

**VIRGINIA ELECTRIC AND POWER COMPANY**  
**RICHMOND, VIRGINIA 23261**

February 22, 2001

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

Serial No. 01-119  
NAPS/JHL  
Docket Nos. 50-338  
50-339  
License Nos. NPF-4  
NPF-7

Gentlemen:

**VIRGINIA ELECTRIC AND POWER COMPANY**  
**NORTH ANNA POWER STATION UNITS 1 AND 2**  
**REVISION TO EMERGENCY PLAN IMPLEMENTING PROCEDURE**

Pursuant to 10 CFR 50.54(q), enclosed is a recent revision to a North Anna Power Station Emergency Plan Implementing Procedure. The revision does not implement actions that decrease the effectiveness of our Emergency Plan. The Emergency Plan and Implementing Procedures continue to meet the standards of 10 CFR 50.47(b).

Please update your manual by performing the actions described in Attachment 1, Tabulation of Changes.

Very truly yours,



D. A. Heacock  
Site Vice President

Commitments Stated or Implied: None.

Enclosures

cc: U.S. Nuclear Regulatory Commission (2 copies)  
Region II  
Atlanta Federal Center  
61 Forsyth St., SW, Suite 23T85  
Atlanta, GA 30303

Mr. M. J. Morgan  
NRC Senior Resident Inspector  
North Anna Power Station

A045

**ATTACHMENT 1  
TABULATION OF CHANGES**

**VIRGINIA ELECTRIC AND POWER COMPANY  
REVISION TO NORTH ANNA POWER STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURE**

Enclosed is a recent revision to a North Anna Power Station Emergency Plan Implementing Procedure (EPIP). Please take the following actions in order to keep your manual updated.

<b>REMOVE AND DESTROY</b>	<b>DATED</b>	<b>INSERT</b>	<b>EFFECTIVE DATE</b>
EPIP-2.01, Rev. 21	10/6/00	EPIP-2.01, Rev. 22	2/15/01

Emergency Plan Privacy and Proprietary Material has been removed. Reference Generic Letter No. 81-27.

NORTH ANNA POWER STATION  
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES  
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-1.01	033	09/29/00	10/06/00	EMERGENCY MANAGER CONTROLLING PROCEDURE
EPIP-1.02	011	09/07/99	10/01/99	RESPONSE TO NOTIFICATION OF UNUSUAL EVENT
EPIP-1.03	014	09/07/99	10/01/99	RESPONSE TO ALERT
EPIP-1.04	014	09/07/99	10/01/99	RESPONSE TO SITE AREA EMERGENCY
EPIP-1.05	016	09/07/99	10/01/99	RESPONSE TO GENERAL EMERGENCY
EPIP-1.06	003	09/29/00	10/06/00	PROTECTIVE ACTION RECOMMENDATIONS
EPIP-2.01	022	02/13/01	02/15/01	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS
EPIP-2.02	014	01/04/99	01/29/99	NOTIFICATION OF NRC
EPIP-2.04	003	08/07/92	08/07/92	TRANSMITTAL OF PLANT, RADIOLOGICAL AND EMERGENCY STATUS
EPIP-3.02	018	12/17/97	01/07/98	ACTIVATION OF TECHNICAL SUPPORT CENTER
EPIP-3.03	012	12/20/93	01/01/94	ACTIVATION OF OPERATIONAL SUPPORT CENTER
EPIP-3.04	015	07/14/98	07/20/98	ACTIVATION OF LOCAL EMERGENCY OPERATIONS FACILITY
EPIP-3.05	001	09/07/99	10/01/99	AUGMENTATION OF EMERGENCY RESPONSE ORGANIZATION
EPIP-4.01	016	05/12/99	05/17/99	RADIOLOGICAL ASSESSMENT DIRECTOR CONTROLLING PROCEDURE
EPIP-4.02	012	07/25/00	08/02/00	RADIATION PROTECTION SUPERVISOR CONTROLLING PROCEDURE
EPIP-4.03	011	12/20/93	01/01/94	DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE
EPIP-4.04	009	11/21/94	11/28/94	EMERGENCY PERSONNEL RADIATION EXPOSURE
EPIP-4.05	009	01/28/00	02/04/00	RESPIRATORY PROTECTION AND KI ASSESSMENT
EPIP-4.06	009	12/21/95	12/28/95	PERSONNEL MONITORING AND DECONTAMINATION
EPIP-4.07	014	09/29/00	10/06/00	PROTECTIVE MEASURES
EPIP-4.08	012	07/19/95	07/21/95	INITIAL OFFSITE RELEASE ASSESSMENT
EPIP-4.09	011	07/19/95	07/21/95	SOURCE TERM ASSESSMENT
EPIP-4.10	010	04/23/98	04/28/98	DETERMINATION OF X/Q

NORTH ANNA POWER STATION  
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES  
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-4.13	009	09/29/00	10/06/00	OFFSITE RELEASE ASSESSMENT WITH ENVIRONMENTAL DATA
EPIP-4.14	007	12/20/93	01/01/94	INPLANT MONITORING
EPIP-4.15	011	02/18/00	02/28/00	ONSITE MONITORING
EPIP-4.16	014	02/18/00	02/28/00	OFFSITE MONITORING
EPIP-4.17	014	08/12/98	08/14/98	MONITORING OF EMERGENCY RESPONSE FACILITIES
EPIP-4.18	011	08/12/98	08/14/98	MONITORING OF LEOF
EPIP-4.21	008	12/20/93	01/01/94	EVACUATION AND REMOTE ASSEMBLY AREA MONITORING
EPIP-4.22	013	04/02/93	04/02/93	POST ACCIDENT SAMPLING OF CONTAINMENT AIR
EPIP-4.23	013	03/13/96	03/18/96	POST ACCIDENT SAMPLING OF REACTOR COOLANT
EPIP-4.24	010	07/20/99	07/22/99	GASEOUS EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.25	008	07/23/93	07/23/93	LIQUID EFFLUENT SAMPLING DURING AN EMERGENCY
EPIP-4.26	010	11/05/96	11/13/96	HIGH LEVEL ACTIVITY SAMPLE ANALYSIS
EPIP-4.28	007	01/09/97	01/14/97	TSC/LEOF RADIATION MONITORING SYSTEM
EPIP-4.30	004	01/04/99	01/08/99	USE OF MIDAS CLASS A MODEL
EPIP-4.31	003	06/20/94	06/20/94	USE OF MIDAS CLASS B MODEL
EPIP-4.33	003	11/28/00	11/30/00	HEALTH PHYSICS NETWORK COMMUNICATIONS
EPIP-4.34	002	02/18/00	02/28/00	FIELD TEAM RADIO OPERATOR INSTRUCTIONS
EPIP-5.01	011	12/11/96	12/17/96	TRANSPORTATION OF CONTAMINATED INJURED PERSONNEL
EPIP-5.03	016	02/18/00	02/28/00	PERSONNEL ACCOUNTABILITY
EPIP-5.04	008	07/20/99	07/22/99	ACCESS CONTROL
EPIP-5.05	013	06/25/96	07/02/96	SITE EVACUATION
EPIP-5.07	011	07/25/00	08/02/00	ADMINISTRATION OF RADIOPROTECTIVE DRUGS
EPIP-5.08	007	11/28/00	11/30/00	DAMAGE CONTROL GUIDELINE

DATE: 2001-02-15

PAGE: 3

NORTH ANNA POWER STATION  
LIST OF NAPS EMERGENCY PLAN IMPLEMENTATION PROCEDURES  
CHECK DMIS FOR LATEST DOCUMENT INFORMATION

DOCUMENT NUMBER	REV	APPROVAL **DATE**	EFFECT** **DATE**	DOCUMENT TITLE
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EPIP-5.09	003	03/26/99	03/31/99	SECURITY TEAM LEADER CONTROLLING PROCEDURE
EPIP-6.01	007	05/12/99	05/17/99	RE-ENTRY/RECOVERY GUIDELINE

**VIRGINIA POWER  
NORTH ANNA POWER STATION  
EMERGENCY PLAN IMPLEMENTING PROCEDURE**

<b>NUMBER</b> EPIP-2.01	<b>PROCEDURE TITLE</b> NOTIFICATION OF STATE AND LOCAL GOVERNMENTS  (With 3 Attachments)	<b>REVISION</b> 22
		<b>PAGE</b> 1 of 16

**PURPOSE**

To initially notify State and local governments of the declaration of an emergency and to provide status updates related to the event.

**LEVEL 2 DISTRIBUTION**  
This Document Should Be Verified  
And Annotated To A Controlled Source  
As Required to Perform Work

**ENTRY CONDITIONS**

Any of the following:

1. An emergency has been declared.
2. Entry directed by Station Emergency Manager.

Approvals on File

Effective Date 2/15/2001

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

<b>NUMBER</b> EPIP-2.01	<b>PROCEDURE TITLE</b> NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	<b>REVISION</b> 22 <hr/> <b>PAGE</b> 2 of 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
<p>_____ 1 INITIATE PROCEDURE:</p> <ul style="list-style-type: none"> <li>• By: _____</li> <li>Date: _____</li> <li>Time: _____</li> <li>Location: _____</li> </ul>		
<p>_____ 2 CHECK FIRST REPORT OF EMERGENCY FOR EVENT - REQUIRED</p>		<p><u>IF</u> procedure previously initiated, <u>THEN</u> continue from step in effect identified during relief/turnover.</p>
<p><b><u>NOTE:</u></b></p> <ul style="list-style-type: none"> <li>• The initial notification of any emergency classification must be completed within 15 minutes of declaring the emergency class.</li> <li>• Items 2 through 5, and 7 on Attachment 2 may be checked [ ] Not Required for the initial report of any emergency classification.</li> <li>• Attachment 1, Instructions for Completing Report of Emergency to State and Local Governments, can be referenced as needed.</li> </ul>		
<p>_____ 3 RECORD INFORMATION ON ATTACHMENT 2 (REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS)</p>		
<p>_____ 4 CHECK EMERGENCY - REMAINS IN EFFECT</p>		<p><u>IF</u> emergency terminated before message sent, <u>THEN</u> do the following:</p> <ul style="list-style-type: none"> <li>a) Record that event has been terminated in Item 8.</li> <li>b) Record "N/A" in Items 10, 11, 12 and 13.</li> </ul>
<p>_____ 5 HAVE SEM/RM APPROVE REPORT (initial at top of Attachment 2)</p>		

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

\_\_\_\_ 6 RECORD TIME NOTIFICATION STARTED

**NOTE:** Outbound calls through the PBX system are made by dialing 8-1-(area code)-###-####. Direct outbound calls may be made using unrestricted telephones by dialing 9-1-(area code)-###-#### (area code not required for direct outbound calls within local calling area). No prefix is required when using a commercial telephone.

\_\_\_\_ 7 SEND REPORT OF EMERGENCY TO  
STATE AND LOCAL GOVERNMENTS:

a) Check Instaphone - CLEAR OF  
CONFLICTING MESSAGE TRAFFIC

a) IF Instaphone NOT available,  
THEN do the following:

1) Call State EOC on DEM ARD  
(Alternate: (804) 674-2400).

2) Notify State EOC Duty  
Officer of need to transmit  
message.

3) WHEN Instaphone available  
for message transmittal,  
THEN GO TO Step 7.b.

b) Use Instaphone to contact State  
and local Emergency Operations  
Centers (EOCs)

b) IF Instaphone NOT operable,  
THEN GO TO Step 11.

c) Perform initial roll-call  
(check boxes as EOC(s) answer  
or circle if no response)

d) Read Items 1 through 9

e) Perform acknowledgement  
roll-call (check boxes as  
EOC(s) answer or circle if no  
response)

f) Repeat any items upon request

(STEP 7 CONTINUED ON NEXT PAGE)

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 22  PAGE 4 of 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
7	SEND REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS: (Continued)	
	g) Record date and time transmittal of Items 1 through 9 completed	
	h) Check message reports emergency - REMAINS IN EFFECT	h) GO TO Step 12.
	i) Use DEM ARD phone to contact State EOC (Alternate: (804) 674-2400 (ask for Duty Officer))	i) <u>IF</u> all means of communications with State EOC are inoperable, <u>THEN</u> do the following: <ol style="list-style-type: none"> <li>1) Use Instaphone to transmit Items 10 and 11 to local EOCs.</li> <li>2) Record the following on second page of Attachment 2: <ul style="list-style-type: none"> <li>• "Transmitted Items 10 and 11 to local EOCs."</li> <li>• Date and time transmitted to each local EOC.</li> </ul> </li> <li>3) GO TO Step 9.</li> </ol>
	j) Read Items 10, 11 and 12	
	k) Consult with State EOC Duty Officer to determine desired update message schedule	
	l) Record the following at Item 13: <ul style="list-style-type: none"> <li>• Update message schedule</li> <li>• State EOC Duty Officer's name</li> </ul>	
8	RECORD DATE AND TIME TRANSMITTAL OF ITEMS TO STATE EOC COMPLETE	

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

<b>NUMBER</b> EPIP-2.01	<b>PROCEDURE TITLE</b> NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	<b>REVISION</b> 22 <b>PAGE</b> 5 of 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED										
<p>_____ 9    VERIFY ALL LOCAL EOCs ANSWERED ACKNOWLEDGEMENT ROLL CALL</p>	<p>_____ 10    GO TO STEP 12</p>	<p><u>IF</u> any EOC(s) did <u>NOT</u> answer acknowledgement roll-call, <u>THEN</u> do the following:</p> <p>a) Use telephone to call EOC(s) that did not answer.</p> <p>b) Refer to the table below for order of priority and list of local EOC phone numbers:</p> <table border="1" style="margin: 10px auto; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">Louisa:</td> <td style="padding: 2px 10px;">(540) 967-1234 (local)</td> </tr> <tr> <td style="padding: 2px 10px;">Spotsylvania:</td> <td style="padding: 2px 10px;">(540) 582-6384</td> </tr> <tr> <td style="padding: 2px 10px;">Caroline:</td> <td style="padding: 2px 10px;">(804) 633-5555</td> </tr> <tr> <td style="padding: 2px 10px;">Orange:</td> <td style="padding: 2px 10px;">(540) 672-1234</td> </tr> <tr> <td style="padding: 2px 10px;">Hanover:</td> <td style="padding: 2px 10px;">(804) 537-6140</td> </tr> </table> <p>c) <u>IF</u> State EOC notified, <u>THEN</u> read Items 1 through 9.</p> <p><u>IF</u> NO communications with State EOC, <u>THEN</u> read Items 1 through 11.</p> <p>d) Record the following on Attachment 2:</p> <ul style="list-style-type: none"> <li>• Method of contact.</li> <li>• Reason Instaphone failed (if known).</li> <li>• Date and time of contact.</li> </ul>	Louisa:	(540) 967-1234 (local)	Spotsylvania:	(540) 582-6384	Caroline:	(804) 633-5555	Orange:	(540) 672-1234	Hanover:	(804) 537-6140
Louisa:	(540) 967-1234 (local)											
Spotsylvania:	(540) 582-6384											
Caroline:	(804) 633-5555											
Orange:	(540) 672-1234											
Hanover:	(804) 537-6140											

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER EPIP-2.01	PROCEDURE TITLE NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	REVISION 22 PAGE 6 of 16
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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**NOTE:** Other personnel may assist by making notifications simultaneously using other telephones.

\_\_\_\_ 11 SEND ATTACHMENT 2 USING  
ALTERNATIVE MEANS:

a) Call State EOC:

- 1) Use DEM ARD (Alternate:  
(804) 674-2400, ask for EOC  
Duty Officer)
- 2) Read entire Attachment 2
- 3) Record date/time transmittal  
to State EOC complete

b) Call each local EOC and read  
Items 1 through 9:

Louisa:	(540) 967-1234 (local)
Spotsylvania:	(540) 582-6384
Caroline:	(804) 633-5555
Orange:	(540) 672-1234
Hanover:	(804) 537-6140

c) Record date/time transmittal of  
Items 1 through 9 complete

\_\_\_\_ 12 NOTIFY SEM/RM TRANSMITTAL WAS SENT

\_\_\_\_ 13 KEEP ATTACHMENT 2 WITH THIS  
PROCEDURE

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER	PROCEDURE TITLE	REVISION
EPIP-2.01	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	22
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
14	CHECK IF ITEM 12 ON REPORT OF EMERGENCY TO STATE AND LOCAL GOVERNMENTS INDICATES REPORT OF RADIOLOGICAL CONDITIONS - REQUIRED	GO TO Step 17.
<u>NOTE:</u>	<ul style="list-style-type: none"> <li>The initial Report of Radiological Conditions must be transmitted to the State EOC (or State representatives in the LEO/CEO) as soon as possible following the release of radioactive material.</li> <li>Follow-up reports should be issued approximately every 60 minutes or when there are changes in radiological conditions. Time should be measured from when transmittal of a message begins, or if delivered, from the time of delivery.</li> </ul>	
15	GET REPORT OF RADIOLOGICAL CONDITIONS FOR THE STATE:	
	a) Check if either of the following Radiological Status reports available:	a) Do the following:
	<ul style="list-style-type: none"> <li>MIDAS Radiological Status report</li> </ul>	1) Determine from radiological assessment organization when report will be available.
	OR	2) Notify SEM/RM about delay.
	<ul style="list-style-type: none"> <li>EPIP-4.03, DOSE ASSESSMENT TEAM CONTROLLING PROCEDURE, Attachment 1, Radiological Status</li> </ul>	3) <u>WHEN</u> Radiological Status report becomes available, <u>THEN</u> continue in this procedure.
	b) Get Radiological Status report from radiological assessment organization	
	c) Check report - COMPLETE	c) <u>IF</u> blank items remain on Radiological Status report, <u>THEN</u> return report to radiological assessment organization for completion.

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER	PROCEDURE TITLE	REVISION
EPIP-2.01	NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	22
		PAGE 8 of 16

STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
16	<p>SEND REPORT OF RADIOLOGICAL CONDITIONS TO THE STATE TO EOC:</p> <ul style="list-style-type: none"> <li>a) Attach Radiological Status report to Attachment 3</li> <li>b) Follow Attachment 3 Part I, Instructions for Virginia Power/North Anna Emergency Communicator</li> <li>c) Check Report of Radiological Conditions to the State - SENT VIA FACSIMILE MACHINE</li> <li>d) Allow 5 minutes for State EOC Duty Officer to verify receipt of message</li> <li>e) Check receipt of message - VERIFIED BY STATE EOC DUTY OFFICER</li> <li>f) Record Date/Time verified on Attachment 3 Part III Item 1</li> <li>g) Notify SEM/RM transmittal - SENT</li> <li>h) Keep Attachment 3 with this procedure</li> </ul>	<ul style="list-style-type: none"> <li>c) <u>IF</u> Radiological Status report communicated verbally or delivered, <u>THEN</u> GO TO Step 16.g.</li> <li>e) <u>IF</u> receipt of message <u>NOT</u> verified, <u>THEN</u> do the following: <ul style="list-style-type: none"> <li>1) Call State EOC on DEM ARD (Alternate: (804) 674-2400).</li> <li>2) Ask State EOC Duty Officer if message received.</li> <li>3) <u>IF</u> receipt of message verified, <u>THEN</u> GO TO Step 16.f.</li> </ul> </li> <li><u>IF</u> message <u>NOT</u> received, <u>THEN</u> do the following: <ul style="list-style-type: none"> <li>a) Follow Attachment 3 Part I Item 6 instructions.</li> <li>b) GO TO Step 16.g.</li> </ul> </li> </ul>

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Follow-up reports of emergency conditions must be provided to State and local governments approximately every 60 minutes (from previous message notification start time) or when there are changes in emergency conditions, unless otherwise agreed upon with the State.

17 CHECK ANY OF THE FOLLOWING MESSAGE UPDATE CONDITIONS - EXISTS:

- Status of any of the following Report of Emergency items - CHANGED:
  - Emergency class (including event termination)
  - Offsite Assistance Required
  - Site Evacuation
  - Prognosis Worsening
  - Radioactive Release
  - Protective Action Recommendation

OR

- Updated Radiological Status report provided by radiological assessment organization

OR

- Follow-up report due IAW schedule established with State EOC Duty Officer

WHEN Report of Emergency message update conditions satisfied, THEN RETURN TO Step 3.

WHEN Report of Radiological Conditions message update conditions satisfied, THEN RETURN TO Step 15.

IF termination message has been sent, THEN GO TO Step 27.

18 RETURN TO APPLICABLE STEP AS INDICATED BELOW:

Report of Emergency to State and Local Governments	RETURN TO Step 3
Report of Radiological Conditions to the State	RETURN TO Step 15

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
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- NOTE:**
- Data may be obtained from meteorological panel charts (via TSC staff communicating with Control Room when ERFCS not available) or ERFCS (group reviews or EMCOMM, activated by typing EMCOMM and pressing the gray button labeled LAST).
  - Both the ERFCS EMCOMM feature and ERFCS Group Review #39, COMERDS-1, Common ERDS Points, contain meteorological information averaged over the previous 15 minutes.

19 CHECK ON-SITE METEOROLOGICAL  
INFORMATION - AVAILABLE

IF on-site data NOT available,  
THEN do the following:

- Get regional information from one of the following:
  - Company Weather Center:  
(804) 273-3025.
  - National Weather Service  
(NWS): (800) 737-8624.
  - Have HP initiate EPIP-4.10,  
DETERMINATION OF X/Q.
- Give meteorological information to requestor.
- RETURN TO procedure step in effect.

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED										
<p>____ 20 GET ON-SITE METEOROLOGICAL INFORMATION AS REQUESTED:</p> <p style="margin-left: 40px;">a) Refer to specified step(s) to acquire requested information:</p> <table border="1" style="margin-left: 80px; border-collapse: collapse; width: 40%;"> <tbody> <tr> <td style="padding: 2px;">Temperature</td> <td style="padding: 2px;">Step 21</td> </tr> <tr> <td style="padding: 2px;">Wind Speed</td> <td style="padding: 2px;">Step 22</td> </tr> <tr> <td style="padding: 2px;">Wind Direction</td> <td style="padding: 2px;">Step 23</td> </tr> <tr> <td style="padding: 2px;">Affected Sectors</td> <td style="padding: 2px;">Steps 23 and 24</td> </tr> <tr> <td style="padding: 2px;">Stability Class</td> <td style="padding: 2px;">Step 25</td> </tr> </tbody> </table> <p style="margin-left: 40px;">b) Give meteorological information to requestor</p> <p style="margin-left: 40px;">c) RETURN TO procedure step in effect</p>	Temperature	Step 21	Wind Speed	Step 22	Wind Direction	Step 23	Affected Sectors	Steps 23 and 24	Stability Class	Step 25		
Temperature	Step 21											
Wind Speed	Step 22											
Wind Direction	Step 23											
Affected Sectors	Steps 23 and 24											
Stability Class	Step 25											
<p>____ 21 GET TEMPERATURE FROM MAIN TOWER TEMPERATURE INDICATOR</p> <p style="margin-left: 40px;"><b>NOTE:</b> Primary source of wind speed is the Main Tower Lower Level indicator. Alternates sources are (1) Backup Tower, and (2) Main Tower Upper Level.</p>												
<p>____ 22 GET WIND SPEED</p>												

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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**STEP**
**ACTION/EXPECTED RESPONSE**
**RESPONSE NOT OBTAINED**

- NOTE:**
- An approximate average wind direction for previous 15 minutes should be determined.
  - Primary source of wind direction is the Main Tower Lower indicator. Alternates sources are (1) Backup Tower, and (2) Main Tower Upper Level.
  - Wind direction is always given as the compass point the wind blows from. Example: Wind direction is from East North East (ENE).

23 GET WIND DIRECTION IN TERMS OF  
COMPASS POINT WIND BLOWING FROM:

DEGREES	COMPASS POINT	DEGREES	COMPASS POINT	DEGREES	COMPASS POINT
0-11	N	192-214	SSW	350-371	N
12-34	NNE	215-236	SW	372-394	NNE
35-56	NE	237-259	WSW	395-416	NE
57-79	ENE	260-281	W	417-439	ENE
80-101	E	282-304	WNW	440-461	E
102-124	ESE	305-326	NW	461-484	ESE
125-146	SE	327-349	NNW	485-506	SE
147-169	SSE			507-529	SSE
170-191	S			530-540	S

## CONTINUOUS ACTION PAGE FOR EPIP-2.01

### 1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

### 2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

### 3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

### 4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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STEP

ACTION/EXPECTED RESPONSE

RESPONSE NOT OBTAINED

**NOTE:** Downwind sectors are recorded using alphabetic designations.

24 DETERMINE DOWNWIND SECTORS:

COMPASS POINT	DOWNWIND SECTORS	COMPASS POINT	DOWNWIND SECTORS
N	H - J - K	S	R - A - B
NNE	J - K - L	SSW	A - B - C
NE	K - L - M	SW	B - C - D
ENE	L - M - N	WSW	C - D - E
E	M - N - P	W	D - E - F
ESE	N - P - Q	WNW	E - F - G
SE	P - Q - R	NW	F - G - H
SSE	Q - R - A	NNW	G - H - J

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

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**STEP**
**ACTION/EXPECTED RESPONSE**
**RESPONSE NOT OBTAINED**

- NOTE:**
- Main Tower Delta T is the preferred source of stability class. Sigma Theta (Backup Tower) is the secondary source.
  - The value closer to "G" should be used if unable to distinguish Delta T or Sigma Theta value.
  - Numerical ranges presented below for Delta T and Sigma Theta are less than the range of the chart recorder and indicator in the Control Room. Indications are not expected to read outside the ranges found on these tables.

25 DETERMINE STABILITY CLASS:

MAIN TOWER DELTA T			BACKUP TOWER SIGMA THETA		
DELTA T (°F)		STABILITY CLASS	SIGMA THETA (°)		STABILITY CLASS
≤ -1.31	=	A	≥ 22.5	=	A
-1.30 to -1.18	=	B	22.4 to 17.5	=	B
-1.17 to -1.04	=	C	17.4 to 12.5	=	C
-1.03 to -0.35	=	D	12.4 to 7.5	=	D
-0.34 to +1.04	=	E	7.4 to 3.8	=	E
+1.05 to +2.77	=	F	3.7 to 2.1	=	F
> +2.77	=	G	< 2.1	=	G

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

NUMBER	PROCEDURE TITLE	REVISION
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STEP	ACTION/EXPECTED RESPONSE	RESPONSE NOT OBTAINED
	<p><b>NOTE:</b> Responsibilities may be transferred to relief within a facility or to another facility, e.g., Control Room to TSC, Control Room to LEOF or CEOF, or TSC to LEOF or CEOF.</p>	
26	<p>TRANSFER RESPONSIBILITY FOR STATE/LOCAL NOTIFICATIONS:</p> <ul style="list-style-type: none"> <li>a) Notify SEM (or RM if in LEOF/CEO)</li> <li>b) Tell relief Emergency Communicator about current event status</li> <li>c) Review most recently completed Attachments 2 and 3 with relief</li> <li>d) Tell relief Emergency Communicator when next notification is due</li> <li>e) Provide this procedure and all attachments or send copies of attachments to relief</li> <li>f) Have relief/turnover recorded in event log</li> <li>g) Check - INTERFACILITY TURNOVER HAS BEEN COMPLETED</li> </ul>	<p>g) RETURN TO step in effect prior to relief.</p>

CONTINUOUS ACTION PAGE FOR EPIP-2.01

1. REPORT OF EMERGENCY UPDATE/CONDITION CHANGE CRITERIA

WHEN either of the following conditions exist:

- Scheduled Report of Emergency to State and Local Governments - DUE
- Change in emergency conditions (e.g., classification, event termination, offsite assistance, site evacuation, worsening prognosis, release of radioactive material, Protective Action Recommendation)

THEN RETURN TO Step 3 to prepare new emergency message.

NOTE: Transmittal of a Report of Emergency to State and Local Governments takes precedence over preparing a new radiological status message, responding to requests for meteorological information and turning-over duties to relief.

2. REPORT OF RADIOLOGICAL STATUS CONDITION CHANGE CRITERIA

WHEN updated Radiological Status report provided by radiological assessment organization, THEN RETURN TO Step 15 to prepare new radiological status message.

3. METEOROLOGICAL INFORMATION REQUEST CRITERIA

IF requested to acquire on-site meteorological information, THEN GO TO Step 19.

4. SHIFT RELIEF OR INTERFACILITY TURNOVER CRITERIA

WHEN shift relief or interfacility turnover occurs, THEN GO TO Step 26.

<b>NUMBER</b> EPIP-2.01	<b>PROCEDURE TITLE</b> NOTIFICATION OF STATE AND LOCAL GOVERNMENTS	<b>REVISION</b> 22 <b>PAGE</b> 16 of 16
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**STEP**

**ACTION/EXPECTED RESPONSE**

**RESPONSE NOT OBTAINED**

\_\_\_\_ 27 TERMINATE PROCEDURE:

- Give EPIP-2.01, forms and other applicable records to the Control Room STA (TSC Emergency Procedures Coordinator or EOF Services Coordinator)

- Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

-END-

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**Form Field**

**Instructions for Preparing Form:**

**Approval  
(SEM or RM)**

Leave blank. (The Station Emergency Manager (SEM) or Recovery Manager (RM) signs/initials this space after message is drafted.)

**Message #**

Record sequential message number on pages 1 and 2.

A single numbering sequence is used for Reports of Emergency to State and Local Governments (Attachment 2) from the initial classification until the Emergency Plan is exited. The numbering sequence for Reports of Radiological Conditions to the State (Attachment 3) is separate.

**Notification  
Start Time**

Leave blank. (Enter notification start time when beginning transmittal of the approved message.)

**Location**

Check off facility from which notification will be made.

**Roll Call**

Leave blank. (Check off recipients of the emergency message when they answer the roll call.)

**NOTE:**

- Information to complete Items 1-6 obtained from SEM/RM.
- Items 2, 3, 4, 5 and/or 7 may be checked 'Not Required' for a message reporting initial entry into the Emergency Plan or an emergency class change.

**Item 1**

**Emergency Class.**

IF the message is an initial or follow-up report, THEN do the following:

- Check block for applicable emergency class (classification).
- Enter time (0001-2400) and date of declaration.

IF message is reporting emergency termination, THEN do the following:

- Check Emergency Terminated block.
- Leave Items 2 through 7 blank.

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**Form Field**

**Instructions for Preparing Form:**

**Item 2**

**Assistance requested.**

[ ] Not required may be checked for the initial report of an emergency class only.

This item documents requests that have been made for on-site assistance from off-site organizations such as from fire departments, rescue squads or law enforcement agencies, including local law enforcement, Virginia State Police, Federal Bureau of Investigation, etc.). This item is NOT for requesting assistance. A check block for other off-site organizations and space to record a description of the off-site organization is provided, e.g., U.S. Department of Energy.

Continue to record requests for assistance until the request has been canceled or off-site assistance has been released. For an ambulance, continue to record request for assistance until the ambulance has been released from the hospital.

**Item 3**

**Emergency Response Actions Underway.**

[ ] Not required may be checked for the initial report of an emergency class only.

Check blocks are provided for the following:

[ ] Station monitoring teams dispatched offsite (teams may be dispatched for any emergency classification, but dispatch is generally required at the Site Area Emergency and General Emergency classifications)

[ ] Station emergency personnel called in (unless special circumstances are involved, station emergency personnel are called-in at an Alert or higher emergency class, but may be called-in for a Notification of Unusual Event)

[ ] Other (examples of other emergency response actions include dispatch of damage control teams, relocation of personnel from selected areas, etc.)

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**Form Field**      **Instructions for Preparing Form:**

**Item 4**                      **Evacuation of onsite personnel.**

[ ] Not required may be checked for the initial report of an emergency class only.

The Remote Assembly Area is selected in accordance with EPIP-5.05, SITE EVACUATION.

An "Other" check block is provided in case personnel are evacuated to different location, e.g., local evacuation assembly center.

Early release of personnel, i.e., non-essential personnel are sent home early, is reported in Item 8, Remarks / Description of event.

Continue to record evacuation of onsite personnel until evacuated personnel released from the applicable Remote Assembly Area.

**NOTE:** Changes in the prognosis of situation should be explained in Item 8, Remarks / Description of event.

**Item 5**                      **Prognosis of situation.**

[ ] Not required may be checked for the initial report of an emergency class only.

The "Other" check block can be used to provide an indication of anticipated event termination, e.g., emergency will be terminated when unit reaches cold shutdown at or about 1700 hours.

**NOTE:** The magnitude of radioactive material released should be explained in Item 8, Remarks / Description of event, e.g., release is estimated to be confined to the site, release estimated to be within normal plant limits, site boundary dose rates are below offsite protective action levels.

**Item 6**                      **Release of radioactive material.**

This is a required item for all emergency messages.

The SEM/RM determines whether a release of radioactive material is occurring, has occurred, has occurred and has been terminated, or is projected to occur based on plant indications and/or consultation with the RAD/RAC.

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Form Field

Instructions for Preparing Form:

Item 7

**Meteorological data.**

[ ] Not required may be checked for the initial report of an emergency class only.

[ ] Not available may be checked when waiting for meteorological information will delay transmission of a message. Efforts to obtain meteorological data from alternative sources should not delay sending emergency messages.

Check [ ] Based on onsite measurements when meteorological information is acquired from onsite instruments.

Onsite measurements may be acquired from any of the following:

- ERFCS EMCOMM feature (15-minute average) (activated by typing EMCOMM and pressing the gray button labeled LAST)
- ERFCS Group Review #39, COMERDS-1, Common ERDS Points (15-minute average)
- Control Room meteorological panel charts (approximate average for previous 15 minutes) (communicate with Control Room staff when ERFCS not available in other facilities)

Multiple indications of wind direction and wind speed are available. The priority for using these indications is:

- 1 Main Tower Lower Level
- 2 Backup Tower
- 3 Main Tower Upper Level

Check [ ] Based on offsite regional data when onsite measurements are NOT available. Regional wind speed and wind direction data may be obtained from the following in the order indicated:

- 1 Company Weather Center, (804) 273-3025
- 2 National Weather Service (NWS), (800) 737-8624

[Instructions for Item 7, Meteorological data, continued on following page.]

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**Form Field**

**Instructions for Preparing Form:**

**Item 7**  
[continued]

**Meteorological data.**

Use the following table to convert indicated degree reading to compass point wind blowing from.

DEGREES	COMPASS POINT
0-11 or 350-371	N (NORTH)
12-34 or 372-394	NNE (NORTH NORTHEAST)
35-56 or 395-416	NE (NORTHEAST)
57-79 or 417-439	ENE (EAST NORTHEAST)
80-101 or 440-461	E (EAST)
102-124 or 462-484	ESE (EAST SOUTHEAST)
125-146 or 485-506	SE (SOUTHEAST)
147-169 or 507-529	SSE (SOUTH SOUTHEAST)
170-191 or 530-540	S (SOUTH)
192-214	SSW (SOUTH SOUTHWEST)
215-236	SW (SOUTHWEST)
237-259	WSW (WEST SOUTHWEST)
260-281	W (WEST)
282-304	WNW (WEST NORTHWEST)
305-326	NW (NORTHWEST)
327-349	NNW (NORTH NORTHWEST)

Record wind direction in compass point wind is blowing from.

Record wind speed.

**Item 8**

**Remarks / Description of event.**

Write Remarks / Description of event in plain language. Avoid technical jargon, abbreviations and acronyms.

Explain any change in the prognosis of situation (Item 5) reported in the previous message.

IF Item 6 indicated a radiological release is occurring or has occurred, THEN remarks should be entered placing the release in context, e.g., release is estimated to be confined to the site, release estimated to be within normal plant limits, site boundary dose rates are below offsite protective action levels.

Avoid repeating Remarks / Description of event from the previous message.

NUMBER	ATTACHMENT TITLE	REVISION
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Form Field

Instructions for Preparing Form:

**Item 9      Emergency Communicator identification.**

Enter name of Emergency Communicator.

**Roll Call      Leave blank. (Check off recipients of the emergency message when they answer the roll call.)**

**Message Close-Out      Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 1-9.)**

**Item 10      Downwind sectors.**

IF Item 1 indicates the emergency class is a Notification of Unusual Event, Alert or Site Area Emergency, THEN check  
[ ] None.

IF Item 1 indicates the emergency class is a General Emergency, THEN copy downwind sectors from EPIP-1.06, PROTECTIVE ACTION RECOMMENDATION, Attachment 3, in Item 10.

**Item 11      Recommended offsite protective actions.**

IF Item 1 indicates the emergency class is a Notification of Unusual Event, Alert or Site Area Emergency, THEN check  
[ ] None.

IF Item 1 indicates the emergency class is a General Emergency, THEN copy recommended offsite protective action from EPIP-1.06, PROTECTIVE ACTION RECOMMENDATION, Attachment 3, in Item 11.

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**Form Field**

**Instructions for Preparing Form:**

**Item 12**

**Report of Radiological Conditions.**

IF Item 6 indicates a release of radioactive material has NOT occurred and is NOT projected, THEN check [ ] We will not issue a Report of Radiological Conditions.

IF a Report of Radiological Conditions is required AND all the following conditions are met:

- LEOF (or CEOF) - RESPONSIBLE FOR STATE NOTIFICATIONS
- Department of Emergency Management - PRESENT
- Department of Health (Radiological Health Programs) representative - PRESENT

THEN check [ ] We will provide the Report of Radiological Conditions to the State representatives in the LEOF (CEOFF).

IF a Report of Radiological Conditions is required AND has to be transmitted to the State EOC, THEN check [ ] We will transmit a Report of Radiological Conditions to the State EOC.

**Item 13**

**Update schedule and name of State EOC Duty Officer.**

Leave blank. (Update schedule and identification of State EOC Duty Officer is determined in consultation with the State EOC Duty Officer after message is transmitted.)

**Message  
Close-Out**

Leave blank. (Check off facility from which notification was made and enter date/time after transmitting Items 10-13.)

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APPROVAL: (SEM or RM): \_\_\_\_\_: MESSAGE # \_\_\_\_\_: TIME NOTIFICATION STARTED: \_\_\_\_\_

This is North Anna Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF. Standby for a roll-call followed by an emergency message. Use a Report of Emergency form to copy this message. (Conduct a roll-call and check boxes as each party answers)

☐ Louisa County ☐ State EOC ☐ Orange County  
☐ Spotsylvania County ☐ Hanover County ☐ Caroline County

The emergency message is as follows: (READ SLOWLY)

Item 1: Emergency Class:

<input type="checkbox"/> Notification of Unusual Event	<input type="checkbox"/> Site Area Emergency	Declared at _____ on _____ (24-hr time) (date)
<input type="checkbox"/> Alert	<input type="checkbox"/> General Emergency	

☐ Emergency Terminated

Item 2: Assistance requested:

☐ None  
 \_\_\_\_\_ (#) Fire Units from \_\_\_\_\_      \_\_\_\_\_ (#) Police Units from \_\_\_\_\_  
 \_\_\_\_\_ (#) Rescue Units from \_\_\_\_\_      ☐ Other \_\_\_\_\_  
☐ Not Required

Item 3: Emergency response actions underway:

☐ None ☐ Station emergency personnel called in  
☐ Station monitoring teams dispatched offsite ☐ Other \_\_\_\_\_  
☐ Not Required

Item 4: Evacuation of onsite personnel: ☐ No; ☐ Yes, evacuated to: ☐ Primary Remote Assembly Area  
☐ Not Required ☐ Secondary Remote Assembly Area  
☐ Other \_\_\_\_\_

Item 5: Prognosis of situation: ☐ Improving ☐ Stable  
☐ Not Required ☐ Worsening ☐ Other \_\_\_\_\_

Item 6: Release of radioactive material:

☐ Has NOT occurred and is NOT projected ☐ Is presently occurring  
☐ Has occurred and is now terminated ☐ Is projected to occur

Item 7: Meteorological data is:

☐ Based on onsite measurements; ☐ Based on offsite regional data;  
☐ Wind direction is from the \_\_\_\_\_; ☐ Wind speed is \_\_\_\_\_ mph  
☐ Not available  
☐ Not Required

(ATTACHMENT 2 CONTINUED ON NEXT PAGE)

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MESSAGE # \_\_\_\_\_

Item 8: Remarks / Description of event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Item 9: This is (name) \_\_\_\_\_/Emergency Communicator.  
 Please acknowledge receipt of this message. (Conduct roll-call and check boxes)

☐ Louisa County      ☐ State EOC      ☐ Orange County  
☐ Spotsylvania County      ☐ Hanover County      ☐ Caroline County

This is North Anna Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF out at \_\_\_\_\_ on \_\_\_\_\_.  
 (24-hr time) (date)

**NOTE:** The following information is for state use only. Transmit to State EOC using the DEM ARD.

Item 10: Downwind sectors are:  
☐ None  
☐ Sectors \_\_\_\_, \_\_\_\_, \_\_\_\_

Item 11: Recommended offsite protective actions are:  
☐ None  
☐ Evacuate:  
☐ None  
☐ 360° from \_\_\_\_ miles to \_\_\_\_ miles.  
☐ Downwind sectors from \_\_\_\_ miles to \_\_\_\_ miles.  
☐ Shelter:  
☐ None  
☐ 360° from \_\_\_\_ miles to \_\_\_\_ miles.  
☐ Downwind sectors from \_\_\_\_ miles to \_\_\_\_ miles.  
☐ Unaffected sectors from \_\_\_\_ miles to \_\_\_\_ miles.

Item 12: ☐ We will transmit a Report of Radiological Conditions to the State EOC.  
☐ We will provide the Report of Radiological Conditions to the State representatives in the LEOF (CEOFF).  
☐ We will not issue a Report of Radiological Conditions.

Item 13: Update schedule: ☐ 60 minute; ☐ Other \_\_\_\_\_

Name of State EOC Duty Officer: \_\_\_\_\_

This is North Anna Power Station ☐ Control Room ☐ TSC ☐ LEOF ☐ CEOF out at \_\_\_\_\_ on \_\_\_\_\_.  
 (24-hr time) (date)

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**PART I. Instructions for North Anna Emergency Communicator:**

1. Check name of facility: [ ] Control Room [ ] TSC [ ] Local EOF [ ] Central EOF

2. Record Message #: \_\_\_\_\_ Communicator's name: \_\_\_\_\_ Call-back #: ( ) - \_\_\_\_\_

3. Check which report is attached and record the report number and run time (as appropriate):

\_\_\_\_\_ MIDAS Radiological Status computer printout (2 pages) Report # \_\_\_\_\_ Run Time \_\_\_\_\_

\_\_\_\_\_ Radiological Status attachment from EPIP-4.03 (1 page) Report # \_\_\_\_\_

4. Have Station Emergency Manager (SEM) / Recovery Manager (RM) approve transmittal:

APPROVED FOR TRANSMITTAL: \_\_\_\_\_ (SEM / RM initials) DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ TIME: \_\_\_\_ : \_\_\_\_

5. IF report can be delivered to both VDEM AND VDH staff in EOF, THEN GO TO PART I, ITEM 6.

IF report will be sent by facsimile, THEN notify State EOC Report of Radiological Conditions will be sent by facsimile (Use DEM ARD or (804) 674-2400) and request receipt confirmation.

6. Deliver report to both VDEM AND VDH staff in EOF:

a. Date/Time Message Delivered to VDEM Representative in Local/Central EOF: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_

b. Date/Time Message Delivered to VDH Representative in Local/Central EOF: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_

c. Record N/A by Part II and Part III below.

IF report will be sent by facsimile, THEN ask facsimile machine operator to transmit this message.

IF transmittal of report by facsimile NOT achievable, THEN do the following:

a. Notify State EOC using DEM ARD or call (804) 674-2400

b. Identify yourself and your location

c. Ask EOC Duty Officer to use a Report of Radiological Conditions form to copy message

d. Read the attached report

e. Record when message transmittal completed: Date/Time Message Completed: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_

f. Record N/A by Part II and Part III below.

**PART II. Instructions for Facsimile Machine Operator:**

1. Record Facsimile Operator's name: \_\_\_\_\_ Date/Time Sent: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_

2. Transmit this message to State EOC facsimile machine (804) 674-2419.

IF facsimile transmission NOT successful, THEN RETURN message to Emergency Communicator.

3. Return original report to State and Local Emergency Communicator.

**PART III. Instructions for State EOC Duty Officer:**

1. Notify North Anna Emergency Communicator report received. Date/Time Verified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_  
(Use DEM ARD or see PART I, Item 2 above for call-back number). Receipt Verification

2. Forward message to EOC Operations Officer for distribution to State Radiological Health Programs and Information & Planning representatives.