP-17, Emergency Plan On-Call Employee Call-out is posted at the Security SAS desk. During off-hours, contact Security to verify that the notifications have been made.

-
- 4) WPO Nuclear Generation Duty Officer has been contacted via EAP-17, Attachment 3. ☐ Completed
-
- 5) Notify Marcy Energy Control Center (ECC). To reach ECC Control Room by tie line, dial 710-225. To call ECC directly dial (315) 792-8225. ☐ Completed
-
- 6) _____/_____
(Name of Person Contacted)/(Notification Time)
- INPO (Institute of Nuclear Power Operations) Emergency Response
- Duty Officer
800/321-0614
- NOTE: DO NOT NOTIFY FOR AN UNUSUAL EVENT.**

-
- 7) _____/_____
(Name of Person Contacted)/(Notification Time)
- Department of Energy Radiological Assistance Program
516/282-2200
- NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE EMERGENCY DIRECTOR.**

Message: Give details as presented on initial and follow-up notification forms. Request assistance if needed and directed by Emergency Director.

- 8) _____/_____
(Name of Person Contacted)/(Notification Time)
- Oswego County Sheriff
315/343-5490
or radio

NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.

Message: This is the JAFNPP. We are in a _____ (state class of emergency). Please assign deputies to block off the site at the east and west boundaries on Lake Road to keep all unauthorized personnel out.

- 9) _____/_____
(Name of Person Contacted)/(Notification Time)
- General Electric
Paul Quinn - Site Representative
6211 (JAF extension)
315/342-2029 (home)
713-6211 (beeper)
Robles, Primitivo - Manager
315/349-4320 (work)
315/342-3342 (home)
BWR Emergency Support Program
408/971-1038
- NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.
- Message: This is the JAFNPP. We are in a _____ (state class of emergency). This is _____ (name), at phone number 315/_____, Extension _____ (one being used). Give a summary of the situation and request assistance, if necessary.

- 10) _____/_____
(Name of Person Contacted)/(Notification Time)
- American Nuclear Insurers
860/561-3433
- NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.
- Message: This is the JAFNPP. We are in a _____ (state class of emergency). This is _____ (name), at phone number 315/_____, Extension _____ (one being used). Give a summary of the situation and request assistance, if necessary.

- 11) _____/_____
(Name of Person Contacted)/(Notification Time)
- Radiation Management Consultants
215/824-1300
215/243-2990
- NOTE: DO NOT NOTIFY UNLESS DIRECTED TO DO SO BY THE E.D.
- Message: This is the JAFNPP. We are in a _____ (state class of emergency). This is _____ (name), at phone number 315/_____, Extension _____ (one being used). Give a summary of the situation and request assistance, if necessary.

1.0 The NRC Emergency Telecommunications System (ETS) is part of the Federal Telecommunications System (FTS)

1.1 The ETS at the JAFNPP site consists of the following circuits:

<u>NRC Circuit Designation</u>	<u>AT&T No.</u>	<u>Bell Atlantic/Verizon</u>	<u>ETS No.</u>	<u>Location</u>
Emergency Notification System (ENS)	KBLJ957178	36LGHS154309NY	700-371-5321	TSC NRC Communicator/CR
Health Physics Network (HPN)	KBLJ955405	36LHGS153554NY	700-371-6773	TSC RSC Desk
Reactor Safety Counterpart Link (RSCL)	KBLJ957177	36LHGS154308NY	700-371-5319	TSC NRC Office
Protective Measures Counterpart Link (PMCL)	KBLJ957175	36LHGS154306NY	700-371-5322	TSC NRC Office
Emergency Response Data System (ERDS)	KBLJ955423	36LHGS153574NY	700-371-6270	TSC MDAS Room

1.2 The ETS at the EOF consists of the following circuits:

<u>NRC Circuit Designation</u>	<u>AT&T No.</u>	<u>Alltel No.</u>	<u>ETS No.</u>	<u>Location</u>
Emergency Notification System (ENS)	KBLJ957676	36LGHS154379NY	700-371-0064	Fed & Comm Rms
Health Physics Network (HPN)	KBLJ955406	36LHGS153702NY	700-371-6299	Fed & Dose Assmt Rms
Reactor Safety Counterpart Link (RSCL)	KBLJ957678	36LHGS154383NY	700-371-0063	Federal Room
Protective Measures Counterpart Link (PMCL)	KBLJ957675	36LHGS154381NY	700-371-0062	Federal Room
Management Counterpart Link (MCL)	KBLJ957673	36LHGS154382NY	700-371-0060	Federal Room
Local Area Network Access (LAN)	KBLJ957674	36LHGS154380NY	700-371-0061	Federal Room

2.0 Instructions for Operating ETS Phones

2.1 Lift the receiver on the telephone instrument and listen for dial tone.

2.2 After receiving dial tone, dial first number listed on the sticker located on the telephone instrument using all ten (10) digits. (Telephone numbers to NRC Operations Center are also located in procedure EAP-1.1 on Attachment 5, Item 4.) If the first number is busy, proceed on with the second, etc.

2.3 A conference call connecting JAF and EOF ENS phones may be initiated by calling the NRC Operations Center as above.

3.0 Instructions for Reporting ETS Problems

3.1 Initiate repairs by reporting problems to the NRC Operations Center at one of the following numbers:

3.1.1 Using ETS Network

301-816-5100
301-951-0550

3.1.2 Using Public Switched Network (commercial lines)

1-301-816-5100
1-301-951-0550

4.0 Essential Emergency Communication Functions

- 4.1 Emergency Notification System (ENS) - Initial notification by the licensee, as well as ongoing information on plant systems, status and parameters.
- 4.2 Health Physics Network (HPN) - Communication with the licensee on radiological conditions (in-plant and offsite) and meteorological conditions as well as their assessment of trends and need for protective measures onsite and offsite.
- 4.3 Reactor Safety Counterpart Link (RSCL) - Established initially with the base team and then with the NRC site team, representatives once they arrive at the site, to conduct internal NRC discussions on plant and equipment conditions separate from the licensee, and without interfering with the exchange of information between the licensee and NRC. This is the channel by which the NRC Operations Center supports NRC reactor safety personnel at the site. In addition, this link may also be used for discussion between the Reactor Safety Team Director and licensee plant management at the site.
- 4.4 Protective Measures Counterpart Link (PMCL) - Established initially with the base team, and then with the NRC site team representatives once they arrive at the site, to conduct internal NRC discussions on radiological releases and meteorological conditions, and the need for protective actions separate from the licensee and without interfering with the exchange of information between the licensee and NRC. This is the channel by which the NRC Operations Center support NRC protective measures personnel at the site. In addition, this link may also be used for discussion between the Protective Measures Team Director and licensee plant management at the site.
- 4.5 Emergency Response Data System (ERDS) Channel - This is the channel over which the raw reactor parametric data is transmitted from the site.
- 4.6 Management Counterpart Link (MCL) - Established for any internal discussions between the Executive Team Director or Executive Team members and the NRC Director of Site Operations or top level licensee management at the site.
- 4.7 Local Area Network (LAN) Access - Established with the base team and the NRC site team for access to any of the product or services provided on the NRC Operations Center's local area network. This includes technical projections, press releases, status reports, E-Mail, and various computerized analytical tools.

OPERATION OF RADIO FOR BACKUP COMMUNICATIONS AND
BACKUP PHONE INFORMATION

Page 1 of 1

Instructions for Contacting Oswego County Using Radio

1. Turn radio on (adjust volume control).
2. Select Channel 1.
3. Select "P/L B" or "Sheriff" (red light should be next to "Sheriff" - push button if necessary)
4. Push transmit on microphone to transmit and release to receive.

Backup Phone Information

Handset Location	Telephone Equipment Location	Phone Number
TSC cellular near RECS phone operator	TSC outer office #1	315-591-0473
TSC satellite * near RECS phone operator	TSC outer office #3	800-988-7278
TSC cellular at ED's desk	TSC outer office #4	315-591-0479
TSC cellular near Radio Dispatcher	TSC outer office #2	315-591-0476
CR cellular Shift Manager's office	TSC outer office #3	315-591-0479
OSC cellular OSC Manager's desk	TSC outer office #2	315-593-4757

- * When making calls to 315 area code (including Oswego) dial 1-315 prior to entering 7 digit number.

Call New York State Warning Point at (518) 457-2200 and give the following information.

Location of RECS phone

Trouble description

Your name and telephone contact number

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

PART 1 GENERAL INFORMATION (PARTIALLY COMPLETED)

Page 1 of 1

JAFNPP FORM EAP-1.1.1

☐ Outgoing from FitzPatrick☐ Incoming from Nine Mile Point Nuclear Site

Sequence Number _____ Emergency Director Approval: _____

New York State **PART I** Form **NOTIFICATION FACT SHEET**

"This is to report an incident at the James A. FitzPatrick Power Plant. Standby for conformation." (Conduct roll call to include the following stations:)

☐ New York State Warning Point☐ Oswego County Warning Point☐ Nine Mile Point Nuclear Site

Upon completion of roll call, ask each party if the form was received electronically and are there any questions or provide information as outlined below:

GENERAL INFORMATION (Note: O When Checked Indicates change in status)☒ 1. Message transmitted on: (Date) _____ at (Time) _____ ☐ AM ☐ PM Via: A. RECS B. Other☐ 2. This is ☒ A. NOT An Exercise ☐ B. An Exercise☐ 3. Facility Providing Information: D. NMP #1 E. NMP #2 ☒ F. FitzPatrick☐ 4. Classification: A. Unusual Event ☒ B. Alert C. Site Area Emergency D. General Emergency
E. Emergency Terminated F. Recovery G. Transportation Incident☐ 5. This Emergency Classification Declared on: (Date) _____ at (Time) _____ ☐ AM ☐ PM☐ 6. Release of Radioactive Materials Due to The Classified Event☒ A. NO Release☐ B. Release BELOW federally approved operating limits (Technical Specification)
☐ To Atmosphere ☐ To Water☐ C. Release ABOVE federally approved operating limits (Technical Specification)
☐ To Atmosphere ☐ To Water☐ D. Unmonitored release requiring evaluation☐ 7. Protective Action Recommendations: (Circle all that apply)☒ A. NO Need for Protective Actions Outside The Site Boundary☐ B. EVACUATE the following ERPA's: (Circle Appropriate ERPA's)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

☐ C. SHELTER all remaining ERPAs.

☐ 8. EAL Number 7.2.2 Brief Event Description Control Room evacuation per AOP-43, "Shutdown from Outside the Control Room", Emergency Director is establishing control of reactor from remote shutdown panels

☐ 9. Plant Status: A. Stable B. Improving ☒ C. Degrading D. Hot Shutdown E. Cold Shutdown☐ 10. Reactor Shutdown: ☒ A. Not Applicable B. (Date) _____ at (Time) _____ ☐ AM ☐ PM☐ 11. Wind Speed _____ Miles/Hour at elevation _____ feet.☐ 12. Wind Direction (From) _____ degrees at elevation _____ feet.☐ 13. Stability Class (Pasquill) A B C D E F G☐ 14. Reported By: Name _____ Phone Number (315)- _____

"(Name of Agency), did you copy?"

☐ New York State Warning Point☐ Oswego County Warning Point☐ Nine Mile Point Nuclear Site

"James A. FitzPatrick Nuclear Power Plant out at (date, time)"

EAP-1.1

Rev. No. 44

OFFSITE NOTIFICATIONS*

ATTACHMENT 13

Page 40 of 42

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PERSONNEL INJURY*
EAP-2
REVISION 24

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY: 
RESPONSIBLE PROCEDURE OWNER

DATE: 1-25-01

EFFECTIVE DATE: January 25, 2001

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

*****	*****
* INFORMATIONAL USE *	* TSR *
*****	*****
* ADMINISTRATIVE *	CONTROLLED COPY # <u>34</u>

PERIODIC REVIEW DUE DATE: FEBRUARY 2003

REVISION SUMMARY SHEET

REV. NO.

- 24
 - Added reference to 10CFR50.72 in section 2
 - Changed 4 hours to 8 hours in step 4.2.2B
 - Changed NYPA to Entergy Nuclear Northeast
- 23
 - Changed Rx Control Room to Main Control Room.
 - Changed section 4.2.2.I and 4.2.2.R to reflect Microsoft access database instead of rolodex in OHN's office.
 - Removed action steps from 4.2.2.C note.
 - Replaced the references to RES Technician with RP / Chem Technician in Sections 4.2.2.G, 4.2.2.H, 4.2.2.I, 4.2.3.I, 4.2.4, 4.2.4.I and in Attachment 3 per memo JGMS-00-004.
 - For consistency the word victim was replaced with injured in Sections 4.2.2.M, 4.2.2.S, 4.2.3, 4.2.4.1, 4.2.4.4, 4.2.4.F, 4.2.5.F.1, and 4.2.4.F.4.
 - Added section 4.2.2.U to provide an option if staffing levels fall below minimum.
 - Changed the Agency code on the Pre-hospital Care Report form from 3776 to 9018.
 - Changed the Oswego Hospital Pre-Registration form to Pre-Hospital Care Report NYS DOH 3283 (9-92).

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1.0 PURPOSE

This procedure provides instructions necessary to assure that medical attention is promptly administered to individuals injured or stricken at the JAFNPP while limiting the unnecessary spread of contamination, limiting personnel exposure, and providing for appropriate off-site notifications. The composition of the First Aid Team is specified in Attachment 2.

2.0 REFERENCES**2.1 Performance References**

- 2.1.1 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT*
- 2.1.2 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.1.3 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*

2.2 Developmental References

- 2.2.1 EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*
- 2.2.2 Decontamination and Treatment of the Radioactively Contaminated Patient at Oswego Hospital
- 2.2.3 Decontamination and Treatment of the Radioactively Contaminated Patient at SUNY Health Science Center, Syracuse
- 2.2.4 TP-4.02, FIRE AND RESCUE TRAINING
- 2.2.5 RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT*
- 2.2.6 RADIATION PROTECTION PROCEDURES
- 2.2.7 Plant Standard STD-3.120, MANAGEMENT NOTIFICATION
- 2.2.8 Pre-Hospital Care Report, NYS DOH 3283 (9-92)
- 2.2.9 10 CFR 50.72, Immediate Notification Requirements For Operating Nuclear Power Reactors

3.0 INITIATING EVENTS

A person has been injured or has become ill and is potentially contaminated.

AND/OR

The Shift Manager/Emergency Director determines that implementation of this procedure is necessary.

4.0 PROCEDURE

NOTE: For a minor injury/illness, implement Section 4.1.

For an injury/illness that requires immediate attention, implement Section 4.2.

4.1 Minor Injury/illness

4.1.1 The injured/ill individual should report to the Occupational Health Nurse's office or contact the Shift Manager for assistance.

4.1.2 The Occupational Health Nurse or other individual qualified to administer first aid in accordance with TP-4.02, FIRE AND RESCUE TRAINING, shall evaluate the injury/illness to determine if it can be treated onsite.

4.1.3 The injury/illness shall be treated using standard first aid techniques.

4.1.4 If the individual is contaminated assure that contamination is not spread.

4.1.5 Monitor and decontaminate the individual in accordance with RP-OPS-03.04, PERSONNEL DECONTAMINATION AND ASSESSMENT* and Radiation Protection procedures.

4.2 Injuries/illnesses That Require Immediate Attention

4.2.1 Person who discovers the injured/ill individual, or the individual, immediately contacts the Control Room for first aid assistance.

4.2.2 Shift Manager shall

(Actions are performed with 4.2.3)

- A. Instruct the Control Room operator to sound the Station Alarm and make the following announcement: (twice)

ATTENTION, ATTENTION: AN INJURY HAS OCCURRED (location of injured). THE FIRST AID TEAM SHALL REPORT TO (location of injured) IMMEDIATELY. ALL OTHER PERSONNEL REMAIN CLEAR OF THAT AREA.
--

- B. If radiological survey information from the first aid team, step 4.2.3.F, indicates that the individual is contaminated and will not be decontaminated prior to treatment and the contaminated individual requires transport to an offsite medical facility for treatment, notify the NRC in accordance with 10CFR50.72 as soon as practical and within eight (8) hours of the occurrence.
- C. **IF** injured/ill individual is found to be contaminated, **THEN** perform steps 4.2.2.E through 4.2.2.N of this procedure.
- D. **IF** injured/ill individual is NOT contaminated, **THEN** perform steps 4.2.2.O through 4.2.2.S of this procedure.
- E. **IF** the injured/ill individual is contaminated or potentially contaminated, then complete Attachment 1, **THEN** do the following:

1. Call Oswego County E-911 Center at:

911

and report the following messages:

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

2. Call the receiving hospital at:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science Hospital
Center in Syracuse at (315) 464-5611

and report the following message.

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS CONTAMINATED.
b)	Provide information from Attachment 1 to the Receiving Hospital.

F. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured). PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs, SURGEONS GLOVES, HERCULITE.

G. Assign a RP/Chem Technician to accompany the ambulance to the hospital. This will normally be the technician who responds as a part of the First Aid Team.

H. Assign a second RP/Chem technician to perform the following:

1. Meet the ambulance at the designated building entry point.
2. Ensure that ambulance attendants have been issued DRDs and TLDs.
3. Obtain ambulance kit and vehicle, and proceed to the receiving hospital to assist in cleanup and monitoring of the ambulance and hospital.

I. Direct an individual to obtain and provide the First Aid Team member accompanying the ambulance (RP/Chem Technician) with the personnel medical history information if available at the JAFNPP Occupational Health Nurse's Office (Ext. 6411). The key to the Occupational Health Nurse's Office is located in the Rad Protection Office. Located in the Occupational Health Nurse's office is a database (Microsoft Access) containing the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

J. Contact the radiological emergency physician Dr. David O'Brien for medical assistance.

Office (315)343-4348

Home (315)343-2484

Summer (315)342-4479

Inform him of the situation and ask him to report to the receiving hospital.

K. Perform internal notifications as required by Plant Standard STD-3.120.

L. Direct the on-call RP Supervisor meet the ambulance at the receiving hospital.

- M. Obtain the name of the injured person and request that the Public Information Officer contact the individual designated in the injured 's medical file for emergency information.
- N. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5611

- O. If the "contaminated" individual is found not to be contaminated or is decontaminated do the following:

1. Call the Oswego County E-911 Center at:

911

and give the following message:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

2. Call the Receiving Hospital at:

Oswego Hospital (315) 349-5522

OR

SUNY Health Science
Center at Syracuse (315) 464-5611

and report the following messages:

THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. THIS CALL IS TO INFORM YOU OF A CHANGE IN STATUS OF THE INJURED INDIVIDUAL. THE INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL IS NOT CONTAMINATED, I REPEAT NOT CONTAMINATED.

- P. If the injured/ill individual is not contaminated then complete Attachment 1, then call Oswego County E-911 Center at:

911

a)	THIS IS THE JAMES A. FITZPATRICK NUCLEAR POWER PLANT. WE HAVE AN INJURED INDIVIDUAL WHO REQUIRES TRANSPORTATION TO THE HOSPITAL (describe injuries or nature of illness). HE/SHE IS <u>NOT</u> CONTAMINATED. I REPEAT <u>NOT</u> CONTAMINATED. (State specifically that the individual is <u>NOT</u> CONTAMINATED.)
b)	Provide information from Attachment 1 to the Oswego County Dispatcher.

- Q. Call Security and deliver the following message:

AN AMBULANCE IS IN ROUTE TO THE PLANT. WHEN IT ARRIVES, PERMIT IMMEDIATE ENTRY OF THE AMBULANCE AND ATTENDANTS AND ESCORT TO (building entry closest to location of injured).

If it is anticipated that ambulance attendants will enter the RCA, direct Security to: PROVIDE AMBULANCE ATTENDANTS WITH SELF READING DOSIMETERS, TLDs AND SURGEONS GLOVES

- R. Direct an individual to obtain and provide the personnel medical history information to the ambulance crew, if available. A database (Microsoft Access), containing medical history information is available in the Occupational Health Nurse's Office (Ext. 6411); key located in the Rad Protection Office) and contains the following information:

1. Allergies, if any,
2. Pre-existing medical problems,
3. Medications currently being taken,
4. Employee's last physical exam,
5. Who to contact in the event of an emergency.

** This database will be printed on a quarterly basis to allow access during off-hours.

If additional information is requested by the hospital, attempt to contact the Occupational Health Nurse for more complete information.

- S. Obtain the name of the injured individual and request the Public Information Officer to contact the individual designated in the injured's medical file for emergency information.
- T. Hospital personnel may request additional information as necessary. This information may be relayed back using the following Emergency Room phone numbers:
- | | |
|--|----------------|
| Oswego Hospital | (315) 349-5522 |
| SUNY Health Science Center at Syracuse | (315) 464-5611 |
- U. Consider contacting the On-Call RP and/or Chemistry Supervisor(s) to call out replacement shift technicians if staffing levels fall below minimum.

4.2.3 First Aid Team shall:**CAUTION**

Precautions should be taken to avoid exposure to blood or body fluids per OSHA bloodborne pathogen standard.

NOTE: If the injured is NOT contaminated, perform only the steps in this section needed for appropriate care of the injured.

A. Upon hearing the announcement of injury/illness over the PA system, report to the specified location with a trauma kit and stretcher. Trauma kits are located in the following areas:

1. Occupational Health Nurse's Office
2. Main Control Room
3. Radwaste Control Room
4. Operational Support Center
5. Warehouse

B. Upon reaching the injured individual, perform the following:

1. Assess the injury/illness.
2. Immediately report the status of the injury/illness to the Control Room.
3. Assess radiological conditions, and implement EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*, if necessary.
4. Report radiological status of injured to the Control Room.
5. Provide medical treatment.

NOTE: When making decisions concerning the disposition of the injured, the injured's well-being and need for medical attention shall always take precedence over decontamination efforts.

6. If the injured/ill person is located in the RCA, consider moving the person to minimize exposure.
 7. Use standard contamination control techniques to remove the individual from a contaminated area.
- C. Survey the injured for contamination and, if necessary, concurrently administer lifesaving measures. (If the injured is wearing protective clothing and conditions permit, remove the clothing prior to performing this survey).
- D. Complete personnel and clothing contamination forms from RP-OPS-03.04. Report the contamination levels to the Shift Manager or designee.
- E. The First Aid Team Leader and Shift Manager should determine the plant exit point for the individual to meet the ambulance.
- F. If the injured individual is contaminated, perform as much decontamination as possible in accordance with RP-OPS-03.04 PERSONNEL DECONTAMINATION AND ASSESSMENT*. As the injuries permit continue attempts to:
1. Remove any protective clothing.
 2. Place the injured on a stretcher.
 3. Wrap the injured and the stretcher in a clean blanket.

- G. If the individual has been successfully decontaminated, notify the Shift Manager immediately.
- H. If the individual is not contaminated or has been successfully decontaminated, inform the ambulance attendants that no special hospital procedures need to be implemented.
- I. If the individual is contaminated, have a first aid team member accompany the ambulance and patient to the hospital. This team member should preferably be a RP/Chem Technician. This team member should be provided with the completed RP-OPS-03.04 forms and any available medical history information to be utilized at the hospital.
- J. The first aid team members not assigned to accompany the injured to the hospital shall monitor themselves and be decontaminated as necessary.
- K. While waiting for the arrival of an ambulance, the JAF First Aid Team should continuously monitor the patient's vital signs and perform appropriate first aid measures. Also, monitor the injured for bleeding, respiration and shock.
- L. Upon ambulance arrival, assist ambulance personnel and provide attendants with an assessment of injuries and vital signs.
- M. First Aid Team Leader and/or Occupational Health Nurse shall provide ambulance attendants with verbal assessment of injuries and care/treatment provided as well as a completed Attachment 3.
- N. Complete a Pre-Hospital Care Report, an example is shown in Attachment 3. Forms are available in all trauma kits.

4.2.4 First Aid Team Members (RP/Chem Technicians) assigned to accompany and follow the contaminated individual to the hospital shall:

- A. Meet the ambulance at the designated building entry point.

-
- B. When the ambulance arrives, issue each attendant dosimetry and any necessary protective clothing from the ambulance kit if this has not already been done by Security.
 - C. If time and situation permit, cover the floor of the ambulance with Herculite, provided to the ambulance attendants by Security.
 - D. Assist ambulance attendants as required.
 - E. Obtain the ambulance kit and vehicle and proceed to designated hospital.
 - F. The RP/Chem Technician who rides in the ambulance with the injured person shall:
 - 1. Continue to perform radiological monitoring of the injured person while in route to the hospital.
 - 2. Instruct ambulance attendants to notify the designated hospital and Oswego County upon leaving the site.
 - 3. If the ambulance is diverted from Oswego Hospital to SUNY Health Science Center while in route, instruct ambulance attendant to notify Oswego County and forward this notification to the JAF Shift Manager.
 - 4. Upon arrival at the hospital, accompany the injured and assist hospital personnel in radiological matters, in accordance with hospital procedures.
 - G. As time and conditions permit, ensure that hospital entrance and treatment room are properly prepared for contamination control.
 - H. Ensure that dosimetry from the hospital kit has been issued to all doctors and nurses.

-
- I. The RP/Chem Technician arriving in a separate vehicle shall:
 1. Assist hospital personnel as requested.
 2. Request additional assistance from plant, if needed.
 3. Survey, decontaminate, and release the ambulance and attendants as soon as practicable. Collect dosimetry from ambulance attendants for return to Rad Protection.
 4. Assist in monitoring and decontamination of hospital areas.
 - J. When no longer needed at the hospital, collect all dosimetry issued to hospital and ambulance personnel and report back to the plant with any radwaste generated. Report to plant supervisory personnel for debriefing.
 - K. TLD results and dosimetry readings will be provided to hospital and ambulance personnel by Radiation Protection personnel in accordance with Radiation Protection procedures.

5.0 ATTACHMENTS

1. CHECKLIST FOR OSWEGO COUNTY E-911 DISPATCHER
2. FIRST AIDE TEAM COMPOSITION
3. PRE-HOSPITAL CARE REPORT

CHECKLIST FOR THE OSWEGO COUNTY E-911 DISPATCHER

Page 1 of 1

The Oswego County E-911 Dispatcher will receive the initial notification telephone call from the nuclear station of impending patient(s) arrival.

Initial Notification Data

Date/Time of Call _____

Person Calling:

Name _____

Address James A. FitzPatrick Nuclear Power Plant

Telephone Number 349-6664 or 349-6665 or 349-6666

Accident Information:

Location _____

Date & Time _____

of Injured Patients _____

of Contaminated/Injured Patients _____

Description of Injuries:

NOTE: Specify if heart attack is suspected!

Remarks: _____

ATTACHMENT 2

FIRST AID TEAM COMPOSITION

Page 1 of 1

The JAFNPP First Aid Team is made up of:

- Control Room Supervisor or Senior Nuclear Operator
- (1) Operator
- (1) Security Guard
- (1) RP/Chem Technician

(The RP/Chem Technician on-shift should respond unless another technician is designated by supervision.)

NOTE: As available, in addition to the First Aid Team at the JAFNPP, the Occupational Health Nurse and/or Safety Supervisor shall report to the specified injury/illness location. The Occupational Health Nurse should direct medical treatment upon reporting to the accident scene.

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

PAGE 1 OF 2

Prehospital Care Report

3- 3152800

DATE OF CALL		REPORT NO.		9018		ALTERN. CODE		REF. #	
Name		Agency Name		VILLAGE		CALL RECD		USE MILITARY TIMES	
Address		Call Location		ASR		ENROUTE			
		Dispatch Information		TTLA		ARRIVED AT SCENE			
		CALL TYPE AS REC'D		COMPLETE FOR TRANSFERS ONLY		FROM SCENE			
		<input type="checkbox"/> Emergency <input type="checkbox"/> Non-Emergency <input type="checkbox"/> Stand by		Transferred from <input type="checkbox"/> No Previous PCR <input type="checkbox"/> Unknown if Previous PCR		AT DESTIN			
CARE IN PROGRESS ON ARRIVAL		PD/FO/Other First Responder		Previous PCR Number		IN SERVICE			
<input type="checkbox"/> None <input type="checkbox"/> Citizen						QUARTERS			
MECHANISM OF INJURY		Fall of feet <input type="checkbox"/> GSW <input type="checkbox"/> Machinery		<input type="checkbox"/> Extrication required <input type="checkbox"/> Seated belt used?		at time of Use		Crew <input type="checkbox"/> Patient	
<input type="checkbox"/> MVA (complete seat belt section) <input type="checkbox"/> Struck by vehicle		Unarmed assault <input type="checkbox"/> Knife <input type="checkbox"/> Machine		injuries Yes <input type="checkbox"/> No <input type="checkbox"/>		Use		Police <input type="checkbox"/> Other	
CHIEF COMPLAINT		SUBJECTIVE ASSESSMENT							
PRESENTING PROBLEM		Allergic Reaction <input type="checkbox"/> Syncope <input type="checkbox"/> Stroke/CVA <input type="checkbox"/> General Illness/Malaise <input type="checkbox"/> Gastro-Intestinal Distress <input type="checkbox"/> Diabetic Related (Potential) <input type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Pain <input type="checkbox"/>		Unconscious/Unresp. <input type="checkbox"/> Seizure <input type="checkbox"/> Behavioral Disorder <input type="checkbox"/> Substance Abuse (P <input type="checkbox"/> Poison <input type="checkbox"/>		Major Trauma <input type="checkbox"/> Trauma <input type="checkbox"/> Soft Tissue Injury <input type="checkbox"/> Bleeding <input type="checkbox"/> Emphysema <input type="checkbox"/>		OB/GYN <input type="checkbox"/> Burns <input type="checkbox"/> Environmental <input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Obvious Death <input type="checkbox"/>	
PAST MEDICAL HISTORY		TIME		R		P		SKIN	
<input type="checkbox"/> None <input type="checkbox"/> Allergy to <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> COPD <input type="checkbox"/> Other (List)		Vital Signs		Alert <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.		Normal <input type="checkbox"/> Dyspneic <input type="checkbox"/> Cyanotic <input type="checkbox"/> No Reaction		Unremarkable <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
Current Medication		Rec		Alert <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.		Normal <input type="checkbox"/> Dyspneic <input type="checkbox"/> Cyanotic <input type="checkbox"/> No Reaction		Unremarkable <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
OBJECTIVE PHYS		Vital Signs		Alert <input type="checkbox"/> Pain <input type="checkbox"/> Unresp.		Normal <input type="checkbox"/> Dyspneic <input type="checkbox"/> Cyanotic <input type="checkbox"/> No Reaction		Unremarkable <input type="checkbox"/> Pale <input type="checkbox"/> Warm <input type="checkbox"/> Moist <input type="checkbox"/> Dry	
COMMENTS									
TREATMENT		C.P.R. in progress on arrival by: <input type="checkbox"/> Citizen <input type="checkbox"/> PD/FO/Other First Responder <input type="checkbox"/> Other		Time from Arrest Until C.P.R. <input type="checkbox"/> Minutes		Medication Administered (Use Continuation Form) <input type="checkbox"/>		IV Established Fluid <input type="checkbox"/> Cath. Gauge <input type="checkbox"/>	
<input type="checkbox"/> Moved to and on stretcher/backboard <input type="checkbox"/> Moved to and on stair chair <input type="checkbox"/> Walked to ambulance <input type="checkbox"/> Airway Cleared <input type="checkbox"/> Oral/Nasal Airway <input type="checkbox"/> Esophageal Obstructor Airway/Esophageal Gastric Tube Airway (EOA/EGTA) <input type="checkbox"/> Endotracheal Tube (E/T) <input type="checkbox"/> L.P.M. Method <input type="checkbox"/> Oxygen Administered to <input type="checkbox"/> Suction Used <input type="checkbox"/> Artificial Ventilation Method <input type="checkbox"/> C.P.R. Started @ Time <input type="checkbox"/> EKG Monitored (Attach Tracing) (Rhythms)						<input type="checkbox"/> Bleeding/Hemorrhage Controlled (Method Used <input type="checkbox"/> <input type="checkbox"/> Spinal Immobilization Neck and Back <input type="checkbox"/> Limb Immobilized by <input type="checkbox"/> Fixation <input type="checkbox"/> Traction <input type="checkbox"/> Heat or (Cold) Applied <input type="checkbox"/> Warming Induced @ Time <input type="checkbox"/> Method <input type="checkbox"/> <input type="checkbox"/> Restraints Applied, Type <input type="checkbox"/> <input type="checkbox"/> Baby Delivered @ Time <input type="checkbox"/> in County <input type="checkbox"/>		<input type="checkbox"/> Transported in Trendelenburg position <input type="checkbox"/> Transported in left lateral recumbent position <input type="checkbox"/> Transported with head elevated	
DISPOSITION (See list)		DISP CODE		CONTINUATION FORM USED					
IN CHARGE		NAME		NAME					
EMT <input type="checkbox"/> AEMT <input type="checkbox"/>		EMT <input type="checkbox"/> AEMT <input type="checkbox"/>		EMT <input type="checkbox"/> AEMT <input type="checkbox"/>					

AGENCY COPY/WHITE RESEARCH COPY/YELLOW HOSPITAL PATIENT RECORD COPY/PINK

ATTACHMENT 3
PRE-HOSPITAL CARE REPORT

PAGE 2 OF 2

NON-HOSPITAL DISPOSITION CODES:

NURSING HOME..... 001
OTHER MEDICAL FACILITY..... 002
RESIDENCE..... 003
TREATED BY THIS UNIT, TRANSPORTED
BY ANOTHER UNIT..... 004
REFUSED MEDICAL AID OR
TRANSPORT..... 005
CALL CANCELLED..... 006
STANDBY ONLY (NO PATIENT)..... 007
NO PATIENT FOUND..... 008
OTHER..... 009

Hospital Receipt
COMPLETED BY (AMBULANCE COPY ONLY)
SIGNATURE
REFUSAL OF TREATMENT
NEGATIVE
EXPLANACION DE REFUSO DE TRATAMIENTO
COMPLETADO POR (COPIA PARA LA AGENCIA)
LLENE UNA COPIA PARA LA AGENCIA

I hereby refuse (the treatment/transport to a hospital) and I acknowledge that such treatment/transportation was advised by the ambulance crew or physician. I hereby release such persons from liability for respecting and following my express wishes.

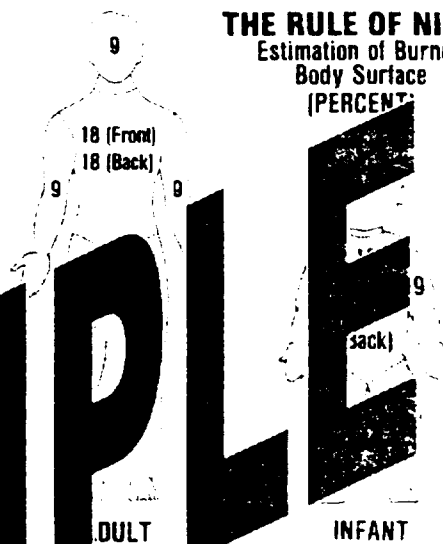
Mediante la presente declaro que me niego a aceptar el tratamiento/traslado a un hospital y reconozco asimismo que el medico o el personal de la ambulancia recomendaron ese tratamiento/traslado. Consiguientemente, eximo a dichas personas de toda responsabilidad por haber respetado y cumplido mis deseos expresos.

Signed: _____

Firma: _____

Witness: _____

Testigo: _____

THE RULE OF NINES
Estimation of Burned
Body Surface
(PERCENT)

Glasgow Coma Scale

Eye Opening	Spontaneous	4	Patient's Best Verbal Response Answer patient with voice to painful stimulus
	To Voice	3	
	To Pain	2	
	None	1	
Verbal Response	Oriented	5	Patient's Best Motor Response Response to command or painful stimulus
	Confused	4	
	Inappropriate Words	3	
	Incomprehensible Sounds	2	
	None	1	
Motor Response	Obeys Commands	6	Patient's Best Motor Response Response to command or painful stimulus
	Localizes Pain	5	
	Withdraw (pain)	4	
	Flexion (pain)	3	
	Extension (pain)	2	
	None	1	

Total GCS Score: 3-15

ICD DIAGNOSTIC CODE

INSURANCE
ID#

CARRIER

1 ☐ MEDICARE 2 ☐ MEDICAID 3 ☐ BLUE CROSS 4 ☐ COMMERCIAL INSURANCE 5 ☐ SELF PAYWAS THIS A WORKERS' COMPENSATION INJURY: ☐ YES ☐ NO INSURANCE CODE _____

PATIENT'S EMPLOYER: _____ PHONE (_____) _____

EMPLOYER'S ADDRESS: _____

RESPONSIBLE PARTY: _____ PHONE (_____) _____

ADDRESS: _____ (ZIP _____) RELATION: _____

Date of Issue: January 24, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 23	12/98	N/A
EAP-26	PLANT DATA ACQUISITION SYSTEM ACCESS	REV. 11	02/98	Informational
EAP-27	ESTIMATION OF POPULATION DOSE WITHIN 10 MILE EMERGENCY PLANNING ZONE	REV. 9	02/98	Informational
EAP-28	EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION	REV. 6	07/00	Reference
EAP-29	EOF VENTILATION ISOLATION DURING AN EMERGENCY	REV. 5	02/98	Informational
EAP-30	EMERGENCY TERMINATION AND TRANSITION TO RECOVERY*	REV. 0	12/98	Informational
EAP-31	RECOVERY MANAGER*	REV. 0	12/98	Informational
EAP-32	RECOVERY SUPPORT GROUP*	REV. 5	01/01	Informational
EAP-33	DEVELOPMENT OF A RECOVERY ACTION PLAN*	REV. 0	12/98	Informational
EAP-34	ACCEPTANCE OF ENVIRONMENTAL SAMPLES AT THE EOF/EL DURING AN EMERGENCY	REV. 3	02/98	Informational
EAP-35	EOF TLD ISSUANCE DURING AN EMERGENCY	REV. 6	02/98	Informational
EAP-36	ENVIRONMENTAL LABORATORY USE DURING AN EMERGENCY	REV. 4	02/98	Informational
EAP-37	SECURITY OF THE EOF AND EL DURING DRILLS, EXERCISES AND ACTUAL EVENTS	REV. 5	02/98	Informational
EAP-39	DELETED (02/95)			
EAP-40	DELETED (02/98)			
EAP-41	DELETED (12/85)			
EAP-42	OBTAINING METEOROLOGICAL DATA	REV. 15	01/01	Informational
EAP-43	EMERGENCY FACILITIES LONG TERM STAFFING	REV. 50	10/00	Informational
EAP-44	CORE DAMAGE ESTIMATION	REV. 4	02/98	Informational
EAP-45	EMERGENCY RESPONSE DATA SYSTEM (ERDS) CONFIGURATION CONTROL PROGRAM	REV. 6	07/00	Informational
SAP-1	MAINTAINING EMERGENCY PREPAREDNESS	REV. 15	02/00	Informational
SAP-2	EMERGENCY EQUIPMENT INVENTORY	REV. 32	01/01	Reference
SAP-3	EMERGENCY COMMUNICATIONS TESTING	REV. 69	07/00	Reference

EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 3
UPDATE LIST

Date of Issue: January 24, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
SAP-4	NYS/OSWEGO COUNTY EMERGENCY PREPAREDNESS PHOTO IDENTIFICATION CARDS	REV. 8	03/00	Informational
SAP-5	DELETED (3/98)			
SAP-6	DRILL/EXERCISE CONDUCT	REV. 16	01/01	Informational
SAP-7	MONTHLY SURVEILLANCE PROCEDURE FOR ON-CALL EMPLOYEES	REV. 35	11/00	Informational
SAP-8	PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION	REV. 11	01/01	Informational
SAP-9	DELETED (02/94)			
SAP-10	METEOROLOGICAL MONITORING SYSTEM SURVEILLANCE	REV. 9	07/00	Informational
SAP-11	EOF DOCUMENT CONTROL	REV. 10	08/00	Informational
SAP-13	EOF SECURITY AND FIRE ALARM SYSTEMS DURING NORMAL OPERATIONS	REV. 3	03/98	Informational
SAP-14	DELETED (02/95)			
SAP-15	DELETED (11/92)			
SAP-16	UTILIZING EPIC IDT TERMINALS FROM DESTINY SYSTEM	REV. 3	02/98	Informational
SAP-17	EMERGENCY RESPONSE DATA SYSTEM (ERDS) QUARTERLY TESTING	REV. 7	07/00	Continuous
SAP-19	SEVERE WEATHER	REV. 4	01/01	Informational
SAP-20	EMERGENCY PLAN ASSIGNMENTS	REV. 18	08/00	Informational
SAP-21	PLACEMENT, TESTING AND OPERATION OF WIRELESS TELEPHONE EQUIPMENT IN PLANT ENVIRONS	REV. 2	10/98	Informational
SAP-22	EMERGENCY PLANNING PROGRAM SELF ASSESSMENT	REV. 1	10/98	Informational

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FALSE
ACTIVATION*
SAP-8
REVISION 11

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

[Signature]
RESPONSIBLE PROCEDURE OWNER

DATE: 1-15-01

EFFECTIVE DATE: January 25, 2001

FIRST ISSUE ☐

FULL REVISION ☒

LIMITED REVISION ☐

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* INFORMATIONAL USE *	* TSR *
*****	*****
* ADMINISTRATIVE *	CONTROLLED COPY # <u>34</u>

PERIODIC REVIEW DUE DATE: January 2006

REVISION SUMMARY SHEET

REV. NO.	CHANGE AND REASON FOR CHANGE
11	<ul style="list-style-type: none">• Adjusted the cover sheet to reflect the company name change.• Removed the GM-Support Service line from the cover sheet per AP-02.04.• Add Table of Contents.• Added a time criteria to sections 4.1.1.C and 4.1.3.B.• Adjusted the spacing on Attachment 1.
10	<ul style="list-style-type: none">• Reformat per AP-02.01, Rev.5.• Changed level of use to "informational" in accordance with AP-02.04.

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1. <u>PNS PROBLEM NOTIFICATION FORM</u>	6

1.0 PURPOSE

This procedure describes actions to be taken in the event that notification has been received that there has been a simultaneous failure of nineteen (19) or more sirens lasting one (1) hour or more, or a simultaneous failure of four (4) or more sirens lasting 12 hours or more, or there has been a false activation of one (1) or more sirens, or that tone alert radio/emergency alert system (EAS) has been out of service for one (1) hour or more.

2.0 REFERENCES

2.1 Performance References

None

2.2 Developmental References

2.2.1 NUREG-1022, Supplement 1, Licensee Event Reporting System Description of System Guidelines for Reporting Events.

2.2.2 Nine Mile Point Nuclear Station Emergency Plan Maintenance Procedure EPMP-EPP-07, Prompt Notification System Problem Response.

2.2.3 JAF Emergency Plan Section 7.

3.0 INITIATING EVENTS

Notification has been received from Oswego County E-911 Center that there has been a simultaneous failure of nineteen (19) or more sirens for one (1) hour or more, or a simultaneous failure of four (4) or more sirens lasting 12 hours or more, or that there has been a false activation of one or more sirens, or notification has been received that the Tone Alert Radio/Emergency Alert System has been out of service for one (1) hour or more.

4.0 PROCEDURE

4.1 The Shift Manager shall implement this procedure upon notification that:

4.1.1 Nineteen (19) or more sirens have been simultaneously out of service for one (1) hour or more, or when a simultaneous failure of four (4) or more sirens lasting 12 hours or more has occurred. This notification will normally be made by Oswego County E-911 Center over the Radiological Emergency Communications System (RECS) line. However, in the event of RECS line failure, a call may be received over regular telephone circuits and may be verified by calling Oswego County E-911 Center at 911.

- A. Complete the PNS Problem Notification Form, Attachment 1, to document receipt of the notification call, and send the completed form to the Emergency Planning Coordinator. In addition, complete a DER and attach a copy of the form to the DER.
- B. Notify the Nine Mile Point Unit 1 SSS that the NRC notification call will be made over the ENS circuit.
- C. Notify the NRC within eight (8) hours, (10CFR 50.72), using the ENS line as a primary means of communication. Use normal land line communications if the ENS line is not available.
- D. Oswego County E-911 Center will initiate a RECS call when sirens are back in service. (Use Attachment 1 to document receipt of notification).

4.1.2 There has been a false activation of one or more sirens. This notification will normally be made by Oswego County E-911 Center over the RECS line. However, in the event of RECS line failure, a call may be received over regular telephone circuits and may be verified by calling Oswego County E-911 Center at 911.

- A. Complete the PNS Problem Notification Form, Attachment 1, to document receipt of the notification call, and send the completed form to the Emergency Planning Coordinator.
- B. If the telephone call is received from a member of the general public, record name, address and telephone number of the caller, location of the activated siren, duration of the activation and if it is still sounding, call Oswego County E-911 Center and give them the above information.
- C. Upon verification that a siren has been falsely activated, contact the following individuals and notify them of the events that have taken place.

Emergency Planning Coordinator
Nickolas Avrakotos
Office: 315-349-6773
Home: 315-342-5257
Pager: 713-6773

or

Asst. Emergency Planning Coordinator
Kurt Szeluga
Office: 315-349-6713
Home: 315-343-5312
Pager: 713-6713

and

JAF Public Information

4.1.3 The Tone Alert Radio/Emergency Alert System has been out of service for one (1) hour or more. This notification may be received from various sources and should be verified with Oswego County Emergency Management Office at 591-9150 prior to making NRC notification.

A. Notify the Nine Mile Point Unit 1 SSS that the NRC notification call will be made over the ENS circuit.

B. Notify the NRC within eight (8) hours, (10CFR 50.72), using the ENS line as a primary means of communication. Use normal land line communications if the ENS line is not available.

5.0 ATTACHMENTS

1. PNS PROBLEM NOTIFICATION FORM

PROMPT NOTIFICATION SYSTEM FAILURE/
SIREN SYSTEM FALSE ACTIVATION*

SAP-8

ATTACHMENT 1

Page 1 of 1

PNS PROBLEM NOTIFICATION FORM

Message Received By _____

Notification of PNS problem received from:

_____ Oswego County E-911 Center

_____ Other _____

Notification of PNS problem received via:

_____ RECS

_____ Other _____ (if other, verify call)

1. Message transmitted at: Date: _____ Time: _____

2. Reported By: _____ Location: _____

3. The following sirens are out of service (circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

4. The following sirens are back in service (circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

5. There has been a false activation of the following sirens (circle as appropriate):

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37

6. Comments: _____

7. The Tone Alert Radio/EAS has been out of service for one (1) hour or more. Time declared out of service: _____

NOTE: An eight (8) hour NRC Notification is required if:

- Four (4) or more sirens are out of service simultaneously for 12 hours or more, or nineteen (19) or more sirens are out of service for one (1) hour or more

- The Tone Alert Radio/EAS is out of service for 1 hour or more

ENTERGY NUCLEAR NORTHEAST
JAMES A. FITZPATRICK NUCLEAR POWER PLANT
EMERGENCY PLAN IMPLEMENTING PROCEDURE

SEVERE WEATHER
SAP-19
REVISION 4

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:


RESPONSIBLE PROCEDURE OWNER

DATE: 1-25-01

EFFECTIVE DATE: January 26, 2001

FIRST ISSUE ☐

FULL REVISION ☒

LIMITED REVISION ☐

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*	*
* INFORMATIONAL USE	* TSR
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* ADMINISTRATIVE	
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	CONTROLLED COPY # <u>34</u>

PERIODIC REVIEW DUE DATE: January 2007

REVISION SUMMARY SHEET

REV. NO.	CHANGE AND REASON FOR CHANGE
4	<ul style="list-style-type: none">• Changed NYPA to Entergy Nuclear Northeast on the cover sheet.• Added the references SAP-8 to section 2.1.• Move 2.2.8 SAP-3 from section 2.2, to section 2.1.• All references to Site Executive Officer now read VP-Operations.• Editorial corrections in section 4.3 and 4.3.21.• Changed RES to RP, Chemistry in section 4.3.11.A.• Moved section 4.5 up to section 4.4, deleted 4.5.3.• Section 4.4 became section 4.5; added 4.5.2 and 4.5.3• Added a Table of Contents.
3	<ul style="list-style-type: none">• Reformat per AP-02.01, Rev. 5.• Editorial changes.

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1.0 PURPOSE

This procedure addresses sever snow storms, tornadoes and floods, but may be used for any severe weather disturbance which is considered significant by the vp-operations or shift manager.

2.0 REFERENCES**2.1 PERFORMANCE REFERENCES**

2.1.1 IAP-2, CLASSIFICATIONS OF EMERGENCY CONDITIONS*

2.1.2 SAP-3, EMERGENCY COMMUNICATIONS TESTING*

2.1.3 SAP-8, PROMPT NOTIFICATION SYSTEM FAILURE/SIREN SYSTEM FAILURE/SIREN SYSTEM FALSE ACTIVATION*

2.2 Developmental References

2.2.1 JAF Emergency Plan

2.2.2 JAF 78-19 memo

2.2.3 JAFP-90-0060 memo

2.2.4 AOP-13, HURRICANES, TORNADOES AND HIGH WINDS

2.2.5 AOP-56, HIGH TRAVELING SCREEN OR TRASH RACK DIFFERENTIAL LEVEL

2.2.6 AOP-64, LOSS OF INTAKE WATER LEVEL

2.2.7 IAP-2, CLASSIFICATIONS OF EMERGENCY CONDITIONS

3.0 INITIATING EVENTS

Shift Manager is alerted to unusual weather conditions from any of the following actions:

- 3.1 Contact from Security Officer located in CAS monitoring NOAA weather alert radio.
- 3.2 Contact from Marcy dispatcher.
- 3.3 Contact from Nine Mile Point.
- 3.4 Contact from the National Weather Service.

3.5 Contact from the New York State Emergency Management Office.

3.6 Direct observation or conditions that have led to use of AOP-56, High Traveling Screen or Trash Rack Differential Level or AOP-64, Loss of Intake Water Level, by plant operations staff.

4.0 PROCEDURE

4.1 Weather disturbances should be evaluated for emergency classification via IAP-2. Activate the Emergency Plan if classification conditions warrant. Follow all procedural requirements of the Emergency Plan if activated. Additionally, this procedure may be referenced for severe weather consideration.

4.2 Designate "Storm Coordinator"

If an emergency is not declared, it is the responsibility of the JAFNPP VP-Operations, his designee, or the on-duty Shift Manager to direct the implementation of this procedure and assign an individual as the "Storm Coordinator".

4.3 Storm Consideration

The "Storm Coordinator" has the authority to perform the steps of this procedure as deemed necessary.

CAUTIONS:

1. Preparations for a severe storm are extensive. Start efforts early and take a conservative approach; rain or snow and winds may hamper preparation efforts.
2. All necessary personnel in the Protected Area may be required to leave when a severe storm warning is issued for the area. Storm conditions or flooding may make later evacuation impossible.
3. Timely and efficient site preparations must be made prior to the issuance of the evacuation orders or road closure by the County. Failure to do so may result in a shortage of personnel to prepare the plant site for the severe storm.

- 4.3.1 The "Storm Coordinator" shall establish a log of events and actions. Annotate in the left-hand margin those steps performed which should be tracked to aid in later restoration of the plant to a normal configuration.
- 4.3.2 Establish a periodic monitoring of meteorological conditions via observation and use of the computerized meteorological monitoring system.
- 4.3.3 Establish an ongoing work list.
- 4.3.4 Determine the need for additional staffing.
- 4.3.5 Determine if all unnecessary personnel in the Protected Area shall be required to leave when a severe storm warning is issued for the area.
- 4.3.6 Establish work hours and days and release non-essential personnel in a phased, controlled manner as preparations are completed or as personal circumstances dictate. Ensure release is far in advance of severe weather to allow personnel to arrive safely at their homes.
- 4.3.7 Establish contact with local media via the Public Relations group to ensure accurate information is available to plant staff, including work hours and days.
- 4.3.8 Establish a shift schedule for response personnel to provide for continuous plant support. Solicit volunteers for staffing; attempt to resolve any personal considerations.
- 4.3.9 Brief the senior plant staff, headquarters personnel and NRC on the personnel available for support and the capabilities and limitations of support.
- 4.3.10 Perform walkdown (s) of the plant exterior and site, inspecting for potential missiles.

4.3.11 Coordinate with Procurement to:

- A. Purchase and properly store a three day supply of the following for Operations, Maintenance, RP, Chemistry, Security, and support personnel staying on site during the storm:
 - 1. Food items, water / beverages.
 - 2. Paper plates, cups and plastic utensils.
 - 3. Paper towels and soap.
- B. Make arrangements for purchase of portable bedding for onsite emergency responders.
- C. Coordinate where to stage bedding, food and water.
- D. Establish a berthing area and an area for eating and drinking.

4.3.12 Coordinate the following with the Safety Supervisor:

- A. Inspect the site for potential safety hazards.
- B. Ensure medical support and adequate medical supplies are available.

4.3.13 Coordinate with the Construction Manager to make arrangements with all outside contractors within plant responsibility to remove, tie down, or otherwise secure equipment and material to keep it from blowing away.

4.3.14 Perform communications checks of all emergency communication systems in accordance with SAP-3.

4.3.15 For Flooding Considerations:

- A. Ensure that adequate dewatering pumps, sandbags and personnel to assist are available and prestaged.
- B. Arrange for personnel familiar with communications equipment to be onsite during the severe storm.

4.3.16 Heavy Snow

For Heavy Snow Removal Considerations, ensure that snow removal equipment and operators are available and pre-staged.

4.3.17 Communications

A. Protect the phone equipment rooms located in the Administration Building (i.e., sandbags, visqueen, caulking). Ensure portable radios and cellular phones are available.

B. Arrange for personnel familiar with communications equipment to be onsite during the severe storm.

C. Establish phone numbers to provide for personnel to call following the severe storm and ensure these numbers are provided to plant personnel.

4.3.18 Determine if a siren restoration/inspection crew may be needed from Niagara Mohawk.

4.3.19 Establish a tool and spare parts area in a secure location where a minimum but sufficient number of tools will be available for each maintenance discipline to use in an emergency.

4.3.20 Establish a point of contact with the Oswego County Warning Point and Nine Mile Point stations to discuss periodic storm reports.

4.3.21 Establish a point of contact with the Oswego County Sheriff and Nine Mile Point Security to provide for emergency personnel (who are green access card holders) needed at the site.

4.3.22 Establish a staging location for those employees staying onsite to meet following the storm. If additional personnel need to be called in, ensure the location is known to plant personnel.

4.3.23 Determine when it is safe for personnel to return to work and ensure appropriate notifications are made.

4.4 Tornado or High Winds

If a tornado that has been sighted in the Owner Controlled Area or a tornado striking any structure, the "Storm Coordinator" should perform the following:

- 4.4.1 Instruct plant personnel to immediately seek safe shelter.
- 4.4.2 Request Shift Manager to consult Emergency Plan and AOPs for proper classification and actions.
- 4.4.3 Ensure that plant structures and equipment are surveyed for damage after the occurrence, and take appropriate action to maintain the units in a safe condition.

4.5 Major loss of communications equipment, sirens or emergency readiness

Any event that results in a major loss of emergency assessment capability, offsite response capability, or offsite communications capability requires notification of the NRC within eight (8) hours (10CRF50.72).

- 4.5.1 Determine if NRC notification (10CFR50.72) is necessary due to storm related conditions. (e.g., loss of significant portion of control room indication, Emergency Notification System, or offsite notification system.
- 4.5.2 For Sirens and / or Tone Alert Radios, refer to SAP-8.
- 4.5.3 Coordinate with Nine Mile Point Units I and II if possible.

5.0 ATTACHMENTS

None

ATTACHMENT 14 CONTROL ROOM NOTIFICATION FLOWCHART

Start

Determine & declare Emergency EVENT CLASSIFICATION per IAP-2

Determine INITIAL PROTECTIVE ACTIONS per EAP-4 if required.

Determine Facility Activation Requirements using TABLE 1. Delegate Actions.

CAUTION!
Consider directing personnel to the EOF if security or other event could jeopardize the safety of those coming to the site.

Activate those Emergency Facilities by contacting plant personnel per EAP-17

Sound station alarm and make the following announcement, "Attention, Attention, A (specify event classification) has been declared at the James A. FitzPatrick Nuclear Power Plant. Activate the (specify facilities TSC / OSC / EOF / JNC) ."

Complete OSWEGO COUNTY, NEW YORK STATE, NINE MILE POINT and NRC Notifications. Delegate Actions.
CAUTION!
Notification of OSWEGO COUNTY, and NEW YORK STATE MUST be completed within 15 minutes of event declaration or change of event classification. Notification of the NRC MUST be complete as soon as possible within 1 hour of event declaration or change of event classification. (10CFR50.72)

Prepare Form EAP-1.1 Attachment 1 (Part 1 General Information) obtain data from Emergency Director, and indicators as needed. Part 1 form REQUIRES Emergency Director Approval!

Using the prepared Form EAP-1.1 Attach. 1 notify the Oswego Co. Warning Point, NY State Warning Point, and Nine Mile Point Sites using the Digital Sender and/or RECS Telephone in the CR or TSC.

Use the digital sender and then verify using the RECs that the 3 parties have gotten the transmission. If the digital sender is not available then just read the form to the 3 parties using RECs or listed communication devices. The RECS (Radiological Emergency Communications System) phone is activated by picking up the handset and pressing **A** and then ***** on the keypad. All parties are activated simultaneously on the same line. After approximately 10 seconds read the Part 1 form. Press the button on the handset to talk. If the RECS is not available then use one of the following:

1. Commercial Phones (conference call) (TABLE 2)
2. Cellular or Satellite (TSC) Phone (TABLE 2) (For the satellite, enter number and press send button. When using satellite phone always dial the area code.)
3. Radio in CR or TSC or Security CAS/SAS (Only contacts Oswego Co.)

*Refer to EAP1.1 Attachment 10 for operating instructions.

Prepare Form EAP-1.1 Attachment 6 (NRC Form 361 Event Notification Worksheet) obtain data from Emergency Director, and indicators as needed. NRC form REQUIRES Emergency Director review!

Using the prepared Form EAP-1.1 Attachment 6 notify the NRC Operations Center using the ENS Telephone in the CR or TSC.
Dial any of the following numbers:
♦ 301-816-5100
♦ 301-951-0550

(The ENS (Emergency Notification System) phone is operated like a normal dial up phone, but does not require the number "1" before the long distance number.)

If The ENS is not available then use a Commercial, Cellular or Satellite Phone and dial any of the previous numbers.

(The number "1" needs to be dialed.)
The NRC may request that the ENS line be manned continuously after any notification. If this occurs request the Shift Manager /Emergency Director provide additional assistance to allow for the remaining steps to be completed.

Using the prepared Form EAP-1.1 Attachment 1 notify one of the following NRC Resident Inspector at one of the following numbers
Office Plant Extension ♦ 6667
Office Outside Line ♦ 342-4907 or 342-4908
Home (R. Rasmussen) ♦ 635-6949
Pager ♦ 1-800-944-2337, pager 50882
Auto ♦ 440-6715
Home (Richard Skokowski) ♦ 342-8595
Pager ♦ 1-800-944-2337, pager 51082

Update Form EAP-1.1 Attachment 1 and notify OSWEGO COUNTY, NEW YORK STATE, and NINE MILE POINT approximately every 30 minutes (or as agreed upon by those parties), or within 15 minutes of event classification change or event termination until TSC or EOF is activated.

Update Form EAP-1.1 Attachment 6 and notify the NRC Operations Center within 1 hour of an event classification change or termination until the TSC or EOF is activated

Turnover Notification duties to TSC or EOF when staffed or operational. Prepare Form EAP-1.1 Attachment 4 (Control Room Notification Checklist). Transfer the checklist and copies of forms completed to TSC or EOF as well as verbal turnover.

Establish and maintain verbal communications with the TSC, OSC, and EOF using the 4 way Hot Line or by conference call.

RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

Shift Manager/Emergency Director
Control Room Communications Aide
Operator
Security Officer

TABLE 1 FACILITY ACTIVATION REQUIREMENTS

Facility	Unusual Event (0700-1530)	Unusual Event After 1530, Weekends, Holidays	Alert	Site Area Emergency	General Emergency
TSC	ED Decides	X [1]	X	X	X
OSC	ED Decides	X [1]	X	X	X
EOF	ED Decides	ED Decides	X	X	X
JNC	ED Decides	ED Decides	X	X	X

[1] TSC and OSC must be activated at the Unusual Event classification during off hours UNLESS the ED is confident that the emergency will not escalate.

TABLE 2 AGENCY PHONE NUMBERS

	New York State Warning Point	Oswego County Warning Point	Nine Mile Point Sites
0	NY State	Emergency Mgmt.	Unit 1 @ 315-349-2841
16:3	Emergency	Office @ 315-591-9189 or 315-591-9150	or 315-349-2842
0	Management		or 315-349-2843
Off	Office @ 518-457 2200	E911 Center @ 911	Unit 2 @ 315-349-2168
Hours			or 315-349-2169
			or 315-349-2170

Conference call instructions: 1. Place first call 2. Press switch hook 3. Get dialtone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO

USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

1. Use radio in either the CR, TSC, CAS or SAS.
2. Turn Radio on using adjust volume control.
3. Select Channel 1
4. Select "PL B" or "Sheriff" (red light should be next to Sheriff - push button if necessary)
5. Push Transmit on microphone to transmit and release to receive.
6. Inform the Sheriff that normal offsite communications are unavailable.
7. Provide the information from EAP 1.1 attachment 1.
8. Request that Oswego County staff rebroadcast via RECS or commercial phone to Nine Mile Point and NY State Warning Point

TABLE 4 PAGER ACTIVATION MATRIX

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

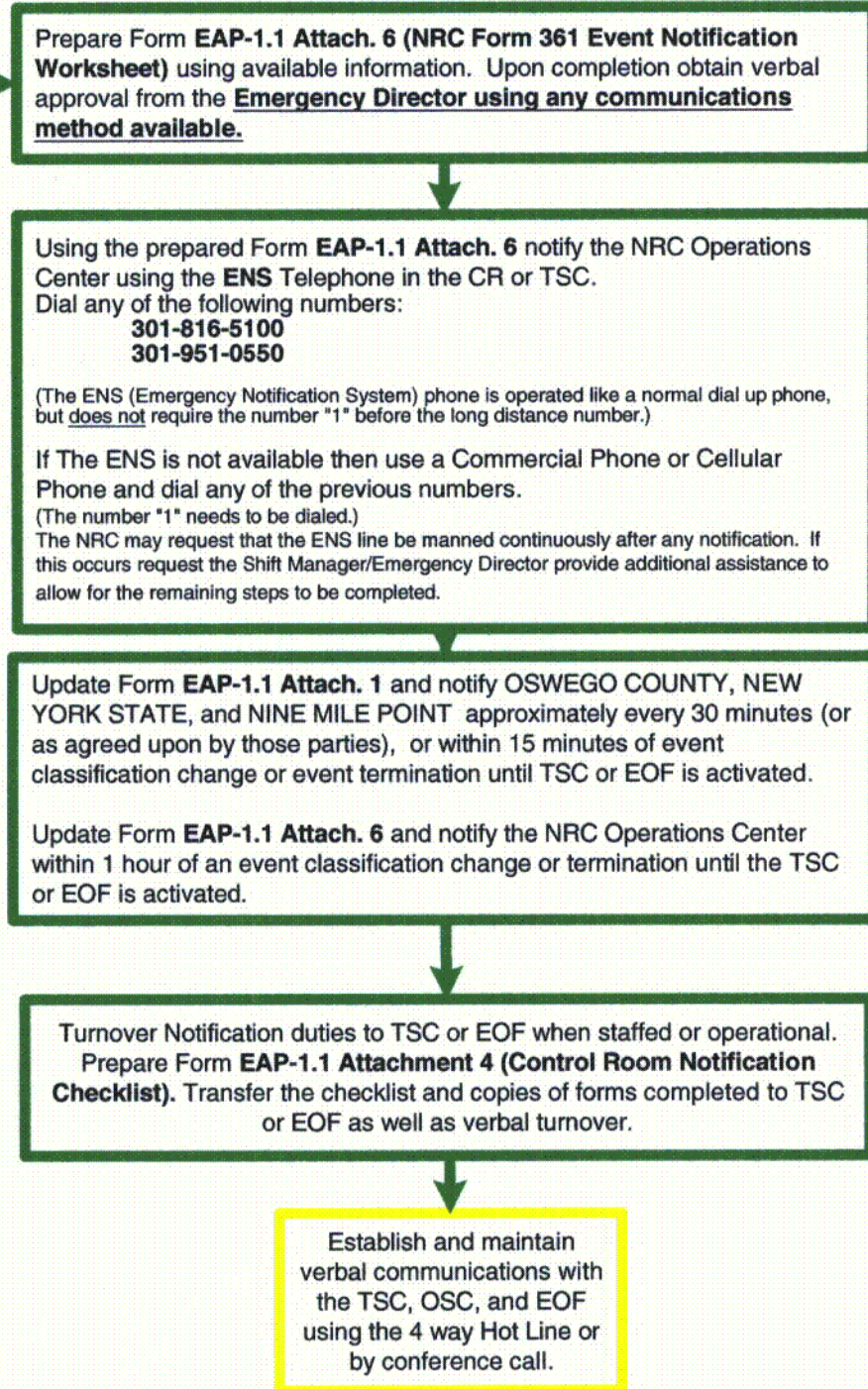
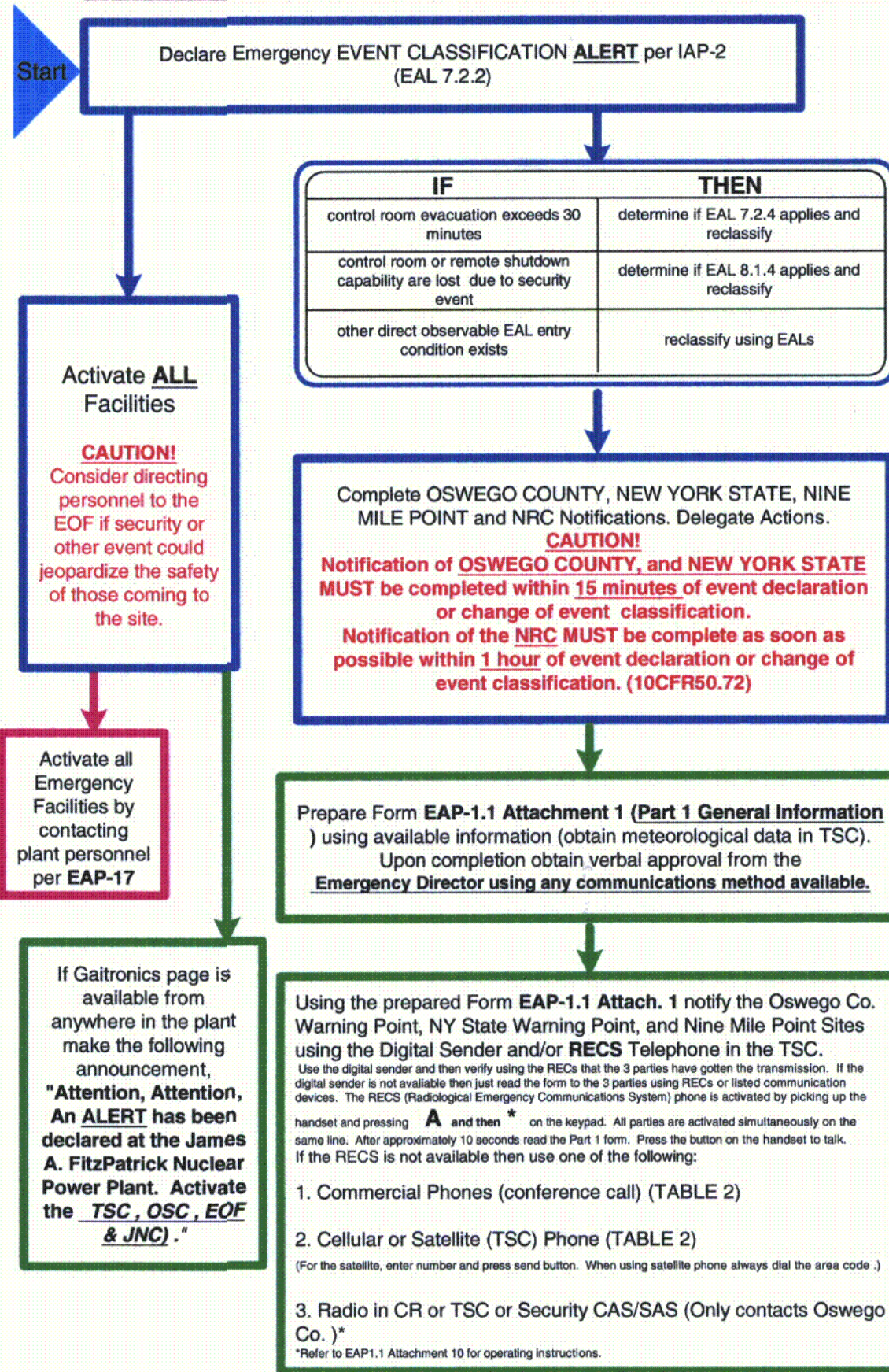
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ATTACHMENT 15 CONTROL ROOM NOTIFICATION FLOWCHART FOR USE IN CONTROL ROOM EVACUATIONS PER AOP-43



RESPONSIBILITY MATRIX (Typical)

Color surrounding step indicates responsible individual

Blue	Shift Manager/Emergency Director
Green	Control Room Communications Aide
Yellow	Operator
Red	Security Officer

TABLE 2 AGENCY PHONE NUMBERS

	New York State Warning Point	Oswego County Warning Point	Nine Mile Point Sites
0	NY State Emergency Management Office @ 518-457 2200	Emergency Mgmt. Office @ 315-591-9189 or 315-591-9150	Unit 1 @ 315-349-2841 or 315-349-2842 or 315-349-2843
16:30			Unit 2 @ 315-349-2168 or 315-349-2169 or 315-349-2170
Off Hours		E911 Center @ 911	

Conference call instructions: 1. Place first call 2. Press switch hook 3. Get dialtone 4. Place 2nd call 5. Press switch hook

TABLE 3 OPERATION OF RADIO

USE OF MOTOROLA RADIO (FOR CONTACTING OSWEGO COUNTY)

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