

DETROIT EDISON - FERMI 2
AUTOMATED RECORD MANAGEMENT
DISTRIBUTION CONTROL LIST
02/21/01

50-541

To: 00935

US NRC
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=====
Detroit Edison EF2, C/O Info Mgmt 140 NOC, 6400 North Dixie Highway,
Newport MI 48166. (734) 586-4338 OR (734) 586-4061 for questions or concerns.

Ref: ca6076

A045

EMERGENCY NOTIFICATIONS

Revision Summary

- 1) Incorporated FTS-2001 changes in step 6.1.4.2.
- 2) Added block to Michigan Notification Form (Attachment 1) to document Auto-dial use.
- 3) Changed Nuclear Shift Supervisor to Shift Manager throughout text.
- 4) Made editorial changes throughout text.

Implementation Plan

- 1) This procedure goes into effect upon changeover to FTS-2001 system.

Attachments

- 1 022101 Michigan Notification Form
- 2 052300 Offsite Emergency Support Organization Activation (3 parts):
 - Fire
 - Ambulance
 - Hospital
- 3 052300 Report to Secondary Alarm Station (Security)
- 4 052300 Michigan Notification Form Facsimile Log

Enclosures

- A 052300 Michigan Notification Form Information Sources
- B 022101 ECOS Activation

CONTROLLED

Information and Procedures				
DSN EP-290	Revision 37	DCR # 01-0266	DTC TPEPT	File # 1703.10
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1.0 PURPOSE

To provide instructions for making emergency notifications at Fermi 2

2.0 USE REFERENCES - None

3.0 ENTRY CONDITIONS

3.1 An emergency has been classified in accordance with EP-101

or

3.2 Offsite emergency support has been requested

4.0 GENERAL INFORMATION

4.1 **Offsite Authorities** must receive **within 15 minutes:** Initial Notifications of an emergency declaration, any change in Protective Action Recommendations (PARs), and any escalation or de-escalation in emergency classification. Offsite Authorities are:

4.1.1 Monroe County

4.1.2 Wayne County

4.1.3 State of Michigan

4.2 Offsite Authorities and Canada shall be notified of emergency conditions at Fermi 2 through the Michigan Notification Form (MNF) (Attachment 1). It is permissible to limit the verbal notification to the declared emergency class and any protective action recommended provided a facsimile of the MNF is immediately transmitted.

4.3 **Initial Notifications** for all **classifications** and **changes to PARs** shall include, at a minimum, completing Page 1 of the MNF.

4.4 **Subsequent Notifications** are updates made to Offsite Authorities and Nuclear Information when more information becomes available or as the situation changes. All subsequent notifications require completing Pages 1 and 2 of the MNF.

NOTE: To ensure the timeliness of subsequent information, Fermi 2 should provide updates to the State of Michigan (and to Monroe and Wayne Counties prior to state EOC activation) every 15 minutes.

- 4.5 Dose Assessment results may be attached to the MNF instead of being copied onto the form.
- 4.6 The **Nuclear Regulatory Commission** (NRC) shall be notified immediately following the offsite authorities but within 1 hour of the emergency declaration.
 - 4.6.1 Notifications to the NRC shall be made from the **Control Room** throughout the emergency, until transfer to the Technical Support Center (TSC) is ordered by the Emergency Director (ED).
- 4.7 Province of Ontario (Canada)
 - 4.7.1 Notify Canada immediately after the NRC Operations Center.
 - 4.7.2 Canada shall receive initial notifications of every emergency declaration.
- 4.8 The Control Room (CR) initially performs the Communicator actions required by this procedure. As additional emergency facilities become functional, responsibility for Communicator actions is transferred from the CR:

NOTE: Communicators shall complete all notifications they start prior to transferring this responsibility to another facility.

 - 4.8.1 To the **Technical Support Center** (TSC) when the Emergency Director (ED) declares the TSC functional
 - 4.8.2 To the **Emergency Operations Facility** (EOF), when the Emergency Officer declares the EOF functional
- 4.9 Requests for **hospital, ambulance, or offsite fire/paramedic support** shall be made by the **Control Room** staff unless otherwise ordered by the ED (see Section 6.2).
- 4.10 Enclosure A may be used as a guide for personnel in each facility to obtain line information necessary to complete the MNF.
- 4.11 Attachment 4 should be used to document facsimile transmittal.
- 4.12 The 10 Meter Meteorological Tower instruments are the preferred meteorological tower information source for Part 6 of Attachment 1 (MNF).

5.0 IMMEDIATE ACTIONS

5.1 Emergency Declaration

- 5.1.1 Ensure Page 1 of the MNF is completed, numbered sequentially, and signed by the Emergency Director/Emergency Officer.

6.0 PROCEDURE

6.1 Unusual Event, Alert, Site Area Emergency, or General Emergency Event Declaration

6.1.1 Communicator Actions (in order)

NOTE (1): The Michigan State Police Operations Division will advise the Communicator when to transfer notifications to the State Emergency Operations Center (SEOC).

NOTE (2): When communications have been established with the SEOC, terminate all communications with Monroe and Wayne counties.

1. Contact the Monroe and Wayne County Sheriff (MCS) using the MCS designated direct-ring line (rings in both Monroe County and Wayne County Sheriff's Department Communication Centers) or the numbers in the RERP Emergency Telephone Directory and use the MNF to inform them of the event declaration (Unusual Event, Alert, Site Area Emergency, or General Emergency).
2. Contact the Michigan State Police (MSP) using the MSP designated direct dial line or the number in the RERP Emergency Telephone Directory (rings in MSP Operations Division in Lansing) and use the MNF to inform them of the event declaration.

NOTE (1): The MNF from the Control Room must be used for NRC notifications until the Technical Support Center (TSC) is functional.

NOTE (2): The Fermi 2 Event Notification Worksheet (form MLS05004) is used for NRC notification from the TSC.

3. Contact the NRC Operations Center immediately after the offsite authorities. The NRC Operations Center must be notified within one hour of any event declaration.

4. Contact the Province of Ontario using the Ontario designated direct dial line or number in the RERP Emergency Telephone Directory, and use the MNF to inform them of the event declaration.
5. Contact Nuclear Information (numbers contained in the Control Room Telephone List), and use the MNF to inform them of the event declaration.

NOTE: Nuclear Information notifications must be discontinued if the Joint Public Information Center becomes functional.

6.1.2 Nuclear Information Actions

1. Obtain emergency information from the Communicator.
2. Perform notifications and generate information releases as required by Corporate Communications.

6.1.3 Shift Manager (or delegate) Action

NOTE: Activation of the ECOS is at the discretion of the Emergency Director at the Unusual Event level.

1. Activate ECOS in accordance with Enclosure B.

6.1.4 NRC Notifications

CM

1. Notify the NRC of all emergency declarations. Contact the NRC as soon as possible after notifications to offsite authorities are complete, but in all cases, within one hour of the emergency declaration.
2. All NRC notifications are made using the FTS-2001 Emergency Notification System (ENS) circuit.
 - a. The Shift Manager/Emergency Director ensures required NRC notifications are completed by a knowledgeable member of the plant staff.
 - b. Contact the NRC Operations Center by dialing 1-301-816-5100 (Main), 1-301-951-0550 (Backup) or 1-301-415-0550 (Second Backup) on the FTS-2001 ENS circuit.

- c. If the ENS is inoperable, use the RERP emergency telephones, or Administrative telephones, and numbers listed in the RERP Emergency Telephone Directory and Control Room Telephone List.
- d. Use the MNF for notifications from the Control Room.
- e. Once the TSC is functional, in conjunction with each notification, fill out a Fermi 2 Event Notification Worksheet (form MLS05004).

6.2 Offsite Emergency Support Required

- 6.2.1 If fire/paramedic, ambulance, or hospital support is required, use the applicable section of the Offsite Emergency Support Organization Activation (Attachment 2) to make the request. The correct phone numbers are listed on Attachment 2 and in the RERP Emergency Telephone Directory.
- 6.2.2 Follow any request for offsite emergency support with a call to Security at the Secondary Alarm Station. Complete a Report to Secondary Alarm Station (Security) (Attachment 3).

7.0 FOLLOW UP ACTIONS

7.1 Subsequent Notifications

- 7.1.1 When more information becomes available or event status changes, complete all portions of the MNF and notify the offsite authorities and Nuclear Information. Discontinue notifications to Nuclear Information after the JPIC is functional.

7.2 NRC Notifications

- 7.2.1 After an emergency declaration notification has been made to the NRC, immediately notify the NRC of:
 - 1. Any further degradation in plant safety or other worsening plant conditions.
 - 2. Any change from one emergency class to another.
 - 3. Termination of the emergency class.
 - 4. Results of ensuing evaluations or assessment of plant conditions.
 - 5. Effectiveness of response or protective measures taken.
 - 6. Information related to plant behavior that is not understood.

- 7.2.2 Maintain an open, continuous communication channel with the NRC Operations Center upon request by the NRC.

7.3 Industry Notifications

NOTE: These notifications are followup actions and are not to be performed from the Control Room. They are to be performed by the TSC/EOF Communicators.

- 7.3.1 Following any Alert, Site Area Emergency, General Emergency Declaration, or upgrade in emergency classification, contact:

1. INPO (1-800-321-0614)
2. Nuclear Insurers (ANI/MAELU) (1-860-561-3433)

- 7.3.2 Make an entry in the TSC or EOF Communicator Log documenting content and time of completed notification.

7.4 Notification of Event De-escalation or Termination

NOTE: The Emergency Director can order entry into Recovery (activate the Recovery Organization) instead of de-escalating.

- 7.4.1 A notification of de-escalation or termination must be communicated as an initial notification.

- 7.4.2 Emergency Officer/Emergency Director shall ensure notification is made within 15 minutes of event de-escalation or termination.

- 7.4.3 The individual making the notification shall:

1. Complete MNF.
2. Write "Summary" following the words "Additional Information" in Item 4 of the MNF.
3. Write a summary of the plant status that permits the de-escalation or termination of the event.
4. Communicate the information on the MNF to the offsite authorities, NRC Operations Center, Province of Ontario, Nuclear Information, and NRC Resident Inspector.

7.4.4 Nuclear Information shall:

1. Obtain emergency information from the Communicator.
2. Perform notifications and generate information releases as required by Corporate Communications.

7.4.5 At event termination, the Emergency Director/Emergency Officer shall forward completed MNFs to the Supervisor, RERP for disposition.

8.0 RECORDS

8.1 The following are required records and shall be retained or dispositioned in accordance with established requirements:

- 8.1.1 All completed MNFs (Attachment 1)
- 8.1.2 Fermi 2 Event Notification Worksheet

END OF TEXT

MICHIGAN NOTIFICATION FORM
PLANT: FERMI 2

Required Information			
1. <input type="checkbox"/> This is a drill <input type="checkbox"/> Actual Event PLANT COMMUNICATOR <input type="checkbox"/> CR <input type="checkbox"/> TSC <input type="checkbox"/> EOF Name _____ Telephone No. (313) 256-4 _____ 2. PLANT NAME/UNIT <u>Fermi 2</u> 2A. PLANT MESSAGE NUMBER _____			
2B. NOTIFICATIONS			
	<i>Time Contacted</i>	<i>Name</i>	<i>Telephone No. OR ✓ Auto-Dial</i>
Monroe County Sheriff			<input type="checkbox"/>
Wayne County Sheriff			<input type="checkbox"/>
Michigan State Police			<input type="checkbox"/>
NRC Operations Center – CR only			
Province of Ontario (Canada)			<input type="checkbox"/>
Nuclear Information			
3. CLASS OF EMERGENCY A. <input type="checkbox"/> Unusual Event B. <input type="checkbox"/> Alert C. <input type="checkbox"/> Site Area Emergency D. <input type="checkbox"/> General Emergency E. This classification declared by Plant at: Time: _____ Date: _____ F. Initiating Conditions/Description of Event: _____ _____ _____ _____			
4. PLANT STATUS A. <input type="checkbox"/> Stable B. <input type="checkbox"/> Degrading C. <input type="checkbox"/> Improving D. Additional Information: _____ _____ _____ _____			
5. RADIOLOGICAL RELEASE IN PROGRESS: <input type="checkbox"/> YES <input type="checkbox"/> NO			
6. METEOROLOGICAL DATA NOTE: 10 m Met Tower is preferred information source. A. Wind Direction, Degrees From: _____ to _____ B. Wind Speed, MPH: _____ C. Stability Class: _____ D. Three Downwind Sectors: _____ E. Precipitation: <input type="checkbox"/> YES <input type="checkbox"/> NO			
7. OFFSITE PROTECTIVE ACTION RECOMMENDATIONS A. <input type="checkbox"/> YES <input type="checkbox"/> NO Note: If YES, fill in the following information: B. PAR based on: <input type="checkbox"/> Dose Calculations <input type="checkbox"/> Plant Status <input type="checkbox"/> Other _____ C. In-Place Shelter (Areas) _____ D. Evacuation (Areas) _____			
For Initial Notification Approval - Sign Below		For Subsequent Notifications - Sign Page 2	
Approved: _____ <div style="text-align: center;">Emergency Director/Emergency Officer</div>		Time: _____	

MICHIGAN NOTIFICATION FORM
PLANT: FERMI 2

Subsequent Information (as available)	Message # _____																																																																				
<div style="display: flex; justify-content: space-between;"> <div> <p>8. RADIOLOGICAL RELEASE DATA</p> <p>A. Time release started _____</p> <p>B. <input type="checkbox"/> Airborne <input type="checkbox"/> Waterborne</p> <p>C. Effluent Points _____</p> <p>D. Noble gas release rate, Ci/sec _____</p> <p>E. Average energy per disintegration, MeV _____</p> <p>F. Equivalent I-131 release rate, Ci/sec _____</p> <p>G. Particulate release rate, Ci/sec _____</p> </div> <div> <p>DOSE REPORT ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Projected duration of release _____</p> <p><input type="checkbox"/> Waterborne Analysis Attached</p> <p><input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p><input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p><input type="checkbox"/> Sample <input type="checkbox"/> Monitor <input type="checkbox"/> Estimate</p> <p><input type="checkbox"/> Sample <input type="checkbox"/> Estimate</p> </div> </div> <p>9. CALCULATED OFFSITE DOSES</p> <p>A. <input type="checkbox"/> Actual <input type="checkbox"/> Potential</p> <p>B. Based on: <input type="checkbox"/> Monitor (in Plant) <input type="checkbox"/> Sample (in Plant) <input type="checkbox"/> Back Calculation from field data <input type="checkbox"/> Other Plant Conditions</p> <p>C. Calculated Dose Rate (mrem/hr)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Time of Calculation _____</td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Distance</td> <td>TEDE (mrem/hr)</td> <td>Adult Thyroid CDE (mrem/hr)</td> <td></td> </tr> <tr> <td>Site Boundary</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>2 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>5 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>10 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table> <p>D. Calculated Dose (mrem)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Calculated Duration, Hours _____</td> <td style="width:20%;"></td> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> <tr> <td>Distance</td> <td>TEDE (mrem)</td> <td>Adult Thyroid CDE (mrem)</td> <td></td> </tr> <tr> <td>Site Boundary</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>2 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>5 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> <tr> <td>10 Miles</td> <td>_____</td> <td>_____</td> <td></td> </tr> </table> <p>E. Sector(s) Affected _____</p> <p>10. MEASURED OFFSITE DOSE RATES</p> <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">A. Distance</th> <th style="width:15%;">Time</th> <th style="width:25%;">Reading (mR/hr)</th> <th style="width:35%;">Affected Sector</th> </tr> <tr> <td>Site Boundary</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____ miles</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> <p>ADDITIONAL INFORMATION _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		Time of Calculation _____				Distance	TEDE (mrem/hr)	Adult Thyroid CDE (mrem/hr)		Site Boundary	_____	_____		2 Miles	_____	_____		5 Miles	_____	_____		10 Miles	_____	_____		Calculated Duration, Hours _____				Distance	TEDE (mrem)	Adult Thyroid CDE (mrem)		Site Boundary	_____	_____		2 Miles	_____	_____		5 Miles	_____	_____		10 Miles	_____	_____		A. Distance	Time	Reading (mR/hr)	Affected Sector	Site Boundary	_____	_____	_____	_____ miles	_____	_____	_____	_____ miles	_____	_____	_____	_____ miles	_____	_____	_____
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OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 1: FIRE DEPARTMENT SUPPORT

Monroe County Central Dispatch - Frenchtown Fire Department: 734-241-2727

1. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There is a fire onsite. Frenchtown Fire Department assistance is requested immediately.

2. Use the Pointe Aux Peaux Road access gate.

3. Basic information on the fire:

3.1 Type of fire _____

3.2 Take the following precautions _____

4. Determine the following information from Central Dispatch and relay this information to the SAS Operator using Attachment 3.

4.1 Number of vehicles expected to arrive _____

4.2 Number of personnel expected to arrive _____

OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 2: PARAMEDIC and AMBULANCE SUPPORT

1. Select required medical response:

NOTE: Make one call only.

For Ambulance Only - 734-241-1111

or

For Both Frenchtown Fire Department Paramedics and Ambulance - 734-241-2727

2. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There are injured personnel onsite and your assistance is required immediately.

3. Number of injured personnel: _____

4. Injuries to personnel: _____

5. Number of potentially contaminated personnel: _____

6. Use the Fermi Drive access gate.

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Hospital Seaway Center only if conditions prevent the use of Mercy Memorial Hospital.

7. Transport the victim(s) to: **Mercy Memorial Hospital** **Oakwood Hospital Seaway Center**

8. Take the following precautions:

9. Determine the following information from Central Dispatch and relay this information to the SAS operator using Attachment 3.

9.1 Number of vehicles expected to arrive _____

9.2 Number of personnel expected to arrive _____

OFFSITE EMERGENCY SUPPORT ORGANIZATION ACTIVATION

PART 3: HOSPITAL SUPPORT

NOTE: Mercy Memorial Hospital is the primary hospital. Use Oakwood Hospital Seaway Center only if conditions prevent the use of Mercy Memorial.

Mercy Memorial Hospital: 734-242-6500
Oakwood Hospital Seaway Center: 734-671-3883 or 734-671-3800

1. This is:

Name _____

Title _____

Telephone Number _____

calling from Fermi 2. There are injured personnel onsite and the ambulance service has been contacted to transport the victims to you.

2. Number of injured personnel: _____

3. Injuries to personnel: _____

4. Number of potentially contaminated personnel: _____

5. Number of personnel suffering from excessive radiation exposure:

6. If there are **potentially contaminated personnel** state the following:

"You are requested to implement your radiological emergency response plan."

REPORT TO SECONDARY ALARM STATION (SECURITY)

Secondary Alarm Station: Control Room - Security Direct Line or 6-5215

1. Support organization contacted (check all that apply)

☐ Fire/Paramedics

☐ Ambulance

☐ Hospital (which one?) _____

2. Number of personnel reporting onsite, if known

3. Number of vehicles reporting onsite, if known

4. Owner-controlled area access gate to be used.

Pointe Aux Peaux _____

Fermi Drive _____

5. Location of emergency (If rescue/ambulance, where the vehicles should attend to the victim)

Page _____ of _____

[illegible]

File: 0926.09

MICHIGAN NOTIFICATION FORM INFORMATION SOURCES

Line	Control Room	TSC	EOF
3	ED	ED	EO
4	ED	ED	EO
5	ED	ED/RPA	EO/RPC
6	STA	Dose Assessor	Dose Assessor
7	ED	ED	EO
8	STA	RPA	RPC
9	STA	Dose Assessor	Dose Assessor
10	RET Leader	RPA	RPC

ECOS ACTIVATION

Shift Manager (or delegate) Actions

1. Read steps 2 and 3 before proceeding.
2. Activate the Emergency Call Out System (ECOS).
 - a. Dial 6-1900 or 9-1-734-586-1900.
 - b. When the ECOS answers, immediately enter the current password.
 - c. Respond to ECOS prompts.
3. Verify proper ECOS Operation.
 - a. The ECOS is programmed to immediately call 586-5235 at the Shift Manager's desk.
 - b. Answer the call and when prompted for a Detroit Edison ID number, enter 11111.
 - c. When asked if you are able to report to your emergency response facility, press 9 for yes and respond to the remaining prompts.
 - d. If a call to 586-5235 is not received within 2 minutes:
 - 1) Call the ECOS at 6-1900 or 9-1-734-1900.
 - 2) Enter the password.
 - 3) Respond to prompts to suspend the scenario if activated, or activate if it is currently suspended or completed.
 - 4) If you suspended the scenario in the above step, call 6-1900 or 9-1-734-586-1900, enter the password, and reactivate the scenario. Repeat step 3.
 - e. If all attempts to activate the ECOS fail, enter EP-292, "Emergency Call Out – Backup Method."

END