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February 15, 2001

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

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

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

HP/O/B/1009/001, Radiation Protection Recovery Plan (Rev. 008)
SR/O/B/2000/003, Activation of the Emergency Operations
Facility (Rev. 007)
SR/O/B/2000/004, Notification to States and Counties from the
Emergency Operations Facility (Rev. 002)

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

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

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

Very truly yours,

Gary R. Peterson

Attachments

7045

U.S. Nuclear Regulatory Commission
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Page 2

xc (w/attachments):

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

(w/o attachments):

C. P. Patel
NRC Senior Project Manager (CNS)
U.S. Nuclear Regulatory Commission
Mail Stop O-8 H12
Washington, DC 20555-0001

D. J. Roberts
Senior Resident Inspector (CNS)
U.S. Nuclear Regulatory Commission
Catawba Nuclear Site

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/001	Classification of Emergency (Rev. 013)
RP/0/A/5000/002	Notification of Unusual Event (Rev. 035)
RP/0/A/5000/003	Alert (Rev. 037)
RP/0/A/5000/004	Site Area Emergency (Rev. 039)
RP/0/A/5000/005	General Emergency (Rev. 039)
RP/0/A/5000/06	Deleted
RP/0/A/5000/006 A	Notifications to States and Counties from the Control Room (Rev. 012)
RP/0/A/5000/006 B	Notifications to States and Counties from the Technical Support Center (Rev. 011)
RP/0/A/5000/006 C	Deleted
RP/0/A/5000/007	Natural Disaster and Earthquake (Rev. 020)
RP/0/A/5000/08	Deleted
RP/0/B/5000/008	Spill Response (Rev. 018)
RP/0/A/5000/009	Collision/Explosion (Rev. 006)
RP/0/A/5000/010	Conducting A Site Assembly or Preparing the Site for an Evacuation (Rev. 013)
RP/0/A/5000/11	Deleted
RP/0/B/5000/12	Deleted
RP/0/B/5000/013	NRC Notification Requirements (Rev. 027)
RP/0/B/5000/14	Deleted
RP/0/A/5000/015	Core Damage Assessment (Rev. 004)
RP/0/B/5000/016	Deleted
RP/0/B/5000/17	Deleted

February 1, 2001

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME I

PROCEDURE	TITLE
RP/0/A/5000/018	Emergency Worker Dose Extension (1/15/96)
RP/0/B/5000/019	Deleted
RP/0/A/5000/020	Technical Support Center (TSC) Activation Procedure (Rev. 014)
RP/0/A/5000/021	Deleted
RP/0/B/5000/022	Evacuation Coordinator Procedure (Rev. 003)
RP/0/B/5000/023	Deleted
RP/0/A/5000/024	OSC Activation Procedure (Rev. 007)
RP/0/B/5000/025	Recovery and Reentry Procedure (Rev. 002)
RP/0/B/5000/026	Response to Bomb Threat (Rev. 002)
RP/0/B/5000/028	Communications and Community Relations EnergyQuest Emergency Response Plan (Rev. 001)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1000/006	Emergency Equipment Functional Check and Inventory (Rev. 053)
HP/0/B/1009/001	Radiation Protection Recovery Plan (Rev. 008)
HP/0/B/1009/003	Radiation Protection Response Following a Primary to Secondary Leak (Rev. 008)
HP/0/B/1009/004	Environmental Monitoring for Emergency Conditions Within the Ten-Mile Radius of CNS (Rev. 027)
HP/0/B/1009/005	Personnel/Vehicle Monitoring for Emergency Conditions (Rev. 016)
HP/0/B/1009/006	Alternative Method for Determining Dose Rate Within the Reactor Building (Rev. 008)
HP/0/B/1009/007	In-Plant Particulate and Iodine Monitoring Under Accident Conditions (Rev. 018)
HP/0/B/1009/008	Contamination Control of Injured Individuals (Rev. 015)
HP/0/B/1009/009	Guidelines for Accident and Emergency Response (Rev. 038)
HP/0/B/1009/014	Radiation Protection Actions Following an Uncontrolled Release of Radioactive Material (Rev. 008)
HP/0/B/1009/016	Distribution of Potassium Iodide Tablets in the Event of a Radioiodine Release (Rev. 011)
HP/0/B/1009/017	Deleted
HP/1/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 001)
HP/2/B/1009/017	Post-Accident Containment Air Sampling System (Rev. 000)
HP/0/B/1009/018	Deleted
HP/0/B/1009/019	Emergency Radio System Operation, Maintenance and Communication (Rev. 010)
HP/0/B/1009/024	Implementing Procedure for Estimating Food Chain Doses Under Post-Accident Conditions (Rev. 002)

DUKE POWER COMPANY
CATAWBA NUCLEAR STATION
EMERGENCY PLAN IMPLEMENTING PROCEDURES INDEX

VOLUME II

PROCEDURE	TITLE
HP/0/B/1009/025	Deleted
HP/0/B/1009/026	On-Shift Offsite Dose Projections (Rev. 002)
SH/0/B/2005/001	Emergency Response Offsite Dose Projections (Rev. 001)
SH/0/B/2005/002	Protocol for the Field Monitoring Coordinator During Emergency Conditions (Rev. 001)
OP/0/A/6200/021	Operating Procedure for Post Accident Liquid Sampling System II+ (Rev. 032)
SR/0/B/2000/001	Standard Procedure for Public Affairs Response to the Emergency Operations Facility (Rev. 002)
SR/0/B/2000/002	Standard Procedure for EOF Commodities and Facilities (Rev. 001)
SR/0/B/2000/003	Activation of the Emergency Operations Facility (Rev. 007)
SR/0/B/2000/004	Notification to States and Counties from the Emergency Operations Facility (Rev. 002)

February 1, 2001

Duke Power Company
PROCEDURE PROCESS RECORD

(1) ID No. HP/0/B/1009/001
Revision No. 008

PREPARATION

- (2) Station Catawba
- (3) Procedure Title Radiation Protection Recovery Plan
- (4) Prepared By Douglas V. Baysinger Date 1/15/01
- (5) Requires 10CFR50.59 evaluation?
☒ Yes (New procedure or revision with major changes)
☐ No (Revision with minor changes)
☐ No (To incorporate previously approved changes)
- (6) Reviewed By Daniel T. Parsons (QR) Date 1/22/01
 Cross-Disciplinary Review By Gregory M. Mitchell (QR) NA Date 1/23/01
 Reactivity Mgmt. Review By _____ (QR) NA GM Date 1/23/01
- (7) Additional Reviews
 Reviewed By _____ Date _____
 Reviewed By _____ Date _____
- (8) Temporary Approval (if necessary)
 By _____ (SRO/QR) Date _____
 By _____ (QR) Date _____
- (9) Approved By Michael J. Baysinger Date 1/24/01

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

- (10) Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
- (11) Date(s) Performed _____
 Work Order Number (WO#) _____

COMPLETION

- (12) Procedure Completion Verification
☐ Yes ☐ NA Check lists and/or blanks initialed, signed, dated, or filled in NA, as appropriate?
☐ Yes ☐ NA Listed enclosures attached?
☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?
☐ Yes ☐ NA Charts, graphs, etc. attached, dated, identified, and marked?
☐ Yes ☐ NA Procedure requirements met?
 Verified By _____ Date _____
- (13) Procedure Completion Approved _____ Date _____
- (14) Remarks (Attach additional pages, if necessary.)

Duke Power Company Catawba Nuclear Station Radiation Protection Recovery Plan Information Use	Procedure No. HP/0/B/1009/001
	Revision No. 008
	Electronic Reference No. CN005CV5

Radiation Protection Recovery Plan

1. Purpose

The purpose of this procedure is to provide guidance following a declared emergency in establishing the recovery and re-entry organization and actions as required by 10CFR50, Appendix E, paragraph H, and described in CNS Emergency Plan, Section M.

2. Reference

- 2.1 Catawba Nuclear Station (CNS) - Emergency Plan, Section M
- 2.2 10CFR50 - Appendix E, Emergency Planning and Preparedness for Production and Utilization Facilities, Paragraph H. Recovery

3. Limits and Precautions

None

4. Procedure

- NOTE:**
- Staff Support Scientist or designated Qualified Reviewer may authorize operation outside the scope and acceptance criteria stated in this procedure provided the technical basis and impact to existing procedure 10CFR50.59 evaluation is clearly documented on applicable paperwork.
 - **IF** original 10CFR50.59 evaluation is affected, another evaluation must be performed.

4.1 Procedure Use

- NOTE:**
- This procedure is **NOT** intended to anticipate all conditions that may be encountered during re-entry or during recovery of post accident operations.
 - The Emergency Coordinator informs members of the CNS Emergency Response Organization (ERO) that a recovery operation is to be initiated and notifies ERO of any changes that may occur.
 - Station Management and Emergency Operation Facility (EOF) Management evaluate radiological conditions from re-entry surveys and based upon site conditions determine what procedures are required to restore the site to an operating status.

- 4.1.1 Use this procedure to initiate re-entry and recovery from an emergency with radiological hazards present.

- 4.1.2 Use approved station procedures that provide radiological protection for emergency workers and the public.

NOTE: The following procedure steps may be performed in any order necessary.

4.2 Initial Survey

- 4.2.1 Ensure initial surveys are taken in affected areas to identify station radiological areas and plant contamination levels.
- Review survey results.
 - Evaluate significance of radiation and contamination levels.
- 4.2.2 Ensure radiological conditions are defined, barricaded and posted in accordance with station procedures.
- 4.2.3 Evaluate adequacy of radiation survey equipment available.
- Determine need for additional equipment.
 - **IF** additional equipment is required, locate a source for procurement.
- 4.2.4 Pre-plan recovery team survey activities including:
- areas to be surveyed
 - anticipated radiation levels
 - survey equipment required
 - protective clothing requirements
 - access control procedures
 - exposure control procedures
 - communication capabilities
- 4.2.6 Review exposure history of personnel scheduled to participate in recovery operations.
- Determine need for dose extensions or additional personnel.
 - Ensure personnel exposure is controlled per station limits.

4.2.7 Request recovery teams perform visual inspections of station areas and equipment to determine recovery condition of CNS.

- **IF** irregularities of station areas **OR** improper equipment configurations are observed, report conditions to senior ERO Management.

4.2.8 Ensure equipment leaving the Radiation Control Area (RCA) or Radiation Control Zone (RCZ) is released in accordance with approved station procedures.

5. Enclosures

None

**PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES**

Revision No. 7**PREPARATION**

(2) Procedure Title Activation of the Emergency Operations Facility

(3) Prepared By [Signature] Date 1/16/01

(4) Applicable To:	<input type="checkbox"/> ONS	<input checked="" type="checkbox"/> MNS	<input checked="" type="checkbox"/> CNS
(5) Technical Advisor	<u>B. R. [Signature]</u>		
(6) Requires 10CFR50.59 Evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<small>YES = New procedure or revision with major changes at applicable site NO = Revision with minor changes NO = To incorporate previously approved changes</small>			
(7) Review (QR)	By _____ Date _____	By <u>[Signature]</u> Date <u>1/19/2001</u>	By <u>GARY L. Felt</u> Date <u>01-18-01</u>
Cross-Disciplinary Review (QR)	By _____ NA _____ Date _____	By <u>[Signature]</u> NA <u>[Signature]</u> Date <u>1/19/2001</u>	By <u>GCM, Felt</u> NA <u>GCM</u> Date <u>01-18-01</u>
Reactivity Mgmt. Review (QR)	By _____ NA _____ Date _____	By <u>[Signature]</u> NA <u>[Signature]</u> Date <u>1/19/2001</u>	By <u>GCM, Felt</u> NA <u>GCM</u> Date <u>01-18-01</u>
(8) Additional Reviews	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By _____ Date _____	By _____ (QA) Date _____ By _____ Date _____
(9) Approved	By _____ Date _____	By <u>[Signature]</u> Date <u>1-22-01</u>	By <u>[Signature]</u> <u>for RLS</u> Date <u>1-27-01</u>
(10) Use Level			

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

(11) Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____
 Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____
 Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

☐ Yes ☐ NA Check lists and/or blanks properly initialed, signed, dated, or filled in NA, as appropriate?

☐ Yes ☐ NA Listed enclosures attached?

☐ Yes ☐ NA Data sheets attached, completed, dated, and signed?

☐ Yes ☐ NA Charts, graphs, etc. attached and properly dated, identified, and marked?

☐ Yes ☐ NA Procedure requirements met?

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (Attach additional pages, if necessary.) _____

Duke Power Company McGuire Nuclear Station Activation of the Emergency Operations Facility Multiple Use	Procedure No. SR/0/B/2000/003
	Revision No. 007
	Electronic Reference No. MC007003

Activation of the Emergency Operations Facility

1. Symptoms

Conditions exist where events are in progress or have occurred which resulted in the activation of the Emergency Operations Facility (EOF) Emergency Response Organization (ERO).

2. Immediate Actions

- 2.1 Upon notification to activate, ERO personnel assigned to the EOF shall report to that facility.

3. Subsequent Actions

NOTE: This procedure is not intended to be followed in a step-by-step sequence. Sections of the procedure are to be implemented, as the applicable action becomes necessary.

- 3.1 The EOF must be operational using 75 minutes as a goal for the minimum staff to be in place following declaration of an Alert or higher classification.
- 3.2 Turnover should occur with the TSC at a time that will not decrease the effectiveness of communications with the off-site agencies.
- 3.3 Each represented group is responsible for ensuring their appropriate checklist is completed.
- 3.4 **IF** additional positions are needed to support the emergency, or for 24 coverage, **THEN** the following are available for telephone numbers.

- Catawba

Home phone numbers are located in the Catawba Nuclear site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

- 3.5 The following SDS Group Displays have been established for emergency response use. To access these group displays, type GD (space)"Group Display Name" in the white box at the upper right portion of the screen.

Catawba Specific

<u>Group Display Name</u>	<u>Group Display Description</u>
ERDS1	ERDS Group 1
ERDS2	ERDS Group 2
EROCONT	Selected values associated with containment.
EROCORE1	Incore temperature values
EROCORE2	Additional incore temperature values
EROCORE3	Additional incore temperature values
EROEMF	Selected EMF instantaneous values
EROEMF15	Selected EMF 15 minute average values
EROENV	Selected meteorological values
EROINJCT	Selected letdown/charging values
EROPLEAK	Selected primary to containment leakage values
EROSLEAK	Selected primary to secondary leakage values
EROPRIM	Selected primary system values
ERORD5	Selected Raddose V Assessment Points
ERORXG	Selected Value for Reactor Engineer
EROSAMG	Selected SAMG Values
EROSSECND	Selected secondary system values

McGuire Specific

<u>Group Display Name</u>	<u>Group Display Description</u>
ERO-1	Selected plant parameters
ERO-2	Selected EMF values
EROCONT	Emergency Response Containment
EROCORE	Emergency Response Incore
EROEMF	Emergency Response EMF
EROEMF15	Emergency Response EMF 15 Min AV
EROENV	Emergency Response Environmental
EROINJCT	Emergency Response Injection
EROPRIM	Emergency Response Primary
EROSSECND	Emergency Response Secondary. {PIP-M-99-2593}.

- 3.6 To resolve equipment problems, contact the following:

- Computer problems - EOF Data Coordinator
- Other equipment problems - EOF Commodities and Facilities Manager

3.7 Definitions

3.7.1 The following definitions are applicable to the Emergency Notification Form, Line 8: {1}

- **IMPROVING** - Emergency conditions are improving in the direction of a lower classification or termination of the event.
- **STABLE** - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed.
- **DEGRADING** - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site Protective Action Recommendations

3.7.2 The following definitions are applicable to the Emergency Notification Form, Line 10:

- **EMERGENCY RELEASE** - Any unplanned and quantifiable discharge to the environment of radioactive effluent **ATTRIBUTABLE TO A DECLARED EMERGENCY EVENT**. A release is considered to be in progress if any one or more of the following occurs:
- Reactor Building EMF monitors reading indicates an increase in activity (Catawba and McGuire 38, 39 or 40).

OR

Containment High Range EMF monitors reading greater than 1.5 R/hr.
(Catawba 53A or 53B) (McGuire 51A or 51B)

AND

Pressure inside the containment building is greater than Tech. Specs.
(Catawba and McGuire 0.3 psig)

OR

An actual containment breach is determined.

- Increase in activity monitored by Unit Vent EMF (Catawba and McGuire 35, 36, or 37).
- Steam generator tube leak monitored by EMF (Catawba and McGuire 33)
- Field Monitoring Team results.
- Knowledge of the event and its impact on system operation and resultant release pathways.

3.7.3 **ACTIVATED** - The Emergency Operations Facility has accepted turnover and has direction and control of assigned emergency response functions.

- 3.7.4 OPERATIONAL - The Emergency Response Facility (e.g. Technical Support Center Operations Support Center, Emergency Operations Facility) is staffed and ready to perform assigned emergency response functions.

4. Enclosures

- 4.1 EOF Director/Assistant EOF Director Checklist
- 4.2 Catawba Protective Actions
- 4.3 McGuire Protective Action
- 4.4 Emergency Classification Downgrade/Termination
- 4.5 Radiological Assessment Manager Checklist
- 4.6 EOF Dose Assessor Checklist
- 4.7 Field Monitoring Coordinator Checklist
- 4.8 Radio Operator Checklist
- 4.9 EOF Off-Site Agency Communicator Checklist
- 4.10 Access Control Director Checklist
- 4.11 Accident Assessment Manager Checklist
- 4.12 Accident Assessment Interface Checklist
- 4.13 Operations Interface Checklist
- 4.14 Administrative Support Checklist
- 4.15 Reactor Physics Checklist
- 4.16 EOF Emergency Planner Checklist
- 4.17 EOF Log Recorder/Status Keeper Checklist
- 4.18 EOF Data Coordinator Checklist
- 4.19 EOF Commodities and Facilities Manager Checklist
- 4.20 Meteorologist Checklist
- 4.21 Fitness for Duty Questionnaire
- 4.22 Commitments for SR/0/B/2000/003

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

NOTE: The EOF Log Recorder will maintain the official log for the EOF Director/Assistant EOF Director. The EOF Director/Assistant EOF Director may maintain an additional log if desired.

_____ Establish a log of activities.

_____ Establish communications with the Emergency Coordinator or Assistant Emergency Coordinator in the affected site's TSC as follows:

- Video conference

OR

- Use the affected site's EOF Director to Emergency Coordinator Ringdown phone

OR

- Catawba TSC, dial 8-831-5870

OR

- McGuire TSC, dial 8-875-4950

_____ Verify the following EOF positions, as a minimum, are filled, have checked out their assigned equipment/procedures and are prepared to assume their EOF duties prior to declaring the EOF operational:

- _____ EOF Director
- _____ Accident Assessment Manager
- _____ Radiological Assessment Manager
- _____ Access Control Director
- _____ Off-Site Agency Communicator
- _____ Off-Site Agency Communicator

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

_____ Announce over the EOF public address system the following:

"Anyone who is reporting to this facility outside of your normal work hours and has consumed alcohol within the past five (5) hours, notify either the EOF Director, Assistant EOF Director, or the appropriate lead in each functional area."

_____ Declare the EOF operational. EOF operational time: _____.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill"

_____ Announce the following over the EOF public address system:

"Attention all EOF personnel. This is _____ and as of _____ hours,
(EOF Director's Name)
the EOF is operational."

_____ Inform the Emergency Coordinator or Assistant Emergency Coordinator that the EOF is:

- Operational
- Gathering plant status information
- Ready to receive turnover at the Emergency Coordinator's convenience.

_____ Read the definitions for the following terms contained in Steps 3.7.1 and 3.7.2 in the body of this procedure:

- | | |
|-------------|---------------------|
| • Stable | • Degrading |
| • Improving | • Emergency Release |

NOTE: The following step may be accomplished by conducting a Time Out or by verifying the level of readiness with the individuals in the positions.

_____ Verify the following positions, at a minimum, are ready to activate (i.e. have received the necessary information from their TSC counterpart, etc.) and are positioned to perform the next off site agency communication via the Emergency Notification Form (ENF).

- _____ Accident Assessment Manager
- _____ Radiological Assessment Manager
- _____ Lead Off-Site Agency Communicator

EOF Director/Assistant EOF Director Checklist Page 3 of 9

NOTE: The Emergency Coordinator or Assistant Emergency Coordinator faxes copy of EOF Director Turnover Form to EOF. A copy of the "EOF Director Turnover Form" is provided on page 8 of this enclosure for use if needed.

NOTE: If a classification change is recognized during turnover the turnover should not be completed until after the activated facility (TSC) declares and transmits the notification to the offsite agencies.

- _____ Receive turnover from Emergency Coordinator or Assistant Emergency Coordinator utilizing the "EOF Director Turnover Form."
- _____ Begin preparing, or delegate to the Assistant EOF Director, for briefing Offsite Agencies using the job aide on page 9 of 9. {8}

NOTE: The EOF Director is responsible for determining Emergency Classifications, approving Protective Action Recommendations, and approving Off-Site Agency Emergency Notification Forms after the EOF is activated. These responsibilities remain with the EOF Director and shall not be delegated.

- _____ Inform the Emergency Coordinator that the EOF is ready to activate.

NOTE: For all drills, messages should be preceded with "This is a drill. This is a drill."

- _____ Announce over the EOF public address system the following:

"Attention all EOF personnel. The EOF was activated at _____ hours. This is _____. I am the EOF Director and have taken responsibility for emergency management from the Emergency Coordinator in the Technical Support Center. The current emergency classification is _____. The following is a summary of the plant status.....

Additional information will be provided to you as conditions change. The next off-site agency notification shall be transmitted by _____ hours. The EOF staff shall prepare for a time-out and a roundtable discussion at _____ hours."

- _____ Discuss current emergency classification with the EOF staff and verify that it meets the criteria of:

- Catawba RP/0/A/5000/001
- **OR**
- McGuire RP/0/A/5700/000

- _____ Upon declaration of a Site Area Emergency, consult with the Accident Assessment Manager and the Radiological Assessment Manager to determine potential zones for protective action recommendations should the event progress to a General Emergency.

____ Upon declaration of a General Emergency, the EOF Director shall IMMEDIATELY (within 15 minutes) recommend Protective Actions to off-site authorities via the Emergency Notification Form (ENF) using:

- Catawba Enclosure 4.2, Page 1
- McGuire Enclosure 4.3

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

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

- Catawba Enclosure 4.2, page 2
- McGuire Enclosure 4.3

____ Review dose projections with Radiological Assessment manager to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

____ **IF** Protective Action Recommendations are required beyond 10 miles, **THEN** notify the states and counties and request they consider sheltering/evacuation of the general population located beyond the affected 10 mile EPZ.

____ Discuss, or delegate to the Assistant EOF Director the responsibility to discuss, plant status with the County Directors of Emergency Preparedness (CDEP), the State Liaisons or the State Directors of Emergency Preparedness (SDEP) as necessary/requested using one of the following methods:

- The EOF State Liaisons will communicate information from the EOF Director to County/State representatives using the Decision Line.

NOTE: If using the EOF/Assistant EOF Director telephone individual State and/or County numbers can be obtained from the appropriate sites Emergency Telephone Directory.

- Use the Decision Lines or the EOF/Assistant EOF Director telephone to contact the appropriate states/counties. Obtain the Decision Line Dial Codes or phone numbers from the appropriate Emergency Telephone Directory. {7}

Catawba Site Specific

____ York CDEP _____

____ Mecklenburg CDEP _____

____ Gaston CDEP _____

____ NC SDEP _____

____ SC SDEP _____

McGuire Site Specific

_____ Mecklenburg CDEP _____
_____ Gaston CDEP _____
_____ Lincoln CDEP _____
_____ Iredell CDEP _____
_____ Catawba CDEP _____
_____ Cabarrus CDEP _____
_____ NC SDEP _____

_____ **IF** Duke Power has provided Protective Action Recommendations to the States and Counties,
THEN request SDEPs and CDEPs to inform the EOF Director of the decisions for actual Protective
Actions for the plume exposure pathway populations. Record SDEPs and CDEPs protective action
decisions below:

Zones Evacuated: _____

Zones Sheltered: _____

Information Received from: _____

_____ Inform Emergency Coordinator or Assistant Emergency Coordinator of SDEPs and CDEPs
protective action decisions and other off-site conditions.

_____ Perform the following steps as needed throughout the event:

- Conduct a time-out and hold a roundtable discussion approximately every 30 minutes with the
EOF staff to discuss:
 - Emergency Classification
 - Protective Action Recommendations
 - Emergency Notification Form status
 - Off-site dose projections
 - Mitigation strategies
 - Termination criteria as defined in Enclosure 4.4
- Announce to the EOF the emergency classification, plant status, and priorities via the EOF public
address system following EOF time-outs.
- The Emergency Coordinator or Assistant Emergency Coordinator updates may be broadcast on
the EOF public address system.

- Advise Emergency Coordinator or Assistant emergency Coordinator of the following:
 - All aspects of the emergency situation, including alternate strategies outside of procedures as plant conditions dictate.
 - Emergency Classification changes
 - Protective Action Recommendations changes
 - Mitigation strategies
 - Contingency plans
- Ensure that 10CFR50.54(x) actions are approved prior to performing the action. (Reasonable actions that depart from a license condition or technical specification may be performed in an emergency, per 10CFR50.54(x), when this action is immediately needed to protect the health and safety of the public and no action consistent with the license condition or technical specification that can provide adequate or equivalent protection is immediately apparent. Deviation from an Emergency Procedure constitutes a 10CFR50.54(x) action. Actions taken per 10CFR50.54(x) shall be:
 - Approved, as a minimum, by a Licensed Senior Reactor Operator prior to taking such action, and
 - Documented in the Reactor Operators Logbook, and
 - Documented in the TSC Logbook, and
 - Reported to the NRC within one hour using:
 - RP/0/B/5000/013, "NRC Notification Requirements" {3}
 - RP/0/A/5700/010, "NRC Immediate Notification Requirements"
- Authorize emergency worker extensions if the radiation exposure doses are expected to exceed the blanket dose extension limits authorized by the Radiation Protection Manager using:
 - Catawba RP/0/A/5000/018
 - McGuire System Radiation Protection Manual Section VI-6
- Approve personnel with training deficiencies prior to their participation as an EOF staff member. This approval shall be documented in the EOF Log.
- Assist Emergency Coordinator or Assistant Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines.
- Turn over EOF Director duties to the Assistant EOF Director prior to leaving the EOF Director's Area.

____ Verify that the EOF Emergency Planner completes the "EOF 24-Hour Staffing Log" located in Enclosure 4.16.

____ Assist TSC Emergency Coordinator or Assistant Emergency Coordinator as a Decision Maker upon entry into Severe Accident Management Guidelines (SAMG) {PIP-0-M-99-2593}.

NOTE: The Off-Site Recovery Organization will stay at the EOF and work with the counties and states if radiological conditions exist beyond the site boundary. The On-Site Recovery Organization will be established by the Emergency Coordinator.

_____ Establish Recovery Organization if needed using:

- Catawba RP/0/A/5000/025
- McGuire RP/0/A/5700/024

_____ Conduct a critique following termination of a drill or actual event.

_____ Provide all completed paperwork to Emergency Planning following termination of a drill or actual event.

Close out the emergency event in accordance with the applicable procedure:

_____ Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

_____ Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

_____ Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

_____ General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

Enclosure 4.1

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EOF Director/Assistant EOF Director Checklist

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UNIT(S) AFFECTED: CATAWBA U1 _____ U2 _____ MCGUIRE U1 _____ U2 _____
(8)

GENERAL	DATE: _____	POWER LEVEL	NCS TEMP	NCS PRESS	
	TIME: _____	U-1 _____ U-2 _____	_____	_____	
EMERGENCY CLASSIFICATION	NOUE DECLARED AT: _____ ALERT DECLARED AT: _____ SAE DECLARED AT: _____ G.E. DECLARED AT: _____ REASON FOR EMER CLASS: _____ _____				
	TSC ACTIVATED AT: _____ EOF ACTIVATED AT: _____				
SITE ASSEMBLY SITE EVACUATION		YES	NO	TIME	LOCATION OR COMMENTS
	SITE ASSEMBLY	_____	_____	_____	_____
	SITE EVAC. (NON-ESSEN.)	_____	_____	_____	_____
	SITE EVAC. (ESSENTIAL)	_____	_____	_____	_____
	OTHER OFFSITE AGENCY INVOLVEMENT	_____	_____	_____	_____
	MEDICAL	_____	_____	_____	_____
	FIRE	_____	_____	_____	_____
	POLICE	_____	_____	_____	_____
RADIOLOGICAL		NUMBER ASSEM.	NUMBER DEPLOYED		
	FIELD MON. TEAMS	_____	_____		
		ZONES EVAC		ZONES SHELTERED	
	PARS:	_____	_____	_____	
		YES	NO		
	RELEASE IN PROGRESS	_____	_____		
	RELEASE PATHWAY	_____			
	CONTAINMENT PRESSURE	_____	PSIG		
	WIND DIRECTION	_____	WIND SPEED	_____	
OFFSITE COMMUNICATION		NUMBER	TIME		
	LAST MESSAGE SENT:	_____	_____		
	NEXT MESSAGE DUE:	_____	_____		
	NOTE: EOF COMMUNICATION CHECKS SHOULD BE COMPLETED PRIOR TO ACTIVATING THE EOF.				

OTHER NOTES RELATED TO THE ACCIDENT/EVENT/PLANT EQUIPMENT FAILED OR OUT OF SERVICE

Enclosure 4.1

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EOF Director/Assistant EOF Director Checklist

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Job Aid {8}

		AVAILABLE	NOT AVAILABLE	COMMENTS
S/G HEAT REMOVAL	AFW TRAIN A	_____	_____	
	AFW TRAIN B	_____	_____	
	TD AFW TRAIN	_____	_____	
ECCS	NV TRAIN A	_____	_____	COMMENTS
	NV TRAIN B	_____	_____	
	NI TRAIN A	_____	_____	
	NI TRAIN B	_____	_____	
	ND TRAIN A	_____	_____	
	ND TRAIN B	_____	_____	
	STAND BY MU WATER PMP	_____	_____	
COOLING WATER	KC TRAIN A	_____	_____	COMMENTS
	KC TRAIN B	_____	_____	
	RN TRAIN A	_____	_____	
	RN TRAIN B	_____	_____	
POWER SYSTEMS	BUSLINE A	_____	_____	COMMENTS
	BUSLINE B	_____	_____	
	DG A	_____	_____	
	DG B	_____	_____	
	SATA	_____	_____	
	SATB	_____	_____	
	TRAIN A DC POWER	_____	_____	
	TRAIN B DC POWER	_____	_____	
	SSF DG	_____	_____	
CONTAINMENT	CONT. SPRAY TRAIN A	_____	_____	COMMENTS
	CONT. SPRAY TRAIN B	_____	_____	
	H ² IGNITERS TRAIN A	_____	_____	
	H ² IGNITERS TRAIN B	_____	_____	
	CONT. AIR RETURN FANS TRAIN A	_____	_____	
	CONT. AIR RETURN FANS TRAIN B	_____	_____	
	CONT. ISOL. TRAIN A	ACTUATED _____	ISOL.COMPL. _____	
	CONT. ISOL. TRAIN B	_____	_____	

Note: This form is not required for TSC/EOF Turnover. It is made available as a job aid only and can be used for other activities (e.g. Brief the NRC).

Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR) to be entered on Line 15 of the Emergency Notification Form using one of the following tables:

WIND SPEED LESS THAN OR EQUAL TO 5 MPH

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

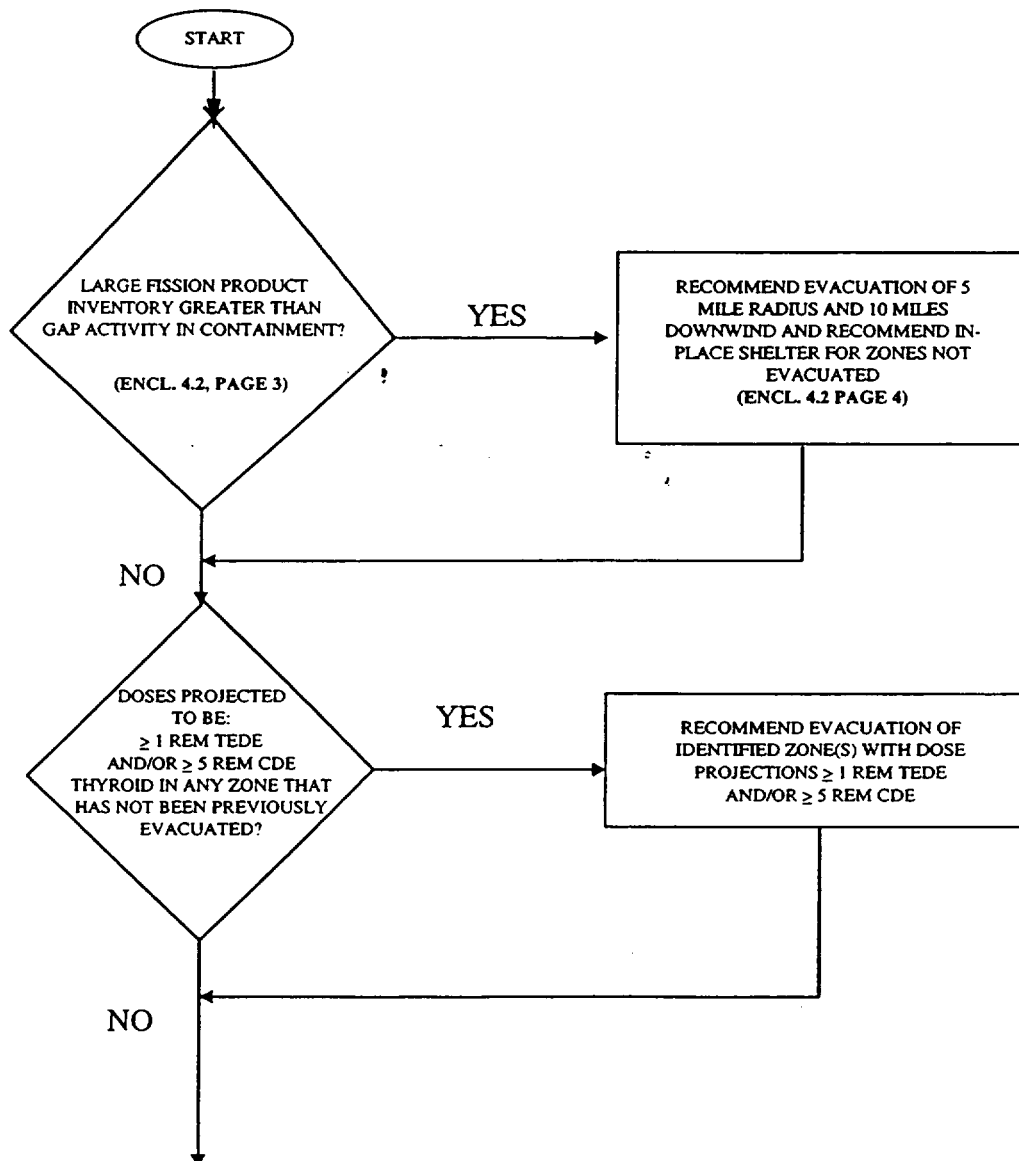
AND

Shelter In-Place zones: A2, A3, B2, C2, D2, E2, F2, F3

WIND SPEED GREATER THAN 5 MPH

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

Guidance for Protective Actions
Protective Action Recommendation Flowchart



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

NOTE:

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

- IF WIND SPEED IS LESS THAN OR EQUAL TO 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN RECOMMEND EVACUATION OF ZONES A0, A1, B1, C1, D1, E1, AND F1 IF NOT PREVIOUSLY RECOMMENDED FOR EVACUATION
- IF WIND SPEED IS GREATER 5 MPH AND LARGE FISSION PRODUCT INVENTORY IS LESS THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED
- IF LARGE FISSION PRODUCT INVENTORY IS GREATER THAN GAP ACTIVITY IN CONTAINMENT THEN USE ENCLOSURE 4.2 PAGE 4 OF 4 TO DETERMINE IF EVACUATION OF ADDITIONAL ZONES SHOULD BE RECOMMENDED

Guidance for Protective Actions

Guidance for Determination of Gap Activity

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

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

Enclosure 4.2
Catawba Protective Actions

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Protective Action Zones Determination Table
(This Table Used For Large Fission Product Inventory Greater Than Gap Activity In Containment Only)
Use this table to determine the recommended zones for evacuation within the
5 mile radius and 10 miles downwind for any windspeed.

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

Enclosure 4.3
McGuire Protective Actions

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_____ **Make an immediate PROTECTIVE ACTION RECOMMENDATION (PAR)**
within 15 minutes to be entered on line 15 of the Emergency Notification Form (ENF) using
the following information as appropriate.

NOTE:{5}1. If necessary, obtain needed data from one of the following sources in order of sequence:

- A. DPC Meteorological Lab (8-594-0341).
- B. National Weather Service in Greer, S.C. (864-879-1085 or 1-800-268-7785).
- C. Catawba Nuclear Station Control Room (8-831-5345).

IF containment radiation levels exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

_____ Evacuate the 5-mile radius **AND** 10 miles downwind as shown in the table on Enclosure
4.3, page 2 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown in the table on Enclosure 4.3, page 2 of 3, using wind
direction.

OR

IF containment radiation levels **DO NOT** exceed the levels on Enclosure 4.3, page 2 of 3, **THEN**:

IF wind speed is less than or equal to 5 MPH, **THEN**:

_____ Evacuate zones L, B, M, C, N, A, D, O, R

AND

_____ Shelter zones E, F, G, H, I, J, K, P, Q, S

OR

IF wind speed is greater than 5 MPH, **THEN**:

_____ Evacuate the 2-mile radius **AND** 5 miles downwind as shown in the table on Enclosure 4.3,
page 3 of 3, using wind direction.

AND

_____ Shelter remaining zones as shown on Enclosure 4.3, page 3 of 3, using wind direction.

Enclosure 4.3
McGuire Protective Actions

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

_____ **IF** the OAC is available, **THEN** call up the following computer points based on need:

Unit 1 OAC

Unit 2 OAC

M1A0829	1EMF51A	M2A0829	2EMF51A
M1A0835	1EMF51B	M2A0835	2EMF51B

<u>Time After Shutdown (Hours)</u>	<u>Containment Monitor Reading (R/HR) EMF51A or 51B (100% Gap Activity Release)</u>
0	2,340
0-2	864
2-4	624
4-8	450
>8	265

PROTECTIVE ACTION ZONES DETERMINATION

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

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

GUIDANCE FOR OFFSITE PROTECTIVE ACTIONS

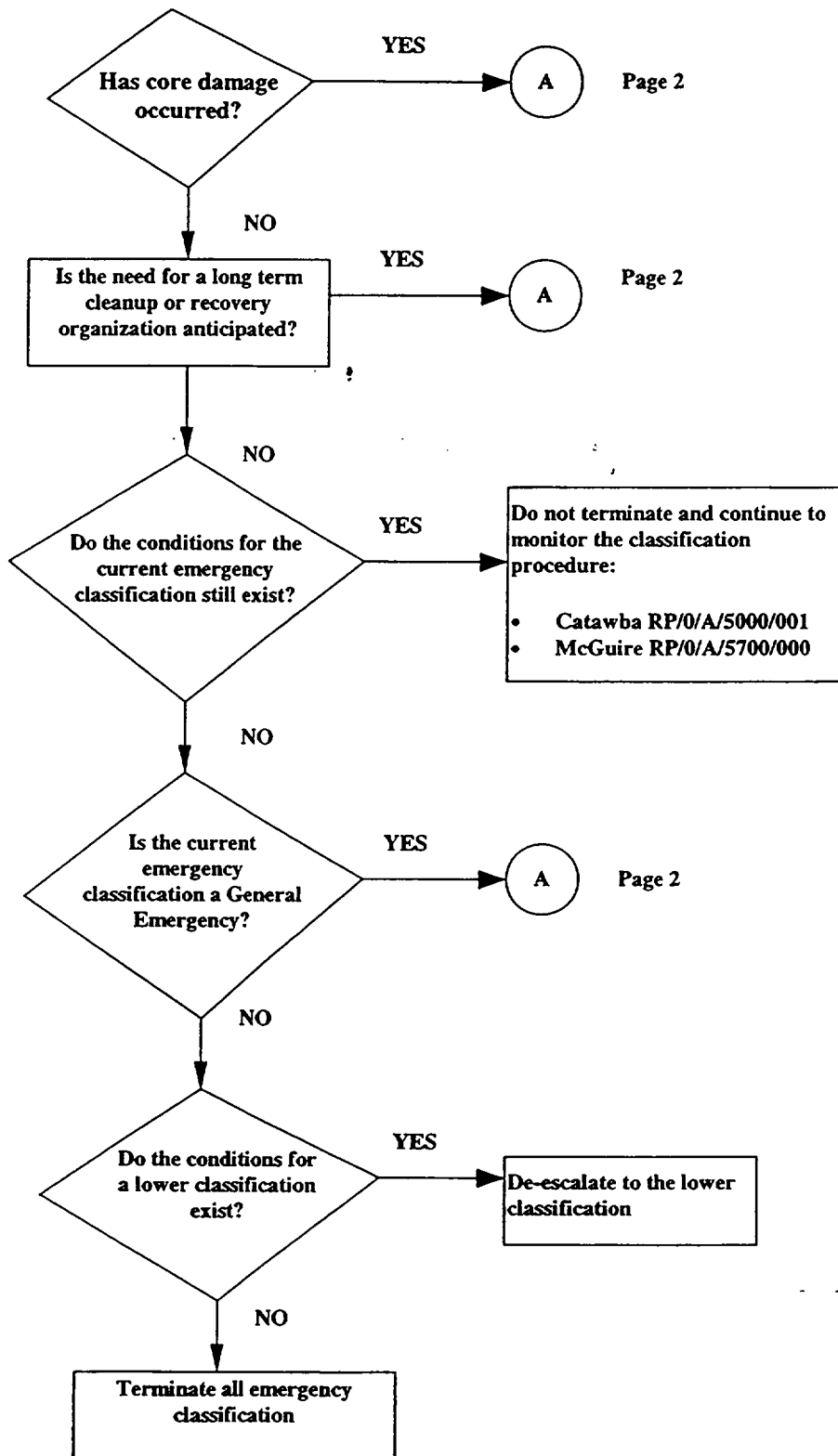
PAGs (Projected Dose)

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

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

Enclosure 4.4
**Emergency Classification Downgrade/
Termination Criteria**

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Emergency Classification Downgrade/ Termination Criteria

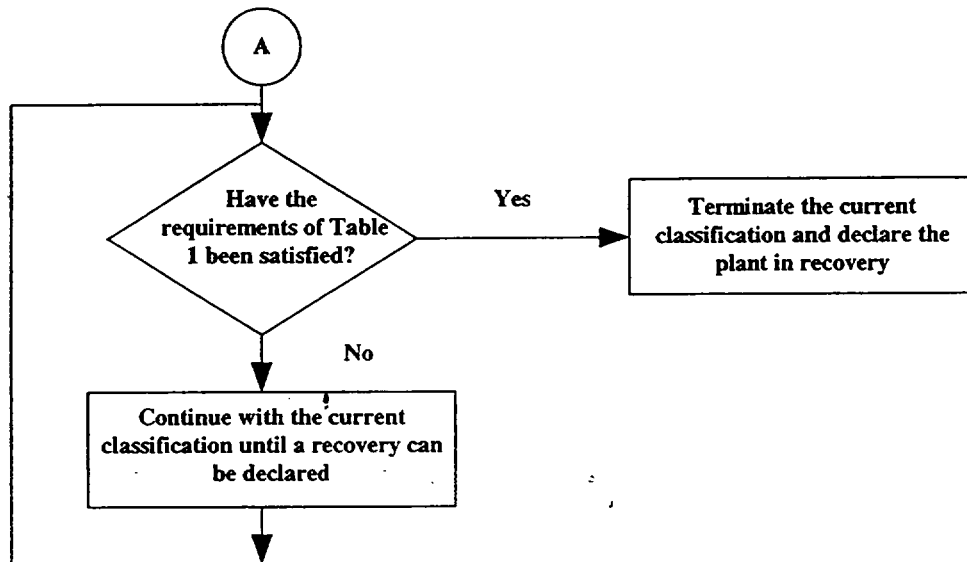


Table 1

- _____ No new evacuation or sheltering protective actions are anticipated.
- _____ Containment pressure is less than design pressure.
- _____ Decay heat rejection to the ultimate heat sink has been established and either:
 - Injection and heat removal have redundancy available (2 trains of injection/DHR or a train of DHR and S/G cooling),
 - OR**
 - No additional fission product release or fission product barrier challenges would be expected for at least 2 hours following interruption of injection. {2}
- _____ The risks from recriticality are acceptably low.
- _____ Radiation Protection is monitoring access to radiologically hazardous areas.
- _____ Off-site conditions do not limit plant access.
- _____ The Public Information Coordinator, NRC officials, and State representatives have been consulted to determine the effects of termination on their activities.
- _____ The recovery organization is ready to assume control of recovery operations:
 - Catawba - RP/0/B/5000/025
 - McGuire - RP/0/A/5700/024

Enclosure 4.5
Radiological Assessment Manager Checklist

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INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Notify EOF Director that the Radiological Assessment Manager (RAM) position is operational.
- _____ Ensure all Radiation Protection personnel reporting to the EOF also sign in on the staffing board.
- _____ Power up the Radiological Assessment Computer.
- _____ Verify EOF Off-Site Agency Communicators have opened an electronic Emergency Notification Form.
- _____ Log on to the Emergency Notification Form by following the instructions in the EOF Radiological Assessment Managers Logbook behind the ENF Logon Instructions tab.
- _____ Verify the electronic Emergency Notification Form can be accessed.
- _____ Establish a log of activities.
- _____ Discuss the following with the EOF Director:
 - 1) Any release in progress, including dose rates (especially at the site boundary)
 - 2) Field Team status/data
 - 3) On-site radiological concerns
- _____ Review Criteria in "Classification of Emergency" procedure for emergency classification changes and discuss with Accident Assessment personnel plant conditions including power failures, valve closures, etc.

Catawba RP/0/A/5000/001

OR

McGuire RP/0/A/5700/000

Catawba Specific

- _____ Obtain HP/0/B/1009/009, "Guidelines for Accident and Emergency Response," and perform duties as described in the procedure.
- _____ Establish communications with the TSC via the RP Loop; communication established after beep. {4}

Radiological Assessment Manager Checklist

_____ Review dose projections to determine if Protective Action Recommendations are required beyond the 10 mile EPZ.

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

_____ Evaluate with the EOF Director recommendations for public protective actions.

_____ Assist Public Affairs and/or Public Spokesperson with dose comparisons based on computer model or field data.

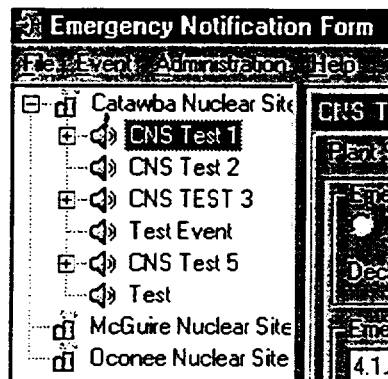
NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

_____ Provide radiological information on the electronic Emergency Notification Form as per the directions beginning on page 3 of this enclosure.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ELECTRONIC ENF INSTRUCTIONS

- _____ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- _____ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



- NOTE:**
- Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.
 - The Radiological Assessment Manager is responsible for completing and maintaining the Release and Met./Off-site Dose Sections. Information for these Sections may be loaded directly from the RADDPOSE V Program.
 - RADDPOSE V information for the electronic emergency notification form must be saved to the "ini" file.

- _____ Verify that a RADDPOSE V Dose Run for the current event has been performed.

- NOTE:** Radiological dose projection information is **not** required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification. However, it may be loaded/transmitted if available within the required timeframe.

Radiological Assessment Manager Checklist

_____ Select the **Release Section** tab for the specific event.

The screenshot shows the 'CNS Test 1' window with the 'Release' tab selected. The interface includes several sections for data entry:

- Emergency/Release:** Radio buttons for 'None', 'Potential', 'Is occurring', and 'Has occurred'. 'Potential' is selected.
- Release Type:** Radio buttons for 'Airborne Release' and 'Ground Level'. 'Ground Level' is selected.
- Automatic Release:** Fields for 'Started' (04/26/1999 11:30) and 'Stopped' (// // // //).
- Liquid Release:** Fields for 'Started' and 'Stopped' (// // // //).
- Release Magnitude:** Radio buttons for 'Gross per Second' and 'Gross'. 'Gross per Second' is selected.
- Normal Operating Limits:** Radio buttons for 'Below' and 'Above'. 'Below' is selected.
- Notes:** A list of values: 7.98E+00, 7.45E-02, 6.29E-04, and 0.00E+00.
- Buttons:** 'Load From RadDose', 'Clear', and 'Validate' are visible at the bottom.

NOTE: If automatic load feature is not operational, manually enter the RADDose information.

- _____ Select the **"Load From RadDose"** button on the bottom of the screen.
- _____ Screen will request confirmation of specific dose run to be loaded. Click **Yes** or **No**
- _____ Verify loaded data is correct.
- _____ Click the **"Save"** button at the bottom of the screen. This will update the status indicator for this section.

Enclosure 4.5
Radiological Assessment Manager Checklist

SR0/B/2000/003
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Status Indicators at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows:

Black - information and time conflict

Green - information is 0 to 10 minutes old.

Yellow - information is 10 to 15 minutes old.

Red - information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/28/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999
RED	RED	RED	GREEN	RED	RED		RED

_____ Immediately proceed to the **Met./Offsite Dose** Section.

_____ Select the **Met./Offsite Dose** Section tab for the specific event.

CNS Test 1

Plant Status	Plant Summary	Protective Actions	Release	Met./Offsite Dose	Communications
--------------	---------------	--------------------	---------	-------------------	----------------

Offsite Dose Estimate

☒ New ☐ Unchanged

Projection Time:

Estimated Duration: hrs

TEDE mem: rad (rad CD Em mem)

Site Boundary:

2 miles	<input type="text"/>	<input type="text"/>
5 miles	<input type="text"/>	<input type="text"/>
10 miles	<input type="text"/>	<input type="text"/>

Metereological Data:

Wind Direction: (degrees)

Stability Class:

Speed: mph

Precipitation: inches/15 mins or less

Load From Rad Dose:

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/0/B/2000/003
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NOTE: If automatic load feature is not operational, manually enter the RADDOSE information.

- _____ Select the **“Load From RadDose”** button on the bottom of the screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- _____ Verify loaded data is correct.
- _____ Click the **“Save”**. This will update the status indicator for this section.

Status Indicators at the bottom of the screen will change colors to indicate the updated information. Indicator information is as follows:

Black - information and time conflict

Green – information is 0 to 10 minutes old.

Yellow – information is 10 to 15 minutes old.

Red – information is greater than 15 minutes old

Plant Status	Plant Summary	Protective Actions	Release	Met/Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/18/1999 14:47	10/18/1999 14:48	10/18/1999 14:49	10/20/1999 07:45	10/18/1999 14:49	10/18/1999 14:50	10/19/1999 13:47	10/19/1999 1
RED	RED	RED	GREEN	RED	RED		RED

- _____ Verify that Dose Assessment is routinely performing RADDOSE V updates.
- _____ Continue to update or validate the ENF information form as appropriate

ENF UPDATES

If a new dose run is available perform the following:

- _____ Select the **“Load From RadDose”** button on the bottom of each screen.
- _____ Screen will request confirmation of specific dose run to be loaded. **Click Yes or No**
- _____ Verify loaded data is correct.

Enclosure 4.5
Radiological Assessment Manager Checklist

SR/O/B/2000/003
Page 7 of 7

- _____ Click the “Save”. This will update the status indicator for this section. **Status indicators will reflect Update.**

VALIDATION

If the existing dose information is still current and new information does not need to be loaded perform the following:

- _____ Verify Data is current ,
- _____ Select the “Validate” button on the bottom right of the screen of each section. **Status indicators will reflect Update.**

NOTE: Protective Action Recommendations will be loaded into the ENF by the Accident Assessment Manger

- _____ Evaluate protective actions with the Accident Assessment Manager and the EOF Director.

Enclosure 4.6
EOF Dose Assessor Checklist
Initial EOF Activation Checklist

SR/0/B/2000/003
Page 1 of 2

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.

NOTE: RADDOSE V information must be saved to the "ini" file in order for the Radiological Assessment Manager to transfer the information to the electronic emergency notification form.

- _____ Obtain a copy of SH/0/B/2005/001 (Emergency Response Offsite Dose Projections).
- _____ Initiate a Log of Activities.
- _____ Turn on dose assessment and data acquisition computers and acquire necessary information. **IF** data acquisition programs are unavailable, **THEN** request from TSC information obtained from SDS or the Control Room (EMF and Met data).

NOTE: Be aware of the effects of loss of power on critical EMFs.

- _____ Verify operability and validity of EMFs through the TSC.
- _____ Verify effluent discharge alignment with Shift Lab, RP Manager (TSC), or RP Dose Assessors (TSC) as necessary.
- _____ Establish communications with dose assessment personnel at the TSC. Compare information, projections and strategies with the TSC.
- _____ Set up video conferencing with the TSC Dose Assessors, if desired.
- _____ Obtain turnover from the TSC.
- _____ Verify operability of the Health Physics Network (HPN) phone by placing a call to the NRC using the number listed on the HPN phone

NOTE: The NRC Regional Office will request the activation of the HPN phone through the Emergency Notification System (ENS) telephone if desired.

- _____ **IF** requested during a drill or actual event, **THEN** activate the HPN phone by placing a call to the NRC using the number listed on the HPN phone.

Enclosure 4.6
EOF Dose Assessor Checklist

SR/0/B/2000/003
Page 2 of 2

NOTE:

1. Perform off-site dose projections and determine protective action recommendations.
2. Dose projections shall be run at least every 30 minutes or as directed by the RAM.

_____ Analyze source term data, formulate source term mitigation strategies, and provide information to the Radiological Assessment Manager, members of the EOF and TSC Dose Assessors as required.

_____ Perform dose projections as appropriate to plant conditions.

_____ Interact with Field Monitoring Coordinator to compare off-site dose projections to actual field readings.

NOTE: Radiological dose projection information is not required for Emergency Notification Forms that are sent as initial notification of an emergency classification or initial notification of a change to the emergency classification.

_____ Evaluate dose projections and provide protective action recommendations to the Radiological Assessment Manager and the EOF Director.

_____ **IF** SAMGs are implemented **AND** offsite releases approach, or exceed, 1REM TEDE or 5 REM Thyroid CDE, **THEN** notify the EOF SAMG Evaluator (Located in the Accident Assessment Area). {PIP-M-99-5381}

_____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.7
Field Monitoring Coordinator Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions).
- _____ Establish a log of activities.

Catawba Specific

- _____ Perform duties as described in the following:
 - HP/0/B/1009/004, "Environmental Monitoring for Emergency Conditions Within the Ten Mile Radius of CNS"
 - HP/0/B/1009/009, "Guidelines for Accident and Emergency Response"
 - HP/0/B/1009/019, "Emergency Radio System Operation, Maintenance, & Communication"

- _____ Restore equipment to a "Ready Status" and notify appropriate personnel of conditions that would cause a less than operational status.
- _____ Provide all completed procedures and copies of logs to the EOF Emergency Planner upon deactivation of the EOF.

Enclosure 4.8
Radio Operator Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire, when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain a copy of SH/0/B/2005/002 (Protocol for the Field Monitoring Coordinator During Emergency Conditions), Enclosure 5.3 (Field Monitoring Survey Data Sheet) and Enclosure 5.4 (Meteorological Update for Field Monitoring Teams). {6}
- _____ Establish contact with Field Teams.
- _____ Relay instructions obtained from the Field Monitoring Coordinator to the Field Teams.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- ☐ Put on position badge.
- ☐ Sign in on the EOF staffing board.
- ☐ Establish a log of activities
- ☐ Perform the duties as described in procedure SR/0/B/2000/004 (Notification to States and Counties from the Emergency Operations Facility)
- ☐ Ensure emergency notification times are satisfied.
- ☐ Provide all completed paperwork to Emergency Planning upon deactivation of emergency facility.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 1 of 2

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the staffing board located in the EOF Director's area.
- _____ Establish a log of activities
- _____ Conduct turnover with Corporate Security to enable them to return to their normal jobs.
- _____ Process responders found on the Access List as follows:
 - Request a photo ID from all personnel entering the EOF.
 - Verify the identity of all personnel by comparing the photo ID to facial features.

Catawba Specific

- Direct all personnel to sign the CNS Exercise/Drill/Event Attendance Sheet or green CNS Exercise/Drill/Event Observer Attendance Sheet.
- Direct all personnel to sign the CNS EOF Drill/Event Participation Form.

McGuire Specific

- Direct all personnel to sign the Emergency Planning Exercise/Event/Drill or Drill Observer Training Attendance Sheet.

Process responders with "NO ACCESS" appearing beside their names as follows:

- Call an FFD contact listed in RP/0/A/5700/014, Tab 8, to verify if "NO ACCESS" is for a positive drug screen.

NOTE: Verification by the FFD contact of no positive drug screen indicates that the responder is Fit for Duty and "NO ACCESS" is related to a training deficiency.

- Ask EOF Director to waive training requirement and allow access. Document waiver in the EOF Log.
- Ask Emergency Coordinator to waive training requirement if the EOF Director has "NO ACCESS" due to expired training. Document waiver in the EOF log.

Enclosure 4.10
Access Control Director Checklist

SR/0/B/2000/003
Page 2 of 2

- Direct all personnel to obtain the appropriate EOF position badge.

_____ Process responders not found on the Access List as follows:

- Request EOF access from the appropriate EOF group primary, EOF Director, or Assistant EOF Director, if prior approval has not been given.
- Request approved credentials from Federal, State and Off-Site Agency officials desiring EOF access and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.
- Request picture ID from any Duke Power observers and direct them to sign the Drill Observer Training Attendance Sheet, if applicable.

_____ Notify Corporate Security to secure EOF following deactivation of the emergency facility.

_____ Notify Facility Services at 382-4948 to clean the EOF following deactivation of the EOF.

_____ Place new EOF Access List in appropriate box at EOF Access Control desk.

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 1 of 9

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

_____ Put on position badge.

_____ Sign in on the EOF staffing board.

_____ Establish a log of activities

_____ **IF** additional positions are needed to support the emergency, **THEN** staff the Administrative Support and the Reactor Physics positions as appropriate.

- Catawba

Home phone numbers are located in the Catawba Nuclear Site Qualified Emergency Response Organization Members Listing located on the Catawba Emergency Planning Home Page. Office phone numbers are located in the electronic Duke Power telephone directory.

- McGuire

NOTE: To access the McGuire Emergency Planning Home Page you must first select the Safety Assurance Home Page from the "Site Web Pages" menu on the McGuire Web Page.

Home and work phone numbers are located in the McGuire Nuclear Site Data Verification & Facility Org. listing located on the McGuire Emergency Planning Home Page. Office phone numbers are also located in the electronic Duke Power telephone directory.

_____ Obtain a copy of the "Classification of Emergency" procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

Enclosure 4.11
Accident Assessment Manager Checklist

SR0/B/2000/003
Page 2 of 9

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet:

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

_____ Ensure PC is on and displaying plant status.

_____ Log on to the Emergency Notification Form by following the instructions in the EOF Accident Assessment Managers Logbook behind the ENF Logon Instructions tab.

_____ Verify electronic Emergency Notification Form can be accessed.

_____ Provide the required information on the electronic Emergency Notification Form as per the directions beginning on page 4 of this enclosure.

_____ Perform the following steps as needed

_____ Coordinate the following functions:

- Accident Assessment Interface
- Operations Interface
- Reactor Physics (As needed)
- Administrative Support (As needed)

Accident Assessment Manager Checklist

NOTE: If changes to the initial Protective Action Recommendations are recommended to and approved by the EOF Director, these changes shall be transmitted to the off site agencies within 15 minutes.

_____ Work closely with the Radiological Assessment Manager and be prepared to discuss the following topics during the EOF staff time-outs or earlier as appropriate:

- Emergency classification recommendations utilizing the "Classification of Emergency" procedure for the affected station:
 - Catawba: RP/0/A/5000/001
 - McGuire: RP/0/A/5700/000
- Protective action recommendations
- Current plant status
- Accident mitigation strategies with priorities
- Anticipated course of the event
- Possible solutions if procedural adequacy becomes a concern
- Prioritization of key issues

_____ Provide information contained in Sections 5 through 9 of the Emergency Notification Form. Refer to Step 3.6 in the main body of this procedure for definitions associated with the Emergency Notification Form.

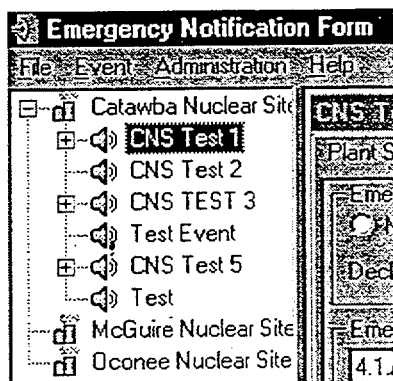
_____ Coordinate with the Radiological Assessment Manager to provide the information contained in Section 15 of the Emergency Notification Form.

_____ Assist TSC Emergency Coordinator as requested upon entry into Severe Accident Management Guidelines (SAMGs).

_____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

ELECTRONIC ENF INSTRUCTIONS

- _____ Double-click on the appropriate site (Catawba Nuclear Site or McGuire Nuclear Site.)
- _____ Select Current Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill, CNS Test etc.)



NOTE: Off-site Communicators are responsible for creating the Event. If event has not been created, contact the Off-site Communicators.

NOTE: Accident Assessment is responsible for completing and maintaining the **Plant Status, Plant Summary** and **Protective Action** sections of the ENF.

- Select the **Plant Status** Section tab for the specific event.

Emergency Notification Form

File Edit Administration Help

☐ Catowba Nuclear Site
☐ McGuire Nuclear Site
☒ MNS Drill 11/17/99
☐ Final Testing
☐ Final Test 2
☐ Oconee Nuclear Site

Plant Status | Plant Summary | Protective Actions | Release | Met/Offsite Dose | Communications

Emergency Declaration
☒ Notification of Offsite Event | ☐ Alert | ☐ Off Area Emergency | ☐ General Emergency

Declared At: 11/23/1999 08:44

Emergency Action Level: 1

Reactor Status

Unit	Reactor	Status	Shutdown Date	Shutdown Time	Percent Power
1	No	Shutdown			
2	No	Shutdown			

Severe Accident
 No Dominant Reactor Level greater than 10mSv/h at 10m: ☒ Yes ☐ No

Plant Status: BLACK | Plant Summary: BLACK | Protective Actions: BLACK | Release: BLACK | Met/Offsite Dose: BLACK | Communications: GREEN
 11/23/1999 08:44

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 5 of 9

_____ Complete the following:

- **Emergency Classification:** Select appropriate classification and declaration time.
- **Emergency Action Level (EAL):** Select appropriate EAL.
- **Reactor Status:** Enter Reactor Status information for each unit and indicate which unit is affected. (**Included**)
- **Gap Activity:** For Alert and Site Area Emergency Check NO.

For **General Emergency**, refer to SR/0/B/2000/003, Enclosure 4.3, to determine if containment radiation levels are > 100% of Gap Activity. Confirm with the RAM and EOF Director.

_____ Click the "Save" button at the bottom of the screen.

Plant Status	Plant Summary	Protective Actions	Release	Mel/Offsite Dose	Communications	Last Msg Sent	Next Msg D
10/28/1999 09:48	08/10/1999 14:57	08/10/1999 14:59	10/28/1999 09:09	10/28/1999 09:10	08/10/1999 14:59	06/23/1999 12:20	06/23/1999
GREEN	RED	RED	RED	RED	RED		RED

Note: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Indicator information is as follows: **Black** - information and time conflict

Green – information is 0 to 5 minutes old.

Yellow – information is 5 to 15 minutes old.

Red – information is greater than 15 minutes old

_____ Select the **Plant Summary** Section tab for the specific event.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
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Complete the following information:

_____ **Plant Condition:** (Select Improving, Stable , or Degrading) Confirm with the EOF Director.

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

_____ **Description/Remarks:** Write a concise description for declaring the event, or changes since last notification. **The first message in the classification will automatically include the EAL information.** Include any other information that may affect the off-site Agencies (see list below). Follow-up messages should include relevant information and changes that have occurred since the last message. **(Don't just repeat the EAL information or the last message.)**

NOTE: Remember to "close the loop" on items from previous notifications.

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
Page 7 of 9

Examples of additional information to be included in line 7.

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

_____ Click the “Save” button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information
--

Enclosure 4.11
Accident Assessment Manager Checklist

SR/0/B/2000/003
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NOTE: Protective Action Determination is **only** required for a **General Emergency**.

_____ Select the **Protective Action** section tab.

Unit	Shutdown Date	Shutdown Time	Percent Power
1	No		
2	No		

_____ If the Emergency Classification **IS NOT** a General Emergency verify the select the “Validate” button at the bottom right of the screen. (The status indicator at the bottom of the screen will be updated)

_____ If the Emergency Classification **IS** a General Emergency perform the following:

- Select the Load Protective Action bar at the bottom of the screen. (**Protective actions will automatically be loaded into the program based on wind speed, direction, and gap activity**).
- With input from the Radiological Assessment Manager (RAM), verify loaded Protective Actions are correct utilizing SR/0/B/2000/003 Enclosure 4.3.
- Click the “**Save**” button at the bottom of the screen.

NOTE: Status Indicator at the bottom of the screen will change colors to indicate the updated information.

Accident Assessment Manager Checklist

_____ Establish a routine to periodically validate the data of **each section** to assure information is current by performing the following:

- Verify Data is current
- If the information is still current and no additional information needs to be added, select the **“Validate”** button on the bottom right of the screen of each section.
- If the section needs to be revised and/or additional information needs to be added, enter the updated information, then select the **“Save”** button on the bottom left of the screen of each section.

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 1 of 4

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Ensure PC is on and displaying affected station and unit plant status.

Catawba Specific

- _____ Establish bridge line for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

- _____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.
- _____ Establish communication link with System Engineering Manager in the TSC, as needed by dialing 8-875-4954.

- _____ Obtain a copy of the Classification of Emergency procedure for the affected station.

- Catawba: RP/0/A/5000/001
- McGuire: RP/0/A/5700/000

Enclosure 4.12
Accident Assessment Interface Checklist

SR0/B/2000/003
Page 2 of 4

_____ Obtain a copy of the current classification procedure for the affected station from the procedure cabinet.

Notification of Unusual Event

Catawba - RP/0/A/5000/002

McGuire - RP/0/A/5700/001

Alert

Catawba - RP/0/A/5000/003

McGuire - RP/0/A/5700/002

Site Area Emergency

Catawba - RP/0/A/5000/004

McGuire - RP/0/A/5700/003

General Emergency

Catawba - RP/0/A/5000/005

McGuire - RP/0/A/5700/004

_____ Obtain a copy of the Core Damage Assessment procedure for the affected station from the procedure cabinet.

- Catawba: RP/0/A/5000/015
- McGuire: RP/0/A/5700/019

_____ Obtain a copy of Accident Assessment Technical Manual

_____ Gather plant status information using the Accident Assessment Initial Information Request Form found on page 4 of this enclosure.

_____ Upon declaration of a General Emergency **IMMEDIATELY RECOMMEND** to Accident Assessment Manager protective actions using:

- Catawba: Enclosure 4.2
- McGuire: Enclosure 4.3

_____ Perform the following steps as needed throughout the event:

_____ **IF** condition warrants, **THEN** determine analysis of the reactor core and containment conditions in regard to:

- Core sub-cooling
- Decay heat generation
- Heat removal capabilities (core and containment)
- Fission product release potential (core and containment)

Enclosure 4.12
Accident Assessment Interface Checklist

SR/0/B/2000/003
Page 3 of 4

- _____ **IF** condition warrants, **THEN** provide:
 - Estimates of core uncover times
 - Interpretations of reactor water level data
- _____ Follow status of the Emergency Operations Procedures (EOPs) and discuss with the Accident Assessment Manager.
- _____ Maintain communication with the Radiological Assessment group in the EOF.
- _____ Advise Operations Interface of the anticipated course of events.
- _____ Provide information for status board in the Accident Assessment Group room and maintain the appropriate logs.
- _____ Advise Accident Assessment Manager on the following:
 - Anticipated course of events
 - Diagnosis of the accident and mitigation strategies
 - Analysis of core and containment
 - Core damage and fission product release potential
 - Background information of system design
 - Emergency classifications
- _____ Support Systems Engineering Manager in the TSC in accident and mitigation strategies.
- _____ Assist TSC as requested upon entry into Severe Accident Management Guidelines.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Accident Assessment Interface Checklist

Initial Information Request

Initial Information Request	Results
Emergency Classification Status	
EAL Declaration Chronology	
Protective Actions Status	
Reactor/Turbine Status	
Power Level	
Time of Trip & On What Signal	
Any Abnormal Response	
NC Pump Status	
Core Cooling Status (subcooled margin/ RVLIS/natural circulation)	
Orange or Red CSFs Alarms Received	
Safety Injection	
When Actuated & on What Signal	
NV, NI, ND, Ice Condenser Status	
Feedwater	
CF and CA Status	
Main Steam	
Isolation Status	
SMSV, SM PORV, SB Status	
Electric Power	
600V, 4160V, D/G Status	
Containment	
Isolation Status	
NS and VX Status	
Security/Fire/Flooding/HAZMAT/Other Hazards	
Plant Conditions Status	
Off-site Releases	
Status	

Enclosure 4.13
Operations Interface Checklist

SR0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

Catawba Specific

- _____ Establish communications for Operations Loop by dialing 8-831-3994. Communication is established after the beep.

McGuire Specific

- _____ Establish bridge line for Operations Loop by dialing 8-875-4500. Communication is established after the beep.

- _____ Perform the following steps as needed throughout the event:
 - _____ Serve as the communications interface with the Accident Assessment Group and the TSC Operations Group.
 - _____ Advise Accident Assessment Group on the following:
 - Emergency Operations Procedures (EOPs)
 - Diagnosis of the accident and mitigation strategies
 - Emergency classification
 - _____ Advise TSC of the anticipated course of events.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.14
Administrative Support Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Obtain a copy of Accident Assessment Manual, Emergency Operating Procedures and affected plant PRA manual from Nuclear Engineering office area.
- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PCs are on and functional.
- _____ Establish a log of activities.
- _____ Notify other positions of the Accident Assessment Group at the direction of the Accident Assessment Manager.
- _____ Record recommendations of the Accident Assessment team and plant status as appropriate on the status board in the Accident Assessment group room.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.15
Reactor Physics Checklist

SR/0/B/2000/003
Page 1 of 1

INITIAL

NOTE: You are only required to complete enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Obtain any applicable nuclear design calculations from the Nuclear Engineering office area.
- _____ Establish communications with the TSC Reactor Engineer.
- _____ **IF** conditions warrant, **THEN** determine analysis of the reactor core and the fuel with respect to:
 - Reactor Physics parameters
 - Core subcriticality
- _____ Provide Accident Assessment Manager with information concerning any abnormal core conditions.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
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INITIAL

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of your normal work hours.

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.

NOTE: The Public Address amplifier is in the Janitor Storage Room across from the bathroom. The controls are in a yellow box mounted on the wall on the right side of the room.

- _____ Turn on the EOF Public Address system.
- _____ Power up and log on Emergency Planner Computer as follows.
 - _____ Log on using "EOFWS" as the USER ID.
 - _____ Leave the Password field blank and click OK.
- _____ Display Autolog-EP by performing the following:
 - _____ Double click on Emergency Planning icon.
 - _____ Double click on AutoLog(EP).
 - _____ Enter your User ID.
 - _____ Enter the password (PASSWORD).
 - _____ Click "Login as Current SS".
 - _____ Click OK.
 - _____ **IF** the appropriate station log is not displayed, **THEN** select the appropriate station log by clicking on "File" and then "Open" on the menu bar.
- _____ Obtain the Emergency Planner headset from the Emergency Planner Desk area and dial into the EP bridge line using 831-4010 or another available bridge line.
- _____ Support EOF Director with the following:
 - _____ Complete EOF Director Checklist items as requested.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 2 of 9

- _____ Clarify Emergency Plan and Emergency Plan Implementing Procedure information.
- _____ Interface with the NRC.
- _____ Interface with federal, state and local agencies.
- _____ Assist Off-Site Agency Communicators in preparation of emergency notifications as needed.
- _____ Compile a 24-Hour Staffing Log for each EOF position. The log is contained in this enclosure.
- _____ Verify that EOF Public Affairs personnel have considered 24-hour staffing.
- _____ Upon deactivation of the EOF, collect all completed paperwork and forward to the appropriate Emergency Planning Manager.
- _____ Upon deactivation of the EOF, complete "EOF Post Event Checklist."

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
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EOF DIRECTOR AREA

24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Director				
Assistant EOF Director				
EOF Staff Support/ Status Keeper				
EOF Log Recorder				
EOF Emergency Planner				
Radiological Assessment Manager				
Accident Assessment Manager				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

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Page 4 of 9

DOSE ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor				
EOF Dose Assessor (HPN)				
Field Monitoring Coordinator				
Radio Operator				
Meteorologist				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 5 of 9

ACCIDENT ASSESSMENT AREA

24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Data Coordinator				
EOF Data Coordinator (As Needed)				
Accident Assessment Interface				
Accident Assessment Interface (As Needed)				
Reactor Physics (As Needed)				
Administrative Support (As Needed)				
Operations Interface				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 6 of 9

OFF SITE AGENCY COMMUNICATOR
24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
Lead EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				
EOF Off-Site Agency Communicator				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 7 of 9

ACCESS CONTROL AREA
24 HOUR POSITION EOF STAFFING LOG

	Primary		Relief	
Position	Name (Last, First, MI)	*Shift Schedule	Name (Last, First, MI)	*Shift Schedule
EOF Access Control Director				
EOF Commodities and Facilities Manager				

* List hours of coverage; i.e. 0800-2000, or 8am -8pm.

Enclosure 4.16
Emergency Planner Checklist

SR0/B/2000/003
Page 8 of 9

EOF FACILITY POST EVENT CHECKLIST

- ☐ Obtain printed copy of EOF Log
- ☐ Archive Log by selecting the "Archive" button
- ☐ Shutdown the AutoLog program.

When prompted to "Log off and remain Shift Supervisor" select NO.

Retrieve:

- ☐ Completed Procedures
- ☐ Notes

NOTE: The Ericsson Cellular phones need to remain on to charge properly.

Turn off:

- ☐ Copiers
- ☐ Computers (Leave EOF Director PC and Dose Assessment on with video conferencing running as well as the Data Coordinators Server Computer.)
- ☐ Video Monitors
- ☐ Public Address Components
- ☐ Projectors

Perform:

- ☐ Applicable sections of SR/0/B/4600/086 to replenish supply cabinet and procedure inventories.
- ☐ Clean Tables Off
- ☐ Put all Trash in Containers
- ☐ Erase Status Boards
- ☐ Verify all Fax machines have paper supply replenished (5 Fax machines)
- ☐ Verify all copiers have paper supply replenished (2 Copiers)

Replenish the following:

Position Specific Notebooks (Procedure, Checklist, Log Sheets):

- ☐ EOF Director
- ☐ Radiological Assessment Manager
- ☐ EOF Dose Assessor
- ☐ Field Monitoring Coordinator
- ☐ Radio Operator
- ☐ EOF Off-Site Agency Communicator
- ☐ Access Control Director
- ☐ Accident Assessment Manager
- ☐ Accident Assessment Interface
- ☐ EOF Operations Interface
- ☐ EOF Administrative Support

Enclosure 4.16
Emergency Planner Checklist

SR/0/B/2000/003
Page 9 of 9

____ Reactor Physics
____ EOF Emergency Planner
____ EOF Log Recorder/Status Keeper
____ EOF Data Coordinator
____ EOF Commodities and Facilities Manager
____ Meteorologist
____ EOF Access List in Access Control Director's area

Enclosure 4.17
**EOF Log Recorder/Staff Support/
Status Keeper Checklist**

SR/0/B/2000/003

Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Ensure PC is on.

NOTE: Instructions for the use of the AutoLog program are provided in the EOF.

The TSC Status Coordinator will enter plant status information (i.e. priorities, mitigation actions, classification changes, etc.). The EOF Log Recorder should enter EOF specific information and other information as directed by the EOF Director or Assistant EOF Director. There will be some duplicate information in the TSC and EOF logs (i.e. Classification changes, etc.)

- _____ Establish an official log of all significant EOF activities and EOF Director decisions using the AutoLog computer program.
- _____ **IF** the AutoLog computer program is not available, **THEN** establish a manual log of all significant EOF activities and EOF Director decisions.
- _____ Maintain EOF status boards.
- _____ Track established priorities on EOF status board as requested by EOF Director.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.18
EOF Data Coordinator Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Verify EOF computer hardware, software, and data display equipment is operational per Section I of the Data Coordinator's Reference Manual.
- _____ Provide the following computer support as required:
 - Software and hardware applications support
 - Data acquisition support
 - Communication with TSC Data Coordinator
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.19
EOF Commodities and Facilities Manager
Checklist

SR/0/B/2000/003

Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Perform the duties as described in SR/0/B/2000/002.
- _____ Contact additional positions as needed to support the emergency.
- _____ Ensure positions have signed the board in C&F area.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.20
Meteorologist Checklist

SR/0/B/2000/003
Page 1 of 1

NOTE: You are only required to complete Enclosure 4.21, Fitness for Duty Questionnaire when reporting to the facility outside of our normal work hours.

INITIAL

- _____ Put on position badge.
- _____ Sign in on the EOF staffing board.
- _____ Establish a log of activities.
- _____ Discuss changing meteorological conditions with Field Monitoring Coordinator.
- _____ Refer to step 3.5 in the main body of this procedure for instructions on obtaining meteorological information from the appropriate plant SDS computer screens.
- _____ Provide all completed paperwork to Emergency Planning upon deactivation of the emergency facility.

Enclosure 4.21
Fitness for Duty Questionnaire

SR/0/B/2000/003
Page 1 of 1

Print Name: _____ Employee ID #: _____

Sign Name: _____ ERO Position: _____

HAVE YOU CONSUMED ALCOHOL IN THE LAST FIVE (5) HOURS?

MARK THE APPROPRIATE BOX

No

☐

If No, stop here and fold this form and drop it in the box provided.

Yes

☐☐☐

If your answer is Yes, take this form to a member of management for observation.

OBSERVATION DETERMINATION

What did you have? _____

How much did you have? _____

Can you perform your function unimpaired? YES ☐ NO ☐

In my opinion, observation of this individual indicates the individual is capable of performing his/her ERO function.

Signature Of Management Observer

Date

Fold the form and drop it in the box provided.

- {1} PIP 0-M97-4210 NRC-1
- {2} PIP 0-M96-1645
- {3} PIP 2-C96-0273
- {4} PIP 0-C98-3123
- {5} PIP 0-M98-3522
- {6} PIP-0-M98-2065
- {7} PIP-0-C00-3830
- {8} PIP-0-M99-3800

Duke Power Company
PROCEDURE PROCESS RECORD
FOR STANDARD PROCEDURES

(1) ID No. SR/0/B/2000/004Revision No. 002**PREPARATION**(2) Procedure Title: Notification to States and Counties from the Emergency Operations Facility

(3)	Prepared By <u>[Signature]</u>	Date <u>01/08/2001</u>
(4)	Applicable To:	<input type="checkbox"/> ONS <input checked="" type="checkbox"/> MNS <input checked="" type="checkbox"/> CNS
(5)	Technical Advisor	<u>[Signature]</u>
(6)	Requires 10CFR50.59 Evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<small>YES = New procedure or revision with major changes at applicable site NO = Revision with minor changes NO = To incorporate previously approved changes</small>		
(7)	Review (QR)	By <u>[Signature]</u> Date <u>1/15/01</u> By <u>[Signature]</u> Date <u>01-11-01</u> By <u>[Signature]</u> Date <u>1/15/01</u> By <u>[Signature]</u> Date <u>01-11-01</u>
	Cross-Disciplinary Review (QR)	By <u>[Signature]</u> Date <u>1/15/01</u> By <u>[Signature]</u> Date <u>01-11-01</u> NA <u>[Signature]</u> Date <u>1/15/01</u> NA <u>[Signature]</u> Date <u>01-11-01</u>
	Reactivity Mgmt. Review (QR)	By <u>[Signature]</u> Date <u>1/15/01</u> By <u>[Signature]</u> Date <u>01-11-01</u> NA <u>[Signature]</u> Date <u>1/15/01</u> NA <u>[Signature]</u> Date <u>01-11-01</u>
(8)	Additional Reviews	By _____ Date _____ By _____ Date _____ By _____ Date _____
(9)	Approved	By <u>[Signature]</u> Date <u>1/26/01</u> By <u>[Signature]</u> Date <u>1-11-01</u> By _____ Date _____ By _____ Date _____
(10)	Use Level	Multiple Use

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

(11) Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

Compared with Control Copy _____ Date _____

(12) Date(s) Performed _____

Work Order Number (WO#) _____

COMPLETION

(13) Procedure Completion Verification

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

Verified By _____ Date _____

(14) Procedure Completion Approved _____ Date _____

(15) Remarks (Attach additional pages, if necessary.)

Duke Power Company Catawba/McGuire Nuclear Station Notification to States and Counties from the Emergency Operations Facility Multiple Use	Procedure No. SR/0/B/2000/004
	Revision No. 002
	Electronic Reference No. MP00715S

Notifications to States and Counties from the Emergency Operations Facility

1. Symptoms

- 1.1 An emergency has been declared and an Off-Site Agency notification is required.

NOTE: The first Emergency Offsite Agency Communicator to arrive should promptly perform the "Immediate Actions" regardless of which role they are assigned.

2. Immediate Actions

- NOTE:**
- Ensure Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) of procedure SR/0/B/2000/003 is completed.
 - Steps of this procedure may be performed out of sequence at the discretion of the communicator. Sign off lines are for place keeping and are not required to be initialed. The notification form will serve as the official documentation for the notification to off site agencies.
 - Changes in Protective Actions Recommendations shall be transmitted within 15 minutes.
 - Changes in Protective Actions Recommendations and termination Notifications shall be transmitted verbally.

- ____ 2.1 EOF Off-Site Communicators shall proceed directly to the Emergency Operations Facility.
- ____ 2.2 Circle which Site has declared the Emergency: i.e. **McGuire** or **Catawba**
- ____ 2.3 Contact the TSC Communicators in the TSC (via selective signaling if not in use) and inform them that you are going to begin the communications check with the Off-Site Agencies.
- 2.4 Acquire information on the communication status described below from the TSC.
- ____ 2.4.1 Emergency Classification (Circle One) (NOUE, Alert, Site Area Emergency, General Emergency).
- ____ 2.4.2 Emergency Declared at _____ hrs.
- ____ 2.4.3 Last Message # _____ transmitted out at _____ (time).
- ____ 2.4.4 Next Message Due at _____ (time)

- _____ 2.4.5 Compare EOF communicator clock time with TSC clock to verify synchronization.
- _____ 2.4.6 Verify that a Fax copy of previous notifications have been sent to the EOF.
- _____ 2.4.7 Any other pertinent information related to the emergency:

- _____ 2.5 Power up/check printers, fax machines, copiers, etc.
- _____ 2.6 Provide copies of previously transmitted message forms to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

NOTE: For Catawba Go To The CNS Emergency Phone Directory for Emergency Response Numbers.

For McGuire Go To RP/0/A/5700/014, Tab 1 for Emergency Response Numbers.

- _____ 2.7 Call the Off-site Agencies for the specified station (MNS or CNS) via Selective Signaling to verify communications can be established. Be sure that the Off-Site Agencies understand that this is only a "communications check" from the EOF.

Use **Group Call Code** to call all agencies or each agency may be dialed individually.

COMM. CHECK (✓ if OK.)	McGUIRE SELECTIVE SIGNAL (SS)	CATAWBA SELECTIVE SIGNAL (SS)
	Group Call Code- * 1	Group Call Code - * 5
	116 Mecklenburg	513 York County
	112 Gaston County	116 Mecklenburg
	114 Iredell County	112 Gaston County
	118 Catawba County	314 North Carolina
	113 Lincoln County	518 South Carolina
	119 Cabarrus County WP	
	314 North Carolina	

NOTE: Refer to **Enclosure 4.3** for Selective Signaling and/or alternate communications instructions if needed.

_____ 2.8 Power up and log on to the Off-Site Communicator computer by using the following:

- Log On ID - EOFWS
- Password – Press Enter (No Password)

_____ 2.9 Verify that the electronic version of the Emergency Notification Form (ENF) can be accessed. **Reference Enclosure 4.1 for logon instructions if needed.**

_____ 2.10 Verify that the electronic ENF can also be accessed by:

_____ Accident Assessment Manager _____ Rad Assessment Manager

_____ 2.11 Verify that the default printer for the Electronic ENF is set to the printer in the EOF Off-Site Agency Communicator area.

_____ 2.12 **IF** the Electronic Notification Form (ENF) is **NOT** operational, **THEN**, refer to **Enclosure 4.2** for manual completion and **Enclosure 4.3** for standard transmission of the notification form. **Notify EOF Data Coordinator of any computer problems.**

NOTE: Certain events could occur at the plant site such that both units are affected. These may include: Abnormal Rad Levels/Radiological Effluents, Fire/Explosion and Security Events, Natural Disasters, Hazards and other conditions affecting plant safety from:

Catawba: RP/0/A/5000/001 – Classification of Emergency.

McGuire: RP/0/A/5700/000 - Classification of Emergency.

Consider this when completing the “unit designation” on line 2 of the Emergency Notification Form. {PIP 0-M97-4638}

3. Subsequent Actions

NOTE: The facility that declares the emergency classification should be the facility that makes the emergency notification to the off site agencies.

_____ 3.1. EOF Lead Communicator should review duties listed in **Enclosure 4.8**, (EOF Lead Off-Site Communicator Duties).

_____ 3.2. Update the following Status Board in the EOF to include the information from **Section 2.4** (i.e. next message due, etc.).

- EOF Director's Area

- Off Site Agency Communicator's Area

NOTE: Ensure EOF will have adequate time to develop and provide next notification **before** EOF Director activates the EOF.

_____ 3.3. Inform the EOF Director, Accident Assessment Manager and Radiological Assessment Manager when next notification is due.

_____ 3.4. After completion of communication check and computer verification, inform the Lead Communicator of status and assist with coordination of turnover from TSC to EOF.

_____ 3.5. Notify EOF Director when EOF Communicators are prepared to accept communication responsibilities from the TSC.

_____ 3.6. Immediately after the EOF Director declares the EOF as activated, contact the TSC to:

_____ 3.6.1 Verify EOF has responsibility for communication and will transmit next message.

_____ 3.6.2 Verify which agencies are participating. (Drill/Exercise Only)

_____ 3.7 Immediately following EOF activation, go to Enclosure 4.1, Section 3 **Communications** screen, to prepare for next ENF transmission.

3.8 Obtain a copy of the Authentication Code Word list from:

- Catawba – the Catawba procedure cabinet in the EOF Directors area.
- McGuire - the McGuire procedure cabinet in the EOF Director's area.

3.9 Have one of the other EOF OSAC's arrange for 24 hour EOF OSAC coverage.

3.10 Review the following information concerning notifications.

3.11 Initial Notifications

The first notification made in each of the four Emergency Classifications is called Initial Notifications. Initial Notifications **shall** be made within **15 minutes** of entering each of the Emergency Classifications (i.e., Classification changes) and shall be communicated verbally. The message number will remain sequential through out the event beginning with the Control Room.

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

NOTE: Follow-up messages that involve a change in the Protective Action Recommendations shall be communicated to the off site agencies within 15 minutes and should be communicated verbally. All other follow-up messages may be faxed with phone verification of receipt.

3.12 Follow-up Notifications

Notifications following Initial Notifications within the same Emergency Classification are called follow-up notifications. Make follow-up notifications to state and county government officials according to the following schedule:

Every hour until the emergency is closed out

OR

If there is any significant change to the situation (make notification as soon as possible)

OR

As agreed upon with an Emergency Management official from each individual agency. Documentation shall be maintained for any agreed upon schedule change and the interval shall not be greater than 4 hours to any agency.

NOTE: At some time during the event as the various EOCs are staffed, Off-site agencies may request that the Notification form be faxed to other Fax numbers. When this occurs make arrangements to have the form faxed to the requested numbers.

3.13 Termination Notification

The last notification sent to the Off-site Agencies terminating the event. Termination notifications will be designated as follow-up messages.

3.14 Other Information

In addition to the Emergency Action Level information that is entered on Line 7 of the Emergency Notification Form (ENF), other events/occurrences will need to be reported to the Off-Site Agencies'as well. This would include any event, which has the potential to affect the public. The following are some examples but is not an all-inclusive list. Each event should be carefully evaluated and discussed with the EOF Director to assure pertinent information is forwarded to the Off-Site Agencies. (PIP 0-M98-2065)*

NOTE: These events may be the basis for the current emergency classification or an additional event to be reported under Step 7 of the Emergency Notification Form (ENF). These events may need off-site agency action or resolution.

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

* Notification to off site agencies should take place as soon as possible.

4. Enclosures

4.1 Electronic Emergency Notification Form (ENF) Completion/Transmission

4.2 Emergency Notification Form (ENF) Completion

4.3 Emergency Notification Form (ENF) Transmission

4.4 Fax Communicator Checklist

4.5 Message Authentication Code List

4.6 Authentication Guideline

4.7 Emergency Notification Form (ENF)

4.8 EOF Lead Off-Site Agency Communicator Duties

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 1 of 23

1. Electronic Notification Form Logon

_____ 1.1 If not already performed, assure Off-Site Communicator Computer is operational.

_____ 1.2 Verify the computer internal clock is synchronized with the facility clock. (Adjust as necessary).

NOTE: (If computer or Electronic Notification Form is not operational, report it to the EOF Data Coordinator. Refer to **Enclosures 4.2 and 4.3** for manual completion and standard transmission of the Notification Form.)

_____ 1.3 If not already performed, log on to the Electronic Notification Form by performing the following:

- Select the (ERO) Emergency Response Organization option from the DAE My Application.
- Choose ENF v2.0 – CNS_MNS ERO.

OR

- Go to the DAE and search for “Nuclear Generation”
- Select the (ERO) Emergency Response Organization option.
- Select ENF v2.0 – CNS_MNS ERO.

- Login the Program entering the following information:

User Name: Your Network Logon ID (ie: BRS1064)

Password: Your Network Password

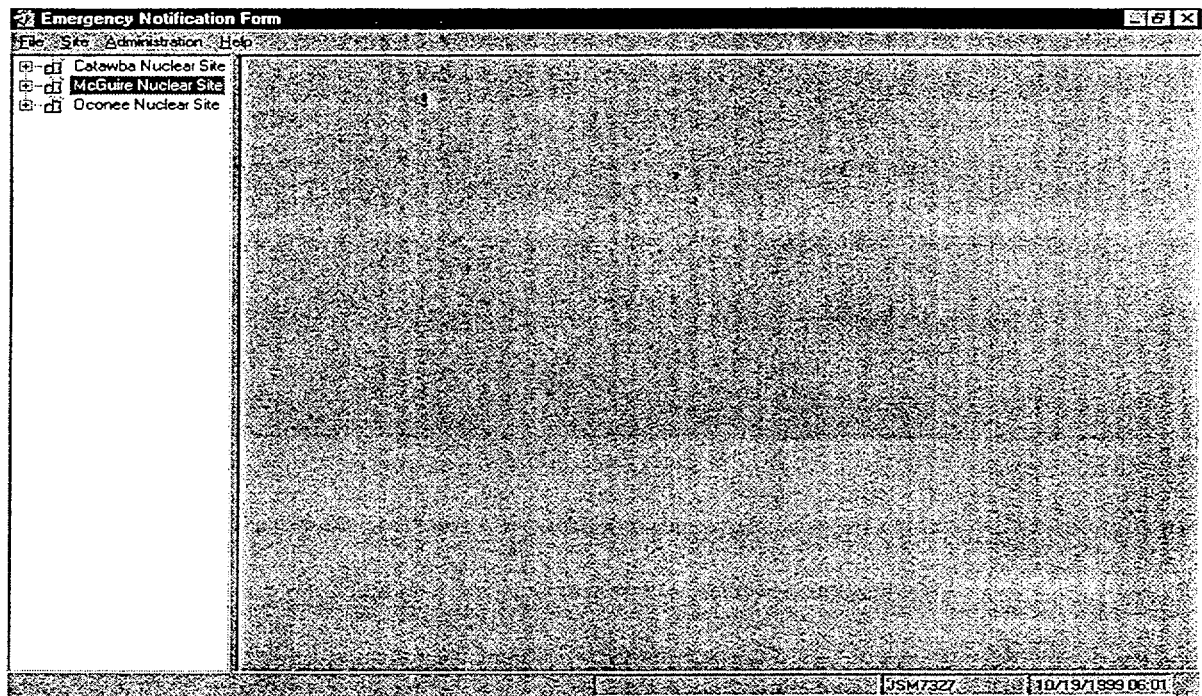
Domain: POWER

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 2 of 23

2. Electronic Notification Form Completion (Create Event)

- 2.1 Highlight the appropriate station (Catawba or McGuire) for the event.



NOTE: The TSC should normally create the event for the specific Drill or Emergency.

- 2.2 IF the TSC has already created an event for this drill or emergency, **THEN** select that event and go to procedure Section 3, **Communications** screen.
- 2.3 If the TSC was unable to, or has not created an event for this drill or emergency, **THEN** create a new event by performing the following: Select **Site** from the menu, then **New Event**.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

Page 3 of 23

Create Event

Event Information
 Type: ☒ Drill ☐ Actual Emergency
 Site: Catawba Nuclear Site
 Description: _____

Emergency Classification
☒ Notification of Unusual Event ☐ Site Area Emergency
☐ Alert ☐ General Emergency
 Declared: ____/____/____ : ____:____

Message Information
 Has a previous message been sent? ☒ Yes ☐ No
Last Message Information
 Type: ☒ Initial ☐ Follow-Up Number: 1
 Transmittal Date/Time: ____/____/____ : ____:____

Create Event Cancel

2.4 On the **Create Event** screen, fill in the information from the previous message as follows:

- For **Event Information** - Select Drill or Actual Emergency
- For **Description** - Indicate the type of Event (i.e.: Loss of Off-Site Power, 03/08/99 1st Quarter Drill)
- For **Emergency Classification** – Select the appropriate Emergency Classification and time of declaration.
- For **Message Information** – Has previous message been sent? (Yes or No).

NOTE:

- The last message information is used to set the automatic functions of the program (ie: number, transmittal times, etc)
- For **Last Message Information** – If previous message **has not** been sent this field is automatically disabled.

2.4.1 For **Last Message Information** – If previous message(s) **has** been sent manually:

- Select (Initial or Follow-up)

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- Number (Last Message Number)
- Transmittal Date/Time (Last Message Transmittal Time)

_____ 2.5 Select **Create Event** button at the bottom of the screen. (Event Screen should be created)

_____ 2.6 If all information is correct select "Yes" at the prompt "Are you sure you are ready to create this event".

NOTE: • Ensure the EOF is activated prior to beginning this section.

3. Communicator Screen

_____ 3.1 Select Communications tab at the top right of the Event Screen. (Last Tab on the Event screen)

_____ 3.2 Complete the Communicator "Name" information. (This is the individual performing the phone communications with the State and County agencies.)

_____ 3.3 Complete the applicable information in the "Event Management" section as follows:

- Select the "Managing Site".
- Select and verify the appropriate facility (TSC or EOF) activation time.
- Select the "Save" button

The screenshot shows the 'Communications' tab of the Electronic Emergency Notification Form (ENF) interface. The title bar reads '02/20/2000 Test'. The interface includes several sections: 'Communicator' with a 'Name' field; 'Next Message Information' with 'Type' (Initial/Followup) and 'Number' (1-25) fields; 'Last Message Information' with 'Has a previous message been sent?' (Yes/No) and 'Emergency Classification' (Notification of Imminent Event, Site Area Emergency, General Emergency) fields; and 'Event Management' with 'Managing Site' (checkbox), 'TSC Activated' (checkbox), and 'EOF Activated' (checkbox) fields. At the bottom, there are buttons for 'Build New Message', 'Change Last Message Information', 'Save', 'Cancel', and 'Print'.

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NOTE: The Accident Assessment Manager is responsible for the **Plant Status, Plant Summary and Protective Action** screens.

Rad Assessment Manager is responsible for the **Release and Met/Offsite Dose** screens.

- 3.4 Verify that the Rad Assessment and Accident Assessment positions have accessed the ENF program and have begun entering information.
- 3.5 Monitor the Plant Status, Plant Summary, Protective Actions, Release, and Met/Offsite Dose indicators at the bottom of the screen to assure information is being routinely updated.
- 3.6 Updating the information on a particular panel may be performed by double clicking on the desired indicator panel at the bottom of the form and then selecting "Validate" if all information is correct.

NOTE: Except for the "Next Msg Due" indicator panel all indicator information is as follows:

Black -No information or information/time conflict

Green – information is 0 to 10 minutes old.

Yellow – information is 10 to 15 minutes old.

Red – information is greater than 15 minutes old

NOTE: For the "Next Msg Due" indicator panel all indicator information is as follows:

Initial Messages:

Black - No information or information/time conflict

Green – Next message due in 10 – 15 minutes.

Yellow – Next message due in 5 – 9 minutes.

Red – Next message due in 5 minutes or past due.

Follow Up Messages:

Black - No information or information/ time conflict

Green – Next message due in 30 to 60 minutes.

Yellow – Next message due in 15 to 29minutes.

Red – Next message due in < 15 mins. or past due

- 3.7 Periodically validate information on the Communicator screen by reviewing the screen information and selecting the **Validate** button on the bottom right of the screen. (This will update the Communicator Indicator to Green Status)
- 3.8 If information needs to be updated, make the appropriate changes and then select the **Save** button on the bottom right of the screen. (This will also update the Communicator Indicator).

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4. Building a Message

- _____ 4.1 When it is time to develop a message to be communicated to the Off-site agencies, perform the following:

NOTE: Contact the responsible group if information needs to be updated or validated

- Verify Status indicators for the various screens at the bottom of the screen are current. (i.e. Green)
- If the information needs to be updated or validated, have the responsible individual update or validate their designated screen.
- Select the Communications screen, then select the Build New Message bar at the bottom of the screen. Information from the various screens will be incorporated into the message.

- _____ 4.2 Review the form to verify information is correct.

- If the information is correct proceed to step 4.4.

NOTE: If the Accident Assessment Manager or Radiation Assessment Manager has made changes to their panels you can update the message by selecting "**Message**" from the Toolbar and then choosing "**Refresh**".

- _____ 4.3 If information needs to be revised, perform the following:

- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form, then select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

NOTE: If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

- _____ 4.4 If message is correct, print out a copy by selecting **Message** from the Toolbar, then **Print**.

- _____ 4.5 Have the EOF Director review and sign the form.

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5. Transmitting Message

- _____ 5.1 Locate a copy the Authentication Code Word List.
- _____ 5.2 For **Initial Notifications** (15 Minutes) proceed to **Section 6**.
- _____ 5.3 For **Follow-up Notifications**, proceed to **Section 7**.

6. Transmission of Initial Notifications

- NOTE:**
1. All **initial** notifications shall be communicated verbally within 15 Minutes of Emergency Classification declaration. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
 2. If Selective Signaling is not operational, see **Enclosure 4.3** for Selective Signaling and Alternate Communication Instructions).
 3. If the ENF Fax program is not operational refer to **Enclosure 4.4** for additional instructions.

- _____ 6.1 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 6.1.1 – 6.3 while another Off Site Agency Communicator establishes contacts as per step 6.4.

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

- _____ 6.1.1 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**.

Fax Message

Approval

Name: _____

Title: **EOF Director**

Date/Time: **/ / :**

Additional Actions:

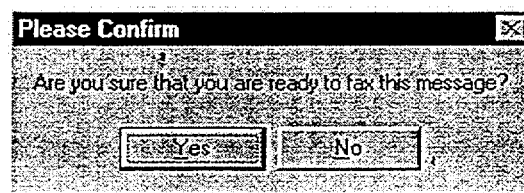
☒ Export To Web ☐ Send E-Mail

Fax **Cancel**

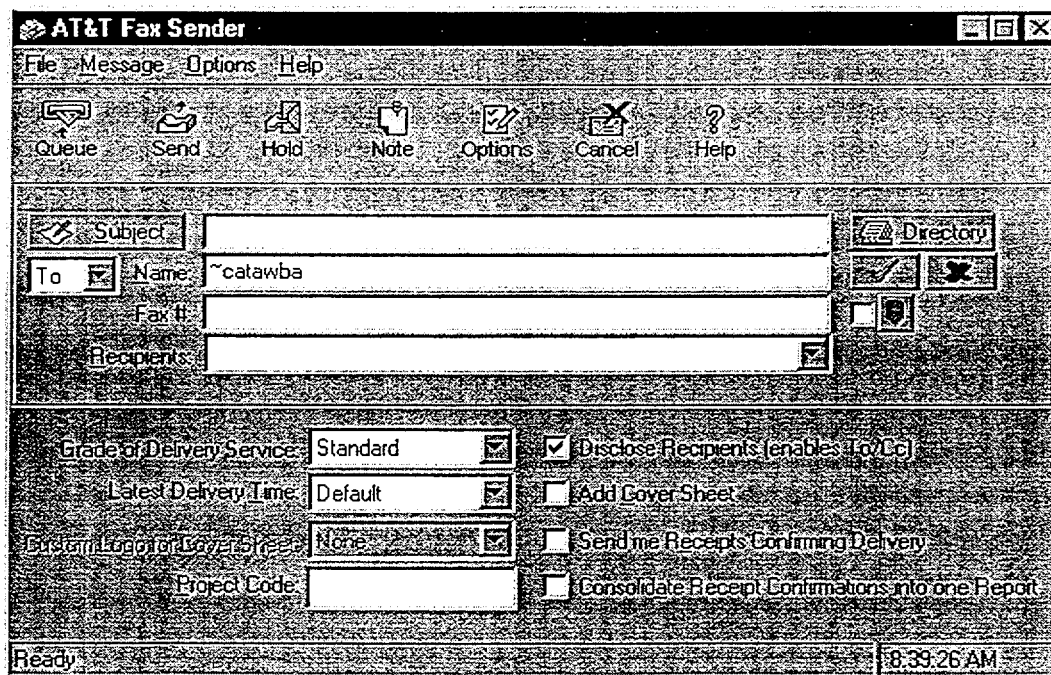
**Electronic Emergency Notification Form
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- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form



NOTE: The AT&T Fax Sender Panel should now be initialized and appear on the screen.



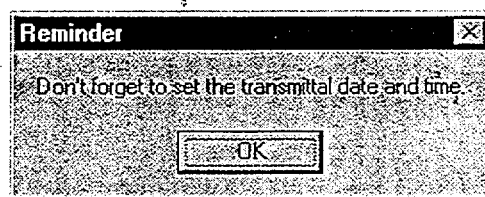
6.2 On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.

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_____ 6.3 Perform the following:

- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**
- Select "OK" on reminder panel for setting the transmittal time and date.



- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).
- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

_____ 6.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing *5 (CNS) or *1 (MNS) and verify that all available agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

NOTE: The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

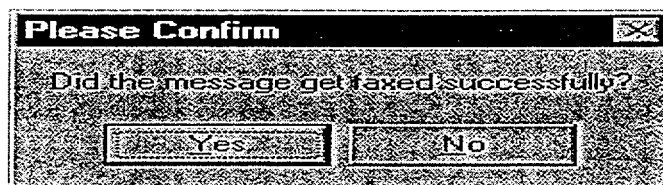
- When all available parties are verified on the line, document that this is the transmittal time.

NOTE: Authentication Code should be hand written into the signed ENF form.

**Electronic Emergency Notification Form
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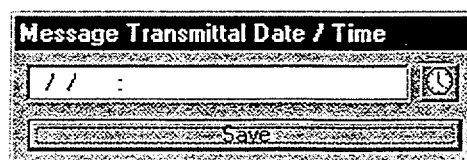
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- Read the following statement “This is Catawba or McGuire Nuclear Station EOF. This is a drill or actual emergency (whichever applies).”
- Verify that all available agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Read the information on the ENF, line by line, to the Off-site Agencies.
- For Initial Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- After the information has been covered, inform the agencies the following: “This concludes message # ____ . Are there any questions?”
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- Continuous attempts to contact missing agencies must be made using commercial lines, radio etc., if unable to complete the notifications as per 6.4. Document the times these agencies were contacted on the back of the notification form.
- After message transmission is complete, select **Message** from the toolbar, then choose “**Set Transmittal Date/Time**”.
- Select “Yes” at the prompt if the Fax was successfully sent.



NOTE: The transmittal date will be automatically populated on the message.

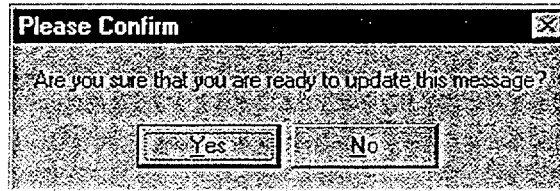
- Complete the message transmittal Date and Time and select “Save”.



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- If information is correct, select the "Yes" button



NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 6.5 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

_____ 6.6 Repeat the above steps as necessary to communicate other **Initial** messages.

_____ 6.7 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

_____ 6.8 Update next message due on the following white boards:

- Off Site Agency Communicators Area
- EOF Directors Area

**Electronic Emergency Notification Form
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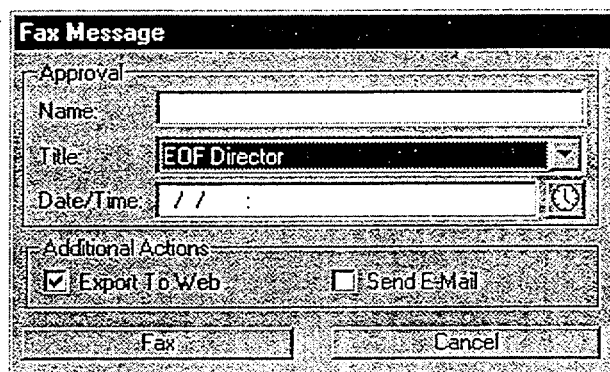
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7. Transmission of Follow-up Notification

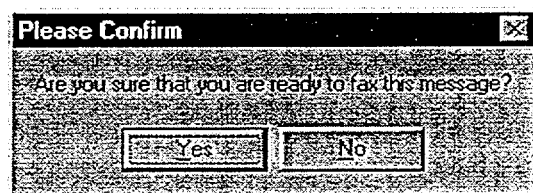
7.1 Once the ENF has been approved, one Off-site Agency Communicator shall perform steps 7.2 - 7.3 while another Off-site Agency Communicator establishes contacts as per step 7.4.

NOTE: The "Export To Web" and "Send E-Mail" boxes will be either checked or unchecked. Unless directed otherwise, leave the "Export To Web" and "Send E-Mail" boxes as they are when the "Fax Message" prompt appears.

____ 7.2 To fax the electronic form, Select **Message** from the Toolbar, THEN **Fax**

A screenshot of a "Fax Message" dialog box. It has a title bar "Fax Message" with a close button. The dialog is divided into two main sections. The top section is labeled "Approval" and contains three fields: "Name:" with an empty text box, "Title:" with a dropdown menu showing "EOF Director", and "Date/Time:" with a date/time picker showing " / / : ". The bottom section is labeled "Additional Actions" and contains two checkboxes: "Export To Web" which is checked, and "Send E-Mail" which is unchecked. At the bottom of the dialog are two buttons: "Fax" and "Cancel".

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select "Yes" on confirmation panel if ready to fax the form

A screenshot of a "Please Confirm" dialog box. It has a title bar "Please Confirm" with a close button. The dialog contains the text "Are you sure that you are ready to fax this message?". At the bottom are two buttons: "Yes" and "No".

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NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen

AT&T Fax Sender

File Message Options Help

Queue Send Hold Note Options Cancel Help

Subject []

To [] Name: ~catawba

Fax #: []

Recipients: []

Directory []

Grade of Delivery Service: Standard []

Latest Delivery Time: Default []

Custom Logo for Cover Sheet: None []

Project Code: []

☒ Disclose Recipients (enables To/Cc)

☐ Add Cover Sheet

☐ Send me Receipts Confirming Delivery

☐ Consolidate Receipt Confirmations into one Report

Ready 8:39:26 AM

7.3 Perform the following:

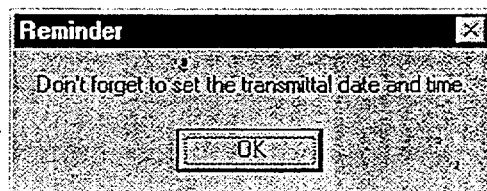
- On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**

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NOTE: For Follow-up messages, the transmittal time will be the time that all available agencies are on the line to verify Fax transmission.

- Select "OK" on reminder panel for setting the transmittal time and date.



NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).
- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

7.4 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

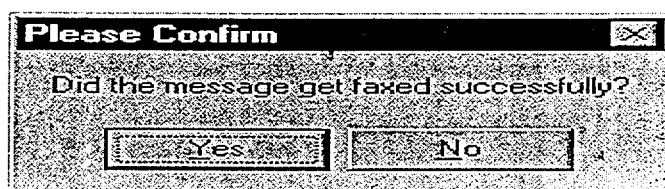
- Activate the Group Call function by dialing * 5 (CNS) or *1 (MNS) and verify that all available agencies answer. (If all agencies do not answer the group call, dial the specific agency individually).
- Verify that all available agencies are on the line. Document this as the transmittal time.
- Verify that all Agencies have received the Faxed ENF. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**
- Ask if there are any questions, regarding the Follow-up ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.

**Electronic Emergency Notification Form
(ENF) Completion/Transmission**

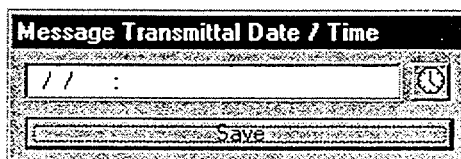
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7.5 After message transmission is complete, select **Message** from the toolbar, then choose “**Set Transmittal Date/Time**”.

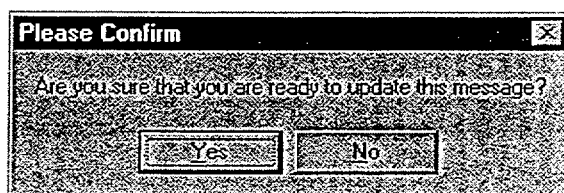
- Select “Yes” at the prompt if the Fax was successfully sent.



- Complete the message transmittal Date and Time and select “Save”.



- At the confirmation prompt select “Yes” if you are ready to update this message



- The transmittal date and time will be automatically be added on the message.

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NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 7.6 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
 - Document the question, answer, and have the EOF Director sign.
 - Document the time the answer was provided to the Off-site Agency

_____ 7.7 Repeat the above steps as necessary to communicate other **Follow Up** messages.

_____ 7.8 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

_____ 7.9 Update next message due on the following white boards:

- Off Site Agency Communicators Area
- EOF Directors Area

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8. Termination Message

- NOTE:**
1. Termination notifications are communicated **verbally**
 2. Termination notification is marked as a Follow-up.

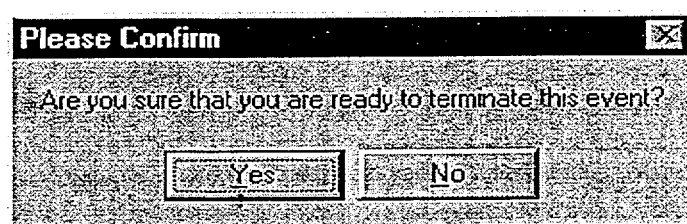
8.1 From the Menu bar, select the specific **Event**, (Ensure that the event is highlighted) and then select **Terminate Event**.

8.2 Enter Termination Time and Date, then Click **OK**.

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—— 8.2.1 Confirm that event is ready to be Terminated by clicking “Yes”



- A Message will be generated with appropriate information.

8.3 Review the form to verify information is correct.

- If the information is correct proceed to step 8.5.

—— 8.4 If information needs to be revised, perform the following:

- Return to the events panel by selecting the specific event.
- Select the appropriate screen by double clicking the appropriate panel designation at the bottom of the screen.
- Make changes as necessary and inform the responsible group of those changes.
- When editing is complete, select **Save**.
- Return to the specific message form by double clicking on the specific message.
- Select **Message** from the Toolbar, then **Refresh**.
- Select "Yes" if you are ready to Refresh the form.

NOTE: If any of the status indicators are any color except Green you will be prompted that the information needs to be updated/validated. Refer to step 4.1.

—— 8.5 Review the form to verify information is correct.

- If message is correct select “Save”.

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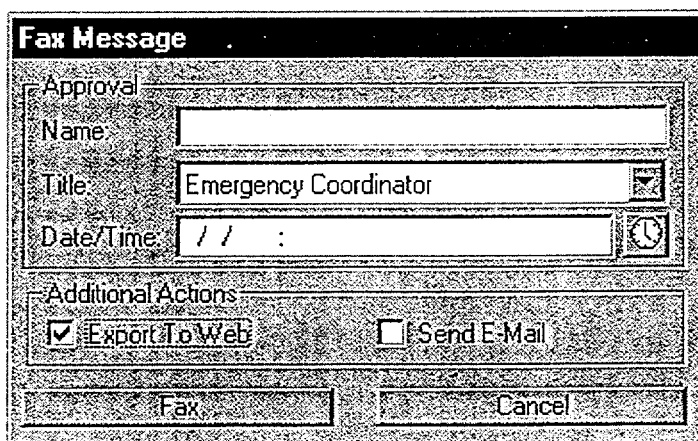
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- Print out a copy by selecting **Message** from the Toolbar, then **Print**.
- Have the EOF Director review and sign the form.

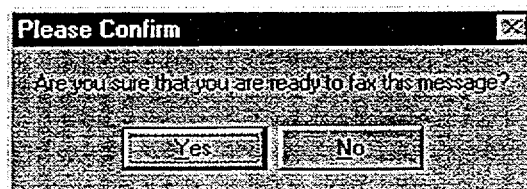
8.6 Once the ENF has been approved, one Off Site Agency Communicator shall perform steps 8.7 – 8.8 while another Off Site Agency Communicator establishes contacts per steps 8.9.

8.7 To Fax the Electronic form, Select **Message** from the Toolbar, THEN **Fax**.

NOTE: The “Export to Web” and “Send E-Mail” boxes will be either checked or unchecked. Unless directed otherwise, leave the “Export to Web” and “Send E-Mail” boxes as they are when the “Fax Message” Prompt appears.

A screenshot of a 'Fax Message' dialog box. It has a title bar 'Fax Message'. Inside, there is an 'Approval' section with three fields: 'Name' (empty), 'Title' (containing 'Emergency Coordinator'), and 'Date/Time' (containing ' / / :'). To the right of the 'Date/Time' field is a clock icon. Below these fields is an 'Additional Actions' section with two checkboxes: 'Export To Web' (checked) and 'Send E-Mail' (unchecked). At the bottom are two buttons: 'Fax' and 'Cancel'.

- Enter the Name, Title, and Date/Time from Line 16 of the ENF.
- Select the Fax Button on this panel.
- Select “Yes” on confirmation panel if ready to fax the form.

A screenshot of a 'Please Confirm' dialog box. It has a title bar 'Please Confirm'. The main text asks 'Are you sure that you are ready to fax this message?'. At the bottom are two buttons: 'Yes' and 'No'.

NOTE: If the Electronic Notification Form Fax process is not operational, refer to Enclosure 4.4 for alternate Fax instructions.

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NOTE: The AT&T Fax Sender Panel should now be initialized and appear on screen

AT&T Fax Sender

File Message Options Help

Queue Send Hold Note Options Cancel Help

Subject []

To [v] Name: ~catawba [v] [x] Directory

Fax #: []

Recipients: []

Grade of Delivery Service: Standard [v] [x] Disclose Recipients (enables To/Cc)

Latest Delivery Time: Default [v] [x] Add Cover Sheet

Custom Logo for Cover Sheet: None [v] [x] Send me Receipts Confirming Delivery

Project Code: [] [x] Consolidate Receipt Confirmations into one Report

Ready 8:39:26 AM

8.8 Perform the following:

- On ATT Fax Sender Panel, Type **~catawba** or **~mcguire** (whichever applies) in the Name block.
- Click the Green colored " check mark symbol" (✓) at the right of the block at the top of the panel. *(The Name block information will be transferred to the Recipient block.)*
- Then, select the **Send** button at the top of the panel **(The ENF will be Faxed to the agencies simultaneously).**
- Select "OK" on reminder panel for setting the transmittal time and date.

Reminder

Don't forget to set the transmittal date and time

OK

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NOTE: Allow 4 to 5 minutes if it is desired that the Notification form be received by the agencies prior to contacting them by phone.

- IF desired, monitor the fax status by clicking the AT&T Mail button at the bottom of the screen (ie: maximize the program).
- IF the fax program does not appear to be working, (ie: fax not being transmitted). Refer to Enclosure 4.4 for alternate fax instructions.

8.9 Establish communications with the Off-site Agencies via the Selective Signaling Phone per the following:

- Activate the Group Call function by dialing * 5 (CNS) or * 1 (MNS) and verify that each agency answers. (If all agencies do not answer the group call, dial the specific agency individually).

NOTE: The transmittal time will need to be hand written on the copy of the ENF that the EOFD has previously signed.

- Verify that all available agencies are on the line. Document this as the transmittal time.
- Verify that all Agencies have received the Faxed ENF and verbally communicate the message to the Off Site Agencies. **(If ENF has not been received ask agencies to get a blank ENF and that you will provide the information.)**

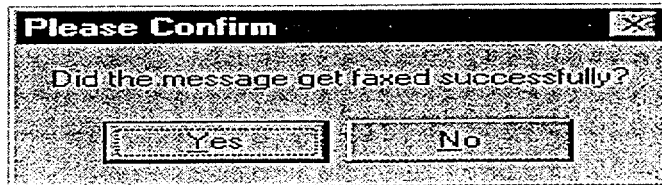
NOTE: Authentication Code should be hand written on the copy of the ENF that the EOFD has previously signed.

- For Termination Notifications, when you reach item #4, ask the State or a County to authenticate the message. The agency should give you a number to which you will reply with the appropriate code word. Write the number and code word on the form.
- Ask if there are any questions, regarding the Termination ENF information.
- Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF or use a copy of page 2 of Enclosure 4.7.
- After message transmission is complete, select **Message** from the toolbar, then choose **"Set Transmittal Date/Time"**.

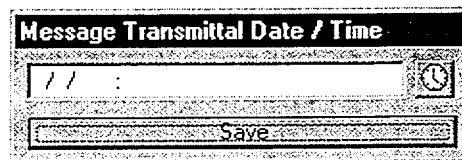
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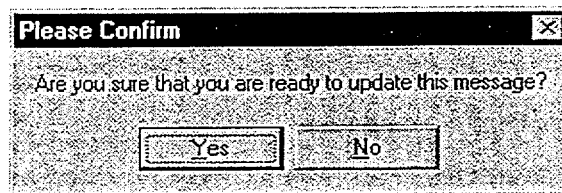
- Select "Yes" at the prompt if the Fax was successfully sent.



- Complete the message transmittal Date and Time and select "Save".



- At the confirmation prompt select "Yes" if you are ready to update this message.



- The transmittal date and time will be automatically be added on the message.

NOTE: Authentication of a request is only required if a separate call is received. If information is requested while still on Selective Signaling no authentication is required.

_____ 8.10 If a question is outside of ENF information, do not answer the question but perform the following:

- Authenticate the request (if question is a return call, you give the number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and have the EOF Director sign.
- Document the time the answer was provided to the Off-site Agency.

**Electronic Emergency Notification Form
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—— 8.11 Provide copies of the transmitted ENF to the following:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

—— 8.12 Shut down the Program by performing the following:

- From the **Menu Bar**, Select "**File**", then "**Exit**".
- Shut down the Computer by Selecting the "**Start**" button, then "**Shutdown**", then, "**Shutdown the computer**".

Emergency Notification Form (ENF) Completion

1. Initial and Follow-up Completion (Information for the Completion of the ENF)

Obtain a copy of the Emergency Notification Form from the Catawba or McGuire Procedure Cabinet located in the EOF Directors area.

NOTE: * Items 11-14 may be skipped on initial notifications

Item #	Communicator Action	Info Source
1.	Check appropriate blocks: (Drill/Emergency).(Initial/Follow-up) Initial: First message in each of the 4 classifications. Follow-up: Subsequent messages following the initial message within the same classification. Message #'s are <u>sequentially numbered</u> throughout drill/emergency starting with the Control Room.	EOF Comm.
2.	Write in the site, unit or units affected, and the phone communicator's name (Reported by).	EOF Comm.
3.	Assure confirmation phone number. Document the "transmittal time" at the beginning of message transmission. (Note: Transmittal time is: Initial - when all available Agencies are verified on the line. Follow-up - when the form is faxed.)	EOF Comm
4.	Document the Authentication while transmitting the notification. Refer to Authentication Enclosures (Enclosure 4.5 and 4.6) for additional instructions.	EOF Comm
5.	Check appropriate classification	Acc Assess.
6.	Mark the appropriate box and write time and date current classification was declared.	Acc Assess
7.	Write a concise description for declaring the current emergency classification. Also use this space for any other important information. (See page 7 of 8, section 3.13 of the body of the procedure, for additional information). The first message from the EOF should include a statement indicating that the EOF has been activated. Do not use acronyms or abbreviations. For Follow-up messages, include relevant information and changes that have occurred since the last message (Don't just restate the EAL or last message).	Acc Assess.
8.	Mark appropriate plant condition: Improving - Emergency conditions are improving in the direction of a lower classification or termination of the event. Stable - The emergency situation is under control. Emergency core cooling systems, equipment, plant, etc., are operating as designed. Degrading - Given current and projected plant conditions/equipment status, recovery efforts are not expected to prevent entry into a higher emergency classification or the need to upgrade off-site Protective Action Recommendations.	Acc Assess.
9.	Write time and date Reactor Shutdown or Reactor Power level as applicable.	Acc Assess.

**Emergency Notification Form (ENF)
Completion**

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10.	<p>Mark appropriate box for emergency release. If A or B, go to Item 14. If C or D, complete Lines 11-14. A release is any unplanned and quantifiable discharge to the environment of radioactive effluent attributable to a declared emergency event. Base determinations on information such as EMF readings, containment pressure and other instrument indications, field monitoring results, and knowledge of the event and its impact on system operation and resultant release pathways. A release is considered to be in progress if the following occurs:</p> <ul style="list-style-type: none"> Rx. Bldg EMF Monitors (38, 39, or 40 reading indicates an increase in activity or EMF monitors 53A and/or 53B for Catawba or 51A and/or 51B for McGuire read greater than 1.5 R/hr) AND pressure inside the containment bldg is greater than Tech. Specs. OR an actual containment breach is determined. Increase in activity monitored by unit vent EMF monitors 35, 36, or 37. Steam generator tube leak monitored by EMF 33. 	Rad Assess.
11.*	<p>* Items 11-14 may be left blank on <u>initial</u> notifications Indicate type of release and time/date. Mark Ground Level for any airborne releases.</p>	Rad Assess.
12.*	Indicate release magnitude and whether release is above or below normal operating limits.	Rad Assess.
13.*	Write estimate of projected off-site dose and estimated duration. Check new or unchanged. If unchanged from a previous notification, the information does not have to be repeated.	Rad Assess.
14.*	Provide meteorological data	Rad Assess.
15.	<p>Indicated appropriate recommended protective actions as recommended by Duke Power and the EOF Director.</p> <ul style="list-style-type: none"> For Unusual Event, Alert, and Site Area Emergency, Mark box "A" For General Emergency, mark and complete information for boxes B and C using: Catawba - RP/0/A/5000/005 (GE) McGuire - RP/0/A/5700/004 (General Emergency) 	Rad Assess.
16.	Have EOF Director approve message.	EOF Dir.

**Emergency Notification Form (ENF)
Completion**

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2. Termination Notification Completion (Manual ENF Termination)

2.1 When the emergency/drill has been terminated, complete the ENF as described below.

- NOTE:**
1. When terminating from a General Emergency, "No Recommended Protective Action" HAS to be selected in the Electronic Emergency Notification Form Program.
 2. Termination notifications are communicated **verbally**.
 3. Termination notification is marked as a Follow-up.

Line Item #	Action	Source of Information EOF
1.	Check appropriate blocks NOTE: Message #s are sequentially numbered throughout the drill/emergency starting with the Control Room.	Accident Assessment Mgr.
2.	Write in site and unit or units affected. NOTE: Reported by is communicator's name	Accident Assessment Mgr.
3.	Write confirmation phone number that states and counties may call back on. Transmittal time will be documented at the beginning of message transmission	
4.	Authentication <u>will be completed</u> while transmitting the notification to states and counties.	
5.	Check appropriate classification that is being terminated from.	Accident Assessment Mgr.
6.	Mark box "B" and write time and date of termination.	Accident Assessment Mgr.
7.-15	No information is required.	Off-site Communicator
16.	Have EOF Director approve message.	EOF Director

1. Transmitting a Message

- 1.1 Review the following Selective Signal guideline if necessary to familiarize yourself with its operation.

SELECTIVE SIGNALING	
NOTE:	Selective Signaling is an open line that is capable of connecting all agencies together at the same time. No special conferencing process is required to get all agencies on the line. The line is always active (i.e., no dial tone). * 5 (CNS) or * 1 (MNS) may be used initially to contact county and warning points/EOCs.
NOTE:	The handset has a "push to talk" button which must be pressed in order for the parties on the other end to hear you. To use the headset instead of the handset, set the switch on the headset controller to "headset" and remove the handset from the phone cradle. Then resume normal operation. There is no "push to talk" feature associated with the headset however, the handset must be removed from the cradle when the headset is in use.
1.	Pick up receiver (no dial tone will be heard). Dial * 5 (CNS) or * 1 (MNS) and wait for agencies to answer. Verify that all agencies have answered. Note: If all agencies do not answer the group call, dial the agencies individually per step 2)
2.	Alternately, the agencies may be contacted individually by dialing the three digit Selective Signal number for each agency. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line. Dial the second agency's three-digit Selective Signal number. When they pick up, identify yourself and tell them to hold while you get the other agencies on the line.
3.	Continue this process until all applicable agencies are on the line.

NOTE: If Selective Signal Communications fail, the following is the suggested priority for backup communications systems used to notify the states and counties.

1.2 1st - Commercial Telephone (Bell Line) (Conference Call)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.1 for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers.

- **MCGUIRE**

Refer to Enclosure 4.10 (EOF Programmable Conference Telephones) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of telephones in the EOF, conference call instructions, and individual bell line numbers

Emergency Notification Form Transmission **Page 2 of 6****1.3 2nd - North Carolina and/or South Carolina Emergency Management Radio.**

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.6, for instructions on the use of the State Emergency Management Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.11 (EOF County Emergency Response Radios) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the State Emergency Management Radios.

1.4 3rd - Duke Power Radio Network (Low Band System)

- **CATAWBA**

Refer to the Emergency Response Telephone Directory, Enclosure 1.7, for instructions on the use of the Duke Power Low Band Radios.

- **MCGUIRE**

Refer to the Emergency Response 4.12 (EOF North Carolina Emergency management Radio) of RP/0/A/5700/014 (Emergency Telephone Directory) for instructions on the use of the Duke Power Low Band Radios.

NOTE: Report any failures to the EOF Director/Emergency Planner.
--

2. Message Transmission

2.1 For transmitting Initial Notifications, proceed to Section 3.

2.2 For transmitting Follow-up Notifications, proceed to Section 4.

3. Initial Notification Transmission

When you are prepared to transmit a message, contact the appropriate agencies using the established method.

Emergency Notification Form Transmission

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• CATAWBA

Message # _____

CNS SELECTIVE SIGNAL			CNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR	Dial *5: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is Catawba Nuclear Station; please hold."
513	York County	WP/EOC	803/329-1110	
116	Mecklenburg Co.	WP/EOC	704-943-6200	
112	Gaston County	WP/EOC	704/866-3300	
314	North Carolina	WP/EOC	919/733-3300	
518	South Carolina	WP/EOC	803/737-8500	
*** 514	SC	FEOC	To be determined by S.C.	

• McGUIRE

MNS SELECTIVE SIGNAL			MNS BELL LINE	ROLL CALL
Individual Selective Signal #	OR	Dial *1: calls all state /county WP/EOCs simultaneously	Individual phone numbers OR One touch dial button	As each agency answers say: "This is McGuire Nuclear Station; please hold."
112	Gaston County	WP/EOC	704/866-3300/3243	
113	Lincoln County	WP/EOC	704/735-8202/736-8511	
114	Iredell County	WP/EOC	704/878-3039	
116	Mecklenburg Co.	WP/EOC	704-943-6200	
118	Catawba County	WP/EOC	828/464-3112	
119	Cabarrus County	WP/EOC	704/788-3108/8137	
314	North Carolina	WP/EOC	919/733-3942/3861	

Emergency Notification Form Transmission

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If an off-site agency does not pick up, try dialing the Selective Signaling number again or get help to dial that agency on the Bell line and give the message separately. (Use radio if all other communication fails).

- 3.1 When all available agencies are connected, document the time on line 3 as transmittal time and read the following statement: "This is a drill or actual emergency (whichever applies). The following is Emergency Notification ENF Information."
- 3.2 If this is the FIRST message from the EOF, inform the states and counties that the EOF has been activated and that you are taking over responsibility for communications from Catawba or McGuire Nuclear Station. **This should be noted on Line 7 of the Emergency Notification Form (ENF).**
- 3.3 Authenticate and Transmit the Emergency Notification (ENF) message providing line by line information to the agencies. When you reach line 4, ask one of the agencies to provide a number from the authentication code word list (Enclosure 4.5). Then give them the corresponding codeword for that listed number. Fill in line 4 with the number and codeword. (Ref. Enclosure 4.6 for authentication instructions).
 - 3.3.1 All initial notifications shall be communicated verbally. **Avoid using abbreviations or jargon likely to be unfamiliar to states and counties.** If any information is not available or not applicable, say "Not available" or "Not Applicable". Do not abbreviate "N.A." because this is ambiguous.
- 3.4 Upon completion of the message transmission, obtain the names of the agency representatives and complete documentation on the back of the Emergency Notification Form (ENF).

NOTE: Date and time do not need to be filled in on back of form if all parties were on line at the time of message transmission.

- 3.5 Inform the agencies of the following,
 - This concludes message # _____.
 - They will be receiving a Fax copy of this message shortly.
 - Are there any questions about the message?

Emergency Notification Form Transmission

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- 3.6 If question is outside of ENF information, do not answer question.
- Authenticate the request (if question is a return call).
 - Have the request evaluated by the EOF Director.
 - Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.
- 3.7 Fax the front page of the Emergency Notification Form (ENF) to the agencies per Enclosure 4.4, Fax Communicator Checklist.
- 3.8 Repeat steps as needed to communicate other initial messages.
- 3.9 Provide copies of the Emergency Notification Form to the:
- All positions in the EOF Director area.
 - Accident Assessment Group
 - Dose Assessment Group
 - Field Monitoring Coordinator
 - Wall Folder (2 copies).

4. Follow-up Notification Transmission

NOTE: Follow-up notifications are **not** required to be verbally transmitted. Follow-up messages may be faxed with phone verification of receipt. This applies only if the message does not involve a change in the emergency classification or the protective action recommendations or a termination of the emergency.

- 4.1 Verify that all sections have been completed and that the message has been approved.
- 4.2 Fax a copy of the form to the Off-Site Agencies per Enclosure 4.4.
- 4.3 Call the Off-Site Agencies.
- 4.4 Verify all available parties are online and document this as the transmittal time.
- 4.5 Verify the each received the Notification Form via fax.

Emergency Notification Form Transmission

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4.6 Ask if there are any questions.

If a question is outside of ENF information, do not answer question.

- Authenticate the request (if question is a return call) (callee gives number).
- Have the request evaluated by the EOF Director.
- Document the question, answer, and the time the answer was transmitted in the Off-Site Agency Communicator's Logbook.

4.7 Obtain the names of the agency representatives. Record the names on the back of the hard copy of the ENF.**4.8** Repeat the above steps as necessary to communicate other follow-up messages.**4.9** Provide hard copies of the Emergency Notification Form to:

- All positions in the EOF Director area.
- Accident Assessment Group
- Dose Assessment Group
- Field Monitoring Coordinator
- Wall Folder (2 copies).

1. The primary method of faxing the notification form is via the Electronic Notification Form Program.

If a problem is experienced with the Electronic Notification Form fax, send the Fax to the Agencies via one of the following methods: Simultaneously via AT&T Enhanced Fax Process or Individually via the Off-Site Communicator Fax Machine.

2. Simultaneously (AT&T Enhanced Fax Faxes Simultaneously to the Off-site Agencies)

2.1 Place the Notification form in the Off-site Communicator Fax machine

2.2 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Broadcast Fax** (or Dial 1-800-232-9674)
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #) (*Logging in, Please Wait...*)
- When Login is verified Successful, **Press 1** (to send a message)
- Press *** 5** (Recipient List)
- Press **#** (Own Private List)
- For Catawba Nuclear Station distribution Press **1 #**(List Name)
- For McGuire Nuclear Station distribution Press **2 #**(List Name)
- Press *** #** (No other Lists to add)
- Press **Start** on the Fax Machine
- Hang up telephone. The AT&T Enhanced Fax Service will then fax the notification form to the Primary Off-site Agencies

NOTE: To receive messages from the Fax Service (i.e.: could not deliver a fax to specific location), refer to Section 5.

Fax Instructions

3. Individually (via fax machine to the Primary Agencies (WP/EOCs))

3.1 Fax the Notification Form individually using the Fax machine per the following list:

CATAWBA

	Press	Energy Quest	or dial	8-831-3415
	Press	Joint Information Ctr. (JIC)	or dial	8-382-0069
	Press	York Co. WP/EOC	or dial	1-803-324-7420
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	S.C. WP/EOC	or dial	1-803-737-8575
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	1-803-831-3532

McGUIRE

	Press	MNS News Group	or dial	8-875-5602
	Press	Joint Information Ctr. (JIC)	or dial	382-0069
	Press	Lincoln County WP/EOC	or dial	1-704-732-9035
	Press	Iredell County WP/EOC	or dial	1-704-878-5354
	Press	Gaston Co. WP/EOC	or dial	1-704-866-7623
	Press	Meck Warning Pt.	or dial	1-704-943-6189
	Press	Catawba County WP/EOC	or dial	1-828-465-1220
	Press	Cabarrus County WP/EOC	or dial	1-704-784-1919
	Press	N.C. WP/EOC	or dial	1-919-733-7554
	Press	TSC	or dial	8-875-1954

4. Additional Fax Options/Instructions

4.1 To send a fax to multiple locations using the one touch dialing or direct dialing:

- Place the Fax you are transmitting face down into the Fax Machine.
- Press the pre-programmed one-touch speed dial numbers (i.e., Meck Co. WP/EOC, NC WP, etc.) that you want to receive the Fax.
- Press **Start**.

4.2 To send a Fax to a single location using one-touch dialing or direct dialing:

- Insert the document face down into the Fax and press the designated agency button labeled on the Fax Machine.
- Verify Fax was sent to the agencies via the Fax report(s). Resend as appropriate.

5. AT&T Enhanced Fax Message Retrieval

5.1 To Retrieve messages from the AT&T Enhanced Fax service, perform the following:

5.2 Place the Notification form in the Off-site Communicator Fax machine

_____ 5.3 Using the Fax telephone located next to the Off-site Communicator Fax machine perform the following:

- Press the pre-programmed button labeled **AT&T Enhanced Fax** (or Dial 1-800-232-9674)
- Press the pre-programmed button labeled **Subscriber ID** (or dial 5 3 0 9 1 2 8 #)
- Press the pre-programmed button labeled **Password** (or dial 4 8 6 6 6 3 5 2 #)
(*Logging in, Please Wait...*)
- When Login is verified Successful, **Press 2** (to receive a message)

Message Authentication Code List

Page 1 of 1

This page is left intentionally blank.

Authentication Guideline

Page 1 of 1

1. Placing A Call

When providing Emergency Notification Form (ENF) information to the Off-Site Agencies, the Communicator should:

- 1.1 Ask a State or County Representative to provide a number from the Authentication Codeword list.
- 1.2 Then give them the code word corresponding with the number from Enclosure 4.5, "Message Authentication Code List."
- 1.3 Write the number and code word on the Emergency Notification Form (ENF) (Line 4).

2. Receiving A Call

When receiving a call from off site and the identity of the party calling is not known, you should:

- 2.1 Provide a number from Enclosure 4.5, "Message Authentication Code List," to the caller.
- 2.2 The caller will then provide the word corresponding with the number of the Authentication Code List.
- 2.3 Document in Communicator's Logbook.

RULE OF THUMB:

Callee gives the number

Caller gives the word

EMERGENCY NOTIFICATION

1. ☒ THIS IS A DRILL ☐ ACTUAL EMERGENCY ☐ INITIAL ☐ FOLLOW-UP MESSAGE NUMBER _____
2. SITE: _____ UNIT: _____ REPORTED BY: _____
3. TRANSMITTAL TIME/DATE: _____ / _____ / _____ (Eastern) min dd yy CONFIRMATION PHONE NUMBER: (704) 382-0724
4. AUTHENTICATION (If Required): _____ (Number) _____ (Codeword)

5. EMERGENCY CLASSIFICATION:

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

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

7. EMERGENCY DESCRIPTION/REMARKS: _____

8. PLANT CONDITION: ☒ IMPROVING ☐ STABLE ☐ DEGRADING

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

10. EMERGENCY RELEASE(S):

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

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

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

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

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

☒ NOBLE GASES _____ ☐ IODINES _____

☐ PARTICULATES _____ ☐ OTHER _____

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

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

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

☐ STABILITY CLASS _____ ☐ PRECIPITATION (type) _____

15. RECOMMENDED PROTECTIVE ACTIONS:

☒ NO RECOMMENDED PROTECTIVE ACTIONS

☐ EVACUATE _____

☐ SHELTER IN-PLACE _____

☐ OTHER _____

16. APPROVED BY: _____ (Name) _____ (Title) EOF Director TIME/DATE: _____ / _____ / _____ (Eastern) min dd yy

- * If Items 8-14 have not changed, only items 1-7 and 15-16 are required to be completed.
- ** Information may not be available on initial notifications.

GOVERNMENT AGENCIES NOTIFIED

Record the name, date, time and agencies notified:

1. (name) _____
(date) _____ (time) _____ (agency) _____
2. (name) _____
(date) _____ (time) _____ (agency) _____
3. (name) _____
(date) _____ (time) _____ (agency) _____
4. (name) _____
(date) _____ (time) _____ (agency) _____
5. (name) _____
(date) _____ (time) _____ (agency) _____
6. (name) _____
(date) _____ (time) _____ (agency) _____
7. (name) _____
(date) _____ (time) _____ (agency) _____

**EOF Lead Off-Site Agency Communicator
Duties**

Page 1 of 2

Lead Person:

- Sign in on the white board in the EOF Director's area as the "Off-site Agency Communicator". Also sign in and ensure that the other EOF off-site agency communicators have signed in on the white board in the off-site agency communicator's area.
- Ensure adequate staffing of Emergency Off-site Agency Communicators (EOACs).
- Ensure all the EOACs have a copy of and understand the correct procedure and that they know their duties.
- Ensure that the EOACs are fit for duty prior to taking turnover from the site.
- Keep the EOF Director informed of progress in preparing to take turnover from the site. Ensure that the EOF promptly get copies of each site-issued Emergency Notification Form.
- Be the chief interface with the EOF Director.
- Have one of the EOACs arrange for 24 hour EOAC coverage.
- Check with dose assessment early and often to ensure that they don't delay an ENF. (It can take them 10 minutes to calculate doses so be sure that they have a 15 minute warning before we need their data. If they aren't comfortable with their data or if they run low on time, get the Radiological Assessment Manager involved at once -- **do not delay!**)
- Check with the News Group to coordinate ENF transmittals with their press conference schedule. Information should always be issued on an ENF before the News Group releases it. If requested, review and approve (signature required) news releases.
- Resolve any questions concerning procedure or actions (the Emergency Planner can help).
- Ensure that all messages (ENFs) are accurate, complete, and issued on time.
- Decide when to omit dose data on the ENF (in the interest of timeliness).
- Keep up with events as they unfold for potential inclusion on the ENF. Ensure that events (e.g. injuries, fires, intruders, etc.) are reported and that later ENFs follow-up on those events and report their resolution ("close the loop").
- Proofread the ENF prior to giving it to the EOF Director for approval. Give the EOF Director sufficient time to review/change the ENF.
- Work with the Commodities and Facilities group to fix any problems with the FAX machines, selective signaling, etc. Advise the EOF Director of these problems.
- Decide which ENFs will be FAXed only (vs read and FAXed).
- Take notes during the drill/event for topics that should be discussed in the critique. Participate in the critique.
- After the drill/event tell the primary EOAC what role was filled by each communicator and of any comments/questions concerning their action in the drill/event.

**EOF Lead Off-Site Agency Communicator
Duties**

Page 2 of 2

ENF Person:

- Start EOAC computer and log in to electronic ENF.
- Verify that all users can access electronic ENF.
- Synchronize the EOAC computer clock with the TSC time.
- Complete ENF section 1 either electronically or on paper (NOTE: ENF section 1, lines 3 and 4 are entered by the phone person).
- Work with Accident Assessment and Rad Assessment to complete their sections of the ENF.
- Have the lead EOAC and the EOF Director review the ENF when it is ready.
- Ensure SR/0/B/2000/003 (Activation of the Emergency Operations Facility), Enclosure 4.9 (EOF Off-Site Agency Communicator Checklist) is completed.
- Collect and turn in all appropriate documentation to Emergency Planning at the end of the drill/event.
- Use ENF software to FAX ENF to JIC.
- Ensure all ENF software users are working on the current ENF message.

Phone Person

- Get current authentication code word list.
- Call the TSC to advise them of the start of communications checks.
- Perform communications checks with all participating off-site agencies.
- Call all participating off-site agencies to begin process of communicating each ENF.
- Have this communication authenticated by one of the off-site agencies.
- Complete ENF section 1, lines 3 and 4, and then print the ENF.
- Communicate ENF contents to off-site agencies (by FAX and/or voice).
- Verify that all off-site agencies received each ENF (and get name of individual recipient).
- Handle all questions from the off-site agencies.
- Sign off completed task of procedure.

Floater

- Assist and provide brief relief to Phone, Lead and ENF persons as needed.
- Copy and distribute each ENF promptly.
- Use FAX machine to transmit ENFs.
- Get EOF Director to sign the hard copy of each ENF that the EOF prepared using the electronic ENF.
- Update the EOF Director's Area and the EOAC status boards with the next message due number and time each time an ENF is completed. (This applies to all ENFs regardless of site or origination - Control Room, TSC, and EOF).

The first EOACs to arrive at the EOF should promptly perform each of the "Immediate Actions" listed in RP/0/A/5700/015 regardless of which role they expect to perform.