

**ENTERGY NUCLEAR NORTHEAST  
JAMES A. FITZPATRICK NUCLEAR POWER PLANT  
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**DOCUMENT TRANSMITTAL AND RECEIPT ACKNOWLEDGEMENT FORM**

**DATE: February 26, 2001**  
**CONTROLLED COPY NUMBER: 34**

**TO: U.S.N.R.C. Document Center/Washington, DC**

**FROM: KATHY LOCKWOOD - EMERGENCY PLANNING DEPARTMENT**

**SUBJECT: EMERGENCY PLAN AND IMPLEMENTING PROCEDURES**

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

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<b>VOLUME 1 Update List Dated N/A</b>			
<b>DOCUMENT</b>	<b>PAGES</b>	<b>REV. #</b>	<b>INITIALS/DATE</b>
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<b>VOLUME 2 Update List Dated February 26, 2001</b>			
<b>DOCUMENT</b>	<b>PAGES</b>	<b>REV. #</b>	<b>INITIALS/DATE</b>
IAP-2	REPLACE ALL	24	

<b>VOLUME 3 Update List Dated N/A</b>			
<b>DOCUMENT</b>	<b>PAGES</b>	<b>REV. #</b>	<b>INITIALS/DATE</b>
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A045

# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2

## UPDATE LIST

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Date of Issue: February 26, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
N/A	TABLE OF CONTENTS	REV. 19	02/98	N/A
IAP-1	EMERGENCY PLAN IMPLEMENTATION CHECKLIST	REV. 24	02/01	Continuous
IAP-2	CLASSIFICATION OF EMERGENCY CONDITIONS	REV. 20	12/98	Continuous
EAP-1.1	OFFSITE NOTIFICATIONS	REV. 44	01/01	Informational
EAP-2	PERSONNEL INJURY	REV. 24	01/01	Informational
EAP-3	FIRE	REV. 21	08/00	Informational
EAP-4	DOSE ASSESSMENT CALCULATIONS	REV. 29	12/98	Reference
EAP-4.1	RELEASE RATE DETERMINATION	REV. 12	12/00	Reference
EAP-5.1	DELETED (02/94)			
EAP-5.2	DELETED (04/91)			
EAP-5.3	ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING	REV. 7	07/00	Informational
EAP-6	IN-PLANT EMERGENCY SURVEY/ENTRY	REV. 15	02/98	Informational
EAP-7.1	DELETED (02/94)			
EAP-7.2	DELETED (02/94)			
EAP-8	PERSONNEL ACCOUNTABILITY	REV. 50	01/01	Reference
EAP-9	SEARCH AND RESCUE OPERATIONS	REV. 9	02/98	Informational
EAP-10	PROTECTED AREA EVACUATION	REV. 14	02/98	Informational
EAP-11	SITE EVACUATION	REV. 15	02/98	Informational
EAP-12	DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO	REV. 10	08/99	Reference
EAP-13	DAMAGE CONTROL	REV. 13	12/98	Informational
EAP-14.1	TECHNICAL SUPPORT CENTER ACTIVATION	REV. 21	08/00	Informational
EAP-14.2	EMERGENCY OPERATIONS FACILITY ACTIVATION	REV. 19	07/00	Informational
EAP-14.5	OPERATIONAL SUPPORT CENTER ACTIVATION AND OPERATION	REV. 14	03/00	Informational

# EMERGENCY PLAN IMPLEMENTING PROCEDURES/VOLUME 2 UPDATE LIST

Date of Issue: February 26, 2001

Procedure Number	Procedure Title	Revision Number	Date of Last Review	Use of Procedure
EAP-14.6	HABITABILITY OF THE EMERGENCY FACILITIES	REV. 14	10/98	Informational
EAP-15	EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL	REV. 10	02/00	Informational
EAP-16	PUBLIC INFORMATION PROCEDURE	REV. 6	02/98	Informational
EAP-17	EMERGENCY ORGANIZATION STAFFING	REV. 93	01/01	Informational
EAP-18	DELETED (12/93)			
EAP-19	EMERGENCY USE OF POTASSIUM IODINE (KI)	REV. 20	08/00	Informational
EAP-20	POST ACCIDENT SAMPLE, OFFSITE SHIPMENT AND ANALYSIS	REV. 8	02/98	Reference
EAP-21	DELETED (12/85)			
EAP-22	DELETED (02/98)			
EAP-23	EMERGENCY ACCESS CONTROL	REV. 10	02/98	Informational
EAP-24	EOF VEHICLE AND PERSONNEL DECONTAMINATION	REV. 8	02/98	Informational
EAP-25	DELETED (02/94)			

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

EMERGENCY PLAN IMPLEMENTATION CHECKLIST\*  
IAP-1  
REVISION 24

REVIEWED BY: PLANT OPERATING REVIEW COMMITTEE

MEETING NO. N/A

DATE: N/A

APPROVED BY:

  
RESPONSIBLE PROCEDURE OWNER

DATE: 2-26-01

EFFECTIVE DATE: February 27, 2001

FIRST ISSUE ☐

FULL REVISION ☐

LIMITED REVISION ☒

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* INFORMATIONAL USE	* TSR
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PERIODIC REVIEW DUE DATE: FEBRUARY 2002

## REVISION SUMMARY SHEET

REV. NO.

- 24
- Changed the cover sheet to reflect the Company name change.
  - Heading correction was made throughout the procedure.
  - On Attachment 1 and 2, added a clarification in section A, as to when the pagers should be activated.
  - On Attachments 1 and 2, section C, the information to be provided when activating the pagers and CAN if necessary has been updated to include JAF option in Group 1 and 2. As well as, the option of choosing which facilities to activate.
  - On Attachment 1 and 2, Pager Codes section, code 7 now reads Personnel assigned a pager; rather than on duty team.
  - An explanation for the \* has been provided at the bottom of each page on Attachments 1 and 2.
  - An explanation for the + has been provided at the bottom of pages 8 and 13 of Attachment 1 and 2.
  - Center Attachment titles for both 1 and 2.
  - Corrected the Attachment number in section C of Attachments 1 and 2.
  - The first digit code number 9 now reads Pager/On Call Test only.
  - Added Time to section G, on Attachment 1.
  - Added SAE\* to sections P, Q and R on Attachment 2.

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## 1.0 PURPOSE

The purpose of this procedure is to provide a checklist for implementing actions and direction in the use of additional procedures for implementing the emergency plan.

## 2.0 REFERENCES

### 2.1 Performance References

None

### 2.2 Developmental References

2.2.1 JAFNPP Emergency Plan, Volumes 2 & 3, Implementing Procedures.

## 3.0 INITIATING EVENTS

3.1 Either an Unusual Event, Alert, Site Area Emergency or General Emergency has been declared in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*.

## 4.0 PROCEDURE

**NOTE:** As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

4.1 From the Control Room, when an emergency is classified or reclassified in accordance with IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\*, the immediate actions for the Emergency Director are (see Attachment 1):

## FACILITY ACTIVATION REQUIREMENTS

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

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

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

- 4.2 From the TSC or EOF, when an emergency is classified or reclassified in accordance with **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\***, then the immediate actions for the Emergency Director are (see Attachment 2):

**NOTE:** As a quick reference tool for the implementor of this procedure, a new checklist should be completed at initial declaration and each reclassification as appropriate. Additionally, a review of the checklist should be conducted for significant event related occurrences.

- 4.3 If plant conditions deteriorate, implement **IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS\***, to reclassify the emergency.

## 5.0 ATTACHMENTS

1. CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST
2. TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST



# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 1 of 4

Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/> UE* ALERT* SAE* GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	A. Implement EAP-1.1, <u>OFFSITE NOTIFICATIONS*</u> , in order to notify offsite agencies.  <b>Activate pagers at the Unusual Event level and once again at the Alert or higher classification. Use CAN as needed.</b>
<input type="checkbox"/> GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	B. If a General Emergency has been declared in accordance with IAP-2, <u>CLASSIFICATION OF EMERGENCY CONDITIONS*</u> , then recommend protective actions in accordance with procedure EAP-4, <u>DOSE ASSESSMENT CALCULATIONS*</u> , Attachment 1, Initial Protective Actions.
<input type="checkbox"/> UE* ALERT* SAE* GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	C. Per EAP-1.1, notify Security (ext. 3456) to activate pagers, and if necessary CAN. <b>Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.</b> Provide the following information: 1. Emergency Classification 2. Facilities activated: Group 1: (CR/TSC/OSC /JAF) <u>or</u> Group 2: (CR/TSC/OSC/JAF/EOF/JNC) <u>or</u> Selected: CR / TSC / OSC / JAF / EOF / JNC 3. Activate Pagers      YES      NO 4. Activate CAN          YES      NO 5. 3 digit Pager Code    ____    ____    ____  <b>IF Security is unable to activate pagers and/or CAN, THEN the Shift Manager should utilize EAP-17, Attachment 5 to make the activation.</b> <b>NOTE:</b> For CAN activation from the CR, the phone in the Shift Managers office (near the RECS line) with the number 315-349-6261 MUST be used.
<b>PAGER CODES</b>		
1=Actual Event  2=Drill or Exercise  9=Pager/on-call test only	1=NUE 2=Alert 3=SAE 4=GE 9=None	1 = Report to CR/OSC/TSC 2 = Report to CR/OSC/TSC/EOF/JNC 3 = On duty only report to CR/OSC/TSC/EOF/JNC 7 = Personnel assigned a pager call CAN 800-205-5175 (respond as directed) 8 = All personnel report to EOF for further instructions 9 = No response required

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 2 of 4

Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/>  ALERT* SAE* GE*	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div>	D. Activate emergency response facilities in accordance with the <b>Facility Activation Requirements</b> matrix in Section 4.1
<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div>	E. If a Gaseous Radioactivity Release is suspected, imminent, underway or has occurred, then implement <b>EAP-4, DOSE ASSESSMENT CALCULATIONS*</b> , Attachment 1, <b>INITIAL PROTECTIVE ACTIONS</b> , in order to determine recommendations to be given to the County and State.
<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div>	F. If a Liquid Radioactivity Release is imminent, underway or has occurred, then implement <b>EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO*</b> , in order to determine dose projections and protective action recommendations to be given to the County and State.
<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">TIME</div>	G. If a fire has occurred then implement <b>EAP-3, FIRE*</b> , and conduct fire fighting efforts.
<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div>	H. If a personnel injury has occurred, then consider implementation of <b>EAP-2, PERSONNEL INJURY*</b> , based on the initiating events.
<input type="checkbox"/>	<div style="border-bottom: 1px solid black; width: 100%;">Initials</div> <div style="border-bottom: 1px solid black; width: 100%;">Time</div>	I. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of <b>EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY*</b> , based on initiating events.

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

# CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/> SAE* GE*	_____ Initials _____ Time	J. If a Site Area Emergency or General Emergency has been declared, or, if plant conditions reflect the initiating events, then implement <b>EAP-10, PROTECTED AREA EVACUATION*</b> .
<input type="checkbox"/> SAE+ GE*	_____ Initials _____ Time	K. If a General Emergency has been declared, or at the discretion of the Emergency Director, implement <b>EAP-11, SITE EVACUATION*</b> , based on the initiating events. If a Site Area Emergency has been declared, then consider implementation of <b>EAP-11, SITE EVACUATION*</b> , based on the initiating events.
<input type="checkbox"/> SAE* GE*	_____ Initials _____ Time	L. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Director's request, implement <b>EAP-8, PERSONNEL ACCOUNTABILITY*</b> .
<input type="checkbox"/>	_____ Initials _____ Time	M. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement <b>EAP-9, SEARCH AND RESCUE OPERATIONS*</b> , based on initiating events.
<input type="checkbox"/>	_____ Initials _____ Time	N. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of <b>EAP-13, DAMAGE CONTROL*</b> , based on initiating events.
<input type="checkbox"/>	_____ Initials _____ Time	O. If authorization to receive emergency exposures is needed, then implement <b>EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*</b> , based on initiating events.

+ IMPLEMENTATION SHALL BE CONSIDERED AT THIS EMERGENCY CLASSIFICATION.

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

CONTROL ROOM EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/>	_____ Initials  _____ Time	P. If abnormal radiological conditions are indicated in the plant or environs, then implement <b>EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)*</b> .
<input type="checkbox"/>	_____ Initials  _____ Time	Q. If unusual weather conditions exist or are imminent, consider implementation of <b>SAP-19, SEVERE WEATHER*</b> , based on initiating events.
<input type="checkbox"/>		R. If plant conditions deteriorate, implement <b>IAP-2, CLASSIFICATION OF EMERGENCY CONDITIONS*</b> , to reclassify the emergency.

Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

# TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/> UE* ALERT* SAE* GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	A. Implement <b>EAP-1.1, OFFSITE NOTIFICATIONS*</b> , in order to notify offsite agencies. <b>Ensure pagers were activated at the Unusual Event and that pagers are activated again at the Alert or higher classification. Use CAN as needed.</b>
<input type="checkbox"/> GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	B. If a General Emergency has been declared, or if a gaseous radioactivity release is suspected, imminent, underway, or has occurred, then implement procedure <b>EAP-4, DOSE ASSESSMENT CALCULATIONS*, Attachment 2, AUGMENTED DOSE ASSESSMENT PROTECTIVE ACTIONS</b> , in order to determine recommendations to be given to the County and State.
<input type="checkbox"/> UE* ALERT* SAE* GE*	<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Initials</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Time</div>	C. IF not already accomplished from the CR, THEN Per <b>EAP-1.1</b> , notify Security (ext. 3456) to activate pagers, and if necessary CAN. <b>Pagers should be activated at the NUE, and once again at the ALERT or higher classification if escalation from the NUE occurs.</b> Provide the following information: 1. Emergency Classification 2. Facilities activated Group 1: (CR/TSC/OSC /JAF) <u>or</u> Group 2: (CR/TSC/OSC/JAF/EOF/JNC) <u>or</u> Selected: CR / TSC / OSC / JAF / EOF / JNC  3. Activate Pagers      YES      NO 4. Activate CAN          YES      NO 5. 3 digit Pager Code    _____ <b>IF Security is unable to activate pagers and/or CAN, THEN activation must occur utilizing EAP-17, Attachment 5.</b> <b>NOTE: CAN activation not performed in SAS must occur from the phone in the Shift Managers office (near the RECS line) with the number 315-349-6261.</b>
<b>PAGER CODES</b>		
1=Actual Event  2=Drill or Exercise  9=Pager/on-call test only	1=NUE 2=Alert 3=SAE 4=GE 9=None	1 = Report to CR/OSC/TSC 2 = Report to CR/OSC/TSC/EOF/JNC 3 = On duty only report to CR/OSC/TSC/EOF/JNC 7 = Personnel assigned a pager call CAN 800-205-5175 (respond as directed) 8 = All personnel report to EOF for further instructions 9 = No response required

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/>  ALERT* SAE* GE*	 Initials  Time	D. Activate emergency response facilities in accordance with the <b>Facility Activation Requirements</b> matrix in Section 4.1
<input type="checkbox"/>  ALERT* SAE* GE*	 Initials  Time	E. If the TSC is activated, then implement <b>EAP-14.1, TECHNICAL SUPPORT CENTER ACTIVATION*</b> .
<input type="checkbox"/>  ALERT* SAE* GE*	 Initials  Time	F. If the OSC is activated, then implement <b>EAP-14.5, OPERATIONAL SUPPORT CENTER ACTIVATION*</b> .
<input type="checkbox"/>  ALERT* SAE* GE*	 Initials  Time	G. If the EOF is activated, then implement <b>EAP-14.2, EMERGENCY OPERATIONS FACILITY ACTIVATION*</b> .
<input type="checkbox"/>  	 Initials  Time	H. If abnormal radiological conditions exist or are suspected, then consider implementation of <b>EAP-14.6, HABITABILITY OF THE EMERGENCY FACILITIES*</b> , based on the initiating events.
<input type="checkbox"/>  	 Initials  Time	I. If a liquid radioactivity release is imminent, underway or has occurred then implement <b>EAP-12, DOSE ESTIMATED FROM AN ACCIDENTAL RELEASE OF RADIOACTIVE MATERIAL TO LAKE ONTARIO*</b> , in order to determine dose projections and protective action recommendations to be given to the County and State.

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 3 of 5

Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/>	_____ Initials  _____ Time	J. If a fire has occurred then implement <b>EAP-3, FIRE*</b> , and conduct fire fighting efforts.
<input type="checkbox"/>	_____ Initials  _____ Time	K. If a personnel injury has occurred, then consider implementation of <b>EAP-2, PERSONNEL INJURY*</b> , based on the initiating events.
<input type="checkbox"/>	_____ Initials  _____ Time	L. If downwind surveys/environmental monitoring are needed, then consider implementation of <b>EAP-5.3, ONSITE/OFFSITE DOWNWIND SURVEYS AND ENVIRONMENTAL MONITORING*</b> , based on initiating events.
<input type="checkbox"/>  ALERT* SAE* GE*	_____ Initials  _____ Time	M. If an Alert or higher is declared, then implement <b>EAP-23, EMERGENCY ACCESS CONTROL*</b> , based on initiating events.
<input type="checkbox"/>  ALERT* SAE* GE*	_____ Initials  _____ Time	N. If an Alert or higher has been declared and the TSC has been activated, then implement <b>EAP-28, EMERGENCY RESPONSE DATA SYSTEM (ERDS) ACTIVATION*</b> .
<input type="checkbox"/>	_____ Initials  _____ Time	O. If a protected area and/or site evacuation have been initiated and it is necessary to enter areas where abnormal radiological conditions exist, then consider implementation of <b>EAP-6, IN-PLANT EMERGENCY SURVEY/ENTRY*</b> , based on initiating events.

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.

TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

Page 4 of 5

Implemented	Initials/Time	Actions/Procedures
<input type="checkbox"/> SAE* GE*	_____ Initials _____ Time	P. If a Site Area Emergency or General Emergency has been declared, or, if plant conditions reflect the initiating events, then implement <b>EAP-10, PROTECTED AREA EVACUATION*</b> .
<input type="checkbox"/> SAE+ GE*	_____ Initials _____ Time	Q. If a General Emergency has been declared, or at the discretion of the Emergency Director, implement <b>EAP-11, SITE EVACUATION*</b> , based on initiating events. If a Site Area Emergency has been declared, then <u>consider</u> implementation of EAP-11, <b>SITE EVACUATION*</b> , based on the initiating events.
<input type="checkbox"/> SAE* GE*	_____ Initials _____ Time	R. If a Site Area Emergency or General Emergency has been declared, a Protected Area Evacuation or Site Evacuation has been completed, or at the Emergency Director's request, implement <b>EAP-8, PERSONNEL ACCOUNTABILITY*</b> .
<input type="checkbox"/>	_____ Initials _____ Time	S. If onsite personnel are unaccounted for, or an individual may be missing, trapped or disabled, then implement <b>EAP-9, SEARCH AND RESCUE OPERATIONS*</b> , based on initiating events.
<input type="checkbox"/>	_____ Initials _____ Time	T. If the TSC and OSC have been activated, and plant equipment has been damaged, then consider implementation of <b>EAP-13, DAMAGE CONTROL*</b> , based on initiating events.
<input type="checkbox"/>	_____ Initials _____ Time	U. If authorization to receive emergency exposures is needed, then implement <b>EAP-15, EMERGENCY RADIATION EXPOSURE CRITERIA AND CONTROL*</b> , based on initiating events.

+ IMPLEMENTATION SHALL BE CONSIDERED AT THIS EMERGENCY CLASSIFICATION.

\* IMPLEMENTATION IS REQUIRED AT THIS EMERGENCY CLASSIFICATION.



TSC/EOF EMERGENCY PLAN IMPLEMENTATION CHECKLIST

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<input type="checkbox"/>	Initials _____	V. If abnormal radiological conditions are indicated in the plant or environs, then implement <b>EAP-19, EMERGENCY USE OF POTASSIUM IODIDE (KI)*</b> .
	Time _____	
<input type="checkbox"/>	Initials _____	W. If unusual weather conditions exist or are imminent, consider implementation of <b>SAP-19, SEVERE WEATHER*</b> , based on initiating events.
	Time _____	
<input type="checkbox"/>	Initials _____	X. If all emergency facilities have been activated and it is necessary to provide long term staffing, then implement <b>EAP-43, EMERGENCY FACILITIES LONG TERM STAFFING*</b> .
	Time _____	

Signature \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_