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DOCUMENT CHANGE NOTICE NO. 141

DATE: April 26, 2001

FROM: YNPS Site Services Department

DOCUMENT: Implementing Procedures to the Emergency Plan

1. Enter the attached documents in your manuals and/or files, discard all obsolete copies, and return this form to the Site Services Department at Yankee-Rowe, or DE&S Records Center, as applicable within 30 Calendar days.

[X] YNPS Site Services [ ] DE&S Records Center - Marlborough

2. SAFEGUARDS INFORMATION DOCUMENTS

ALL OBSOLETE copies shall be returned to the Security Shift Supervisor for SHREDDING. SAFEGUARDS INFORMATION documents shall be hand-to-hand delivered or enclosed in two properly sealed and addressed envelopes. Return this form to the Site Services Department.

DESCRIPTION OF CHANGE:

ISSUANCE: Implementing Proc. to the E-Plan

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PROCEDURE NO. REV. NO.

OP-3305	23
OP-3315	18
AP-3400	9

DOCKET NO. 50-29  
LICENSE NO. DPR-3

Please sign and return to: Renee Prilipp  
Yankee Atomic Electric Co.  
49 Yankee Rd.  
Rowe, MA 01367

Departmental Working Copies have been Reviewed and Working Copy Files Updated.

N/A

Departmental Signature (N/A if not applicable)

The above documents have been entered in the applicable Department Manuals and/or files and all Obsolete copies have been discarded or identified as obsolete. [3, 5.2.15, Paragraph 9, Item 4] SAFEGUARDS INFORMATION documents will be handled per #2 above.

Signature

Date

A045

YANKEE NUCLEAR POWER STATION  
IMPLEMENTING PROCEDURES TO THE EMERGENCY PLAN  
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IMPLEMENTING PROCEDURES

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Technical Support Center (TSC) Activation and Operations	OP-3324	Rev. 15
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EMERGENCY MEDICAL/CONFINED SPACE RESPONSE ACTIONS

SCOPE

This procedure outlines the basic requirements and actions to be followed by plant personnel in the event of an incident requiring medical response including a confined space emergency. It includes medical emergency notifications, the actions required of specific plant personnel, and the actions to consider when injuries may be complicated by radiation exposure or contamination.

ENCLOSURES

OP-3305 - Pgs. 1-2  
Attachment A - Pgs. 1-3  
OPF-3305.1 - Pg. 1  
Attachment B - Pgs. 1-3  
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REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. Plan and Procedures for Treatment and Decontamination of Radioactively contaminated and Injured Patients at North Adams Regional Hospital.
3. AP-0227, "Condition Reporting, Investigation and Self-Assessment"
4. AP-2016, "Event Administrative Actions"
5. OP-Memo 2E-4, "ERO Augmentation"
6. Qualified Personnel Manual
7. AP-0620, "Confined Space Permits: Requests, Issue, Use, Update and Termination"

DISCUSSION

This procedure is initiated by the Shift Supervisor whenever response by the emergency medical team or confined space rescue team is necessary. The most likely sequence is as follows:

- The incident is identified.
- The incident or injury is reported to the CR.
- First aid is applied.
- An ambulance and hospital are called.
- An injured person departs from the site.

- Work area cleanup is initiated or area is barricaded.
- The hospital is contacted with followup data.
- Documentation required for accident communication is assembled.

The majority of Fire Brigade personnel are trained in medical response and in confined space rescue. Medical response and confined space rescue personnel are trained to respond to injured personnel whose condition may be complicated by radiation exposure and/or contamination or the need for rescue. Qualified medical response personnel will be listed in the Qualified Personnel Manual. During a medical emergency, medical response personnel may encounter adverse radiological conditions and should follow the guidance of radiation protection trained personnel prior to entering a radiologically controlled area.

#### PRECAUTIONS

None

#### PREREQUISITES

1. Medical response personnel have been trained in first aid and CPR.

#### PROCEDURE

1. Based on your assigned function, follow the procedural guidance of the appropriate attachment listed below:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
A	Control Room Personnel
B	Medical Response Trained Personnel
C	Radiation Protection (RP) Trained Personnel
D	Ambulance and Hospital Response Trained Personnel
E	Security Personnel
F	Confined Space Rescue Trained Personnel

#### FINAL CONDITIONS

As specified in the appropriate attachment.

ATTACHMENT A

CONTROL ROOM PERSONNEL

This attachment will be completed by Control Room personnel after receiving notification of a medical/confined space emergency. Control Room personnel will act as the primary communications point for hospital/plant/ambulance communications. The North Adams Regional Hospital Emergency Response Plan [2] establishes two categories for radiological medical emergencies:

Code Magenta - Treatment and decontamination of a patient with **non-life threatening injuries**. The Radiation Emergency Area (REA) in this type of incident will be the decontamination room.

Code Magenta Treatment and decontamination of a patient with **life**  
Trauma Room: **threatening injuries**. The REA in this type of incident will be the Trauma Room.

Based on information received from YNPS (OPF-3305.1) and from ambulance personnel, hospital personnel will determine which of the above two categories to prepare for.

PROCEDURE

1. Make the following announcement using the plant page system:

a. Select the appropriate announcement:

1) "Attention in the Plant, Attention in the Plant"

"Medical Emergency, Medical Emergency, Medical Emergency."

"Medical Team members proceed to \_\_\_\_\_."  
(location)

"All other personnel stand clear of the area."

OR

2) "Attention in the Plant, Attention in the Plant"

"Confined Space Emergency, Confined Space Emergency,  
Confined Space Emergency" (Describe the nature of the  
emergency and its location.)

"Rescue and medical team members proceed to \_\_\_\_\_."  
(location)

"All other personnel stand clear of the area."

b. Repeat the announcement.

2. Maintain communications with medical/rescue team for medical and/or radiological information. Contact or request additional assistance for medical/rescue personnel as necessary.
3. Initiate DP-2016, "Event Administrative Actions."
4. For a medical emergency that occurs on a backshift, weekend, or holiday: (Refer to OP-Memo 2E-4 for contact numbers)
  - a. For radiological emergencies, call an off-duty Radiation Protection Technician and have them report to the plant or meet the patient at the hospital.
  - b. For radiological emergencies, notify the Safety Oversight Manager/RPM or alternate for assistance in evaluating the radiological conditions described in Attachment C.
  - c. Notify the Duty Call Officer and the Plant Superintendent.
5. Record all pertinent data regarding the medical emergency in the Control Room Log.
6. Complete OPF-3305.1, "Medical Emergency Status and Notification Form," using all available medical and/or radiological information received from the Medical response personnel.
7. If necessary, call in replacements for the shift complement within two hours.
8. Upon notification by a medical response person that transportation to an off-site medical facility is required, then contact Shelburne Control 9-911 (Back up No. 9-625-8200):
  - a. Request that an ambulance respond to Yankee Nuclear Power Station in Rowe
  - b. State the nature of the injury

**NOTE:** Only indicate contamination if RP has confirmed and data is available or if suspected of being contaminated (e.g., wearing full PC's, or injuries in contaminated area where frisking is not possible). Ambulance personnel are prepared to address contaminated injuries and do not necessarily need to know this ahead of arrival.

- c. State whether or not the individual is contaminated
- d. Provide Plant Shift Supervisor's phone number - (424-2235)

**NOTE:** Per agreements signed under the Emergency Plan, any injured person who is contaminated will be transported to the North Adams Regional Hospital. If injured person is not contaminated, then either Franklin Medical Center or North Adams Regional Hospital may be used.

9. If RP has confirmed that the individual is contaminated, or if the individual is suspected of being contaminated (e.g., wearing full PC's or injuries in a contaminated area where frisking is not possible) then contact the North Adams Regional Hospital (9-663-3701):
  - a. Identify yourself as calling from Yankee Nuclear Power Station and ask to speak to the EMERGENCY ROOM TRIAGE NURSE MANAGER.
  - b. State the nature of the injury and that the individual is contaminated (provide information contained on OPF-3305.1)
  - c. Provide Plant Shift Supervisors phone number (424-2235).

**NOTE:** Emergency dosimetry is not necessary if the victim is not contaminated.

10. Contact the Security Shift Supervisor to inform him that an ambulance has been called and to expedite access of ambulance personnel to the emergency area by assigning an officer as an escort and issuing dosimetry and visitors badges to the ambulance personnel. Ensure officer retrieves visitors' badges and injured person(s) badge(s) prior to exiting the site.
11. Notify the Public Affairs Representative. (refer to OP-Memo 2E-4 for contact numbers)
12. For radiological medical emergencies in which the injured worker is sent to the hospital, notify the Massachusetts Department of Public Health. (This is an informational call, give the department representative the information on the Medical Emergency Status and Notification Form (OPF-3305.1), refer to OP-MEMO 2E-6 for telephone numbers.)

#### **FINAL CONDITIONS**

1. The patient has left the site and has arrived at the off-site medical facility.
2. All pertinent data has been recorded in the Control Room Log.
3. Initiate a Condition Report for this incident. [3]

**MEDICAL EMERGENCY STATUS AND NOTIFICATION FORM**

TIENT: Name: _____			
Location: _____		Date/Time: _____ / _____	
MEDICAL PROBLEMS: (including vital signs): _____ _____ _____			
FIRST AID MEASURES GIVEN: _____ _____ _____			
RADIATION INJURY:			
•	EXPOSURE?	Yes    No	mR/(received)
•	EXTERNAL CONTAMINATION?	Yes    No    Possible	mR/hr*
•	INTERNAL CONTAMINATION (INHALATION)	Yes    No    Possible	
•	Decontaminated?	Yes    No	
Special equipment needed by ambulance or at hospital?		Yes    No	
List special equipment needed: _____			
Transporting Ambulance Company:      Charlemont      Other (specify) _____			
AMBULANCE ETA:    At Plant:      At Hospital: _____			
•	RP will accompany the patient to the hospital		
•	RP will meet the patient at the hospital.		
NOTES: _____ _____ _____ _____			

Name of Plant Person Making Call: \_\_\_\_\_

Name of Hospital Person Receiving Call: \_\_\_\_\_

\*Contamination should be reported to the hospital in mR/hr. Convert as necessary: 4,000 cpm = 1 mR/hr.



**ATTACHMENT B**

**MEDICAL/RESCUE RESPONSE TRAINED PERSONNEL**

This attachment will be used by the medical/rescue response trained personnel after receiving notification of a medical/rescue emergency. Since each medical emergency is unique, the steps in this attachment should serve only as an outline of medical response trained personnel actions. Therefore, actual response actions may be improvised by medical response trained personnel based on their expertise and assessment of the incident.

**PROCEDURE**

A. **Incident Response**

\*\*\*\*\*

**CAUTION:** If the medical emergency involves a confined space, also follow the procedural requirements of Attachment F.

\*\*\*\*\*

1. Respond with the following equipment, as necessary:

- Green Emergency Bag with oxygen.
- Biobin.
- Scoop stretcher and/or backboard.
- Oxygen tank and mask.

2. Survey the scene to ensure that it is safe for medical/rescue personnel to approach the victim.

**NOTE:** Rescue and treatment of all accident victims should be the primary concern. Radiation exposure or contamination of the victim should be a secondary concern.

**NOTE:** Always treat the medical condition first prior to moving the victim unless other life threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

3. Determine if the need to rescue or move the victim (prior to providing medical treatment) exists due to life-threatening hazards to the victims and rescuers.

- a. Obtain professional medical advice of the Site Nurse if available.

4. Conduct a "Primary Survey" and provide first aid for urgent care needs.

5. Conduct a "Secondary Survey" and provide additional first aid as needed.
6. If more than two medical response trained personnel respond to the incident, then designate a medical team leader.
7. The medical team leader will delegate the following duties to other team members or standby personnel:
  - Assign a person to record the emergency medical assessment on the "Emergency/Injury Evaluation Form" provided in the Green Emergency bag.
  - Assign a person to act as the medical team communicator (eg., Security Officer with radio). This person will maintain communications with the Control Room until the emergency is terminated. Important information to communicate includes:
    - Emergency area conditions.
    - Evaluation of the need for life-saving actions.
    - Decision to call for an ambulance
    - Total number of accident victim(s).
    - Name(s) of victim(s).
    - Radiological conditions.
    - Medical actions performed.
    - The time from the CR that the victim and medical response personnel are clear of the emergency area.
    - The time from the CR that the victim is transferred to the ambulance.
8. Remain with the victim until:
  - The victim has been turned over to the ambulance crew.
  - The victim can take care of himself or herself.
  - The victim can be placed in the care of the Site Nurse.

B. Patient Transfer (if required)

**NOTE:** If possible, the transfer point should be outside the Restricted Area.

1. Assist in transporting the victim to the closest access to the ambulance.

**NOTE:** It is the responsibility of the team leader to ensure that the EMTs and ambulance crew adhere to proper RP practices.

2. As soon as possible after their arrival, the medical response personnel should brief the ambulance crew on the status of the victim. Report:
  - The victim's medical status.
  - Treatment methods used.
  - Where to transport the victim.
  - Any radiological concerns.
3. Assist the ambulance crew with patient transfer to the ambulance stretcher.
4. Provide the ambulance crew with two copies of the Medical Emergency Status and Notification Form (OPF-3305.1). Inform them that one copy is for the hospital Emergency Department staff and one is for themselves.
5. In the event of radiological injuries, a radiation protection trained person should accompany the victim in the ambulance, if possible.
6. Inform the Shift Supervisor of the victim's status and any other pertinent information after the victim has left the site.

C. Equipment Return

1. Return all emergency medical equipment to the proper storage location(s).
2. Replace used equipment or notify the Site Nurse as to what is needed.
3. Replace the oxygen tank after every use.

**FINAL CONDITIONS**

1. The victim has left the site.
2. The Medical Team has medically "cleaned up" the area.
3. The Medical Team has reported the final onsite status of the patient to the Control Room.

ATTACHMENT C

ON-SITE RADIATION PROTECTION (RP) TRAINED PERSONNEL

This attachment will be used by Radiation Protection (RP) trained personnel who may respond to a medical emergency involving radiological accident injuries.

PROCEDURE

A. Incident Response

1. Proceed to the emergency area with a survey instrument.
2. Determine the dose rate and contamination levels in the emergency area.

**NOTE:** Rescue and treatment of all accident victims is the primary concern. Radiation exposure or contamination of the victim are a secondary concern.

3. a. Estimate the total doses received or expected to be received by the victim.
- b. Assess the personnel contamination status of the victim.

**NOTE:** Always treat the medical condition first prior to moving the victim unless other life threatening hazards exist (eg. fire, estimated dose greater than 100 rem TEDE, etc.)

4. Based on Steps 2 and 3 above, consult with the medical response personnel to determine if the victim's injuries take precedence over his or her radiation exposure and/or bodily contamination. Have a medical response person notify the Control Room of the team's decision.
5. Evaluate, suggest, and initiate radiation protection measures for the medical response personnel and the victim.
6. Perform a radiological survey as time permits and note areas of contamination on the victim. Attempt to identify the isotope(s) present and the amount of activity.

\*\*\*\*\*

**CAUTION:** Gross decontamination of the victim should be accomplished to the extent that the stability of the patient is not endangered.

\*\*\*\*\*

7. Decontaminate the victim and/or maintain contamination control as practicable (e.g., remove the victim's contaminated clothing, jewelry, and gross contaminants as practicable).

8. Assist in transporting the victim to the closest access to the ambulance.
9. If necessary, provide any appropriate protective clothing to the ambulance personnel.
10. Notify the Control Room as to the contamination status of the victim.

**FINAL CONDITIONS**

1. Survey equipment has been returned to its proper storage location(s).
2. Any documentation has been forwarded to the Radiation Protection Manager.

ATTACHMENT D

RADIATION PROTECTION TRAINED PERSONNEL ASSISTING AMBULANCE AND  
HOSPITAL PERSONNEL

This attachment will be used by personnel trained to respond with the ambulance and hospital personnel. Generally, the plant's RP trained responder will remain with the victim and the hospital's RP trained responder will provide protection/care for their personnel.

PROCEDURE

1. Coordinate with the ambulance crew to maintain contamination control during patient transport.
2. Advise the hospital Radiation Emergency Area (REA) staff of exposure problems in terms of:
  - The patient's exposure.
  - Staff exposure.
  - The location, level, and potential for spreading any contamination.
3. Dress in protective clothing prior to entering the hospital REA, if required to enter the REA.
4. Assist in controlling radiation exposure at the hospital:
  - a. Determine the adequacy of traffic control in the REA, post-contamination areas, as necessary.
  - b. Supervise and regulate the radiological protection of personnel involved throughout emergency treatment.
  - c. Assist the hospital's Radiation Safety Officer in monitoring and evaluating personnel exposure.

NOTE: The ambulance crew must be monitored and decontaminated, if necessary, before being permitted to leave.

NOTE: The ambulance must be monitored and decontaminated, if necessary, before being permitted to leave the hospital area.

- d. Ensure that all involved personnel are monitored and decontaminated, as necessary, prior to leaving the REA.
5. Assist in the decontamination of the patient, as permitted by the REA doctor in charge.
6. Survey the patient and stretcher in the Buffer Zone to ensure that neither became contaminated in the transfer. Decontaminate if required.

**NOTE:** All specimens shall be labelled "Biohazard container".

7. Save and label all specimens of urine, vomitus, feces, blood, tissue, and metals from patient and return them to the plant for use in radiation evaluations, as appropriate.
8. Survey equipment and hospital property after the emergency. Record radiation surveys of personnel and property.
9. Assist the hospital staff with REA decontamination activities.
10. Collect patient and ambulance dosimetry, if issued, and return it to the plant.
11. Collect used protective clothing and all other contaminated material and wastes. Package and return this material to the plant for laundering or disposal.

**FINAL CONDITIONS**

1. The patient has been placed in the care of the hospital.
2. All specimens collected (except for blood) have been forwarded to the Yankee Environmental Lab for radiological evaluation or are properly labeled and stored at YNPS for subsequent disposition.

**ATTACHMENT E**

**SECURITY PERSONNEL**

This attachment will be used by Security personnel after receiving notification of a medical emergency.

**PROCEDURE**

	<u>Time Done</u>	<u>Initials</u>
<b><u>NOTE:</u></b> The following actions apply only if an ambulance is required to transfer the victim off-site.		
1. Notify the Control Room when the ambulance arrives at the Gatehouse.	_____	_____
2. Provide an officer to escort the ambulance to the transfer point, if available.	_____	_____
3. a. Issue dosimetry to the ambulance crew if they will be entering the Restricted Area or are transporting a contaminated injured individual.	_____	_____
b. Instruct the Security Officer escorting the ambulance to ensure that the victim's ID badge and key card are removed before the victim leaves the site.	_____	_____
4. Maintain communications with the officer escorting the ambulance, if available.	_____	_____
5. a. Verify that the officer escorting the ambulance has exchanged the victim's normal dosimetry and replaced it with emergency dosimetry.	_____	_____
b. Forward the victim's regular dosimetry to the Radiation Protection Department at the conclusion of the emergency.	_____	_____
6. Retrieve all security badges prior to the ambulance leaving the site.	_____	_____
7. Notify the Control Room when the ambulance leaves the plant site.	_____	_____

**FINAL CONDITIONS**

1. The victim has left the site.



ATTACHMENT F

CONFINED SPACE RESCUE TRAINED PERSONNEL

This attachment will be used by confined space trained personnel.

PROCEDURE

\*\*\*\*\*

**CAUTION:** Emergency rescue teams must consist of trained individuals and an attendant at the entry point.

\*\*\*\*\*

1. Respond with the following equipment, as necessary:

- Rescue "Grab and Go" Bag
- Self Contained Breathing Apparatus (SCBA)
- Personal Protection Equipment
- Safety Harness and Lifeline
- Rescue Tripod and Winch Retrieval System
- Portable Lighting
- Ventilation Equipment

**NOTE:** Non-entry rescue is preferred, however, entry rescues if needed may be performed provided rescue personnel are wearing protective equipment appropriate for the hazards within the confined space.

2. If entry is required:

- a. Obtain a verbal emergency entry authorization from the Operations Shift Supervisor.

**NOTE:** Adhere to the 2 in - 2 out concept for confined space entries into potential IDLH atmospheres.

- b. Don SCBA, as necessary, and harness, attach lifeline, obtain lighting, if necessary, enter the confined space and retrieve the injured individual(s).

**NOTE:** All efforts should be made to remove the injured individual(s) so that medical treatment can take place outside the confined space, unless doing so will endanger their life.

FINAL CONDITIONS

1. Complete a Confined Space Work Permit (CSWP) after the emergency rescue is completed, if rescue entry has occurred.

## CONTROL ROOM ACTIONS DURING AN EMERGENCY

### SCOPE

This procedure outlines the basic emergency plan requirements and actions to be followed by the Control Room personnel in an emergency.

### ENCLOSURES

OP-3315 - Pgs. 1-2  
Attachment A - Pgs. 1-5  
Attachment A-1 - Pgs. 1-2  
OPF-3315.1 - Pgs. 1-4 - Rev. 18  
OPF-3315.2 - Pgs. 1-2 - Rev. 18  
Attachment B - Pg. 1

### REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. AP-0227, "Condition Reporting, Investigations and Self Assessments"
3. OP-3300, "Classification of Emergencies"
4. OP-Memo 2E-4, "ERO Augmentation"
5. OP-Memo 2E-6, "Emergency Response Facilities Telephone Directory"
6. AP-0711, "Communications Systems"
7. NRC Form 361, "Event Notification Worksheet"

### DISCUSSION

The Control Room is located in the Gatehouse. Upon declaration of one of the two emergency classifications, the Control Room becomes an Emergency Response Facility and the Shift Supervisor assumes the duties of Incident Director.

During the initial stages of an emergency, the Control Room staff will direct all phases of the emergency response. Actions will include:

- Classifying an Emergency.
- Notifying appropriate State authorities.
- Notifying Emergency Response Organization personnel.
- Notifying the NRC.

- Initiating on-site habitability surveys, if necessary.
- Formulating on-site personnel response recommendations, if necessary.
- Performing initial off-site dose assessment, if necessary.
- Initiating corrective actions required to restore normal operation, if necessary.

As personnel respond to the Technical Support Center (TSC), the emergency functions listed above will be transferred to the TSC.

**PRECAUTIONS**

None

**PREREQUISITES**

An UNUSUAL EVENT or ALERT has been declared.

**PROCEDURE**

1. Based on your assigned function, follow the procedural guidance of the appropriate attachment listed below:

<u>Attachment</u>	<u>Title and Implementation Responsibilities</u>
A	Incident Director (Shift Supervisor)
B	Equipment Operator

2. Record the status, time done, and initials, as required by each attachment.
3. Initiate AP-0227 for any identified discrepancies. [2]

**FINAL CONDITIONS**

1. As specified in the appropriate attachments.
2. Initiate AP-0227 for any identified discrepancies. [2]

ATTACHMENT A

INCIDENT DIRECTOR (SHIFT SUPERVISOR)

This attachment will be completed by the Shift Supervisor (SS) who will assume the position of Incident Director. The Incident Director will remain in command and control of emergency response actions until relieved by the on-call Incident Director.

PROCEDURE

NOTE: Regardless of the classification, all steps of this attachment must be completed. NA should be used for any steps that do not apply.

	<u>Time Done</u>	<u>Initials</u>
1. Classify the emergency per OP-3300, "Classification of Emergencies."		
• UNUSUAL EVENT	_____	_____
• ALERT	_____	_____
2. If not already being performed initiate and maintain a log of significant events.	_____	_____
3. Tell the Security Alarm Station Operator:		
a. What emergency classification was declared.		
b. To initiate OP-3344, "Security Force Actions Under Emergency Conditions," Attachment B.	_____	_____
c. To call the pager wearers listed in Attachment A of OP-Memo 2E-4, if the Group Paging System is inoperable.	_____	_____

		<u>Time Done</u>	<u>Initials</u>
4.	Instruct the Control Room personnel to make the appropriate announcement over the Gaitronics System:		
	• UNUSUAL EVENT (Attachment A-1)	_____	_____
	• ALERT (Attachment A-1)	_____	_____
5.	<b>AS SOON AS POSSIBLE AND WITHIN ONE HOUR OF THE EMERGENCY DECLARATION:</b>		
a.	Notify the Commonwealth of Massachusetts and the State of Vermont via the Nuclear Alert System (NAS):		
	• UNUSUAL EVENT (OPF-3315.1)	_____	_____
	• ALERT (OPF-3315.2)	_____	_____
b.	When State representatives call back to the plant, record the name of the caller and be prepared to provide the following information (if known and appropriate) upon request:	_____	_____
	• Time and classification of emergency.		
	• Emergency response actions underway.		
	<b><u>NOTE:</u></b> All public information-related telephone calls should be forwarded to the Public Affairs Representative. (refer to OP-Memo 2E-4 Att. B for contact numbers)		
6.	<b>AS SOON AS POSSIBLE AND WITHIN ONE HOUR OF THE EMERGENCY DECLARATION:</b>		
a.	Complete NRC Form 361, "Event Notification Worksheet." [7]	_____	_____
b.	Notify the NRC via the Federal Telecommunications System (FTS). Refer to the appropriate attachment of AP-0711, "Communications Systems," for usage and numbers.	_____	_____

	<u>Time Done</u>	<u>Initials</u>
7. Direct the Equipment Operator to initiate Attachment B.	_____	_____
8. Request assistance, as needed, from outside agencies for equipment and manpower needed to deal with the event. (Refer to OP-Memo 2E-6 for numbers)		
• Fire	_____	_____
• Medical (Ambulance)	_____	_____
• Law Enforcement (coordinate with the Security Shift Supervisor)	_____	_____
9. If the event produces abnormal in-plant radiological conditions (eg., PVS Noble Gas Normal Range Monitor high alarm) then:		
a. Direct Equipment Operator to initiate Att. B, Step 2 (Gatehouse Habitability Surveys per OP-3324, "TSC Activation and Operations", Attachment C-1).	_____	_____
b. If required, then determine personnel response recommendations for on-site personnel.	_____	_____
c. If required, then provide the personnel response recommendations to the ERO over the Gaitronics System.	_____	_____
10. If a release of radioactive material is indicated (eg., PVS Noble Gas Normal Range Monitor off-scale high or SFP ARM greater than 100 mR/hr) then:		
Perform dose projections in accordance with OP-3324, "TSC Activation and Operations," Attachment C-3.	_____	_____
11. For "Alert" declarations, which require a plant evacuation, if Security determines any person(s) are unaccounted for after completing accountability, then attempt to contact them over the plant Gaitronics System. Initiate actions for search and rescue, as necessary.	_____	_____

	<u>Time Done</u>	<u>Initials</u>
12. In the event that repair and corrective action becomes necessary and adverse radiological conditions may be encountered, utilize the guidance in OP-3324, "TSC Activation and Operations," Attachment C-2.	_____	_____
13. Re-evaluate the emergency classification and if conditions warrant, escalate to an ALERT classification. For escalation to an ALERT classification review Steps 1 through 6 to ensure that appropriate notifications are made.	_____	_____
14. Direct the activities of the Emergency Response Organization until the TSC has been activated, and you have been formally relieved by the on-call Incident Director.	_____	_____
15. Keep the on-call Incident Director informed of plant status and discuss required actions to terminate the event.	_____	_____
16. Termination: If the severity of conditions are less than the associated EALs and all safety functions are being maintained, terminate as follows:		
a. Obtain the concurrence of the on-call Incident Director.	_____	_____
b. Notify the following:		
• NRC Operations Center via FTS (AP-0711).	_____	_____
• Massachusetts Emergency Management Agency Dispatcher via NAS (OPF-3315.1, or.2)	_____	_____
• Vermont State Police Dispatcher via NAS (OPF-3315.1, or.2)	_____	_____
17. When the emergency has been terminated, inform the plant staff by announcing the termination over the Gaitronics System.	_____	_____

Time Done   Initials

**FINAL CONDITIONS**

1.     The emergency has been terminated.
  
2.     All attachments of this procedure and associated documentation have been received from emergency response personnel and submitted to the Incident Director.

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

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



ATTACHMENT A-1

EMERGENCY CLASSIFICATION ANNOUNCEMENTS

Time Done    Initials

A.    IMMEDIATELY TERMINATING UNUSUAL EVENT

1.    Announce:

- "ATTENTION IN THE PLANT  
ATTENTION IN THE PLANT"
- "The plant has experienced an  
UNUSUAL EVENT which has been  
immediately terminated."
- (Describe conditions and  
affected area.)
- "Please continue with your  
normal duties."

2.    Repeat the preceding announcement.       \_\_\_\_\_

B.    UNUSUAL EVENT

1.    Announce:

- "ATTENTION IN THE PLANT  
ATTENTION IN THE PLANT"
- "UNUSUAL EVENT, UNUSUAL EVENT,  
UNUSUAL EVENT"
- (Describe conditions and  
affected area.)
- "All personnel, stay clear of  
the affected area."

2.    Repeat the preceding announcement.       \_\_\_\_\_

Time Done   Initials

C.     **ALERT**

1.     Announce:

- "ATTENTION IN THE PLANT  
ATTENTION IN THE PLANT"
- "ALERT, ALERT, ALERT"
- (Describe conditions and  
affected area.)
- "Plant Emergency Response  
Personnel report to the TSC."
- All other personnel report to  
the Admin/Training Building on  
the hill.

2.     Sound the evacuation alarm.

3.     Repeat Steps C.1 and C.2.

\_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IMMEDIATELY TERMINATED CLASSIFICATION - MASSACHUSETTS

**NOTE:** If the event has terminated, is stabilized and is below the initiating EAL by the time it has been classified, it is considered to be an Unusual Event Immediately Terminated.

Notify the Massachusetts Emergency Management Agency (MEMA) within one (1) hour by dialing 313 on the Nuclear Alert System (NAS). If the NAS is not operable, use a commercial telephone (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared and immediately terminated an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the Event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one):  
\_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

_____ Name of MEMA Dispatcher	Time: _____ Date: _____
_____ Completed By	Shift Supervisor Initials: _____

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IMMEDIATELY TERMINATED CLASSIFICATION - VERMONT

**NOTE:** If the event has terminated, is stabilized and is below the initiating EAL by the time it has been classified, it is considered to be an Unusual Event Immediately Terminated.

Notify the Vermont State Police (VSP) within one (1) hour by dialing 213 on the Nuclear Alert System (NAS). If the NAS is not operable, use a commercial telephone (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared and immediately terminated an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the Event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one):  
\_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Shift Supervisor Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IN PROGRESS CLASSIFICATION - MASSACHUSETTS

Notify the Massachusetts Emergency Management Agency (MEMA) within one (1) hour by dialing 313 on the Nuclear Alert System (NAS). If the NAS is not operable, use a commercial telephone (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Unusual Event at \_\_\_\_\_ hours based on Event No \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE UNUSUAL EVENT IN PROGRESS CLASSIFICATION - VERMONT

Notify the Vermont State Police (VSP) within one (1) hour by dialing 213 on the Nuclear Alert System (NAS). If the NAS is not operable, use the commercial telephone (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcement (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message has been completed.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Unusual Event at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one):  
\_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE ALERT CLASSIFICATION - MASSACHUSETTS

Notify the Massachusetts Emergency Management Agency within one (1) hour by dialing 313 on the Nuclear Alert System (NAS). If the NAS is not operable use a commercial telephone (800-982-6846) and ask for the MEMA Dispatcher.

When the MEMA Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcements (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message is complete.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Alert at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of MEMA Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

NOTIFICATIONS TO THE STATES

FOR THE ALERT CLASSIFICATION - VERMONT

Notify the Vermont State Police (VSP) within one (1) hour by dialing 213 on the Nuclear Alert System (NAS). If the NAS is not operable, use a commercial telephone (802-244-8727) and ask for the State Police Dispatcher.

When the State Police Dispatcher has answered, identify yourself and request the dispatcher obtain the form for Yankee events and make the following announcements (speak slowly and distinctly):

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- Please do not interrupt until the entire message is complete.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have declared an Alert at \_\_\_\_\_ hours based on Event No. \_\_\_\_\_ (indicate the event number and category per OP-3300)
- The plant is permanently shutdown.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, MA. This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_

To terminate the emergency, announce:

- "This is the Yankee Nuclear Power Station in Rowe, Massachusetts.
- This is (pick one): \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident.
- We have terminated the emergency at \_\_\_\_\_ hours.
- I repeat, this is the Yankee Nuclear Power Station in Rowe, Massachusetts. This was (pick one) \_\_\_\_\_ a drill, \_\_\_\_\_ an actual incident. Please acknowledge with your name."

\_\_\_\_\_  
Name of VSP Dispatcher

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

\_\_\_\_\_  
Completed By

Incident Director Initials: \_\_\_\_\_



ATTACHMENT B

EQUIPMENT OPERATOR

This attachment will be completed by the Equipment Operator. The Equipment Operator reports to the Shift Supervisor.

<u>PROCEDURE</u>	<u>Time Done</u>	<u>Initials</u>
1. Contact the Control Room and obtain a briefing from the Shift Supervisor.	_____	_____
2. As directed by the Shift Supervisor, initiate habitability surveys of the Gatehouse in accordance with Attachment C-1 of OP-3324, "TSC Activation and Operations."	_____	_____
3. When additional qualified personnel become available, transfer the responsibility for completing habitability surveys to them. Report the transfer of duties to the Shift Supervisor.	_____	_____
4. Perform in-plant corrective actions as directed by the Shift Supervisor.	_____	_____

FINAL CONDITIONS

1. The emergency has been terminated.
2. This attachment has been completed and all associated documentation has been returned to the Shift Supervisor.

Completed by \_\_\_\_\_ Date/Time \_\_\_\_\_ / \_\_\_\_\_

## EMERGENCY PREPAREDNESS DRILLS AND EXERCISES

### SCOPE

This procedure outlines the process in which Emergency Preparedness drills and exercises are developed, performed, evaluated and documented.

### ENCLOSURES

AP-3400 - Pgs. 1-6  
APF-3400.1 - Pg. 1 - Rev. 9  
APF-3400.2 - Pg. 1 - Rev. 9  
APF-3400.3 - Pgs. 1-2 - Rev. 9  
APF-3400.4 - Pg. 1 - Rev. 9  
APF-3400.5 - Pgs. 1-2 - Rev. 9

### REFERENCES

1. Yankee Plant Defueled Emergency Plan
2. AP-0227, "Condition Reporting, Investigation and Self-Assessment"

### DISCUSSION

Emergency drills and exercises shall be conducted to assure the capability of the Emergency Response Organization (ERO) to execute the Defueled Emergency Plan (DEP) and the Defueled Emergency Plan Implementing Procedures (DEPIPs).

Drills are supervised instruction periods aimed at testing, developing and maintaining the skills necessary to perform a particular emergency response function. Drills may be performed independently, in combination with, or as a component of the required annual exercise.

Exercises are events which test the integrated capability and a major portion of the basic elements within the emergency plan.

The four categories of Emergency Preparedness Drills are briefly described below:

<i>Emergency Response:</i>	A drill conducted at least annually to test and evaluate the augmentation capabilities of the Emergency Response Organization (ERO). It will evaluate the time required for designated personnel to respond to the plant. These drills are typically simulated.
----------------------------	---

*Fire:* A drill to test and evaluate the response and training of the plant's Fire Brigade. Drills may be performed in conjunction with off-site fire support. Routine fire drills are conducted in accordance with AP-0503, "Fire Protection Training", and are not addressed by this procedure.

*Medical Response:* A drill conducted at least annually to train as well as test and evaluate the response of the plant's Medical Response Team. Drills will involve simulated contaminated victims and the participation of off-site medical support service agencies.

*Radiation Protection:* An annual drill to test and evaluate the response to emergency radiation protection situations.

Each type of drill should test a specific range of emergency response actions. Drill performance will be supervised and evaluated by individuals qualified in the designated area(s) of response. Qualified individuals may assist the Emergency Plan Coordinator (EPC) in preparing and/or conducting drills; However, drill preparation and conduct is the responsibility of the EPC.

#### **PRECAUTIONS**

| Participants in drills and/or exercises may need to utilize plant  
| equipment outside of the industrial areas (radiation detection  
| instruments, medical equipment, etc.). If an individual is a drill  
| participant, removal of equipment for drill purposes shall be allowed  
| without an approved property pass. All equipment shall be restored to  
| its pre-drill status/location following drill/exercise termination.

#### **PREREQUISITES**

None

#### **PROCEDURE**

##### **A. PLANNING AND NOTIFICATIONS**

###### **1. PLANNING**

- a. The EPC will be responsible for completing the following actions:
  - 1) Schedule a drill or exercise at least six weeks in advance. Coordinate the selection of the date with plant management and coordinate the

involvement of off-site agencies with the DE&S Contingency Management Services (CMS) Group, if applicable.

- 2) Appoint a Drill or Exercise Coordinator.
  - 3) Ensure that a current Letter of Agreement between Yankee and each of the off-site agencies involved exists, if applicable.
  - 4) Review the Drill or Exercise Scenario Package at least two weeks prior to the drill.
- b. The Drill or Exercise Coordinator will be responsible for completing the following actions:
- 1) Determine the type of drill or exercise and establish appropriate objectives.
  - 2) Select or develop a drill or exercise scenario. The scenario should simulate as much as practicable an actual emergency situation.
  - 3) In cooperation with the EPC develop a list of events to be simulated during the drill or exercise.
  - 4) Develop simulated instrument responses and information for use during the drill or exercise.
  - 5) Assign drill or exercise Controllers and Observers.
  - 6) Prepare a Drill or Exercise Scenario Package using APF-3400.1, "Drill/Exercise Scenario Package Format" as an outline.
  - 7) Submit the Drill or Exercise Scenario Package to the EPC for review at least three weeks prior to the scheduled drill.
  - 8) Resolve review comments and prepare final drill or exercise package.

## 2. NOTIFICATIONS

- a. The EPC will coordinate with the appropriate off-site agencies to determine their degree of participation. Refer to APF-3400.5 for the list of pre-drill or exercise notifications.

- b. The Drill Coordinator will notify the Drill Controllers and Observers of the planned drill or exercise date as well as the date of any pre-drill or exercise briefings.
- c. The EPC will notify the affected on-site personnel at least one week before the drill or exercise, as appropriate. Refer to APF-3400.5.

B. **PERFORMANCE**

- 1. The Drill or Exercise Coordinator will conduct pre-drill or exercise briefings for Controllers and Observers as necessary.
- 2. The Drill or Exercise Coordinator will issue copies of the scenario "Drill/Exercise Observations Log (APF-3400.2)" and "Drill/Exercise Performance Evaluation Form" (APF-3400.3) to the Controllers and Observers prior to conducting the drill or exercise.
- 3. The Drill or Exercise Coordinator will conduct a briefing or issue any necessary instructions to players prior to the drill or exercise.
- 4. The Drill or Exercise Coordinator will coordinate the pre-staging of players and the use of props as necessary.
- 5. The drill or exercise will be conducted as outlined in the scenario and/or discussed in the pre-drill or exercise briefings. Changes in the scenario during the drill or exercise should not be made without the approval of the Drill or Exercise Coordinator and EPC.

**NOTE:** A drill or exercise may be terminated at any time at the discretion of the Operations Shift Supervisor or plant management.

- 6. The initiating announcement, as well as subsequent communications associated with the drill or exercise, shall include the words "THIS IS A DRILL."
- 7. The EPC will ensure that the necessary portions of AP-3425, "Emergency Equipment Readiness Check" and AP-3426, "Emergency Response Facilities Readiness Check" are performed following the scheduled drill or exercise.

C. **CRITIQUE AND EVALUATION**

1. The Drill or Exercise Coordinator will conduct a critique with Controllers/Observers and Players as soon as practicable following the drill or exercise.

**NOTE:** The critique should include representatives from the off-site agencies that participated in the drill or exercise. If necessary, a separate critique may be conducted.

2. The Drill or Exercise Coordinator will collect the completed evaluation forms along with any additional drill and/or critique documentation and forward it to the EPC.
3. The EPC will consolidate and review critique documentation and drill/exercise evaluation forms as soon as practicable following the critique.
4. The EPC will evaluate all comments and evaluation forms. Drill/Exercise evaluation criteria for rating comments is outlined on APF-3400.4.
5. Initiate AP-0227, "Condition Reporting, Investigation and Self-Assessment" for any drill/exercise weakness or area of improvement.

D. **FACILITY**

1. Following the drill/exercise, the CR/TSC shall be returned to a ready condition by the participants. The Drill or Exercise coordinator and EPC shall ensure the facility has been returned to a ready state following the critique.

E. **REPORTING AND TRACKING**

1. The EPC and appropriate department managers should determine the corrective actions necessary to resolve drill or exercise weaknesses or areas for improvement.
2. The EPC will develop a drill or exercise summary/action plan following the scheduled drill or exercise. The drill or exercise summary/action plan will address all drill or exercise weaknesses and areas for improvement and shall include, but not be limited to:
  - a description of action items
  - a proposed resolution for the items

3. Within 60 days, the EPC will forward copies of the drill or exercise summary/action plan to the Plant Superintendent and Contingency Management Services (CMS) Manager.

F. DOCUMENTATION

1. The EPC will prepare a drill or exercise package which should include, but not be limited to:
  - a. Drill or Exercise Scenario Package
  - b. Controller/Observer Evaluation Forms (APF-3400.3)
  - c. Appropriate critique documentation
  - d. A copy of the drill or exercise summary/action plan
  - e. Any additional tracking documentation

FINAL CONDITIONS

1. Drill or exercise documentation has been collected and evaluated.
2. The TSC has been returned to a ready state.
3. Items requiring corrective action have been documented and an action plan has been established.
4. YNPS management has been notified of drill or exercise results.

### DRILL/EXERCISE SCENARIO PACKAGE FORMAT

The following is an outline of information required for a Drill/Exercise Scenario Package. The actual format and production of the package will be determined by the Drill or Exercise Coordinator and should include (if appropriate), but not be limited to:

- A. Drill/Exercise Specifics
  - Type of drill or exercise
  - Date, time and location of drill or exercise
  - Drill or Exercise Coordinator's name
- B. Drill/Exercise Scenario
  - Drill or Exercise objectives
  - Brief description of drill or exercise
  - Detailed sequence of events
    - Expected player actions
    - Simulated actions
- C. Drill/Exercise Scenario Data
  - Instrument responses
  - Event conditions
  - Vital signs (Medical drill)
- D. Drill/Exercise Assignments
  - List of Players
  - List of Controllers/Observers
- E. Special Instructions/Actions
  - Precautions/hazard warnings for Players and Controller/Observers
  - Instructions for the pre-staging of Players
  - Instructions for the use of props



### DRILL/EXERCISE OBSERVATIONS LOG

[illegible]

Name: \_\_\_\_\_ Area Evaluated: \_\_\_\_\_

Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

# DRILL/EXERCISE PERFORMANCE EVALUATION FORM

Name: \_\_\_\_\_ Drill or Exercise Date: \_\_\_\_\_

Location: \_\_\_\_\_

Type of Drill or Exercise: \_\_\_\_\_

Information to Provide: \_\_\_\_\_  
(Controller/Observers Only)

Time Commenced: \_\_\_\_\_ Time Terminated: \_\_\_\_\_

### OBSERVATIONS, COMMENTS AND RECOMMENDATIONS

Note: Observations should include the proper and effective use of procedures, equipment, and personnel.

Note: Use additional pages as necessary.

Signature: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

# DRILL/EXERCISE PERFORMANCE EVALUATION FORM

OBSERVATIONS, COMMENTS AND RECOMMENDATIONS (Continued)This image shows a single sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Signature: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

## EMERGENCY PREPAREDNESS DRILL/EXERCISE EVALUATION CRITERIA

### Directions

Complete the evaluation of the drill or exercise using the rating scale below. Evaluations should be based on the drill or exercise objectives. Consider all comments or suggestions for improvement included on the Drill/Exercise Evaluation Forms.

<u>Rating</u>	<u>Symbol</u>	<u>Comments and Suggested Improvements</u>
Strength	S	No comment necessary.
Weakness	W	Must be followed by comments, together with suggestions for improvement.
Areas for Improvement	A	May be followed by comments and suggestions for improvements.
Not Observed or Not Applicable	N	No comments or suggestions are required.

### DEFINITIONS

#### Strengths

Strengths are actions taken by the ERO which provide strong positive indication of their ability to cope with abnormal conditions and effectively implement the Defueled Emergency Plan.

#### Weaknesses

Weaknesses are findings that the ERO's demonstrated level of performance could have precluded effective implementation of the Defueled Emergency Plan in the event of an actual emergency in the area being observed. The existence of a weakness does not, of itself, indicate that overall response was inadequate to provide the required emergency response function or to protect the health and safety of the public.

#### Areas for Improvement

Areas for improvement are findings which do not have a significant negative impact on the ability of the ERO to implement the Defueled Emergency Plan. Although the emergency response related to a noted area for improvement is adequate, the finding should still be evaluated to determine if corrective action could be taken to improve performance.

**PRE-DRILL/EXERCISE NOTIFICATIONS**

Appropriate notifications from Section A will be made by the EPC prior to any drill or exercise which involves offsite agencies.

A. Off-Site Agencies

1. North Adams Regional Hospital

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

2. Charlemont Fire Department - Ambulance Service:

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

3. Williamstown Medical Associates:

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

4. Massachusetts Department of Public Health (MDPH)

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

5. Rowe Fire Department

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

6. Shelburne Dispatch: \_\_\_\_\_

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

7. Other (specify): \_\_\_\_\_

Person contacted: \_\_\_\_\_ Date: \_\_\_\_\_

Degree of Participation: \_\_\_\_\_

\_\_\_\_\_

B. On-Site Personnel Date Contacted

1. Decommissioning Manager \_\_\_\_\_

2. Plant Superintendent \_\_\_\_\_

3. Operations Supervisor \_\_\_\_\_

4. Maintenance Supervisor \_\_\_\_\_

5. Site Services Supervisor \_\_\_\_\_

6. Health and Safety Manager \_\_\_\_\_

7. Radiation Protection/Chemistry Manager \_\_\_\_\_

8. Security Supervisor \_\_\_\_\_

9. Training Coordinator \_\_\_\_\_

C. DE&S

1. Contingency Management Services Group Manager \_\_\_\_\_